



Björn Eybl

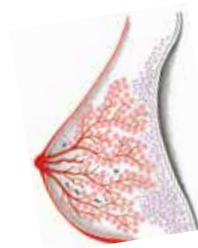
The Psychic Roots of Disease

A gift to English speaking people

Based on the 5 Biological Laws of Nature
discovered by
Dr. Med. Mag. theol. Ryke Geerd Hamer

Self-help and Reference Book
for Therapists, Patients, and the Curious,
with More Than 500 Case Studies

IBERA



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According to the 5 Biological
Laws of Nature, discovered by
Dr. med. Mag. Theol. Hamer

Self-Help & Reference of Disorders
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Dr. med. Mag. Theol. Hamer

This book is a gift to English speaking people. I give my permission and encourage you to pass this book on to others. It is however forbidden to print it without the author's consent, as I am looking for a publisher to produce a print version of it. Can anyone find a publishing house? If you have found this book useful and would like to make a donation I would be very grateful. All donations go towards translating it into other languages. Please write to me at eybl@gmx.at and I'll be happy to send you the bank details.

Björn Eybl, responsible for content:

"Not being a physician, I am not permitted to practice healing in Austria. Thus, I hereby point out that I have never done so. Not even with my NEW CLEAR method. Only God, Nature, and the client himself can heal."

The content and recommendations in this book are based primarily on the scientific findings of Dr. Hamer and the author's experience with natural healing. They are meant for the reader's personal edification; they cannot, however, substitute for the diagnosis and therapy of a competent therapist. The author assumes no responsibility for recommended remedies, therapies or injury resulting therefrom.

The anatomical graphics jacket, introduction, and glossary section, were made by a Viennese illustrator and colored by the author under the germ layer system established by Dr. Hamer.

Printed in the Austria

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List of Abbreviations

Adeno-Ca	Glandular or mucosal tissue cancer
TS.	Thoracic spine (p 299f)
Ca.	Cancer (from the Latin carcinoma) (p 20ff)
CT	Cerebral CT = Computed tomography (29)
CM	Conventional Medicine
CS	Cervical spine (P 294ff)
EM	Effective Microorganisms (55)
HF	Hamer Focus-ring marking in the brain, discovered by Dr. Hamer (9)
LS.	Lumbar spine (p 300ff)
KCT.	Kidneys-collecting tubules
MMS	Miracle Mineral Supplement of Jim Humble-gentle antibiotic (57)
Pap	CM Test for the detection of uterine Ca (p 245)
SBS	Significant Biological Special Program (p 8f)
Sx.	Surgery
Syndrome	Active Kidneys-collecting tubules-SBS + other SBS in healing (p 226ff)
TB.	Tuberculosis (p 150)
*.	(not described by Dr. Hamer) own or findings of other
**.	Findings from Dr. Odum, ophthalmologist Berlin (applies only to eye chapter)

Acknowledgments

I thank Dr. Hamer for the gift of the New Medicine. This discovery will employ generations of physicians and change much for the better.

I thank my friends and teachers who shared their knowledge with me.

A great appreciation goes out to my wife for her moral support and patience during the three-year task.

I thank all the people who shared their own "case histories" with me, without them this book would be only half as good.

Thank you, Dr. Wolf Dieter Diersch, for the paternal guidance and legal support. Without him, this book would probably not be published. I thank Dr. Ruprecht Volz for his thorough editing of both the language and

the professional content in the German version.

I also want to express my gratitude towards Wolfgang Kalchmair for graphical directions and typesetting the book and Andreas Meinel for producing the index and looking over the second edition.

I also thank the director of the panel www.gnm-forum.eu, Antje Scherret, who imbibed the second edition with her treasury of experiences.

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Many thanks goes to Carolyn Preissecker and Michael Busboom for the basic English translation.

Niamh Prior deserves special thanks for this English edition of the book.



On the Creation of this Book

With this book, I wish to bring the interested layperson closer to the discoveries of Dr. Hamer.

It is not my intention to "adorn myself with borrowed feathers" in order to gain recognition.

The honor and recognition belong to Dr. Hamer.

It was he, who discovered the 5 Biological Laws of Nature, and found out all about the rest.

My role is one of a "translator" into the language of the common man, who until now, has hardly had the opportunity to grasp and make use of this medical discipline. Dr. Hamer's response, when I told him about writing a

disease reference book, was: *"You know, Björn, this is about two sizes too big for you!"*

But that could not stop me because I thought to myself: *Perhaps as a non-physician, I can actually take advantage of knowing what it is like to be the average layman.* Even in 2010, when I presented Dr. Hamer with the completed manuscript, he was less than enthusiastic.

After looking it through, he found fault with the "many errors": the order I had chosen for the organs instead of the germ layers, and the fact that I would not mention his opponents by their names.

So in the end, it did not become a joint publication even though I did not ask for any compensation for my efforts and the high cost of producing this book. I had paid in advance for the printing, I was ready to forgo all copyrights, and all of the profits were to go to Dr. Hamer.

Since I was—and still am—convinced of the importance of this book, I have decided to publish the book nonetheless.

Valued reader, you are holding the translated and completely revised fifth edition of this book in your hands. Many new insights from practice, and much new knowledge have been incorporated. I hope you will find enjoyment in reading and using this book.

I would like to thank IBERA publishing house for their fair pricing.

The reasonable selling price was important to me as I did not want an expensive textbook, but rather a “book for everyone” that would be worth its price.

This self-help and reference book is meant to accompany us into a new era: an era full of uncertainty but one that we can look forward to.

This book presents the current status of my personal knowledge. Some detail will perhaps prove to be wrong; *I ask the reader to forgive me for that*—learning means erring! My guiding principle, while writing has been as simple as possible and as detailed as necessary. I hope that therapists, as well, will find it useful and interesting. I often had to hide my enthusiasm behind factual and concise formulation; perhaps it will be felt “between the lines.”

Out of the Ancient Medicine

For generations, we have been accustomed to receiving medication for every “*illness*” in order to get well.

It was normal that when we went to see a doctor, we came out with a prescription. For the patients, it felt pleasing. After all, “*something in their hands*” meant a bit of hope to eliminate the evil from their lives.

The prescription confirmed our belief that the cause is “*in the external*”; otherwise, cure “*from the external*” would not happen.

It was a comfortable, childishly simple minded way of dealing with illness. It was a handing over of responsibility, similar to handing over a broken car to a repair shop. The “*specialists will fix it—why else would they have learned their trade?*”

Since we had no idea why we got sick or stayed healthy, relinquishing responsibility was the easiest option.

Even if the doctor did not know the cause of the sickness either, there was a system that offered seemingly appropriate support and a therapy that sometimes helped.

The successes in trauma and emergency medicine were

so impressive that we felt well cared for in other medical areas of expertise.

Of course, over the centuries, the Western medical guild had learned how to credit random successes on their own account.

As a child, I read—with veneration—about the alleged annihilation of smallpox and other contagious diseases by medical giants such as Jenner, Koch, and Pasteur. At that time, I did not know that when reading history, one must keep in mind who wrote it: the winner or the loser.

I did not know that written history—through interest policy—is often only a distorted image of reality.



I did not know that the real story is almost always sacrificed on the altar of Mammon. Christianity and medicine have had a matter of concern in common for a long time: To keep people in line. Was it for the good of the people? Well, regardless, it was for their own good.

It is well known that the blind are meekly led. Until Christianization, peoples of Europe believed in reincarnation. Princes of the Church exterminated this primal knowledge with “*Fire and Sword*” and replaced it with “*Heaven and Hell*”. For centuries, the fear of eternal damnation was just the thing to keep people on track. For both clergymen and doctors, it was important to keep the masses ignorant and pretend to own knowledge.

For this purpose, the elitist Latin language was ideal: For common people, it was not comprehensible and therefore it was a perfect protection from criticism.

Would it not have been more honest to say, “*joint inflammation*” instead of “*juvenile idiopathic arthritis*”?

Honestly, yes. But what do you answer if the client tries to examine the cause of “*joint inflammation*” or does one have to admit that one does not know?

How am I supposed to justify the prescribed chemicals? Will the client not ask why he should swallow the stuff, when I do not even know why the joint is inflamed? With “juvenile idiopathic arthritis”, it’s much easier for me.

On client’s demand, I can answer that this one is an “autoimmune disease.” If he is not quite convinced, I then explain the effect of the “immune complexes in the reticuloendothelial system.”

With the knowledge of true biological interrelationships, we no longer need to hide behind incomprehensible words or to accept it as a patient.

These figurative fig trees (incomprehensible terminologies) are no longer necessary, even as a cover up, because each client has to know, as closely as possible, about the processes of “his illness”. On the other hand, we must be willing to reclaim responsibility for our health or illness with all consequences, even the unpleasant ones.

Into the New Medicine

The basics of the 5 Biological Laws of Nature were discovered by Dr. Hamer in 1981.

That is a long time, when you consider how many millions of people had to die through chemo and radiation unnecessarily, but a short time for a new science.

We are at the beginning of a new medical era.

The coming years will fundamentally transform medicine. Through the “master key” of the 5 Biological Laws of Nature, we will see a real paradigm shift and a flood of new findings.

Today the New Medicine (NM) and conventional medicine (CM) are seemingly irreconcilable with each other. Naturopathy is also struggling with the facts of the 5 Biological Laws of Nature.

It will be a difficult path, but for the benefit of patients, there is no way around it: CM and naturopathy will need to connect to the New Medicine, to eventually become a whole. This book is an attempt to integrate valuable parts of the CM and naturopathy into the New Medicine. An integration the other way around seems to me professionally and factually nearly impossible.

My first contact with the Germanic New Medicine®

I got to know “The New Medicine” in 1995 (that was how it was called and so shall I call it even today) through the media when the “Case Olivia” story unfolded. Like most people, I thought to myself: *“My God, this poor child!- That is absolutely wrong, what the parents and this Dr. Hamer are doing.”*

Even after the “Case Olivia”, I kept hearing of Dr. Hamer through the known negative headlines, but sometimes also through very positive headlines in various outsider media.

At some point, I wanted to know more and I bought myself Dr. Hamer’s original “habilitation thesis.”

Although I understood almost entirely nothing, I felt that this Dr. Hamer was an honest and conscientious person. Only after reading the Habil twice did it really click and since then this subject would not let me go again, I attended study circles, lectures, and seminars, and marched in demonstrations in Vienna and Tübingen. I was known for always asking the most questions: this is something I still do today.

The nice thing is, I got responses that were consistent with my experience as a massage therapist and naturopath. This confirmation of theory in practice and confirmation in firsthand experienced diseases, makes this Medicine so valuable to me.

Today, 15 years later, I am ashamed of my quick judgment in the “Case Olivia”. My confidence in the mass media has certainly faltered, and I have come to realize that mass media does not inform the masses, but rather reflects the wishes of certain people.

The Discoverer

Dr. med. Mag. Theol. Hamer, born in 1935, studied medicine, physics, and theology, and in 1972, he specialized in internal medicine.

He worked in the Department of Internal Medicine at the University of Tübingen and Heidelberg, where he had to constantly deal with cancer patients.

From an early age, he was a discoverer and an innovator: he invented a scalpel with which plastic surgery without bleeding was possible, the so-called Hamer scalpel, a special bone saw and more.

Through income from the patents of these inventions, Dr. Hamer wanted to become financially independent, and settle with his wife, also a doctor, and his four children in Naples, Italy.

His plan was to open a surgery clinic for poor people to work for free, but in 1978 tragedy struck.

During a boat trip to Corsica, his eldest son Dirk was fatally injured from a gunshot by the drunken Prince Emmanuel of Savoy, and he died in the arms of his father. Three months later, Dr. Hamer unexpectedly fell ill with testicular cancer. It occurred to him that this disease could be related to the loss of his son. After his recovery, he decided to further investigate this.

He began to inquire whether his patients in the Munich Cancer Hospital had also experienced tragedy before they got sick. And indeed, his guess was right: Without exception, all patients tell about a drastically shocking event. This was the beginning of Dr. Hamer’s discoveries. He told his colleagues of the spectacular context, hoping to start a scientific discussion.



It is sometimes a matter of perspective to recognize the order. In both images, you get to see the same potato plantlets. Dr. Hamer recognized the order in relation to health and disease, because the line of sight agreed psyche-brain-organ.

But this lasted only briefly, he was quickly faced with the choice, of the hospital management, to leave the house or "renounce" his theses.

It was not in the nature of Dr. Hamer to give in.

He decided to continue his research, and when he left

the Munich clinic, he had formulated the 1st Biological Law of Nature: the "Iron Rule of Cancer".

Until this discovery, Dr. Hamer had an ideal career, celebrated as the youngest doctor in Germany, as an internist and patent holder.

With his discovery of the psychic contexts of illnesses, the tide turned abruptly: 1986 saw the withdrawal of his physician license for "not swearing off from the Iron Rule of Cancer and not converting back to conventional medicine", two detentions, and three assassination attempts.²

When Dr. Hamer once again presented his findings to the University of Tübingen for review and was again rejected, a legal officer whispered to him:

*"Our masters have analyzed it hundreds of times behind closed doors; every time they found that everything is correct. If they had found only one case that would not have been correct, they would have invited you the next day for public scrutiny."*³

Why "Germanic"?

Until 2004, Dr. Hamer published his findings under "New Medicine". Dr. Hamer on the renaming:

"The only reason why I wanted to rename 'New Medicine' is because about 15 other directions of the alternative therapies also called themselves 'New Medicine' and the name could not be protected.

*So I had to find a new name. And as this medicine was discovered in Germania, the land of poets and thinkers, musicians, inventors and discoverers, which is also the mother of almost all European languages, I called it the 'New Germanic Medicine®'. Since then, however, sectarianism and even anti-Semitism are associated with me."*⁴

My future vision

We, New Medicine enthusiasts or Germanic health practitioners, practice with respect and appreciation—not only towards each other, but also towards conventional doctors, and therapists.

We shun fanaticism and dogmatism and learn gratitude and love and humility from each other.

We understand that all humans are spiritual beings on their own path of development.

We recognize that the ways of healing are as individual as each person.

The "good" of conventional medicine combines with the New Medicine.

The New Medicine recognizes that their knowledge also, is not a panacea, and expanded their horizons to things like family systems, subtle-energies and spirituality.

Conventional medicine overcomes its bawdy materialism—the New Medicine overcomes its tight biomechanics-thinking—spiritual seekers stride from reading books to implementing their insights in everyday life.

² Read about it in "Einer gegen Alle" (One Against All) by Dr. Hamer. See Bibliography

³ See German New Medicine Quick Reference, Amici di Dirk Publishers, 2008. ISBN: 978-84-96127-31-9, hereinafter cited as "Dr. Hamer, German New Medicine-Brief Information" p. 38

⁴ Dr. Hamer, presentation of the New Medicine, p. 2, see Bibliography

THE 5 BIOLOGICAL LAWS OF NATURE

These describe the causes and progression of almost all diseases. But they do not apply to injuries (e.g., accidents), poisoning (e.g., fluorine, mercury) and deficiency diseases (e.g., Coca-Cola-McDonald's diet).

1st Biological Law of Nature "The Iron Rule of Cancer"

1. Criterion: Each Significant Biological Special Program (SBS) is formed by a biological conflict, which is a highly acute, dramatic, and isolative⁵ conflict-shock experience on three levels: psyche-brain-organ.

2. Criterion: The biological conflict is determined at the moment of the conflict: both the localization of the SBS in the brain as a Hamer Focus (HF), and the localization in the organs, as cancer or cancer equivalent.

3. Criterion: The course of the SBS at all three levels (psyche-brain-organ), from conflict to conflict resolution, and then to healing crisis at the height of the healing process, and the return to normalization (normotonia) is synchronous.⁶

Special programs, in my experience, can start without a "highly acute and dramatic" onset: If stress, worries, or concerns of daily life, last long enough, they can be compacted to biological conflicts. You hear typical phrases: *"He broke the camel's back!", "Pressing against me for a long time", "I cannot bear it anymore", and "Yes, it bothered me!"*

Simply put, diseases begin with events or situations that we cannot cope with, and reflect on the three levels of the psyche-brain-body dimensions.

Small disharmonies cause "minor diseases" and great shocks cause "major diseases."

Example for a little excitement: A wasp flies under someone's shirt. The fright moves into the limbs. A bit of a shock with all the criteria of a biological conflict: Unexpected, highly acute, dramatic, isolated. After a few seconds the insect buzzes again.

Since the stress (conflict-active phase) lasted only briefly, there is no visible disease. Although an SBS starts, the time for a physically significant impact is too short (in the jargon "too little conflict mass"). Small biological shocks are commonplace, as opposed to serious events. These heavier shocks cause "diseases", and this is what this book is all about—the roots of diseases.

Examples of serious conflicts: *Someone is beaten; a woman is raped; a mother loses her child; a man loses his job, on which he is highly dependent.*

Biological conflicts run *"underneath the mind,"* meaning our intellect, reason, and logic, have no impact at this stage—it's about instinctual feeling and sensing. Here begins one or more special programs (SBS), to master the "catastrophe" in biological terms as best as possible. From the shock, the brain and body ramp up from *"rest"* to *"active mode."*

Psychology speaks of "dissociation" in this context:

Through events not coped with (traumata), parts of consciousness can split and can lead to a loss of (conflict) memory, impaired sensory perception, and ultimately, disease.

Consider this: a part of consciousness splits off, "freezes"—in this place, at this time—and is waiting for "redemption." The person is invoked to retrieve these frozen parts, that means to reintegrate (conflict resolution). Then he goes back to "complete."

The point in time

The earlier in life conflicts occur, the more formative they are. They determine our character, our personality, and usually elude a conflict resolution. The more we mature, the better we can usually deal with conflicts, and the quicker they can be solved.

The term "Significant Biological Special Program" (SBS)

In the following, we no longer speak of "diseases", but of Significant Biological Special Programs.

Why? Because "disease" indicates that something in the body is *"not right", "not functioning", "worn out", or "broken"* (way of thinking of the old medicine).

By understanding the 5 Biological Laws of Nature, we realize that everything in the body has order and meaning. What we referred to earlier as a "disease" is, in fact (usually timeshifted), a consequence of an exceptional biological situation—part of nature's survival strategy. If we thought earlier, this or that "does not work", we did not know the ways of the body's working and the natural relationships.

Each tissue, every organ has a "normal program" for the standard functioning in "ordinary life" and a special program (SBS) for extraordinary situations, for "biological catastrophes."

A comparison from technology

Cars with switchable 4-wheel-drive (SBS) have the advantage that, for example, enables one to drive on snowy mountain roads (exceptional situation).

⁵ Isolative means that we are placed in this moment alone to us.

⁶ Cf. "Dr. Hamer, German New Medicine®-Brief Information" p. 9

Undoubtedly, this is a good thing. Who would complain after overcoming an uphill winter drive, despite needing more fuel (subsequent disease-symptom)? The 4-wheel drive is a meaningful, automobile special program to overcome an obstacle.

Considering time, there is a difference between SBS and "disease": Each SBS begins with a conflict-shock and lasts until the end of the healing phase. Most "disease" symptoms only occur during the healing phase. (See 2nd Law of Nature.)

Term "Biological Conflict"

For Dr. Hamer, the murder of his son Dirk was the worst event of his life, but it allowed him to discover the 5 Biological Laws of Nature. Each SBS is a shocking event that causes a biological conflict—hereinafter referred to as "conflict."

Instantly psychology, brain, and organ, are changed.

Psychology:

Compulsive thinking: thoughts are constantly focused

on one thing—the conflict. One can think of nothing else. Even at night, one cannot stop thinking.

Brain:

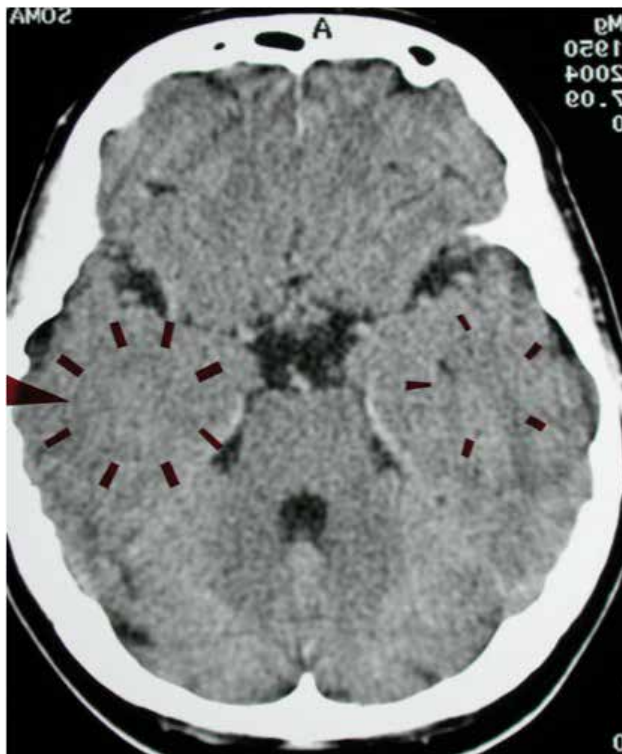
Sharp-edged mark, called Hamer Focus, in the corresponding brain section (left side image below).

Organ:

Cell growth (tumor) or cell minus (tissue-shrinking ulcer, necrosis) respectively increase or constrain in functionality. (See 3rd Law of Nature.)

Term "Hamer Focus" (HF)

As soon as the conflict starts, we find in the exact corresponding conflict content area of the brain, a firing-target shaped ring structure—Hamer Focus (HF). Such foci are spherical, compressed brain tissue. In the brain, X-ray tomogram (cerebral computer tomogram = CCT), Hamer Foci appear as circular discs. They were described by Dr. Hamer's colleagues—derisively—as the "ridiculous Hamer Focus." The name "Hamer Focus" was finally kept. The localization of the HF provides information



Two sharp-edged (active) Hamer Foci (HFs) in the relay for the inner ear. They point out that the client has suffered a hearing conflict, which is not yet resolved. "That cannot be true, what I've heard there!" This Hamer Herd can be described as "fingerprints of the soul." They are living proof that the psyche controls all organs through the brain.



The arrows point to a Hamer Focus during an intense healing phase (CCT with contrast medium). Sharp rings are no longer visible, instead you can see in the picture large black areas with an embedded cerebrospinal fluid (edema) and a bright connective tissue hem. Affected here is the relay for the coronary arteries, corresponding to a resolved territory loss conflict in this patient. In the CM, such healing HFs are often diagnosed as "brain tumors". In this patient, the CM speaks of a "glioblastoma". ("Very malignant!")

1. Biological Law of Nature

about which conflict has happened and which organ is affected. In addition, one can conclude from the appearance of the HF, which “disease” phase the client is in. A sharp-edged HF indicates that the client has not yet resolved the conflict shock (active HF). A blurred, fuzzy HF, on the contrary, indicates a solved conflict, which means the client has overcome the shock and is healing.

Phrases

In the vernacular, there was never a doubt about the connection between mind and body:

“I’m scared to death.” (fear-fright conflict–larynx)

“I was paralyzed with fear.” (motoric conflict–muscles)

“He spat fire and brimstone.” (territory-anger conflict–gallbladder ducts)

“I just could not swallow it.” (chunk conflict–throat)

“This sits in my stomach.” (chunk conflict–stomach)

“My hands are tied.” (powerless/helpless conflict–thyroid excretory ducts)

“The contact is demolished.” (separation conflict–epidermis)

“I can’t endure this anymore.” (self-worth conflict–hip, femoral neck)

“The guy is breathing down my neck.” (fear of rear-attack conflict–retina, vitreous body)

“I’ve lost my face.” (separation conflict–trigeminal nerve).

Perception

What happens is not decisive: how the client perceives what happens is. What often looks harmless from the outside can deeply hurt a person at his weak spot. Vice versa, heavy strokes of fate are often coped easily

with, which can look from the outside like a biological conflict. It always depends on the mental structure, weaknesses and embossing of the individual. Be careful with remote assessments.

Example of different perceptions

A man learns that his wife was killed in a traffic accident.

- “Normal” would be the sensation of a loss-conflict with SBS of the testicle. The event can also be perceived differently.
- Resistance conflict, when he resists inwardly and refuses to admit the death. *“It cannot be that my wife is dead!”*—SBS of pancreatic islet beta cells (diabetes).
- Central self-worth conflict, when he received all his self-confidence from his wife: *“Without her, I am worthless.”*—SBS of the lumbar spine (back pain during the healing phase).
- Loss-of-territory conflict, when he looked at his wife as part of his territory: The top dog and his doe.—SBS of the coronary arteries (angina pect.).
- Frontal-fear conflict, if he has the image of the truck, rolling towards his wife, in his mind.—SBS of the brachial arches (non-Hodgkin’s lymphoma, or branchial-duct cyst in healing phase).
- Only a small conflict and no visible SBS, for example, if he no longer cared for his wife.

Biological right or left-handed

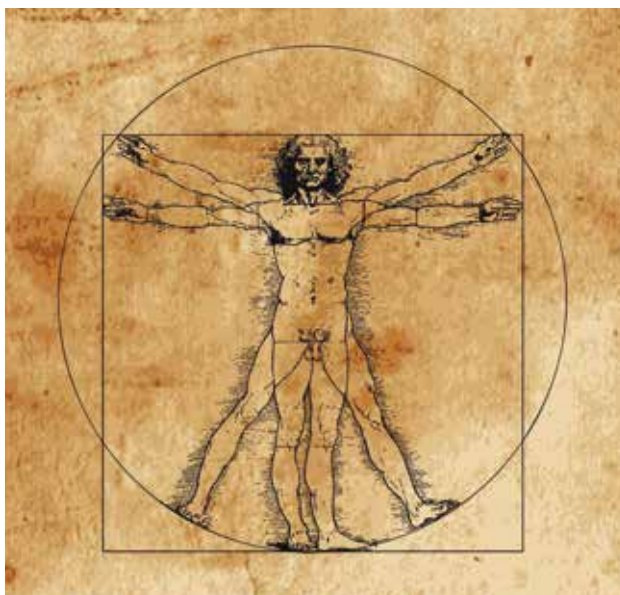
Even with the first cell division, the decision is made whether the individual is right or left-handed. In monozygotic twins, one is always right-handed and the other left-handed.

The determination of handedness is very important for us, because it follows the simple rule that applies equally to men and women: when right-handed, the left half of the body is the mother-child side. This side references your own mother, your own children, or people and animals, for whom you feel these emotions. The right half of a right-handed body is the partner side (life or business associates, friends, enemies, partners, pets, colleagues, neighbors, relatives, and all other people).

When left-handed, it is exactly the opposite.

The cause of a sore right hip in a right-handed person has to do with the partner side. (As for the hip, the conflict is about not being able to endure or prevail in something any longer.)

If a left-handed person has problems with the right knee, we must look for a mother or child self-worth conflict. (The knees have aspects of an unsportsmanlike self-worth conflict. In this case, the conflict relates to mother or child.)



A rash of a right-handed person on the left side of the body has to do with mother or child. (Epidermis–separation conflict in regard to mother or child.)

A conflict can also start special programs on both sides of the body simultaneously, e.g., when both knee joints are affected, or when the skin rash is over the whole body. These cases involve both partner, mother, or child. It can be also one and the same person; to whom we feel like



Right hand on top: biologically right-handed



Left hand on top: biologically left-handed

a mother or child, and as a partner. (For example, the father in need of care is partially perceived by the daughter “as a child.”)

In the SBS belonging to the territorial areas (e.g., coronary arteries, bronchi, or stomach mucosa), the handedness is of particular importance on which cerebral hemisphere exact the conflict “strikes”. Which organs reacts with which SBS is decided here.

It is only in the brainstem-SBS, the chunk conflicts (“yellow group”–the middle ear, intestine, liver parenchyma a.o.), that handedness does not matter (see page 14).

The clap test

To determine the handedness, we have the patient, with arms not adjacent to the hull, clap their hands.

The guiding hand indicates the handedness. If in doubt, you can clap alternately fast and slow. If, when clapping, the right hand is moved towards the left, the person is right-handed.

Usually the guiding hand is the one on top. However, be careful, some people clap with the lower hand up in the other hand.

Therefore, always pay attention to “the guiding hand.” When the clap test is ambiguous, you can use two other tests:

Baby Test: For this test, we actually need a baby. As a baby substitute, we can use a rolled up towel or cushion. We ask the standing client to put the baby (the cushion) to his/her breast.

We hand over the baby (the cushion) in a neutral position (vertical) and pay attention to whether the client places the head of the “baby” on his left or right breast. If the head is placed on the left chest, the client is right-handed, if the head is on the right chest, the client is left-handed.

“Bottle Test”: Give the client a bottle with a screw cap and ask him to open it.

The guiding hand typically rotates at closure. The right-hander turns with his right hand while holding the bottle with his left.

Attention: For drummers, people with paralysis or people, who had injuries on one arm, these tests can bring incorrect results.

In unlearned left-handers, a reverse training can bring astonishing improvements in various complaints.

Book tip: *Of Course–With The Left* by Marina Neumann.

Local conflict–regardless of handedness

The affected location of symptoms doesn’t always have a parent-child or partner reference. Example: *A right-handed gets a slap on the right cheek. A basal cell carcinoma creates on the right cheek.*

The conflict had nothing to do with mother-child or partner, but simply with the unwanted skin contact. This causes a local conflict–regardless of handedness. Local conflicts in principle may occur anywhere. Mostly, however, they happen in the epidermis, dermis, connective tissue, joints, muscles, blood and lymph vessels, peritoneum and pleura.

2nd Biological Law of Nature: “The law of the two phases of all Significant Biological Special Programs (SBS), provided it comes to conflict resolution.” ⁷

The involuntary or autonomous nervous system consists of two parts, the sympathetic (nerve activity) and parasympathetic (resting nerve).

The first regulates our involuntary functions when we are awake (activity, work, sports); the second controls the functions at rest (sleep, relaxation). In the normal state, which means when we are healthy and feel comfortable, these two branches change rhythmically (normotonia, stable circadian rhythm).

Dr. Hamer discovered that after the onset of a conflict, psychology, brain, and organ, automatically switch into “chronic stress” (continuous sympathicotonia), i.e., the sympathetic nervous system takes over sole command.

Conflict-active phase

We call this stress phase, the “conflict-active phase”, or simply the “active-phase.”

Characteristics: tension, thoughts are constantly revolving around the conflict (compulsive thinking), a sharply-edged Hamer Focus in the corresponding brain area,



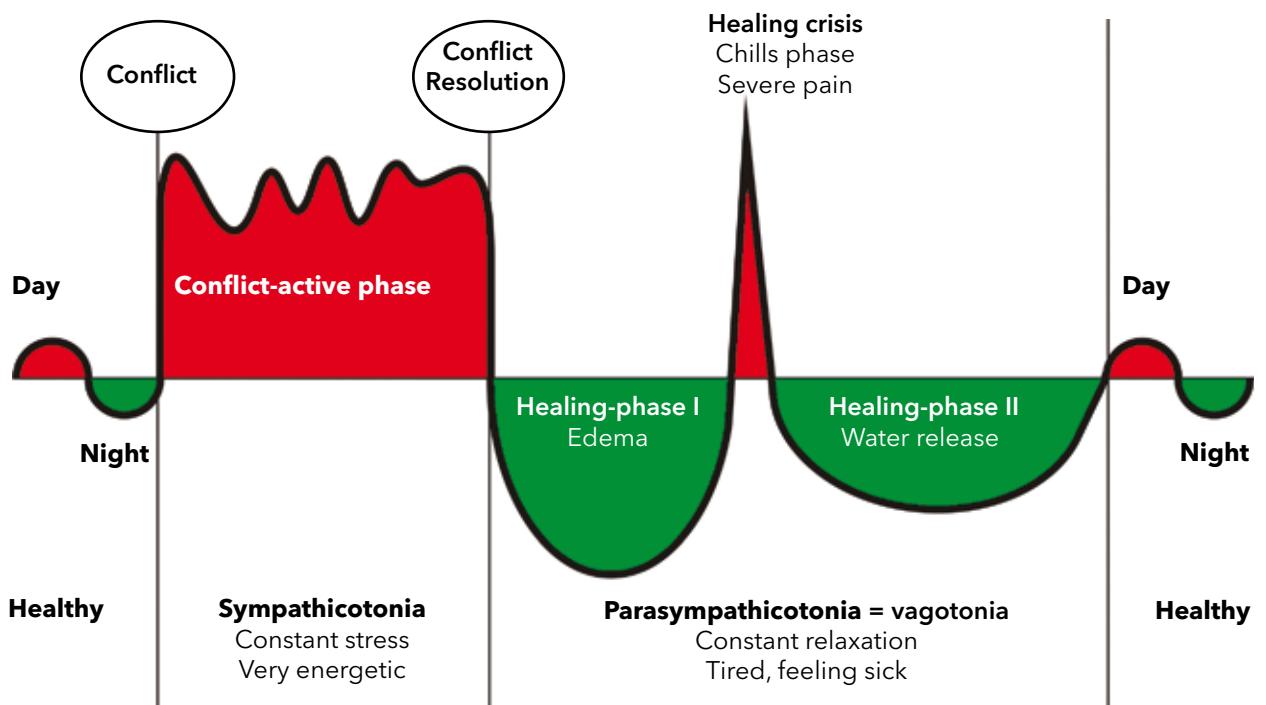
Imagine this lion comes up to you in the wild! Instantly you are in sympathicotonia!

cold hands, increased blood pressure by vascular constriction, faster breathing and heartbeat, poor sleep, feeling “wound up” even at night, no appetite (i.e., weight loss, “cold diseases” such as gastritis, and angina pectoris).

Healing phase

When the individual resolves the conflict (conflict resolution), the conflict-active phase ends and the healing-phase begins.

The course of an illness when the conflict is resolved—our most important graph!⁸



⁷ Cf. “Dr. Hamer, German New Medicine®-Brief Information “ pp. 14, 15



The peace and harmony of the forest promotes relaxation, i.e., parasympathicotonia or vagotonia

Now the parasympathetic nervous system determines what happens. The pendulum has swung in the other direction. Permanent stress becomes continuous fatigue (i.e., vagotonia).

Characteristics: relaxation, end of compulsive thinking, emotional relief, warm hands, poor circulation, poor performance, great need for sleep, fatigue—especially during daytime, large appetite leading to weight gain, headache, and fever.

The HF in the brain receives soft contours from fluid retention. In the healing phase, most CM “diseases” can be found, including the so-called infectious diseases and other hot diseases.

In the first part of the healing phase, water is deposited in the affected brain section and organ (edema), which can be very distressing for the client (pain). If an individual cannot resolve a conflict, he becomes weaker and weaker until he dies of exhaustion (cachexia). Mostly, however, it does not go that far, because instinctively we suppress such conflicts from our consciousness or “come to terms” with the matter (downward transformed conflict, see page 22).

Healing crisis (chills phase, “cold days”)

At the mid-point of the healing-phase, the moment of truth slams with the healing crisis (chills phase). This short, but intensive “sympatheticotonic wave”, decides in severe diseases, whether we “get the curve” or not. Duration is from a few minutes to about three days.

The healing crisis is the most critical phase during the entire SBS. The most prominent healing crises are the heart attack (SBS of the heart) or epileptic seizure (SBS of the skeletal muscle).

Sometimes in these “cold days” of the crisis, one goes through the conflict in a time-lapse once again. Through

the healing crisis the rudder is turned around towards normality. In the brain and organ, the water retention which has been accumulated in the first part of the healing phase, is pressed out.

The second part of the healing phase, which deals with moving in the direction of normal conditions (normotonia), is characterized by increased water excretion (“pee phase”). This is accompanied by a rapid improvement of symptoms.

Each SBS has its specific healing crisis, even harmless “illnesses” such as rhinitis (sneezing healing crisis) or laryngitis (healing crisis cough). The knowledge of the two-phase process brings order in the “diseases” of the CM. The first phase—the conflict-active—was formerly often overlooked, as it accounts for only a small number of complaints. In the second phase, the healing phase, “diseases” are diagnosed and treated, but in reality they are just healing phase symptoms.

3rd Biological Law of Nature: “The developmental and historically-related system of Significant Biological Special Programs (SBS) of Nature.”⁸

This law states that all body processes can be explained through developmentally-historically (ontogenetic)-embryological understanding.

From embryology, we know that each tissue, each cell in humans and animals, is assigned to exactly one of the three germ layers.

Dr. Hamer observed the following: On the one hand, there are tumors that grow in the conflict-active phase and “shrink” in the healing phase.

On the other hand, there are cancers that form “holes” (tissue-shrinking ulceration, necrosis) during the conflict-active phase, which fill up again in the healing phase, a contrasting, seemingly “illogical” behavior.

Through study and comparison of approximately 10,000 client cases, Dr. Hamer solved this puzzle and discovered a breathtaking order in respect of germ layer, conflict theme and part of the brain; the evolutionary-related system of nature.

Looking at the four tables on page 16, one can see that endoderm and the cerebellum mesoderm tissue behave the same—this couple works on the “old brain” pattern. The second pair, medulla mesoderm and ectoderm, works on the “cerebral” pattern, here it goes the other way around (see p.14, 15).

⁸ Cf. “Dr. Hamer, German New Medicine®—Brief Information” p. 19

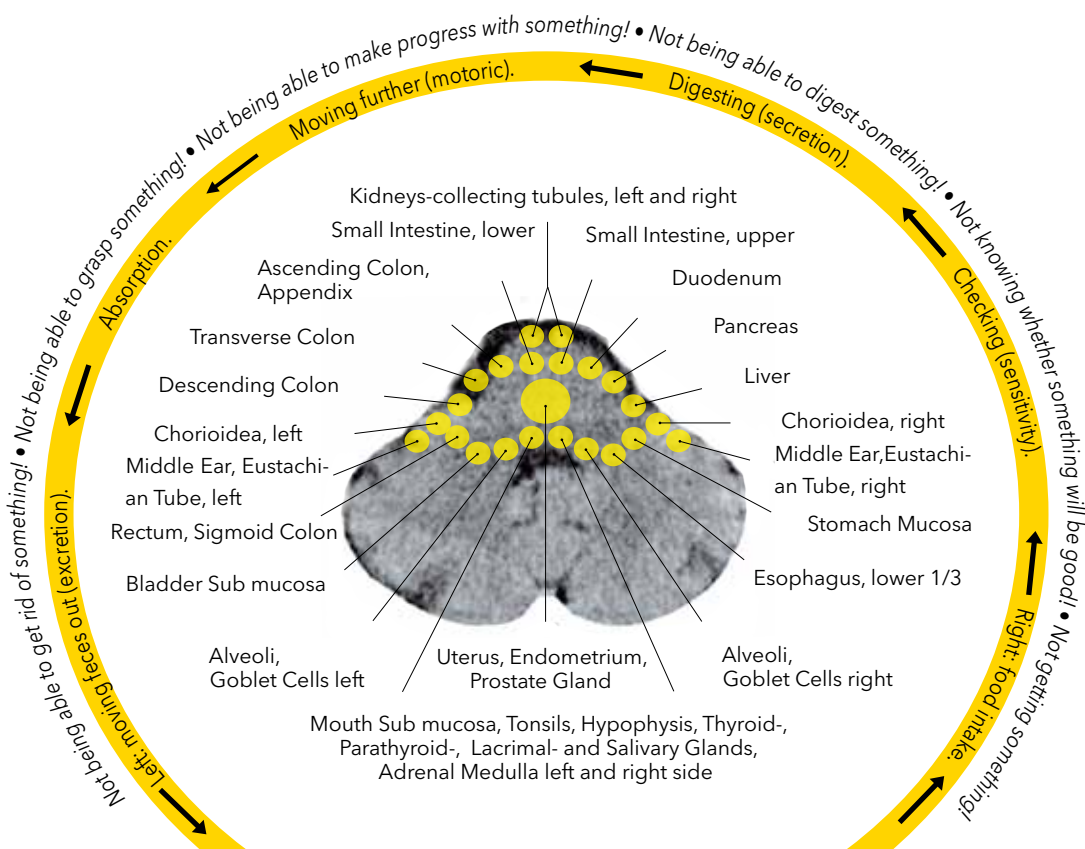
Brainstem (including midbrain) controls the inner germ layer-endoderm.

Nerve conduction from brain to organ is not crossed. Handedness plays no role here.

The digestive tract is arranged in a ring formation in the brainstem—according to Dr. Hamer following historical development (in my opinion this is an ancient building block of nature): protozoon (e.g., sea anemone), which can serve as model, have a single opening for intake of nutrition and excretion. Right side: The nutrition (chunk) is ingested. Left side: The indigestible (chunk) is excreted.

The same system has been assumed by higher species (including human beings)—but in order to make an elongated, not ring-shaped body possible, the ring was broken apart. The mouth and anus represent the beginning and the end of the former “digestive ring.”

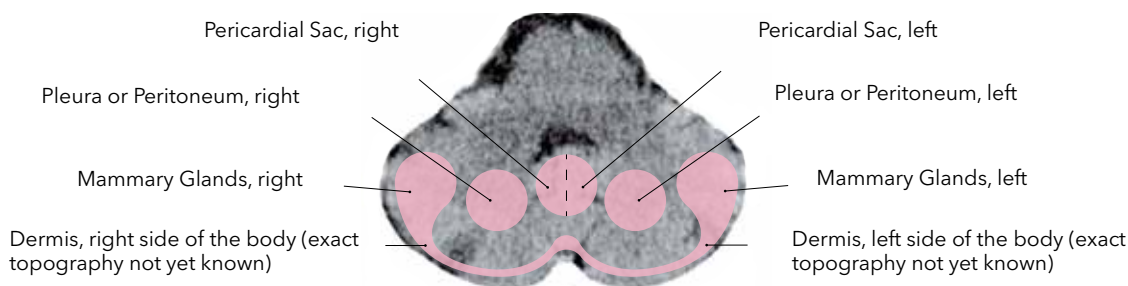
Conflict theme: archaic “chunk” conflicts; on the right side wanting to ingest/get something and on the left side wanting to get rid of something.



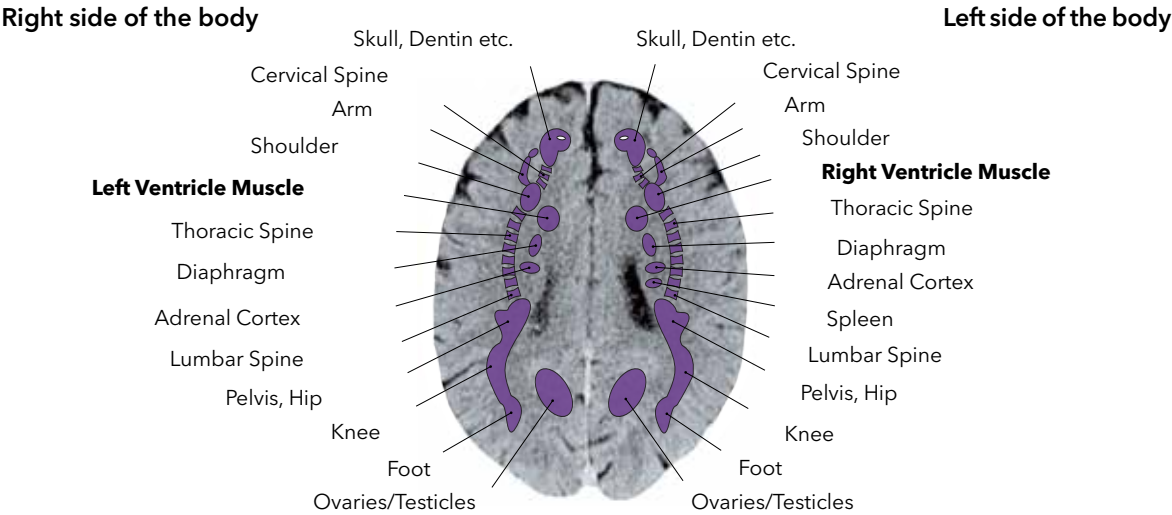
Cerebellum controls one part of the middle germ layer tissue = cerebellum—mesoderm.

Nerve conduction from brain to organ are crossed. Consider handedness (right or left).

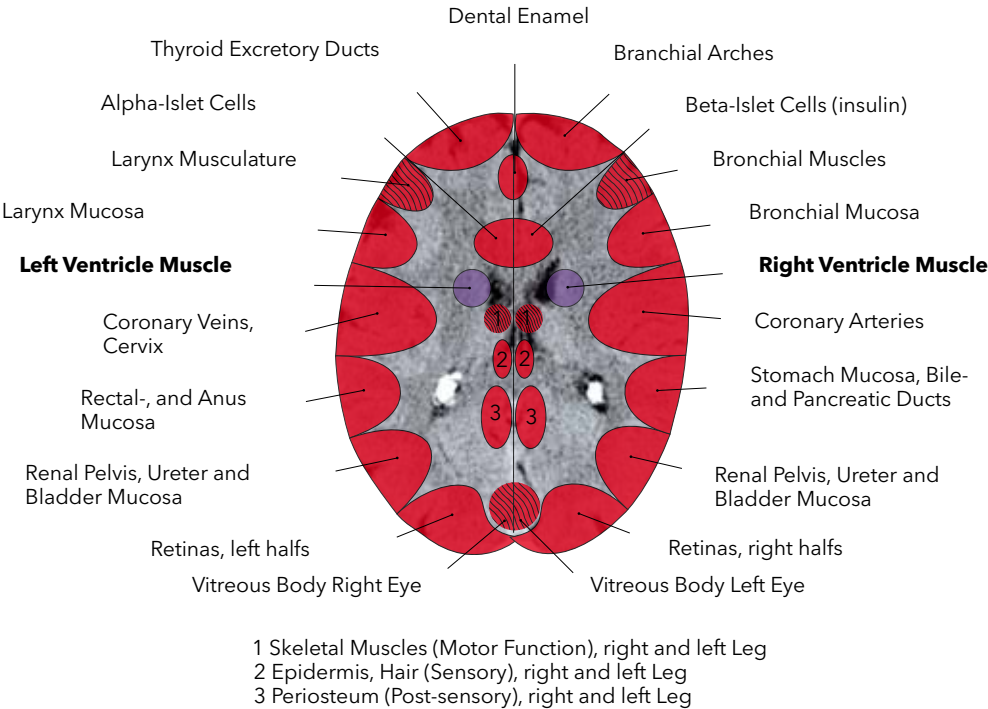
Protection and integrity: Attack, defilement, worry, and fight conflicts.



Cerebral-Medulla controls the other part of the middle germ layer tissue—medulla-mesoderm. Nerve conduction from brain to organ crossed (except myocardium). Consider handedness (right or left) or local conflict. Self-worth conflict: one does not feel strong enough. Things did not go well. Something has gone wrong.



Cerebral cortex controls the outer germ layer called ectoderm. Nerve conduction from brain to organ crossed. Consider handedness (right or left). Social, territorial, separation, or motoric conflicts; fear of rear or front attack.



Common principle: cell degradation in the conflict-active phase, cell growth in the healing-phase

3. Biological Law of Nature

Brainstem and midbrain—inner germ layer—endoderm—handedness not relevant



Tissue/organ	Type of conflict	Conflict-active phase	Healing-phase
Digestive organs, kidneys-collecting tubules,pulmonary alveoli,uterus mucosa,prostate gland, etc.	Unable to get chunk or unable to get rid of chunk-conflicts.	Increased function, cell division/tumor growth (adeno-ca). +	Normalization, cell degradation through fungal-bacteria, night sweat and pain -
Smooth musculature	Motoric chunk conflict	Increased tension	Normalization

Cerebellum—middle germ layer—cerebellum mesoderm—consider handedness



tissue/organ	Type of conflict	Conflict-active phase	Healing-phase
Inner and outer skins: dermis, pericard, abdomen, pleura, nerve sheaths, breast glands.	Protection and integrity:Attack, defilement, worry, fight conflicts.	Increased function, cell division/tumor growth (adeno-ca, or adenoid-tumor). +	Normalization, cell degradation through fungal-bacteria, night sweat and pain. -

Cerebral medulla—middle germ layer—mesoderm—consider handedness



Tissue/organ	Type of conflict	Conflict-active phase	Healing-phase
Supportive and connective tissue: bones, cartilage, tendons, ligaments. Voluntary (striated) muscles (nutrition, linked with ectoderm- innervation). Blood and lymph vessels, ovaries, testes, etc.	Self-worth conflicts (e.g., relating to occupation, relationship, family, sports, and appearance). One was blamed or devalued. Something is failed or gone wrong.	Functional limitation, Cell degradation (necrosis). -	Function increase, Cell growth (mesenchymal Tumors, sarcomas) with the help of bacteria + pain. +

Cerebral—cortex—outer germ layer—ectoderm—consider handedness



Tissue/organ	Type of conflict	Conflict-active phase	Healing-phase
Sensory organs, epidermis. Squamous mucosa:e.g. Coronary arteriesand veins, bronchial and Laryngeal mucosa, teeth enamel	Social conflicts: e.g., separation, territorial and bite conflicts.	Cell degradation or functional impairment. Pain in organs belonging to the so-called gullet-mucosa-pattern. -	Cell or function restoration pain in organs belonging to the so-called outer-skin-pattern. +
Innervation of voluntary (striated) muscles, usually coupled with mesoderm-nutrition.	Motor conflict.	Functional impairment, (debility, paralysis).	Restoration + healing crisis (convulsions, spasms, epilepsy).

In summary, one can say that with the 3rd Biological Law of Nature, we can understand tissue growth (tumor), tissue degradation (ulcer), function reduction (e.g., diabetes) and increase in function (e.g., hyperthyroidism). We also know now, which conflict affects which organ and which part of the brain steers the action.

The idea that cancer “proliferates,” uncontrolled until the man is done, is an idea of the past.

We may recognize, that cancer is not a nonsensical event of rampaging cells, but a meaningful, perfectly arranged process of Mother Nature.

4th Biological Law of Nature: “The historically-determined developmental system of microbes” ¹⁰

This natural law states that fungi, bacteria, and viruses (nucleic acid-protein compounds), are indispensable aids (= symbionts) and fulfill defined tasks.

We know from the CM about the classification of microorganisms into “good/symbiont” (e.g., coliform bacteria in the gut, mouth flora) and “bad/antibion” (e.g., tubercle bacteria, streptococci, viruses).



Nothing is where it is accidentally. This is also true of microbes. In the picture dead wood is being decimated by fungi.

The “bad” was given the blame for various “diseases”, the “infectious diseases.” This error occurred because in many “diseases”, actually fungi, bacteria and viruses (nucleic acid protein compounds) are found in the body. But what CM likes to conceal is the fact that lots of microbes can be found in healthy people too, if one would look for them. If they are found in patients, it is called “pathogenic” (disease-causing) bacteria—“Here, we’ve

found it!—It’s an infection!” Why one and the same germ makes you ill sometimes and at other times not, they explain it with a good or bad “immune system.”

“Infection experiments” were repeatedly carried out in secret and always brought the same result: germs are partially transferable but not the associated diseases.

Microbes—The Firefighters

If someone is investigating the cause of building fires, he could draw the following crazy conclusion:

“In all instances of building fires, fire brigade vehicles and firefighters were present.” These vehicles and firefighters must be the cause of fires! Right?

Everyone knows that this is nonsense, because the firefighters actually extinguish the fire. Fungi, bacteria, and viruses (nucleic acid-protein compounds), just do the same. They “put out fires” and optimize healing. They are not to blame for the disease.

Loyal Companions

Microbes have been our faithful companion for a long time. Our body is “penetrated” by them down to the very last cell (e.g., mitochondria). In nature, nothing is “germ-free.” On the contrary, everything that lives is full of microbes (such as humus). Since the beginning, we’ve lived in perfect symbiosis with them. Without them, we would be stone dead on the spot (cellular respiration, digestion). Dr. Hamer has found out that the three microbial species (fungi, bacteria, viruses) are controlled by different brain regions. From there, they receive orders for targeted “operations.” Important: Our small microsurgeons work exclusively in healing phases!

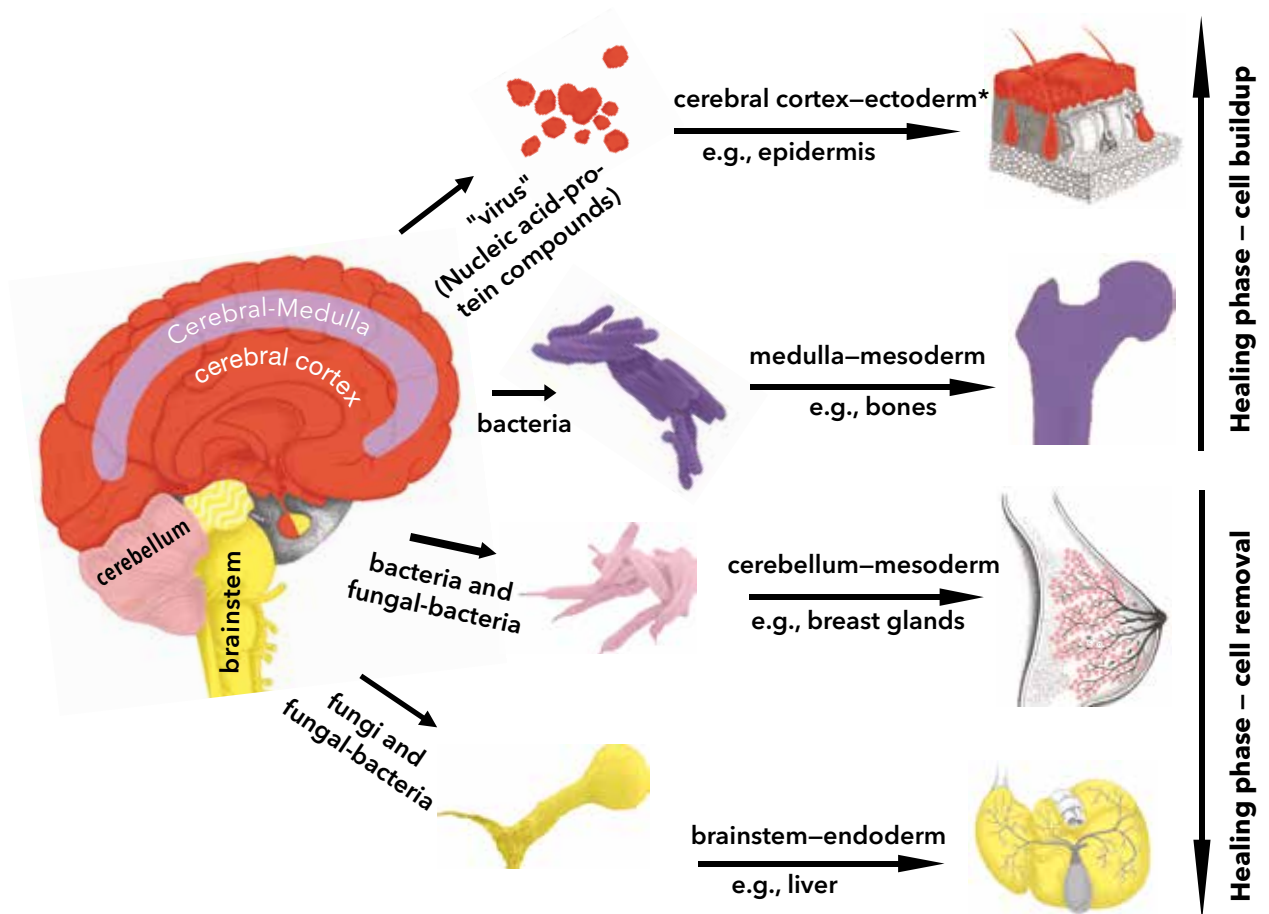
Fungi and Fungal Bacteria

They work on the brainstem’s command and clean excess tissue of the inner germ layer (e.g., candida fungus in the gut and thrush fungus in the mouth). Night sweats means that they are currently at work. The brainstem in the active phase gives the command to multiply (produces an appropriate quantity for storage). If they are found in this (asymptomatic) active-phase, CM calls it “non-pathogenic bacteria.”

Bacteria

There are many different types of bacteria. Each bacterium has a certain “specialty”, for example, the gonococcus in the urogenital tract or corynebacteria in the throat. A part of them is controlled by the cerebellum and builds tissue (“old brain” principle), and another part is controlled by the cerebral medulla and builds tissue (“new brain” principle), e.g., help bacteria in bone—SBS in building bone substance.

¹⁰ Cf. “Dr. Hamer, German New Medicine®-Brief Information” p. 25



Viruses

To date, there is no direct evidence of viruses. The "CM-Virus evidences" are all indirect tests based on binding or non-binding of proteins to other proteins. These tests are not calibrated, because you would need to know first all the isolated virus.

Evidence that viruses cause disease also stands out. Undeniably there are in the blood and other fluids of the body, a large number of very small nucleic acid-protein compounds (globulins). These globulins can be equated roughly with the so-called viruses.

It is possible that the cerebrum works with these proteins to build up missing ectodermal tissue in the healing phase. Dr. Hamer's last statement on this is, that in the ectoderm no microbes work.

Microbes can only be a problem if they are not part of our "body flora." We get contact with "unknown" bacteria strains, for example, when traveling overseas. They provide the body with the difficult task to integrate previously unknown bacteria and fungi into the body's microbial pool.

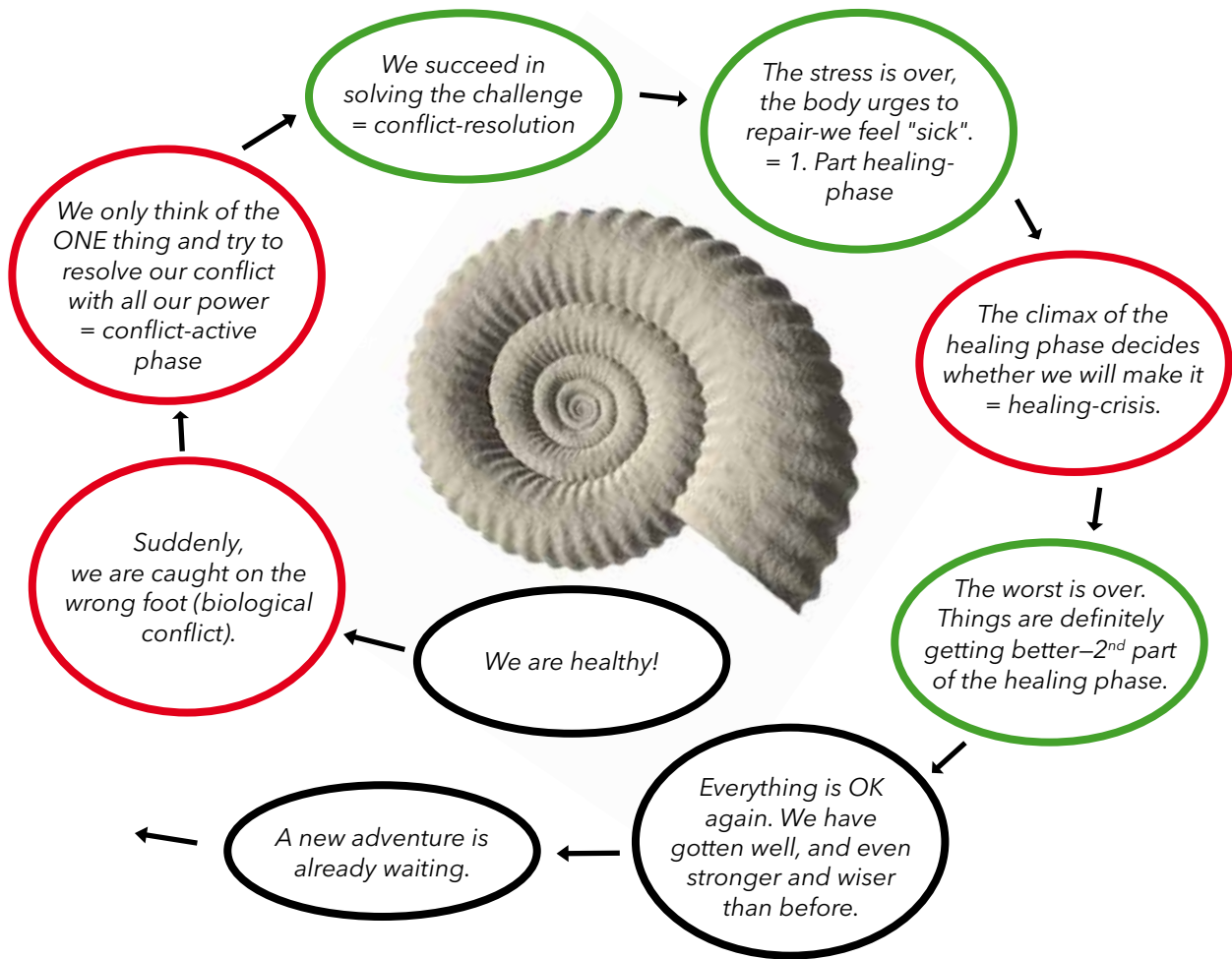
In principle, we still know far too little about the precise work of microorganisms, because for over a century, research was conducted only in the direction of "infection." How do we explain epidemics? By collectively perceived conflicts in families (e.g., Mom needs to suddenly go to work), school classes (e.g., severe mathematics exam), or entire regions (e.g., war, disaster). Here comes into play the common field of sensation of the group. Similar stress and negative emotions lead to similar diseases in the healing phase.

See Chapter Vaccination p. 59 and Chapter Measles p. 273.

5th Biological Law of Nature: "The bottom line-The law of the meaningfulness of all so-called diseases" ¹¹

Dr. Hamer calls "diseases" "Significant Biological Special Programs (SBS)" with good reason.

¹¹ Cf. "Dr. Hamer, German New Medicine®-Brief Information" p. 29.



The name sums it up succinctly: Each "disease" has a significant meaning. We used to think that God gave us "diseases" on purpose, perhaps to punish us.

Since CM assumes that man is a random product of evolution, the question of "meaning", was never an issue. For that they say: Diseases happen by chance or because the "machine body" did not get the correct fuel or was not well-maintained, right?

To understand the meaning of "disease" is probably the best thing about the New Medicine, with which we can gain insights into the processes of nature. We recognize that everything is thought out well and is meaningful. Each SBS is proven a million times. It starts only when we face a certain exceptional situation, and when we have just been caught on the wrong foot.

The significance of colon cancer?

"I cannot digest that to this day."-The conflict in colon cancer is the "indigestible anger." For example, *an employee is looking forward to an upcoming promotion, when suddenly someone else is chosen instead.* A cell division begins in the large intestine. These additional intestinal cells produce additional digestive juice, so that the "anger chunk" can be better digested. The same special program starts in the wolf, when a bone ("chunk") is stuck in the intestines. With additional intestinal cells nature tries to break down the obstacle. In humans, it is usually not real pieces of food, but "job (chunk)", "house (chunk)", and perhaps "sports car (chunk)."

The meaning of testicular cancer?

Cell division in the testis occurs after a "loss conflict", for example, *a close relative dies; the beloved cat gets*

run over or the son moves permanently to another city. Additional testicular cells produce more testosterone (male sex hormone) and more sperm. This hormone acts as a sexual boost, i.e., the reproductive instinct is increased, with the result that the loss can be replenished quickly. Nature does not distinguish between the death of a loved one and a loved cat. Both cases initiate the same SBS and ensures offspring.

Women respond to a "loss conflict" with ovarian cancer. Cell growth in the ovaries, causes an estrogen flood. The high levels of estrogen make women very available to sex and ready to conceive. Again, the nature of rapid "replacement." In this case, this is provided by pregnancy.

Musculoskeletal pain

Musculoskeletal pain have the sense to immobilize the living being to reinforce the affected structure which has proven to be too weak: only at rest can bone, cartilage, tendons, and muscles, regenerate or rebuild; (even cars must stop if you want to fix them.)

When the healing phase (inflammation) is finished, the pain stops and the bone is again fully resilient; more than that, it is now stronger than before (luxury group). The associated conflict is the self-worth conflict.

The purpose of hyperthyroidism?

When an individual suffers a conflict because it perceived as being too slow, cell division begins in the thyroid. For example, a vendor has customers being "snatched away" all the time, because he is not fast enough. In this case, Mother Nature makes more thyroid tissue for a higher thyroxine output, resulting in an increased activity level of the living being. The vendor now acts faster. If the conflict dissolves, the thyroid tumor is degraded by fungal bacteria (thyroiditis).

Important Explanation of Terms

"Benign" or "Malignant"

This classification for the CM is of great importance, but not within the 5 Biological Laws of Nature.

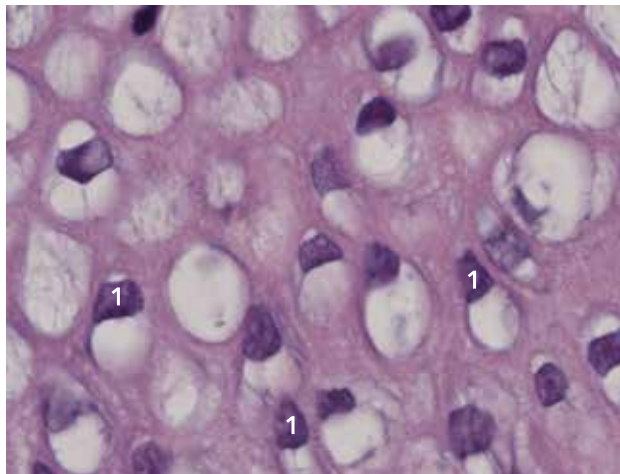
"Benign tumors"—in CM—count as harmless and peaceful, while "malignant tumors" are considered to be aggressive and life-threatening. However, what does the biological reality really look like?

What makes the "malignant tumor" so "malign"?

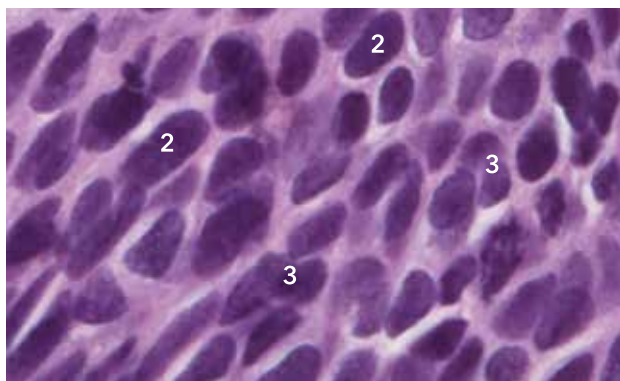
The decisive factors in the CM are size, appearance, growth behavior, and especially the microscopic findings (biopsy): If in a microscopic examination many enlarged cells with enlarged nuclei are found, then the diagnosis is "malignant". If one finds uniform cell structures, the diagnosis is "benign."

How does cellular growth function?

First, the cell swells to almost twice its original size. The core and the other cell constituents double. Shortly afterwards, the cell constricts in the middle and divides. One cell becomes two. The "offspring" has—in comparison to the rest of the mass—large nuclei. The CM speaks here of "malignant tissue." More correct to speak of would be simply of "growing tissues." This division gets even more absurd when you know that the bound-



Both images show smears from the cervix of two different women (400 × magnification). Above we see almost equally sized cells with normal pale-small cell nuclei (1). Few are undergoing division = not growing tissues. CM findings: "benign or regular"



In this picture, we see cells with greatly enlarged nuclei (2). The dark coloration of the preparation shows an increased cell metabolism. Some cells divide (3). All together clear indications of growing tissues.

CM findings: "malignant."

New Medicine findings: healing phase of a female Territory-Loss-SBS. Source of both shots: a hospital pathology.

ary between "benign" and "malignant" is anything but clear. The same tissue sample often produces divergent findings in different laboratories. The specialists often

contradict each other. This happens frequently when the tumor just begins to grow or growth has almost come to a standstill.

We used to think tissue growth was a mistake of nature, and said it is *"malignant."* Now, we know that tissue does not randomly start to grow. Only if a biological necessity exists, does an SBS start up. If one were to put an embryonic or a wound-healing tissue under the microscope, one would classify it according to CM as *malignant*, "because we see here a brisk growth."

A similarly absurd diagnosis would be a tissue sample of a healing fracture. The break tissue does not differ from the bone cancer tissue, osteosarcoma. We would get the same results from a pregnant woman's breast cells tissue sample. During this time, mammary cells multiply. *Conclusion:* we should quickly forget the division into *"benign"* and *"malignant"*, because it has nothing to do with science.

Metastases

"A hypothetically defined resettlement of a malignant tumor or of an infection site is known as metastasis... The current practice of oncology is based on this theory." This is how it reads in Wikipedia. Quite correctly spoken of as a theory. Unfortunately, I know no cancer patient to whom it was explained that this is a theory. On the contrary, in CM *"metastases"* are presented as medical factum. The fact is that no cancer cell was ever detected in a drop of arterial blood.

Blood donations: Why is the blood from blood donors not examined for *"metastases"*?

Would that not be a medical matter, when you consider that, on average, every 4th person falls ill during his lifetime due to cancer and *"metastases"* and these illnesses might be in the blood of the blood donor?

The Magic Spell: How can cells of an intestinal primary tumor in *"resettlement"* for example, in the bone (*"bone metastases"*) suddenly turn into bone cells? How can specific intestinal cells turn into bone cells? Nothing else can be found namely in the putative bone metastases. What then are *"metastases"* if they do not exist? They are newly formed cancer (second or third cancer), usually caused by conventional medical diagnosis and prognosis of death-fright.

"You have prostate cancer!" or, "The liver cancer in you is very aggressive. Realistically, you have one more year. Make yourself have a nice time and fix everything."

So if you get a message without knowing the 5 Biological Laws of Nature, one suffers a massive conflict. If the client feels, for example, the fear of death at that moment, a new SBS begins with cellular growth in the alveoli, as it combines fear of death with *"getting too*

little air." After a few weeks in the context of *"close-knit"* check-ups, the so-called pulmonary nodules are found. It may also be that he suffers a self-worth conflict in the prostate cancer diagnosis: *"Then after the surgery, I'm probably impotent."*

This results in the formation of *"holes"* (osteolysis) in the bones of the pelvis or the lumbar spine, in CM is called bone cancer.

Why is it that you almost never find *"metastases"* in animals? Fortunately, dogs, cats and parrots do not understand when the doctor speaks about *"malignant cancer"*, which he or she should have. The animal is happy that the investigation is over and it's quickly back home. Another reason why animals are less frequently diagnosed with cancer than humans is because animals are less frequently scanned.

Immune system

We do not use the term immune system because there is no such thing. The fight against hostile invaders (CM *"antigens"*), does not exist any more than the fight against cancer cells.

What does exist is a kind of body's *"refuse collection"*: i.e., Phagocytes (macrophages) disassemble (e.g., dead cells and cell debris). These substances are excreted through the lymphatic system (drainage system) and the blood. Also, terms like *"immunoglobulins"*, *"antibodies"* and *"antigens"* are superfluous. It would be better to speak of proteins or globulins.

Recurring conflicts (recurrences)—the polycyclic course (picture top of next page)

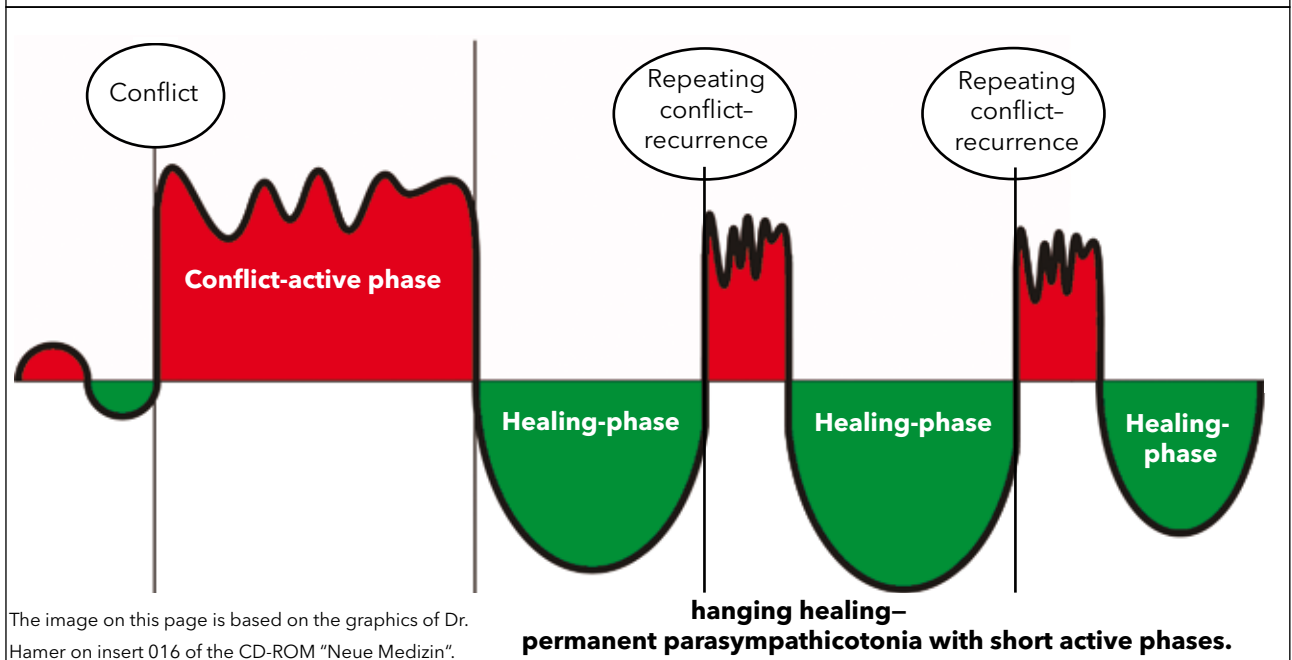
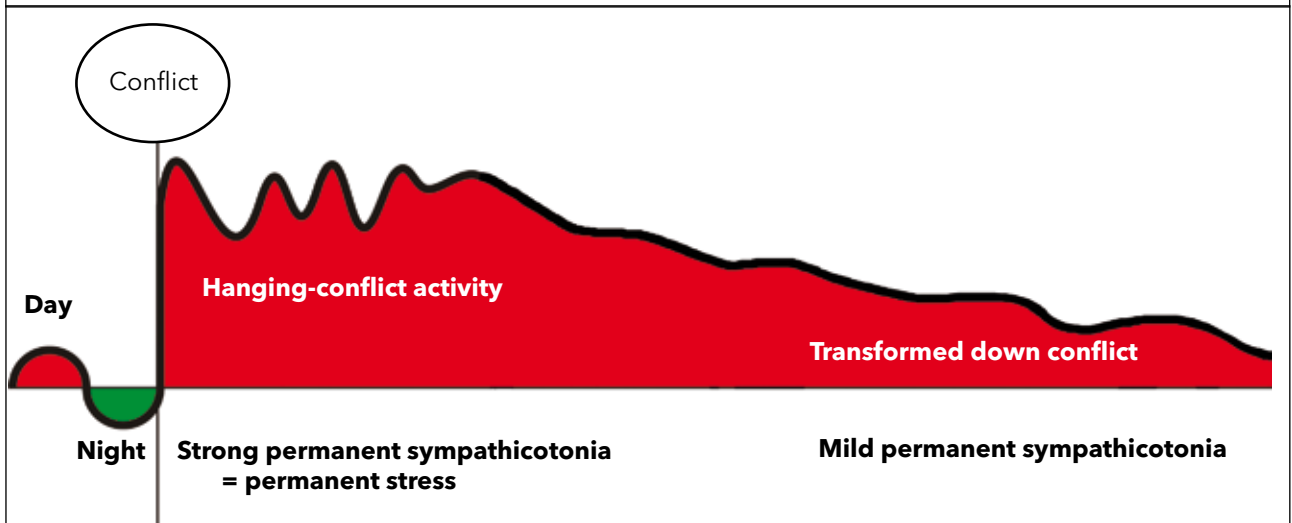
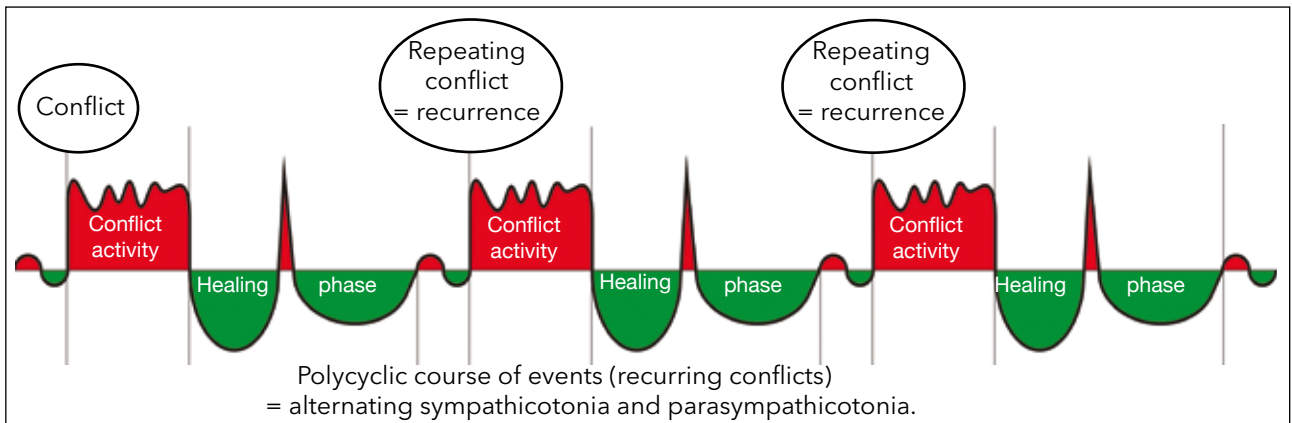
After completion of an SBS, the individual returns ideally back to health (normotonia).

That would be the ideal biphasic course. In practice, however, polycyclic courses are found far more often.

Here one is hit again, after a shorter or longer break from the same or a similar conflict (recurrent), either by a repetition of the conflict or a conflict track. The intensity is usually lower in case of recurrence, because we *"already know"* the conflict.

Nevertheless, we must pass through the entire SBS conflict activity, healing phase and healing crisis again. This often happens time after time, like a record which gets stuck.

Recurrences and tracks are extremely important in practice, because many of the sufferings, which we are confronted with in everyday life are not based on new conflicts, but on recurrence or conflict tracks. These are complaints that happened with no serious conflict in the run-up and keep coming back (e.g., repeated anger at work or constantly arguing with your partner). Often recurrences happen also in the form of memories or dreams.



The image on this page is based on the graphics of Dr. Hamer on insert 016 of the CD-ROM "Neue Medizin".

Hanging-conflict activity (middle image above)

If an individual's conflict cannot be solved, it remains permanently in the stress phase and does not come into healing. We speak of hanging-conflict activity.

A pure hanging-conflict activity is strictly single-phase and leads to exhaustion or death.

So it does not come to that, we usually instinctively "arrange" ourselves with the conflict (step down conflict). Statements such as *"I have to live with it,"* or *"I cannot change it, but I suppose it is no longer so tragic,"* point to a "step down" conflict. In practice, we then speak of hanging-conflict activity if the activity is interrupted by brief partial solutions, but the active phases predominate (strictly speaking, a polycyclic conflict with an emphasis on conflict-activity).

For example, a department manager is demoted. He suffers with his loss-of-territory conflict, concerning the coronary arteries. But he makes the best of it and is now trying to enjoy life more. Nevertheless, at his workplace he is easily conflict-active. Since then, he suffers again and again from angina pectoris (sign of active coronary arteries SBS).

Hanging-healing (lower image above)

In hanging-healing, the situation is reversed. Here the healing-phases predominate in polycyclic course. Short active-phases alternate with longer healing-phases. The healing always begins anew, but unfortunately it is not completed.

For example, "hayfever": Just before summer vacation, a schoolboy in his final grade finds himself on the borderline between passing and failing. Despite intensive studying, the teacher makes him fail. The student feels "fed up" because now the summer is messed up. Affected organ: nasal mucosa. Track: pollen in early summer. Since then, he suffers periodically with "hay fever"—hanging healing. (Runny nose is a symptom of the healing-phase of a fed up stinking conflict.)

Tracks

At the moment of conflict, the subconscious usually stores all of the shock's accompanying circumstances. These accompanying circumstances are stored under the heading "warning signals" and are retrieved on demand from the database of the subconscious.

Accompanying circumstances are all sensations that are perceived all around the conflict in question: Certain pollen (e.g., birch) or fungal spores in the air, certain scents (e.g., perfumes), wind, drafts, cold, heat, dust, certain types of music (e.g., jazz) or music in general, certain types of noise (e.g., car horns) or any noise, certain voices (e.g., loud male voice) or certain

colors.

Foods that you eat during a conflict can especially become tracks; however, bodily sensations such as hunger, thirst, a full stomach, cold feet or wet hair can also become tracks.

When a sensory impression matches up with one in the subconscious database with a "warning sign," the brain reacts: "Attention, conflict XY—start immediately SBS."

Through the conflict tracks, the subconscious "remembers" the original conflict and starts the SBS.

We "collect" most conflicts from conception to adolescence. Put positively, these early conflicts shape our essence, our character.¹² For example, the first contact with water decides if we feel good or whether we avoid it for the rest of our lives. If we experience any conflict in or with water, henceforth, water will be a track for that particular conflict.¹³

Example: A toddler nearly drowns in a swimming pool and, thereby, suffers a liquid conflict. It may be (but need not) that water is added to the "warning" database, i.e., it becomes a track. Later the person often cannot remember the conflict at all; he finds, however, that his blood pressure is always elevated following a bath. (See p 225ff.)

Note: A track always causes a recurrence and the SBS starts again. If it is possible to resolve the conflict, the track is irrelevant. Tracks or recurrences are the basis for all allergies.

Example mold allergy:

A student lives for a year in a small cottage. It is poorly heated, the walls are partly moldy. One day, a big argument with his best friend takes place in this house. Stinking conflict: "Now I'm fed up with this guy." The track here become mold spores and humid areas. Since then the client is allergic to mold or damp rooms. (Personal archive B. Eybl)

Getting into the practice**Remain realistic**

The strength of the New Medicine and the 5 Biological Laws of Nature is, without doubt, that we now can explain and understand body processes. Cell plus and cell minus processes, inflammation, pain, and all these events have become comprehensible. This makes the New Medicine (in contrast to today's CM) a real science.

¹² In psychology called conditioning.

¹³ Psychology: water is associated with the negative.

This cognition leap is enormous and causes expectations: *"If the New Medicine can explain almost everything, then they can certainly heal almost anything."*

So it happened with myself and so it goes with almost everybody, who newly encounters the 5 Biological Laws of Nature. However, this is a big pitfall.

The fact is that we can often do little in spite of this knowledge. We have less influence of diseases processes—in particular psychosis—than we would wish to.

This is not because the New Medicine is not correct; it is that we humans cannot cope with difficult situations and drag along old stuff for years, especially our deliberately stoked up fears—the worst poison for the soul and body. This is disillusioning and disappointing but that is how it is.

Dr. Hamer raises enormous expectations in his literature. The 98% likelihood of survival in the New Medicine, which he still claims is nonsense. But this number which can be at best hypothetical, can only apply to a time in which the New Medicine is used by all physicians in all clinics, and in an era without fear of cancer.

In the reference section from page 61, I describe all SBS in their ideal course: to cope—as special temporary assistance of nature—with exceptional situations (conflicts) optimally.

Nature anticipates that conflicts will be resolved in a relatively short time (a few days or a few weeks). Thus, it is planned and deliberate. If this is the case, the SBS run as described, and then they are actually a good thing. When conflicts last much longer, conflict repetitions happen constantly or vicious circles arise. Unfortunately this is often our reality—it's going to be ugly. Tumors enlarge, tumors do not degrade, pain does not stop or it keeps coming back.

For this, nature and the New Medicine cannot be blamed. In this sense, I ask the therapists among the readers to be realistic and modest—despite all the enthusiasm.

Case Example Osteoporosis

Brief explanation in advance

Osteoporosis is a disease that mostly affects women at older ages. It is about a progressive loss of bone mass. As a result, the bones become weak and susceptible to fractures (hip fractures).

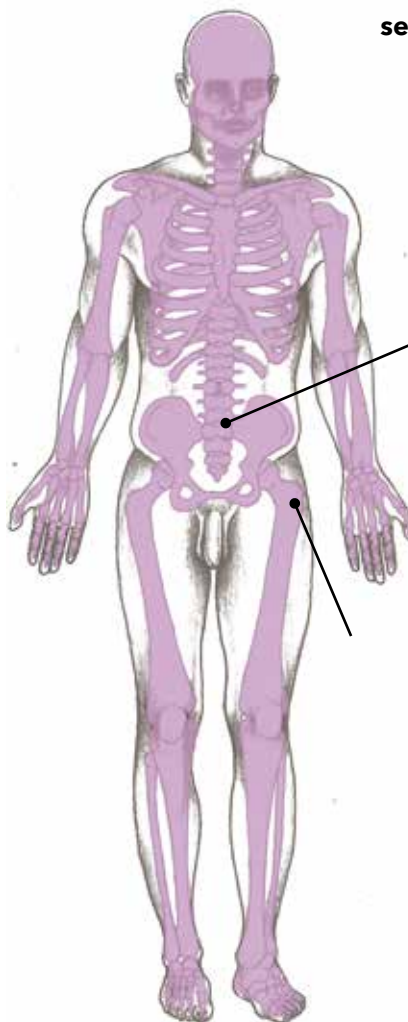
Conflict: self-worth conflict.

During an extended conflict-active phase, cell degradation in the bone takes place. In the short time be-

tween regeneration phases (cell regeneration, cell plus) pain may occur. These are times when the self-worth, for example, experiences a beautiful event, a boost. (See also page 287.)

The now 61-year-old, right-handed sympathetic gymnastics and mathematics teacher is a single mother of a, now adult, daughter. Her heart beats for sport: running, tennis, hiking, skiing, gymnastics, etc., practicing usually in the company of friends. In such a trained non-smoker, who maintains a healthy diet, no one would ever think that she, at the age of 47 years, would be diagnosed with osteoporosis.

During a checkup procedure in August 1999, a "manifest osteoporosis" was discovered with bone densitometry (POCT). By September 2002, the values deteriorate. In the left thigh, a density of 0.576 g/m³ was measured (Findings page 26). She takes her physician-prescribed osteoporosis drug (bisphosphonates) on a regular basis.



Bone generally
self-worth conflicts

Lumbar spine
**central
self-worth
conflict.**
**"I'm not
worth
anything."**

Hip and
femoral neck
**self-worth
conflict,**
**something
cannot stand.**
**"I cannot
do that."**

History of conflict

The client has been unhappy as a teacher for the last two years. Things are not going well in school—she is often annoyed with herself and with the director. However, this is only the “background music.”

The main conflict is her daughter—her great treasure. She is fully matured and is leaving home. Yes, it gets even harder. She is going to go to Australia, where she has been offered an interesting job.

In the fall of 2002, the client is sitting at home alone, with an autumn mist hanging in the air and she does not know what sense life should have. Suddenly, she has an idea: “I am going to visit my daughter in Australia. I can take off for a whole year from my work at the school, yeah, no worries.”

After clarifying the formalities for leaving her job, the client takes the trip to Australia in January 2003. Since the osteoporosis drug did not help anyhow, she leaves it at home.

From January 2003 up to June 2004, she spends a fabulous time with her daughter under the Australian sun—“the best time of their lives”: swimming, beach, tennis, trips, etc.

She recalls that she did not have any back pain in Australia, but before that, it was troubling her continuously. Constant back pain demonstrates a chronic hanging self-worth conflict.

After her return in June 2004, she arranged to make another bone density control. And lo and behold, with 0.590 (p. 27, color graphic, no. 3 on the x-axis) she was again above the osteoporosis threshold, which means she is healthy again. The cure “happened” in Australia without any medication.

When measured in August 2000, the bone density on the right femoral neck had 0.599 g/cm³, and the left had 0.554 g/cm³.

The right-left correlation shows itself clearly here, that the self-worth conflict is mainly connected with the daughter. Because the client is right-handed, the left half of the body is her mother or child side.

In September 2004, the teacher started getting back into her daily life. After the happy Australian year, she swings into the “worst school year.” Since her daughter is away, she misses her badly and the foggy autumn presses onto her mind—self-worth conflict recurrence.

The density measurement results of 2005 at the left femoral neck has a value of 0.522. Again, osteoporosis is stronger than ever! The value reflects her poor mental state. In the winter of 2005, the tide turns. The daughter returns from Australia to Europe, and at school she also feels better. Basically, she now sees everything in a much

more positive light. During this time, she encounters the New Medicine.

With her new view of life she endures even the sunless autumn better and in subsequent years (p. 27, Nr. 5, 6, 7, 8, 9), the bone density improved steadily. No wonder, because the daughter lives again permanently in the hometown, the bones regenerate (heal themselves).

Case example—A true story

An 84-year-old female pensioner is admitted with chronic diarrhea for a colonoscopy in a hospital in Upper Austria. After the procedure, the client gets an infusion administered, without asking. Still hanging on the drip, she asked what the drip was for.

The answer: “It’s against osteoporosis, which everyone at your age gets.”

The client is surprised because three months before she had her bone density measured in another hospital with the result: “Everything is OK.” The current visit was entirely devoted to her intestine. Nobody examined her bone density.

Shortly after the first osteoporosis infusion, she was administered two further infusions. She asks, “What’s happening now?”

Answer: “These are painkillers that we give to control pain caused by osteoporosis.”

In the client, discontent is spreading and indeed she feels a lot of pain. Pain that she did not have prior to the infusions.

Now the punch line: During dinner time in the hospital room, she watches TV. Coincidentally, they show a contribution on the clinic in which she is staying: “...the largest osteoporosis department of Austria and the one with the most patients...”

It takes a few weeks before the lady recovers from this hospitalization.

SURVEY FINDINGS

In the survey findings, we are not only dependent on the physical level as in the CM, but we have three levels, psyche-brain-organ available.

Example: An ovarian cyst is always simultaneously a healing HF in the ovary relay in the cerebral medulla and as a psychic cause, recovering from a loss conflict.

Each finding on one level must agree with the other levels. As a result, errors in assessment can be largely avoided. The saying “as many diagnoses such as doctors” should now belong to the past.

Dr. [REDACTED]

A- [REDACTED]

PATIENT [REDACTED]

BEFUND geb: [REDACTED].1954, [REDACTED]

SPIRAL-CT-OSTEOPOROSE-DIAGN

ORDINATION:

Mo bis Do: 7.30 – 17.00 Uhr, Fr: 7.30 – 15.00 Uhr

ALLE KASSEN • DVR 056

30.08.99 h

Mammographie bds. in 3 Ebenen und Sonographie:

Bei relativ kleinen Organen finden sich noch reichlich Restparenchymstrukturen in symmetrischer Anordnung, sonographisch normale Verhältnisse. Keine suspekten Verkalkungen. Kein Malignitätshinweis. Bei unveränderter klinischer Situation Kontrolle in 2 Jahren erbeten.

Knochendichtemessung (PQCT):

Der selektiv im Bereiche der Spongiosa des distalen Radius li. gemessene Wert von 72,0 mg/cm³ Kalziumäquivalent liegt deutlich unter der Normgrenze von 177,5 mg/cm³. Dementsprechend ist der Tscore von minus 3,0 als path. einzustufen. Auch die Corticalis liegt mit 229,1 mg/cm³ mit einem Tscore von minus 1,1 unter dem Normbereich.

Ergebnis:

The findings indicates a manifest osteoporosis.

Der Befund spricht für eine manifeste Osteoporose.

Mit bestem Dank für die Zuweisung
und kollegialen Grüßen

i. V. Univ.Doz.Dr. [REDACTED]

Nach Diktaphon
geschrieben und
abgesandt

ABTEILUNG FÜR NUKLEARMEDIZIN PRIM.DR. [REDACTED]

Telefon :

email :

FAX :

Patient : [REDACTED]

Geschlecht : Frau

Patienten ID : [REDACTED]

Ethnische Gr : [REDACTED]

Geburtsdatum : [REDACTED] 1954

Alter : 58 Jahre

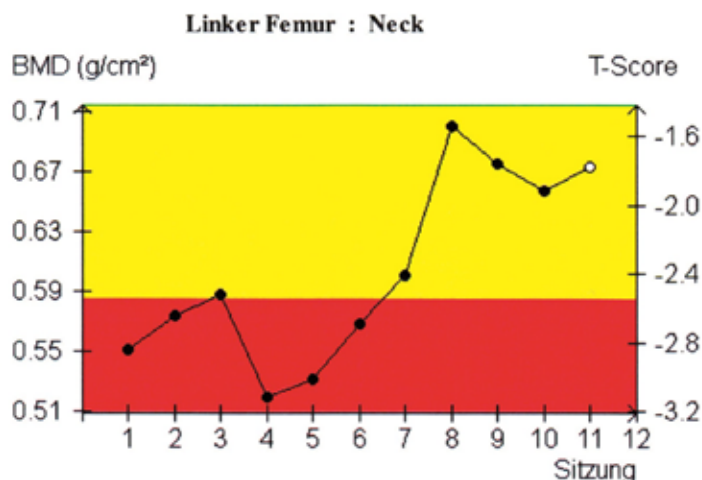
0 - 1
Bad time: "The daughter is gone"

2 - 3
Beautiful Australia-year

3 - 4
"Worst School year "

5 - 7
"The Daughter comes back"

8 - 11
Good Time: "The daughter is back home"



	Linker Femur
Durchschnitt (g/cm²)	0.606
SD (Standard Deviation)	0.063
Variations Koeffizient (%)	10.39

Untersuchungsdatum	Alter	BMD (g/cm²)	Anwender
24/08/2000 08:44:00	46	0.554	
02/09/2002 09:47:00	48	0.576 (4.05% / 4.05%)	
16/06/2004 09:38:00	49	0.590 (6.63% / 2.48%)	
21/11/2005 11:08:00	51	0.522 (-5.66% / -11.53%)	
04/12/2006 08:19:38	52	0.534 (-3.56% / 2.23%)	
10/04/2008 11:21:06	53	0.571 (3.10% / 6.90%)	
15/06/2009 10:58:30	54	0.603 (8.88% / 5.61%)	
19/04/2010 10:03:07	55	0.703 (26.97% / 16.62%)	L
04/04/2011 10:12:58	56	0.678 (22.43% / -3.58%)	K
06/06/2012 09:39:55	57	0.659 (19.11% / -2.71%)	L
12/06/2013 09:49:28	58	0.676 (22.09% / 2.50%)	M

* = nicht berücksichtigte Daten

Variation (Ref / Vorherige)

KLINIKUM

An: [REDACTED] Univ.-Doz.Prim.Dr. [REDACTED]

Institut für Nuklearmedizin

A-4 [REDACTED]

Prim. Dr. [REDACTED]

Tel: +43 [REDACTED]

Fax: +43 [REDACTED]

Homepage: www [REDACTED].at

[REDACTED] am [REDACTED] 2009

Status: vidiert

Patient:	[REDACTED]	Geb.Dat.:	1954. [REDACTED] (F)
Zuweiser:	[REDACTED]	AZ:	[REDACTED]
Aufenth.:	a (Allg.)		
Dikt. Arzt	[REDACTED] OA.Dr., [REDACTED]	Vid. Arzt:	[REDACTED] OA.Dr., [REDACTED]
		Ersteller:	

Untersuchungen: 2009. [REDACTED] NK: OS DEXA
 2009. [REDACTED] NK: OS Fachärztl. Begutacht.

Knochendichte - Befund

Es wurde folgender Befund erhoben:

Messort	BMD (g/cm ²)	T-Score
LWS (L1 - L4)	0,873	-1,6
Re. Schenkelhals	0,584	-2,4
Li. Schenkelhals	0,633	-1,9

Gerätetyp: Hologic QDR-4500

Beurteilung:

In der LWS und im Schenkelhals beidseits finden sich - bezogen auf den T-Score - im unteren Normbereich gelegene Knochendichtewerte, gegenüber der Voruntersuchung vom April 2008 zeigt sich in der LWS ein Anstieg des Knochenmineralgehalts um knapp 5%, im Bereich des Schenkelhalses im Mittel um knapp 6%. Es zeigt sich somit eine Befundbesserung gegenüber den Voruntersuchungen, der Befund spricht nun für eine **Osteopenie**, eine Osteoporose ist nicht mehr nachweisbar.

Osteoporosis is no longer detectable.

Kommentar:

Die Behandlung mit Strontiumranelat wurde für die Dauer von 2 Jahren bis Mai dieses Jahres durchgeführt, vor etwa 1 Monat wurden erstmals 5 mg Aclasta i. v. verabreicht. Die laufende Kalzium-Vit.D-Substitution empfehle ich unverändert mit 2 x 1 Kautablette Cal-D-Vita weiterzuführen. Ob eine Weiterführung der Aclasta Medikation erforderlich ist, hängt von einer weiteren Verlaufskontrolle ab, die in 1 Jahr, noch vor neuerlicher Aclasta-Gabe, erfolgen sollte.

Danke für die Zuweisung

FINDING OF THE BRAIN

The brain level has enormous scientific value because it proves the psyche and physical interrelationships. In practice, one will make a brain CT for serious and unclear diseases, but not for petty disorders such as colds or athlete's foot. For evaluation, it needs a therapist who can "read" the CCT (cerebral CT scan).

Fortunately, you can work with the 5 BLN without a CT reading, because we still have two levels (psyche, body) to counter check.

If you still decide on a CT, it must meet the following criteria:

- CT (brain area), attention: MR is unusable.
- Parallel to the base of the skull.
- Without contrast material ("native").
- Images in digital format (CD-ROM) (paper printouts are useless).
- Stay very still inside the tube (image clarity).

The evaluation of CCTs is not the subject of this book. The CCT-reading is difficult and requires profound studies. For those interested, in the reference section, the corresponding relays are shown in mini-brain images.

The Findings of Psychological Physical Levels

CM results:

It is good if we get all CM results: However, note this: only about 60% of all CM diagnoses are correct, i.e., 40% are false. Also, X-ray images are often misinterpreted. Even large cysts are often assigned to the wrong organ. These errors can happen because CM works without cross-checking of psyche and brain.

Laboratory values

This is an important pillar for diagnostic assessment and to monitor progress. Some values will present, with the knowledge of the 5 Biological Laws of Nature, a new and different meaning, while others will be consistent with CM. Some values such as the pancreatic enzymes lipase and amylase are individually highly variable and only meaningful when compared with previous values of the same patient.

Laboratory testing comes with the great danger that the results are regarded, by some patients, to be so important that the data itself turns into a conflict. Such hypochondriacal patients often run from one study to the next until the trap they have built themselves, eventually snaps (value out of the norm).

Thyroid and Laboratory

Triiodothyronine (T3) and thyroxine (T4)

The majority of these two types of thyroid hormones are bound to proteins in the blood. Only a small portion is



provided in the form of free thyroxine (FT4) or free triiodothyronine (FT3).

CM-normal values (serum):¹³

T3 67-163 ng/dl, free T3 2.6-5.1 pg/ml, T4 5.1-12.6 microg/dl, FT4 1.0-1.8 ng/dl.

Elevated

- Conflict-active phase of a thyroid gland chunk conflict.
- Slightly increased in conflict-active phase of a powerless conflict (thyroid excretory ducts).

Reduced

- Hanging-healing or condition beyond thyroid gland chunk conflict.

An increased or decreased TSH level is an indication of a thyroid excretory ducts SBS (pp. 111f).

Blood and Laboratory (See also Chapter blood p. 124ff.)

Erythrocytes (red-blood cells)

CM Normal value¹⁴: Women 4.0-5.2 million/ml, Men 4.2-5.9 million/ml

Reduced (anemia)

- Active-phase of a self-worth conflict: Bone-SBS. Whether the bone-SBS is noticeable in the blood count depends on which and how many bones are involved, because the blood formation (hematopoiesis) takes place mainly in the flat bones (e.g., sternum, vertebrae). SBS in the tubular bones are hardly reflected in the blood count.

Elevated (Erythrozytämie, high red blood cell count).

- Healing-phase of a bone-SBS. At the beginning of the healing-phase, the erythrocyten count falls even further, but only apparently, because the blood is thinned by vagotone vessel dilation with additional serum (lower hematocrit value).

¹³ http://www.netdoktor.at/laborwerte/fakten/schilddruese/t3_t4.htm

¹⁴ Cf. Böcker/Denk/Heitz, Pathologie, Urban & Fischer, 3. Aufl. 2004, Spickzettel Pathologie, hereinafter cited as B/D/H-Pathology

The erythrocyte production has been running fully at this time, so the actual amount is already increased.

- By endurance athletes or very good training conditioning.

Leukocytes (white-blood cells)

SM-Normal Value:¹⁵ leukocytes (Ext.) 4–10t /microL (4–10 G/l)

Reduced (leukopenia)

- Conflict-active phase–self-worth conflict (bone).
- Spleen SBS (rare).

Elevated (leukemia)

- Inflammation (healing-phase) somewhere in the body (the leukocytes have the function of a “garbage collection” in the body).
- Self-worth conflict in healing-phase.

Hemoglobin (red-blood cell pigment) in addition to the red-blood cell count (RBC) are important parameters of anemia.

CM-normal values:¹⁶ Women 12–16 g/dl, Men 14–18 g/dl

Reduced

- In the active-phase of a self-worth conflict–anemia.
- In healing-phase (vagotonia) of other conflicts due to dilated vessels.
- In the second (vagotonic) part of pregnancy due to dilated vessels.
- If bleeding (injuries, internal bleeding, heavy menstrual bleeding).

Elevated

- In healing-phase of a self-worth conflict (bone). At the beginning of the healing-phase, the hemoglobin and the RBC fall further, but only because the blood is “thinned” by the vagotonic vessel dilation with additional serum.
- In conflict-active phase of other conflicts. By narrowing increases the vascular blood cell concentration.
- By endurance athletes or very good training conditioning.

Hematocrit (percentage of cellular fractions of the blood volume). This value indicates how thin or thick the blood is, i.e., the concentration in which BC occur (viscosity). SM-normal values:¹⁷ Women 37–46%, Men 41–50%.

Reduced

- Conflict-active phase of a self-worth conflict (bone) by reducing production of blood cells. Even lower values at the beginning of the healing phase.

- Conflict-active phase of a refugee conflict (KCT SBS). Fluid retention also in the blood. The blood is thinner, although the number of BC has not changed.
 - In the healing-phase of other conflicts (vagotonia–vessel dilation).
 - In the second (vagotonic) part of pregnancy hematocrit is lowered due to dilated vessels. (Absorption of fluid into the vascular system) infusions reduce briefly hematocrit due to dilution.
- #### Elevated
- In conflict-active phase other than the conflicts described above. By narrowing of the vessels, the BC concentration increases.
 - In athletes, especially after altitude training through increased production of red BC. The blood thickens, the ability of the blood to transport oxygen increases.
 - By loss of fluids or dehydration (sweating, thirst).

Erythrocyte sedimentation rate (UCS)

One of the oldest and simplest blood test methods:

In a glass tube, the amount of blood cells, which have settled to the bottom, is measured after one or two hours. An elevated erythrocyte sedimentation shows, according to CM, whether inflammations are underway in the body.

Normal values:¹⁸ 1h : Women 6–11 mm, Men 3–8 mm. 2hr: Women 6–20 mm, Men 5–18 mm.

Elevated

- Healing-phase (inflammation), somewhere in the body.

C-reactive protein (CRP)

This is one of the so-called acute-phase proteins. If anywhere in the body runs inflammation, CRP rises the fastest of all values.

Normal Value:¹⁹ 10 mg/l

Elevated

- Acute healing-phase of any organ.
- After surgery, injury, accidents, after a heart attack (also healing and repair phases).

Cholesterol

In CM, cholesterol is not determined in order to detect certain disorders, but rather to estimate the risk for vascular disease. It is considered a “risk factor” for heart attack, stroke and other diseases. LDL (low density lipoprotein) is believed to be responsible for vascular damage and is considered “bad”, while the “good” HDL (high density lipoprotein) is attributed to vascular protective effect, as far as the CM opinion goes.

15 Cf. B/D/H-Pathology

16 Cf. B/D/H-Pathology

17 Cf. B/D/H-Pathology

18 Cf. B/D/H-Pathology

19 Cf. B/D/H-Pathology

In fact, cholesterol–HDL and LDL—is absolutely vital and is produced for the most part by the body itself.

We can assume that Mother Nature produces nothing that is nonsensical or bad.

Cholesterol cannot be transported in the blood because it's not—as fat compounds (lipids)—soluble in water. It is transported by binding to HDL and LDL. We therefore speak of a HDL and LDL lipoprotein-cholesterol complex. HDL lipoprotein receives the cholesterol absorbed by food and transports it to the liver for processing to bile acids and free cholesterol.

LDL lipoprotein receives the cholesterol made by the liver and leads it to the body's cells.

The cholesterol transported through LDL is the basic substance of steroid hormones (sex hormones, cortisol, etc.), vitamin D3, bile acids, etc. It also takes care of the sealing of arteries and membranes.

To depict LDL as harmful is absurd.

Since 80% of the cholesterol is formed by the liver itself, diet can have little influence on cholesterol levels. With this, the value can be reduced by at most 5%, and only for a period of 24-48 hrs, as the liver otherwise engages to increase its own production.

To win about half the population as "patients", the cholesterol limit, controlled by the pharmaceutical industry, was arbitrarily set to 200. Since then, patients have been "treated", at the cost of severe side effects, associated with lipid-lowering medications.

"Cholesterol appears to be involved as a repair or putty substance in the restoration of vascular damage."²⁰

The fact is that the so-called plaques consist mainly of connective tissue. Cholesterol can be found therein only in minimal amounts (about 1%).

Cholesterol is an important part of the outer sheath of body cells. It increases the stability of the membranes.

Total cholesterol

CM-normal value:²¹ 120-200 mg / dL (3.1 - 5.2 mmol / l).

LDL-cholesterol

CM-normal value:²² <150 mg / dl (<3.87 mmol / l)

HDL cholesterol

SM-normal value:²³ > 50 mg / dL (> 1.3 mmol / l)

Of high or low cholesterol values (whether LDL or HDL), we can probably derive little (often runs in families).

If the value changes suddenly (it rarely does), you can

possibly give it thought.

Elevated

- Lack of exercise, obesity (overweight), alcohol.
- Medication side effects (cortisone, beta blockers, etc.)
- In general, a sign of increased stress.
- Especially be considered: thyroid, kidneys-collecting tubules, adrenal, liver-and pancreas-SBS.

Liver and Laboratory

Gamma-GT

The liver enzyme gamma-GT is the most important parameter with respect to a gallbladder ducts SBS.

CM-normal values for new unit: Women up to 36 U/l, Men to 64 U/l.

Elevated

- Healing-phase of a territory-anger or identity conflict (gallbladder ducts). The critical phase (healing-crisis) begins when the gamma-GT-value starts to drop. For values up to 400, healing-crisis runs normally straightforward, at values of 400–800 it is critical, at values above 800 it is very critical.

GOT (glutamate oxaloacetate transaminase)

According to CM, GOT is elevated in case of liver, heart and muscular diseases.

CM-normal value for new unit:²⁴ Adults 34 U/l

Elevated

- Probably like gamma-GT: Territory-anger or identity conflict (gallbladder ducts)—healing phase

GPT (glutamate pyruvate transaminase)

An enzyme whose highest concentration occurs in the liver, and at lower levels in skeletal and cardiac muscles.

CM-normal value for new unit:²⁵ Adults 55 U/l.

Elevated

- Territory-anger conflict (gallbladder ducts)—healing phase.

AP (alkaline phosphatase) will indicate if a bile duct or bone-SBS is running.

Normal Value:²⁶ 40–150 U/l (age 60–170 U/l)

Elevated

- Territory-anger conflict (gallbladder ducts)—healing phase.
- Self-worth conflict (bone)—healing-phase.
- Following bone fractures.

²⁰ http://www.westonaprice.org/knownyourfats/skinny_de.html

²¹ Cf. B/D/H-Pathology

²² Cf. B/D/H-Pathology

²³ Cf. B/D/H-Pathology

²⁴ Cf. <http://www.netdokter.at/laborwerte/fakten/leber/got.htm>

²⁵ Cf. <http://www.netdokter.at/laborwerte/fakten/leber/gpt.htm>

²⁶ Cf. <http://www.netdokter.at/laborwerte/fakten/leber/ap.htm>

Bilirubin

Bilirubin is a liver value. The amount of bilirubin is determined in order to detect and control the course of jaundice. Bilirubin is a degradation product of hemoglobin and is normally excreted via the bile ducts. But if it is backing up, bilirubin gets propagated into the bloodstream.

CM-normal value:²⁷ Bilirubin, saturation—adults 0.2–1.1 mg/dL (3.4–18.8 micro-mol).

Elevated

- Territory-anger or identity conflict (gallbladder ducts)—healing-phase. Healing swelling of the bile ducts with temporary occlusion of the outflow.
- Accelerated breakdown of red-blood cells (hemolysis) by blood, poisons or drugs, large bruises (blunt injuries, bruises), malaria.
- Even though rare, bilirubin levels can increase because of liver parenchyma SBS (starvation or existence conflict), if a major bile duct within the liver (intrahepatic) is closed off due to lack of space.

Cholinesterase

In the CM, the cholinesterase value is collected for the detection of liver damage and poisoning. Because of its strong individual variations, it is better suited to monitor progress than to diagnose.

CM-Normal Value:²⁸ Adults from 3000–8000 U/l.

Elevated

- Starvation-existence conflict—active-phase (liver parenchyma). Increase due to increased metabolic function of the liver.

Pancreas and Laboratory

Blood sugar

The blood sugar value indicates the concentration of dextrose (glucose) in the blood. It is controlled by the pancreatic hormones insulin and glucagon.

CM-normal value:²⁹ Adults 70 – 100 mg/dl (3.89 – 5.55 m-mol/l).

Reduced (hypoglycemia)

- Fear-disgust or resistance conflict SBS of the alpha-islet or beta-islet cells of the pancreas (see pp. 218–220).

Elevated (hyperglycemia)

- Resistance, or fear-disgust conflict SBS of the beta-islet or alpha-islet cells of the pancreas (see pp. 218–220).

Amylase (Alpha-amylase)

The enzyme alpha-amylase is produced by the pancreas and is used for carbohydrate digestion. In CM, it is determined in cases of suspected pancreatitis.

Amylase may be measured in the blood (serum) or urine. CM-normal value (serum):³⁰ Adults 70–300mm U/l.

Elevated

- Territory-anger or identity conflict—healing-phase. Pancreatic inflammation (pancreatitis). Healing swelling of the bile ducts with temporary occlusion of the outflow. Increase of pancreatic enzymes amylase and lipase.

Lipase (phospholipase)

Lipase is the generic term for a group of digestive enzymes (esterases). Their task is to split fats.

The lipase is the most sensitive parameter with respect to the pancreas.

CM-normal value:³¹ Adults 30–180 U/L.

Elevated

- Territory-anger or identity conflict—healing-phase (Pancreas ducts). Healing swelling of the bile ducts with temporary occlusion of the outflow. Pancreatitis, increased pancreatic enzymes amylase and lipase.

Kidney and Laboratory

Creatinine

In CM and also in NM view, creatinine is the most important kidney value, but it is interpreted quite differently. Creatinine is a metabolic end product of the muscles, so the value is “muscle-dependent.” We are mainly interested in serum (blood) value and not the amount of urinary excretion of creatinine, the so-called creatinine clearance. CM-normal value (serum):³² 0.5–1.2 mg/dl (44–106 micro-mol)

Elevated

- In the conflict-active phase of a refugee conflict (KCT SBS). This “energy saving program” stores liquid and recycles nutrients. Creatinine, urea and uric acid in the blood system are kept in order to store more energy to use in times of need (CM–“uremia”). This recycling process is called nitrogen cycle. In CM, dialysis is performed from about 4 mg/dl. With the understanding of the 5 BLN, dialysis is considered only from 12–14 mg/dl.
- In very muscular people, after muscle strain and meat consumption.

27 Cf. B/D/H-Pathologie

28 Cf. B/D/H-Pathologie

39 Cf. B/D/H-Pathologie

30 B/D/H-Pathologie

31 B/D/H-Pathologie

32 B/D/H-Pathologie

Urea

CM-normal value (serum):³³ 10–50 mg /dL (1.64–8.18 mmol).

Elevated

- Refugee conflict (KCT SBS)–active-phase. In the so-called nitrogen cycle, protein is “recycled” from urea.
- After diarrhea, vomiting, fasting, excessive sweating, burns, dehydration.
- After injury, accidents, transfusions (protein degradation).

Uric acid

In CM, this is the parameter for diagnosing “gout.”

For us, the diagnosis of “gout” means that an active refugee conflict combined with any self-worth conflict is present in the healing-phase. (“Syndrome”, see page 226ff) Uric acid is the end product of purine metabolism. It is produced during the digestion of meat. So the value is also nutritionally or toxically dependent.

In an active refugee conflict, the body tries to obtain excess energy from the uric acid by leaving it in the blood, rather than excreting it.

CM-normal value (Serum):³⁴ Women <5.7 mg/dl, Men <7 mg / dl.

Elevated

- Refugee SBS (KCT), conflict-active phase–analog to creatinine and urea.
- Due to increased purine intake through food (meat, offal, etc.).
- Due to increased purine forming: cell death by drugs–e.g., chemo, blood thinners, blood pressure medication.

Protein (albumin, microglobulin) in urine (proteinuria)

According to CM, this is an alarming sign: Sign of poor renal filtration performance (“Nephrotic syndrome”). However, the protein does not occur, as CM believes, from the blood into the urine, but comes from the healing kidneys-collecting tubules, so, by the kidney itself (kidney TBC). = Degradation of tumor tissue (see page 226ff)Positive test (detection of protein)

- Healing-phase of a refugee conflict (KCT SBS). Degradation of KCT- tumor–the degraded tissue is excreted in the urine–protein in the urine.
- Healing-phase of a sexual conflict (prostate), or a healing-phase of a barely digestible, unpleasant situation conflict (bladder trigon submucosa)–bladder tuberculosis.

In all cases of tuberculous degradation of tumor tissue> washing out through the urine. > Protein in the urine, accompanied by night sweats.

Blood in urine (hematuria and hemoglobinuria)

If, with the naked eye, red coloration of urine is visible, it is called “hematuria,” as opposed to “microscopic hematuria,” which is detecting traces of blood only in the laboratory.

Test positive (detection of blood)

- Territory-marking conflict–healing-phase (renal pelvis, ureter, bladder or urethral mucosa). Reconstruction of the transitional epithelium (urothelium). Blood in the urine indicates an inflammation of any of these structures.
- Refugee conflict (KCT)–healing-phase . Degradation of a kidneys-collecting tubules tumor with washout of protein and blood. Barely digestible, unpleasant situation conflict–healing-phase (bladder trigon, submucosa).

Prostate and Laboratory

Prostate-specific antigen (PSA)

The enzyme PSA is produced in the prostate gland and is, according to CM, a parameter for the size of the prostate gland or tumor. This relation is uncertain and is also widely known by scientific medicine, because PSA is also produced in the liver and in the pancreas.

CM-normal value:³⁵ 0–4.5 ng/ml

Elevated

- Sexual conflict, conflict-active or healing-phase (prostate).
- By cyclists and horseback riders.
- After sexual intercourse, after prostate sampling and analysis. a.o.
- In women after menopause.
- In a liver SBS.

The fact is that the more often the PSA level is levied, the more (practically healthy) people die from prostate ca (placebo). From the perspective of the 5 BLN, also values far above the norm, are no cause for alarm. Due to the risk that a raised value can trigger a conflict (with the danger of a vicious circle), it is recommended that the PSA value should not be tested.

Intestine and Laboratory

Blood in the stool

This can be seen with the naked eye. With a stool sample, however, we can look for “hidden” (occult) stool

³³ Cf. B/D/H-Pathology

³⁴ Cf. B/D/H-Pathology

³⁵ B/D/H-Pathologie

blood in the laboratory.

Positive findings (blood in the stool)

- Healing-phase in a portion of the digestive tube (esophagus to rectum). The darker (older) the blood, the more "upstream" is the source of bleeding.

Rheumatism and Laboratory

Rheumatoid factors, antinuclear antibodies (ANA)

Under rheumatoid factors, CM understands "antibodies" directed against endogenous structures, or proteins that fight against its own body.

To determine the "rheumatoid factor", the reaction of the blood serum is observed with other proteins in the test tube or on test plates. These are, in CM, various tests such as the so-called Waaler-Rose or the ELISA test. From the perspective of the 5 Biological Laws of Nature, the rheumatic hypothesis is false and the determination of "rheumatoid factor" meaningless.

Immunoglobulins (Ig) M, G, A, E, D u. A.

The terms "immunoglobulin", "antibodies," and "antigens," can be disregarded. It would be correct to just speak of globulins.

Globulins are body's smallest own protein compounds, which play an important role in the growth of tissues and for sealing off injured cells.

Globulins are found in the blood in higher quantities after poisoning (vaccinations, drugs, alcohol, etc.), injuries (contusions, sprains, etc.) or during healing-phases.

Using electrochemical procedures (electrophoresis), globulins can be classified according to size. The determination of "immunoglobulins" has no meaning for us.

"Infection" and Laboratory

AIDS-Tests

AIDS tests such as ELISA and Western blot are not able to identify the HIV (virus). The scientific evidence of the virus is not provided until now. These tests are indirect, non-calibrated detection methods, which do not work. For today's so-called anti-HIV antibody tests, there is no international standard.

The test result "HIV positive" or "HIV negative", i.e., test scores above or below the specified measurement thresholds in the same person, vary from continent to continent, from country to country, from city to city and even from laboratory to laboratory.

In the African test sets, for cost reasons, often only 2 different test proteins are included. When "HIV-positive" people from Africa are retested in Europe, they are often called "HIV-negative", in other words they are no

longer "HIV-infected."³⁶ The HIV test is not standardized. The tester result must be interpreted; the criteria for this interpretation does not only vary from lab to lab, but from month to month.³⁷

On the package of the the AIDs testing toolkit (Roche Manufacturing), is the following disclosure: "A *negative test result does not exclude the possibility of HIV infection.*"

Factors that are known to cause false-positive test results:³⁸

- Flu
- Infections of the upper respiratory tract
- Hemophilia
- Herpes simplex
- Cancers
- Swollen lymph nodes
- Renal insufficiency, "blood cleansing" in renal failure
- Currently existing "viral infections" such as hepatitis
- Naturally occurring antibodies
- Antibodies in forms of rheumatoid arthritis
- Blood transfusions
- Tetanus, influenza, hepatitis B vaccination
- Organ transplants
- Administration of immune globulins
- Receiving anal intercourse

Borrelia Antibodies

Lyme disease is, according to CM, an "infectious disease" caused by the bacterium *Borrelia burgdorferi* and transmitted by insect bites.

From the perspective of the 5 BLN, Lyme disease is a healing separation conflict—with or without insect bite or tick. The *Borrelia* laboratory test (IgM and IgG "antibody" test) is certainly useless. Even in CM, it is not considered to be very meaningful.

The result is not yes or no, but it is either lower or higher than a certain threshold. If the so-called titer is located above this arbitrarily fixed threshold, *Borrelia* regarded as proven (indirect test).

Chlamydia, Campylobacter, Streptococcal Antibodies

These tests are analogous to the AIDS and Lyme antibody tests. That is, indirect limit value, tests without biological basis.

36 Cf. Dr. med. Heinrich Krämer, *Die stille Revolution der Krebs- und AIDS-Medizin*

37 *New England Journal of Medicine*, Ausg. 317

38 Cf. Michael Leitner "Mythos HIV", Videel publishings

Tumor Markers

Carcinoembryonic antigen (CEA)

In CM, this is the most important tumor marker, especially in relation to colon, lung, and breast ca.

The name alone is an indication of the dilemma of CM-tumor medicine: This protein appears to be an indicator of cell division. In the embryo, cell division is high, in the case of a tumor growth as well.

Normal Value:³⁹ 2.5-10 microg/l

Elevated

- Conflict-active or healing-phase of an SBS.
Probably old- brain organs in the active-phase or cerebrum organs in healing-phase.
- In smokers (poisoning repair metabolism).

Carbohydrate antigen 19/9 (19/9 CA)

It is part of the human blood group characteristics.

Used in CM as a marker for pancreatic, liver and gastrointestinal tumors.

Normal Value:⁴⁰ <37.5 U/ml

Elevated

- Conflict-active or healing-phase of the related SBS.

Alpha-fetoprotein (AFP)

AFP is produced in embryonic tissues and in various tumors such as CEA.

In pregnant women and in infants, the value is also increased. In both cases, high mitotic rate as in tumors. CM markers for liver, germ cell, bronchial and gastric tumors.

Normal Value:⁴¹ <20 ng/ml

Elevated

- Conflict-active or healing-phase of the related SBS.

Tumor marker pregnancy-specific beta 1-glycoprotein (SP-1), human chorionic gonadotropin (HCG)

Again, you can see how tumor growth is related to pregnancy from a biological perspective.

Both SP1 and HCG levels are elevated during pregnancy.

For non-pregnant women, they serve as tumor indicators.

According to CM, cell division in pregnancy is normal and "benign"; later in life, cell division is considered as "malignant."

³⁹ Cf. B/D/H-Pathology

⁴⁰ Cf. http://www.laborlexikon.de/Lexikon/Infotrame/a/Alpha-1-Feto-protein_als_Tumormarker.htm

⁴¹ New England Journal of Medicine, # 317

THE INITIAL CONVERSATION— DETERMINING THE CONFLICT

If the client is not yet familiar with the 5 Biological Laws of Nature, the basics should be explained first. Just getting to know the biological connections can have a healing effect, because the client is relieved and loses his fear.

Our goal during the first conversation is to find out what the "illnesses" are, i.e., SBS with their relative conflicts including tracks. With heart (empathy) and mind (knowledge) this is usually possible.

First, it makes sense to concentrate on the client's most important symptoms or main manifestations of distress. We devote ourselves completely to the client. It is important to ask the right questions and to listen carefully. Even if no CT is available to us, we have an advantage over CM, because we understand the biological links and are able to weigh up the psychological and the physical levels against one another.

The amount of time required for the initial consultation depends on various factors: the familiarity of the client with the 5 Biological Laws of Nature, the cooperation



of the client and the complexity of his medical history. Many therapists schedule three hours for the first meeting.

The most important questions to be clarified Cold or warm hands?

The first handshake upon meeting the client tells us whether he has warm or cold hands: Cold hands indicate conflict activity. It could be that the client is conflict-active because he is nervous at the beginning, or because of his illness, or because the weather is cold. Be careful not to judge too quickly!



Biological right-handedness or left-handedness?

Carry out the clap test and determine which hand leads!

Client's age (Therapist's level)

The client's age is interesting to us mainly with regard to hormone levels. The menopause of women normally begins between the ages of 45 and 55.

Due to reduced estrogen, the woman becomes "hormonally male" in the course of menopause. During this time she "changes" to the male, right brain hemisphere, if she did not already work in the right side already because of left-handedness, territorial conflicts, ovarian necrosis or evacuation. A complex subject!

See also: Menopause, distress and female sterility on page 234 and in the literature by Dr. Hamer.

Between the ages of 70 and 75, men switch over to the female, left half of the brain and become "hormonally female." Left-handed men without constellation⁴², men with necrosis of the testicles, and men whose testicles have been removed, function on the left side of the brain even earlier. In this case, there is no "change" following lowered testosterone levels.

If a woman moves through menopause, one must keep in mind, that in the case of territorial SBS (uterus, heart, lung-bronchi, larynx, rectum, anus, or bladder), the complaints could come from a "brain-switch".

First menstruation—when? (Therapist's level)

Girls without territorial conflict have their first menstrual period (menarche) approximately at the age of 11. If the girl is right handed, a significantly later menarche indicates an active territorial conflict (left side of the cerebrum) or a loss conflict (ovaries), which at the onset of the first menstruation was either resolved or "added" a second, even stronger male territory conflict (right cerebrum) = constellation.

Left-handed girls with significantly later menarche have suffered either an active loss conflict or already at least two territorial conflicts with sexual content and, thus, they are in "constellation." The menstruation commences due to the resolution of the left cerebral, or an intensification of the right cerebral conflict.⁴³

Caused by a conflict—yes or no?

Some disorders—usually smaller ones—are not caused by conflicts:

- For example, an athletic young man has been suffering for a week from mild pain in both Achilles tendons. The tendons and both ankle joints are reddened and lightly swollen. He especially feels pain the first couple of steps when he gets up in the morning. It turns out that, following a half-year training pause, he has started again with strength training of the legs = before Achilles Strengthening of the Achilles tendons, analog to sore muscles, following an unaccustomed burden-adaptive reaction, training effect, probably not caused by a conflict (organ conflict).
- For example, reddening of the skin due to sunburn. Increase in the pigment cell layer-adaptive reaction to UV-radiation
- For example, digestive problems after gluttonous behavior-poisoning because of too much food or an unwise combination of food/meal.
- For example, corns caused by ill-fitting shoes. To decide whether a conflict is the cause of a disorder or not is not always clear.

Purely adaptive reactions usually pass over quickly. During the training pause, for example, our young man could have suffered a local self-worth conflict with regard to running, jumping, etc. ("I probably cannot run as fast as I used to be able to!")—with a successful training period, he could come into healing-pain.

Healing-phase, conflict-active phase or recurring-conflict?

If the patient tells his situation, he describes either healing or conflict activity symptoms.

For example, feeling a heart tightness (angina pectoris), an aching stomach ulcer (gastritis) or blood glucose problems (diabetes) have a conflict-active character, whereas a herniated disc or pneumonia is a conflict resolved (healing-phase) sign.

Our task is to classify the symptoms correctly. To do this we need to know the individual SBS.

If the patient describes conflict-active symptoms, we know that the patient carries around a conflict within himself, which we need to detect and may need to be resolved.

⁴² A "constellation" refers to the simultaneous existence of two active Hamer Foci in both halves of the brain, right and left

⁴³ See the original literature by Dr. Hamer, e.g., "Krebs und all sogenannten Krankheiten" ("Cancer and all so-called illnesses") p. 60

If the symptoms are healing-phase symptoms, we know that the patient has resolved all of its conflicts or tracks already, namely just before the complaints started.

General conflict-active symptoms: thoughts revolve around the conflict (obsessions), stressed, poor sleep, poor appetite (perhaps weight loss), cold hands and feet, or cold sensitivity.

General healing-phase symptoms: psychologically easier and more relaxed, physically feel “sick”, weak, fever, sweating, fatigue—especially during day hours, good appetite, warm hands and feet (possibly weight gain).

Since when did you have the symptoms?

This is the most important question.

Most complaints are healing-phase symptoms. The conflict must have come into solution, just before the symptoms appeared for the first time (i.e., something good must have happened).

After knowing the conflict resolution event (e.g., “Mom is back,” beginning of the holidays, retirement, new love, passed examination, a clarifying or conciliatory conversation or recognition of partner or boss)—it is usually easy to get to the conflict.

Sudden conflict resolution implies sudden onset of symptoms (usually in the evening or at night).

There has always been a negative event (conflict, e.g., dispute, loss, anger, isolation) before the start of symptoms which we attribute to the conflict.

Please remember that it is not the external event that counts, but the reactivity of the inner perception.

New conflict or recurrence?

Most complaints are not based on new conflicts, but on recurrent conflicts or tracks. In order to clarify that, we should ask the following question: *Is this the first time in your life you have suffered from this disorder?*

If yes: It is a new conflict.



If no: probably it is a recurrent conflict or a track.

Next question: *When did that happen? What occurred at that time? Following or during which events did your symptoms appear?* Find out the original conflict! Usually this will lead us to the cause of the recurrences or tracks.

Recurrent dreams?

Does the client describe dream imagery that appears regularly? Have his dreams changed since a past event? During the night, the subconscious mind processes the happenings of the day and the past. Some dreams are related to a conflict. Dreams that occur often give us an indication of what the conflict is all about. Recurrent dreams can also have the effect of keeping conflicts active.

Examples:

- *A schoolboy's uncle dies. The two of them had a very close relationship. The boy suffers a loss conflict (testicles) and a general self-worth conflict (anemia, leukemia). Regularly, he dreams of his uncle's death, where in this case the conflict is protracted (hanging-active conflict). Once the conflict has been found, a decision is made to proceed as follows:*

The anniversary of the uncle's death is imminent. The boy is taken along to the requiem mass and people talk freely to him about his uncle. At last the boy gets warm hands again (healing phase). The boy needs blood transfusions for a period of time and then everything is fine. In CM, the healing phase is diagnosed as “aleukemic leukemia.” (Cf. Dr. Hamer, Goldenes Buch (Golden Book), vol. 1, p. 573).

- *Muhammad Ali reports that he regularly dreams of his match with Joe Frazier in March 1971. This fight resulted in the first and certainly most painful defeat in his boxing career. As a result, he suffered from the following conflicts: not being able to cover oneself (trembling hands). Fear-fright conflict—speech defects. Not being able to flee from the ring—walking difficulties. With every dream, he returns briefly into conflict-activity. The Parkinson's disease (trembling) represents the healing-phase or more exactly, the healing-crisis, which never ends (hanging-healing).*

Unsuccessful conflict searches

Some people think that terms like “identity conflict” or “chunk conflict” mean nothing to them because they try to understand these expressions literally. In this case, it is often helpful to simplify the question:

What was the worst thing that happened to you? What stressed you a lot at the time? What kind of thoughts go round and round in your mind? What would you like to change in your life? What are you most afraid of? What are you most dependent on?

Also remember prenatal or early conflict: What were pregnancy and childbirth like? Have you been breast-fed? How was your childhood?

Question-Answer Case Examples

Knee joint pain

The right-handed, 69-year-old woman has been complaining about intense pain in the left knee since the end of the previous week.

Add things up: last week an unathletic self-worth conflict with regard to mother or child must have been resolved (healing symptoms). Now we have to ask about the family situation.

Question: *"Do you have children? How old are the children? What do the children do? Do you have pets ("pet-children" or "pet-partner")? Is your mother still alive? How old is she? Does your mother live with you?"*

Answer: *"Two grown daughters, the mother died many years ago."*

Add things up: Mother–conflict is unlikely, probably it has to do with the daughters. Now, we need to clarify whether it is a recurrence or a track and if the complaints are the result of a beginning conflict.

Question: *"Have you had pain in the left knee before?"*

Answer: *"No."*

Add things up: Now I know the complaints are the result of a new conflict. At this point I do not know when this happened. If the client had said yes, she had previously suffered pain in the left knee, the symptoms could be the result of a track. Next, I try to approach the conflict from the direction of the healing.

Question: *"When does the knee most hurt?"*

Answer: *"At night, when I turn over."*

Add things up: This is clearly the healing-phase due to night-time vagotonia. Obviously, there is inflammation and the feeling of being full of energy.

Question: *"Did the pain come suddenly from one day to the next or did it start gradually?"*

Answer: *"The pain came suddenly."*

Add things up: Sudden pain indicates sudden conflict resolution. Therefore a clear positive conflict resolving incident must have occurred. (By gradual conflict resolution, for example, pain which increases slowly over several weeks, usually does not undergo a sudden healing experience, but rather a slow, often hardly noticeable improvement of the conflict situation).

Question: *"What kind of positive things happened at the end of last week? Did you have a nice experience with one of your daughters? Did you receive good news?"*

Answer: *"How did you know that? Yes, I spoke with my daughter on the phone. She told me that she has a job offer!"* Note: the daughter lives abroad and has just com-

pleted a time-consuming, rather doubtful (for the mother) job-training program with few job opportunities. (Her financial situation is rather precarious due to her three sons).

To add things up: Here we go! Unathletic self-worth conflict due to unsatisfied ambitions regarding her daughter. The conflict had been active for years and thanks to the positive news (partly) resolved. If the daughter gets the job for real, we must anticipate no further aggravation of the knee symptoms. (Personal archive B.Eybl)

Pains at the back of the head

A 48-year-old, right-handed, unmarried, slender client is an office worker and has no children. Exactly one year ago, on Good Friday, sudden pains began radiating from the back of the head to the jaw and the face. In CM, nothing was found. Countless examinations were made and a tooth was needlessly pulled out. The skin was and is not sensitive or reddened or otherwise conspicuous. Add things up: not a skin-SBS.

The facial muscles (facial expression) are OK; there are no signs of paralysis or nervous twitches.

Add things up: no facial-motor impairment (conflict of being made a fool of).

At this point, I draw a false conclusion: bone-SBS, intellectual self-worth conflict.

Question: *"What positive event happened on that Good Friday or on the days before?"*

Answer: *"Nothing! On the contrary, I remember exactly how badly things were going for me on that day. I felt miserable, extremely cut off from everything, especially from my partner."*

Add things up: A mistake! Not a self-worth conflict. The pains occur in the active phase. It could only be a periosteal-SBS.

Question: *"Do you suffer from cold feet?"*

Answer: *"Yes!"*

Question: *"Do painkillers help?"*

Answer: *"No, not at all!"*

Add things up: Cold feet mean periosteal sign, painkiller ineffectiveness as well.

Question: *"Do you feel the pain more intense during relaxation or in stress situations?"*

Answer: *"In stress situations and during the day I feel the pain. At night, it is gone. At the weekend it's better, too."*

Add things up: Clearly, pain in the "sympathicotonia-bone-SBS" can be eliminated as a cause of the pain.

In further conversation, it turns out that the client separated from her partner in a very painful way. On that evening two years later, she felt the pain of the separation heavily. Everything came back up, especially since she still has not found a new partner and things are not

going very well at work either (brutal-separation conflict affecting the periosteum at the back of the head). Has been active for exactly one year from now on.

Unfortunately, I cannot find out why the back of the head is affected. (Personal archive B.Eybl)

Atopic dermatitis

A 4-year-old girl has atopic dermatitis all over her body. The mother wants rigorous treatments to be undertaken. First, I suggest looking for the cause.

Add things up: Atopic dermatitis means separation conflict-healing phase.

Question (for the mother): *"When was the first time you noticed the rash?"*

Answer (mother): *"A week after birth by caesarean section we noticed red spots on her face."*

Add things up: Giving birth by C-section or the circumstances after, were the reasons for the original conflict. One week later the baby came into healing process for the first time.

Question: *"On which side of her body did the rash appear most?"*

Answer: *"On the whole body, everywhere!"*

Add things up: A generalized separation conflict. The child suffers from the separation from father and mother. She is lacking sufficient general skin contact.

Question: *"When did the rash appear the worst so far?"*

Answer: *"Two years ago, we were on vacation by the sea with her grandmother and the whole family. The first couple of days, the rash was much worse than it ever had been before. Toward the end of the vacation, her skin became increasingly better and the rash disappeared altogether. During Christmas vacation, the rash broke out again in a full way."*

Add things up: The first few days of vacation—strong healing phase, because the whole family was there. She could "cuddle" whenever she wanted. Before the vacation was over, the healing was completed.

After the vacation the child was conflict-active again and remained in conflict activity until Christmas.

During Christmas vacation, she went into healing.

The mother says that after the first half year of her maternity leave she has gone back to work. The work is only part-time, but nevertheless the child must spend two and half days per week at her grandmother's.

The separation at birth was the initial conflict.

The separation from the mother because of the part-time job is a conflict-recurrent, that is, "atopic dermatitis breakouts" in the healing phase (Personal archive B.Eybl).



THERAPY

Since we were little children we had been administered various medications whenever we were ill. We were given therapy during healing-phases, but the medication gave us comfort, sympathy, and hope. I think it is time now to take a profound look at all the existing therapies, checking and ordering them according to the criteria of the 5 Biological Laws of Nature.

This cannot be carried out with a simple wave of the hand, but requires the cooperation of the attending therapy specialists, who at first must become acquainted with, as well as study, the 5 Biological Laws of Nature.

From time to time, I have experienced that people go into the subject matter, full of enthusiasm, and then ask: *"Yes, that is fine. And what now? Where is the therapy?"* To simply do nothing is inconceivable for most of us. We are too well-conditioned by previous medical treatments for that.

In this book, I attempt to give therapy its rightful place. I mean, everything what helps, is welcome.

Of course, understanding the biological interrelationships of the New Medicine is important, at least until such time when all doctors employ it.

Even then, there will still be people who find it too inconvenient to think for themselves. They simply want to "believe" the doctor's words. We have to accept that.

In any case, knowing what is going on is helpful for the client to become free from torturing fear and uncertainty. When somebody knows, for example, that pain in the muscular-skeletal system is part of the healing-phase, they become tolerable and even welcoming. Finding out the cause can lead to satisfaction or even to a hobby. Below we look at what one can do relative to the phases and levels—in psychology, brain and body. In the reference section you will find also for any "disorder", special treatment suggestions.

Therapy—Conflict-active phase at the psyche level Possibilities for conflict resolution

It is the purpose of every SBS (Significant Biological Special Program) to overcome a certain "catastrophic situation" (biological conflict). Nature places this "tool" in our hands in order to survive. In making use of it, however, we cannot allow ourselves an endless amount of

time. We are talking about a limited special program here, which puts an inordinate amount of strain on our psyche-brain-body system—in the long run it would be exhausting. (consequence–cathexis–wasting away).

All SBS have their origin in the “soul” or psyche, and here lies the key to healing.⁴⁴

When conflict and tracks have been discovered, we can start to think about how to create the solution. Just as every person, every fate, every conflict is individual, so is every possible solution to the conflict.

A genuine and real conflict solution has highest priority. The real conflict resolution is the best and safest way out of the conflict activity and out of the SBS.

Our guiding principles: 1. Find out what kind of conflict it is. 2. Actively and truly create the solution.

Examples:

- *In kindergarten, a child is put under pressure to always eat up all the food on his plate, even if it does not taste good (conflict, not wanting to swallow the food). Since he started going to kindergarten, he has regularly suffered throat infections.*

Real resolution of the conflict: the mother agrees with the kindergarten teacher that the child can eat only what it really wants. = Real solution by action. The child has no throat infection any more, since it only eats “voluntarily”. (Personal archive B.Eybl)



⁴⁴ Attention: if conflicts lasts too long, especially territory conflicts and constellations, one may watch out! Here we may have to involve the brain (CCT) and look carefully at whether we may resolve the conflict at all, if we do not want to risk the client life. See the original literature by Dr. Hamer, for example “Krebs und all sog. Krankheiten” (“Cancer and all the so-called diseases”), p. 60

- *A left-handed man always gets on a territorial fear track (larynx mucosa) whenever he is too busy with appointments and has no free time left. Real conflict resolution: the client holds consistently to the rule of not arranging fixed dates. Since that time, he no longer has laryngitis or just a “light touch.” (Personal archive B.Eybl)*

Unfortunately, there are also difficult cases in which a real solution are not that simple:

- *Following a divorce, a young woman is left with a mountain of debts (conflict of feeling abandoned–water retention, weight gain, headache). A practical solution would be a package full of money for the patient. But it would be more realistic for her to move back in with her mother in order to save money, or to file for private bankruptcy. For the patient, however, neither option is acceptable. (Personal archive B.Eybl)*

In such cases, we have to consider an alternative, a “second best possibility.” There are already ways in which peoples with “irresolvable conflicts” can be helped, anyway. Below are some methods for releasing or down transforming real unsolvable. Below are some methods for releasing or down transforming real unsolvable conflicts:

The subconscious mind—the decisive factor

Trying to resolve the conflict with the conscious mind is good. But it is not that simple, because the sensation level at which the biological conflict are settled, have little to do with intellect and sober mind.

Thus, the key to success is to involve the subconscious. The subconscious mind is an essential, indeed the greater part of our psyche. It holds an unbelievable treasure of experiences, including all of the so-called tracks. In order to “delete” tracks, we must reach the subconscious. Our normal consciousness, when compared to the subconscious, carries little weight. Comparing it to a car, one could say that the subconscious is the chassis while consciousness represents just the steering wheel.

Nevertheless, the consciousness has a decisive, defining influence on the subconscious.

The following citation is from the 1990s:

Pay attention to your thoughts, for they will become your words.

Pay attention to your words, for they will become your actions.

Pay attention to your actions, for they will become your habits.

Pay attention to your habits, for they will become your character.

Pay attention to your character, for it will become your fate.

Or as Marcus Aurelius said 2,000 years ago: *"In the long run, your soul assumes the color of your thoughts."*

If the subconscious does not cooperate with the selected therapy, no amount of effort will help. Just understanding is not enough.

How do we bring the subconscious *"on board"*? Involve as many senses as possible! The more senses that are involved, the more likely it is that *"things will move."* Over the years and decades, many tracks have burned themselves into our souls. They have become an integral part of us.

Powerful impulses are necessary in order to delete these old tracks and replace them with new patterns.

The Russian doctor Mirsakarim Norbekov⁴⁵ gives us guidance on how to reprogram the subconscious:

He calls the power that is to be used by therapists and which is to be activated, *"the Octave."* The *"Octave"* is the most beautiful feeling we can imagine or we have ever experienced in our lives. For example, a great success, at which we felt ourselves to be in *"seventh heaven,"* a wonderful sunset with a beloved person, the moment we take a small child in our arms, or the unforgettably beautiful view of a river. *"The Octave"* is the coming together of conviction, determination, power, strength and firmness with tenderness, love and goodness with the feeling of light and joy. *"It is a relaxed, quiet, confident feeling that something will be as we wanted it to be. At the same time, the Octave is the art of steering one's own body, of commanding it step-by-step, forcing it outwardly and inwardly to reshape it into the picture we want."*⁴⁶

The inner effort must be very strong. It is a kind of inner attitude that says:

*"I am the will
I am the power
I am the love
I am the forgiveness
I am the youth
I am the health
I am the wisdom
I am the joy of living
I am everything beautiful
Everything depends on me
Everything lies in my hands."*⁴⁷

This inner attitude to practice, to perform rituals or under-

go therapy, can change the subconscious. It cannot withstand this powerful impulse!

With this attitude, we can reach our goal of deleting old tracks and reprogramming the subconscious.

With this attitude, we can heal ourselves from chronic suffering, we can achieve everything and we are no long-



er little insignificant people, who *"are blinded"* by one conflict after another. Instead, we elevate ourselves to the master of our own fate.

Talk about the conflict

Men find it harder to talk about their feelings—this is probably one of the reasons why women live longer.

The earlier and more we talk about an experienced conflict, the faster we come out of the conflict activity. If it was deeply hurtful or embarrassing, it is not easy.

However, we should move outside our comfort zone and talk about the experience *"from the heart."*

Perhaps the person we are talking to has experienced something similar or knows somebody who has experienced something similar. Knowing that you are not the only one with the conflict makes it less dramatic.

Through talking, the *"thought circles"* cease. Afterwards, we see more clearly, put things in some sort of order and perhaps find a solution. The important thing is that we talk to someone, whether it is a friend, a partner, a colleague at work or someone else. What is decisive is putting an end to the psychological isolation.

If there is no one we can talk to, we can tell our story—our suffering—to an animal. Pets are excellent listeners, with certain disadvantages, but also advantages: They do not interrupt, judge, or gossip about us afterwards. Obviously, the ideal person would be someone familiar with the 5 Biological Laws of Nature and someone we trust.

"Professional help" from psychotherapists or psycholo-

⁴⁶ Ibid, p. 202, 204

⁴⁷ Ibid, p. 206

gists makes sense if they know the 5 Biological Laws of Nature. However, a good psychotherapist should have a solid understanding of all three levels. The same applies to a good doctor.

Write about the conflict

It is also possible to write from the heart about the conflict. By writing, we often get to the point better because we have time to consider everything. Writing clarifies things. Writing can also help us come to conclusions. Keeping a diary is valuable in many ways from the point of view of the 5 BLN: for diagnosis, for retaining the happenings in the right timeframe and for therapy because through writing about it, we have already “worked through” the conflict.

With some conflicts, writing an honest letter has a healing effect. We should then consider, if we really should mail the letter (danger—elephant in a porcelain shop) or with a small ritual—mail it only symbolically. It does not matter whether the addressee is alive or has already died. For instance, we can write a letter on the banks of a river, ceremonially burn it, and then throw the ashes into the water.

To forgive—Reconcile

Most conflicts happen in relation with other people. Many recurring conflicts are “kept alive” by holding a grudge against somebody. In such a case, forgiveness is a simple and splendid recipe for finding somebody’s way out of the conflict activity. With those who are closest to us, it is sometimes harder. And hardly anything is as difficult as to forgive. Sometimes it is impossible to forgive, even when we know it is the right thing to do. If our subconscious has been fed with a revenge mentality for many past lives, then we cannot forgive, even when our mind says we should. Sometimes we do not even need to forgive, but only to put ourselves in the other person’s position and understand his words and actions. Every action a person performs is based on his own personal experiences and his individual history. If we have had the same history, we would have behaved in exactly the same manner.

Sometimes we drive ourselves to madness by thinking that somebody wants to hurt us, to rob us, to ruin our reputation, etc.

But there is a deeper aspect of forgiveness as well: everything that happens in life has been caused by ourselves—even if it was in a previous life. Our environment, our fellow human beings are just holding up the mirror. Everything we emit from ourselves (thoughts, words, and deeds) comes back to us. This is the effect of the law of attraction. This law works, whether we believe in

it or not, and it works as precisely as a clock.

There is no question about it—it is easier to feel like the poor victim than to take on responsibility for our own lives and accept strokes of fate with gratitude.

The reality is, we are always the victim of our own



deeds. Once we have understood this completely, there is no reason to be angry with anybody. Why should we be angry with somebody, who gives us back a part of ourselves? As a final consequence, there is then no reason to forgive. There remains only gratitude and amazement at the wonderful order in which all of our lives are embedded.

The book on this topic by the alternative practitioner Marion Kohn (see list of resources) is recommended. Using case examples, she shows that conflicts do not just “drop out of the sky”, but appear according to plan. She links the 5 Biological Laws of Nature with the spiritual realm. Forgiving becomes easier then, because we are realizing that greater forces are at work behind the biology.

For me personally, the easiest way to forgive someone is if I remind myself: here it was “*the little ego*” and not its godly heart. I cannot be angry at this “*little ego*”, certainly not when I look at its godly heart. A prerequisite for forgiveness is character—mental maturity or religiousness in the sense of a connection to a spiritual world (religion). Forgiving does not mean giving in or subjugating anyone. It is not a contradiction in terms of turning away from someone and forgiving him at the same time. We can even fight with someone and at the same time forgive him or understand why he behaves in a certain way. Let’s get rid of the old resentment and bitterness. Let us throw off the dregs. These freeing energies may resolve conflicts.

When we forgive a person, it is best to let him know, because your forgiveness can also be a healing factor for that person. To forgive somebody goes straight to the subconscious if we make a little ritual out of it (for example a handshake, a hug, a present, or an invitation). If it does not come from the heart but only from our mind, the conflict resolution usually fails.

The playing out of conflicts and resolutions (theater therapy, psychodrama acc. to Moreno)

Theater is as old as mankind itself. Only on the surface do we perceive theater as entertainment. However, the deep meaning of theater is healing. Healing of the audience or society and healing of the players.

The ancient Greek tragedies, like many classical works of music, are constructed in two phases and were intended as "salutary exercise" for the audience.

Theater attempted to show individual or collective conflicts and increase awareness. In the protective atmosphere of the theater, the conflict can be felt again.

The renewed experience of distress motivates the individual to a solution (which can then be played out).

If a person was denied his freedom because of a conflictive event in real life, theater reopened the door to freedom. Theater touches all of our senses and, thus, reaches our innermost being.

By reenacting the conflict and acting out a solution, the subconscious can be newly programmed—tracks can be removed.

If one day, the knowledge of the 5 Biological Laws of Nature is integrated into the so-called theater therapy, we can expect quite a lot.

The present term "modern theater" is empty of meaning. The connections to nature, to the spiritual world and



a responsibility to heal are missing. For our purposes we do not necessarily need a stage and the high-flying term "theater therapy." We can act out, alone or with others, a certain scene that we cannot come to terms with in real life—one in the form of tracks, which "won't let go", and which in the long run is making us ill. We relieve the conflict and "let the air out of it", reduce its significance, re-order it, and value it in a new way. Not only intellectually but emotional-feeling wise—that is crucial.

Only when the feeling, the subconscious is "on board", are we successful. With every iota of our subconsciousness, we must be with the experience. Without inhibitions, or modesty: allowing to feel fully, the feeling we had during the conflict.

And now, with full power towards the new direction—let's rewrite the "old script!"

The old programming, with all of its tracks, is wiped off and a new, positive programming is anchored firmly in its place!

- *The story takes place in France: The four-year-old boy is very often naughty. So the parents hire a Santa Claus (Papa Noel), who should "read the riot act" to the child. When the doorbell rings, the father tells him, "That is Papa Noel, so you'd better watch out!" For the next ten minutes, there are thumps, bangs, and scratches, on the door—a horrifying eternity for the boy. Afterwards, it seems as he had been struck by lightning (a motor conflict of not being able to flee and a separation conflict out of fear of being taken away). He is dreaming about the scene every night (recurrent).*

Until the age of 26, the boy was suffering from epilepsy. The conflict resolution succeeded. Thanks to Dr. Hamer, who acted the scene for him.

Again a Santa Claus is hired and the whole scene is replayed. However, when Santa Claus enters the room, the tables are turned. The (no longer) boy "batters" Santa Claus's back. Since then, the client is healed. (Cf. Dr. med. Mag. Theol. Ryke Geerd Hamer, Vermächtnis einer Neuen Medizin, Teil 1, Amici di Dirk Verlag, 7. Auflage 1999, ISBN: 84930091-0-5. In the following cited as "Goldenes Buch Bd 1" p. 143)

- *At the age of six months, an infant is operated on for an anorectal fistula. In order to clean the wound, both of the child's parents have to hold the child's arms and legs. The poor baby screams painfully (motor conflict of not being able to escape). In the following months, the boy shows a marked slowdown in his motor development. The parents, who are familiar with the 5 Biological Laws of Nature, discover the conflict six months later and release him by replaying the scene.*

The father's story: So we laid him down on his back again. I held his legs and my wife pressed around on his bottom, so that he would be reminded of the situation. As soon as I took hold of his legs, the joy and smile disappeared from his face. His eyes opened wide with fright in anticipation of the pain! It was so clear! My wife pressed a little bit on his bottom exactly on the same spot, so the boy could remember. He was absolutely tense, in panic, about to start screaming. I loosened my grip so that my hands were barely touching him. Actually, I was expecting him to start kicking, but he lay completely still. I wait-

ed. Then I felt a little bit of movement in his legs. I overreacted and acted as if he had pushed away my hands, raised my hands and arms and took a step backward. He just looked at me. Again I went close to him and took hold of his legs, but not as tightly as before. My wife pressed on the spot of the already-healed wound on his bottom again. Following a more noticeable movement of his legs, I let him push me away again. His eyes were fixed on me. We went through this routine about 10 or 15 times and each time the movement of his legs became a little stronger and slowly the fear and panic disappeared. In the end, he even liked it and laughed. As I am writing this story, I have to think of Dr. Hamer's words: "A conflict is then resolved when the person can laugh about it." How true! Now he had a big smile on his face. While I held him, he stretched out his legs and I let myself fall on my back. It was so good to see how he became "free". His little legs had no strength. But he made the stretching movement with his legs to push me away. It was wonderful to see how he had changed. It was late afternoon and bedtime soon, so we decided to



repeat the play the next day. The next morning we were surprised: he had slept through the whole night—the first time in months! During the day, we also found that his hands were warmer and that he was much more even-tempered and whined less. We played the game again and again. No more panic was found in his eyes—he wanted to start the game right away and "knock me over." Two days later, we stopped playing the game; we did not want to do it too often. The following nights, he continued to sleep through. So it all hadn't been by chance. His ability to crawl slowly improved about two weeks after the resolution of the conflict. We could clearly see how he was getting more and more active as he turned, crawled, stood up and even walked. Six or seven

weeks after the conflict resolution, he took his first steps with a little doll wagon. Soon he was walking alone, rarely falling. Now he is two and a half years old and has completely caught up. The examinations showed that he is developing normally." (Cf. www.germanische-heilkunde.at)

Perform rituals

Rituals are symbolic actions to seal intentions or decisions.

They are not relics of the past, but powerful therapeutic tools we can apply specifically with our knowledge of the 5 Biological Laws of Nature.

Our goal is to inform the subconscious and to reprogram it. If, for instance, we cannot get over the separation from our partner (separation conflict), we can perform a farewell ritual where we draw a line under the relationship and cut the cord.

Examples:

- I revisit a place where I had spent happy hours with the partner. I light a candle, thank my fate for the time we spent together, say goodbye in my thoughts and leave the past permanently behind me.
- I fumigate the apartment and light an aroma lamp.
- I build a campfire, throw the partner's letters into the fire, and take leave from him or her in my thoughts.
- I meet with the partner for a last time and say goodbye in a deliberate and formal way.

In case of a hanging fear-of-rear-attack conflict we can consider a protection ritual.

A hanging territorial-marking conflict comes to an end by drawing clear territorial borders.

The most important thing is we get to the main point and feel it with the whole heart.

The more feeling we put into the ritual, the more effective it is.

The best rituals are those that occur to us spontaneously.

Religiousness, praying, and meditation

Through prayer and meditation we try—depending on the setting and orientation—to tie us to a higher power, God or the Gods, in angels or our guardian angel.

The motives for prayer are various and everyone should pray in their own way.

The connection to "above" is immensely important, just as important as a "grounding", in other words, having both feet on the ground.

Someone, who is connected to a "spiritual world", does not suffer from every minor conflict. A person, who knows that life is just a brief intermezzo in a long journey, cannot be thrown off balance easily, as his base is



of a spiritual nature and therefore indestructible.

By prayer and meditation in regard to conflicts we should not make the same mistake as the young woman does on p. 51.

Praying can also be a request: asking for help. It is OK to ask for help if we are at a dead end or if a conflict situation seems to be hopeless.

The possibilities of the spiritual world to help us are enormous. Every one of us has a protective spirit who is glad to help us if allowed to, meaning, if the intervention conforms to our life's plan.

Being a therapist, I have become used to silently asking for the recovery of a patient. This asking brings a cer-



tain soothing modesty. I think that every client should also honestly ask for healing. Regardless of the phase, we will get help!

Apologizing–Making amends

Many conflicts remain active because we cannot forgive ourselves, usually for thoughtless words or deeds that hurt somebody or caused damage.

For instance: *Someone commits in affect hit and run.*

Or: A man cheats on his wife a single time and is plagued with guilt, until he confesses the escapade to his wife. (Personal archive B.Eybl)

A bad conscience usually begins a shoulder SBS. But it can also turn into a track for some other conflict.

But note: this is not about being legally right or wrong; rather, it is about how somebody feels wrong about having done something.

A attacker who finds it okay what he has done, has no conflict, it starts no SBS.–That he eventually gets the bill by fate, is another matter.

Tormenting guilt keeps only if one has not recognized his guilt and tries to oust.

If it is faced, fully recognized, the guilt oddly resolves.

Even if it costs surmounting, we should resolve conflicts, whenever possible, through formal apology, reparation, or self-exposing.⁴⁸ "I am sorry" - often helps.

Leaving the conflict behind ("Toilet bowl therapy")

Each of us knows what needs to be done on the toilet-leave a little pile, flush, and be finished.

A simple procedure that works every time.

Now let's just imagine the following: A person leaves his little pile. But instead of flushing, he uses the toilet brush to spread out his excrements–Insane? No doubt. But this is what we are doing over and over again.

Instead of flushing conflicts (toilet bowl contents) away and forgetting about them, we carry them around for days, weeks, years, and even our whole lives (hanging-conflict).

Grumbling and brooding, more or less thinking in circles, we block our life energy. Always thinking about old burdens from the past, we stumble into the next best pool of fate, because we are not living in the present. Enough of that!

Get rid of the old stuff! Take a lesson from the past while leaving the ballast behind. Start a new life every day!

Music therapy, singing–dancing

Experiments with plants and animals show that music has a positive effect on their health. Music heals not pri-

marily the plant, animal, or human body, but their souls first and only then the body.

Music opens our hearts, the active music-making, as well as listening to music.

I think that basically any music heals, if one likes it at least a little. But you probably can only speak of healing music when she is naturally-balanced and brings the good, the beautiful and divine which is in all of us, in resonance.

This music can ideally evoke our conflict (with their disharmonic aspects) and then heal or carry it away with their harmonic waves.

True healing music is inspired and comes from the spiritual spheres. It reflects the cosmic divine order, as well as the sacred geometry (Melchizedek), mathematics (Plichta), physics (Schauberger), biology, chemistry (Russell) and indeed the whole of nature.

Through the knowledge of the 5 Biological Laws of Nature, the therapeutic music making and listening to music, the dancing and singing receive certainly valuable impulses.

Dr. Hamer recommends his song: *"Mein Studentenmädchen"*. (My student girl)."

Putting the conflict into perspective (e.g., Milky Way therapy)



Consider the Milky Way: 300 billion suns and planets. The Earth is a small planet on the edge of the galaxy - one of billions of others.

On this earth we live as one of about 7 billion people. Each of us considers himself a the most important. The center of the world, every man for himself.

But be honest: Are we not tiny from cosmic perspective? Dust particles of the cosmos, tiny cells in a giant organism. Why do we take us so important? How meaningless and

unimportant are our human "mini-problems"? Let's broaden our horizons. Let's set our standards right.

"...Above the clouds, freedom must be boundless. All anxieties, all your worries, they say, remained hidden underneath and would then, what seems large and important to us, suddenly be void and small..."

(Chorus of "Above the Clouds", a song by the German singer-songwriter Reinhard Mey)

Laughter

Laughter is the best medicine! We learn this from the Mediterranean people. It is not just the olive oil and tomatoes that make them live longer, but their light-heartedness and cheerfulness as well.

With humor, we overcome conflicts and crises even better. We should not take ourselves and our life, the "game of life", too serious. We won't get anywhere with sheer doggedness and a grim attitude. When the spasm makes space for some laughter, we have already won!

Imagine being healthy—imagine the solution (Visualization)

Our thoughts and visuals are forces which manifest themselves, sooner or later. Negative thoughts and images of horror manifest as well as positive thoughts and happy visions.

Even if the conflict cannot be solved in real terms, we should not remain permanently in conflict-field of "sickness". Let us look forward. By imagining health or the



solution of our conflict in intensive images, we set powerful forces in motion. Today's dream is tomorrow's reality. The most effective visualizations are those in the sta-



te between being awake and dreaming. In this relaxed state of awareness, our brain oscillates at a frequency of about 10 Hz (alpha-rhythm). This is the point where dreaming starts and inner visions appear by themselves. If we decide in favor of visualization exercises, we need to set up a certain time in our daily routine, for example, before getting up in the morning or before going to bed at night.

Example:

Someone has been suffering from pain in the lower back for a long time, because when he was a child he had the feeling that he was not worth anything (hanging conflict).

Possible visualization: For example, being on a beautiful field of flowers running around and dancing in a completely healthy body. My spine feels light and free. I acknowledge the dark chapter in my childhood and leave it behind. I look forward to a new feeling of being alive.

Bach flower therapy

In the course of his life (1886–1936), the English physician Dr. Edward Bach came to realize that all physical ailments have a psychic or spiritual origin. During the last years of his life, he fully devoted himself to look for natural healing methods, which showed no side effects. With his inborn sensitivity, he wandered through the woods of Wales and sensed the characteristics of various plants. By the time of his death in 1936, he had developed a system of 38 flower-concentrations, produced from the blossoms of wild plants, trees, and bushes.

According to Dr. Bach, illness is the reaction of the body to psychological disturbances (conflicts). Using Bach-flowers, negative feelings are not suppressed, but rather transformed into positive attitudes. For example, through its characteristics, the yellow willow can help

us to forgive past injustices and let them go. Careworn people, blocked by self-pity and bitterness, can get well with the help of the yellow willow.

Dr. Bach always advised to the chronically sick people not to pay attention to their physical symptoms, but to work on their psychological development. When their original psychic levels are in harmony, their symptoms will improve automatically.

Bach flowers can hardly be used symptomatically, because in the Bach flower system there are no correlations between conflicts and organs.

Bach flower therapy is especially suited for the conflict-active phase, but also for giving moral support during the healing-phase. The choice of flowers can be rational, intuitive, or made by the client himself. The patient, for example, is allowed to pick his own essences.

By all choices, ask for support from “above.”

Painting therapy

“Inner visions”, when put onto paper, can represent unconscious needs, as well as conflicts, in the form of deep psychological symbols, making it possible for them to be expressed and experienced.

With the support of therapists, including being in a pro-



tected environment, flashbacks to traumatic scenes are made possible. Feelings and conflict tensions are allowed. By viewing the image with its symbolism from a different angle and at a certain distance, internal relationships can be recognized.

This new perception makes it easier to find creative solutions to the problem—at first on paper and then in real life.

(www.maltherapie-zentrum.at) Painting therapy seems to be especially well-suited for people, who cannot be reached intellectually (through conversation), whether this is because they are too young, or they have a mental disability or a communication disturbance disorder

(such as autism).

It could also be the right thing for people, with old, deep-rooted conflicts and for people, who are drawn to painting.

The language of animals is images.—If you want to communicate with them, you have to send them pictures.

Telepathic messages are inner images. Inner images are telepathic messages. Images are "in-FORM-ation." Images form matter. In other words, images shape our future, consciously or unconsciously.

Psychotherapy

Since psychotherapy always been concerned with the healing of the soul, we can not ignore it.

The last decades have brought about innumerable psychotherapeutic techniques. This makes the field so vast that it is hardly comprehensible and understandable, even for "insiders."

One valid guide in the jungle of methods is the saying, *"He who heals is right!"* Those method that helps us



out of conflict- activity, "is right" and is "the right thing". (On a physical symptom level has the saying only limited validity.)

However, two things are crucial.

First, the psychotherapist should try to help the client find a real conflict resolution. Real conflict resolution means a biological solution of the conflict that overshadows all "tricks" in its effectiveness.

The psychotherapist should work on the basis of the 5 Biological Laws of Nature.

The best psychotherapist is a physician and the best physician is also a psychotherapist.

We need to breathe new life into the methods of psychotherapy by applying the 5 Biological Laws of Nature. This work must be carried out by specialists of relevant medical fields.⁴⁹

Matrix Reimprinting

This very effective treatment is a further development of the, fairly well-known, EFT (Emotional Freedom Techniques). The founder Carl Dawson assumes that in a conflict shock a part of our psyche cleaves off and thereby "freezes". One now get's in touch with this "partial-I" to converse, that the spin-off was well-mend, but it is no longer necessary. Through this process, the release of conflict mass and reintegration of the part-I happens instantly. Carl Dawson is familiar with the 5 Biological Laws of Nature.

System constellation—Family constellation

Family constellations have become very popular in recent years. A number of people get together under the guidance of a constellation leader, usually in a course lasting one to several days. The goal is to resolve problematic relationships with alive or already dead family members. Dr. Hamer does not care about such "soul striptease." In my opinion, in setting up family constellations lies the danger of unstable people becoming more confused afterwards and there is the danger of emotional dependency as well.

However, in my own experience, I once took part in a family constellation workshop and I wouldn't want to miss it. While taking part, my own role in the "real life-theater" became clearer. I recognized that it does not pay to be angry at certain people, for everyone believes that he is doing the right thing. Although it was painful, it felt good to move into the roles of others and feel their mental blockades. It widened my horizon because I suddenly understood other people better and even got a feeling of how they were doing.

From this time, I felt the need to get clear with these people and the wish for reconciliation. If family constellations result in understanding and reconciliation, despite the risks, it is a good thing. I think family constellations are also a possibility for resolving conflicts in accordance with the 5 Biological Laws of Nature provided somebody goes in with this goal.

Very valuable are Bert Hellinger's empirically discovered

⁴⁹ For example, psychoanalysis according to Freud, depth psychology by CG Jung, individual psychology to Adler, autogenic training by F. Schultz, bioenergetics W. Reich, A. Lowen, hypnotherapy of Milton Erickson, among other things, transaction analysis by E. Berne, logotherapy V. Frankl, Neuro Linguistic Psychotherapy (NLP) of P. Schütz, et al, behavioral therapy (education level, many representatives)

basic rules of order in families and groups.⁵⁰ (Further aspects of the subject see p. 321)

Regression therapy, Reincarnation therapy

A regression therapy, whether under the guidance of a therapist or alone (in meditation), makes sense if the conflict arose a very long time ago or if it has been forgotten. Regression is finding the conflict first and then winding it up by experiencing it.

- The author Christopher Ray describes in his book: *100 Days Heart Attack*⁵¹, how he resolves a territorial loss conflict, which he suffered in the womb, through a regression which he carried out by himself.

He finds himself with his little sibling (twins) in his mother's womb, when she decides to have an abortion. This succeeds only in one part, meaning his sister dies and is aborted loss-of-territory conflict).

He is born, but because of the unconscious memory of his sister, he has massive heart problems his entire life. After 6 decades of activity, the conflict resolves itself through regression.

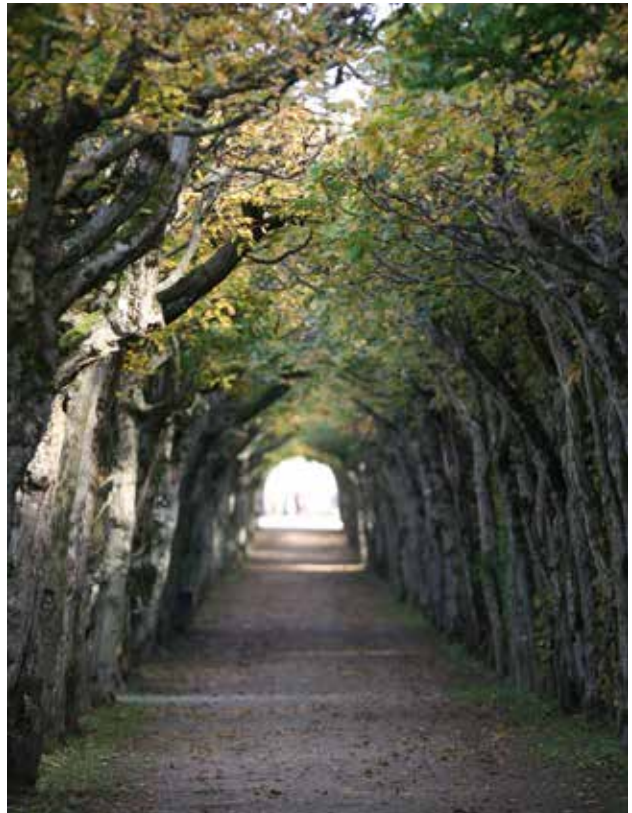
Over a period of 100 days, he had a series of heart attacks, which he luckily survived. After that the chronic angina pectoris, which he had before, disappeared.

As we can see, regressions are somewhat risky, even the ones that are carried out with guidance. It can be dangerous to cut through the veil of forgetting, for we do not forget in vain. Forgetting is a sensible form of protection.

This matches with the findings of Dr. Hamer. Old conflicts, especially the so-called territorial conflicts, must not be resolved any more. Think of the company boss, who carried a job-related territorial conflict around with him his whole life, and then, a few weeks after retiring, he died during the healing crisis of a heart attack.

There are very concrete instructions for regression in the book, *The Journey*⁵² by the American author Brandon Bays. Her methods are well-suited for our purpose.

In the reincarnation theory, one tries to return to a previous lifetime and tries to find the cause of problems. There is no doubt that existing therapy successes speak for these methods.



The “overview” of many incarnations and the parallels to today's problems in life may have a healing effect. This is also true of an understanding of certain weaknesses and preferences which one had in a previous lives.

On the other hand, I think that nature did not put a barrier between our lives for no reason. Obviously it is best, with a few exceptions, that we concentrate on this life rather than poke around in the past. How does it help us to know who we were and where we lived, whether we were rich or poor or what occupation we had? Maybe it would be interesting to know all that, but it does not help us beyond it.

What does help is treating our neighbours as we would like to be treated. To recognize and solve our life's tasks (main problems, main conflicts)—here and now—helps us. That would keep us—every one of us—occupied for the rest of our lives.

I am perhaps reticent when it comes to reincarnation therapy, but we should be more conscious of the fact that we are born again and again for the one and only purpose of spiritual-psychic development. This knowledge is in my opinion the basis for a meaningful and fear-free life.

⁵⁰ Bert Hellinger, *Ordnungen der Liebe*, Carl-Auer publishing Heidelberg, 8. Edition 2007

⁵¹ Monika Berger-Lenz & Christopher Ray, *Neue Medizin 8, 100 Tage Herzinfarkt*, Faktuell Verlag, Görlitz 2009

⁵² Brandon Bays, *The Journey—Der Highway zur Seele*, Ullstein Verlag, Berlin, 9. Aufl. 2008

Healing by assuming full responsibility

This wonderful, unbelievably appealing method was first applied by Dr. Ihaleakala Hew Len in Hawaii. To put it briefly, we can heal sick people, ourselves, and the earth, in the following way:

- See the sick person and recognize the illness—with all of its burden and load.
- I recognize that the sickness or the sick person has directly something to do with me, for the external world is just a mirror of my inner self.
- Assume full responsibility for the suffering.
- Now I want to make amends for it all and I say, “I am sorry.”
- “Please forgive me, my maker!” And I forgive myself too.
- “Thank You!”

More about this under

<http://de.spiritualwiki.org/Wiki/Hooponopono>

My “Delete-New-Method”

For myself, I have developed a method that has proven successful in my practice and which I would like to present here. It can help people who:

- Cannot or do not wish to resolve their conflicts in reality: (for example, a woman does not want to separate from her partner because of the children).
- Are still carrying around their conflicts or conflict tracks, although they are no longer an issue or they are a thing of the past. They have embedded themselves in their subconscious and refuse to budge.

Prerequisite to the “Delete-New-Therapy” is for the conflict to be known. We have already discovered exactly what the conflict is in a previous session and now we proceed as follows:

Step 1. Ask for spiritual help

Silently or aloud ask for spiritual help in resolving the conflict or helping the patient. Make the connection to God.

Step 2. Name the conflict, declare the intention

The therapist names the conflict in a few words and asks the client whether he is now ready to resolve it—the client should confirm this (say it loud).

Step 3. Bring the conflict to mind (about 5 minutes)

- In a pleasant atmosphere, the client is lying in a comfortable position (possibly covering him).
- Spray the homeopathic medicine *Uranium metallicum D60*, diluted with water or alcohol on the affected part of the organ, for example: stomach, to the left of the breastbone, and on the relevant part of the brain, for example: right temple.
- Treat the same organ and brain region for about 5 minutes with a high-frequency electrode set at medium intensity.

- At the same time the client should close his eyes and with full intensity, for the last time, try to imagine himself in the conflict situation.

- Toward the end of this step he should imagine his conflict as a dark conflict-storm-cloud floating above him.

Step 4. Pay tribute to the conflict (about 1 minute)

Ask the client to express his appreciation of the conflict situation. In other words, he should say, “Thank you that I was able to experience this situation, so I can learn from it!”

Step 5. Send the conflict away (about 3 minutes)

The client should imagine that the dark conflict cloud has been blown away and dissolved into a blue sky.



He enjoys the free, light feeling.

Step 6. Replace the old with the new (about 15 minutes)

Now the resulting emptiness is replaced with a suitable new thought; This should be thought about and felt intensely the entire time. That is all the client needs to do for this step.

If the client was suffering, for example, from an old self-worth conflict caused by having been harassed during his first school years, he can anchor the following new idea in his mind: *I am a new person now. I am grown up and strong. I have confidence in my capabilities!* The client should enjoy “bathing” in this new feeling. This idea should fill his psyche and his whole body.

I support the anchoring of this new feeling by taking the following measures:

- I spray the homeopathic medicine *Adamas (Diamant) D6*, diluted with water or alcohol, on the affected part of the organ and on the relevant part of the brain.
- I play harmonious music that will appeal to the client’s psyche.
- In order to encourage deep relaxation, I give the client glasses that send light stimulation at various frequen-



Image-Step 6: The patient, wearing a pair of flicker glasses relaxes on the treatment table, enjoying the beautiful music. Her only task is to strongly concentrate on the new thoughts or feelings. In the areas of the head and abdomen you see the ring magnets, which help to record the new feeling into the cells of the brain and body. In the background is the technical equipment: CD-player, high frequency device, and the controls for the glasses.

- cies into his closed eyes.⁵²
- To the left and right sides of his head, I place Ferrite ring magnets⁵³, (such as the ones in the picture) with both south poles pointed inwardly (repelling one another).
 - On the affected part of the body two more ring magnets⁵⁴ are placed in the same way (e.g., as shown in the picture, on the right and left of the abdomen—in order to reach the intestine).

Step 7: Imprinting the future (about 3 minutes)

The client should imagine a difficult situation in the future, where he is able to stand the test with that new feeling. After that the magnets and glasses are removed.

Step 8: Saying thank you-THE END

We thank the spiritual world for its help.

Homework:

For three weeks, every morning and evening, the client should intensively think and feel the healing thoughts so that he becomes united with them.

From now on he should consciously deal with situations with the new thoughts and feelings.

⁵² I use the Flicker goggles, Spectral Vision Professional 1, from the company Mind World Mental Systems.

⁵³ I use two ferrite ring magnets in the size of 156 x 80 x 25.4 mm, weight 1660 g each, available from www.magnetladen.de. For secure placement on the head is with a self-made wooden tripod. The South Pole magnets, of both, are aimed inward towards your head.

⁵⁴ These two ring magnets can be placed inside a cloth bag or folded in towels, before giving to the person, so the cold metal is not directly on the skin.

Why do I use electrical stimulation during the conflict-lift-up stage (step 3) and magnetic stimulation during the new start (steps 6 and 7)?

According to Viktor Schauberg and Walter Russell, electrical stimulation works centrifugally, that is, from the material outwards, whereas magnetic stimulation works centripetally, that is, increasing towards the center. The homeopathic treatments here promotes “dema-terializing” and “materializing.” Probably the most important thing is getting the conflict to come up and then sending it away afterwards.

This eighth step is surely only one of many possible ways of proceeding. “Many roads lead to Rome.”

This is confirmed by the many letters and messages that followed the first edition of this book; success in resolving conflicts was also reported following neuro-linguistic-programming (NLP), the Quantum Method (CQM), quantum healing, matrix energy, two point methods, and many others.

Set a time limit

Natural healing holds to the basic rule of therapy, which says that a certain remedy should be taken only for a certain period of time (for example, drinking a tea mixture for three weeks). A longer time limit does not make any sense.

This rule applies to psychic healing as well.

A good therapy brings up the conflict on the conscious level first and makes us briefly conflict-active. In the second step, we try to resolve the conflict somehow. If the resolution does not succeed within a certain period of time we should stop the therapy, for there is a certain danger for the conflict being kept alive artificially, which would be counterproductive. Well-aimed, but missed the target nonetheless.

• *An example:*

A young woman is suffering from a loss-conflict because her mother has died. She makes it a habit to pray for her mother every day. Years later, after she finally stops doing it, an ovarian cyst grows, which is diagnosed four months later. Note: Rather than to conclude with the event and starting new again, she keeps the conflict alive for years with her daily prayers. The unusually-long conflict period results in an unusually large conflict-mass. Instead of a small cyst, a large cyst grows in the healing phase (Personal archive B. Eybl),

Excursus:

The Phenomenon of the First Worsening

In natural healing, the “first worsening” is when the symptoms get worse at the beginning of the therapy. The “first worsening” is—for homeopaths and natural healers—a

welcomed sign, for it shows that the therapy has taken hold and is starting to work.

First worsening means, for instance, that a chronic sinus infection has become acute or that moderate headaches have turned into a severe migraine attack. As a masseur, I am also pleased when the symptoms seem to deteriorate at first, for example, when a client's knee is worse the day after treatment. To give the client an understanding of this, of course, is another matter. How can we explain this phenomenon?

Many years ago, when I first took an intense interest in the findings of Dr. Hamer, plowing through all the different illnesses with their various conflict origins and comparing them to my own illnesses, I became sicker than I ever had before. What had happened? I had dug



out my old unresolved conflicts and by understanding how things were related, through reevaluation, I had resolved them.

Chronic processes have to be taken back to the acute stage if they want to be healed. This is true for the body level, as well as for the psychic level.

Encapsulated pus (abscess), for example, can be brought "to break open" (for instance through heat treatments)—at first a worsening (pain and more swelling), which cannot be avoided.

In what way do natural healing and homeopathy give the healing process (first worsening) a "kick-off"?

Could it be that this is a recurrence phenomenon?

Nobody doubts that every person has a certain character with certain psychological traits. This is true of animals and plants; this has now been accepted by natural science as well. Shouldn't we also attribute a certain character to "dead materials," such as stones, minerals, metals, salts, and so forth? After all, all materials are of a spiritual origin and therefore also have specific spiritual-psychic characteristics! Couldn't it be that, for instance, the specific character of an alpine anemone (*Pulsatilla*) is in step with the specific conflict-active psyche of a person in the recurrence stage and for that reason heal

him? Could it be that the right medium sets the psychic impulse that the individual needs in order to break out of his "inner prison"?

On the organic level these media strengthen the vagotonia, so that after the first worsening, a thorough healing can follow.

In the Bach flower healing therapy of Dr. Edward Bach (see above), this healing principle shows itself clearly with the larch essence: it is suited for people who have too little self-confidence. When we take the larch-essence, it helps to resolve the self-worth conflict. This healing impulse leads to a first worsening (vagotonic healing phase), followed by an improvement in the symptoms.

It is interesting that chemical preparations do not cause a first worsening, because through chemical stress they pull the client right out of the vagotonic healing phase into the sympathicotonia. Therein lies the appearance of having succeeded.

Therapy–Conflict-active phase at the brain level

There is nothing known to me that can be done during conflict activity at the brain level, except maybe to have a CT made. The decisive thing is to approach the conflict resolution at the psychological level (see previous pages).

Therapy–Conflict-active phase at the body level

Most SBS cause no body symptoms in the conflict-active phase; that is because we do not feel "ill."

In fact, the body usually functions especially well during this phase. It is more or less in a state of sympathetic-tonal "doping"—an overdrive of nature in overcoming the conflict.

We pay for that later in the healing phase in form of a "healing hangover" (vagotonic healing phase). Even if we know that a conflict has just taken place on the body level, unlike on the psychic level, there is not much we can or should do.

Being the executive, the body completes the suitable special program. Upon starting (psyche) and steering (brain), only within certain limits does the body have influence through its own "feedback" systems.

For example, if an intestinal tumor develops because of an indigestible distress (conflict-active phase), we must try to deal with the conflict at the psychic level. On the body level we can or must intervene, if the conflict lasts too long and a bowel occlusion (ileus) threatens. In such cases, we are thankful and happy about modern surgical interventions and certain medications. More about the therapeutic possibilities can be found in the chapters on the organs.

Nutrition

During conflict-active phase, healing-phase and no phase at all (normotonia), healthy, biologically pure, genetically unmodified and balanced nutrition is important. During conflict-activity we tend to eat less. At the same time, the body is on “full speed”, meaning it is willing and able to perform.

It is logical that fasting or a reduced diet is the wrong thing at such a time, especially for thin people.

The few things that appeal to us should be nourishing and biologically valuable. The overweight might take advantage of such a situation to lose some weight—this is especially easy during this phase (except in the case of an active refugee conflict (KCT)).

I have determined that in a conflict-active (stressful) phase I tend to reach for less valuable food (sweets, white flour, etc.) than in good times. The biological explanation for this is the short-chain carbohydrates bring energy quickly in order to cover the energy needs during conflict-activity.

Let's be honest: just about every one of us knows what good nutrition is. We all know exactly what is good for us—biological, natural, full-value, balanced food in reasonable amounts. We know it and nevertheless, few of us are going through with it, to actually do “the right thing.” First of all we should try to stop making our worst dietary mistakes by overcoming our “weaker selves”! In the following, I limit myself to the basic interrelationships.

Nutrition and Cancer

Many CM doctors and especially natural healers believe that healthy nutrition offers us a certain protection from ca. From the point-of-view of the 5 BLN, this is partly correct, but in another way, healthy nutrition makes the individual strong, vital, and capable of performing. Due to this, he suffers fewer conflicts and cancer becomes less frequent. A badly fed, “worn out” by living, being (animal or human) tends to be more endangered by conflict—for example, self-worth conflicts, because they feel worthless; territorial conflicts, because they feel weak, or anger conflicts, because they lose something important to them. So the idea that bad nutrition encourages cancer is wrong. The explanation that healthy cells degenerate into cancer because cancer-causing materials (carcinogens) set off an uncontrollable cascade of cell-splitting, is basically wrong, as is the cancer dogma itself. It is not only bad nutrition that make us undermine our vitality, but also through other frivolities and poisons, for example, through active or passive smoking, through drugs and alcohol, through too little or too monotonous exercise, bad breathing, or bad posture.



A well-fed individual—because of his vitality—deals better with a healing crisis than an individual, who has been weakened with nutritional poison.

There is no doubt having healthy nutrition increases quality and expectancy of life.

The Atmosphere at Mealtime

Eating in a positive atmosphere, enjoyed with pleasure and due concentration, is healthy.

Eating and drinking makes us ill when we are angered, afraid, or worried. It can cause tracks to be laid that can drag on through our whole lives (food allergies). To eat when driving is also dangerous, because we do not know when we might experience a conflict in the next moment.

The Acid-Alkaline Balance

In natural healing, over-acidity is an overused word. Over-acidity has been made the culprit for nearly every illness.

From the point of view of the 5 Biological Laws of Nature, over-acidity means the same as conflict activity.

Stress, negative thoughts and feelings, lead to an acid milieu in the body. When something does not suit us, we are “sour”—psychologically and physically.

Vagotonia is alkaline. Positive feelings and thoughts lead to an alkaline milieu in the body.

It is interesting that in the body, poor nutrition is felt less, in terms of the acid-alkaline balance, than stress.

You can prove this for yourself with a test that meas-

ures the urine's pH value.⁵⁵ Good mood, the joy of living, and positive experiences, cause the urine to be higher than 7, even when eating a less optimal diet.

With similar values, but not quite as high, a pH can be obtained from alkaline meals (e.g., raw vegetables, bitter herbs, etc.).

Conflictive events, stress, bad mood, and so on, lead to low pH values in the urine (acidic). A person can eat as many carrots and vegetable as he wants; in such a psychological condition the pH value will not go up decidedly

Taking alkaline powders is a chemical-mineral fighting measure for reducing the level of acidity. This is fine in



the case of "heartburn," but using them over a longer period to lower the bodily milieu, is not good (in my opinion). To lower the level of acidity, we have to change our inner lives, the habits of our everyday lives and our nutritional habits.

Organically-based alkaline fruits and vegetables, in (sprouts, bitter herbs, etc.) can be taken up by the body far better than non-organic alkaline powders.

Edgar Cayce, the "sleeping prophet," recommends that we should consume 80% alkaline and only 20% acidic foods. Translated onto a psyche level this means: in order to stay healthy, we should be relaxed and happy for 80%, and be under stress only 20% of the day.

The strongest builders of alkaline are medicinal herbs that grow in the wild, such as dandelion, common centaury (*Centaureum erythraea*), bear's garlic (*Allium ursinum*), sage, peppermint, daisies (*Bellis perennis*), stinging nettle, Melissa, buckhorn (*Plantago lanceolata*) and

many more. This "God's apothecary shop" costs nothing and is, for healing, a thousand times better than all of the expensive packaged products in the stores.

Pick them up as you go along on a walk or a hike. When cut up finely, they make various dishes biologically more valuable.

Wild herb alkaline drink: Finely chop a handful of wild herbs, whatever you like or according to organ need. Place them in a container and cover them with about one cup of cold water. Puree with a hand blender and pour through a sieve or strain. That is it—drink the green juice. In spring this is to be recommended as an alkaline tonic—a drink full of vitality!

The Amount of Protein

According to the World Health Organization (WHO), a clinically relevant protein deficiency begins at about 30–35 g or less per day.

The Dutch Professor Oomen followed up on this assertion and found a tribe of natives in New Guinea who are living exclusively on sweet potatoes. They practically eat no meat. According to CM, with their 9–24 grams of protein per day, this tribe should suffer from chronic protein deficiency.

The people should also suffer from emaciated muscles, anemia or famine—but the opposite is the case. They are very vital and in a good physical shape.

He wanted to look into this discrepancy and discovered that anaerobic bacteria (*clostridium*) in these people's intestines produced proteins from carbohydrates with the help of nitrogen. Also vitamin B12, mainly found in animal food, is produced by intestinal bacteria.⁵⁶

Studies show that many people in our affluent Western society are "*eating themselves to death*" with an excess of meat.

Too much animal protein burdens the body unnecessarily and acidifies it. This is particularly true in case of pork meat made from mass livestock production.

Putting an end to our Western mass feeding of meat and protein would not only be good to all of us human beings, it would also be good for "Mother Nature."

Raising livestock is unbelievably cruel, and besides, three-quarters of the nutritional energy is lost during the detour animals undergo, falsely called "refinement." We could give back the part of the earth's surface which is now needed for producing feed for livestock easily, if we would give up eating meat at all.

I think we shouldn't accept the offering of our animal friends.

⁵⁵ I use the "indicator paper Uralyt-U ph 5.2–7.4" from the company Madaus.

⁵⁶ Compare Dr. Ralph Bircher, *Geheimarchive der Ernährungslehre*, p. 40–44, Bircher-Benner Verlag, Bad Homburg, 11th edition, 2007

The Amount of Food

In feeding tests with rats, it was determined that those who are always being fed sooner, got bigger sooner, grew older faster, and died earlier.

When the rats always had a full feeding dish, they lived an average of 600 days. With fewer feedings, the rats were always a little hungry and they lived an average of 900 days.

These rats were a little smaller, but quicker, more intelligent, more curious, and more active than their well-fed contemporaries.⁵⁷



The most vital people in the world are not those in the well-fed, rich, Western countries, but those in the poor mountain areas of Asia.

Simple lifestyles and meager diets do not hurt, in any case. The habits that are a necessity for these people can be a virtue for us too—one that lengthens life.

Effective Microorganisms (EM)

EM were discovered by the Japanese agronomist and university professor Dr. Teruo Higa.

EM are a mixture of lactic acid and photosynthesis bacteria, yeasts, and fungi.

EM are used worldwide in agriculture and in the fields of environment, industry, and health. Although ordinary EM are not permitted in foods and medications, they may be used internally as well. I personally use it for the regular freshening up of my reservoir of bacteria and fungi. For this, I take one teaspoon of EM1 in a glass of water every day for a week as a regimen.

Now, there are other manufacturers, who are producing similar fungi-bacteria concentrates, such as the company AM + Plus active microorganisms.



Homeopathy

Classic homeopathy is a gentle method for accompanying patients through all the phases of an SBS.

Precondition: The therapist must be skilled in both the 5 Biological Laws of Nature and the basics of homeopathy. Individual medications cannot be recommended here, as my knowledge does not go far enough and because they have to be exactly and individually matched to the phase and the condition of the patient.

Massages

May help in the conflict-active phase and in the healing phase:

- Lymph drainage is a good method for the healing phase, especially when there is a fluid retention (syndrome).
- Classic massage, segment massage, as well as foot and ear reflex-zone, and acupoint massages, are suitable for both phases—it depends on how and where it is used.
- According to Chinese energetics, the corresponding meridian area shows a shortage of energy in the conflict-active phase. A shortage of energy demands more energy.
- The strongest stimulations are made with, the rarely used, connective tissue massage—helpful for chronically hanging-conflict activity.
- Osteopathy: There are many different manual techniques behind this term. The idea is to ease problems of the muscular and skeletal system with different pressure, stretching, and movement stimulations—useful in the active and healing-phases.
- In classic and segment massage, energy is applied in a pleasant way. Stroking, pressing, and dispersing, improve the body's metabolism and energy flow. Inner organs, which have been affected by an SBS, can be reached therapeutically by means of skin and muscle stimulations (cutivisceral reflex arcs) in the back.
- With foot and ear reflex-zone treatments, we can supply the inner organs with energy and harmony.

⁵⁷ Compare Dr. Ralph Bircher, *Geheimarchive der Ernährungslehre*, p. 40–44, Bircher-Benner Verlag, Bad Homburg, 11th edition, 2007

Massages do not affect the person's conflict on the psychic level directly, but the relaxation, being indulged, being touched, and gaining trust, can bring about a change in attitude; a good basis for healing.



Therapy—healing phase at the psyche level

Dr. Hamer criticizes correctly that the healing phase needs no therapy. Healing phases are times when the body repairs and regenerates itself. To view healing phases as “illness” and to try to treat it, is a good indication of ignorance, a lack of knowledge of the biological interrelationships (on the level of the old medicine):

- What makes sense, however, is to accompany the healing-phases—ease the symptoms, make the suffering bearable.
- Spread courage and confidence.
- Make clear to the client that the conflict will be resolved and everything will be all right again.
- Provide a protective atmosphere for the patient. In other words, protect him from the negative. Keep him away from new conflicts and avoid recurrences.
- Guiding thoughts: *“I am going to be completely well again!” “I am at peace with everybody and everything.” “I am looking forward to a new beginning.”*

Therapy—Healing Phase at the Brain Level

A healing Hamer Focus (HF) in the brain causes fluid retention. The HF expands and displaces the surrounding parts of the brain. The brain itself has no receptors for pain; the cerebral membrane (meninges), however, does. The pressure on the meninges causes headache. In severe cases, it is advisable to reduce the brain pressure; this decides whether the client will survive the healing phase or not.

Measures to be taken:

- Any kidneys-collecting tubules SBS (syndrome), if active, should be resolved as quickly as possible.

- Cooling the head (cold showers, cold wraps, bags of ice).
- Take a walk in the cold air.
- Protect the head from sun and heat.
- Hydrogen peroxide (H₂O₂) internally.
- Take biological dextrose (“quick energy”), possibly maltodextrine 195853 (long-lasting energy) at short intervals, especially at night (strongest vagotonia)—allow the dextrose to dissolve in your mouth.
- With sympathicolytic substances such as vitamin C, coffee or black tea, the vagotonia can be reduced (see below).
- Do not drink immoderately. Use little salt.
- Full or partial baths with sea salt, 0.9% or more concentrated (the sea is our home). Fluids are removed from the body through the pressure of osmosis as well.
- Head and facial lymph drainages for the purpose of lymph drainage from the head.
- Foot and head are opposite poles of the body that influence one another. This can be used therapeutically: warming or stimulating the feet relieves the head energetically—walk barefoot, take hot foot-baths, foot massages.
- No salt infusions because salt ties water in the body.
- No glucose infusions if intake is possible through the mouth (sugar in the blood ties additional fluids).
- Visualization: Starting from the head, energy flows over the spine into the legs and feet. My head becomes empty. My feet feel as though full of energy. Surround the head with blue light.

Therapy—Healing-phase at the body level

Inflammation should only be reduced if suffering makes it unavoidable.

Intense inflammation—intensive healing—fast recovery. Taking inflammation reducing measures could cause the healing-phase to be delayed.

If the pain is too great or the fever climbs too high, one should take sympathicotonia-measures.

Before reaching for chemical substances one should use natural means.

Natural healing has a great treasure of remedies and methods for easing the healing symptoms (more details in the reference part).

Painkillers work by exciting the sympathetic nervous system—healing pain because of vagotonia is thereby reduced. Chemical stress stimulus pulls the organisms up from the vagotonic wave into sympathicotonia.



In severe cases, we need to seek the help of intensive care physicians and surgeons.

Natural general pain remedies:

- A reasonable amount of movement and activity
- Black tea, coffee.
- Cold-hot treatments with emphasis on cold: cold-warm showers, "Kneipp" treatments, cool bags, cold showers.
- Hot spices, for example: pepper, chili, ginger, mustard, saffron.
- Willow bark tea: Willow is an old pain remedy. The bark of young shoots contains salicin (natural aspirin) and tannins.
- Teas made from peppermint, sage, thyme, arnica, wild daisies, celandine, pansies, or creeping thyme.
- Use refreshing, stimulating essential oils topically—for instance, peppermint, eucalyptus, sage, thyme.
- Schüssler salt no. 3.
- Intensive pain: CBD Oil (Cannabidiol).

Lymph-drainage massage

This type of massage loosens things up and eases the pain—a gentle and pleasant kind of massage for the treatment of fluid retention (edema).

Rhythmic-pumping grips result in better lymph drainage and soothes the patient. From the point of view of energetics, lymph drainage has the effect of being relaxing (sedative), in other words, when energy is reduced, inflammations are also reduced.

It is a good pain-relieving method, during healing-phases in the muscular-skeletal system (inflammations of the joints and after injuries, bruises, contusions, etc.). During healing-phases in the head and facial areas (e.g., toothache, neuralgia of the trigeminal nerve) and in the healing-phase of internal organs, a good lymph drainage treatment is followed by increased urination. Disadvantage: time consuming and expensive.

Acupuncture, acupoint massage, shiatsu, acupressure

By using these methods, the therapists work with the client's meridian system. The main principle is: If there is too much energy at one point, it is taken away. If there is too little energy, it is added. For the Chinese people, we are healthy when all of our meridians are totally filled with energy. The healing-phase in the organs is marked by full energy supply (inflammation). Somewhere else in the client's meridian system there is an energy deficiency. The therapist tries with needle, stick, or finger pressure, to lead the energy from the inflamed area to the area with a deficit.

Cod Liver Oil

Without this home remedy (unfortunately fallen into oblivion) many people would not have survived times of the great wars. Very helpful particularly for emaciated (conflict- active, stressed) people. Perfect, cheap supply of the fat-soluble vitamins A, D, E of daily 1-2 tablespoons cod liver oil.

Oil pulling

Put a tablespoon of cold-pressed sunflower seed oil into the mouth and swish it around the mouth and throat for about 10 minutes. Repeat this every morning on an empty stomach. Afterwards spit out the oil, which by this time will have taken on a milky-whitish color, as it is now loaded with toxins. You can do this for four weeks as a "cure" or make it a once-a-week routine.

From the point of view of the 5 Biological Laws of Nature, oil pulling is interesting because it helps the excretory quality of the oral submucosa. In the healing-phase, this is an effective and simple measure of an endodermic SBS.

Petroleum

Crude oil or petroleum (mixture of various hydrocarbons) is used in traditional medicine in Eastern Europe with success in various ailments. The mechanism of action is unclear, but you can risk a try. Because it is cheap and effective, it is discredited as outdated and toxic. (http://petroleum_de.lorincz-veger.hu)

MMS (sodium chlorite NaClO₂) by Jim Humble

A controversial substance, which I appreciate anyway. A strong oxidizing agent (the opposite of antioxidants), which we can use as sympathicotonia. I consider it to be a good substitute for CM antibiotics. From the perspective of the New Medicine, it can be used as a "mild antibiotic" for the attenuation of an intense healing phase. Before applying, you have to become very well-informed about the usage procedure (only for mature patients). For the oxidative properties, I am not advocating a long-term application.

MEDICATION FROM THE POINT OF VIEW OF THE 5 BIOLOGICAL LAWS OF NATURE

Basically, it must be clear that everything in the body is there for a reason. Thus, we should think twice before any chemical interventions.

According to Dr. Hamer, medications can be roughly divided into two groups:

- Stress-promoting medication (sympathicolytic substances) like antibiotics, antirheumatics, and cortisone. Most medications in CM belong to this group.
- Tranquillizing medication (vagotonic substances) like anticonvulsants. Antispasmodic medicine.

Pain Medication

Active ingredient: Paracetamol—Trade names: Acetaminophen, Mexalen, Acetalgin, Benuron, Perfalgan, etc. Effect: analgesic, antipyretic.

Good pain relief and not too many side effects.

Recommended for the attenuation of healing-phases.

The most recommended chemical painkillers—well-tolerated, central effect on the brain, no blood-thinning effect. However, for rheumatic complaints (bones, joints), it works less well than antirheumatic drugs.

Acetylsalicylic acid (ASA)—Trade names: Aspirin, Aspro, Alka-Seltzer, etc.

ASA works well, as an analgesic (only harmful to the kidney) with little side effects. From our point of view, the blood-thinning property of ASA are in most cases not desirable—therefore only conditionally recommended.

Active ingredient: Diclofenac—antirheumatic agent—Trade names: Allvoran, Deflamat, Voltaren, Rewodina, etc. Effect: analgesic, anti-inflammatory—recommended in order to attenuate bone and joint pain during intense healing-phases.

Active ingredient: Ibuprofen—antirheumatic agent—Trade names: Aktren, Dismenol, Dolormin, Ibuprofen Genericon, etc.

Effect: analgesic, anti-inflammatory, antipyretic.

Recommended in order to attenuate bone and joint pain during intense healing-phases.

Active ingredient: Indomethacin—antirheumatic agent—Trade names: Indocin, Indomet Ratiopharm, etc.

Effect: analgesic, anti-inflammatory—recommended in order to attenuate bone and joint pain during intense healing-phases.

Active ingredient: Morphine—Trade names: Morphine Merck, Morphine-Ratiopharm Capros, MST Mundiphar-

ma, Compensan, Kapanol, etc.

Strongest sympathicotonic. Morphine is addictive. It paralyzes the intestine by continuous tension; it will break the morale of the patient.

Morphine is usually a one-way street towards the end. It shocks the vegetative nervous system and instantly shrinks the HFs in the brain.

If the next dose does not come right in time, the HFs swell up again, even faster. This leads to a breaking off of the connections between brain and nerves (synapses). In CM, morphine has been used very generously, as cancer patients should at least not have to suffer. Thus, it has become a “put-to-sleep” medication. Morphine, as intravenous therapy, is often given without any sort of agreement of the client or family members. Which means, always ask, “What is in there exactly?” Even better is the need to stipulate a client’s provision. Morphine is not to be recommended in any case.

Morphine patch—Active ingredient: Fentanyl, Buprenorphine

If anyone still needs morphine, he should be given morphine patches with semi-synthetic opiates. These have fewer side effects than real morphine and so there still is a “way back” (not one-way).

Cortisone

Cortisone Effect: Strong sympathicotonic-adrenocortical hormone.

Menacing strong healing-phases can be attenuated rapidly with cortisone. Dr. Hamer recommends cortisone during very strong healing-crises to better survive the critical period just after the healing-crisis.

When syndrome, i.e., active kidneys-collecting tubules, cortisone is not to be recommended due to additional water storage (contraindicated). Cortisone can be recommended only in very severe cases, but use only for as short term as possible.

Antibiotics

It only makes sense to take antibiotics when a healing-phase is too strong, the fever is too high or the pain is unbearable. They should only be taken as long as symptoms require. For example, if an infection of the middle ear has improved after taking antibiotics for two days, the client should stop taking them at once. This approach is “strictly forbidden” by CM due to the danger of “building up resistance.” Their argument that the client must “take the entire package in order to kill off all the bacteria,” however, does not hold: it is simply not possible to destroy a single strain or even all of them. If that would be possible, we would be “clinically clean” and “clinically dead.”

Antibiotics damage the genes and should only be used in exceptional cases.

Anti-Fungal Drugs (Antimycotics)

Using these drugs internally is very damaging—this equates with a small chemotherapy.

Anti-fungal medicines are not to be recommended!

Anti-Viral Drugs

Not to be recommended. Senseless and damaging!

Antihypertensive Medications (Blood Pressure Drugs)

Beta-blockers, ACE inhibitors, AT1 antagonists, calcium channel blockers, etc.

According to CM, hypertension is a risk factor for cardiovascular disease. Until 2008, a blood pressure of 100 + age was considered normal. This prompted the WHO to fix the limit suddenly to 140. Anything above that has since been “treated.”

High blood pressure is no risk for heart, blood vessels, or brain. Blood pressure medicines have significant side effects and are not recommended for permanent and long-term use.

Only in exceptional circumstances and for a short time is this sensible (see also p 127).

Dewatering Pills (diuretics)

Only recommended if you have previously done everything to solve the KCT conflict (see p. 226ff).

Cholesterol Reducing Medications

Not to be recommended due to basic uselessness and strong side effects (see p. 31).

Anticoagulants (anticoagulants)

Active ingredient: Acetylsalicylic acid—Trade name: *Thrombo-ASS, Heart-ASS-Ratiopharm, Inter Alia* Active ingredient: Warfarin—Trade name: *Warfarin, Falithrom, etc.* The effect is due to slight constant poisoning.

Coumarins (Warfarin, etc.) are also used as pesticides. It is only useful a few weeks after pulmonary embolism or thrombosis. It is not recommended as a long term medication.

Psycho-Pharmaceuticals

Certainly there are exceptional cases, in which sleeping pills, anti-depressants, and tranquilizers, make sense, so as to avert something worse.

Basically, however, they are not to be recommended, because of their ineffectiveness, the danger of addiction, their personality-altering effects and their severe side effects!

Chemotherapy (Cytostasis)

Dr. Ulrich Abel of the German Cancer Research Institute in Heidelberg: *“The dominance of chemotherapy research could in the future turn out to be one of the most far-reaching aberrations in the clinical battle against cancer.”*⁵⁴ Prof. Charles Mathe: *“If I have cancer, under no circumstances would I allow myself to be treated at an ordinary cancer center. The only cancer victims, who have a chance of survival, are those who steer clear of these centers!”*⁵⁵ Dr. Hamer on chemotherapy: *“To sell this as therapy, is one of the greatest swindles in all of medicine—to this day. Whoever it was, who thought up chemo-torture as a therapy, deserves a memorial in hell!”*

Radiation Therapy

Because of the harmfulness, it is generally not recommended. It is recommended only in very few cases, when a surgery is impossible because of inaccessible tumor location or if you can’t calm down an extremely strong healing-phase. For example, in extreme healing-phase of a bone in the vertebral canal.

Hormonal Contraception (“The Birth-Control Pill”)

The pill makes the woman hormonally masculine. Due to this, she switches over to the right, “masculine” side of the brain (except in the case of left-handed women or those who are already in constellation). Shift of the active side of the brain (lateralization) produces “masculinization” as a result of the contraceptive effect.

From the viewpoint of the 5 Biological Laws of Nature, the pill is to be rejected, because it turns the normal brain relationship upside down. Conflicts can be activated or resolved by taking or stopping the pill (“Russian roulette”). The pill increases the risk of cardiac infarction (heart attack), pulmonary embolism, and much more. All other methods of contraception are better.

Vaccinations and Inoculations

Even without the knowledge of the 5 Biological Laws of Nature, there is much to be said against them:

- There is no proof that they are effective.
- They go against the basic principle of medicine “*above all, do no harm.*”
- Poisoning with aluminium hydroxide, the mercury alloy thiomersal (known in the US as thimerosal),

⁵⁹ Ulrich Abel: Chemotherapy of advanced carcinomas. A critical survey. 2nd updated edition, Stuttgart: Hippokrates Verlag, 1995. ISBN: 3-7773-1167-7

⁶⁶ Cancer specialist Jewish faith, head of the French National Cancer Center Villejuif, near Paris. Lt. Dr. Hamer he himself was cured by the GNM® of bronchial cancer, for his non-Jewish patients he turned to chemo. See, Dr. Hamer, “one against all” p. 235

formaldehyde, phenol, and recently also nanoparticles and many more.

The result: increasing rates of physical deformities, sterility, children with attention deficit syndrome (ADS), allergies, mental deficiencies, and much more. What is in favor of vaccination is fear. Fear can only exist in combination with ignorance.

Our knowledge of the 4th Biological Law of Nature, which says that fungi, bacteria, and viruses (globulins), are our symbionts and "friends," liberates us from fear.

Recognizing this is simple: If there are no invaders from whom we must protect ourselves, then we no longer need inoculations. We can also abstain from many "hygiene precautions" of modern everyday life.

What is left of the term "immune system," if the enemies out there are not there at all? Nothing! A term from the old medicine, an illusion, ready to be relegated to the history books.

Biological reality is a kind of "garbage collection system" for the disposal of toxins, waste products, and dead cells. Responsible for this task are the lymph nodes and vessels, the kidneys, liver, and spleen.



Summary:

Vaccinations—regardless against what—are not only useless, because they are ineffective, but also because of the poisoning and the traumatic vaccination process (fear of the person to be vaccinated, including adherence–motor conflict), means they are extremely harmful.

REFERENCES OF "DISORDERS"

Important hints for use:

The References is listed according to the organs of the body, beginning with the nervous system and is ordered in the sequence normally used in professional medical literature.

It is advisable to start the study with the Significant Biological Special Program (SBS) of the kidneys–collecting-tubules, beginning on page 224 (fluid collection in the body). This forms the "background music" for many other "diseases" and is often referred to elsewhere (key word: *syndrome*).

For understanding diseases where muscles are involved (e.g., twitching eyelids), it is advisable to read the chapter beginning on page 305 first.

For almost all diseases, I have given examples of typical conflicts. Those beginning with "→" are typical conflict situations. Those beginning with • have been taken from real life. In a few cases, I have changed the client's gender or other details for the sake of privacy.

When printed in bold, the expressions "**conflict-active**", "**healing-phase**", or "healing-crisis" refer to the disease mentioned in the title.

Some of the special programs described have not been confirmed by Dr. Hamer—meaning they are based on my experiences or other people's experiences. These parts have been marked with*.

There are therapy suggestions for every conflict.

In case of conflict-activity, the only effective therapy is surely the actual resolution of the conflict (from the client's point of view). For this reason, Dr. Hamer concentrates almost exclusively on that.

Whenever I offer other suggestions for therapy, it is because the real conflict resolution is often impossible. In the case of "healing-phase conflicts," "therapy" means accompanying the healing!

It is my wish to connect the New Medicine with natural medicine and the good aspects of conventional medicine.

The patient seeking help does not care **what** helps; the main thing he seeks is **that** it helps.

For that, I will build bridges between disciplines. These bridges are necessary as long as there is a need to overcome the separation of medical disciplines.

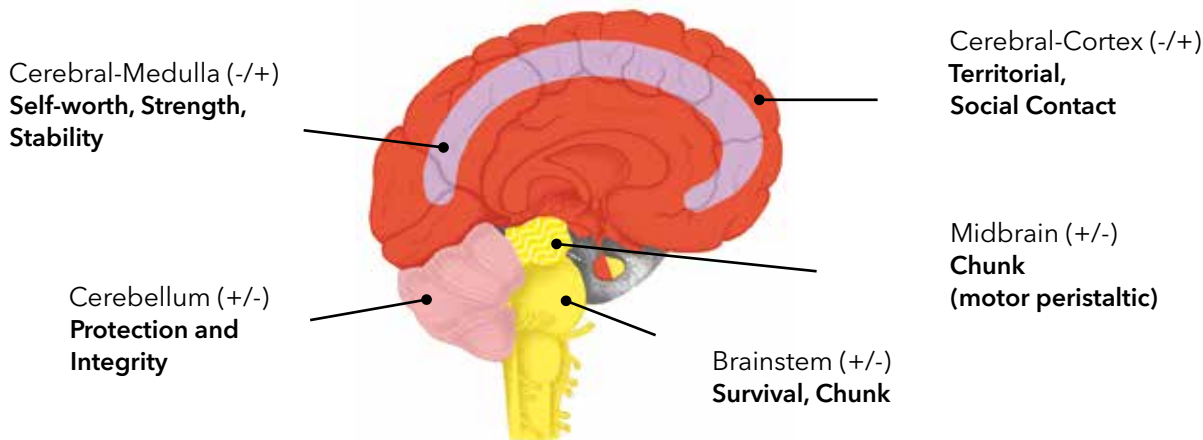
The consciousness of the community is already evident everywhere. I think it belongs to the New Era and the New Medicine.

THE NERVOUS SYSTEM

Brain tumor (astrocytoma, glioblastoma, oligodendroglioma, ganglioglioma)

Brain tissue is made up of 90% connective tissue (net-like support structure) and 10% nerve tissue. According to CM, brain tumors are “proliferations of tissue” in the brain. After birth, however, nerve cells cannot (or hard-

ly) divide. A “brain tumor” is always just brain connective tissue that grows or changes. Never does one find proliferating nerve cells. This knowledge alone takes away some of the drama from the diagnosis.



Conflict The corresponding parts of the brain

Example • The 21-year-old, left-handed patient is diagnosed with a “brain tumor” when she is examined in the hospital after having fainted briefly. A knowledgeable therapist determines that the brain tumor is in the right ovary relay. Thus, it is a loss conflict in the process of healing. The following occurred 6 years ago. Hexi, the patient’s beloved poodle mix, is hit by a car. The poor animal lies there, whimpering with a crushed head. In her shock, the girl, 15 at the time, does not go with him to the vet to have him put to sleep = loss conflict. In all the years since, whenever she sees a dog, she thinks of Hexi and how she abandoned him in his darkest hour (recurrence). The patient comes into healing five months ago, when she gets a new dog named Akira. Since then, she no longer thinks about Hexi, but is often tired (vagotonia). The “brain tumor” shows the healing process. (Personal archive B.Eybl)

Phase **Healing-phase** - buildup of brain connective tissue, fluid collection—usually in connection with a syndrome (see p. 226). From the point of view of the 5 Biological Laws of Nature, a brain tumor is not an illness; rather, it indicates that in the affected area, an SBS has taken place or is still taking place. Here, we have a running healing-phase or a fully completed healing. Sometimes even old HFs are interpreted as tumors > brain tumor = a collection of brain scar tissue. (What normal person would be worried about an extra scar on the skin?)

Remark Brain tumors are being diagnosed more and more often because patients are being scanned more frequently, and often with more accurate results. In the past, the patient only had a headache for 3 months. One did not know why, but patient was left alone, anyways. Nowadays, things must be “cleared up” right away. Routine medical examinations also contribute to tumors being found, despite the few problems caused. Less than 2% of patients survive a diagnosis of “brain tumor.” Most of them die unnecessarily from fear, chemotherapy, and radiation.

Therapy The conflict is resolved, accomplish the healing process, and avoid a relapse. The knowledge of the 5 Biological Laws of Nature is decisive, so that the patient can escape from his fear. For appropriate measures, see healing-phase at the brain level, p. 56. In case of a syndrome: resolve the conflict of feeling abandoned. If the increased pressure on the brain becomes life threatening, a surgery to lift the brain cover should be considered, so that the brain can temporarily expand upwards. Surgical removal of an HF (= brain tumor) is not recommended, and chemotherapy and radiation are certainly not recommended.

SBS of the Choroid Plexus



Brain tumor of the brain chambers – ependymoma, choroid papilloma¹

Conflict	1. Right side of the brain: cannot get something, Left side of the brain: cannot get rid of something. 2. Conflict that the brain dries up: It is believed that one cannot think well enough.
Examples	• <i>To 1: A woman works reluctantly as a secretary at the Social Court. =Conflict – she wants to leave there. When she finds a new employment, the ependymoma brain tumor, located in the left lateral ventricle, is degrading with tuberculosis (ependymoma-TB).¹ (Pers. archive B. Eybl)</i> → <i>Someone cannot remember while learning or does not understand the arithmetical problems.</i>
Tissue	Villous braids (choroid plexus)–“the brains water (CSF) treatment plant”–in the ventricles–endoderm.
Conflict-active	Function increase, growth of a chorioid plexus-adenoma = ependymoma and choroid plexus papilloma.
Biol. meaning	Enlarging the artery braid that more brain fluid can be produced/delivered.
Healing-phase	Degradation of the tumor by fungi bacteria. = Ependymoma tuberculosis. At the end remains limescale. These calcified choroid plexus can be seen very often in the CCT.
Therapy	Find conflict or tracks and, solve them in real life, if still active.

¹ Cf.. Dr. Hamer, my student girl, pp. 469ff, Amici di Dirk Publishers, 2nd edition 6/2014, ISBN 978-84-96127-63-0

SBS of the pineal Gland (pinealocytes)



Pineal tumor (Pineozytoma, Pineoblastoma)¹

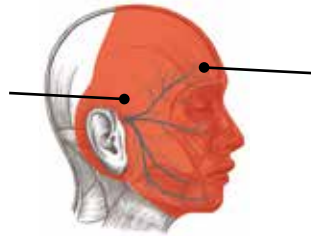
The pineal gland is a light-receiving organ which produces hormones. It's interaction with the retina converts the serotonin formed during the day in brain to melatonin in the night. It controls the day and night rhythm and is considered the seat of the 3rd eye. - The gift of clairvoyance and intuition are attributed to this mysterious organ. According to Dr. Rick Strassman, it is a window into other areas of our existence.

Below from the perspective of the New Medicine the little that we know so far by the pineal:

Conflict	Chunk conflict: Too little light—it's too dark. Real or in the figurative sense. (The Light of God.)
Examples	→ <i>One suffers from the absence of natural light (mine-, or night workers, dark office).</i> → <i>One feels separated from God and forsaken by all the angels.</i>
Tissue	Pineal gland (= epiphysis, pinealis), pinealocytes–brainstem–endoderm.
Conflict-active	Increased light absorption and melatonin production. With prolonged conflict activity enlargement of the gland by cell division. = Pineal tumor. Frequent complications: obstruction of the outflow of cerebrospinal fluid> liquid overpressure> intracranial pressure symptoms, possibly hydrocephalus (hydrocephalus).
Biol. meaning	Improvement of light reception—to coop with less light. More production of melatonin.
Healing-phase	Tumor degradation by fungi bacteria. = Pineal Tuberculosis> “brain sand” or calcification.
Remark	Question: Why is the pineal gland calcified in almost all people? Has the conflict almost everyone? Is our God distant life responsible for that? Or is the truth that calcification is a (positive) crystallization?
Therapy	Find and solve conflict in real life, if still active. Pay attention on good sleep-night rhythm and adequate sleep. As often as possible, “refuel” sunlight and nature. At sunset, look straight at the sun. Colloidal gold. Meditate, visualize, and be creative. Avoid fluorine, caffeine, sugar and all poisons. Guiding principle: <i>“I am always conscious about my divine descent. Its light shines in me.”</i>

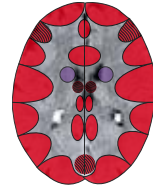
¹ Cf.. Dr. Hamer, my student girl, pp. 469ff, Amici di Dirk Publishers, 2nd edition 6/2014, ISBN 978-84-96127-63-0

Trigeminal Nerve - Epidermis
Cerebral-Cortex (-/+)
**Separation Conflict
Regarding the Face**



Trigeminal Nerve - Periosteum
Cerebral-Cortex (-/+)
**Brutal Separation Conflict
Regarding the Face**

SBS of the Epidermis



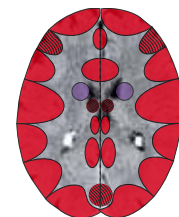
Trigeminal neuralgia I¹

Conflict	Separation conflict regarding the face. Conflict of losing face.
Examples	→ Real loss of skin contact (e.g., through separation from a partner). Somebody is taken for a fool or is not taken seriously. Someone is ignored or snubbed. The 69-year-old-patient is present when his father dies. As his father exhales his last breath, he closes his eyes for him = separation conflict with regard to the face of the father. Whenever the death of the father is discussed, the patient gets neuralgia of the trigeminal nerve = hanging-active-conflict. (cf. Dr. Hamer, "Celler Documentation", p. 55)
Tissue	Epidermis–cerebral-cortex–ectoderm (outer-skin-pattern). ²
Conflict-active	Dry, poorly circulated, possibly scaly skin, deafness (reduced sensitivity)
Biol. meaning	By means of deafness, the separation should be temporarily forgotten.
Healing-phase	Trigeminal neuralgia pain; slow restoration of sensitivity.
Remark	Consider "handedness" (right or left) and side (mother, child or partner), or local conflict.
Therapy	The conflict is resolved. Accompany the healing and avoid relapse. In case of syndrome, resolve the conflict of feeling lonely. Apply pot-cheese compresses, cold-water treatments, cold compresses, with decoction of tea leaves from chamomile and elderberry blossoms. Gently rub diluted lavender oil or St. John's wort oil on the painful spot. Irradiation with blue or violet light. Lymph drainage, possibly using chiropractic treatment techniques or osteopathic treatment on the cervical spine. Hot foot baths. Internally: borax, lavender tea. Vitamin B supplements, flaxseed oil. Cod liver oil. See also: the healing-phase at the brain level, p. 56, poss. painkiller.
	The CM-epileptic drugs (e.g., carbamazepine, oxcarbazepine) have many side effects, are hardly effective and, therefore, from the New Medicine perspective make no sense.

1 Cf. Dr. Hamer 12 + 1 Barin-Nerve-Charts of the New Medicine 1st edition as of July 2004, 2nd edition 2009, Amici di Dirk Verlag, ISBN 84-96127-11-7. Cited in the following as Dr. Hamer, GNB®-HN V columns 5-6

2 Ectodermal tissue reacts either according to the outer-skin-pattern or the gullet-mucosa-pattern. The outer-skin-pattern means a reduction of sensitivity during the active-phase and an increase in sensitivity (pain) during the healing-phase. "Gullet-mucosa-pattern" means an increase in sensitivity (pain) in the active-phase and a reduction of sensitivity in the healing-phase. This differentiation is important for the diagnosis.

SBS of the Periosteum



Trigeminal neuralgia type II[★]

Conflict [★]	Brutal-separation conflict regarding the face. Conflict of losing ones face.
Example	→ Someone is hit in the face or someone hits himself. → Someone is embarrassed in front the whole team. The 48-year-old, right-handed, slender, and childless patient works in an office. It is one year ago and she is feeling completely miserable, as she sits alone in her flat. It is Good Friday and the Easter holidays are coming up. On this evening, she feels "very cut off from

everyone, especially from a partner," whom she longs for after a broken relationship. She feels lonely, deserted, and desperate. = Brutal-separation conflict. Since then, she suffers from a trigeminal pain, especially when she is stressed. A branch of pain leads to the jaw joint, and another branch leads to the corner of the eye. At night, and on weekends when she is resting, there is less pain. = Hanging-active conflict. (Personal archive B.Eybl)

- The daughter and husband, of the 50-year-old right-handed patient, are in the public lime-light because of their occupations. Not a week goes by in which they do not appear in the newspapers and on television. Due to a project that is going badly, a journalist suddenly writes a very negative article in the most important newspaper. = Brutal-separation conflict with regard to reputation. Since then (four years ago), the patient suffers from a severe trigeminal neuralgia of the left upper jaw. Cortisone and painkillers do not help. Even a morphine patch has no effect. The pain is most bearable when the patient is relaxed and in harmony. (Personal archive B.Eybl)

Tissue	Periosteum—cerebral-cortex—ectoderm (gullet-mucosa-pattern).
Conflict-active	Trigeminal neuralgia causes pain in the face and head area. The region feels rather cold. No redness or swelling. Accompanying symptom: cold feet. Increase of the pain during the day (sympathicotonia), especially when there is stress. Better at night. Painkillers hardly help.
Biol. meaning	Due to cold and numbness (loss of sensitivity), the painful separation can be "forgotten."
Healing-phase	Reduced sensitivity to pain; severe pain in the healing-crisis again.
Remark	Consider "handedness" (right or left) and side (mother, child, or partner), or local conflict. A third possibility for trigeminal pain is bone-healing pain in the trigeminal outlet openings. Here the loss-of-face conflict has a self-worth component.
Therapy	Find conflict and tracks; find real-life solutions and avoid retriggering. Guiding thoughts: "I do not care about what others think or say about me!" "Why should the opinion of others bother me?" "I am fine the way I am—everybody makes mistakes!" Warmth treatments. Neck and spine massages, chiropractic and osteopathic treatments, rubbing of the affected areas with oils of rosemary, thyme, flaxseed, and lavender. Hydrogen peroxide (H ₂ O ₂). Cayce: Massage with oils of camphor and cedar. Flaxseed oil.

Headache

Possible causes

- **General healing symptom:** The cause is the need for more room in the brain (brain/cerebral edema). The pressure on the meninges causes headache. The brain itself has no pain receptors. Light to medium headache = healing-phase. Severe to extreme headache = healing-crisis.
- **Following the consumption of certain foods or drinks:** For some people, foods are conflict tracks (= allergy). The conflict activity is triggered through consumption. The affected organ must not necessarily be a digestive organ > healing-phase = headache.
- **The result of being poisoned:** Most medications, alcohol, nicotine, and other drugs, put the body into artificial stress, making them sympatholytic substances. If the sympathetic nervous system is stimulated, we feel "high." The effect of most medications is based on this vegetative change. Healing-phases and the pain associated with them are interrupted. When the poisonous effects diminish, the individual starts healing > repair of the poisoning > headache (for instance, analgesics-headache).
- **Hypoglycemia** of the brain through any healing-phase: During the healing-phase, especially the healing-crisis, the brain has a much stronger need for sugar. A low glucose level causes or increases the brain edema > headache. Thus a regular application of biological glucose in the case of brain pressure symptoms is important for therapy.
- **Hypoglycemia** of the brain, as a result of a fear-revulsion conflict or a refusal conflict, regardless of whether alpha cells or beta cells are affected, can cause a temporary hypoglycemia with headache, according to the phase. (See p. 219)
- **Meningitis:** Mostly in connection with a stiff neck > healing-phase of the skull bones > moral-intellectual self-worth conflict. The meninges are stretched out because of the bone edema > brain pressure caused

by the periosteum and its need for space > headache.

- **Excessive exposure to the sun** of the head or neck (sun stroke). Temporary swelling or inflammation of the meninges > headache. (See p. 69)
- Some headaches come from the meninges and are linked to the trigeminal nerve: The outermost of the 3 layers of the meninges (dura mater) is identical to

the periosteum of the skull.

- The periosteum reacts according to the pharynx, mucosa pattern with pains during the conflict activity = loss-of-face-conflict. (See trigeminal neuralgia type II, p. 63.)

Syndrome amplifies any kind of headache.

Migraine-headaches

- A migraine headache is, in principle, nothing but a very severe headache. Phase: **healing-crisis**. Intensification through syndrome!
- A migraine headache in the area of the forehead, acc. to 5BLN, comes from a frontal-fear conflict (on the right side) or a powerlessness conflict (on the left side).
- From the accompanying symptoms, one can often conclude about the concerning relay: nausea, vomiting: territorial-anger or identity conflict, speech problems: fright-fear or territorial-fear conflict,

sensitivity to light: light-chunk conflict, (p. 80).

- An impaired range of vision or "double vision" is usually caused by the need for more room by the cerebral-medulla, since the optic chiasm is a part of the brain where the optic nerves partially cross. A fear-for-rear-attack conflict is also possible.
- In the case of regularly occurring migraine headaches, conflict mass is released with each occurrence so that the conflict is hardly in the organ (often with no manifestation in the organ). This might be a small consolation.

Therapy headache/migraine

- The conflict is resolved! For recurring headaches, find out what the conflict and tracks are and resolve them.
- If syndrome: resolve the refugee conflict (p. 226).
- Cold-water treatments for the head and face, cold compresses.
- Walks in fresh air (good for the oxygen supply).
- Pat diluted oils of lavender, frankincense, peppermint, or lemon balm on the temples.
- Irradiation with blue/violet light.
- Natural borax internally. • Black cumin oil.

- Moderate amounts of alcohol, which acts as a diuretic substance by suppressing the antidiuretic effects of the hormone ADH. (Everyone knows the urge to urinate after a beer.) • Colloidal Gold.
- Lymph drainage, foot reflex-zone massage, acupoint massage, normal massage, chiropractic, or osteopathy.
- Tea made from lavender, peppermint, rose leaves, violet blossoms and many more. Possibly, the painkiller. paracetamol. • Hydrogen peroxide (H_2O_2) 3% internally.

Sleep disorders (insomnia)*

Possible causes

- **Severe conflict activities** (= stress): one or more conflicts can rob a person of sleep, even during the night. Although it usually results in something constructive, one cannot simply "*turn off*" the "*circling of thoughts*" > uneasy, light sleep, difficulties with falling asleep and sleeping through the night, waking up early in the morning.

Biol. meaning: The individual is kept awake in order to resolve the conflict > therapy: resolve the conflict!

- **Strong healing-phase:** sleeping problems can arise even in vagotonia—not only due to the (healing) pain in the night. During the day, the person is tired and looks forward to going to bed.

However, it is only in the second half of the night when he can really sleep. During the day, he is tired again. There are two explanations for this phenomenon:

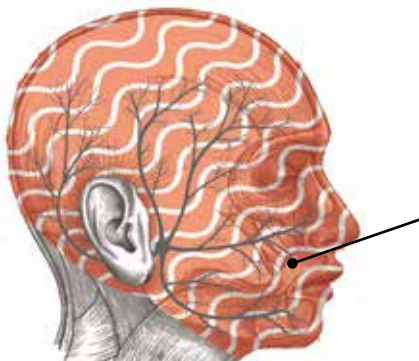
- Nature wants to protect the vagotonia-weakened individual from being "easy prey" for hunters (night-active animals of prey). To sleep during the day is safer > People who are in the healing-phase should surrender to their tiredness during the day and allow themselves to take frequent *naps*.
- Nature makes sure that the nightly vagotonia does not cause an individual, who is in a state of vagotonia to fall into "super-vagotonia", which could possibly become critical. (Strong vagotonia = strong healing symptoms.) Through this natural minimization of sleep, the person is kept in a tolerable vagotonia that is not too deep.
By drinking coffee (or other sympathicotonic) in the evening, we can "outfox" nature. The body believes it is daytime and gives up the sleep inhibition.
> In the healing-phase, coffee helps a person to sleep better during the night (= paradox)!

- **Night-time breathing interruptions (sleep apnea) due to mini right-heart myocardial infarction:** A coupling of the muscle of the right heart chamber with the diaphragm causes breathing to stumble > sleep disturbances (See chapter on the heart p. 117 and chapter on the diaphragm p. 204.)
- **Nightly breathing interruptions because of falling asleep of the soft palate** and hindrance of air flow, usually occurring with the obese. Loud snoring alternates with abnormally-long breathing lapses > sleep disorders.
- **Hyperfunction of the thyroid, adrenal cortex, or adrenal medulla** > sympathicus function is raised > sleep disorders.
- People with sleep disorders are often afraid of dying. *"Sleep is death's little brother!"* > Coming to terms with one's own death or with dying.

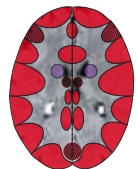
Therapy for sleep disorders

- Do enough exercise to make the body tired in the evening. Spend the evening quietly (without TV or computer). Do not eat too late.
- Always go to bed at the same, early time.
- Perform a switch-off ritual: For example, take several deep breaths in bed, review the day, say farewell to the day, and then "switch off."
- Bach-flowers: hornbeam, impatiens, olive; in the active-phase, Star of Bethlehem.
- Place lavender sachets near the head.
- Make sure the feet are warm (foot bath, socks).
- Teas of valerian, Melissa, hops, lavender, fennel, etc.
- Keep feet warm (foot bath, socks).
- Hildegard of Bingen: Eat two tablespoons of poppy seeds a day. Head compresses with yarrow, fennel seeds, sage leaves (possibly tea).
- Natural borax internally. • CBD oil (Cannabidiol).

SBS of the Muscle and Nerve Supplies



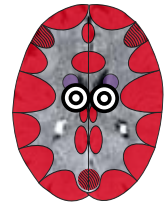
Facial Muscles
Cortex/Medulla (-/+)
**Motoric Conflict,
Self-Devaluation
Concerning One's Face**



Paralysis of the facial nerve (facialisparese)

Conflict	Motor conflict, self-devaluation: fear of losing one's face.
Examples	→ <i>Somebody disgraces himself in front of the family, in his circle of friends, or in front of his colleague at work.</i> → <i>"Just look at yourself!" "Look at them there."</i>
Tissue	Voluntary (striated) facial muscles—ectoderm (motor control), mesoderm (nutrition).
Conflict-active	Partial or general paralysis of the facial muscles (= facialisparese). The most common symptom: on the affected side, the corner of the mouth hangs down. Light cases are common.
Biol. meaning*	A paralysis of the facial expression results in a "poker face" showing no emotions. This way the "game" can be won in the end.
Healing-phase	Return of the feeling in the nerves. Attention: Sometimes the paralysis does not show itself until the beginning of the healing-phase or after the healing-crisis = hot stroke (see below).
Healing-crisis	Twitching, cramps
Remark	In CM, facial paralysees are often seen as "strokes." Watch for "handedness" (right or left).
Therapy	See trigeminal neuralgia I.

SBS of the Muscle and Nerve Supplies



STROKE (APOPLECTIC INSULT)¹

According to CM, a stroke is either caused by a closed-off blood vessel (not enough oxygen to the brain area = ischemic infarct) or a brain hemorrhage (intracerebral bleeding). The result: loss of nerve cells.

From the viewpoint of the 5 Biological Laws of Nature, blocked vessels are much rarer than generally believed. The blood vessels of all organs, including those of the brain, are arranged in a net-like formation. Should a vessel occlusion occur, it is "corrected" by the so-called collateral vessels and the formation of new vessels. Bleeding in the brain (intracerebral bleeding) is also rare, according to Dr. Hamer. Doctors often vainly seek brain hemorrhages, thus, some blood vessel is blamed, because nothing else is found.

We know of two types of stroke. A motor conflict causes both of them. The first and rarer type is the so-called cold stroke = paralysis in conflict activity. The second and more common type is the so-called hot stroke. This occurs in the healing-phase.

Cold stroke¹

Striated Musculature
Cerebral-cortex (-/+)
Motor conflict



Conflict

Motor conflict. Fear of restriction. Conflict of not being able, allowed or willing to move.

Facial muscles: to be made a fool of.

Shoulder-back-musculature: to be unable to avoid someone or something.

Leg and arm bending and pulling musculature (adductors):

To be unable to hold onto something or somebody, to draw him close, to hug him.

Leg and arm stretching and splaying musculature (abductors):

To be unable to escape from, push away, or fend off somebody or something.

Legs in general: To be completely at a loss. To be unable to get away, escape, or catch up. To be unable to run fast enough, climb, go up or down, dance, jump, keep one's balance, etc.

Tissue

Voluntary (striated) musculature–cerebral-cortex–ectoderm (innervation) and cerebral-medulla–mesoderm (nutrition).

Conflict-active

Paralysis is often just a weakness of the affected muscle group = cold stroke. Signs of sympathectomy such as cold hands, compulsive thinking, light sleep, loss of weight, etc. CM normally does not call these paralysis strokes—instead, they go under names like MS (multiple sclerosis) or ALS (amyotrophic lateral sclerosis).

Biol. meaning

The "play dead" reflex: Many animals pretend to be dead when being chased or when the situation is hopeless (e.g., fawn, mouse, snake). The pursuer then gives up or does not even see his prey. Carnivores—cats, for example—are only interested in "moving objects." When the danger has passed, the paralysis ends.

¹ Cf. Dr. Hamer, Charts, pp. 138, 139, 143, 144

Healing-phase	Resumption of nerve supply. The paralyses improve only gradually because the nerve connections (synapses) in the brain have become overstretched (dissociated) by the healing edema.
Healing-crisis	Convulsions, cramps, epileptic seizure or many seizures.
Remark	Consider "handedness" (right or left) and side (mother, child, or partner). The muscle groups most affected point to the conflict. For example, if the right adductors are affected, for a right-handed patient it is about the conflict of not being able to hold the partner (people other than the mother and child). Other organs and/or a brain relay can also play a role: If the person's speech is impaired, for instance, it is a fright-fear or speechless conflict in the healing-phase. Memory gaps (absences) can also lead to a diagnosis of stroke = separation conflict in healing-crisis.
Therapy	See remedies for paralysis, p. 309.

Hot stroke²

Same SBS as above or another SBS, for example, brain edema (healing-phase) in the cerebral-medulla > compromise of the motor function in the adjacent cerebral-cortex > motor skills cease to function > CM's "stroke".

Examples

- *From the beginning, the right-handed patient is brought up strictly by his dominant mother. At his first chance, he flees from home. He is an only child and feels responsible for his mother. If he does not visit her often enough he feels guilty = motor conflict, not being able to shake off his mother. Two years after his mother's death, the 59-year-old patient has a stroke, which he barely survives = healing of the motor conflict. Especially affected are the abductors of the arm and leg on the left mother/child-side. (Personal archive B.Eybl)*

- *For twenty years, the 45-year-old, right-handed patient works for a company against his will = motor conflict, not being able to go in the direction that he wants to go, not being able to get away from the firm. Finally, he resigns so he can open his own business (lifelong dream), but it never comes to that. On the very day the business opens, he gets a stroke = healing of the motor conflict. Mainly affected is the right partner-side. (Personal archive B.Eybl)*

Phase

Healing-phase: Hot hands and feet, increased appetite, possibly fever, dizziness, and headache -signs of vagotonia. The most frequent symptom is a one-sided paralysis of the arm or leg. The HF in the brain swells up from edema and compromises its surroundings. After years or decades of conflict activity, the healing-phase comes to the drama of a stroke. The price to be paid for the long-lasting conflict activity is usually incomplete recovery, sometimes even the death of the patient due to the brain edema. If a CTT scan is made, this edema is often wrongly diagnosed as "intracranial bleeding."

Therapy

In the acute phase: The conflict has been resolved. Accompany the healing! See healing-phase at the brain level, p. 56.

After the acute phase: On the physical level, CM does the right thing: Rehabilitation measures -physiotherapy, massage, swimming, etc. Practice, practice, practice, but with the right attitude!

From a psychological point of view, the patient has indeed resolved one or more major conflicts; otherwise he wouldn't have had a stroke. However, the paralyses or other losses usually mean a new conflict for the patient, especially if progress begins slowly.

For example, a motor conflict: "My left leg is worthless now!" Genital conflict: "I can't even do anything in bed anymore." "My wife will start looking for somebody else!" > Accept the situation as it is, but nevertheless, believe in healing and improvement.

Resignation is just as bad as expectations that are too high.

² Cf. Dr. Hamer, Charts pp. 138, 139, 143, 144

Inflammation of the brain (encephalitis)*

According to CM, this is an infection by viruses or bacteria (e.g., Borelli). The fact is, however, that the brain is the only germ-free region of the body.¹ According to Dr. Hamer, a lumbar puncture (spinal tap) often leads to encephalitis.

Conflict	Depends on the part of the brain.
Tissue	Brain and/or meninges.
Phase	Healing-phase: Every HF in the healing-phase causes some sort of encephalitis, especially when several conflicts go into healing at the same time, which often happens (spring-cleaning of the brain). This has nothing to do with "infection."
Therapy	The conflict is resolved. Accompany the healing-phase! See healing-phase at the brain level, p. 56.

¹ Due to the so-called blood-brain block-off

Inflammation of the covering of the brain (meningitis, encephalomeningitis)*

According to CM, meningitis is a viral or bacterial infection of the brain linings (meninges) and encephalomeningitis is an inflammation of the brain and spinal cord and their meninges. The primary symptoms are a strong headache and stiff neck; the stiffness of the neck points to a healing CS. Skull bones and CS have the same conflict content.

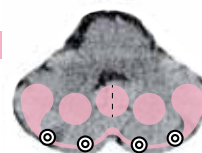
Conflict	Moral intellectual self-worth conflict. (For examples and phases, see p. 294.)
Phase	Healing-phase: The healing skull bone (calotte) builds tissue fluid, which lifts the linings of the brain (meninges) and presses them inwards toward the brain > strong headache.
Remark	Aggravation by syndrome! Difficult differentiation from the normal healing-phase of the brain. The meningitis possibly also comes from something else, such as the trigeminal nerve.
Therapy	The conflict is resolved. Accompany the healing-phase! See healing-phase at the brain level, p. 56.

Hydrocephalus (water on the brain)*

In the case of hydrocephalus, the ventricles for cerebrospinal fluid (CSF) (subarachnoid space) are widened because of a drainage disturbance caused by a narrowing (stenosis), most often in the area of the 4th ventricle between the brainstem and the cerebellum.

Conflict	Active refugee or existential conflict and possibly more conflicts in the healing-phase (= syndrome).
Phase	Healing-phase: One or more HFs in the brainstem or cerebellum cause a demand for more space due to a very intensive healing-phase with syndrome.
Therapy	Resolve the refugee or existential conflict. Accompany the healing-phase. See healing-phase at the brain level, p. 56. In CM, during a shunt surgery, a small plastic tube is implanted into the brain so that fluids can drain. Surely, this is the last means to be chosen.

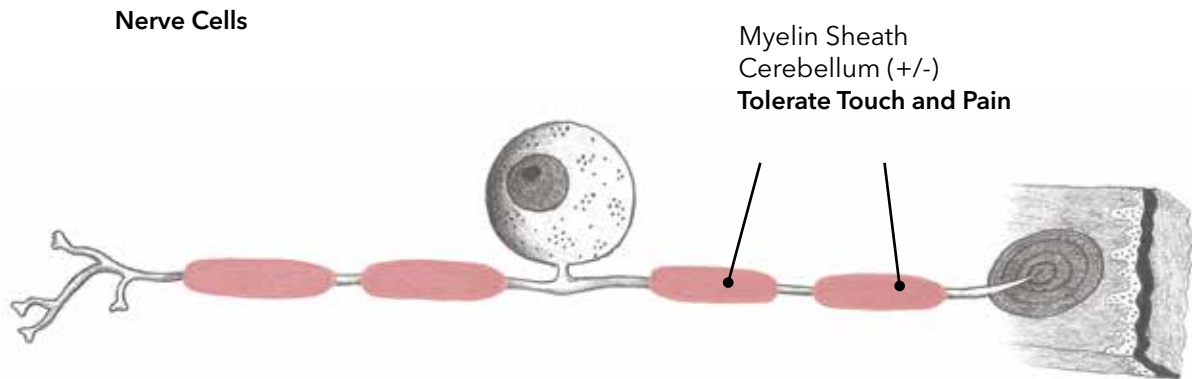
SBS of the Nerve Sheath



"Nerve tumor" (neurofibroma)¹

In the peripheral nervous system, the nerve extensions (axons and neurites) are bundles of nerve fibers. They are surrounded by protective myelin sheaths, formed from so-called Schwann cells. A neurofibroma is a "tumor" of this connective tissue-like nerve sheath.

¹ Cf. Dr. Hamer, Charts, pp. 45, 50



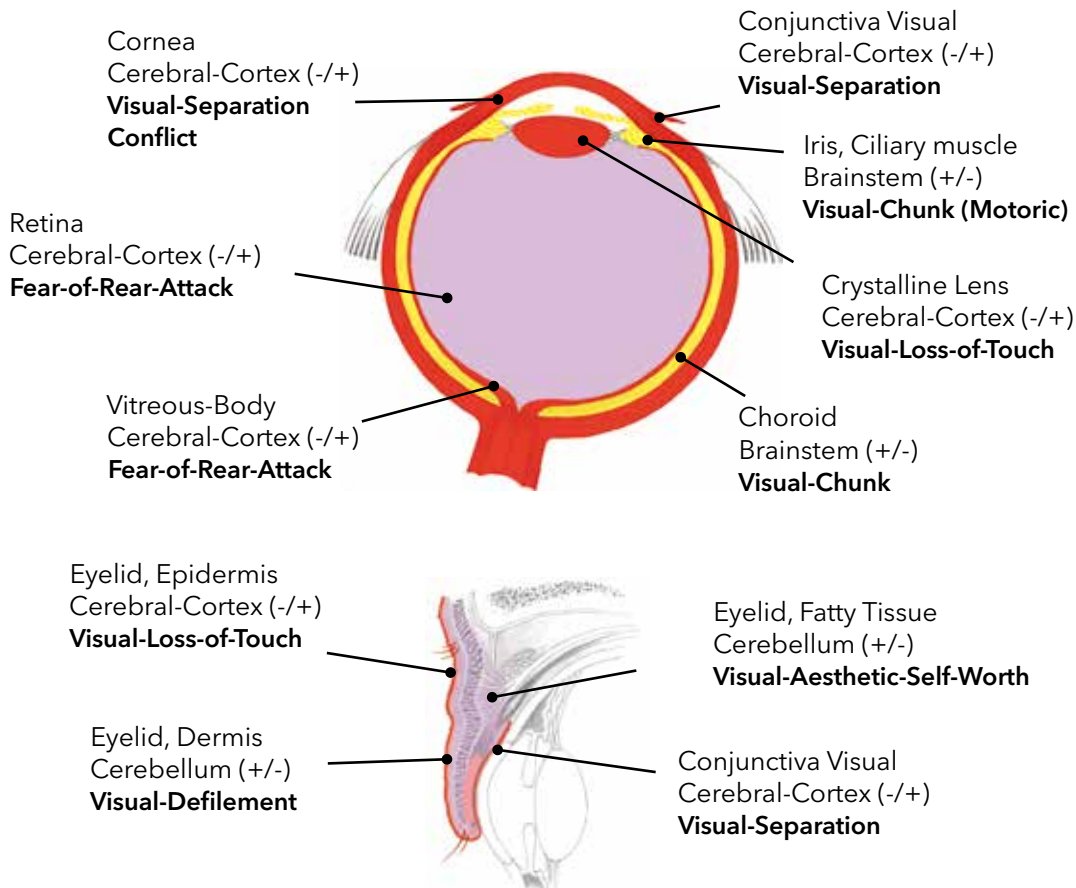
Conflict	Contact or pain conflict. Conflict of perceiving touch as painful, unpleasant, or undesirable. Explanation: The most intense contact is a pain attack (shock, impact, fall, etc). Also, bone pain can start this SBS. To protect the organ, the organism can "turn off" the peripheral sensitivity (= pain).
Examples	→ A woman is beaten by her husband. → Someone hits his head with something in a very painful manner. • <i>Neurofibroma on the spinal column: The 66-year-old, married retiree is on a ski vacation when he suddenly feels violent pain in the area of the thoracic vertebrae in the night. With an MRI, a hazelnut-sized neurofibroma between the 7th and 8th thoracic vertebrae is diagnosed; due to the dramatic pain, it is removed in a risky surgery. Conflict history: 2½ years ago, he climbs an apple tree to clean a birdhouse that he had once attached at a height of 3 meters. Unfortunately, he slips and falls—on his chest vertebrae—on a big branch, "the next floor down" and from there, to the ground. In doing so, he suffers the "worst pain of his life" = pain conflict. For two months, life is only bearable with the aid of pills = active-phase—growth of a neurofibroma. A little bump appears on his spine. Two and a half years later, the patient comes into healing, because he slowly forgets the accident. During his vacation, he distances himself from the place of the accident = beginning of the healing-phase with degradation of the neurofibroma > inflammation, pain > surgery. (Personal archive B.Eybl)</i>
Tissue	Myelin sheath—cerebellum—mesoderm.
Conflict-active	Thickening of the myelin sheath at the affected spot via cell division of Schwann cells = neurofibroma. Thickening of the isolation layer leads to pain numbness (anesthesia). It is difficult to distinguish between this kind of numbness to pain and deafness in the active-phase of a separation conflict. (See p. 269.)
Biol. meaning	The thickening of the nerve isolation eases the intensity of the pain or unwanted touching and blocks off the pain.
Healing-phase	Restoration of sensitivity with possible over-sensitivity at the beginning. The neurofibromas remain or are removed by bacteria. What remains is a bump.
<u>Neuropathy</u>	According to CM—a nerve disease. According to NM: convulsions, paralysis = SBS of the muscles, see. pp. 307ff. Numbness, tingling, pins and needles = SBS of the epidermis, pp. 269ff.
Therapy	Determine the conflict or track and resolve it in real life, if possible (should it not have been already resolved). Guiding thought: "A protective coat shelters me. I only let those who are good to me get close to me!" Externally, St. John's wort oil, meadow flower decoction. If inflamed, compresses of sour clay, pot-cheese, white cabbage leaves, etc. Lymph drainage massages. Hildegard of Bingen: oil of violet. Sx is risky.

EYE

The eye is probably the most complex organ of the body. Tissue types from all three germ layers lie close together. All of the different structures of the eye serve a single purpose: sight. Dr. Hamer has discovered an unbelievable amount about the eye but much research remains to be done. According to the Berlin ophthalmologist Dr. Kwesi Anan Odum, the

emotionally most intensive conflicts are reflected in the innermost regions of the eye, such as the optic nerve and the retina (increase in intensity from the outer area inwards).

In the following, text marked with "***" represents the findings of Dr. Odum. (Contact: k.odum@gomedus.at)

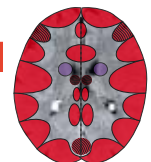


SBS of the Eyelid and/or Conjunctiva

Inflammation of the eyelid (blepharitis), pink eye (conjunctivitis)¹

Conflict	Visual-separation conflict, losing sight of someone.
Examples	• While his parents are on vacation, a child is sent to his grandparents = visual-separation conflict. Two days after the parents come back, he contracts conjunctivitis = healing. (Personal archive B.Eybl)

¹ Cf. Dr. Hamer, Charts pp. 119, 132



- *The patient's partner suddenly develops a passion for a certain hobby, which does not please her at all = visual-separation conflict—the partner has distanced himself from her. She has lost sight of him. When the matter becomes unimportant to her, she contracts conjunctivitis = healing-phase. (Personal archive B.Eybl)*
- *For the last three weeks, the 49-year-old, right-handed patient has been suffering from severe conjunctivitis of both eyes.*
Conflict history: In the patient's family, everyone used to join together on All Souls' Day, which the patient found to be very pleasant. Unfortunately, for the last eight years, this meeting has no longer taken place = visual-separation conflict. Three weeks ago, for the first time, the All Souls' meeting took place again. The patient was very happy to see everybody again = beginning of the healing-phase. His eye doctor had treated him in vain with antivirus medicine; in the hospital, he had been treated with cortisone. He is relieved as he begins to understand the psychic interconnections.
- *A 55-year-old man has just returned from vacation and has to go on another trip. He would rather stay at home with his wife, who is suffering from headache and dizziness = visual-separation conflict. On the last day of the trip, his eyelids become very swollen, so that he has to go to the eye emergency care, as soon as he gets home = beginning of the healing-phase. (Personal archive B.Eybl)*

Tissue	Eyelid/conjunctiva or epidermis—cerebral-cortex—ectoderm.
Conflict-active	Cell minus (ulcer) in the conjunctiva or in the eyelid. Numbness to pain (hypoesthesia), dry eyes, scales.
Biol. meaning	The person, who has been dropped from sight, should be forgotten temporarily through numbness and insensitivity.
Healing-phase	Conjunctivitis, eyelid inflammation, restoration, pain, reddening, itching—actually a squamous cell cancer.
Remark	The conjunctiva can also become inflamed through mechanical irritation, strong sun radiation, or because of dry eyes—adaptation reaction. Consider parent-child or partner site or local conflict. Allergic conjunctivitis is again “triggered” by a track. Someone lost sight of his love in spring. Pollen time—pollen allergy.
Therapy	The conflict is resolved. Accompany the healing-phase and avoid relapse. Cold compresses, compresses, and possibly eye baths with decoction of eyebright or horsetail. Lymph drainage massage Schuessler salts: No. 3, 4, 11. MMS internally. Colloidal silver instilling internally and externally in the eye. Avoid sun and wind. Kanne Bread Drink. Hildegard of Bingen: Special recipe from “rebtropfen” and franconian wine. Apply antibacterial eye drops, if the healing-phase becomes too intense (painful).

MC (molluscum contagiosum)*

Same SBS as above

MC causes wart-like growths on upper and inner lid of the eye with a central dipping.

Phase	Healing-phase —Hanging-healing of the upper lid caused by a visual-separation conflict. Excessive repair > growth of warts.
Therapy	Find out what the conflict is and resolve it in real life, if possible, so that no new growths appear. Guiding thought: <i>“I am bound to all of the people that I like. An invisible band binds us, even when we are not together.”</i> Surgical removal, if the warts are mechanically or aesthetically disturbing.

Pterygium*

Same SBS as above. (See pp. 71-72)

A pterygium is a growth on the conjunctiva that spreads from the edge toward the pupil and can restrict vision.

Phase **Hanging-healing** of the conjunctiva

Therapy Find conflicts and tracks, Sx (outpatient) when the visual field is disturbed. Nevertheless, work on conflict resolution, otherwise it can grow back.

Pingueculum*

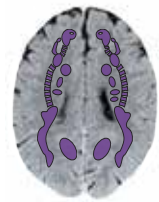
Same SBS as above. (See pp. 71-72.)

Yellowish colored thickening of the conjunctiva on the inner or outer corner of the eye (lid division).

Phase **Hanging-healing** of the conjunctiva

Therapy Also in CM, Sx is seldom considered because patches mostly interfere aesthetically only.

SBS of the Fat Tissues



Wart-like fat deposits on the eyelid (Xanthelasma)*

Conflict* Self-worth conflict regarding the aesthetics of the eye or the face.

Example → A woman examines her face in the mirror and notices that she has wrinkles around her eyes.

Tissue Eyelid inner skin and fat tissue—cerebral-medulla—mesoderm.

Conflict-active Demise (necrosis) of the fat tissue.

Healing-phase **Hanging-healing:** Reconstruction, that is, building up fat tissue. As with bones, the same happens with fat tissue: Repair is generous and additional material is added (luxury group). Development of xanthelasma.

Biol. meaning Increase in the fat covering. In the eyes of Mother Nature, *"being fat is good and attractive."* An animal that succeeds in adding fat is successful and desirable. An animal gets thin on its own when it becomes old and weak.

Remark Consider "handedness" (right or left) and side (mother, child, or partner), or local conflict. Danger of a vicious circle, because the xanthelasma itself is regarded as disturbing and disfiguring.

Therapy Find out what the conflict is or track and solve it in real life, if possible, so that no new growths appear.

Guiding thought: *"I am satisfied with my looks and my eyes!"*

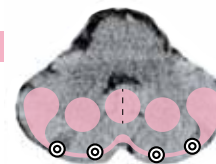
"The brightness of the soul is more important than my appearance!"

"Milky Way" therapy

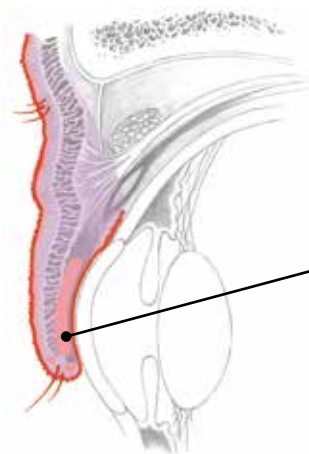
Bach-flowers: larch, crab apple. Possibly, surgical removal.

SBS of the Dermis

Hordeolum (styes) and chalazion*



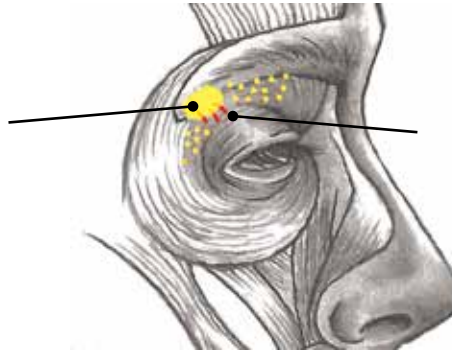
In the upper and lower eyelids, next to the eyelashes, lie the sebaceous glands: the so-called glands of Moll (which service the eyelids), the glands of Zeis (which are sweat glands), and the Meibom glands (which prevent tears from drying up). An oily film prevents tear fluids from passing the edge of the lid. (The oil repels the watery tear fluids.)



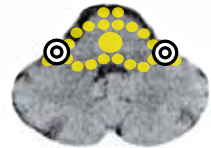
Sebaceous & Sweat Glands
Cerebellum (+/-)
**Visual-Defilement-
Integrity concerning
the lubrication of the eye ***

Conflict	Visual-defilement conflict. Damaged integrity of the eye. Or conflict that the eye is drying out.
Examples	→ A child sees the constant quarreling of his parents—visual-defilement. → A manual worker is hit in the eye by a metal splinter. → Verbal attack with regard to appearance or the eye. • A girl sees a mouse torn to pieces by a cat—visual-defilement. During the healing-phase, the girl is suffering from a hordeolum. (Personal archive B.Eybl)
Tissue	Eyelid dermis—cerebellum—mesoderm.
Conflict-active	Thickening of the outer layer of the eyelid and enlargement of the Moll, Zeis or Meibom glands (sebaceous gland ca). Increased production of sebum.
Biol. meaning	Thickening of the corium/dermis of the eyelid leads to better protection of the eye. With more sebum, the eye can be better oiled.
Healing-phase	Inflamed-tubercular-caseating degradation via fungi and fungal-bacteria, pain = sty. Recurring-conflict: Inflammation with inclusions of connective tissue (granulating inflammation)—chalazion.
Remark	Consider “handedness” (right or left) and side (mother, child, or partner).
Therapy	The conflict is resolved. Accompany the healing-phase and avoid relapse. Cold compression. If acute: MMS, colloidal silver internally and externally instill in the eye. Bach-flowers: if chronic, crab apple. If chronic: Cayce: hot castor oil packs. Compresses and possibly eye baths with eyebright, chamomile, and horsetail. Smear with honey. Lymph drainage massages, Schuessler salts: No. 3, 9, 11.

Lacrimal Glands
Brainstem (+/-)
Visual-Chunk Conflict



Lacrimal Ducts
Cerebral-Cortex (-/+)
Visual-Recognition



SBS of the Lacrimal Glands

Lacrimal gland tumor, lacrimal gland inflammation (dacryoadenitis) ¹

Each eye has one lacrimal gland, about the size of a hazelnut, and 20-30 small (accessory) lacrimal glands. The tear fluids they produce moisten, nourish, and cleanse, the conjunctiva.

Conflict	Visual-chunk conflict. To be unable to grasp (right eye) or to get rid of something (left eye). Simple: You cannot see something you would like to see or seeing something you don't want to see.
Examples	• <i>The single young woman suffers because she must regularly visit her aging parents, on the one hand, and an old friend, on the other hand—Chunk conflict of wanting to get rid of the old friend (something uncomfortable) > cell division in the left lacrimal gland > weeping left eye. (Cf. Claudio Trupiano, thanks to Dr. Hamer, p. 291)</i>
Tissue	Lacrimal glands—brainstem—endoderm.
Conflict-active	Growth of a cauliflower-like tumor (adeno-ca) of secretory quality on the lacrimal glands.
Biol. meaning	With more tear fluid, the seeing impression can be better salivated and better ingested (or gotten rid of).
Healing-phase	Inflammation of the lacrimal glands, tubercular-necrotic caseation of the tumor, purulent tears, pain, and possibly less night sweat.
Therapy	By inflammation: the conflict is resolved. Accompany the healing-phase and avoid relapse. Apply cold compresses and curd packs. Lymph drainage massages, MMS. When in distress—possibly antibiotics or surgical removal.

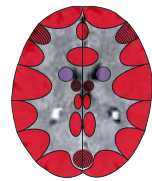
The drying up of the lacrimal fluids (mucoviscidosis of the lacrimal glands, xerophthalmia, Sjogren's Syndrome, keratoconjunctivitis sicca)*

Same SBS as above. Other causes of dry eyes, see p. 76.

Phase	Recurring-conflict— hanging-healing . More and more glandular tissue breaks down and is replaced by inferior scar tissue > a drying up of the lacrimal fluids > dry eyes.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life so that the remaining glandular function is preserved or the lacrimal glands can regenerate. Eye baths with eyebright, black cohosh (cimicifuga racemosa) and horsetail. Lymph drainage massage to stimulate fluid production.

¹ Cf. Dr. Hamer, Charts, pp. 18, 33

SBS of the Tear Gland Ducts



Inflammation of the tear gland ducts¹

The main tear gland's 10 -12 excretory ducts lead into the eyes from the upper sides.

Conflict	Wanting to be seen or to not be seen.*
Tissue	Tear gland ducts—squamous epithelium—ectoderm.
Conflict-active	Ulceration, painful tension in the tear ducts (gullet-mucosa-pattern).
Biol. meaning	Through the degradation of cells, the ducts' width is increased > better flow of tear fluids.
Healing-phase	Restoration of cell loss. Inflammation, possibly swelling of the ducts, with accompanying blockage of tear fluids > can give the impression of a tear gland infection.
Remark	Consider "handedness" (right or left) and side (mother, child, or partner), or local conflict.
Therapy	The conflict is resolved. Accompany the healing-phase and avoid relapse. Cold compresses, curd and flaxseed packs, lymph drainage massages.

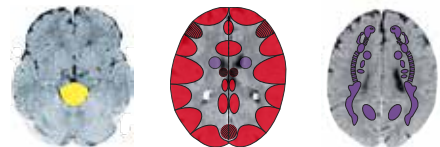
¹ Cf. Dr. Hamer, Charts, pp. 123, 136

Dry eyes^{*}

Most often caused by a "modern" lifestyle, sometimes by conflicts:

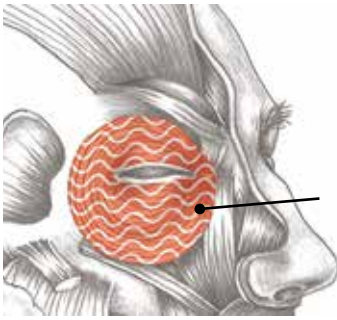
- **Side effects of medication:** In particular blood pressure medications, "the pill" (birth control), diuretics, anti-depressants, vasoconstrictive eye drops, etc.
- **Age-related estrogen deficiency:** One of the signs of aging is increased dryness of the body, due to a dropping of hormone levels (especially estrogen). The mucous membranes are affected.
- **Working on the computer and watching television** cause a decreased rate of blinking > dry eyes for lack of moistening.
- **General sympathicotonia or deprivation of sleep** > dry eyes (moist eyes in vagotonia).
- **Not enough of the "charms of nature":** light, water, wind, etc.
- **Shortage of exercise:** slowing the general metabolism, including the tear apparatus.
- **Conjunctiva** in the conflict-active phase: a feeling of dry eyes (p. 71).
- **Lacrimal glands** in hanging-healing (p. 75).
- **Meibomian glands:** After too many conflicts, the sebum remain limited > to thin layer of fat (lipid layer) > dry eyes (p. 74).

SBS of the Eyelid Muscles

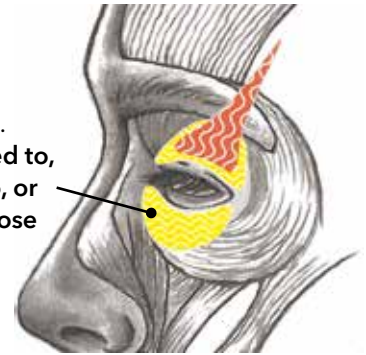


Because of their vulnerability and importance, the eye is protected with two shielding systems: the inner shield is the iris musculature and the outer shield is composed of the upper and lower eyelids.

- According to CM, the voluntary (striated) eye-closing muscle (M. orbicular oculi) is responsible for closing the eyes. Unconscious closing of the eyes (blinking) functions through a special nerve connection to the brainstem.
- Two muscles are responsible for opening the eyes. According to CM, the M. tarsalis superior and inferior is an involuntary muscle, which unconsciously opens the eye when we blink. The voluntary M. levator palpebrae allows us to deliberately or consciously open our eyes or hold them open.



Eyelid-opening m.
Not being allowed to, not being able to, or not wanting to, hold the eyes open*



Eyelid-closing m.
Not being allowed to, not being able to, or not wanting to close the eyes*

Inverted eyelid (entropion, trichiasis)*

The task of the eyelid-closing muscle (M. orbicularis) is to close the eyelids.

When this muscle is under increased tension, the eyelashes can turn inward and rub painfully against the connective tissue (entropion).

Conflict* Not being allowed to, not being able to, or not wanting to close the eyes.

Examples • *The nearly 80-year-old, former entrepreneur, despite his age, must earn extra money by working as a night watchman. His duty usually lasts the entire night—conflict of not being able to close one's eyes. When he comes home in the morning, his eyes drop closed from tiredness and he sleeps for a few hours. In the last 5 years of his career as a night watchman, an entropion has developed. The lower lids of both eyes have inverted, so that the eyelashes rub painfully on the connective tissue, which then becomes inflamed. When he reaches the age of 80, the patient really retires and can sleep every morning as long as he wants. The tension of the lids relaxes and the entropion retreats without a trace. (Personal archive B.Eybl)*

→ *A long-distance driver must drive every night.*

→ *A welder is distracted and looks into the glaring light.*

Tissue/Phase Eyelid-closing muscle (M. orbicularis oculi)—voluntary (striated) muscle—following completed healing or during **hanging-healing** > increase of tension > eyelashes invert.

Therapy Find out what the conflict and/or tracks are and, if possible, resolve in real life.
Guiding thoughts: *"There's no harm in a little nap." "When I'm tired, I just lie down and close my eyes!"*

According to Richard Wilford: Dissolve saffron in milk and make an eye compress. Compress of tea made from horsetail, comfrey, chicory, or pot marigold (calendula). CM reins plaster or Sx, if the conflict resolution fails and gentle measures do not help.

Outward-turned eyelid (ectropium)*

A diminished tension of the eye-closing muscle leads to a limp, outward hanging lid (ectropium). This leads to weeping eyes because the tear fluids can no longer flow off.

Conflict* Not being allowed to, not being able to, or not wanting to close the eyes. (For examples, see above.)

Tissue Eyelid-closing muscle (M. orbicularis oculi)—voluntary (striated) muscle—mesoderm (nutrition), ectoderm (nerve supply = innervation).

Phase **Conflict-active phase:** Muscle degeneration and paralysis > the eyelid falls limp toward the outside.

Therapy	Possibly incomplete closure (lagophthalmus) of the eye due to paralysis of the M. orbicularis. Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Guiding thoughts: see above. Hildegard of Bingen: Lay fresh-from-the-morning-dew rose petals on the closed eye. Compresses or eye-baths of tea made from horsetail, eyebright, comfrey, or chicory. CM Sx, if the conflict resolution fails and gentle measures do not help.

Drooping eyelids (Ptosis)*

Affected is the voluntary M. levator palpebrae.

Conflict*	Self-worth conflict of not being able to, not being allowed to, or not wanting to, keep the eye open. To have overlooked something. Not having been wide awake.
Example	→ <i>A mother tells her child, "Keep your eyes open! Next time, you're going to get hit by a car!"</i> → <i>Somebody has to work at night and he is so tired that he cannot keep his eyes open.</i>
Tissue	Eyelid lifting muscle M. levator palpebrae–voluntary (striated) muscle–cerebral-cortex – ectoderm (nerve supply = innervation) and medulla mesoderm (nutrition).
Conflict-active	Drooping eyelid caused by paralysis or deterioration of the M. levator palpebrae.
Healing-phase	Restoration, eyelid tremor in the healing-crisis. In hanging-healing possibly incomplete eye closure.
Biol. meaning	The muscles strengthen, so that in the future the eye can be held open at decisive moments (luxury group).
Remark	Consider "handedness" (right or left) and side (mother, child, or partner), or local conflict. The drooping of both eyelids is sometimes preceded by a generally reduced sympathethic nervous system. In this case it may not be an eyelid conflict, but for example a thyroid hyperfunction. (See p. 108)
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Guiding thoughts: <i>"I forgive myself for having overlooked something!" "I only have two eyes!" "I go to sleep and wake up when it suits me!"</i> For further measures, see below.

Jittering eyelid (eyelid tremor)*

Possible causes

- Healing-crisis of the M. orbicularis (see inward and outward-turned lids).
- Healing-crisis of the M. levator palpebrae and/or the M. tarsalis (see above).

Example	• <i>The 49-year-old, right-handed patient works for a gynecologist. Her working day starts at 7 a.m. and lasts until 10 p.m. Sometimes she has no lunch break because there is so much to do in the office. The patient is suffering from an extreme deficiency of rest and sleep–conflict of not being able to close one's eyes. During this period, the eyelid tremor starts up: during quiet moments, the lashes of the right upper lid (partner side) pull together trembling = healing-crisis. It is the right eye, because her boss is responsible for the shortage of sleep and rest. Since then, this symptom appears again every time the patient gets too little sleep and rest. (Personal archive B.Eybl)</i>
Therapy	If the symptoms return, find out what the conflict and/or tracks are and, if possible, resolve them in real life so that the hanging-healing comes to an end. Magnesium chloride (MgCl₂) foot bath. Rose leaves taken as tea or applied externally as decoction-compress. Internally: Magnesium, calcium, vitamin B complex, Schuessler salt no. 7.

Weeping eyes (epiphora)*

Possible causes

- **General vagotonia** > increased flow of tears.
- **Mechanical irritation**, wind, foreign bodies > the body tries to "rinse away" the foreign body.
- **Conjunctiva or cornea** in the healing-phase (see pp. 71, 84).
- **Lacrimal glands** in the active-phase due to increased production of tear fluid = dacryorrhea (see p. 75).
- **Meibomian glands**: After too many conflicts, the sebum remain limited > too thin layer of fat > "overflowing" of the tear fluid (see p. 74).

- **Obicularis oculi**-Striated portions in an active-phase: the tears cannot be transported (see above).
- **Lacrimal gland excretory ducts** in the active-phase. (see p. 76).

Therapy

Depending on the cause: Compresses or eye-baths of tea made from eyebright and yarrow.

Hildegard of Bingen: Celery-fennel-porridge special recipe.



SBS of the Pupil Musculature

The involuntary pupil muscles (old intestinal muscles) form the eye's inner aperture system.

They regulate the amount of light falling on the retina. There are two opposing players here: the pupil-closing muscle (M. Sphincter pupillae) and the pupil-dilating muscle (M. dilatator pupillae).

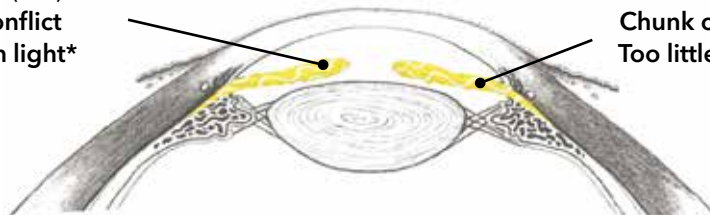
The pupil-closing muscle is parasympathically innervated. It becomes tense during rest, thereby narrowing the sight opening. Tired and relaxed people have small pupils. The task of this muscle is to choke off the incoming light when it is too bright.

The pupil-dilating muscle is sympathically innervated. It becomes tense when the individual is active. People, who are fully awake, under stress, and/or under the influence of drugs have large pupils. The task of this muscle is to widen the sight opening so that more light falls on the retina when it is dark.

From their tasks we can draw conclusions about their conflict content.

Pupillary Constrictor Muscle
Midbrain (+/-)
Chunk conflict
Too much light*

Pupillary Dilator Muscle
Midbrain (+/-)
Chunk conflict
Too little light*



Night blindness, excessive pupil constriction (miosis)*

Conflict*

Chunk conflict

Right eye: Too much light. Not getting the chunk because it is too bright.

Left eye: Too much light. Not being able to get rid of what one does not want or rejects because it is too bright. Not being able to avoid something unpleasant or dangerous because it is too bright.

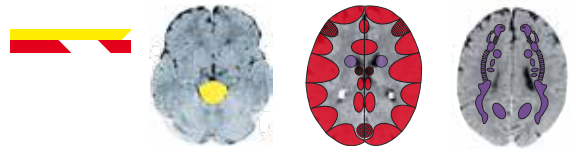
In a figurative sense: You want to hide something from the eyes of others (under the cover of darkness). For some reason you dread the public eye. Not wanting to see the dark side. Fear of dark side in oneself or in other people.

Examples	→ <i>Too much light due to an actual brightness-shock, such as being blinded by the sun or a welding machine.</i> → <i>A simple laborer falls in love with a rich industrialist's daughter but she rejects him because he has too little to offer > not being able to have one's dream woman. The right eye is affected.</i> → <i>A man hides that he has served jail time for theft from his employer. He is afraid that he wouldn't have a chance in the firm otherwise. The matter comes to light anyhow > too much light on the past. The left eye is affected.</i>
Tissue	Pupillary constrictor muscle–involuntary muscle–midbrain–endoderm.
Conflict-active	Constriction of the pupil (myosis) due to constant tension in the pupil-closing muscle, possibly night blindness.
Biol. meaning	Narrowing of the pupil, so that less light comes in. Reducing the brightness so that the "chunk" can be taken better or what one rejects can be better eliminated.
Healing-phase	Normalization of the pupil size.
Healing-crisis	Convulsive pupil behavior.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life.

Over-sensitivity to light, daytime blindness (hemeralopia), excessive widening of the pupils (mydriasis), unevenly shaped pupils*

Conflict*	Chunk conflict Right eye: too little light. Not getting what one covets or wants because of the darkness. Left eye: too little light. Not being able to get rid of what one does not want because it is too dark, or not being able to prevent something unpleasant or dangerous because it is too dark. Frequently figuratively: Cannot put himself in the right light. One gets too little attention. Cannot see or find the spiritual, brightness and luminosity.
Example	→ <i>At the job center, a hard-working, highly-skilled worker with years of experience must compete for a job with an untrained worker–conflict that too little light will be shed on his good qualifications.</i>
Tissue	Pupillary-dilator muscle–involuntary muscle–midbrain–endoderm.
Conflict-active	Constant tension of the pupil-widening muscle > pupil widening (mydriasis). Over-sensitivity to light > light shyness, daytime blindness, the pupils possibly become unevenly shaped.
Biol. meaning	Widening of the pupil, so that more light comes in. Therefore the "chunk" can be better received or what one rejects can be better eliminated.
Healing-phase	Normalization of the pupil size.
Healing-crisis	Convulsive pupil behavior.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Vitamin A in carrots.

SBS of the Outer Eye Muscles



Crossed-eyes (strabismus)*

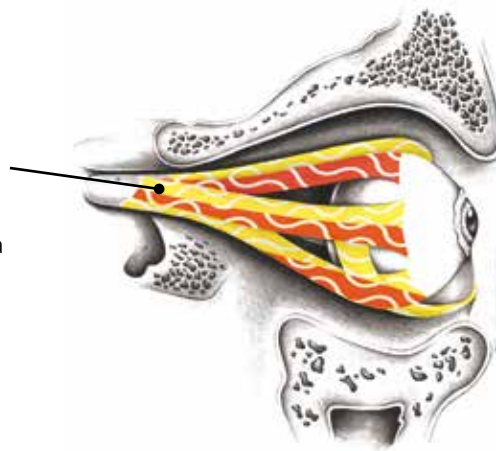
Strabismus comes in varying forms: Crossed-eyes (esotropia), wall-eye (exotropia) and vertical deviation (hypertropia). One or more of the six outer eye muscles are affected:

- The upper erect muscle (M. erectus superior) pulls the eye upwards.
- The lower erect muscle (M. erectus inferior) pulls the eye downwards.
- The inner erect muscle (M. erectus medialis) pulls the eye inwards.
- The outer erect muscle (M. erectus lateralis) pulls the eye outwards.
- The upper diagonal muscle (M. obliquus superior) rolls the eye inwards and lowers it.
- The lower diagonal muscle (M. obliquus inferior) rolls the eye outwards and lifts it.

According to CM, the outer eye muscles are made up of voluntary (striated) muscles.

Extraocular Muscles
Cerebral-Medulla (-/+)
Midbrain (+/-) Innervation
Strabismus

Not wanting to see or not being able to escape someone/thing > Esotropia
Missing and looking for some-body/thing > Exotropia



Examples

- *The parents take their 4-year-old son to the zoo and they come to the tiger cage. The path leads through a kind of cave in which the animals are behind bars. At the entrance, the little child suddenly becomes frightened. Thus, the mother takes him in her arms and carries him in—motor-eye muscle-conflict of not wanting to see the tiger. He clutches onto his mother and turns his eyes to the side, so he does not have to look at the tiger. After the visit to the zoo, the boy is suddenly afraid of the dark. When he watches television, he avoids animal programs. A few days after the zoo visit, the parents notice that the boy often rolls his eyes uncontrollably and has developed a nervous tick (= healing-phase—healing-crisis): he throws his head back and to the left. At the same time, he turns his eyes away. The boy himself finds the tick disturbing, especially when watching television. The parents contact an eye clinic but the symptoms disappear on their own after three weeks. (Personal archive B. Eybl)*
- *A child's parents get a divorce. The baby vainly searches for his mom or dad > outward strabismus or wall-eyes.*
- *A child is taken from his little spot right next to his mother and put to bed in the nursery too soon. He is afraid and searches with his eyes for his mother > strabismus.*
- *A baby has to watch, as he is crying and screaming, while the doctor gives him a shot.*
- *An infant lies in an incubator and must suffer from the glare of a lighting tube.*

Inwards crossed-eyes (strabismus convergens)

Conflict**	Not wanting to see somebody or an unbearable situation. Not being able to escape a hopeless situation-the escape inwards!
Example**	→ <i>A child's parents separate. The mother-child eye is fixated for example on the mother-she is still there. The partner eye turns inward "to take the father into himself."</i>
Remark	Those who are turned inwards are usually affected here (receptive or introverted types).
Tissue	Inner or outer smooth muscle. Involuntary or voluntary muscle parts.
Phase	Unclear because it is unknown which parts are affected. Mostly hanging-conflict activity.

Wall-eyes (strabismus divergens)

Conflict**	One misses someone or something and looks for him or it with the affected eye. "The outward search!" Not being able or wanting to see someone or something.
Example**	→ <i>A child's parents argue constantly—"First the parents diverge and then the eyes!"</i> (Dr. Kwe-si Odum). The wandering eye looks for the father in the distance, for example.
Remark	The affected are usually outward-oriented (leader or extroverted) types.
Tissue	Inner or outer smooth muscle. Involuntary or voluntary muscle parts.
Phase	Unclear because it is unknown, which parts are affected. Mostly hanging-conflict activity.
Bemerkung	The involuntary muscle part of the outer upright muscle is linked to the SBS of the kidneys-collecting tubules. (p. 226) > active kidneys-collecting tubules, for example, of the left kidney > pulling of the left eye outwards = diagnostic clue! The eye can be brought into the correct alignment consciously. (In this case, there is usually not a sight conflict but rather a refugee and existential conflict.)

Strabismus verticalis, strabismus rotatorius (rolling of the eye on its own axis)

Conflict	Not being able to, not being allowed to, or not wanting to, look inwards and downwards, outwards and upwards or roll the eye. Practically speaking: not being able to or wanting to see somebody or something.
Tissue	Upper or lower diagonal muscle. Involuntary or voluntary muscle parts.
Phase	Unclear because it is unknown which parts are affected. Often a hanging-active conflict.

Conclusion

The difficulty with strabismus is that in practice we do not know in which muscle an SBS is running. While the involuntary muscle parts are tense in the conflict-active phase, the voluntary (striated) muscle parts are paralyzed or weakened in the conflict-active phase. In the first case, the result is a strabismus outwards and in the second case, the result is a strabismus inwards. Only in the case where the patient is able to consciously put the eye into the right position, do we know that it is the involuntary muscle part that is affected by an SBS. What we do know for sure, however, is that there is a motor conflict with respect to sight. The patient wanted to look somewhere and was prevented from doing so. Or he wanted to avoid the sight of something and was forced to look (zoo example). The most important question is: *"When did the strabismus first appear?"* The conflict must have occurred before that.

Therapy for strabismus

Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Very important: eye training.¹ Eye patches or bandages over the eyes only make sense for children and then only where there is weak-sightedness (amblyopia). Patches carry with them the danger of follow-up conflicts due to defilement and sight hindrance (it is better if they are only worn at home). A surgery should be carefully considered, for instance, in order to avoid weak-sightedness.

¹ Books by Leo Angart, Mirsakarim Norbekov. See list of resources



SBS of the Choroid

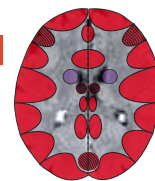
Choroid cancer (uveal melanoma, enteroida adeno-ca), inflammation of the choroid (choroiditis), inflammation or tumor of the iris or the ciliary body (iritis, uveitis), nodules of the pupillary seam, coloboma, iris nevus, melanoma of the iris, optic neurinoma¹

The choroid, iris, and ciliary body are made up of endodermic tissue = historically the oldest part of the eye (the so-called original eyecup). The choroid is basically intestinal mucosa tissue. The iris muscles (= old intestinal muscle) is coated with differently pigmented "intestinal mucosa" (different eye colors).

Conflict	Chunk conflict. Not being able to sufficiently identify what one wants (right eye), or not being able to get rid of seeing something unpleasant (left eye). Simply stated: one would like to see something but cannot (right eye); or one wants to avoid seeing something undesirable (left eye).
Example	• A 17-year-old apprentice in the chemical industry goes to get sandwiches for his coworkers. While he is gone, his workplace is blown up by an explosion. When he comes back, he sees body parts lying all around. Two of his coworkers are dead and one is badly injured—conflict of not wanting to see the situation or wanting to see his coworker undamaged. Five months later, as he gets over the incident, both eyes become inflamed—beginning of the healing-phase. In the hospital he is diagnosed with a choroiditis of both eyes. Since the condition does not improve with cortisone, the doctors recommend chemotherapy. At this point, the family becomes familiar with the 5 Biological Laws of Nature. The young man gradually stops using the cortisone. After 8 months in the healing-phase, everything becomes well again. (Personal archive B. Eybl) • A 6-year-old boy is playing alone in his room as he gets the idea of pulling a plastic bag over his head. Unfortunately, the bag gets stuck and the child becomes afraid because it is dark in there—conflict of not being able to capture the coveted thing (right eye). He screams but his near-deaf grandmother in the next room cannot hear him because she is watching television. In the healing-phase, a choroid inflammation of the right eye is diagnosed. Recurrences occur again and again. For instance, the child always becomes afraid when a sweater is pulled over his head. (Cf. Claudio Trupiano, thanks to Doctor Hamer, p. 171)
Tissue	Choroid, iris, ciliary body—brainstem—endoderm.
Conflict-active	Growth of a choroid tumor (adeno-ca), a tumor of the iris covering (CM: iris nevus, iris melanoma), a tumor of the ciliary body or the growth of so-called pupillary seam nodules (saroidosis, in principle little intestinal polyps).
Biol. meaning	To produce more intestinal cells in order to be able to take up or eliminate the wanted or unwanted thing in a better way.
Healing-phase	Tubercular caseating deterioration of the tumor. This process is called choroid tuberculosis or choroiditis. TBC lesion = white spots behind the retina which disappear over time. Cav-erns can remain. Inflammation of the iris, inflammation of the ciliary body, swelling, pain.
Therapy	In the case of choroid tumor: Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Guiding thoughts: "There is a reason that it had to be like that!" "One can only learn from it!" In the case of choroiditis: the conflict is resolved. Accompany the healing-phase and avoid relapse. (See also: healing-phase at the brain level, p. 56.) Tea/compresses: eyebright, dill, hibiscus, plantain, violet. Lymph drainage massages. Schuessler salt: No. 3, MMS. In extreme healing-phases, possibly cortisone and/or antibiotics.

¹ Cf. Dr. Hamer, GNM® Brain-Nerve Charts, HN II, columns 1 and 2

SBS of the Cornea



Thinning of the cornea (keratoconus), inflammation of the cornea (keratitis), corneal clouding¹

Conflict	Strong visual-separation conflict. To lose sight of someone.
Example	→ A single woman's son moves away from home. → A schoolgirl's favorite teacher is transferred. • A man has a major fight with his brother. He knows that their good relationship has now come to an end. (Personal archive B.Eybl)
Tissue	Squamous epithelium of the cornea–cerebral-cortex–ectoderm.
Conflict-active	Cell minus (ulcer) of the cornea. No pain. In hanging-conflict activity this can lead to a keratoconus: central curving forward and thinning of the cornea. Usually both eyes are affected, and it is almost always associated with myopia, because the light is refracted in excess.
Biol. meaning	The one who is out of sight should be forgotten temporarily.
Healing-phase	Inflammation of the cornea, clouding of the cornea. Restoration of the tissue, pain, swelling, reddening. CM: "mycotic, bacterial or viral keratitis." In hanging-healing: Arcus senilis/arcus lipoides, cornea band degeneration, iron deposits (hematocornea), copper deposits (Morbus Wilson), clouding caused by the connective tissue (corneal pannus).
Remark	Consider "handedness" (right or left) and side (mother, child or partner), or local conflict.
Therapy	In cases of inflammation of the cornea and corneal clouding, the conflict is resolved. Accompany the healing process. In case of recurrences, find out what the conflict and/or tracks are. Guiding thoughts: "I am bound to all the people I like." "An invisible band binds us!" "In my heart, I am together with all those who are dear to me, whether they are present or not!" Saying goodbye ritual, lymph drainage massage MMS. Hildegard of Bingen: spring, apple-tree leaves and onyx wine special recipes. Eye baths and tea: plantain and eyebright. Taking colloidal silver internally and externally instillation in the eye. Enzyme preparations. Eye bath tea: plantain and brighteye. In extreme healing-phases: possibly antibiotic eye ointment.

Trachoma (Egyptian ophthalmia)*

Same SBS as above

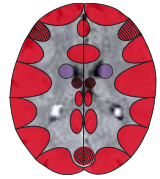
According to CM, the infection is caused by chlamydia. Chronic inflammation of the conjunctiva and cornea. It is a very common disease in developing countries.

Increased scarring that often leads to blindness (pannus trachomatosis or scar entropion).

Phase	Hanging-healing or condition after many recurrences.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life, so that the hanging-healing comes to an end. See inflammation of the cornea. Improvement of living conditions (sanitation, clean water, etc.) See keratitis.

¹ Cf. Dr. Hamer, Charts pp. 119, 132

SBS of the Lenses

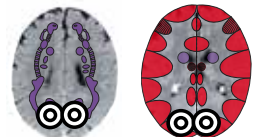


Clouding of the lenses (cataracts)¹

Conflict	Very strong visual-separation conflict. Losing sight of someone.
Examples	→ A woman is forced to move to a retirement home. She misses everything: her home, her personal possessions, her cat, her neighbors. • The patient's wife dies after 42 years of marriage. (Personal archive B.Eybl) • The marriage of the right-handed mother of two children ends. During the divorce proceedings, her husband arrogantly tells her that he plans to take the children away from her and that she won't be able to prevent it because he has enough money to pay for the best lawyer –visual-separation conflict, fear of losing sight of the children > sclerosis of the left lens. (Cf. Claudio Trupiano, thanks to Dr. Hamer)
Tissue	Crystalline lens–cerebral-cortex–ectoderm.
Conflict-active	Cell minus, no pain. Due to the thinning of the crystal cells of the lens, more light can enter the eye.
Biol. meaning	The one who is moving out of sight can be seen better and for a longer period.
Healing-phase	Restoration (cell plus) of the loss of substance, which has occurred within the lens. Since there is a temporary clouding (CM, = "cataracts") = sign of healing and repair.
Remark	In hanging-healing and because of recurrences the lens gets cloudier and cloudier because the missing substance is replaced by inferior (scar) tissue. Consider "handedness" (right or left) and side (mother, child, or partner). Artificial light possibly plays a role in the cloudiness of the lenses (see macular degeneration).
Therapy	Find out what the conflict and/or tracks are and if there is a hanging-healing, resolve them in real life. The lens will regenerate itself if the conflict is resolved and stays resolved. Guiding thoughts: "I am bound to all the people I like." "An invisible band binds us!" "In my heart I am together with all those I love whether they are present or not!" Saying goodbye ritual. Eye training, eye baths with eyebright, also internally as tea. Acupuncture, acupoint-, classical-, and facial lymph drainage massages. Hildegard of Bingen: mosquito plant and agrimony special recipe.

¹ Cf. Dr. Hamer, Charts pp. 119, 132

SBS of the Vitreous Body



Vitreous opacity, glaucoma, floater or "mouches volantes"¹

Here Dr. Hamer and CM are talking about two totally differing matters:

In CM, the terms "Grüner Star" (the German term for glaucoma) and glaucoma are used parallel to one another and describe a condition where the pressure on the vitreous body is increased. According to CM, this is caused by clumping between the iris and the lens (iris bombata) or an increase in pressure as a result of drainage disturbances of the aqueous humor (intraocular fluid) > narrow angle glaucoma, wide-angle glaucoma. The affected areas are the anterior and posterior chambers of the eye. According to CM, the raised, inner pressure of the eye can damage the retina and/or optical nerve.

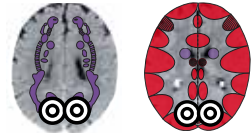
¹ Dr. Hamer, Charts, pp. 142, 146 and Dr. Hamer®- Brain-Nerve ChartsHN II columns 3, 4

In Dr. Hamer's opinion the raised inner pressure comes from an edema in the vitreous body. In accordance with the 5 Biological Laws of Nature, we differentiate between the clouding of the vitreous body (= "Grüner Star") in the active conflict stage and increased inner pressure (= glaucoma) due to an edema of the vitreous body during the healing-phase.

Conflict	Fear-of-rear-attacks (robbers, rapists, teachers, classmates, boss, and other male factors).
Examples	• <i>The patient divorces his wife. The wife is given custody and he may see the child only one day at a time—fear-of-rear-attack conflict. He feels that the ex-wife is robbing him of his child.</i> (Personal archive B.Eybl) • <i>The 5-year-old boy suffers a fear-of-rear-attack conflict affecting both eyeballs because suddenly the lights go out in the flat. Over the years, his fear becomes so intense; when the lights are off, he suspects robbers and murderers everywhere. He is diagnosed with reduced ranges of vision in both eyes—conflict-active phase. The boy does not come into healing until eight years later, when he has to ride his bike alone to his mother's friend one evening. He realizes that it is not bad to ride in the dark. A few days later, he has an acute attack of glaucoma (edema in the vitreous humor). Three days later, the worst is over. Therapy: bella-donna C 30, bags of black tea, darkening of the room.</i> (Personal archive Antje Scherret) • <i>The supermarket cashier is attacked from behind by a robber—fear-of-rear-attack conflict. Shortly afterwards, she notices that her range of vision has been reduced = active-phase—"wearing blinders" phenomenon.</i> (Personal archive B.Eybl)
Tissue	Vitreous body/membrane—cerebral-cortex—ectoderm (innervation), and cerebral-medulla—mesoderm (nutrition).
Ocular Pressure	According to Dr. Odum, the inner eye pressure should be measured several times (as much as twice a day before and after stress), before being treated, except in the case where it rises to an extreme value of over 40. The thickness of the cornea should also be measured as it can affect the eye pressure measurement).
Conflict-active	Necrosis of tissue in the vitreous body and very rapid clouding (glaucoma). Limitation or elimination of the range of view (scotoma).
Biol. meaning	The opacity causes a "wearing-blinders phenomenon." The vision to the side, to the back and upwards is clouded. The pursued individual can fully concentrate on the flight forward (like a rabbit, which just runs instinctively without looking back).
Healing-phase	Restoration of the vitreous body, rise of the inner eye pressure (glaucoma) due to edema. The pressure rises through constant production of fluid in the vitreous body and is naturally desirable, so that the eyeball stays full during the healing and does not "shrink up." The collagen in the vitreous body can condense > so-called flying gnats (mouches volantes), possibly lifting or bleeding of the vitreous body.
Remark	If the left halves of the vitreous body of a right-handed person are affected, it is about the partner. After many recurrences, one sometimes finds streaks of cholesterol or calcium phosphate in the vitreous body > seeing sparks (spintertherapy). Playing as "background music" along with a diagnosis of glaucoma is usually an SBS of the kidneys-collecting tubules (= syndrome). Retinal tear**: In the active-phase of this SBS, traction in the vitreous body can cause a tear in the retina (retinal detachment). Conflict aspect: something is pulling at a person.
Therapy	In case of opacity of the vitreous body: find conflict and/or tracks and resolve them in real-life! In the healing-phase: by heightened intraocular pressure. (Glaucoma: the fear-of-rear-attack conflict is resolved; accompany the healing: wear sunglasses, keep the head cool, darken the room, etc. See also: healing-phase at the brain level, p. 56.) Possibly medication of CM. Check for KCT. Guiding thought: <i>"I am safe and taken care of!"</i> Neck and face lymph drainages, acupuncture, acupoint massage. Eye baths and tea: eyebright. Lymphomyosot® to improve the flow of lymph fluid enzyme compounds. Hydrogen peroxide (H ₂ O ₂) internally. Possibly medication: prostaglandin analogues, carbohydrase inhibitor).

Closed-angle glaucoma, open-angle glaucoma**

- **Closed-angle glaucoma** (narrowing of the space between the iris and the cornea) > disturbed drainage > increased pressure in the inner eye. The cause is an SBS of the iris in the active-phase (see p. 83) > demand for space and/or swelling > narrowing of the angle.
- **Open-angle glaucoma:** First possibility: SBS of the vitreous body in the healing-phase > increased intraocular pressure (p. 85). Second possibility: resistance to drainage in the scleral venous sinus (Schlemm's) canal due to cell proliferation or muscle contraction—cause unknown.
- **Another cause of increased inner pressure: SBS of the ciliary body:** Visual-chunk conflict > cell division in the active-phase > increased fluid production. Biol. meaning: Better vision through increased vitreous fluid (according to Dr. Sabbah). *Example: A man desires a woman, but she does not reciprocate. He produces more vitreous fluid for the "magnifying effect": In this way, he is subjectively closer to the one he adores. Diagnosis: glaucoma. (Personal archive Dr. Odum)*



SBS of the Optical Nerve

Normal pressure glaucoma, damage to or "stroke" of the optical nerve **

Conflict**	One does not want to integrate the seen information. One is annoyed. Self-worth and self-respect component. = Intense eyes conflict.
Examples	→ "This is really getting on my nerves!" • A male nurse becomes unable to work and goes to the job center. He is annoyed by all the paperwork and correspondence with the social security and the job center. He is diagnosed with a normal pressure glaucoma with damage to the optical nerve. (Dr. Odum) • The wife of the 68-year-old patient contracts Parkinson's disease. At the same time, his mother-in-law, who lives in the same house, becomes an due to dementia. Half a year later the patient loses half of the sight of his right (partner) eye. Diagnosis: damage to the optical nerve due to stroke of the optical nerve. (Personal archive B. Eybl)
Tissue	Optical nerve—ectoderm, optical nerve blood supply—cerebral-medulla—mesoderm.
Conflict-active	Cell reduction, decrease in function of the optical nerve, possibly also due to limited blood supply > disturbances in the field of view or loss of sight.
Biol. meaning	Fading of annoying happenings.
Healing-phase	Recovery depends on the conflict mass. Regeneration is usually incomplete.
Therapy	Find out what the conflict and/or tracks are and resolve them in real life. See also p. 89. Guiding thought: "I bind myself to God's power and serenity. Then life will be easy!"

SBS of the Retina

Poor eyesight due to reduced functioning of the retina, retinal edema, retinal detachment¹

Conflict	Fear-of rear-attack conflict. Fear of a thing or a danger from behind that cannot be shaken off. "The fear sits in the nape of the neck." According to Dr. Odum also a guilt-shame theme.
Example	• The patient lends an acquaintance a large sum of money. Suddenly, he is seized with the



¹ Cf. Dr. Hamer, Charts, pp. 141,146

fear that he has fallen into the hands of a swindler—fear-of rear-attack conflict. (Personal archive B. Eybl)

- *The owner of a small construction firm lets the company deliberately go bankrupt in order to get a tax advantage. However, the Bureau of Revenue is onto his scheme. He is afraid of a financial audit nearly every day.* (Personal archive B.Eybl)

- *The retired, 67-year-old woman suffers a fear-of rear-attack conflict when her doctor tells her the following: "You were a smoker in the past. Your breathing difficulties are dragging out so long that we need to find out whether something malignant has formed." The woman sees this as a ca diagnosis. Later, when her fears are allayed, she comes into healing. Now a retinal detachment is diagnosed.* (Cf. Johannes F. Mandt...Was Gesund Macht, p. 67).

- *Someone finds out that his job in the firm is "shaky."* (Personal archive B. Eybl)

- *The patient has a car accident. He is afraid that he will lose his driver's license = fear-of rear-attack conflict.* (Personal archive B.Eybl)

Tissue

Retina—cerebral-cortex—ectoderm.

Conflict-active

Clouding of the retina, partial occlusion of the range of vision (scotoma), reduced sight.

Biol. meaning

What one is afraid of should be made "invisible" by means of a temporary interruption in the functioning of the retina.

Healing-phase

Edema between the sensory cell layer and the pigmented epithelium. It only rarely comes to a detachment of the pigmented epithelium from the choroid. Even rarer is a splitting of the retina (retinoschisis).

There is usually a loss of sight in part of the field of vision ("blind spot", scotoma, flashes of light). The worsening of vision is dramatic if the retinal detachment is near the macula where vision is sharpest.

Relapses cause callosity, that is, scar tissue is formed. For Dr. Hamer, this explains near and farsightedness.

Remark

Flashes of light should be looked into by an ophthalmologist, by all means. Syndrome aggravates the situation as it causes even more fluid to be stored!

With the left half of the retina, the right-handed person looks to the right to the partner and with the right half of the retina, to the left to mother/child. If the left side of the retina of a right-handed person is affected, it is about the partner. If the right side of the retina is affected, it is about the mother/child.

In contrast to the opinion of Dr. Hamer, I believe that diabetes really does aggravate diseases of the retina (diabetic retinopathy) as is maintained by CM.

Retinopathia pigmentosa: A loss of photo-receptors that begins at the periphery of the retina and moves inward so that the field of vision gradually narrows.

Conflict** Putting something terrible out of sight by means of over-pigmentation. Hanging-conflict! Retinal detachment (without edema) can also occur in the active-phase of a vitreous body SBS, if the vitreous body collapses and tears the retina.

Therapy

The conflict is resolved. Accompany the healing. If it recurs, find out what the conflict and/or tracks are. An edema of the retina does not need to be lasered immediately; one can wait until the excess fluid recedes. The two levels of the retina will then lay themselves together again if the conflict is surely resolved and if it stays that way. Laser surgeries result in scars. Retinal detachments, however, should be cared for in the conventional manner, for instance with laser. If recurring, guiding thoughts: *"I am safe and taken care of."*

Vital-rich, alkaline diet, enzyme preparation. Garlic and lemon drink cure. Healing breathing after Prof. Tirala. Natural borax internally and perhaps also externally, hydrogen peroxide (H₂O₂) 3% internally. Bach-flowers: aspen, mimilus, star of Bethlehem. Neck/face lymph drainages, acupuncture, acupoint massage, enzyme. preparations.

See also: healing-phase at the brain level, p. 56.

Macular degeneration**

In the center part of the retina—the so-called more yellow stains (macula)—the vision cells lie extremely close together. This is where vision is the sharpest.

Most vision takes place in the macula.

In the case of macular degeneration, the cells in this area begin to die off. The patient can no longer see the object, the eye is fixed on, sharply, although he can see the peripheral area well.

Other symptoms: reduced strength of vision, sensitivity to being blinded by light, disturbances in seeing colors and contrast. CM differentiates between “wet” and “dry” forms of the disease. According to CM, the cause of macular degeneration is unknown.

Dry macular degeneration

The dead vision cells become apoptotic during the course of an ophthalmological examination. According to Dr. Odum, this is the result of a special fear conflict (in the nape of the neck). It has to do with negative expectations for the future and lack of self-worth, guilt, shame and disgrace. Usually the conflict is a hanging one. Determine its cause.

Wet macular degeneration

Here we have an SBS of the choroid. The choroid's blood vessels move into the degenerated retina. According to Dr. Odum, wet macular degeneration is a sight survival program. The choroid provides support for the dying retina by means of cell proliferation.

Possibly other factors, such as “radiation” from tube lamps, television sets, energy-saving lamps, and computers, play a role. The unnatural and disharmonic glimmer light, with its high proportion of blue, may damage the eyes permanently. The lenses and the macula suffer most from this.¹

Alternatives: light bulbs, as much natural light as possible, sunglasses only when necessary (e.g., in the high mountains).

Therapy for macular degeneration

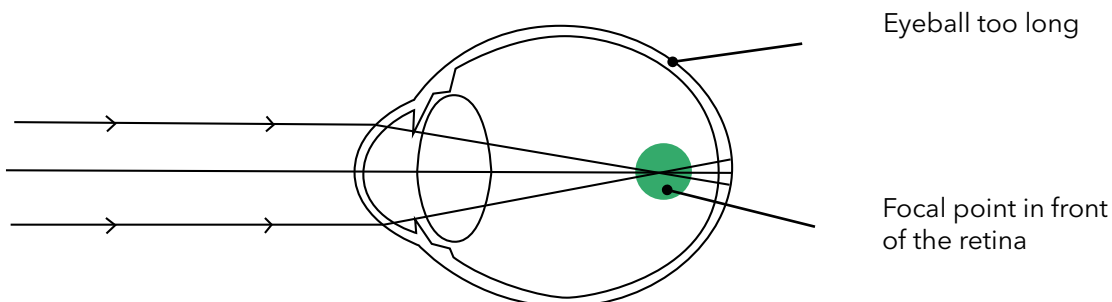
- Find out what the conflict and tracks are and resolve them in real life.
- Vital, alkaline foods, foods, especially green vegetables, etc. Garlic and lemon drink cure, blueberries.
- Vitamins, minerals, trace elements (orthomolecular therapy), Hydrogen peroxide (H₂O₂) 3% internally.
- Eye exercises (see sources), gymnastics, Lavylites Auricum spray.
- Acupuncture, acupoint massage, lymph drainages.
- Natural borax internally (www.institut-ernaehrunggesundheit.com).
- Healing breathing of Prof. Tirala.
- Amino acids, lutein, zeaxanthin, lycopene.

¹ <http://www.engon.de/c4/theorie/elampen.htm>

NEARSIGHTEDNESS (SHORTSIGHTEDNESS, MYOPIA)

In CM, one differentiates between two types of nearsightedness:

- By the so-called axial nearsightedness, the eyeball, instead of being perfectly spherical, is slightly elongated. This results in the focus lying in front of the retina instead of on it > seeing in the distance is out of focus and blurred > nearsightedness. (An elongation of the eyeball by 1 millimeter results in a nearsightedness of about 3 diopters.)
- The second, rarer kind of nearsightedness, is refractive nearsightedness. Cornea and lens refract the light too strongly. Here too, the focal point lies in front of the retina > nearsightedness. In the following, I describe three possible organic changes that occur with nearsightedness. After that, I present some conflict causes and case studies.



SBS of the Ciliary Muscle



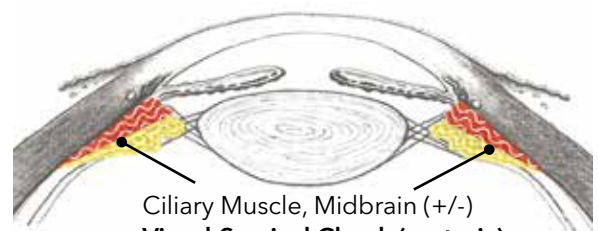
Nearsightedness caused by the ciliary muscle*

According to CM, the ciliary muscle is an involuntary muscle. According to Dr. Hamer, it has involuntary and voluntary (striated) parts, which seems perfectly logical to me. In the following, I take both possibilities into consideration.

The ciliary muscle plays the main role in refractive near-sightedness. The interplay between this parasympathic innervated ring muscle, the zonula fibers (suspension apparatus), and the lens is not easy to understand. In a tension-free state, the lens is a roundish thick disk, which is connected with the ciliary muscle over the zonula fibers.

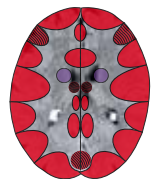
- When the ciliary muscle tightens, the inner diameter of the ciliary body diminishes > the zonula fibers, on which the lens is hung, relaxes > the lens takes on its original form of a roundish thick disk = nearsighted adjustment.
- When the ciliary muscle relaxes, the inner diameter of the ciliary body increases > the zonula fibers tighten > they pull on the lens > it becomes a flat disk = farsighted adjustment.

Thus, the tension of the ciliary muscle behaves inversely to the tension on the lens. Tightened ciliary muscle > relaxed, thick lens. Relaxed ciliary muscle > tightened, flat lens. The "opposing player" of the ciliary muscle is the inherent tension of the lens.



Tissue	Ciliary muscle - smooth and striated muscle portions.
Progression	Involuntary part of the muscle: Increased muscle tension in the active-phase > better seeing up close (= Biol. meaning) > nearsightedness, if the conflict is active for a longer period. Voluntary (striated) part of the muscle: Necrosis or paralysis in the active-phase. Refilling in the healing-phase. End of the healing-phase or in hanging-healing, the ciliary muscle is stronger than before (luxury group) > nearsightedness.
Non-conflictive	Myopia w/a conflict: Adjustment to permanent near-vision (school, computer, etc.).

SBS of the Cornea

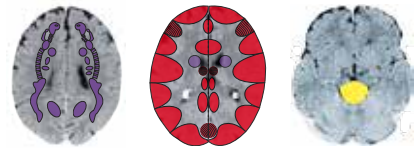


Nearsightedness due to cone-shaped thinning of the cornea (keratoconus)*

A hanging-active conflict of the cornea causes it to become thinner and thinner. This results in the loss of its regular curvature and it becomes cone-shaped, pointing to the front = keratoconus > usually linked to a distortion of the cornea. This type of myopia is unique to diagnose. It cannot be completely compensated with glasses. Due to the increased corneal curvature, the light is increasingly refracted > myopia.

Conflict	Strong visual-separation conflict. To lose sight of somebody.
Phase	Hanging-active conflict

SBS of the Outer Eye Muscles



Nearsightedness-Myopia by oblique eye muscles*

The role of the outer eye muscles is underestimated in CM: e.g., focusing on an image.

The New York ophthalmologist and founder of eye training, Dr. Bates (1860-1931), researched the cause of nearsightedness for more than 40 years. He observed that the vision among his students varied greatly. He noticed that patients, whose lenses had been removed could nevertheless see fairly well (accommodation)—something that simply could not occur according to the textbooks.



Inferior Oblique Muscle
Cerebral-Medulla (-/+)
**Visua-Overwhelm/
Self-Devaluation**

His Credo: *"The lens is not the main factor in the accommodation process."* He discovered that the lens, when focusing, was aided by the upper and lower oblique eye muscles. These two muscles build a ring around the eyeball. When they tighten together, the eyeball is pressed in its length > improvement of near sight. Long lasting tension of these muscles is followed by nearsightedness.

Dr. Bates and representatives of modern ophthalmology schools start from the standpoint that near vision under stress leads to lasting tension of these muscles. The body does nothing other than accommodate the (somewhat unnatural) demand for permanent near vision (**nearsightedness—an adaption process**). Eye training is an attempt to release the tension in these muscles. The practicing person is rewarded with a measurable improvement in his eyesight if he trains regularly.

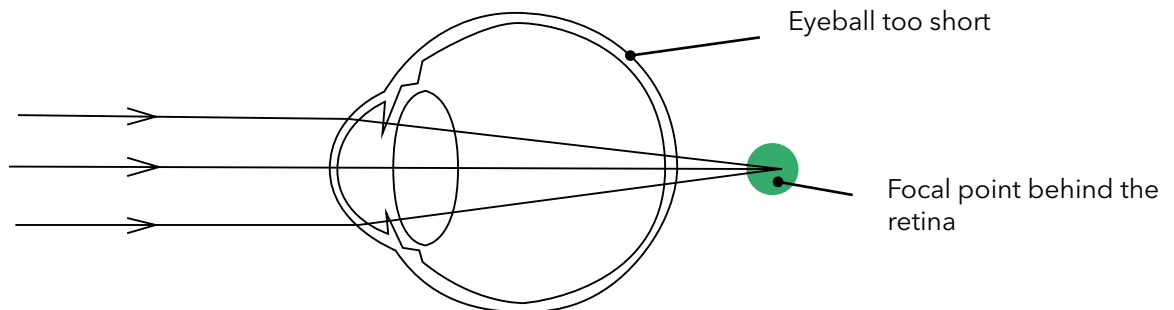
This adaptation theory of Dr. Bates is confirmed by the fact that the number of nearsighted people increase with the level of civilization. In Japan, over 90% of the youth are nearsighted, among indigenous peoples, only very few.

Nearsightedness: conflict, examples, therapy**

Conflict	<u>First possibility:</u> A person has the feeling that he does not belong. Someone or something is too far away. He misses somebody. <i>"I would like to have a certain something or someone within sight of me."</i>
Biol. meaning	A visual clinging to someone or something. The nearsightedness gives the illusion of being in a small, safe, and intact world.
Conflict	<u>Second possibility:</u> A person does not want to see something in the distance, because it makes him afraid.
Biol. meaning	Visually blocking something out. Subconsciously, one only wants to see in the close vicinity to feel safe or sure. <i>"What I cannot see in the distance cannot scare me."</i>
Type of person	Most often people, who tend to be introverted, fearful, or hesitant, are affected.
Examples	• <i>While a boy is attending a summer camp, the other boys gang up on him and beat him. After these three weeks, he is nearsighted. A test of his vision shows a diopter of minus 1.5. (Personal archive Dr. Odum)</i> • <i>A child has to go to kindergarten. He does not like it there and would much prefer to be at home with his mother. (Personal archive B.Eybl)</i>
Therapy	Find out what the conflict and/or tracks are and resolve them in real life! Avoid looking at things close up at an early age and avoid early learning pressure. Spend more time in nature rather than with television and books. Eye training (see list of resources). Bach-flowers: aspen, mimulus, among others. Until 1850, one rightly assumed that eyeglasses made bad eyesight worse, and thus, they were not prescribed. In any case, it seems sensible to not fully correct the eyes so that room for improvement remains.

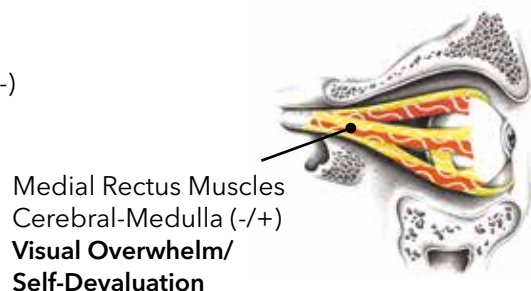
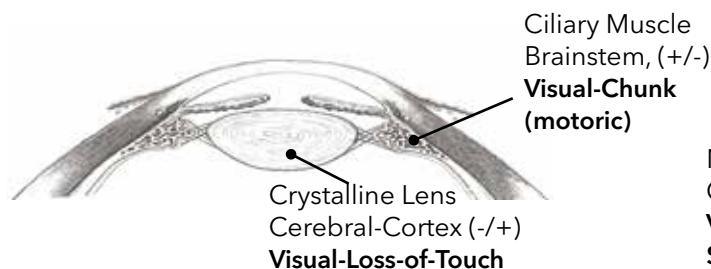
Farsightedness (hyperopia)*

In the case of farsightedness, the eyeball is too short in relation to the refractive power of the seeing apparatus > blurriness when seeing up close.



Possible causes

- **Farsightedness as an aging process?** Yes, this might be true for those over 45; however, this surely does not apply to young people, for they sometimes become farsighted.
The fact is that the rigid core of the lens becomes enlarged with age, which is a burden on the elastic outer layer. This causes the lenses to lose their overall elasticity > without elasticity, sharp eyesight (accommodation) is not possible!
- **SBS of the outer eye muscles:** Tension in the smooth eye muscles causes the eyeball to shorten = distance vision adjustment (see p. 81). In the case of a conflict, the tension can become permanent = farsightedness.
- **SBS of the ciliary muscle:** Weakness or paralysis of the ciliary muscle due to a conflict > tension in the zonular fibers > a tug on the lens > it causes it to become a flat disk = farsightedness.
- **Callosity:** Dr. Hamer explains farsightedness, as a shortening of the eyeball due to callosities in the rear (dorsal) part of the eyeball (see p 86).



Conflict**	Not being able to see someone or something that is far away. Visual wandering and searching. <i>"I want to look at whatever is out there carefully since it might be dangerous!"</i>
Example	• <i>A little boy always wants to carry his favorite toy around with him. Suddenly, his parents take it away from him. Within a short time, he develops farsightedness with a diopter of plus 7. The boy keeps looking and looking.</i> (Personal archive Dr. Odum)
SBS	Medial rectus muscles and/or ciliary muscle.
Biol. meaning	Good long-distance eyesight in order to recognize someone or something more easily.
Phase	Hanging-conflict
Type of person	Outwards-oriented (extroverted) and energetic persons ("go getters") tend to be more oftenly affected.
Therapy	Find out what the conflict or track is and, if possible, resolve them in real life. Eye training can decidedly improve or stabilize farsightedness. However, this requires commitment, diligence, and perseverance. (For books, see resources). <i>"As long as I live, I will remain curious and flexible!" "I forgive!"</i>

Age related farsightedness (presbyopia)*

In CM, age related farsightedness is regarded as a normal aging process. For most people the ability to see up close begins to deteriorate after about the age of 45. There are exceptions, however. Some people do not need glasses, even when they are old.

Possible causes

- **SBS of the lens:** Loss of elasticity in the lens due to conflict or age > without elasticity it is not possible for the eye to focus (accommodate) > (old age) farsightedness (See also: p. 85).
- **SBS of the ciliary muscle:** Weakness or paralysis of the ciliary muscle due to conflict or old age > the lens can no longer resume its original form of a roundish thick disk > (old age) farsightedness.

Conflict**	Fear of the future. One cannot see how things will turn out > “midlife crisis”.
Examples**	→ <i>Will my health hold up? Will I be able to support myself when I’m old?</i> → <i>What is going to happen to my mother/father? What will become of the children?</i> → <i>Is my job secure?</i>
SBS	Lens and/or ciliary muscle.
Phase	Hanging-conflict
Therapy	Find out what the conflict or track is and, if possible, resolve them in real life. With eye training, the farsightedness can be decidedly improved. Natural borax, internally.

Deformation of the cornea (astigmatism)*

With astigmatism in CM, there is not a single focal point in front of the retina (nearsightedness) or behind the retina (farsightedness), but rather two or more focal points. This phenomenon is aptly called “lack of focal point.” Deformation of the cornea is the most common cause of astigmatism, but there are others: astigmatism of the lens (rare) and astigmatism of the eye background (retina).

Possible causes

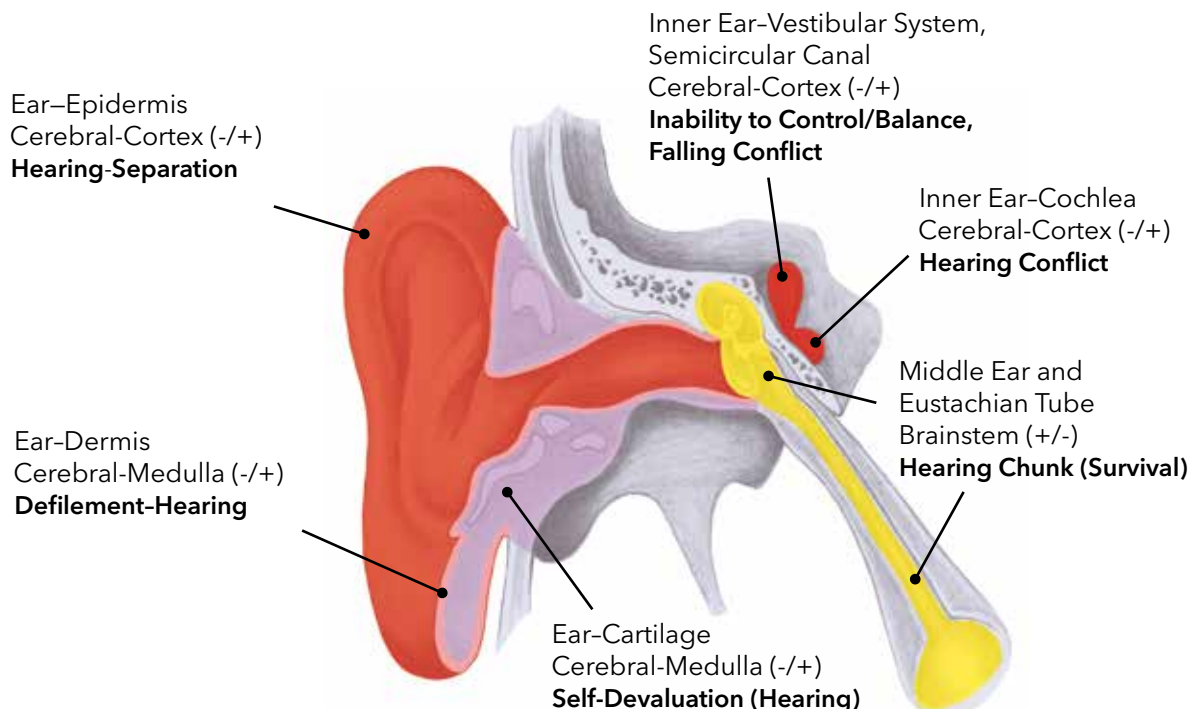
- **SBS of the cornea** (thinning of the cornea p. 90).
 - **SBS of the outer eye muscles:** Varying amounts of tension in the outer eye muscles that brace the whole eyeball, so that symmetry is lost (see strabismus).
 - **SBS of the vitreous body:** A pulling of the vitreous body on the retina in the active-phase > distorted vision (see p. 85).
- The asymmetry can affect the cornea or the retina > astigmatism.

Conflict**	A person’s internal vision—the expectations (of oneself or of others)—do not match reality. The two views cannot be brought into alignment.
Examples	• <i>A child has a natural inner vision of a strong father. The father, however, is a dialysis patient. Unfortunately, one day his mother takes him to the hospital where he sees his ailing father, who is dependent on blood purification. (Personal archive of Dr. Odum)</i> • <i>The father of a patient—5-years-old at the time—has become an alcoholic. He is drinking with his buddies and starts showing off his son’s gymnastic stunts: “Hey look, he can do a headstand on a shot glass.” For the boy, this is terribly embarrassing. He has to perform the stunt dressed only in his nightshirt. The real picture of his father does not match his inner vision. (Personal archive B. Eybl)</i>
SBS	Cornea and/or external eye muscles.
Biol. meaning	The distortion of reality protects the individual from the “hard reality.”
Phase	Hanging-conflict
Therapie	Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Astigmatism can be improved considerably through eye training.

EAR

The external ear (auris externa) is made up of the auricle (pinna), the earlobe (lobulus auricula), and the outer auditory canal (meatus acusticus externus). The eardrum or tympanic membrane (membrana tympani) marks the division between the outer ear and the middle ear (auris media). The air-filled tympanic cavity of the middle ear, with its hammer (malleus), anvil (incus)

and stirrup (stapes), is connected via the eustachian tube with the throat/nose pharynx. In the oval window (fenestra ovalis), the stirrup transmits hearing impulses to the snail-shaped cochlea of the inner ear, which is the actual auditory organ. The semicircular canal is where the sense of balance is located.



SBS of the Middle Ear



Middle ear infection (otitis media), inflamed ear polyp¹

Conflict	Chunk conflict. Right ear: not getting hoped-for auditory information. Left ear: cannot get rid of an unpleasant, disturbing message or having not noticed something dangerous. I.e., not to hear something desired or not wanting to listen something undesired. Not getting or getting rid of information. One missed hearing something or doesn't hear something and suffers damaging from it.
Example	→ A child does not get the toy he wished for. → A baby wants to hear his mother's voice, but that is not possible in the nursery.

¹ Cf. Dr. Hamer, Charts, pp. 18, 23

• The 9-year-old daughter of the 36-year-old, right-handed married woman is doing relatively bad in school. One day, the daughter's teacher contacts the patient and says she thinks that the child's schoolwork leaves much to be desired = chunk conflict. She would rather hear something else, namely that the daughter's work had improved > right receptive ear is affected. Resolution of the conflict: By chance, she runs into a friend, who has three children. She tells her that she has very similar problems with her children at school. A pleasant, and healing conversation, develops during which the patient pours her heart out to her friend. Shortly after the conversation, the middle-ear infection begins. (Personal archive B.Eybl)

→ A woman learns from her girlfriend that her boyfriend was flirting with another woman = conflict, not wanting to hear this bad news (chunk conflict). In the healing-phase, a middle-ear infection follows > here the left ear is affected.

Tissue	Mucosa of the middle-ear–brainstem–endoderm.
Conflict-active	An increase in the functioning of the "primal-hearing cells." Growth of a flat-growing tumor (adeno-ca) of absorptive quality or a cauliflower-like growing tumor (ear polyp) of secretorial quality–increased filling of the middle ear with "primal-hearing cells."
Biol. meaning	With more cells, there is better reception or rejection of what one hears.
Healing-phase	A normalization of function: The tumor is broken down by fungi and fungal-bacteria; tubercular caseating = middle-ear infection (otitis media). Swelling, pain, possibly with perforation of the eardrum, or bulging forward of the ear polyp in the outer auditory canal, with purulent discharge, fever, night sweat.
Healing-crisis	Chills, severe pain
Remark	Repeated middle-ear infections can harm the auditory ossicles behind the eardrum and lead to permanent hearing loss.
Therapy	The conflict is resolved. In case of recurrences, find out what the conflict and/or tracks are. Guiding thought: "Life's not always a bowl of cherries." "I can't have everything and I do not have to hear everything." Lymphatic drainage, enzyme preparation, MMS, colloidal silver internally and externally. Drop vermouth-chamomile decoction or olive oil in the ear and cover with a wad of cotton. Steep mullein blossoms in olive oil for four weeks–drop into the ear. Onion compresses: lay finely chopped onion on the ear. Cover with curd cheese. Beat white cabbage leaves until soft and lay them on the ear. Enzyme compunds. Hildegard of Bingen: Oily "Rebtropfen" special recipe. CM antibiotics make sense for short-term treatment when symptoms are acute and severe, such as at night. Possibly only a single dose. Less recommended for chronic courses (see p. 59).

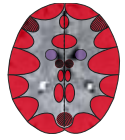
Inflammation of the Eustachian tubes²

Analog to the SBS above

Conflict-active	Increasing closure of the Eustachian tube due to flat-growing adeno-ca of absorptive quality. Retracted eardrum due to insufficient ventilation > poor hearing.
Biol. meaning	With more cells, there is better reception or rejection of what is heard.
Healing-phase	Tubercular caseating reduction of the tumor through fungi or fungal-bacteria (mycobacteria). The discharge can flow off into the throat or middle ear and possibly take on the appearance of a middle ear infection. Swelling, fever, night sweating.
Therapy	The conflict is resolved. Accompany the healing. For measures to take, see above.

² Cf. Dr. Hamer, Charts, pp. 18, 23

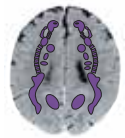
SBS of the Epidermis



Inflammation of the outer ear or auditory canal (otitis externa)*

Conflict	Wanting to hear something desirable or not wanting to hear something undesirable. Wanting or not wanting to have skin contact at the ear (local conflict).
Example	• In a long telephone call with a friend, the patient gets an "earful" of verbal abuse. During his friend's monologue, he eats nuts. Since then, he is allergic to nuts (= track). One day after eating nuts, he suffers an itchy eczema in his ear in the healing-phase. (Personal archive B. Eybl) → Someone likes it when his cat lovingly rubs his ear. The cat dies = separation conflict of losing skin contact at the ear.
Tissue	Epidermis–cerebral-cortex–ectoderm.
Conflict-active	Cell reduction in the squamous epithelium of the outer ear or the auditory canal. Scaly, dry, numb skin, lessening of sensitivity, no pain.
Biol. meaning	Through lessening of sensitivity, the separation is forgotten easier or the unwanted contact is "blocked out."
Healing-phase	Inflammation of the outer ear or auditory canal. Replenishing and filling up of the squamous epithelium, over-sensitivity. Rash on the ear, itching ear canal eczema, scaling off of the outer skin (detritus) because new cells are pushing from below.
Remark	Consider "handedness" (right or left) and side (mother, child or partner), or local conflict.
Therapy	The conflict is resolved. Accompany the healing. If recurrent, find out what the conflict and/or tracks are. Guiding thoughts: "I do not expect anything!" "I am happy with the way it is!" "I say YES to life." Compresses and herbs, see middle-ear infection. Drops of the juice of the houseleek (<i>Sempervivum tectorum</i>) in the ear. Sloughed off skin can lead to inflammation. If necessary, clean the ear canal in a warm, water shower, with an earspoon or let the doctor clean it.

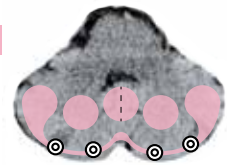
SBS of the Cartilage of the Outer Ear (Auricle)



Inflammation of the cartilage of the outer ear (auricular perichondritis), gout*

Conflict	Self-worth conflict with regard to the ear or the taking in of sound.
Example	→ Somebody has a hearing impairment and can no longer follow the conversation at the table.
Tissue	Cartilage of the outer-ear–medulla–mesoderm
Conflict-active	Cell minus, no pain.
Healing-phase	Restoration of the cartilage. Inflammation of the auricular cartilage. Swelling, reddening, pain. In the case of syndrome, "gout tophus" on the auricular cartilage.
Biol. meaning	Strengthening of the cartilage so that sound can be better absorbed.
Remark	Consider "handedness" (right or left) and side (mother, child or partner), or local conflict.
Therapy	The conflict is resolved. Accompany the healing. In the case of recurrences, find out what the conflict and/or tracks are. Resolve any refugee conflict. Lay curd cheese or white cabbage leaves on the affected area. Cold compresses, cold showers. Spray the ear with tincture of frankincense or myrrh.

SBS of the Dermis



Ear canal furuncle (otitis externa circumscripta)*

Inflammation of a hair follicle in the auditory canal

Conflict Defilement conflict. Conflict of feeling deformed or disfigured. Also, feeling disfigured by what one has heard.

Example → *Somebody gets verbally abused.*

→ *The patient suffers from an overproduction of earwax. The partner complains about the stench coming from the ear = defilement conflict. (Personal archive B. Eybl)*

Tissue Dermis–cerebellum–mesoderm.

Conflict-active A thickening of the dermis (corium) that usually goes unnoticed.

Biol. meaning Better protection from defilement through thickened dermis.

Healing-phase Inflammation. Tubercular caseating stinking deterioration of the tumor (pus).

Remark Danger of vicious circle due to stinking ear.

Consider “handedness” (right or left) and side (mother, child or partner), or local conflict.

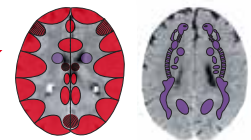
Therapy The conflict is resolved. Accompany the healing. In case of recurrence, find out what the conflict and/or tracks are.

Rinse the auditory canal or clean with an ear spoon to eliminate recurrences.

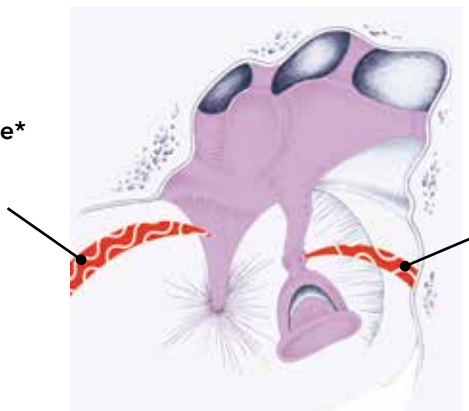
Guiding thoughts: “A crystal wall around me!” “That goes in one ear and comes out the other.”

Bach-flowers: crab apple, compresses and herbs (see middle ear infection).

SBS of the Tympanic and the Stapedius Muscle



Tensor Tympani
Cortex/Medulla (-/+)
Ability to dampen noise*



Stapedius Muscle
Cortex/Medulla (-/+)
Ability to dampen noise*

Deafness caused by tympanic muscle and stapedius muscle*

These two muscles of the middle ear tense up in order to reduce the vibration of the eardrum, thereby protecting it from high sound levels. Explosives and gunshot sometimes cannot be “caught”, because the reaction time is too short. Thus, these and similar sounds can hurt the inner ear and cause deafness.

According to CM, voluntary (striated) muscles are involved here (one really can tense up the ear drum when

a loud noise is expected). Normally, however, the two muscles behave involuntarily, as if they were involuntary (smooth) muscles. It is interesting to note that they also react in the same way (as if they were involuntary muscles) in the case of a conflict.

Conflict* Not being able to dampen the noise.

Examples

- *Thirty years ago on New Year's Eve, a firecracker exploded nearby the, now, 67-year-old patient = conflict of not being able to silence the sound. For four months, he had trouble hearing with the right ear = active-phase with increased tension of the tympanic membrane and the stapedius muscle. After that, his hearing normalized again = healing-phase. Since then, however, any loud noise—such as a truck driving by or the noise of a concert—causes several minutes of deafness = recurrence with muscle tension. Hearing tests show that the patient has excellent hearing. (Personal archive B.Eybl)*
- *Someone works in a nightclub and suffers from constant noise.*
- *Someone must constantly "get an earful" from his partner.*

Tissue Tympanic membrane muscle, stapedius muscle. According to CM, voluntary (striated) muscles—cerebral-cortex—ectoderm (nerve supply) and medulla mesoderm (nutrition).

Conflict-active Increase in the muscle tension (hypertonus) of the tympanic muscle and/or stapedius muscle > deafness. Permanent deafness due to hanging-conflict activity > constant tension. (behavior like involuntary muscles?)

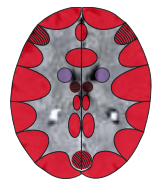
Biol. meaning Damping of the sound.

Healing-phase Restoration of normal hearing.

Remark Behavior of involuntary muscles: Could it be that those striated muscles that also operate involuntarily (for instance the diaphragm, the outer eye muscles) might react like involuntary muscles in the case of conflict?

Therapy Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Guiding thoughts: *"Now the noise does not bother me anymore. It could be worse!"*
"I am ready to hear everything again!"
Bach-flowers: beech, crab apple, lymph drainage massages, acupuncture, acupoint massage.

SBS of the Inner Ear



Deafness concerning the inner ear, ear sounds (tinnitus)¹

Conflict Not wanting to hear something.

Examples

- *"What I am hearing cannot be true!"*
- *"I cannot believe what I'm hearing!"*
- *"This guy is pestering me!"*
- *The youthful, 50-year-old, right-handed woman has been suffering from tinnitus of the right ear and dizziness for the last 5 days. Conflict history: The patient has a 53-year-old sister with psychological problems. Following a 4-month stay in a psychiatric clinic, her condition*

¹ Cf. Dr. Hamer, Charts, pp. 141,145

seems stable. Six days ago, the patient was invited by her sister to have breakfast together. She notices at once that her sister is in very bad shape again, as she constantly pokes around in her miserable past > Hearing conflict: "I just can't hear this anymore!" and falling conflict: "She will never stabilize!" To the patient, it is clear that her sister will never get out of this mess. Therapy: she tries to lay her sister's fate in the hands of God. (Personal archive B.Eybl)

• The 41-year-old, right-handed man has a good position as manager of a hotel. One day, his supervisor informs him that the hotel is about to be closed. It is clear to the patient that this means the end of his job > Hearing conflict: "What I have just heard cannot be true!" Since this time he has suffered from tinnitus in both ears. (Personal archive B.Eybl)

Tissue	Cochlea of the inner ear–cerebral-cortex–ectoderm.
Conflict-active	Reduced functioning of the inner ear = deafness and/or humming, rustling, hissing, whistling, ringing in the ear = tinnitus. This causes further hearing reduction.
Biol. meaning	Blocking out of what is being heard through a reduced functioning of the inner ear. Tinnitus: one is warned when the same or a similar situation recurs.
Healing-phase	Sudden deafness (see ISSHL below) followed by slow recovery of hearing, deafness due to recurrences or hanging-healing.
Remark	Words, sentences or songs that repeatedly go through our heads also function according to this scheme (word-tinnitus, music-tinnitus = "earworm").
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Guiding thoughts: "It's a good thing that I heard that!" "But now let's forget it!" Disconnect-ritual: "Say goodbye" to the hearing conflict with your heart and mind. Lymph drainage massages. Acupuncture, acupoint massage. Willfort: smoke ear with hyssop fumes. Tea: club moss, mistletoe, hyssop violets. Hydrogen peroxide (H ₂ O ₂) 3% internally. In CM, recommends by tinnitus circulation-enhancing drugs (rheological agents–pentoxifylline, HES) = controversial and mostly ineffective. Also from the New Medicine perspective it makes little sense.

Sudden hearing loss²

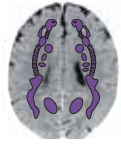
Same SBS as above.

Sudden deafness ranging from slight deafness to total deafness, usually in just one ear and without pain. It can affect all or only certain frequencies.

Healing-phase	Edema in the inner ear and in the hearing center of the meninges > short-term severe reduction of hearing ability.
Therapy	The conflict has been resolved. Accompany the healing process. Guiding thoughts: "Relax, the symptoms are temporary!" Alkaline Food, lymph drainage massages, hydrogen peroxide (H ₂ O ₂) 3% internally. In CM, circulation stimulating, blood-thinning medication and cortisone is administered. From New Medicine view, only sensible as a short-term treatment. I personally would only apply the measures described on pp. 56 and 228.

2 Cf. Dr. Hamer, Charts, pp. 141,145

SBS of the Osseous Labyrinth



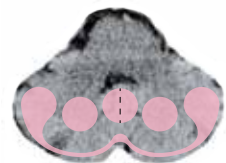
Sclerosis of the osseous labyrinth (otosclerosis, stapes ankylosis)*

Ossification can affect the oval window, the round window, the cochlea or the semicircular canals. The disease pattern is usually as follows:

The normally moveable stirrup bone (stapes) becomes increasingly fixed in place > less transmission of sound waves > deafness.

Conflict	Self-worth conflict with regards to hearing.
Example	→ <i>Deafness following a hearing-conflict. The patient constantly hears a whistling in the ear.</i> → <i>The doctor tell the patient, "Something is wrong with your ear!"</i>
Tissue	Osseous labyrinth–cartilage and ossification–medulla–mesoderm.
Conflict-active	Degeneration of the bone (osteolysis) in the bony osseous labyrinth.
Healing-phase	Restoration (recalcification), pain, otosclerosis, deafness through recurrent conflict, or in hanging-healing .
Biol. meaning	Strengthening in order to hear better.
Remark	The ossification could also come from recurrent middle-ear infections (see above). Consider "handedness" (right or left) and side (mother, child or partner), or local conflict.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life so that the hanging-healing comes to an end. Guiding thoughts: <i>"I am satisfied with my ears. Maybe it's better not to hear everything."</i> Lymphatic drainage, acupuncture, acupoint massage. Natural borax internally. Garlic and lemon juice. With chronic condition only a slight improvement in symptoms is expected (due to calcification of stapes). If necessary, CM surgery (implant - stapedotomy).

SBS of the Nerve Sheath



Tumor of the hearing and balance (vestibular) nerve (acoustic neurinoma = vestibular schwannoma)

Dr. Hamer groups the acoustic neuroma with the brain stem (see p. 94, middle ear infection), which seems correct, for the "tumor" lies in the brainstem (although it is on the border to the cerebellum).

The reason I order this SBS, with the cerebellum–mesoderm, is because the tumor, when seen histologically, is made up of Schwann cells (connective-tissue-like nerve sheath–see p. 69). It grows around the 8th brain nerve (nervus vestibulocochlearis) between the cerebellopontine angle and the inner-ear, and is, thus, a "nerve sheath tumor." The symptoms confirm this classification: Reduced sense of hearing or balance in the active-phase. I might be wrong though!

Conflict*	Affecting the hearing organ: Hearing-pain conflict, noise, or information heard, that is felt to be painful, unpleasant, or undesirable.
Example	→ <i>One must work with a jackhammer every day.</i>

• Every time her grown daughter comes to visit, the right-handed mother hears a sermon about everything she has done wrong and what she should have done differently = hearing-pain conflict. She can no longer listen to her daughter's harping and would wish for some understanding for her problems. Over the years, an acoustic neuroma develops on the left mother/child ear = active-phase. The patient's symptoms: deafness and dizziness. The neuroma is removed through surgery. (Personal archive B.Eybl)

Conflict	Affecting the organ of balance (semicircular canals), probably: fall-pain conflict. One sees or hears somebody falling or falls himself.
Example	→ Following an earthquake, a person is trapped in the remains of the house.
Tissue	Connective-tissue-like nerve sheath (Schwann cells)–cerebellum–mesoderm.
Conflict-active	Growth of a vestibular Schwannoma in the cerebellopontine angle. The longer the conflict lasts, the greater it becomes. Symptoms: deafness on one or both sides, disturbances in the sense of balance, dizziness.
Biol. meaning	What is being heard or the falling situation is blocked off through a thickening of the nerve isolation.
Healing-phase	Decomposition of the tumor by bacteria. Restoration of function.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life, if they are still active. If necessary, surgery.

Hearing impairment (hypacusis)*

Possible causes

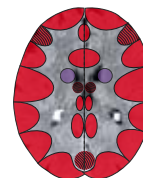
- **Toxification via drugs or medication:** Antibiotics, diuretics, painkillers, acetylsalicylic acid (ASA) in high doses, psychotropic, chemotherapeutic substances, anti-malaria medication, iodine (as an additive to salt, toothpaste, etc.) can cause hearing impairment.
- **Cochlea hearing conflict:** Not wanting to hear something. In the conflict-active phase > having reduced hearing due to reduced functioning of the inner ear or tinnitus. In the healing-phase > having impaired hearing due to edema of the inner ear.
- **Middle ear mucosa** or mucosa of the Eustachian tube = hearing chunk conflict. Hearing impairment due to recurring infection. Scarring with calcium deposits in the middle ear > impaired functioning of the hearing bones.
- **Middle ear muscles:** Self-worth conflict, not being able to silence a noise. Possible hearing impairment in the conflict-active phase.
- **Labyrinth capsule:** Not fully hearing—a self-worth conflict. Impaired hearing in a hanging-healing or after completed SBS.
- **Mechanical closure** of the outer auditory canal due to ear wax (cerumen) In the individual case, it is difficult to decide which of these is the cause of impaired hearing. The easiest to clarify is a middle ear SBS—there must have been a number of middle ear infections. Tinnitus is a clear indication of point one.

Therapy

- Determine the conflict and/or tracks and, if possible, resolve them in real life.
- Mix dry mustard with water and paint it behind the ear (stimulates circulation). Garlic and lemon drink cure.
- Acupuncture or acupoint massage, lymph drainage massages, natural borax internally (www.institut-ernaehrung-gesundheit.com). Hydrogen peroxide (H₂O₂) 3% internally.

DIZZINESS (VERTIGO), BALANCE DISORDER

SBS of the Semicircular Canals



Dizziness (vertigo) caused by a falling conflict¹

Conflict	Falling or balance conflict. A person sees someone fall or falls himself. Also in the figurative sense: to lose one's grip or balance. To lose the ground beneath one's feet.
Example	• <i>Due to her low and irregular income, the 40-year-old patient can barely afford a rented flat. After hearing a lecture about the upcoming dramatic economic crisis, she has the feeling that she is losing the ground under her feet (= falling conflict). For two weeks, she is so dizzy that she can hardly walk or drive (= conflict-active phase). She resolves the conflict by deciding to move in again with her estranged partner. Immediately after she makes this decision, the dizziness ceases.</i> (Personal archive B.Eybl)
Tissue	Equilibrium organ in the inner ear (vestibular system).
Conflict-active	Growth of a vestibular schwannoma-in cerebellopontine angle. The longer the conflict, the bigger it gets. Symptoms: One-sided or bilateral hearing loss, balance problems, dizziness.
Biol. meaning*	Dizziness leads the individual to return to safe territory and avoid dangers = protection from further falls.
Healing-phase	Disappearance of the dizziness.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Consider "handedness" (right or left) and side (mother, child or partner). Avoid risk & stay on safe terrain. Guiding thoughts: <i>concentrate on safety in one's life</i> . "Grounding" activities such as gardening, handwork, walking (barefoot), strength training, "grounding" ritual, lemon-garlic drink regiment. Bach-flowers: clematis, aspen, cerato, schleranthus, honeysuckle tea, St. John's wort, mistletoe.

¹ Cf. Dr. Hamer, Charts, pp. 141,145

Dizziness-other causes*

- **Toxification with drugs or medication:**
Antihypertensives (betablockers, ACE inhibitors), pain killers (analgesics), epilepsy medication (antiepileptics), tranquilizers, antidepressants, cramp releasing medication (spasmolytics), antibiotics, antimycotics (anti-fungal medication), diuretics, anti-allergic medication (antihistamines), X-ray contrast media, etc. > Due to toxification the human body comes into artificial stress (sympathicotonia) > "success of the medication" >
If the body neutralizes or expels the toxins later on, he actually comes into healing (vagotonia) > dizziness, headache.
- **Brain pressure = general healing symptom:** The interaction of the eyes, balance organs (inner ear), and muscle and joint receptors, is disturbed by the demand for space in the brain (brain pressure) > dizziness.
- **Cervical spine or skull bone** in healing (possibly in hanging-healing), space requirement reaching into the inner-ear area > dizziness, see p. 195.
- **Tumor on the hearing or balancing nerve** > dizziness.
- **High blood pressure**, see pp. 225, 117, 59.
- **Hypoglycaemia** see p. 219.

Menière's disease (morbus menière)*

The Menière's triad of CM is made up of the following symptoms: vertigo, one-sided hearing loss and tinnitus.

Here, CM makes a single "disease" out of at least two separate SBS in different phases.

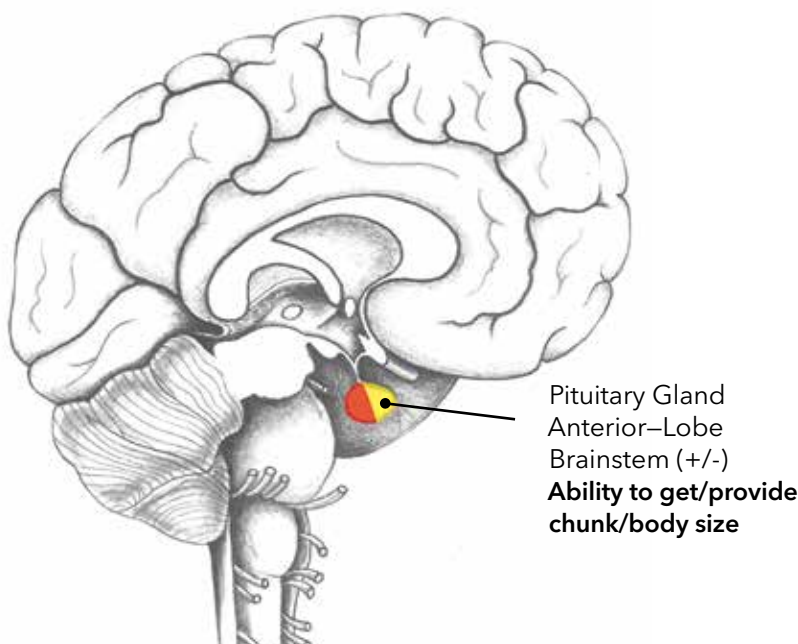
HYPOPHYSIS (PITUITARY GLAND)

The bean-shaped pituitary gland (hypophysis) lies at the base of the diencephalon or interbrain.

The endodermal anterior lobe of the pituitary gland—in principle, a hormone gland located in the brain—is distinct from the ectodermal posterior pituitary, which is part of the interbrain. Some of the hormones of the anterior lobe only have an indirect function: they stimulate the activities of other hormone glands. This includes the follicle stimulating hormone FSH and the

lutinizing hormone LSH which cause maturation of the ova or sperm in the gonads, the adrenocorticotrophic hormone ACTH which stimulates the adrenal cortex, and the thyroid stimulating hormone (TSH), which stimulates the thyroid gland.

Whether there are separate conflicts for these hormone functions has yet to be researched. The correlative organ would be, for instance, the “thyrotropinoma.”



SBS of the Anterior Lobe of the Hypophysis



Tumor of the adenohypophysis (adeno-ca), gigantism (hypersomnia), enlargement of the extremities (acromegaly)¹

Conflict	Chunk conflict: Unable to grasp something (chunk) that is out of reach because of one's size. Simply stated: Conflict of being too small.
Examples	→ A little child sees her mother putting sweets on the table. Since he is so small, he cannot even see them. → A young animal is too small and does not get his share of his mother's milk.

¹ Cf. Dr. Hamer, Charts pp. 17, 34

→ A schoolboy is teased because he is the smallest in the class.

→ A young man fails the physical examination for the military, because he is not tall enough.

Tissue	Andenohypophysis–brainstem–endoderm.
Conflict-active	Increase in function, growth of a cauliflower-shaped adeno-ca of secretory quality > increased production of the growth hormone somatotropin. Conflict in the growing years > faster growth or gigantism. Conflict in adult years > enlargement of the hands, feet, lower jaw, chin, mouth, nose, sexual organs = acromegaly.
Biol. meaning	Production of more growth hormones so that the individual as a whole or his gullet opening grows larger.
Healing-phase	Normalization of functions. If fungi or fungal-bacteria are present: tubercular-necrotic tumor-degradation and normalization of the somatotropin production.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life if they are not already resolved. Consider surgery, if the size of the tumor causes problems.

Short stature due to somatotropin deficiency

Same SBS as above.

Phase	Hanging-healing: Reduction of hormone producing tissue > deficiency of somatotropin > delayed development or short stature, insufficient buildup of muscular tissue, too much fat tissue.
Therapy	Omission of the evening meal, athletic activities and sufficient sleep raise the somatotropin level. Basketball, volleyball: In these sports tall people have an advantage > small people come into conflict, which stimulates the somatotropin production > growth. Ingestion of high, quality protein, such as eggs. Flaxseed oil. Sunbaths.

Tumor of the milk duct stimulating cells of the adenohypophysis (adeno-ca, prolactinoma)²

Conflict	Not being able to feed the child or the family.
Examples	→ The head of the family earns just enough to support his family, but he loses his job. → A single mother no longer knows how she can support her children.
Tissue	Andenohypophysis–brainstem–endoderm.
Conflict-active	Growth of additional, milk-duct stimulating cells = cauliflower-shaped adeno-ca of the hypophysis of secretory quality. Release of more lactotropic hormones (LTH or prolactin) > Because of the proximity to the optic nerve, a tumor, which is too large can cause a visual field defects. In such a case, an intervention is necessary in any case. Effect in women: Increasing the milk secretion if she is breastfeeding. If she does not breast feed, possibly milky discharge from the breast (galactorrhea), libido decrease, absence of ovulation and menstruation (amenorrhea). In the case of a man: decreased libido, possibly impotence or sterility.

² Cf. Dr. Hamer, Charts, pp. 17, 34

Biol. meaning	Production of more prolactin so the children and partner can be better nourished with more milk. A higher prolactin level promotes nurturing behavior and reduces sexuality and fertility. (Pregnancy and an additional offspring is the last thing that this individual needs!)
Healing-phase	If fungi or fungal-bacteria are present: a tubercular-necrotic degradation of the tumor > normalization of prolactin production > reduction of milk secretion.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life, if still active. Guiding thoughts: <i>Realize that one is not alone in taking care of the family.</i> <i>There are relatives, friends, and social institutions that can help care for the family.</i> <i>"There is enough to eat! Everybody is taken care of!"</i> Back-flowers: elm, red chestnut, optionally pine. Consider surgery if the tumor creates a problem due to its size (e.g., compression of the optic nerve.)

Abnormal short stature-dwarfism*

If you can rule out these cause(s):

Under or insufficient nourishment, vitamin deficiency (vitamin D), disturbances in absorbing nourishment (see colon), chemo-poisoning, radiation damage, etc., then the following come into consideration:

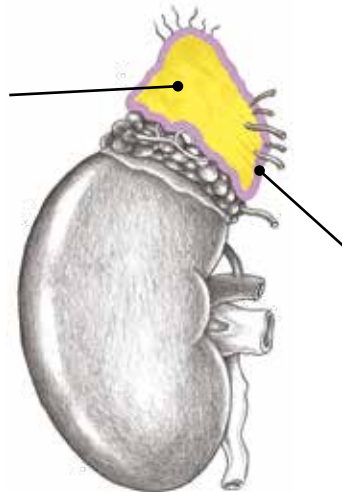
- Territorial conflict constellation(s)** (cerebral-cortex) during the growth phase: simultaneously active HFs on the right and left in the territorial areas bring about—in addition to physical changes—a cessation or delay in physical and psychic maturation (= retardation).
 The individual stops developing at the point where the constellation begins (second conflict).
 Indicators: thin appearance, narrow shoulders, few muscles, late ovulation and/or late sexual maturation, so-called baby face (See p. 314 and literature by Dr. Hamer).
- SBS of the bones** during the growth phase: long-lasting, active generalized self-worth conflict—limitation of the bone metabolism and bone growth during the hanging-conflict activity (see p. 284).
 Signs: anemia, bone and joint pain in the intermittent healing-phases.
- Testicles**—conflict activity during the growth phase: demise (necrosis) of testicular tissue, decrease in testosterone production due to hanging-conflict activity > lack of drive, slowing of muscle and body growth (see p. 252).
- Pituitary gland**—hanging-healing during the growth phase (see above).
- Thyroid gland**—hanging-healing during the growth phase: degradation of thyroid tissue, inadequate production of thyroxin (= thyroid under-function) in hanging-healing > slowing of metabolism and growth (see p. 108).
- Adrenal cortex**—hanging-conflict activity during the growth phase: degradation of adrenal cortex tissue and a limiting of cortisol production in hanging-conflict activity > decreased drive and lessened growth (see p. 106).
- SBS of the insulin and/or glucagon producing cells** of the pancreas during the growth phase: limitation of body growth due to insufficient sugar supply (see p. 218).

ADRENAL GLANDS

The adrenal glands (glandula suprarenalis) are paired hormone glands located at the poles of the kidneys. According to Dr. Hamer, the stress hormones dopamine, noradrenaline, and adrenaline, are produced in

the endodermal adrenal medulla. From the base substance cholesterol, the mesodermal adrenal cortex produces cortisol and aldosterone (also stress hormones) and male sex hormones.

Adrenal Medulla
Brainstem (+/-)
**Unbearable
Overload-Stress**



Adrenal Cortex
Cerebral-Medulla (-/+)
Off Track/Wrong Path in Life

SBS of the Adrenal Cortex



Hypofunction of the adrenal cortex (Waterhouse-Friedrichsen syndrome, adrenal gland insufficiency, Addison's disease)¹

Conflict	Being thrown off course, taking the wrong path or having "bet on the wrong horse."
Examples	• The young woman grows up in a sheltered environment. Due to marriage and having three children, quickly, she finds herself in a difficult situation: The children keep her constantly busy and, in her opinion, her husband does not pay enough attention to her. It gets to the point where the partnership is in doubt = conflict of having chosen the wrong partner. In the hospital, she is diagnosed with adrenal gland insufficiency = active conflict. (Personal archive B.Eybl) • A German marries a woman of Turkish background. At the wedding, he is confronted with Turkish customs, which he finds difficult to accept. He has the feeling he is making a mistake with this marriage. (Cf. Rainer Körner, Biologisches Heilwissen, p. 257) • Until recently, the patient enthusiastically worked as a computer expert in a firm. Then, the retirement shock kicks in: At home, the patient feels he is completely superfluous, feeling like the fifth wheel. When the children call, they always ask for their mother = conflict of being on the wrong path. (Cf. Dr. Hamer, Celler Dokumentation, p. 61)
Tissue	Adrenal cortex–cerebral-medulla–mesoderm.
Conflict-active	Tissue degradation (necrosis), reduced cortisol production > "stressed fatigue."

¹ Dr. Hamer Charts pp. 67, 78

The individual is forced to slow down on the wrong path. In CM, acute adrenal hypofunction is called the Waterhouse-Friedrichsen syndrome. Chronic adrenal hypofunction = hanging-conflict activity = Addison's disease > increased weakness and fatigue, lack of appetite (anorexia), nausea, weight loss, low blood pressure (hypotonia), low sugar levels (hypoglycemia), brown discoloration of the skin. In the healing-phase of the relevant SBS, the cortisol values sink temporarily.

Healing-phase	Filling out and restoration of tissue, increased production of cortisol or aldosterone.
Biol. meaning	An increased level of cortisol or aldosterone means an extra jolt of energy > despite vagotonia, the individual is extremely capable of performing. This way, he quickly gets onto the right path and can compensate for the delay.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Guiding thought: <i>"I pause to think and reorient myself! Then the journey can continue."</i> CM hormone replacement therapy with cortisol or fludrocortisone (aldosterone), if there is no improvement in the hormone levels and if the symptoms require so (hanging-insoluble active conflict).

Hyperfunction of the adrenal cortex regarding cortisol (hypercortisolism, Cushing's disease) or with regard to aldosterone (hyperaldosteronism, Conn's syndrome)

Same SBS as above.

Chronic hypercortisolism resembles long-term cortisone therapy—high blood pressure, round and swollen face, bull neck, central obesity (belly), muscle atrophy = Cushing's syndrome, Cushing's disease

Chronic high aldosterone level: high blood pressure, lowering of the potassium level (hypokalemia), causing weak muscles, possibly cardiac arrhythmia, constant thirst (polydipsia) and frequent urinary urgency (polyuria), especially at night = Conn's syndrome.

Healing-phase	Restoration and refilling of tissue. Increased production of cortisol or aldosterone. Hanging-healing = Cushing's disease (excess cortisol), Conn's syndrome (excess aldosterone).
Remark	In the active-phase of the corresponding SBS, the cortisol level rises briefly. Probably active kidneys-collecting tubules SBS, also play a role in Cushing's syndrome.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life so that the hanging-healing comes to an end. Guiding thoughts: <i>"I am back on course and I can increase the tempo!" "God is guiding my ways." "Everything is okay again."</i> Bach-flowers: hornbeam, oak. Consider surgery when symptoms make it necessary.

Tumor of the adrenal cortex

Same SBS as above! (See pp. 106-107)

Phase	Healing-phase —Restoration and refilling of tissue. A tumor that is as large as a fist develops; at the beginning there are fluid-filled cysts on the adrenal cortex > increasing growth of functional tissue = CM's "adenoma or cancer of the adrenal cortex" up to several kilograms in weight > increased production of cortisol or aldosterone = hyperfunction of the adrenal cortex.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Surgery if the size of the tumor causes problems in the surrounding area.

SBS of the Adrenal Medulla



Tumor of the adrenal medulla (pheochromocytoma, neuroblastoma)

Conflict	Extreme tension due to too much stress. Something is just beyond reach (time-, job-, or school wise, beyond reach or anything of the like.) "Now it is getting very tight."
Example	→ <i>Everything is getting to be too much! You do not know what to do first.</i> → <i>An employee is overworked; he has too many duties at the same time and is under pressure to do everything as quickly as possible!</i> → <i>Somebody is causing a serious traffic accident.</i>
Tissue	Adrenal medulla–brainstem–endoderm.
Conflict-active	Increased function, growth of an adeno-ca of secretory quality (= pheochromocytoma, neuroblastoma) > increased production of dopamine, noradrenalin or adrenalin–hyperfunction of the adrenal medulla. Symptoms: attack-like high blood pressure, racing heart, increased blood sugar, sweating, shivering.
Remark	In the active-phase of the corresponding SBS, the adrenaline value also rises temporarily.
Biol. meaning	Extreme stress can be handled better. Extraordinary performance is made possible.
Healing-phase	Function normalization, reduction of the tumor through fungi or fungal-bacteria (mycobacteria) . Holes (caverns) in the tissue can remain. Hanging-healing: hypofunction of the adrenal medulla. In the healing-phase of the corresponding SBS, the adrenaline level also sinks temporarily.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Guiding thoughts: <i>"There is nothing that can upset me!" "Why should I get excited about that?"</i> "Milky Way" therapy. Bach-flowers: olive, sweet chestnut. Surgery if the size of the tumor causes problems in the surrounding area.

1 Cf. Dr. Hamer, Charts pp.17, 27

THYROID AND PARATHYROID

The thyroid is shaped like a butterfly and lies underneath the larynx in front of the trachea (windpipe).

The main tasks of the endodermal basic tissue of the thyroid is to produce thyroid hormones (T3, T4 = thyroxine) and store iodine.

The thyroid also produces the hormone calcitonin, which lowers the calcium level.

Calcitonin is the opposing player of the parathormones of the parathyroid, which raises the calcium level.

From a history of development point-of-view, the endodermal thyroid and parathyroid once directed its hor-

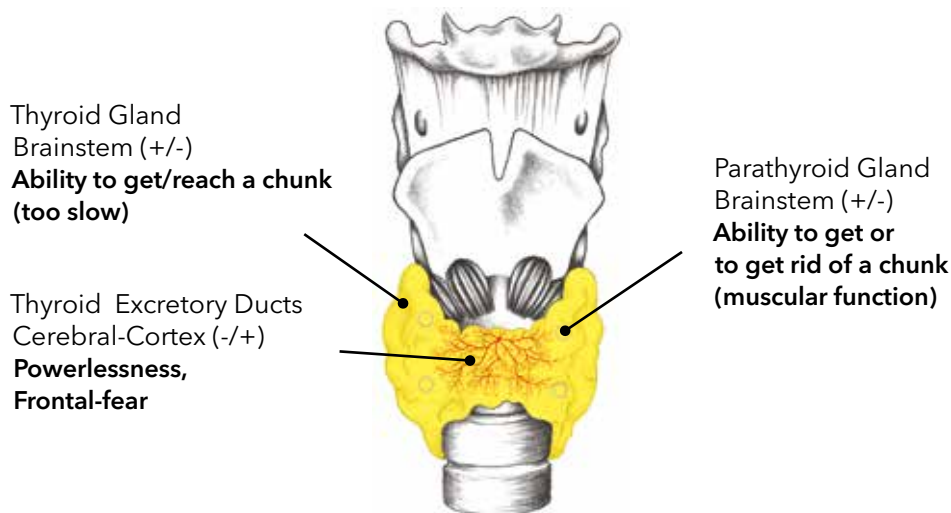
mones into the colon; today they go directly into the blood.

The ectodermal excretory ducts of the thyroid once led thyroxine into the colon.

One can imagine these excretory ducts as being like the gallbladder bile ducts, which transport bile from the liver into the colon.

As far as I know, they no longer have a function but they still exist.

Dr. Hamer has found out that they react with the so-called powerlessness conflict.



SBS of the Thyroid Gland-(Follicular Cells)



Enlargement of the thyroid, thyroid tumor (adeno-ca, autonomous adenoma, toxic lumps)¹

Conflict*	Chunk conflict. Not being able to grasp something (right thyroid) or not being able to get rid of something (left thyroid) because of being too slow. Simply stated: a conflict of being too slow.
Examples	• A retiree has worked for a family for years as a housekeeper. It is as if she were part of the family. One day, she is stunned when she is fired for being too slow! > She cannot hold onto her source of income because she is too slow. She develops a thyroid tumor in the active-phase. The tumor is surgically removed via Sx. (Personal archive B.Eybl) • An older employee feels that he can no longer keep up with the young people in the company. In his old-fashioned thorough manner, he cannot hold to the strict time discipline. The firm's management would rather have a younger, more dynamic man in his position. They want him to retire. Soon afterwards, he is diagnosed with thyroid cancer > not being able to hold onto his job because he is too slow (chunk conflict). The tumor is removed. (Personal archive B.Eybl) → Somebody has inspected a house that is for sale. A loan must be worked out with the bank. In the meantime, a cash buyer snaps up the house > not getting the house because of being too slow (chunk conflict). → Somebody waits too long to sell his stocks and as a result loses half his wealth > not getting rid of the stocks because he did not sell quickly enough (chunk conflict).
Tissue	Thyroid gland–brainstem–endoderm.
Conflict-active	Increased function, growth of a compact cauliflower-like adenoma tumor of secretory quality = "hard goiter (struma)" > increased thyroid hormone production > increased T3 and T4 levels in the blood > accelerated metabolism, and possibly breathing difficulties without coughing or hoarseness due to lack of space.
Biol. meaning	Due to more thyroid hormones in the blood the individual becomes quicker.
Healing-phase	Function normalization, tubercular-caseating degradation of the tumor, if fungi or fungal-bac-

¹ Cf. Dr. Hamer, Charts pp. 20, 30

Therapy	teria are present > normalization of the thyroid hormone level. If no fungi and fungal-bacteria are present > the tumor is encapsulated. In this case, the thyroid hormone level remains high. Find out what the conflict and/or tracks are and, if possible, resolve them in real life if they are still active. Guiding thoughts: <i>"I am fast enough and satisfied with my speed! I set the tempo—no one else!" "Make haste slowly!"</i> Bach-flowers: impatiens, vervain. Hildegard of Bingen: lovage-mixture special recipe. Surgery, if the tumor causes a problem because of its size.

Hyperfunction of the thyroid (hyperthyrosis, Grave's disease)

Same SBS as above

Phase	Conflict-active phase, usual hanging-active conflict . Increased thyroid hormone production caused by an increase in thyroid cells (adeno-ca). Symptoms: usually goiter, accelerated metabolism, ravenousness, warm and moist-reddened skin, increased pulse rate, bulging eyes (exophthalmia), and wide open eyes, often weight loss due to high energy requirement, sensitivity to warmth, sleep disturbances, and lack of concentration.
Remark	In the active-phase of the corresponding SBS, the thyroid hormone value goes up temporarily. By an SBS of the thyroid excretory ducts, there is also a slight increase in the amount of the thyroid hormone in the active-phase.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life (see above). Avoid stimulants, such as coffee, black or green tea, iodized salt, iron preparations, and long sunbaths.

Acute inflammation of the thyroid (thyroiditis)

Same SBS as above

Phase	Healing-phase —degradation of thyroid tissue. Pain, reddening, swelling, possibly fever and night sweat.
Therapy	The conflict is resolved. Accompany the healing process. Lymph drainage massages, curd cheese compress, apply cold compresses (e.g., cloth w. salt water).

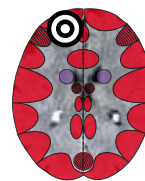
Hypofunction of the thyroid (hypothyroidism, myxedema)

Same SBS as above (see pp. 109-110)

Symptoms: delayed development (in childhood), weakness, apathy, fatigue, sensitivity to cold, lack of appetite, constipation, dry, doughy, puffed-up skin (myxedema), sunken eyes (endophthalmus), reduced sweat production, slowed pulse and reflexes, low blood pressure, shallow breathing, weight gain, and high blood cholesterol level.

Phase	Hanging-healing or the condition thereafter. Excessive degradation of the thyroid tumor > falling of the thyroid values to levels under the norm > under-functioning of the thyroid.
Remark	In the healing-phase of corresponding SBS, the thyroid hormone value sinks temporarily.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life so that the hanging-healing comes to an end. Medication with a thyroid substitute, if thyroid hormone production does not restart after the conflict resolution. However, if one begins medication early, the thyroid reduces production even more so that there is no way back > life-long medication is necessary. This is also true if you have chosen a total surgery.

SBS of the Thyroid Excretory Ducts



Goiter without Thyroxin-Wert change (only TSH level + or -) (euthyroid goiter, euthyroid cyst, medial neck cysts)¹

Conflict	Powerlessness or frontal-fear conflict (dependent on sex, "handedness," hormone levels and age). Explanation: Powerlessness is a feminine-passive reaction to an approaching danger. One feels helpless, does nothing and for this very reason becomes tense.
Examples	Powerlessness conflict: (For examples of frontal-fear conflict; see p. 138.) → "Something needs to be done urgently, but no one does anything!" "My hands are tied. I cannot do anything." • Over a year, an intelligent, 9-year-old schoolgirl develops a moveable nodule just under the larynx. In the hospital, she is diagnosed via ultrasound with a 2 by 3 centimeter cyst (CM: "medial neck cyst" or "lymph angioma"). Conflict history: about three years before that, the little patient learns that her father is having an affair with her mother's best friend. After much "back and forth", her parents separate = powerlessness conflict on the part of the daughter. The little one longs to bring her father home to her mother. However, in this situation, she is helpless. Following two years of conflict activity, she slowly comes into healing, as it finally becomes clear to her that her father and mother no longer live together. She is fond of them nonetheless. Due to recurrences ("Why aren't Mum and Dad together anymore?"), the medial neck cyst described above develops. As the mother comes to understand that one thing is linked to the other, she wants to make a "family-campfire ritual", where the father is also present. (Personal archive B. Eybl) • A father receives a letter from the school informing him that his daughter is being expelled. The girl had been having repeated problems, but he hadn't expected an expulsion. (Personal archive B. Eybl)
Tissue	Thyroid excretory ducts–cerebral-cortex–ectoderm (gullet-mucosa-pattern).
Conflict-active	Squamous epithelium tissue degradation (ulcer) in the thyroid excretory ducts, which in the meantime are closed off. Painful pulling, slightly raised thyroid hormone production due to a functional linkage with the glandular tissue.
Biol. meaning	Widening of the ducts for the purpose of a better release of thyroid hormones.
Healing-phase	Restoration of the squamous epithelium, swelling but no pain, cyst development. This swelling is (also) diagnosed as a goiter or as a so-called medial neck cyst. In the case of syndrome, very large cysts develop. As these are not thyroid hormone producing cells (thyrocytes), but rather squamous epithelium cells, the level of thyroid hormones in the blood usually remains normal. (In CM: "euthyroid cysts of the thyroid" or "retrosternal or mediastinal thyroid cysts.") Possibly breathing difficulties due to lack of space.
Therapy	The conflict is resolved. Accompany the healing. In case of recurrences, find out what the conflict and tracks are. Resolve the refugee conflict, if such is active! Guiding thoughts: "I do not have to feel that I am responsible for everything!" "I give it into the hands of God!" "Everything will be alright again!" Bach-flowers: rock rose, aspen, mimulus lymph drainage massages. Curd cheese packs, cold packs (e.g., cloth soaked with saltwater). Hildegard of Bingen: lovage-mixture special recipe. Spray the neck with colloidal silver, frankincense, and tincture of myrrh. Sx, if the tumor causes problems due to size.

¹ Cf. Dr. Hamer, Charts, p. 124

Chronic inflammation of the thyroid (Hashimoto’s thyroiditis)

According to CM, Hashimoto’s is an autoimmune condition. Such a thing does not exist according to the 5 Biological Laws of Nature (see immune system, p. 21).

The condition is marked by a briefly overactive thyroid that later becomes underactive. The typical symptom is hypothyroidism (underactivity).

According to Dr. Hamer, the thyroid excretory ducts are

always affected with this disease.

However, I am not so sure whether the thyroid principal tissue isn’t also a possibility:

- **SBS of the thyroid excretory ducts**—recurring-conflict.
- **SBS of the principal tissue of the thyroid***—recurring-conflict or hanging-healing.

Hot lumps, cold lumps

Hot lumps, which can be determined through scintigraphy, are metabolically overactive areas of the thyroid tissue, usually associated with increased thyroid hormone levels.

Cold lumps are metabolically underactive areas. They usually produce little thyroid hormones, or none at all,

and thus usually go hand in hand with underactivity.

Both SBS come into question:

- **SBS of the thyroid gland**-recurrent conflict.
- **SBS of the thyroid excretory ducts**-recurrent conflict or hanging-healing.



SBS of the Parathyroid Gland

Tumor of the parathyroid gland (adeno-ca), increased parathyroid hormone (PTH) levels (hyperparathyroidism) and increased calcium levels (hypercalcemia)¹

Conflict	Chunk conflict. Due to lack of sufficient muscle activity, not being able to get something (chunk) (right side) or expel something (chunk) not wanted (left side). Simply stated*: One does not get something because of being too powerless, passive, inactive or lax.
Tissue	Parathyroid—brainstem—endoderm.
Conflict-active	Hyperfunction—growth of a compact cauliflower-like (adeno-ca), of secretory quality. Increase in PTH producing cells = “hard goiter” (struma) > increased production of PTH (hyperparathyroidism) > increase in the calcium level due to depletion of bone calcium. By longer conflict activity this can lead to decalcification of the bones (fibro-osteoclasia).
Biol. meaning	Increase in muscle activity due to raised calcium levels.
Healing-phase	Function normalization, tubercular-caseating degradation of the tumor, normalization of the PTH level or encapsulation if fungal-bacteria are not present.
Remark	Not only too low calcium levels in the blood, but also levels that are too high can point to hypocalcemia.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life if still active. Calcium supplements should always be combined with vitamin D (organically bound).

1 Cf. Dr. Hamer, Charts pp. 20, 30

HEART

The approximately fist-sized heart lies behind the breast-bone in the pericardial cavity or pericard. The heart is made up of two halves: the strong-muscled left side and the thin-walled right side. Those are divided by a wall called the cardiac septum.

Each of the two halves of the heart is divided into a fore-chamber (or atrium) and a main chamber (or ventricle). The chambers are connected via the mesodermal atrioventricular (AV) valves.

The semilunar valves, which are also mesodermal, are found between the heart chambers and the large pulmonary and aortic arteries.

According to Dr. Hamer, the atria are mainly made of involuntary muscles and are controlled by the middle brain. The main chambers are made up of striated muscles and are controlled by the medulla mesoderm (metabolism) and the cerebellum mesoderm (motoric). The pericard (cerebellum mesoderm) serves as protective wrapper and friction bearings. Its inner layer (epicard) is grown together with the surface of the heart. Its outer layer is the actual pericard.

CM, recognizes just one type of heart attack: Clogged

coronary vessels restrict the supply of oxygen to the heart muscle tissue, which leads to their demise. If large areas are affected, the patient dies.

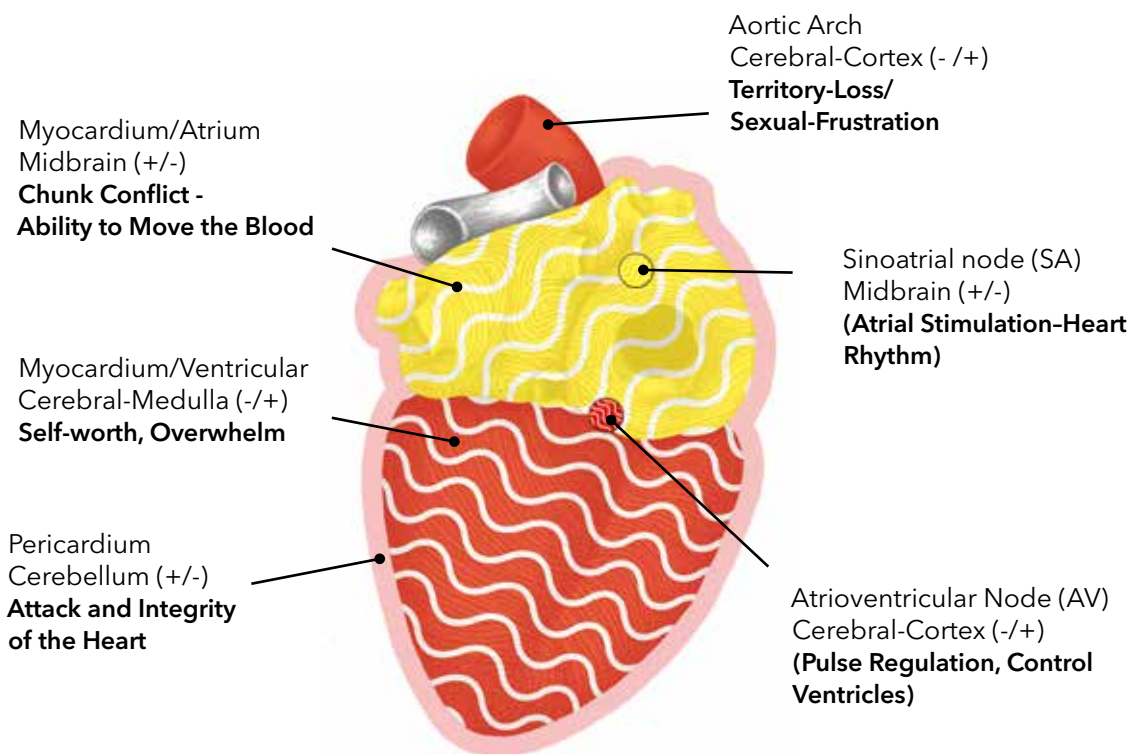
But why do post-mortem examinations of heart attack victims reveal "*virginally clean coronary arteries*", while complaint-free living persons have severely clogged coronary vessels (arteriosclerosis)?

Why do stent-operated patients have no complaints at all, although their stents are already completely clogged after just a few years?

Once again, it was Dr. Hamer who cleared up this contradiction: He discovered that there are two types of heart attacks with differing conflict contents and differing control centers in the brain. One can die of both and one can survive both, depending on the severity and duration of the conflict.

The cerebral-medulla-controlled conflict of being overwhelmed or outsmarted affects the heart muscle and in the active-phase causes the death of tissue.

The cerebral-cortex-controlled territorial-loss conflict affects the coronary vessels and causes arteriosclerosis in the healing-phase.



Excursion: The heart is not a pump

The technical data of the heart and blood circulation throws doubt on the pump theory of CM: A 300 gram 70W pump should push blood, which has five times the viscosity of water, through thousands of kilometers—CM's estimate 1000-100,000 kilometers(!) of vessels? 99% of these are capillaries, which for the most part are so narrow that the red-blood cells are pressed together in order to pass through.

As early as 1860, Chauveau and Lortet observed that during the systolic phase the pressure in the left ventricle is lower than the aortic pressure. According to the pump theory, this should not be.

Bremer observed the blood circulation of very young chick embryos before the formation of the heart valves. He determined that the blood, without any apmother driving mechanism, moved forward in a spiral form around its own vertical axis. The spiral-building stream of blood

is only strengthened by the pulsating heart.

One medium alone, however, cannot generate a vortex: There must be two unevenly viscous materials. Blood contains oxygen, carbon dioxide, nitrogen, etc. It is likely that these gases play a role in the generation of the vortex.

While examining the vortices in rivers of Austrian water, researcher Viktor Schauburger found results similar to those found by Chauveau, Lortet, and Rudolf Steiner, when they were observing blood circulation.¹

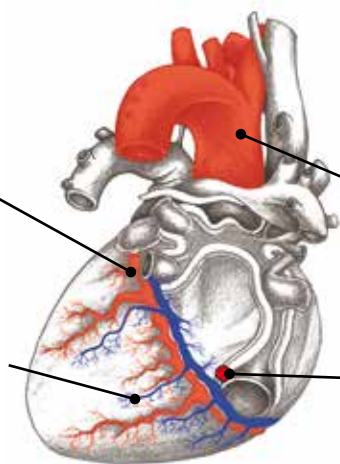
In summary: The pumping capacity of the heart is only sufficient for a few meters. The rest—let's say 10,000 kilometers—is pushed forward by the blood by means of peristaltic vessel impulses, vortices, and widely unknown suction forces. The role of giving impulses and keeping the beat may be attributed to the heart.

¹ Cf. Raum und Zeit 1998, article series "Das Herz ist keine Pumpe" No. 91, 92, 93.

SBS of the Coronary Arteries

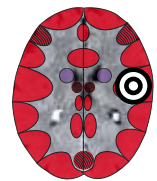
Coronary Arteries (Intima)
Cerebral-Cortex (-/+)
**Loss-of-Territory/
Sexual-Frustration**

Coronary Veins (intima)
Cerebral-Cortex (-/+)
**Sexual-Frustration/
Loss-of-Territory**



Aortic Arch, Carotid Artery,
Ascending Aorta
Cerebral-Cortex (-/+)
**Loss-of-Territory/
Sexual-Frustration**

Atrioventricular Node (AV)
Cerebral-Cortex (-/+)
**(Pulse Regulation,
Controls Ventricles)**



Heart tightness-aches (angina pectoris)¹

Conflict	Male loss-of-territory conflict or female loss-of-territory conflict (dependent on sex, "handedness," previous conflicts, hormone levels and age). Male loss-of-territory conflict means: Loss of the entire territory or the contents of the territory. For instance, someone loses his partner, his job or his rank. Someone loses his house, his business or his money. In the case of the male loss-of-territory conflict, it is about the "outer territory", in contrast to the female loss-of-territory conflict
Example	For male loss-of-territory conflict (examples of female loss-of-territory conflict, see p. 158). • A 50-year-old, right-handed man has a bad argument with his boss = loss-of-territory conflict. He feels that his territory has been taken away from him. (Personal archive B. Eybl) • The father of a 9-year-old schoolboy is unfaithful. Afterwards, the marriage of the parents

¹ Cf. Dr. Hamer, Charts, p. 113

no longer functions—there is permanent argument = loss of territory affecting the coronary arteries of the boy. The intact family territory is gone. (Personal archive B.Eybl)

- Whenever the early-retired teacher (left-handed, 56-years-old), thinks about her former boss, an authoritarian school principal, she gets angina pectoris. She has suffered from this affliction ever since that morning three years ago when she came to school too late and was confronted by the principal. On the outside, she was able to remain calm but inside she was extremely tense. On the way to school, she had a head-on collision, which she survived by a miracle. Besides that, she was abandoned by her boyfriend, the “great love of her life”, just a few days before. Because of this powerful combination, she suffered a male loss-of-territory conflict affecting the coronary arteries. (Personal archive B.Eybl)

Remark: Since the conflict lies three years back, it would be risky to resolve it. In this case, it is better to do nothing and think about the unpleasant boss every now and then.

- The 55-year-old, right-handed professional printing worker has been suffering for the last 2½ years from cardiac arrhythmias (brief lapses). Conflict history: Five years ago, the old printing machine was replaced by a new one. The machine was the patient’s sole responsibility and he grew attached to it. Now, the new machine is used by several coworkers at the same time. In addition, his salary has been reduced = territorial-loss-conflict affecting the coronary arteries. This has made the patient mildly depressive. Then 2½ years ago, the patient was given a new job in the company and he came into hanging-healing > cardiac arrhythmias. Therapy: Untie from the company, strophanthin. (Personal archive B.Eybl)

Tissue	Squamous epithelium of the coronary arteries—ectoderm (gullet-mucosa-pattern).
Conflict-active	Cell degradation (ulcer) of the sensitively supplied squamous epithelium on the inner surfaces of the coronary arteries (internal coronary arteries). The “hollowing out” of these vessels is practically never diagnosed because in CM narrowing changes (instead of enlargement) are looked for. Squeezing pain in the heart (angina pectoris).
Biol. meaning	Due to the loss of cells, the luminal diameter of the coronary arteries is increased > better blood supply to the heart > increased heart performance in order to be able to win back the lost territory or territorial content. For instance, to be able to win back a job or partner (= second change through “biotuning”).
Healing-phase	Repair and restoration of the squamous epithelium of the coronary arteries. Narrowing (stenosis) of the coronary arteries due to healing swelling = CM’s “coronary heart disease” and/or “arteriosclerosis.” Possibly raised levels of LDL cholesterol.
Healing-crisis	Heart attack 2-6 weeks after the beginning of the healing-phase (see below).
Therapy	Find out what the conflict is and consider whether it should be resolved. If the conflict has been active for longer than 6-9 months by itself (without constellation), it should not be resolved. Otherwise, a heart attack might occur in the healing-phase. In such cases, Dr. Hamer advises to consciously keep the conflict active, for example, by growling at the adversary every now and then. For shorter conflict duration, low intensity or in constellation, healing-crisis is mostly unremarkable. To soothe you: The vast majority of us are in a safe constellation mode. In my experience, you cannot control the resolve of non-resolving conflicts anyway. (Goethe: All theory, dear friend, is gray, but the golden tree of life springs ever green.) Psychic preparation: remain calm. Physical preparation: strophanthin or in homeopathic form as g-strophanthin. (For information and sources, see www.strophantus.de) All health inducing and strengthening measures, such as sufficient sleep, alkaline nutrition, etc. Heart strengthening foods: asparagus, honey, onions, red wine, red grape juice. Borax internally. Tea: rosemary, hawthorn, mistletoe, arnica, rose-blossom petals, etc. Hildegard of Bingen: galangal powder, parsley-honey wine, and galan-gal-honey special recipe.

Heart attack coming from the coronary arteries (coronary heart attack), arteriosclerosis of the coronary arteries²

Same SBS as above.

Phase	Healing-crisis: 2-6 weeks after the beginning of the healing-phase, the patient suffers a coronary infarction (CM: "heart infarction" or "heart attack"). Fear and annihilating feelings, intense chest pain, possibly extending into the back and the left arm, shivering. The pain, however, does not come from the narrowing or closure of the coronary vessels, but from the cerebrum-controlled strong sympathicotonic cramps of the vessel walls (according to Dr. Hamer: voluntary musculature) = local "vessel-muscle-epilepsy," which can also generalize. With this type of heart attack, one finds "arteriosclerotic" coronary vessels, but no damaged or atrophied muscle tissue. During a heart attack, the patient is more or less "absent" or unconscious (absence, blackout). The rhythm center for the slow heartbeat also lies in the male territorial part of the cerebral-cortex. This is why the pulse is irregular and slow during a heart attack. The pulse can drop to 3-4 beats per minute, together with very shallow breathing (CM: "apmother death").
Therapy	With this SBS, after intensive treatment, bypasses or stents are often laid in CM. From the perspective of the 5 Biological Laws of Nature, this probably makes sense only in exceptional cases, namely when one of the three major vessels is clogged. You have to know that when a blood vessel is no longer continuous due to injury or deposits, the body immediately forms parallel or bypass vessels in the case of closure (anastomosis) = "natural bypass". A well-kept secret of cardiology is that stents or bypasses close up after a few months and nevertheless the patient is well. See also p. 123.

AV block (atrioventricular block)*

Same SBS as above. (See pp. 114-115)

AV block is an unnecessary term of CM, based on a false perception that the drop in pulse rate is due to a conduction disturbance between the atria and the main chambers.

However, Dr. Hamer has found out that the AV node (= the "sparkplug of the main chambers"), which controls the pulse rate of the main chambers, is directed by the right and left cerebral-cortex (territorial area).

Symptom	Dramatic drop in the pulse rate (bradycardia) or cardiac arrest.
Tissue	AV node–cerebral-cortex–ectoderm.
Phase	Healing-phase–healing-crisis: The pulse can sink very low, together with very flat breathing (earlier "apmother death"). By long conflict activity it ends in cardiac arrest.
Therapy	In CM, a heart pacemaker is implanted after intensive treatment. Pacemakers are probably useful in some cases. In chronic recurrent intractable conflicts: Their use must be considered carefully in each case. In my opinion–the symptoms should be decisive rather than the patient's readings. (Additional therapeutic possibilities, see p. 123.)

² Cf. Dr. Hamer, Charts, p. 113

SBS of the Muscle-Nerve Supply



Infarction of the heart muscle (myocardial infarction)¹

In the second type of heart infarction, the heart muscle is affected. The conflict content is a completely different one.

Conflict	Conflict of being overwhelmed or outsmarted. Explanation: Being overwhelmed or over-challenged must also be seen in a social context, i.e., has to do with other living beings (humans, animals). Being purely physically over-challenged (e.g., sport) is not enough. The fact that one has "too much to do" does not lead to a conflict of being overwhelmed or over-challenged. There needs to be a boss, for instance, that puts a person under too much pressure.
Tissue	Heart muscle tissue–cerebral-cortex–ectoderm (supplies to the nerves) and cerebral-medulla–mesoderm (nourishment).
Examples	→ One "gets stolen blind by someone" = conflict of being outsmarted. • The son of a right-handed patient is a "permanent student" = conflict of being over-challenged affecting the right heart muscle > cell degradation in the muscle tissue, myocardial infarction in the healing-crisis during the healing-phase. (Personal archive B.Eybl) • A man has been together with a woman for 7 years when he realizes that she is just using him to support her = conflict of being outsmarted and three other conflicts. (Personal archive B. Eybl) • A father learns that his son is probably going to lose his job, because he is unreliable = conflict of being over-challenged—he cannot prevent the failure of his son. (Personal archive B.Eybl) • The 64-year-old, right-handed, already divorced patient meets a man and falls in love with him. At the beginning the relationship is very good, but as years go by her boyfriend gradually pulls away from her. He is often unfaithful and there are often arguments. The patient feels used and suffers from rejection by her partner. Her weight drops to 49 kilos. Conflict of being outsmarted or over-challenged affecting the left partner-heart muscle. (Personal archive B.Eybl) • The 54-year-old, right-handed man has a particularly good relationship with his grandson. He regards him as "his own child." They are like one in mind and heart. When the boy is five years old, his daughter meets a German and decides to move to Northern Germany = conflict of being overwhelmed by the moving away of his grandson affecting the RIGHT heart muscle (mother/child side). Three months later the man begins suffering severe heart attacks, which last for half a year = healing-crisis = heart attacks. Then, everything is all right again. (Personal archive B.Eybl)
Conflict-active	Demise (necrosis) of the heart muscle cells in one or several parts of the heart muscle = muscle atrophy. Athletic and physical performance drops more or less markedly. One should not burden oneself, for this could lead to a break (rupture) of the thinned-out heart wall.
Healing-phase	Restoration of heart muscle tissue in the affected area-beyond the original state = increase in muscle (CM: "myocarditis", "myocardial sarcoma").
Healing-crisis	Myocardial infarction (CM: "heart attack") = local epileptic seizure of the heart muscle: heart trembling, ventricular flutter, possibly chills. Mild: increased pulse rate (tachycardia), "pounding heart" Infarction of the left heart chamber: spasmodic drop in blood pressure, so-called circulatory collapse. Infarction of the right heart chamber: spasmodic rise in blood pressure. Because of the cou-

¹ Cf. Dr. Hamer, Charts, pp. 61, 72

	pling of the muscle of the right chamber with the left diaphragm (breathing assistant muscle) and the bronchial musculature, breathing is impaired: breathing pauses in the night (sleep apnea), respiratory distress, possibly respiratory arrest.
Biol. meaning	Thickening and strengthening of the heart muscle in order to better deal with future demands (= luxury group).
Remark	The heart facilities carry out a turn during the embryonic development stage. For that reason, in the heart muscle and the other mesodermal parts of the heart (valves) the mother/child and partner sides are switched. This means for the right-handed, that a crisis of being over-challenged or outsmarted with regard to the mother/child affects the right heart muscle. With regard to the partner, it is the left heart muscle. For the left-handed, it is the mother/child relationship that affects the left heart muscle and in the partner relationship, the right heart muscle is affected. With this kind of heart infarction, the coronary arteries are not "arteriosclerotic"—that is, they are "<i>pure blood vessels!</i>" In this CM, performs no stents or bypasses, but one can find sunken or damaged heart muscle tissue anyway. We can also see this link between heart muscles and diaphragm in the so-called Roemheld syndrome. The heart muscle infarction can generalize, meaning the heart muscle convulsions can spread to the musculature of the musculoskeletal system > pattern of a "normal" epilepsy
Therapy	See p. 123

Inflammation of the heart muscle (myocarditis)

Same SBS as above.

Phase	Healing-phase —restoration of heart muscle tissue. Symptoms: weakness, fatigue, shortness of breath, possibly racing heart (= infarction).
Therapy	The conflict is resolved. Accompany the healing. Bed rest. Hydrogen peroxide (H₂O₂) 3% internally. Strophanthin, possibly in homeopathic form as g-strophanthin (see www.strophantus.de)

Sudden cardiac death (SCD)*

According to CM, during the autopsy, clogged coronary arteries are found in 80% of those who die from sudden cardiac death.

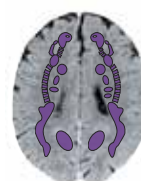
This is a clear sign of a male territorial conflict affecting the coronary arteries.

The remainder—probably more than 20%—would then be attributed to crises of being over-challenged with regard to the heart muscle.

Sudden heart death characteristics show that it occurs during the vagotonic phase, namely during sleep, in one's free time, while resting and in the recovery phase following sport activities.

Both kinds of heart infarction can occur here:

- Heart infarction coming from the coronary arteries (80%), loss-of-territory conflict—**healing-crisis**: the center for the slow heartbeat (right side of the cerebrum) lowers the pulse rate toward zero > seemingly or really dead.
- Infarction of the heart muscle (frequency about 20%), conflict of being over-challenged—**healing-crisis**.
- Sudden cardiac death during activity (*for example, a soccer player collapses on the field*): usually a break (rupture) of the heart wall in the **active-phase** of a conflict of being over-challenged > thinning of the heart wall > rupture by heavy strain.



SBS of the Heart Valves

Inflammation of the heart valves (endocarditis valvularis)*

The four heart valves prevent the return flow of blood during and after a heartbeat. The tissue belongs to the mesodermal inner wall lining of the heart (endocardium).

Conflict Self-worth conflict related to the heart.

Example → *Somebody suffers from angina pectoris and other heart problems.*
 → *Somebody hears the diagnosis that something is wrong with his heart.*
"My heart's no good anymore!"

Tissue Heart valves–cerebral-medulla–mesoderm.

Conflict-active Degradation of tissue (necrosis) in the heart valve tissue.

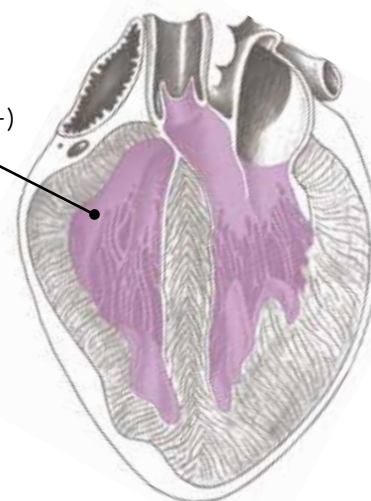
Healing-phase Restoration through increased metabolism and cell division = inflammation of the heart valve = filling up of "holes."

Biol. meaning Strengthening of the valve

Therapy See p. 123.

CM: antibiotic therapy, in case of serious symptoms if necessary.

Heart Valves
Cerebral-Medulla (-/+)
Self-Worth Conflict



Ring calcification, narrowing (stenosis) of the mitral valve, calcifying aortic valve stenosis)*

Same SBS as above

These diseases are regarded as being heart valve defects (mitral valve defect).

Phase **Hanging-healing.** Due to recurrences, scarred calcifications occur, usually at the edges of the valves. The scar tissue can diminish the tightness of the seal, reduce the closing function of the valves (valve insufficiency) or narrow the lumen (stenosis).

Remark A narrowing (stenosis) of the aortic valve hinders the thrust of blood from the left ventricle into the main circulatory system > this can cause the ventricle to widen (= pressure hypertrophy).
 The mitral valve lies between the left atrium and the left ventricle. If the mitral valve is narrowed (stenosis) or if the seal is not tight (insufficiency), the left ventricle is no longer completely filled up > the body increases the volume of the left atrium or ventricle (dilatation). Chronic mitral or aortic valve insufficiency becomes noticeable when a patient has difficulty breathing when strained (dyspnea).

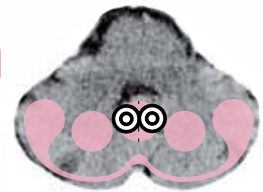
Therapy Find out what the conflict and/or tracks are and, if possible, resolve them in real life so that the hanging-healing comes to an end.
 Guiding thoughts: *"I trust my heart!" "I won't let anybody tell me anything else!"*
 Read "The heart is not a pump" on p. 114.
 Hydrogen peroxide (H₂O₂) 3% internally. Strophanthin, possibly in homeopathic form as g-strophanthin (see www.strophantus.de)
 Heart valve surgery, if the symptoms make it necessary.

Heart valve defect, heart valve leakage (heart valve insufficiency)*

Possible causes

- **Cicatricial growths on the heart valve:** Hanging self-worth conflict with regard to the heart > chronic heart valve insufficiency (see above).
- **Pericardial effusion:** Deformation of the heart due to pressure from the outside. Changes in the pericardial layers can cause tensile stress on the heart > temporary leakage of the heart valve > heart valve "insufficiency" (see below).
- **Cell degradation or cell growth in the heart muscle** (myocardium). Shrinking of the heart muscle tissue (active-phase) and thickening in the heart muscle (healing-phase) can "tensify" the heart so that the heart valves leak temporarily or chronically (see p. 117).

SBS of the Pericardium



Inflammation of the pericardial sac (pericarditis)¹

Conflict Attack against the heart

Examples

- *A real blow to or stabbing of the heart.*
- *Mental attack: "You have a bad heart!" or "I have a bad heart!" "It pierced me to the heart!"*
- *Pain in the heart region due to angina pectoris or heart attack (very frequent).*
- *A little boy loves his father, who has a heart condition, above all else. From the age of two years, he experiences, close at hand, his father's attacks of angina pectoris. He is present when his father is taken to the clinic in an ambulance because of a "suspected heart attack" = attack-against-the-heart conflict, felt as substituting for the father. As he begins school, the conflict is resolved. The healing HF is diagnosed as a "brain tumor." The boy dies after CM's treatments. (Cf. Dr. Hamer, Goldenes Buch, Bd. 1, p. 246).*
- *The 52-year-old farmer raises geese. Suddenly, in the middle of the night, the dog begins to bark. The patient runs outside to see what is going on. It is his neighbor, who is trying to steal his geese. At this moment, he is hit on the chest next to the left nipple with an axe = real attack against the heart. 23 years later, after leaving his farm due to old age, he comes into conflict resolution with a major effusion of the pericardial sac. During the previous years, he has been on "track", i.e., conflict-active. (Cf. Dr. Hamer, Goldenes Buch, Bd. 2, p. 488)*
- *The 43-year-old woman wakes up at 3 AM, because of a heart attack (healing-crisis—right heart attack). She thinks she is dying. This happens several nights in a row. She is suffering from an attack-against-the-heart conflict. (Personal archive B.Eybl)*

Tissue Pericardium—cerebellum—mesoderm.

Conflict-active Cell division, growth of a pericardial tumor (= pericardial mesothelioma).

Biol. meaning Thickening and strengthening of the pericard in order to fend off an attack in a better way.

Healing-phase Tubercular degradation of the tumor (pericardial TB) = pericarditis. Pain behind the breast-bone, fever, night sweat. If the patient has no syndrome, the pericarditis is dry in the first part of the healing-phase (pericarditis sicca). Afterwards, it is always moist (pericarditis exudativa). The border to the pericarditis effusion is seamless.

Healing-crisis Chills, severe pain

¹ Cf. Dr. Hamer, Charts pp. 47, 52

Remark	After healing is complete, calcium deposits can remain. Following relapses, spotty or extensive adhesions of the pericardial layers (obliteratio pericardii) can be found. A severe callosity of the pericard (pericarditis constrictiva) leads to a lessening of cardiac performance due to reduced movement of the heart. Vicious circle due to diagnosis.
Therapy	The conflict is resolved, accompany the healing process. Guiding thought: <i>"My heart is only temporarily weak. The heart itself is in order. It is only momentarily inflamed, which is a good sign. Everything will be all right!"</i> Strophanthin or in homeopathic form as g-strophanthin (D4), (info: www.strophantus.de) MMS, Hydrogen peroxide (H ₂ O ₂) internally. Lymph drainages. Enzyme preparations, and if appropriate, analgesic medication.

Pericardial effusion (exsudative or transudative pericardial effusion)²

Same SBS as above but a syndrome in addition.

Phase	Healing-phase: Buildup of tissue fluid between the two layers of the pericardial sac during the degradation of a tumor = pericardial effusion. In CM, this is often an indication of heart weakness (heart insufficiency). The heart is not weak; rather, it cannot move optimally in the full pericardial sac, or in the case of a pericardial tamponade, it can barely move > continually high pulse rate, in order to make up for the reduced amount of thrust, labored breathing by strain. In some people, the pericardial sac is separated into a left and right part; for others, it is open. Accordingly, there can be a right or a left pericardial effusion or an all-round (circular) pericardial effusion. The right pericardial effusion causes breathing difficulties, because the right side of the heart, which receives blood from the lungs, is impaired. Only in the case of syndrome (active kidneys-collecting tubules) can it come to a pericardial tamponade (massive effusion of the pericardium—one of the most frequent causes of heart-related deaths).
Remark	The pericardial sac can also fill up with tissue fluid coming from the surroundings (usually the ribs or breastbone in healing). This kind of pericardial effusion is called transudative pericardial effusion. Here lies the danger of a vicious circle: A patient, who hears a diagnosis of pericardial effusion or "heart insufficiency", often sees this as a new attack against the heart.
Therapy	Resolve refugee conflict (KCT). Therapeutic possibilities, see p. 228. Do not take cortisone. If necessary, nonsteroidal anti-inflammatory, diuretic medications (diuretics), puncture. See above also.

² Cf. Dr. Hamer, Charts pp. 47, 52

Weakness of the heart (heart insufficiency)

Possible causes

- **Pericardial effusion:** Heart insufficiency caused by reduced fullness of the heart (= diastolic heart insufficiency). Since the pericardium is filled with fluid, the chambers cannot fill up properly in the relaxed (diastolic) phase > performance drops although the heart muscle is strong enough to pump. Effusion of the left pericardium "left heart insufficiency" > weak bodily circulation > lowered blood pressure.

Effusion of the right pericardium "right heart insufficiency" > weakened circulation in the lungs.

- **Heart muscle weakness** (= systolic heart insufficiency). SBS of the heart muscle (myocardium) in conflict activity > demise of heart muscle cells = myatrophy > weak performance (see p. 117).
- **Heart valve defects:** the most serious of these is a non-functioning aortic valve (see p. 119).

SBS of the Atrial Musculature



Atrial fibrillation (paroxysmal atrial fibrillation, arrhythmia absoluta)¹

The atria of the heart are controlled by the midbrain via the sinoatrial nodes; the ventricles are controlled by the cerebral-cortex through the AV nodes. The atria consist predominantly of intestine-derived, smooth muscles. The principle of motion of the intestine is the rhythmic and undulating (peristaltic) onward transportation. The rhythmic tightening and loosening of the atria corresponds to this principle.

Conflict	Chunk conflict. Not being able to sufficiently transport the blood (chunk) because of insufficient peristalsis. Simply stated*: the conflict of believing that the heart cannot take care of the blood supply or does not pump enough.
Examples	→ <i>Someone hears the diagnosis: "Narrowing of the carotid."</i> → <i>"Your coronary vessels are 80% congested!"</i> → <i>"We have found a blood clot in your daughter's brain!" (Substitute conflict)</i> • <i>The 61-year-old man is an impassioned mountain climber. In the course of a hernia examination in the hospital, the doctor measures his pulse and notices irregularities. Suddenly, he is regarded as an acute heart patient. Hectically, they put him on a stretcher and transport him to the coronary care unit, although he had just ridden his bicycle to the hospital. Twice, he is hooked to a 24-hour electrocardiogram > conflict, that the heart does not pump enough. He tells himself: "What is wrong?" Since then, the patient suffers from atrial fibrillation. (Personal archive B.Eybl)</i>
Tissue	Involuntary (smooth) atrial musculature–midbrain–endoderm.
Conflict-active	Strengthening and thickening of the involuntary (smooth) musculature of the atrium. Increased muscle tension.
Biol. meaning	With strong atrial muscles, the blood can be thrust forward more easily. The blood circulation is thus improved.
Healing-phase	Normalization of the muscle tension. The thickened atrial musculature remains.
Healing-crisis	Attacks of strongly accelerated peristalsis ("heart colic"). Atrial flutter, atrial fibrillation: racing heart, feeling disquieted. Up to 600 beats per minute, clearly diagnosed with the electrocardiogram, the so-called peristaltic waves being absent. Possibly chills.
Remark	Atrial fibrillation is among the most common heart rhythm disturbances, but it is not life-threatening. Sometimes it is seen simply as "an irregular pulse" or it is not noticed at all. Vicious circle: <i>"Something is wrong with my heart!"</i>
Therapy	The conflict is resolved. In case of recurrence, find out what the conflict and track are and resolve them. Guiding thoughts: <i>"My blood circulation functions perfectly!" "I won't let anybody tell me anything else!"</i> Strophanthin, possibly in homeopathic form as g-strophanthin. (For information and sources see www.strophantus.de). For steps in the healing-crisis, see heart attack. The CM current surge therapy (electrocardioversion) is rarely successful and, therefore, it is not recommended. The pharmacological cardioversion with antiarrhythmic drugs is only sensible for short-term use.

¹ Cf. Dr. Hamer, Charts pp. 37, 38

Heart rhythm disturbances (arrhythmia)

Possible causes

- **Healing-crisis of the coronary arteries:** decelerated, irregular heartbeat (bradycardia). Control of the slow heartbeat in the right side of the cerebral-cortex = male territorial area (p. 114).
- **Healing-crisis of the coronary veins:** accelerated, irregular heartbeat (tachycardia). Control of the fast

heartbeat in the left side of the cerebral-cortex = female territorial area (see p. 158).

- **Healing-crisis of the heart ventricles:** accelerated, irregular or regular pulse, *"Heart pounding up to the neck"*, tachycardia (see p. 117).
- **Healing-crisis of the atria:** atrial fibrillation (see above)

Therapy for heart attacks (both kinds)

The approach of CM:

Medicines that promote blood flow in the coronary arteries (nitroglycerin), tranquilizers against fear (benzodiazepines). Pain medication (morphine), beta blockers for stabilizing the heart rhythm.

These are followed by a stent or balloon catheter surgery and/or anticoagulants (heparin and enzyme-containing medication).

Dr. Hamer is against this massive intervention. It seems better to accept the rhythm of "Mother Nature" and wait until the healing-crisis has passed. However, one must honestly say that for lack of a New Medicine Hospital, we know very little about the right procedure in the case of an acute heart infarction.

The fact is that the false assumptions of CM have led to nonsensical therapies, which have not increased the chances of survival.

According to my experience and those of thousands of patients, the botanical hormone strophanthin not only helps with heart attacks, but it also helps with all kinds of heart conditions.

It seems that this extraordinarily effective medication was taken out of the market by the pharmaceutical industry during the 1960s for the sake of more profit.

As it stands in 2013, strophanthin is difficult to obtain except in homeopathic strengths. For information and sources see www.strophantus.de

The current state of my knowledge according to the 5 Biological Laws of Nature:

- Calm the patient and have him lie down with his trunk slightly raised.
- Give biological dextrose and maltodextrine 19 at short intervals.
- Cool the head: cold affusions, cold compresses, ice pack.
- Give strophanthin.
- Possibly inject cortisone, enzyme preparations (wobenzymes, for example), emergency drops (Bach-flowers).
- If breathing stops (right heart), injections of respiratory analeptics and cold affusions.
- Psychic level > guiding thoughts: *"Fine that I have resolved my conflict. Now I will get through the healing-crisis as well! I will try to stay calm and relaxed, in spite of the pain!"*
- Strict bed rest, if necessary for six weeks. If one gets out of bed during strong vagotony the blood can sink into the legs and lead to heart failure.

Follow-up treatment

In CM, anticoagulants are given. They "work" because they put the body under artificial stress (constant poisoning). Coumarins are used as rat poisoning and

are even more damaging than ASA.

From the point of view of the 5 BLN: get rest and slack off. Blood thinners for a few weeks at most.

General heart-strengthening remedies

Strophanthin or in homeopathic form as g-strophanthin D4 (information, sources www.strophantus.de) best internally in conjunction with magnesium chloride (MgCl₂) -foot bath and hydrogen peroxide (H₂O₂) 3% strength. internally, Cod liver oil, flaxseed oil, colloidal gold. • Tea: rosemary, hawthorn, mistletoe, arnica,

rose petals, motherwort, among others. Natural borax internally. • Food: asparagus, honey, onion, red wine, red grape juice, among others, garlic-lemon drink cure. Kanne Bread Drink. • Hildegard von Bingen: galangal powder, parsley, honey wine and galangal honey special recipe. Healing breathing acc. Prof. Tirala.

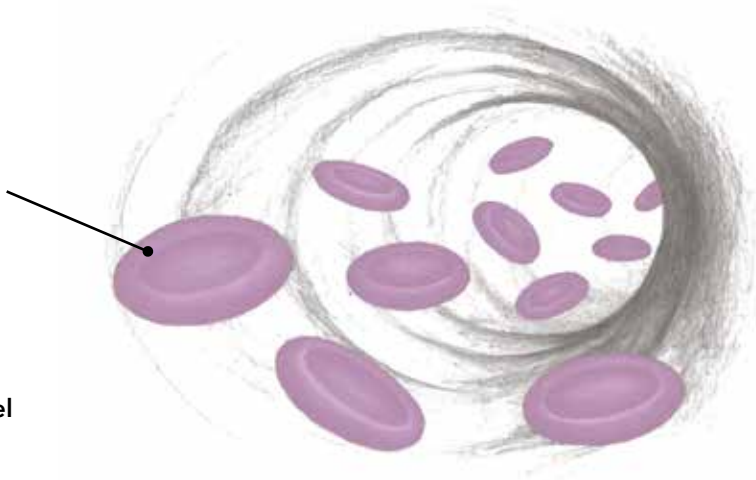
BLOOD

Blood consists of over 40% solids (blood cells or corpuscles) and less than 60% of a watery fluid called blood serum. All blood corpuscles are made up of mesodermal tissue. This is no surprise, since the bones in which

they are manufactured are mesodermal. Basically, we differentiate between red (erythrocytes) and white (leukocytes) corpuscles, as well as blood platelets (thrombocytes). See also: blood and laboratory on p. 28.

Blood Cells
Generalized
Self-worth
Conflict

Red-blood cells in a blood vessel



SBS of the Bone



Anemia¹

CM sees anemia as a shortage of red-blood cells (erythrocytes) or red blood pigment (hemoglobin). This shortage pushes the balance between cells and blood fluid (serum) toward serum.²

Conflict Generalized or local self-worth conflict.

Examples

- *A child is delivered by vacuum extraction. His condition is critical, so that following delivery, he must remain in the hospital for two months. The mother is with him for part of the time, and he is alone for the other part. When the boy is one year old, the parents begin to build a house as a "do-it-yourself" project. Now at the age of 9, he is often away from his mother again, staying at his grandmother's = generalized self-worth conflict. Unfortunately, the conflict recurs constantly because the boy has to go to school. On weekdays, he usually has cold hands; on weekends, his hands are warm. He always wants to sleep in bed with his mother. The red-blood corpuscles and the hemoglobin are lowered (restricted blood building = anemia). Moreover, he is too small for his age (restricted bone growth). The best therapy for the boy's self-worth would be to allow him to be with his mother whenever he wants. (Personal A. B. Eybl)*
- *Following years of quarrelling with his wife, a married family father files for divorce. In court, the prejudiced judge gives in to all of his wife's demands = generalized self-worth conflict (bones) and ugly-genital conflict (prostate). At a physical check-up, his PSA raised*

¹ Cf. Dr. Hamer, Charts, pp. 65, 77

² The hematocrit value (packed cell volume) provides information about this; laboratory values, see p. 28

to 6.5. Now the patient falls into CM's typical sequence: prostate surgery > impotence and incontinence > another self-worth conflict > reduced blood cell formation > diagnosis of anemia > need for numerous blood transfusions. When the patient regains his self-worth and comes into healing, he suffers severe bone pain. (Personal archive B.Eybl)

Tissue	Bone marrow–red-blood cells–cerebral-medulla–mesoderm.
Phase	Conflict-active phase. Degradation of bone substance, and at the same time reduced manufacturing of blood (hematopoiesis) in the bone marrow > reduction in the number of circulating blood cells = anemia. In the first part of the healing-phase, the anemia worsens, but only apparently, because the blood is "thinned" due to vagotonic widening of the vessels with additional serum (low hemocritic levels). In addition, vagotony intensifies the listlessness. The erythrocyte production is already underway at this point, and for this reason the actual amount already rises. Symptoms: fatigue, pallid skin, feeling cold, and poor concentration. For laboratory values, see p. 30.
Therapy	Find the conflict and/or tracks and, if possible, resolve them in real life. Guiding thoughts: <i>"I am full of self-confidence! I love, value, and accept myself just as I am! I am unique and valuable!"</i> Tea: elecampane (inula helenium), nettle, dead-nettle (utica), centaurium erythraea, sweet flag (acorus calamus), thyme, horsetail, ginseng. Food: beetroot, garlic, tomatoes, red wine, apple, black currant, honey, Flaxseed oil (omega 3 fatty acids). Hydrogen peroxide (H₂O₂) 3% strength internally. Vit. D3 (cod liver oil), natural borax internally (www.institut-ernaehrung-gesundheit.com). Bach-flowers: Larch, oak possibly, centaury. Hildegard of Bingen: Bertram powder (seasoning). Sunbathing, solarium, red light. Healing breathing acc. Prof. Tirala. Schuessler Salts: # 2, 8. Spirulina alga. Garlic and lemon drink cure. If necessary, CM infusions with erythrocyte concentrate.

Shortage of white-blood cells (leucopenia)

Same SBS as above

Like the red-blood corpuscles or cells, the white-blood cells are for the most part manufactured in the flat bones.

Conflict	Generalized or local self-worth conflict
Example	• A therapist who knows the 5 BLN suffers through her son's very severe asthma attack. This causes her to have a substitute self-worth conflict in regard to the breastbone, because she cannot help her child and is powerless in this situation. <i>In the active-phase, blood formation is limited.</i> <i>According to CM, she is diagnosed with leucopenia. The responsibility is best explained with her "susceptibility to infectious illnesses."</i> <i>As she recovers from this, she begins having severe pain at the breastbone and fourth rib = healing-phase with an overproduction of white-blood cells.</i> (Cf. www.germanische-heilkunde.at/index.php/erfahrungsberichte)
Tissue:	White-blood cells–cerebral-medulla–mesoderm.
Phase	Conflict-active phase. Degradation of bone substance and at the same time, reduction in blood formation (hematopoiesis) in the bone marrow > reduction in white-blood cells = leucopenia. In the healing-phase, leukemia follows (laboratory values see p. 30).
Therapy	See anemia

Leukemia, acute or chronic myeloid leukemia, chronic neutrophilic leukemia, chronic eosinophilic leukemia, polycythemia vera, mast cell leukemia, lymphoblastic leukemia, chronic lymphocytic leukemia, hair-cell leukemia)³

Same SBS as above (see pp. 124-125)

Leukemia is marked by a large increase in the formation of white-blood cells, especially their non-functioning early stages (myeloblasts).

Conflict Generalized or local self-worth conflict.

Examples

- *Eighteen months ago, the 50-year-old married woman is diagnosed with chronic lymphatic leukemia (CLL). Conflict pre-history: four years ago, the patient's husband suffers a brain hemorrhage—he lies in bed unable to speak. The hospital doctors explain to her that improvements are only possible during the first year. After that, everything remains as is. After hearing this, she begins working day and night for her husband's rehabilitation. She hardly sleeps and pushes everything—her own job, housework, and the children, to the edge of what is possible = generalized self-worth conflict. It all becomes too much > reduced production of blood cells in the spinal marrow. In addition to the burnout, she is diagnosed with anemia. Two years later, when her husband has almost fully recovered and can even ride a bicycle again, the patient falls into a deep vagotomy. Always active and full of life before this time, she is now limp, tired, and has absolutely no energy. A diagnosis of leukemia is made based on a leukocyte level of 10,800 to 13,500 (normal values are up to 9000). This is followed by frequent blood tests and a sensible wait-and-see attitude on the part of CM, (instead of chemotherapy). In the meantime, the patient has learned about the 5 Biological Laws of Nature and now sees her "illness" quite differently—a good basis for stable health. (Personal archive B.Eybl)*
- *The 30-year-old completes a trial period as a street sweeper. The ice-cold judgment of his supervisor after three months: "I'm sorry, but you are not even capable of sweeping streets! Look for a job elsewhere!" = generalized self-worth conflict. For six months, he is dejected and discouraged. However, he finds a new job as a salesman, and that suits him well = conflict resolution. In the leukemic healing-phase, bone pain occurs throughout the body. (Cf. Claudio Trupiano, thanks to Dr. Hamer, p. 253)*
- *The young mother refuses to breastfeed her two-year-old son, because she has a one-year-old daughter, who has a greater need for the milk. The two-year-old, who was being nursed parallel to his sister, feels this as "mother does not love me anymore" = self-worth conflict with regard to the jaw. ("I am not allowed to suck anymore!") As the boy begins to recover from this rejection, he comes down with a 40-degree fever and sleeps for almost 48 hours. For six weeks, he shows all the signs of leukemia: He is so weak that he can hardly stand up, he has pain in his bones and especially in his jaw, and he sleeps a lot. After six weeks, the little one has completely recovered. (Cf. www.gnm-forum.eu/board)*

Tissue Bone mark—white-blood cells—cerebral-medulla—mesoderm.

Phase **Healing-phase.** Before leukemia, there is always an anemia or leucopenia in the active-phase. By a "reboot" of the production of blood cells, many immature blood cells enter the blood. First, the number of white-blood cells rises and six weeks later so does the number of red-blood cells (erythrocythemia). At the same time, the patient usually has bone pain.

Remark: If the SBS takes place in a flat bone such as the vertebral body, breastbone, pelvis, the leukemia is more likely to show symptoms than when it takes place in a long bone.

Therapy The conflict is resolved. Accompany the healing.
Guiding thoughts: "I will keep my morale up even if it takes a long time!" "God help me to

³ Cf. Dr. Hamer, Charts pp. 65, 77

remain patient!“ Give in to fatigue and get a lot of rest.
 Hydrogen peroxide (H₂O₂) 3% internally. Natural borax internally.
 Accompanying the brain symptoms, see p. 56.
 If necessary, blood transfusions.

Anemia due to iron deficiency (iron deficiency anemia)*

Possible causes

- Most common cause: bone SBS—active self-worth conflict (see above).
- Insufficient iron intake due to inadequate diet
- Chronic bleeding: e.g., heavy menstrual bleeding, bleeding from the esophagus, stomach, or colon.

Anemia due to vitamin D12 deficiency (pernicious anemia)*

Sufficient vitamin D12 (cobalamin) is essential for blood formation to function. Cobalamin is produced by intestinal bacteria; with the help of a stomach protein (intrinsic factor) it is absorbed from food over the small intestine. Symptoms: the same as those of ordinary anemia: fatigue, weakness, pale skin.

Possible causes

- The stomach gastric parietal cells, produce too little intrinsic factor > recurring-conflict or hanging-healing of the stomach's mucosa—conflict of not being able to digest something (chunk conflict, see p. 186).
- Active self-worth conflict (bones) + active territorial-anger conflict (stomach ulcer). (see p. 184).
- A disturbance in the absorption of vitamin B12 in the small intestine (malabsorption syndrome): recurring-conflict of the small intestine mucosa. Chunk conflict of not being able to digest something, usually with an starvation aspect (see p. 190).
- Missing stomach or small intestine following a surgery.
- Vit B12 deficiency due to malnutrition.

Therapy: According to the cause.

Polycythemia*

Polycythemia is characterized by an increased number of red-blood cells in the circulating blood due to an increased rate of new formation in the bone marrow. Hemoglobin and hematocrit values are also raised.

Possible causes

- **Bone-SBS:** at the end of the healing-phase the number of blood cells is increased for a short time.
- **SBS of the lung or heart:** insufficient lung or heart performance > adaptation to inner oxygen shortage.
- **Exposure to high altitudes** > adaptation to outer oxygen shortage in the environment (high altitude training, mountain climbing).

Decrease or increase in the number of blood platelets (see p. 139).

High blood pressure (hypertonia, hypertension)

According to CM, high blood pressure is a risk factor for diseases of the heart and circulatory systems. This claim is wrong/right.

It is right, as far as conflict-active persons with stress-related high blood pressure suffer from heart infarctions, strokes, and similar illnesses more often. It is wrong because the guilt lies with the stress and not the high blood pressure—for instance, through territorial-loss conflicts or conflict of being overwhelmed or outsmarted with regard to the heart.

Comparative risk factor of oil pressure warning light: cars with yellow oil warning light will have more engine damage than cars without radiant oil indicator light. — Also true / false. > High blood pressure is not a danger to the heart, vessels, or brain; however, stress certainly is (= conflicts or tracks).

Possible causes*:

- **Medication, alcohol, and drugs:** The raised blood pressure is based on the sympathicotonic effect. Especially: cortisone, adrenaline antibiotics, immune suppressants, chemotherapy, etc.
- **General sympathicotonia - active conflict:** People, who are always “wired”, and get upset about every little thing. Some are calm on the outside, but nevertheless, tense on the inside. A lack of serenity = the most common cause of high blood pressure. The body is constantly in a state of alarm > narrowing of the blood vessels, tension in the skeletal muscles > high blood pressure. This is either linked to the situation (momentary stress) or longer lasting conflict activity due to one or more running conflicts.
- **Kidney parenchyma** in the active-phase or hanging-conflict activity: cell degradation (necrosis) in the kidney parenchyma so that the filter function can remain intact, the organism raises the blood pressure = “compensatory hypertonia” (CM: “renal hypertonia”). The blood pressure sinks to a normal level again when cysts of the kidneys return to normal after about nine months. From that point, the cysts help the rest of the kidneys in filtering. In hanging-conflict activity, the blood pressure remains high because filter tissue is removed and because there is a lack of a healing-phase. It is not replaced by new tissue (see p. 225).

Example:

A man suffers a fluid conflict when his mother drowns in the Danube. Since then, the Danube is a track. Unfortunately, he has to drive across the Danube every day to go to work = hanging-conflict

activity—chronic high blood pressure. (Personal archive B.Eybl)

- **Right heart muscle (myocardium)—In healing-crisis:** —the left part of the heart must pump harder to compensate for the uncoordinated contractions of the right part of the heart > compensatory rise in blood pressure. Attack-like, usually occurring during resting state. Possibly breathing difficulties due to involvement of the diaphragm (see p. 117).
- **Thyroid:** Raised thyroid hormone-level, during hanging-conflict activity. Thyroid hormones make a person sympathicotonic > increased blood pressure, accelerated pulse rate, accelerated metabolism, weight loss (see p. 110).
- **Adrenal cortex** with regard to cortisol in the healing-phase: excess production of cortisol = CM’s “Morbus Cushing” (see p. 107).
- **Adrenal cortex** with regard to aldosterone in the healing-phase or in hanging-healing: raised aldosterone production = CM’s “Conn’s syndrome”: falling potassium levels (hypokalemia), high blood pressure, muscle weakness (see p. 107).
- **Adrenal medulla** in the conflict-active phase: increase in dopamine, noradrenaline, and/or adrenaline production = over-functioning of the adrenal medulla: attack-like bouts of high blood pressure by stress with accelerated pulse, raised blood sugar levels, sweating, and trembling (see p. 108).
- **Pituitary gland:** Increased secretion of the growth hormone somatotropin causes the blood pressure to rise. Together with enlargement of the hands, feet, lower jaw, chin mouth, nose, and sexual organs = acromegaly (see p. 103).

Therapy

According to the cause. Healing breathing acc. Prof. Tirala. Antihypertensive medications make due to the fundamental futility and the serious side effects (e.g., follow conflict impotence, lack of drive) only in exceptional situations sense (only occasionally or short-term).

Bleeding tendency (hemorrhage diathesis)*

Possible causes:

- **Bones: self-worth conflict**—In the active-phase, the hemotocrit value sinks due to insufficient production of blood cells > thinning of the blood. At the beginning of the healing-phase, the blood thins even more because of the widening of the vessels and inclusion of serum in the bloodstream > bleeding tendency (see p. 284).
- **Kidneys-collecting tubules: Existence-abandonment conflict** in the active-phase and healing-phase of any other SBS (= syndrome). Fluid is not only collected in the tissue, but also in the blood. The extra fluid in the blood and the sinking of hemotocrit > bleeding tendency (see p. 226).
- **Spleen: Bleeding conflict in the active-phase**—blood platelets are “caught” by the spleen and “stored” > the number of blood platelets in the circulating

blood sinks (= thrombopenia) > bleeding tendency (see p. 139).

- **Blood-thinning medication:** For example, phenprocoumon suppresses vitamin K in the liver and

hampers the production of vitamin K-dependent clotting factors > reduction of clotting ability due to intoxication. Coumarin class substances are also used as pesticides.

Aids

AIDS is not an “infectious illness.” The HIV virus has not yet been ascertained, nor have its ill-making properties ever been proven—as with all other so-called infectious diseases, by the way.

AIDS and/or HIV was invented in 1983 by the physicians Montagnier and Gallo. If we let the historical happenings pass before us today, we can nearly smell the “profit-roast.”

Shortly after the establishment of an HIV antibody test on the world market, Dr. Gallo and his colleagues at the National Cancer Institute published the discovery of an HIV-inhibiting substance, a scientific achievement admired all over the world. At short intervals, the discovery of the “fatal pathogen of AIDS-HIV” came first, the development of a selection test for “HIV-infected” followed, and, finally, the presentation of a “cure” took place! This cure is azidothymidin, AZT for short (also called Zidovudine biochemically), with a commercial name of “Retrovir.”¹ It goes without saying, who the beneficiaries (profiteers) were and are (on the AIDS tests, see p. 34).

According to Dr. Hamer, a HIV test result can be positive due to a track on Smegma (= foreskin secretions). That is, the person concerned experienced a conflict in which the odor of the male member was “in the air” and, as such, was then stored in the subconscious mind.

Why do people die of AIDS?

- As a result of the diagnostic shock: death-fright-panic

¹ Cf. Dr. med. Heinrich Kremer, Die stille Revolution der Krebs- und AIDS-Medizin, 1. Aufl. 2001, Ehlers Verlag

conflict > lung cancer, territorial-fear conflict > bronchial cancer, indigestible-anger conflict > colon cancer, etc.

- As a result of social isolation (desocialization) and the conflicts it brings. *For example, “Watch out when you’re with him—he has AIDS!”*
- As a result of an actual illness, which was present before the diagnosis and now becomes more significant.
- As a result of the multi-chemo cocktail.

Those who survive for a long time are *generally* people, who refused therapy, who were able to accept the diagnosis, or who recognized it as nonsense or who *at least* doubted it and repressed it in their minds.

Therapy

- For the patient, the most important thing is to recognize the AIDS nonsense for what it is, to leave the fear behind, and to stop the toxic therapy of CM.
- With the knowledge of the 5 Biological Laws of Nature, we look at the individual symptoms as we do every other patient, try to find the matching conflict and resolve it.
- After a long consumption of chemicals, it is necessary to purify the body: avoidance of the “pleasure poisons”, exercise in fresh air, consumption of pure and natural food, water treatments, sauna, etc. Hydrogen peroxide (H₂O₂), 3% strength, internally, natural borax internally (www.instituternaehrung-gesundheit.com), garlic and lemon-drink cure. Flaxseed oil, omega 3 fatty acids, etc.

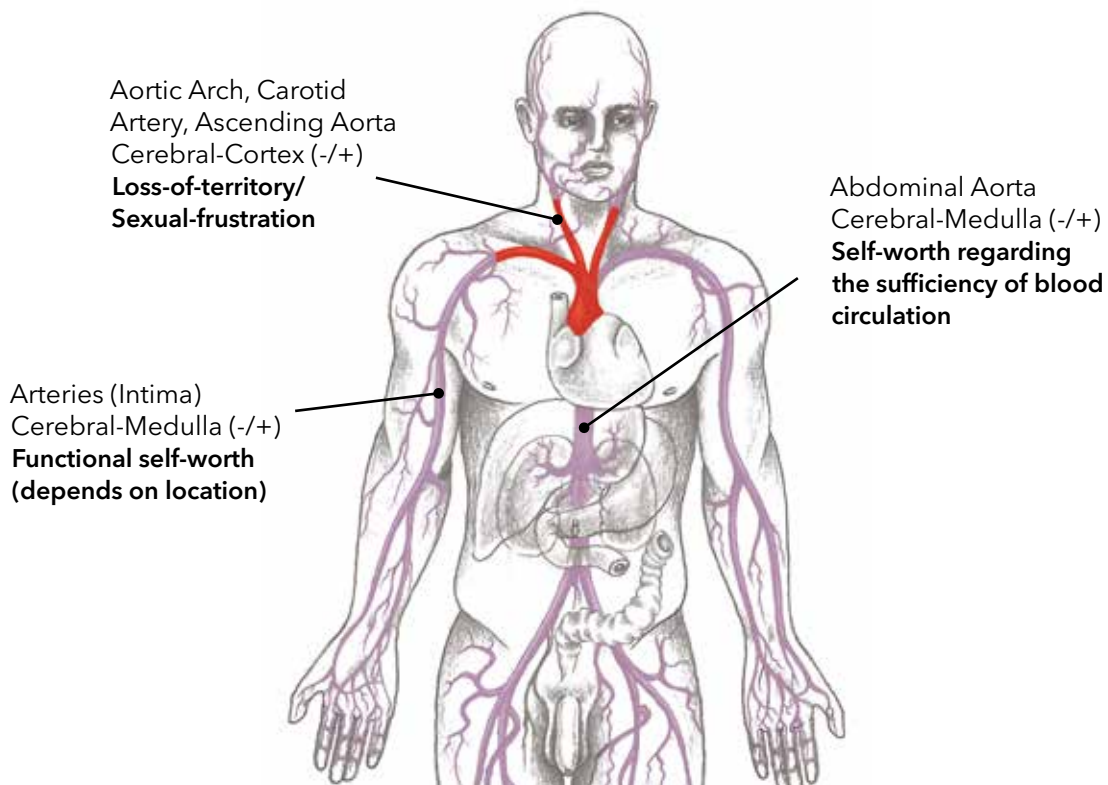
BLOOD VESSELS

According to CM, arteriosclerosis is the cause of heart attack, stroke, pulmonary embolism, and other serious “illnesses”. These “deposits” are considered to be the response to micro-injuries on the inner walls of the blood vessels or as “metabolic disturbances,” as “mistakes of nature.”

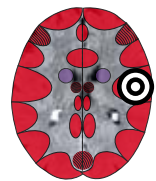
From the viewpoint of the 5 BLN, this is not a matter of mistake; rather, it is a matter of (sometimes

overreaching) repair measures that the body takes in the framework of a Significant Biological Special Program or SBS.

We have to look carefully at where the calcification is situated, for there are two conflict possibilities: certain arteries (those that develop from the branchial arches) react to territorial conflicts; all the other arteries and veins react to self-worth conflicts.



SBS of the Coronary Arteries



Arteriosclerosis in the coronary arteries, left and right carotid, ascending aorta, subclavian artery (A. subclavia dextra), and aortic arch^{1,2}

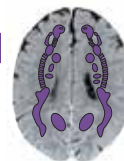
Conflict	Male loss-of-territory conflict or female loss-of-territory conflict (depends on "handedness," hormone levels, and previous conflicts, see p. 112 for examples).
Tissue	Inner vessel walls—ectoderm. These vessel-sections are descendants of the branchial arches and are lined with sensitive squamous epithelium.
Conflict-active	Cell degradation (ulcer) from the inner surface (intima) of the affected vessel (stumps): These vessel "caves" are practically never diagnosed because in CM, vessel diameter narrowings (instead of enlargements) are looked for. Pain in the conflict-active phase due to gullet-mucosa-pattern = angina pectoris.
Biol. meaning	Due to the degradation of cells, the inner diameter (lumen) becomes greater > improvement of blood flow. Heightened performance in order to be able to retrieve the lost territory or territory contents. For example, to be able to win back one's job or partner (= second chance).
Healing-phase	Repair and restoration of the squamous epithelium from within = CM's arteriosclerosis. This

¹ Also include the Arteria subclavia sinistra and the abdominal aorta possibly-reference not yet released!

² Cf. Dr. Hamer, Charts pp. 113, 126

Remark	is often tied to a hanging-healing. Healing swelling > local vessel tightening (stenosis). Due to conflict recurrences or tracks the layer (plaque) becomes thicker and more compact. With time, the plaque deposits harden the vessels = a complete picture of arteriosclerosis. The most important principal substance for this repair is cholesterol. This fat-protein substance is the basis for almost all hormones and other important materials in the body. (See p. 29.) Arteriosclerotic narrowings (stenoses) of the carotid are diagnosed via ultrasound. Patients often become unnecessary fearful, since a mild stenosis is normal with age. Deposits in the carotid are seen as a risk factor for stroke, which is not true, from the viewpoint of the 5 Biological Laws of Nature.
Therapy	In CM, the health effects of a blood clot (embolism or thrombosis) are overestimated. Healing crusts (embolisms) can really clog the vessels, for instance, in the case of a lung embolism. However, in most cases the body sends the blood through parallel or neighboring vessels (anastomosis). After some time, the body dissolves the clot by itself (= "recanalization"). There is no doubt that embolisms in thick main arteries (e.g., the leg arteries) are problematic. If chronic: Find out what the conflict and/or tracks are and, if possible, resolve them in real life so that the hanging-healing can come to an end. Alkaline diet, healing foods: apple, garlic, buckrams (<i>Allium ursinum</i>), spelt, buckwheat. Hydrogen peroxide (H₂O₂) internally. Borax internally. Ginkgo leaves, enzyme preparations, Schuessler salt no. 1. Blood-thinning medications are not recommended, unless they are used for a short period of time.

SBS of all Other Arteries



Hardening of the arteries (arteriosclerosis) of all other arteries¹

Conflict	Self-worth conflict, concerning the blood supply. Specifically: Insufficient-circulation conflict: 1. One feels cut off from the stream of life. Life goes passing by oneself. 2. It is believed having to make more effort (e.g., athletes) or more sales to make (businessman).
Examples	• <i>The patient's husband forbids her to use the shared car to visit girl friends or go into the Internet. With this chronic recurring conflict (1) a massive atherosclerosis is formed on the right (partner) leg artery - and only there.</i> (Personal archive B. Eybl) • <i>The assembly worker working throughout the day with the attitude: "It should go faster" = Self-worth conflict (2). After an extremely stressful time at the end of the year a leg artery occlusion (= healing-phase) is diagnosed</i> > Sx. (Personal archive B. Eybl)
Tissue	Inner walls of the arteries—cerebral-medulla—mesoderm
Conflict-active	Degradation of cells (necrosis) in the inner layer of the artery (intima) is usually unnoticed. At the same time, there is usually an SBS of the involuntary arterial muscles (increased strengthening and tightening). In this way, a leak (perforation) is avoided.
Healing-phase	Restoration and thickening of the inner walls by means of cell division. Pain, swelling = inflamed arteries (arteritis). Local thickenings are remaining. Due to recurrences, plaque builds up on the walls, which decreases the vessel lumen = arteriosclerosis.
Biol. meaning	Strengthening of the arterial wall, so that the blood flow can circulate better.
Remark	Nutrition plays an important role in the pathogenesis and treatment of vascular diseases. Consider "handedness" (right or left) and side (mother, child or partner), or local conflict.
Therapy	See p. 131.

¹ Cf. Dr. Hamer, Charts pp. 67, 79

Intermittent claudication (claudicatio intermittens) = artery occlusive disease*

Same SBS as above (See p. 131)

Phase	Recurring-conflict or hanging-healing: Excessive repair of the vessel wall > build-up of arteriosclerotic plaque in a large leg artery > decrease in the diameter of the vessel > obstruction of blood supply to the leg > leg pain and/or cold extremities due to oxygen shortages > walking must be interrupted with pauses because the muscles run out of oxygen = cramps in the calf of the leg or claudicatio intermittens.
Remark	Probably combined with a brutal-separation conflict regarding the periosteum > bad circulation > shortage of supplies to the legs (cold feet, pain in sympathicotonia). In the case of occlusion of large vessels, the shortage of oxygen can cause the outer appendages of the extremities to turn a dark color or to die off completely (gangrene).
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Gymnastics, exercise, water treatments, classic/acupoint massages, lymph drainages. Hydrogen peroxide (H ₂ O ₂) 3% internally. Spirulina algae. Vit. D3 (cod liver oil). Hildegard of Bingen: badger fur shoes and/or inlays. See also: therapy for arteriosclerosis on earlier page.

Blood vessel tumor (hemangiosarcoma, angiosarcoma)²

Same SBS as above. (See p. 131)

According to CM, most often occurring on the breast, face or head.

Phase	Hanging-healing —rapid cell division in the wall of a blood vessel = hemangiosarcoma.
Remark	Possibly also rapid cell division in the involuntary (smooth) vascular musculature (= chunk conflict of not being able to transport the blood further—hanging-healing—midbrain—endoderm).
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life so that the hanging-healing comes to an end. Hydrogen peroxide (H ₂ O ₂) 3% internally. Vit. D3.

Aneurysm (balloon-like bulge in the wall of the aorta)*

Conflict	Self-worth conflict of believing that the blood doesn't circulate fast enough or well enough.
Example	→ <i>During an examination, someone learns that the aortic blood vessels are badly clogged.</i>
Course	See arteriosclerosis.
Tissue	Inner wall of the aorta—cerebral-medulla—mesoderm.
Phase	Hanging-active conflict. Degradation of cells in the arterial wall.
Remark	Normally, aneurysms are found in the abdominal aorta. Segments usually become arteriosclerotic = indication of a longer-lasting conflict. Bulges occur because of thinned, weakened arterial walls. Many aneurysms remain undiscovered because they are not noticed. If such an aneurysm breaks (ruptures), the patient's life is acutely threatened, because he bleeds to death in the abdominal region (hemorrhage) > immediate surgery.
Therapy	Find out conflict or tracks and, if possible, solve with real-life solutions, if not yet solved. Guiding principle: "My blood circulates properly." Hydrogen peroxide (H ₂ O ₂) 3% strength internally and externally. Vit. D3 (cod liver oil). Spirulina algae. By rupture: emergency surgery.

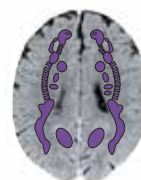
² Cf. Dr. Hamer, Charts, pp. 67,79

Narrowing (stenosis) of the abdominal aorta*

Same SBS as above

Example	• <i>The patient has survived a heart attack. Afterwards, the doctor tells her that her heart performs at only 45%. She believes that not enough blood is circulating through her body. In the healing-phase, it comes to an almost total occlusion of the abdominal aorta. (Personal archive B. Eybl)</i>
Phase	Healing-phase or hanging-healing . Restoration and thickening of the inner layer through cell division > stenosis of the aorta.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life so that the hanging-healing comes to an end. See above and arteriosclerosis.

SBS of the Leg Veins



Veins
(Legs)
**Self-Devaluation
about
Movability &
Flexibility
"Ball and
Chain"**

Inflammation of the veins of the leg (phlebitis, thrombophlebitis)¹

Conflict	Movement related self-worth conflict
Explanation	Restriction of personal freedom. One carries around the (old) burden.
Example	• <i>A young woman becomes pregnant and sees the child, as a burden or "ball and chain." Her freedom is suddenly limited. Day and night, she feels chained. In the active-phase, cells are removed. The restoration = inflammation of the veins in the healing-phase. (Personal archive B. Eybl)</i> • <i>Someone sees himself as being captured at his workplace. He is constantly thinking about all he is "missing out" on. (Personal archive B. Eybl)</i>
Tissue	Veins-inner walls of the blood vessels–cerebral-medulla–mesoderm.
Conflict-active	Cell degradation (necrosis) in the inner layer of the vein (tunica intima).
Healing-phase	Restoration and thickening of the inner layer by means of cell division. Hot-reddened veins, pain, swelling = inflammation of the veins.
Healing-crisis	Strong pain, chills.
Biol. meaning	Strengthening of the venous walls.

¹ Cf. Dr. Hamer, Charts pp. 68, 79

Remark	Strong swelling is often wrongly diagnosed as thrombophlebitis (occlusion due to thrombus + inflammation), although it is usually just a normal inflammation of the veins with a syndrome. Consider "handedness" (right or left) and side (mother, child, or partner), or local conflict.
Therapy	The conflict is resolved. Accompany the healing. Support stockings, keep leg elevated, cold affusions, swimming in cold water, lymph drainage. Enzyme preparations, Schuessler salts: No. 1 and 3, alkaline diet, eat buckwheat often. Borax internally. Hydrogen peroxide (H ₂ O ₂) internally. Hildegard of Bingen: Nettle juice and hemp compression special recipe. CM-heparin injections are useful.

Thrombosis of the leg veins (thrombosis, phlebothrombosis)

Same SBS as above

Phase	Recurring-conflict– hanging-healing . A leg vein thrombus occurs when an arteriosclerotically narrowed vein comes into healing: healing swelling + arteriosclerosis + syndrome = obstruction (leg thrombosis).
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life so that the hanging-healing comes to an end. Resolve refugee conflict if active. Guiding thoughts: <i>"I am free and independent!" "I have the right to enjoy my freedom!"</i> For measures to take, see inflammation of the leg vein. CM-heparin injections are useful.

Varicose veins (varices)²

Same SBS as above. (See pp. 133-134)

The German word "krampfader" (varicose vein) comes from the old high German "krimphan" from which the English word "bend" is also derived. Bent veins would perhaps describe the symptoms better.

Conflict	Ball-and-chain self-worth conflict.
Example	• <i>The 59-year-old patient is looking forward to the freedom she will have when she retires. She is already planning trips and other activities. Two years after the beginning of her retirement, her mother becomes disabled. Although her mother is in a home, nothing will come from the patient's trips, because she has a bad conscience, when she doesn't visit her mother often. She perceives her mother as a "ball and chain." The conflict partly comes into healing when she is able to manage the situation better. Over the years, she gets varicose veins. (Personal archive B. Eybl)</i>
Phase	Recurring-conflict , hanging-healing—the veins gradually inflame > thickening of the veins. The vein valves are also affected by this SBS, which leads to scarred degeneration > leaky valves cannot hold up to the columns of blood > widening, thickening, and twisting of the veins = varicose veins.
Remark	Dr. Hamer says that where there is thickening of the veins, the involuntary (smooth) vessel muscles could also play a role: thickening in the conflict-active phase, whereby nature balances out the thinning of the vessel walls. The involuntary (smooth) muscles remain thickened after the conclusion of the SBS > thickened "bent vein". Consider "handedness" (right or left) and side (mother, child, or partner), or local conflict (also injuries).
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life so that the hanging-healing can come to an end.

² Cf. Dr. Hamer, Charts pp. 68, 79

Guiding thoughts: *"I am as free and independent as a bird on the wing!" "I let go of everything that is weighing me down!" "I can do and not do whatever I want!"*

Physical exercise, sport, gymnastics, swimming, etc.

Support stocking. Hydrogen peroxide (H₂O₂) 3% strength internally and externally.

Alkaline foods, especially buckwheat, flaxseed oil (omega 3), keeping body weight low.

Do not sit or stand for too long, elevate legs often.

Kneipp, cold water treatments. Colloidal silver internally and externally.

Lymphatic drainage, massage, Schüssler salt 4, 9, 11, garlic and lemon drink cure.

Cayce: Apply mullein leaves poultice and drink mullein tea.

Liniments or poultice with cold, oak-bark decoction.

Sx, if complaints make it necessary. Naturally, the most gentle way the better. Perform surgery at a stage that is neither too early nor too late. The measures above are right also for the time after surgery.

Venous ulcer ("open leg ulcer")*

Conflict combination

- **Brutal-separation conflict**, regarding the **periosteum**—active-phase or recurring-conflict—post-sensoric-cerebral-cortex—ectoderm > poor blood circulation - insufficient supply of the leg-tissue > cold feet, pain in sympathicotonia—gullet-mucosa-pattern.(See p. 293.)
- If the **veins** are affected (more frequent): **"ball and chain" self-worth conflict**—recurring-conflict—cerebral-medulla—mesoderm > poor blood transportation due to degenerated veins and valves > vein inflammation, varices, usually affecting the inner sides of the foot and/or leg.
- If **arteries** are affected (rarer): **self-worth conflict** regarding the blood supply and the localized area—recurring- conflict—cerebral-medulla—mesoderm > poor blood supply—insufficient supply of oxygen—demise of tissue > usually the foot and/or leg outer sides are affected.
- **Defilement conflict** regarding the **dermis** (*"Just look at those varicose veins!"*)—hanging-healing or

recurring-conflict—cerebellum—mesoderm. Thinning of the dermis due to caseation

Remark

Worsening due to over-acidification, lack of exercise, constant standing, and being overweight.

Therapy

- Resolve the conflict, so that the healing can start.
- Alkaline diet, light, especially buckwheat , Spirulina algae.
- Exercise, gymnastics, and if needed—bandaging to provide relief. Poss. compression stocking.
- White cabbage poultice (pounded until soft) on the affected area.
- Hildegard of Bingen: artemisia-honey special recipe or bryony special recipe.
- Borax internally and externally.
- Hydrogen peroxide (H₂O₂) internally.
- Vitamin D3, petroleum internally/externally.
- Lavylites Auricum body spray.
- For further measures, see varicose veins.

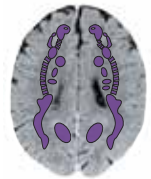
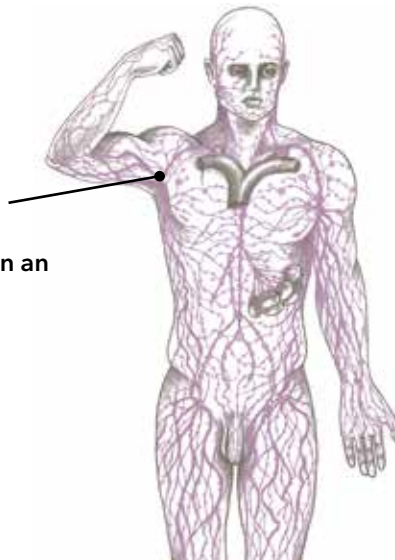
LYMPHATIC SYSTEM

Unlike the circulatory system, the lymphatic system is a "one-way street." In the venous angle (Pirogoff's angle)- which is located in the groove at the center of the collar-bone—the clear fluid called "lymph", flows into the blood. The lymph nodes are lined up on the lymphatic vessels like strings of pearls.

The lymph nodes are the production site and home of the lymphocytes.

The lymph system can be described as the waste channel system of the body. Its duty is to take up metabolic end products, cell waste and excess tissue fluids, which are then eliminated by the kidneys.

Lymph Nodes, Lymph Vessels
Cerebral-Medulla (-/+)
**Self-devaluation regarding
the ability to deal with the needs in an
affected area and its associations**



SBS of the Lymph Nodes

Lymph node inflammation or swelling (lymphadenopathy, lymphadenitis, mononucleosis), the lymphatics (lymphangitis), lymph node cancer (malignant lymphoma, Hodgkin's disease)

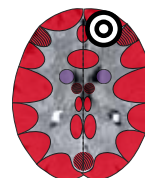
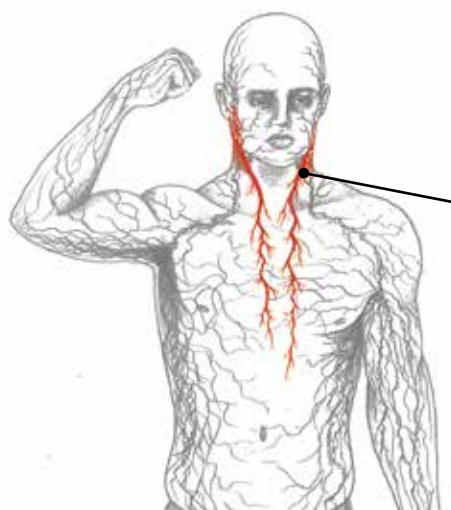
Conflict	Self-worth conflict, for not being able to clean or remove something (local conflict). According to Dr. Hamer: "Local self-devaluation conflict."
Remarks	In actual sense: it's usually a tumor that's scary and one wants to get rid of. In a figurative sense: A stressful thing they could not deliver, get rid of or clean; something unpleasant or uncomfortable.
Example	• A woman has day and night terrors due to a tumor in her right breast > Growth of axillary lymph nodes, so that the tumor can be removed more effectively. (Personal archive B. Eybl) Note: In CM, one now speaks of "metastasis." → Someone cannot not get rid of the poison that is splashed over him. → Someone "does not get rid of something on the desk." (Real example see p. 140.)
Tissue	Lymph nodes–cerebral-medulla–mesoderm.
Conflict-active	Degradation of cells (necrosis) in the lymph nodes – "holes" like in "Swiss cheese." Usually goes unnoticed, as there is no pain if the conflict was felt locally; only local lymph nodes are affected. If the conflict was generalized, perceived lymph nodes throughout the body or the spleen may be affected.
Healing-phase	Restoration and replenishing of cells through cell division (mitosis) in the lymph nodes > the diagnosis in CM: "malignant" = Hodgkin's disease. Inflammation of the lymph nodes, pain, swelling, and reddening. Increase in symptoms through syndrome. After completion of the healing, the lymph nodes remain larger than before.
Biol. meaning	Strengthening and enlargement of the lymph nodes leading to higher capacity (luxury group).
Remark	Consider "handedness" (right or left) and side (mother, child or partner) or conflict locality.
Other Causes	For swollen lymph nodes: healing-phase "upstream." Any inflammation (= healing-phase) is associated with increased metabolism and fluid formation in the intercellular space. The lymph nodes in the drainage area swell because plenty of fluids and waste products must be removed. No separate SBS of the lymph nodes (no division), but "high-tide" in the corre-

sponding lymph section. For example, thick neck lymph nodes by tonsils-, throat-, or purulent tooth inflammation. Thickness of the inguinal lymph nodes by knee joint inflammation (see corresponding organ chapter).

Therapy

- The conflict is resolved. Accompany healing, avoid recurrences. Elevated body positioning, rest.
- Lymphatic drainage, cabbage leaves poultice. Schuessler salts: No. 2, 4, and 10.
- Complex remedy Lymphomyosot.
- Teas: spiny restharrow (*Ononis spinosa*), elderberry, fenugreek.
- Spirulina algae. Garlic and lemon drinks, colloidal silver internally and externally. Vit. D3. Hildegard of Bingen: Columbine leaf special recipe.
- Lymphoma: Very large or aesthetically disturbing lymph nodes should be surgically removed - without chemo and radiation.

SBS of the Branchial Arches



Branchial Arches
Cerebral-Cortex (-/+)
Frontal-Fear Conflict

Non-Hodgkin's lymphoma, cysts on the side of the neck (lateral neck cysts, brachio-genic cysts)¹

In CM, non-Hodgkin's disease is called lymph gland cancer. However, Dr. Hamer has found out that it is not the lymph nodes that are affected with this "disease;" rather, it is the branchial arches. The branchial arches are an ancient building block of nature from the era of aquatic creatures. The branchial facilities of fish and amphibians, which are also found in human embryos, develop into the gills.

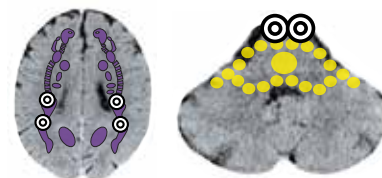
In human beings, there are six branchial arches. These non-functioning little pipes lie in the central compartment of the mediastinum and reach approximately, from the neck to the diaphragm. They are lined with squamous epithelium and react with pain in the active-phase, according to the gullet-mucosa-pattern. Except in embryology or in the context of the cranial nerves (branchial arch nerves), virtually nothing can be heard in the CM about these passages.

Conflict Frontal-fear conflict. Fear of an approaching, inescapable danger coming towards us and we cannot evade it. Or a conflict of powerlessness (dependent on "handedness", hormone levels, and previous conflicts).

¹ Cf. Dr. Hamer, Charts p. 111

Examples	For frontal-fear conflict (for examples of powerlessness conflicts see p. 111): → Fear of cancer. • A young woman does not like children. Every time she sleeps with her boyfriend, she fears she will become pregnant = frontal-fear conflict > cell degradation in the branchial arches in the active-phase, non-Hodgkin's lymphoma in the healing-phase. (Personal archive B. Eybl) • The 46-year-old, right-handed woman suffers from a frontal-fear conflict when her husband contracts kidney cancer. She becomes very interested in the subject and reads about the 5-year survival rates in the literature. She thinks to herself: "If he survives the five years, then he made it." Her husband survives the five years, and he is healthy; the patient comes into healing. Her neck swells up on both sides, she becomes weaker and weaker, and has a dry cough. By means of a CT and an unsuccessful mediastinum endoscopy, a non-Hodgkin's lymphoma is diagnosed. Two years ago, her husband's cancer came back > frontal-fear conflict recurrence. The two know about 5BLN, try everything, but his condition keeps getting worse. Conflict of feeling abundant (syndrome), because of fear about the husband > the patient swells up with fluid. Two months before the death of her husband, the pressure on her neck is so strong that she goes to the hospital for an examination. Through a CT scan of the thorax, it is determined that the superior vena cava is completely closed off because of pressure from the branchial arches. At this point, her heart capacity is only 25%. (Personal archive B. Eybl)
Tissue	Inner lining of the branchial arches, squamous epithelium–ectoderm (gullet-mucosa-pattern).
Conflict-active	Cell degradation (ulcers) in the branchial arches, slight pain in the neck.
Biol. meaning	Better flow-rate and better breathing through widening of the branchial arches (only to be understood through developmental history).
Healing-phase	Restoration of the squamous epithelium accompanied by swelling, inflammation. Cysts develop and become relatively large, especially by syndrome. Pain during the healing-crisis. In CM, this is termed "non-Hodgkin's lymphoma," "lateral neck cysts" or "small-cell bronchial ca."
Therapy	The conflict is resolved. Accompany the healing-phase. Resolve KCT, if active. Lymph drainage massages, breathing exercises. Hydrogen peroxide (H₂O₂) 3% strength internally. Tumors in the mediastinum area are not operable, and are treated in CM with chemo relatively unsuccessfully—not recommended.

SBS of the Adipose Tissue



"Lymphostasis", often called "lymphatic jam", cellulite on the legs, elephantiasis

Conflict	Self-worth conflict of feeling unaesthetic on the legs and buttocks. ¹ + syndrome
Examples	→ A woman has heavy legs and feels unattractive because of them. → A child feels in the womb that the mother is dissatisfied with her legs and buttocks and that she feels abandoned > similar conflicts in later life.
Conflict-active	Degradation of adipose tissue (adipose tissue necrosis).
Healing-phase	Restoration of the adipose tissue. In nature, there is no such thing as being too fat! A fat person is beautiful and desirable, because he or she is successful in getting food. Being thin comes by itself. In hanging-healing, new buildup of adipose tissue varies.

¹ Cf. Dr. Hamer, Charts pp. 60, 71

Biol. meaning	Increase in adipose tissue, thickening of the fat layer, for "fat is beautiful." Danger of a vicious circle.
Remark	Getting out of this SBS is very difficult, because the daily frustrating of glancing in the mirror or to look with critical inspection at the "problem zones," puts one into a vicious circle. Possible accompanying causes: • Desolate venal system: SBS of the veins—"ball and chain" self-worth conflict (see p. 131). When the blood repatriation from the legs is blocked, the lymphatic system has to step in as "overflow system." - The capacity limit is reached quickly. > Liquid remains in the inter-cellular space. • Overeating and false nutrition, lack of exercise: In other words, constant standing or sitting, insufficient natural cold and warm stimulation, and effeminacy. Always in combination with active KCT SBS. Without syndrome, there is no lymphostasis.
Therapy	Find refugee conflict and self-worth conflict and solve for real—e.g., get rid of the mirrors in the house. Accept body fully. Move, exercise, swim, and do other sports—instead of sitting. Support stockings by acute discomfort. Food restriction or diet conversion. Hydrogen peroxide (H₂O₂) 3% strength internally and externally. Vit. D3. Kneipp treatment, lymph drainage, massage. Complex remedy: Lymphomyosot.

Swelling following acute injury or surgery

Following sprained joint, strain, torn ligament, bruise, contusion or surgery, the affected area swells up = repair-increase of metabolism. The injured structures are "put under water" in order to optimize the supply of nutrition and remove wastes and to prevent tissues from sticking together.

The swelling limits movement (via a bandaging effect)

> rest = Biol. meaning. Strong swelling by syndrome!

Therapy

- Elevation, ice pack, lymph drainages.
- Cold compresses with curd cheese or clay soured with vinegar.
- Only gentle movement or light gymnastics.
- Enzyme preparation.

SPLEEN

The fist-sized spleen lies on the left side of the body underneath the diaphragm. For a long time, what the spleen was good for was not understood, as its removal has no physical effect worth mentioning. Today, we know its main purpose: the removal of overaged or damaged blood cells (via filtering and "devouring" = phagocytosis) as well as the storage of blood cells, especially thrombocytes for bleeding emergencies.

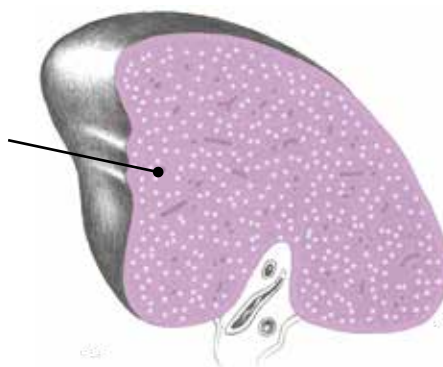
CM agrees with Dr. Hamer in that the spleen belongs to the lymphatic system and that it is, in principle, a large—although blood perfused—lymph node. The lymph system and the spleen are entirely made up of mesodermal tissue.

A healthy human being has a thrombocyte count of between 150,000 and 350,000 per liter.

Spleen

Red Pulp: Self-worth with regard to the blood.

White Pulp: Self-devaluation to carry away or clean something.



SBS of the Spleen



Enlargement (splenomegalia), inflammation of the spleen (splenitis)

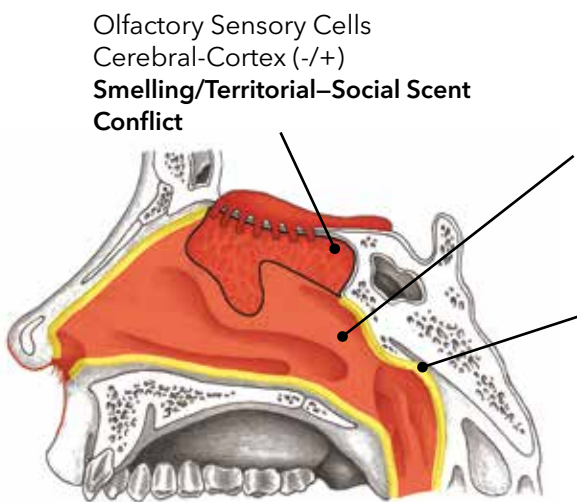
Conflict	1. Red Pulp: Self-worth conflict in regards to the blood 2. White Pulp: Self-devaluation conflict, for not being able to carry away or clean something
Examples	→ A human or animal is wounded or is bleeding = self-bleeding conflict. → Someone gets a "blood cancer" diagnosis or a blood transfusion. = Self-worth conflict in relation to the blood. • A young woman has, because of a five weeks intestinal SBS, large amounts of blood in the stool. = Self-bleeding conflict. Platelet count declines at this time to less than 5000 = active-phase. In the healing-phase, the spleen swells. (Personal archive B. Eybl) • A very health-conscious woman orders for herself a complete blood count. The blood lipids are increased. Fearful, she goes back to the doctor and wants to determine the values again and again. > "Something is wrong with the blood." = Self-worth conflict in relation to the blood. (Personal archive B. Eybl) • The 28-year-old student is almost finished with his studies, only lacking his thesis. Although the subject is fixed, he writes nothing for several months. "I should already be done with it, but I do not know where to begin." = Conflict, not being able to move something forward. Cannot "carry away" the thesis. Healing comes when he finally overcomes the writer's block and completes the first pages> cell division in lymph nodes and spleen (white pulp). CM finding: "Numerous consistently pathological lymph nodes to 4 cm in diameter...the spleen with a longitudinal diameter of 14, 5 cm, is well above the norm...massive generalized lymphadenopathia." The patient knows the 5 BLN, and can deal calmly with the diagnosis. The lymph nodes, by themselves, after the conflict resolution, become half a size smaller. (Personal archive B. Eybl)
Tissue	Spleen tissue (1. Red Pulp, 2. White Pulp)–cerebral-medulla–mesoderm.
Conflict-active	For 1: Necrosis of the spleen tissue–empty spaces are created for storing blood cells. The number of blood platelets (thrombocytes) in the circulating blood sinks; they are "captured" and "stored" in these empty spaces. In the area of the injury, however, the thrombocytes assure a fast blood coagulation. <u>Blood clotting disturbance</u> is probably due to track (e.g., the sight of blood). For 2: cell degradation in the white pulp (spleen necrosis)–holes as "Swiss cheese". Only if the conflict was felt generalized, the spleen is affected–otherwise react only the lymph nodes in the affected area (see page 136f). The active-phase is mostly unnoticed–no pain.
Healing-phase	Increased metabolism, cell division = inflammation of the spleen (splenitis). This causes the spleen to swell up (splenomegalia). Afterwards, the spleen remains enlarged. A splenic abscess may occur during the healing phase through a recurring conflict. Splenic cysts indicate a completed SBS or a recurring process.
Biol. meaning	At the end of the healing-phase, the spleen is larger than before > this leads to better blood storage capacity and filter capacity. From that point onwards, the body will be better able to deal with heavy bleeding and, in case of toxification for instance, the body can remove more damaged blood cells from circulation.
Therapy	The conflict is resolved. Accompany the healing-phase. Lymph drainage massages, spleen compresses: wrap the abdomen in a warm, damp cloth with a dry cloth over it and go to bed (possibly soaked in salt water), garlic/lemon drink cure. Tea: fenugreek, fennel seed, kidneywort, toadflax, deadnettle, absinthe. Hildegard of Bingen: eat warm chestnuts, rub with fir cream, eat chervil-dill dumplings. Hydrogen peroxide (H₂O₂) 3% internally. Cod liver oil. Spirulina algae.

NOSE AND SINUSES

It is said that of all the senses, the sense of smell has the strongest "wire" to the subconscious. Perhaps that is the reason why the nose reacts fastest to an SBS in comparison to all other organs and why tracks (allergies) are so frequent here.

The nasal cavity (cavum nasi) is connected to the four air-filled sinuses, (sinus paranasales) by narrow canals.

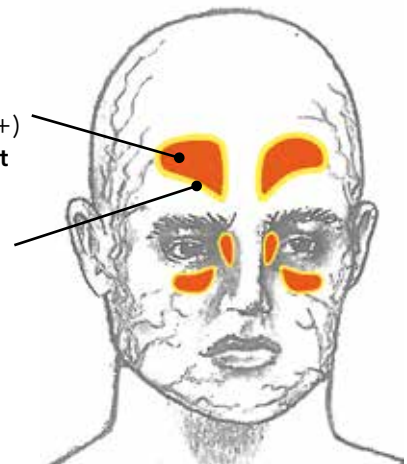
The maxillary sinuses (sinus maxillaris), the frontal sinuses (sinus frontalis), the sphenoid sinuses (sinus sphenoidalis), the ethmoidal cells (cellulae ethmoidales), and the nasal cavity are lined with endodermal intestinal mucosa and the ectodermal squamous epithelium that lies over it.



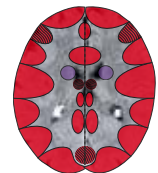
Olfactory Sensory Cells
Cerebral-Cortex (-/+)
Smelling/Territorial–Social Scent Conflict

Nasal Mucosa/
Ectodermal
Cerebral-Cortex (-/+),
Sensitivity Reaction (-/+)
Smelling-Survival, Scent

Nasal mucosa/
Endodermal
Brainstem (+/-)
**Chunk-Smelling,
Scent (Social)**



SBS of the Surface Layer of the Nasal Mucosa



Cold (rhinitis), sinus infection (sinusitis)¹

Conflict	Stink conflict: Not wanting to smell something. <i>"That stinks!" "To get a noseful!" "To me it stinks!"</i> Or scent conflict: The scent cannot be picked up. Not scenting (know) what or when something happens. (Dog stretched his nose up to accommodate the scent. Has he picked up the scent, he can assess the situation.)
Examples	→ <i>Somebody is a non-smoker and is being subjected to heavy smoke by his colleagues.</i> • <i>Somebody feels that he is being mobbed. He cannot put up with his colleagues anymore > "They stink!" (Personal archive B. Eybl)</i> • <i>The 31-year-old patient is in immediate vicinity of a manure pit busy to cut firewood. Suddenly the farmer comes with the tractor and begins to mix and pump away the liquid manure. An unbearable stench spreads over the workplace of the patient but he can't quit and escape the stench cloud, because the job must be completed = Stinky conflict. Two days later, he comes into healing = a cold. (Personal archive B. Eybl)</i> • <i>The pupils of a primary school class learn at the end of the school year, they will get a new teacher next year. = Scenting conflict: "Not knowing what to expect." Three weeks into the new school year, some of the students come in healing as they realize that the new teacher is</i>

¹ Cf. Dr. Hamer, Charts, pp. 122, 134

as nice as the old. > *Collective rhinitis.* (Personal archive B. Eybl)

• *The students at a high school are under pressure just before the Christmas holidays. Many of them flunk the math test. Stink conflict: "Now I am fed up with these math quizzes!" During the holidays, half the class becomes ill = healing-phase.* (Personal archive B. Eybl)

Tissue	Nasal mucosa–ectoderm according to outer-skin-pattern, and paranasal sinus mucosa to the gullet-mucosa-pattern.
Conflict-active	Cell degradation (ulcer) of the squamous epithelium mucosa in the nasal cavity or sinuses. The longer the conflict lasts the deeper the damage to the substance. Dry mucous membrane, no bleeding, possibly dry crusts.
Biol. meaning	Widening of the airway so that the scent can be easier absorbed.
Healing-phase	Restoration, swelling, and narrowing of the nasal cavity, breathing noises (Stridor nasalis). Itching, possibly nosebleed, and sniffles (cold). Aggravated by syndrome.
Healing-crisis	Sneezing, nosebleeds, possibly a feeling of being cold or chills.
Therapy	The conflict is resolved. Accompany the healing. If recurrent, find out what the conflict and tracks are and resolve them. Guiding thoughts: <i>"It could be worse. It just stinks sometimes."</i> <i>"I will not take it so seriously and will enjoy life!"</i> <i>"Even if I don't know what the future holds, I know that everything will turn out well, because I trust in God."</i> Tea: marshmallow, peppermint, sage, ivy, elderberry, marjoram, yarrow. Saltwater nasal rinsing, salt water or tea inhalations. Colloidal silver internally. Essential oil blend for Inhalation: cajeput, eucalyptus, lavender, thyme. Lymphatic drainage, hot foot baths, walks in cold air, Vit. D3, Schuessler cell salts: No. 3, 8, 10. Hildegard of Bingen: pelargonium mixed powder- and fennel dill special recipe, tanacetum powder. If chronic: red light irradiation. Chemical nose sprays only if necessary (for example, before bedtime) and only for a few days. There is a threat of damage to the nasal mucosa and constant swelling when treatment is stopped.

Allergic "cold" (sniffles), hay fever, house-dust allergy (rhinitis allergica)

Same SBS as above

According to CM, allergies are caused by gaffes in the immune system. The body's own defense cells (T- and B-lymphocytes) are said to suddenly turn against harmless substances like pollen, excrement, and house dust.

Actually, allergies are always based on tracks (see p. 23). The nose is often affected.

Examples	• <i>The 66-year-old retiree has suffered for the last 34 years from an extreme pollen allergy affecting the nose- and throat-membranes, as well as the conjunctiva of the eye.</i> <i>The allergy begins every year in May and can only be tolerated through the injection of cortisone and other strong medication.</i> <i>Conflict history.</i> <i>Forty years ago the young man, 24 at the time, and his wife wish for a child. Following a premature birth, the child dies. Five years later, the head of obstetrics promises to do all that he can so that they are successful this time. When the woman gets pregnant again, she stays at the clinic in the third month so as to stay in bed until the child arrives. After 6½ months—on the 15th of May—she has another premature birth. Stink conflict regarding the mucosa of the nose. Not being able to "swallow" the premature birth—regarding the mucosa of the throat and visual-separation conflict—affecting the conjunctiva (eye).</i> <i>The pollen may become anchored in the subconscious as track. The child weighs 1.5 kilo-</i>

grams and is brought to another hospital where he is laid in an incubator. The doctor is not sure "whether he will survive the transport."

The son is now 35 years old and suffers, probably due to the birth trauma, from the same pollen allergy as his father. (Personal archive B. Eybl)

• *Allergic to wine, the "first time": The schoolboy is in love with one of the girls in his class. One evening, during vacation week, the young people are allowed to go out and celebrate by themselves. Together, they buy two liters of white wine and they all drink. The beloved girl takes the drunken schoolboy by the hand and leads him to a mattress on the floor. They want to sleep together but the boy cannot = stink conflict. Whenever he drinks wine, he comes onto a track with allergic sniffles in the healing-phase.* (Personal archive B. Eybl)

Phase	The length of the conflict activity can vary between just a few seconds and several days. Usually, the conflict activity lasts briefly and then the healing-phase lasts longer = hanging-healing —allergic cold.
Remark	An additional conjunctivitis points to a visual-separation conflict, a swollen throat to a conflict of not wanting to swallow something, tightened bronchi to a territorial-fear conflict or fright-fear conflict. (A conflict can start more than one SBS.)
Therapy	Find the conflict and/or tracks and, if possible, resolve them in real life. If this fails, you can try a CM desensitization. Spirulina algae, vitamin D3, daily cod liver oil. Antihistamines are useful in acute or threatening conditions, but not for long-term intake. Before that, the gentle measures on p. 142 should be tried.

SBS of the Deep-lying Layer of the Nasal Mucosa



Purulent cold, nose polyps, suppuration of the sinuses (e.g., empyema of the frontal sinus)

Colds with yellow pus and suppuration of the sinuses indicate that either remaining pockets of endodermal intestinal mucosa or mesodermal connective tissue (lying underneath the epithelium) are being degraded. Nose polyps are bulges of this endodermal mucous membrane. They can develop in the nasal cavity or in the sinuses and hinder breathing.

Conflict	Chunk-stinking conflict. Not wanting to smell something: "That stinks to me!" "To get a nose-ful!" "To me it stinks!" or scent conflict: not being able to sense something. Not being able to sense what will happen.
Examples	• <i>A young woman frequently has trouble with her parents. Most visits end in disharmony. With her partner, too, she suffers several bitter disappointments = stink conflict—"To be fed up with the constant arguing!" After three years of almost constantly purulent sinuses, the patient is suddenly symptom-free when the relationship with her parents suddenly takes a turn for the better = resolved conflict.</i> (Personal archive B. Eybl) • <i>An executive staff member of a technical bureau must look on as her boss makes one wrong decision after the other and steers the company in the direction of bankruptcy. More and more customers turn away. Once a month, she has a purulent nose and sinus infection. "I am fed up with this mismanagement!" = recurring stink conflict. After the company goes</i>

	<i>bankrupt, the patient finds herself an interesting new job (= completely resolved conflict) and from that point on has no more sinus infections. (Personal archive B. Eybl)</i>
Tissue	Deep-lying layer of the nasal and sinus mucosa–brainstem–endoderm.
Conflict-active	Increased function, growth of a flat-growing tumor of absorptive quality or a cauliflower-shaped tumor of secretory quality (nasal polyps).
Biol. meaning	With more cells in the mucous membrane, being better able to analyze and/or eliminate the smell
Healing-phase	Function normalization, inflammation of the sinuses, reduction of thickening of the mucosa or polyps by fungi or fungal-bacteria. Yellow-pus “cold” (runny nose), possibly fever and night sweating.
Healing-crisis	Pain, feeling of being cold, possibly chills.
Therapy	The conflict is resolved. Accompany the healing process. In the case of recurrence, find out what the conflict and/or tracks are and resolve them.
	See also: measures on p. 142. When the conflict resolution is not possible, nasal polyps above a certain size should be surgically removed (Infundibulotomy) because of respiratory obstruction.

Nosebleeds

Possible causes

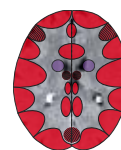
- Tendency toward nosebleeds in the healing-phase, especially during the healing-crisis of a stink or sensing conflict. The healing sores of the nasal mucosa bleed.
- Heavy nosebleeds: At the beginning of the healing-phase of a self-worth conflict, the blood is thin because of widened blood vessels and a (still) reduced number of blood cells (low hematocrit value) > delayed blood clot formation, bleeding tendency.
- Reduced number of blood platelets (thrombocy-

topenia) due to an SBS of the spleen: bleeding conflict-active-phase > delayed blood clotting.

Therapy

- Depends on the cause.
- Bleeding: Bow the head slightly forward, close the nose with thumb and forefinger for 10 minutes, cool the back of the neck.
- Hildegard of Bingen: dill-achillea powder special recipe.

SBS of the Olfactory Epithelium



Loss or impairment of the sense of smell (anosmia or hyposmia)¹

Colds cause insufficient air to reach the olfactory-mucosa (regio olfactoria) at the roof of the mouth.

But there is also an impairment of the sense of smell with a cold, i.e., a conflict of the olfactory-mucosa (filia olfactoria). That is what this SBS is about:

Conflict Stinking conflict-not wanting to smell something. “*This stinks to me.*” “*I’m fed up!*” “*It stinks.*”
Or a scenting conflict: not being able to sense/scent/sniff something. Not being able to

¹ Cf. Dr. Hamer, Charts, pp. 141, 145

(Dog stretches his nose up to sniff. He picked up the scent, he can assess the situation.)

Probably this olfactory-mucosa conflict has a territory component, which is likely to differentiate it from the rest of nasal mucosa SBSs (territory-scent/sniff conflict).

Examples

• *The mother gets a phone call from her son, her only child. He hurriedly tells her that he and his girlfriend are getting married. He says the wedding should be kept to a minimum and so she will only be invited to the dinner after the civil ceremony > sensing conflict regarding the olfactory-mucosa. During the conversation there is a foul, sour smell from the kitchen's garbage can in the air.*

For two weeks, the patient has this foul smell in her nose.

She thinks that something about her clothing must have this smell and asks others whether they smell it too = smell paranoia in the active-phase.

Note: here we have a so-called smell-constellation, i.e., there sits one HF to the right and one HF to the left of the olfactory bulb in the cerebral-cortex. (Personal archive B. Eybl)

Conflict-active

Impaired functioning of the olfactory-mucosa (hyposmia or anosmia) without cell degradation. Aromatic material cannot be discerned completely or only to a limited extent. One can smell pungent odors like ammonia or vinegar because they stimulate the other nose membranes.

Biol. meaning

The blocking-off of unbearable stench.

Healing-phase

Restoration of sense of smell—no cold.

Healing-crisis

Sudden loss of smell, analog to a sudden loss of hearing = sudden, brief impairment of the sense of smell.

Remark

In constellation, there is smell confusion (smell paranoia, e.g., cacosmia).

Therapy

Find out what the conflict and/or tracks are and, if possible, resolve them in real life. See cold (rhinitis), p. 141.

Cold, influenzal infection (viral flu, influenza, avian flu, pig flu, new influenza)*

In general: CM differentiates needlessly between "dangerous real influenza" = influenza or viral-flu and a "harmless acute viral rhinopharyngitis." Severe symptoms are attributed to the "real influenza," while mild symptoms are brushed aside as "viral rhinopharyngitis" or "common colds."

From the viewpoint of the 5 Biological Laws of Nature, we only pay attention to the patient's symptoms:

- **Pain in the limbs** = self-worth conflict—healing-phase.
- **Sniffles** = stinking conflict or scent conflict—healing-phase.
- **Inflammation of the throat** = conflict of not wanting to swallow something, wanting to spit it out—healing-phase.

- **Inflammation of the larynx** = fright-fear or speechlessness conflict—healing-phase.

- **Aviary**, pig, and new influenzas are WHO-staged "campaigns."

The above symptoms can become dangerous illnesses or epidemics through conventional therapeutics such as Tamiflu, Relenza (cell-breathing blocking chemotherapy), vaccinations, and above all, through mass fear hypnosis.

LARYNX

The larynx lies at the junction of the throat and the windpipes. It is made up of three cartilages, which are bound with muscles and bands, from which one protrudes as the so-called Adam's apple.

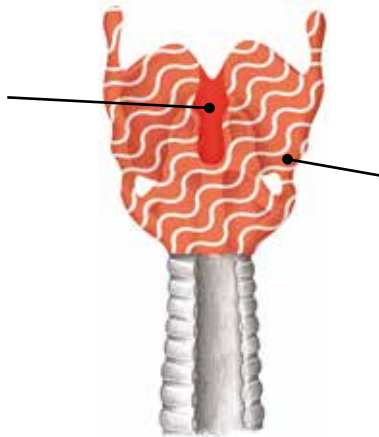
The two tasks of the larynx

1. Swallowing: when we swallow, the epiglottis closes the windpipes and leads the chewed food into the gullet.
2. Sound making: with the help of the vocal chords,

the larynx plays a role in the production of sound and language.

The inner surfaces of the larynx and vocal chords are lined with squamous mucous membrane, under which lies voluntary (striated) and involuntary (smooth) musculature. The larynx is small; however, from the viewpoint of the 5 Biological Laws of Nature, it is an important organ since the larynx conflicts belong to the territorial conflicts.

Larynx Mucosa
Cerebral-Cortex (-/+)
**Fear-Fright/Speechlessness
or Territorial-Fear**



Larynx Muscle
Cerebral-Motor-Cortex (-/+)
**Scare-Fright/Speechlessness
(motoric) or ability to speak
up and express oneself**

SBS of the Larynx Mucosa



Inflammation of the larynx (laryngitis), laryngeal cancer (larynx carcinoma or papilloma)¹

Conflict	Fear-fright or speechlessness conflict or territorial-fear conflict (dependent on "handedness," hormone levels, and previous conflicts). One is startled because of a sudden threat or noise. One cannot speak loud enough or scream (teacher and football coach conflict). <i>"Because it takes my voice!" "To scare to death." "To be rigid and mute." "The words are stuck in my throat."</i> The fear-fright conflict is the feminine-passive reaction to a threat. The territorial-fear conflict would be the male-active reaction. (The male reacts by attacking, the female reacts with passive fright.)
Examples	The following are examples of fear-fright conflicts: (examples of territorial-fear conflicts see pp. 152f) → <i>In a conference, somebody urgently wants to say something, but is unable to say a word.</i> → <i>Someone is put under pressure (be it for time or appointment).</i> • <i>A pregnant woman drives head-on into another car. She is thrown out of her car. She greatly fears losing her baby = fright-fear conflict. Degradation of mucosa cells in the active-phase, restoration in the healing-phase = laryngitis. (Cf. Gisela Hompesch, Meine Heilung von Krebs, p. 57)</i>

¹ Cf. Dr. Hamer, Charts p. 124

- A person is surprised with bad news via telephone = fright-fear conflict. (Personal archive B. Eybl)
- A 60-year-old married, left-handed pensioner has been suffering with heart problems for the last several years. In the last months, they have been getting worse. Now, her husband is constantly asking the patient to do things and take care of things. She feels that her husband is robbing her of her personal freedom and time = fear-fright and territorial-fear conflict. The problem is that he is really starting to need more care and cannot manage by himself—her free space is becoming smaller and smaller. As her husband is sent off to a rehab-spa for a few weeks, the patient comes into healing (at least for the time being) > laryngitis and tightening of the larynx. (Personal archive B. Eybl)
- Four years ago, an entrepreneur turns over his firm to his successor. He steps back just one step at a time, since the continuation of his life's work means a lot to him. One day, an old business friend with whom he has worked closely with for the last thirty years, contacts him and regretfully tells him that he wants to end their cosurgery at the end of the year = fright-fear conflict (larynx), territorial-marking conflict (bladder) and chunk conflict (colon). Four days later, he comes into healing because he makes it clear to himself: "It is no longer your firm. It's none of your business. And it's not your fault, so don't drive yourself crazy!" (Cf. www.germanische-heilkunde.at/index.php/erfahrungsberichte)

Tissue Larynx mucosa—cerebral-cortex—ectoderm.

Conflict-active Cell degradation from the squamous mucosa or the vocal cords—the voice might be weak or altered. The conflict-active phase usually proceeds without symptoms, however. No pain.

Biol. meaning Due to cell degradation the lumen of the larynx widens. This makes it easier to inhale.

Healing-phase Restoration of the larynx mucosa = laryngitis or cancer of the larynx: swelling, reddening, pain, alteration of the voice, rough voice, hoarseness or loss of voice. Strong swelling: the difficulty breathing in, along with syndrome. Cough due to "healing-itch."

Healing-crisis Coughing attacks involving the larynx musculature, pain, feelings of being cold, possibly chills.

Remark Cancer of the larynx is diagnosed in the healing-phase. Usually in combination with syndrome.

Therapy The conflict is resolved. Accompany the healing. If recurring, find out what the conflict and/or tracks are and resolve them.

Guiding thoughts: "It can't cost more than my head." "I am calm, for I trust in my godly guidance!" "Next time I'll speak out!"

Walks in cold air. Compresses with curd cheese or salt water.

Tea: mallow (*Malva sylvestris*), blueberry, lungwort, sage with honey

Schuessler salts: No. 3, 4 and 8.

Colloidal silver internally.

Vit. D3 (daily dose of cod liver oil).

Hildegard of Bingen: horehound and mullein-fennel special recipe

Vocal cord polyps*

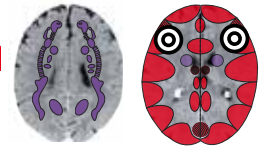
Same SBS as above

The main symptom of vocal cord polyps is persistent hoarseness. Sometimes cough.

Phase **Recurring-conflict**—hanging-healing: excessive restoration of the mucosa > growth of vocal chord polyps.

Therapy Find conflict and/or tracks and resolve them so that the hanging-healing comes to an end. Possibly removal via surgery, should the conflict resolution not change anything.

SBS of the Laryngeal Musculature



Constriction of the larynx–laryngeal asthma¹

By asthma or constriction of the larynx, inhalation is hampered. This leads to prolonged and heavier breathing (gasping for air when inhaling).

The SBS of the vocal cord musculature—that is what this is about—if often coupled with an SBS of the laryngeal mucosa. In this case, there is both laryngitis and asthma at the same time.

Conflict	Motoric fear-fright or speechlessness conflict or territorial-fear conflict and additionally an active conflict on the opposite side of the cerebral-cortex. (For examples see pp. 146).
Tissue	Laryngeal musculature—voluntary (striated) muscle—cerebral-cortex—ectoderm (nerve supply) and cerebral-medulla—mesoderm (nutrition).
Conflict-active	Cerebral-cortex controlled restriction of innervation. Motoric paralysis. Simultaneously, cerebral-medulla controlled cell degradation from the laryngeal muscles (muscle necrosis) > muscle weakening > total result “weak voice,” barely noticeable. Usually coupled with a deterioration of the laryngeal mucosa.
Biol. meaning	Widening of the laryngeal lumen through relaxed laryngeal musculature in order to breathe better.
Healing-phase	Restoration of the laryngeal musculature and return of innervation. Usually laryngitis at the same time.
Healing-crisis	Laryngeal asthma attack: coughing cramps or constant tension of the laryngeal musculature lasting from a few minutes to several days; feeling of being cold.
Remark	The attack occurs only when the opposite right half of the cortex is conflict-active or also in the healing-crisis (= constellation). It comes to a life-threatening so-called status asthmaticus if the bronchial -muscular area (right cortex) is in an healing-crisis at the same time as the larynx muscle area. By allergic laryngeal asthma, a conflict starts up briefly due to a track (CM: “allergen”). In the healing-crisis, there is another asthma attack.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Guiding thought: <i>“I am quiet and calm and trust in my guidance!”</i> Walks in cold air. Shred and eat radishes or hollow out radishes, fill with brown sugar or honey and swallow the resulting juice. Vit. D3. Tea: horehound, hibiscus, raspberry leaves, cowslip, buckhorn, coltsfoot, Iceland moss, violet with honey. Bach-flowers: rescue drops, aspen, cherry plum. Hildegard of Bingen: Season food with powdered mugwort (tanacetum vulgaris) Cayce: mix horehound syrup with whiskey and swallow in small doses. CM: inhalers (ingredients cortisone, anticonvulsants): Useful for acute attacks. Long term use is not recommended because of side effects.

Cough coming from the larynx, laryngitis with cough (croup = diphtherial laryngitis, pseudocroup = subglottic-stenosing laryngitis)²

Same SBS as above (conflict constellation)

According to CM, croup and pseudocroup differ by the fact that for the “real croup” one can prove a diphtheria bacteria. Through the New Medicine, we know that one could prove bacteria even when called pseudocroup.

¹ Cf. Dr. Hamer, Charts p. 124

² Cf. Dr. Hamer, Charts p. 124

Therapy

See above.

Caution! If necessary, mucolytic and expectorant drugs to stimulate (secretolytics, expectorant). Dramatic coughing fits: act calm. If nothing helps and if necessary, give cortisone (inhaler). Note: Most synthetic cough syrups contain codeine morphine derivative (addictive).

Diphtheria*

According to CM, diphtheria is caused by the poison (toxin) of corynebacteria. The symptoms are manifold: inflammation of the larynx, throat, nose, and tonsils, swollen lymph nodes, and fever.

Diagnosing "diphtheria" doesn't get us anywhere. As always, it is more sensible to look at the patient's symptoms and to find out what the conflict is.

Phase: one or several different SBS **in healing-phase**.

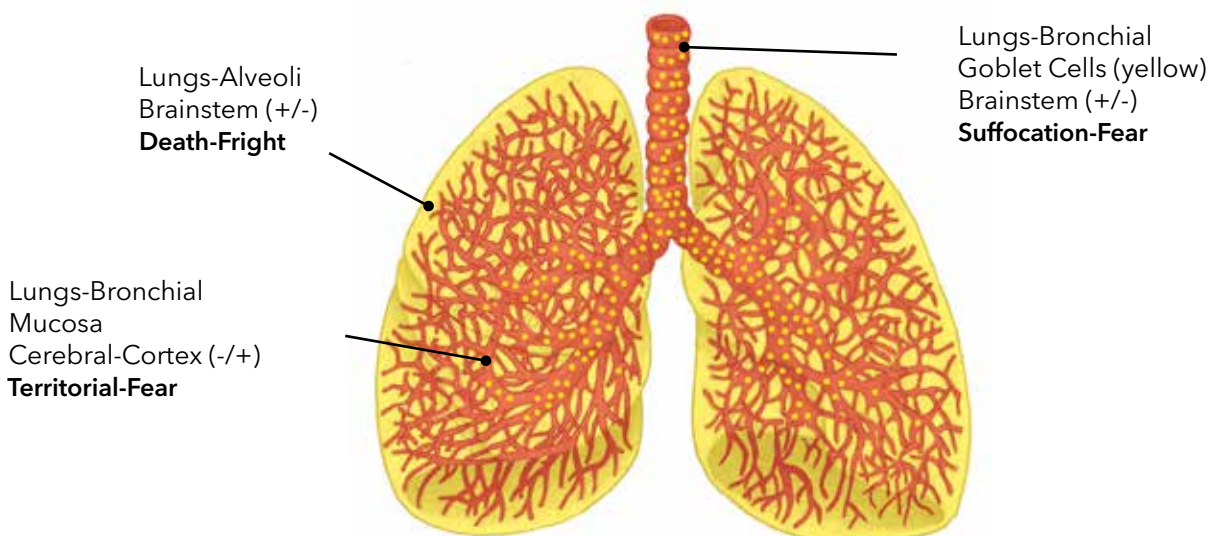
LUNGS, BRONCHI AND TRACHEA

The lungs (lat. pulmo), which are enclosed in the pleura, fill up nearly the whole chest cavity. The lungs are connected together over the windpipe (trachea) and the two main bronchi. The right lung is made up of three pulmonary lobes (lobi), and the left lung is made up of two. The smallest unit of the lungs are the 300-400 million microscopic endodermal air sacs called alveoli, which together constitute a breathing surface of 80-100m². The alveoli

are where the actual taking in of oxygen and giving off of carbon dioxide take place.

The wind pipes and bronchial tubes are made of cartilage and are lined with ectodermal epithelium. They belong to the cerebrum controlled territorial areas.

The endodermal mucus producing goblet cells sit everywhere in the windpipe and bronchial tubes and provide the breathing apparatus with moisture.



SBS of the Alveoli



Alveolar adeno-ca (pulmonary-circular-cancer), pulmonary tuberculosis (PTB), pneumonia (pneumocystis pneumonia, pneumocystis carinii pneumonia, staphylococcal pneumonia, Klebsiella pneumonia, Legionaire's disease), pulmonary abscess¹

We can survive for relatively long periods without food or drink. Without air, we are dead within three minutes. In nature, not getting air means the same as the end of life. That is why it is the alveoli that triggers an SBS by death-fright.

Conflict Death-fright, afraid of dying or death

Examples → Often due to a diagnosis or prognosis shock: "Your tumor is very malignant! Perhaps we can still stop its growth!"

• The 11-year-old boy shares a bedroom with his siblings in the family farmhouse. As the youngest, he must sleep in the bed nearest the door.

Unfortunately his older brother is an alcoholic. At 24, he still lives at home. The whole family is afraid when he comes home drunk at night, because he is extremely aggressive and unpredictable. One night, as he returns totally drunk, he attacks his younger brother with a kitchen knife = death-fright conflict. The boy can hardly be calmed down and after that he is allowed to sleep between his parents in their bed. Repeatedly, he is forced to face dangerous situations with his brother. Even the mother is helpless against him. As a security measure, they decided to turn on the light at night when the brother comes home. When the youngest boy is 15, his brother goes to Switzerland to work = conflict resolution. He is now diagnosed with an open tuberculosis of the lung = healing-phase. Immediately, the boy is sent to a home far away for fear of contagion. He feels desperately abandoned there. His body weight goes up to 85 kg (water retention due to an active conflict of feeling abandoned). (Personal archive B. Eybl)

• The sturdy young man is a non-smoker and hobby-diver. He is diving with his best friend when an accident occurs: Coming up from a dive, his friend develops a lung embolism and dies right there in the water in the arms of the patient = death-fright conflict regarding his friend. An alveolar adenoma develops, because it is about someone else and not himself. After a month of difficult breathing, he is diagnosed with a cancer by CM. (Cf. Claudio Trupiano, thanks to Dr. Hamer, p. 180).

• The case of Olivia: A reporter from Spiegel-TV is following Olivia, who is walking next to Dr. Hamer, and calls them from behind: "Mr. Hamer, what will you do if Olivia dies the day after tomorrow?" At that moment, Olivia suffers a death-fear conflict. (Cf. Pilhar, Olivia-Tagebuch eines Schicksals)

Tissue Alveoli–brainstem–endoderm.

Conflict-active Increased functioning, cell proliferation in the alveoli, alveolar cancer of secretory or absorptive nature, mostly symptomless.

Biol. meaning With more alveolar tissue, the air can be better made use of > better exchange of gases > better survival chances by air shortage.

Healing-phase The normal biological process is the tubercular-caseating degradation of the tumor through tubercles = pulmonary tuberculosis (PTB) (CM-diagnosis: pneumonia, lung abscess) > bloody phlegm, bloody cough (hemoptysis), fever, and heavy sweating at night, bad breath (halitosis).

¹ Cf. Dr. Hamer, Charts p. 21

Caverns remain. If no fungi or fungal-bacteria are present, the tumor becomes encapsulated with connective tissue and is closed off from the metabolism. TBC has become rare in industrialized countries, because almost everything is found in the active-phase; it does not even come to TBC.

Healing-crisis	Intense pain, chills
Remark	In the case of fear of death for another person, a single (solitary) pulmonary nodule appears. By fear of death for oneself, several (multiple) pulmonary nodules appear.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life, should they not be resolved yet. TB is not a harmless matter. The lung tissue temporarily loses stability. The pulmonary nodules areas "collapse." In the vernacular, "moth-eaten", < no exertion, lots of rest, at least as long as the nighttime sweating lasts. Guiding thoughts: <i>"I understand how it all fits together!" "I am patient and trust in nature!" "Everything will be alright!"</i> Clean, nutritious, high value foods. Hydrogen peroxide (H ₂ O ₂) 3 % internally. Tea: horehound, club moss, comfrey, rosemary, thyme, buckhorn. Hildegard of Bingen: elecampane root wine, bay leaf- or hedge rose-elixir special recipe. If appropriate, CM: Sx, if tumor is too large.

Deterioration of the alveolar tissue (pulmonary emphysema)

Same SBS as above	With an emphysema, the exchange of gases is reduced. This causes chronic respiratory distress (dyspnea) and shortage of oxygen (hypoxia).
Phase	Recurring-conflict —The condition remaining after many healing-phases: if pulmonary nodules are degraded, holes in the tissue (caverns) normally remain (seen as circular shadows on an x-ray). Advancing emphysema causes more and more alveoli to lose their ability to function.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life so that the SBS comes to an end. Guiding thoughts: <i>"I am safe." "The danger has passed." "I am safe in God's hands."</i> Breathing exercises, stretching, gymnastics, yoga. Hydrogen peroxide (H ₂ O ₂) 3% internally. Hildegard of Bingen: lungwort tea. Bring the herb to a boil and allow it to stand in the water. Drink it on an empty stomach for several days. Flaxseed oil. (See also: the lung-healing remedies on p. 161)

Enlargement of the Lungs, lymph nodes-, and connective tissue nodules (pulmonary sarcoidosis, Besnier-Boeck disease)

Same SBS as above. (See also: pp. 150-151)

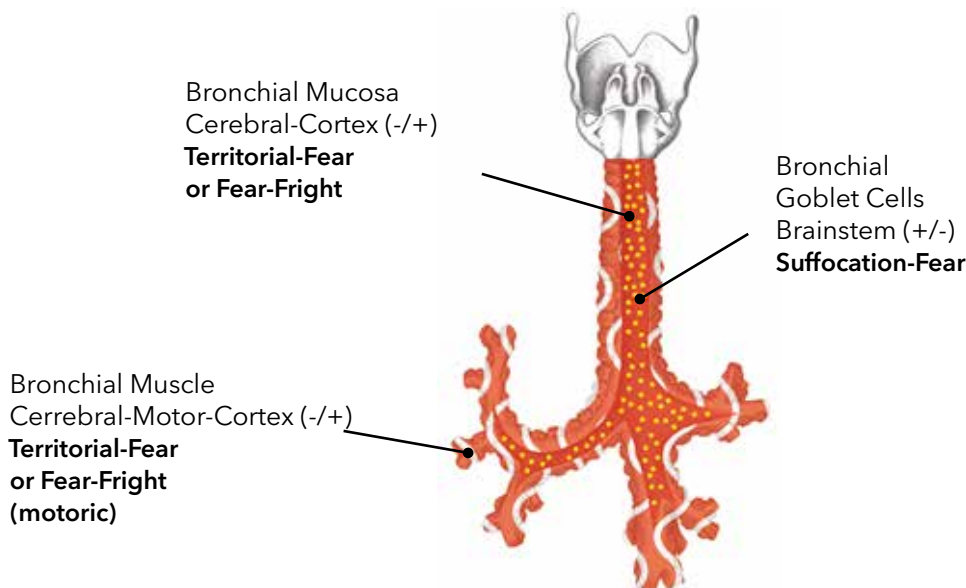
Conflict poss. has a self-worth-component "Can't breathe well enough."

In CM, this is seen as a so-called systemic illness of the mesoderm, with the lungs being the primarily affected organ. From the viewpoint of the 5 Biological Laws of Nature there are no such "systematic illnesses," and thus, we look at the symptoms: enlargement of the lymph nodes on the lung stem points to a healing-phase (CM: sarcoidosis stage 1). The conversion of functional lung tissue into connective tissue points to relapses (CM: sarcoidosis stage 3).

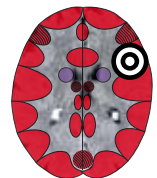
Example	• <i>The bike-riding student starts crossing a traffic light too early and is nearly run over by a car. Although nothing happens, he briefly thinks "his life is a thing of the past" = death-fear conflict. The conflict recurs daily, since he crosses the same intersection everyday as he rides to university. After two years, he goes to the doctor because he has trouble breathing and coughs when he exerts himself. Diagnosis: sarcoidosis of the lungs. He is treated with 35 mg of cortisone per day but his lung volume remains at 70%. The conflict is resolved when he learns about the 5 Biological Laws of Nature and as "therapy" avoids the traffic light. The sarcoidosis retreats almost completely.</i>

(Cf. www.germanische-heilkunde.at/index.php/erfahrungsberichte)

Phase	Recurring-conflict regarding the alveoli > formation of scar tissue.
Remark	It is possible that the diagnosis of sarcoidosis is based on multiple bronchial scarring (this would be a recurring territorial-fear conflict).
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life so that the recurring-conflict comes to an end. Guiding principle: See above. See also lung remedy below. Breathing exercises, gymnastics, outdoor exercise. Hildegard of Bingen: millet mixed powder special recipe. In the CM, for asthma, emphysema, and sarkoidose the same drugs are given (bronchoditors, cortisone). In acute cases (healing-crisis) they are practical and they are undoubtedly useful. A permanent intake is not recommended due to the side effects.



SBS of the Bronchial and Tracheal Mucosa



Bronchial tumor (bronchial-epithelial cancer, ulcerating bronchial cancer)¹

Conflict	Territorial-fear conflict or fear-fright/speechless conflict (dependent on "handedness," hormone levels and previous conflicts).
Explanation	A person is afraid of losing his territory (for example: partner, job) or his position in the territory (position, level). <i>"To have a hellish or mortal fear." "I was scared to death." "I am terrified!"</i> The territorial-fear conflict is an active male reaction to a threat to his territory. The fear-fright conflict is the passive female reaction to the same thing (the male reacts with attack, the female with passive fright).

¹ Cf. Dr. Hamer, Charts p. 111

Examples	For territorial-fear conflict (for examples of fear-fright conflicts, see p. 146): • <i>The woman has a husband, who is always being unfaithful. She is never sure whether or not he is having another affair = territorial-fear conflict with degradation of cells from the bronchi in the active-phase. She comes into healing when she separates from him and meets another man who loves her passionately and deeply. With this new partner, she is sure that he is true to her. Restoration of the bronchial mucosa = bronchitis or a bronchial ca. (Cf. Ursula Homm, Lebensmittelheilkunde für die Neue Medizin, p. 38.)</i> • <i>The family father has a job in a small plumbing company and is two years away from his retirement. He has a good, friendly relationship with his boss. One day, the boss decides to join up with a business partner. The new partner cannot stand the patient. The relationship worsens and the patient is afraid of being fired. This would be very bad, as he still has two young daughters to raise and moreover, he wouldn't be able to get a new job at his age = territorial-fear conflict. Before he goes into retirement, in other words, two years later, his fear of losing his job dissolves. He begins to cough and thinks he has bronchitis. When his symptoms do not improve he gets a lung x-ray. The diagnosis: "cancer of the bronchi." This causes him to have a death-fright conflict. Finally, the patient dies after all the possible therapies. (Cf. Claudio Trupiano, Danke Doktor Hamer, p. 327.)</i> ➔ <i>Also, often a threat to one's "time territory." For example, someone is put under time or appointment pressure. Someone's time is "robbed" from him or someone else decides what he does with his time.</i> • <i>The 26-year-old, left-handed man starts up a small company with a friend. After a time they begin to have major arguments about how their presence at the firm should be regulated. The patient wants to take advantage of his entrepreneurial freedom with flexible, need-oriented working hours. His partner insists on an exact work schedule = territorial-fear conflict regarding the larynx (left-hander). After an unpleasant separation from his business partner, the patient can choose his own hours, and the conflict seems resolved. Unfortunately, a track remains: whenever he is pressured with private or business appointments, he subconsciously remembers the old stress and reacts with territorial-fear. The day after the appointment, he has a congested larynx and a hoarse voice = healing-phase of the larynx mucosa. (Personal archive B. Eybl).</i> • <i>For the last 30 years, the 47-year-old mother of two has met with her "best friend" twice a week. In the last half year, however, her friend has suddenly stopped seeing her. After several futile attempts to contact her, she gives up, disappointed = territorial-fear conflict—"My friend is leaving my territory." She comes into healing when her friend phones her to wish her a happy birthday and she confronts her on the matter. Now, she can close the books on the subject. A week later, she contracts pneumonia. When antibiotics prove ineffective, a bronchoscopy is performed—diagnosis: bronchial cancer. (Personal archive B. Eybl)</i>
Tissue	Bronchi—epithelium—cerebral-cortex—ectoderm.
Conflict-active	Cell degradation (ulcers) of the bronchial mucous membrane, usually unnoticed. The affected area can be anywhere from the beginning of the trachea into the smallest branches of the bronchi = CM's "ulcerating bronchial cancer."
Biol.meaning	Through the cell degradation, the diameter is increased. This allows the person to improve their intake of air, so as to defend the territory more effectively.
Healing-phase	Restoration of the bronchial and/or tracheal mucosa = inflammation of the bronchi (bronchitis), pneumonia, bronchial cancer: swelling, reddening, cough, possibly bloody phlegm, and pain; strong swelling with exhaling difficulties by syndrome. Due to the swelling, an entire section of the lung can be cut off temporarily from the breathing process (= insufficient-ventilation atelectasis). As soon as the swelling is reduced, the air passage opens up again, that is, the atelectasis disappears again. Longer lasting bronchitis is due to recurrences and/or tracks.

Healing-crisis	Cough and/or coughing cramps due to participation of the bronchial musculature, chills.
Remark	Bronchial cancer is usually diagnosed in the healing-phase, often together with syndrome.
Therapy	The conflict is resolved. Accompany the healing. Enzyme preparation, lymphatic drainage. Hildegard: ground ivy elixir special recipe. Vit. D3 (cod liver oil), hydrogen peroxide (H ₂ O ₂) 3% strength internally. See also lung remedies p 161. If applicable: Sx, if the tumor is too large and/or large bronchial branches are affected.

Inflammation of the bronchi (bronchitis)²

Same SBS as above

Phase	Healing-phase: Restoration of the squamous mucous membrane. Pain, narrowing of the bronchi (stenosis) or closure (atelectasis) due the healing-swelling, breathing noises (stridor). Expectoration of mucus (sputum). Cough = healing-crisis of the bronchial musculature. The cough's biological purpose is to expectorate the mucus.
Remark	By recurring-conflict or in hanging-healing, CM speak of "chronic hypertrophic bronchitis." A "bronchial cancer" might just as well be diagnosed, should a lung x-ray be taken. By recurring-conflict with longer active-phases, CM diagnosis could be chronic destructive bronchitis (destruction of the wall structures).
Therapy	The conflict is resolved. Accompany the healing and avoid relapses. Saltwater or tea inhalations. Tea: horehound, marshmallow, Iceland moss, mallow, primrose, mullein, elderberry. Colloidal silver internally. In the healing-crisis, black tea or coffee. Possibly CM—cortisone, anticonvulsants. See also: lung remedies p. 161.

Bulging or widening of the bronchi (bronchiectasis)

Same SBS as above. (See pp. 152-153)

According to CM, chronically recurring inflammations can degrade the structure of the bronchial wall. Symptom: expectoration of large amounts of sputum upon arising in the morning.

Phase	Recurring hanging-active conflict with local cell degradation from the bronchial mucosa > a thinning and subsequent bulging out of the membrane. During the periods between the healing-phases, there is increased sputum with coughing in the healing-crisis.
Therapy	Find conflict and/or tracks and resolve them in real life, in order to prevent relapses. See also: lung remedies on p. 161.

Inflammation of the trachea (tracheitis), tracheal cancer (tracheal-epithelial cancer)*

Same SBS as above. (See pp. 152-153)

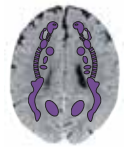
Regarding conflicts, the mucosa of the trachea belongs to the bronchi.

Tissue	Tracheal—epithelium—cerebral-cortex—ectoderm.
Phase	Healing-phase: Restoration of the squamous mucous membrane. Pain under the breast bone. Possibly narrowing of the trachea (tracheal stenosis), due to healing-swelling especially by syndrome. If the cell degradation was long and intensive, the healing can also take a

² Cf. Dr. Hamer, Charts, pg. 111

Therapy	long time. In this case, tracheal cancer can be diagnosed. Coughing in the healing-crisis. The conflict is resolved. Accompany the healing. Avoid recurrences. In the healing-crisis possibly CM: cortisone, anticonvulsants. If necessary: surgery. See: lung remedies on p. 161.

SBS of the Bronchial Muscle



Narrowing of the bronchi (bronchial asthma), spastic bronchial inflammation (spastic bronchitis)¹

Bronchial asthma causes difficulties in exhaling > slow and heavy exhalation. If the mucosa and muscles are affected, the condition is accompanied by bronchitis and bronchial stenosis.

Conflict	Territorial-fear conflict or fear-fright/speechlessness conflict in the healing-crisis (depending on "handedness," hormone levels, and previous conflicts) and additionally an active conflict or a healing-crisis on the opposite left cerebral-cortex side (territorial-fear conflict, see p. 152f).
Examples	• <i>When he was a child, the 33-year-old, right-handed asthmatic patient had to listen to the intense arguing of his parents. The parents then separated = territorial-fear conflict affecting the bronchi, fright-fear conflict affecting the larynx, and stink conflict affecting the mucous membranes of the nose. All three conflicts led to cell degradation in the active-phase and restoration in the healing-phase. The patient has several tracks: dampness or damp-warm weather, arguments, separations, and disharmony of every sort. Due to the tracks he repeatedly comes into activity and then into healing with the symptoms of asthma and sniffles. (Personal archive B. Eybl)</i> • <i>The 60-year-old, right-handed retiree with two, grown children has had a cat allergy, since his 18th birthday. Whenever he is near a cat for longer than half an hour, the bronchi tighten up and he cannot breathe properly, although he loves cats! Moved to tears, he recalls the original conflict 40 years ago, his favorite cat often stole food from the table. Once, his mother caught the cat "in the act" and beat him so hard that the cat slunk into the cellar. After that, the cat had nothing to do with any family member other than him = territorial-fear conflict. He always goes down and strokes his pet. She then licks his temples with gratitude. Later, the cat dies.</i> <i>Additional finding: The patient has a basaliom on the temple, just on that spot = for the last 40 years a hanging-separation conflict-the skin contact with the cat is broken off.</i> <i>Remark: The patient's cat allergy is based, like all allergies, on a track. For the subconscious of this man, cats are an alarm signal: watch out! Something bad could happen again > start-up of a bronchial SBS > relaxation of the bronchial musculature in the active-phase > cramping up in the healing-crisis = CM: "asthma." (Personal archive B. Eybl)</i>
Tissue	Bronchial musculature–cerebral-cortex–ectoderm (nerve supply = innervation) and cerebral-medulla–mesoderm (nutrition), usually coupled with bronchial mucosa–ectoderm.
Conflict-active	Cerebral-medulla–mesoderm controlled cell degradation of the bronchial musculature (muscle necrosis) > muscle weakness. Simultaneously, cerebral-cortex controlled reduction of innervation > motoric paralysis. In the case of a coupled conflict, at the same time, degradation of bronchial mucosa—all largely symptomless.

¹ Cf. Dr. Hamer, Charts pp. 111, 112

Biol. meaning	Widening of the lumen in the bronchi due to "relaxed" bronchial musculature > get air better and faster.
Healing-phase	Restoration of bronchial musculature and return of innervation, tickling irritation in the throat. By coupling, at the same time bronchitis with expectoration.
Healing-crisis	Bronchial asthma attack: coughing fits, longer exhalation and/or exhalation together with coughing, lasting from several minutes to a maximum of three days. Narrowing (tightening) of the bronchi and/or trachea, possibly with wheezing sounds (stridor trachealis) when breathing.
Remark	An attack occurs when a conflict is active on the opposite left half of the cerebral-cortex, or also in the healing-crisis. Only this constellation makes bronchial asthma possible. A dangerous so-called status asthmaticus occurs when the laryngeal musculature (left cerebral-cortex) is in healing-crisis simultaneously with the bronchial musculature (right cerebral-cortex). Dr. Hamer describes how there were far more cases of pneumonia previously with serious healing crises than there are today. However, now there are many more asthmatics. This is because nowadays more people are "constellated." By allergic bronchial asthma, the conflict is started up briefly due to a track (= CM's allergen).
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Guiding thoughts: <i>"I am safe!" "I am in the hands of God!"</i> Breathing exercises, dancing, singing. Hydrogen peroxide (H ₂ O ₂) internally. Vit. D3 (cod liver oil). Hildegard of Bingen: dill-lovage elixir special recipe, juniper-berry honey-spice special recipe, or juniper-berry special recipe. In the healing-crisis black tea or coffee, poss: CM cortisone, antispasmodic and bronchodilators. A prolonged intake is not recommended because of side effects.

Chronic obstructive pulmonary disease (COPD) *

COPD is a collective term for various chronic diseases of the lung.
This mainly includes emphysema and chronic bronchitis.
The diagnosis is, in our view, relatively meaningless,

except for the term "chronic" > recurring SBS of the alveoli (see p. 150) and/or recurrent SBS bronchi (see p. 152).
Therapy see respective SBS.
If applicable, cannabis oil.

Whooping cough (pertussis)*

According to CM, whooping cough is caused by the bacterium *Bordetella pertussis*, and is one of the so-called children's diseases. Whooping cough comes from either the larynx- or the bronchial- muscles.

- **Cause larynx: healing-crisis** of the laryngeal musculature or irritation (= tickle, urge to cough) of the laryngeal mucosa in the healing-phase = fright-fear conflict (see p. 146).
- **Cause bronchi: healing-crisis** of the bronchial musculature or irritation of the bronchial mucous membranes in the healing-phase = territorial-fear conflict. (see above).

In both cases, the coughing has a biol. meaning of expectorating the inflammation-sputum.
Whooping cough attacks are especially serious in combination with syndrome.

Therapy

The conflict is resolved. Accompany the healing-phase.

- **By attack (healing-crisis):** stand up, go where it is cool, drink cold beverages, tea, coffee, possibly CM: cortisone, antispasmodic, bronchodilators
- Tea: hibiscus, ivy, thyme, buckhorn, peppermint
- **By recurring-conflict:** breathing exercises, sunbaths, solarium, sauna, infrared cabin, damp chest compress.

SBS of the Goblet Cells



Goblet cell tumor (adeno-ca), excess phlegm (mucus) in the bronchi (chronic cartharrhous bronchitis)¹

From an etymological standpoint, goblet cells are descendants of the intestinal mucosa glands. They ensure for lubricating and moistening of the air passages.

Conflict	Chunk conflict of not being able to lubricate the air. Simply stated: Fear of suffocation <i>"I cannot breathe." "I struggle for air."</i>
Examples	→ An infant nearly suffocates from a pillow in front of his nose and mouth = fear of suffocation, with cell growth in the goblet cells in the active-phase and cell degradation in the healing-phase. → The umbilical cord of an infant is cut too soon > insufficient oxygen supply to the baby. → While having an asthma attack, a person thinks he is suffocating. → A person is exposed to an extreme amount of dust, smoke, or gas (fire, dusty workplace, mining, stonecutting, etc.).
Tissue	Goblet cells—brainstem—endoderm.
Conflict-active	Increased function, cell proliferation of the goblet cells (goblet cell tumor) = in CM: chronic cartarrhous bronchitis, intrabronchial goblet cell adeno-ca, goblet cell hyperplasia = excess phlegm due to increased production of mucus.
Biol. meaning	Better breathing and/or dust expulsion due to more bronchial mucus.
Healing-phase	Normalization of function. If fungi or fungal-bacteria (mycobacteria) are present > tubercular-caseating degradation or small goblet cell "tumorlets." Expectoration of yellow (purulent) mucus, fever, night sweats, halitosis.
Remark	According to Dr. Hamer, this SBS is rare. It is difficult to draw the line between this disease and bronchitis (territorial-fear conflict), which is also accompanied by excess mucus. Decisive sign: proof of fungal-bacteria (laboratory), expectoration of yellow purulent sputum, night sweating by goblet cell cancer degradation. This SBS would explain why asthmatics, who are regularly afraid of suffocating, often suffer from extreme congestion.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Tea: horehound, anise, fenugreek, speedwell, flaxseed, ground ivy. Vit. D3 (cod liver oil), black cumin. Colloidal silver internally. Hildegard of Bingen: special recipe: blackberry elixir.

Cystic fibrosis (CF = mucoviscidosis, drying up of the bronchial mucus)²

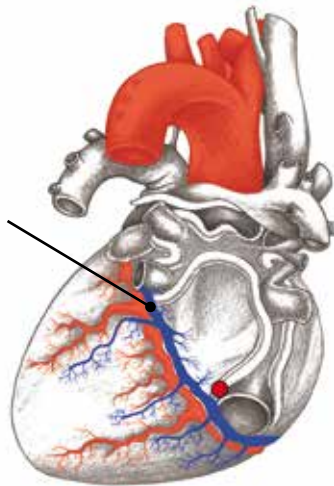
Same SBS as above.

Phase	Hanging-healing , usually recurring in infancy > more and more goblet cell functional tissue is "melted away"—converted to connective tissue. This causes less mucus to be produced or its production stops altogether = mucoviscidosis.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life so that the hanging-healing can come to an end and the goblet cells can regenerate. Lymph drainages, acupuncture, acupoint- and classic- massage, colloidal silver internally. See also: lung remedies below.

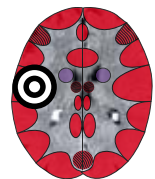
¹ Cf. Dr. Hamer, Charts p. 21

² Cf. Dr. Hamer, Charts p. 21

Coronary Veins (Intima) Blue
Cerebral-Cortex (-/+)
**Sexual-Frustration/
Loss-of-Territory**



SBS of the Coronary Veins



Occlusion of the lung artery (pulmonary embolism, thromboembolism)¹

This "disorder" should actually belong to the chapter on the heart, for the lung only feels the impact of a heart SBS. According to CM, the blood clot (thrombus) that leads to a lung embolism is transported from the leg veins. Dr. Hamer, however, has found out that in a pulmonary embolism, the thrombus comes from the venous shank of the coronary vessels (coronary veins).

I doubt that this explanation is valid for all pulmonary embolisms. Could it be that both possibilities are valid, that is, that either a deep vein in the leg (veins SBS, see p. 133) or a coronary vein could be to blame? In the individual case, this must be clarified according to the symptoms or by means of a computer tomography (CT). Here is the chain of events, according to Dr. Hamer:

The heart muscle is supplied with oxygen-rich blood over the coronary veins and leads it into the left atrium. From there, it goes into the right main chamber and over the lung artery (oxygen-poor blood) into the lungs for new oxygen enrichment. If a thrombus is released in the coronary artery, it then becomes lodged in the pulmonary artery = lung embolism.

Conflict	Female loss-of-territory conflict or sexual-frustration conflict of not being mated. <i>"It breaks my heart!"</i> Or male loss-of-territory conflict (dependent on "handedness," hormone levels and previous conflicts). Explanation: the female territorial conflict always has a sexual or partner aspect. It is about the "inner territory." The partner is the "territory" of the woman. That is why it is better if the man takes the woman into his territory. Then, the man has his territory and the woman has her partner. If the man moves to the woman, the woman has her partner, but the man has no territory.
Examples	For female loss-of-territory conflict: (For examples of male loss-of-territory conflicts, see p. 114.) → A woman is left by her husband, mistreated, or forced into having sexual intercourse. • A 15-year-old, right-handed schoolgirl sleeps with a boy for the first time. Unfortunately, the condom breaks. She takes the "morning-after" pill, since she is afraid of getting pregnant. What really upsets her, however, is that the boy tells everybody about what happened. Even the girl's mother hears about it from "the grapevine." Female loss-of-territory conflict with regard to

¹ Cf. Dr. Hamer, Charts p. 126

the coronary veins and the cervix, in the active-phase: cell degradation in the coronary veins. Four weeks later the girl comes into healing, with restoration of cells to the coronary veins. For months she repeatedly has absences with tachycardia—fast heart rate. (Personal archive B. Eybl)

• *The 32-year-old patient with a Christian upbringing has a partner who loves her, but does not want to get married "out of principle." = Female loss-of-territory conflict. After 10 years of "living in sin," he proposes to her. After the proposal (= beginning of the healing-phase) the woman becomes weaker and weaker and suffers from increasing shortness of breath. Six weeks later she has an embolism and two-month-long bleeding from the cervix = healing-phase. (Personal archive B. Eybl)*

• *The now 35-year-old woman is two and a half when her father "says goodbye" to his wife and daughter. His departure is preceded by violent arguments, her mother often having to protect her from his aggressive behavior. She meets her father once, later on, but she will never forget it. As a seven-year-old, she is playing in her mother's restaurant, when her father comes in and says, "Hello, I am your father!" Then he seats himself at the bar with his back toward her. When she is nine, she learns that her father has died = female loss-of-territory conflict in addition to resistance conflict. (Shortly afterwards she is diagnosed with diabetes.) The patient has regular angina pectoris (= active territorial conflict) when under stress. When she climbs stairs, she has the feeling her heart is being "squeezed in." In addition, she suffers from severe menstrual distress. (Personal archive B. Eybl)*

Tissue	Coronary veins—epithelium—cerebral-cortex—ectoderm (gullet-mucosa-pattern).
Conflict-active	Cell degradation (ulcer) on the inner surface of the coronary veins (intima). Mild tightening pain in the breast (angina pectoris). At the same time, cell degradation from the mucosa of the cervix.
Biol. meaning	Due to the cell degradation the lumen of the coronary veins increases > better flow of blood from the heart > higher heart capacity, in order to be able to win back the lost territory (e.g., the partner).
Healing-phase	Repair and restoration of the epithelium of the coronary veins. Formation of healing crusts (plaque). Possibly the HDL cholesterol is raised.
Healing-crisis	Three to six weeks after the beginning of the healing-phase, the pulmonary embolism occurs: gasping for air, fear, and a sense of impending doom, possibly chills. In the healing-crisis there is a cramp-like spasm (= local epilepsy) of the voluntary (striated) vessel musculature below the epithelium. This causes healing crusts to break loose and float with the blood over the right heart into the pulmonary arteries = lung embolism. First, larger pieces block the larger veins, then smaller ones reach the smaller branches of the pulmonary arteries. The blockade of the flow of blood in the smaller and middle-sized vessels is not a problem, because the surrounding vessels (anastomoses) secure the blood supply. The blood clots usually dissolve within weeks without therapeutic measures (recanalization). However, the brain level is problematic: healing swelling of the HF and abrupt shrinkage in the healing-crisis.
Remark	The rhythm center for the rapid heart rhythm lies in the relay for the coronary veins and the cervix. Due to this, we sometimes find high pulse rates during the healing-crisis (tachycardia) possibly with lapses (tachyarrhythmia). Fatal ventricular fibrillation is also possible, if the conflict has been active for too long.
Therapy	The conflict is resolved. Accompany the healing. Calming patient. Cortisone is possible at the end of the healing-crisis. Rest and quiet. Avoid recurrences. Vitamin D3 (cod liver oil). Hildegard of Bingen: horseradish-galangal special recipe, Portuguese lavender elixir special recipe. Natural borax internally. Hydrogen peroxide peroxide (H ₂ O ₂) 3% internally. Cautions with blood-thinning medications—possibly in the acute phase! They have the disadvantage of protracting the healing of the coronary veins. This could cause other embolisms to follow. In addition, blood thinners promote bleeding of the cervix, which can be fatal. > Possibly limited intake timewise and only when cervix is not bleeding (woman).

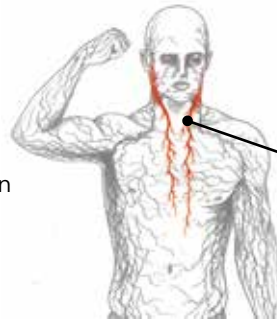
SBS of the Branchial Arches

Small cell bronchial (lung) cancer¹

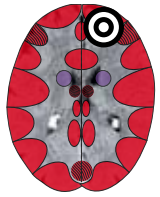
In CM, this kind of tumor is seen as a bronchial tumor. However, as Dr. Hamer has found out, it is an SBS of the branchial arches or leaked out callus (bone fluid) from an injured bone in the area. In question come vertebrae, ribs or sternum. (See osteosarcoma p. 290).

Because of the inaccessibility of its position in the middle of the chest cavity, in CM this tumor is considered inoperable and hardly curable. Description of the branchial arches SBS:

Conflict	Frontal-fear conflict. Fear of an unavoidable danger coming towards you. (See also: non-Hodgkin's lymphoma, p. 137.)
Examples	• <i>The 43-year-old, right-handed, happily married patient has a 12-year-old son. One day the father has to have a meniscus surgery. When he wakes up from the anesthesia, his wife informs him that his son has been badly injured diving head first into the water and is lying in the hospital. The next day, he learns that his son will have to undergo an surgery. His life is in danger > still in the hospital, the patient suffers a frontal-fear conflict because of the oncoming danger (the surgery) and a death-fright-panic conflict—both conflicts felt for his son. He wants to jump out of the window if the boy dies (high conflict intensity). In the healing-phase, he feels a downwards pull in the left ear toward the neck and breastbone with strong pressure and squeezing. Just above the collar bone, a cyst has developed (= branchial arches in healing). He also sweats heavily during the night and coughs blood (= alveoli in healing). When he seeks clarification in the hospital, an alveolar cancer and a small-cell bronchial cancer are diagnosed. (Personal archive B. Eybl)</i>
Tissue	Branchial arches—squamous epithelium—ectoderm (gullet-mucosa-pattern)
Healing-phase	Cell division, restoration of the branchial arches = CM: small cell bronchial cancer
Therapy	The conflict is resolved. Accompany the healing. Guiding thoughts: <i>"The danger is over! I am in safety! Everything is fine!"</i> Lymph drainages. It is crucial to overcome the shock of diagnosis and leave the fear behind.



Branchial Arches
Cerebral-cortex (-/+)
**Frontal-Fear or
Powerlessness**



¹ Cf. Dr. Hamer, Charts p. 111

Water in the lungs (interstitial or alveolar pulmonary edema)*

It is typical for patients with water in the lungs to only sleep in a sitting position—at least in this position they have the upper part of the lungs to breathe. We can listen to the typical rattling noise as the patient breathes. This serious symptom is a sign of poor general health. Generally, the kidneys-collecting tubules SBS (KCT) are involved with this. The following causes are:

- **Pulmonary edema due to poisoning:** Irritant gases (chlorine, ammonia, hydrochloric acid, etc. = acute pulmonary edema), drugs (heroin, methadone), chemo-toxic > destruction of the alveoli and capillaries > leakage of fluid in the lungs = pulmonary edema.
- **Weakness of the left ventricle (heart failure)** > Back-flow of blood into the pulmonary circulation > leakage

of blood plasma in the pulmonary capillaries > water in the lungs = most frequent cause of lung edema (see p. 121).

- **Healing-phase bronchial mucosa**
Inflammation of bronchial mucosa = bronchitis > Pulmonary edema syndrome (see p. 152).
- **Healing-phase alveoli**
Inflammation of the alveoli lung TBC > exudation of pus and water > pulmonary edema syndrome (see p. 150).
- **Therapy** according of the causes.
Both the acute and in chronic pulmonary edema need action.
Definitely consider: therapeutic measures for KCT p. 228.

Black lung disease (pneumoconiosis; silicosis, asbestosis)*

This is one of the most commonly occurring occupational illnesses.

To a certain extent, dust is intercepted by the mucous membranes of the nose, throat, windpipe, and bronchi. With the help of the cilia (tiny hairs), these membranes are moved out or coughed up. Very small or thin particles, however, can get to the bronchioles and remain there. The very smallest particles can even penetrate the alveoli. There, the body builds connective tissue around them, which in itself is not a bad thing. If, over the years and decades, dust is continually breathed in, this scar tissue takes up more space so that the performance of

the lung is diminished eventually. One speaks of a fine-particle-induced "pulmonary fibrosis" > not a conflict but damage caused by dust. The growths of connective tissue are often interpreted as "cancer."

Dust inhalation can also be perceived as an attack conflict as can the diagnosis "black lung." (See p. 162)

Therapy

Stop breathing in dust. Guiding thought: *"My lungs are full of light and energy!"* Breathing exercises, gymnastics, sport for cleaning the lungs. See also: lung remedies.

Smoking and the lungs

It is clear that smoking is not healthy. It contaminates the breathing passages with tar and soot. Nicotine and other ingredients are taken up by the body and they poison it from within gradually. Nicotine, like all drugs and poisons, makes us temporarily sympathicotinous = "high."

For the *"good feeling"* that comes from smoking, we pay a high price:

- The loss of freedom (due to addiction).
- Loss of life energy caused by a bad conscience.
- Local and general toxification.

However, the commonly accepted "smoking generally leads to lung cancer" is wrong. The signal for cell division in the bronchi and alveoli comes from the brain. There is no cell division without the brain ordering that to happen. The cluttering buildup of scarring connective tissue in the bronchi that is caused by tar and soot is also controlled by the brain.

Lung remedies

- Regular breathing exercises, gymnastics
- Tea: horehound, lungwort, fir needle, agrimony, sage, plantain, knotgrass
- Pelargonium root extract (Kaloba® from Schwalbe Pharma)

Why is it that lung cancer is diagnosed more often in smokers?

- Smokers' lungs are examined more often because of contamination—dry cough or as a routine measure.
- Doctors intentionally examine smokers more often for lung cancer. Swollen, inflamed, sooty, scarred bronchial epithelium is considered as the "cancer."
- Many smokers believe that they will get cancer because they smoke. A person in this state of consciousness attracts evil upon himself and can suffer a death-fear conflict.

Therapy for smoking

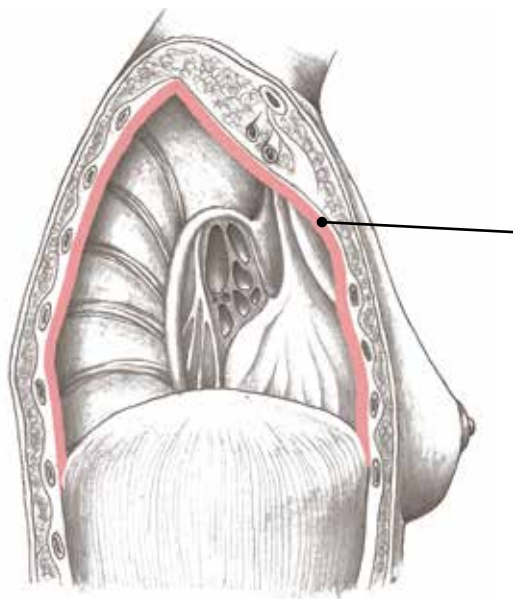
Quit smoking, if possible, without being forced to do so. Brutal withdrawal harbors considerable conflict potential. Guiding principle: *"I am free and independent! This is real life!"*

- Cayce: horehound syrup
- Hildegard of Bingen: goat's milk
- Hydrogen peroxide (H₂O₂) 3% internally
- Sunbathing, vit. D3 (cod liver oil).
- If necessary, Cannabis oil.

PLEURA

The pleura lines the chest cavity. It is controlled by the cerebellum and is made up exclusively of mesodermal tissue. The pleura has two layers: the outer layer (pleura parietalis) is attached to the chest cavity, while the

inner layer (pleura pulmonalis) forms the outer layer of the lungs. The very thin space (pleural cavity) between the two layers is filled with a fluid that allows the lungs to glide during breathing.



Pleura
Cerebellum (+/-)
**Attack against
the lungs/chest or
breast cavity**

SBS of the Pleura



Cancer of the pleura (pleura mesothelioma, pleura cancer)¹

Conflict	Attack against the chest conflict. Real attack/threat or imagined threat.
Examples	→ Severe pain in the chest cavity (lungs, chest, heart, ribs, spine). • A person is diagnosed with a roundish shadow on the lung (lung cancer) = attack conflict against the chest cavity. During the conflict-active phase he develops a pleura mesothelioma. (Personal archive B. Eybl) • Fifteen years ago, the thin woman gets breast cancer (adeno-ca). Having become acquainted with the 5 Biological Laws of Nature she lets the tumor be and lives very well with it. Unfortunately, 6 years ago, she allows a biopsy to be made. Afterwards the breast no longer closes up and for three years she lives with an open wound. At this point she becomes frightened and suffers an attack conflict against the chest area > growth of a pleura mesothelioma. After the breast is closed via surgery (skin closure), the patient comes into healing with a pleural effusion. (Personal archive B. Eybl)
Tissue	Pleura–cerebellum–mesoderm.
Conflict-active	Cell proliferation in the pleura. Growth of a pleura mesothelioma. Either flat or patchy growth, depending on the kind of attack perceived.
Biol. meaning	Protection of the chest cavity by thickening the pleura.
Healing-phase	Tubercular-caseating degradation of tissue: inflammation of the pleura (pleuritis), pain, fever, night sweats, breathing difficulties, chest pain, pleural effusion through syndrome.
Healing-crisis	Chills, severe pain
Remark	Most cancer of the pleura can be attributed to the diagnosis shock and are interpreted as "metastases" in CM–like "the prognosis is poor." With knowledge of the 5 BLN there would

¹ Cf. Dr. Hamer, Charts pp. 47, 52

be far fewer cases of pleural tumors and far fewer people would die of them.

Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life if they have not already been resolved. The most important therapy is the knowledge of the biological interrelations. Guiding thoughts: <i>"A wall of crystal is around me!" "I am safe and protected!" "Nobody and nothing can do anything to me!"</i> Lymph drainages, acupoint massage, breathing exercises. CM treats with surgery, chemotherapy, and radiation, and is content with about three months of life extension. Right after the surgery, mesothelioma usually grow back into the Sx wound. Our view (and "from the perspective of the pleura"), this is understandable because the surgery causes another attack. Because of low chances of success, not recommended.

Pleurisy, accumulation of pus in the pleura (pleural empyema), pleural adhesions (fibrinous or granulomatous pleurisy)²

Same SBS as above.

Phase	Healing-phase: degradation of the pleural tumors. Inflammation, severe pain by breathing, especially by the dry pleuritis—fever, night sweats. Growths due to chronically recurring-conflicts (tracks).
Therapy	The conflict is resolved. Accompany the healing. Damp chest or whole-body wraps with brine, enzyme preparations, lymph drainages, colloidal silver internally.

Pleurisy or adhesions caused by dust (e.g., asbestos pleurisy)*

Same SBS as above. (See p. 162)

Phase	Healing-phase: degradation of a pleural tumor. Although the pleura has no direct contact with dust, it can co-react conflict-actively: The inhalation of dust is unpleasant for everybody. Constant or intensive inhalation can lead to a dust-attack conflict against the lung. <i>"This dust is toxic and I have to breathe it in all the time!"</i> > growth of a pleura mesothelioma > inflammation of the pleura in the healing-phase with pain, fever, night sweating. Pleural callosities (plaque) due to relapses.
Therapy	By relapse: Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Real is in this case, avoid any source of dust. Massages, lymph drainage massages, enzyme preparations, breathing exercises for cleaning and strengthening.

Collection of fluid in the pleura that comes from the pleura itself (exsudative pleural effusion)²

Here the protein content is about 30 g/l. SBS same as above (see p. 162), but in addition syndrome.

Example	• A patient is found to have cysts of the branchial arches. CM's diagnosis: <i>"non-Hodgkin's lymphoma."</i> He is told that they must do major surgery on his chest cavity in order to get to both sides = attack conflict against the chest cavity. The patient dies after the surgery of massive both-sided pleural effusions. (Cf. Dr. Hamer, Goldenes Buch Vol. 2, p. 135)
Phase	Healing-phase —fluid is collected between the inner and outer layers of the pleura, due to

² Cf. Dr. Hamer, Charts p. 47, 52

the degradation of the tumor = "sweating out" of the pleura. To a certain extent, this is normal because fluid forms during every inflammation. In combination with syndrome, however, the effusion can become dangerous. Exsudative pleural effusions are rich in protein. The problem with punctures is due to this. Due to repeated draining of fluid, the body loses large volumes of protein > lowered albumin level. Low blood protein content leads to a drop in the colloid osmotic pressure in the blood system which promotes fluid collection = 1st vicious cycle.

At the psychic level, a puncture can ignite an even wider vicious cycle, if the painful and risky puncture procedure (pneumothorax danger) is perceived as an attack conflict against the chest cavity = 2nd vicious cycle.

Therapy	The attack conflict is resolved. Accompany the healing. Address KCT conflict, if existent! No infusions with salt. Restrict fluid intake, enzyme preparation, lymph drainages. Salt water baths or wraps. Tea: stinging nettle, horsetail, goldenrod. Intake of biologically valuable protein (e.g., eggs, cheese). Hydrogen peroxide (H₂O₂) 3% internally, vit. D3 (cod liver oil). Puncture (tap) only as a last resort. Possible albumin infusions, gradual lengthening of the intervals between punctures.

Collections of fluid in the pleura that comes from the surroundings (transsudative pleural effusion)

Through transsudative pleural effusion (protein content of less than 30 g/l), fluid seeps from inflamed surrounding tissues into the pleural cavity. This can be the case with a weak heart (heart failure p. 121), low blood protein levels (hunger edema), or with healing ribs, breastbone, thoracic vertebrae, lungs or bronchi. There are significant accumulation of water only by syndrome.

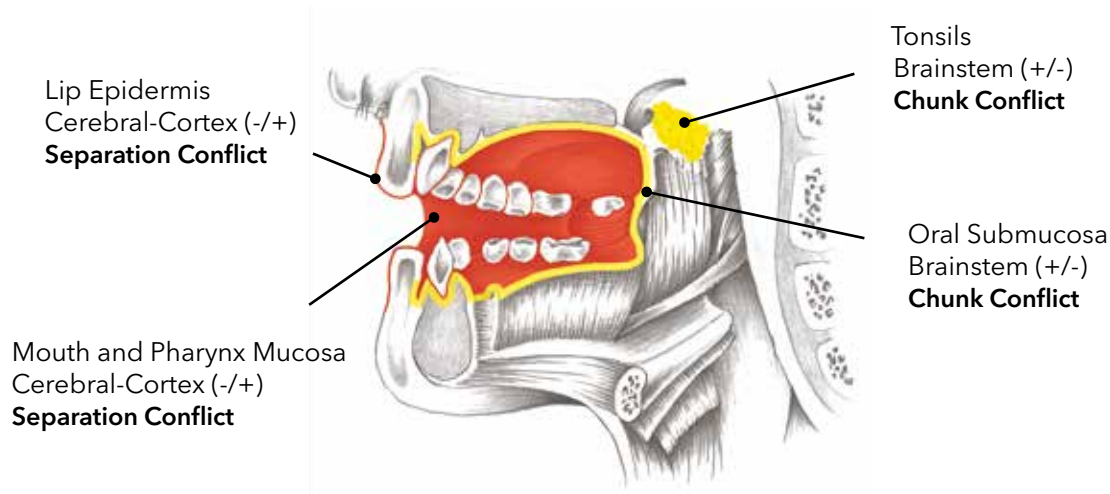
Conflict	Not an SBS of the pleura, but some other SBS (usually bone) with syndrome .
Example	• <i>A woman with breast cancer undergoes radiation and chemotherapy. This makes the breast small and unsightly, which results in a local self-worth conflict with respect to the breastbone. As she comes into healing, the healing bone presses the emerging fluid into the pleura = transsudative pleural effusion. (Cf. Dr. Hamer, Goldenes Buch Bd. 2, p. 364)</i>
Therapy	See exudative pleural effusion and causative SBS above.

LIPS, MOUTH, AND THROAT

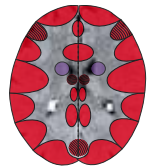
The mouth and pharynx (throat) are the first part of the digestive tract and at the same time they serve as sound and speech-forming organs. Over the deep-lying, endodermal "intestinal mucous membrane" lies the ecto-

dermal epithelium, which migrated from the outer skin.

Most SBS of lips, mouth, and throat, take place in this superficial mucosa.



SBS of the Superficial Lip and Oral Mucous Membrane



Aphthous stomatitis (aphthous ulcers in the mouth)

Aphthous ulcers also known as canker sores are painful, dot-like ulcers of the mucosa of the mouth.

Conflict	Separation conflict regarding the lips, mouth, or tongue. To become separated from somebody or wanting to become separated. Wanting (or not wanting) to have contact (e.g., kissing touching). Also applies to food or dietary restrictions. Not wanting, being allowed to, or being able to, say something. Also not wanting to have said something.
Examples	→ "I could bite my tongue!" "I cannot bring myself to say it!" "To talk until one is exhausted!" "I burnt my tongue!" • The woman has suffered from aphthous ulcers of the mouth for the past 50 years. As a child, she was severely beaten for having eating nuts from her neighbor's garden = mouth-separation conflict. Since then she has been allergic to nuts, reacting with aphthous ulcers in the healing-phase. When she recognizes the connection, she says to herself: "The nuts cannot do anything to me!" = conflict resolution. The ulcers disappear for good. (Cf. Dr. Hamer, Was ist eigentlich die Neue Medizin?) • The 45-year-old, right-handed married patient is a garden lover. Her husband appears with a pair of heavy-duty scissors, intending to prune the grapevine. The patient sees this and says, "You know you have to use the hedge clippers for that!" The man hands her the scissors and says, "Here are the scissors—do it yourself!" = separation conflict of not being able to reach (touch) the partner with words (with the tongue). She steps back without saying a word, as if she was struck by lightning and says to herself, "I will never criticize anything again because he doesn't get it anyway." = Active-phase with cell reduction of the tongue mucosa and pain. Two days later, after she has forgotten the whole matter, she develops an aphthous ulcer on the right side of the tip of her tongue (partner side) = healing-phase with restoration of the mucous membrane. (Personal archive B. Eybl)
Tissue	Squamous epithelium—cerebral-cortex—ectoderm (gullet-mucosa-pattern).
Conflict-active	Development of smaller or larger defects in the mucosa (aphthous ulcers). The longer the conflict lasts, the deeper they become. According to Dr. Hamer, pain is in the active-phase and healing-crisis.
Biol. meaning	Widening of the mouth and throat.
Healing-phase	Restoration of the oral mucosa, inflammation, swelling, reddening.

Healing-crisis	Severe pain, bleeding
Remark	Consider "handedness" (right or left) and side (mother, child, or partner). Active-phases and healing-phase can quickly switch back and forth. Sometimes small inflammations of the endodermal sub-mucosa of the mouth are diagnosed as aphthous ulcers. In this case, there is pain and halitosis in the healing-phase. (See SBS of the oral sub-mucosa–mouth ulcer, p. 165).
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Guiding thoughts: <i>"My words are long been forgotten!" "In the future, I will say right away what is on my mind."</i> Hydrogen peroxide (H ₂ O ₂) internally. Lavyl 32, gargle with of sage tea, tea tree oil, colloidal silver, EM.

Squamous cell lip-, mouth- gum- or tongue- cancer¹

Same SBS as above.

Popularly known *"It's on the tip of my tongue!" "It slipped my tongue!" "I bit my tongue!" "To have a loose tongue!"*

Examples

- *A married, left-handed woman sees her 4-year-old grandson throw a stone through a relative's window. The patient thinks she should inform the parents about this incident. Her husband, however, is against it, because he doesn't want to start an argument = conflict of not being allowed to say something. Two weeks later, the patient finds the courage to write the mother an email = conflict resolution. Two days after that, a 1.5 cm swelling appears on the right side of the patient's mouth (mother/child side) = healing-phase. After two weeks, the swelling subsides. (Cf. www.germanische-heilkunde.at/index.php/erfahrungsberichte)*
- *Within a few weeks, the 67-year-old right-handed, married mother of five, develops an approximately 8 mm wart (tongue papilloma) immediately behind the tip of the tongue = conflict of not being able to say something, in hanging-healing. Conflict history: Her husband has a hot temper. For the patient, however, a peaceful and harmonious co-existence is important. She is always trying to "smooth things over." Often, she is about to say something—it lies "on the tip of her tongue", so to speak, but after brief consideration she holds her tongue, in order not to irritate her husband. Then through a happy coincidence, he discovers cooking as his new hobby. Now, the patient is starting to say what she thinks. (Personal archive B.Eybl)*

Phase **Healing-phase:** Restoration of the epithelium (= squamous cell ca). White coating (leukoplakia), swelling, possibly bleeding without pain. Pain (e.g., burning tongue) in the active-phase and in the healing-crisis due to gullet-mucosa-pattern. A small scar can remain.

Therapy The conflict is resolved. Accompany the healing. Avoid recurrences. See also: above. Hanging-healing or a long conflict activity may lead to an excessive tissue formation (and larger tumors can even arise) > If necessary, surgery without chemo and radiation.

Scarlet fever (affecting the mouth)

Same SBS as above (see p. 165) and other SBS.

The leading symptom for scarlet fever is inflamed, reddened mucosa of the mouth and tongue—the typical "raspberry tongue"—and inflamed tonsils:

Examples → *A child insists on having a sweet but does not get it.*
→ *A child is weaned from his pacifier.*

Phase Inflamed mucosa of the mouth, "raspberry mouth": **healing-phase of a separation conflict**—restoration of the squamous epithelium-mucous membrane. Inflamed tonsils: **healing-phase of a chunk conflict**. Skin rash: **healing-phase of a separation conflict**.

¹ Cf. Dr. Hamer, Charts pp. 122, 135

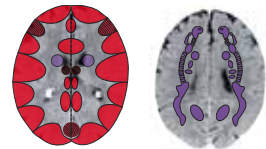
Therapy	The conflict is resolved. Accompany the healing. Avoid recurrences. See aphthous therapy on previous page.

Fever blisters (herpes simplex, herpes labialis), fissures (cracks) in the corner of the mouth (rhagades)

Same SBS as above. (See pp.165-166)

Examples	→ A child does not want to be kissed by his aunt. Nevertheless, he gets a big "smooch" from her every time. > The child wants to be separated. → Someone stuffs himself and regrets having overeaten afterwards > wanting to make the lips contact with so much food undone. • A man sips a beverage with a straw. Afterwards, somebody tells him that a cat had just licked the straw. The man is disgusted = lip separation conflict. In the healing-phase, he gets a fever blister. Note: It wasn't true at all, that a cat had licked the straw. Someone was playing a trick on him. (Cf. www.germanische-heilkunde.at/index.php/erfahrungsberichte). Note: This is how subjective and imaginative conflicts can be! • A woman notices, with distress, that her thoughtless words have deeply hurt her partner = conflict of wishing that one hadn't said something. Whenever this happens, she gets a fever blister two days later = healing-phase. (Personal archive B.Eybl)
Tissue	Lip epithelium—cerebral-cortex—ectoderm (gullet-mucosa-pattern).
Phase	Healing-phase: fever blisters, swelling, scabs, hardly any pain.
Healing-crisis	Pain, bleeding
Remark	Pain during cell degradation (ulcer), in other words before the fever blister appears. Consider "handedness" (right or left) and side (mother, child, or partner), or local conflict.
Therapy	The conflict is resolved. Accompany the healing. If relapses occur, find out what the conflict and/or tracks are and resolve them. Guiding thought: see above. Hydrogen peroxide (H₂O₂) internally. Apply salve, e.g., propolis salve (acts as a sealant), hyssop salve: add a few drops of hyssop oil to a basic natural salve, colloidal silver.

SBS of the Tongue Musculature



Paralysis of the tongue

A complete paralysis practically occurs only in case of a stroke (paralysis of the hypoglossal nerve).
A partial paralysis manifests itself with a leaning of the outstretched tongue toward the paralyzed side.

Conflict	Motor conflict of not being able to reach far enough with the tongue; not wanting, being allowed to or being able to say something. Wishing that one had not said something. "I should have bitten my tongue."
Tissue	Voluntary (striated) musculature—ectoderm (nerve supply) and mesoderm (nutrition).
Phase	Paralysis in the conflict-active phase . Slow restoration in the healing-phase.
Therapy	Find out what the conflict and/or tracks are and resolve them in real life. Guiding thought: see above.

SBS of the Tonsils



Tonsil infections (angina, tonsillitis, angina tonsillaris), tonsil cancer (adeno-ca), pharyngeal polyps¹

In CM, the tonsils are seen as islands of tissue made up of "lymphatic tissue."

According to Dr. Hamer, however, they are primarily mucous glands arranged in a ring in the pharynx to moisten food intake with mucus.

Conflict	Chunk conflict of not being able to swallow something because of not enough mucus (right side) or not being able to expel a chunk because of not enough mucus (left side). Simply stated: Conflict of not getting what one wants or not being able to get rid of what one doesn't want.
Example	→ A child is forced to eat something he doesn't like > wanting to get rid of the food. → A child doesn't get what he had hoped for at Christmas and is bitterly disappointed > not being able to grasp the present. • A girl is weaned from the breast at the age of six months. She suffers a chunk conflict with respect to the tonsils and the sub-mucosa of the oral cavity. Three months later, when she is accustomed to not receiving breast milk, she gets oral thrush and shortly thereafter tonsillitis = healing-phase of the two chunk conflicts. In this case, there is another conflict aspect with respect to the tonsils: The child has suffered from constipation since birth. Often, days pass without a bowel movement. Until the age of six, passing stool is a difficult procedure. Without the "bidding and begging" of her parents, it doesn't function at all = conflict of not being able to expel the stool. A New Medicine therapist gives the mother the following tip: She should massage the child's neck and rhomboid muscles. (See therapy against constipation, p. 203.) The surprising result: The child could suddenly have a bowel movement by herself = conflict resolution, with respect to the tonsils, for now she can expel the stool > tonsillitis. (Personal archive B.Eybl)
Tissue	Tonsil tissue—brainstem—endoderm.
Conflict-active	Increased functioning. Growth of a cauliflower-shaped adeno-tumor of secretory quality = enlarged tonsils, pharyngeal polyps. Possibly difficulty with swallowing or breathing.
Biol. meaning	With more glandular cells, more mucus is produced, so that the "chunk" can easily slip in and out.
Healing-phase	Normalization of function, stinking, tubercular caseation of the tumor via fungi or fungal-bacteria = tonsillitis. Tightening of the pharynx due to healing swelling. Aggravation by syndrome. Pain, swelling, halitosis, purulent tonsils, tonsil abscess, and night sweating.
Remark	"Ragged tonsils" follow relapses. Nowadays, patients are often diagnosed with "tonsillar cancer" instead of tonsillitis or enlarged tonsils.
Therapy	The conflict is resolved. Accompany the healing. Guiding thought in case of relapses: "I am satisfied with what I have." "I cannot have everything!" Gargling with colloidal silver. If necessary, use chinstrap while sleeping so that the mouth is closed. This offers a chance to improve recovery for enlarged tonsils. Hildegard of Bingen: peony root elixir special recipe. Surgery if the conflict recurs repeatedly and the tonsils are too "ragged." See also: p. 173 bottom.

¹ Cf. Dr. Hamer, Charts pp. 19, 32.

SBS of the Oral Submucosa



Trench mouth (candidiasis, thrush, leukoplakia), "geographic tongue," or benign migratory glossitis (glossitis areata exfoliativa)¹

Conflict	Chunk conflict of not being able to grasp something that one wants to have (right side) or not being able to spit out or expel something that one wants to get rid of (left side). Simply stated: Conflict of not getting what one wants or not being able to get rid of something one doesn't want.
Examples	• <i>A young woman has been wanting to switch to a vegetarian diet for years, but never succeeds. She always ends up eating sausages or other fast foods due to lack of time = chunk conflict of not getting the right nutrition. One day, her partner and her decide to become vegetarians = beginning of the healing-phase with painful oral thrush of the gums.</i> (Personal archive B.Eybl) • <i>In the beginning, a new mother has breastfeeding problems. For the first few days, the baby remains hungry = chunk conflict of not getting the food (milk). When the child finally gets full, it develops trench mouth (thrush) > a very common situation.</i> (Personal archive B.Eybl)
Tissue	Oral submucosa–brainstem–endoderm.
Conflict-active	Growth of a lawn-shaped flat tumor (usually unnoticed) under the squamous epithelium of the oral mucosa = adeno-ca.
Biol. meaning	To produce more mucous with more (intestinal-) glandular cells, so that the "chunk" can better slip in or out of the pharynx.
Healing-phase	Tubercular caseating degradation of tissue–white flecks, so-called plaques, appear. In CM, this can sometimes be diagnosed as leukoplakia. Halitosis = trench mouth.
Therapy	The conflict is resolved. Accompany the healing and avoid relapses. See also: p. 173, bottom.

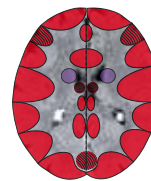
Cancer of the palate (palatal adeno-ca)²

Conflict	Chunk conflict. To have already grasped something, but being unable to swallow it (right side), or not being able to expel something that one does not want (left side). Simply stated: Conflict of not getting what one wants and not being able to get rid of what one doesn't want.
Example	• <i>Someone thinks he has won the lottery, but the lottery license shop has incorrectly registered his ticket. Chunk conflict of not being able to get the jack-pot.</i> (Cf. Dr. Hamer, Charts, p. 19)
Tissue	Oral submucosa–brainstem–endoderm.
Conflict-active	Growth of a cauliflower-like tumor of secretory quality or a flat-growing tumor (adeno-ca) of absorptive quality under the epithelial mucosa of the mouth.
Biol. meaning	To produce more mucous with more (intestinal-) glandular cells, so that the "chunk" can better slip in or out of the pharynx.
Healing-phase	Stinking tubercular caseation of the tumor. Degradation via fungi, or fungal-bacteria (mycobacteria). Possible white flecks (leukoplakia), pain, halitosis, unpleasant-rotten taste in the mouth.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life if they are still active. If applicable, surgery. See also: p. 173, bottom.

¹ Cf. Dr. Hamer, Charts pp. 19, 31

² Cf. Dr. Hamer, Charts pp. 19, 31

SBS of the Pharyngeal Mucosa

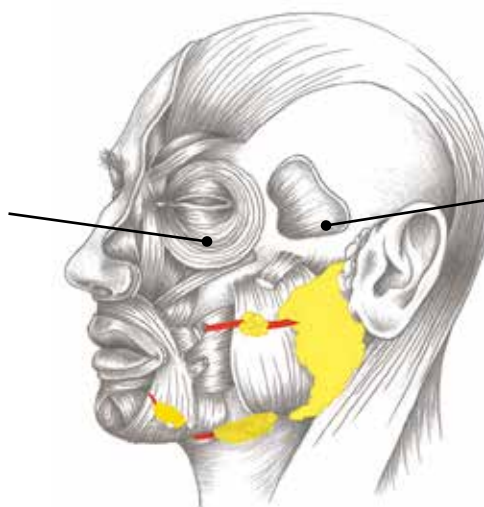


Inflammation of the pharynx (pharyngitis)

Common SBS with "infections," "colds", and "flu."

Conflict	Separation conflict, not wanting to swallow something, wishing to spit it out again (e.g., alienations, accusations). <i>"That is hard to swallow!"</i> Also, separation conflict of not being allowed to swallow a certain dish—for example, when on a diet.
Examples	→ A woman must "swallow" a lot in the company she works. On vacation she comes with laryngitis in healing. → A child is not allowed to eat sweets. Instead, he should eat his vegetables > not wanting to swallow the vegetables. → A person is constantly being reproached by the partner > wanting to spit out the accusations > cell reduction of the pharyngeal mucosa in the active-phase and restoration in the healing-phase. → A schoolboy must study math every day; otherwise he will not pass > not wanting to swallow the learning material.
Tissue	Pharyngeal mucosa—cerebral-cortex—ectoderm (gullet-mucosa-pattern).
Conflict-active	Cell minus (ulcer) in the pharyngeal squamous epithelium with pain.
Biol. meaning	A widening of the diameter of the pharynx permits that the unwanted thing be spit out or thrown up better.
Healing-phase	Restoration of the mucosa defects = pharyngitis. Swelling, problems with swallowing, aggravation through syndrome.
Healing-crisis	Severe pain, possibly lasting several days, chills.
Therapy	The conflict is resolved. Accompany the healing. In case of a relapse, find out what the conflict and/or tracks are and resolve it. Guiding thought: <i>"I only swallow what is good for me!" "I don't let anybody force upon me something that I do not want."</i> See also: p. 173, bottom.

Salivary Gland Ducts
Cerebral-Cortex (-/+)
**Not being able or not
being allowed to
salivate or eat.**



Salivary Glands
Brainstem (+/-)
Chunk Conflict

SBS of the Salivary Glands



Tumor of the parotid, sublingual and submandibular salivary glands (adeno-ca), inflammation of the parotid-, sublingual-, and submandibular-salivary glands (sialadenitis)¹

Conflict	Chunk conflict: A food chunk—something desired, good (e.g., certain food, a good job, a car), which you want to get (right glands), or something undesirable, uneasy, that you want to spit out (left gland), cannot salivate sufficiently. Simple: Conflict of not getting something that you would like, or something undesirable you cannot get rid of.
Example	→ A child must eat it all, although it is already full. (The food is not getting away.) → A child wants a certain toy, but does not get it. This often happens in kindergarten, when an only child suddenly has to share with other children. • The father of a very underweight young son says he thinks the boy is suffering from bulimia nervosa (binge eating followed by vomiting). He cannot think about anything else > in substitution for his son, not wanting to ingest the desired nutrition. In the active-phase, a tumor of the salivary gland develops. (Personal archive B.Eybl) • The 44-year-old patient leases a small farm from a farmer, so that he can live there with his family. When the key is handed over, and the family wants to move in, the farmer shows up drunk and is very unfriendly. He says that before they can move in they must "wash the windows." In the following months, the patient can take little pleasure in the house because the landlord is constantly meddling = chunk conflict of not being able to salivate the "house-chunk." In the end, they communicate only over the lawyer and the lease is canceled at the first opportunity. During this time, a tumor of the parotid salivary gland develops on the right side. The patient is familiar with the 5 Biological Laws of Nature and accepts the diagnosis serenely. There are a number of relapses, so the tumor doesn't really come into healing. But it makes him only a minor pressure-discomfort. (Personal archive B.Eybl)
Tissue	Salivary glands—brainstem—endoderm.
Conflict-active	Increased function, growth of a cauliflower-life tumor (adeno-ca) of secretory quality. Enlargement and increase in capacity of the salivary gland.
Biol. meaning	Production of more saliva, so that the "chunk" can be taken in or be expelled.
Healing-phase	Function normalization, tubercular caseation, stinking saliva, halitosis, pain, inflammation, reduction (melting away) of the tumor via fungi (mycosis) or fungal-bacteria = inflammation of the salivary gland, fever, night sweating.
Healing-crisis	Severe pain, chills.
Remark	In 80% of cases, it is the parotid that is affected; in only 20%, the other salivary glands are affected.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life if they are still active. Guiding thought: "I don't expect anything. I can't have everything. I fully accept everything the way it is!" Soften white cabbage leaves and apply. Oil pulling. Chew chewing gum to stimulate salivation and the purification of the gland. See also: p. 173.

¹ Cf. Dr. Hamer, Charts, pp. 20, 31

Dry mouth (mucoviscidosis of the salivary glands)²

Same SBS as above.

Phase	Hanging-healing or condition following hanging-healing. Scarred degeneration of the glandular tissue due to recurrences > insufficient production of saliva.
Remark	The frequent dryness of the mouth following menopause usually goes hand in hand with a lowering of the estrogen level (dryness of the mucous membranes). Increase in mouth dryness due to active kidneys-collecting tubules SBS.
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life so that the hanging-healing can come to an end. Oil pulling and lymph drainage massage, so that the juices start flowing again. Gargling with natural salt, symbioflor 1, or EM.

Salivary gland cysts

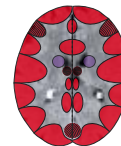
These usually appear in the small salivary glands distributed throughout the mouth. For example, they can be caused by a bite on the upper lip > mucus collects and then solidifies (mucocele).

If there is no injury: same SBS as above.

Phase	Completed healing or state following relapse . The completely removed tumor leaves an empty space (cyst). With syndrome, the cyst can be "pumped up" again.
Therapy	The conflict is resolved. Avoid relapse, and resolve KCT, if still active. If applicable, surgery.

2 Cf. Dr. Hamer, Chats pp. 20, 31

SBS of the Salivary Gland Ducts



Inflammation of the parotid salivary gland ducts (mumps)¹

According to CM, mumps affects the parotid salivary glands. However, according to Dr. Hamer, mumps is an inflammation of the parotid salivary gland ducts.

Conflict	Not being able to, not being allowed to, or not wanting to eat something (moisten it).
Example	→ <i>A child is forced to eat everything. "You will eat everything on your plate!"</i>
Tissue	Squamous epithelium of the ducts—cerebral-cortex—ectoderm (gullet-mucosa-pattern).
Conflict-active	Cell minus (ulcer) in the ducts, painful pulling sensation
Biol. meaning	Larger diameter > better excretion of saliva, better salivation of food.
Healing-phase	Swelling and reddening of the ducts. Possible occlusion and cessation of secretion = mumps—they look like inflammation of the glands. Aggravated by syndrome.
Remark	It is hard to tell the difference between mumps and an inflammation of the parotid salivary glands. Consider "handedness" (right or left) and side (mother, child or partner), or local conflict.
Therapy	The conflict is resolved. Accompany the healing. Avoid recurrences! Chew chewing gum to stimulate salivation and the purification of the gland. See p. 173, bottom.

1 Cf. Dr. Hamer, Charts, pp. 123, 136

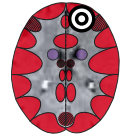
Salivary (duct) stone (sialolithiasis)*

This is most often found (in 80% of cases) in the excretory ducts leading from the parotid salivary glands.

Possible causes

- **Recurring inflammation of the salivary gland**—hanging-healing or condition following hanging-healing. At the end of every tubercular healing, calcium deposits remain. Scarring degeneration of the glandular tissue due to recurrence > thickening and clumping of the saliva and deposition of minerals> salivary stones.
- **Recurring inflammation of the excretory ducts**—hanging-healing of the excretory ducts and condition following hanging-healing. Repeated inflammation and congestion in the excretory ducts > clumping, thickening > mineral deposits > salivary stones.

SBS of the Branchial Arches

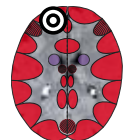


Side (lateral or branchiogenous) neck cyst or fistula*

We normally think of the lymph nodes when the neck swells. In rare cases, however, this can be a lateral neck cyst. They are usually situated on the anterior surface of the sternocleidomastoid muscle, also known as the sternomastoid or SCM.

Conflict	Frontal-fear conflict. Fear of an inescapable danger coming head-on. (See also pp. 137, 160.)
Tissue	Excretory ducts of the branchial arches—epithelium—ectoderm (gullet-mucosa-pattern).
Phase	Healing-phase: Restoration of the squamous epithelium. During the healing swelling the fluid can collect in cysts. If a cyst opens outwards, it is called a lateral (branchiogenous) neck fistula. Aggravation through syndrome.
Therapy	The conflict is resolved. Accompany the healing. Avoid recurrences! Resolve any KCT conflict that might be active. Lymph drainage massages.

SBS of the Thyroidal Excretory Ducts



Medial neck cysts (thyroglossal duct cysts)*

These cysts are found on the existing remains of the thyroglossal ducts, on the center line of the body between the base of the tongue, the larynx, and the thyroid.

Conflict	Powerlessness conflict or frontal-fear conflict (see p. 111).
Tissue	Excretory ducts of the thyroid glands—squamous epithelium— cerebral-cortex—ectoderm.
Phase	Hanging-healing: healing swelling of the excretory ducts of the thyroid. Larger cysts are due to recurring-conflicts and syndrome.
Therapy	See p. 111.

Remedies for inflammations in the mouth and throat:

- Tea: fenugreek, chamomile, agrimony, sage, burdock root, anise, common mallow, horsetail, etc.
- Oil pulling (see p. 58). • Gargle with colloidal silver.
- Swedish bitters - "pull" or swish in the mouth, gargle and then swallow. Vit. D3 (cod liver oil). MMS
- Gargling remedy: Natural salt solution, diluted or concentrated, swished about in the mouth for 10 minutes and then spit out—extracts water from the tissue and relieves the inflammation.
- Gargling remedy: Boil nut shells and oak bark and then allow them to steep for several hours; then drain and store in a cool place. Swish in the mouth and gargle several times a day.
- Symbioflor 1, EM (see p. 55) or bread drink (Brottrunk) for symbionts • Curd cheese compress for the neck, lymph drainage massages.

TEETH AND JAW

Every tooth is made up of a dental crown (corona dentis), a neck of the tooth (colum dentis), and a tooth root (radix dentis). What we see externally in a healthy set of teeth is only ectodermal tooth enamel, which covers the mesodermal dentin lying below it like glaze. Similarly the dentin covers the vessel and nerve-filled tooth pulp (pulpa). There is a layer of old, endodermal intestinal mucosa between the mesodermal jawbone and the ectodermal oral mucosa.

According to Dr. Hamer, teeth “function” strictly according to the 5 BLN. Although this might be true in theory, experience in this field tells a different story.

According to my own experience and after numerous talks with “New Medicine” dentists, I had to rewrite this chapter: Firstly the diet is much more important than we thought, and secondly the recovery (re-calcification) has literally a “flaw”.

In the best case, i.e., if one solves its bite conflict lastingly and adjusts nutrition consistently, the hole will not get any bigger, the carious areas (and the remaining teeth) solidify. The black-carious areas harden from the inside out and get back even a hard surface

If you do nothing, i.e., without specific therapeutic measures, holes will be get not better, but bigger. Conclusions: conflict resolution and change in diet have priority. Minimal invasive dental care is advisable—at least for aesthetic reasons.

Where was recovery observed

- In the jawbone, periodontal apparatus and gums
- In the dentin and enamel at small defects. Larger holes do not fill up again.

Diet and teeth

Proper nutrition is for healthy teeth as important as psychological balance. Ramiel Nagel shows in his great in-depth book „Cure Tooth Decay“ (see List of References.) that decay of teeth goes hand in hand with the introduction of modern industrial food.

In his view not bacteria or their acid excretions cause caries, but malnutrition and stress. Nagels nutrition recommendations for the regeneration of teeth and gums in short form:

Avoid sugar (e.g., cakes, chocolate, soft drinks, sweet fruit), isolated starch (white flour, bread, pasta). These short-chain carbohydrates cause blood sugar spikes that interfere with the calcium-phosphate balance.

Prefer natural vitamin rich foods. Especially important: Natural calcium and phosphate (e.g., in vegetables, unpasteurized dairy products, fish), naturally bound vit A, D, C (e.g., in liver, fish, eggs, unpasteurized butter,

cream, and cheese, avocado, herbs, fruit).

Oral hygiene, brushing the teeth

All New Medicine dentists, I have interviewed, say that hygiene, care and healthy food are all crucial to healthy teeth. Teeth that are well-cared for, can heighten a person's self-confidence and is also good for human interaction.

- I personally clean my teeth with a salt solution (sea salt or Himalaya salt dissolved in water and stored in a bottle or glass jar). I take a tablespoon of salt solution into my mouth and brush my teeth as usual. If the gums are sensitive, one can dilute the solution at the beginning.
- Cayce: Brush the teeth with a solution of bicarbonate of soda and table salt.
- New Medicine dentists recommend fluoride-free toothpastes.

Should one wait and see, if one has a hole?

No, because larger holes do not fill themselves up again. Any sensible dentist will try to grind off only what is necessary and tries to preserve each tooth, which is desirable from the perspective of the 5 Biological Laws of Nature. By unclear pain, one should wait and see before you unnecessarily “sacrifice” a tooth.

Should we go regularly do control and prevention?

Yes, both are useful.

Following the relationships discovered with respect to the teeth by Dr. Hamer, but with the contexts discussed above.

The purpose of the teeth

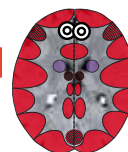
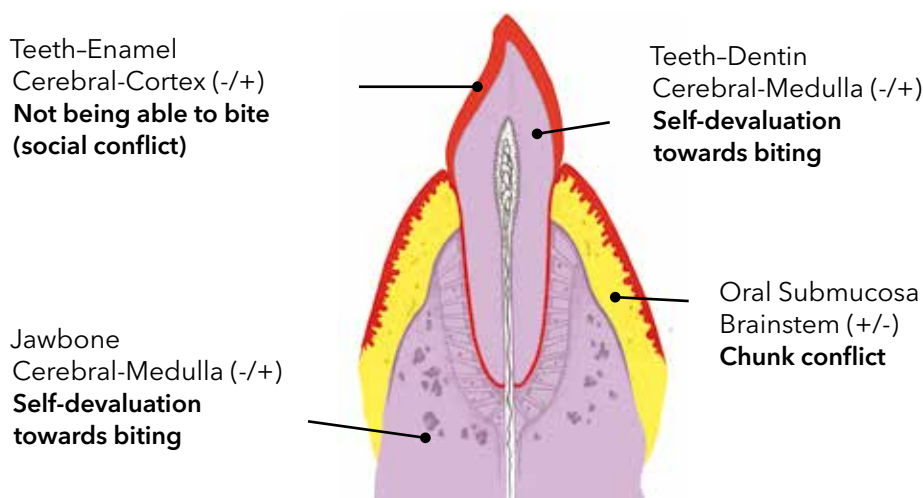
- Incisors: biting, snapping or snarling.
- Canines: grab, engaging, capturing and holding.
- First molars: chewing.
- Second molars and molars: grinding.

Based on the above, the conflict content:

- Both incisors: not being able to, not being allowed to bite, grasp, or bare one's teeth.
- Canine teeth: not being able to, not being allowed to grab, grasp, catch, or hold.
- First premolars: not being able to, not being allowed to chew.
- Second premolars and molars: not being able to, not being allowed to grind.

“Not being able to” means: One doesn't dare, is too weak, too cowardly, too shy, or too cautious. One cannot bite, because it is outside of one's possibilities (e.g., worker/boss, pupil/teacher). Tissue affected: dentin self-worth conflict—cerebral-medulla—mesoderm.

“Not being allowed to” means: Somebody or something prevents one from biting (e.g., “political correctness” or “rules of propriety”). Affected tissue: tooth enamel—separation conflict—cerebral-cortex.



SBS of the Tooth Enamel

Surface cavities affecting the tooth enamel¹

Conflict Examples	Not being allowed to bite, small variations in conflict according to localization (see above). → <i>An employee is always being "bossed around" (bitten) by his superior; however, he may not bite back, or he will lose his job.</i> • <i>A woman is put under pressure by her partner to finally defend herself against her sister's attacks. However, the patient wants to avoid argument. (Personal archive B.Eybl)</i>
Tissue	Teeth enamel–cerebral-cortex–ectoderm (gullet-mucosa-pattern).
Conflict-active	Cell minus in the tooth enamel (ulcer). Development of cavities = enamel defect, pain.
Biol. meaning	The person or thing should be made no longer "bitable" by the temporary oversensitivity.
Healing-phase	According to Dr. Hamer, the tooth enamel is restored without pain. False sensitivity only to hot/cold or sweet/sour. According to New Medicine dentists, the tooth enamel is not being restored. In the best case, the cavity stays the way it is—or gets larger, if not treated.
Therapy psyche	To avoid new cavities, think about a possible psychological reason. Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Guiding thought: <i>"I have the right to defend myself!" "I don't have to put up with anything!" "In the future, nobody can stop me from digging my teeth in!"</i> Imagine the situation with the offending person and bite hard. Grind him or shake him with the canine teeth. Different strategy: Absolute forgiveness. Think positively about your teeth and imagine them being healthy and shiny.
Therapy Tooth	Let dentist fill the tooth. CM painkillers for short term, if necessary. Nutrition to Nagel (see also p. 174): Omit sugar and white flour. Consume more vitamin-rich foods. Cod liver oil 1 tbsp/day, beef bone, or fish soup with vegetables at least 3 x/week, soft or raw eggs often. Mouthwash with sage, clove, blackberry, frankincense, and myrrh tincture or EM. Natural Borax, leave in mouth as long as possible before swallowing.

¹ Cf. Dr. Hamer, Teeth Charts, columns 1-6

SBS of the Dentin



Deep cavities, affecting the dentin¹

Conflict	Self-devaluation conflict of not being able to bite, to defend oneself or to assert oneself. Small variations in conflict according to localization.
Examples	→ A weakling is regularly beaten up at school by his stronger classmates. → At his workplace, a man must always acquiesce to the will of others. He is too weak to get his own way. • The 53-year-old, left-handed man has an older brother, who is very aggressive. During his childhood and youth, the patient was always an easy victim when his brother came home drunk = bite conflict-“I would like to bite back, but I don’t dare, or I will come out on the short end!” > damage to the dentin on the molars (partner side) in the active-phase. (Personal archive B.Eybl) • The sister of the right-handed patient always knows better. During their few telephone conversations, her sister always holds monologues = conflict of not being able to bite her sister because it would disturb the family peace. The patient tries to accept her sister the way she is and thus comes into healing. The dentin of the right molar is affected. (Personal archive B.Eybl) • The parents of a 6-year-old boy are constantly quarreling. The father always loses his temper and begins screaming = biting conflict for the boy: “I would like to tell my father off, to bite him!” > damage to the tooth dentin. Almost all of his teeth get holes. He wishes for harmony between his mother and father. Unfortunately, the situation continues for years. Later in life, he lives with his own family in the same house, so the conflict is always being nurtured. (Personal archive B.Eybl) • I am left-handed and when I was 24 years old, I decided to begin an apprenticeship as a masseur. It was not easy to get a position, but I finally found a very promising one with a renowned acupoint masseur in Salzburg. But I soon saw through the secret of business success of my teacher. He persuaded people that their pelvis was lopsided and that this was the cause of all their illnesses. My admiration for my boss quickly turned into aversion. I wished I could bite him and grind him to a powder. However, I could not since I knew that no one else would take me as their apprentice. The conflict activity lasted for six months—finally it came to a talk and separation. Two weeks after the dismissal, I was lucky enough to find a new position. The toothache came at night—the dentist diagnosed a deep cavity. “It has already hit the nerve!” > root canal treatment. (Own experience by B. Eybl)
Tissue	Dentin–cerebral-medulla–mesoderm.
Conflict-active	Development of holes (cell minus) in the interior of the tooth—the dentin—usually only visible with x-ray, no pain.
Healing-phase	According to Dr.Hamer: Inflammation of the dentin and recalcification (as with bone SBS), severe pain. If the inflammation goes into the dental pulp, the pain can be excruciating. According to New Medicine“dentists: in the best case recalcification only at the border to the healthy tissue > the cavity stays and does not get bigger. Experience shows that it gets greater, if you do not truly resolve the conflict and do not change the diet drastically.
Biol. meaning	Strengthening of the dentin
Remark	Consider “handedness” (right or left) and side (mother, child, or partner).
Therapy psyche	To avoid new cavities think about a possible psychological reason > Find out what the conflict and/or tracks are and, if possible, resolve them in real life. Guiding thoughts: “I am strong and brave!” “I’ll bite if necessary!” Imagine the situation or the adversary and bite with satisfaction.

¹ Cf. Dr. Hamer, Teeth Charts, columns 3 and 4 (orange group)

	Different strategy: forgiveness. Think positively about your teeth and imagine them being healthy and shiny. Bach-flowers: larch, centaury.
Therapy tooth	In any case, fill large cavities by dentist. In case of smaller holes one can possibly wait. CM-painkillers if necessary. Preserve every tooth, if at all possible. If root canal or extraction is necessary usually antibiotics are prescribed as a precaution measure. From the perspective of the 5 BLN, is usually unnecessary. Lymph drainage massages, oil pulling. Tea/mouthwashes: Comfrey, horsetail, poss. restharrow, chamomile. Xylitol. Rinse mouth with saltwater, sea salt solution. EM, colloidal silver. Hydrogen peroxide (H_2O_2) 3% internally. Natural borax internally, rinse mouth before swallowing (www.institut-ernaehrung-gesundheit.com). Optimize dental hygiene. Dietary changes according to Nagel: omit sugar, white flour. Eat more vitamin-rich foods. Cod liver oil 1 tbsp day, beef-bone or fish soup with vegetables at least 3 x / week, often soft or raw eggs.

Atrophy of the gums (paradontosis)²

Same SBS as above.

Example	• <i>The 46-year-old cheats on his wife and must pay for his misdoing with ca of the prostate gland. (See p. 254.) That is not all, however: after he confesses to his wife, she understandably becomes distrustful. She wants to go with him everywhere and is always checking on him. The patient feels guilty toward his wife and no longer dares to be demanding. He accepts all the limitations placed upon him = active self-worth biting conflict. > He develops a massive, advanced paradontosis, with the upper jaw being affected more than the lower jaw. The once white teeth, become discolored and are now yellowish-gray. In addition, the dentist determines a decrease in the vertical dimension (the teeth have sunken). He performs a root planing. Therapy: When the couple sees the connections, they decide that they should renew their marriage vows with a little ceremony—he will be faithful from now on and she will draw the line under the whole matter. (Personal archive B. Eybl)</i>
Tissue	Dental cement, jawbones—cerebral-medulla—mesoderm
Conflict-active	Degradation of dental cement. The tooth neck appears longer, because the apparatus that holds the teeth is receding = paradontosis. By the time the healing comes to an end, the teeth can loosen. No pain.
Healing-phase	Inflammation, restoration (recalcification), pain. Severe swelling and pain through syndrome.
Biol. meaning	Strengthening of the periodontal apparatus
Therapy	Find the conflict and/or tracks and if resolve them in real life. If this succeeds, healing pain will follow. Stabilization of the tooth with adhesive or bracket till the tooth is fixed and the healing is complete. However, be patient—the healing process often takes longer than one would like. Optimal dental hygiene (brushing, prophylaxis). Clean alkaline nutrition, flaxseed oil. Dietary changes according to Nagel: omit sugar, white flour. Eat more vitamin-rich foods. Cod liver oil 1 tbsp/day, beef-bone or fish soup with vegetables at least 3 x / week, often soft or raw eggs. Bach-flowers: larch, centaury, tea/mouthwash: comfrey root, horsetail, blackberry leaves, sage, Lavyl 32. Rinse the mouth and/or brush the teeth with salt solution. Oil pulling Cayce: by susceptibility to paradontosis and cavities massage and clean the teeth with "Ipsab" powder (= prickly ash, North American "toothache tree"). Natural borax internally. Rinse mouth before swallowing, Zeolite powder internally. Xylitol. Hydrogen peroxide (H_2O_2) 3% internally.

² Cf. Dr. Hamer, Teeth Charts, columns 3 and 4 (orange group)

Dedentition (tooth loss)

Same SBS as above. (See pp. 176-177)

Phase	Hanging-active conflict. Atrophy of the periodontal apparatus > loss of teeth.
Therapy	Find the conflict and/or tracks and resolve them in real life so that no more teeth fall out!

Jaw cysts ³

Same SBS as above. (See pp. 174-175)

Phase	Recurring-conflict , usually with syndrome. Cell building and reduction phases repeat themselves > formation of hollow spaces (cysts).

Jaw Tumor (odontoma, myxoma, osteosarcoma)⁴

Same SBS as above. (See pp. 176-177)

Example	• <i>The 47-year-old patient sells her car for 20,000. However, the buyer plays a dirty trick on her: He presents a falsified expert assessment of the car, listing numerous flaws. The deficiencies amount to 19,000, which he successfully claims in court. The patient is shocked = bite conflict. She cannot crush the fraudster. At the same time, she suffers an existential conflict (= KCT) because she must pay back nearly the entire selling price. She suffers an osteolysis of the upper jaw and a dentin osteolysis of all of the upper right molars = active-phase. After she has gotten over the loss, she comes into healing with syndrome. The jaw swells up horribly and the molars all fall out (CM: jaw tumor). Due to the swelling, she has trouble swallowing. She goes to a natural healing clinic and-instead of being cared for-is given morphium. Thirty days later, she is dead. (Cf. Dr. Hamer, Teeth Charts)</i>
Phase	Healing-phase or hanging-healing, possibly with syndrome. Restoration of the jawbone after previous cell degradation.
Remark	Severe pain. Consider "handedness" (right or left) and side (mother, child or partner).
Therapy	The bite conflict is resolved. Accompany the healing, avoid recurrences and resolve any active KCT conflicts. Attention: do not tap > danger that callus runs out > results in giant sarcoma. Diet change (see p. 174). Lymph drainage massages. See also: healing-phase at the brain level, p. 56.

Dental calculus (tooth tartar)*

Same SBS as above. (See pp. 176-177)

Tartar is usually found in the area of the salivary gland ducts or in the area of bad, wiggly teeth. Callus comes from the salivary glands or directly out of the tooth pockets into the oral cavity during the healing-phases of the periodontal apparatus, the dentin, or the jawbone.

This "fluid bone mass" then hardens (mixed with tooth plaque) on the tooth neck > yellowish deposits = tartar.

³ Cf. Dr. Hamer, Teeth Charts, columns 3 and 4 (orange group)

⁴ Cf. Dr. Hamer, Teeth Charts, columns 3 and 4 (orange group)

Phase	Buildup during the healing-phase or hanging-healing
Therapy	Find out what the conflict and/or tracks are and resolve them in real life so that no new tar-tar is built up. Mechanical removal as part of prophylaxis.

SBS of the Oral Submucosa



Tooth fistula (deep periodontal abscess)

Conflict	Chunk-bite conflict: In right side of the mouth: not being able to bite/get a food chunk (something desired or good, for example, certain foods, a good job, a car), because you do not dare. In left side of the mouth: Not to get rid of something undesirable or uncomfortable because you cannot prevail. (For example, a man feels stuck in a situation where he cannot bite himself through.)
Example	• <i>The single-mother is tormented by her teenage daughter. Confrontations she'd rather go out of the way. - She can't bite though.</i> (Personal archive B. Eybl)
Tissue	Oral submucosa–brainstem–endoderm.
Conflict-active	Increased function, growth of a tumor (adeno-ca) under the oral squamous epithelium (usually unnoticed).
Biol. meaning	With more (intestinal) gland cells, more mucus is produced, so that the chunk slips in or out of the throat better.
Healing-phase	Normalization of function, tubercular-caseating degradation. Foul taste in the mouth, possibly local excretion of pus, halitosis, night sweating (TB).
Healing-crisis	Severe pain, possibly chills.
Therapy	The conflict is resolved. Accompany the healing. Avoid recurrences! Oil pulling therapy, lymph drainages, gargling with colloidal silver. Tea/mouthwash: anise, blueberries, mallow, honey. Hydrogen peroxide (H₂O₂) 3% internally. Natural borax internally, rinse mouth for a long time, before swallowing.

Inflammation of the gums (gingivitis)

Possible causes

- **Inflammation of the superficial ectodermal oral mucosa**—healing-phase. Superficial visible reddening, swelling, bleeding, but without pain (except during the healing-crisis). No night sweating, no halitosis (see p. 165).
- **Inflammation of the deep-lying endodermal oral sub-mucosa**—healing-phase. Inflammation from underneath, halitosis, stinking pus, night sweating (see above).

• Inflammation of the periodontal apparatus—

healing-phase: deep inflammation, wiggly tooth or wiggly teeth, pain, non-stinking pus (= callus). No night sweating, mini-leukemia.

Therapy

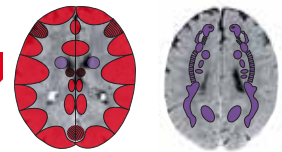
Improve nutrition, especially take vit. D and C (see p. 174). Gargle with colloidal silver, sage tea, tincture of frankincense or myrrh, MMS, EM, hydrogen peroxide (H₂O₂). Regular dental prophylaxis. Laval 32.

Gum proliferations (gingival hyperplasia, epulis)*

Each of the following three causes is possible:

- Oral submucosa : hanging-active conflict
- Periodontal apparatus: hanging-healing
- Oral mucosa : hanging-healing

SBS of the Jaw Muscles



Grinding of the teeth (bruxism)*

Some of us have taken the words “*clench your teeth!*” too literally. Teeth-grinding is usually noticed only by the partner because it occurs in the framework of a healing-crisis during deep sleep. The grinding unnecessarily wears the teeth down; thus, something should be done about it.

Conflict	Motor conflict: not being able to and not being allowed to bite, snap, bear the teeth, grasp, hold, chew, or grind. It is believed to have to bite through. Topics: doggedness, uptightness, fanaticism.
Example	→ <i>During the day, someone wishes often to bite, but does nothing, because he is too cowardly > at night he comes into healing and grinds his teeth during healing crises.</i>
Tissue	Chewing muscle (m. masseter), temporal muscle, pterygoid muscles—voluntary (striated) muscles: cerebral-cortex—ectoderm (innervation) and cerebral-medulla—mesoderm (nutrition)
Phase	Healing-phase —healing-crisis > cramp of the jaw muscles during relaxation (at night)—teeth-grinding = “chewing muscle epilepsy.”
Therapy	Find out what the conflict and/or tracks are and, if possible, resolve them in real life so that the hanging-healing comes to an end. Guiding thought: “ <i>No more ‘grin and bear it!’ If need be, I’ll bite!</i> ” Imagine the situation or the adversary and bite. Play out the conflict with the altered situation. “ <i>This time I’m going to bite!</i> ” Imagine the situation and the adversaries and bite. Enact conflict with changed situation—this time bite. Address immediately anything bothersome or one disagrees with, and then check it off. Thereafter, internally reconcile with the situation or the person concerned. Bach-flowers: agrimony Occlusal bite block/splint (“night-guard”), so the teeth don’t get worn down from grinding the teeth during the night.

ESOPHAGUS

The approximately 25 cm long, muscular food pipe—the esophagus—transports food pulp from the pharynx into the stomach using peristaltic movements.

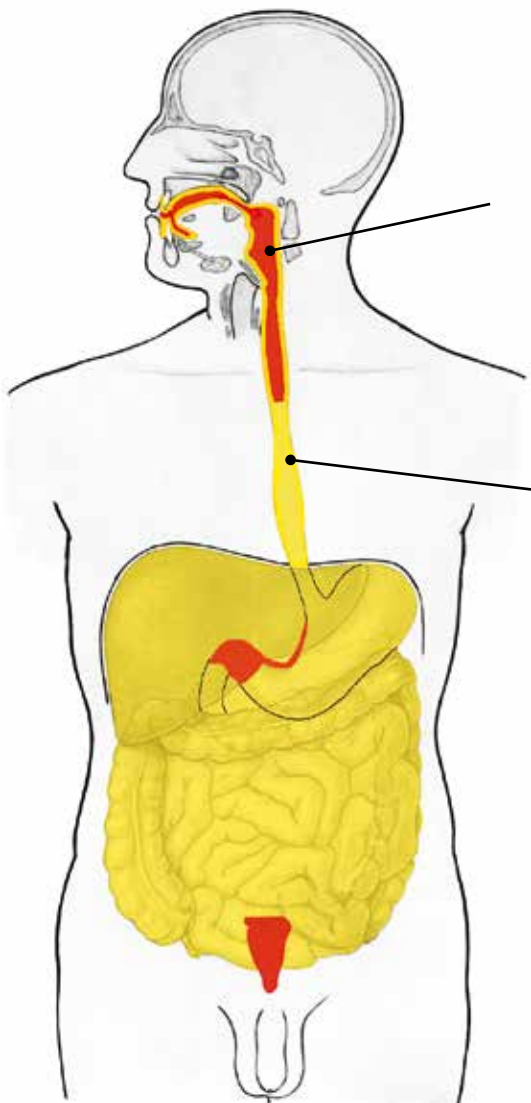
The esophagus is composed of endodermal intestinal mucosa with involuntary muscle underneath.

In the upper two-thirds of the esophagus, ectodermal epithelium composed of voluntary (striated) muscle, which migrated from the mouth, lies over the old intes-

tinal mucosa (ectodermal squamous epithelium and voluntary striated muscle usually make a pair).

In the graph below, you see two ectodermal areas located in the otherwise endodermal digestive tract:

1. The lesser curvature of the stomach along with the pyloric sphincter
2. The last inch of the rectum and anus



Esophagus-Ectodermal Mucosa
(Upper 2/3)
Cerebral-Cortex (-/+)
**Not wanting to swallow something
(social context)**

Esophagus-Endodermal Mucosa
(Lower 1/3)
(Brainstem +/-)
Inability to swallow a chunk

SBS of the Esophageal mucosa (Lower Portion)



Endodermal esophageal cancer (adeno-ca)¹

This cancer normally develops in the lower third of the esophagus. It can also occur in the upper two-thirds, as a "leftover" of the old intestinal mucosa or below the squamous mucosa (submucosally).

Conflict	Chunk conflict. Not being able to swallow something. One wants to swallow something but is hindered from doing so. One wants something but does not get it.
Example	→ <i>Someone is left out in the cold, regarding money, inheritance, or pension, although he counted on it.</i> • <i>The 70-year-old, married retiree likes to spend his free time in his leased garden during the summer. As he returns from his summer vacation, he finds a bagger digging up his garden = conflict of not being able to "swallow his garden"—he can no longer consume it. In the active-phase, a "malignant" adeno-ca develops. The patient has trouble swallowing. Fortunately, in the meantime, he has been promised a new garden = beginning of the healing-phase with night-time coughing and spitting up of caseated pieces of tumor. (Cf. Claudio Trupiano, Danke Doktor Hamer, p. 161)</i>
Tissue	Esophagus mucosa—brainstem—endoderm.
Conflict-active	Increased function. Growth of a cauliflower-like tumor of secretory quality or a flat-growing tumor of absorptive quality. Narrowing of the esophagus, swallowing difficulties. Possibly only pureed or fluid food can be swallowed = esophageal stenosis.
Biol. meaning	Secretory quality: To be able to begin digesting the "food chunk" better that is stuck in the esophagus so that it can be swallowed more easily. Absorptive quality: To be able to better intake or "absorb" the "chunk" through improved take-up of nutrients.
Healing-phase	Normalized function and/or tubercular caseation of the tumor. Degradation via fungi or fungal-bacteria. Inflammation of the esophagus (esophagitis, esophageal thrush). Pain behind the breastbone. Danger of unnoticed bleeding (black stool, "fecal occult blood"). Night sweating, fever. Aggravated by syndrome. Possibly scars, diverticula (bulges where the tube has been weakened), or so-called esophagus rings and membranes can remain.
Healing-crisis	Severe pain, bleeding, chills
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life if they have not already been resolved. Guiding thought: <i>"I am satisfied with what I have!" "There is a reason that this has happened!" "Finished, done!"</i> If applicable, Sx without chemo and radiation.

"Varicose veins in the esophagus" (esophageal varices)

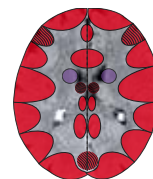
Same SBS as above.

In CM, this is seen as a congestion of the portal vein system. This hypothesis could be wrong, however. According to Dr. Hamer, these varicose veins are not the sign of a liver disorder; rather, they are an SBS of the esophagus itself.

Phase	Recurring-conflict or the condition thereafter. Enlarged and malformed blood vessels of the mucosa of the esophagus = blood vessel scar tissue.
Therapy	Identify the conflict and/or tracks and, if possible, resolve them in real life so that the SBS comes to an end. In acute, threatening hemorrhage: Sx (rubber band ligation or sclerotherapy).

¹ Cf. Dr. Hamer, Charts, p. 21

SBS of the Esophageal Ectodermal Mucosa



Ectodermal esophageal cancer (ulcer-ca)¹

This type of cancer only grows in the upper two-thirds of the esophagus.

Conflict	Not wanting to swallow something, wanting to spit something out again.
Examples	→ <i>"I have to swallow this bitter pill." "It's very hard for me to swallow this."</i> → <i>"That's hard to swallow!" (For example an accusation, announcement, or stroke of fate.)</i> • <i>A very honest postman is accused by his boss of having embezzled a package containing a large sum of money = conflict of not wanting to swallow the accusation. Growth of an esophageal cancer in the active-phase. It is diagnosed in the healing-phase. (Cf. Dr. Hamer, Krankheit der Seele, p. 296)</i> • <i>The patient is a glassblower and comes back to his workplace following a vacation. He is stunned to learn that an apprentice has taken his place. He has a big row with his supervisor = not wanting to accept the fact. (Cf. Dr. Hamer, Krankheit der Seele, p. 218)</i>
Tissue	Esophagus ectodermal mucosa—squamous epithelium—ectoderm (gullet-mucosa-pattern).
Conflict-active	Cell minus in the epithelium (ulcer-ca). Pain.
Biol. meaning	By increasing the diameter of the esophagus, the "chunk" can be better expectorated or vomited.
Healing-phase	Restoration of the mucous membrane. Inflammation of the esophagus (esophagitis, herpes- or cytomegalic esophagitis, glycogen acanthosis, no pain, but swelling and swallowing difficulties). Aggravated by syndrome. The patient can be left with scars, diverticles or so-called esophageal rings and membranes.
Healing-crisis	Pain, possibly heavy bleeding, chills.
Therapy	Identify the conflict and/or tracks and, if possible, resolve them if they are still active. Guiding thoughts: <i>"I will only swallow what does me good!" "I won't let anything I don't want be forced into me!" "I am at peace with everything!"</i> If applicable, surgery without chemo and radiation.

¹ Cf. Dr. Hamer, Charts pp. 122, 135

Inflammation of the esophagus (esophagitis)

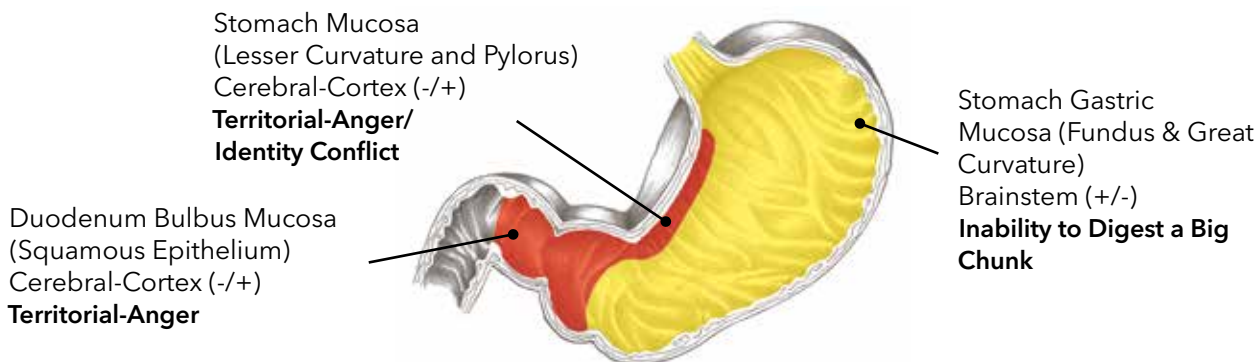
This could be either of the two SBS described above:

- Inflammation of the upper two-thirds of the esophagus: healing-phase.
- Inflammation of the lower two-thirds of the esophagus: healing-phase.

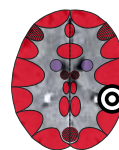
STOMACH

The lower esophageal sphincter (cardia) takes the food pulp from the esophagus and sends it through the pylorus to the duodenum. Glands in the mucous membranes of the stomach produce gastric juices (pepsin and hydrochloric acid), which break down proteins. Like most of the digestive canal, the stomach (ventriculus) is

made up mainly of endodermal tissue, with the exception of the pylorus and the lesser curvature—those are covered with ectodermal epithelium. According to Dr. Hamer, this is where one finds voluntary (striated) muscles. The rest is involuntary (smooth) muscles.



SBS of the Superficial Mucosa of the Stomach



Inflammation of the gastric mucosa (gastritis), stomach-epithelial cancer (stomach ulcer-cancer), stomach ulcer, hyperacidity of the stomach¹

Conflict	Territorial-anger conflict or identity conflict (depending on "handedness," hormone levels, and previous conflicts).
Examples	For territorial-anger conflict: (examples of identity conflicts see p. 202) → Involved mostly in aggression. Either it's own anger or related to others. → Boundary disputes with the neighbors, the mother-in-law, who "steps outside her bounds," disputes with colleagues. → One is forced to accept a subordinate role or "give in." • A man regards a new colleague at work as competition. (Personal archive B. Eybl) • The 34-year-old woman shares an office with a nice colleague. Suddenly, they are joined by three new colleagues of varying nationalities. The rules in effect are ignored: The kitchen and toilet are dirty and the working hours are not abided by = territorial-anger conflict. After a few weeks, the conflict is resolved when her friend tells her about another job opening in another company. Since then, she is more relaxed about the situation. In the healing-phase and/or healing-crisis, the patient becomes very sick in her stomach. (Cf. www.germanische-heilkunde.at/index.php/erfahrungsberichte) • The, now, 41-year-old patient has a violent father, under whom he suffers to this day. His father beats his mother regularly and he himself has been berated and put down ever since he was a child. All the time he hears "...you loser!" = territorial-anger conflict > cell reduction in the mucosa of the stomach. Repeatedly, he has a mild heartburn = active-phase. Seven months ago, a child runs into the patient's car. He is not at fault but out of his subconscious, the conflict comes up again: "...you loser!" = relapse > After the accident, he has had severe heartburn for half a year = active-phase. The patient is always slightly conflict-ac-

¹ Cf. Dr. Hamer, Charts, p. 115

tive, because he lives with his family at the parents' farm, practically next door to his father. The best therapy would be to move away from the farm, but that is out of the question for the patient. (Personal archive B.Eybl)

Tissue	Mucosa of the stomach's lesser curvature and pylorus–squamous epithelium–cerebral-cortex–ectoderm (gullet-mucosa-pattern).
Conflict-active	Cell degradation in the affected area of the squamous epithelial mucosa of the stomach. The longer the conflict lasts, the deeper the tissue defects (ulcers) become. Paralysis of the underlying voluntary (striated) muscles, leading to a greater stomach lumen.
Biol. meaning	Increase in the stomach's volume and diameter, better digestion, better passage, and therefore, more energy for the elimination of the territorial-anger.
Healing-phase	Restoration of the stomach's mucous membrane-epithelium. Bleeding stomach ulcer, possibly some blood in the stool (fecal occult blood).
Healing-crisis	Severe colicky pain, heavy bleeding (black stool), mental absences, stomach colic, and possibly chills.
Remark	Blood-thinning medication (anticoagulants) aggravates the heavy bleeding.
Therapy	Identify the conflict and/or tracks and, if possible, resolve them in real life so that the mucosa of the stomach can regenerate. Guiding thoughts: <i>"No vexation in my heart!" "Nothing can unnerve me!" "If necessary, I will fight!"</i> Alkanine powder, but better if organically bound—that means eat lots of fruits, vegetables, and wild herbs (especially apples, carrots, potatoes, boiled cabbage). Kanne Bread Drink. Willfort: 3-weeks treatment with freshly-squeezed cabbage juice—drink 0.5 - 1 liter distributed over the day. Colloidal silver internally. Segment and reflexology, acupuncture. Hildegard of Bingen: fennel seeds and leaf, mosquito plant (<i>Mentha pulegium</i>), sage, muscatel-sage elixir. Acid neutralizing remedies (antacids—mostly sodium bicarbonate) are harmless drugs, which may even benefit the organism in general acidification as a whole (with active KCT SBS). The situation with antacids (proton pump inhibitors, H ₂ -antihistamines) is quite different. These are harmful in the long run. See also: stomach remedies on p. 187.

Perforation of the stomach wall

Same SBS as above.

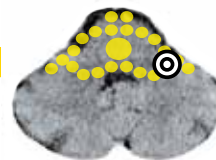
Phase	Hanging-healing conflict , causing the ulcer to become increasingly deeper.
Remark	A perforation of the stomach is life threatening ("acute abdomen").
Therapy	Identify the conflict and tracks and, if possible, resolve them in real life, so that the mucosa of the stomach can regenerate. Surgery if necessary. See above and stomach remedies p.187.

Displacement of the stomach (gastroptosis), partial paralysis of the stomach (gastroparesis), prolapse of the stomach into the duodenum (gastro-duodenal prolapse)*

Same SBS as above. (See pp. 184-185)

Phase*	Conflict-active phase: sinking of the stomach or prolapse into the duodenum due to a paralysis of the voluntary (striated) muscles of the stomach.
Therapy	Identify the conflict and/or tracks and, if possible, resolve in real life.

SBS of the Stomach Gastric Mucosa



Stomach cancer (adeno-ca), stomach polyps, parietal cell proliferation (hyperplasia), thickening of the wall of the stomach, diffuse hyperplasia of the stomach mucosa ¹

Conflict	Chunk conflict, not being able to digest something. Something lies in one's stomach. Vexation with family members
Examples	→ <i>Somebody isn't given the pay raise he was promised. Someone must sell his car for far less than its value, although he would have needed the money badly. A man's mother-in-law, who lives in the same house with him, gets on his nerves every day.</i> • <i>The 45-year-old, married mother of two children works as an exercise therapist in a social organization. She finds the work entirely unsatisfying and meaningless = indigestible-anger conflict. When she changes the job, she comes into healing with night sweating and stomach pain. CM, diagnoses a metaplasia of the gastric mucosa . (Personal archive B. Eybl)</i>
Tissue	Stomach mucosa– brainstem–endoderm.
Conflict-active	Increased function. Growth of a cauliflower-like tumor of secretory quality the size of a child's head, or a flat-growing adeno-ca of absorptive quality (CM: a "thickening of the stomach wall" or a "hyperplasia of the mucosa"). Polyps are, in principle, cancer as well. In CM, the size alone often determines whether the result is a "malignant cancer" or "harmless polyp."
Biol. meaning	With more digestive juices, to be better able to digest (secretory quality) or grasp (absorptive quality) the "chunk."
Healing-phase	Function normalization, tubercular-caseating degradation of the tumor with light bleeding, pain and night sweating, or encapsulation of the tumor if no tubercular bacteria are present. One can live problem free for decades with an encapsulated tumor, assuming the food pulp has enough space and the passage is clear.
Healing-crisis	Heavy bleeding and pain, chills.
Remark	Diagnostic tip: acid blockers help only with an SBS of the superficial mucous membrane, not with an SBS of the deep-lying mucosa.
Therapy	Identify the conflict and/or track and, if possible, resolve them in real life if they are still active. Guiding thought: <i>"I make peace with myself and my family."</i> <i>"What has happened is all right; it has a purpose."</i> If applicable, surgery without chemo or radiation. See also: p. 187.

Gastritis with fever and night sweating, stomach thrush²

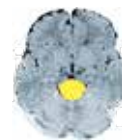
Same SBS as above.

Phase	Healing-phase: tubercular-caseating necrotic degradation of the tumor with acid-resistant fungi and fungal-bacteria (mycobacteria). "Thrush" or "candidiasis."
Therapy	The conflict is resolved. Accompany the healing. Colloidal silver internally Schuessler salts: No. 5, 8, and 9. See also: p. 187.

¹ Cf. Dr. Hamer, Charts, p. 22

² Cf. Dr. Hamer, Charts, p. 22

SBS of the Gastric Sphincter



Heartburn, backflow of gastric juices into the esophagus (reflux, esophageal reflux, Barrett's esophagus), cardia insufficiency*

Heartburn occurs when the esophagus becomes inflamed due to a back-flow (reflux) of gastric juices. Probably both stomach SBS (see pp. 184-186) can cause and intensify the so-called reflux illness.

Conflict * Not being able to disgorge something bad that has been swallowed or not being able to take up or receive something good that has been swallowed.

Example • *The 20-year-old, introverted man feels ill-at-ease in larger groups. In spite of this, he regularly attends soccer training and goes out drinking with his colleagues to bars. There, the loud ones have the say. He often has to swallow things he doesn't like at all = conflict of not being able to disgorge or spit out that which he has had to swallow. Since he was 16, he has gotten onto a track whenever he has been forced into the defensive or whenever he drunk alcohol > heartburn (diagnosis: esophageal reflux). (Personal archive B.Eybl)*

Tissue Cardia-parasympathetic innervated smooth ring-muscle–midbrain–endoderm.

Conflict-active In sympathicotonia, the cardia opens > rise of the gastric juices into the esophagus > heartburn, hanging-conflict: a "burning" of the esophagus. Hanging-conflict: "burning" of the esophagus > reflux esophagitis.

Biol. meaning Dilation of the cardia: so that what is bad can be better disgorged or what is good can be better swallowed.

Healing-phase Normalization of tense muscles. In the **healing-crisis** stomach or esophageal cramps occurring in fits. Find out what the conflict and/or tracks are and, if possible, resolve them in real life.

Therapy Guiding thoughts: *"From now on, I'll only swallow what's good for me. Otherwise I will refuse."* Eat alkaline foods. See also: stomach remedies. Possibly acid blockers, proton pump inhibitors for the short-term.

Nausea, vomiting

- **Inflammation of the squamous epithelium** (gastritis): In the conflict-active phase: mild nausea; vomiting in the healing-crisis. (See p. 184)

- **Stomach adeno-ca:** Healing-crisis during the healing-phase–reverse peristalsis > vomiting. (See p. 186)

Stomach bleeding-black stool (tarry stool), stomach colic, blood vomiting (hematemesis)

- **Inflammation of the squamous epithelium** (gastritis)–Healing-phase: the healing stomach ulcers bleed. No pain, black stool. In addition to the loss of blood, the "stomach coma" (= healing-crisis) can be dangerous.

Heavy bleeding and colic in the healing-crisis.

- **Adeno-cancer**–Healing-phase: tubercular caseating necrotic degradation of the tumor by acid-resistant fungi and fungal-bacteria (mycobacteria). Blee-

ding, fever, night sweating. Heavy bleeding in the healing-crisis: hyperperistalsis, possibly vomiting. Blood in the vomit.

Therapy: The conflict is resolved. Accompany the healing. For heavy bleeding, monitoring via hemo-gram (blood count) > If necessary, administer transfusions temporarily

Warning: Blood-thinning medications (anticoagulants) reinforce the bleeding.

Stomach remedies

- Teas: centaury, absinthe, sweet flag (*Acorus calamus*), marjo ram, fennel, bitter root (*Gentiana lutea*), hops, raspberry leaves
- Chew your food thoroughly, enjoy your meals, and "decelerate".
- Bach-flowers: holly, willow
- Swedish bitters, nut-schnapps, Kanne Bread Drink
- The stomach is treatable with therapeutic massages

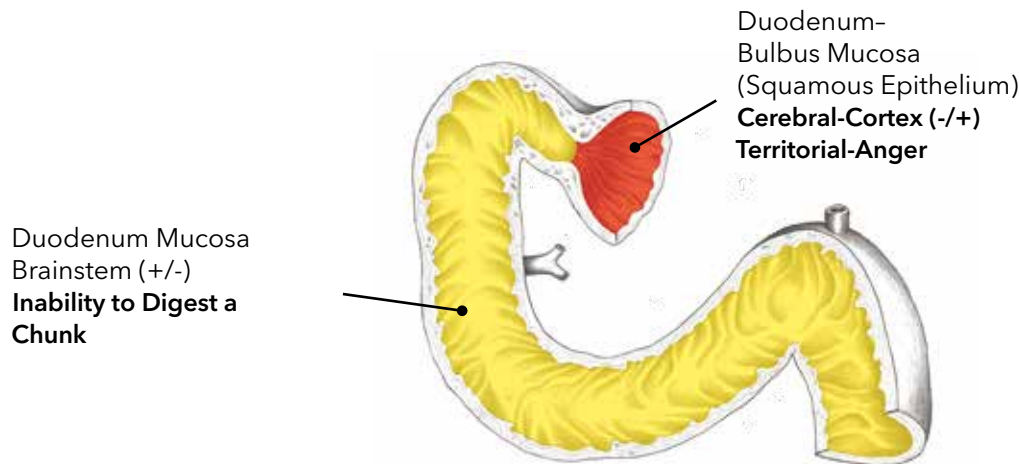
in the area of the left shoulder blade (dorsal segment); a combination of massage and back therapy.

- Infrared therapy, warmth
- Reflex-zone massages and acupuncture
- Best time for therapy/treatment: 7-9AM.
- Zeolite powder • Red light irradiation, heat.
- Willfort: three-week health cure of drinking 0.5-1 liter of freshly-squeezed white cabbage juice.

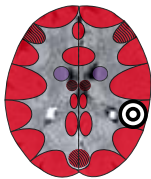
SMALL INTESTINE-DUODENUM

The approximately 25 cm long duodenum receives the food pulp from the pylorus, the “stomach’s gate-keeper.” The beginning of the duodenum widens into the duodenal bulb. The middle of the duodenum narrows to the papilla. Here, the ducts of the gallbladder

and pancreas join. The duodenal bulb is lined with ecto-dermal squamous epithelium. However, the parts that are further “downstream,” such as the rest of the intestine, are made up of endodermal tissue.



SBS of the Duodenum Bulbus Mucosa



Duodenal ulcer (ulcus duodeni), duodenal ca)¹

Conflict	Territorial-anger conflict or identity conflict (depending on sex, “handedness,” hormone levels and age).
Examples	Of territorial-anger conflicts: (For examples of identity conflicts, see p. 202f) → <i>Boundary disputes with the neighbor.</i> → <i>A man’s partner flirts with another man. He suspects that she is having an affair with him.</i> • <i>Following a prostrate surgery, a man is impotent and can no longer satisfy his wife. Territorial-anger conflict > cell minus in the active-phase, restoration in the healing-phase. (Personal archive B.Eybl)</i> • <i>The, now, 53-year-old patient meets her husband when still in school. As she sees her future father-in-law for the first time, she is repulsed by the man = territorial-anger conflict and fear-revulsion conflict. Since this first encounter, she has suffered with bulimia for many years (see p. 316). Her relationship with her father-in-law is poor to this day. Whenever he comes to visit, he insists on taking her seat at the table. Moreover, he is peeved and doesn’t say a word. The patient is always annoyed about to give up her place because of his stubbornness = recurring territorial-anger conflict. Therapy: “control-alt-delete”-and don’t invite him anymore. Drink raw potato juice. (Personal archive B.Eybl)</i>
Tissue	Duodenum–duodenal bulb–squamous epithelium–ectoderm (gullet-mucosa-pattern).
Conflict-active	Cell minus on the affected mucous membrane, pain. The longer the conflict lasts, the deep-

¹ Cf. Dr. Hamer, Charts, p. 115.

	er the defect in the tissue (ulcer) becomes.
Biol. meaning	Enlargement of the passageway, faster digestion, better passage, and thus, more energy for eliminating the territorial-anger.
Healing-phase	Bleeding of the healing ulcer (causing black stools), no pain.
Healing-crisis	Severe colicky pain, heavy bleeding, possibly mental absences, chills.
Therapy	Determine the conflicts and/or tracks and, if possible, resolve them in real life, if they are still active! Possibly surgery. See also: p. 185.

SBS of the Duodenum Mucosa



Duodenal cancer (adeno-ca), duodenal polyps¹

Conflict	Chunk conflict. Not being able to digest something.
Examples	→ <i>Vexation with family members, fellow workers, friends.</i> → <i>A woman must care for her mother day and night. She cannot enjoy the retirement she had been looking forward to having.</i>
Tissue	Duodenum—simple columnar epithelium— brainstem—endoderm.
Conflict-active	Growth of a cauliflower-like tumor of secretory quality or a flat-growing adeno-cancer of absorptive quality.
Biol. meaning	With more intestinal cells, the lodged “anger chunks” can be better digested or resorbed.
Healing-phase	Tubercular caseating necrotizing degradation of the tumor via acid-resistant fungi and fungal-bacteria (mycobacteria). Fever, night sweating, inflammation of the duodenum or tuberculosis. If the mycobacteria are missing: encapsulation of the tumor.
Therapy	Identify the conflict or tracks and, if possible, resolve them if they are still active. Guiding thoughts: <i>“I make peace with myself and my family.” “It has happened and it certainly had a purpose!”</i> Possibly surgery. See also: remedies for the intestines, p. 203.

¹ Cf. Dr. Hamer, Charts p. 22

Duodenal bleeding, black stool

Possible causes

- **Duodenal ulcer**—Healing-phase: the healing duodenal ulcers bleed. Pain and heavy bleeding in the healing-crisis. Black stool.
- **Adeno-cancer**—Healing-phase: tubercular caseating necrotizing degradation of the tumor via acid-resistant fungi and fungal-bacteria (mycobacteria). Fever, night sweating, bleeding. Pain and severe bleeding in the healing-crisis.

Remarks

Blood-thinning medication (anticoagulants) aggravate the bleeding.

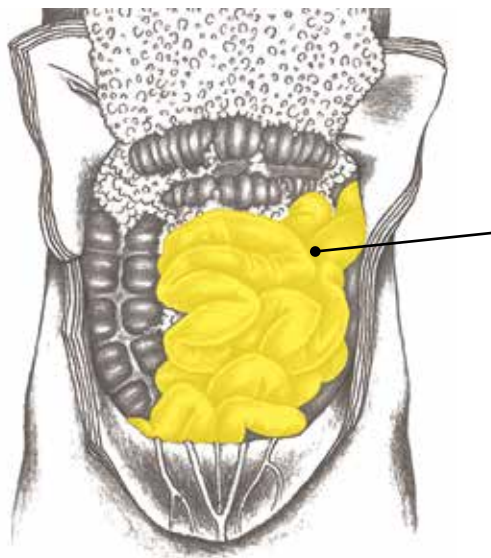
Therapy

The conflict is resolved. Accompany the healing.

SMALL INTESTINE-JEJUNUM AND ILEUM

The jejunum and the ileum are together, 5-7 meters long. They follow the duodenum and together the three form the small intestine. The many folds, villi, and threadlike cell extensions

(microvilli) form a gigantic metabolically active surface of about 60 square meters. The jejunum and ileum are exclusively composed of endodermal tissue.



Small Intestine Mucosa
Brainstem (+/-)
**Indigestion with the aspects
of starvation.**

SBS of the Small Intestine Mucosa



Cancer of the small intestine (adeno-ca), polyps of the small intestine, tumorous thickening of the intestinal wall¹

Conflict	Chunk conflict, not being able to digest something, often in terms of starvation. Indigestible-anger.
Examples	→ A baby weaned too suddenly. It believes it will starve since the mush is unacceptable. • A 40-year-old chief secretary unexpectedly finds herself in a very unpleasant situation: She has to tell her boss that a co-worker has divulged an important company secret. Now she must face her colleague, as a "whistle-blower" = indigestible-anger conflict. Two days later, she seeks a clarifying talk with the colleague = partial resolution of the conflict. However, she has to think of this unpleasant situation every time she sees her = track. Since then, the patient suffers from diarrhea and mild night sweating = hanging-healing. Through a second conversation with her colleague, she can finally resolve the conflict. (Personal archive B.Eybl) • As the result of a stroke, a man is incapable of speaking. He cannot become accustomed to the situation. He was a charismatic person, who was always at the center of things and everyone asked for his advice. Suddenly, he cannot say a word = indigestible-anger conflict > growth of a tumor in the active-phase—according to CM, a "malignant cancer of the intestine." (Personal archive B.Eybl)
Tissue	Small intestine mucosa—simple columnar epithelium—brainstem—endoderm.

¹ Cf. Dr. Hamer Charts pp. 22, 27

Conflict-active	Increased function, growth of a cauliflower-like tumor of secretorial quality or a flat-growing adeno-cancer of absorptive quality. The cauliflower-like tumor can cause an intestinal obstruction (ileus).
Healing-phase	Tubercular caseating necrotizing degradation of the tumor via fungi and fungal-bacteria (mycobacteria). Fever, night sweating, bleeding, diarrhea, possibly with vomiting if the tumor is situated in the small intestine. If the mycobacteria are lacking: encapsulation of the tumor.
Healing-crisis	Chills, heavy bleeding, intestinal spasms, colic due to involvement of the intestinal muscles
Biol. meaning	Cell proliferation of secretory quality, in order to produce more digestive juices, which could digest the stuck "chunk" more quickly. Cell proliferation of absorptive quality, in order to better intake the "chunk" (more efficient use of food).
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life if they are still active. Guiding thoughts: <i>"I am at peace with those closest to me and everyone else!"</i> <i>"We have enough to eat. I am taken care of!"</i> Surgery when the passage is obstructed or the polyp or tumor is too large. Better early because small tumors are diagnosed to be "benign" in today's CM. > This means less stress for the person concerned. See also: remedies for the intestine, p. 203.

Acute enteritis with fever and night sweat, bleeding of the small intestine-black stool²

Same SBS as above.

Phase	Healing-phase or healing-crisis. Tubercular, caseating necrotizing degradation of the tumor via acid-resistant fungi and fungal-bacteria (mycobacteria). Fever, night sweating, blood in (black) stool, usually diarrhea. Caution: blood-thinning medication (anticoagulants) increases the bleeding.
Therapy	The conflict is resolved. Accompany the healing and avoid relapses. For very heavy bleeding, monitoring via hemogram (blood count) > if necessary, administer transfusions. Schuessler salt: no. 13. See also: remedies for the intestine, p. 203.

Gluten intolerance (celiac disease), lactose intolerance (lactose malabsorption)*

SBS same as above. (See pp. 190-191)

Phase	Hanging-healing. Conflict-tracks gluten or lactose. By long duration degradation and degeneration of the intestinal villi > disturbed take-up of nourishment, causing chronic digestive problems, usually diarrhea, possibly nutritional deficiencies.
Example	• <i>A six-year-old boy is sent on a six-week convalescence 400 miles from his parents. The, now, 49-year-old man describes the first two weeks there as "hell." The boy is forced to drink milk against his will. Due to this, he refuses to eat partly = conflict of not being able to digest something, indigestible-vexation conflict with an aspect of starvation. Track = drinking milk. At home, he normally never drinks milk. For 43 years, the patient has suffered from diarrhea whenever he has consumed milk, or unknowingly, milk products = reoccurring conflict due to a milk track. When he becomes familiar with the 5 Biological Laws of Nature and understands the coherences, the conflict is immediately resolved. Since then, the patient can drink</i>

2 Cf. Dr. Hamer Charts pp. 22, 27

a lot of milk without problems. (Cf. www.germanische-heilkunde.at/index.php/erfahrungsberichte)

Therapy Determine the conflict and/or tracks and, if possible, resolve them in real life, so that the hanging-healing can come to an end. If no resolution is possible, avoid the offending food (diet).

“Tromboembolism” of the intestines, bleeding with edema (“intestinal infarct”)*

Same SBS as above. (See pp. 190-191)

According to CM-theory, this is the blockage of a blood vessel, which leads to an intestinal infarction.

Actually, our blood vessels have a net-like structure. Everywhere in the body there are parallel (collateral) vessels that guarantee the blood supply at all times. These symptoms are probably misinterpreted in CM.

Phase Healing-phase—**healing-crisis**, thus bleeding. Severe edema by **syndrome**.

Therapy The conflict is resolved. Accompany the healing and avoid recurrences! In case of severe bleeding, control the blood count, if necessary blood transfusions. If necessary, surgery.

“Fungal infections” (mycoses) of the intestines (e.g., *Candida albicans*, *Aspergillus*, or *Mucor*)*

Same SBS as above. (See pp. 190-191)

Phase **Healing-phase**—degradation of an adeno-ca via fungi or fungal-bacteria (mycobacteria). Flat-growing tumors are not recognized as such in CM because they are widely spread out.

Remark Fungi belong to the flora of a healthy human being. In intestinal healing-phases, one finds even more of them—if they are verified with a stool analysis, they are called “fungal infections” in CM.

Therapy The conflict is resolved. Accompany the healing and avoid recurrences. Colloidal silver. See also: remedies for the intestines, p. 203.

“Bacterial infections”, bacterial intestinal dysentery: typhus or paratyphus bacteria (without salmonella), cholera, escherichia coli bacteria, campylobacter coli bacteria*

In the case of a conflict: same SBS as described on p. 191.

Drinking dirty water, such as water that is contaminated with feces, does not mean getting infected but rather getting poisoned – the body’s prompt response is one of expulsion: diarrhea, vomiting, sweating. In principle, poisoning does not fall into the area of the 5 Biological Laws of Nature.

Phase **Healing-phase**

Remark The difference between poisoning and conflict is often unclear.

Therapy The conflict is resolved. Accompany the healing and avoid recurrences. Colloidal silver, MMS. See also: remedies for the intestine, p. 203.

Viral infections of the intestines: ECHO virus, Coxsackie virus, Adenoviruses, rotavirus, Norwalk virus, parvovirus*

Same SBS as above. (See pp. 190-191)

In CM, the causes of most illnesses are unknown; therefore, pathogens have simply been invented. To this day, not a single virus has been properly proven.

Phase	Healing-phase
Therapy	The conflict is resolved. Accompany the healing and avoid recurrences. See also: remedies for the intestines, p. 203.

Amoebic dysentery and worm diseases, e.g., bilharziosis (schistosomiasis)*

Do amorphous creatures (tape -, round-, and pinworms) have a specific task—a biological meaning? Is it possible that an “attack” by worms is no coincidence, and that it is even beneficial? Does it only affect people who need it?

At the University of Iowa, there was great success in the treatment of Crohn’s disease patients with whipworms. It is possible that worms aid tubercle bacilli in healing-phases for the degradation of excess intestinal mucosa. Anyways, doctors at the University of Iowa, presented that the bacterial flora improves under worm influence.

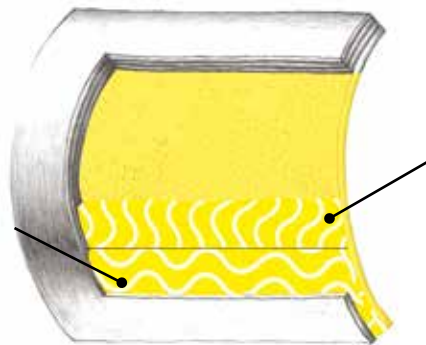
A sac bulging out from the wall of the small intestine (Meckel’s diverticulum)*

This blind pouch is a remnant of the omphalomesenteric duct or yolk sac, and thus, it is unclear as to whether it has conflict causes.

SBS of the Intestinal Muscles

Intestine Smooth Muscle
“longitudinal”¹
Brainstem (+/-)
**Moving, retaining
and processing a chunk**

- 1 Master pattern for the longitudinal involuntary (smooth) muscle in the body



Intestine Smooth Muscle
“circular”²
Brainstem (+/-)
**Moving, retaining
and processing a chunk**

- 2 Master pattern for the circular involuntary (smooth) muscle in the body.**



Infolding of one intestinal segment in another (invagination)*

In cases where there is no poisoning with medication (e.g., with morphine):

Conflict* Motoric chunk conflict, not being able to move something further (in real life or figuratively). Something does not come through. Topic standstill, stagnation.

Example → “There is nothing ahead.” “I cannot bring the matter further.” “I cannot move.”
• The 33-year-old son, of a 70-year-old farmer, still does not know if he wants to take over the farm. The farmer (our patient) postpones any decisions—the operation and family is stagnating. = Conflict that nothing can be moved forward. Since this deadlock situation the farmer suffers from constipation and burping. (Personal archive B.Eybl)

Tissue Involuntary (smooth) longitudinal and sphincteral intestinal musculature—midbrain—endoderm.

Conflict-active Increased tension in the intestinal longitudinal muscle > limitation of peristalsis, tense,

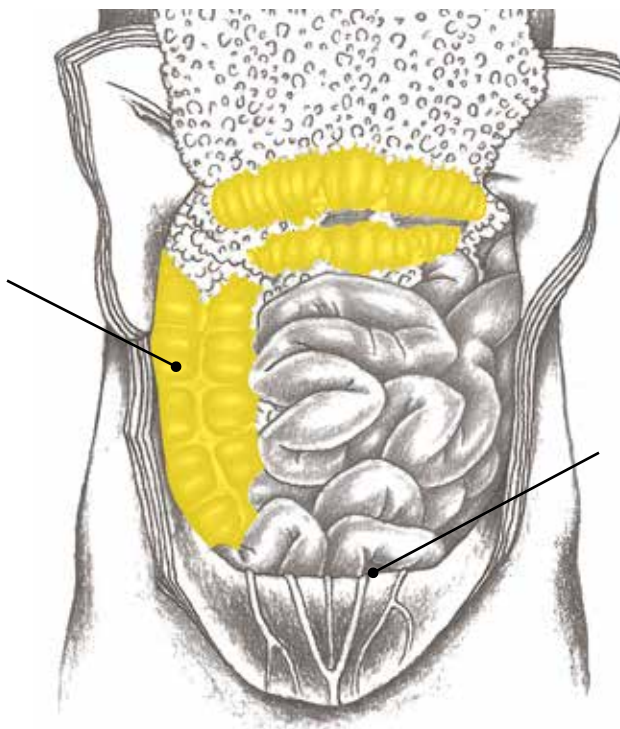
	swollen belly, stomach ache, constipation/diarrhea (see also: p 201ff). If nothing is going on, there is often restlessness. Chronic = Hanging-active conflict: passive, resigned.
Healing-crisis	Colic, sudden onset of diarrhea, pain.
Healing-phase	Increased tension in the transverse muscles. Stomach back to normal, constipation/diarrhea.
Invagination	In this disease, a part of the intestine pushes into the other. A segment remains in sympatheticotonia (extension), the other in parasympatheticotonia (narrowing). In healthy peristaltic contraction, waves runs through the whole intestine (longitudinal wave and transverse wave).
Phase	Unclear. If necessary, surgery.
Volvulus	This relaxes the smooth muscles of the intestine > rotation of the intestine around its own axis. > It is threatening bowel obstruction or destruction of intestinal tissue (bowel gangrene) through the blockade. If necessary, surgery.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life. See also: remedies for intestines p. 203.

COLON - CECUM AND APPENDIX

The cecum is the deadend or blind ending at the start of the colon. Together with the wormlike appendix it is

about 7 cm long and is completely composed of endodermal tissue.

Colon Mucosa
Brainstem (+/-)
Indigestion of Anger



Sigmoid Colon
Mucosa
Brainstem (+/-)
**Ugly Elimination
Chunk Conflict
(not shown)**

SBS of the Appendix Mucosa



Acute inflammation of the cecum and/or appendix (appendicitis), ruptured appendix¹

Conflict	Chunk conflict: ugly-indigestible-anger. Situation hard to cope with.
Examples	→ A child must always watch his parents argue. He wishes that his mother and father would like each other. • A businessman trusts his cousin and integrates him into upper management. The cousin nastily deceives him. Their dispute causes him great financial damage = ugly-indigestible-anger conflict > growth of a tumor in the active-phase. When the patient cuts all contact with his cousin, an acute appendicitis is diagnosed = healing-phase. (Personal archive B.Eybl)
Tissue	Colon mucosa—brainstem—endoderm.
Conflict-active	Increased function, growth of a cauliflower-like tumor (adeno-ca) of secretory quality or a flat-growing tumor = in CM, a "tumorous thickening of the wall of the colon". Cauliflower-like tumors are called "polyps" or "cancer."
Biol. meaning	With more colon cells, the stuck "anger chunk" can be better digested and absorbed.
Healing-phase	Appendicitis, fever, night sweating, possible blood in the stool. Tubercular caseating necrotizing degradation of the tumor via acid-resistant fungi and fungal-bacteria (mycobacteria) or encapsulation.
Healing-crisis	Chills, severe pain, colic.
Remark	Relapses can cause chronic appendicitis, possibly with mucus collection (mucocoele). In the healing-phase, the extension of the appendix can also burst = "ruptured appendix." Nature is prepared for this case: the omentum spreads out over the perforated place, thereby preventing the contents of the colon from getting into abdominal cavity. The inflammation is then limited to the immediate vicinity.
Therapy	The conflict is resolved. Accompany the healing and avoid recurrences. If needed, antibiotics. In case of rupture, consider surgery.

¹ Cf. Dr. Hamer, Charts p. 27

COLON: UP, ACROSS, AND DOWN

The colon has a diameter of about 6 centimeters and is about 1.5 meters long. Unlike the small intestine, the

colon has no villi. Nutritional elements and fluid are removed from the food pulp here.

SBS of the Colon Mucosa



Colon cancer, polyps¹

Conflict	Chunk conflict: ugly-indigestible-anger. Situations, ugly and hard to cope with.
Examples	→ Usually something unpleasant, not been able to get rid of "rubbish". → Not being able to cope with something devious or mean.

¹ Cf. Dr. Hamer, Charts p. 28

- *For many years, the man has been a founding member of an organization. A huge argument breaks out among the members because the proprietor no longer wants the meetings to be held on his premises > ugly-indigestible-anger conflict. A few weeks later, the patient is diagnosed with cancer of the colon = active-phase. The tumor is surgically removed. Afterwards, he learns about the 5 Biological Laws of Nature. (Personal archive B.Eybl)*
- *The 43-year-old married department head has a comradely approach with her colleagues. Four years ago, a new colleague joins the team. From the very beginning, she works against the department leader. A month ago, she learns that this colleague has been maligning her in the firm = ugly-indigestible-anger conflict and attack conflict against the abdominal cavity. A month later, the patient speaks of the matter, choosing two close colleagues and a girlfriend to confide in. She starts to feel better during the conversation = conflict resolution. Then, at night she suffers an intestinal colic (= healing-crisis) with a hard, swollen abdomen and sweating, so that an emergency doctor must come. In the hospital, she is diagnosed with an inflammation of the colon and a thickening of the intestinal wall (= flat-growing tumor of absorptive quality). In addition to this, fluid has accumulated in the peritoneal cavity (ascites) and her blood sedimentation levels are high (indications of inflammation), which acc. to CM: "cannot possibly come only from the intestines" = peritonitis–resolved attack conflict. After a few days, everything is alright again. (Personal archive B.Eybl)*
- *The athletic, 50-year-old entrepreneur has a construction company that runs beautifully. Suddenly luck is leaving him: A major customer goes bankrupt and is losing a lot of money. Shortly thereafter, another customer refused him 20% of the agreed fee = indigestible-anger conflict. Since then he comes always on track for any problems with business partners. The result is a chronic inflammation of the colon (ulcerative colitis). After retirement, the disease heals almost completely. (Personal archive B.Eybl)*

Tissue	Colon mucosa–brainstem–endoderm.
Conflict-active	Increased function. Growth of a cauliflower-like adeno-ca of secretory quality with a conflict aspect of not being able to digest something or a flat-growing adeno-ca = "tumorous thickening of the intestinal wall" of resorptive type with a conflict aspect of not being able to ingest something.
Biol. meaning	With more colon cells, being better able to digest or resorb the anger chunk.
Healing-phase	Normalization of function, tubercular caseating necrotizing degradation of the tumor via acid-resistant fungi and fungal-bacteria (mycobacteria), fever, night sweating, colitis, colitis ulcerous. By absence of bacteria: encapsulation. Bright-red blood and mucus in stool, diarrhea.
Healing-crisis	Chills, heavy bleeding, and colicky pain.
Therapy	Identify the conflict and/or tracks and, if possible, resolve them in real life if they are still active. Guiding thoughts: "Nobody profits from anger." "Everything has a purpose and I can only learn from this." Surgery when the passage is obstructed, or the polyp or tumor is too large. Perform Sx early, small tumors are diagnosed to be "benign" in today's CM. > This means less stress for the person concerned. See also: remedies for the intestines, p. 203.

Intestinal obstruction (ileus)

According to Dr. Hamer, the diagnosis of an ileus is usually caused not by a tumor, but by paralysis. If it is really caused by a tumor: same SBS as above.

Phase	Conflict-active: an intestinal occlusion occurs when the tumor is too big, or often at the beginning of the healing-phase due to the inflammation-swelling of the tumor.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life if they are still active! If necessary, surgery.

Chronic inflammation of the intestines (Crohn's disease, colitis ulcerosa)²

Same SBS as above. (See pp. 195-196)

In CM, the difference between Crohn's disease and colitis ulcerosa is vague; the differentiation is unnecessary.

Examples	• <i>The man has constant arguments and vexation with his wife = ugly-indigestible-anger conflict. He would have separated from her long ago if it were not for their joint house, which he would lose in a divorce. The conflict has been growing now for two decades = recurring-conflict. The patient suffers from a severe case of Crohn's disease.</i> (Personal archive B.Eybl) • <i>The schoolboy feels himself unfairly treated by his teacher. He thinks that she always grades him unfairly. Diagnosis: Crohn's disease due to recurrences.</i> (Personal archive B.Eybl)
Phase	Chronic-recurring process. Active-phases alternate with healing-phases. Flat-growing adenocancer of resorptive quality, sometimes polyps as well (secretory quality). Blood, mucus in the stool. Diarrhea, constipation, and night sweating.
Therapy	Determine the conflict and tracks and, if possible, resolve them in real life, so that the SBS comes to an end. Guiding thoughts: See above. Good chances of recovery, even by long-standing illness. See also: remedies for the intestines, p. 203. Therapy with whipworms (see p. 193). The CM therapy with cortisone, immunosuppressants, and anti-TNF agents is not recommended for long term.

² Cf. Dr. Hamer, Charts p. 28

SIGMOID COLON

The sigmoid colon, the section of the colon, shaped like the Greek letter sigma, takes the indigestible remainder

from the descending part of the colon, removes fluid from it to further thicken and "portions" it.

SBS of the Sigmoid Colon Mucosa



Cancer of the sigmoid colon, polyps¹

Conflict	Chunk conflict: Indigestible-anger. Cannot get rid/excrete of something not nondigestible-stressful-annoying.
Examples	→ <i>Usually not being able to get rid of "garbage" (something unpleasant).</i> → <i>Not being able to tolerate something where the patient has the lower hand.</i> • <i>The marriage of the 54-year-old female patient is very disharmonious. The couple has just moved into a new apartment. During the move-in, the husband—completely unexpectedly—announces that he is not moving in with her. He starts removing his things again. Later, as he asks for their marriage certificate in order to file for divorce, they have a violent argument = ugly, devious, wicked vexation or anger conflict. A cauliflower-like tumor that is several centimeters wide develops during the active-phase and is discovered during a physical examination 7 years later. It doesn't cause any problems. Nevertheless, the patient undergoes chemotherapy.</i> (Personal archive B.Eybl)

¹ Cf. Dr. Hamer, Charts p. 28

- *A young entrepreneur is not paid for a completed order by an important client.* (Cf. Dr. Hamer, Goldenes Buch Bd. 2, p. 184)
- *The man has been employed by a firm for 15 years. He has a quarrel with a colleague. The boss takes the side of the colleague, which bitterly disappoints the patient.* (Personal archive B.Eybl)

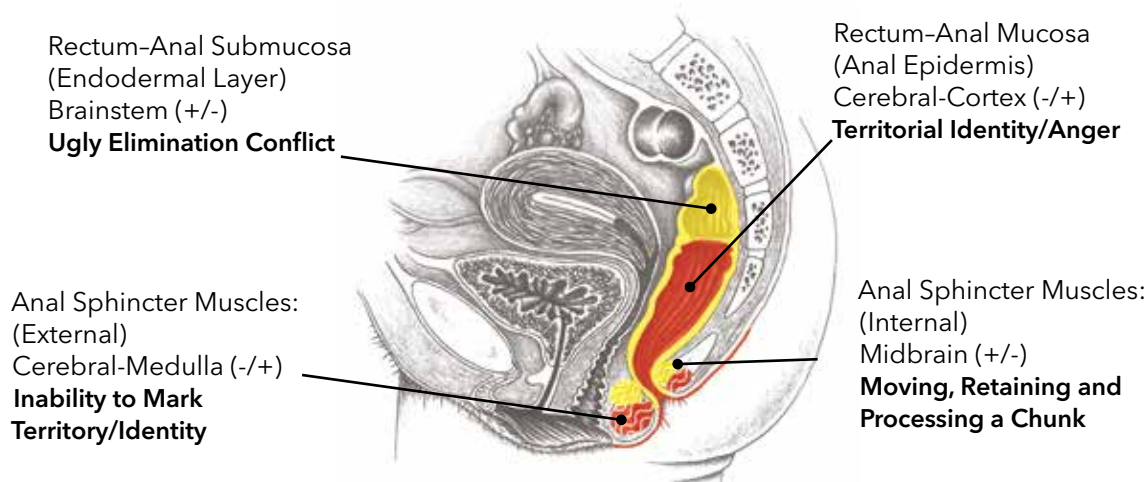
Tissue	Sigmoid colon mucosa—brainstem—endoderm.
Conflict-active	Increased function. Growth of a cauliflower-like tumor adeno-ca of secretory quality or a flat-growing adeno-ca (tumorous thickening of the intestinal wall) of absorptive type.
Biol. meaning	With more colon cells, the body is better able to "digest or resorb the anger."
Healing-phase	Normalization of function, tubercular caseating necrotizing degradation of the tumor via acid-resistant fungi or fungal-bacteria (mycobacteria), fever, night sweating = inflammation of the sigmoid colon. Bright-red blood and mucus in the stool, diarrhea. Encapsulation of the tumor if there are no bacteria.
Healing-crisis	Chills, severe colicky pain and heavy bleeding, diarrhea.
Therapy	Determine the conflict and/or tracks and resolve them in real life, if still active. Guiding thoughts: <i>"This situation has arisen so that I can learn from it!" "I have brought it upon myself through my own thoughts and actions. I accept everything as it is and with God's help, I'll make the best of it!"</i> See also: remedies for the intestines, p. 203. According to my experiences, polyps surgery is advised, because you do not know if they will continue to grow. In today's CM, polyps that are about 3 cm in diameter are referred to as "colorectal cancer"—with all its consequences.

Pouches on the wall of the intestines (diverticula)*

Same SBS as above.

The majority of intestinal diverticula are found in the sigmoid colon.

Phase	Excessive removal of tumors during (diverticulitis) and following (diverticula) hanging-healing. A thinning of the mucosa leads to a sac or pouch bulging outwards.
Therapy	Identify the conflict and/or tracks and, if possible, resolve them in real life if still active so that no further diverticula develop. For chronic inflammation of the diverticula, consider surgery!



COLON - RECTUM

In human beings, the rectum is about 15-30 centimeters long.

The lowest four centimeters belong to the anus. This serves as a temporary storage area for the feces.

What is special about this last section of the intestine is

that the old intestinal mucosa—from outside the body to about 12 centimeters into the rectum—is grown over with epidermal skin squamous epithelium.

Thus, we find a superficial ectodermal and a sub-endodermal tissue with two differing SBS.



SBS of the Rectum Submucosa

Rectal cancer (adeno-ca)

Conflict*	Chunk conflict: indigestible-anger, not being able to get rid of something unpleasant, "rubbish."
Examples	→ <i>Somebody is unjustly accused or put at a disadvantage.</i> → <i>Somebody is betrayed by a friend.</i> • <i>The patient's son has taken up with a bad crowd. Together with his friends, he ends up in court. The patient is sure that her son has been caught in a trap and that is why he is being prosecuted = indigestible-anger > growth of a rectal cancer in the active-phase. Half a year later, this is diagnosed by CM. (Personal archive B. Eybl)</i>
Tissue	Rectum submucosa—brainstem—endoderm.
Conflict-active	Increased function, growth of a cauliflower-like tumor of secretory quality by a conflict aspect of not being able to get rid of something or a flat-growing adeno-cancer of absorptive quality, through a conflict aspect of not being able to assimilate something.
Biol. meaning	To better be able to digest or resorb the anger chunk with more intestinal cells.
Healing-phase	Inflammation of the rectum, possibly also diagnosed as "anorectal abscess" (see below). Tubercular caseating necrotizing degradation of the tumor via acid-resistant fungi and fungal-bacteria (mycobacteria), fever, night sweats, bright-red blood and mucus in the stool, diarrhea. If bacteria are not present: encapsulation.
Therapy	Identify the conflict and/or tracks and, if possible, resolve them in real life, if still active. Guiding thought: <i>"I accept the situation and will resolve it with God's help."</i> Surgery when tumor is too large. Better operate early, because small tumors are diagnosed to be "benign" in today's CM. > Less stress for the person concerned. See also: p. 203.

Hemorrhoids (deep-lying), anorectal abscess¹

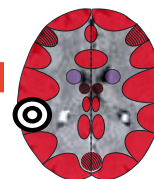
Same SBS as above.

Example	• <i>The 46-year-old, right-handed woman sweats for the last four nights. On the toilet, she has pain when she presses and when she wipes herself, she finds blood on the toilet paper. Conflict history: five weeks ago, the patient spoke with her mother-in-law on the phone. During the conversation, they talked about dividing up the inheritance they received from the recently deceased grandmother. (The patient is legally no heiress, but her husband.) On the phone, the mother-in-law said to her, "Anyway, it affects only the children." With this remark, the patient assumed that she is not invited to this meeting. On the day before the first symptoms appeared, her mother-in-law comes to visit and is very kind to her = conflict resolution > bleeding removal of the tumor in the following days = healing-phase. (Personal archive B. Eybl)</i>

¹ Cf. Dr. Hamer, Charts p. 28

Phase	Healing-phase: A small tumor usually develops unnoticed under the epithelium layer during the conflict-active phase. It is not noticed until the healing-phase, when it breaks open = CM: "hemorrhoids," "rectal abscess" > night sweats, pus, bright-red blood.
Remark	The most important difference between this and the more common superficial hemorrhoids is the fever and night sweats in the healing-phase.
Therapy	The conflict is resolved. Accompany the healing. See also: next page.

SBS of the Rectum-Anal Mucosa



Hemorrhoids (superficial)¹

Conflict	Identity conflict—not knowing where one belongs, not knowing which decision to make, not knowing which partner to choose; a territorial-anger conflict (dependent on "handedness," hormone levels and previous conflicts).
Examples	• <i>A seven-year-old boy loses his father. After that, his mother has different partners, who treat the boy very badly; they even abuse him = identity conflict.</i> (Cf. Dr. Hamer, Goldenes Buch Bd. 2, p. 397) • <i>The 69-year-old patient lets himself undergo chemotherapy for cancer of the prostate gland. However, he becomes doubtful as to whether he is doing the right thing. "Should I continue the treatment?" = identity conflict.</i> (Cf. Dr. Hamer, Celler Dokumentation, p. 61) • <i>A married women falls in love with another man. She doesn't know whether she should divorce her husband for the sake of the other man = identity conflict. Cell minus in the anal epithelium. Restoration with bleeding in the healing-phase.</i> (Personal archive B. Eybl)
Tissue	Rectum—anal mucosa—cerebral-cortex—ectoderm.
Conflict-active	Degradation of epithelium = ulcer; tearing of the anal epithelium (anal fissures) are possible > no pain, no bleeding, numbness. One seeks belonging, wrestle for decisions.
Biol. meaning	Widening of the anus to insure better removal of feces. In nature, feces and urine serve to mark territory. The place of defecation defines one's living space and the location of the individual. With additional feces, the location can be defined better and the identity is emphasized. Feces-marking takes urine-marking to the next level.
Healing-phase	Refilling of the substance defect, pain, swelling, bright-red blood = "hemorrhoids," aggravated by syndrome.
Healing-crisis	Heavy bleeding, possibly chills; if the voluntary anus muscle is also affected, rectal cramps (see below for 2nd possibility) and painful urge to empty out the bowel (tenesmus).
Remark	With this SBS, there are no night sweats.
Therapy	Identify the conflict and/or tracks and, if possible, resolve them in real life if still active. Guiding thoughts: <i>"I will make a definite decision."</i> <i>"Then I will know where I belong."</i> If applicable, surgery.

Fissures of the anal epithelium (anal fissures)

Same SBS as above.

Phase	Conflict-active phase —pain in the healing-phase if the fissures have healed.
Therapy	Identify the conflict and/or tracks and, if possible, resolve them in real life if still active.

¹ Cf. Dr. Hamer, Charts p. 129



SBS of the Inner Rectal Sphincter

Rectal cramps II (sphincter spasms, tenesmus)*

Conflict*	Chunk conflict, not being able to sufficiently retain the feces
Example	• A woman is in the hospital for a hemorrhoid surgery. She is given an enema to cleanse the colon, and she becomes terribly nauseated. At the last second, she runs to the washbasin where she vomits and at the same time loses control of her bowels: she stands in a puddle of water and excrement. At that very moment, the doctor comes in and tells her to lie down in bed immediately because they want to give her an infusion. Fully soiled, she must lay herself in bed = conflict of not being able to hold back the feces. Since then, the patient suffers from intense rectal spasms. Sixteen years later, at a lecture by Helmut Pilhar, she goes behind the curtain and can resolve the conflict by means of meditation. (Cf. www.germanische-heilkunde.at/index.php/erfahrungsberichte)
Tissue	Inner rectal sphincter—midbrain—endoderm (For the outer, ectodermal sphincter, see above.)
Conflict-active	Increased muscle tension (hypertony), problems with bowel movement. When the stool is hard, it can only be pressed out with extreme effort, as the inner sphincter does not open completely.
Biol. meaning	Increased tension so that the feces can be held back.
Healing-phase	Normalization of the muscle tension; in the healing-crisis: attacks of painful anal cramps.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life. Transdermal. Magnesium.

Remedies for the rectum/hemorrhoids

- Tea/hip bath: fenugreek, oak, mullein, horse chestnut leaves, yarrow, plantain
- Cayce: Gymnastic exercise—Both arms over the head, lift heels and stretch upwards, then bend forwards with the hands to the ground—in the mornings and evenings for two to three minutes.
- Schuessler salts: No. 1, 11, Kanne Bread Drink.
- Colloidal silver internally and externally.
- Comfrey or propolis salve—externally
- Zeolite powder • Magnesium chloride (MgCl_2) foot bath

Diarrhea*

Possible causes

- **Poisoning:** Spoiled or unclean food, side effect of medication, especially antibiotics and psychopharmaceuticals, as well as toxification with the artificial sweetener aspartame, etc.
Diarrhea = elimination of toxin function.
- **Incorrect diet:** Ingesting the wrong combination of foods can lead to diarrhea (for example: fruit-sugar-grain).
- **General sympatheticotonia and anticipatory anxiety ***: = Stress diarrhea (CM, diarrhea-dominant irritable bowel). This affects approximately one in five people worldwide. In anticipation of stress (= sympatheticotonia) the smooth sphincter muscles of the body open: anal and bladder sphincter to “ballast-shedding,” gastric sphincter for a speedy passage, pupillary sphincter for easier viewing, etc.

Gaunt, thin, emaciated people are predominantly sympatheticotonic, i.e., they are mainly under stress. Peace and serenity are missing, little fat can accumulate. Athletic or leptosomer type by Kretschmer. These individuals tend to be „shitting in the pants“ at any occasion. > Loose stools, Diarrhea.

For example, the 16-year-old student is amateur ski racers. On the day of the competition, in particular immediately before the start, he must go constantly to the toilet, due to the diarrhea. = General sympatheticotonia, anticipatory anxiety.
Later in life, he is suffering from diarrhea before important appointments as well. (Personal Archive)
The opposite is the cozy endomorph (vagotonic), that good food recycler with tendency for constipation.

- **Intestinal muscles:** If a “chunk” gets stuck in the intestines, usually two SBS are triggered: An SBS of secre-

tory quality (cauliflower-like tumor), so as to dissolve the chunk with gastric juices, and one of motoric quality (peristalsis), so as to expel it (conflict of not being able to dislodge something or push it along). Diarrhea in the healing-crisis of the healing-phase or in hanging-healing, for example Crohn's disease, colitis, ulcerative colitis.

- **Liver-gallbladder:** Recurring-conflict. This type of diarrhea goes hand in hand with fat intolerance. Endodermal liver parenchyma or the ectodermal gallbladder ducts can be affected. Due to a shortage of bile, fat cannot be digested > pulpy, in water floating, fatty stools. Territorial-anger or identity conflict–starvation or existence conflict. (See pp. 111, 113)
- **Pancreas (rarer):** Recurring-conflict. After many bouts of pancreatitis, the glands that produce pancreatic juices deteriorate. Enzymes for the digestion

of protein, fats and starches are then lacking > pulpy, bright, malodorous, floating in water, stool. Conflict: trouble with family members, the battle for the chunk, inheritance conflicts. (See p. 221)

- **Thyroid (rarer):** the thyroid hormone thyroxin makes the body sympathicotonic. It increases metabolism and promotes the emptying of the bowels. Diarrhea in the conflict-active phase. Conflict: not being able to grasp or get rid of something, because one is too slow. (See pg. 109).

Therapy for diarrhea

Depending on the cause

- Centering movement such as tai chi and strength training
- Foods: blueberries, barley, oats, honey
- Tea: elecampane, blackberry leaves, oak bark, chamomile, bistort, plaintain.
- Zeolite powder internally, poss. Tannalbin tablets.

Flatulence*

Every digestive process results in the production of intestinal gas. However, most of it diffuses into the circulatory system and is expelled through the lungs. Flatulence denotes an excess of intestinal gas exceeding 0.5 to 1.5 liters per day.

Possible causes

- **Incorrect nutrition:** A high percentage of high-fiber foods or an unfavorable combination of foods (e.g., fruit-sugar-grain) can encourage flatulence. Legumes (sugar molecule rhamnose and stachyose) cause a definite rise in gas production.
- **Toxification** due to antibiotics and other chemotherapeutics: damage of the intestinal flora > incomplete digestion > fermentation > flatulence.
- **General sympathicotonia:** Gas in combination with diarrhea: signs of a general sympathicotonia. The passage of food is accelerated > incomplete digestion, incomplete air resorption.
- **Impaired functioning of the small intestine or colon:** Not enough air-resorption due to degeneration of the intestinal mucosa (low resorption capacity). According to Dr. Hamer, intestinal gases help to expand

the intestine so that the "chunk" can move farther. Histamine or lactose intolerance can cause strong flatulence, sometimes together with diarrhea. = Anger conflict, ugly-indigestible-anger (see above).

- **Pancreas or liver:** Too little pancreatic juices or bile > incomplete digestion > fermentation > flatulence = anger conflict with family members, the battle for the chunk, inheritance-, or starvation-, existence conflict-territorial-anger or identity conflict.

Therapy for flatulence

Depending on the cause (e.g., diet change).

- Movement/gymnastics
- Deep breathing, so that the gases can be released.
- Hot full baths, possibly with whole salt or magnesium chloride.
- Tea: anise, fennel, melissa, parsley, linden blossoms
- Hildegard of Bingen: bay leaf cookie powder special recipe
- Build-up of symbionts with OMNi-BiOTiC®,
- Symbioflor 2, EM.
- Swallow 1 tsp. whole mustard seeds with water regiment.
- Zeolite powder internally.

Constipation*

Possible causes

- **Toxification with medication:** Misuse of laxatives, sleeping pills, tranquilizers, antacids, iron preparations, diuretics, blood pressure medication, anti-Parkinson's disease medication, antiepileptic drugs,

medications for bladder incontinence, and morphine (paralyzes the colon due to a permanent contraction of the longitudinal muscles in the intestines).

- **Diets that are low in fiber, low in vital substances** (cheap industrial foods).

- **Active kidneys-collecting tubules SBS (KCT):** Water is collected, for when one is on the run (for instance, on a trip) or feels abandoned, so that a shortage of fluids can be survived. The colon removes water from the food pulp or feces, especially thoroughly > hard stool, tendency to constipation = refugee and abandonment conflict. (See p. 226)
- **Too little exercise:** A well-functioning intestinal peristaltic is dependent on sufficient exercise. This is not just because of a mechanism in the colon itself; rather, it is linked to the 11th brain nerve (nervus accessorius).¹ Lack of exercise > neglected breathing > under-functioning of the diaphragm (as assistant to digestion).
- **General vagotonia:** During general parasympatheticotonia, probably all of the sphincter muscles of the body, including that of the anus, are closed tight. Feces is only reluctantly released. People who are primarily vagotonic tend to be constipated. This corpulent, rotund, cozy endomorph (by Kretschmer) are excellent fodder recyclers. The food (like life) is digested and enjoyed at leisure. Therapy: looking for challenges.
- **Intestinal musculature:** Constipation in the conflict-active stage. In CM, this is often diagnosed as a paralytic ileus. It is usually found in combination with an SBS of secretory or absorptive quality > conflict of not being able to dislodge or expel a stuck "chunk." (See p. 193)
- **Thyroid:** hanging-healing, condition following hanging-healing. Too little of the thyroid hormone thyroxin results in a lack of drive and slow metabolism > sluggish colon = conflict of not being able to grasp or expel something because of being too slow. (See p. 109)

1 Cf. Dr. Hamer, GNM® -Hirnnerventabelle HN XI

- **Parathyroid gland:** Conflict-active phase of a hanging-conflict. An overly high parathyroid hormone level can cause constipation.
- **Ileus (blockage)** by a tumor or twisted intestine (volvulus). Conflict-active phase or healing-phase. Acute constipation, possibly with pain, vomiting of feces = anger conflict, indigestible-anger conflict. (See above)

Therapy for constipation

Depending on the cause:

- Physical exercise/sport in order to stimulate the colon. Especially effective: endurance running and after that gymnastics.
- Making a sharp distinction between resting and active-phases, so that both sympathicus and vagus come to full fruition. For example, first exercise and then fully relax.
- Regular massage of the trapezius and sternocleidomastoid muscle. These two muscles are innervated by the 11th brain nerve and correspond directly to the intestinal muscles.
- In the morning, drink lots of pure water.
- Foods: raw fruits and vegetables, flaxseed, dried fruits, figs, apples, garlic, onions, raw sauerkraut, raw red beets, lettuce.
- Healing breathing acc. Prof. Tirala.
- Tea: agrimony, centaury, vermouth, absinthe, common polypody, St. John's wort.
- Improve the intestinal flora: OMNi-BiOTiC®, Symbioflor 2, EM, Kanne Bread Drink.
- Enemas/colon cleansing therapy for purging and colon reboot. The treatments must not be conflict-related. Otherwise, don't do them! Have caution, especially with children (invasion of privacy).

Remedies for the colon

- Do not take unnecessary medication!
- Tea: centaury, agrimony, fennel, peppermint, yarrow, and others.
- Chew food thoroughly-enjoy your food!
- For symbionts: OMNi-BiOTiC®, EM, Symbioflor 2, kombucha, yogurt, Kanne Bread Drink.
- Cayce: Eat an almond every day, colon cleansing (water colon cleansing), and enemas for detoxification.
- Hildegard of Bingen: Season with fennel seeds, peppermint. Gentian-powder wine special recipe, absinthe elixir special recipe, sanicle (*Sanicula europaea*) powder- or elixir special recipe.
- Castor oil compress treatments. (See p. 215)
- Warm abdominal compresses with salt water
- Fasting—The oldest therapy for digestive disturbances. When fasting, we should follow our instincts and feelings, like when animals refuse to eat.
- Fasting under pressure or coercion triggers new conflicts and new illnesses.
- Willfort: Three-week health cure of drinking 0.5-1 liter of freshly-squeezed white cabbage juice, distributed over the day.
- Zeolite powder, natural borax, internally.
- Treatment: Swallow mustard seed without chewing + Healing Earth + water. Flaxseed oil.

DIAPHRAGM

The diaphragm is a 3-5mm thick dome-shaped sheet of voluntary muscle separating the chest cavity from the abdominal cavity. It is controlled by the motoric cerebral-cortex (nerve supply) and the cerebral-medulla (nutrition).

Although, according to CM, the diaphragm is made up of purely voluntary (striated) muscle, it receives also impulses from the brainstem for the involuntary, automatic functioning of breathing and blood circulation.

Muscles of the heart ventricles run similarly:

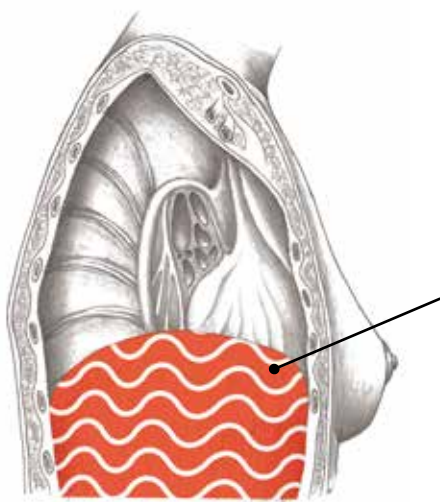
Involuntary pumping of striated muscles, with innervation by the cerebral-cortex.

Functions of the diaphragm:

- As a breathing assistant, the diaphragm usually

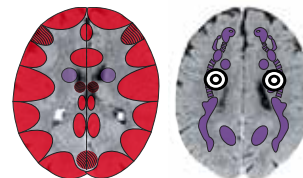
works involuntarily but it can be tensed up voluntarily, for example, when taking deep breaths or holding one's breath.

- As blood circulation auxiliary muscle, the diaphragm operates entirely involuntary. It supports the right heart chamber in sucking up venous blood from the body's circulatory system (= pressure-suction-pump). The left half of the diaphragm is more important for this. The right half of the diaphragm has only limited movement, possibly due to the liver, which lies just under it.
- We tense up the diaphragm voluntarily when giving birth, defecating or emptying the bladder = abdominal press.



Diaphragm Muscle
Cerebral-Medulla (-/+)
Brainstem (+/-)
autonomous innervation
Cerebral-Cortex (-/+)
for motoric/sensory innervation
ability to get air in and out.
(if heart muscle is involved:
overload, overwhelm)

SBS of the Diaphragm Muscles



Nocturnal apnea, diaphragm cramp

Conflict

Conflict of being overwhelmed or outsmarted: According to Dr. Hamer, in case of this conflict, the diaphragm is often functionally linked with the heart muscle. In other words, the diaphragm works together with the heart: not getting enough air, not being able to breathe and not being able to press out air*, also figuratively*:

"It took my breath away." "I found him breathtaking." "I need to take a deep breath now."

Examples:

• A four-year-old boy falls from a bench while playing. Shocked, he begins to cry = conflict of not getting enough air. During the following night and day, the patient comes into healing. As he is sleeping on the sofa, his parents notice he is turning blue = cessation of breathing due to a healing-crisis of the diaphragm—diaphragm cramp. His left leg twitches and his whole body cramps up = healing-crisis of a motoric conflict due to falling from a bench. The next day, everything is all right again. (Cf. www.germanische-heilkunde.at/index.php/erfahrungsberichte)

• The 53-year-old, right-handed patient, a kindergarten teacher, is married for the second time and has two children, aged 33 and 31. For 25 years, she has suffered from an unusual symptom of which CM can make no sense of. Several times a week when resting, especially at night, she gets a violent cramp-like pain that goes through the abdomen into the thoracic spine. During these attacks, the patient must stand up in order to breathe reasonably. The patient also describes that she can't urinate and defecate during and after the seizures, that she can't build pressure in the abdomen.

Conflict history: The birth of the son was difficult, but thanks to an experienced doctor everything goes well. During the press phase of her labor pains, she runs out of air—the doctor then kneels on her abdomen and presses the baby out—a healthy child is born.

During the birth of her daughter, the scenario is similar: The last phase of labor is too weak to expel the baby. The child remains lodged in the birth canal. The patient is told to press harder but she is too weak and gives up: "I cannot press any more. I cannot push the baby out". > Conflict of not being able to push out the child. The patient wishes that the doctor from her first birth were there but he is not. An episiotomy is performed, albeit too late, and the baby is pulled out by force. The child is irreversibly handicapped. After six years, as the mother learns to accept what has happened, the nightly diaphragm-epilepsy-cramp attacks begin. Whenever she sees her daughter, she thinks of the birth. Finally, after 25 years of suffering, a therapist who works with the 5 Biological Laws of Nature sees the causal relationship between the two. The birth is replayed as therapy: The therapist kneels on the patient's belly and imaginarily presses the child down and out. The patient's subconscious should now realize that "now everything is alright," especially as her now 31-year-old, slightly-handicapped daughter is the "apple of her eye." Guiding thought: "It's wonderful that I have such a sweet daughter. Everything is fine the way it is and the birth was in order." After the treatment, the patient has especially violent cramp attacks for 5 days = closing healing-crisis during the healing-phase. After that, she is released from her 25-year-long ordeal. (Personal archive B. Eybl)

Tissue	Diaphragm-voluntary (striated) muscles—cerebral-cortex—ectoderm (nerve supply = innervation) and cerebral-medulla—mesoderm (nutrition).
Conflict-active	Paralysis, reduction of innervation and/or function.
Biol. meaning	Play-dead reflex
Healing-phase	Restoration of the nerve supply
Healing-crisis	Epilepsy of the diaphragm = Diaphragm cramp usually occurring at night or during periods of rest and piercing pain or twitching throughout the abdominal cavity; because of the cramp in the diaphragm, breathing is restricted > attacks of shortness of breath, insufficient oxygen, turning blue (cyanosis).
Remark	Through the functional coupling to the heart muscle (excessive demands conflict), this may lead to nocturnal apnea (apnea) or shortness of breath during the healing-crisis of the heart muscle. This fact is confirmed by a French study, in which installed into apnea patients pace makers. The result was a surprising and serious improvement in symptoms in this group. (Source: N Engl J Med 346 2002 444)
Therapy	Should the cramps reappear, identify the conflict or tracks and resolve them. Breathing exercises, rhythmic sports (hiking, walking, cross-country skiing, dancing). See also p. 123.

Hiccups (singultus)*

Same SBS as above.

Hiccups are a sudden and uncoordinated tensing of the diaphragm. The unexpected rush of air through the pharynx causes the glottis to close, with a resulting "hiccup."

Examples → Someone drinks so greedily that he "forgets" to breathe, causing an oxygen insufficiency.

→ Someone talks to his sports buddy, while they are running = conflict of not getting enough air.

• The 47-year-old woman is planning a big celebration with relatives for her father's 80th birthday. She needs to coordinate everything with her two siblings, which costs her a lot of effort and calmness. Finally, everything is settled and she is looking forward to the party, which is to occur in 6 weeks. One day, the patient phones her father. In passing, he mentions that he doesn't want a party and that it shouldn't take place. The patient is completely taken back—her breath is taken away (= conflict). Fortunately, she immediately has a heart-to-heart talk with her partner about the matter. Half an hour later, as the two laugh about the stubborn old man, the woman gets a case of the hiccups, stronger than she has ever had before. (Personal archive B. Eybl)

Phase

Healing-phase—healing-crisis—diaphragm cramp = hiccups.

Therapy

Identify the conflict and/or tracks and, if possible, resolve them in real life should they reoccur. Hold the breath and breathe in deeply several times (hyperventilation) or cough, in order to bring the hiccups into "the right beat" again. Swallow a teaspoon of cumin seeds with water. Drink several sips of cold water, or lemon water, or take a spoonful of sugar. Inhale with stimulating etheric oils (camphor, peppermint, etc.). These measures bring about a vegetative changeover, a "reboot" for the diaphragm contractions.

Side stitches*

Same SBS as above. (See pp. 204-205)

Example

→ Someone eats a meal just before doing a sport.

Phase

Healing-phase—healing-crisis—diaphragm cramps = side stitches.

Remark

The main trigger is eating before physical exercise. Since the stomach and intestines are partly anchored to the diaphragm, the diaphragm is pulled down by full visceral organs > limitation of the diaphragm's breathing assistance mechanism > start of an SBS of the diaphragm. People, who have weak muscles and weak connective tissue, probably also have a weak diaphragm, which soon reaches its performance limits.

Therapy

Identify the conflict and/or tracks and, if possible, resolve them in real life, should they reoccur. Strength training, especially for the muscles of the trunk of the body. Pay attention to posture and body tension. Breathing exercises (possibly in the form of yoga) or alternative respiration acc. Prof. Tirala.

Do not eat before sport sessions. During sport sessions, breathe deeply and calmly. Do not talk.

Diaphragmatic hernia, hiatus hernia*

Same SBS as above—uncertain differentiation from injury, accident.

Due to a hole in the diaphragm, the stomach, intestines, or other abdominal organs can protrude into the chest cavity. The most frequently affected organ is the stomach (hiatus hernia).

Phase

Conflict-active phase: reduction of transverse muscle fibers > thinning of the diaphragm > tendency for hernia, for instance when lifting heavy objects or doing "crunches."

Therapy

Determine the conflict and/or tracks and, if possible, resolve them in real life should they still be active. Breathing training (possibly yoga); strength training, especially for the trunk of the body, surgery if necessary.

PERITONEUM, NAVEL AND GREATER OMENTUM

The abdominal cavity is lined with the peritoneum, which is entirely composed of mesodermal tissue.

There are two layers:

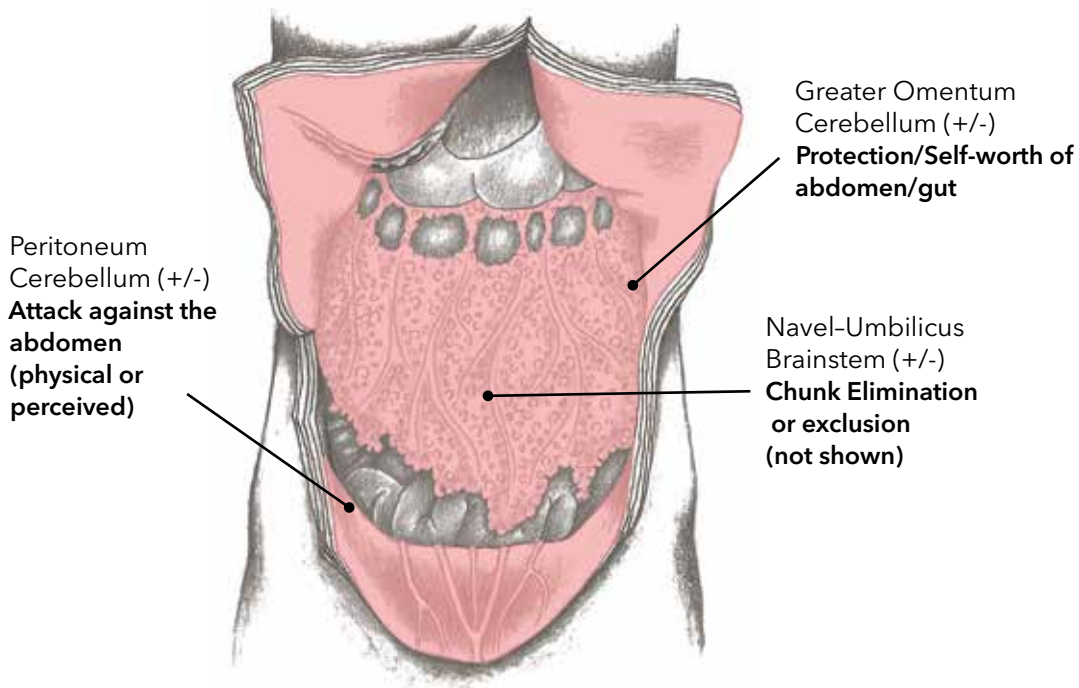
The outer (parietal) layer is attached to the abdominal wall, the inner (visceral) layer forms the outer cover of the organs.

There is a lubricating fluid in the wafer-thin space between the two leaves, which allows the organs to slide about.

The greater omentum (omentum maius) is an apron-

shaped fold of the peritoneum that is attached to the stomach and colon and hangs forward over the winding small intestines.

It can move around on its own, so that it can purposefully lay itself around centers of inflammation in order to isolate it. For example, it folds itself over a ruptured appendix to keep the contents of the intestine from entering the abdominal cavity. This feature has brought the greater omentum the nickname "Glückshaube" (German for "lucky bonnet").



SBS of the Peritoneum



Cancer of the peritoneum (peritoneal cancer, peritoneal mesothelioma, papillary mesothelial hyperplasia)¹

Conflict

Attack against the abdominal cavity. Actual attack, threat, or perception of an attack.

Examples

- Very often due to brutal diagnoses like: "You have a lung tumor." or "You have a malignant breast cancer. We will have to operate at once."
- Evil words, insults, or verbal abuse, can be felt as blows or injuries.
- Intense abdominal pain, regardless of where they come from (colic, poisoning, etc.) can also be felt as attack conflicts > cell proliferation in the active-phase, cell degradation in the healing-phase.

¹ Cf. Dr. Hamer, Charts pp. 48, 53

• A cancer colon tumor, 17 centimeters in diameter, is diagnosed in a 69-year-old woman. Considering the size of the growth, the prognosis is very unfavorable = attack against the abdomen. The patient feels threatened by the gigantic tumor in her abdomen > growth of cells in the peritoneum = peritoneal cancer. Three weeks later, as the tumor is removed, the surgeons find a number of stipple-shaped mesotheliomas. (Personal archive B. Eybl)

Tissue	Peritoneum—cerebellum—mesoderm.
Conflict-active	Cell proliferation in the peritoneum, growth of small or flat mesotheliomas, depending on whether the person feels attacked on the whole abdomen or only on a certain spot.
Biol. meaning	Strengthening and thickening of the peritoneum to fend off attacks better.
Healing-phase	Tubercular-caseating degradation along with fever, night sweats or encapsulation of the tumor if no suitable bacteria are available, development of abdominal fluid (ascites), especially by syndrome. After the healing is complete, calcium deposits and scarring can remain.
Healing-crisis	Chills, intense pain
Therapy	Identify the conflict and/or tracks and, if possible, resolve them in real life should they still be active. Understand the connections. Guiding thoughts: <i>"I am safe. I am protected."</i> <i>"Everything is going to be alright again."</i> <i>"I know how one thing is linked to the next and so this diagnosis cannot unsettle me."</i> In CM, this is treated with Sx, chemotherapy and radiation for about three months of life extension. Right after the surgery, mesothelioma usually grow back in the surgery wound. In our view (and "from the perspective of the pleura"), this is understandable, because the surgery represents a renewed attack.> Due to the low chances of success, these CM therapies are not recommended.

Inflammation of the peritoneum (peritonitis)

The CM distinguishes the primary (source of the inflammation is the peritoneum) and secondary (inflammation of surrounding organ coming, e.g., intestine) peritonitis. If primary peritonitis:

Same SBS as above.

Example

- The 35-year-old, right-handed man is sitting in the passenger seat next to his girlfriend, as she drives through an intersection with a green light. At this moment, a vehicle coming from the right, crashes into the passenger side of the small car. The patient feels an impact from the side against his abdomen. The side airbag opens = attack conflict against the abdomen. He is brought to the hospital in an ambulance. Twenty-four hours after the accident, he comes down with a strong pain. His abdomen is very hard and very sensitive to pressure = peritonitis.
Forty-eight hours after the accident (the second day in the hospital), the abdomen of the athletic patient swells up to a big hard ball. The patient: *"It's as if I were pregnant."* = healing-phase-ascites-exsudative peritoneal effusion. His swollen belly remains with him for two days and then he slowly urinates the fluid away and his pain subsides. (Personal archive B. Eybl)

Phase	Healing-phase: Inflammation of the peritoneum, tumor-degradation via bacteria, fever, night sweats. The acute peritonitis has a serious set of symptoms: abdominal pain, "hard as a board" peritoneum, acute pain in the healing-crisis.
Therapy	The conflict is resolved. Accompany the healing process. Slight inflammation: Cold brine or curd cheese compresses, enzyme preparations, Schuessler salt: No. 3, lymph drainage massages. If severe, generalized peritonitis, CM does the following: Surgical removal of inflamed tissue and pus. They then rinse the abdominal cavity (peritoneal). Subsequently, the patient needs intensive care: ventilation, antibiotics, pain-killers. Whether these drastic measures are actually necessary, I do not know. Decide in individual cases!

Ascites (exsudative ascites)²

Ascites is when there is fluid in the peritoneal space. Ascites form during inflammation (healing phase) of any abdominal organ, even the bones, in conjunction with Syndrome (= transsudativer ascites). A swelling of the liver can mimic ascites. Pronounced ascites occur in a peritoneum SBS + syndrome (= exudative ascites): The Same SBS as above (see pp. 207-208), but with syndrome as well:

Example	• A patient is diagnosed with cancer of the liver and a surgery date is agreed upon = conflict-attack against the abdomen. The surgery is postponed 4-6 weeks in order to carry out pre-operative examinations. During the surgery, the abdomen is found to be "full of metastases" = cell proliferation in the peritoneum (peritoneal mesothelioma). (Cf. Dr. Hamer, Goldenes Buch Bd. 1, p. 348) • The 55-year-old patient decides to have liposuction on her abdomen, because her husband has been criticizing her fat belly. When she sees the long needle rummaging around in her abdomen, she feels like she is being attacked. Mesotheliomas develop on the four spots where the needle was inserted. (Cf. Claudio Trupiano, thanks to Dr. Hamer, p. 207)
Phase	Healing-phase: A reduction of the mesothelioma goes hand-in-hand with the production of fluid. This prevents adhesions, since everything is "swimming" in ascites > enlarged abdomen with weight gain, severe ascites by syndrome.
Therapy	The attack conflict is resolved. Accompany the healing. Resolve any fugitive conflict (KCT). Tea: nettle, horsetail, goldenrod, sage. Normal drinking, little salt (whole salt), no pork. Lymphatic drainage, saltwater baths, enzyme preparation. Healing breathing acc. Prof. Tirala. If necessary: pain meds. Avoid punctures if possible or slowly lengthen the intervals between treatments. For chronic ascites, possibly implant self-operated catheter. For treating loss of protein due to puncture > intake of biologically valuable proteins, such as eggs, curd cheese, protein 88, possibly also albumin infusions.

² Cf. Dr. Hamer, Charts pp. 48, 53

SBS of the abdominal wall

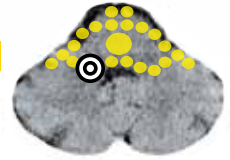


Abdominal wall hernia, inguinal hernia, umbilical hernia*

90% of hernias occur in men. This is because the large inguinal canal is a weak spot in the male abdominal wall. This canal can become a hernial orifice and abdominal contents (intestinal loop) can force its way out.

Conflict	Self-worth conflict. Probable themes: too much pressure, having to carry too much, always pushing and pressing. In the case of children it is always transferred (check the parents).
Tissue	Tendon sheets and supporting tissue of the abdominal wall - cerebral-medulla-mesoderm.
Conflict-active	Unnoticed cell depletion in tendon sheets or in connective tissue of the abdominal wall. Prolonged conflict activity can cause tendons can be pushed to the side through increased abdominal pressure (long-term expansion of intestine from gas, straining during bowel movement, lifting, coughing) and a hernial orifice or a hernial sac develops.
Healing-phase	Recovery only when the hernial orifice rests, closed, for a few months.
Biol. meaning	Strengthening the abdominal wall in order to be able to withstand more pressure.
Therapy	Main idea: "I let it flow, and it goes easily." Comfrey, Sanicle internally and externally. Improve nutrition so that no intestinal gases develop and the intestine is unburdened. Wear a crotch harness for a few months. The hernial sac must never fill during this time. If none of this helps, operate.

SBS of the Navel



Cancer of the inner navel¹

Entomologically speaking, the inner part of the navel arose from the so-called cloaca. Birds and reptiles have no separate exits for feces and urine like most mammals; rather, they have a joint opening for everything. Even their sex organs open into the cloaca.

Conflict	Chunk conflict, not being able to expel something.
Examples	• A woman, at a rehab, notices that her husband's speech is slurred when she speaks to him on the phone in the morning. He has not yet eliminated his alcohol. (Cf. Dr. Hamer, Charts, p. 28) • An 11-year-old boy has a 9-year-old sister. His conflict is that his sister still wets her bed = substitution conflict, not (correctly) discarding. When his sister is finally "dry," his navel begins to leak fluid = healing-phase, removal of a navel canvrt. (Cf. Ursula Homm, Lebensmittel heilkunde für die Neue Medizin, p. 44)
Tissue	Navel–brainstem–endoderm.
Conflict-active	Increase in function or growth of a compact cauliflower-shaped tumor (adeno-ca) of secretory quality or a flat-growing cancer of absorptive quality.
Biol. meaning	Improvement of excretion.
Healing-phase	Normalization of function, tubercular-caseating degradation of the tumor via fungi or fungal-bacteria.
Therapy	Identify the conflict and/or tracks and, if possible, resolve them in real life if still active. Possibly surgery.

¹ Cf. Dr. Hamer, Charts p. 28

SBS of the Greater Omentum



Cancer of the greater omentum (omentum majus), cold abscess in the abdominal cavity¹

Tumors of the greater omentum are largely unknown in CM. Again, Dr. Hamer has discovered something new.

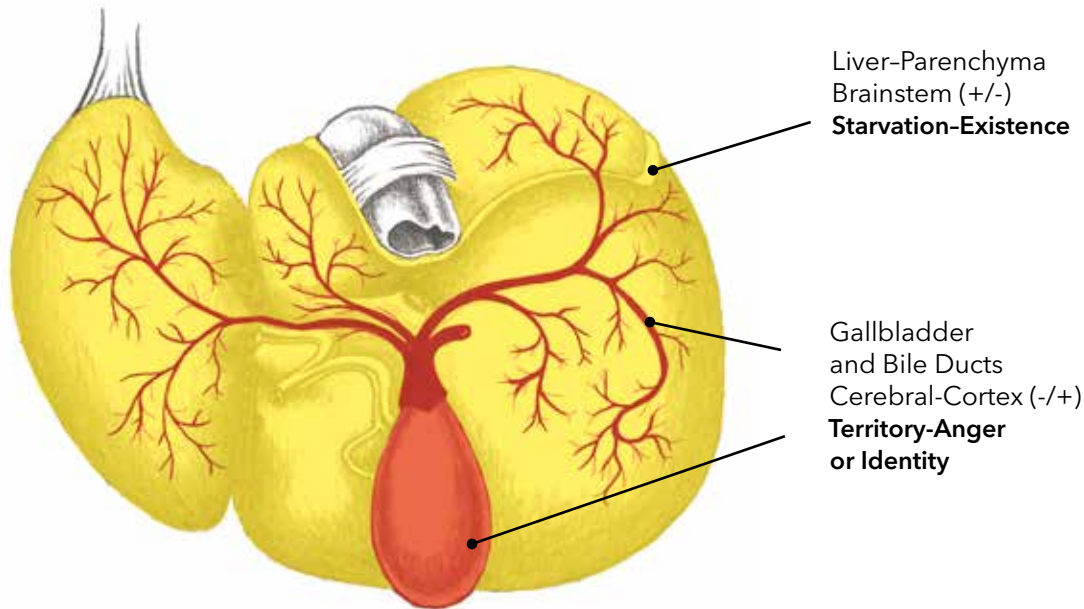
Conflict	Conflict relating to the abdomen.
Example	→ A large tumor is discovered in someone's abdomen.
Tissue	Greater omentum–cerebellum–mesoderm
Conflict-active	Cell proliferation in the greater omentum, growth of a mesothelioma.
Biol. meaning	Providing more fluid for a good sliding of the abdominal viscera. "Wrapping up" of the inflamed abdominal organs through the intrinsically movable greater omentum.
Healing-phase	Tubercular-caseating degradation of the tumor, often along with adhesions.
Remark	The encapsulation of centers of inflammation in the abdomen is also known as "cold abscess" in CM.
Therapy	Identify the conflict and/or tracks and, if possible, resolve them in real life, if still active.

¹ Cf. Dr. Hamer, Charts pp. 48, 53

LIVER AND GALLBLADDER

The liver (hepar) is the largest organ of the human body. It is the central organ for metabolism and the "chemical laboratory." Venous blood enters the liver through the portal vein carrying nutrients from the intestines and through worn-out blood cells from the spleen. The primal, endodermal tissue of the liver (liver parenchyma) serves to take up nutrition (absorptive function) and produce

bile (secretory function). Some of the bile ducts lie within the liver (intrahepatic), while others lie outside the liver (extrahepatic). The bile flows through the bile ducts over the dead-end-like gallbladder into the duodenum. The bile ducts and gallbladder are muscular tubes lined with ectodermal squamous epithelium. The liver is regarded as the bodily organ that is most capable of regenerating.



SBS of the Liver Parenchyma



Liver adeno-cancer, round liver lesions (hepatocellular cancer)¹

Conflict	Existential or starvation conflict, fear for own existence because of hardship, poverty and food shortage, fear of starving (e.g., crop failure, unemployment).
Examples	→ <i>This conflict is often the result of a diagnosis of colon cancer. Many patients believe that they will starve because of colon cancer > growth of circular hepatic lesions in the active-phase, tubercular degradation in the healing-phase.</i> • <i>A mother during World War II told her six-year-old daughter: "You have to eat your milk soup or we can just order a casket right now." = Existential or starvation conflict. As with most starving war children, the little ones develop liver cysts (recurring-conflict) in the healing-phase. (Cf. Dr. Hamer, Goldenes Buch, Band 2, p. 314)</i> • <i>The mother, of a baby, must often drive long distances because of her job. It often happens</i>

¹ Cf. Dr. Hamer, Charts p. 22

that the infant is alone for long periods. This causes him to suffer an existential or starvation conflict. (Personal archive B. Eybl)

- A rich patient hires a cook for her household. Since the patient is always interfering with her cooking, the cook quits her job. The next cook also quits after just a short time. One day—just before a big dinner party—another cook quits. “Who’s going to cook now for all these people?” = Starvation conflict (Cf. Dr. Hamer, Goldenes Buch, Bd. 1, p. 254)

- The patient, a small entrepreneur, is lying in the hospital and learns that the rent on her shop is to be raised, contrary to what had been agreed upon. This causes her to suffer an existential or starvation conflict. (Cf. Dr. Hamer, Goldenes Buch, Bd. 1, p. 608)

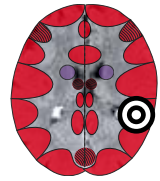
Tissue	Liver parenchyma—brainstem—endoderm.
Conflict-active	Increase in function and growth of a tumor adeno-ca of secretory or absorptive quality = hepatic circular foci, rise in the blood level of the enzyme cholinesterase due to increased metabolism of the liver. A single (solitary) circular lesion appears, by an existence or starvation conflict substituting for another person; a number of round liver lesions appear if the conflict affects one’s self. <u>Fatty liver</u> (hepar adiposum)*: An SBS of the alpha cells of the islets of Langerhans can probably cause fat storage in the hepatic cells, which would reflect the biological meaning of an existential threat. Possibly though, it is just the sugar relay that is responsible for the fatty liver.
Biol. meaning	With more liver cells of absorptive quality, the food can be “sucked up” (utilized) better. With more liver cells of secretory quality, more bile can be produced, with which the food can be digested better > both tumors help to avoid starvation or ensure existence.
Healing-phase	Normalization of function, tubercular-caseating degradation of the tumor via fungi or fungal-bacteria (mycobacteria), hepatitis, swelling of the liver, pain, night sweats, fever. If no bacteria are present: encapsulation and disconnection from metabolism.
Healing-crisis	Chills, severe liver pain
Remark	Nowadays, hepatic adeno-ca is most common in the famine regions of Africa (real starvation)—in the well-fed West, it is usually the consequence of a cancer diagnosis (iotrogenic). Typical sequence of early childhood starvation conflict: no satiety! Caution: In cancer patients often age old liver cysts are interpreted as “liver metastases”.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life if still active. Guiding thoughts: “I will live.” “My existence is secure.” “I have enough to eat.” “God guides me through all my difficulties.” Possibly surgery—of course, without chemo and radiation. See also: remedies for the liver on p. 217.

Liver tuberculosis, collection of pus in the liver (liver abscess)

Same SBS as above.

Phase	Healing-phase: With the help of bacteria there is a tubercular necrotizing degradation of the round lesions of the liver (= liver tuberculosis).
Remark	If the conflict recurs, connective-tissue capsules of pus appear (liver abscess). Both situations are accompanied by swelling of the liver, pain, night sweats and fever. When the tuberculosis has run its course, calcium deposits can remain = CM’s “calcification of the liver.”
Therapy	The conflict is resolved. Accompany the healing. Possibly, pain relievers and antibiotics. See also: the remedies for the liver p. 217.

SBS of the Gallbladder Bile Ducts



Gallbladder inflammation (cholecystitis), hepatitis (ectodermal), acute or chronic hepatitis types, autoimmune hepatitis, cancer of the bile ducts (cholangiocellular cancer)¹

Conflict	Territorial-anger conflict or identity conflict (dependent on “handedness,” hormone levels and previous conflicts). One is annoyed because the territory or territorial boundaries are not respected.
Examples	Of territorial-anger conflict (see p. 202 for examples of identity conflict): → <i>Most of the time aggression from either oneself or the other plays a role.</i> → <i>Trouble with work colleagues or family members, boundary violations or assaults of the neighbors. Fight over money. One is livid with anger.</i> → <i>A person is irritated or provoked. He is tempted out of his normal reserve.</i> • <i>The family man and former “carabiniere” (policeman) has been retired for years. For some time, his liver has been bothering him but he hasn’t paid much attention to it. The problem originated from past anger at work. Adherence to law and order has always been his highest duty and this has led to territorial-anger conflicts. One day, he draws the last straw: He learns that his sister has misappropriated a large sum of money from his mother’s estate = great, recurring territorial-anger conflict. He breaks contact with his sister, but that cannot alleviate his anger. The patient dies of a hepatic coma (= healing-crisis of the liver and bile ducts) and syndrome. (Cf. Claudio Trupiano, thanks to Dr. Hamer, p. 333)</i> • <i>The 71-year-old married, right-handed woman has a 41-year-old, mentally-ill daughter (seven suicide attempts), who often phones in the middle of the night and threatens to kill herself. The mother then immediately gets into her car and drives the 40 kilometers to her daughter = 26 years of chronic-active territorial-anger conflict with regard to the bile ducts. A year ago, she began to draw the line strictly. She hangs up the phone immediately if her daughter is rude to her = beginning of the healing-phase: increase in GGT to 144 and GOT to 68, nausea, swollen liver, side pain. Findings of the sonograph: “metastasis liver.” Thanks to her trust in God and her knowledge of the 5 Biological Laws of Nature, she survives it all. (Personal archive B. Eybl)</i>
Tissue	Gallbladder bile ducts–cerebral-cortex–ectoderm (gullet-mucosa-pattern).
Conflict-active	Cell degradation (ulcer) in the gallbladder or in the bile ducts, within or outside of the liver (intra- or extrahepatic), moderate pain (side pain). Often furious, angry, aggressive.
Biol. meaning	Via an enlargement of the gallbladder or bile ducts, the lumen increases > bile can be sent to the duodenum better and quicker.
Healing-phase	Restoration of the squamous epithelium of the bile ducts or gallbladder caused by increased metabolism, repair of lost substance = inflamed gallbladder, gallbladder cancer; healing swelling or inflammation of the bile ducts (cholangitis). The flow of bile can be reduced or stopped (cholestasis). If the majority of the bile ducts are affected, jaundice (icterus) ensues.
Healing-crisis	Severe pain, chills, colic due to involvement of the bile duct muscles.
Therapy	The conflict is resolved. Accompany the healing process. Avoid recurrences. Guiding thoughts: <i>“My anger lies behind me.” “The next time I will remain calm from the beginning.”</i> Enzyme preparations, Schuessler salts No. 3, 4 and 9. See also: remedies for the liver. p. 217. If necessary, pain relievers, anti-inflammatory meds., surgery.

¹ Cf. Dr. Hamer, Charts p. 116

Jaundice (icterus)

Same SBS as above.

The life cycle of the red-blood cells ends after about 120 days. After that, they are broken down into bilirubin in the bone marrow, spleen and liver and eliminated through the gallbladder. If the bile ducts are blocked, the concentration of bilirubin in the blood rises. If the concentration exceeds 2 mg/dl, jaundice (yellow skin) sets in.

Phase	Healing-phase: healing swelling of the bile ducts with temporary occlusion > the bilirubin cannot be discarded > the level of bilirubin in the blood rises > yellowing of the skin and the whites of the eyes, as well as a brown-coloring of the urine; the stool remains light in color for lack of bile coloring.
Remark	However, jaundice can also come from an accelerated degradation of red-blood cells (hemolysis). This can be caused by blood transfusions, poisons, medication, heavy losses of blood (bruises, contusions, etc.), and malaria.
Therapy	The conflict is resolved. Accompany the healing process, prevent recurrences. See also: therapies for the liver. p. 217.

Jaundice in newborn babies (newborn icterus, kernicterus)*

Same SBS as above (See p. 213)

A large percentage of newborn babies are affected by a yellow coloring of the skin during the first two weeks of life. In CM, this is considered normal, except in severe cases. The jaundice is explained by a shortened life span (70 instead 120 days) of the red-blood cells, an immature liver and an increased reabsorption of bilirubin in the intestines of constipated newborns.

It would be interesting to know how common newborn jaundice is among indigenous peoples. If infants were not subjected to ultrasound and amniocentesis and if mother and child were not exposed to so much hectic rush and stress, newborn jaundice would certainly be less common.

The, unfortunately, very-widespread ultrasound examinations pose a real risk to the embryo or fetus. The amniotic fluid is heated by the noise of the ultrasound and even forms little bubbles (cavitation). Noise = danger > fear.

Some newborns get through this excitement undamaged, but others are seized with panic and become ill.

From the viewpoint of the 5 Biological Laws of Nature, jaundice in newborns is not normal but rather the result of a territorial-anger conflict during the pregnancy and/or birth. The proof of this, as with all illnesses, can be found with a CT scan. In infants/toddlers a CCT is not appropriate due to the radiation exposure and the need for anesthesia.

Conflict	Territorial-anger or identity conflict (see above).
Examples	→ <i>A difficult birth takes place.</i> → <i>An ultrasound test disturbs the newborn in his territory.</i> → <i>The unborn registers the nearness of the needle used for testing the amniotic fluid. At the same time he feels his mother's fear of a gene defect.</i> → <i>During pregnancy, the mother bumps her belly into the edge of a table.</i> → <i>The child in the womb hears his parents' quarreling.</i>
Phase	Healing-phase: Healing swelling of the bile ducts with temporary occlusion > increased bilirubin in the blood and yellowing of the skin.
Therapy	The conflict is resolved. Accompany the healing process, prevent recurrences. The most important "treatment" is that the child can undisturbed (more or less permanent) stay with their mother, and feels harmony and love. See remedies for the liver p. 217.

Gallstones (cholelithiasis), biliary microlithiasis, biliary colic²

Same SBS as above. (See pp. 213-214)

10-25% of adults have gallstones. They begin with a tiny condensation nucleus, around which layer after layer of additional material collects. They are made up of 98% cholesterol—the rest is calcium and bile pigment. Usually they are found in the gallbladder and remain unnoticed. However, if a gallstone slips into a bile duct, it is over with the peace > severe pain, colic due to irritation of the sensitive epithelial mucous membrane. The damming causes a rise in the bilirubin level (> jaundice).

Phase	Recurring-conflict: A long period of conflict activity is followed by a scarred shrinking of the bile ducts and/or gallbladder, inflammation (healing-phase) indicates that there is a more or less pronounced damming of bile flow > reduced "turnover" of bile > thickening, formation of condensation nucleus > growth of stones.
Healing-crisis	Colic of the gallbladder, pain in the sides, chills: the body tries to expel the stone with peristaltic contractions of the bile duct.
Remark	Low-fat foods ("light" products) and foods without bitter-tasting compounds promote the formation of gallstones because the body responds by producing less bile > the bile thickens > formation of stones. (Comparison: a river with low water leaves the trash behind.) An existence or starvation conflict (see above), in hanging-healing, can probably lead to gallstones because of the low production of bile. Syndrome favors gall stone formation due to narrowed bile ducts. (This is most often seen in overweight people with high cholesterol levels.)
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life so that the SBS comes to an end. Guiding thought: <i>"Lord, give me the strength to change what I can change, the serenity to accept what I cannot change and the wisdom to know the difference."</i> (Confucius) Liver cleansing according to Moritz³ Stone resolution by "LITHOSOL" (mineral mixture). If necessary, surgery or treatments to break up or dissolve the gallstones. Beware: Gallbladders are removed too often. (A nice, well-paid, entry-surgery). Gallstones usually hardly disturb. Colic: painkilling and anticonvulsant medication. See also: remedies for the liver p. 217.

Acute liver failure (hepatic coma, hepatic encephalopathy)³

Same SBS as above. (See pp. 213-214)

The symptoms range from an increased need for sleep to unconsciousness (coma).

According to CM, these symptoms indicate that the end is approaching (insufficient detoxification). Unfortunately the healing-crisis is not known in CM, for then one would realize that although the coma is dangerous, it is part of the healing-phase.

Phase	Healing-crisis: A hepatic coma occurs when the gamma-glutamyl transferase (GGT) levels begin to drop. Dr. Hamer discovered that it is not only the non-functioning of the liver (ammonia and other nitrogen compounds find their way into the bloodstream) that is dangerous; the impact of the healing-crisis on the brain is dangerous as well: a liver coma is a kind of "brain coma" =

² Cf. Dr. Hamer, Charts p. 116

³ Andreas Moritz, The Amazing Liver & Gallbladder Flush, voxverlag.de, Bad Lausick 2008. Note: This is a great way to clean the bile ducts, but the retired conglomerates are no gallstones, as claimed by Moritz, but saponified oil.

³ Cf. Dr. Hamer, Charts p. 116

	unconsciousness due to severe hypoglycemia (low blood sugar levels).
Remark	The enzyme gamma-glutamyl transferase, also known as Gamma-GT, is, for us, the most significant laboratory value with regard to the bile ducts. Values of up to 40 units per liter for women and 70 units per liter for men are considered to be normal. The critical phase begins when the Gamma-GT value is already beginning to rise. At values of up to 400, the healing-crisis normally proceeds without complications; from 400-800, it becomes problematic. At such high levels, there is almost always a syndrome.
Therapy	The conflict is resolved. Accompany the healing-phase. Prevent recurrences. Resolve any fugitive conflict if active. During the healing-crisis, the brain is operating "at its limit" and needs a lot of glucose > administer glucose through the mouth, or, in the case of unconsciousness, with a feeding tube. Glucose infusions have the disadvantage of binding fluids in the body. Important: hospital, treatments should be kind and humane because of a possible fugitive conflict (syndrome). See also: the therapy for symptoms of pressure on the brain (p. 56).

Liver cysts (PLD - polycystic liver disease)

Cysts can form in the liver's endodermal principal tissue as well as in its ectodermal squamous epithelium. Both kinds of cysts can grow up to several centimeters. Active kidneys-collecting tubules SBS can strengthen the effect by "pumping up" old caverns with fluid.

- **Cyst(s) in the liver parenchyma** (cyst adeno-ca, solitary liver cyst): existential or starvation conflict; condition following round liver lesion ca (See liver adeno-ca).
- **Cyst(s) in the bile ducts** (squamous epithelium):

territorial-anger conflict or identity conflict (See section on hepatitis for examples and course of illness). Conditions following recurrences and hanging-healing: If the blockage of a bile duct is protracted, the flow of bile begins to flow upwards > bile duct proliferation and formation of cysts. The backflow can also cause the liver parenchyma to die off (CM: necrosis of the omentum).

Liver cirrhosis

Possible causes

- **Bile ducts:** The bile ducts, with their fine branching structure, reach just about every corner of the liver. Recurring territorial-anger conflicts lead to a scarring shrinkage of the bile ducts. The epithelium is gradually replaced by the inferior connective tissue. CM: "primary biliary cirrhosis." The liver parenchyma also dies off, because the transportation of bile from the gallbladder is disturbed > liver cirrhosis.
- **Liver Parenchyma:** Recurring existential or starvation conflicts lead to an alteration or death of the liver tissue (liver parenchyma necrosis). Condition after frequent liver tuberculosis = cirrhosis of the liver; note: reduced levels of cholinesterase.
- **Toxification:** There is hardly a medication that does NOT harm the liver—from hormone preparations to simple pain medicine: every chemical must be neutralized and removed by the liver. Chronic misuse of medication, drugs and alcohol damages the liver and in the end, this leads to liver cirrhosis. Dr. Hamer rightly points out that most alcoholics are members of the lower level of society and are more conflict-endangered than others. *"Cancer doesn't come from alcohol—alcohol and cancer come from anger and worry."* Liver cirrhosis usually leads to high blood pressure (intrahepatic portal hypertension) and blockage of the portal veins.

Remedies for the liver

- Stop toxification from medication, alcohol and drugs; eat only small amounts in the evening so that no concomitant alcohol can arise in the intestines due to fermentation.
- Pay attention to food combinations: do not combine starches (grain, bread) with sugar; possibly follow the Hay diet.
- Cleanse the bile ducts by drinking plant oil as described by Moritz. (See footnote 3 on p. 215.)
- Drink a lot of water in the morning for detoxification.
- Bach-flowers: beech, chicory, gentian, gorse, willow
- Teas: blessed milk thistle, fennel, burdock root, dandelion, agrimony, chelidonium, centaury, yarrow, barberry, chicory, absinthe
- Spices: turmeric, fennel, saffron, rosemary, juniper
- Hildegard of Bingen: chestnut honey-mulberry wine special recipe, Swedish bitters
- Segment massage on the right thoracic spine and sides, acupuncture and acupoint massage, foot reflex-zone massage.
- Cayce: Seven-day treatment with dehydrated castor oil—soak a 30 cm by 30 cm cloth with dehydrated castor oil and place it on the right flank. Place a piece of plastic and a warm hot-water bottle over it. Wrap it in the blanket and let it work for one hour. Take a small dose of olive oil after that.
- Kanne Bread Drink, internally. Eat fresh nasturtium.
- Eat every day a black radish.
- Hot-damp liver compress. • Flaxseed oil (omega 3 fatty acid) • Lavylites Auricum spray.
- Zeolite powder, internally

PANCREAS

The fishhook-shaped pancreas lies in the upper abdominal cavity, lying transversely behind the stomach. Its endodermal glandular tissue produces 1 to 1½ liters of digestive juice daily, containing fat-, protein- and carbohydrate-splitting enzymes.

The ectodermal excretory ducts take up the juice and lead it into the duodenum (= exocrine gland function). Embedded in the glandular tissue and strewn "like raisins in a cake" are two kinds of ectodermal hormone glands (= the so-called pancreatic islets or islets of Langerhans) with two main types of cells:

- The alpha-islet cells produce the hormone glucagon,

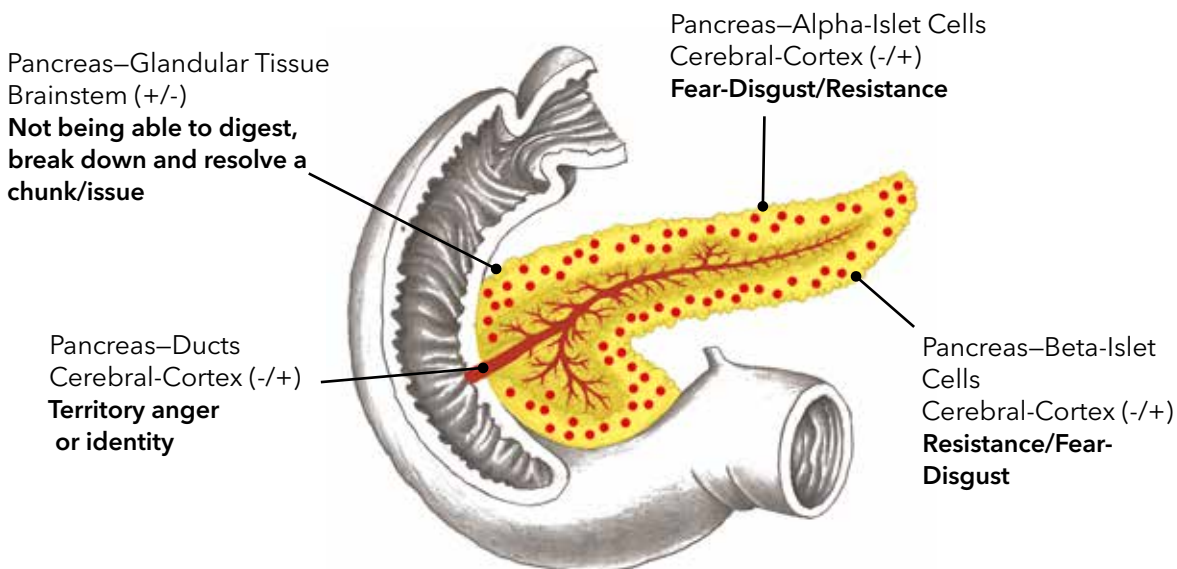
which raises the blood sugar.

- The beta-islet cells produce insulin, which lowers the blood sugar.

Both hormones are fed directly into the blood (endocrine gland function).

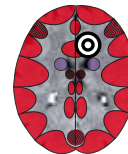
As we see below, the two sugar-SBS by nature are planned as absolute short-term programs—in preparation for a fight or flight.

Only then, do they have meaning and are helpful. Unfortunately, by our continuous-lugging around of conflicts in our modern lives, this meaning is totally lost.



THE SUGAR CONFLICTS

SBS of the Pancreas Beta-Islet Cells



Chronic hyperglycaemia (CM's diabetes mellitus types 1 or 2)¹

Here, the insulin production in the beta-islet cells is constantly too low, causing the blood sugar (glucose) levels to be too high.

This SBS reduces insulin production in the beta-islet cells constantly, therefore blood sugar is increased.

The lowered sugar level in the muscles is a consequence of the reduced insulin delivery.

When glucose levels are high, sugar is also discarded through the urine. (This explains the name: diabetes mellitus = honey-sweet flow.)

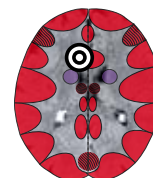
Conflict	Resistance conflict, to defend oneself against someone or something or a fear-disgust conflict (dependent on "handedness," hormone levels, or previous conflicts). Explanation: The masculine reaction to adversity is resistance, defense and strike.
Examples	→ <i>One is or feels compelled or coerced into something.</i> → <i>"That makes my hair stand on end."</i> → <i>A person must do something he doesn't want to do (for example, go to kindergarten or to school).</i> • <i>At the end of his political career, the former Italian Prime Minister Bettino Craxi was proven to have personal connections to the mafia. He was forced to face every imaginable kind of attack, while finding it difficult to justify himself = resistance conflict of not being able to defend oneself from accusations. As the pressure became too great, he fled to Tunisia but he found no peace there either for he was constantly forced to defend himself in interviews = hanging-active conflict: reduced insulin production > increase in blood sugar = diabetes. Being on the run, caused him to suffer a fugitive conflict (KCT). Massive fluid collection together with the diabetes then lead to his death in the year 2000. (Cf. Claudio Trupiano, thanks to Dr. Hamer, p. 430)</i> • <i>Following separation from her partner, the left-handed young woman has difficulties getting him to provide financial support for their two children. She doesn't know what she can do other than threaten him with a lawsuit. However, she internally resists having to settle the matter in such an unpleasant manner = resistance conflict. (Personal archive B. Eybl)</i>
Tissue	Pancreas–beta-islet cells–cerebral-cortex–ectoderm.
Conflict-active	In the pre-combat phase one resists something = time of conflict activity. Now the insulin-producing beta-islet cells reduce their function > less insulin is released > Increase in blood sugar levels (Hyperglycemia, diabetes). However, the sugar is not yet brought to the muscles. - A good preparation for the an imminent discharge (fight).
Healing-phase	Discharge = fight, flight, or both: secretion of insulin > drop in blood sugar because the floodgates open in the muscles > Large supply of sugar for muscles to fight—at least until the increased blood sugar level is depleted. In the second part of the healing phase it can come to the opposite reaction, That is, a sugar level is too low indeed (hypoglycemia).
Biol. meaning	Resistance requires muscle tension. A higher blood sugar level helps the individual to defend himself better > for this purpose, nature makes more energy (sugar) available.
Healing-crisis	Attacks of extreme hyperglycemia.
Therapy	Identify the conflict and/or track(s)—resolve them in real life if they are still active. If all else fails: CM insulin replacement therapy. See also: remedies for diabetes p. 221.

¹ Cf. Dr. Hamer, Charts p. 138

Hyperglycemia-other causes*

- **Stress without subsequent energy release:** During periods of stress, the sugar level is raised through insulin reduction so that we can fight, flee or react energetically optimally. This is how it functions in humans and animal. The animal actually fights or flees and consumes the newly available sugar. Civilized human beings don't do the same. Sitting in our cars, we become angry and we only, at most, "flip the bird" or raise a fist—and that's it. No action and no energy consumption. At our desks, it is the same; it is also the same at home in front of the television set. Hyperglycemia is a typical civilization conflict > stress without movement or exercise makes the blood sugar level rise.
- **Overeating:** The energy balance between intake and output does not add up correctly > overweight and hyperglycemia. This is not always the case, as not every overweight person has hyperglycemia; there is a tendency, however.
- **Medications:** Taking many different medications makes a person sympathicotonic and raises the blood sugar levels indirectly. Especially unfavorable are cortisones, catecholamines, antibiotics, etc.
- **Vaccinations:** Conflictive by vaccination process + poisoning.

SBS of the Pancreas Alpha-Islet Cells



Reduced blood sugar (hypoglycemia, hyperinsulin anemia)¹

The hormone glucagon brings the sugar from the liver into the blood and raises blood sugar levels. With this SBS glucagon production is reduced. > The sugar is not retrieved by the liver and therefore does not enter the bloodstream > low blood sugar levels.

Conflict	Fear-disgust conflict, towards someone or of something -- one experiences something disgusting. Or resistance conflict. (dependent on "handedness," hormone levels and previous conflicts). Explanation: The female response to adversity is fear and disgust. While the male takes the way forward, selects the attack; the female behaves initially passive. The alpha islet cells are controlled by the left (female) cerebral-cortex. Women usually react with fear, disgust, or revulsion.
Examples	→ <i>Somebody feels disgust or revulsion or is seized with horror.</i> → <i>"To shudder with horror." "To pull back with disgust." "Oh yuck."</i> → <i>Horror of chemotherapy, a putrid wound, a badly injured person or disgust at one's own disfigurement (for example, following an accident).</i> → <i>Fear of certain animals: for example, spiders, beetles, snakes, mice, rats.</i> → <i>A child is disgusted by the food he is forced to eat.</i> → <i>A cleaning woman has to clean the filthy men's toilets = fear-revulsion conflict. Due to hypoglycemia, she is always hungry and becomes obese.</i> • <i>The 53-year-old mother, of two grown sons, has known her husband since her schooldays. At 16, she meets the father of her present husband. The encounter is a negative one because the patient finds the man repulsive from the beginning. At the same time, she suffers a territorial-anger conflict affecting the mucosa of the stomach. For years, she suffers from bulimia. Note: bulimia-constellation = fear-revulsion conflict + territorial-anger conflict affecting the mucosa of the stomach (see p. 316). (Personal archive B. Eybl)</i>
Tissue	Pancreas—alpha-islet cells—cerebral-cortex—ectoderm.
Conflict-active	Reduced functioning of the alpha-islet cells (CM's "glucagon insufficiency"), hypoglycemia, ravenous appetite, cold sweat, shivering, pale skin, feeling of walking on air, concentration and consciousness disturbances, possibly headache.

¹ Cf. Dr. Hamer, Charts p. 143

Healing-phase	Fear, disgust or rejection is overcome > production of glucagon is ramped up > release of sugar from the liver > normalization of blood sugar.
Biol. Meaning	Through increased intake of sugar (sugar cravings) and storage of sugar in the liver in the conflict-active phase, the sugar depot is well stocked. This provides for the following action (escape or retreat) a lot of energy.
Healing-crisis	Brief sharp drop of the blood sugar level, afterwards, there can be a slow rise in blood sugar.
Therapy	Identify the conflict and/or tracks and, if possible, resolve them in real life. In acute cases inject glucagon intravenously. It is better, however, to supply sugar orally (dextrose, fruit juice). (dextrose, fruit juice). See also: remedy for diabetes, next page.

Elevated, strongly fluctuating blood sugar (CM's diabetes mellitus type 1 or 2)

Conflict	Fear-disgust conflict of someone or something and at the same time resistance conflict –to defend oneself against someone or something. = combination of hyper- and hypoglycemia. Both SBS described above are active.
Examples	• <i>Having suffered a stroke, a man lies in a hospital bed, unable to move. He has to be washed by a caregiver. The patient finds the caregiver repulsive because he is unclean = fear-disgust and resistance conflict. His blood sugar briefly soars to 500. (Cf. Dr. Hamer, Goldenes Buch Band 1, p. 208)</i> • <i>From an early age, the youngest of three children notices the daily quarrels of parents fully. The father "explodes" regularly because the mother "irritates" him. At such times the father sometimes becomes violent = resistance and fear-disgust conflict according to a CT. The, now, 41-year-old is diagnosed with diabetes at the age of 12. Even now, the blood sugar rises sharply when there is an argument between persons who are close to one another (= track). The patient stubbornly refuses an insulin therapy. However, he finds that his wounds heal badly when his sugar is high = indication of the damaging effects of hyperglycemia. In the last two years, he has been able to keep his blood sugar levels between 140 and 100 through weight reduction, physical exercise, and altered diet. The healing of wounds is good again. (Personal archive B. Eybl)</i>
Tissue	Alpha-islet and beta-islet cells–cerebral-cortex–ectoderm.
Phase	Unclear , altering of conflicts and phases, a combination of both SBS, depending on which conflict is stronger at a given time, hyper- or hypoglycemia results, strongly varying values due to a "mixing" of the two conflicts.
Therapy	Identify the conflict and/or tracks and, if possible, resolve them in real life.

Summary of blood sugar

From a therapeutic point of view the phases of fluctuating blood sugar makes us uncomfortable because we never know which of the two conflicts we are dealing with: with the beta-islet cells, a rise in blood sugar can be either conflict activity or healing-crisis (= healing-phase). A low value can mean that the patient is in the second phase of healing or that an SBS of the alpha-islet cells is active. If both SBS are active at the same time, they can balance one another out; in other words, the blood sugar level can be perfectly normal. The sugar areas of the brain lie very close to one another and often show up in a "combi-pack" (the HF reaches into both fields).

Therefore, we must be cautious about saying which phase the illness is in.

Whether sugar itself, as alleged in the CM, causing vascular damage or tissue damaging affects through non-release of sugar: Any elevated blood sugar, in my opinion, is a call for action, whether it be conflict resolution, changes in lifestyle and diet or medication (insulin). I advise to consider the consequences of the latter solution.

After some time of insulin therapy, one cannot stop the therapy anymore because the beta-islet cells increasingly reduce their function permanently.

Remedies for diabetes

- Guiding thoughts: *"Either I do it right or I don't do it at all."* *"My own way and my decision alone."* *"Stress cannot touch me."*
- The most important remedy is **regular exercise**, preferably moderate endurance sport outdoors. In this way, the biological purpose is fulfilled and the muscle burns sugar. However, if the resistance conflict has to do with sport itself, then sport is not good because it would lead to conflict-activity, which would make the blood sugar go up.
- Avoidance of simple starches such as white flour, sugar, soft drinks, etc.
- Biologically complete foods, such as all kinds of beans, lentils, strawberries, oats, potatoes, carrots, topinambour, asparagus, horseradish, Kanne Bread Drink, replenish chromium.
- Hydrogen peroxide (H_2O_2) 3% internally, flaxseed.
- Cayce: Often eat topinambour (contains insulin).
- Teas: fenugreek, burdock root, elderberry, golden cinquefoil (*Potentilla aurea*).
- Possibly petroleum-cure, learn deep breathing.

SBS of the Pancreas Glandular Tissue



Pancreatic cancer (pancreatic adeno-ca, serous cystademonia, acinar cell ca)¹

According to CM, this is one of the deadliest cancer. This negative prognosis coupled with the CM-treatment, leads to the death of the vast majority of patients, which would not be necessary.

Conflict	Chunk conflict, a gain or income cannot be realized, inheritance or property conflict, disagreement among family members, fight over money or possessions.
Examples	→ <i>Somebody cannot incorporate something which he would like to have.</i> → <i>Something is taken away from someone or somebody loses something that means a lot to him.</i> → <i>One cannot have or take in something unexpectedly, often having to do with his family.</i> • <i>In his book, Was Gesund Macht (see list of resources), Johannes F. Mandt describes his battle with pancreatic cancer and the causative conflict: "...I had been separated (note: from his wife) for eight years. In March 2002, I filed for divorce. At the end of October 2002, I received a letter from my wife's lawyer. It contained—among other things—two demands, which completely surprised me. I was stunned. At that moment, I could think of nothing other than these new demands—compulsive thought. As of November, I had cold hands and feet...the cold was always there, even at night in bed. My appetite waned." (= conflict-active phase) Mr. Mandt recovered well from it all.</i> • <i>The manager of a beauty farm appoints a substitute. Unfortunately, she turns out to be unsuitable. She talks a lot and leaves her work undone. The patient gets angry every time she walks past her spot = anger conflict with family members. (The manager considers her employees to be her family.) On her colleague's last day, the patient says to herself, "Thank God. Tomorrow I won't have to look at her any more." = Conflict resolution and beginning of the healing-phase. This is followed by vomiting and chills (healing-crisis). The patient overcomes it all well, thanks to her knowledge of how everything links together. (Cf. Gisela Hompesch, Meine Heilung von Krebs durch das "Goldene" Buch)</i>
Tissue	Pancreas glandular tissue—brainstem—endoderm.
Conflict-active	Increase in function or growth of a cauliflower-like tumor of secretory quality.
Biol. meaning	With more pancreatic tissue, more pancreatic enzymes can be produced in order to digest food better. When we do not get something (for example an inheritance) that we had been counting on, nature sees that what we have is better utilized by producing additional cells.
Healing-phase	Normalization of function, tubercular-caseating degradation of the tumor, empty spaces

¹ Cf. Dr. Hamer, Charts p. 23

(caverns) or calcium deposits can remain in the tissue; pain, fever, night sweats, possibly diarrhea; if no suitable bacteria are present, the tumor is encapsulated with connective tissue and isolated from the metabolism.

Healing-crisis

Chills, severe pain

Therapy

Identify the conflict and/or track(s) and, if possible, resolve them in real life if they are still active.

Absolute bed rest, so that the TB can heal.

If necessary, surgery—if the tumor has grown too large—without chemo and radiation, of course.

Unfortunately, a surgeon hardly dares to operate under these these specifications.

See also: remedies for the pancreas.

Chronic inflammation of the pancreas (chronic pancreatitis, exocrine pancreas insufficiency)

Same SBS as above.

Phase

Recurring-conflict or hanging-healing: excessive degradation of the glandular tissue, under-production of enzymes > digestive problems such as gas, fatty stool and diarrhea due to shortage of enzymes—moderate pain, bloated abdomen.

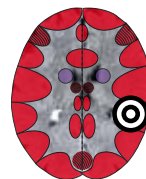
Therapy

Identify the conflict and/or track(s) and, if possible, resolve them in real life if they are still active.

Low fat diet, possibly substitute enzyme with pancreatin or enzyme-rich diet.

See also: remedies for the pancreas.

SBS of the Pancreas Ducts



Cancer of the pancreatic ducts (pancreatic ductal cancer, intraductal papillary mucinous tumor)¹

Conflict

Territorial-anger conflict or identity conflict (dependent on “handedness,” hormone levels and previous conflicts), one is angry that the boundaries of the territory are disrespected.

Examples

For territorial-anger conflict: (For examples of identity conflict, see p. 202.)

→ Often, aggression coming either from oneself or from an opponent.

→ Anger with colleagues or family members, overstepping of the boundaries by the neighbor, arguing over money.

• Twenty-five years ago, the now 50-year-old manager married a woman, who always made it clear to him that it was not he, she actually loved. The woman has always excluded him from the raising of their daughter, now 20 years old. He feels like the 5th wheel on the wagon = territorial-anger conflict affecting the pancreatic duct > widening of the duct in the active-phase. Two years ago, he divorced his wife. The mother and daughter accused him of having deserted them. Luckily, he soon met another woman, who gave him the love he has longed for. Two months ago, his daughter suddenly approached him. She told him that her relationship with her mother was like a prison for her = conflict resolution > the abdomen swells up

¹ Cf. Dr. Hamer, Charts p. 117

and is sensitive to pressure = cancer of the pancreatic duct. One weekend, he must check into the hospital because of colicky pains = healing-crisis. His amylase and lipase levels are far above the norm. His gallbladder is unnecessarily removed. (Personal archive B. Eybl)

Tissue	Pancreas ducts–cerebral-cortex–ectoderm (gullet-mucosa-pattern).
Conflict-active	Cell degradation (ulcer) in the great pancreatic duct (ductus pancreaticus) or its small branches, which reaches far into the primal tissue; moderate pain.
Biol. meaning	Through the widening of the pancreatic ducts (= lumen enlargement) the pancreatic fluids can reach the duodenum better and quicker.
Healing-phase	Restoration of the “thinned out” passageways due to increased metabolism = inflammation, repair of the lost substance = inflammation of the pancreas (pancreatitis). Healing swelling can temporarily block the flow > rise in the levels of the pancreatic enzymes (amylase and lipase) in the blood; syndrome aggravates the symptoms. At the end of the healing-phase, the ducts open up again > normalization of values, the pancreatic ducts can remain altered by scarring (fibrosis), bulges and/or narrowing and possibly pancreatic stones.
Healing-crisis	Painful pancreas colic = cramp attack of the duct muscles, chills.
Therapy	The conflict is resolved. Accompany the healing, prevent recurrences. Possibly anti-inflammatory or antipyretic medication. See also: remedies for the pancreas below.

Acute inflammation of the pancreas (pancreatitis)

Possible causes

- **Inflammation of the glandular tissue of the pancreas**
Healing-phase: tubercular-caseating degradation of tumor tissue (pancreas-TB), belt-shaped abdominal pain, swollen, pressure sensitive “rubber belly,” flatulence, nausea, vomiting, elevation of the pancreas enzymes amylase and lipase in the blood and urine, fever, night sweats.
- **Inflammation of the pancreatic ducts**
Healing-phase: repair of the squamous epithelium, colicky pain in the healing-crisis (p. 222).

How to tell the difference

- Strong–possibly, strong-smelling night-sweats only with pancreas-TB. Due to inflammation of the pancreatic glandular tissue, pain from the beginning to the end of the healing-phase.
- In the case of an SBS of the pancreatic duct, pulling pain in the conflict-active phase without signs of inflammation, colicky pains in the healing-crisis.

Therapy

The conflict is resolved. Accompany the healing, beware of recurrences. Depending on the intensity of the inflammation: painkillers, infusions etc.

Remedies for the Pancreas

- Eat organic food, especially topinambour
- Teas: mistletoe, centaury, fennel, peppermint
- Cayce: treatment with dehydrated castor oil (see p. 217)
- Bach-flowers: chicory, heather
- Pancreatin enzyme supplement therapy, if necessary with a chronic course.
- Zeolite powder internally, Kanne Bread Drink
- Lavylites Auricum spray
- Cod liver oil

KIDNEYS AND URETERS

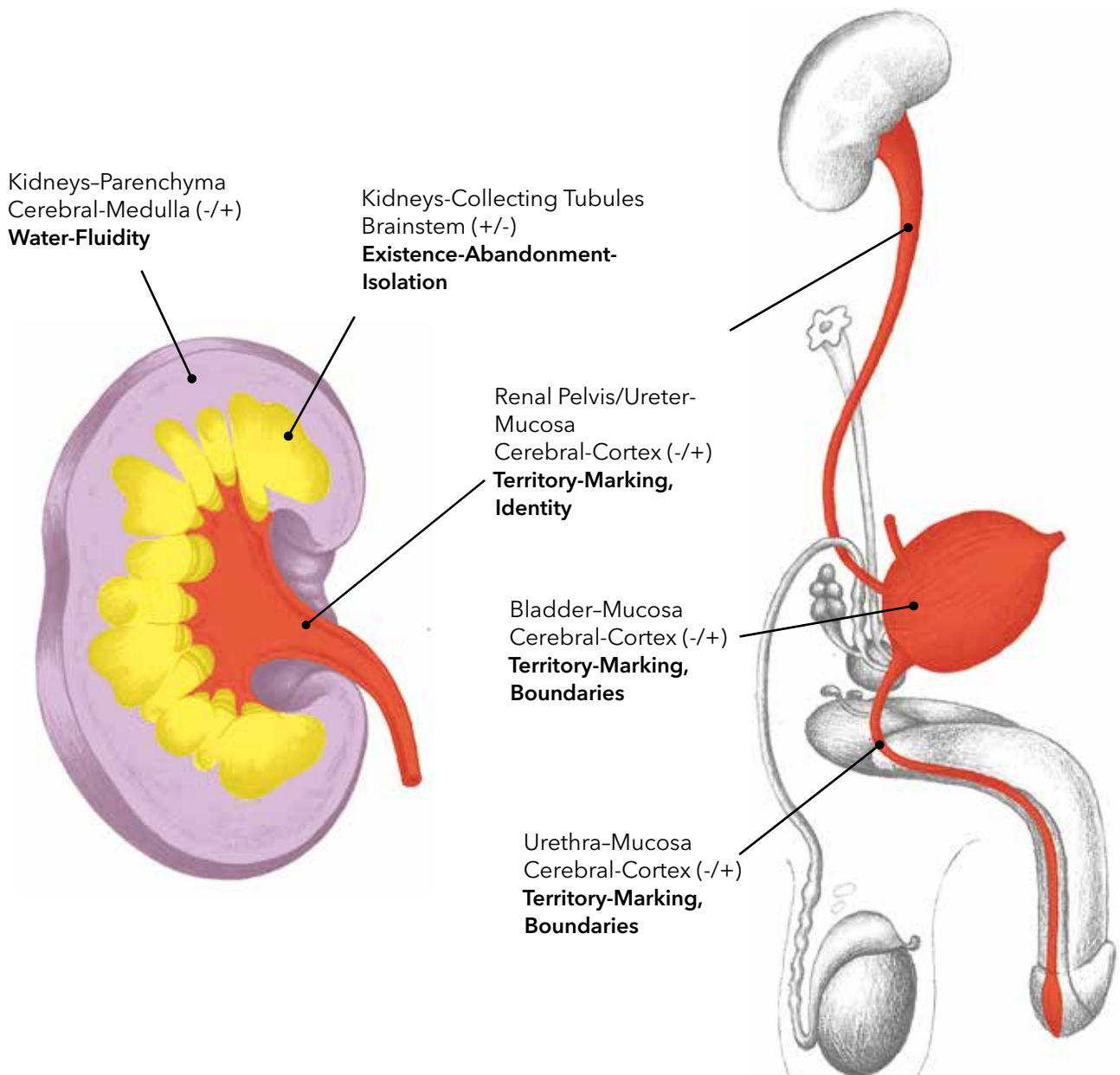
The two bean-shaped kidneys, weighing approximately 120-200g each, lie to the right and left of the spine behind the diaphragm. Their purpose is to filter blood plasma and make urine out of the residue. The kidneys regulate the body's water balance and acid-alkaline balance.

The actually filtering process takes place in the mesodermal kidney parenchyma. The renal cells (glomeruli) create 180-200 liters of primary urine a day. Of this,

80-90% is reabsorbed in the renal tubules, which also belong to the kidney parenchyma.

Water is further removed in the endodermal kidneys-collecting tubules, so that only about 1% of the primary urine remains.

This amount, about 1.5 liters per day, is passed through the ectodermal renal pelvis to the ureters and the bladder (vesica urinaria).



SBS of the Kidneys-Parenchyma



Kidney tumor (Wilms' tumor, nephroblastoma), kidney cavities (kidney cysts)¹

Conflict	Fluid conflict, conflict because of too much water or fluid, conflict in case fluids become dangerous, "non-swimmer-in-the-sea" conflict.
Examples	• A man comes home and discovers, to his dismay, that the cellar is full of water, because the washing machine's intake hose burst = fluid conflict > cell minus in the parenchyma of the kidneys in the active-phase, restoration or growth of a tumor in the healing-phase. (Personal archive B. Eybl) • A woman's beloved cat drowns in the swimming pool. She finds the animal floating lifeless in the water = fluid conflict. Three years later, a nephroblastoma is discovered by chance. She is advised to have chemotherapy at once. The woman dies. (Personal archive B. Eybl) • A woman suffers from severe incontinence = too-much-fluid conflict. (Pers. archive B. Eybl) • The, now, 40+ year-old woman is five years old when she suffers a fluid conflict while playing with other children on the bank of a river. Suddenly, she slips into the water and is carried away by the current. Fortunately, an older playmate pulls her onto land again, but she remembers those terrible moments to this day. In the active-phase, a "hole" forms in her kidney; in the subsequent healing-phase, a 10 cm cyst forms, which hadn't caused her any problems for 40 years. Note: the patient is "sensitized" to the fluid conflict, because as an unborn child she came into danger in high water "with her mother." Since the water had already flooded the whole lower floor of the house, the pregnant mother had to flee to the attic = fluid conflict. (Cf. Claudio Trupiano, thanks to Dr. Hamer, p. 420)
Tissue	Kidneys parenchyma–cerebral-medulla–mesoderm.
Conflict-active	Cell degradation (necrosis) in one or more places > loss of kidney filtering tissue > in order that the filtering function remains upright, the organism raises the blood pressure = "compensatory hypertonia." The necroses are otherwise not noticed.
Healing-phase	Out of the holes resulting from cell destruction, one or more fluid-filled kidney cysts develop (CM: "polycystic nephropathy" or "renal dysplasia"). In the course of time, the cysts are gradually filled out with functional kidney tissue. After nine months, an "additional" kidney has formed, with its own arteries and veins. When the cyst's own blood system is complete, the adherence to neighboring organs (to join the circulatory system) (CM = "invasive growth") dissolves. In this "additional kidney," blood is filtered just like in the rest of the basic tissue. The increased blood pressure is then superfluous > normalization of the blood pressure toward the end of the healing-phase.
Biol. meaning	Increase in the filtering and urine-making capacity; in the future, an excess of water can be handled better. (Luxury group)
Remark	There is no need to differentiate between the mother/child and partner side. "Handedness" is immaterial.
Therapy	The conflict is resolved. No measures need to be taken, except prevent recurrences. If the nephroblastoma is so large that it disturbs other organs, surgery is recommended—preferably after nine months, so that the tumor has formed its own circulatory system and has broken off from the neighboring organs.

¹ Cf. Dr. Hamer, Charts pp. 69, 81

Atherosclerosis of the kidneys*

Same SBS as above.

Phase **Hanging-conflict activity:** Due to a reduced filtering surface, the blood pressure rises in the active-phase. This leads to a strengthening of the renal arteries as an accommodating reaction. Comparison: a high pressure hose must have more resistance and thicker walls than a low pressure hose > buildup of fat-protein material > in CM: "renal atherosclerosis."

In renal atherosclerosis, there is another possible conflict:

Conflict* Self-worth conflict with regard to the kidneys.

Example → "My kidneys are good-for-nothing." (For example, exaggerated fear caused by a diagnosis shock or unfavorable blood values.)

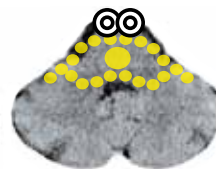
Tissue Renal arteries–cerebral-medulla–mesoderm.

Phase **Hanging-healing** or subsequent to a completed healing-phase.

Biol. meaning Strengthening of the renal arteries.

Therapy In both cases: identify the conflict and/or track(s) and resolve them in real life, if they are still active.

SBS of the Kidneys-Collecting Tubules



Fluid retention in the body, uremia, cancer of the kidneys-collecting tubules (adeno-ca)¹

At a certain moment, every SBS is important. However, if we had to name the most important SBS, then this is the one—the kidneys-collecting tubules SBS (KCT).

When a well-trained therapist examines a patient's brain using a CT scan, he first looks for a kidneys-collecting tubules HF (Hamer Focus). The significance of these little kidney tubules extends far beyond the kidneys. Every other SBS of the body is negatively affected by an active SBS of the kidneys-collecting tubules and this is, therapeutically, very decisive.

The healing-phase of any SBS worsens if a kidneys-collecting tubules SBS is conflict-active, due to the increased accumulation of fluids. For instance, a healing-crisis of the heart—a heart attack—can have dramatic consequences; in the case of a bone SBS (for instance of the spine), can lead to excruciating pain. In the brain too, the pressure can become problematic if the healing HF is "pumped up" due to an active kidneys-collecting tubules SBS.

The term "syndrome:" Dr. Hamer calls the simultaneous existence of an active kidneys-collecting tubules SBS along with another SBS in healing—a "syndrome." For instance, lower back pain (= healing-phase of a central self-worth conflict) + active kidneys-collecting tubules SBS = severe lower back pain, possibly a slipped disk. For the therapy by syndrome, the resolution of the fugitive conflict has absolute priority.

¹ Cf. Dr. Hamer, Charts p. 25

Conflict	Fugitive conflict–existential conflict, conflict of having too little water, conflict of feeling abandoned or isolated.
Examples	• <i>A woman is checked into the hospital. Nobody really has time for her. The doctors hardly check on her = fugitive conflict. Note: This occurs frequently when a person goes to the hospital > growth of a tumor of the kidneys-collecting tubules in the active-phase, tubercular degeneration in the healing-phase.</i> (Personal archive B. Eybl) • <i>A man is told he has cancer of the prostate gland = existential conflict.</i> (Archive B. Eybl) • <i>A 15-year-old girl is placed in a boarding school against her will. The parents mean well–they want to put an end to her poor school performance. However, the girl feels terribly abandoned in the strange surroundings = fugitive conflict. During this year, she becomes overweight.</i> (Personal archive B. Eybl) • <i>The 10-year-old boy has to move 700 miles away with his parents. He misses his friends and his familiar surroundings; he feels abandoned. In the new school, things go badly as well. Within two months, he becomes fat. Although he drinks a lot, he urinates only 2-3 times a day. Whenever he visits his old friends during vacation, he urinates more often and loses weight every time.</i> (Cf. gnm-forum.eu) • <i>Somebody has a credit at the bank. Due to lack of securities, the bank accelerates the loan = existential conflict–conflict of not being solvent.</i> (Personal archive B. Eybl) • <i>The 41-year-old patient feels unloved by his mother. It begins with his birth: As her third child, she had wanted a girl. A girl's name had been picked out and she is disappointed when a boy is born (and to make matters worse, with red hair). His hair is shaved by his mother three times. She hopes that brown hair will grow in its place. The patient says that because of the constant fighting of his parents he never felt loved and cared for, except by his father later on = fugitive conflict. Over the years, he gains 110 kilograms, and then, he loses weight again. He sometimes sweats at night due to healing-phases.</i> (Personal archive B. Eybl) • <i>An older cat from the animal shelter has found a nice new home. Once, a second cat is taken in by the family. The older cat believes she is being abandoned again. Within a short time, she gains half a kilogram = existential conflict.</i> (Personal archive B. Eybl) • <i>The 58-year-old mother of two finds out that her husband is being unfaithful and files for divorce. Within a year, she gains 10 kilograms = active fugitive conflict.</i> (Pers. archive B. Eybl)
Tissue	Kidneys-collecting tubules–brainstem–endoderm.
Conflict-active	Increase in function; growth of a cauliflower-like adeno-ca of secretory quality or a flat-growing adeno-cancer of absorptive quality (CM: “kidney cell cancer”); additional fluid retention > water, urine and other materials are retained by the body instead of being eliminated. In “good times” these materials would be discarded; however, during an existential conflict (“bad times”) they are “recycled” when possible > raised uric acid and creatinine levels > decreased urine and high urine concentration (dark urine). The body can eliminate all of the waste products normally destined for the urine with at least 150-200 ml of urine per day (oliguria, anuria). The creatinine value then climbs to 12-14 mg/dl (CM: “uremia”). One or both kidneys can be affected, each with three renal calyx levels. A creatinine value of 12 mg/dl indicates that both kidneys are affected. A dialysis does not make sense according to the 5 Biological Laws of Nature, until it reaches this value. CM: often begins dialysis at 4 mg/dl. In summary: The most important diagnostic indications for active kidneys-collecting tubules SBS: fluid retention in the body (for instance: under the eyes in the morning, swollen knuckles, creatinine, and urea or uric acid is (usually but not always) increased in the blood), inexplicable weight gain (acute conflict-active) or overweight (chronic conflict-active). Sometimes, however, thin people are affected. Nutrition-naturels, “want to have”, collector and chaotic tendencies, bargain shopping, profit and possessiveness, stockpiling (eg., food, money), tendency to cling, and a desire to sit. <u>Fluid balance test</u>: Over a period of 24 hours, the exact amount of fluid taken in is measured.

	This is then balanced against the exact amount of urine eliminated. If the amount of urine is significantly less than the amount taken in > conflict-active kidneys-collecting tubules SBS; if the amount of urine is significantly more than the amount taken in > healing-phase of the kidneys-collecting tubules SBS or the urinating phase of another SBS (after the healing-crisis).
Biol. meaning	Holding back of water and urea and other valuable substances, so that the individual can survive longer during a life-and-death emergency, when abandoned or when escaping.
Healing-phase	Decrease or normalization of functioning; where preceded by a longer conflict activity: caseating-necrotizing removal of the tumor = kidney tuberculosis, inflammation of the kidneys (nephritis) > increased elimination of fluids, drop in creatinine values, blood in the urine (hematuria), protein in the urine (proteinuria), <u>heavy nighttime sweating</u>, fever. If no fungi or fungal-bacteria are present, the renal pelvic outlets can become blocked (CM: "silent kidney"), despite a resolution of the conflict.
Healing-crisis	Chills, severe kidney pain
Remark	There has always been a certain correlation between the moon and fluids. People with active kidneys-collecting tubules SBS "perceive" the moon more intensely than others > increased fluid collection by waxing moon and full moon. Changes in the weather (just before precipitation) are also felt more intensely. Following recurrences, one can find heavily clumped renal calices ("medullary sponge kidney," "sponge kidney") or calcium deposits in the kidneys-collecting tubules (CM: "nephrocalcinosis").
Therapy	• If the kidneys-collecting tubules are affected, they hold the key to healing almost all illnesses. • Identify the conflict and/or tracks and, if possible, resolve them in real life if still active. • Guiding thoughts: <i>"I am provided for."</i> <i>"I am sheltered and secure."</i> <i>"Even when I have the feeling I am abandoned, there is always somebody there."</i> <i>"God protects me."</i> • Salt baths with at least 0.9% salt ("The sea—our aboriginal home"). A concentration of 0.9% salt is termed "physiological salt solution" because this is the concentration in blood plasma. Salt baths of over 0.9% are also good because they draw more water out of the body, which is the goal of the treatment. • Water treatments of all kinds, for example: sea vacations, thermal baths, regular sweating, sauna, infrared cabin, steam baths, or sweat producing sports. • Drink enough clean and lively water. Amount: follow your instincts. • No cortisone, for that would make the kidneys-collecting tubules more sympathicotonic, which would lead to even more water collection and a worsening of the symptoms (full moon face). • Make sure your home is cozy and comforting (nice furniture). • Wool underwear, soft comfy bed, possibly with wool padding. • Eat unrefined salt with your food but do not salt too much. • Alkaline nutrition, no pork (binds water) • Healing breathing acc. Prof. Tirala. • Lymph drainage massages to promote the elimination of water. • Colloidal silver internally: silver, moon and kidneys are in resonance to each other. • <u>Therapy according to Professor Kopp</u>: Professor Kopp accidentally administered an overdose of sodium bicarbonate to a patient who was critically ill with acute kidney failure. To his surprise, her condition improved significantly, although she had hardly been given a chance of survival. In the following years, Prof. Kopp (b. 1935) was able to save over 300 patients from dialysis, with the help of his sodium bicarbonate therapy. The therapy is based on the pH-value of the urine. Step 1-Measure the pH of the urine. Several times a day, hold a testing strip in the urine flow.

For this, I use Uralyt-U from Madaus. The ideal bio-chemical milieu for kidney elimination is a urine pH-value of 6.5–7.5. Thus, this is the goal for the KCT-SBS patient.

Step 2-Therapy: Take as many tablets of sodium bicarbonate as needed to reach the goal. Begin with 3 tablets of 1g daily; afterwards, the dosage is raised or lowered according to the urine's pH-value.

According to Dr. Kopp, if this does not bring about the desired water loss, one can also consume a diuretic, such as Lasix (available by prescription only). Along with the dose of sodium bicarbonate (with regular checking of the urine's pH-value), the diuretic remains effective—even when taken for years. Nonetheless, it is important to regularly check the blood's potassium level. The most important counter-indications are metabolic and respiratory alkalosis and cardio-pulmonary insufficiency

Inflammation of the renal corpuscles ("nephrotic syndrome," "glomerulonephritis," "IgA nephropathy"), multiple spaces (cystic kidney)

Same SBS as above.

The primary symptom for the conventional diagnosis is an excess of protein in the urine (proteinuria) or a deficit of protein in the urine (hypoproteinuria) and fluid collection (edema). It is said that with the so-called nephrotic syndrome, there is too little protein in the blood because the kidney's cell filtering apparatus is defective. That is why there is protein in the urine, according to CM. In fact, this "illness" is not an inflammation of the renal corpuscles but an inflammation, (i.e., the healing-phase) of the kidneys-collecting tubules SBS.

Phase	Healing-phase or hanging-healing : when the illness is chronic, there are repeating tubercular degradation phases—lots of small empty spaces in the kidneys (cystic kidney).
Remark	Protein in the blood: During the healing-phase, the kidneys-collecting tubules tumor is degraded. The removed protein is taken from the urine and washed toward the bladder into the ureters > protein in the urine (proteinuria). Too little protein in the blood: If the conflict comes back, the cell buildup and cell degradation phases in the kidneys-collecting tubules alternate. During tumor buildup, the body takes in protein (mainly albumin) from the blood. In the healing-phase, it eliminates this tumor-protein again. Night sweat contains large amounts of protein > sinking of the blood protein levels (hypoproteinemia) > lower blood protein levels promote edema in the body due to a lessening of the colloid osmotic pressure.
Therapy	Determine the conflict and/or track(s) and if possibly resolve them in real life. Protein-rich diet and if necessary, albumin infusions. The CM treatment, with drugs that lower the blood pressure, immunosuppressive drugs and cortisone, is not recommended. See also: above.

Acute kidney failure, shock kidney (acute ischemic tubulopathy)

Same SBS as above. (See p. 226)

Phase	Sudden strong existential conflict : extreme water and urea storage > strong rise in creatinine and urea values, very little urine (oliguria or anuria).
Remark	Usually accompanied by extreme pain, diagnostic shocks or forced internments.
Therapy	Identify the conflict and/or tracks and, if possible, resolve them in real life. For measures, see above.

SBS of the Renal Pelvis



Inflammation of the renal pelvis (pyelonephritis), cancer of the renal pelvis¹

Conflict	Territorial-marking conflict, not being able to mark off the territory borders. Explanation: not being able to mark off one's self or one's territory, not knowing where one's territory (place) is. Not knowing, what to decide, or unable to find its own decision. In nature, the male wolves mark the outer borders of the territory; the females mark the inner border. With men, it is usually about the "outer" territory (the job, car, club, etc.) and for women around the "inner" territory (partner, child, friend, home, etc.). In <i>Lexikon der Neuen Medizin</i>, Horst Köhler points out that the woman's most intimate territory is her own body. Gynecological examinations, involuntary or "tolerated" sexual intercourse could be one reason why women suffer from urinary illnesses more often than men. The right renal pelvis or ureter—"feminine" side = conflict of not being able to mark the inner territory. The left renal pelvis or ureter, "masculine" side = conflict of not being able to mark the outer territory.
Examples	→ Not knowing where one should draw the line, not knowing how to define oneself. → A child doesn't have his own room. • A woman is cheated on by her husband = territorial-marking conflict > unnoticed cell degradation in the renal pelvis. As she finally decides to leave him, she comes into healing > restoration of the squamous epithelium of the renal pelvis = pyelonephritis. (Personal archive B. Eybl) • A woman marries into a family in which she does not feel right. She doesn't know where her place is. She no longer has her "own realm" = territorial-marking conflict. (Personal archive B. Eybl) • A salesman has a part of his selling area taken away, because he is not producing enough sales = territorial-marking conflict. (Personal archive B. Eybl)
Tissue	Renal pelvis mucosa (urothelium)—cerebral-cortex—ectoderm.
Conflict-active	Cell degradation (ulcer) of the renal pelvis mucosa, renal calyces or ureters. Increased urge to urinate. No pain, therefore mostly undetected.
Biol. meaning	The removal of cells increases the lumen > improved elimination of urine so that the territory can be marked better.
Healing-phase	Restoration of the urothelium, inflammation of the renal pelvis (possibly "cancer" of the renal pelvis in CM), swelling, and blood in the urine (hematuria). Through the syndrome, the flow of urine can be hampered during the healing-swelling.
Healing-crisis	Cramps, kidney colic, severe pain, chills, blood in the urine; during the colic (contractions of the ureter muscles) kidney gravel or calyx stones are pressed through the neck of the renal calyx into the renal pelvis or through the ureter, if they are present.
Therapy	The conflict is resolved. Accompany the healing. If it returns, identify the conflict and/or track(s) and resolve them. Guiding thought (if recurring): "I have decided. I now know what I want." "My territory is my realm." "I lay down the borders and they will be respected." Teas: sage, cranberry leaves, rose hip, lovage, horsetail. Colloidal silver internally. Drink a lot, especially natural beer. Possibly antibiotics, if the healing-phase is too intense. See also: remedies for the kidneys p. 231.

¹ Cf. Dr. Hamer, Charts pp. 117, 130

Enlargement of the renal pelvis, sacculated kidney (pyelectasis, hydronephrosis)*

Same SBS as above.

Phase	Hanging-healing: Enlargement of the renal pelvis or the ureter, usually in connection with kidney stones > necrosis of the basic tissue of the kidneys (narrowed parenchyma-seam) caused by blocked urine flow.
Therapy	Identify the conflict and/or tracks and, if possible, resolve them in real life, so that the hanging-healing can come to an end. See also: therapy for the kidneys below.

Kidney stones (nephroliths), kidney gravel

Possible causes

- **Kidneys-collecting tubules**—Recurring-conflict: calcium oxalate stones and/or gravel as mineral deposits from a tubercular caseation = the most common kind of kidney stones.
- **Ureter and/or mucosa of the renal pelvis**—Recurring-conflict: uric acid stones and other stone types; healing swelling of the ureter > occlusion or flow blockage > damming of urine leading to sediment deposits and the formation of stones.

In the course of a healing-crisis the stones are forced out through the ureter or urethra.

Therapy

- Identify the conflict and/or track(s) so that no new stones are formed.
- Dissolution by "LITHOSOL" (minerals).
- If necessary, surgical stone removal or lithotripsy
- Drink sufficient, pure, "soft" water.
- See also: therapy for the kidneys below.

Cirrhotic kidney

Possible causes

- **Kidney parenchyma** in hanging activity or after recurrences: Demise of the basic tissue of the kidney—converts to connective tissue (fibrosis) > reactive increase in blood pressure due to lack of filter surface.
- **Kidneys-collecting tubules**—Recurring-conflict—nephrotic syndrome > scarred shrinkage.
- **Renal pelvis**—Recurring-conflict > chronic inflammation of the renal pelvis > scarred shrinkage.

Toxification of the kidney (acute toxic tubulopathy)*

This is not a conflict; rather, it is a poisoning by solvents, metals (e.g., aluminum, mercury, e.g., in inoculations) and/or medications (antibiotics, painkillers, antirheumatics, antihypertensives, contrast agents, chemotherapeutic

drugs, etc.). > Damage to the renal cells and tubules.

Therapy

Stop taking toxic substances. Also, see below.

Remedies for the Kidneys

- Renal colic: warmth, physical exercise, muscle relaxing agents, painkillers; drink sufficient pure, "soft" water
- Food: alkaline diet, especially celery, carrots, cucumbers, squash, asparagus, strawberries, beans
- Teas: stinging nettle, goldenrod, birch leaves, fennel, speedwell, raspberry leaves, elderberry, lady's bedstraw, agrimony, and Zeolite powder
- Juniper berry treatment according to Kneipp: Begin with four berries per day; afterwards, for nine days, take one more each day. Then go back to four.
- Hildegard: elixir of absinthe, fennel mixed powder
- Massage the kidney area with camphor oil, reflex-zone massage. • Hot baths, sauna treatments.
- Always be sure to keep the feet warm; possibly hot foot baths. • Borax internally
- Antibiotics are often very helpful for treating intense kidneys pain. • Lavylites Auricum Spray.
- MMS (the better antibiotic) in chronic courses
- Kanne Bread Drink, Zeolith-Pulver innerlich.
- The best time for kidney treatments: 5 to 7 PM

BLADDER AND URETHRA

CM views the bladder (vesica urinaria) as a hollow organ composed of involuntary muscles. Dr. Hamer, however, considers that it is composed of voluntary (striated) muscles. In this case, I agree with CM.

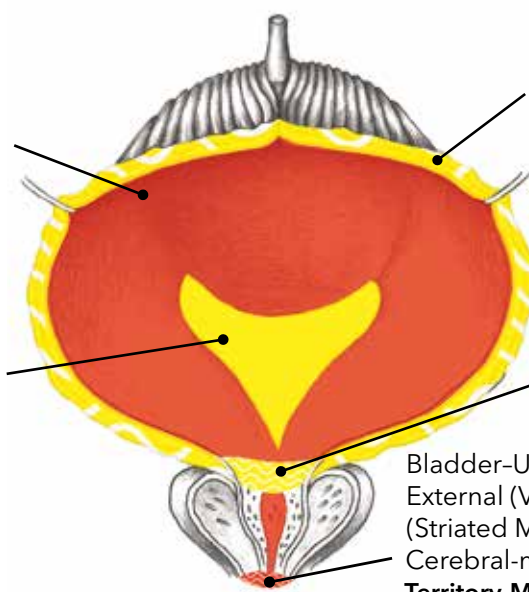
Luckily, this question has little significance for bladder disorders.

The bladder collects the urine produced in the kidneys and stores it until it is emptied over the urethra. The greater part of the bladder is lined with ectodermal tissue, which are called urothelium (transitional cells). Below it

lies the endodermal mucous membrane. The one exception: in the "bladder triangle" (trigonum vesicae), a small island of endodermal mucosa protrudes from beneath the urothelium. The bladder has transitional to the urethral two sphincter muscles: the inner one (M. sphincter urethrae) is striated and voluntary and the outer one (M. sphincter vesicae) is involuntary. (Here, Dr. Hamer's opinion matches that of CM). The discharge of urine is running probably in the form of a healing crisis from the bladder muscles. (The healing-crisis as a function module of nature.)

Bladder-Mucosa
Cerebral-Cortex (-/+)
**Territory-Marking,
Boundaries**

Bladder-Trigon
Mucosa
Brainstem (+/-)
**Ugly-Frightening-
Survival**

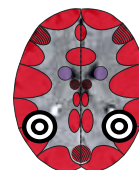


Bladder-Smooth Muscles
Cerebral-medulla (-/+)
Can't Expel the Chunk

Bladder-Urethral
Sphincter
Internal (Smooth
Muscles)
Midbrain (+/-)
**Territory-Marking
Self-Devaluation**

Bladder-Urethral Sphincter
External (Voluntary)
(Striated Muscle)
Cerebral-medulla (-/+)
Territory-Marking Self-Devaluation

SBS of the Bladder Mucosa



Inflammation of the bladder (urocystitis), cancer of the transitional epithelium of the bladder (urothelium cancer, urothelium papilloma, inverted papilloma)¹

<i>Conflict</i>	Territory marking conflict; the borders of the territory are not respected, one is not able to mark the borders of the territory. Conflict explained under renal pelvis SBS, p. 230 (with more examples).
<i>Examples</i>	• The patient perfectly remembers one of the most horrible experiences of her youth. She is 13 years old and her father, whom she describes as a "tyrant and sadist," deliberately kills her beloved rabbit for no reason. She wanted to "go crazy." Her father overstepped her boundaries in other situations as well. She cannot defend her boundaries or mark them = territory marking conflict. In the healing-phase, she contracts an inflammation of the blad-

¹ Cf. Dr. Hamer, Charts pp. 117, 130

der. Since then, whenever she is nervous, she suffers from an urgent need to empty her bladder (= irritable bladder). (Personal archive B. Eybl)

• One evening, the mother storms into her daughter's bedroom because she is "endlessly" talking on the telephone. The daughter cannot believe that her mother barged into her "space" shamelessly > cell degradation in the mucosa of the bladder, restoration in the healing-phase. She repeatedly gets a "bladder infection" (= healing-phase) when her mother interferes in her life = track. (Cf. www.germanische-heilkunde.at/index.php/erfahrungsberichte)

→ Term "honeymoon cystitis" (cystitis during their honeymoon). Conflict resolution of a female territorial marking conflict by the exhilaration during their time together.

Tissue	Bladder mucosa–cerebral-cortex–ectoderm.
Conflict-active	Cell degradation (ulcer) in the bladder's mucosa, the ureter, or urethra; no pain, no bleeding.
Biol. meaning	The removal of cells increases the volume of the bladder and/or the lumen of the ureter(s), or urethra; better storage or elimination of urine, making it easier to mark the territory.
Healing-phase	Restoration of the mucosa = inflammation of the bladder, ureter, or urethra = bladder ca (urothelium ca), swelling of the mucous membrane, pain, burning sensation by urination, frequent urge to urinate (pollakiuria), possibly blood in the urine (hematuria) and occasional loss of urine. Due to the healing-swelling, the flow can be blocked, especially by syndrome > urinary retention, incomplete emptying of the bladder.
Healing-crisis	Pain, blood in the urine, bladder cramps caused by the involvement of the bladder muscles; possibly chills, periods of "absence."
Remark	90% of bladder tumors are urothelium ca. Chronic bladder infection, recurring-conflict > scarred thickening of the mucosa (urothelium metaplasia) > "irritable bladder."
Therapy	The conflict is resolved. Accompany the healing-phase. If recurring, identify the conflict and/or track(s) and resolve them. Guiding thought (if recurring): "I know what I want." "My space is my space." "I lay down the borders and they will be respected." For bladder remedies, see below.

SBS of the Bladder-Trigon Mucosa



Purulent bladder infection, bladder cancer (adeno-ca)¹

Conflict	Barely digestible, unpleasant situation.
Examples	• The personnel of a 45-year-old firm's department head is informed in front of her whole team that she is to be an assistant: She must relinquish her office, which was "her living room" to the new head. Years later, the patient is still talking about this outrage. Shortly afterwards, she is diagnosed with bladder cancer, which is then abraded. However, it keeps coming back because she cannot overcome what happened. (Archive of Antje Scherret) • A civil servant is promised he will be appointed as the chief of his agency within a year. He is preparing himself for this; however, he is suddenly confronted with the fact that a colleague, who he absolutely cannot stand, will get the post = barely digestible, unpleasant situation > cell division in the deep-lying mucosa of the bladder in the active-phase, purulent bladder inflammation in the healing-phase. (Personal archive B. Eybl)
Tissue	Bladder-trigon mucosa–brainstem–endoderm; usually the "bladder triangle" (the region between the mouths of the ureters and the outflow of the urethra) is affected. Also, the

¹ Cf. Dr. Hamer, Charts p. 29

	regions under the superficial urothelium mucosa (submucosa) are affected.
Conflict-active	Increase of function, growth of a cauliflower-like tumor of secretory quality or a flat-growing tumor of absorptive quality = endodermal bladder cancer.
Biol. meaning	Secretory type: "digestion" of the outrage; absorptive type: absorption of urine analog to the kidneys-collecting tubules SBS" absorption" of the unpleasant situation.
Healing-phase	Degradation of the tumor = purulent bladder infection, pus, blood in the urine, pain, night sweats.
Healing-crisis	Chills, severe pain, blood in the urine.
Remark	Approximately 10% of bladder tumors are of this type.
Therapy	By infection: the conflict is resolved. Accompany the healing process. Colloidal silver internally. Tumor without infection: Identify the conflict and/or track(s) and resolve them in real life. If necessary, MMS or antibiotics (which are the better option) in chronic cases. Surgery, when the tumor is too large. See also: remedies for bladder p. 236.

Bladder stones, urinary stones*

- **"Primary urinary stones"** form in the bladder. Here either SBS is possible (see above).
- **"Secondary urinary stones"** come from the kidneys and are triggered either by an SBS of a kidneys-collecting tubules or an SBS of the Renal pelvis. (See p. 226)

Therapy:

Identify the conflict and/or track(s), so that no new stones appear. Drink enough fluids, if possible "soft" water and eat low-protein foods. If necessary, surgical removal of the stones.

SBS of the Bladder-Smooth Muscles



Irritable bladder ("imperative," neuralgia vesicae, interstitial cystitis)*

Constant urge to urinate, frequent urination with only small amounts of urine, is called an overactive bladder.

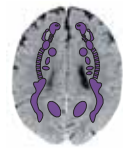
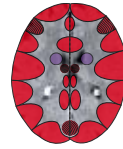
Conflict* Chunk conflict, not being able to eliminate one's urine; a person's borders are not respected by others because he has not marked them clearly.

- Examples**
- *A man must share an apartment with his son and family. He suffers greatly from this unhappy situation. Just to get to his own room, he has to walk through the others' living area. The man starts suffering from "irritable bladder," a conflict of not being able to mark his territory clearly. He wants to do so, but cannot because he wants peace with the family. (Personal archive B. Eybl)*
 - *The 64-year-old, divorced retiree has to get up seven or more times in the night and then urinates only small amounts of urine. The doctors tell him his prostate is in good order. Conflict: following his failed marriage, the patient cannot bear to think about marrying for a second time. However, his girlfriend of many years wants a marriage = marking conflict affecting the involuntary bladder musculature. Often, when he comes home from work in the evening, she starts the same unpleasant topic = recurrences. The evenings and nights at home have become "tracks" to the patient. Conflict activity in the evenings and nights; thus, he has massive sleep disturbances. During vacations, the problem is reduced. (Personal archive B. Eybl)*
 - *The 8-year-old girl has to share her room with her sister. After a big fight over the toys she wets the bed. = Territorial boundaries conflict. (Personal archive B. Eybl)*

Tissue Bladder-smooth muscles (M. detrusor vesicae)–midbrain–endoderm.

Conflict-active	Heightened tension (hypertonia) of the bladder muscle, muscle thickening (hypertrophy) = so-called irritable bladder.
Biol. meaning	Strengthening of the bladder muscle so that the urine can be eliminated in a stronger stream in order to better mark one's territory.
Healing-phase	Normalization of tension; the muscle remains thickened.
Healing-crisis	Tonic-clonic bladder cramps, immediate urge to empty the bladder, "imperative".
Remark	The symptoms are much like those of a recurring inflammation of the bladder's mucous membrane. The two are difficult to tell apart—perhaps, they are connected. The conflict contents are similar as well.
Therapy	Identify the conflict and/or track(s) and resolve them, so that the tension in the bladder lets up. Guiding thought: <i>"I make my decisions with confidence." "I won't let myself be put under pressure."</i> With children, create visible and practical solutions! See also: remedies for the bladder. p. 236. Pelvic floor training, pubococcygeus muscle training—practice voluntary tensing up and relaxing.

SBS of the External Bladder Sphincter



Urine loss—stress incontinence*

The loss of a small amount of urine when lifting, coughing, sneezing, laughing, etc.

Conflict	Self-worth conflict of wanting or not being able to retain the urine.
Examples	→ An elderly woman contracts a bladder infection and cannot control her urge to urinate = self-worth conflict: <i>"Now I am probably incontinent."</i> → A man doesn't dare to put his mother-in-law in her place because he is afraid of causing a family argument > he wants to "draw the line" but cannot for family reasons—self-worth conflict.
Tissue	External bladder sphincter voluntary (striated) muscle—cerebral cortex—ectoderm (nerve supply = innervation) and cerebral-medulla—mesoderm (nutrition).
Conflict-active	Degradation of cells or limited innervation > the urine cannot be fully retained voluntarily = "weak bladder," stress incontinence.
Healing-phase	Restoration (sphincter-hyperplasia) > recovery of innervation, possibly residual urine.
Healing-crisis	Loss of urine because the sphincter muscle opens in an uncoordinated manner > incontinence.
Biol. meaning	Strengthening of the external sphincter muscle so that the urine can be retained better.
Remark	During old age, this can also occur without a conflict: diminishing body and muscle tension can lead to a slackening of the sphincter apparatus.
Therapy	Identify the conflict and/or track(s) and resolve them in real life. Exercises for the pelvic floor and for breathing; buildup of body tension, regulate body weight. If necessary, bladder ligament or bladder lift surgery. (See p. 236)

SBS of the Inner Bladder Sphincter



Residual urine - M. sphincter internus*

Conflict*	Not being able to hold back one's urine.
Examples	→ Occurs frequently after prostate surgeries. • Eight years ago, the, now, 64-year-old patient was still not familiar with the 5 BLN. and agreed to prostate surgery. Since then, he is impotent and incontinent. When he carries something heavy, a few drops always spill into his pants = conflict of not being to hold back one's urine > strengthening of the inner sphincter muscle of the bladder. Years of conflict activity have made his urine stream weak, and he always has to press. (Personal archive B. Eybl) • The now 62-year-old patient remembers his terrible experience as a three-year-old, as if it was yesterday: his very dominant mother goes shopping, leaving him at home alone. Before going out she threatens the boy: "You'd better not wet your pants, while I'm gone." As the child's urge to urinate becomes greater, he hops about, constantly losing urine and dreading the consequences > increased tension in the inner sphincter muscles. Since then he must always be alone to urinate and always has residual urine. (Personal archive B. Eybl)
Tissue	The bladder's inner sphincter muscle (sphincter internus)—midbrain—endoderm.
Conflict-active	Increased muscle tension (hypertonia), problems when urinating, weak stream, residual urine because the inner sphincter muscle does not open completely.
Biol. meaning	Strengthening of the inner sphincter so that the urine can be withheld better.
Healing-phase	Normalization of muscle tension; in the healing-crisis, periods of incontinence and cramps.
Therapy	Pelvic floor training, pubococcygeus muscle training—tensing up and relaxing exercises.

Residual urine - other possible causes*

- **Prostate excretory ducts or prostate gland** in healing: Swelling of the prostate excretory ducts is causing a backlog in the bladder. This is probably the most common cause of residual urine in men. (See p. 255)
- **Urethritis:** Temporary residual urine for the duration of the inflammation: the urethral squamous epithelium swells up, resulting in obstruction and residual urine. (See p. 232)
- **External bladder sphincter** in hanging-healing: high tension during the healing-phase > residual urine (see stress incontinence, p. 235).

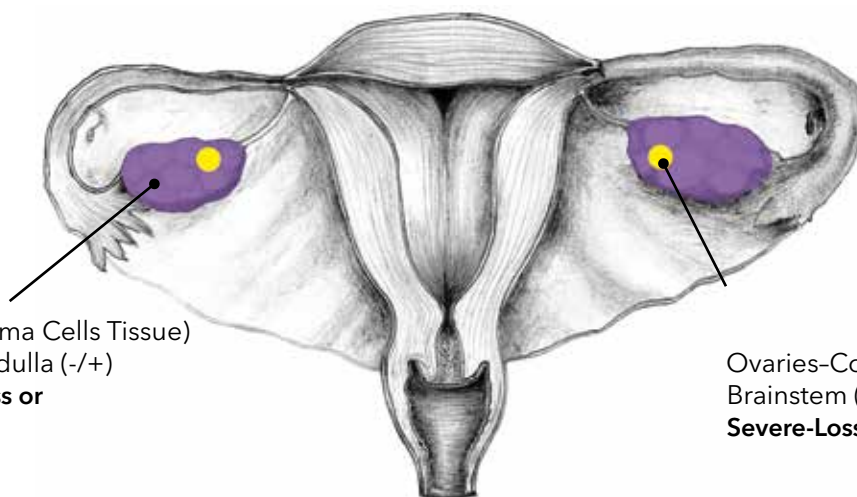
Bladder remedies

- Teas: sage (also recommended by Hildegard), fennel, club moss, chamomile, horsetail, common daisy (Bellis perennis), speedwell, oak, etc.
- For acute urinary tract infection, drink a lot, especially natural beer.
- Lower back, buttocks, and leg massages
- Foot reflex massage, acupoint massage
- Keep the feet warm, take hot foot baths.
- Full hot baths, possibly with tea added.
- MMS or antibiotics help with bladder and kidney pains. It makes sense in hanging-healing.
- Pelvic flood exercises, pubococcygeus muscle training—promote a strong bladder and vigor; for general energy—this body region is the basis of life-energy (root chakra).
- Best time for bladder treatments according to the organ clock: 3-5 PM.
- Lavalites Auricum spray.

OVARIES

The ovaries, which have the size and shape of two small plums, lie in the pelvis on either side of the uterus. Except for the corpus luteum, they are made up of mesodermal tissue. The immature oocytes (follicle) are available limited in number. At the appropriate time a small num-

ber of of them mature to be ova. The female hormone estrogen is mainly produced in the stroma cell tissue of the ovaries. The corpus luteum produces gestagen, the "pregnancy hormone."



SBS of the Ovaries



Ovarian cysts, ovarian cancer¹

Conflict	Traumatic-loss conflict or fear of loss of close relatives, friends or animals.
Examples	→ Loss of child, husband, partner, parents, friend, or animal, through death or separation. → A child moves far away to another city; the partner dies or turns away. • A 26-year-old, right-handed woman is diagnosed with a 7x6 cm cyst on the left (mother/child) ovary, via ultrasound. Conflict history: Ten months ago, the patient learns that her married mother is having an affair. This comes as a great shock to her, for she believes in the ideal of marital loyalty. She suffers a traumatic-loss conflict, for the affair puts her mother at a distance. Six months ago, her mother ends the affair and the patient can forgive her at once. Their good relationship is restored and the patient is fully confident that her mother will not do such a thing again = beginning of the healing-phase, growth of a cyst. Against the advice of her gynecologist, the patient decides against the removal of the cyst, which would have ended her chances of having children. (Personal archive B. Eybl) • A 70-year-old, retired woman has just made friends with a man she admires. Upon meeting for a first date, he has a stroke and sinks to the floor = traumatic-loss conflict affecting the right (partner) ovary. In the healing-phase, a 700 gram malignant ovarian tumor develops, which is called a "colon metastasis," according to CM. (Personal archive B. Eybl)
Tissue	Ovarian tissue–cerebral-medulla–mesoderm.
Conflict-active	Cell degradation (ovarian necrosis) = "holes" in the ovarian tissue–generally unnoticed >

¹ Cf. Dr. Hamer, Charts pp. 68 ff, 80

	reduced hormone levels > irregular menstruation, absence or withdrawal of menstruation; with a traumatic-loss conflict before puberty, the first monthly period (menarche) can be absent.
Healing-phase	Restoration, inflammation of the ovaries (adnexitis), swelling, pain; one or more cysts grow out of the "holes", which begin to fill up with functioning tissue = ovarian cancer > greater estrogen production. At the beginning of the healing-phase, the cysts attach themselves to neighboring organs, which is often mistaken as "invasive growth." The cysts detach themselves as soon as they have developed their own blood supply. Surgery to remove them should wait until then—about nine months.
Biol. meaning	Additional ovarian tissue (= tumor) produce more estrogen. This gives the woman more sexual drive (libido). She looks younger and has a better ovulation > increased chance of becoming pregnant > loss compensation.
Remark	An ovarian cyst, with its additional estrogen, keeps a woman young. Consider side + handedness.
Therapy	The conflict is resolved, avoid recurrences. Sx, when the ovarian tumor is too large.

Endometriosis

Probably the same SBS as above.

CM believes that endometriosis occurs when cells from the endometrium appear scattered outside the uterine cavity. Endometriosis cells are, according to Dr. Hamer, ovary cells.

Phase	Condition after the healing-phase: When a growing ovarian cyst has been "pumped up" by syndrome, an accident, fall, concussion or the like can cause it to burst, as it is only surrounded by a thin skin (tunica albuginea). The ovarian cells then escape into the abdominal cavity, where they begin to grow and can cause severe cycle-dependent symptoms: cramp-like pain before and during menstruation (dysmenorrhea).
Remark	The settling of ovarian tissue on foreign territory reflects the conventional view of "metastasis." However, and of course, endometriosis has nothing to do with "malignancy."
Therapy	That the conflict is solved is of little use. You need to examine and heal old and current conflicts in relation to femininity, self-worth, partnership, sexuality, and pregnancy. Symptomatic relief: see remedies for ovaries on p. 240 and remedies for uterus p. 247. Experiments with natural (= nature-identical) hormones is certainly useful. If nothing helps and if applicable, surgical removal of endometriosis.

Infertility in women, absence of menstruation (amenorrhea), irregular menstruation, reduced sexual drive*

Possible causes

- **Toxification** from chemotherapy, radiation, inoculations, gene technology, etc.
- **General sympathicotonia:** Sexual desire comes to man and animal only during relaxation. Conception and stress are opposites. She, who conceives, must be calm. The begetter must be the center of activity. Hunters know that female deer only conceive when the forest is quiet. Too many streets, motocyclists and dogs prevent conception.
- **Female loss-of-territory conflict** in the active-phase > a territorial conflict on the "feminine" left side blocks the "feminine" territorial area > the "female" in her becomes masculine, switching to the right side of the brain > she becomes masculine ("dynamization," possibly homo-sexuality, etc.) > drop in estrogen level > failure to ovulate (= secondary amenorrhea) > infertility. (See the literature of Dr. Hamer.)

- **Underfunctioning of the ovaries**—active-phase: Destruction of ovarian tissue (necrosis) > “holes” in the basic tissue > shrinking of the ovaries > lowered estrogen level > irregular menstruation, lack of periods (= primary amenorrhea) > infertility or reduced fertility.
- **Low levels of body fat:** Estrogen is produced in the body fat. Fat women and men have an increased level of estrogen. The minimum amount of fat needed

for pregnancy is 24%. At less than 16% ovulation ceases.

- **Blocked fallopian tubes:** adhesions, tightening, scarring of the fallopian tubes due to recurring-conflicts > infertility (see p. 141).
- **Pituitary gland**—active-phase: increased production of prolactin (see p. 104).

The **therapy** depends on the cause.

Lack of sexual desire (frigidity)*

In our current “obsession with youth”, which is now coming to an end—the lack of sexual desire is seen as an illness. From a biological viewpoint, this can only be true during the fertile years, but not for the long period afterwards. Nature’s will seems to be that sexual desire fades with age. As estrogen and testosterone come into balance, the woman starts leaning towards the man, the man towards the woman. I think we should welcome this and be glad to leave desire and Eros behind us. As

we depart from dependence, the way opens up for new experiences and horizons. Women and men, who have lost their desire even before the change, should be happy to have found their freedom early. Let’s not talk ourselves into believing that something’s out of kilter here.

However, if we want to look for a cause nonetheless, any of the points listed above—except “blocked fallopian tubes”—might be considered.

Menopausal problems (climacteric syndrome)

Between 45 to 55, women come into menopause: Estrogen levels sink until ovulation no longer takes place and menstruation ceases. For some women, this change is accompanied by “hot flashes,” outbreaks of sweat, mood swings, sleep disturbances, dizziness and osteoporosis. In our view, menopause is also significant with regard to the changes in the brain: right-handed women normally “work” more with the left (feminine) brain-side. A sinking level of estrogen, when seen in the balance between estrogen and testosterone, means a rise in the testosterone level > “masculinization” due to the menopausal switch to the right (male) brain-side > certain feminine conflicts lose their significance, for the woman feels that she is a “man.” Active HF (unresolved conflicts) of the feminine brain-side become irrelevant; that is, they are resolved due to the hormone change (= “hormone-male”). Due to an additional conflict on the left (feminine) side, a woman can also go into menopause prematurely (= “conflict-male”). The result: the woman feels like a man and develops male characteristics.

- Sweating: healing-phase symptom—due to the hormonal change—the sex specific conflicts dissolve.
- Osteoporosis: women are sometimes unable to accept the loss of attractiveness = generalized Self-worth conflict > degradation of bone substance. Just as adolescents tread on new ground when the first hormones shoot in, women in menopause also

tread new land. Mood swings, depression, sleep disturbances due to the switch to the other brain-side, lung embolisms, heart attacks or strokes, due to the resolution of years of conflict activity.

The menopause is also problematic for the partner, who suddenly has to deal with a “man.” *At least no longer with the “woman she once was.”*

Men come into the change (drop in testosterone level > feminization) later than women. This period—until the man has “changed”—is especially critical for the partnership (divorces).

After the change, the frame of mind becomes stable again (*“the serenity of age”*).

Therapy

- Welcoming the new stage of life.
- Guiding thought: *“My conflicts are resolving themselves now—the complaints will pass. A new time is beginning!”*
- Bioidentical hormones following the findings of Dr. Lee, Dr. Platt, Dr. Lenard, Dr. Rimkus. CM, and we, too, have forgotten about the decisive role of progesterone.
- Borax internally • Lavylites Auricum spray.
- Healing respiration acc. Prof. Tirala.
- Daily 2 tablespoons cod liver oil.

SBS of the Endodermal Parts of the Ovaries

Germ cell tumor (teratoma), ovarian abscess, dermoid cysts¹

In this “special” tumor, one not only finds endodermal tissue, but also skin and hair at times—for this reason, it is often called a “monster” growth. According to Dr. Hamer, this originates in the corpus luteum in women. The teratoma represents a primitive attempt of duplication. This kind of reproduction is found in the simplest forms of life such as in bacteria. Here, the cell division takes place in the sympatheticotonic, old brain schema.

Conflict	Severe-loss conflict
Example	➔ <i>Loss of a beloved partner or animal, loss of next-of-kin, friend or partner (death, moving away, quarrel, coma, marriage).</i>
Tissue	Originating in the corpus luteum–brainstem–endoderm.
Conflict-active	Growth of a teratoma
Biol. meaning	Reproduction by means of duplication so that the severe-loss can be quickly compensated.
Healing-phase	Stops growing quickly because of “embryonic growth spurt,” ovarian abscess: degradation of the tumor via fungi or fungal-bacteria, dermoid cysts: empty spaces following complete healing.
Therapy	Uncover the conflict or track(s) and, if possible, resolve them in real life, if still active. If applicable, surgery.

1 Cf. Dr. Hamer, Charts p. 24

Remedies for the ovaries

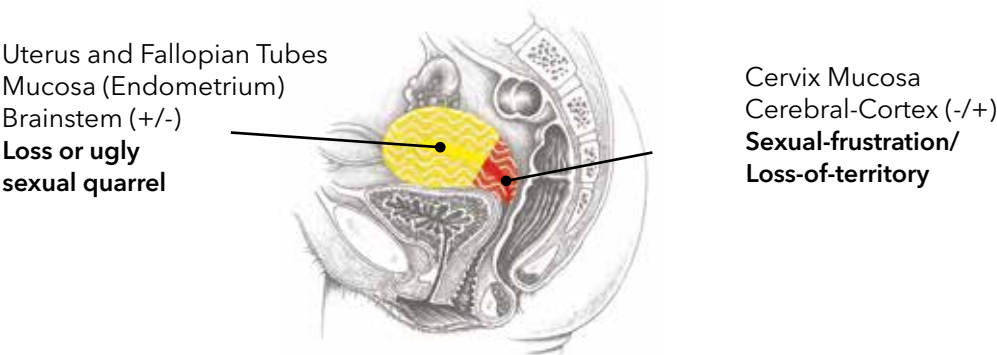
- Bioidentical hormones following the findings of Dr. Lee, Dr. Platt, Dr. Lenard, Dr. Rimkus.
- Natural hormones in yam roots (important source), maca roots, beer (hops), blossom pollen.
- Moor mud-internally and externally; moor mud contains a high concentration of natural estrogen.
- Teas: hops blossoms, yarrow, chaste tree seeds
- Segment massages, foot reflex massages, sacroiliac joint mobilization
- Natural borax internally.

FALLOPIAN TUBES AND UTERUS

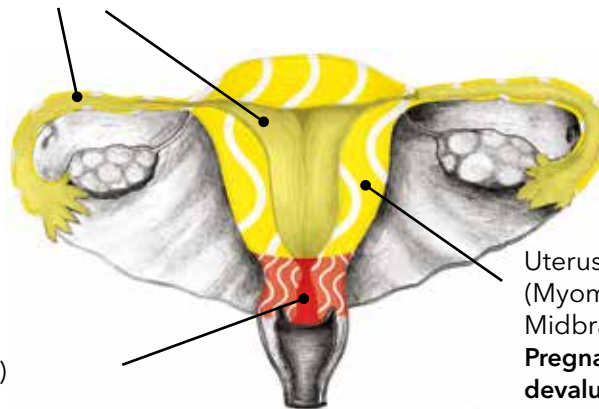
The uterus (womb) is a pear-shaped, hollow muscle (myometrium) made up of the corpus uteri (body) and the cervix uteri (neck).

The uterus and the fallopian tubes are lined with an endodermal mucosa (endometrium). It is covered with

an ectodermal layer in the area around the cervix. The fallopian tube takes the egg from the corpus luteum and leads it into the uterus, where it settles into the mucosa and develops, in several stages, into a baby.



Uterus and Fallopian Tubes Mucosa
(Endometrium)
Brainstem (+/-)
**Loss or ugly
sexual quarrel**



Cervix Mucosa
Cerebral-Cortex (-/+)
**Sexual-frustration/
Loss-of-territory**

Uterus-Muscle
(Myometrium)
Midbrain (+/-)
**Pregnancy self-
devaluation**

SBS of the Uterus and Fallopian Tubes Mucosa



Cancer of the uterine mucosa (uterine adeno-ca, uterine cancer, endometrial cancer), thickening (hyperplasia) of the endometrium¹

Conflict* Sexual conflict, one feels disregarded, dishonored, dirtied, or offended, as a woman, conflict regarding femininity; themes: procreation, partnership, men, sexuality.

According to Dr. Hamer: "ugly, half-genital conflict."

- Examples**
- During the last few years, the 52-year-old married woman has become increasingly less interested in sex. Her husband, however, still has a strong desire to sleep with her. Although he is not demanding, she suffers from a sexual conflict with regard to the uterus. *Healing-phase:* In summer, she goes off on vacation with two girlfriends for three weeks. The three get along well and have wonderful conversations. Suddenly, the patient gets an "inexplicable" heavy discharge lasting two weeks and sweats at night. (Personal archive of B. Eybl)
 - A 41-year-old woman and her partner have been living together for 12 years. She suffers from the fact that he doesn't want to marry her. On the occasion of a family jubilee, the family publishes a family chronicle with a family tree, in which she does not appear. The patient is shocked and feels "so cheap" = sexual conflict > thickening of the mucosa due to cell division. The patient comes into healing when her partner proposes marriage > the thickened mucosa is discharged with a very heavy menstrual period. The patient sweats at night and is very weak. (Personal archive of B. Eybl)
 - After separating from her alcoholic husband, the 60-year-old, retired woman finds a very nice partner, whom she likes very much. However, he leaves her-without warning and without telling her of his intention > sexual conflict. When she has gotten over this, she begins bleeding, although she no longer menstruates = healing-phase. The gynecologist does a curettage. A histological examination reveals "malignant cells" and her uterus is removed in a surgery, along with the ovaries. (Personal archive of B. Eybl)

1 Cf. Dr. Hamer, Charts pp. 24, 35

• A 36-year-old woman has been living with a man for 10 years. He has promised to marry her. Suddenly, he disappears with another woman = sexual conflict. (Cf. Dr. Hamer, Goldenes Buch, Band 2, p. 122)

Tissue	Uterus mucosa (endometrium)–brainstem–endoderm.
Conflict-active	Increase in function; a cauliflower-like tumor of secretory quality or a flat-growing tumor of absorptive quality develops in the uterine cavity, flat-growing tumor = “thickening of the mucous membrane” (endometrial hyperplasia).
Biol. meaning	Thickening of the mucosa so that the ovum can embed itself better (flat-growing tumor); more secretion so that the unwanted, sexual “problem” can be eliminated better (cauliflower-like tumor).
Healing-phase	Function normalization, inflammation of the uterine wall (endometritis), removal during the monthly period: very heavy bleeding, shedding of the thickened mucosa or a tumor with bits of mucosa (decidua) in the blood; or removal outside of menstruation: stinking discharge (fluor vaginalis), possibly with light bleeding; in both cases, night sweats and pain.
Healing-crisis	Chills or feeling cold, strong abdominal pain, excessive bleeding.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life if still active. Guiding thoughts: <i>“What I experienced was not nice. Nevertheless I look to the future with confidence!” “What has happened has a meaning. Now I can begin anew, leaving it all behind!”</i> Ritual cleansing, for instance, in the form of a bath. Natural identical hormones (progesterone, estradiol, etc.). If necessary, surgery. See also: remedies for the uterus p. 243.

Inflammation of the fallopian tubes (salpingitis, adnexitis)

Same SBS as above.

Example	• A 15-year-old schoolgirl is forced to sleep with a man = sexual conflict. She comes into healing with the help of a therapist, who helps her recover from the shock > now she gets a fever and abdominal pain. An inflammation of the fallopian tubes is treated in the hospital with a heavy dose of antibiotics. (Personal archive of B. Eybl)
Tissue	Fallopian tubes mucosa– brainstem–endoderm.
Conflict-active	Increase in function, cell division in the mucosa of the fallopian tubes > thickening of the mucosa (adeno-ca) > increased secretions.
Biol. meaning	With more mucus, the sperm can move along the tubes more easily. After conception, the fertilized ovum can be transported toward the uterus better.
Healing-phase	Inflammation of the fallopian tubes–tubercular-caseating degradation of the thickened mucosa via fungi and fungal-bacteria. At the beginning of the healing-phase, the fallopian tube can close up due to healing swelling (especially by syndrome), purulent discharge from the vagina (fluor vaginalis) or discharge into the abdominal cavity, fever, pain, night sweats.
Therapy	The conflict is resolved. Accompany the healing-phase. Colloidal silver internally. Possibly, antibiotics when healing-phase is too intense. See remedies for the uterus below.

Abscess in the area of the ovaries/fallopian tubes (tubo-ovarian abscess)

Same SBS as above.

Example	• <i>The 18-year-old Croatian woman falls in love with an attractive young man—her first love. From one day to the next, he leaves her. Contrary to his promises, he never broke up with his previous girlfriend and now goes back to her. The girl feels dishonored as a woman > cell-growth in the mucosa of the fallopian tubes. When she gets over him, she becomes feverish (= healing-phase: inflammation of the fallopian tubes). Due to the quantity of pus in the abdomen the doctors decide to operate immediately. Due to another affair with this man, she relapses and after a few weeks: she gets the symptoms again (= healing-phase). Adhesions in the fallopian tubes are diagnosed. (Personal archive of B. Eybl)</i>
Phase	Recurring-conflict or hanging-healing: purulent dissolution of tissue where the fallopian tubes meets the ovary (fimbria ovarica), encapsulation and adhesions as a result of recurrences, possible outcome: infertility.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life so that the healing can complete. Colloidal silver internally. Possibly, antibiotics and surgery when the healing-phase is too intense. See cancer of the uterine mucosa above and remedies for the uterus on p. 247.

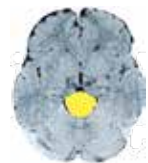
Ectopic pregnancy (tubal pregnancy)*

Same SBS as above. (See p. 241)

Where there is an absence of menstruation, a positive pregnancy test and unusual abdominal pain, there could be a tubal pregnancy.

Phase	Conflict recurrences can lead to adhesions, narrowings, and bulges in the fallopian tubes > every inflammation leaves scar tissue behind > prevention or delayed movement of the ovum into the uterus, the ovum embeds itself in the place it is located on the 6 th to 7 th day following fertilization > tubal pregnancy.
Therapy	Surgery to end the pregnancy.

SBS of the Uterus Muscle (Myometrium)



Tumors of the uterine muscles (myoma, leiomyoma)¹

The uterine muscles are made up of three layers. The innermost layer, like the intestinal wall, is made up of transverse-running fibers—in the outer layers the fibers run lengthwise.

Conflict*	Conflict of unwanted pregnancy or not being able to get pregnant or bear a child, not being to retain the "fruit"—in a broader sense, unfulfilled wish to have a child.
Explanation	Can also be felt as a representative conflict (e.g., for the daughter).
Examples	• <i>A woman wants children but her partner is against having offspring = conflict of not being pregnant > in the active-phase, harmless myomas develop. (Personal archive of B. Eybl)</i> • <i>A woman already has two children. When she becomes pregnant for the third time, she has</i>

¹ Cf. Dr. Hamer, Charts pp. 37, 38

Tissue	<i>an abortion. Myomas develop.</i> (Personal archive of B. Eybl) Uterus muscle—midbrain—endoderm.
Conflict-active	Growth of a myoma, locally increased tension of the involuntary (smooth) muscle.
Biol. meaning	Strengthening of the muscle so that the “fruit” can be held better and the baby can be easily delivered.
Healing-phase	Normalization of the muscle tension: the myomas remain and are usually harmless; possibly, but rarely, heavy bleeding could be a problem. Consider surgery.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life if the myoma is still growing. If it stops growing, the conflict is resolved. The simplest therapy would be pregnancy. Guiding thoughts: <i>“God knows exactly what plans he has for me!” “I take the opportunity offered by a life without children.” “I open my mind for other experiences.” “I will give my life to others who need me!”</i> Surgery, if the myoma grows too large. There is no reason not to become pregnant if the myomas are small.

SBS of the Uterine Suspensory Apparatus



Uterine-, and pelvic organ prolaps*

Conflict*	Self-worth conflict: A load is hard to bear (children, partners, parents). One carries a little too heavy (for Frauenkron-Hoffmann). The base feeling is passive endurance and silent suffering.
Examples	→ <i>The mother imposes to herself all the concerns of her children and believes having to bear everything.</i> → <i>A woman arranges herself silently among her partner. It's hard for her, but she does it anyhow.</i>
Tissue	Uterine suspensory tissue or pelvic floor—cerebral-medulla—mesoderm.
Conflict-active	Weakening of the collagen fibers in ligaments resp. muscles > lowering of the uterus.
Healing-phase	Recovery the ligamentous apparatus, if the conflict can be solved at an early age.
Remarks	In older age, only a slight recovery is possible. Bladder lowering is of analog conflict.
Therapy	Find out and solve conflict in real life. Consistent Pelvic floor muscle training exercises (PFMT) (PC muscle). Ensure good body tension (while walking, sitting), deep diaphragmatic breathing. Optimize nutrition with silica (horsetail, millet) and quality proteins. If necessary, Sx.



SBS of the Cervix Mucosa

Cervical cancer

The areas of the brain for the cervix and the coronary veins are both left in the cerebrum, close together. - For this reason, these two important SBS are usually synchronized. This area is the center of the female territorial area and has great significance. (For more explanation and case examples, see p. 158)

Conflict	Female sexual-frustration—or loss-of-territory conflict or male loss-of-territory conflict (depending on handedness, hormone status and of conflict) (dependents on “handedness,” hormone levels and previous conflicts).
Examples	→ <i>Not being mated with, being abandoned, rejected.</i> → <i>Being impregnated against one’s will or at the wrong time (with force or rape).</i> • <i>After the birth of a child, the husband of the 27-year-old woman has an affair. She can handle that relatively easily, but after he repeats his offense, she gets a female loss-of-territory conflict > no menstruation for a month (conflict-active phase). After a gynecological examination, an increased Pap- value is determined. Previously, it was always normal. (Personal archive of B. Eybl)</i> • <i>In kindergarten, a girl is “sexually molested” by a boy of the same age = female loss-of-territory conflict. Cell degradation in the cervical mucosa in the active-phase, restoration in the active-phase. (Personal archive of B. Eybl) Conflicts often occur when children “play doctor.”</i> • <i>Following a broken marriage, a midwife lives alone without a partner. One day, she meets a man and decides that he is “Mr. Right.” Within a short period of time, the two move in together. However, a few days later, the man disappears suddenly, without any reason = female loss-of-territory conflict. Six months later, she meets another man and a stable relationship develops = healing of the female loss-of-territory conflict. Shortly afterwards, she notices bleeding. The gynecologist diagnoses cervical cancer and schedules for surgery to perform a cervical conization or a hysterectomy. However, the patient changes her mind and begins to study the 5 Biological Laws of Nature. After she has recovered from a minor lung embolism, she finds herself in perfect health. (Cf. Claudio Trupiano, Danke Dr. Hamer, p. 325)</i>
Tissue	Cervix mucosa—cerebral-cortex—ectoderm.
Conflict-active	Local cell degradation, usually unnoticed, due to involvement of the coronary arteries, possible mild angina pectoris.
Biol. meaning	Reinforced sex drive, jealousy, tendency to hysteria (uterus—greek “Hystera”). The cell degradation widens the lumen of the cervix, so that the penis can penetrate more easily, thus creating favorable conditions for conception > solution of the conflict.
Healing-phase	Restoration of the mucus member via cell plus = cervical cancer, pain, inflammation (cervicitis), temporary healing swelling of the mucous membrane, bleeding outside the menstrual periods and/or severe and lengthy menstruation.
Healing-crisis	3-6 weeks after beginning of the healing-phase: strong bleeding and abdominal pain, pulmonary embolism (often noticed as a difficulty in breathing), raised resting and active pulses, chills.
Pap smear	The pap smear for women is like the PSA value for men: an unnecessary, fear-loaded cancer test, often with fatal psychic and therapeutic consequences. From the point of view of the 5 Biological Laws of Nature, a positive pap test means that an SBS is running; it doesn’t indicate which phase the patient is in. And it is just that which would be interesting. (This means that the pap values can be raised in conflict-active as well as in healing-phases. It

is my experience that it is usually the healing-phase. One can only be warned against pap-smears, especially without knowing the connections.

Therapy	Determine the conflict and/or track(s) and, if possible, resolve them in real life, if they are still active. Guiding thoughts: <i>"Even though it didn't go as I wanted, I love and accept myself fully and wholly!"</i> <i>"As a woman I am lovable, courageous, and strong!"</i> CM: cone biopsy or hysterectomy are from the perspective of the 5 BLN, only sometimes necessary. Caution: In CM, pulmonary embolisms are treated with blood-thinning medication. This can cause extreme cervical bleeding > do not give any blood-thinning medication. The HPV inoculation is like all inoculations in that it is damaging and useless; in other words, it does not work. After a cervical or ovarian surgery, the patient should replace the missing hormones with an external source, so that she can remain a "woman." Bioidentical hormones following the findings of Dr. Lee, Dr. Platt, Dr. Lenard, and Dr. Rimkus. See also remedies for the uterus p. 246.

Thickening of the cervical mucosa (epithelial metaplasia), and genital warts (condylomata) in the cervix

Same SBS as above.	
Phase	Hangings-healing —excessive restoration of the epithelium > thickening of the mucosa or local growths (condylomata).
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life, so that the healing completes. Surgical removal of the condylomata, if required. See also remedies for the uterus p. 246.

Menstrual pains (menstrual distress, premenstrual syndrome*)

During the days before the menses, estrogen falls sharply in favor of progesterone. Common concerns are: abdominal cramps, tenderness, nausea, head-ache = unique character of a healing-crisis. The cervical striated muscles are affected; possibly, the smooth uterine muscles are also affected.

The subject of conflict, in the broadest sense, has to do with femininity, sexuality, and womanhood (see pp. 243, 244).

Biochemical dimension of being a woman is in estrogen levels.

Therefore, it is not surprising that the conflict dissolves when estrogen levels drop. One is not so much of a woman and as such, the patient is "out of the conflict."

The control takes place naturally in the brain: the changes affected the cerebrum pages.

Most women with menstrual complaints are, therefore, "in constellation" (see p. 315) and change each month during the days, the side of the constellation.

This also explains the psychological changes (mood swings towards depression or mania).

In this view: premenstrual syndrome is like the "little sister" of the menopausal symptoms.

- The most frequent conflict: A young woman had sexual intercourse and is afraid of being pregnant. Sexual intercourse or ovulation become a track of the conflict, even if they used protection. During the decrease of estrogen, she comes into the healing-phase > therefore menstrual complaints.

Therapy

Find conflict and resolve. Often, through pregnancy and maternity, the conflict is resolved.

Magnesium chloride (MgCl_2)-foot baths (Source: www.salzschwarzmann.de).

In the background, a KCT SBS is often involved. Take

care of that! > Therapeutic interventions p. 228 (salt baths, etc.).

Healing breathing, as recommended acc. Prof. Tirala. Flaxseed oil.

See also: therapy for the uterus on p. 247.

SBS of the Kidneys-Collecting Tubules



Toxification in pregnancy (preeclampsia, eclampsia, EPH-gestosis, late gestosis)*

The symptoms are protein in the urine, reduced urination, edema, headache, dizziness, and vision problems.

Conflict Existential conflict, fugitive conflict, conflict of not having enough water, conflict of feeling abandoned, conflict of feeling uncared for (see pp. 226) probably combined with another conflict in healing = syndrome.

Examples → 'How will I pay for this child?' "Who will look after us?"

- The 33-year-old pregnant woman is under a lot of pressure from her boyfriend to have an abortion. However, the patient is determined to have the child. Existential conflict, conflict of feeling uncared for, with regard to the kidneys-collecting tubules SBS. In the fourth month, her body begins to collect fluids—she gains more than 30 kilograms. She is on an existential conflict-track and hardly loses weight, even after the delivery. Her general practitioner prescribes magnesium, which somewhat eases the edema. Now, she can at least put on her shoes. (Personal archive of B. Eybl)

Tissue Kidneys-collecting tubules–brainstem–endoderm.

Phase **Conflict-active phase**

Remark It is interesting how often this occurs among fat, very young, first-time mothers = indication of an active existential or fugitive conflict.

Therapy Determine the conflict and resolve it in real life, if possible. Avoid recurrences. Possibly anticonvulsants; if necessary, terminate the pregnancy. See also: remedies for the uterus p. 247.

Abnormally heavy menstruation (hypermenorrhea)

Possible causes

- **Uterus mucosa** in the healing-phase: degradation of cells from the thickened mucosa (= flat growing tumor), leading to heavy, possibly stinking bleeding; possibly mucosa scraps (decidua) in the blood, pain, and night sweats; if the bleeding is very heavy every month: recurring-conflict, which comes into healing every month (tracks).
- **Cervix mucosa** in the healing-phase: restoration of the epithelium, pain, inflammation (cervicitis), very heavy, long-lasting bleeding, also outside of the menstrual period, usually accompanied by increased pulse and breathing difficulties (see p. 244).
- **Ovarian cysts or endometriosis** in the time after the healing-phase (see p. 237).
- **Uterine myoma**: bleeding in the healing-phase or in the healing-crisis (see p. 243).

Remark

Intensification of the bleeding with syndrome or strong vagotonia, for example, resolved self-worth conflict (pain in the locomotor system) > liquefaction of the blood.

Therapy

Bioidentical hormones following the findings of Dr. Lee, Dr. Platt, Dr. Lenard, and Dr. Rimkus. Borax internally. Measures for kidneys-collecting tubules SBS p. 228. See also: remedies for the uterus below.

Remedies for the uterus

- Moor Mud treatments; Moor Mud contains a high concentration of natural estrogen.
- Drink Moor products, for instance from Sonnenmoor.
- Bioidentical hormones following the findings of Lee, Platt, Lenard, and Rimkus.
- Keep the lower abdomen and feet warm.
- Bach-flowers: crab apple, perhaps holly.
- Teas: melissa, yarrow, lady's mantle, linden blossoms, sanicle (*Sanicula europaea*), fennel.
- Bee pollen, gelee royale • Lavylites Auricum Spray
- Natural borax internally for hormone regulation.
- Osteopathy, segment massage, foot reflex-zone massage.
- Cod liver oil.

Miscarriage, premature birth*



There are surely many causes; above all come the spiritual-karmic causes. It is usually not possible to look behind life's curtains; thus, what causes this often remains hidden to us. However, we do know, thanks to the 5 Biological Laws of Nature, that conflicts during pregnancy harm the unborn and in the worst case, they can cause the pregnancy to terminate prematurely. During the first three months, the pregnant woman and embryo are mildly sympathicotonic (stressed). During this time, it doesn't take much to make the pot boil over and then a conflict *hits*. A strong conflict can lead to cramped vessels in the placenta > blocked supply of nutrition and oxygen. In the last two-thirds of pregnancy, called the "happy time," the danger is not so great, since the mother and child are vagotonic. A powerful conflict is needed to unseat the two. Nature tries to bring the pregnancy to a successful conclusion in any way; in the first three months, the "way back" is left open. The unborn child can experience conflicts by itself (loud noises, screaming, shaking, ultrasound, tests of the amniotic fluid, etc.) or together with the mother. For

instance, the mother suffers from fear or anger or she is quarreling with her partner.

It is interesting that the frequency of caesarians increases, with the number of pregnancy examinations. Children, born by caesarian section, are 4 times more likely to suffer from breathing problems than those who are delivered normally.¹ (Due to territorial-fear or death-fright-conflict during birth.)

Phase The miscarriage is preceded by a **conflict-active phase**: the dead fruit is ejected in the course of a healing-crisis.

Therapy Pregnant women need to be shielded from conflict and stress. They should lead a quiet and harmonious life. The mother and father should be aware that the structure of their own psyche and perceptions lay the foundation for their child. Seeing that, some character-spiritual maturity of both parents would seem desirable. This does not mean that mature parents are immune from such tragedies.

¹ From factor-L New Medicine 7, Monika Berger-Lenz & Christopher Ray, fAKTuell Verlag, 2009 Görlitz

EXTERNAL FEMALE SEX ORGANS (VULVA)

The vulva is made up of the larger, outer lips (labia majora) and the smaller inner lips (labia minor), the clitoris, the pudendal cleft, the entrance to the vagina (vaginal vestibule) and the vagina itself.

The outer lips belong to the epidermis and have dermis under the epithelium.

The inner lips belong to the urogenital tract and, like

the vagina, they have endodermal submucosa under the ectodermal mucosa.

The vagina is a muscle tract that is about 10 cm long, and it joins the outer genitals with the uterus.

Located in the vaginal vestibule are endodermal glands, called Bartholin's glands, which secrete a lubricant upon sexual arousal.

Outer sexual organs:

Epidermis-Cerebral-Cortex

**Loss of touch/separation
or wanting separation**

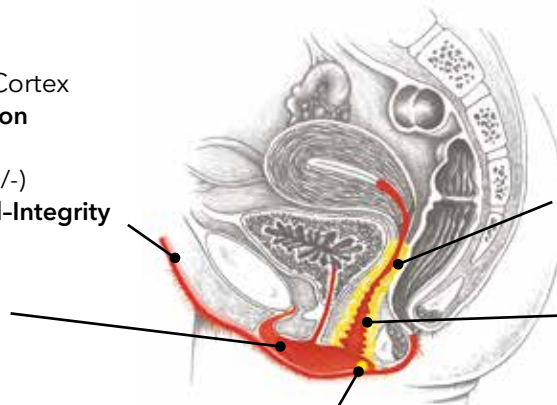
Dermis-Cerebellum (+/-)

Defilement-Deformed-Integrity

Vagina Mucosa

Cerebral-Cortex (-/+)

Not being copulated



Vaginal Smooth Muscles

Brainstem (+/-)

Chunk-to get/not to get

Vagina-Submucosa

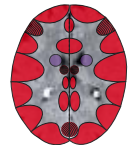
Brainstem (+/-)

Wanting/not wanting

Vagina-Bartholin's Glands
Brainstem (+/-)

Vaginal lubrication/dryness

SBS of the Vaginal Epidermis or Mucosa



Inflammation of the outer genital area (vulvitis), vaginal inflammation (colpitis), vaginal epithelial cancer (squamous cell cancer, papillomas), genital warts (condyloma, condylomata acuminata, HPV-induced cell proliferation)*

Conflict

Separation conflict, wanting or not wanting to be touched on the vulva or vagina, wanting or not wanting to have sexual intercourse.

Examples

→ A woman would rather just cuddle. Her husband wants sex = conflict of not wanting sexual intercourse.

• Following two bitter disappointments, a woman longs for a genuine partner, not just somebody who wants sex = separation conflict of not having the desired skin contact > degradation of epithelial tissue in the active-phase. When she finds a real partner, she suffers from itching in the outer genital area for one year = healing-phase, restoration of the lost substance; false diagnosis by conventional doctors: "vaginal fungus." (Personal archive of B. Eybl)

• A woman was raped by a man when she was a young girl. Since then, she has a sex track with inflammation and itching of the external genitals in the healing-phase after sexual intercourse. (Personal archive of B. Eybl)

Tissue

Epithelial mucosa-cerebral-cortex-ectoderm.

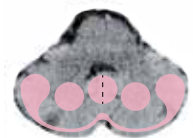
Conflict-active	Mostly unnoticed degradation of squamous cells on labia, vagina or clitoris (= ulcer-cancer). No pain, poss. numbness.
Biol. meaning	The numbness (reduced sensitivity) allows the lacking or unwanted skin contact to be forgotten temporarily.
Healing-phase	Restoration of the covering tissue—inflammation of the labia, vagina, clitoris (squamous cell cancer), itching, pain, reddening, swelling; in CM, usually mistakenly diagnosed as “fungus infection” or “herpes vulvitis,” genital warts in hanging-healing: excessive local repair of the epithelium.
Therapy	The conflict is resolved. Accompany the healing process. In case of a relapse, determine the conflict or track and, if possible, resolve it in real life. For instance, choose a sexually compatible partner, who is willing to fulfill one’s sexual wishes. Guiding thoughts: <i>“I don’t have to if I don’t want to!” “I’ll do it when I feel like it!” “Erotic is nice but true friendship and satisfaction lie outside the physical realm!”</i> Colloidal silver. Lavylites Auricum spray. CM: antibiotics and/or cortisone if necessary in intensive healing-phases. Possibly surgery. See also: remedies p. 251.

Chancroid (ulcus molle) in women*

Same SBS as above.

Symptom	Small, partly painful ulcers on the outer sexual organs.
Phase	Active-phase —painless cell degradation from the epithelium: local loss of substance = skin ulcer.
Healing-phase	Restoration of the epithelium with pain.
Therapy	Determine the conflict or track(s) and, if possible, resolve them in real life if still active. Possibly CM: antibiotics in intensive healing-phases. See also: p. 251.

SBS of the Dermis

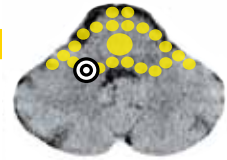


“Yeast infection” of the outer labia and beyond (soor vulvitis)*

Beneath the squamous epithelium of the outer labia lies a layer of dermis.

Conflict	Feeling defiled or disfigured in the genital region, violation of integrity.
Example	→ <i>Coarse, unwanted practices, being called foul names, unwanted sexual intercourse.</i>
Tissue	Dermis—cerebellum—mesoderm.
Conflict-active	Local cell division in the dermis > thickening.
Biol. meaning	Strengthening of the dermis in order to be protected from disfigurement or harm to the integrity.
Healing-phase	Tubercular-caseating degradation via fungi, fungal-bacteria or bacteria, swelling, reddening, itching.
Therapy	The conflict is resolved. Accompany the healing process. Avoid recurrences. Colloidal silver externally. CM: antibiotics if necessary in intensive healing-phases. See also: p. 251.

SBS of the Vaginal Submucosa



“Fungal infection” of the inner labia or vagina (soor vulvitis, vaginal mycosis)*

A reddening and itching of the female genitals is usually diagnosed as a “fungal infection.” Most diagnoses of this nature are usually inaccurate because these symptoms are usually related to a separation conflict. But, as in the mouth, thrush is also possible in the genital area, for under the superficial mucosa of the inner labia and the vagina there lies a layer of endodermal (intestinal) mucous membrane.

Conflict Chunk conflict, probably: not being able to get or get rid of the penis, simply stated: wanting or not wanting to have sexual intercourse.

Examples → A woman doesn't want to have intercourse with her partner.
→ A woman longs for a reunion with her beloved partner.

Tissue Vaginal submucosa—brainstem—endoderm.

Conflict-active Increased function, thickening of the mucosa lying under the epithelium (submucosa)

Biol. meaning Increased mucus production so that the penis can be better received or removed.

Healing-phase Tubercular caseating—white residue, intense itching, white, stinking discharge.

Remark By an SBS of the intestines with intestinal fungi in the healing-phase, the vaginal or labial submucosa often co-reacts > vaginal mycosis without separation conflict of the vagina.

Therapy The conflict is resolved, accompany healing. Possibly CM: antibiotics in intensive healing-phases. See p. 251

SBS of the Vaginal Muscles



Vaginal cramps (vaginismus)*

The vagina is a muscular tube of involuntary muscle. As in the intestine, the muscles run longitudinally or ring-like. A vaginal cramp causes the ring-like muscles to tighten, so that the entry is made impossible or at least difficult.

Conflict* Chunk conflict of being unable to prevent penetration or not being able to hold onto the penis.

Example → A woman is forced to have sex against her will or she wants to, but cannot.

Tissue Vaginal ring muscle—involuntary/smooth muscle—midbrain—endoderm.

Conflict-active A tensing-up of the involuntary vaginal ring musculature, vaginal muscle strengthening, narrowing of the vagina, vaginal tension.

Biol. meaning With boosted tension of the vaginal ring muscles, a undesired penetration can be better prevented, or the penis (desired) can be better retained.

Healing-phase Easing of the tension.

Healing-crisis Vaginal cramps (tonic-clonic cramps)

Remark If the subject of sexuality which derives from the parent, has a negative connotation, probably small events or complications (e.g., the first sexual contact) satisfy to set this SBS in motion.

Therapy Determine the conflict or track(s) and, if possible, resolve them in real life, so the tension eases. See also remedies for the outer genitals.

SBS of the Bartholin Glands



Inflammation of the vaginal glands (bartholinitis, Bartholin's cyst)¹

Conflict	Chunk conflict: dry vagina, not producing enough vaginal mucus to facilitate sexual intercourse.
Examples	→ A man is too careless and wants to penetrate her although his partner is not ready. → A woman has painful intercourse because her vagina is too dry.
Tissue	Bartholin's glands—brainstem—endoderm.
Conflict-active	Cell growth in the vaginal vestibule glands = tumor of the vaginal glands (adeno-ca) with increased mucus production.
Biol. meaning	Increase in the mucus production so that the penis can enter more easily.
Healing-phase	Tubercular-caseating degradation of the tumor > purulent stinking discharge, possibly mild night sweats, recurring-conflict: Bartholin's cysts.
Remark	If the Bartholin gland ducts are swollen (syndrome) a collection of pus up to the size of a chicken egg can develop (= Bartholin's cyst or abscess), which empties spontaneously.
Therapy	The conflict is resolved. Accompany the healing. Should it recur, determine the conflict or track(s) and, if possible, resolve them in real life. Possibly CM: antibiotics in intensive healing-phases. Possibly abscess surgery. Perform intercourse only if desired or use a lubricant. See remedies for the outer genitals.

¹ From faktor-L Neue Medizin 7, Monika Berger-Lenz & Christopher Ray, faktuell Verlag, Görlitz 2009

Vaginal discharge (fluor genitalis), gonorrhea (colloquially called "the clap")*

A small amount of clear discharge is normal in women of childbearing age.

Yellowish, whitish, brownish or bad-smelling discharge can be caused by any of the following:

- **Inflammation the uterus or fallopian tubes mucosa** in the healing-phase (see p. 241).
- **Inflammation of the Bartholin glands** in the healing-phase, stinking tubercular degradation of the glandular tissue (see above).
- **Inflammation of the vaginal mucosa or submucosa** in the healing-phase (see above).
- **Purulent bladder infection** in the healing-phase: tubercular-caseating degradation of endodermal bladder mucosa from the trigone> not actually a discharge but stinking, opaque urine (see p. 233).

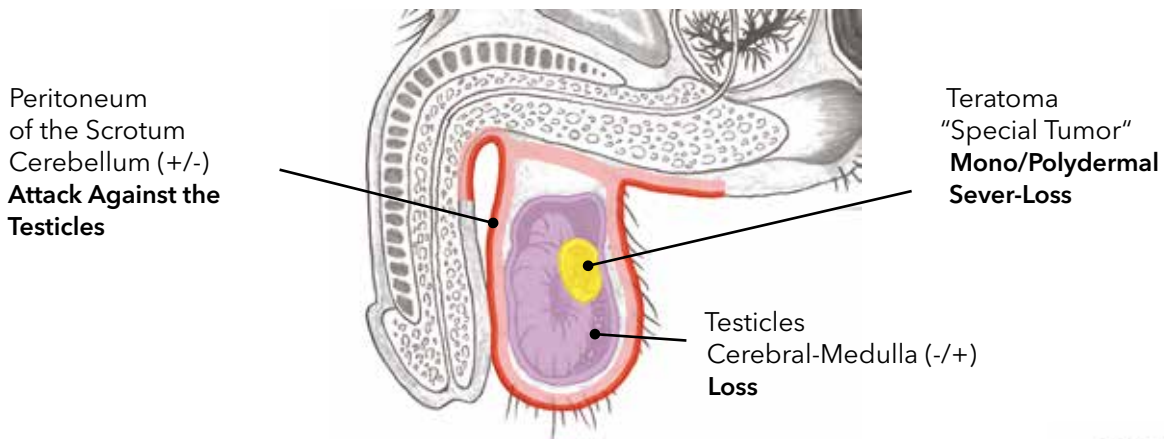
Remedies for the external genitals

- Bach-flowers: crab apple, centaury, cerato
- Teas: Melissa, yarrow, lady's mantle, linden blossom, sanicle, fennel
- Full or hip bath with hydrogen peroxide, healing earth, EM, MMS or a decoction of yarrow, chamomile, oak bark.
- Hildegard of Bingen: tormentil (*Potentilla erecta*) elixir or hart's tongue fern elixir special recipe, feverfew special recipe.
- Colloidal silver applied externally.

TESTICLES

The two male testicles (testes) hang by their upper poles in a sack called the scrotum. They produce testosterone (male sex hormone) and male germ cells (sperm). The

tubes that lead from the testicles, i.e., the epididymis and the deferent ducts (vas deferens), are used for the maturation and temporary storage of sperm.



SBS of the Testicles



Testicular tumor (testicular cancer, seminoma, Leydig cell tumor,)¹

Conflict	Loss conflict, loss or fear of loosing a loved one or a loved animal.
Examples	→ A beloved relative or pet dies. → A person is abandoned by his or her partner. → A child moves away from home. → A person is suddenly alone after a divorce. • A boy's mother dies when he is 13 years old, thus he experiences a loss conflict. When he is 58 his wife dies and he returns to this track. When the pain of her death lets up, he feels a pulling in the testicles for a long time, = healing-phase, with a restoration of testicular cells. In a brain CT it can be seen that the original conflict (the death of his mother) was a long time ago. (Personal archive of B. Eybl) • The, now, 60-year-old, right-handed man suffers a loss conflict when he is 38 years old: His girlfriend abandons him one day and he does not recover for another two years, when he meets a new partner. During this time, an inflammation of the testicles is diagnosed (= healing-phase). (Personal archive of B. Eybl) Note: it might just as well have been a diagnosis of testicular cancer. • The patient's partner has a bad epileptic seizure, during which she turns blue in the face. The patient fears she will "die in his arms" = loss conflict. (Report from a forum). • A man unexpectedly finds his beloved cat lying dead in a light shaft = loss conflict. (Personal archive of B. Eybl)
Tissue	Testicles gland–cerebral-medulla–mesoderm.
Conflict-active	Degradation of testicular tissue ("holes" = testicular necrosis) > gonadal insufficiency (see below) > drop in testosterone levels, usually unnoticed.
Healing-phase	Restoration of the tissue, inflammation of the testicles (orchitis), swelling, pain; where the "holes" were, a cyst develops, which gradually becomes filled with functioning tissue; CM: "testicular tumor."

¹ Cf. Dr. Hamer, Charts pp. 69, 80

Biol. meaning	Additional testicular tissue produces more testosterone and more sperm > strengthening of sexual drive and improvement of fertility—in this way a suffered loss can quickly be “made good” again.
Remark	Consider “handedness” (right or left) and side (mother, child, or partner).
Therapy	The conflict is resolved. Accompany the healing process. Avoid recurrences! Treben horsetail haze, poultice with stewed onions. Agrimony internally and externally. Surgery, if the tumor is bothersome or becomes too large.

Inadequate functioning of the gonads (testicular hypogonadism, “Klinefelter’s syndrome”)*

Same SBS as above.

Phase	Conflict-active phase: degradation of testicular tissue (necrosis) > drop in testosterone levels > reduction of fertility due to lower production of sperm cells (oligospermia). Usually inadequate functioning is linked to smaller testicles (testicular hypoplasia) = hanging-active conflict.
Remark	In the healing-phase, one can expect a smaller or larger tumor. The poor functioning can also come from a deficiency or excess of another hormone, for instance a deficiency of gonadotropin or excess of estrogen or cortisone. (Have a blood-hormone test made.)
Therapy	Determine the conflict or track(s) and resolve them in real life if possible. Guiding thoughts: <i>“I know there is a reason for my loss.” “I will make the best of it and carry on in peace.”</i> Strength training or martial arts. High, quality proteins, e.g., eggs, honey, flower pollen, gelee royale. For testosterone levels, consider nature-identical progesterone and perhaps testosterone, taken short-term. Caution by younger patients: The goal is to stimulate the body’s own hormone production; dependency on hormone replacements is harmful > short-term therapy only. Bioidentical hormones following the findings of Dr. Lee, Dr. Platt, Dr. Lenard, Dr. Rimkus. Natural testosterone in ginseng root, damiana (<i>Turnera diffusa</i>) (tea, tablets), maca (<i>Lepidium meyenii</i>) (powder), yohimbe. Borax internally. These suggestions are also valid for lack of drive due to testosterone shortage. Cod liver oil.

Undescended testicles, sliding, rocking, walking testicles *

The testicles are formed during embryonic development in the abdomen and usually migrate in the seventh month of pregnancy down into the scrotum. If they do not, it is called undescended testicles.

In 75% of cases, the testicles descend, during the first year of life by themselves.

The undescended testicle is, along with other symptoms, such as not fully developed lungs a immaturities in infants. If the testicles do not come down after more than a year and the child is otherwise developing normally, the following conflict may exist:

Conflict	According to Frauenkron-Hoffmann, often proxy conflict for someone from the own family: may not be allowed to act or show masculinity. May not be manly or want to be a man.
Examples	→ <i>An ancestor was raped and now she hates all men.</i> → <i>A man in the family is not clear on his gender or sexual orientation (e.g., prohibited or concealed homosexuality).</i>
Biolog. meaning	The sex (testicles) remains hidden, is not shown outwardly. Reduced reproductivity. <i>“If a man, then at least barren.”</i>
Therapy	Find out who the child reflects. Then, try to heal the issue within the family. If necessary, therapy proposals above. If necessary, CM: hormone therapy or surgery.

SBS of the Peritoneum



Hydrocele (fluid in the testicular pouch) where the inguinal canal is closed*

Before or after birth, the testicles move down from the abdominal cavity through the inguinal canal into the scrotal sac. Normally, the inguinal canal then closes.

Conflict	Attack on the testicles + syndrome.
Examples	→ A man receives a blow to the testicles. → Verbal attack: "I'll have your balls!"
Tissue	Peritoneum of the scrotum–cerebellum–mesoderm.
Conflict-active	Cell proliferation (mesothelium).
Biol. meaning	Thickening of the testicular peritoneum, in order to better protect the testicles from attack.
Healing-phase	Caseating-tubercular degradation of the tumor, accumulation of fluid = hydrocele; this occurs only as syndrome.
Remark	A hydrocele can also come from an injury (blow, contusion) or an inflammation of the testicles. See testicular tumor.
Therapy	The attack conflict is resolved. Accompany the healing. Avoid recurrences. Resolve any active KCT conflict. Lymph drainages. Avoid punctures, as they often mean a new conflict.

Hydrocele (fluid in the testicular pouch) where the inguinal canal is open*

If the closure of the inguinal canal is incomplete, fluid from the pelvic cavity can leak into the scrotal sac.

Possible causes

- Peritoneum in the healing-phase: collection of abdominal fluid (ascites) that flows into the scrotal sac–attack conflict against the abdomen (see p. 207).
- Scrotal sac–peritoneum in the healing-phase: the fluid arises in the testicular pouch itself–attack-conflict against the testicles (see above).
- Abdominal organs such as the intestines, liver or pancreas in healing: fluid arises in every inflammation, but if the inguinal canal is open, the fluid can run into the scrotum.

Remark	Because this illness usually affects newborns, CM calls it "congenital hydrocele;" always in combination with syndrome .
Therapy	The attack conflict is resolved. Accompany the healing. Avoid recurrences. Resolve the fugitive conflict. Lymph drainages. Often the hydrocele recedes itself, therefore, surgery after watchful waiting.

Germ cell tumor (teratoma)

Conflict	Severely painful loss of a human or animal. Analog to a teratoma of the ovaries (see p. 240).

PROSTATE GLAND

The prostate gland is partly attached to the bladder floor and is made up of a muscle complex embedded with endodermal glands. It produces an alkaline secretion. The urethra goes through the middle of this chestnut-sized organ.

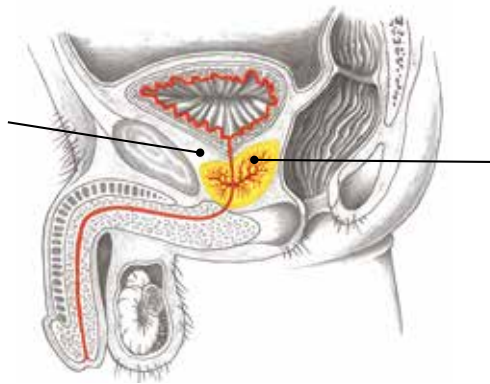
The deferent duct (vas deferens) also leads to the urethra in the prostate gland.

The ectodermal, urothelium-lined prostatic ductules (ductuli prostatici) discharge the prostatic secretion from

the prostate gland into the urethra. Seminal fluid is made up of 40% prostatic secretion. Upon the release of seminal fluid (ejaculation) it is mixed with prostatic secretion, and with the help of involuntary muscle activity is pushed out through the urinary-seminal tract.

The prostatic secretion gives the seminal fluid its typical musk—a chestnut-blossom odor. The smell of musk is an aphrodisiac and thus sexually arousing.

Prostate Parenchyma
Brainstem (+/-)
Not Feeling Like a Man



Prostate Ducts
Cerebral-Cortex (-/+)
**Territory Marking/
Sexual-Frustration**

SBS of the Prostate Parenchyma



Enlargement of the prostate (prostatic hyperplasia), prostate cancer (adeno-ca)¹

- Conflict*** Sexual conflict, one cannot or is not allowed to procreate, one does not feel manly (potent) enough, one doubts his own manliness or erectile function, most often found in older men, who no longer react to territorial conflicts. (Dr. Hamer: "Ugly-genital conflict.")
- According to Frauenkron-Hoffmann: It is believed not be to be able to pass on to the children what they need (e.g., certain character traits, proper training, and good behavior).
- Examples** → A man wants to but cannot (potency problem) or he wants to but may not (the woman doesn't want to or would prefer a different man).
- In the midst of divorcing his wife, the patient meets a young woman, who offers him everything that he could want sexually. During the divorce proceedings, he finds out that this woman is passing important information to his wife's lawyer—she is betraying the patient = sexual conflict. In the active-phase, his PSA value climbs to just over 4. Although the patient shows no symptoms, a prostate biopsy (cell sample) is made. After 18 samples, a few proliferating cells are found and a diagnosis of testicular cancer is made. After the prostate gland has been removed, the patient finds himself impotent and partly incontinent. During the course of chemotherapy, he begins seeking an alternative and gets to know the 5 Biological Laws of Nature.
 - Impotence is another sexual conflict for the man > cell division in the area of the sphincter > urine retention > surgery > radiation. (Personal archive of B. Eybl)
 - A 46-year-old executive employee has an extra-marital relationship. When he decides to

¹ Cf. Dr. Hamer, Charts pp. 24, 35

end the affair, his mistress threatens to destroy his family = sexual conflict. In the active stage, his PSA value soars to 46. The patient knows about the 5 Biological Laws of Nature and refuses conventional therapy. He confesses to his wife and she forgives him = conflict resolution. During the healing-phase, the patient suffers for several days from severe urine retention. The PSA value drops back to 2. As a result of the affair, the patient suffers from gingival atrophy. (Continuation on p. 175) (Personal archive of B. Eybl)

- A patient notices that his wife is being unfaithful. He remains conflict-active for 15 years, because he cannot forget about the situation. (Personal archive of B. Eybl)

- A father learns that his grown daughter is regularly being forced to have sex with her partner = substituting for his daughter, he feels a sexual conflict. (Personal archive of B. Eybl)

Tissue	Prostate parenchyma–brainstem–endoderm.
Conflict-active	Increase in function, growth of a cauliflower-like prostate (adeno) tumor = cell growth in the prostate gland, rise in the PSA value.
Biol. meaning	Producing more prostatic secretion > stronger musk odor in the urine and sperm, signaling potency and the readiness to mate to the female, moreover, with more sperm he can be more impressive > older man shows females that he is not yet “over the hill” and can keep up with the young men.
Healing-phase	Normalization of function, tubercular-caseating necrotic degradation of the tumor = stinking, murky, possibly bloody urine; pain, inflammation (prostatitis), swelling, night sweats; should no bacteria be present, symptom-free encapsulation of the tumor. Urine retention only occurs sometimes because the prostate gland has enough space to grow outwards and not inwards.
PSA value	The enzyme PSA is produced primarily in the prostate gland and is a rough parameter for the size of the prostate gland or tumor. Unfortunately, it is a fact that the more often PSA values are measured, the more men die of prostate cancer. Regular checks of the PSA value and follow-up biopsies are, from the viewpoint of the 5 Biological Laws of Nature, unwise. For patients that do not know the laws, just being told that something is wrong with their prostate gland can trigger a sexual conflict. Diagnoses of prostate cancer (usually based on a biopsy) can worsen this conflict.
Therapy	Determine the conflict and track(s) and, if possible, resolve it in real life. CM: transurethral resection, (TUR) or prostate surgery (prostatectomy) often leads to impotence and incontinence. = New prostate conflict and possibly a worsening of the conflict. Local self-worth conflicts concerning the pelvis. CM: “bone metastases.” 5 BLN: TUR or surgery should never be performed due to elevated PSA levels or test-puncture, but only if it is necessary to reduce symptoms (prolonged urinary retention). Prior to that, use natural resources (see p. 258) and, if necessary, try CM, alpha blockers. Chemotherapy, radiation, and hormonal blockade therapy are not recommended.

Gonorrhea in men

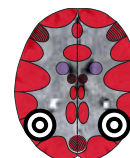
Same SBS as above.

Symptom is purulent discharge in the morning, some pus comes out before the first urine (= so-called bonjour drip).

Phase	Healing-phase or hanging-healing: degradation of prostate tumor tissue, presence of pus in the urine; odorous, murky, possibly bloody urine, “bonjour” drops, night sweats.
Remark	Gonorrhea is only rarely diagnosed nowadays. This is due to effective prostate tumor treatments becoming more and more available. Thus, symptoms do not progress past prostatitis with purulent discharge. After a long, active, territorial-marking conflict, pus can be discharged during the healing-phase if the connective tissue under the mucosa is also affected. In this

Therapy	case, the patient does not suffer night sweats. The conflict is resolved. Accompany the healing. Colloidal silver internally. MMS or antibiotics if the healing-phase is too intense. See therapy for the prostata p. 258.

SBS of the Prostata Ducts



Urine retention without significantly high PSA values (intraductal prostatic cancer, prostatic intraepithelial neoplasia = PIN)*

Conflict	Territorial-marking conflict with sexual aspect (= Combination of prostate and bladder conflict).
Examples	• A 60-year-old employee has a wife, who has never had much interest in sex. After the birth of their second child, she no longer wants sex at all = territorial-marking conflict with sexual aspect. Over the years, he suffers from worsening complications with urination = recurring-conflict in hanging-healing > chronic healing swelling of the prostatic excretory ducts. (Personal archive of B Eybl) • The patient's daughter is married to a man, whom he disapproves of. However, the couple has a child to whom the patient is very attached. Every time he and his wife want to visit their grandchild, their son-in-law thwarts their plans by taking the child away. Since then, he has suffered from urine retention = territorial-marking conflict with sexual aspect. (Personal archive of B. Eybl) • A farmer's wife is 10 years younger than he is. Because he doesn't allow her to smoke in the house, she regularly visits the neighbors to smoke and drink coffee. During a visit to check on his wife, the farmer sees his wife with one arm linked with the neighbor's, and the other linked to the neighbor's child. Although the neighbor meant it harmlessly, the farmer becomes suspicious and begins having problems urinating. When the couple is told what the cause is, the wife stops visiting the neighbor = territorial-marking conflict with sexual aspect. (Cf. Berger-Lenz, Ray, faktor-L, Neue Medizin, Band 1)
Tissue	Prostatic excretory ducts (urothelium)–cerebral-cortex–ectoderm.
Conflict-active	Cell degradation from the prostatic excretory ducts, usually unnoticed > widening of the lumen.
Biol. meaning	Increase in the diameter > better flow > better discharge of prostatic secretions for territorial marking and for "courting." For the female, the musk odor is a sign of potency and readiness to mate.
Healing-phase	Restoration of the urothelium, healing swelling, leading to urine retention, residual urine, for CM: "intraductal prostatic ca (PIN)," excessive degradation of urothelium; important indication: hardly or slightly raised PSA value.
Therapy	The conflict is resolved. Accompany healing, prevent recurrences. See therapy on pp. 256, 258.

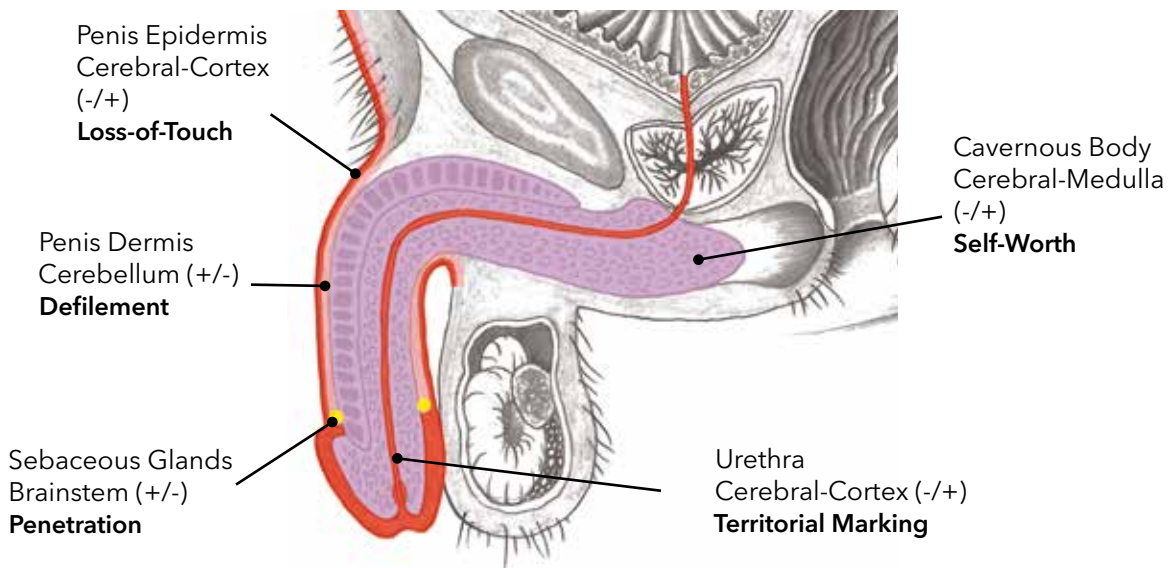
Remedies for the prostate gland

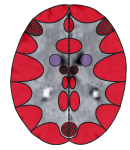
- Guiding thoughts: *"There are more important things than sex and physical potency!" "I will no longer identify myself with that!" "I will let go of this dependency!" "I am enjoying my freedom and my new quality of life!"*
 - In the case of total blockage of the urethra with a backlog of urine, a catheter can bring relief until the swelling decreases. Urine retention will cease when the conflict has been definitely and permanently resolved.
 - Yam roots (natural progesterone), flaxseed oil, pomegranate, saw palmetto, frankincense, stinging nettle preparations
 - For inflammation: enzyme preparations (for example "Wobenzym"), Schuessler salt no. 3
 - Hildegard of Bingen: mugwort (*Tanacetum vulgare*) elixir special recipe • Borax internally. • Lavylites-Spray.
 - Selenium, zinc, coenzyme Q10, vitamin B6, C, E
 - Cayce: regular classic massage of the pelvis and legs with peanut oil and olive oil, mixed 1:1, chiropractic
 - Alkaline foods, especially squash, squash seeds, asparagus, oysters, soy, tomatoes (ingredient: lycopene)
 - Tea: boxberry (*Gaultheria procumbens*), fireweed, bearberry, stinging nettle leaf and root, green tea.
 - Cod liver oil, flaxseed oil.
 - Anti-inflammatory, muscle-relaxing medication, if needed
 - A transurethral resection of the prostate (TURP) should only be considered if the urethra is permanently blocked due to a backlog of residual urine in the bladder or renal pelvis = recurring-conflict or hanging-healing.
 - The conventional practice of administering hormone blocking drugs to inhibit testosterone after an surgery is senseless and has many side effects > not recommended.
- This practice is based on the false assumption that a high testosterone level contributes to ca growth. The fact is that only the PSA value correlates with the testosterone level.
- It is advisable to have a blood hormone analysis made, a few weeks after the surgery. If there is a hormone deficiency, the intake of natural progesterone and possibly testosterone would make sense. Bioidentical hormones following the findings of Dr. Lee, Dr. Platt, Dr. Lenard, Dr. Rimkus.

PENIS

The penis can be roughly divided into root, penile shaft, and glans penis. The mesodermal cavernous bodies (two larger ones on the side and a smaller one below containing the urethra) cause erection. The foreskin (preputium) constitutes a doubling of the

shaft skin in the form of two leaves of skin. The inner leaf holds endodermal glands, which produce a sebaceous lubricant (smegma). The penile shaft and glans penis are covered with ectodermal squamous epithelium, as well as the urethra (urothelium).





SBS of the Penis Epidermis

Genital herpes (herpes on the penis or testicles), inflammation of the prepuce (posthitis), inflammation of the glans penis (balanitis), genital warts (Condylomata acuminata), pearly penile papules (hirsuties coronae glandis)*

Conflict	Separation conflict-wanting or not wanting the touch with the penis.
Examples	→ A man wants to have sexual intercourse several times a week. However, his wife doesn't cooperate = separation conflict of not getting the skin contact one wants. → A man wants oral gratification from his partner but she is against it out of principle = separation conflict. → A man does not want sexual intercourse or he wants another kind of sex = separation conflict-not wanting to have skin contact with the penis.
Tissue	Prepuce, glans penis, epithelium—cerebral-cortex—ectoderm.
Conflict-active	Local cell degradation from the epithelium of the prepuce or glans penis; pale and possibly numb skin (usually unnoticed).
Biol. meaning	Reduced sensibility that temporarily leads to a lack of desire for direct contact.
Healing-phase	Restoration of the epithelial tissue = "genital herpes," actually penile epithelial cancer, inflammation of the prepuce and glans penis, pain, reddening, swelling. Hanging-healing: Genital warts on the penile shaft or on the prepuce or "pearly penile papules" on the lower edge of the penis = local excessive growth of epithelium.
Therapy	In case of inflammation: the conflict is resolved. Accompany the healing process. For genital warts, "pearly penile papules:" determine the conflict and/or track(s) and, if possible resolve them in real life, so that the hanging-healing comes to an end. Under certain circumstances, surgical removal.

Chancroid (ulcus molle) in men*

Same SBS as above.

Symptoms	Small, sometimes painful lesions on the penis.
Phase	Conflict-active phase—degradation of epithelium, local loss of substance without pain = lesion. Healing-phase—Restoration of the epithelial tissue with pain.
Therapy	Determine the conflicts and/or track(s) and, if possible, resolve them in real life if they are still active!

Syphilis (lues)*

Same SBS as above.

In CM, syphilis is seen as an infectious disease that advances in three stages (lues I-III). As a matter of fact, the different lues stages are a collection of various SBS: pain in the head and limbs, swollen lymph nodes, hair loss, diseases of the stomach, liver, spleen, kidney, nerves, etc.

First-stage of syphilis symptoms: Painless ulcer (ulcer) on the outer genitals. The substance defects heal scarring and hardening, which leads to the term "hard chancre".

Phase	Recurring-conflict , thus hard scars.

Therapy	Determine the conflict and/or track(s) and, if possible, resolve them in real life so that the hanging-healing comes to an end.

SBS of the Sebaceous Glands



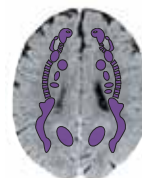
Inflammation of the prepuce II (inflammation of the smegma-producing glands)¹

The smegma-producing glands lie on the inner side of the prepuce and secrete a whitish-yellow sebaceous substance (= lubricant and scent).

Conflict	Chunk conflict that the vagina to be penetrated is too dry.
Examples	→ <i>A man cannot enjoy sexual intercourse, because the vagina is too dry.</i> → <i>Wanting to have sex with a woman, but not being allowed to.</i>
Tissue	Smegma producing (sebaceous) glands—brainstem—endoderm
Conflict-active	Increase in function, growth of the preputial glands and increased smegma production.
Biol. meaning	Increased lubrication facilitates the penis' entry into the vagina.
Healing-phase	Tubercular-caseating degradation of excess cellular material, glandular inflammation of the prepuce, pain, swelling, reddening, probably often diagnosed as "inflammation of the foreskin."
Therapy	The conflict is resolved. Accompany the healing. If it recurs, determine the conflict and/or track(s) and resolve them. Pay attention to the needs and desires of the woman, so that she also feels pleasure. If needed, use a lubricant. Colloidal silver internally and externally. If applicable, MMS or antibiotics.

¹ Cf. Dr. Hamer, Charts p. 29

SBS of the Penile Connective Tissue



Constriction of the foreskin (phimosis), short frenulum (frenulum breve)*

Conflict	Self-worth conflict in terms of foreskin or penis. Deeper cause: This symptom is usually worn by children on behalf of someone in the family to hide their masculinity. May not be or want to be a man. (For example, in the family, men are rejected or vilified.) Similar conflict as undescended testicles> often both symptoms at the same time. According to Frauenkron-Hoffmann: "Sex should not be a pleasure," or woman is pregnant unintentionally.
Examples	• <i>A grandmother and her daughter are single parents and resent men, blaming them for all their ills. The only son has a constriction of the foreskin. = Deputy conflict: To be loved he "holds his manhood back."</i> (Personal archive of B. Eybl) • <i>The boy's father—who is affected by a constricted foreskin—lives in a family dominated by</i>

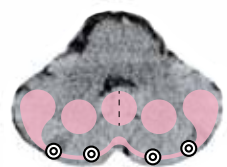
women: early late father, domineering mother, dominant sister. = The boy wears it for the father: "I must not be a man." (Personal archive of B. Eybl)

Tissue	Prepuce, frenulum—collagenous and elastic fibers—medulla—mesoderm
Conflict-active	Degradation of cells from the collagenous and elastic fibers
Healing-phase	Restoration of the lost substance, shrinking due to recurrences > tightening prepuce, short frenulum
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life if still active. Any surgery should be delayed as long as possible (less burdensome). The problem often improves on its own.

Peyronie's disease (induratio penis plastica), deformation of the penis (penis deviation)*

Conflict	Self-worth conflict regarding the penis
Examples	→ A late-developing boy is teased about his penis. → A man has potency problems. → A man suffers a painful and embarrassing kinking of the penis during sexual intercourse.
Tissue	Penile cavernous bodies—medulla—mesoderm
Conflict-active	Cell degradation from the cavernous bodies or other mesodermal part(s) of the penis.
Healing-phase	Hanging-healing or condition following hanging-healing: restoration of the lost substance, possibly with excessive tissue growth; formation of flat, longish plaques; shrinkage; hardening; hour-glass-shaped constrictions; bottle-shaped narrowings in the area of the cavernous bodies, as well as penis deformations.
Biol. meaning	Strengthening of the affected structures.
Remark	According to the literature, patients with this disease pattern are at an increased risk of developing prostate ca. This is understandable from the point of view of the 5 Biological Laws of Nature, for a malformed penis provokes sexual conflicts.
Therapy	Determine the conflict and/or track(s) and, if possible, resolve them in real life if they are still active. Possibly surgery.

SBS of the Penis Dermis



Penile melanoma*

Conflict	Defilement conflict, violation of integrity in regard to the penis
Examples	→ A man finds sexual intercourse or certain sexual practices disgusting. → This can also be felt substituting for another person: the father is disgusted by the thought of the sexual practices of his homosexual son. → Verbal attack on the penis or on a man's qualities as a lover.
Tissue	Penis dermis (corium)—cerebellum—mesoderm.

Conflict-active	Cell proliferation local to the penis, growth of a melanoma.
Biol. meaning	Strengthening and thickening of the dermis so that the individual is protected better from defilement and deformation.
Healing-phase	Ceaseing degradation of the melanoma.
Therapy	The conflict is resolved. Accompany the healing. Avoid recurrences. If necessary, black salve or surgery. See also: chapter on skin, p. 276.

Potency disturbances (erectile dysfunction), reduced sex drive, male sterility*

Possible causes

- **Medication toxification:** Especially antihypertensives, psychopharmaceuticals, anticholesterol medications > disturbance of the normal interplay between the sympathicus and parasympathicus > potency problems.
- **Continuous-sympatheticotonia** due to stress (one or more active conflicts or tracks): Sexual desire is prerequisite to having an erection. Desire only comes during relaxation (vagotonia).
- **Territory conflict or constellation:** "Feminization" due to the switch from the right "masculine" side of the brain to the "feminine" left side of the brain > potency problems or homosexuality (see p. 314).
- **Testicles** in hanging-conflict activity > reduced production of testosterone > reduced sex drive > potency problems (see p. 252).
- **Self-worth conflict** in the conflict-active phase: Reduced self-worth, low energy levels > potency problems (see p. 285).
- **Pituitary gland** in the conflict-active phase: Increased production of prolactin > potency problems (see p. 104).

Undersized penis (micropenis)*

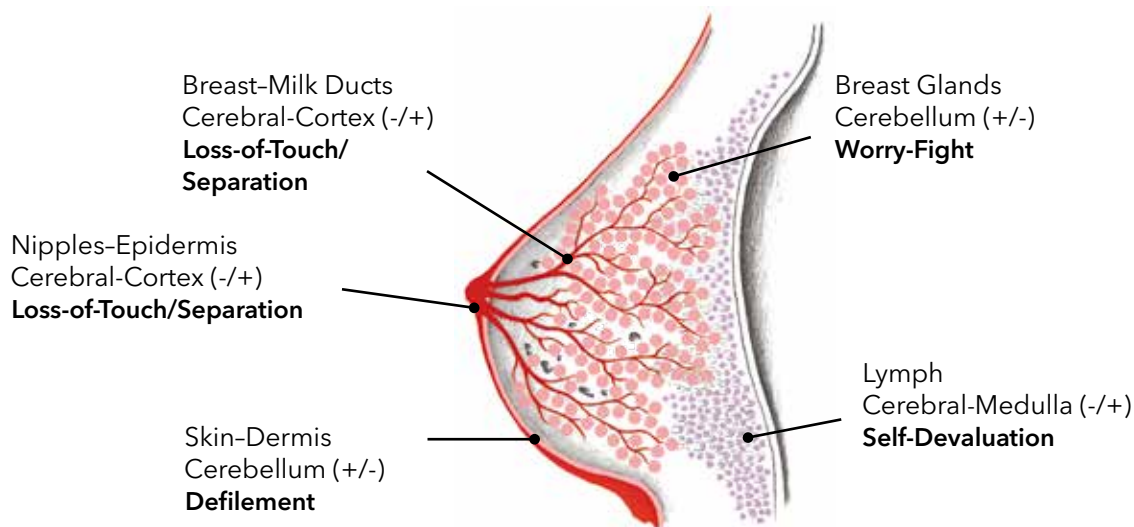
Possible causes (if not just imagined):

- **Self-worth conflict with regard to the penis** in the growing years (CM: "idiopathic micropenis"). For example, derogatory remarks about the appearance or size of the penis, possibly perceived vicariously = local self-worth conflict: *"I am not worth anything here!"* > hanging-conflict activity: cell degradation or ceased growth in the mesenchymal penis tissue.
- **Cerebral-cortex constellation** during the growing years > general developmental delay with postponed and inadequate development of the reproductive organs (see p. 314).
- **Testicles** in hanging-healing during the growth phase > reduced production of testosterone > underdevelopment of the male sex organs (see p. 252).
- **Not enough growth hormone** (somatotropin) during the growth phase (see p. 104).
- **Children always think of the family:** Perhaps men are despised in the family or treated badly. The child is wearing, in this case, the symptom for the family. *"If ever a man, then only with a small penis."* If the adults change, reconcile > the child needs to wear nothing and can be healed and change naturally.

BREAST

The feminine breast is, in principle, a protrusion of the skin over the pectoral muscles. Embedded in fatty tissue are cerebellum-mesodermal breast glands (mammary glands), which evolved from the sweat glands.

The milk (lactiferous) ducts are lined with ectodermal epithelium, which migrated from the outer skin. They carry milk from the lobe of the breast to the nipple.



Breast cancer (Mamma cancer, inflammatory mamma cancer = IBC)

There are two different types of breast cancer. The name "Mamma cancer" says nothing about which type is meant. According to Dr. Hamer, about 80% of the time the milk ducts are affected; in the other 20% the breast glands are.²

SBS of the Breast Glands

Cancer of the breast glands (Mamma adeno-ca, lobular mamma cancer, lobular cancer in situ = LCIS)¹



Conflict	Right-handed woman, left breast: worry or fight conflict with regard to the mother-child or "nest"; right breast: worry or fight conflict with regard to the partner. Left-handed woman: other way around. Explanation of nest conflict: The home is in danger, one fears for one's house or apartment, fighting in or about the house or apartment.
Examples	• A 43-year-old, left-handed woman is blamed by her daughter for having destroyed her marriage = mother/child fight conflict. A tumor of the right breast develops. (Personal archive of B. Eybl)

¹ Cf. Dr. Hamer, Charts pp. 45 ff, 50 ff

² Cf. Dr. Hamer, breast cancer-the most common cancer in women p.23, Amici di Dirk-Verlag 2010, source directory.

- Once again, the case from p. 24: A right-handed woman embarks on a week-long vacation with friends, while her ex-husband cares for their epileptic daughter. On the very first day of the vacation, she receives a phone call from home: her ex-husband reports that their daughter has had a severe epileptic fit and is currently in the hospital. He blames the patient for not being there. She wants to fly back to her daughter right away but is unable to book a flight = mother-daughter worry conflict—one week of very strong conflict activity. A breast-gland tumor develops in the left breast. In the following years, the patient remains mildly conflict-active because she is expecting another fit at any time. Not until the daughter has been stable for several years does she come into healing: the patient sweats at night, the breast reddens, swells up and after six weeks breaks open and gives off stinking pus. The patient remains calm and recovers well. (Personal archive of B. Eybl)
- A Spanish woman moves to a large city in Germany for her studie where she has to accept living in a dark inner courtyard apartment. Accustomed to the southern climate, she is unhappy in the flat and longs for life-giving sunlight. She comes to the conclusion that “everything is so dark in Germany” = nest conflict. To relieve her distress, she moves her bed right up to the window, so as to catch a little light. Thereafter, she is diagnosed with breast gland cancer. (Archive Antje Scherret)
- The 44-year-old has a daughter in puberty, who is driving her crazy. They are constantly arguing—it has even gotten to the point where they avoid each other = mother/child fight conflict. A tumor develops in a breast gland. As their relationship suddenly improves, the tumor comes into healing. (Personal archive of B. Eybl)
- A 65-year-old, right-handed patient takes care of her granddaughter during the day. One summer day, she holds a children’s party in the garden and the patient’s dog joins in. In their excitement, the children come up with the idea of riding the dog. The dog does not like the idea and bites one of the children. The wound is not serious but at the hospital charges are brought against the dog’s owner. The patient is afraid that she will have to give up her beloved dog = mother/child worry conflict involving a dog. A breast gland tumor develops. When the charges are dropped, she comes into healing and is diagnosed with a Mamma cancer. (Personal archive of B. Eybl)

Tissue	Mammary glands—cerebellum—mesoderm.
Conflict-active	Cell division in the mammary gland tissue, growth of one or more nodes (= adeno-ca); the longer and more intensive the conflict is, the larger the tumor grows. If the tissue sample is taken during the growth, medicinal practitioners speak of “malignant cancer.” If one does not find an above average rate of cell division (= solved conflict) under the microscope, the diagnosis may be “benign.”
Biol. meaning	With more milk glands tissue, more milk can be produced. With the extra food supply the child or partner can heal faster.
Healing-phase	Caseating-tubercular degradation, if fungal-bacteria are present; the cell remnants are eliminated over the lymph system. Although the tumor is no longer growing, the breast swells up at the beginning of the healing-phase because of the increased metabolism. Pain, night sweats, possibly low-grade fever; only later in the process do the nodes and breast feel smaller. Especially strong swelling caused by syndrome > danger of panic, if no fungal-bacteria are available, the tumor will be encapsulated and separated from the body’s metabolism (CM: “benign”); the tumor remains but is no longer malignant.
Healing-crisis	Chills or a feeling of being cold, severe pain
Remark	The tumor can break open externally if, due to the tumor or puncture, the woman has also suffered a defilement conflict affecting the dermis or in the case of a superficially located tumor, the skin no longer can hold up to the pressure > bloody, oozing, stinking, degradation of the tumor to the outside (= open breast TB), danger of vicious circle. Consider “handedness” (right or left) and side (mother, child or partner), or local conflict.

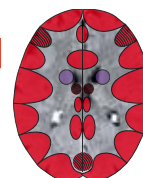
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life should they still be active. Guiding thoughts: <i>"Don't worry. Live!" "My worries won't help anybody!" "I release all human beings. Fate knows what is best." "Life is too short to worry about little disagreements!"</i> Surgery-yes or no? If the tumor is too large, it is doubtful whether the patient will be able to survive a long-lasting breast-TB. For this reason, surgery is recommended, if one has a good doctor at hand. He should use care, to only remove the tumor, leaving the lymph nodes in place. Attention: due to the suffered tumor, the surgery is often followed by a mild breast self-worth conflict in healing > growth of breast-lymph nodes (up to the size of a tennis ball) > vicious circle if an understanding of the correlations is lacking. Here too, surgery may be applicable. If applicable, black salve, suitable for people who are not too sensitive to pain, people with very good nerves (order at www.cernamast.eu), instead of surgery. CM: chemotherapy and anti-hormone therapy (anti-estrogen or aromatase inhibitors) are not recommended, because of adverse side effects. See also: remedies for the breast on p. 268.

Adhesions on the breast glands (sclerosing adenosis, fibroadenoma)

Same SBS as above.

Phase	Condition following the healing-phase or following relapses = scarred remainder from a healed breast gland tumor.
Therapy	The conflict is resolved. Gentle massages or lymph drainage massages with marigold salve, so that the tissue becomes smooth and supple again. Daily morning ritual by Anton Styger (see p. 321).

SBS of the Breast Ducts



Mammary duct cancer (intraductal mammary cancer, lobular cancer in situ = LCIS, invasive lobular cancer, ductal hyperplasia, papillary adenoma, Paget's disease)¹

Conflict	Right-handed woman, left breast: separation conflict with regard to the mother/child or nest; right breast: separation conflict with regard to the partner. Left-handed woman: the other way around, i.e., conflicts are reversed. Explanation: Mother/child or partner has pulled away from the breast; Nest: separation from home (house, apartment, homeland).
Examples	→ A woman's daughter moves to a city far away. → A woman finds out that her partner is unfaithful. • The left-handed, happily-married woman has a son, whom she loves above all. At the beginning of his studies, he is still living at home with his parents. She is severely affected

¹ Cf. Dr. Hamer, Charts pp. 120, 133

by the news that that he plans to move into his own apartment. She never imagined that he would leave so quickly. For her, he was always her "little boy" = conflict that her son is being pulled away from her breast > unnoticed cell degradation in the milk ducts in the active-phase. One day, after the patient has accepted that her son's leaving is a positive and normal development, she notices a lump in her right mother-child breast. CM: Infiltrating milk duct cancer. (Cf. Claudio Trupiano, thanks to Dr. Hamer, p. 298)

- The 39-year-old, right-handed patient has a number of fierce disagreements with her husband about his ex-wife. In her opinion, he is too friendly and cooperative toward her = partner-separation conflict affecting the milk ducts of the right breast > cell degradation in the active-phase, restoration (= ductal breast cancer) in the healing-phase. (Personal archive of B. Eybl)

- The 41-year-old, childless, right-handed patient has a dog named Benni, whom she loves very much. She makes it clear to her mother, who lives on a farm, that she mustn't lay out any poison because that could endanger Benni. Her mother ignores her warnings and misfortune strikes: Benni eats the poison and dies. Her pet-child is pulled away from the breast. She doesn't want to talk about it to anyone, for Benni was "just a dog" > cell degradation in the active-phase. Not until a year later, does the patient recover from the incident. In the healing-phase, she notices a white lesion on the left nipple. A 2x2x4 cm lump develops in the milk ducts. The patient is relieved as she learns about the causal relationships and refuses CM-treatment. Within a year, the lump is almost gone. (Personal archive of B. Eybl)

- The 42-year-old, right-handed married patient, mother of two children, has a husband who is very much under his mother's influence. The patient's mother-in-law tries to pull the two children onto her side and this has nearly ruined their marriage. On the 24th of December, her husband takes the children "for a quick visit" to his parents. However, the children and he celebrate Christmas with the mother-in-law = mother/child-separation conflict-the children are torn from her breast. (Personal archive of B. Eybl)

Tissue	Mammary ducts–squamous epithelium–cerebral-cortex–ectoderm.
Conflict-active	Epithelial cell degradation in the milk ducts (ulcer) > increase in lumen, by longer conflict activity the milk ducts shrink up painfully. The nipple or the affected spot is pulled inwards (so-called "inverted nipple," CM: cirrhotic milk duct ulcer). By longer conflict activity and if many milk ducts are affected, the breast can become smaller as a whole.
Biol. meaning	1. Through the numbness, the separation can be easier forgotten. It no longer feels so strong. 2. Extension of the milk ducts, so that the milk does not dam and drip off alone, as the child or partner, cannot suck the milk because of the separation.
Healing-phase	Restoration of the epithelial mucosa (= CM: "intra-ductal mamma cancer", periductal mastitis), swelling, itching, pain; in this SBS the outer skin often reacts with a reddening of the breast in the healing-phase; secretion (bloody or clear) buildup in the milk ducts due to increased metabolism. Because the milk ducts are swollen closed; the fluid can back up behind the nipple, especially by active kidneys-collecting tubules SBS = syndrome. After the healing is complete the breast shrinks, leaving dimples and possibly hardenings.
Healing-crisis	Feeling of being cold, possibly chills, and severe pain.
Remark	Cancer of the nipple is called "Paget's disease" in CM > Tissue-wise, it belongs to the ducts–same SBS. Consider "handedness" (right or left) and side (mother, child or partner), or local conflict.
Therapy	The conflict is resolved. Accompany the healing process. Determine the conflict and/or tracks if still active. Guiding thoughts: "I love you, and that is why I am letting you go!" "I am setting you free!" By blockage: Somebody (partner, child) should suck out the secretion orally, like a baby.

Surgery if the tumor becomes too large because of relapses. Remove only small areas (not far into the healthy).

Attention: The surgery is often followed by a mild breast self-worth conflict in healing > growth of breast-lymph nodes (up to the size of a tennis ball) > danger of a vicious circle, if the interrelationships are not understood.

Anti-hormone therapy (anti-estrogen or aromatase inhibitors) is not recommended because of the numerous side effects. See remedies for the breast p. 268.

Small calcifications in the breast (micro calcifications)

Same SBS as above.

Calcifications, often only pin-sized, are sometimes found in mammographs and are seen as possible "signs of cancer."

Example	See introduction on p. 24.
Phase	State following the healing-phase , completed and finished or recurring milk ducts SBS.—In principle, through healing swelling and scarring "broken-down" and dried up, calcified milk.
Remark	Calcifications also remain after breast gland tuberculosis. These, however, are not normally diagnosed as "micro calcifications."
Therapy	The conflict is resolved. No further measures needed, except—prevent recurrences!

Inflammation of the breast glands (mastitis), inflammation of the nipple (thelitis)

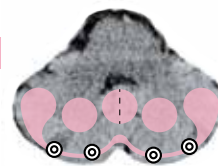
Both SBS of the breast can occur.

The condition usually appears during puerperium (mastitis puerperalis).

Both inflammation of the mammary glands, as well as inflammation of the nipples or milk ducts, are called mastitis in CM.

Example	→ <i>The baby is born healthy and is nursing well. The troubles of pregnancy have all been for gotten = beginning of the healing-phase > inflamed breast gland or nipple.</i>
Phase	Healing-phase of both eligible SBS.
Remark	An inflamed nipple can also have a mechanical cause, for instance if the infant sucks too vigorously.
Therapy	The conflict is resolved. Accompany the healing. Avoid recurrences. See remedies for the breast p. 268.

SBS of the Breast's Dermis



Melanoma on the breast

Conflict	Defilement conflict: the feeling that the breast is disfigured, violation of integrity
Examples	• A breast cancer patient feels disfigured because of the tumor on her breast. A widespread melanoma develops. Remark: very common follow-up conflict, interpreted by CM, as "metastases" > danger of a vicious circle. (Personal archive of B. Eybl) • A woman has recently weaned her third child from breastfeeding. One day as she is sitting alone in bed, she notices her limp, drooping bosom and has feelings of anxiety = disfigurement conflict with regard to the dermis. At the spot she finds especially unattractive, she develops a 5 mm melanoma = growth in the conflict-active state. (Personal archive of B. Eybl)
Tissue	Dermis–cerebellum–mesoderm
Conflict-active	Cell division in the dermis, growth of a melanoma = common follow-up conflict to breast ca.
Biol. meaning	Strengthening as protection from disfigurements or damages to integrity.
Healing-phase	Caseating degradation via fungal-bacteria (mycobacteria), or bacteria.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life if still active. If necessary, black salve or surgery. (See p. 276)

Shape Changes of the breast*

Lumps

- Milk glands in the active-phase or healing-phase
- Excretory ducts in the healing-phase
- Active kidneys-collecting tubules SBS can cause old lumps to be "pumped up" again, giving the false impression that a new SBS of the breast is underway.

Skin indentations or inverted nipples

- Mammary ducts in active-conflict or condition following relapses.

Sagging breasts

- In women with generally weak connective tissue, the breasts drop in early years, because the collagenous fibers are soon thinned out = indication of a reduced self-confidence (mild general self-worth conflict). Usually the low self-worth and "weak connective

tissue" is passed down over several generations.

- In women with normal to good connective tissue, sagging breasts can come from an SBS of the milk ducts, if previously full lumps collapse after dissolving.
- If a woman has firm breasts due to an active fugitive conflict, the breasts will collapse after the resolution of the conflict > Good sign! Indicated by fluid loss, weight loss, night sweats.

Firm breasts

- Active kidneys-collecting tubules SBS make nice firm breasts. Disadvantages: This is usually accompanied by becoming overweight, edema, and fat deposits due to a fugitive conflict. If the conflict is resolved, the breasts are no longer attractive.

Remedies for the breasts

- Bach-flowers: red chestnut, chicory, willow
- Teas: tea/tea compresses: marigold, yarrow, fennel, chamomile, comfrey, yellow meliot.
- Hildegard: Warm gold leaf or gold coins in the sun, then stroke them around the tumor. Bring verbena to a boil and then apply as a compress in a warm cloth.
- Schuessler salts: No. 3, 11, 12
- Enzyme preparations for inflamed breasts.
- Lymph drainage massages, gentle massages.
- For an open wound on the breast: Apply honey, change wound compresses regularly.
- Beat curly-leaf cabbage and white cabbage until soft and apply regularly. • Lavylites-Auricum-Spray.
- A silver activated charcoal bandage is useful against unpleasant odors of tuberculosis.
- Hydrogen peroxide (H₂O₂) internally and externally.

SKIN, HAIR AND NAILS

The skin (cutis) connects us with our surroundings and protects us from them at the same time. The hair and the ectodermal outer skin (epidermis) have a connecting function, while the cerebellum-mesodermal dermis (corium) has a protective one. Under the dermis lies the medulla controlled, mesodermal sub-

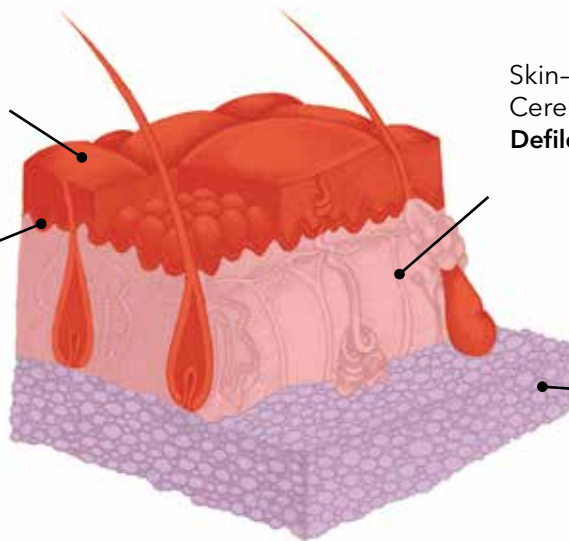
cutis = connective tissue and fat layer. From the viewpoint of the 5 Biological Laws of Nature, the skin is an "easy-care" area if care is taken. The location of the skin problem always plays a role. Nothing is where it is by chance—it is important to find out exactly what happens where.

Skin-Epidermis, Hair
Cerebral-Cortex (-/+)
Loss-of-Touch/Separation

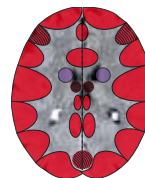
Skin-Epidermis,
(Bottom of,
Towards Dermis)
Cerebral-Cortex (-/+)
Brutal-Separation

Skin-Dermis/Leather Skin
Cerebellum (+/-)
Defilement-Deformed-Integrity

Subcutaneous Fatty
Tissue,
Cerebral-Medulla (-/+)
Self-Devaluation



SBS of the Skin Epidermis



Skin rash (exanthema), inflammation of the epidermis (neurodermatitis), eczema, efflorescence, erythema, hives (urticaria), lichen, pemphigus, erysipelas, dermal auto-immune diseases (lupus erythematoses), squamous cell cancer, basal cell cancer (basalioma) ¹

Conflict

Separation conflict—wanting or not wanting to have skin contact.

Explanation: Separation conflict in the sense of "wanting to have contact:" contact is broken off or one loses contact with a beloved person or pet, being abandoned; sometimes also not noticing a danger, not being able to feel something.

Affected are the inner sides of the body parts (Yin meridian): the inner sides of the belly, breast, arm, leg. We embrace with the inner sides of the arms and legs. We make skin contact with the belly or breast if we like someone.

Separation conflict within the meaning of "not-wanting-contact": Someone is closer than one's right. Affected are the outer sides (Yang Meridian) of the back, buttocks, arms and legs, as well as the elbows, wrists, knee joints and the outer sides of the ankle joints. With the

¹ Cf. Dr. Hamer, Charts pp. 118, 131

elbow, fist, shinbone, or knee, we shove away unwanted persons, animals, or things.

Separation conflicts with regard to the head or face are related to missing the caresses of mother or father (typical mother-child touching).

Also think of local conflicts: Many skin symptoms have no mother/child or partner reference, but precisely in the affected area is something conflictive/unpleasant happened (see p. 11).

Examples

- At 19, a now, 53-years-old patient lost her “partner of a lifetime,” a musician who traveled frequently. To cope, her sense of responsibility towards her siblings made her stay at home, also because her gravely-ill mother was unable to care for three young children = separation conflict. Epidermal cell minus in the active-phase. Not until some years later does she come into healing. A neurodermatitis appears all over her body (restoration of the epidermis) = two separation conflicts: one affecting the inner sides as a result of coping with the loss of this loved one, and one affecting the outer sides as a result of her desire to abandon her siblings and pursue the boyfriend. (Personal archive of B. Eybl)

- A child suffers a separation conflict because his single mother has found a new partner and he may no longer sleep in the bed with his mother. (Personal archive of B. Eybl)

- At a patient’s workplace, coworkers greet one another by shaking hands. However, one employee does not wash his hands, and the patient, therefore, refuses to make contact with him = separation conflict in the sense of “not wanting to have contact.” As he changes jobs and is no longer obligated to shake the colleague’s hand, he comes into healing (= skin rash). The affected area is the back of the right hand, which he uses to shake hands. (Cf. www.germanische-heilkunde.at/index.php/erfahrungsberichte)

- A mother, with a 4-year-old daughter, returns to work after a six-month maternity leave. She works 20 hours per week, and the child spends two and a half days per week with her grandmother. The child misses her mother = separation conflict that causes her to suffer from neurodermatitis. The whole family, including the grandmother, then spend a week on vacation. For the first few days the rash is worse than ever before = healing-phase. Towards the end of the vacation, however, the daughter’s skin becomes wonderfully smooth and healthy = complete healing. Unfortunately, the mother returns to work after the vacation and cycle renews. (Personal archive of B. Eybl)

- Three weeks ago, an intelligent, right-handed, 16-year-old schoolgirl catches a rash, first on her left ankle, then on the right. When she is asked whether she has had a separation conflict with her mother, her two pet cats or with somebody else, she says no. When asked if something related to her shoes or feet had occurred, she immediately remembers the following: three weeks ago she wore high-heeled shoes for the first time for an outing, which she enjoyed = separation conflict in healing.

Recommended therapy: Do not take such events seriously. If that doesn’t work, she should wear high heels as often as she pleases. (Personal archive of B. Eybl)

- In her childhood, a 39-year-old childless, right-handed patient was beaten by her mother, and her relationship with her mother has not improved. At 25, she ceased contact with her mother in order to protect herself. Recently, her mother contacted her and they meet for the first time in years. The patient considers reconciliation but struggles with feelings of resentment = separation conflict of not wanting to have contact.

An incident: She is sitting on a park bench when her mother happens to walk by—she hides her face so that her mother will not recognize her. She is in hanging-healing and within a year three epithelial cancer (CM: “superficially spreading cancer”) develop on the outer sides of her lower leg, thigh, and upper arm. The patient is relieved as she hears about the 5 Biological Laws of Nature and learns these “melanomas” were in principle “warts” of little significance, which had been operated on unnecessarily. She decides to break off contact with her mother so that she can end the hanging-healing. (Personal archive of B. Eybl)

Squamous epithelium of the dermis—cerebral-cortex—ectoderm.

Tissue

Conflict-active	Cell degradation (ulcer) from the ectodermal epidermis epithelium—usually unnoticed; at the affected spot, the skin feels somewhat cold and rough; it is pale and undersupplied with blood, the feeling is limited (numbness). Short-term memory problems in the case of two active separation conflicts at the same time, left and right (constellation); longer lasting separation conflicts can lead to symptoms of dementia. Also, the sensory paralysis that often goes along with MS (multiple sclerosis) is nothing but an active-phase of a separation conflict.
Biol. meaning	Through numbness (diminished sensitivity) the missing or unwanted skin contact is temporarily forgotten.
Healing-phase	Restoration of the epidermis, metabolism recovery, inflammation, reddening, swelling, itching, and sometimes burning pain; it looks like the skin is really ill now but, in fact, it is being repaired. If it was ill at all, it was during the active-phase.
Healing-crisis	Feeling of being cold, possible chills, pain, blackouts (absences).
Remark	Consider “handedness” (right or left) and side (mother, child or partner), or local conflict. Syndrome can cause an aggravation of the symptoms. Not only people and animals cause a separation conflict, but also shoes that are too tight or uncomfortable, or hated clothing, bitter cold, etc. <u>Basalioma</u> : hanging-healing, the deepest part of the epidermal layer is affected. Example, a right-handed gets a slap on the right cheek. On the right cheek develops a basal cell cancer. = local separation conflict—unwanted skin contact. (Personal archive of B. Eybl) <u>Erysipelas</u> : healing-phase with syndrome > intense reddening and swelling. <u>Lupus erythematosus</u> : CM: Collagenosis—a subcutaneous SBS > a self-worth conflict. In practice, however, it is often an epidermal SBS with syndrome > separation conflict. In each individual case this must be clarified by examining the symptoms and conflict history. <u>Neuropathy, polyneuropathy</u> : If no injury or poisoning (chemotherapy): numbness = active-phase. Tingling, burning, pins and needles = healing-phase, or poss. recurrent conflict.
Therapy	The conflict is resolved. Accompany the healing. If recurring, find and resolve the conflict or track(s). Guiding thoughts: “I accept the separation and look to the future!” “I am bound with God. This tie is never broken!” Friendship bracelets for a child’s separation conflict from the mother or father: Together, they wattle two bracelets; the mother makes one for her child and vice versa. Then they have a ceremony of binding the bracelets around each other’s wrists. Whenever the child looks at the bracelet, he or she is immediately reminded of the bond. Touch and be touched: For example, let yourself be stroked or massaged so as to have skin contact. Tenderizing cabbage leaves and place on, regularly. Petroleum externally. Hildegard of Bingen: Bathe or wash with a decoction of leaves from mulberry leaves. See also: remedies for the skin on p. 284.

Allergic contact eczema, sun allergy*

Same SBS as above.

Example

- A girl is undertaking an apprenticeship to become a baker. Just as she is standing at a machine, the baker approaches her and grabs under her skirt. Since then, the patient has been allergic to flour. (From the forum www.neue.mediz.in)
- During summer vacation, a 5-year-old girl falls asleep under a beach umbrella. When she wakes up, she goes into a panic because her mother is gone = generalized separation conflict. Tracks: sun, sand, and sea; for forty years the patient has suffered from a sun allergy, but only when she is at the beach in the summer. (Cf. Claudio Trupiano, thanks to Dr. Hamer, p. 371)

Phase **Healing-phase**—recurring-conflict caused by tracks.

Remark	Allergies are not "systemic illnesses," but warning signs of nature. Allergies always function on the basis of tracks. Finding the tracks requires precise detective work. The conflict always has to do with the substance to which one is allergic to. Something dramatic/unpleasant happened while having contact.
Therapy	Determine the conflict or tracks and, if possible, resolve them in real life so that the SBS comes to an end. Vit. D3 (cod liver oil), colloidal gold. If this does not work, avoid the "allergens." See also: remedies for the skin p. 284.

Psoriasis²

Same SBS as above. (See pp. 269-271)

Examples	• Psoriasis since childhood (Report of a young woman in faktor-I-forum): <i>I was born after just seven months—thus, I was too small and too light. Nevertheless, I braved through it all without noticeable damage. I was neither physically handicapped nor mentally retarded. But something tells me that this birth was too early for me personally, that for a long time I vegetated without protection and security. Nobody was with me during those hours.</i> <i>After about half a year, my mother put me in a children's home. In the meantime, I had a broken arm because my older sister pushed me from the sofa. Before that, she wanted to suffocate me with a pillow. I wasn't in the home for long;—I soon was adopted. My father was a very loving person; my mother was more the rational type. The marriage broke up after 5 or 6 years. I had to stay with my mother. It was all about her. Nobody paid any attention to me. My grandparents were only interested in my mother. A single woman with a child—no, that can't work! Nobody cared that my heart was bleeding. Again, I was very much alone. Soon after that, my mother met a new man. They were together for one year and wanted to get married. He left her the day before the wedding. I had already started calling him "papa" (which wasn't easy for me).</i> <i>Then came the third man, the one I now call my father, for he acted as a father for the longest in my life. And then, as it was bound to be, this marriage broke up too. I was already out of the house and had my own life but it still eats at me. Three months ago, I lost my baby in the 10th week.</i> <i>A moving story—separation conflict from the beginning onwards, some active, some in healing. (http://www.faktor-I.de/index.php?f=18&t=2251)</i> • The 64-year-old, right-handed, divorced patient has a grown daughter with whom he has a wonderful relationship. One day the daughter meets a man that the patient doesn't approve of at all. As such, the daughter distances herself from her father = separation conflict—wanting to get rid of the daughter's boyfriend > severe psoriasis on the outer sides of both lower legs due to relapses. (Personal archive of B. Eybl)
Phase	Two separation conflicts overlap each other on the same area of the skin, one is in healing (= red skin) and the other is in conflict-activity (= scaling).
Remark	Consider "handedness" (right or left) and side (mother, child, or partner), or local conflicts. The unattractive places could have a disfigurement conflict as a consequence. Put away the mirror.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life. See above and remedies for the skin on p. 284.

2 Cf. Dr. Hamer, Charts pp. 118, 131

Measles (rubella), chicken pox (varicella)

Same SBS as above. (See pp. 269-271)

Conflict	Generalized separation conflict-wanting or not wanting skin contact
Examples	→ <i>The pupils in an elementary school love their teacher. In the middle of the school year, she becomes pregnant and she goes on maternity leave = collective separation conflict. As the children grow to love their new teacher, they come into healing > measles in the healing-phase.</i> → <i>For some of the children born in a single year, it is too early to go to kindergarten. They would rather stay at home with their parents. As they become friends with the other children and begin seeing the kindergarten teacher as a mother-substitute, they all come down with the chicken pox (or measles) = healing-phase.</i> • <i>A couple's three children, each born nearly two years apart, miss the skin contact with their mother and father when at school. During vacation, they enjoy staying home, being able to cuddle with their parents and playing. All three contract chicken pox at the same time = healing-phase. (Personal archive of B. Eybl)</i>
Phase	Healing-phase , restoration of the epidermis in the form of small, red flecks (measles rash); chicken pox sometimes produces blisters.
Remark	Why do several members of a family or school class become ill at the same time? Group members experience and feel certain situations together. A group feeling and field of thought develops (Rupert Sheldrake—"morphogenetic field"). The more homogenous the group is, the more similar the feelings are amongst its members. Similar feelings lead to similar conflicts. Nowadays, unlike earlier, there are no measles epidemics anymore because the bonds within school classes and families are breaking down (keyword "individualism"). Usually, several organs suffering from the same conflict come into healing at the same time > inflammations of the throat, nose, connective tissue or lymph glands. The developmental leaps associated with childhood diseases are not due to the disease but happen before that. "Developmental leaps" = conflict resolution = starting signal for the healing-phase. As adults we, too, make a "developmental shift" before we get "ill", otherwise we wouldn't become ill. Please do not confuse this developmental leap with the mature stop by territorial conflicts discovered by Dr. Hamer. Separation conflicts do not belong to the territorial conflicts and do not cause a stop in maturation.
Therapy	The conflict is resolved. Accompany the healing. Avoid recurrences. If necessary use cortisone, only briefly, and if you no longer know what else to do. The measles vaccination does not protect against measles. Unfortunately, the vaccines contain various toxins that harm the child. See also above and under remedies for the skin. p. 284.

Warts (verrucae), plantar warts, condyloma, molluscum contagiosum ("MC")

Same SBS as above. (See pp. 269-271)

Examples	• <i>A schoolgirl loves her riding pony, Neptune, more than anything else. One day, the mother and daughter arrive at the pony farm and find the stall empty. Neptune is dead = partner separation conflict with regard to sitting on the pony. Several MC lesions develop on the right buttock. The pony was perceived as a "partner." New lesions keep appearing because the mother and child keep visiting the pony farm ("recurring-conflict"). When the correlations</i>

become clear thanks to the 5 Biological Laws of Nature, they drive to another farm where the girl soon finds another horse to give her heart to >the lesions disappear. (Cf. www.germanische-heilkunde.at/index.php/erfahrungsberichte)

• The 21-year-old reluctantly makes an apprenticeship as a postman. Warts develop on the insides of his fingers, just where he has to grip the letters. When he stops working, they disappear. (Cf. www.gnm-forum.eu)

Phase	Hanging-healing —excessive local restoration of the squamous epithelium
Therapy	Determine the conflict and/or tracks and if possible resolve them in real life, so that the SBS comes to an end. “Turn-around”—on a full-moon evening, spread half of an onion on the warts then throw the onion behind yourself and say “goodbye” to the wart. Do not think of the conflict or the wart afterwards. Dab the warts with celandine juice, lemon juice, vinegar, freshly cut onion or tea tree oil. Hildegard of Bingen: celandine salve. Surgical removal is rarely successful because the warts usually come back. In this case, scars remain additionally. Most of the time, warts disappear on their own anyway.

Age warts (seborrheic keratosis)*

Same SBS as above. (pp. 269-271)

Phase	Hanging-healing —excessive local restoration of the squamous epithelium
Remark	In natural medicine, it is thought that the warts come from an age-related waning of the body’s capacity to eliminate wastes, causing them to be given off over the skin in the form of brown warts. I think that this could be partly true but probably in connection with the above conflict. If aesthetically disturbing> surgical removal.

Borreliosis (Lyme disease)*

The annular erythema borreliosis is in my opinion a separation conflict in healing-phase.

The joint and nervous symptoms are mistakenly assigned a tick bite. The red swelling is a sign of healing.

The helical bacteria-spirochetes—are “organic catalysts,” that bring or cause that dormant phases of healing in motion. I observed a patient with a typical ring-shaped reddening of the skin on the shoulder following a very small tick bite.

Three weeks later, just as described in CM, massive bone pains set in, emerging from the very spot where she had been bitten and spreading over her whole body. The patient was not afraid of ticks or infections (in other words, no fear conflicts).

The interesting thing is that just before that, she had made a huge step forward in the concern of her self-worth. This involved her elderly father, who for the

first time, had opened up to her. The patient healed her borreliosis with natural remedies (teasel, oregano, anise, agrimony), but for the first two weeks she required painkillers (antirheumatics).

Another patient also had borreliosis without any demonstrable insect bite; his significant other had died three weeks prior (= separation conflict).

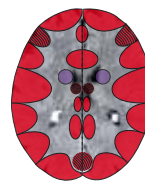
When he overcame it, he contracted borreliosis on his right hip (= healing-phase).

One question that plagues me is:

Why is there no direct proof of borrelia in those affected?

Many homeopaths believe that borreliosis is a result of vaccination (vaccine damage). This raises another question:

If one was vaccinated before the onset of symptoms, were antibiotics or other serious drugs administered?



SBS of the Deep-Epidermis

Pigmentation disturbances (vitiligo)¹

Conflict	Intense or brutal separation conflict. Very painful, unjust or unpleasant perceived separation.
Examples	• A woman has white patches all over her body. She no longer goes out in the sun because when she is not tanned, the patches can hardly be seen. Melanin is lacking almost everywhere. Conflict history: The patient is married to a drug addict. Even after the children arrive, he cannot stop his addiction. In spite of many attempts, the man cannot get a grip on his problems. After waiting for a long time, the patient finally decides to separate from her husband for the sake of the children. She is overcome by a feeling of helplessness and injustice in having to take this step. (Cf. Claudio Trupiano, thanks to Dr. Hamer, p. 283) • A married woman goes to a therapist because of three white patches on the inside of both arms and both legs. When he asks about a separation from her husband, she denies this vigorously. However, the therapist doesn't give up and asks again whether she had suffered an unjust perceived separation. She begins to tell her story: A year ago she fell in love with a man, who lives in another city. The relationship ends because her partner never bothers to come to her. She must always go to him = brutal, unfair separation conflict. Since the two are still exchanging SMS the conflict remains constantly active. (Claudio Trupiano, thanks to Dr. Hamer, p. 282)
Tissue	Epidermis—lowest layer (melanophore layer)—cerebral-cortex—ectoderm.
Conflict-active	Tissue degradation (ulcer) in the lowest layer of the epidermis—this layer contains the brown pigment melanin > white patches because the melanin is reduced.
Biol. meaning	Increase in sensitivity due to degradation of the lowest layer of the epidermis > the person missed can be perceived better.
Healing-phase	Restoration of the melanophore layer > retreat of the patches, usually starting at the edges.
Remark	Consider "handedness" (right or left) and side (mother, child, or partner), or local conflict.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life, if still active. See skin remedies p. 284.

Scarlet fever

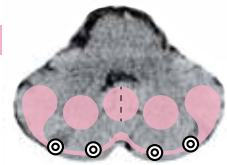
The "illness"—scarlet fever—includes several symptoms, each of which must be examined separately. Primary symptom: "raspberry tongue" (see p. 166).

Scarlatina rash: same SBS as above.

Examples	• The older brother of a 4-year-old boy has a birthday. The family goes to a toy store and the birthday boy is allowed to choose a present. He decides he wants a pedal car. The little one sees the car, runs to it and wants to drive it. His mother holds him back: "No, that's for your brother's birthday!" The little one begins to cry = intense separation conflict from mother/brother. He then breaks out in scarlet fever in the healing-phase = restoration of the epidermis. (Cf. www.germanische-heilkunde.at/index.php/erfahrungsberichte)
Phase	Healing-phase —widespread restoration of the lowest levels of the epidermis = outbreak of scarlatina rash.
Therapy	The conflict is resolved. Accompany the healing. Avoid recurrences. See also: remedies for the skin, p.284.

¹ Cf. Dr. Hamer, Charts pp. 120, 132

SBS of the Skin Dermis



Skin cancer (melanoma, amelanotic melanoma, nodular malignant melanoma, etc.)¹

Conflict	Defilement conflict: To feel injured, dirtied, defaced or attacked. Violation of the integrity. Explanation: A real life injury (hit, push, slap) or defilement (dirt, feces, urine, etc.) or words that hurt, often due to arguments, cursing or doctors' diagnoses.
Examples	• <i>Due to bone cancer, a woman has surgery on her upper arm. Radiation leaves a brownish burn scar = defilement conflict. Instead of forgetting about the scar, she picks around at it and in doing so keeps the conflict-active. A melanoma grows = growth in the active-phase. (Personal archive of B. Eybl)</i> • <i>A successful, right-handed businessman becomes president of a large football club. Unfortunately, right after he takes office a losing streak begins. The sports media blames the new president for this. The newspapers hit him with a barrage of criticism, which is "hard on the waistline" = damage to his integrity. On the right side of his belly (the partner side) at about the level of his belt, appears a melanoma in the active-phase. Then when the football club returns to "victory lane" it falls apart, bleeding = healing-phase. CM: benign. (Personal archive of B. Eybl)</i> • <i>A man is always arguing with his wife. She has the following habit: With the words, "You, my little friend..." she presses her fingernail against his chest. For the husband, this is anything but amusing = defilement conflict with dermal cell growth on this spot. (Cf. www.germanische-heilkunde.at/index.php/erfahrungsberichte)</i>
Tissue	Dermis–cerebellum–mesoderm.
Conflict-active	Local cell division in the dermis, growth of a melanoma.
Biol. meaning	Strengthening of the dermis to be protected better from defilement.
Healing-phase	Tubercular-caseating degradation via fungi, fungal-bacteria or bacteria; if the melanoma breaks open, this is called an "open skin tuberculosis." Nowadays this occurs very rarely because the melanoma is immediately cut out, unnecessarily cutting "deep into healthy tissue."
Remark	Consider "handedness" (right or left) and side (mother, child, or partner), or local conflict.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life if still active. Guiding thoughts: "I am strong and well-protected!" "A wall of crystal surrounds me!" "Only let good things come close to me!" Bach-flowers: crab apple. Surgery, if the melanoma is felt to be mechanically or optically disturbing. Limited tissue removal. Black salve: Magnificent means for the immediate removal of melanoma with active cell division ("malignant") instead of surgery. Only suitable for people not too sensitive to pain and with good nerves (www.cernamast.eu). See also: remedies for the skin, p. 284.

Shingles (herpes zoster)

Probably the shingles is the combination of a SBS of the dermis (defilement conflict in healing), a SBS of the epidermis (separation conflict in healing) with participation of peripheral nerve pathways.

Examples	• <i>A mother learns that her daughter is a lesbian. She feels defiled when her daughter hugs her >dermal cell division in the active-phase. In the healing-phase, shingles develop. (Cf. Dr. Hamer, Charts, p. 49)</i>

¹ Cf. Dr. Hamer, Charts pp. 44, 49

- A 12-year-old, right-handed girl in puberty has a very dominant father. One evening her father takes hold of his daughter's breast. The girl knows that this is not a normal touch = defilement conflict. Even now, 40 years later, she comes onto a "track" whenever she feels hurt by her father's loud voice or criticism. > In the healing-phase, shingles develop on the left breast. (Personal archive of B. Eybl)

Conflict-active	Growth of small dermal tumors along the individual nerve segments.
Biol. meaning	Strengthening of the dermis for protection.
Healing-phase	Painful tubercular-caseating degradation of the tumors, in case of open shingles; painful, burning blisters appear which gradually scab.
Remark	Aggravation through syndrome. Consider parent-child or partner side or local conflict.
Therapy	The conflict is resolved. Accompany the healing process. Avoid recurrences. Alkaline diet, enzyme preparation, tenderize cabbage leaves and apply. Colloidal silver internally and externally. Hydrogen peroxide (H ₂ O ₂) 3% strength internally/externally. Curd cheese poultice, St. John's wort flowers oil externally. CM: treatment with antiviral drugs is not recommended because of the harm. For severe pain nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin make sense. See also: remedies for the skin on p. 284.

Inflammation of the sebaceous and sweat glands (acne)

Same SBS as above. (See p. 276)

Acne is THE skin disease of pubescence. As children, we are not very concerned about how we look or are perceived by others until we reach puberty, when it becomes of utmost importance: "Do people like me?" "Am I attractive?"—Being so self-conscious, young people are highly susceptible to disfigurement conflicts. The acne stage usually passes, when they realize that other things are more important than how they look, and that despite imperfections, they are liked nonetheless.

Examples	→ A teenager is teased because his ears stick out. • A girl, from the former Yugoslavia, is placed in an Austrian elementary school, without knowing a word of German. She suffers because her classmates always talk about her behind her back and giggle because she is a foreigner and cannot speak German = disfigurement conflict coming from behind > dermal cell growth in the active-phase. She has repeatedly relapses. In the intervening healing-phases, acne breaks out on her back. At the same time, she suffers from a moral-intellectual self-worth conflict with regard to the cervical spine. (Personal archive of B. Eybl) • The pretty, 15-year-old high school girl has the feeling that at dance class, she is being excluded by her clique. Even more disturbing is that the older boy she has a crush on chooses another girl in the clique = disfigurement conflict with regard to her face and looks. As she recovers from this disappointment (= healing-phase) her face breaks out in acne and a two-year vicious circle begins. (Personal archive of B. Eybl)
Tissue	Sweat glands—dermis—cerebellum—mesoderm.
Healing-phase	Usually recurring-conflict, tubercular-caseating degradation = acne; acne knots make a person feel even more disfigured = vicious circle.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life so that the hanging-healing comes to an end. Guiding thoughts: "It's not important what others say and think about me. I think I'm okay." "I'm fine the way I am!" Get rid of mirrors in the house. Sunbathing, possibly in winter use a solarium. Bach-flowers: crab apple. Cayce: Promote elimination through the intestines. Alkaline food, good cleaning and maintenance (olive oil soap). See also p. 284.

Athlete's foot, nail fungus (tinea, onychomycosis, dermatomycosis)*

Same SBS as above. (See p. 276)

Examples	• <i>Somebody's toenail turns blue because of a shoe that is too small = real disfigurement > the body strengthens the nail bed or nail so that the pressure can be withstood in the future. Nail fungus develops in the healing-phase = cell degradation from the nail bed.</i> (Personal archive of B. Eybl) • <i>A young man, who is very conscientious about cleanliness has to wear the same pair of socks for three days, while he is on a train trip. He is repulsed by the smell of his sweaty feet and is embarrassed by this. Defilement conflict. Dermal cell proliferation in the healing-phase. If he has to wear a pair of socks for more than one day, he gets onto a track. If he changes his socks every day, there is no problem.</i> (Personal archive of B. Eybl) → <i>A child learns from his parents that hair in public baths is something disgusting and that "You shouldn't step on it!" The child steps on a bushel of hair = defilement conflict.</i>
Conflict-active	Strengthening and thickening of the nail bed or dermis of the foot.
Biol. meaning	Strengthening, so as to defend against disfigurement.
Healing-phase	Stinking caseating tissue degradation via fungi or fungal-bacteria (mycobacteria) = athlete's foot and/or nail fungus; this again results in disfigurement > often a life-long vicious circle.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life so that the SBS comes to an end. Good foot hygiene, so that you feel good about your feet again. Ignore the athlete's foot > break the vicious circle. Bathe or brush with liverwort extract. Bach-flowers: crab apple. Colloidal silver or MMS externally. Hydrogen peroxide (H₂O₂) 3% strength internally and externally. The externally applied CM antifungal drugs (antifungal) do not help. The antifungal drugs for internal use are not recommended because of serious side effects.

Nail bed infection (panaritium)*

Same SBS as above. (See p. 276)

Example	• <i>The 42-year-old, right-handed woman has a mother, who is constantly interfering in the rearing of her son. She does this in a very pushy way. One day they have a terrible argument because her mother again oversteps her boundaries. The patient has the feeling that her mother is "stepping on her toes." Disfigurement conflict with cell proliferation in the nail bed in the active-phase; in the healing-phase, she gets an inflammation of the nail bed on the left mother-child side = tubercular-caseating cell degradation in the thickened nail bed.</i> (Personal archive of B. Eybl)
Phase	Healing-phase: purulent caseating cell degradation from the nail bed via fungi or fungal-bacteria.
Therapy	The conflict is resolved. Accompany the healing. Avoid recurrences. Wear open-toed shoes and keep your feet cool. Compresses with vinegar, clay, healing earth, curd cheese. Colloidal silver internally and externally. Hydrogen peroxide (H₂O₂) 3% strength internally and externally. Tenderize white cabbage and wrap toes with it, put socks over it. If necessary, apply blistering ointment; releasing of enclosed pus by piercing (incision).

Leprosy, bubonic plague

Same SBS as above. (See p. 276)

During the Middle Ages and in developing countries today, these are the "illnesses" of the poor > miserable hygienic conditions (urine, feces, sweat, stench), injuries, brutal and coarse manners = "ideal" for disfigurement conflicts:

Leprosy	Tubercular-caseating cell degradation from the dermis via "mycobacteria leprae" = healing-phase .
Bubonic plague	Direct contact with, or even the sight of a stinking bubonic plague sufferer, was enough to make a person feel disfigured or defiled. The belief in and fear of "infection" did the rest > more and more people fell ill (tubercular dermis degradation), vicious circle caused by stigma . With the improvement of the living standards, this "illness" disappeared.

Excessive perspiration (hyperhidrosis)*

Night sweats is a sign that you're in a healing-phase. Sweating in the heat is used for cooling. Severely smelling armpit sweat during stress has a territory reference. Cold sweat may occur with low blood sugar. Sweating can also be promoted by drugs such as antidepressants, antibiotics, cortisone.

Here, the sweating will be described at the rest of your body during stress. A variant of a disfigurement conflict.

Conflict	One feels attacked, hurt, exposed or insecure.
Phase	Increase in function of the sweat glands in the dermis during the conflict-active phase .
Biol. meaning	Through the sweat one is slippery and slick as an eel and can thus escape the attacker or the uncomfortable situation. It is no longer "tangible" (acc. Münnich).
Therapy	Find conflict or tracks and solve in real, if possible. Practice serenity. Sage.

"Pestilence"*

"Pestilence" is not an illness in itself but a term for those poor creatures during the Middle Ages, who were banned from the city = who were "suspended." Beginning in the 11th century, the Holy Roman Empire held a health court headed by a priest. Based on a symptom catalogue from "goose bumps by draft" to "fever," it was decided whether the candidate could remain in the city or should be banished beyond the city wall (which was a nearly certain death sentence at that time).

There is no question that those, who were sentenced to death in this way, in addition to their material misery, suffered every possible sort of conflict, for example territorial conflict, because they lost their home and families, existential conflicts because they didn't know what they should live for, separation conflicts because the skin contact with the loved ones had been cut off and defilement conflict because they felt dirty (poor hygiene).

"Fungus infection" of the skin (dermatomycosis, candidiasis, epidermomycosis)*

One must assume that the majority of these diagnoses is wrongly put, because usually no culture is created. They are most probably the result of separation conflicts (see inflammation of the epidermis), possibly with syndrome. However, if a laboratory culture comes back positive and there really is a fungus, we have an SBS of the dermis.

Same SBS as above.

Phase	Healing-phase: caseating degradation of dermal tissue via fungi.
Therapy	The conflict is resolved. Accompany the healing. Colloidal silver internally and externally. See also: remedies for skin p. 284.

Preliminary stages of skin cancer (pre-cancer): e.g., moles, pigment nevus, nevocellular nevus, lentigo maligna, light-damaged epidermis (actinic keratosis)*

Whether these SBS belong to the epidermis or to the dermis must be decided on a case by case basis. We have to consider both possibilities and see whether the

"thing" sits on the surface (= separation conflict) or comes out of the depth (= disfigurement conflict).

Sunburn-skin cancer due to ultraviolet (UV) rays

For decades, the sun has been regarded as aggressive and damaging. This notion is incorrect, for sunlight is necessary for life. In fact, when enjoyed in reasonable amounts it is the greatest source of healing for the soul and body. The sun forms the consciousness of our solar system, and we should welcome its rays as a "**sacred gift**." There is no doubt that sunburns are harmful for the skin (aging), but they are not the absolute cause of skin can-

cer. It is interesting that melanomas often appear on parts of the body, which are hardly exposed to the sun (e.g., breast, buttocks). Melanomas are more often diagnosed in "sun worshippers," because they are looked for more often. Sunbathing becomes dangerous when a person is convinced that the sun is dangerous = self-fulfilling prophecy > conflict of feeling deformed or defiled > cell proliferation in the dermis > melanoma.

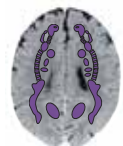
Corn (clavus)*

A corn is a local thickening of the epidermis with a central cone reaching into the deeper skin. It usually appears where a shoe is too tight.

Possible causes

- The epidermis' adaptive reaction to an ill-fitting shoe > thickening of the horny layer.
- Separation conflict in hanging-healing-wanting to be separated from the ill-fitting shoe.

SBS of the Subcutaneous Connective Tissue



Stretch marks (striae cutis atrophicae)¹

Conflict	Self-worth conflict of feeling unaesthetic or unattractive on this part of the body.
Examples	• A pretty, slender, nutrition-conscious woman of about 40 has very flat breasts and suffers because of it > local self-worth conflict of feeling unaesthetic > cell degradation in the active-phase, restoration in the healing-phase (reddish stripes), the breasts are scarred with stretch marks. (Personal archive of B. Eybl) • A hobby bodybuilder works hard to build up his upper arm muscles. But he finds that they are still too small = local self-worth conflict with regard to the upper arms > stretch marks appear. (Personal archive of B. Eybl)
Tissue	Subcutaneous connective tissue—cerebral-medulla—mesoderm.
Conflict-active	Atrophy of the collagenous elastic fibers > weakening or atrophy of the net-like fiber structure of the subcutaneous connective tissue > distention.
Healing-phase	Restoration of the fibers, the areas where distention has set in remain unchanged. On the lines where the tissue is torn, connective repair tissue is added. The stretch marks are red at the beginning, later they turn pale = condition after the healing-phase .
Biol. meaning	Strengthening of the connective tissue.
Remark	Consider "handedness" (right or left) and side (mother, child or partner), or local conflict.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life if still active.

¹ Cf. Dr. Hamer, Charts pp. 60, 71

Guiding thoughts: "I feel good in my skin and am satisfied with my appearance!" "My body is just a transitory shell. My soul is immortal!"

Morning ritual according to Anton Styger (see p. 321). Alkaline diet, gymnastics, movement, exercises, cold-warm treatments (sauna, cold effusions). Vigorous massages with camphor, rosemary oil, cinnamon oil, brushings. Bach-flowers: larch.

Lipoma

Conflict	Local self-worth conflict, feeling not aesthetically beautiful at this part of the body. Conflict that the body is not sufficiently padded or protected (e.g., if one bumps often into things).
Example	• <i>The 45-year-old, right-handed man is usually very concerned about physical fitness. He goes running and trains at a fitness studio on a regular basis. Then, due to a project at work, he hardly has time for exercise and for two years he neglects his body. When he looks at his out-of-shape arms, he is unhappy about the "deterioration" = local self-worth conflict of not finding himself aesthetically pleasing. As the project comes to an end, he decides that as of now, his body will be his first priority. In the following two weeks, a bean-sized lipoma appears on his right underarm = healing-phase.</i> (Personal archive of B. Eybl)
Phase	Hanging-healing —local excessive buildup of new fat and connective tissue, emergence of lipomata and fibroma.
Therapy	The conflict is resolved. No measures need to be taken. If new growths appear, determine the conflict and/or track(s). Resolve them with surgery, if visually disturbing.

Subcutaneous induration (localized scleroderma, morphea) **

In this disease, the skin induration of the subcutaneous connective tissue (collagen) is hard and inelastic. It is usually only a small, coin-sized area affected. A larger extent, e.g., at joints, can limit movements drastically. The skin is transformed into a "suit of armor." If connective tissue in muscles, blood vessels and internal organs harden, then it is called systemic scleroderma.

Conflicts	Self-worth conflict: Life or a situation is unbearably hard. One feels defense—and powerless.
Example	• <i>A 50-year-old worker in Greece was fired by his company. He cannot find a job and the collapsing social system no longer supports him = unbearable hardship.</i> (Archive of B. Eybl)
Tissue	Collagenous and elastic fibers—subcutaneous connective tissue—medulla—mesoderm.
Phase	Recurring, hanging-active conflict, degradation and restoration leads to hardening and scarred shrinking.
Biol. meaning	The dermal protection is not enough; the individual needs a connective tissue armor to withstand a certain situation.
Therapy	Find the conflict and/or tracks and, if possible, resolve them in real life, so that the SBS comes to an end. Complete regression/treatment probably only in the first few months. See also: remedies skin p. 284.

"Orange peel skin" (cellulite), lipoedema

Conflicts	Aesthetic self-worth conflict (see p. 280) and simultaneously a refugee conflict (= syndrome).
Examples	→ <i>A woman has heavy legs and she finds this a problem.</i> → <i>A man has the feeling he is being ridiculed in the sauna because of his belly.</i>
Tissue	Subcutaneous fat tissue—cerebral-medulla—mesoderm.
Conflict-active	Degradation of fat tissue (fat tissue necrosis).
Healing-phase	Restoration of the fat tissue, in hanging-healing . Excessive buildup of new tissue; running in the background at the same time is an active kidneys-collecting tubules SBS (syndrome) > storage of fluid and fat = cellulite or lipoedema.

Biol. meaning	Proliferation of adipose tissue, reinforcing the layer of fat, because "fat is beautiful". A thick individual is beautiful—it is regarded as successful in procuring food. Thin, the animal will be, of its own accord.
Therapy	Determine what the self-worth conflict and fugitive conflicts are and, if possible, resolve them in real life, so that the SBS comes to an end. Morning ritual according to Anton Styrger (see p. 321). Bach-flowers: larch, crab apple (see p. 280).

Scar proliferation (keloid)

Conflict	Local self-worth conflict with regard to the injured or operated spot.
Example	• <i>A woman is very unhappy that her abdomen has to be operated on—local self-worth conflict. An ugly overgrowth of scar tissue is formed = hanging-healing.</i> (Archive of B. Eybl)
Tissue	Subcutaneous connective tissue—cerebral-medulla—mesoderm.
Conflict-active	Cell degradation at the location of the scar.
Healing-phase	Restoration of the tissue, excessive new formation of scar-connective tissue; the keloid remains.
Biol. meaning	Strengthening of the scar.
Therapy	The conflict is resolved. Prevent a keloid: Get surgery on injury. Do not argue with fate. Reconcile with what had happened. Do not doubt the recovery. Scar treatment with camphor, cinnamon oil. Energetic interference suppression by acupoint-massage. Cayce: Massage with peanut oil and camphor oil in equal parts.

Abscess, folliculitis (boils, carbuncles)*

Abscesses or Folliculitis usually develop in the dermis, sometimes in the subcutaneous tissue.

Conflict	Defilement conflict—"deep hurt", or a self-worth conflict in regards to the bodily location.
Examples	• <i>The supermarket cashier repeatedly gets furuncles on her buttocks and on the inner sides of her thighs. Due to of a light case of incontinence, she always wears pads. When the store is very busy, she cannot change the pads at the usual time. This makes her feel "dirty"—defilement conflict, healing-phase > furuncles.</i> (Personal archive of B. Eybl)
Tissue	Hair follicle—cerebral-medulla—mesoderm or dermis.
Phase	Healing-phase
Therapy	The conflict is resolved. Accompany the healing process. Avoid recurrences. Make a mask of chopped onions. If necessary, open up to release the pressure. White cabbage leaf compress, tea externally: arnica, club moss, fenugreek, chamomile, etc.

SBS of the Epidermis

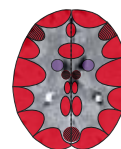
Dandruff, hair loss (alopecia totalis), patchy hair loss (alopecia areata)¹

According to CM, hair loss in men is caused by a high testosterone level. Then, it must be young men (high testosterone), who are affected. However, from the point of view of the 5 BLN, the frequent loss of hair in men is somewhat unclear: why should only men suffer from separation conflicts of the head, but not women?

Many kinds of medication can lead to hair loss: cytostatics, "the pill," painkillers, antirheumatics, blood thinners, cholesterol-lowering drugs, etc.

Where medication is not involved, there is no doubt that patchy or sudden hair loss is caused by a conflict.

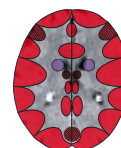
Conflict	Separation conflict with respect to the affected area (head). One does not feel accepted.



¹ Cf. Dr. Hamer, Charts pp. 119, 131

Example	Acc. Frauenkron-Hoffmann: We must show that we are smart (feels intellectually separated). Hair shield, i.e., things that come from above, even before destiny. • <i>The, now, 20-year-old married, right-handed woman suffers her first separation conflict with her head, as she is just 8 years old, when her beloved grandmother dies suddenly. Her grandmother had the habit of pressing the child's head against her abdomen. She liked that a lot. A second, even stronger separation conflict happened a year ago, as her two very best friends suddenly turned away from her in a very harmful manner. All attempts to restore contact failed. She begins to lose her hair in patches—about 70% of her head is bald = conflict active-phase.</i> (Personal archive B. Eybl) • <i>A six-year-old girl is banned from her parents' bed. This causes a separation conflict with regard to the head. She loses hair.</i> (Personal archive B. Eybl)
Tissue	Hair roots–epidermis–cerebral-cortex–ectoderm.
Conflict-active	Reduced metabolism, hair loss, dry scalp with poor blood circulation, dandruff (= indication of conflict activity).
Biol. meaning	Loss of sensibility lets the missing or unwanted skin contact be forgotten temporarily.
Healing-phase	Increased scalp metabolism, swelling, reddening, itching, new hair growth; the last of the dandruff falls.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life if still active. At least 4-week course of treatment: Apply tenderized white cabbage leaves and drink the fresh juice. (See S.R. Knaak, The Circular Hair Loss, Ennsthaler 2010.) Rub tea from wormwood, nettle, burdock root, boxwood roots in. Head massage with sesame oil and essential oils of thyme, rosemary, cedar. Cayce: Massage with "crude oil" (stone oil or petroleum), head massage, exercise, internal cleansing with alkaline nutrition. Eat brown millet regularly. Enemas. Kanne Bread Drink, Schindele Minerals.

SBS of the Lower Layer of the Epidermis



Gray hair*

When pigment (melamine) production lets up, the hair turns gray; this is probably a normal aging process. However, unusually early or sudden graying is certainly related to a conflict.

Conflict	Brutal separation conflict, usually with a generation aspect (family, descendant matters)
Examples	• <i>The 49-year-old single mother of three children has to go to the hospital for a surgery. She promises her children she will call right after the surgery. When she wakes up from the anesthesia, she is in the intensive care unit. She asks the nurse what time it is. She is told that the surgery was the day before = brutal separation conflict from her children. Within three days, she turns gray = active-phase.</i> (Personal archive of B. Eybl) • <i>A 40-year-old woman, who wants to have a child goes to her gynecologist for an examination. He tells her that she will never have children = strong separation conflict with generation aspect. Overnight, her hair turns snow-white.</i> (Personal archive of B. Eybl)
Tissue	Epidermis–lower layer (melanophoral layer)–post-sensory cerebral-cortex–ectoderm.
Conflict-active	Cell degradation, slowdown of metabolism > reduced melamine production > graying of the hair
Biol. meaning	Increase in sensitivity; after brutal-separation, the missed one can be better sensed.
Healing-phase	Restoration of the melanophoral level, repigmentation of the hair.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life, if still active.

Remedies for the skin

- Natural stimulants like light (sunbathing in moderation), water, rain, wind.
- Vitamin B complex in yeast products (brewers yeast).
- Vitamin E and A in cold-pressed vegetable oils, especially flaxseed oil. • Cod liver oil. • Colloidal Gold.
- Cayce: alkaline diet, pay attention to elimination (colon) and circulation (gymnastics), eat two almonds a day, massages, rubbings with olive oil, olive oil soap for cleansing. • Lavalites-Auricum-Spray.
- Tea for the skin (internally or externally): barberry, birch leaves, blackberry leaves, sage, mullein, chamomile, speedwell, chicory.
- Baths and rubbings with effective microorganisms. (EM see p. 55)
- Hydrogen peroxide (H_2O_2) 3% strength.
- Seawater full baths or alkaline baths.
- Natural borax, possibly petroleum internally, externally.
- Hildegard of Bingen: thyme, quince, red beets.
- Black salve: Great remedy for immediate removal of skin tumors with active cell division processes

("malignant") instead of surgery. Only for people not too sensitive to pain, with good nerves: order at www.cernamast.eu.

- For inflammations: chamomile, healing earth, clay, acetic acid/healing earth compresses, cooked potato compresses, Schuessler salts No. 1, 3, 11. Miracle Mineral supplement from Jim Humble (MMS).
- Open sores, badly healing wounds: Spread with blossom honey, curly-leaf cabbage compresses, marigold salve, comfrey salve or propolis salve.
- Skin care: Olive oils and other oils from the kitchen, refined with a bit of ethereal oil, instead of expensive and unhealthy chemical cocktails from the cosmetics industry.

Olive oil would be ideal but its smell and short shelf life are problems. Alternative: sunflower seed oil. The inexpensive, heat-extracted oils have the advantage over the cold-pressed oils (which are actually better) in that they keep well and don't become rancid so quickly.

BONES AND JOINTS

The human body's structure is composed of roughly 206 bones. The supportive part of the bone is the bone cortex (substantia corticalis), which surrounds the bone marrow (substantia spongiosa), and the exterior is covered by the substance periosteum. Except for the ectodermal periosteum, all of the structures of the musculoskeletal system, meaning the ligaments, tendons, muscles, intervertebral discs, menisci and bursae, are made up of mesodermal tissue.

When it comes to determining conflicts, the musculoskeletal system is certainly the most "gratifying" part of the body, and by proceeding with care, even a beginner can make good progress here.

While the leading source of conflict is self-worth, every part of the musculoskeletal system contains its certain nuances.

Indeed, the skeletal system parallels the psyche, as, self-confidence is the structure-forming, load-bearing element of the latter.

Powerful self-worth conflicts manifest themselves in the bones, the hardest tissue, while light self-worth conflicts are reflected in softer tissues, such as cartilage and ligaments. If the muscles and tendons are negatively affected, the self-worth conflict goes in the direction of movement. The musculoskeletal system is controlled by

the cerebral-medulla. This part of the brain has a spongy structure in which the HFs (Hamer Foci) sometimes appear somewhat blurred. Dr. Hamer points out that self-worth conflicts are an exception in the way that they are not necessarily preceded by a conflict in the form of a dramatic shock.

In other words, self-worth conflicts can also be initiated by "undramatic" nagging, insidious perceptions, such as when a person sees himself as the inferior partner or is convinced that he cannot endure something.

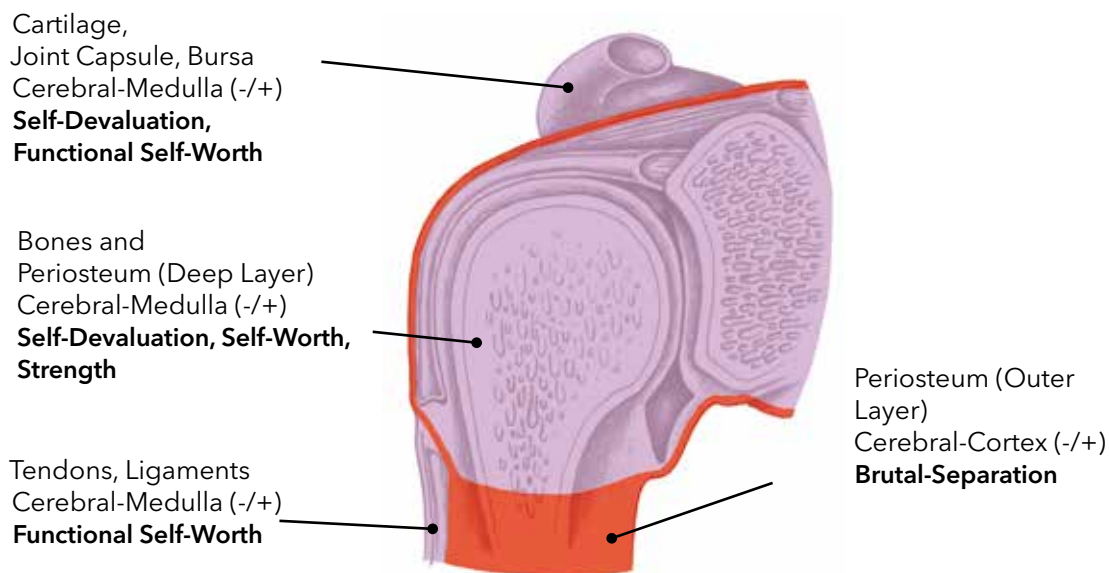
In my opinion, not all problems with the musculoskeletal system are caused by a conflict.

Proverb: "Too much of a good thing." (Shakespeare, As You Like It)

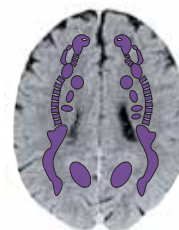
Too much (e.g., extreme sports), too one-sided or too little physical exercise (e.g., desk job all day and TV in the evening, in between driving the car) can do damage. Our joints in particular thrive on movement—just not too much.

Our bodies are not made for hours of sitting nor for years of kneeling (e.g., tile-laying).

The consequence: hardened muscles, abnormal metabolism in the joints > danger of injury and pain without conflict, but with a potential for subsequent conflicts: "My knees are ruined as well!" = local self-worth conflict.



SBS of the Bones, Cartilage and Ligaments



BASIC SEQUENCE¹

Conflict	Self-worth conflict in accordance with body location; see below.
Tissue	Bones, cartilage, muscle–cerebral-medulla–mesoderm.
Conflict-active	Cell degradation from the bones (osteolysis), joints, or muscles, no pain, reduced metabolism, possible “feeling of being cold;” spontaneous fractures are rare because the periosteum acts as a <i>bandage</i> ; reduced production of new blood cells (hematopoiesis) in the bone marrow > anemia (p. 124).
Healing-phase	Increased metabolism = inflammation; restoration of the tissue with the help of bacteria, swelling, reddening, pain (pain in the neck and lower spine, joint pain, etc.), expansion of the periosteum = bone cancer (osteosarcoma), excessive production of blood cells = CM: “blood cancer” (leukemia). Worsening of symptoms, while resting or sleeping; painkillers help.
Biol. meaning	Of the pain: keeping the person still in order to promote repair. General biol. meaning: Strengthening of the bones, cartilage, ligaments, tendons, or muscles. After the SBS completes, the affected spot (a healed bone, for instance) is stronger than before and remains somewhat thickened (luxury group).
Remark	With joint or spinal pain, we are usually not sure whether the SBS is affecting the bones or other structures such as the cartilage or ligaments. But in principle, this is merely of academic interest, for pain means that the conflict has been resolved and the patient is in the healing-phase. The only exception here is the rarer “brutal-separation conflict,” which affects the sensitivity of the periosteum causing pain in the conflict-active phase. (See rheumatism.) Possible consequence of self-worth conflict: you want to be always good/the best, you like to compare yourself, you want to accomplish large scale tasks (engine for exceptional performance)> burnout risk.

¹ Cf. Dr. Hamer, Charts pp. 63, 75

THE SELF-WORTH CONFLICTS IN DETAIL¹



Skull, cranial bone and cervical spine:

Moral-intellectual self-worth conflict: perceived injustice, dissatisfaction, bondage, dishonesty, ingratitude, indecency, intolerance, feeling stupid or unintelligent. Saying: "To brake your head over something!"

Eye socket (orbita): Self-worth conflict with regard to the eye.

Upper and lower jaw:

Self-worth conflict of not being able to "bite" or a local self-worth conflict with regard to the jaw or chin.

Shoulder:

Self-worth conflict to believe not to be a good mother or a good child (right-handed, left shoulder), or not to be a good partner (right-handed, right shoulder).

Elbow:

Self-worth conflict of not being able to embrace, hold, beat off, throw, shoot, push, hit. Elbow = equivalent to the knee. > Conflict of unsatisfied ambition (e.g., tennis players, handball players, craftsmen).

Hand and fingers:

Clumsiness self-worth conflict: one believes that he has treated somebody incorrectly, approached a task incorrectly, done something wrong or that his hands have failed (often found in perfectionists) or a local self-worth conflict, for instance when a hand loses its resilience following a broken scaphoid bone.

Thoracic spine:

Self-worth conflict of being "a broken man" (or woman), feeling humiliated or defeated, conflict of feeling debased or degraded; or a local self-worth conflict, as when something in the thorax is out of order.

Breastbone, ribs:

Local self-worth conflict, e.g., due to breast cancer.

Lumbar spine:

Central self-worth conflict: E.g., one believes that one is not able to withstand the pressure. Or local self-conflict, e.g., for colorectal cancer diagnosis or hemorrhoids "This breaks my back!"

Tailbone, pubic bone, pelvic bones:

Local self-worth conflict, often regarding sexuality or potency.

Ischium bone: Self-worth conflict of not being able to possess something or sit something out or a local self-worth conflict.

Hipbone and femoral neck: Self-worth conflict of not being able to persevere or a local self-worth conflict.

Knee:

Self-worth conflict of not being athletic, not being recognized or of unfulfilled ambition or a local self-worth conflict due to not being able to run, jump, kick, etc.

Ankle, foot, toes:

Self-worth conflict of not being able to put up with something or somebody, or not being able to run, balance, jump, kick or brake. Often a "location" theme.

¹ Cf. Dr. Hamer, Charts pp. 63, 75

Subsequently first the diseases in general by disease stages, then the localization ordered from head to toe:

Degenerative joint disease (osteoarthritis, athrosis)

Conflict	Self-worth conflict according to location in the body (see p. 286).
Tissue	Cartilage, ligaments or menisci–cerebral-medulla–mesoderm.
Phase	Hanging-conflict activity or recurring-conflict , usually longer conflict-active phases alternate with short healing-phases > substitution of functional tissue with inferior soft scar tissue > reduced elasticity and resilience.
Remark	Danger of vicious circle, for a painful joint causes a new self-worth conflict– <i>“I can no longer make long hikes. It’s just too much for my hips.” “My knee is worthless.” Consider “handedness” (right or left) and side (mother, child, or partner).</i>
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life. Guiding thoughts: <i>“Pain = healing!” “I am full of self-confidence and look confidently into the future!” “I have faith in my godly guidance!”</i> Bach-flowers: larch, possibly elm, centaury, rock water. Morning ritual by Anton Styger (see p. 321). Whole, alkaline nutrition, brown millet, Kanne Bread Drink. Flaxseed oil (omega 3). Natural borax internally/externally (www.institut-ernaehrung-gesundheit.com). Possibly petroleum (http://petroleum_de.lorincz-veger.hu). Vit. D3 (cod liver oil). For all physical measures, the principle is: energize! Cayce: Regular massage with peanut and olive oil with a touch of camphor oil. Warm baths, sauna, steam bath, red light, infrared irradiation, brushing (dry or wet). Sunbathing, possibly, solarium. Vigorous massage with circulation-stimulating oils, such as rosemary, marjoram, thyme, coriander, cinnamon, camphor, among other things. Lavylites Auricum spray. Acupoint-, connective tissue- massages, reflexology. Hot potatoes, or mustard poultice. Cupping (dry), cantharide. Physiotherapy. Exercises, but not excessively, strength training-toning. 3x /week eat soup with boiled bones of beef, fish, poultry. Daily 1 teaspoon cod liver oil. Often helpful in the case of older patients are natural (or identical with natural) hormones, for example those according to Dr. Lee, Dr. Platt, Dr. Lenard, and Dr. Rimkus (rejuvenating effects, also for the joints).

Decrease in bone mass and density (osteoporosis)

According to CM, this is an illness of old age, where loss of bone mass leads to diminished bone strength and bone fragility. Nearly half of those over 70 suffer from osteoporosis, women twice as often as men.

Conflict	More or less generalized self-worth conflict.
Examples	→ <i>“I am good for nothing anymore, I’m a burden for my family.”</i> → <i>Somebody is sent into pension and suddenly feels old: “I am ready for the scrap heap!”</i> • <i>Her children, the most important thing in her life, left the house: “I ask myself what I’m good for!” Self-worth conflict in the active-phase = osteoporosis; restoration with pain in the healing-phase, should it come to that. (Personal archive of B. Eybl)</i>
Phase	Conflict-active phase, usually with short, intermittent healing-phases > degradation of bone tissue > osteoporosis.
Remark	It is interesting that in Asia, where old people are highly valued and held in high social esteem, osteoporosis is almost unknown. In large Asian families, the oldest family members have a solid place and usually they have the last word to say. The preservation of self-worth and self-confidence in old age is a social and individual duty.

Further possible causes of osteoporosis

- Lack of movement: If bones are not used, they are broken down to the bare essentials. Bone density can be increased by regular exercise (similar to muscle training). Regular exercises also promote self-worth, when not done under pressure to succeed and remain loose.
- Cortisone long-term use: steroids inhibit the tissue development and promote bone loss.
- Poor diet: too much sugar in particular damages the bone metabolism.
- SBS of the parathyroid gland (probably seldom).

Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life. Guiding thoughts: <i>"Goodbye to the obsession with youth!" "Inner values are what count. I will strive for wisdom and strong character!" "I am strong and courageous!"</i> Movement: especially strength training, muscle building. Vigorous massage with warm oils. Use comfrey oil or ointment. Alkaline diet! Avoid: white flour, sugar, soft drinks, Coca-Cola (phosphate). Natural vit. D3 (cold pressed vegetable oils, cod liver oil, eggs, dairy products), calcium (sesame, millet, vegetables, nettle seeds, dairy products, etc.), flaxseed oil. Tea: horsetail, green oat, mugwort. Natural borax internally (www.institut-ernaehrung-gesundheit.com). Schindele Minerals. CM-bisphosphonates are not recommended because of futility and harmfulness. For further options see osteoarthritis p. 287.

Demise (necrosis) of marrow tissue, replacement of bone marrow with connective tissue (bone marrow fibrosis, myelofibrosis, osteomyelosclerosis)

Conflict	Self-worth conflict according to location (see p. 286).
Phase	Conflict-active phase (marrow necrosis) or recurring-conflict (fibrosis), degradation of marrow tissue or its replacement by connective tissue.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life if still active. Avoid recurrences. (See also osteoarthritis p. 287)

Joint pain syndrome after injury (Sudeck-dystrophy, CRPS)*

If after an accident, a bone fracture will not heal, chronic pain occur and the affected joint possibly even atrophies, the diagnosis "Sudeck dystrophy" may be given.

Conflict	Local self-worth conflict or more precisely devaluation because of the injury or restriction.
Example	→ <i>"My ankle is broken. Now I'm totally out of the race. Whether that will ever be again?"</i>
Phase	Conflict-active phase or recurring-conflict: degradation of bone tissue, hardly any formation of callus. In between optimistic phases with bone formation (callus formation), pain.
Therapy	Get through unwavering optimism out of the vicious circle. Question identification with one's own body > new orientation, have different priorities in life. Measures p. 289

Brittle bone disease (osteogenesis imperfecta)*

According to CM, this is an "inherited disease" marked by incomplete bone construction and extreme fragility.

Conflict	Generalized self-worth conflict.
Phase	Conflict-active phase —reduced cell division or degradation of bone tissue.
Remark	Possibly a prenatal self-worth conflict.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life. (See also osteoarthritis p. 287)

Inflammatory thickening and deformation of the bones (Paget's disease)*

This chronic disorder begins with increased activity of bone-cells degradation (osteoclasts). As the disease progresses, the bones become deformed and thickened.

Conflict	Self-worth conflict according to location. (See p. 286)
Phase	At first, hanging-active conflict (cell minus, softening of the bones), healing-phases (cell plus, stabilization of deformed bones) then alternating with conflict-active phases.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life, so that the hanging-healing comes to an end. (See also osteoarthritis p. 287)

Inflammation of the joints (arthritis)²

Conflict	Self-worth conflict according to body location (see p. 286).
Tissue	Bones, cartilage, ligaments or meniscus–cerebral-medulla–mesoderm
Phase	Healing-phase –Restoration of the tissue due to increased metabolism: pain, swelling, reddening; aggravation through syndrome.
Remark	Consider “handedness” (right or left) and side (mother, child, or partner), or local conflict.
Therapy	The conflict is resolved. Accompany the healing. Avoid recurrences. Rest, elevating, moderate movement, but only in the pain-free range. Principle for all physical measures: energize! Cold showers, cold compresses, cold salt wrap. Ice, ice pack (applied directly to the skin only for max. 2 minutes, otherwise, it comes to the so-called reactive hyperemia with warming effect). Compresses with curd cheese, clay or aluminum acetate (e.g., Pasta Cool), hay flowers. Colloidal silver internally and externally to the affected area. Schindele Minerals internally. Natural borax internally/externally (www.institut-ernaehrung-gesundheit.com). If necessary, petroleum. Tenderizing cabbage leaves and apply. Alcoholic rubbings with Swedish bitters, French brandy, spirit of Melissa, tincture of frankincense or myrrh; essential oils gently applied (diluted): lavender, mint, lemon balm, chamomile. Lymphatic drainage, Acupuncture, reflexology massage. Cayce: rubbing with peanut oil and myrrh tincture or castor oil. Alkaline diet, no pork, even better no meat. Kanne Bread Drink. Vit. D3 (cod liver oil). Flaxseed oil, enzyme preparation (e.g., Wobenzym), Traumeel Ointment (Fa. Heel). Tissue Salts No. 3, 4, 9. Blue-light irradiation, consider leeches. Lavylites Auricum spray. If necessary–CM, antirheumatic meds (see p. 58). Intense healing pain: CBD-oil (cannabidiol), cortisone (not recommended for long-term). After relief of intensive pain-motion, strength training, muscle building. All anti-inflammatory measures ease the healing symptoms but they can extend the healing-phase somewhat.

Inflammation of the bursa (bursitis)*

The bursae are sacs of lubricating fluid lying close to the joints where the muscles and ligaments glide over the bones. They provide temporary storage and cushioning.

Conflict	Self-worth conflict according to location in the body (see p. 286).
Tissue	Bursa–cerebral-medulla–mesoderm
Phase	Healing-phase , inflammation of the bursa, swelling, pain, reddening.
Remark	Aggravated by syndrome; take into account “handedness” (right or left) and side (mother, child or partner), or local conflict.
Therapy	The conflict is resolved. Accompany the healing. Avoid recurrences. See also: under inflamed joints.

2 Cf. Dr. Hamer, Charts pp. 63, 75

Inflamed bone marrow (osteomyelitis)

According to CM, this is a “bacterial infection” caused by staphylococci. From the 5BLN view, of course, that is not an infection.

Conflict	Self-worth conflict according to body location (see p. 286).
Tissue	Bone marrow–cerebral-medulla–mesoderm.
Phase	Intensive healing-phase > acute inflammation of the bone marrow, the exudate coming from the bone marrow stretches the periosteum > pain; bacteria optimize the healing.
Remark	Aggravation through syndrome; if the inflammation is chronic (= recurring-conflict), cysts and abscesses can develop. Consider “handedness” (right or left) and side (mother, child, or partner), or local conflict.
Therapy	The conflict is resolved. Accompany the healing. Avoid recurrences. See also: joint inflammation.

Bone marrow tumors (plasmacytoma, multiple myeloma, Kahler’s disease)

Conflict	Self-worth conflict according to body location (see p. 286).
Phase	Healing-phase: cell division, restoration of the bone marrow.
Remark	The tumor is always preceded by a bone mark necrosis. If flat bones are affected, leukemia (excessive blood production) occurs. Consider “handedness” (right or left) and side (mother, child, or partner), or local conflict.
Therapy	The conflict is resolved. Accompany the healing. Avoid recurrences. See also: arthritis. In our opinion, stem cell transplantation is not useful (because it is ineffective).

Bone tumor (osteoblastoma, osteoma, osteoid osteoma, Ewing’s sarcoma, osteosarcoma, etc).

Conflict	Self-worth conflict according to body location (see p. 286).
Conflict-active	Cell degradation from the bones (osteolysis), no pain
Healing-phase	Restoration of the bone substance = CM: “bone tumor.”
Biol. meaning	Reinforcement of the bone. The affected area is after completed SBS stronger than before.
Remark	The reason is that people suffer local self-conflict, through cancer diagnostics or by mutilating therapies (surgery, chemotherapy). E.g., after a diagnosis of breast cancer–“I am no longer a real woman!” = local self-worth conflict with resulting cell division in the breast bone or ribs = CM’s “bone cancer”. Brief examination intervals/progressively better image-producing machines ensure that these tumors are discovered sooner and more often. So-called primary bone tumors are usually discovered when a patient complains of pain. In earlier times, the patient was sent home for bed rest. Now they keep looking until they find something. In CT scans, not only tissue-dense (hyperdense) areas are suspected of being carcinogenic but also areas with low density (hypo-dense) = CM’s giant cell bone tumor or “osteoclastoma.”
Osteosarkom	Unfortunately, when cancer is suspected, often a puncture is performed. > Liquid bone (callus) runs out through the hole into the periosteum and “hardens out” in the surrounding tissue. = Osteosarcoma = CM-evidence of “malignancy”. >Osteosarcomas arise mostly by medical malpractice (puncture)–rarer through unfortunate injuries during bone healing-phase. If the hole does not close on its own, one can try to stop the spilling of callus through an irradiation or surgery.
Therapy	The conflict is resolved. Accompany the healing. Avoid recurrences. The big problem is usually the pain. Therefore, use generous CM-modifying antirheumatic drugs. If necessary, CBD oil (cannabidiol). Of course, no chemo. Irradiation possible in exceptional cases, if the pain is unbearably intensive. See also: arthritis.

Cartilaginous tumor (chondrosarcoma, chondroblastoma, enchondroma, chondroma, osteochondroma, etc.)

Cartilaginous tumors are rarely diagnosed. Progression is similar to the above.

Conflict Self-worth conflict, matching the corresponding part of the body (see p. 286).

Example • A 40-year-old married, left-handed woman has two daughters, ages 11 and 13. The first daughter is a "loud child" for the first two years, driving her mother to frustration. She finds it difficult to develop motherly feelings for the child and she often thinks about the time before she had children = central self-worth conflict. While on vacation, she realizes for the first time that the children are fairly independent now = conflict resolution. At this point, severe, pain begins to radiate from the right side of the pelvis into the right mother/child leg = restoration phase. When the pain doesn't relent when she returns home, a neurosurgeon wishes to further investigate by performing a needle biopsy. The medical finding "malignant" is confirmed during surgery. Due to the two openings, callus runs into the pelvic cavity, where a 10.5 x 5.5 x 9 cm chondrosarcoma develops. The doctors want the patient to undergo life long chemotherapy. (Personal archive of B. Eybl)

Phase **Healing-phase**, restoration of the cartilaginous substance.

Therapy The conflict is resolved. Accompany the healing. Avoid recurrences. See also: bone tumor p. 290 and arthritis p. 289.

Bechterew's disease (ankylosing spondylitis)*

A "rheumatic" disease of the spine (see Rheumatism I), calcifications make movement progressively difficult > fusing of the vertebral bodies.

Conflict Self-worth conflict affecting the spinal column (see p. 286).

Example • A, now, 52-year-old patient has suffered from the influence of his dominant father. Even during his childhood, the boy's father constantly found fault with his son. The patient vividly remembers the following accident and as a result of his father's influence, he continues to blame himself: The boy knocks over a handicapped man with his bike and the man later dies as a result = self-worth conflict of being battered by life and the central self-worth conflict. The conflict is recurring > alternating destruction and restoration of the spine. > Calcification > diagnosis: Bechterew's disease. (Personal archive of B. Eybl)

Phase **Hanging-healing:** During every healing-phase, more bone tissue is added (luxury group) > exaggerated calcification and stiffening of the spinal column.

Remark Consider "handedness" (right or left) and side (mother, child or partner), or local conflict.

Therapy Determine the conflict and/or tracks and, if possible, resolve them in real life so that the hanging-healing can come to an end.
Hildegard of Bingen: Copper boiled in wine ("Copper wine") special recipe. For remedies during acute phases, see arthritis. p. 289. In chronic quiet phases, see osteoarthritis p. 287.

Gout

According to CM, gout stems from high concentrations of acid in the body, with uric acid crystals responsible for inflammation in the joints. Too much uric acid means in our view that a kidneys-collecting tubules SBS is involved. Dr. Hamer states that gout is a combination phenomenon: two SBS at the same time, but in different phases.

Conflict/phase **Resolved self-worth conflict** according to body location (see p. 284) + **active fugitive conflict** (kidneys-collecting tubules SBS) = syndrome.

Tissue Bones, cartilage–cerebral-medulla–mesoderm + kidneys-collecting tubules–endoderm.

Remark Increase in uric acid because the kidneys-collecting tubules SBS not only stores water, it also stores protein in the form of uric acid. Fluid collection > swelling, severe pain = acute gout attack. Take into account "handedness" (right or left) and side (mother-child or partner), or local conflict.

Therapy	The self-worth conflict is resolved. Determine the fugitive conflict and resolve it. (See p. 227) Alkaline diet, plenty of exercise in the fresh air, sweaty sports or sauna. Hildegard of Bingen: Chew three cloves daily, drink centaury tea; parsley-rue-fat compress. Colloidal silver internally and externally. If necessary-CM meds, for too much uric acid (uricosuric and uricostatics) and for those who are too comfortable for conflict resolution and changing lifestyle. See arthritis p. 289.

Rheumatism I (rheumatic spectrum disorder, chronic polyarthritis)³

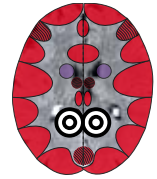
CM labels rheumatism as a so-called auto-immune disease, where for an unknown reason the body's own cells are said to turn against its own tissue and destroy it. An indication of this are "rheumatism factors" and rapid blood sedimentation, and its primary factors are antibodies, which work against the body's own tissues. They are determined by observing the reaction of blood serum with other proteins in a test tube or plate. Various other tests are also used, such as the so-called Waaler-Rose test or the ELISA test.

For us, these tests and their results are meaningless. The term "antibodies" implies a fight between good and evil—from this erroneous notion come the terms "immunoglobulin," "antibodies" and "antigens." The truth is that nowhere in the human body can these processes be observed that would let us conclude that such activity occurs.

The term "immune system" is not used by 5 BLN, because there is no such thing, nor are there any "immunoglobulins" or "antibodies" or "antigens;" instead, we have "globulins," which are increased following poisonings (inoculations, antibiotics, drugs, alcohol, etc.), injuries (bruises, contusions, etc.), or during healing-phases.

Conflict	Self-worth conflict, according to body location—see p. 286.
Example	• <i>"Rheumatism attack": A 36-year-old teacher of slender build has suffered for years from polyarthritis of the arms and legs. The patient is very excited about her upcoming wedding, but her mother continuously meddles with the preparations. The bridal bouquet is the issue at hand: the mother wants to pick it out herself because the patient has not been able to. This frustrates the patient = self-worth conflict, conflict-track with regard to the mother. She finally decides to arrange the bouquet herself, and also decides on the music for the wedding = conflict resolution and beginning of the healing-phase; attack of rheumatism in her left mother/child knee. (Personal archive of B.Eybl)</i>
Tissue	Bone, cartilage, muscles—cerebral-medulla—mesoderm.
Phase	"Acute attack" = healing-phase, symptom-free intervals = conflict activity , more cells are removed with each inflammation > progressive thickening and deformation of the affected joint.
Remark	Consider "handedness" (right or left) and side (mother, child, or partner), or local conflict.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life, so that the SBS comes to an end. Understand that rheumatism is not a fateful progressive disease, but that everything is dependent on the psyche. Guiding thoughts: <i>"I won't take it to heart!" "Enough of my high demands!" "Enough perfectionism." "I trust myself!" "I am strong."</i> Hildegard of Bingen: Centaury tea, curly leaf mint elixir, cedar fruit powder (internally), thyme paste special recipe. If necessary, petroleum (http://petroleum_de.lorincz-veger.hu). Measures in acute phase see arthritis p. 289. In chronic quiet phase see joint deterioration, p.287. Intensive pain: CBD Oil (cannabidiol). Cod liver oil. If necessary, CM-modifying antirheumatic drugs, possibly cortisone briefly. In exceptional cases and briefly, methotrexate.

SBS of the Superficial Periosteum



Rheumatism II¹

Symptoms	Pain during conflict activity, flowing pain in "cold" tissue.
Conflict	Brutal-separation conflict due to pain inflicted on someone else or pain suffered by oneself.
Example	See pain at the back of the head, p. 38.
Tissue	Superficial periosteum–cerebral-cortex–ectoderm. ²
Conflict-active	Moving pain, during the day, the area feels cold or actually is cold; no swelling or red-denning but undernourishment; most important symptom: cold feet, possibly also cold calves, false sensations in the affected areas.
Healing-phase	Reduced sensitivity to pain.
Remark	Pain worsens during sympathicotonia (during the day) and eases at night and when resting. Painkillers hardly bring relief. (By self-worth conflicts it is just the opposite.) Consider "handedness" (right or left) and side (mother, child or partner), or local conflict.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life. Hildegard of Bingen: Cold feet: shoe inlays of badger fur, ash leaves compresses against pain. Bread Drink. Cod liver oil. If necessary: petroleum-cure. Additional therapeutic measures see p. 287 and above.

¹ Cf. Dr. Hamer, Charts pp. 142, 147

² In the periosteum Dr. Hamer distinguishes two layers: the direct bone-fitting, low-lying layer belongs to the Bone SBS (self-worth conflict) with pain in the healing-phase, the superficial layer is responsible for rheumatism, pain in the active-phase-during the day and during stress (= brutal-separation conflict).

Bone fracture, fatigue fracture*

Broken bones are injuries that do not fall into the area of the 5 Biological Laws of Nature.

Nevertheless, from a greater (spiritual) point of view, accidents do not happen by chance. Thinking about the possible reasons is useful if personal development is important.

From the perspective of the 5 BLN, for bone fractures an SBS may be involved: In the conflict-active phase of a bone SBS, the bone is weakened due to cell degradation > danger of fatigue fracture despite the "bandage effect" of the periosteum, which lies tightly around the bone and gives it limited strength.

In the healing-phase, this binding action is omitted because the periosteum is lifted by the edema off the bone.

Furthermore, the bone tissue becomes sponge-like during the healing-phase and is thus fragile > pain makes the individual remain still so that the bone can

heal (= Biol. meaning).

For sprained or torn ligaments, tendons and muscles, it is the same—in the active-phase they are structurally weakened. *One feels nothing and is "fit"* > danger of injury. In the healing-phase, through the pain, one is warned and stopped.

Therapy

CM-care—immobilization, but a brief cast would be better. Compresses of freshly crushed comfrey roots or a thick layer of comfrey ointment, if you have access to the place of injury.

Tea: comfrey root, horsetail.

Hildegard of Bingen: centaury, plantain internally and externally.

For after the cast removal, see arthritis p. 289.

THE MUSCULOSKELETAL SYSTEM FROM HEAD TO TOE

SBS of the Bones, Cartilage or Ligaments



Neck pains, cervical syndrome, falling asleep of the hands

Through space requirements of nerve roots, nerves and blood vessels in the arm, can become compromised, causing hands in a resting state (greater pressure from edema) to “fall asleep.” (Usually not a separate SBS of the hands.)

Conflict	Moral-intellectual self-worth conflict, perceived injustice, discord, bondage, dishonesty, ingratitude, indecency, intolerance, feeling stupid, or unintelligent.
Examples	• <i>A retired woman leads an exercise class at the local pensioners’ club. Without warning, the club president informs her that she is no longer needed for the class. She begins to recover when her students and coworkers insist that she continue = injustice self-worth conflict, degradation of cells from the cervical spine in the active-phase and restoration in the healing-phase with neck pain.</i> (Personal archive of B.Eybl) • <i>The patient is a student and is studying for his diploma exam. As he runs out of time = intellectual self-worth conflict. Since then he is on a track: whenever he has to study, he has neck pains.</i> (Personal archive of B. Eybl) • <i>A secretary is intellectually overchallenged. Her boss is a perfectionist and insists that she finish everything punctually = intellectual self-worth conflict. As the boss has to leave for health reasons (heart attack), the secretary comes into healing > CM: “cervical syndrome.”</i> (Personal archive of B. Eybl) • <i>The 48-year-old, right-handed athletic man is married for the second time and has two daughters. For a year and a half, the elder 24-year-old has been living with her boyfriend who, in the eyes of her father, doesn’t suit her at all. “A big egoist!” = Moral self-worth conflict affecting the left (mother-child side) of the cervical spine. After a lot of trouble, she finally separates from this man. The patient is relieved that the matter is over and his daughter has her peace again = beginning of the healing-phase > for four months his right arm always falls asleep.</i> (Personal archive of B. Eybl)
Tissue	Bones, cartilage, or muscle—cerebral-medulla—mesoderm.
Phase	Healing-phase , possibly hanging-healing, usually recurring-conflict.
Remark	Too little exercise (e.g., sitting for hours) increases the symptoms. Consider “handedness” (right or left) and side (mother, child, or partner), or local conflict.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life, if chronic. Guiding thoughts: “ <i>I trust in my capabilities!</i> ” “ <i>I cannot do everything at once—easy does it. I can only get so far and no further!</i> ” “ <i>What I cannot change, I simply accept.</i> ” Measures to take for acute pain, see arthritis, p. 289. In the chronic phase, see osteoarthritis, p. 287.

Cervical disk herniation (prolapsed cervical disc)

Same SBS as above .

Phase	Intensive healing-phase —the space requirement becomes so great that the gelatinous mass at the disc core is pressed outwards. As soon as the edema retreats, the prolapsed disc corrects itself. Unless there are relapses, the matter is then finished.
Remark	A disc herniation only occurs with syndrome. The diagnosis “prolapsed disc,” especially “prolapsed cervical disc” sounds threatening. Many patients believe that they will

have to “live with it” and fear permanent paralysis > self-worth conflict with regard to this spot = diagnosis shock. As a result, the SBS becomes self-propagating, much like with multiple sclerosis (MS).

Naturally, the healing-phase was preceded by a conflict-active phase with cell minus in the adjacent spinal bodies or in the disc itself > this can cause the gelatinous core to become herniated (be pressed out) in the healing-phase or possibly in the active-phase, if the pressure is strong.

Consider “handedness” (right or left) and side (mother, child, or partner), also which side is radiating pain, or local conflict.

Therapy

The conflict is resolved. Accompany healing and prevent recurrences. Always remember that the herniated disc is just temporary, i.e., after completion of the healing-phase—“the thing is finished.” Measures see arthritis p. 289. For severe pain, put at rest (possibly for weeks).

When the healing-phase is too intense, one can try infiltration (syringe with painkillers and cortisone in the vicinity of the nerve root). Surgery as a last resort.

Tumor of the eye socket

Conflict

Self-worth conflict with regard to the eye.

Example

→ *A person is confronted with the following statement: “Your eye looks so ugly that I just want to run away!”*

Tissue

Eye socket–cerebral-medulla–mesoderm.

Phase

Healing-phase: Restoration of the eye socket = tumor.

Therapy

The conflict is resolved. Accompany the healing. Avoid recurrences. Do not perform a puncture, under any circumstance.

Shoulder pain

Conflict

Self-worth conflict, believing not to be a good mother (right-handed, left shoulder) or not a good partner (right-handed, right shoulder). Left-handed vice versa.

Explanation: In German, the word “shoulder” and “guilt” have the same root. In the shoulder it’s about bad conscience, guilt, self-blame.—Particularly popular with women.

Examples

• *During her pregnancy, the patient considers having an abortion. She knows the child feels her thoughts = self-worth conflict of believing she is not a good mother. The boy is born and is now 14 years old, but the patient is still plagued with feelings of guilt. At every opportunity, she doubts her motherly qualities = recurring-conflict with chronic pains in the mother/child shoulder. (Personal archive of B. Eybl)*

• *The patient’s daughter complains that she never looks after her children, unlike her other daughter, for whose children she always has time > the patient thinks she’s not a good mother and grandmother > the conflict is constantly recurring because she doesn’t seem to be able to please her daughter > chronic shoulder pain. (Personal archive of B. Eybl)*

• *The patient cannot nurse her baby properly because her nipples are inverted. When she goes to the hospital, the doctors criticize her since the child is undernourished = self-worth conflict of believing that she is not a good mother. The patient does not come into healing until three years later, when she is able to nurse the next child without problems > restoration of the tissue > shoulder pain. (Personal archive of B. Eybl)*

• *The patient has an argument with her husband, loses her nerves and screams at him. A short time later, she feels guilty about her behavior. (Personal archive of B. Eybl)*

Tissue

Bones, cartilage, ligaments or muscle–cerebral-medulla–mesoderm.

Phase	Healing-phase –Restoration of joint structures, pain, inflammation.
Remark	Consider “handedness” (right or left) and side (mother, child or partner), or local conflict.
Therapy	The conflict is resolved. If it is chronic, determine and resolve the conflict and/or track. Guiding thoughts: <i>“There’s no use in feeling guilty!” “I am doing my best today and now!” “What’s done is done!” “From now on, I won’t take it all so seriously.”</i> Bach-flowers: pine, larch, scleranthus. After intensive pain subsided: Targeted movement. For measures to take for acute pain see arthritis, p. 287. In the chronic phase, see osteoarthritis, p. 287. When the healing-phase is too intense, one can try an infiltration (syringe with painkillers and cortisone under the acromion). Surgery is sometimes useful but sometimes unsuccessful.

Calcium deposits in the shoulder joints*

Same SBS as above

Phase	Recurring-conflict –hanging-healing, local excessive cell build-up (luxury group) > formation of calcium deposits in the articular space of the joint.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life, so that the SBS comes to an end. The calcium deposits are usually not a problem. However, if they get too large and become lodged in the articular space of the joint, one can (after a period of waiting with dietary changes, etc.) consider surgery. For measures to take by acute pain, see arthritis, p. 287. For the chronic phase, see osteoarthritis, p. 287.

Tennis elbow, golfer’s elbow (epicondylitis)*

Painful inflammation of the elbow tendons. Tennis elbow = outside. Golf elbow = inside.

Conflict	Local self-worth conflict of not being able to hold, beat, throw, shoot, push, not being able to operate with “elbow technique.” In my experience, the people most often affected are those, who define themselves in terms of their arm performance (tennis and golf players, artisans, waiters, etc.). It tends to be the knee joint for others.
Examples	• <i>The patient is 22-years-old and has a summer job at his relatives’ restaurant. He commits himself to his work in order to show his relatives how capable he is. After two weeks of hard work, they pay him a meager salary, far below his expectations = self-worth conflict due to lack of recognition for his work with his arms (waiting tables). He comes into healing when he gives the money back out of protest > acute tennis arm as sign of healing, strong swelling due to syndrome. (Personal archive of B. Eybl)</i> • <i>The semi-professional boxer is preparing for a big fight with his trainer. He loses the fight = self-worth conflict of unsatisfied ambition with a local self-worth conflict of not being able to hit hard enough. Nevertheless, under great pressure to succeed, he keeps on training. When he decides to box only for fun, the pain in both elbows begins = healing-phase. (Personal archive of B. Eybl)</i> • <i>The construction manager sacrifices himself for his company without receiving any special gratitude = self-worth conflict due to lack of recognition. In a phase of total exhaustion, he decides not to take his job so seriously anymore and to reduce his efforts = conflict resolution. In the healing-phase, a tennis arm lasting for many months follows. (Personal archive of B. Eybl)</i>

• A 14-year-old, right-handed high school student is an avid practitioner of judo. Sixteen months ago, she sprained her elbow during a training accident. In the hospital she is given a cast = local self-worth conflict. Even after recovery, her elbow becomes inflamed after every training session. This has been occurring for 15 months and the patient begins to doubt her abilities. Before every session, she wonders whether the joint will hold = recurring local self-worth conflict. Her therapist advises her to take a break from training and to take care of her elbow. It is not by mere chance that her mother/child elbow is the injured one, for the patient says that her mother's praise is very important to her, far more important than her father's or other people's. (Personal archive of B. Eybl)

Phase	Healing-phase: Restoration of the tendons = inflamed elbow, tennis arm, golfer's arm.
Therapy	The conflict is resolved. Accompany the healing. Avoid recurrences. After the intensive pain is gone: stretching, movement, and strength-training. For measures, see p. 289.

Osteoarthritis and polyarthritis of the finger joints

Conflict	Clumsiness self-worth conflict. It is believed to have treated someone wrong, to have tackled something wrong, to have done something wrong—real or perceived. To have failed when doing and activity with their hands (perfectionism). Or local self-worth conflict, e.g., hand, following a scaphoid fracture, is weak.
Examples	• The young patient wants to learn a craft. But his mother begs and pleads with him to finish his schooling with a high school diploma. The boy acquiesces = self-worth conflict of not being allowed to learn a craft, to work with his hands. Cell minus in the wrist bone in the active-phase, arthritis is the healing-phase. (Personal archive of B. Eybl) • A woman constantly doubts whether she is doing everything right in everyday life. She was raised this way—even as a little girl, she was trained to please everybody. Her perfectionism has led to daily self-worth conflicts with regard to her hands. The result is thickened joints. (Personal archive of B. Eybl)
Tissue	Hand and finger joints—cerebral-medulla—mesoderm.
Phase	"Acute attack," polyarthritis—healing-phase: arthrosis/osteoarthritis = recurring-conflict ; thickened joints through recurring inflammation = danger of a vicious circle.
Remark	Take into account "handedness" and side. Polyarthritis is often found in "perfectionists."
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life so that the SBS comes to an end. Guiding thoughts: "Anybody can make mistakes!" "I trust my capabilities and don't take clumsy mistakes so seriously!" Measures to take for acute pain, see arthritis, p. 287. In chronic phase, see osteoarthritis, p. 285.

Inflammation of the synovium (tenosynovitis)*

Same SBS as above.

According to CM, caused by overuse, which is partially true. But conflicts can play a role.

Example	• The young woman is just beginning to train as a masseur. She doubts whether this vocation suits her, for she has delicate hands = clumsiness self-worth conflict. She comes into healing when many of her customers praise her. In the healing-phase, she gets tenosynovitis. The result is a vicious circle because she sees her original doubts as confirmed and she must give up the profession. (Personal archive of B. Eybl)

Phase	Healing-phase: Reconstruction of the tendon or tendon sheath. Inflammation, pain.
Biol. meaning	Reinforcement of the structure. Biological meaning of pain: immobilization, so that the

	body can enhance tendon and tendon sheath in peace. The tendon after SBS is stronger than before.
Therapy	The conflict is resolved. Accompany the healing. Avoid recurrences. For remedies, see arthritis, p. 289.

Carpal tunnel syndrome**

Same SBS as above. (See p. 297)

The so-called carpal tunnel forms a passageway for the hand-flexing tendons and medial nerve of the hand. Chronic inflammation leads to tightening and friction.

Tissue	Bony-channel of connective tissue of the carpal–cerebral-medulla–mesoderm.
Phase	Hanging-healing: Excessive restoration of the carpal tunnel and/or hand-flexing tendons > strengthening of structure, tightening of the carpal tunnel, inflammation, pain = carpal tunnel syndrome.
Biol. meaning	Reinforcement of structures. Biological meaning of pain: immobilization.
Remark	Frequently in meat eaters with acidification trend. Even the inability to hold onto something conflict (see below) may play a role.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life so that the hanging-healing comes to an end. After the acute phase: stretching, gymnastics and flexibility exercises. For measures to take, see arthritis, p. 289. In the chronic phase, see osteoarthritis, p. 287. Surgery if required.

Shortening of the flexor tendons (Dupuytren's contracture)*

Conflict	Probably: Clumsiness self-worth conflict, conflict of not being able to hold onto or keep something, not being able to "claw" something.
Examples	→ <i>Somebody believes that he has sold a piece of land too cheaply = conflict of not getting ahold of the money.</i> • <i>The patient has lost his best friend because of a disagreement = conflict of not being able to hold onto his friend. Since they often run into another, the conflict keeps recurring > Dupuytren's contracture.</i> (Personal archive B. Eybl)
Tissue	Flexor tendons–wrist–cerebral-medulla–mesoderm.
Conflict-active	Cell degradation in the wrist tendons.
Healing-phase	Restoration, shortening of the tendons due to recurring-conflict > permanently scarred shortening and thickening of the tendons > the hand can no longer be opened and closed completely but the claws function well (luxury group).
Biol. meaning	Strengthening of the tendons, so as to hold on better.
Remark	Consider "handedness" (right or left) and side (mother, child, or partner), or local conflict.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life if still active. Guiding thought: <i>"I let go!"</i> Stretching and flexibility exercises, swimming, gymnastics. Surgery is usually not very successful—last resort of choice. See osteoarthritis p.287.

Breastbone or rib pain

Conflict	Local self-worth conflict
Examples	• <i>After a mastectomy the patient no longer feels like a complete woman = local self-</i>

worth conflict. In the healing-phase she feels pain on the costal arch. CM interprets the edema as metastases. (Personal archive B. Eybl)

- A doctor examines a patient's lungs during a check-up and says, "Something's not right with your lungs." (Personal archive B. Eybl)
- Due to a diagnosis of breast cancer, a woman suffers a self-worth conflict. She thinks: "Now I'm no longer worth anything here". When the tumor is successfully removed, her ribs begin to hurt = healing-phase. (Personal archive B. Eybl)

Tissue	Sternum, ribs—cerebral-medulla—mesoderm.
Phase	Healing-phase: reconstruction, pain.
Therapy	The conflict is resolved. Accompany the healing-phase. For measures, see osteoarthritis, p. 289.

Pain in the thoracic spine

Conflict	Self-worth conflict of being battered by life, feeling humiliated, or inferior, conflict of being a "loser". "He has no backbone!" Or local self-worth conflict because something is wrong in the chest region.
Examples	• The patient is a trainee and is happy that she has finally found a position. She thinks she has to accept the fact that her boss is always putting her down. She is unhappy but doesn't defend herself = self-worth conflict of being a loser. During her two years as a trainee, she suffers intense pain in the thoracic spine = recurring-conflict. After that, she swore to herself that at her next job she will not be forced to put up with anything. Since then, the pain is gone. (Personal archive B. Eybl) • A woman has complexes, because she believes her breasts are too small = local self-worth conflict. (Personal archive B. Eybl)
Tissue	Thoracic spine—cerebral-medulla—mesoderm.
Phase	Healing-phase: restoration of the spinal body or cartilage, pain.
Therapy	The conflict is resolved. If it recurs, determine the conflict or track and resolve it in real life. Guiding thoughts: "Nobody has the right to humiliate me!" "I will walk straight and upright through life!" From an energetics point-of-view, thoracic spinal pains usually have to do with conditions of emptiness. Hildegard of Bingen: rub with bay leaf oil. If necessary, antirheumatics when healing pain is too intense. For additional measures, see osteoarthritis, p. 287.

Side to side curvature of the spine (scoliosis), round back (juvenile kyphosis, Scheuermann's disease, wedge vertebrae)*

Same SBS as above, if the thoracic vertebrae are affected.

Curvatures of the spine, usually combined with twisted vertebrae, usually begin in childhood or youth.

Conflict-active	One-sided degeneration of the vertebrae, depending on the nature of the conflict (mother/child or partner side) > side to side curvature of that section of the spine; the body attempts to compensate by means of opposing curves above and below the affected vertebrae > "S"-shaped spine > scoliosis; wedge-shaped vertebrae and a round back occur when the vertebrae degenerate on the "belly" side.
Healing-phase	The degenerated, now asymmetrical spinal chord becomes fixed in this position—it all becomes "cemented." There is pain only while cells are being built up but the spinal

	chord remains permanently curved.
Remark	These curvatures mustn't necessarily cause trouble later. I know "completely crooked" patients, without the slightest difficulties and others with perfectly straight spinal cords with massive complaints > the body can deal usually good with these differences.
Therapy	Determine the conflict and resolve it if it is still active. Send good thoughts to the spine. Doubt and discord are neither appropriate nor relevant. Postural exercises, strength training, versatile sports.

Pain in the lumbar spine or coccyx, low back pain (lumbago), sciatica syndrome

Conflict	Central personality self-worth conflict Explanation: A person is shaken to the core, the burden is too great—the pressure is unbearable; or a local self-worth conflict, for instance, because of a diagnosis of colon cancer or hemorrhoids.
Examples	• <i>The right-handed, married mother of a two-year-old, has suffered from lumbago and sciatica on her left mother-child side, since the child was born.</i> <i>Conflict history: Her mother-in-law lives with them in the same house. The mother-in-law has no confidence in the patient's ability to care for the child. She consistently criticizes the patient for this = central loss of self-worth with regard to the child. She feels inferior and has resigned herself to the situation = hanging-conflict > constant back pain. (Claudio Trupiano, thanks to Dr. Hamer, p. 261)</i> • <i>The now 41-year-old patient is treated extremely unfairly by his math teacher at technical school. The sensitive boy takes this very personal = central personality self-worth conflict. After he finishes school, he completes an advanced degree under the motto: "I'll just show him." Since his days at the technical college, the patient has suffered regularly from severe low back pain = recurring-conflict. Track: calculation work under stress. (Personal archive B. Eybl)</i> • <i>A man is diagnosed with an intestinal tumor = local self-worth conflict. (Personal archive B. Eybl)</i> • <i>A woman is abandoned by her partner, whom she loved very much. She believes that he has left her because she wasn't good in bed = local or central self-worth conflict. (Personal archive B. Eybl)</i>
Tissue	Lumbar spine–cerebral-medulla–mesoderm.
Phase	Healing-phase: Restoration of the tissue that was previously degraded, practically unnoticed; the healing bone or cartilage tissue swells up and presses against the spinal cord or nerve roots (sciatica).
Remark	Consider "handedness" (right or left) and side (mother, child, or partner), or local conflict. Into which leg does the pain radiate?
Therapy	The conflict is resolved. If chronic, determine and resolve the conflict and/or tracks. Guiding thoughts: "Pressure exists in order to be shaken off!" "I want to be free and happy—that makes life easier!" Hildegard of Bingen: galangal root wine. Possibly chiropractic, osteopathy, strength training, muscle building. If necessary, antirheumatic agent. When the healing-phase is too intense, one can try an infiltration (syringe with painkillers and cortisone in the vicinity of the nerve root). Measures to take for acute pain, see arthritis, p. 289. In the chronic phase, see osteoarthritis, p. 287.

Slipped (prolapsed) disc of the lumbar spine

Same SBS as above.

Example	• <i>The married patient is building his own house. At the same time he has to "hold his own" at work = central personality self-worth conflict. When the house is finally finished and the family moves in, he suffers a slipped disc in his lower back = healing-phase.</i> (Personal archive B.Eybl)
Phase	Intensive healing-phase, a herniated disk only occurs by syndrome. The healing-phase was preceded by a conflict-active phase with cell minus in the adjacent vertebral bodies or in the disc itself. > In the healing-phase, this can cause the disc's gelatinous core to be squeezed out. If the burden is great, this could occur as early as the active-phase. As soon as the structure is repaired and the edema recedes, the disc corrects itself. And that is the end of the matter, if there are no recurrences.
Remark	A diagnosis of "herniated disc" can lead to a follow-up conflict. Many patients believe that <i>"they will have to live with it"</i> = diagnosis shock in the form of another self-worth conflict with regard to this spot > danger of vicious circle.
Therapy	The self-worth conflict is resolved. Resolve any fugitive conflict. Guiding thought: <i>"I will leave all the pressure and doubt behind me!"</i> Remember that the herniated disc is temporary, i.e., after completion of the healing-phase, "the thing is eaten." For therapy, see arthritis, p. 289. When the healing-phase is too intense, one can try an infiltration (syringe with painkillers and cortisone in the vicinity of the nerve root). A surgery should be the last resort and should be postponed as long as possible.

Spinal stenosis*

Same SBS as above. (See p. 300)

Phase	Hanging-healing over a long period of time, excessive bone buildup leads to permanent stenosis (narrowing) of the spinal canal > compressed nerves with pain radiating into the leg.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life so that the SBS comes to an end. Stretching and other gymnastics. For measures to take, see arthritis, pg. 287. In the chronic phase, see osteoarthritis, p. 287. If necessary, anti-inflammatory drugs if the pain is too intense. After exhausting all measures, possibly attempt difficult surgery.

Vertebral slippage (spondylolisthesis)*

This diagnosis is usually very insecure (presumptive diagnosis). SBS same as above. (See p. 300)

Phase	Recurring-conflict, hanging-conflict activity , shrinking of the spinal cord or the space between the discs > individual discs can become loose and slide forward or backwards.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life. Strength training, muscle building (no stretching). For measures to take when the pain is acute, see arthritis, p. 289. In the chronic phase, see osteoarthritis, p. 287.

Pain in the pubic bone or pelvic bone

Conflict	Local self-worth conflict. With men, this often has to do with sexuality or potency. Women react to a sexual self-worth conflict with the pelvis, sacrum, or pubic bone.

Examples	→ Somebody suffers from incontinence = local self-worth conflict, degradation of bone substance in the active-phase, restoration and pain in the healing-phase. → After a prostate gland surgery, a man is impotent. → A husband suffers from premature ejaculation. For this reason, he cannot satisfy his wife.
Tissue	Pubic bone, pelvic bone–cerebral-medulla–mesoderm.
Phase	Healing-phase: restoration of the bone substance.
Remark	Consider “handedness” (right or left) and side (mother, child, or partner), or local conflict.
Therapy	The conflict is resolved. Accompany the healing. For therapeutic measures, see p. 289.

Fatigue fracture of the pelvic bone**

Same SBS as above.

Phase	Hanging-conflict activity: Degradation of bone tissue > loss of stability, very little pain, possibly sensitivity to cold.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life.

Ischium bone pain

Conflict	Self-worth conflict of not being able to sit something out or a local self-worth conflict
Examples	→ Someone believes he won't be able to endure something, such as a situation at work. → Someone has hemorrhoids = local self-worth conflict.
Tissue	Ischium–cerebral-medulla–mesoderm.
Healing-phase	Restoration of the bone, pain.
Therapy	The conflict is resolved. Accompany the healing. For measures, see arthritis, p. 289

Hip pains

Conflict	Self-worth conflict of not being able to endure something or a local self-worth conflict.
Examples	• A young, right-handed woman was born with a deformed pelvis, which does not cause her any problems. She would like to have a child with her partner and decides to consult the best doctor in the region, as to whether there would be any reason why she couldn't have a child. The specialist looks at the undressed woman from all sides with a professional look. His commentary: “I hope you don't want to have children! If you do, we would have to perform surgery to widen your pelvis. To be exact, we would have to take a part of the pelvis out and temporarily plant it into the knee area. After the birth and nursing period, we would have to reverse the process!” = local self-worth conflict with regard to the pelvis and hips. The patient cries on her friend's shoulder and decides to get a second opinion. An experienced gynecologist then gives her the “green light.” As a healthy child is born, the left (mother/child) hip comes into healing. The pain lasts for half a year and is so severe that the patient cannot even walk to the car. In the meantime, a second healthy baby boy has been born and the patient is completely free of symptoms. (Personal archive B. Eybl) • The patient's mother is constantly meddling in his marriage. The man does not know the solution to this dilemma. He's being pulled in two directions at once. He knows no way out of this situation. (Personal archive B. Eybl) • The 69-year-old mother, of two grown sons, has a dog that she loves very much. He belongs to the family and is her “partner.” The dog is becoming increasingly frail. The

patient knows that in the end she will have to put him to sleep so that he will not suffer, pain = self-worth conflict—"I just won't be able to bear it, having to put the dog to sleep." The left (partner) hip is affected. Finally, her husband makes the difficult trip to the veterinarian. The patient is terribly sad, but glad to have it behind her. Ten days afterwards, in the course of the healing-phase, pain in the left hip begins, which lasts for four weeks. (Personal archive B. Eybl)

Tissue	Hip joint, femoral neck–cerebral-medulla–mesoderm.
Phase	Healing-phase or recurring-conflict. Reconstruction of bone or cartilage > inflammation, limitation of movement, pain.
Remark	Consider "handedness" (right or left) and side (mother, child or partner), or local conflict.
Therapy	The conflict is resolved. If recurrent, find conflict, tracks and resolve. For measures to take, see arthritis, p. 289.

Hip joint arthrosis (coxarthrosis)

Same SBS as above.

Phase	Recurring-conflict: Constantly recurring cell degradation and cell build-up phases result in inferior scar tissue > roughening of the joint surface > progressive destruction of the cartilage, limited movement, pain.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life. Guiding thoughts: <i>"Just when you believe it's no longer possible, from somewhere, a light suddenly appears!"</i> <i>"I know everything's going to be alright!"</i> Bach-flowers: larch, sweet chestnut, willow. A hip replacement surgery is recommended when the joint surfaces are broken by recurring-conflicts. Most surgeries are successful, thanks to great surgeons and good techniques! For measures to take, see arthrosis, p. 287.

Necrosis of the femoral head (Legg-Calve-Perthe's disease)*

Same SBS as above. (See p. 302)

Symptom	A part of the femoral head dies off (necrotizes) and in the worst case, falls apart > sudden severe pain, limping; this disease is common among dogs and small children.
Phase	Conflict-active phase: destruction of bone tissue > loss of stability > crumbling of the femoral head.
Therapy	Consider individually. In children, always consider inheritance from parents.

Knee pains, inflammation of the knee joint (arthritis), inflammation of the bursa (bursitis)

Conflict	Non-athletic self-worth conflict, lack of recognition, unsatisfied ambition Explanation: Among those who define themselves through their legs (football players, runners, bikers, etc.), it is the knee that is affected.
Examples	<i>The young, right-handed man marries into a family business where he always stands on the sidelines. His in-laws never praise him, although he makes great effort and works until he is about to fall over. When his in-laws pull back from the business, he suddenly gets praise from all sides. Due to the great conflict mass, the right (partner) knee is inflamed and swollen for many years = healing-phase. Finally, when his symp-</i>

toms do not improve, he has an artificial knee implanted. (Personal archive B. Eybl)

• The, now, 50-year-old right-handed man has had a hard life. His parents rob him of every bit of self-worth. His school years are a “catastrophe.” He is kept back a year because he cannot keep up with the others. With much effort, his parents find him an apprenticeship with a hairdresser, where he muddles his way through: “I can’t dress hair!” = Self-worth conflict of being non-athletic with regard to the right partner-knee. He takes the final hair-dressers’ exam, although he is convinced that he is incompetent and will fail. After three weeks, the result was: passed. = The right knee begins to swell up = healing-phase. The patient has unsuccessful surgery on his knee and is bed ridden for two years. Then things start to improve but because of the many surgeries and relapses he suffers from chronic severe pain. (Personal archive B. Eybl)

Tissue	Knee joint–cerebral-medulla–mesoderm.
Phase	Healing-phase: increased metabolism, cell buildup, swelling, reddening, pain.
Remark	Consider “handedness” (right or left) and side (mother, child or partner), or local conflict.
Therapy	The conflict is resolved. Accompany the healing. When the healing-phase is too intense, possibly anti-inflammatory drugs or infiltration (syringe with painkillers and cortisone). For measures, see arthritis, p. 289.

Knee: torn meniscus, damaged cartilage, ruptured cruciate or collateral ligament*

Same SBS as above.

Examples	• As a 23-year-old competitive windsurfer, I took a year off after taking part in the Los Angeles Olympic Games. Afterwards I tried to make a comeback, so I could compete again in the next Olympics. However, things went badly for me during the trial races—I had “missed the boat” > self-worth conflict of being non-athletic. Before the trials were over, I had torn the meniscus of my left partner-knee and had to undergo arthroscopic knee surgery = injury in the active-phase due to weakened tissue. (Experience of B. Eybl)
Phase	Recurring-conflict
Remark	Torn meniscus and ruptured ligaments usually occur as accidents. We shouldn’t classify them as “injuries” however, as the cause of damage is soft, weak tissue. Such injuries can occur in the active-phase or in the healing-phase. Also poor diet and lack of exercise may play a role. Healing-phase tears would not be necessary if the message of pain would be understood rightly. When it hurts, move conservatively and gently.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life. Guiding thoughts: “I know what I am capable of, even if others don’t notice!” “True recognition comes from within. It is a good feeling to have done something good and to have given love.” For measures to take for acute pain, see arthritis, p. 289 In the chronic phase, see osteoarthritis, p. 287. When the healing process is too intense, possibly anti-inflammatory drugs or infiltration (syringe with painkillers and cortisone directly into the joint). A knee replacement surgery is recommended when the joint surfaces are broken by recurring-conflicts. Most surgeries are successful—a compliment to the surgeons!

Knee-joint mouse (loose joint body)*

Same SBS as above. (See pp. 303-304)

A small foreign body, such as a small piece of bone or cartilage "swims" about in the joint and can cause sudden immobility or pain.

Phase	Condition after a complete SBS- recurring-conflict , possibly due to injury.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life if still active. Should the "mouse" become lodged repeatedly > arthroscopic joint cleansing to prevent further inflammation (and prevent subsequent self-worth conflicts). Moreover, in case of a herniation there exists a risk of consequent self-worth conflicts.

Inflammation of the ankle or toe joints

Conflict	Cannot stand someone or a situation, self-worth conflict: cannot run, jump, dance, kick, brake etc., or it's a local self-worth conflict. Often also a localization-theme: "...I wish I would be there and not here." "I am here out of place." "Unfortunately, I have to stay here."
Example	• A schoolboy cannot join the school hiking week, which he had been looking forward to for so long, because he has a cold = self-worth conflict of not being able to run, jump, etc. He comes into healing when the hiking week is over > inflamed ankle. (Personal archive B. Eybl)
Tissue	Foot or toe joint–cerebral-medulla–mesoderm.
Phase	Healing-phase: restoration of the bone or cartilage, pain, swelling.
Remark	Metatarsophalangeal joint inflammation are often an indication of gout (= syndrome).
Therapy	The conflict is resolved. Accompany the healing. Avoid recurrences. Hildegard of Bingen: solanus special recipe. When the healing-phase is too intense, possibly anti-inflammatory drugs or infiltration (syringe with painkillers and cortisone directly into the joint). For measures, see arthritis, p. 289.

Inflammation of the Achilles tendon*

Same SBS as above.

Example	• The patient is a soccer trainer. He feels every little success with his team = substitute self-worth conflict of not being able to run fast enough. As his team finally "scores" a series of victories, his Achilles' tendon comes into painful healing. (Personal archive B. Eybl)
Tissue	Achilles tendon–cerebral-medulla–mesoderm.
Phase	Healing-phase: restoration, strengthening of the Achilles tendon, pain when loaded; the tendon remains thick (luxury group).
Therapy	The conflict is resolved. Accompany the healing. Attention: Due to danger of rupture, be careful about putting weight on it. For measures see arthritis, p. 289.

Rupture of the Achilles tendon or collateral ligament*

Same SBS as above.

Tissue	Achilles' tendon, collateral ligament–cerebral-medulla–mesoderm.

Phase	Recurring-conflict, conflict activity or healing-phase.
Remark	The line between “injury” and SBS is usually blurred. Soft, weak tissue is often the basis for injuries. Ruptures of the Achilles tendon in the healing-phase happen to impatient athletes. (Full training, despite pain.)
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life, if still active. For treatment, see arthritis, p. 289. Particularly alkaline diet. Surgery if needed.

Calcaneal spur*

Same SBS as above. (See inflammation of the ankle or toe joint)

Examples	• <i>A teacher is being bullied by her colleague, who tries to hinder every project she wants to undertake = self-worth conflict of not being able to tolerate the situation. As the patient finally succeeds in pushing through a big project, she gets a painful calcaneal spur in the healing-phase.</i> (Personal archive B. Eybl) • <i>Due to the grown-up left-handed patient's clumsiness, her mother has a gardening accident and breaks her ankle. The patient blames herself and suffers a self-worth conflict substituting for her mother. When the cast is removed and her mother can walk about freely again, the patient comes into healing > severe pain in the right (mother-child) heel.</i> (www.germanische-heilkunde.at)
Tissue	Calcaneus or fascia or Achilles tendon attachment–medulla–mesoderm.
Phase	Healing-phase: Excessive restoration of the bone (luxury group); although the spur still appears on an x-ray after the healing-phase, the pain usually disappears completely.
Therapy	The conflict is resolved. Should it recur, determine the conflict and/or track(s). Guiding thoughts: <i>“I make peace in my heart. Whatever happens to me has a meaning! I can only learn from it!”</i> Wear only pleasant and possibly open footwear, e.g., an insert with recess at the pressuring position, so that the area can recuperate. Surgery is rarely necessary. > It is better to wait for a long time. Treatment, see arthritis, p. 287 and osteoarthritis, p. 289.

Angulation of the big toe toward the other toes (hallus valgus)*

Conflict	Not being able to kick somebody away, Self-worth conflict of not being able to run, dance, balance, jump, kick, brake, etc. Sometimes its is a location conflict.
Tissue	Base joint of big toe–cerebral-medulla–mesoderm.
Phase	Recurring-conflict , hanging-healing: with every inflammation (= healing-phase, cell plus) another layer is added > thickening, crookedness, deformation of the toe and toe joint.
Remark	Shoes that are too tight or heels that are too high can destroy the toe joint mechanically (in this case, there is no conflict). Self-worth conflict, danger of vicious circle due to the unaesthetic bulging of the big toe. Consider “handedness” (right or left) and side (mother, child, or partner), or local conflict.
Therapy	Find conflict or track(s) and resolve them so that the SBS comes to an end. Flat, broad, possibly open footwear with enough free space for the toes. Measures, see arthritis p. 289. In an advanced stage, a surgery is useful.

MUSCULAR SYSTEM

There are two kinds of muscle tissue: the involuntary muscles of the internal organs, which are controlled by the midbrain of the brainstem and the voluntary (striated) muscles of the musculoskeletal system, which are controlled by the cerebrum.

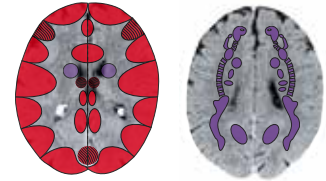
This chapter is about the voluntary (striated) muscles.

These are controlled by two different parts of the brain:

1. the cerebral-cortex–ectoderm (innervation) and
2. the cerebral-medulla–mesoderm (nutrition).

In the SBS described below, they are usually coupled with each other; that is, they often proceed simultaneously.

SBS of the Muscle-Nerve Supply



BASIC SEQUENCE¹

The motoric nerve impulses—in other words, the tensing and relaxing commands, come from the motor-cortex of the cerebral-cortex:



Conflict

Motor conflict, most often due to a real fall, accident, or injury. In a figurative sense: Spellbound-of-being-scared, = not feeling allowed, wanting or able to move. Cannot escape a situation. One sees no way out, feels powerless or incapacitated. Not knowing what to do.

Phrases: “Be paralyzed-with-fear” “Freeze in shock”.

Shoulder, back muscles: Being unable to escape from someone or from something.

Leg and arm flexor and adductor muscles: Feeling unable to hold, attract, or embrace someone or something.

Leg and arm-extender and abductor muscles:

Unable to push-, knock-away, or kick-, push-, or fend-off someone or something.

Legs in general: Not knowing the way in or out, not being able to escape or catch up, not being able to run, climb, dance, jump, balance, etc. “I’ve got weak knees!”

Tissue

Voluntary (striated) muscles—cerebral-cortex–ectoderm (nerve supply = innervation), usually paired with cerebral-medulla–mesoderm (nutrition).

Conflict-active

Restriction of nerve function, fewer stimuli from the cortical motor center to the muscle. > Weakness, paralysis, depending on the intensity of the conflict. Possibly. Restlessness, fidgeting.

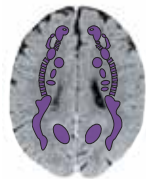
Biol. meaning

Apparent death: Many animals pretend they are dead when they are being chased or when their situation seems hopeless. The pursuer then often lets his victim be or doesn’t see him at all. (Cats for instance are only interested in “moving objects” and not in motionless mice.) The motto: “*Don’t move until the danger has passed!*”

Healing-phase: Restoring innervation after initial deterioration.

Healing-crisis	Uncoordinated twitching and convulsions = epileptic seizure. Local spasm = muscle spasm, muscle twitching. Feeling cold, cold chills. Possibly tics, restless legs.
Remark	Warning: At the beginning of the healing-phase and after the healing-crisis, the paralyses can briefly be even stronger if edema causes the nerve connections in the brain to swell. While this is actually a good sign, it is often wrongly interpreted by the patient, which can lead to a fatal vicious circle. Many muscle problems are caused by toxification with medication, as such, they have no psychic cause. There is often a combination of conflict and toxification. Evil-doers here can be blood pressure medication, cholesterol-sinking medication, psychotropic drugs and many more. > Read the information on the package. Take note of the link between when the medication was first taken and the symptoms.

SBS of the Muscular Metabolism



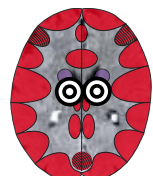
BASIC SEQUENCE¹

The control of metabolism (nutrition, tissue build-up and breakdown) comes from the cerebral-medulla.

Conflict	Self-worth conflict with regard to mobility (for conflict details, see p. 286).
Tissue	Voluntary (striated) muscle–cerebral-medulla–mesoderm (nutrition, metabolism).
Conflict-active	Limited nutrition, muscle breakdown in the affected muscles, muscle weakness muscle cross-sectional enlargement (hypertrophy).
Healing-phase	Restoration of the muscles accompanied by pain, swelling, enlarged muscles (hypertrophy).
Biol. meaning	Strengthening beyond the original state (luxury group).
Remark	In practice, the two SBS are somewhat paired—that is, they usually run simultaneously.

¹ Cf. Dr. Hamer, Charts pp. 61, 72

SBS of the Muscle Innervation



Muscle paralysis, multiple sclerosis (MS), polio, amyotrophic lateral sclerosis (ALS)¹

Conflict	Motoric conflict. Paralyzed-with-fear. Conflict of not being able, or allowed to move. (See p. 307)
Examples	• <i>The 63-year-old is never bored, not even in retirement. He spends his time as an amateur athlete and handyman. One day, he has a skiing accident and breaks his hips. He must</i>

¹ Cf. Dr. Hamer, Charts pp. 138, 143

have four months of complete bed rest = motor conflict of not being able to move. After the long forced rest, he is sent for rehabilitation and makes excellent progress. He realizes that he is his old self again = conflict resolution. Then he starts having night time cramps in his lower legs. The cramps continue for weeks and keep getting stronger. He finds these spasms more painful than the broken hips = motor conflict because of the cramps = vicious circle. After many consultations with doctors, he is sent to the hospital where they do a lumbar puncture, an MRI and nerve conduction tests. Suddenly he sees the worried expressions on the doctors' faces: the diagnosis is ALS. He is told about the "progressive symptoms" ending in death via suffocation due to general paralysis = generalized motor conflict of knowing he is soon to be completely paralyzed. Within half a year, the disease advances so far that the one-time amateur athlete has to sit in a wheelchair all day and at night cannot even turn over in bed = vicious circle and confirmation of the prophecy (= the self-fulfilling prophecy). This is a truly tragic case. (Personal archive B. Eybl)

• The 50-year-old right-handed woman goes to a neurologist with steady acute pain in the face. He prescribes painkillers and anti-depressants. For both prescriptions, paralysis is mentioned as possible side effects. After several weeks, the patient notices light paralysis of the right leg.

The facial pain remains. After several consultations with neurologists along with a CT scan and lumbar puncture, the diagnosis is multiple sclerosis (MS) = motoric conflict due to the diagnosis. The patient sees herself in a wheelchair and buys a cane, which she doesn't yet need > the paralysis intensifies > the vicious circle downwards begins. (Personal archive B. Eybl)

Tissue	Voluntary (striated) muscle–cerebral-cortex–ectoderm (nerve supply = innervation), usually coupled with cerebral-medulla–mesoderm (nutrition).
Phase	Active-phase, hanging-conflict activity . > Weakness or paralysis of the muscle.
Remark	Even for CM, the diagnosis for multiple sclerosis (MS) is imprecise. The proteins measured in the cerebrospinal fluid (CSF) also appear in the healthy. In the CT and MRT dubious "white flecks" are sought, which are also found in the healthy. A diagnosis of MS usually triggers another motor conflict (which is worse) than the original one. Some patients see the wheelchair before their eyes (post-hypnotic engram). This conflict can no longer be overcome = hanging-active conflict due to doctors' diagnoses (iatrogenic). Even a small part of the paraplegics belong to the group of such damaged patients. Further causes of paralysis • Accidents or unsuccessful surgeries (mechanical paralysis–severing of the nerve). • Toxication, e.g., with chemicals, medication (toxic paralysis), e.g., aspartame. • Brain pressure (edema) on the surrounding motoric relays (usually self-worth conflict in healing).
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life. Very important: understanding the interrelations. Guiding thoughts: "Now I know what's going on and I will free myself from the spell!" "I will be able to move as before!" Movement therapy but without (self-applied) pressure to succeed. All of the stimulating treatments like classic-, acupoint-, reflex-zone massages. Cayce: Vigorous massage with peanut oil or olive oils with tincture of myrrh. If necessary, take petroleum. Swimming, gymnastics, yoga, etc. Magnesium chloride (MgCl ₂)-foot baths. (Source: www.salz-schwarzmann.de). Sunbathing-possibly solarium. Brushing and contrast baths. Vit. B complex. Liniments with rosemary, cinnamon or camphor oil. If necessary, low-dose naltrexone (LDN). Cod liver oil. CM therapy with cortisone, beta-interferon and lots more, is not recommended because it is not effective. (See also further measures, p. 287).

Epilepsy

Same SBS as above. (See pp. 308-309)

Patients who suffer from repeated spontaneous convulsions, with or without loss of consciousness, are conventionally diagnosed with epilepsy.

Examples	• <i>A thirty-year-old Austrian woman suffers the following motoric conflict: She is sledding down a mountain when she suddenly realizes that she is going too fast. She crashes into an icy stream and fractures two vertebral processes. Immediately after the accident, she thinks she is paralyzed because she cannot move for a short time = motoric conflict of not being able to brake and not being able to move. A few days later, she has an epileptic seizure with urine loss and a brief blackout. A few hours before the seizure, she had to weep with relief. After the seizure, she feels peaceful and clear headed. (Cf. www.gnm-forum.eu/board)</i> • <i>A man is climbing a mountain and doubts whether he will be able to make it to the top. He can hardly keep up with the others = motoric conflict of not being able to keep up, not being able to walk fast enough. Upon reaching the cross at the summit, he has an epileptic seizure. The seizures keep repeating, always in the same situation: during the ascent he is conflict-active (unnoticed paralysis of the legs) and at the top, he comes into healing with an epileptic seizure. (Personal archive B. Eybl)</i> • <i>A boy is born prematurely and is blind. As he wants to explore his surroundings, he suffers one motor conflict after the next, because he keeps bumping into things and falling down. During the resting phases he very often has epileptic seizures. (Personal archive B. Eybl)</i> → <i>A child sees a doctor coming toward him with a needle for taking blood samples and giving shots. He wants to run away but his mother holds him tight = motoric conflict of not being able to run away, not being able to escape the needle > epilepsy in the healing-phase (so-called inoculation-damage caused by the conflict). Note: The doctor's white coat, the hypodermic needle or the smell of the doctor's office can remain as tracks. Aside from the loss of trust, the mother sometimes becomes a track, since she held the child tight.</i>
Phase	Healing-crisis = epileptic seizure. In principle, this is a more or less generalized muscle cramp (whole-body cramp). Muscle cramps and epileptic seizures occur only during quiet conditions (vagotonia). During the seizure the patient sometimes relives the conflict in slow motion.
Remark	The notion of CM that during every epileptic seizure, cells die off—is wrong. The muscle groups that are mainly affected point the way to the conflict.
Therapy	Determine the conflict and, if possible, resolve it in real life. If the seizures continue, look for relapse situations or tracks (for example, dreams or memories). Guiding thoughts: <i>"I can do or not do whatever I want!" "I am free!" "With the help of God, I will throw off all my limitations!"</i> Hildegard von Bingen: Wear agate stone and chrysoprase stone with you, put agate into the drinking water. Magnesium chloride (MgCl_2)-foot baths. Vit. B complex, Vit. D3 (cod liver oil). CBD Oil (cannabidiol). Dancing, yoga. CM antiepileptic drugs: Only recommended if the conflict resolution does not work. Keep on trying tapering off, because perhaps they are no longer necessary.

Parkinson's disease

Same SBS as above. (See pp. 308-309)

According CM, Parkinson's is a slowly progressive, degenerative disease of the brain.

Typical symptoms: Muscular trembling (tremor), muscle stiffness (rigidity) and slowness of movement (bradykinesia)

Examples	• <i>The forty-year-old businessman has had a major customer for years, to whom he delivers</i>

goods. Due to a savings program, the customer takes bids from other providers. After a great deal of back and forth, the businessman loses his customer = motoric conflict of not being able to hold onto the customer with his hands. For 20 years, the conflict has been hanging-active = Parkinson's disease-trembling hands. (Personal archive B. Eybl)

• The Parkinson's patient, Muhammad Ali, reports that he regularly dreams of his fight with Joe Frazier. During this fight, he suffered his first and probably most painful defeat. In doing so, he suffered the following conflicts: not being able to shield oneself > trembling hands; sudden-fright conflict > speech impediments; not being able to flee from the ring > walking disturbances. With every dream, he comes briefly into conflict activity. The shaking and paralysis represent the healing-phase or more exactly, the healing-crisis that never ends (= hanging-healing).

Phase	Hanging-healing– Recurring healing crises , tremor, muscle rigidity, slowing of movement (= Parkinson's disease); the conflict activity is only briefly touched by recurrences or tracks. The healing-phase dominates but never comes to an end.
Remark	Consider "handedness" (right or left) and side (mother, child, or partner), or local conflict. The affected muscle group shows the way to the conflict. Much like MS, the diagnosis "You have Parkinson's!" can lead to a further motor conflict: the thought, of never being able to keep the hands still again, can become anchored in the subconscious.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life, so that the Hanging-healing can come to an end. CBD Oil (cannabidiol). Cod liver oil. Magnesium chloride (MgCl ₂)-foot baths, Vit. B complex. If necessary, low-dose naltrexone (LDN), possibly petroleum cure (http://petroleum_de.lorincz-veger.hu). The effectiveness of the CM Parkinsonian drugs levodopa, dopamine agonists, i.a., is questionable> not recommended.

Muscle spasms

Same SBS as above. (See pp. 308-309)

Examples	• It is winter and the patient is driving down a steep mountain road. Suddenly she realizes she is driving too fast and won't be able to make the next curve = motor conflict of not being able to brake. Thanks to a snow pile, the car comes to a stop just before the abyss. During the next three nights, she has severe cramps in her right ("brake") calf = healing-phase–healing-crisis. (Personal archive B. Eybl) • The older mountain climber has trouble keeping up with a younger group = motor conflict of not being able to keep up. After the tour, she suffers severe thigh cramps = healing-phase. This happens every time she goes hiking with this group. When she goes alone, she has no cramps afterwards. (Personal archive B. Eybl)
Tissue	Voluntary (striated) muscle–cerebral-cortex–ectoderm (nerve supply).
Phase	Healing-crisis (= epileptic crisis) in the course of the healing-phase.
Remark	Cramps always arise during rest or after straining. The prior paralysis is, normally, not perceived. The cramp is a "local epilepsy"; generalized cramp = "real epilepsy" (see p. 208). Consider "handedness" (right or left) and side (mother, child, or partner), or local conflict.
Therapy	Determine the conflict or tracks and resolve them in real life so that the conflict comes to an end. Nighttime cramps usually stops, if one gets up out of bed (= end of the vagotonic healing-crisis). Magnesium chloride (MgCl₂)-foot baths (Source: www.salz-schwarzmann.de). Hildegard of Bingen: leg cramps: liniments with olive oil and some genuine rose oil, sage ointment - special recipe. Vitamin B complex in yeast products (e.g., brewer's yeast). Flaxseed oil, vit. D3, cod liver oil. See also: muscular tension on p. 313.

Spasticity

Same SBS as above. (See pp. 308-309)

Examples	• <i>During the last part of pregnancy, the unborn child experiences its parents' countless loud arguments = motor conflict of not being able to run away > in the active-phase paralysis of the calf muscles; in the healing-crisis cramps, in hanging-healing permanent cramps > the child is born with talipes equinus (clubfoot). After the birth, the parents continue to argue. (Cf. Dr. Hamer, Goldenes Buch, Bd. 2, p. 419)</i> → <i>Motoric conflicts are often due to ultrasound examinations and tests of the amniotic fluid, during pregnancy or inoculations later in life if the child is restrained.</i>
Tissue	Voluntary (striated) muscle–cerebral-cortex–ectoderm (nerve supply = innervation), usually paired with cerebral-medulla–mesoderm (nutrition).
Phase	Hanging-healing with emphasis on the healing-crisis–permanent tension in the affected muscles.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life so that the hanging-healing can come to an end! Magnesium chloride (MgCl ₂)-foot baths (www.salz-schwarzmann.de), physiotherapy, occupational therapy, hydrotherapy. Dance and music therapy, therapeutic riding. CBD-oil, vitamin B complex in yeast products. Flaxseed oil, cod liver oil. Acupuncture, classic-, acupoint-, reflex-zone massages. Sunbathing, possibly. Solarium. If necessary, low-dose naltrexone (LDN).

Restless legs syndrome, motor neuropathy*

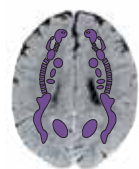
Same SBS as above. (See pp. 308-309)

Tissue	Voluntary (striated) muscle–cerebral-cortex–ectoderm (nerve supply = innervation)
Phase	<u>Restless legs</u> : Healing-crisis (= epileptic crisis) during the healing-phase, usually hanging-healing: the symptoms appear during rest periods (vagotonia). <u>Motor neuropathy</u> : Can be diagnosed with convulsions, paralysis, muscular atrophy, limited reflexes. Could just as well be the diagnosed with MS. Mostly recurring-conflict .
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life, so that the hanging-healing can come to an end. Magnesium chloride (MgCl ₂)-foot baths (Source: www.salz-schwarzmann.de), CBD-oil. Classic massages, lymphatic drainage, acupuncture, reflexology. Swimming, gymnastics, yoga, etc.

SBS of the Muscle Metabolism

Muscle tension, myosclerosis, myogelosis¹

Conflict	One is tense, always believes they to have to do something. Lack of composure. Self-worth conflict localization accordingly. (Conflict details and examples see from p. 286.) For example, neck tension-moral-intellectual self-worth conflict.
Tissue	Voluntary (striated) muscles–cerebral-medulla–mesoderm.
Phase	Recurring-conflict .



¹ Cf. Dr. Hamer, Charts pp. 61, 72

Remark	Unnatural lifestyle or forced position (constant desk-sitting) promotes muscle tension. Take into account "handedness" (right or left) and side (mother, child, or partner), or local conflict.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life if still active. Guiding thoughts: <i>"I take everything easy—like a real Italian."</i> <i>"I trust my abilities."</i> Reduce stress. Balance intensity (sport) and relaxation phase (nap). Motion Variation in everyday life. Varied sports, especially gymnastics and physiotherapy. Yoga, dancing, swimming. Classical-, acupoint-, reflexology-, massages. Magnesium chloride foot baths. Water treatments, mud wraps and baths, sauna, infrared cabin. Magnesium chloride (MgCl ₂)-foot baths. Vitamin B complex in yeast products (e.g., brewing yeast), CBD oil.

Fibromyalgia*

Same SBS as above.

Tissue	Voluntary (striated) muscle—cerebral-medulla—mesoderm.
Phase	Recurring-conflict. "Acute attack" = healing- phase. Complaint free intervals = conflict- active or completely dissolved conflict.
Therapy	Determine the conflict and/or tracks and, if possible, resolve them in real life. For measures by acute pain: see arthritis, p. 287. By chronic conditions: see osteoarthritis, p. 285 (See also: pp. 292, 293)

Muscle distension, torn muscle fiber, ruptured muscle*

Even in the case of an injury an SBS can play a role.

Same SBS as above. (See p. 312 and the top of this page.)

Tissue	Voluntary (striated) muscle—cerebral-medulla—mesoderm.
Phase	Conflict-active phase or hanging-conflict activity, possibly also healing-phase: weakening of the muscle structure, less firmness, making the muscle is more susceptible to injury.
Therapy	Classic massage, lymph drainage massage, acupoint massage, reflex-zone massage, water therapy, mudpacks and mud baths, sauna, infrared cabin, physiotherapy; if necessary surgery.

Muscular dystrophy, muscular atrophy, myasthenia

Possible causes (usually combined)

- **Physical inactivity** (e.g., being bedridden, handicapped)
- **Motor conflict** (paralyzed-with-fear conflict): active-phase or hanging-active: paralysis or weakness of the affected muscle > muscle atrophy (see p. 307).
- **Self-worth conflict:** active-phase or hanging-active:

muscle degradation, cross-sectional reduction, weakness (see page 286)

- **Being underfed or malnourished** (e.g., hunger, fasting period)

Therapy

According to the cause. All stimulating measures (see osteoarthritis, p. 287).

CONSTELLATIONS, "MODERN DISEASES"

In the course of his research, Dr. Hamer discovered that most psychic illnesses are also linked to conflicts, or to be more precise, to conflict constellations.

In order to understand "psychoses" in their full depth, one would have to study Dr. Hamer's original literature. By "constellation," we mean the interplay between two or more active "Hamer Foci" (HFs) on the right and left sides of the brain.

We are all more or less affected by constellations, even when it is not always obvious. Where and in which order the conflicts attack the cerebrum depends on sex, "handedness," hormone levels, age and previous conflicts.

Even if I always mention the right-handed when talking

about cerebral constellations, that doesn't mean that the left-handed are not affected by constellations.

How the conflict is perceived and the order of conflicts is different for left-handed people, simply because they are, in principle, "operating" in the other side of the brain. Constellations do not automatically cause physical illnesses because when they come into force, the gathering of conflict mass (and its maturation) stops.

That is why, for example, in the case of an HF constellation in the bronchial relay, we often find no bronchial symptoms.

The following provides an overview of the currently known constellations:

Constellation of the Brainstem

Confusion, bewilderment, Alzheimer's disease, vegetative state¹



Characteristics	Frozen, spatially/temporally disoriented, unreactive, persisting, apathetic, lethargic, forgetful, inability of making decisions, "collector", "hoarding", Alzheimer's disease, in extreme cases—vegetative state.
Conflict/Brain area	Chunk-conflict left + right in the brainstem. (Image: KCT-SBS)
Organ	Brainstem SBS, especially KCT-SBS, both sides.
Biol. meaning	It is better to wait quietly, to bridge the bad time (energy saving).

¹ Cf. Dr. Hamer, Charts p. 11

Constellation of the Cerebellum

Emotionally "being like dead," "burned out," asocial or overly social behavior¹



Characteristics	Listless, empty and cold, man feels nothing, aloof, inaccessible, emotionally blunted and encapsulated, burnout. Inclination to unconventional or crazy acts.
Conflict/Brain area	Attack, worries, quarrel conflicts. Left + right cerebellum conflict. (Image: breast glands)
Organ	Breast glands, peritoneum, pleura, left + right pericard or dermis right + left.
Biol. meaning*	Asocial: self-protection from becoming further "burned out." Over-social. One gives it all to be re-accepted back into the community/tribe.

¹ Cf. Dr. Hamer, Charts p. 43

Constellation of the Cerebral-medulla



Delusions of grandeur (megalomania)¹

Characteristics	The kind of megalomania depends on the conflict topics: Knee: sportiness megalomania. Testicular/ovarian > potency, copulation megalomania. Heart muscle, "I-create-everything-mania" helper syndrome; cervical spine, "I-am-the-smartest-mania."
Conflict/Brain area	Self-worth conflict–cerebral-medulla left + right. Musculoskeletal right + left.
Remark	Exception: this constellation (megalomania) continues to the end of the healing-phase.
Biol. meaning	The individual's self-worth has been destroyed. By believing in his greatness, he gains courage and pulls himself up, out of the mud.

¹ Cf. Dr. Hamer, Charts p. 59

Constellation of the Cerebral-Cortex

Mania and depression¹

Whether a person is or becomes manic or depressed depends on whether the so-called territorial part of the left or right cerebral-cortex is affected by conflicts, and which side is accentuated (more affected).

The territorial area of the left (feminine) side: • coronary veins and cervical mucosa • rectal mucosa • laryngeal mucosa and muscles • right bladder mucous membrane

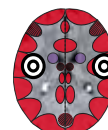
The territorial area of the right (masculine) side: • coronary arteries and mucosa of the seminal vesicles • stomach mucous membrane–epithelium • bile ducts and pancreatic excretory ducts • bronchial mucosa and musculature • left bladder mucosa

In summary: If the left side is affected more, the tendency is toward mania. If the right side is affected more, it is toward depression. If the conflicts switch between the two, the person is manic-depressive.

There are many different variations, according to which relays are concretely affected and how strongly. For example, there are depressive or manic autistic persons, as well as manic-depressive mythomaniacs. (See below)

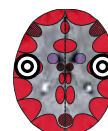
Restless activity (mania)¹

Characteristics	Exaggerated excitement, inner compulsion, "lack of sensitivity," inability to pay attention (cannot listen), uncritical behavior, unwarranted mirth—"Ants in his pants!"
Label	Manic constellation
Conflict	Territorial conflict–conflict emphasis on the left (feminine) side.
Brain area	Cerebral-cortex–territorial area.



Despondency (depression)¹

Characteristics	Lack of drive, listlessness, you cannot look forward to anything enjoyable. Mild forms: "sensitive person", shyness or introversion.
Label	Depressive constellation
Conflict	Conflict emphasis on the right (masculine) side. We can become depressive, as soon as the conflict strikes us. However, we are usually in a safe constellation.
Organ	Normally, the relay of the coronary arteries is affected. Heart problems and heart-fear are



¹ Cf. Dr. Hamer, Krebs und alle sog. Krankheiten (see resources) pp. 59. See also p. 320 Burnout-Syndrome.

Brain area	common in depressive patients, but are not always the case, for in constellations no conflict mass is built up—one is "protected."
Therapy	Cerebral-cortex—territorial area. Find and resolve the conflicts but take caution with conflicts that have long been "solo." From a spiritual point-of-view: understanding the 5 Biological Laws of Nature is good, but for healing more is needed: Above all, the readiness for inner and outer new directions, the will to further inner development and the connection with "above." Two tips along this line: <i>"Be thankful for everything that this life has given you!" "Do something good for others!"</i> The depressed are often very much centered on themselves and see themselves as poor victims. By giving, one can step out of this role. Giving makes a person happy. He, who gives the gift of happiness, will harvest happiness himself. For further therapeutical advice, see "burnout-syndrome." CBD Oil (cannabidiol), lavender tea, flaxseed oil (omega 3), if necessary low-dose naltrexone (LDN). Colloidal gold, cod liver oil. Additional therapeutic advice see p. 320.

Postmortem constellation—afterlife constellation¹

Characteristics	Feeling of being redundant. Close to the subject of death and afterlife. Interest in religion, esotericism. Susceptibility to sects. Contact with the dead, angels, good wired to animals, early Testament. Questions: "What happens after I die?" Label: postmortem constellation.
Conflict	Female loss-of-territory conflict + male loss-of-territory conflict.
Brain area/Organ	Cerebral-cortex—periinsulär left + right, coronary veins and arteries.
Biol. meaning	In this world everything is lost > The individual feels that his place is in the afterlife.



¹ Cf. Dr. Hamer, charts p. 104

Nympho, and Casanova constellation, increased sex drive (nymphomania, satyriasis)

Same constellation as above.

Characteristics	The focus is on the opposite sex. Behind men/women but not capable of a relationship, because of the old wounds. Limited orgasm capability/frigid. Tendency to homo-, bi-, sexuality, nymphomania. Common constellation of prostitutes, pimps, nuns & priests. An early constellation is probably also responsible for pedophilia because the maturity stops.
Conflict	Female loss-of-territory conflict + male loss-of-territory conflict. Also in the male loss-of-territory conflict—sexual or partner-related content.
Brain area/Organ	Cerebral-cortex—periinsulär left + right. Coronary veins + coronary arteries.
Biol. Meaning	Strong sexual desire > quick mating choice > solution to the loss-of-territory conflict.



Compulsive stealing (kleptomania)

Same constellation as above. In addition a motor conflict occurs.

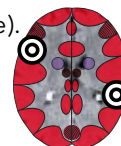
Biol. meaning	The individual has lost his territory (= life support, source of food). In order to survive, he must take his food from foreign territory.



Autistic constellation–seclusion, introversion (autism) ¹

Characteristics	Depressive emphasized: Little contact with the environment, brooding, loner, apathetic staring into space. Manic emphasized: thirst, may be extremely engrossed in work.
Conflict	Fright-fear or speechless conflict + territorial-anger conflict (in the right side).
Brain area	Cerebral-cortex–left + right temporal lobes
Biol. meaning	Hard working, "stays tuned" to the end—an important task in the pack.

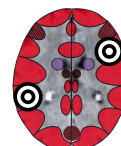
¹ Cf. Dr. Hamer, Charts p. 103



Mythomaniac constellation–(mythomania), rant, extroversion¹

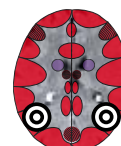
Characteristics	Talks a lot and well, usually in a good mood, funny, very reliable. Often politicians, journalists, writers, priests, communication coaches, presenters, comedians.
Conflict	Identity conflict + territorial-fear conflict (in the right-handed).
Brain area/Organ	Cerebral-cortex–left + right temporal lobes, rectal mucosa + bronchial mucosa.
Biol. Meaning	According R. Körner: Through communication, the pack is held together and strengthened.

¹ Cf. Dr. Hamer, charts p. 106



Territory marking constellation–claustrophobia, bed-wetting*

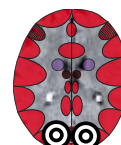
Characteristics	Anxiety in crowds, tunnels, elevators, public places, etc.
Conflict	Territorial-marking conflict.
Brain area	Cerebral-cortex–left + right temporal lobes.
Organ	Bladder mucosa, left + right.
Biol. meaning	Persons with claustrophobia avoid tight places = protection.



Occipital constellation–paranoia, hallucinations¹

Characteristics	Unfounded fears, one suspects behind everything is a ruse or conspiracy. Always careful and suspicious. Sometimes clairvoyant, hunches.
Conflict	Fear-from-behind conflict.
Brain area	Cerebral-cortex–left + right visual cortex, retina or right + left vitreous body.
Biol. meaning	Protection from further harm by taking care and premonitions.

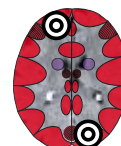
¹ Cf. Dr. Hamer, Charts p. 106



Fronto-occipital constellation–shocked solidification (catalepsy), anxiety¹

Characteristics	Unpredictable–the individual feels trapped; panic, anxiety.
Conflict	Powerlessness or frontal-fear conflict + fear-from-behind conflict(s).
Brain area	Cerebral-cortex–the frontal lobe left or right + left or right visual cortex.
Organ	Thyroid excretory ducts or branchial arches + retina or vitreous body.
Biol. meaning	The individual is caught in a trap and danger is approaching from the front and back. In this case he must not move > rigidity, or to do something completely unexpected.

¹ Cf. Dr. Hamer, Charts p. 106



Bioaggressive constellation–aggression, mania, running amok ¹

Characteristics	Great thirst, high energy level, athletic (especially martial arts). Irascible, violent, thoughts of revenge. Emphasized depressiveness: piercing and cutting.
Conflict	Identity conflict + territorial-anger conflict (in the right-handed).
Brain area	Cerebral-cortex–temporal lobes right + left.
Biol. meaning	The individual was driven into a corner. Renewed attacks are reached with increased aggressiveness–perceived: there's no more room.



¹ Cf. Dr. Hamer, Charts p. 102

Frontal-fear constellation–anxiety, fear of the future (anxiety neurosis)¹

Characteristics	Fear of the future (e.g., before dates). One imagines the worst.
Conflict	Powerlessness conflict + frontal-fear conflict (in the right-handed).
Brain area/Organ	Cerebral-cortex–left + right frontal lobes, thyroid excretory ducts + branchial arches.
Biol. meaning	Extreme anxiety and cautiousness safeguards the individual from new disasters.



¹ Cf. Dr. Hamer, Charts p. 96

Obsessive-constellation–compulsive actions **

Characteristics	Compulsiveness, e.g., washing, cleanliness, control, order, touch etc.
Conflict	Fear-disgust conflict + sensory conflict (in the right-handed).
Brain area	Diencephalon left + right sensoric and motoric cerebral-cortex.
Organ	Pancreas–alpha-islet cells, beta-islet cells, skin + musculature.



Anorexia constellation–loss of appetite (anorexia)¹

Conflict	Any left-cerebral territorial conflict + territorial-anger conflict (in the right-handed).
Brain area	Cerebral-cortex–left + right temporal lobes
Organ	Any left-cerebral territorial SBS + ectodermal stomach mucosa.
Remarks	Anorexia begins often after menarche = indication with respect of territory.



¹ Cf. Dr. Hamer, Charts p. 103

Bulimic constellation–bulimia addiction (bulimia)¹

Conflict	Fear-disgust conflict + territorial-anger conflict in hanging-healing (in the right-handed).
Brain area	Diencephalon left + cerebral-cortex–right temporal lobe
Organ	Pancreas–alpha-islet cells + ectodermal stomach mucosa.
Remark	Cravings by hypoglycemia, nausea through healing-crisis of the stomach mucosa.

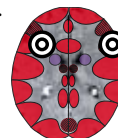


¹ Cf. Dr. Hamer, Charts p. 110

Floating constellation–withdrawn aloofness ¹

Characteristics	One floats above it all, is enlightened, sublime. Haughtiness, arrogance, flighty dreams, astral travel (manic), falling dreams (depressive), tendency for sects, love height, a little grounding, often pilots, parachutists, and gurus.
Conflict	Fright-fear or speechless conflict + territorial-fear conflict (in the right-handed).
Brain area	Cerebral-cortex–left and right temporal lobes
Organ	Larynx mucosa and/or musculature + bronchial mucosa and/or musculature
Biol. meaning	The individual is "lifted" from perceiving a oppressive reality = psychic relief.

¹ Cf. Dr. Hamer, Charts p. 104



Hearing constellation–hearing voices (auditory hallucinations)¹

Conflict/Characteristics	Hearing conflicts. Voices are heard–imaginary or real voices from another dimension–both are possible. CM: "Vox" = paranoid schizophrenia. Clairaudience, channeling and composers constellation.
Brain area/Organ	Cerebral-Cortex–auditory furrows right and left (lower than pictured!) Inner ear right + left
Biol. meaning	Voices, tinnitus warn the individual of similar situations ("alarm system").

¹ Cf. Dr. Hamer, Charts pp. 108, 109



Loss of intellectual capacity–dementia, Alzheimer's disease

Characteristics	Extreme forgetfulness, learning difficulties (e.g., with students).
Conflict	Chronic-active or recurring separation conflicts (see p. 269).
Label	Sensory constellation.
Examples	→ <i>Loss of life partner after many years = separation conflict.</i> → <i>Someone has to go to the home for the elderly. Everything that was dear to him, suddenly is gone.</i>
Brain area	Cerebral-cortex–sensory-cortex left + right (image: sensory legs).
Conflict-active	Limitation of short-term memory, loss of cognitive abilities, problems with simple tasks such as making shopping lists.
Organ	Epidermis right + left on the body. Possibly dry, numb skin (conflict-active).
Biol. meaning	Forgetting the separations so the person must no longer suffer.
Therapy	Determine the conflict and/or tracks and, if possible, resolve in real life.



Further possible causes for dementia*

- **Constellation of the brainstem:** Here spatial and temporal disorientation are paramount. The person cannot find his way around his own room, no longer recognizes people or objects, thinks he is somewhere else or for instance is living at another time in another place. (See pp. 226 and 314)
- **No longer being part of life,** has no tasks and goals anymore (everything is done by other–nursing home). One loses curiosity and interest in life.
- **Chronic malnutrition** due to industrial foods or toxicification through food additives, such as glutamate, aspartame, preservatives, citric acid, food coloring, aluminum, fluorine etc.
- **Chronic toxification through medication** (e.g., psychotropic drugs, blood thinners, blood pressure medication), inoculations.
- **Chronic exposure to electro-smog** (see p. 322).

Burnout syndrome*

Whether burnout and depression are comparable is the subject of much debate: Some do not see burnout syndrome as an illness—we are simply too exhausted. From the viewpoint of the 5 Biological Laws of Nature, what matters is not what the condition is called but what the symptoms are. By asking the right questions and listening carefully to the answers, we can successfully and accurately identify the problem. From a social viewpoint, many people in social occupations (e.g., firms, schools or hospitals) suffer this because the system strictly limits their personal creativity. They feel they are running around like proverbial hamsters in a wheel, having no time for themselves and losing their energy, motivation and enjoyment of life.

From a **spiritual viewpoint**, straying from our predetermined development path, no longer following our inner calling and living on the outside causes our lives to become meaningless. Cut off from godly energy flow we become tired, dissatisfied and empty = "burnout."

From the viewpoint of the 5 Biological Laws of Nature:

Usually we go through months and years of conflict activity until our reserves are used up. Then, the body steps on the emergency brake. Seen this way, burnout is the (last) protective reaction. What happens after that depends on whether people make any significant change in their life. If they stay on the same path, they will remain sympathiconic and permanently stressed, possibly with regenerating phases in between. In this case, no change can be expected.

It would be wiser for them to sit down and make an honest analysis of themselves before making genuine but often painful changes; just putting an end to stagnation can be a relief in itself. Every SBS has two phases, and after the conflict activity comes a long phase of regeneration (healing-phase). On one hand, this brings

us a hopeful perspective for the future; on the other hand, vagotonia takes its toll: chronic fatigue, tiredness, exhaustion, various illnesses and pain. But I also know of cases where only the healing-phase—the time following a long period of overdoing it—is seen as burnout. For this reason, we as therapists must be careful: The patient can be in chronic conflict activity, in a longer healing-phase or in a condition in between. And the nature of therapy depends on just this.

Further causes

- Territorial conflict or territorial constellation: some people, who feel burned out are suffering from depression. (See p. 315)
- Constellation of the cerebellum: Normally the breast glands are affected, that is, a double-sided worry or fight conflict has occurred. The person feels "emotionally burned out," listless and empty = burnout. (See p. 314)

Therapy for burnout, depression

According to the cause:

- Maca powder (5 g = 1 tablespoon/day), yam powder, St. John's wort, lavender tea, nutmeg powder, vit. B, flaxseed oil. • Colloidal Gold. Cod liver oil.
- Hildegard: Violet elixir. • Lavylites Auricum spray.
- Natural (= nature identical) as hormones According to Dr. Lee, Dr. Platt, Dr. Lenard, Dr. Rimkus.
- Communion with God and contact with nature (sun, wind, water, forests, mountains).
- Regularly Sports in the open air.
- Be grateful for everything. Morning ritual by Styger (p. 321).
- Natural, alkaline nutrition, clean water.
- Minimize electromog (phone, cordless phone, etc.).
- If nothing helps, perhaps low-dose naltrexone (LDN).

Overweight, obesity (adiposity)*

Possible causes (can be combinations)

- **Chronic conflict of active kidneys-collecting tubules:** By far the most common cause. Fugitive conflict: Fluid deposits, everything with caloric content is retained in order to get through the drought > weight gain while eating very little. Few calories are needed. Dark urine, usually raised creatinine and uric acid values; fluid is also removed from the stool > hard stool, constipation (see p. 226).
- **Fat tissue:** Conflict of being unaesthetic on the affected spot > hanging-healing > excess fat tissue in the "problem zones" > formation of fatty tissue, cellulite (p. 138).
- **Alpha-islet cells (pancreas):** Fear-disgust or resistance conflict, chronic conflict-active phase > reduced function > constant low blood sugar (CM: "hypoglycemia, hyperinsulinemia") > constant hunger due to low blood sugar levels, craving for sweets, "hunger attacks" > weight gain (see p. 219).
- **Liver:** Early childhood starvation conflicts lead to a loss of "feeling full" or satiated. Later the person doesn't know when he has had enough. (See p. 211)
- **Thyroid Gland:** Chunk conflict of being too slow, hanging-healing of condition thereafter > low

production of thyroxine = thyroid insufficiency (In CM, hypothyreosis, myxedema, possibly Hashimoto-thyroiditis") > slowed metabolism—less energy is used up > weight gain (see p. 110).

- **Adrenal cortex:** Conflict of having gotten on the wrong track, hanging-healing > increased cortisol production = adrenal hyperfunction (CM: "Cushing's disease") "moon-face"; the symptoms are similar to long-term cortisone intake. (See p. 107)
- **Lack of exercise:** If the balance between energy intake (eating) and energy consumption (exercise) get out of kilter, the excess is stored in the form of fat. The body's need for movement and exercise variety is not met > regular exercise, gymnastics etc.
- **Malnutrition:** Low-fiber, "dead" industry-cheap food (white flour, sugar, margarine, soft drinks, etc.) makes you fat and sick with the same amount of calories. > Nutrition switch to "live", with love prepared.
- **Aspartame:** People want to become or stay slender with these artificial sweeteners. If they knew, however, that aspartame is given to livestock to fatten up the animals (it makes them hungry) and that it causes brain and nerve damage, they wouldn't touch it. Alternative: Stevia.
- **Low fat foods:** People wanting to lose weight are making a mistake if they believe that these will help. Valuable fats such as butter and cold-pressed oils make us healthy, not fat.
- **Side effects of medication:** Cortisone, anti-depressants, tranquilizers (neuroleptics), "the pill" (chemical birth control), blood pressure medicine

(beta blockers), insulin and more > go through your medications and weigh the risks and benefits. Perhaps you can reduce the dosage or cut them out altogether ("drug holiday").

Therapy

In line with the above described causes:

- Change your attitude toward your body. By being fat, you are sending your body cells a feeling of dissatisfaction and discord. This negative attitude is often passed from generation to generation. For example, her mother before her always used to say: "Oh what a fat rear-end I have." The daughter assumes the same pattern and it becomes reality—a fat rear-end. If she fills out after puberty or in pregnancy, she thinks to herself: *"My God, I'm already almost as fat as my mother."* This triggers a special program for the affected fat cells (see above). Energy flow and metabolism get blocked (vicious circle).
- Recognize old thought patterns and throw them overboard. For this you could, for example, use the "delete-new" technique described on page 48. Review the new way of thinking daily so that it becomes anchor-ed in your subconscious.
- Daily morning ritual according to Anton Stager (see resources): Stand naked in front of the mirror, look at your body and say: *"Thank you, body, for being such a beautiful wrapping for my soul. I am thankful that I can live inside you. You are strong, beautiful and I like you as you are. You and I will stay healthy to the end."* Afterwards, surround your body with white, godly light.

FINAL REFLECTIONS

The 5 Biological Laws of Nature and partnership*

In our daily practice, we see that a large part of biological conflicts involve, directly or indirectly, problems between man and woman. This leads us to conclude that if there were more harmony in our partnerships and marriages, many of our conflicts would be "swept from the table." There are certainly no panacea. However, if we

learn to understand the fundamental differences between man and woman and learn to adapt ourselves to this reality, it will be easier. Family therapist, John Gray has written a much-to-be-recommended book (Men Are from Mars, Women Are from Venus), which every new couple should read.

The 5 Biological Laws of Nature and sport*

As a former competitive athlete, I see sport with other eyes: Sport is only good for you if you do it for the joy of movement. Competitive thinking is damaging, for it is bound to lead to conflicts. This applies both to children and older athletes. Whether or not competition is controversial is of only secondary importance if one's inner attitude has been formed by false ambition.

However, and without doubt, sport in moderation is good for those who do it to have fun, to promote comradeship, to improve energy flow, to compensate for the lack of movement brought on by civilization, to work off stress (sugar breakdown), connect with nature and one's body (grounding) and to strengthen one's self worth etc.

The 5 Biological Laws of Nature and radiation*

Radioactive contamination

Radioactive radiation is a poison that damages molecules and cells. At high doses, it “burns” the body. Lower doses have the effect that many body cells must be exchanged or replaced during the repair phase. When blood or bone marrow cells are destroyed, the body responds by increasing the rate of cell reproduction. We then find many unripe, enlarged blood cells in the blood, which can lead CM to a diagnosis of leukemia, which is in principle a repair measure. (See p. 284)

Electromagnetic radiation (cell phones, electric grid, radio broadcasting)

In recent decades, the earth’s natural electro-magnetic information field has been superimposed with countless technologically produced electromagnetic fields. The negative effects of this “wave chaos” on man, animal, and plants, are being deliberately played down by the mass media. Add to that radiation inside and outside the house, for example from clock-radios, TVs in the bedroom, microwave ovens, fluorescent lights, energy-saving lamps, wireless telephones and other devices, transmitters, military communications, secret projects like HAARP (High Frequency Active Auroral Research Program) and EISCAT (European Incoherent Scatter Scientific Association) and others. (These are very powerful transmitting sites in Alaska and Norway, respectively. This is an attempt to influence the ionosphere. Both projects have been linked with earthquakes and weather abnormalities). Such an electro-smog “toxification” under which we all suffer—some more, some less—falls outside the scope of the 5 Biological Laws of Nature. What this means is that illness is caused not by the psyche but by radioactive contamination. That it would be possible to forgo mobile communications has been proven by the German researcher Hartmut Müller: By coupling into the natural field he was able to transmit information and energy without friction loss and without artificial fields (Cf. www.global-scaling-institute.de).

Water veins and earth rays

Are water veins really as damaging as some people say? Are they not part of Mother Earth?

The fact is every place has certain characteristics and effects. Some places suit some people but not others. It is known, for example that ants, bees, and cats, “look



for” earth rays, while dogs, pigs, and horses, flee from them. Human beings are also said to flee. Besides the earth rays, there are also the Curry and Hartmann grids. (e.g., old dungeons) or “sacred.”

There are also from a more subtle view, places which due to their history are “stressed” (e.g., old prisons) or “sacred” (e.g., Lourdes). There are all kinds of things.

Really dangerous are water-veins and earth-rays, if we are convinced that they hurt us. We address the issue as calmly as possible! Then we get a sense of which places are good for us, e.g., to sleep well and which are not.

The 5 Biological Laws of Nature and the theory of evolution*

Regarding the origin of life, there are two basic theories: The creation theory, which I personally believe in, and the evolution theory. In the 1980s the evolutionary biologists were sure that they had found the “missing link” (the missing form of life between apes and human beings, or in a broader sense, between all forms of life). Thirty years later, they have not come a step further. Even wor-

se, between similar species, not a single transitional form has been found, although it has been intensely sought. “From the amoeba to Goethe” (= macroevolution) is evidently wrong. The facts (fossils) say clearly that no evolution crosses the borders of the given species and that there are only varying characteristics within a species caused by adaptation (= microevolution).

Undeniably however, we are composed of “building blocks” (programs and special programs) of the animal kingdom, which is testified by i.e., the different embryonic stages. To this, Ivita Blömer provides in her book *Crazy Truths*, extremely valuable information of clairvoyants Svetlana and Nikolay Levashov: In a fixed order, different animal beings “visit” the embryo. This round starts one month after fertilization when the cells are grown to approximately 5 mm. First comes a fish-essence and forms fishlike structures (e.g., gill arches). In the second month, an amphibious entity settles in—now amphibious structures are formed (e.g., webbed). In the third month comes a reptile essence and in the fourth month, the one of a mammal. Only in the fifth month of development, the etheric body of a human enters the embryo - the actual incarnation starts. Up to this point, according to Blömer, a quality barrier between essence and embryo biomass existed. The human soul must be quasi wait “on



hold” until the foreman (animal entities) have prepared everything. Biology confirms the chronology: From the sixth month of development the rudiments, such as the animal-tail, form back. Now the embryo develops, until birth, to the kind of individual human etheric body. Mrs. Ivita Blömer points out that the birthing process is the easiest and most painless in sitting, squatting, or kneeling (gravity helps). The nowadays conventional supine position is the worst position.

The 5 Biological Laws of Nature and inheritance*

In CM, it has been thought that faulty genes are due to certain “illnesses” and that the genetic substance remain unchanged during one’s entire life.

This belief is beginning to falter, largely due to the work of the New York cell biologist Bruce Lipton: He has dis-

covered that a human being is less determined by his genes than by his environment. Genes are subject to the influences of the environment and can mutate. Only its basic constituents remain unchanged. His knowledge of the cell membrane have made him a pioneer of the so-called epigenetics.

The link, according to Dr. Hamer, is simple. Longer lasting conflicts could change the genetic substance, as could conflict resolution, of course.

In this way, an individual’s genes could constantly change (update) to meet life’s demands.

Why do we find a preponderance of certain illnesses in certain families?

According to the law of attraction, we directly attract each other, and mother and father also attract a child-soul, which relates to theme.

> A daughter, whose psychic landscape is akin to her mother’s, has genes similar to hers and perceives similar conflicts > the similar perceptions lead to similar SBS. Furthermore, from the beginning of pregnancy the child senses every feeling of its mother and father > this basic pattern of thought and feeling is internalized and adopted > it develops into a body much like the parents’, just as their immortal souls are similar. Then it is clear that because of having the same foundation they will have similar conflicts and illnesses.

However, we are only partly subject to this fate, for in principle we can leave these limitations behind us at any time.

There are no incurable (hereditary) diseases, but only incurable (rigid) people.



The 5 Biological Laws of Nature and life expectancy*

Can we use this knowledge to avoid illnesses and remain healthy?

- Yes, because we have recognized that psychic well-being and harmony is the basis for health. With this in mind we will pay attention to what is good for us and what is not. We will free ourselves from the compulsions, expectations and norms and as far as possible, live a self-determined life.
- Yes, if we have recognized which conflicts and conflict tracks are making us ill and make a concrete change accordingly. It is very simple if we change our lives and no longer produce stress for ourselves.
- Yes, because thanks to our knowledge we will hardly suffer diagnosis and prognosis shocks and take a detour around damaging therapies such as chemotherapy, radiation, inoculations and pointless surgeries. Statements like: *"You have metastases in the liver!"* or *"Enjoy your life while you can, for we cannot do anything more for you!"* will perhaps worry us but should not throw us into a panic.
- No, for nobody among us is completely immune to biological conflicts. The unexpected is simply unexpected. Remaining calm is surely a good attitude in life, but it's hard to remain calm when it comes to our "weak spots," the very things in life, with which we identify ourselves with and hold dear.
For example, if somebody to whom we had no special relationship dies, we can stay calm.
However, if our child dies, we can no longer stay calm.
A car lover, whose car was stolen cannot remain calm, nor can an athlete, who loses a master title

where he was the "favorite."

- The expectations of this "New Medicine" are simply too high in some people. Dr. Hamer claiming "98%-New Medicine chance of survival" is in the present system completely illusory and unrealistic.
I have seen countless people die in CM, but I have also seen many people die, who, when they were sick, from my point of view, did everything right.
The 5 Biological Laws of Nature cannot guarantee survival. Rather, we live and die "within" the 5 Biological Laws of Nature.
Now we can understand health and sickness in most peoples, but often we have no other choice but to "understand" the dying of a human being. For instance when the conflict mass was too great or the conflict kept recurring.
Unfortunately, this is being measured by a double standard: A single person dies in the New Medicine and all hell breaks loose: *"He could be alive today, if he hadn't believed that nonsense!"* When the 101st dies in CM, we hear: *"We did our best but he couldn't be saved!"*
The fact is we all die one day and we should reflect that our lifespan, at least from a spiritual point of view, is at least partly predetermined. When the bells toll, no medicine will help: not this one, not that one. That's right, nothing will help, for fate wants, for whatever reason, that the incarnation comes to an end. Of course, we can shorten the span through our own mistakes, e.g., disregard spiritual and biological laws, recklessness, self-indulgence, destructive thoughts and actions, etc.

The 5 Biological Laws of Nature and spirituality*

Let's imagine a person who remains calm regardless of what happens to him. No dreadful event, be it loss, attack, separation or death can move him. A person full of love, in total harmony with himself, his environment, united with all, free from dependencies, free from shocks and from illness.

It may sound unrealistic, but we must recognize that there are people, who have come close to this ideal through spiritual development.

I want to say: do not get carried away.

The special biological programs discovered by Dr. Hamer are, if you will, "animal-biological" survival programs.

We need to obey the "laws of the jungle" as long, as we are fully caught up in chunk, fear, attack, defence and territorial perceptions.

However, we are not animals. While it is true that we live in animal bodies, we differ from animals in that each of us has an individual, immortal soul. Unlike plants and animals we can make mistakes, reflect upon our actions and are capable of self-recognition.

With our primitive-animal proportions, we move with conflicts and diseases within the 5 Biological Laws of Nature. Through spiritual development, that is, by maturation and refinement of character, by loving thoughts and deeds and by dissolving dependencies, can our spiritual part flourish.

Not overnight, but at least within several incarnations. With the gradual de-identifications with the animal instinct levels, also the biological conflicts no longer affect us so strongly.

If we were, however, captivated (conflict), we must sol-

ve the conflict in the corresponding biologically plane. If today we speak with admiration of the exemplary and harmonious life within the american indians or aborigine cultures, we should not forget that the lives of these peoples were not only biologically natural but also marked by deep spirituality.



Whoever expands the scope of the 5 Biological Laws of Nature too far, is in danger in a “evolutionary-theory-justified-materialism”, to fall in the law of the jungle, in property and territory thinking. Such an attitude prevents spiritual development.

Early imprints - children are different*

With a certain amount of pride, we can now say that we know what causes illnesses. This is certainly correct, but let us be cautious about making claims to absoluteness. From a spiritual view, the thought that healing depends exclusively upon conflicts and their resolution is a bit of an oversimplification.

Earlier when I proceeded strictly according to the New Medicine, I searched children for personal experiences that they had not coped with yet. However, the daily practice showed that often there is nothing to find. Children are just different!

While it is true that children can suffer conflicts on their own: for example, for gestational ultrasonic noise, loud screaming, or scared of the dark room. However, that's only part of the truth.

Through the so-called biological decoding—originally a France-based school of thought of the New Medicine, I turned my attention more towards the parents or the environment of the children.

And lo and behold, suddenly some cases were becoming clear to me. Angela Frauenkron-Hoffmann wrote a recommendable book on this: *Biological Decoding – How to Free Your Child* (see References). This knowledge is seamlessly integrated into the 5 Bio-

So happy we can count ourselves to know what disease triggers, we should not forget the most important questions of life:

Who am I? What is the meaning of my life? Where do I come from? Where am I going?

The spiritual and energy healers among the readers will forgive me that their methods were too short in this book. Here it was about health and illness from a psyche-biological view, about the connections between body and psyche. That for the creative spirit things are possible, which exceed by far our current horizon, is clear for me. That we have infinitely more to learn is also clear.

One needs only to think about the healing of broken bones within minutes, as practiced by the aborigines or of the countless spiritual healings of the Brazilian Joao de Deus. I think, nonetheless, that it is good to start with a solid knowledge of biology and from there embrace the spiritual levels.

I am convinced: The basis of every intentionally realized healing is the connection with God. Or better, the realization of the connection, for we have been bound to God since the beginning of time, just as a child is and was always bound to his parents.

logical Laws of Nature and into the knowledge of Bert Hellinger (Family Constellations).

The principles¹

- Nothing comes from nothing: Any irregularity, every symptom of a child has a specific purpose and has something to say. Nothing is random as it is. When we find the cause, we have the key to healing in our hand.
- The child bears no responsibility; this is the parents or in the ancestors. The child can for his naughtiness, weakness, or his misbehavior, be responsible for nothing. It has, in principle, no other choice. However, certainly it has a resonance on the subject which means that it is nevertheless also his.
- Children show by their behavior or by diseases, which issues in family, or environment need to be resolved or healed.

But why is a child the way it is? Why are we the way we are?

¹ It excludes here the quite important imprints of past lives and influences by subtle beings (p. 328).

Embossments by the family

Ever more clearly, we must realize that everything is linked with everything and everyone with everyone.

This concerns in particular family members. In families, the networking is so strong that we can consider it almost like an independent creature.

The child is the last link in a long family or lineage.

As such, it carries all the experiences of his ancestors—the good and the bad—in itself. The child is, if you will, the result of this experience. Most important are usually those of the parents and then the grandparents, great-grandparents, etc.

In the family, all events are stored and bad wants to be redeemed. In some families, similar tragedies happen again and again. The descendants are confronted with an unhealed issue until it is healed. Even harmless things remain in the family chronicle.

For example, a child may have difficulty in learning a foreign language because an ancestor was on “an opposition” with this language (due to stress of learning, by displacement, emigration, hatred of a language group, etc.).

Like by a tree, the leaves (children) get nourishment from trunk and roots (parents, ancestors). The tree (family as a whole) is dependent on the leaves (children), because there is where the real life has taken place, in the form of photosynthesis.

The leaves and bark (the survivors) let the tree (the family) grow. The heartwood (of the tree) forms the supporting structure and base.

An example from the book by Frauenkron-Hoffmann:

The 5-year-old Laura can absolutely not stand to separate from her mother (e.g., go to kindergarten).

The cause is found in an interview with the mother:

Laura's great-grandmother was an adopted child.

At the age of one year she was given away by her birth mother. Laura has saved the experience of the great-grandmother, although she doesn't know her. She lives in constant fear that she could lose their mother.

Laura was told this story, as part of the “therapy.” The mother also assured her that what had happened to the great-grandmother would never happen to her.

This releases the fear pattern in the girl and she suddenly likes to go to kindergarten.

Sometimes children perform what parents or ancestors did not put into action and facilitate in this way, the healing of the family.

Here's an example from a book by Achleitner-Mairhofer: *A mother is worried about her young son: He belongs to a group of right-wing extremists. He hates foreigners and has an intense need to protect Austria and his family.*

It turns out that the boy is enmeshed with his belayed grandfather: During World War II, while his grandfather was on duty, his family was driven out of their Czechoslovakian homeland.

All were able to flee, except the grandfather's sick, old mother, who had to be left behind. Shortly afterwards, she was murdered in a Czech concentration camp.

From then on, the grandfather hated the Czechs and he could never forgive himself for not having been able to save his mother.

Now to the point: The boy in question hardly knows anything about his grandparents, but because he is enmeshed with his grandfather, he now feels what his grandparents were feeling.

He hates foreigners (and doesn't know why). Since his grandfather couldn't protect his family, the son feels the need to protect his family—the son must make good use of his grandfather's unforgiveness.

In the course of a family constellation session, the therapist has the son say the following healing words: “Grandpa, I see your helplessness and your grief for your mother.”

Then she has the grandfather and son bow before the fate of the grandmother and the fate of the Czechs.

If we were to concentrate solely on the 5 Biological Laws of Nature, we would diagnose in this young man a bio-aggressive constellation. (See p. 318)

However, it would remain unclear why the patient, perhaps for almost no reason at all, reacts in this way. Why was he so susceptible to this conflict?

Knowledge, also of the family history, is essential for therapy: In the case of the boy, we can learn the cause of his susceptibility to a territorial-fear conflict—the enmeshment with his grandfather, and resolve it.

Such enmeshments come about when the order in the family becomes damaged. These archaic and fundamental laws of order, discovered by Moreno, Hellinger, and others apply to families and groups.

The 5 Biological Laws of Nature are valid for individuals, but because we individuals are bound into groups, these too must be considered in this context.

How can we know whether the family energy field plays a major role in a patient?

When family members have similar illnesses, fears, or fates.

When something in particular, repeats itself through generations.

Family constellation therapy can help in clearing up and solving issues, but in my opinion, it is not a “must.” Healing words can also be spoken outside of family constellation session.

Those sessions are usually very emotionally turbulent.

They bring the risk of new conflicts and recurring-conflicts, but also an opportunity for a genuine new order.

Embossments through procreation

Procreation is the entrance into the matter, the start of life.

The thoughts and feelings of the prospective parents, before and during procreation, influence already the child.

A child of love, who-ideally in a conscious act-was begotten, has tailwind in life. The child, can deal better with everything.



Embossments during pregnancy

During pregnancy the soul registers and collects, day after day, all the feelings, thoughts and words of mother, father and environment.

Most significant are those thoughts and words, which are about the child itself.

However, even if it's not about the unborn child, the child still feels addressed by them: I, you, he, she, it, we, whatever-it applies it to itself. If the future father says to the mother, "You don't get it, do you!" Does he know that his unborn child can make this set to their own and "grasps little or nothing" later in life (eg., at school). If the mother thinks often "I feel so lonely," the child will later often feel "lonely".

It has learned early to feel and perceive that way.

Also important are the questions: "Am I desired?" "Is my sex desired?"

Here is an example: *The 10-year-old Karl has cognitive problems-he is developmentally delayed and can neither read nor write.*

The cause: The mother wants a daughter after her first-born son so much. When the gynecologist offers her a sex determination, she says that she does not want to know.

From the corner of her eye, she sees that he enters the masculine sign into her records. This shock accompanies the whole pregnancy. She cries often, tries to convince herself that the sex determination was erroneous or that they have read it wrong. The boy is now living the perception disorder of the mother. He can (will) not read and write.

He cannot absorb knowledge and is extremely jealous of his younger sister. However, the history goes back even further: The parents of the mother (grandmother and grandfather of the boy) wished for a boy after two girls.

When she-a girl-is born, they are very disappointed. She notices this course and, therefore, behaves like a boy. She wants to be like a boy. Parents often say: "You're still our boy..."

As a therapy, the mother shall talk with their parents about this matter and to do meditations to heal her own sex-rejection. To her son, Karl, she says every day at bedtime: "We are delighted that you're a boy. We are delighted that you are here with us." (Personal archive B. Eybl).

The most common programming in hyperactive children: *"I need to move, otherwise I'm dead!"*

An example from the book by Frauenkron-Hoffmann: *The 4-year-old Anton is hyperactive. The parents are nervous wrecks. The story: Anton's mother lost her baby in a former pregnancy in the eighth month. She suddenly felt no fetal movement. When she is pregnant with Anton, shortly thereafter, she directed her whole attention for signs of life of the unborn. Once she did not feel any movement and pushes her fist against her stomach to induce fetal movements. The child receives the message: "I have to move, otherwise I'm considered dead!" This principle follows Anton in later life: "If I move, everybody know that I'm alive." His motto: "Always move."*

Embossments by birth

Labor and delivery, according to Frauenkron-Hoffmann's observations, determining the child's approach to work and examinations. "The way the mother prepares herself to give birth can be an indication of attitude in which the child is preparing for exams later." The mother's fear for childbirth may later be expressed in test anxiety of the child. For example, can a cesarean birth, shape the child in the sense that it later believes it cannot do without help.

A normal birth—even if it was difficult—confirms to the child that it can do it, if you are working. Also, the mother-child trust and confidence gets strengthened.

Embossments of the first years of life

The earliest embossments, the first months and years, have the greatest impact for the child's development. With getting older, the character consolidates itself.

A disturbed child always reflects his parents or environment. Therefore, usually it's not the child in need of therapy, but the parents.

Example:

The 7-year-old Peter, an intelligent, right-handed boy, has been suffering for two years from epileptic seizures. It always starts like this: First, he shrugs his right eye, then he pulls his arm cramping up and covers the affected eye with his hand, as if to protect it.

In the CM, a "frontal lobe epilepsy" is diagnosed and (unfortunately without success) treated with antiepileptic drugs. When I ask about the family history, the cause is getting clear: The father of Peter falls ill two years ago in his right eye. After surgery, it was better in the short-term, but eventually he became blind in one eye. The whole family has since been worried, the relationship with his wife and the financial situation is still more tense than before.

Explanation: Due to the illness of his father, Peter suffered a motor conflict. Now, on behalf of his father, he wants to protect his father's eye. He does not want his father to suffer. He does not want the family to break up. Therefore, he puts his cramping hand on his right father-eye. The conflict "hangs" because of the continuing bad family situation. Epileptic seizures are the healing crises of a motor conflict. The attacks will stop when the conflict is solved permanently. Note: With disabilities of the parents, the kids usually come along well. Suffering or quarreling parents for children are consistently conflictive.

The main treatment for Peter would be that harmony and joy are moved back into his family.

The father shall tell him often that he gets along well, with only one eye and that now everything is fine. Healing sentence: "Thank you for adopting me, but it's no longer needed, because I'm okay."

To emphasize the importance of this chapter, I want to remind you that we are all more or less like a child (see p. 314). Therefore, it is for anyone worthwhile, to take his own childhood, the associated family history and their own quirks under the magnifying glass.

Ethereal beings

A touchy subject, because many might regard this as rubbish.

In my own experience I have no doubt that behind the material plane, yet subtle levels and beings exist, which can have a significant impact on our lives and our health. The senses of children and animals, such as dogs and cats, are open to these worlds.

Among us "civilized adults", only a few can, while awake, feel or see deceased souls, angels, ghosts, fairies, or gnomes.

One of these is the Swiss architect Anton Styger. According to his descriptions, in the ethereal world there is lively activity and a sheer unfathomable variety of different beings with intense interrelationships to plants, animals, and human beings.

Styger is asked by psychologically and physically disturbed people to take a look at what is going on with them or their houses. While doing so he finds, for example:

- People who are being bothered or occupied by dead relatives.
- Children who can not sleep and are afraid, because late former residents move around.
- People who created demons by negative thinking, with which they can't cope any more.
- Cows who are being mistreated by the deceased and become sick because of it.
- People who are no longer happy on their property, because they have incurred the hatred of earth spirits etc.

The difficulties with these phenomena are firstly being able to recognize what is going on and secondly taking the right steps.

Anton Styger is praying with the persons concerned and addresses the troublemakers directly, explains the situation to them and then sends them to the light. He always asks his angels and guardian spirits for help.

His reports show how important a loving coexistence and careful handling of all living things are.

It is my conviction:

Conflict Events, Family forces, influences from the subtle nature and everything else happens to us in life, „fits“ always in our personal destiny. The law of cause-effect works exactly like a clockwork.

Everything occurs in our lives comes, for only one reason: So that we learn and develop our spirit and soul!



Conclusion

The changing times, in which we live in, have brought forth the New Medicine because spirit and psyche have again become the centers of our attention. Purely materialistic thinking is “running out of steam,” for it does not fit into the new era.

The time of medical materialism is over.

Dr. Hamer has placed with the discovery of the 5 Biological Laws of Nature, the key to the understanding of health and disease and the key to the therapy in our hand. Nobody needs to wait until “those up there” say, “Yes, *the 5 Biological Laws of Nature are correct!*”

We do not need to wait until all the doctors have switched over.—No, our own health and that of our loved ones are too precious.

We can begin to use the 5 Biological Laws of Nature at once.

The rules are simple once they’ve been understood. We don’t need to know all the details—those we can look up. Of course, this knowledge brings with it the responsibility: not to let others literally “die ignorant.” In my experience, one is most successful when one offers help discreetly.

I also learned that not everyone is ready for it any time, and now I can accept this wholeheartedly.

With doctors, one has to speak more directly. After all, it

is their duty to keep up with the latest stances of science. It is tragic that at the present time, we have no surgeons, specialists and clinics, who work under our criteria. It is also dreadful that children are taken away from their parents if they want to follow this new path. This will probably not change until the 5 Biological Laws of Nature have been officially recognized.

Let me at last draw the bow a little further: Out of sheer conflict analysis, cell-plus here and cell-minus there—we shall not forget the most beneficial, the most important and easiest:

Love heals all wounds.

Let’s fulfill the New Medicine with love, union with God, joy, compassion, and gratitude.

Let this biological knowledge also connect with the tidings of spiritual teachers, the spiritual principles, and combine the essence of all religions.

Let’s build bridges to other therapeutic approaches—almost all have valuables to offer.

God is blessing us.



List of resources and illustrations

Literature by Dr. med. Mag. theol. Ryke Geerd Hamer

- Scientific Chart of Germanic Medicine®, Amici di Dirk Ediciones de la Nueva Medicina, S.L., as of December 2008, ISBN: 978-84-96127-29-9, www.amici-di-dirk.com
- Vermächtnis einer Neuen Medizin, Part 1, Amici di Dirk Verlag, 7th edition, 1999, ISBN: 84-930091-0-5
- Vermächtnis einer Neuen Medizin, Part 2, Amici di Dirk Verlag, 7th edition, 1999, ISBN 84-930091-0-5
- Kurzfassung der Neuen Medizin, Amici di Dirk Verlag, ISBN: 84-930091-8-0
- Celler Dokumentation, Amici di Dirk Verlag, Kologne 1994, ISBN: 3-926755-07-5
- 12 + 1 Hirnnerventabelle der Neuen Medizin, 1st edition, as of July 2004 and 2nd edition, 2009, Amici di Dirk Verlag, ISBN 84-96127-11-7
- Wissenschaftlich-embryologische Zahntabelle der Germanischen Neuen Medizin,® 2009, Amici di Dirk Verlag, ISBN: 978-84-96127-36-4
- Krebs und alle sog. Krankheiten, 2004, Amici di Dirk Verl., ISBN: 84-96127-13-3
- Präsentation der Neuen Medizin, 2005 Amici di Dirk Verlag
- Germanische Neue Medizin® Kurzinformation, 2008, Amici di Dirk Verlag, ISBN: 978-84-96127-31-9
- Brustkrebs – Der häufigste Krebs bei Frauen? Amici di Dirk Verlag, 2010, ISBN: 978-84-96127-47-0
Available from AMICI DI DIRK® – Deliveries:
Germany North: Marianne Knospe, Tel./Fax: 040-631640,
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Austria: Ing. Helmut Pilhar, Tel./Fax: 02638-81236,
www.germanische-heilkunde.at

Literature by other authors

- Angela Frauenkron-Hoffmann, Biologisches Dekodieren – So befreien Sie Ihr Kind, Resonaris Verlag, Köln 2013
- Claudio Trupiano, Danke Doktor Hamer, Secondo Naura s.r.l., Bagnone, 2010, 3. Auflage, ISBN: 978-88-95713-10-6
- Mirsakarim Norbekov, Eselsweisheit – Der Schlüssel zum Durchblick oder wie Sie Ihre Brille loswerden, Goldmann Verlag, 2. Auflage, 2006
- Marion Kohn, Die fünf geistigen Gesetze der Heilung, Verlag Silberschnur, Göllesheim, 1st edition, 2010
- Karl Dawson & Sasha Allenby, Matrix Reimprinting, Trinity Verlag in the Scorpio Verlag GmbH & Co.KG, Berlin, Munich 2010
- Bert Hellinger, Ordnungen der Liebe, Carl-Auer Verlag Heidelberg, 8th edition, 2007
- Monika Berger-Lenz & Christopher Ray, 100 Tage Herzinfarkt, faktuell, 2009
- Dr. Ralph Bircher, Geheimarchiv der Ernährungslehre, Bircher-Benner Verlag Bad Homburg, 11th edition, 2007

- Böcker/Denk/Heitz, Pathologie, Urban & Fischer, 2004
- Walter & Lao Russel, Radioaktivität Das Todesprinzip in der Natur, Genius Verlag, Bremen, 2006
- Callum Coats, Naturenergien verstehen und nutzen – Viktor Schaubergers geniale Entdeckungen, Omega Verlag, Düsseldorf, 1999
- Harold J. Reilly & Ruth H. Brod, Das Große Edgar-Cayce-Gesundheits-Buch, Bauer Verlag, 9th edition, 1989
- Rainer Körner, BioLogisches Heilwissen, Heilwissen Verlag 2011, www.BioLogischesHeilwissen.de, ISBN: 978-3-9814795-0-8
- Woschnagg, Exel, Mein Befund, Ueberreuter Verlag, 1991
- Heinrich Krämer, Die stille Revolution der Krebs- und AIDS-Medizin, Ehlers 2001
- Michael Leitner "Mythos HIV", Verlag videel, 2005
- Ulrich Abel, Chemotherapie fortgeschrittener Karzinome, Eine kritische Bestandsaufnahme, 2nd updated edition, Stuttgart, Hippokrates Verlag, 1995
- Richard Willfort, Gesundheit durch Heilkräuter, Rudolf Trauner Verlag, 1986
- Leo Angart, Vergiss deine Brille, Nymphenburger Verlag, 5th edition, 2007
- Kurt Allgeier, Die besseren Pillen, Mosaik Verlag, 2003
- Susanne Fischer-Rizzi, Medizin der Erde, AT Verlag, 2006
- Dr. Gottfried Herztka und Dr. Wighard Strehlow, Große Hildegard-Apotheke, Christiana-Verlag 2007
- Brandon Bays, The Journey – Der Highway zur Seele, Ullstein, Berlin, 2008
- Franz-Peter Mau, EM – Fantastische Erfolge mit Effektiven Mikroorganismen, Goldmann Verlag, 2002.
- Jürgen Schilling, Kau dich gesund, Haug Verlag, 2003
- John Gray, Männer sind anders. Frauen auch (original title: Men Are From Mars, Women From Venus), Goldmann Verlag, Munich, 1992
- Karin Achleitner-Mairhofer, Dem Schicksal auf der Spur, Ennsthaler, 2010
- Johannes F. Mandt, was Gesund macht, Mandt-Verlag, 1st edition, 2009, Bergstraße 48, 53919 Weilerswist, www.mandt-verlag.de, ISBN: 978-3-00-028725-1
- Anton Styger, Erlebnisse mit den Zwischenwelten, volumes 1 and 2, Styger-Verlag Oberägeri, Switzerland, 2008 und 2010

Graphics and photographs

Photos on pp. 5, 8, 10, 12, 13, 18, 25, 31, 32, 33, 35-37, 39, 40-45 and 48-56, 316, 317, 319, 321 from www.fotolia.com. Graphics and photos on pg. 7, 9, 11, 12, 14-17, 20, 22, 24, 46, 47, 320 by the author.

The anatomical graphics on cover and reference section (P. 60–307) were drawn by a Viennese illustrator with pencil and colored in by the author.

List of Abbreviations

Adeno-Ca	Glandular or mucosal tissue cancer
TS	Thoracic spine (p. 299f)
Ca	cancer, carcinoma (p. 20ff)
CCT	Cerebral CT = Computed tomography (p. 29)
CM	Conventional Medicine
CS	Cervical spine (p. 294ff)
EM	Effective Microorganisms (p. 55)
HF	Hamer Focus-ring marking in the brain LS Lumbar spine (p. 300ff)
KCT	Kidneys-Collecting Tubules
MMS	Miracle Mineral-gentle antibiotic (p. 57)
Pap	CM Test for the detection of uterine Ca (p. 245)
SBS	Significant Biological Special Program (p. 8f)
Sx	Surgery
Syndrome	Aktive KCT SBS + other SBS in healing (p. 226ff)
TB	Tuberculosis (p. 150)
*	(not described by Dr. Hamer) own or findings of other
**	Findings from Dr. Odum, ophthalmologist London (eyes)

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Are you convinced that diseases are related to our psyche?

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With more than 500 examples and 65 anatomical plates, make the book interesting for therapists, non-medical and medical professionals alike. Because of its simplicity, this book is also written for laymen, the concerned and also the curious.



The author Björn Eybl was born in 1965 in Austria. After high school, he finished at the Los Angeles Olympics in 8th place in windsurfing.

Rather than joining into his father's trade business, he opted to become a massage therapist.

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For the last 12 years, he has intensely worked with Dr. Hamer's discoveries by giving lectures and seminars. The author is committed to the dissemination of Dr. Hamer's life work.

*"Everything must be based on a simple idea.
If we ever discover it, will be so persuasive and wonderful
that we will say to each other:
Of course, it could not be any different."*

John Wheeler, Physicist

IBERA

