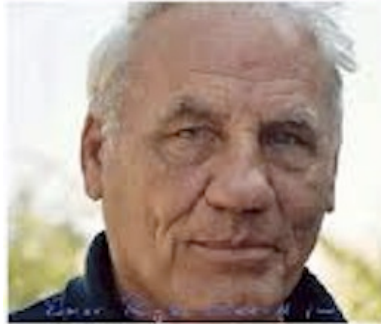


Interview with Dr. Hamer on The Germanic/German New Medicine (GNM).

The Spanish call GNM "La Medicina Sagrada", the Sacred Medicine.

Recent research in Germany, Austria, France, the US and Denmark has confirmed Dr. Hamer's findings; that emotional conflicts create cancer, and solving the conflicts in question stops the cancer growth.



I finally had to ask myself whether our understanding and our concept of disease had not been entirely wrong because of our ignorance of the biological purpose of disease.

The following has been translated from a tape recording produced in German by "Amici di Dirk" Verlag, Koln, Germany in 1992.

Question 1 - Dr. Hamer, what prompted your research into cancer and making a connection between the psyche and disease?

I didn't really occupy myself with this until 1978. I was a doctor of internal medicine and had worked in university clinics for fifteen years, five of them as a professor. I also had my own private practice for a few years until 1978. Then a terrible thing happened: while asleep on a boat, my son Dirk was shot, for no reason, by a madman, an Italian prince. This was a terrible shock for me, sudden and unexpected, and I was powerless to react.

Everyday events or conflicts don't usually catch us so "off guard". We generally have a chance to anticipate the normal conflicts that we face in life, but the conflicts we are unable to prepare for and which cause this helplessness and inability to react, create, in essence, a panic shock. We call these biological conflicts.

In 1978 I developed testicular cancer from such a biological conflict, a so-called "loss conflict". Since I had never been seriously ill, I wondered if my condition had anything to do with the death of my son. Three years later, as chief of internal medicine in a gynecology-oncology clinic at Munich University, I had the opportunity to study female patients with cancer and to compare my findings to see if their mechanism was the same as mine; if they too had experienced such a terrible shock.

I found that all of them, without exception, had experienced the same type of biological conflict as I had. They were able to recollect the shock, the resulting sleeplessness, weight loss, cold hands and the beginning of tumor growth. At the time, my point of view was very different from all the current medical concepts, and when I presented these discoveries to my colleagues, they gave me an ultimatum: either to deny my findings or leave the clinic immediately.

Question 2 - It sounds like the Middle Ages! How did you react?

I couldn't deny what I believed to be the truth, so of course I left. This unjust dismissal caused me another biological conflict; I lost my self confidence. I vividly recall my frustration and disappointment at being expelled from the clinic for presenting well-researched, incontestable and new scientific knowledge. I had not thought such a thing possible. It was very traumatic and I had a difficult time examining the last two hundred patients. I finished my studies, however, and on the last day, the IRC - the IRON RULE OF CANCER - was born.

Question 3 - Perhaps you can explain in simple terms what the essential criteria of the IRC are?

The IRC is a biological law. It has three criteria. The first is that every cancer or cancer-equivalent ailment develops with a DHS - this is a very severe, highly acute, dramatic and isolating conflict-occurrence shock that registers simultaneously on three levels:

- a) in the psyche
- b) in the brain
- c) on the organ

The DHS is the DIRK HAMER SYNDROME. I called it this because the shock of my son's death caused my testicular cancer. This DHS has since become the main focal point of the German New Medicine.

In every individual case of disease, we have to conscientiously find the DHS with all its variables. We have to think back to the specific occurrence to understand why someone has become afflicted with this biological conflict problem; the reason why it was so traumatic; why there was nobody to discuss it with and why it was a problem.

A good doctor has to be able to transpose himself into the soul of an infant, an embryo, an old man, a young girl or even an animal. He must transpose himself into the actual time of the DHS. Only then will he be able to discover the biological conflict and distinguish it from hundreds of other problems.

Question 4 - The IRC has two more criteria?

Yes. The second is that at the time of the DHS it is the conflict-content that determines

- (a) the HH, which is the specific location in the brain, and
- (b) the location of the cancer or cancer-equivalent in the body's organs.

Each conflict has a very specific content that defines itself at exactly the same moment as the DHS. The product/result of the conflict-content is "associative", which means that it happens unconsciously and will therefore bypass our conscious understanding.

For example, a driver involved in an accident whose truck loses all its oil, or a milkman whose truck loses all its milk, are examples of typical "water-related" or "liquid-related" conflicts. The association of the shock from the accident with the liquid causes a water-related biological conflict that registers as a specific ailment - cancer of the kidney.

Question 5 - That means then that every conflict-content or event relates to a well-defined kind of cancer and is registered in a specific area of the brain?

Yes, a very specific relay in the brain. In the case of the kidney cancer caused by a water or liquid related occurrence, a short circuit occurs at the moment of the DHS in a pre-determined place in the brain, causing a problem in the right or left kidney, as the case may be.



This short-circuit, which shows up as a lesion on the brain, can be photographed with a computed-tomography (CT) and **looks like the concentric rings on a target, or like a picture of a surface of water into which a stone has been dropped**. Radiologists mistake these rings as a defect in the equipment. This relay in the brain is called the HH. This name, by the way, comes from my opponents who mockingly called these areas the 'Hammersche Herd' - Hamer's comical seats.

Question 6 - And what is the third criterion of the IRC?

The third criterion is that the conflict course corresponds with a specific course of the HH in the brain and a very specific course of cancer or cancer equivalent disease in the organ.

In other words, this biological conflict strikes on three levels simultaneously: the psyche, the brain and the organ. It is now obvious and proven that **the course of the conflict is synchronized on all three levels**. The point is that it is a pre-determined system in the strongest scientific sense because, if you know the exact location of any one of the levels, the other two can be found and unlocked. This means we have an organism that we can think of in three levels, but it is actually one unit.

The following story will illustrate this point: after a lecture I gave in Vienna in May 1991, a doctor handed me a brain computed-tomogram of a patient and asked me to disclose the person's organic state and to which conflict it belonged. There were twenty colleagues present, including some radiologists and CT specialists. Of the three levels, I had only the brain level in front of me. From these brain CT scans I was able to diagnose a fresh bleeding bladder carcinoma in the healing phase, an old prostate carcinoma, diabetes, an old lung carcinoma and a sensoric paralysis of a specific area in the body and, of course, the corresponding conflicts. The doctor stood up and congratulated me. "Five diagnoses and five hits. That's exactly what the patient has, and you were even able to differentiate what he has now and what he had before. Fantastic!" One of the radiologists told me "I'm convinced of your method. How could you have guessed the fresh bleeding bladder carcinoma? I could find nothing in the CT scan but now that you have shown us the relay, I can follow the findings."

Question 7 - Perhaps we could talk for a moment about the psychic level. How would I know that I have had a shock from which a cancer might result? How would I recognize it?

There are very specific signs which clearly distinguish the ordinary conflicts and problems in our daily lives. From the very first moment of a DHS, you would experience continuous stress on the sympathetic nervous system. The symptoms would include cold hands and/or feet, loss of appetite, weight loss, sleeplessness and dwelling day and night on the conflict content. This situation will only change when the conflict has been resolved. In contrast to normal everyday problems, we see the patient falling into a lasting stress phase that will cause specific symptoms and a growing cancer. The HH in the brain, which is immediately visible, shows that the patient's psyche has very precise, defined symptoms that cannot be overlooked.

Question 8 - What happens then, when such a biological conflict has been solved?

When a biological conflict has been solved we can see very clear symptoms, on the psychic level, the brain level and on the organ level. On the psychic and vegetative level, we see that the patient is no longer dwelling on the conflict content. Hands suddenly get warm again, appetite improves, weight normalizes and the patient sleeps better. There may also be fatigue and weakness and a need to rest. This is in no way the beginning of the end, but it's a very positive sign. This healing phase varies in duration, depending on the duration of the prior conflict. At the height of the healing phase, when the body retains a lot of water, we see the epileptic or epileptoid crisis, which shows a different symptom for every disease.

After the epileptic-epileptoid crisis, the body expels water from the edema (infiltration of tissues with water) and slowly returns to normality and the patient feels his strength returning.

On the brain level we see the parallel development - where the HH in the conflict active phase showed a target ring configuration, during the healing phase it shows an edema. We can see on the CT scan how the rings of the HH darken and blur as the whole relay swells at this point in time. This epileptic or epileptoid crisis, triggered by the brain, marks the high point of the edema and, respectively, the turning point to normality.

In the second half of the healing phase, the brain's harmless connective tissue, the glia, fills the HH to repair it. This really harmless connective tissue, which we can colour white on the CT scan with an iodine contrast substance, was previously mistaken as a brain tumor and operated on. Since the brain cells themselves CANNOT multiply after birth, REAL brain tumors cannot exist.

On the organ level we see that the cancer growth stops. This means that the biological conflict has been solved - we call this "conflictolysis". This is a very important perception that charts the therapy ahead. On the organ level we see very distinct healing improvements which we will discuss later. Even the epileptic crisis appears on the corresponding two levels as well as on the organ level (psyche, brain and organ).

Question 9 - Can you describe such an epileptic crisis?

The epileptic crisis is something Mother Nature devised a billion years ago. It runs on all three levels at the same time. It happens at the height of the healing phase, its purpose being to normalize again. What we usually call an epileptic cramp-spasm with muscle cramps is only one form of the epileptic crisis, namely, after resolving a motoric conflict.

Epileptoid crises occur in every disease but with some variations in each. Mother Nature created quite a trick for this meaningful event. In the middle of the healing phase, the patient experiences a recurrence of the physiological conflict, which means the patient experiences his/her conflict for a short time (stress phase) all over again including cold hands, centralized cold sweat and all the symptoms of the conflict active phase. This happens so that the brain edema gets suppressed and the fluid eliminated from it and the patient can return to normal.

After the epileptic crisis, the patient will warm up and then experience the first small urinary phase. From this epileptic crisis on, the patient is on the road to normality. In other words, if the patient can get past this crisis, a further complicated or serious crisis is unlikely. The second urinary phase occurs at the end of the healing phase when the body eliminates a mass of urine which is the rest of the edema. The danger point lies just before the end of the epileptic-epileptoid crisis when it will become evident whether or not the epileptic crisis was enough to steer the regulator or controller (in the brain) around. The best-known epileptic crisis is the heart infarct. The epileptoid crisis is a lung embolism, hepatitis crisis or pneumonia crisis.

To assist the body in making the necessary changes, especially in conflicts of long duration, a strong cortisone injection is sometimes necessary. In very difficult cases, the cortisone may be given sooner.

Question 10 - Could you describe some typical conflicts and explain why you call them "biological conflicts"?

The reason we call them biological conflicts is because historical evolution has to be understood and an analogy found, as the conflicts run analogously in humans and animals. Biological conflicts have nothing to do with our intellectual or psychological conflicts or problems. They are of a fundamentally different quality. They are, by nature, quasi-implanted trouble-events in the archaic behaviour program of our brain. You think that you think. **In reality, the conflict has already associatively hit a fraction of a second before you even began to think.**

For example, when a wolf preys on a young lamb, the lamb's mother will suffer a mother-child conflict just as a human mother would. She will get teat cancer on the same side as a human mother would get breast cancer. The side depends on whether the human is left or right-handed or, in the case of an animal, left or right-footed.

The HH for the mother-child "nest territory" conflict will be in the same place in the mother's brain as the relay for the mother-child "relationship". The HH for the child-mother conflict, especially the suck-behaviour conflict, will also be in the same place in the infant's brain as the relay for the child-mother child relationship. All our biological conflicts can be categorized according to this historical evolution. When the special behaviour was programmed throughout our historical evolution, not only the organs and brain

areas belonged together but even the conflicts became related.

All these psyche-related trouble events lie historically and organically very close together in our brain. They even have the same histological (organic tissues) cell formation. We can see such wonderful order in nature once we learn to look at our organism from its historical evolution.

Question 11 - Could you give a few examples from daily life?

Suppose a mother is standing on the sidewalk holding her child by the hand, and chatting with her neighbour. The child pulls away and runs onto the street. The screech of brakes is heard as the child is hit by a car. The mother has no warning and is caught totally off guard. She freezes from the shock. The child is taken to the hospital and is in critical condition for days. The mother gets ice cold hands, cannot sleep or eat and experiences constant stress from which a knot begins to grow in her left breast, if she is right handed. She suffers a typical mother-child conflict, with a target formation in the right cerebellum. From the moment the child returns home and the doctor says "We were lucky, the child is well again" the mother's hands will warm up and the conflict-solving phase will start; she will sleep better and regain her appetite. This is a typical conflict with the same consequences in humans and animals.

Another example: a woman catches her husband in bed with her best girlfriend. She will suffer a sexual-frustration conflict. In biological language, the conflict being copulation, it will cause a carcinoma in the uterus of a right handed woman. Not everyone would necessarily get such a conflict in the same situation. For instance, if the woman didn't love her husband and was contemplating divorcing him, she would not feel this shock as a sexual conflict but rather as a human conflict because of the lack of togetherness in the family. The conflict would then be a partner-conflict that would cause breast cancer in the right breast if the woman was right-handed. What appears to be the same event will have a different psychological significance for every individual.

The decisive issue is not what happened but how the patient felt the experience in the psychic moment of the DHS. This same event could also be a fear-revolt conflict, bringing on hypoglycemia (abnormally low blood sugar), if the woman caught her husband in a very ugly situation, perhaps with a prostitute. Or it could bring on a feeling of self-worthlessness with or without a sexual conflict, if the woman caught her husband with a girl twenty years younger than her. Her feeling then might be "I can't compete" or "I can't offer him what she can." In such a case, it would be the skeleton, the pubic bone of the pelvis, that would be stricken, where one would see osteolysis (calcium deficiency) as a sign of feelings of sexual self-worthlessness.

You have to know all this to find out what the patient thought at the time of the DHS because it is in that instant that the path is laid on which the course of the disease will continue. This path paints a very significant picture because all eventual setbacks and residual problems will be contingent on this one-time event. We can even talk here about a conflict allergy.

Question 12 - Dr. Hamer, can one already treat a patient with the IRC?

In principle, yes, but the IRC is only the first law of the biological process of the German New Medicine. Altogether, we have five biological processes which I have found empirically, which means they are now observable in up to 15,000 collected and documented cases. If one works conscientiously, one should examine all five biological processes.

Question 13 - Let us follow the sequence. What is the second law of the biological process that you found?

The second biological law of the German New Medicine is the fact that every disease has two phases.

Question 14 - All diseases? Not only cancer?

Yes, all diseases have two phases - "cold" and "hot". In the past, doctors saw about 1,000 diseases but were unaware of these two phases. 500 would have been "cold" diseases when the blood vessels contract, causing pallor and weight loss. The other 500 would have been "hot" diseases with fever, dilated blood vessels, great tiredness and a good appetite. All these avoidable diseases were thought of as separate diseases. We now know that this was incorrect.

According to our present knowledge, only 500 diseases have two phases. The first is always the "cold" conflict active phase with the stress on the sympathetic nervous system, and the second, if the conflict can be solved, is always the "hot" recovery-healing phase. Of course, the HH for these two phases lies in the same place in the brain, so you can consider them as the same HH. In the conflict active phase, the CT scan shows a sharp ring target and, in the healing phase, the rings dissolve in the edema.

From this example, we see that this biological law is important not only for cancer but for all medicine. Even an old hart (a deer's mate) which has been driven out of his territory by a young hart will be in lasting stress, enduring a biological conflict - namely, a territorial conflict, with an HH over the right ear in the brain. The hart will charge the younger one, wanting to win back his territory. He can't eat or sleep, he loses weight and eventually gets a heart cramp or angina pectoris. Organically speaking, he has an ulcera, which means he has small abscesses in the coronary artery. He charges the younger hart because it is the only way to get the rival out of his territory. After this, he will go into a long-lasting healing (vago-tony) phase. He will get his warm extremities back, will eat again and then be very tired. At the height of the healing phase, he will experience a heart infarct as an epileptoid crisis. If he survives, he will be able to keep his territory. It is the same in the animal world as with humans. For a man, his territory could be his farm, his own business, the family, his workplace, etc. We have several share-territories; even a car can be a territory.

In humans, a heart infarct will only be noticeable if the conflict has lasted at least three or four months; however, if the conflict has lasted more than a year and the start of the second phase has been overlooked, it is usually fatal. The brain CT scan is a very quick way to diagnose this. One could ask why medicine has not discovered this law of the two phases long ago since it is so obvious.

The answer is as easy as it was difficult before. If the conflict does not get solved, the disease stays in the first phase, meaning that the individual stays in the conflict active phase, gradually getting thinner and in the end, dying from enervation or cachexia. The law of the two phases in all diseases applies only where the individual can solve the conflict. Nevertheless, this law applies to every disease and, respectively, to every conflict because, in principle, every conflict can be solved in various ways.

Question 15 - Dr. Hamer, what is the third biological law you found?

It is the ontogenetic system of tumors and cancer equivalents.

Question 16 - What does the technical term "ontogenetic" mean?

Ontogenetic means that all diseases in medicine derive from the historical evolution of man.

Question 17 - How did you discover it?

I discovered the ontogenetic system of tumors and cancer-equivalents after observing about 10,000 cases. I worked absolutely empirically, like a good scientist should. I documented all the collected cases and the CT scans of the brain with their histological findings. Only after I had put them all together and compared them did I see that there was a system. It was breathtaking, particularly since we had never thought it possible.

There were many patients in whom compact tumors grew with cell augmentation in the conflict active phase (or sympathicotony phase) but others grew something in the healing phase (or vagotony phase) after the conflict had been solved (conflictolysis). It just couldn't be the same disease. So there were two sorts of cell augmentations:

- (i) one in the conflict active phase; and
- (ii) the other in the healing phase.

Diseases which have cell-dwindling or cell-shrinkage (holes, necroses or ulcers, also called abscesses) in the active phase - have cell-augmentation in the healing phase. I compared these different findings and always saw the system. The tumors that formed in the conflict active phase cell augmentation always had their relays together in **the brain stem and cerebellum. These two brain parts are together called "the old brain"**.

All cancer diseases, therefore, which build cell-augmentation in the conflict active phase, have their relay in the old brain from where they get their directions. And all so-called tumors, which are really only an overflowing kind of healing symptom built through cell-augmentation during the healing phase, have their relays in **the cerebrum**.

This systematic connection was discovered in 1987 and called the "ontogenetic system of tumors and cancer-equivalents". With the Iron Rule of Cancer and the law that there are two phases in all diseases, the very first systematic classification of the German New Medicine was laid out.

'Ontogenesis' means the origin and development of the individual living being. 'Ontogenetic' means relating to the development of the individual being. So the ontogenetic system of tumors means that neither the location of the HH in the brain nor the kind of tumor or necrosis that subsequently develops, happen simply by chance, because everything has been logically predestined in the historical evolution of man.

It is said that ontogeny is a recapitulation of phylogeny (the evolutionary development of an organism or groups of organisms), which means that the development of the different species up to the human is repeated in the embryonic time of the child and during infancy. We know that the three primary cell layers are created in the first weeks of human embryonic development and all the organs derive from these three primary cell layers:

- (i) the inner or endoderm**
- (ii) the middle or mesoderm**
- (iii) the outer or ectoderm**

Every cell and every organ in our body can be seen in relation to one of these cell layers. The organs that develop from the inner cell layer have their relay or steering place in the brain stem, the oldest part of the brain. In cancer cases, they produce cell-augmentation with compact tumors of the adeno cell type.

The cells, respectively organs, which develop from the outer cell layer have their relay or steering place in the cerebral cortex of the cerebrum, the youngest part of our brain. In cancer cases they all cause cell dwindling in the form of abscesses or ulcers or they sacrifice a function on the organic level, like diabetes or paralysis.

In the middle cell layer, we must differentiate between the older and the younger group. The cells, respectively organs, which belong to the older group of the middle cell layer, have their relays in the cerebellum, which means they still belong to the old brain, and therefore produce a compact tumor of the adenoid cell type in the conflict active phase.

The cells, respectively organs, which belong to the younger group of the middle cell layers, have their steering place in the medullary layer of the cerebrum. They therefore produce necroses or tissue holes, respectively, cell dwindling like holes in bones, the spleen, the kidneys or ovaries, named bone-, spleen-, kidney-osteolysis or ovary necrosis, in the conflict active phase.

From this one can see that cancer is not a nonsensical development of wildly growing cells. It is an understandable and even foreseeable occurrence which adheres precisely to the ontogenetic system.

Question 18 - Not all growths are the same. Perhaps you could clarify and explain the differences in growths in specific diseases?

Yes, that's exactly why, until now, one couldn't detect a system in cancer formation. The present school of medicine, which I now call the "medicine of pupils", has a classification with no systematic connection. People say there is cancer when cells produce an overflowing growth but, as we can now see, cells can build different overflowing growth in different phases, as in the conflict phase and the healing phase.

For instance, a patient has an indigestion-conflict, as if he has half swallowed a big chunk but can't digest it. Let's say he bought a house and suddenly found that the sale contract was not valid, he had been taken in and he lost the house. From this shock he could develop a cell-augmentation in the stomach called adeno carcinoma which is a cauliflower-like growth in the stomach. This carcinoma happens in the conflict active phase with the HH on the right side of the brain stem, the oldest part of the brain, in the so-called "pons".

Another example: a patient suffers a conflict with water, liquid or an equivalent; while swimming in the ocean, the young patient loses his strength, is close to drowning but is saved at the last minute. For months he dreams about drowning and can't go close to water. He suffers from kidney cancer (parenchyma necrosis) and develops cell decay (necrosis) in the kidney tissue (parenchyma), until the kidney can no longer function. Years later, the patient goes on holiday with his family to the ocean. As his daughter loves the water, he joins her; with this action he solves his conflict. In the healing phase, a big kidney cyst grows, a cell augmentation. This cyst gets hard (indurates) from a kind of connective tissue that helps the kidney in its task of urination. And so we arrive at the original reason for the tumor. These cancers or tumors are by no means senseless; on the contrary, they are something rather useful.

As in our example, when a big chunk is swallowed but cannot be digested, the organism produces a big tumor. This is not senseless because the digestive cells and intestinal cells produce a lot of digestive juice in order to make the chunk more digestible.

This same intelligence can be seen with the kidney cyst which built a big new kidney to urinate again. This is the reason for the different cell growth tumors which we couldn't distinguish before.

We can now precisely differentiate between them and distinguish them in the brain according to the histological formation and conflicts. All these connections are summarized in this ontogenetic system of tumors and cancer equivalents.

Every disease we know in medicine runs along these five biological laws. They can be examined and reproduced after this ontogenetic system of tumors and cancer equivalents.

The phenomena in the psyche and in the brain are equal during the same phase, but on the organic level they differ. Here we see the old brain steering organs which build cell-augmentation in the conflict active phase, while the cerebrum steers the organs to form holes, necroses and ulcers in the conflict active phase.

In the healing phase they act in reverse. In the healing phase the old brain steers organs to break down tumors **with the help of special microbes**, while the cerebrum is steering organs to fill the holes, necroses and ulcers **with the help of viruses and bacteria**, by swelling.

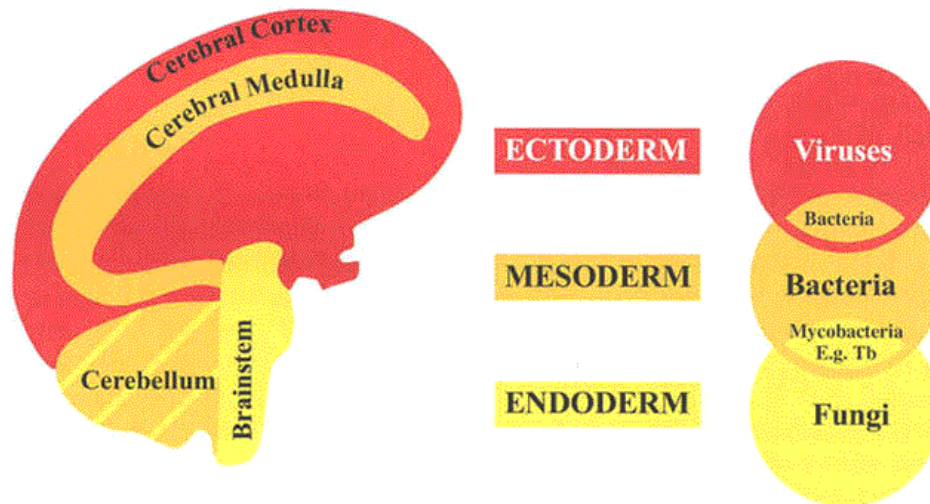
Question 19 - I suppose we now come to the fourth law?

Yes, the ontogenetic system of microbes.

Question 20 - Dr. Hamer, what role do microbes play in your system? One hears in this connection a lot about the immune system.

Up until now, we had thought that microbes caused infections. This view seemed correct as microbes are found in every infection. In reality, it is not true. The whole immune system is only a 'fata morgana', built on hypothesis.

In avoidable diseases we also forgot or overlooked the first phase, the conflict active phase. Only after the conflict is solved do the microbes become active. Indeed, they are directed and activated by the brain. They are NOT our enemies; they help us and work on the ordering of our organism. Since they are directed from the brain, **they help break down cancer tumors after their task is fulfilled, or build up the holes, necroses and tissue damage from the other cerebrum groups**. They are our faithful helpers, our guest workers! The concept of the immune system, the army that fights against the bad microbes, is simply wrong.



BRAIN - GERM LAYERS - MICROBES

Question 21 - This connection brings lung tuberculosis to mind. How could all those people, fifty years ago, who had to stay in sanatoriums, heal their lung TBC?

If we leave the rib cage TBC to one side and concentrate on the real lung TBC, then we can say that lung TB was always the healing phase after an advanced pulmonary cancer. This pulmonary cancer was always a death-fear conflict (the lungs) and always directed from our brain stem. The tumor grows in the conflict active phase, but reduces in the healing phase through the tubercular fungi bacteria, if some of these bacteria are present. They will then be coughed out, often with blood sputum called expectoration, which is what frightened people and brought on a new death-fear. One can recognize it was a vicious circle.

In animals it functions true to the pattern; the lung tumors are coughed out and what is left are the cavities which allow better breathing than before; but if the tubercular fungi bacteria are missing, then the round lesions in the lungs will remain.

Today, after all these decades, we still find some of the old pulmonary lesions although they are inactive since they can no longer grow. In former days we saw the cavities, empty tuberculomen, because there were tubercular fungi bacteria everywhere.

Question 22 - Can you tell us something of the 5th Biological Law?

The 5th Biological Natural Law is truly the quintessence of the previous four Laws. This quintessence contains not only the previous strictly scientific laws, but also opens a new dimension. It is, as it were, the soul of the German New Medicine. To take yet another step; in one stride, this 5th Natural Law allows us to connect the scientific facts with that which we have previously thought to be something transcendental, supernatural, parapsychological, or explainable only by religion, something which we feel and experience, but for which there has been no room in scientific thinking models. This law gives us an understandable connection to the universe that surrounds us and of which we are part.

In essence, every disease should be understood as an evolutionary meaningful biological program of nature. In other words, **every disease presents a specific program that solves an exceptional, unanticipated biological conflict**. It is a new way of looking at disease as a significant biological program of nature interpreted through the evolution of species.

We can now see and comprehend for the first time not only that there is a natural order, but that each individual process in nature has significance with respect to everything that exists.

Question 23 - Dr. Hamer, perhaps we could come to the practical therapy of the conflicts. Is conversation therapy your first step.

Not really. We don't need conversation therapy as it is used in psychotherapy, but we must of course talk about the problem. Let's look at the animal kingdom again. An animal can only survive by real conflict resolution. The hart will only be able to survive if he regains his territory. The animal mother robbed of her cub can only survive if she gets her cub back. Mother Nature has a built-in remedy so that the mother quickly gets a new offspring and solves her conflict.

We should solve our conflicts as practically and as realistically as the animals. A man whose wife has left him either needs to get his wife back or get another woman. The hart needs his territory back or another territory. A permanent solution is the best solution.

If this cannot be done, we try talk therapy as a second possibility. The traditional therapy used up until now has been "Take some tranquillizers to calm you down".

Mother Nature has not created this stress phase without purpose, since it is only because of the stress that the individual will be able to solve his or her conflict. **This stress must be activated to allow the patient the possibility to solve their conflict.**

If you were to give tranquilizers to the hart, he would be unable to fight and regain his territory; instead, he would be paralysed from fighting off any intruder.

One can see in psychiatry how patients who have been given tranquilizers often become chronically ill. **Their natural ability to solve their conflicts has been taken from them** with the consequence that some of them have to live the rest of their lives in psychiatric wards.

Question 24 - Dr. Hamer, how can one work therapeutically with the five biological laws that you discovered?

We have to imagine that a patient has three levels: the psyche, the brain and the organ which, together, form the organism. The new therapy should be thought of in terms of these three levels or as extensions of them.

First of all, it is necessary to find the DHS (conflict shock) and the conflict content, if possible, on all three levels, and this has to be done very conscientiously and carefully. Consideration has to be given as to whether the patient is right or left-handed to establish on which of the two cerebral hemispheres the patient works.

We have to establish the hormonal situation: is a female patient sexually mature or is she pregnant? Is she taking birth control pills (which cause blocking of the hormone production in the ovaries), or is she in menopause? The same is true for a man: through hormonal changes, the brain side on which the patient works changes. So, a woman who takes the pill will react in a masculine fashion, with male characteristics; a woman taking birth control pills will get a territorial conflict when her husband walks out on her, walks out of her territory.

We don't look for the conflict on the level of the psyche only; one has to localize it exactly in the brain according to the conflict phase in which we are at the moment of the anamnesis (the patient's account of his past history) and examination. The HH in the brain has to correspond exactly with the cancer disease of the organ. Each specific localization in the brain belongs to a very specific organ in the body or vice versa. The conflict must be solved starting at the psychic level, as **the real problem is the basis of the conflict.**

The mother's child who had an accident must get healthy again. A man who had a territorial conflict because he lost his job must either find another job or territory, retire, join a club or devote his time to a hobby. There are many possible solutions for every conflict. In nature, the solutions are built-in. For example, when the sheep was robbed of her lamb, she solved her conflict by bearing another lamb. In humans too, pregnancy has absolute precedence from the third month on - no cancer can continue to grow as pregnancy has absolute priority.

We experience most complications on the brain level when the edema develops as a sign of healing. The patient's brain pressure has to be watched so that he or she does not fall into a coma. In light cases, during this phase, coffee, tea, dextropur, vitamin C, Coca Cola or an ice pack can be of some help. In more difficult cases, cortisone (in the compatible retard form) is the choice we make today. Cortisone does not cure cancer; it is used only as a symptomatic drug against the brain and organic edemas in the healing phase, like for bone pain which happens through bone skin swelling. In difficult cases, patients should take little fluid, keep their heads up and avoid direct sunlight. In the case of a side edema, one should not lie on that side.

On the organic level, what doctors saw as a tumor was always cut out, whether in the conflict active phase or in the healing phase. On this level we now have a new perspective for the future. If the conflict has been solved, it will become an exception rather than the rule to operate or radiate and then only if the growth bothers the patient mechanically, for example, with a big kidney cyst or a big spleen enlargement which has developed after a spleen necrosis in the healing phase. (The spleen necrosis was the organic substratum of a bleeding and injury conflict with reduced thrombocytes (blood platelets) in the conflict active phase.)

This means we have to shuffle the cards again. With our knowledge of the German New Medicine we have to consider: what must still be done, what is meaningful and what should not be done any more. If a patient today has the choice of whether he or she would like to have an intestinal tumor operated on, when the patient knows that the conflict has been solved and the tumor will more than likely never grow again, he or she will say, in 99.9 per cent of the cases, "Doctor, if it doesn't irritate me in the next thirty or forty years, I'll take that chance; leave it where it is."

Question 25 - Dr. Hamer, could you explain why the IRC is called an 'Iron' Law?

It is called 'iron' because it is a biological law. The fact that a child must always have a father and a mother is an example of a biological law; there must always be two participants to bring about a child. In the German New Medicine there are five biological laws:

- the IRC (Iron Rule of Cancer)
- the two phases of all diseases
- the ontogenetic system of tumors and cancer-equivalent diseases
- the ontogenetic-dependent system of microbes
- understanding every so-called disease which follows the law (understood ontogenetically and phylogenetically) of a unique program in nature and is at the same time full of significance.
- psyche programs. When a conflict is solved, a certain program becomes activated and the therapy follows automatically; but if a patient is unable to resolve the conflict, according to these biological laws, the program will not proceed and the individual will die. This strict law is the reason it is called "The Iron Rule of Cancer".

Question 26 - Dr. Hamer, what is the time factor that can be expected, especially with regard to the complications that can be expected in the healing phase?

The patient will naturally ask the doctor how long it will take for his/her disease to heal. If one works carefully and finds the DHS as well as the time it took before the conflict was solved, then it is possible to calculate how long the conflict lasted. With a good anamnesis, one can also find out how strong the intensity of the conflict content was. From this duration time and the intensity, it is possible to estimate the conflict mass.

Epileptic or epileptoid crisis within the healing phase. One has to know these complications as they can sometimes lead to death. However, we can save those lives by preparing ourselves to counteract some of the complications during the healing phase with medication, especially cortisone.

The most important factor in all this is that the patient knows the complications and has complete confidence that the doctor understands the whole process of the disease, because only then will he or she have a completely different and relaxed attitude towards the disease. The doctor will be aware of the conflict active phase and the conflictolysis phase and will be able to direct the course of therapy in a meaningful way depending on the situation or circumstance. Because of this, great trust will be built between the patient and the doctor.

A patient is less likely to panic when told by a doctor that he/she has purulent angina. What is purulent angina? It is the healing phase after a tonsil adeno carcinoma. Doctors have increased the practice of taking samples from a patient's tonsils. The doctor then tells the patient that he/she has a tonsil carcinoma, which is true, but the likely result will be the patient going into a total panic. This panic can be responsible for a new conflict shock - for example, cancer-fear-panic or mortal-death-panic - triggering a new cancer which, on the face of it, will confirm the doctor's first diagnosis.

Question 27 - Dr. Hamer, are you saying that metastasis does not exist?

Absolutely! What the ignorant doctor sees is **a new cancer** and from his diagnosis and prognosis **gives the patient a new conflict shock**. The fairy tale of the metastasis is a fairy tale of unknown and unproven hypothesis. No cancer scientist has ever seen cancer cells in the arterial blood of a cancer patient, which is where one would find them if they were to swim in the peripheral parts of the body.

Question 28 - Dr. Hamer, what role is played by carcinogenic substances, and can healthy nutrition prevent or hinder cancer?

Carcinogenic substances do not exist. Scientists have experimented on so many animals and never found anything that caused cancer. There was an idiotic experiment conducted with rats when, for a whole year, the rats had concentrated formaldehyde sprayed into their noses, a substance they would normally avoid. These poor animals got mucous membrane cancer in their noses. They did not get it from the formaldehyde but because they couldn't stand the formaldehyde so they ended up with a DHS - a biological conflict of NOT-WANTING-TO-SMELL the substance!

Question 29 - What is the danger of radioactive radiation?

The radioactive radiation caused by the accident in Chernobyl will indiscriminately destroy body cells, particularly the primitive cells and the bone marrow cells because they naturally have the greatest dividing rate. If the bone marrow, where the blood is made, gets damaged, and the body manages to heal, then we see leukemia which, in principle, is the same as the leukemia in the healing phase after bone cancer. The DHS for bone cancer is "I am worthless".

To be rigorous, one must say that the blood symptoms of leukemia are unspecific, not only in cancer, but in every healing of the bone marrow. The fact that hardly a single patient has survived leukemia is caused by the ignorance of doctors who are administering chemotherapy and/or radiation therapy until the existing bone marrow is exhausted. **It is exactly the opposite of what is needed.**

In short, radiation is bad; it kills cells, but it does not create cancer as cancer can only start from the brain.

Question 30 - What about healthy nutrition?

The idea that health food can **prevent** cancer is also nonsense. A healthy and well-nourished individual, human or animal, **will naturally be less subject to all kinds of conflicts** (as are the rich, who are ten times less likely to get cancer than the poor because they can solve so many conflicts with a cheque book).

Question 31 - Dr. Hamer, what is the significance of pain in the German New Medicine? At present, it is taken as a negative sign.

Yes, pain is an especially difficult problem. We have different pain groups: pain in the conflict active phase, like in angina pectoris or a stomach ulcer, and **pain in the healing phase which is caused through swelling, edema or scar tissue formation**. The pain in the conflict active phase of the angina pectoris **disappears the moment the conflict is solved**. This pain can be solved on the psychic level.

Of course they know. But it is more convenient to take the dogmatic point of view that pain is the beginning of the end and that there is nothing else to do but shorten the suffering right away. **The body's own natural healing is simply ignored, so cancer remains a deadly disease for the ignorant patient who can be manipulated.**

Question 32 - How would you summarize the importance of the German New Medicine; what is its essence?

The German New Medicine is a complete reversal of the present 'hypothetical medicine'. That medicine needs 500 to 1,000 hypotheses and some 1,000 extra hypotheses because, with their collection of facts, they know nothing other than working statistically.

Question 33 - Dr. Hamer, what is the meaning of the title 'Legacy of a German New Medicine'?

I believe that the knowledge of the German New Medicine is the legacy of my dead son, Dirk. Through his death I myself became ill with cancer. With an honest heart, I have the authority of this legacy to pass on to all those stricken with disease so that they, with the help of the German New Medicine, can understand their disease, overcome it and recover their health.

Glossary of Terms:

Anamnesia: Recollection of the past
Brain stem: The oldest brain
Cachexia: Ill health or death induced through prognosis, medication, overdose, radiation and/or chemotherapy
Carcinoma: A cancer (in traditional medical terms)
Cerebellum: The old brain
Cerebrum: The new brain divided into two hemispheres - a right handed patient .. right brain side is the male side and left brain side is the female side. In a left-handed patient it is reversed
Conflict active phase: "Active phase" - from the old brain, it is tissue growth; from the new brain, it is tissue breakdown. This is reversed in the healing phase
Conflictolysis: Resolution of conflict
CT Scan: Computed Tomography of the brain
DHS: Dirk Hamer Syndrome - conflict shock - the conflict content determines the HH in the brain and the location of cancer on the organ
Edema: Infiltration of tissue with fluid; sign of restitution/ healing phase
Energation: Deprivation of nerve force or vigour
Fata Morgana: Mirage - anything that appears to be real but is not
Healing Phase: "Hot" healing phase only after a conflict has been solved (cancer stops)
HH: HAMERschenHerd - HH in the brain is the relay area from the brain to the organ location
Histology: Study of tissues
IRC: Iron Rule of Cancer
Sympathicotonia: Active disease phase
Vagotonia: Healing phase

Websites:

<http://www.newmedicine.ca/interview.php>
<http://www.germannewmedicine.ca/documents/glossary.html>

NOTE:

Dr. Hamer has established the University of Sandefjord in order to officially teach the GNM at a certification level. The curriculum is in progress and until it is fully established, those teaching the GNM need his express permission to do so. To be able to teach the principles of the GNM on an effective level, it takes a considerable amount of knowledge, experience and expertise.

The following list shows some of the relationships between psycho/emotional-conflict/trauma and target organs:

Adrenal cortex - Wrong direction, gone astray
Bladder - Ugly conflict, dirty tricks
Bone - Loss of self-worth, of self esteem - self devaluation
Breast milk gland - Involving care or disharmony
Breast milk duct - Separation conflict
Breast, left (right-handed) - Conflict concerning child, home, mother
Breast, right (right-handed) - Conflict with partner or others
Bronchials - Territorial conflict
Cervix - Severe frustration
Colon - Ugly indigestible conflict
Esophagus - Cannot have it or swallow it
Gall Bladder - Rivalry conflict
Heart - Perpetual conflict
Intestines - Indigestible chunk of anger
Kidneys - Not wanting to live, water or fluid conflict
Larynx - Conflict of fear and fright
Liver - Fear of starvation
Lung - Fear of dying or suffocation, including fear for someone else
Lymph glands - Loss of self-worth associated with the location
Melanoma - feeling dirty, soiled, defiled
Middle ear - Not being able to get some vital information
Mouth - Cannot chew or hold it
Pancreas - Anxiety-anger conflict with family members, inheritance

Prostate - Ugly conflict with sexual connections or connotations
Rectum - Fear of being useless
Skin - Loss of integrity
Spleen - Shock of being physically or emotionally wounded
Stomach - Indigestible anger, swallowed too much
Testes and Ovaries - Loss conflict
Thyroid - Feeling powerless
Uterus - Sexual conflict

"Metastasis":

The concept of "metastasis" is such, that if the German New Medicine becomes accepted, the word will disappear. As a fact, metastasis simply means a second cancer, i.e. a cancer in addition to the one that was already there. Conventional medicine, however, ties the word to the hypothesis that the first cancer somehow – through some kind of inner bodily contagion – causes the second one. The German New Medicine does not believe the "second cancer" yet it states that there is no metastasis. It states that every second cancer is initiated by its own particular conflict. Tragically, these are mostly conflicts that can be explained by the diagnosis of cancer (**animals seldom show metastases**).

The suppositions that cancer spreads in the body through some sort of inner contagion is a hypothesis, i.e. assumption (yet in conventional medicine it has the status of fact). If this inner-bodily contagion existed, all blood transfusions ought to be prohibited on the basis of the danger of infection with cancer. Up to now there is no "cancer blood test", and there is no information available regarding injection of tumour markers to potential blood donors to test for cancer. This demonstrates that conventional medicine itself does not treat the hypothesis of "metastasis" (a fact for it) seriously; it factually contradicts it with each and every blood transfusion, thus contradicting itself (ultimately denying its hypothesis!). A conventional medical man would justify and in fact correctly state that a body to body contagion of cancer had never been observed.

The German New Medicine on the other hand consistently argues: every cancer occurrence implies a conflict-shock. Every second instance of cancer is a second conflict-shock. Were this not the case, the opponents of the German New Medicine could contradict this (falsify the assertion).

- If it is true that cancer cells travel via the blood stream, why is donated blood not screened for cancer cells, and why is the public not being warned by the health authorities of the risks of coming in contact with the blood of a cancer patient?
- If it is true that cancer cells migrate via the blood stream, why are cancers of the blood vessel walls or of the heart not the most frequent cancers, since those are the tissues that would be most exposed to cancer cells traveling in the blood and lymph?
- If it is true that cancer cells metastasize to other organs by way of the lymph system, how is it possible that a "metastasizing" cancer develops in the lungs or in the bones (statistically the most frequent sites of "metastatic tumors"), although these tissues are not supplied with lymph fluid?
- If it is true that secondary tumors are caused by cancer cells migrating through the blood or lymph system, why do cancer cells of a primary tumor rarely travel to adjacent tissues, for example, from the uterus to the cervix or from the bones to neighboring muscle tissue?

- If it is true that cancers metastasize to the brain, why are cancer cells allowed to pass the blood-brain-barrier that functions as a vital filter to prevent harmful substances from entering the brain?
- Why do we never hear about "brain tumor" cells metastasizing from the brain to an organ, let's say, to the prostate, to the bones, or to the breast? Based on the prevalent doctrines this would translate, for example, into brain cancer cells causing lung cancer!!

DR. HAMER:

"All so-called diseases have a special biological meaning. While we used to regard Mother Nature as fallible and had the audacity to believe that She constantly made mistakes and caused breakdowns (malignant, senseless, degenerative cancerous growths, etc.) we can now see, as the scales fall from our eyes, that it was our ignorance and pride that were and are the only foolishness in our cosmos.

Blinded, we brought upon ourselves this senseless, soulless and brutal medicine. Full of wonder, we can now understand for the first time that Nature is orderly (we already knew that), and every occurrence in Nature is meaningful, even in the framework of the whole, and that the events we called diseases are not senseless disturbances to be repaired by aspiring sorcerers. Nothing in Nature is meaningless, malignant or diseased."

PLEASE NOTE THAT DR. HAMER'S WORK IS GROUNDBREAKING, BUT OTHER PROTOCOLS SHOULD ALSO BE

CONSIDERED, UNDERSTOOD, INCLUDED AND APPLIED IN THE ELIMINATION OF CANCER.

MANY ALTERNATIVE PROTOCOLS ARE EXTREMELY VALID AND CAPABLE OF NEUTRALIZING CANCER SUCH AS FOCUSED pH BALANCE, OXYGENATION, DETOX AND SLEEP.

HAVING SAID THAT, ADDRESSING THE MIND/BODY CONNECTION IS STILL CRITICALLY IMPORTANT AND SHOULD NOT BE OVERLOOKED, UNDERESTIMATED OR EXCLUDED!