

ILLNESS
and the
SOUL

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Introduction

By placing the matter of illness and healing on one hand, soul and spirit on the other, the attempt is made to address the urgent question of the marriage of science and religion.

Though not a doctor, and certainly not trying to speak as anything close to one, I have been interested in the link between illness and soul disposition over many years. This took its start from the immediate response to the use of Bach flower remedies some twenty-five years ago. I immediately knew the flowers made sense. In using them I recognized that I carry the disposition to illness by what I could call my beliefs toward life, or what Dr. Bach called “soul moods”: that every message that runs in my mind, but is contrary to the spiritual order, generates disposition toward illness. Nothing felt more natural than ordering a full kit of Bach flower remedies and experimenting with them. And, of course, this became a learning curve since the soul hides itself from immediate scrutiny. The conscious mind looks at the world through certain lenses and is prevented from immediately breaking through its own blind spots. Thus this is a journey that takes time and effort and continues in my life to the present.

Over time another interest added itself to the first from a variety of perspectives. We can say that we live under a new spiritual dispensation—that of Christ’s return in the etheric—and that it manifests in many areas of modern life: in spiritual experiences and in the growing capacity to address illness from a spiritual perspective, hence the growing field of spiritual healing, with the good, the bad, and everything in between. I was briefly involved myself in so-called therapeutic touch, merely just enough to check its validity from both ends: as a receiver and as someone training to offer help. It was not a path I continued in any committed way.

Over the years I could see how in certain individuals the acceleration of spiritual healing capacities unites the two aspects: the growing familiarity of the soul with Christ in its new spiritual body, and the capacity of consciousness to affect the body. In various individuals these two factors reinforce each other. In other words, spiritual healing is not the work of incredible individuals. Though they most often are

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indeed special individuals, they owe their healing abilities to the Christ working through them.

Going from one set of phenomena to another, I landed on the work of Dr. Hamer, exploring the link between soul shock and onset of illness in a very precise way. Here I felt I could address illness not just from a conceptual distance, or in a generally preventative way. Keeping a journal of my soul life, I could now follow more precisely the link between strong shocks and the effect manifesting as illness over the last six years. It was an exciting, at times challenging, soul pursuit. Sometimes this meant being able to prevent an illness, or reducing its effect. Most of the times I had to watch the illness unfold and let it be my teacher, without any other recourse than to discover the link between shock and illness. I could see that it was both a universal phenomenon with a certain number of constant nexuses, but also a strictly personal variation on a theme.

For six years the sole recourse I had in illness was the knowledge of the work of Dr. Hamer accompanied with soul-physical observations. With Dr. Hamer's work at hand, I could recognize the soul origin of my illnesses quite precisely, and therefore wait for the healing to occur shortly after. Even more, I could trace the biographical events that set in motion illnesses at earlier times in my life, or effectively address the problem of allergies that had accompanied me for close to thirty years. Since Dr. Hamer's work has been sufficient for six years in maintaining and/or restoring health, I felt a growing need to honor it and understand its spiritual-scientific connections.

With the benefit of personal experience, I could revisit those authors and healers who not only perform healings but also describe what they perceive of their spiritual backdrop. This is the first step from the phenomenological to the spiritual scientific.

Finally this work culminates in what Rudolf Steiner and Ita Wegman have offered us as indications in one limited and very particular direction: that illnesses originate in the astral and ego organization. How can we validate this assertion? This is the sole focus of this book.

Chapter 1 will discuss experimental settings that have explored the matter of healing and prayer, or more broadly the power of consciousness over the body or over matter. This will serve to introduce the question of "psychic energy" and its nature, though in just a preliminary way, as well as the question of illness in relation to human biography.

The following large chapter will explore the lives and work of famous healers whose work has been documented: the German Bruno Gröning

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and the American Agnes Sanford. With these we will enter more deeply the connection between illness, soul, and spirit, though still from an indirect perspective.

The second part of the book will enter into the nature of illness. Chapter 3 will contemplate on one hand the work of Dr. Bach and his flower remedies and on the other the work of Dr. Hamer. On one side we will explore the role of soul moods in bringing us closer to sickness, on the other the direct link between soul shock and illness. This approach, especially the one relating to the New Germanic Medicine of Dr. Hamer, will highlight a precise relationship between soul and illness. The questions that arises quite naturally from these methodologies is that of illness and karma.

To finish and tackle the last question, we will first gather additional phenomena from across the board, and then turn to the insights of Rudolf Steiner and other spiritual teachers in relation to illness, karma, and the working of Christ in the human soul.

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Chapter 1

Of Matter and Spirit

To begin with, we will inquire at a larger field than just the one concerning us with illness. We will turn to the power of consciousness over matter, and the effect this has in affecting physical symptoms or events. We will evidence an “energy” that defies the normal definitions of conventional science. We will start with a look at what can actually reverse illness.

Prayer and Spiritual Healing

Prayer has been defined in countless ways throughout the centuries, according to a variety of types and methods. Nevertheless, a constant element of prayer is the belief that when we ask something of God, a Higher Power, or the spiritual world, we can receive an answer that will manifest in the physical world. Agnes Sanford, a pioneer in the field of whom more will be said later, believed that we should proceed into the realm of prayer as we do in the realm of science. What can appear as a miracle—and therefore as something for which we cannot find an explanation for—is the result of higher laws that operate beyond the physical realm but ultimately manifest in our world. Surprisingly, she indicates that the healing of the body is one of the simplest and most direct ways to test what prayer is.¹

Placing prayer and healing side-by-side may raise some eyebrows, especially in scientific quarters, but to those who pray, the association of these concepts is familiar. Let us have a look, from a scientific perspective, at a growing host of phenomena that have already caused many scientists to enlarge their worldviews. We will need to turn to

¹ Agnes Sanford, *The Healing Light*, 9.

churches and hospitals, doctors, healers, and priests to start formulating an answer.

In England, the United States, Canada, and many Eastern European countries, there is a movement of cooperation between traditional medicine and spiritual or energy healing. In 1994, at least three general-practice surgeries in England had spiritual healers paid by the government under the National Health Plan. It was estimated that about 1,500 healers worked at one point or another in British hospitals.² In Canada and the United States there have been about 30,000 nurses using therapeutic touch in hospitals and clinics. The founder of this therapeutic technique is Dolores Krieger, who taught nursing at New York University. Something similar can be said about qigong, based upon the healing effects of certain hand motions: waving, pushing, pulling, and circling, which are done at a short distance from the patient's body.

Since right after World War II, churches—particularly Anglican and Roman Catholic churches—have revived an ancient form of healing, the one that tradition knows of as the “laying on of hands.” All of this is done without any sensationalism, and is also practiced more and more throughout England, Canada, and the United States. The trend, however, is not limited to Christian denominations. In the United States particularly, a word of caution is necessary regarding television healers. We do not place them on the same level, even if some of them may have genuine healing powers. Many hoaxes have been discovered that cast a serious shadow of doubt over most of the movement; spiritual gifts do not mix well with media sensationalism and the temptation for quick profit.

It is a well-kept secret that scientific research in the field of energy healing has a respectable past and a sizeable accumulation of data and observations. Dr Larry Dossey has retrieved about one hundred scientifically sound experiments on the topic. Half of them show evidence of prayer's influence in human life. If we look at the total of experiments with humans and other living beings, there have been more than three hundred such studies since the early 1960s.³ We will look at them more closely, but first let us consider some phenomena and scientific observations.

² Tom Harpur, *The Uncommon Touch: An Investigation of Spiritual Healing*, 1994, 119

³ Larry Dossey, *Healing Words: The Power of Prayer and the Practice of Medicine*, 201

Spontaneous Regressions and the Placebo Effect

Scientists have a host of terminologies that conceal evidence rather than elucidate it; one of these consists of the cases of spontaneous regressions—unexplained instances of healing. The fact that their occurrence is limited makes many in the field see the dismissal of these cases justifiable in light of the dictum “The exception justifies the rule,” in itself a very questionable scientific tenet. Another term that covers up more than it possibly explains reality is the *placebo effect*—instances of health improvement when patients are given a neutral substance under the claim that it is an effective medication. It could be argued that the placebo effect proves that mind or spirit has an effect that often goes beyond what matter alone can achieve. In this sense, a placebo is a repository term not dissimilar from *spontaneous regression*. None of the above dismissals are possible from a phenomenological approach. Disease is what informs us about that indefinable thing that we call health. Aberrations tell us about “normality.” No phenomenon enters the statistical perspective in this view of things. Spontaneous regression or placebo effects are not unexplainable anomalies; rather, they are phenomena in which higher laws are at work in matters of health.

Dr Yujiro Ikemi, at the Kyushu University School of Medicine in Fukuoka, Japan, conducted rigorous studies on five cases of spontaneous regressions from cancer, including confirmation by biopsy of the illness.⁴ In these cases, regression does not necessarily mean complete disappearance, but rather, at whatever stage the disease may be present, it has ceased to have an effect on the patient’s health.

The first individual was a practitioner of Shinto. At the age of twenty-one, he was appointed a teacher. At age sixty-four, he was diagnosed with cancer of the right upper jaw. He was totally accepting of God’s will and showed no tendency toward depression. He did not fight against the cancer other than with the moral support given him by leaders in his church. He lived for the next thirteen years without any form of medical treatment and died at age seventy-eight from a trauma to his back.

A second patient was diagnosed with adenocarcinoma at age seventy-seven. He declined surgery. Four years later the cancer had regressed. A Japanese housewife married a difficult husband at age twenty-four. In 1966, at age thirty-one, she was diagnosed with adenocarcinoma with

⁴ Larry Dossey, *Healing Words*, 237–241.

numerous metastases. Two-thirds of her stomach was removed, and she was given three months to live. She was strong in her religious faith, and nine years later x-rays showed no sign of the previous metastases.

The other two stories are essentially very similar to the ones described here. A certain pattern emerges from all of the patients: They all accepted responsibility for their illnesses and life crises, and no anxiety or depression followed their diagnoses. All of them had deep faith and gave themselves to the will of God.

The above examples—although eloquent in themselves—cannot be qualified as true experiments in the most classical use of the term.

Experimental Settings

Let us move further, to laboratory-defined experiments on the power of prayer, spiritual healing, and ultimately the power of the mind over matter—or over deterministically defined events. Unfortunately, and quite understandably, these experiments are the most difficult ones to achieve in an experimental setting. Experiments conducted by Dr Randolph Byrd, a practicing Christian, have been highly publicized.⁵ He conducted the double-blind experiments at San Francisco General Hospital with a group of 192 patients who were prayed for by prayer groups, and a control group of 201 who were left to medical cures alone. The people in the prayer groups were told the first names of the patients with a short description of their diagnosis. The results indicated that the prayed-for patients

- Were five times less likely to require antibiotics,
- Were three times less likely to develop pulmonary edema,
- Did not require endotracheal intubation, whereas twelve in the control group did.

Overall, this seems to amount to a strengthening of the immune system. There was, however, no significant difference in mortality. Part of this conclusion—quite understandably—comes from the fact that doctors could not give equal treatment to the patients; thus, for example, those patients whose immune systems were most affected probably received more antibiotics and treatments to help speed up the recovery. Dr Byrd's studies had many problems built into them that render them inconclusive.

⁵ Larry Dossey, *Healing Words*, 179–180.

Dr Seán O’Laoire, a Roman Catholic priest, headed a research project on intercessory prayer through the Institute of Transpersonal Psychology in Palo Alto, California.⁶ It was a controlled, randomized, double-blind experiment to test mood, self-esteem, anxiety, depression, and other indicators of psychological health, through tests such as the Coopersmith Self-Esteem Inventory and the Beck Depression Inventory. There were 147 subjects in a control group, and 259 subjects who were prayed for. Ninety individuals who did the praying received photos and names of the participants, and were to pray for them fifteen minutes each day for twelve weeks. They recorded in detail their prayer in a diary. All of the participants were tested before the beginning of the experiment and at the end of it. The tests showed marked improvements, possibly attributable to prayer, in all domains examined.

Let us quote an experiment that refers more specifically to spiritual healing. Dr Daniel Worth, of Healing Sciences International in Orinda, California, conducted double-blind experiments on the ability of a healer to cauterize a standard inflicted wound. The individuals to be healed were kept unaware of the presence of a healer. The participants were given 8 mm wide, skin-deep wounds on the forearm. Unknown to them, some of them were treated by a healer, Laurie Eden, whom they could not see; the other participants were left untreated. After sixteen days, the wounds of thirteen treated people were entirely healed. None of the control group had healed yet.⁷

Directed versus Nondirected Prayer

Dr Dossey and various researchers have been interested in comparing directed versus nondirected prayer. It is easy to understand the meaning of directed prayer—what we may call an outcome-oriented form of request. Nondirected prayer might ask for something like “what is in the best interest of” a person or object prayed for. This is a vast topic. Nevertheless, we will be able to draw some conclusions from the data. Let us place different sets of experiments side by side.

The Spindrift Organization of Salem, Oregon, has performed a variety of experiments with prayer.⁸ One of their studies indicates that nondirected techniques appear quantitatively more effective, often

⁶ Larry Dossey, *Healing Words*, 191–192.

⁷ Tom Harpur, *The Uncommon Touch*, appendix 2.

⁸ Larry Dossey, *Healing Words*, 97–99.

resulting in twice as effective results. Their experiments were conducted on mold cultivated on agar plates. Part of the mold was stressed with alcohol rinse. Directed prayer had little result on it, whereas undirected prayer allowed the mold to resume its growth and multiply again. The same was confirmed in a test in which batches of seeds were either undersoaked or oversoaked. Participants did not know which ones they were praying for.

Dr Jeanne Achterberg and Dr Mark S. Rider studied the ability of their subjects to affect two types of white cells that play an important role in the immune system: neutrophils and lymphocytes.⁹ Thirty subjects were randomly assigned to study and visualize one and only one type of cell, including images of the shape, location, and patterns of movement, for six weeks. Each group was able to affect specifically its own kind of cell and not the other.

This general trend is further confirmed by experiments done at the University of Arkansas College of Medicine, which showed that a woman age thirty-nine was able to change her skin test for chicken pox from positive to negative and vice versa at will, by using highly specific and precise visualization.¹⁰ This may indicate that directed prayer has to work hand in hand with specific visual imagery and depends on the vividness and strength of such imagery. In more than one way, this approach allies faith with scientific insight. What science seems to indicate in the experimental setting is also the conclusion of spiritual healer Spyros Sathi. He distinguishes between psychic healers, in which the healer transfers his or her own vitality in an undistinguished fashion—and without deeper knowledge and spiritual perception—into the body of the patient, and spiritual healers, who work with full knowledge and perception of the physical and energetic levels of reality. The spiritual healer can therefore help in more specific ways—and in more numerous instances—than the psychic healer.¹¹

Without doubt, the most convincing experiments on healing were performed on animals or lower forms of life. Dr Bernard Grad of McGill University has worked for at least three decades on experiments

⁹ Larry Dossey, *Healing Words*, 105–106.

¹⁰ Larry Dossey, *Healing Words*, 106.

¹¹ Kiriacos C. Markides, *The Magus of Strovolos*, *The Extraordinary World of a Spiritual Healer*, 213. Spiros Sathi indicates that the spiritual healer also takes the karma of the patient upon himself and suffers—at least partly—from the symptoms of the patient's disease. Healing someone else can be done only when the person's karma has been mostly "paid off" and the healer is willing to bear the rest. Christ can relieve the healer of the full obligation.

with healing.¹² He is a convinced experimentalist, led into this work by a number of experiences he had in his youth and a key encounter with healer Oskar Estebany. The Hungarian practitioner could detect disease in the body because of the changes in perception in his hands, such as a prickling sensation in his fingers, burning or cold, or vibrations moving down from the arms to the hands. Grad had to work as a pioneer in the field and first of all establish experimental protocols, such as particular experimental settings and the optimal length and rhythm of exposure to healing. In all the experiments, Estebany did not touch the animals or plants. There was no chance of physical and/or chemical interaction, and the animals and plants were of a homogeneous age and similar genetic strain.

Let us look at the experiments with animals first. Two groups of mice were wounded in a standard way, by removing a piece of skin from their backs under anesthesia. The group whose cages Estebany held for fifteen minutes, twice a day, healed significantly faster. The same was true in the case of mice that had been given an iodine-deprived diet. In these conditions their thyroid glands tended to swell. Those under Estebany's influence showed much less swelling. Dr Grad's experiments on wounded mice were replicated by Dr Remi J. Cadoret and G. I. Paul of Manitoba University, and by Estebany himself, in strictly double-blind conditions, yielding consistent results. Dr Grad went on to study the ability of Estebany to heal barley seeds that had been stressed by a 1 percent saline solution. Estebany could achieve this by holding the container of the saline solution for fifteen minutes.

For experimental purposes, lower forms of life offer the most precise and controlled settings. Sixty university volunteers, not chosen on the basis of their healing abilities, were asked to induce the bacteria strains of *E. coli*, which are normally unable to assimilate lactose sugar, to do so by mutating. The students were asked to induce decreased or increased mutations. The results showed the desired effects when compared with the control batches.¹³

Experiments on blood were performed by Dr William G. Braud of the Mind Science Foundation of San Antonio, Texas. Thirty-two subjects were asked to keep red blood cells from dissolving when diluted and placed in test tubes in a distant room. Half of them were given their own blood, half blood from the others, but none of them knew

¹² Tom Harpur, *The Uncommon Touch*, 192–194.

¹³ Larry Dossey, *Healing Words*, 190.

which one they were assigned. They worked in two sessions of fifteen minutes. The technicians analyzing the results were also blinded to the conditions of the experiment. The subjects were able to protect the red cells from dissolving and bursting to a degree that cannot be explained by sheer chance. The source of the blood had no influence on the results, although the individual skills varied to a meaningful extent. There was a significant degree of use of visualization in the experiments, although it was not a definite and exclusive criterion.¹⁴

No form of life is beyond reach of the power of mind. In fact, its power seems to reach even into the realm of technology. Research was conducted at the Princeton Engineering Anomalies Research lab on a machine generating random physical events (a random event generator, REG).¹⁵ Experiments determined that individuals could influence the output toward particular patterns. The most successful were deeply bonded couples. Experimenters asked individuals to influence the output of the REG before and after it was run. Readings were taken after the generation of events or after the prayer was performed (in case of delayed influences). It was surprising to realize that in both cases, the effects were identical to those occurring simultaneously.

Similar results were obtained by physicist Helmut Schmidt. In the latter's experiment, psychologist Hans Eysenk and researcher Carl Sargent estimated the chance of results being due to coincidence at one out of several million. Dr Roger D. Nelson analyzed the results of more than eight hundred studies with REGs and published them in *Foundations of Physics*, confirming all the previous conclusions.

What Kind of Energy Is Involved?

Let us look at some other aspects of this new kind of energy at work in the realm of healing and prayer before we turn once again to characterize it. We have offered the example of how the mind can influence the metabolism of common strains of bacteria and is able to induce reverse mutations whose natural occurrences are extremely low. If consciousness can provoke changes in the genetic map of *E. coli* bacteria, then genes do not have the absolute power that conventional science and popular belief confer upon them. Reverse mutations have now been studied over time; these are mutations that go from abnormal to normal,

¹⁴ Larry Dossey, *Healing Words*, 179.

¹⁵ Larry Dossey, *Healing Words*, 113–121.

that is to say, mutations that take a route of reversed entropy and statistically defy all odds.

Let us look at another unusual feature of this bio-energy. In the earlier quoted experiments on mice by Dr Grad and Oskar Estebany, a “linger effect” was noticed: the side of the table where mice were given energy healing had a residual healing effect on other mice that were later placed there; not so the other side of the table.

Researcher Dr William G. Braud has tried to envision scenarios that would explain the nature of this energy that does not decrease with distance.¹⁶ Only ELF (extremely low frequency) magnetic radiation would act similarly and cause little attenuation with distance, but these waves do not display time-displaced effects, since they carry only a limited amount of information. “In order to encompass the observed effects, a substantially more fundamental level of theoretical model will need to be displayed,” says Dr Candace Pert of Rutgers University, a leading authority on brain biochemistry, who believes we are dealing with a kind of energy that is as yet unknown, something that somehow belongs to the realm of spirit and soul.

From whichever angle we look at the phenomena, we are perceiving evidence of what could be called “etheric energy,” an energy that follows laws that are different and yet complementary to the physical. *Etheric energy* is the term coined by Rudolf Steiner to refer to an energy that acts contrary to all the laws of gravity, the energy that works against entropy, the law of dissipation of energy. It is therefore the energy that sustains all living organisms. One way to characterize it—among many—is to call it *levity*. In the plant that is bound to gravity by physics, chemistry, and physiology, levity is the force that pushes it upward against all physical laws. In effect, as Dr Pert intuited, we have to do with the first rung of the world of soul and spirit; therefore, the laws with which we are acquainted do not belong to the physical world anymore. We can even say that our normal way of thinking cannot apprehend this realm of existence.

If this is a new kind of energy not encompassed by any of the concepts we actually hold in the realm of matter and physical energy, the next obvious question is “What kind of scientific protocols can allow us to investigate this new field?” This is a field in which the subject and object of inquiry mutually influence each other, thereby breaking one of the

¹⁶ Larry Dossey, *Healing Words*, 198–199.

basic tenets of modern science—the criteria of objectivity and reproducibility of every given experiment.

Much published evidence suggests that a physician's beliefs influence the results of the experiments. The double blind allows us to limit the effects of consciousness over matter—not eliminate them. J. Solfvin concludes, "As a general rule, the double-blind cannot any longer be assumed to guarantee the exclusion of the non-specific effects of the treatment, especially when the actual treatment has a weak or variable effect." However, double-blind experiments are not useless. "The greatest value of double-blinds may lie, however, in their limitations, which reveal something marvelous about us—that there is some aspect of the human psyche capable of shaping events in our world."¹⁷

Consciousness is another imponderable element in all and any of the most elaborate experiments. The same healer can succeed in many experiments and then fail in a following one. Obviously, even the best of healers can have a bad day. Finally, it is next to impossible to replicate experiments exactly, given the enormous number of variables when we deal with human consciousness. Dossey concludes: "Although science has much to say about prayer, it raises more questions than it answers. The mysteries of prayer not only remain, they deepen."¹⁸ There is, however, a new kind of science that resorts to what we call image-based techniques that give a global evaluation of the results sought.

Let us look at another modern-day scientist employing such an image-based technique to study the overall effects of prayer. For years, Masaru Emoto studied water quality by looking at the way water forms crystals when frozen. Photos of water crystals have to be taken at a very high speed, requiring specific freezer temperatures, microscopic observation magnifications, lighting, and lens irises. The crystals are never the same from one day to another. No single crystal organization ever returns. The only element that distinguishes water crystals is the overall hexagonal form that most of us have seen in pictures. The crystals differ in their specific form, definition, proportion, kind of branching, and prominence of the center in a way that gives us an overall indication of the quality of the water. Pristine water from nonpolluted sources crystallizes in clear, recognizable patterns. Polluted water crystallizes only partially, or not at all. Treated water may have all the officially required

¹⁷ Larry Dossey, *Healing Words*, 136–137.

¹⁸ Larry Dossey, *Healing Words*, 210.

chemical properties and still not be able to crystallize. This indicates that there is more to quality than chemistry.

Emoto conducted an experiment with water quality before and after prayer.¹⁹ To that purpose he analyzed the water at the Fujiwara Dam in Minakami-cho, Japan. The water in its natural condition does not show the least ability to form a crystal structure. The Reverend Kato, chief priest of the Jyuhouin Temple of Omiya City, was asked to pray for the water for an hour next to the dam. To the surprise of the scientists, the water crystals that resulted were as complete and beautiful as any of the more remarkable pictures obtained in ideal conditions.

The experiment was repeated in a more polluted body of water, Lake Biwa.²⁰ On the morning of July 25, 1999, there were 350 people offering their prayers, facing Lake Biwa. Here, too, pictures of water crystals before and after prayer show striking contrasts similar to the ones in the previous example. The algae that cover the lake yearly were drastically reduced that year, as the press reported. The effect of this experiment was protracted in time. However, by August 2000 the bad odor indicating pollution had returned.

We can conclude the exploration of prayer and healing with Dossey's apt words:

The recognition of a soul-like quality of consciousness—by science on the one hand and by religion on the other—will constitute a bridge between these two domains. This point of contact will help heal the bitter divisions between these two camps. No longer will people feel compelled to choose between them in ordering their lives. At long last science and religion will stand side by side in a complementary way, neither attempting to usurp the other.²¹

Let us now look at how prayer and the capacity for healing have developed in a particularly gifted individuals who have been pioneers in this field in modern times.

19 Masaru Emoto, *Messages from Water*, Vol. 1, 135–137.

20 Masaru Emoto, *Messages from Water*, Vol. 1, 119–125.

21 Larry Dossey, *Healing Words*, 206.

Chapter 2

Spiritual Healing

Spiritual healing is no longer a rare phenomenon. All of us have heard of one or another method, and have also had reasons to doubt them. The two individuals we will turn to here have captured my interest because of their dedication to healing as a vocation that cannot be offered other than freely and because of the abundant documentation around their work. Agnes Sanford provided that documentation herself; Bruno Gröning's spiritual healing occurred for ten years and, after an interval, continued from the other side of the threshold. Here too abundant evidence about the healer and the results of his work is available.

I: The Life and Work of Agnes Sanford

Agnes Sanford devoted most of her life to healing, and a great part of her writing career to propagating a new understanding of it. Her biography is truly enlightening in that it illustrates links between many of the phenomena we have been studying.

Childhood and Youth

Agnes Sanford was born in 1898 in Hsuchoufu, China, to Presbyterian missionaries.²² Her father was a priest; her mother, a teacher. Young Agnes was raised in an austere, natural environment, away from radio and television. Every day she was taught to memorize Bible verses, and her mother handled her education. Some of her earliest memories, described in her biography, came from gazing with awe at a tiny white flower of a speedwell herb, and at the flowers of a blossoming pear tree.

²² Information about Agnes Sanford mostly comes from her book, *Scaled Orders*, and occasionally from her other book, *The Healing Light*.

The spiritual world is important to the Chinese people, and Agnes grew up hearing about spirits from a very early age. The child's dream life was very active and nourished her in a variety of ways. Art also awakened much of her interest; she began to paint as a child and soon discovered literature, reading Dickens and Scott, and other resources available to her. In her early teens, her love of nature formed a gateway to her first spiritual experiences. Twice during two summers, she recalls in her biography, while immersed in the beauty of the landscape, she felt transported to an experience of oneness with nature. In this state, she lost all notion of time and acquired the first inkling of the sentient life of all beings, even inanimate objects.

Prayer entered Agnes's life, as part of her education and upbringing. Already in her childhood she had experienced proof of the results of prayer, even before her mind was able to acknowledge it. While she was still living in Hsuchoufu, she had been overwhelmed by a very real fear of death. At a loss to deal with this emotion and being taught to keep her feelings to herself, she decided to turn to prayer, to ask God to remove that fear. The solution came through a dream, in her words, "the most real and vivid dream that I ever had." She was filled with the "radiation of God's power" and with overwhelming joy. Her fear of death left her immediately.

In her adolescence, another experience confirmed the power of prayer. On Christmas Day, she was visited by her school roommate Rachel and her brother, who had seizure disorder. His appearance must have made a deep personal impression on Agnes, who decided to pray for him for seven years. Unknown to Agnes, the young man healed long before the end of her period of resolve.

At age fourteen, she was sent to the Shanghai American School. There, she was first captivated by the beauty of the stage when seeing Shakespeare's *Romeo and Juliet*. Love for writing and drama was something that she would carry throughout her life. After that first year she moved to a small Presbyterian school for young ladies in Raleigh, North Carolina. On the way to the United States by boat, she had another experience of oneness with nature, this time while lying on the back of a lifeboat at night and watching the stars. She felt at one with the universe and lost all notion of time.

In America, she felt like a foreigner and longed for the familiarity of China. Her return to her former culture did not immediately yield the anticipated results. Feeling like an outsider, she fell into a depression.

It was finally through the deeply rewarding experience of teaching that she gradually emerged from this identity crisis. Her second assignment was teaching English literature, composition, and grammar at an Anglican school for boys. Here she fell in love with her future husband, Ted, an Episcopalian. She married him in 1923 and formally became an Episcopalian, initially at least to satisfy custom as well as her husband's wishes.

Rediscovering Prayer and Healing

Married life meant letting go of her profession as soon as her first child arrived. The creative young woman abandoned her own dreams in order to fit the role of dutiful wife that was expected of her. The joy of motherhood was contrasted by a growing depression, and Sanford became suicidal. Her love for family expressed itself only in worry about everybody's safety, but the depression completely engulfed her. There were many more subtle changes that intervened in Sanford's life. Not only did she forget her childhood devotion and the gifts that she had received through prayer, but nature, which had nurtured her with magical power, lost all its charm. She had to go through her own personal abyss.

It was a serious ear infection of her third son, Jack, that opened the way to an inner transformation. An Episcopalian minister, Hollis Colwell, came to visit her and casually inquired about her children. Upon hearing of Jack's illness, he resolved to see the boy and say a prayer for his health. What surprised Sanford was the complete confidence with which the young prelate turned to God, and the child was healed the next day upon waking. The same minister prayed on different occasions for the healing of Sanford's mental depression. From the first time he did so, she experienced "great waves of joy" during the act of receiving a prayer.

Sanford started experimenting with prayer at the explicit suggestion of Colwell. The results were not immediate. One day, nevertheless, she prayed to be healed from a bout of the flu because she felt she could not take time from work. To her amazement, the results followed immediately. It was a small sign, but the beginning of a lifelong exploration of the wonders of prayer and of spiritual healing. She realized at that time that it was not enough to ask of God; it was equally important to believe fully that the prayer was answered.

Sanford's first true healing was performed on a child in critical condition whose heart, bloodstream, and kidneys were infected. Sanford felt moved by compassion and the strong feeling that something needed to be done, given this desperate diagnosis. After the prayer, the healing began in stages over the two next days, and the recovery was prompt. It was an encouraging result.

After this turning point Sanford's activity branched off in many directions. Starting with a Bible study group, she gathered a group of mothers who met for nearly two decades. Through the depth of personal connection, the group became a prayer group, and thus also the instrument of spiritual healings. During World War II, the mothers were concerned about their enlisted sons. They attempted to help through prayer. To that purpose they first had to realize that they could not pray for victory, but rather for peace for all parties. They prayed that their sons be spared as much as possible from having to kill. This was accompanied by withdrawing any support for the war, even purchasing war savings stamps. While it constitutes no positive proof, it is at least indicative that none of the sons died in combat.

In 1947 Sanford wrote *The Healing Light*, a book that has become a classic in the realm of spiritual healing. The manuscript struggled to find a publisher until a friend, Dr Glenn Clark, decided to undertake publication himself. The book started selling slowly.

Sanford's "career" as a spiritual healer began when she volunteered as a Gray Lady in the Red Cross in Tilton Army Hospital, where she initially had no intention to offer healing of the body. Her first recovering "patient" was a man whose infected bone would not heal. After her first positive result, she continued to heal hundreds of returning soldiers and teach them to pray for their own healing. This work of healing did not come without its burdens. Working at Tilton Hospital, Agnes started to feel pain around her heart. She expressed that she was carrying the fears and burdens of all of those whose health had become her concern.

Sanford's life of prayer needed outer support as well as attention to her own personal healing. This was done through confession, helping her to clear herself of the tendency toward spiritual pride that becomes very tangible for someone engaged in spiritual healing. This evolution was basically reached in two stages. The first was what she called an experience of the Holy Spirit, made possible in working together with her Tucson friend, Marion Lovekin, and prayer partner, Mildred. This first step, realized through prayer and inner guidance, was accompanied

by the experience of deep joy and the ability to understand reality in a different way. Many unsolved problems were now coming to the surface of her consciousness with the knowledge of what needed to be done for them. She felt she had received the gift of peace and the ability to work much more effectively than previously without feeling weary. To those who knew her, it seemed she had shed many years.

Sanford's "illumination by the Holy Spirit" was only a step, as she realized at the death of her husband. Soon after, she felt deeply attracted to a widower, but when his response did not meet her expectations, she found herself in the throes of a new depression and questioned her desire to live. It was a young priest by the name of John Sanford who best intuited her deeper needs. He relentlessly offered his help, even when she grew weary of prayers, both his and those of others.

Spiritual Experiences

Finally Sanford had a Christ experience, which she described thus: "Light shone all around me, and Jesus stood before me in such a real way that I could see Him with my mind though not with my eyes! I laughed, I cried, I was utterly beside myself with joy and the feeling of being loved."²³ This turning point was a culmination as well as the catalyst of further spiritual experiences, to which we will return later.

After this experience she truly acquired a perception of the energetic level beyond the physical. In the morning, as she turned to meditation, she would "take walks in heavenly places." This perception later came to her in full day consciousness. She writes: "Yesterday morning for the first time, as I looked out to the misty hills . . . I could see the light around the trees. I do not know what this light is. But I cannot imagine it or dream it into reality. When it comes, it comes of itself, as though emanating from the very trees and not from me."²⁴

Given her familiarity with the realm of the etheric, it is not surprising to see that other kinds of spiritual experiences accompanied Sanford's life. Even before reaching adolescence, she had a recurring experience. She prefaces it with the feeling of being abandoned by God, and defines it as a soul sickness that the doctor could not diagnose. Something akin to a memory awakened while studying ancient Greek history. She was experiencing or re-experiencing a scene of human sacrifice, one to

²³ Agnes Sanford, *Scaled Orders*, 280.

²⁴ Agnes Sanford, *Scaled Orders*, 313.

which her historical education could hardly have referred. "It was as if I had slipped back through time and seen this particular episode. . . . And it was more real and more completely devastating than anything I had ever seen in China. I could feel it coming before it came. My throat would constrict and my stomach would turn sick and I would think, 'Oh no! Oh no!' But then it would come and I could not stop it."²⁵

Throughout the years, the image with its associated horror occasionally resurfaced in her memory. This dream is mentioned specifically again in the biography after the central Christ experience that Sanford had toward the end of her life. It was, therefore, not surprising that the Christ experience was preceded by a very deep depression. Now she started reliving the episode of the human sacrifice in ancient Sparta that she had experienced earlier in her teens. It was an exceedingly dreadful memory. She describes the place that formed the prelude to her memory as "not heaven, nor earth." The memory was preceded by an encounter with Christ saying that he would send her to Earth. Then she relived the scene of the human sacrifice that had occurred before. She could see only people's backs, while being aware of an angelic presence. A boy was sacrificed upon an altar that had the form of a sundial, but his spirit had already left. The scene changed, and Sanford found herself back at the original landscape that preceded the scene. Here, somehow, she seemed to experience anew her prebirth intentions of relieving suffering and remembered being willing to do so.

The remembrance of this whole set of events opened the door for Sanford's quiet acceptance of all challenges that followed. She explains that she was not angry with God anymore. She goes to great lengths to disclaim that everything she says lends credence to the idea of reincarnation, which she qualifies as "this dreary theory." Nevertheless, not only does the scene look like a previous life memory, but also the subsequent resolve is reminiscent of the soul's desire for atonement for a deed committed in a previous life! Nor is it surprising that in the sequence of events, the healing of this memory closely follows her meeting with Christ and the acquisition of vision on the etheric/energetic level of reality. There is an inherent lawfulness to the fact that only Christ could heal this kind of memory.

It will come as no surprise that the new Christ event acquired a deep significance for her. Obviously she could not state it openly, and she

²⁵ Agnes Sanford, *Scaled Orders*, 17–18.

may have only vaguely intuited it. The following quote is nevertheless very revealing of Sanford's deeper beliefs: "For the Holy Spirit of Jesus Christ is coming again in His glory, and there is no holding Him back. A new day is dawning. A new age is upon us: the day of the Lord; the kingdom of heaven. The Son of righteousness is rising and nothing can stop His Coming, just as nothing can stay the sunrise from creeping over the mountaintops."²⁶

It will not be surprising at this point to see the themes of conscious knowledge of one's own previous incarnations with the meeting with Christ, and the faculty of spiritual healing. The work of the Cypriot healer Spiros Sathi has been documented in three books by author Kiriacos C. Markides. Sathi has undergone similar experiences to those of Agnes Sanford, experiencing a meeting with Christ four times in his life—which he associates with a feeling so intense that it was very painful to come back to daily life.²⁷ More than Sanford, he carries the memory of his previous lives clearly imprinted in his consciousness. He, too, in the process of helping to heal a patient, can spiritually perceive the deficiencies of vitality, even before they manifest physically with illness.

While Agnes Sanford and Spiros Sathi are two of the many genuine spiritual healers of this century, other healers have operated under similar conditions to theirs within both Christian and other religious or spiritual traditions.

We will turn now to the life and work of Bruno Gröning, who was a contemporary of Agnes Sanford, one whose healings took Germany by storm.

II: Bruno Gröning's Large Scale Spiritual Healing

From 1949 to the early 1950s no man in Germany may have caused more sensation than Bruno Gröning, and no man may have been more widely misunderstood than he was. The reason for this were his large-scale spiritual healings at a time in which the materialistic atmosphere could scarcely accommodate even for individual spiritual healing. Very little objective reporting took place, between massive tabloid sensationalism and blanket unfounded accusations. Thus it was that the "phenomenon" appeared in German public opinion. But who was Bruno

²⁶ Agnes Sanford, *Sealed Orders*, 227.

²⁷ Kiriacos C. Markides, *The Magus of Strovolos: The Extraordinary World of a Spiritual Healer*, 121.

Gröning, the man behind the sensation? In fact, he was a very unassuming individual of very modest origin.²⁸

Childhood

Bruno, the fourth of seven children, was born on May 30, 1906, in Danzig-Oliva, present-day Poland, from a poor, working-class family. Although the other children were the results of difficult births, Bruno's was an easy one. And the child's presence had a healing effect on humans and animals; his words had a calming effect on people undergoing strong emotions.

Bruno's parents were devout Catholics, his father a highly respected bricklayer. Grete Häusler, a later close collaborator, reports of early episodes in which the father would return home angry and take it out on wife and children. From Bruno's room, even while he was still a baby, would come what sounded like sounds of protest; the father would then calm down.²⁹

Bruno stood out among the siblings. Once, he set the table in lieu of his brother Kurt and received the praise of his parents. Kurt, jealous and furious, emptied a boiling pot of coffee over Bruno's head. His body and face remained unscathed. Later on Gröning remembered that he did not cry when they beat him because he didn't find it painful, even though his body did show the signs of bruises.

Unique in his milieu, Bruno was a child of very even-tempered disposition. His brother Kurt broke his nose in anger because Bruno did not retaliate when attacked. The same brother recalls how Bruno was the object of the ire of a child who did not like the fact that Bruno did not join in the children's games. He boxed his ears without eliciting any reaction from Bruno. The boy went home while his friends followed him and saw him starting to hit himself, then calling out "Bruno, please help me." Bruno in effect calmed him down.³⁰ After this episode, the children stopped beating him.

Bruno was a lonely child, content with little. He had taken to religion and praying from his mother and did so with childish simplicity. He found great solace and pleasure in nature and would disappear for

²⁸ For an extensive introduction to Bruno Gröning's life and work see the documentary, *The Phenomenon Bruno Gröning: On the Tracks of the "Miracle Healer"*, available on YouTube.

²⁹ Grete Häusler, *Here is the Truth about Bruno Gröning*, 56.

³⁰ Matthias Kamp, *Bruno Gröning: A Revolution in Medicine; The Rehabilitation of a Man Who Was Misunderstood*, Part I, 28.

long spells, devoting himself to uninterrupted observation. He could experience the divine even in a stone as he recalled: “Here I was able to experience God in every bush, in every tree, in every animal, yes, even in stones. I was able to stand anywhere for hours—there was a quality of timelessness—and I felt as if my whole inner life extended itself into infinity.”³¹

Bruno had a special relationship with animals and could draw out the shyest ones. Already at an early age he could heal wounded pets. And this capacity further extended to human beings. He helped heal his father, on whom the doctors had lost hope.³²

All the above episodes show the uniqueness of the child. They also brought forth resistance from his environment. Parents and siblings alienated by what they experienced called him “loony.” Gröning perceived it thus: “My relationship to my parents’ house was strange and tense. I soon strove for complete independence in order to get out of my family’s environment, where I was misunderstood.”³³ Partly for this reason, he married at age twenty-one.

Not only did Bruno bring healing to people and animals. He could also foretell when someone deemed incurable would actually survive, and was able to offer help. And early on he realized that he was able to heal more than one person at a time; but due to the war situation he only did this within small circles. He was also fond of visiting the dying, upon whom he had a calming effect. Later he would say, “I have only one true friend, and that is death.”³⁴

At age nine Bruno fell critically ill, running a fever and losing much weight, laying naked on the floor for nights, and was even given the Last Rites. It seemed he wanted to die. He then just made his way back to health as if by a miracle. This must have been a turning point, probably the one he refers to when he said: “I slept for a whole year naked on the bare earth, went thirsty and hungry. My body was only skin and bones! I rejected all doctors and any help from people and submitted myself only to the commands of our Lord God. And when I stood up again after a year, my body was also healthy again.”³⁵

31 Thomas Eich: *The Work of Bruno Gröning During His Lifetime and Today*, 24.

32 Matthias Kamp, *Bruno Gröning*, Part II, 7.

33 Thomas Eich, *The Work of Bruno Gröning*, 24.

34 Grete Häusler, *Here Is the Truth about Bruno Gröning*, 58.

35 Grete Häusler, *Here is the Truth about Bruno Gröning*, Part I, 59.

Bruno continuously sought loneliness because he found his environment very gloomy, and prayed God to take him to Himself. "It was in the forest," he said, "that through fervent prayer he came to know why he had been sent into this world and what his life task was. It was only then that he came to accept his life."³⁶

It must have been at this time that he had the first inklings of his mission, which he later described thus "I also have a great mission and a great responsibility, a responsibility given to me by God, not by man. . . . Everything that I am doing here, this is my mission." And further: "I have a compelling mission and my conscience drives me to fulfill it: I must help everyone who is unhappy. I cannot do otherwise."³⁷ Gröning had a clear understanding of destiny. He realized that each person has his own cross to bear, and that this still leaves him free because he can shape it for the best in thoughts, words, and deeds.

It seems that Bruno's fate was intimately intertwined with that of postwar Germany. The soul-shattering experience of war and the soul/physical wounds it had left were compounded by the materialistic atmosphere of the time that offered little relief to the soul burdens of many.

Kurt Trampler, a journalist and writer witnessing the work of Gröning, had this to say: "The suffering, the abandoned, and those beaten down by fate who had thronged together with a last hope of consolation and healing were all witnesses for the prosecution against an era of materialism. Their bitter misery provided irrefutable testimony of its deadly failure. Inflicted by the war with thousands of wounds and afflictions, driven out of their homeland, abandoned in their desperation and misery, they came to Gröning." And further, "But the majority of all the help-seekers were victims of science's highly developed means of mass destruction and the scarcely less tolerable emotional stress of our time."³⁸ It is indicative in this regard that, being later persecuted in his country, Bruno did not seek an easy way out by emigrating and conducting healing work under easier conditions.

Gröning's ability to relate to the larger issues of the time is also apparent in Bruno's early prophetic inklings, which he could not utter candidly within his family. When he predicted the coming of World War I, his father beat him. Later on he predicted World War II, the

36 Matthias Kamp, *Bruno Gröning*, Part I, 29.

37 Matthias Kamp, *Bruno Gröning*, Part II, 218.

38 Thomas Eich: *The Work of Bruno Gröning, 150-151*.

length of it, the fate of Germany up to its division, and the destiny of his family at the end of it.³⁹

Professional and Married Life

Gröning wanted to receive commercial training but was opposed by his father, who directed him to the building trade. He became a carpenter, then, due to the high unemployment rate, worked in quick succession in a varnishing factory, a chocolate factory, and a post office; he also became a low-voltage fitter for Siemens and Halske. Throughout these experiences he took great interest and pride in what he did and surprised his peers by his technical knowledge and skill.

The professions exposed him to people from all walks of life, which was important to him. Here too special powers became apparent from early on. He became able to repair mechanical appliances, like watches, radios, or cars, by just cradling them in his hands. He indicated that this was “the path that led him through the depths in order to reach the heights.”⁴⁰

At age twenty-one he married a woman very different from him, much more reserved, even antisocial, who could not understand Bruno’s deep interest in people. The wife was opposed to Bruno’s healing powers and would not allow him to help the children when sick. She brought them to the hospital, unbeknownst to him. The eldest, Harald, died at age nine of a heart valve defect; the younger, Günther, of a pleurisy at the same age. Gröning was very distraught and could not talk about his children until 1955, after he divorced his wife.

Gröning was enlisted in 1943. He was first threatened with court-martial because of his conscientious objection, then was sent to the front and wounded in December of that same year. During the war he could avoid dangers—such as grenades about to explode in one spot—guided by an inner voice.

He was nevertheless wounded a second time in 1945. Made prisoner in Pomerania, he helped heal many fellow prisoners, and was very outspoken in the request for better conditions. The Russians did not like it, but he owed his being spared to the support of some officers. The return of the prisoners happened under great duress, so much so

³⁹ To Ernst Kohn he predicted the fate of Germany after World War II and showed its future borders in a way very much corroborated by subsequent events. (From a recorded statement to the court of Duisburg on June 17, 1955 quoted in *Thomas Eich: The Work of Bruno Gröning*, 100).

⁴⁰ Grete Häusler, *Here is the Truth about Bruno Gröning*, 58.

that all human decency was lost in the name of a pure fight for survival. Only Gröning, according to witnesses, maintained his calm. To a fellow Bavarian who had befriended him he then predicted he would become famous for his healings. Meanwhile he started working at whatever he could find, mostly farming, and helped set up the Relief Organization for Refugees. Here too he acted very generously, finding food and offering it to others. In 1949 the Hülsmann family asked him to move to Herford, Westphalia, with them. That was the beginning of his mass healings.

During these years Bruno formed many traits of his character. He had great knowledge—even about specific technical fields—but spoke very unassumingly. He was very accessible, and people felt they were not meeting a stranger. He made instant contact possible. A certain Dr Kaul writes that “there is also a restrained look of sadness about him. I have often watched him talk to the sick and had the impression that the human misery that he saw around him made him cry inwardly.”⁴¹

Gröning had very few needs other than a great fondness for tobacco and coffee. His hosts, the Hülsmann family in Herford, often urged him to eat and remembered: “He eats almost nothing and for more than three months has practically gone without sleep [out of the urge to help fellow sick people].”⁴² Bruno felt in fact that, if he could heal as much as needed, he would not need food or sleep.

The healer spoke little about self and attributed all his activity to the divine healing stream (heilstrom) flowing through him. He didn’t want any remuneration or gifts for his healing because he felt and knew that he would lose the gift otherwise. But nobody could say that he was detached from the world. On the contrary he was a deep observer, enjoyed good jokes, and laughed heartily.

People noticed over the years that Gröning would alternate times of deep self-absorption, in which he appeared as if talking to himself, with times in which he would pick up people’s thoughts and direct his conversation toward them. For this reason, his public lectures were unusual. He would stop and ask a question to some individual, then carry the conversation with him or her. Or he would follow the direction of questions that people were forming in their minds, as reported numerous times by those who felt personally addressed. Anny Ebner, Baroness von Eschenbach, witness of some hundred lectures, reports that “each

⁴¹ Matthias Kamp, *Bruno Gröning*, 36.

⁴² Matthias Kamp, *Bruno Gröning*, 37.

one was different, always adjusted to the people that were present. They were all formed by inner inspiration, not orderly arranged beforehand, that's why they went directly to the heart.⁷⁴³

At other times Gröning was able to direct his attention to a distant person in need. Such is the example of the woman who had talked with him all night and had not slept. At 3 pm the next day she started feeling the impact and was reinvigorated by Gröning, who commented about it to her in confirmation the next day.

Gröning could also perceive discarnate souls, such as in a session in which he told a surprised woman that her deceased son was happy for her progress. The son had died an infant, and had not been mentioned to Gröning. In fact the healer had what we could call conscious karmic perception. In his words, "I don't only see the person; I also see what lies further behind: past, present, future, everything that's in and around the person."⁷⁴⁴

Healings

For his healings Gröning required a desire return to God, a reorientation of the inner life, and the will to change and do good. He wanted to leave people completely free; for the same reason he was opposed to hypnosis and suggestion when he saw other people using them. In addition he set some specific simple preconditions for healings to occur:

- Not to cross one's arms or legs, simply for the healing energy to circulate unobstructed.⁴⁵
- Concentrate on pleasant thoughts, so that the soul be unobstructed and open to change.
- Pay attention to the body in order to perceive the changes operated by the healing stream.
- Have a heartfelt wish for the perceived need.

In effect Gröning's work looked more like that of a priest than of a doctor, since he did not want, nor need, to know about the specific condition of the individuals. He desired most of all to address people toward a new understanding of the divine in their life. He felt he had

⁴³ Thomas Eich: *The Work of Bruno Gröning*, 116.

⁴⁴ Thomas Eich: *The Work of Bruno Gröning*, 57.

⁴⁵ In fact sensitive people registered unpleasant reactions when they crossed their limbs, *experiencing something like a blockage* (*Matthias Kamp*, Bruno Gröning, Part I, 60).

come at the peak of a materialistic culture that was the source of the illness in civilization and in the individual.

In Herford, between March and June 1949, there were up to five thousand people per day streaming to see the healer. Hundreds of those present were healed without him doing anything other than giving a speech to the whole crowd, inviting them to seek change in their lives. Accommodating thousands of people, quite difficult logistically, was not due to Gröning's intentions; rather this resulted from the simplistic and sensationalistic reports in the press.

One entry, among the many, from staff present at the healings on September 2, 1949, indicates individuals who were healed of the need for eyeglasses, epilepsy, spinal polio, multiple sclerosis, muscular dystrophy, thyroid gland disorder, valvular defect, lung tuberculosis, arthritis, and paralysis.⁴⁶

In the same year Gröning moved to the Traberhof farm, close to Rosenheim, Bavaria. The numbers of help-seekers multiplied by a factor six, without taking into account that before the daily healing, Gröning would go to other places to assist groups or individuals who called upon him. Although Bruno was proactively seeking the help of the authorities, by the end of the year he was forbidden to heal. From all available evidence, the opposition was organized by official medical bodies.

Mounting Opposition

Gröning's healings were already confirmed in July 1949 by doctors who had access to people's files and who examined the patients in hospitals after the healings. Already early on the doctor and psychologist H. G. Fischer, who had traveled to Herford, decided to have a closer look at the healings with Gröning's consent. In an opinion written in *Revue* magazine, Fischer concluded that Gröning was not a charlatan but a naturally born "soul doctor."⁴⁷ Dr Fischer and an entrepreneur by the name of von Weizsäcker proposed to Gröning the building of healing places in which he would work alongside physicians. Gröning refused because he could not combine his healings with a commercial enterprise.

Soon after his first setbacks, Gröning tried to establish sanatoriums where he could heal and prove his work within established medical protocols. This short phase failed due to unscrupulous doctors and

⁴⁶ Thomas Eich, *The Work of Bruno Gröning*, 109–110.

⁴⁷ Thomas Eich, *The Work of Bruno Gröning*, 30.

entrepreneurs trying to enrich themselves through the healer's activity. In effect, because of what the work required of him, Bruno could not seek other employment and had to depend for his daily needs on the goodwill of people around him. This way he was rendered vulnerable to those who wanted to take advantage of him and his healing capacities.

Gröning first accepted the offer of the businessman Otto Meckelburg, whose wife he had healed. He went working on the island of Wangerooge on the North Sea. Gröning stayed with him from January to June 1950, at which point he decided to separate, having realized that Meckelburg would not give up his desire to make money from Gröning's gifts. Something similar also happened with Eugen Enderlin, who had been healed by Gröning at the Traberhof. A collaboration was set up that only lasted to the end of the year for reasons similar to the failure with Meckelburg. A second attempt in 1952–1953 led to the same results.

It seemed that the temptation to make money or acquire prestige was too strong to resist, even for people of seemingly strong integrity, as in the case of journalist Kurt Trampler. He was one of the first to offer fair coverage of the Gröning phenomenon in the press. He too had been healed by Gröning, and wrote a book out of gratitude, *Die Grosse Umkehr* (The Great Turn-Around). Trampler separated from Gröning when he decided to become a healer himself.

The people who tried to derive benefit from Gröning's activity, seeing themselves deprived of their source of income, decided to pursue matters legally. The medical profession reacted similarly, wanting to put an end to what it saw as an uncomfortable competition, notwithstanding the fact that Gröning never criticized official medicine and asked his patients to follow up what benefit they derived from the healings with visits to their doctors.⁴⁸

Already in 1951–1952 Gröning had to appear in court on charges of unauthorized medical practice. Gröning always countered the charges by advancing that he only called to people's change of heart and that he did not hear about their complaints or diagnoses, nor did he turn to single individuals to offer healings. The fact remained, all the more remarkable, that people were healed of a variety of physical or

⁴⁸ When asked by Dr Horst Mann for the articles "His Word Bans Disease" in the *Neuen Blatt* if he would be able to help a person deemed incurable when the doctor would still stand by her, *he responded*: "Yes. *When the ill person has faith and trusts the way of the doctor*, then success will not be held back. The common trust will create an enormous strength in the sick patient." This statement reconciles how Gröning could both be implicitly critical of a purely materialistic medical science and still support the work of doctors (Thomas Eich, *The Work of Bruno Gröning*, 51).

psychological ailments, traumas, or habits, provided they were seeking at the same time to return to God as Gröning asked them to.

The attacks of the medical body were relentless. The weight of having to defend himself in lawsuits sapped much of Gröning's energy in the years to come and led to his early death in 1959, just before facing a new trial.

Gröning did not use for his own protection the spiritual powers of perception that he so easily directed in perceiving other people's health and karma. He only did defend himself from Otto Meckelburg, Eugen Enderlin, and E. A. Schmidt, among others, after the fact. Nor did he avail himself of avenues that could have taken him outside of Germany. To Inge Thiede quite some time before dying, he said, "I can help everybody else but not myself! The time of my death is fixed and I know it."⁴⁹

To Grete Häusler, who wished he didn't have to go through the betrayals he suffered, the healer said: "You are quite wrong. It has to be like this." And further: "If this man [Gröning] knows so much why did he not know this [about these shady people]? . . . But all of this had to be so. This is the kind of thing that is necessary, this is an essential part of what is involved in clearing a path for you all. There must be individuals who, as you say, can do as they like with me. . . . The future will show that I will thank these people."⁵⁰ Gröning did in fact give these shady people the opportunity to come around, but then put his foot down when they did not change course and presented evidence against them in court.

To bypass this obstacle of individual ambitions, in 1953 the healer accepted the founding of the Gröning Association in order to be free to address individual needs and do so legally. He became a guest speaker for the association, and many of those who were healed became volunteers working for it. This brought up new opposition in the form of lawsuits. Nevertheless, Bruno continued to carry on his work without losing a positive disposition or disparaging his enemies.

The Gröning Association went through its ups and downs until Gröning's death. At times the association had made Gröning more of an unwilling prisoner than someone who could work freely and be protected by friends and sympathizers. The working of the association should have freed Gröning to have the means to protect himself from

49 Matthias Kamp, *Bruno Gröning*, Part II, 227.

50 Matthias Kamp, *Bruno Gröning*, Part II, 226.

the prosecution of the press and the courts, in order reach the communities, offer them talks, and help individuals. But because of the narrow-mindedness of its members, or their inability to provide good legal counsel and stand up unequivocally for the healer, things went from bad to worse. Gröning's friends had offered no better help than his enemies. The association was dissolved before Gröning's final trials and death. The short-lived Association for the Promotion of Soul-Spiritual and Natural Foundation of Life fared no better in the remaining months of Gröning's life.

Death and Continuing Mission

Bruno talked in a few instances of burning inwardly if not allowed to heal, as he confided to Christa and Werner Hasse.⁵¹ Christa saw him in great pain before going to the community gatherings, while in the public speaking and healing he radiated so much that nobody would suspect his suffering.

In November 1958 the healer was diagnosed with advanced stomach cancer. He already knew he had very little time left, as he told his second wife, Josette. He still decided to continue his work and return to the clinic after eight days. During that time he still drove, ate heartily, and was very social. He was able to show considerable physical strength, offer healing to the sick, and be present at meetings for the groups. By January 25 the signs of approaching death became apparent, and he died the next day in Paris. The surgeon reported to his wife: "The destruction of Bruno's body was terrible. His entire inside was burnt out. It is a complete mystery to me how he could have lived so long without having suffered terrible pain."⁵²

Gröning knew, however, that his work would go on even from the other side of the threshold. In 1958 he said in Esch: "I will not be here with you much longer. But even though I will not be here, I will nevertheless be with you. I will still be able to help you. Remember this." The same he had already told Grete Häusler as far back as 1952. When she asked what he would do after his death, he replied: "I will be there for everybody who calls me, and I will continue to help. But, eventually, everybody will come to experience help and healing from within."⁵³

51 Matthias Kamp, *Bruno Gröning*, Part II, 235–236.

52 Matthias Kamp, *Bruno Gröning*, Part II, 239.

53 Matthias Kamp, *Bruno Gröning*, Part II, 240.

Grete Häusler commented about his life's ordeals thus: "I believe that, while he was alive, he had to overcome vast inner depths, which cost him immense efforts. He had to overcome great evil, so that after his death people could experience goodness to the extent that I have witnessed over decades, both for other people and for myself." This is confirmed in one of Bruno's handwritten notes: "I had no other choice but to break through the barrier of evil. There was no turning back. I had to go onward, upward, without tiring." In one of his talks he said: "So my way is to suffer. I do not suffer for myself, it is not necessary."⁵⁴

Gröning's task was not just to help people heal; in so doing he was taking their suffering upon himself. He removed their illnesses by drawing them unto his body. His own words are revealing: "How I deal [with illnesses] is my affair. I have already taken on so much and can take even more." And further: "Give me your illness! Give me your worries! You won't be able to cope with them. I will bear them for you. I have a broad back."⁵⁵

Grete Häusler was the one who could perceive Bruno's suffering most closely. One such instance was the day of his 1955 wedding, when she saw in him "such unattainable desperation, such an expression of pain. I felt as if total darkness was pressing down on him, as if his soul was passing through hell." She realized nobody else was seeing his suffering. She wanted to reach out to him, but then he was called to offer healing to two sick people. He immediately said yes, and his look irradiated light. Häusler concludes, "To this day I cannot forget how a person can switch so quickly from the utmost depths to the supreme heights."⁵⁶ Not surprisingly it is to Häusler that Gröning confided:

And because human beings could no longer find the right path, God's path, because the bridge to it had been destroyed, and they (and others with them) had become packed together like sardines in a helpless little heap, I have rebuilt the bridge. And if you use it, if you walk across it, you will find the divine path, on which you will be able to make contact with the unique work and activity of God, to receive the genuine, the real energy of life, so that you will live in the right way and be healthy.

54 Matthias Kamp, *Bruno Gröning*, Part II, 233.

55 Matthias Kamp, *Bruno Gröning*, 227; Grete Häusler, *Here Is the Truth about Bruno Gröning*, 64.

56 Grete Häusler, *Here Is the Truth about Bruno Gröning*, 233.

And further “And those who cross this bridge and continue along this path will experience quite different things. They will be amazed by what they see and by what they were unable to see before.”⁵⁷

Gröning opened the way for spiritual healing in modern time. A healer told Häusler that it was thanks to him that a new spiritual channel had opened up for her; he had acted like a bridge or a gate. Another healer recognized that her capacities were increased after a community hour in the Circle of Friends.⁵⁸

How Did the Healings Occur?

Gröning could heal and transmit a sense of peace and happiness, lightness and well-being, because of his intense interest and compassion. People who stayed with him for a few days also noticed that they felt little hunger and were rested even when they slept little.

Nothing stood beyond the reach of healing, no physical nor psychological ailments.⁵⁹ Physical conditions inherited from birth could be reversed and corrected. There are countless examples of healings occurring when Gröning was not physically present. This should not cause sensation, since what has been said about prayer applies to spiritual healing. Matthias Kamp reports the example of a man who was healed although at the time Gröning was addressing twenty thousand people at the Traberhof. And healings occurred at Traberhof while Gröning was in northern Germany, as reported by Doctor Trampler in relation to his own healing, in a session directed by one of Gröning’s assistants.⁶⁰

Most spiritual healers need a picture of the patient to form an imagination, then possibly visualize him surrounded by light. Gröning worked beyond the imaginative level, to the inspirational or intuitional levels. He didn’t need to know of name and condition. Clearly he could perceive and face the elemental beings at work in illness.

Gröning was able to connect with what he called a person’s “wave-length” (ego) and at that point was able to read in his lifepath; he had karmic clairvoyance. He indicated he could follow a person on the path of the good thoughts that his friend sent him, which “creates an

57 Matthias Kamp, *Bruno Gröning*, Part II, 220.

58 Matthias Kamp, *Bruno Gröning*, Part II, 221.

59 As an example among many, see *Peter Dr tler: healed of addiction to cigarettes, alcohol, gaming, and suicidal intentions* (Matthias Kamp, *Bruno Gröning*, 62).

60 Matthias Kamp, *Bruno Gröning*, Part II, 36.

excellent contact for me, and one can intercept immediately.”⁶¹ In the same way, through people’s thoughts of concern, Gröning could see clairvoyantly where he needed to direct his spiritual gaze. An example is one in which he could report back to a mother about her daughter in a New York hospital, describing all possible physical details correctly. By the same token, he told people that they could request healings for people whom they cared about, even though not present in the healing groups. Or he could pass on an object to carry healing energy, most often aluminum foil pressed into a ball shape.

However, the above does not mean that Gröning could heal everybody, or heal them at once. Individual maturity and readiness play an important role in healing. To a woman who tyrannized over her caretakers and did not really want to heal, as to other in similar instances, Gröning would say, “You are sitting on your illness.”⁶²

Limits were experienced by Gröning himself in relation to his children, as seen previously, because of the attachment they had toward their mother and her beliefs. Another example chronicled over time is that of Dieter Hülsmann, a child age nine. He made progress at first, but then his parents quarreled constantly and then separated. They took Gröning to court, and Dieter died a few months later. This same phenomenon is rendered visible in the fact that people with the same conditions would heal over very different lapses of time.

For a person who carries various symptoms, which may have had their onset at different times in her life, the healing could take a number of stages.⁶³ The speed of progress depends on how much a person thinks and worries about a particular symptom. Healing have more chances of occurring when she is ready to let go.

As for the source of healing Gröning made it abundantly clear that he was just a conduit for a force greater than his own, for what he called the heilstrom or healing stream and the work of God. He seldom was more specific than that, and this is probably why people from very different destiny paths could accept his teachings and his work.

In Matthias Kamp’s book one can read side by side the examples of a Catholic whose faith was strengthened after coming in contact with

61 Matthias Kamp, *Bruno Gröning*, Part II, 40.

62 Matthias Kamp, *Bruno Gröning*, Part II, 19–22.

63 See the documented example of Christa Leiendecker, whose healing required three phases. She met Gröning in May 1981 at age thirty-three, and her asthma was healed the very next day. A few days later she was also relieved of hay fever after intense regulation reactions. In fall 1981 she overcame her walnut allergy after short but intense regulation pains (Matthias Kamp, *Bruno Gröning*, Part I, 67–68).

Gröning. The person in question realized the limits of faith as simple habit, and of the question-and-answer method of catechism. On the other hand, a Marxist could find his way to God by seeing that Gröning did not push dogma but rather emphasized that “practical knowledge cannot be obtained theoretically, it must be experienced.” Finally, two atheists, who earlier on had believed in Christ, could return to the faith after meeting Gröning and his work.⁶⁴ Similarly to the above examples, Gröning was able to reach young people, who realized the importance of moral values they had discarded because they were left free to understand them on their own. It often allowed them to get off alcohol and drugs, and interest them in religion and in starting a family.⁶⁵

In the same way that Twelve Step encourages healing in a nondogmatic way, so did Gröning’s circles of friends encourage people of all horizons to recognize and turn to the divine in ways that were compatible with their inner freedom, which is what the healer professed: “I am permitted to help a person find the path towards what is good but I am not allowed either to make the decision for him or force him towards it. Everyone must find his own way.”⁶⁶ Bruno never expressly forbid anything; so it was with alcohol, though he was personally opposed to it.

Whether he professed it openly and widely or not, it is clear that Gröning also had a deeper perspective on his work, which surfaced when asked by the right people. A priest talking to him saw that Bruno knew about the Christ, Whom he also called “Man’s Greatest Friend” or the “Supreme Spiritual Healer.”⁶⁷ In reference to his desire to keep on helping, Gröning said: “Christ said ‘It was not I, but rather your faith that helped you.’ However, he only said this so that we shall believe in the good we need for ourselves, and in order that we no longer sin from then on. For this reason I say very often and gladly, ‘I do not heal, but rather It heals. Trust and believe; the divine power helps and heals.’”⁶⁸

64 The three examples above are taken from Matthias Kamp, *Bruno Gröning*, Part I, 99–103.

65 Matthias Kamp, *Bruno Gröning*, Part I, 101. See also “1001 Way—Bruno Gröning in the Diaries of Young People,” <https://www.youtube.com/watch?v=7z3iBj09zBU>, concerning healings by Gröning now in the spiritual world.

66 Matthias Kamp, *Bruno Gröning*, Part I, 103.

67 Matthias Kamp, *Bruno Gröning*, Part I, 38, 132.

68 Grete Häusler, *Here Is the Truth about Bruno Gröning*, 257.

Gröning after His Death: The Bruno Gröning Circle of Friends

In his lifetime Bruno had already established communities that met at regular times to absorb the healing stream, exchange information, and deepen inner commitment. The healings have gone on after Gröning's death, after a hiatus, whether because of the teachings or because of Gröning's spiritual presence. The circles are completely free, and there is no external compulsion to participate. Helpers can only participate voluntarily. The costs of the work are supported by voluntary donations.

The Bruno Gröning Circle of Friends was started by Grete Häusler, who had met the healer in 1949. She initially met him to protect a friend from a person she considered a swindler. Her three ailments disappeared at once during the first meeting with Bruno: chronic frontal sinusitis, low blood sugar needing constant sugar intake to prevent dizziness from hypoglycemia, and jaundice developed during the war that left her with liver disease and rendered her unable to consume most meat products.⁶⁹ When she returned home, sick people were healed just by hearing her talk about her own recovery.

In a very short time Grete set up twenty-three communities in Austria in the early 1950s, holding community hours in which healings occurred even though Gröning was not present. She went everywhere by train, and Gröning sent her a helper, a community leader from the Traberhof.

Grete was later very affected by another brief meeting with Gröning in Austria. In a moment of eye contact before addressing the audience, she had a strong inner sensation:

I stood in a doorway, the doorway that I knew had been opened for me because of my contact with Bruno Gröning. Through the door I saw a room, and I felt that it was immeasurably huge. But I could see nothing in it. It was simply grey. I saw a pathway at my feet and recognized it. Suddenly I realized that this was the spiritual realm and was made aware of how little I really knew and what illusions I had had. But I also felt that Bruno Gröning knew all about this immensity before which I now stood, ignorant and helpless, and that he wanted to guide me through it. And this is what has happened. Not only have I received healing through him, but throughout the years, with his help, I have had many wonderful, many great experiences in the bright light of the

⁶⁹ See the video *An der Seite Bruno Grönings* about Grete Häusler's lifework.

spiritual realm, and seen and understood things which were previously hidden from me.⁷⁰

Before dying, Gröning announced he wanted to write a book. He did not manage to; instead a page was found that indicated its contents. It was Grete who took up the task to write and publish Bruno Gröning, an Introduction to His Teachings, now translated in sixteen languages.

Some twenty years elapsed between Gröning's death and the formation of new circles. This was due to the lack of harmony between Gröning's helpers after his death. Grete was convinced that he would continue to help from the other side. She knew the work would continue, because she could feel the healing stream flowing through her body and thus could help others. The first healing she facilitated was that of her cleaning woman, after Gröning had "gone home." The woman was healed of blindness in one eye due to an embolism.

For twenty years internal dissensions did not favor the continuation of the work. Then Grete Häusler and a few friends started the new Circle of Friends in 1979. By 1985 there were 700; by 1991 5,000; by 1992, 7,000; by 2004, more than 60,000 worldwide.⁷¹ There are now more than 170 communities in Germany alone.

The groups hold the so-called community hour in which the teachings of Bruno Gröning are passed on, basically how to use positive thought and turn to the Heilstrom. The hour serves to share stories of healings, find support in one's personal struggles, find the determination for inner change, and obtain health and maintain it.

The groups require a number of specialized tasks: convening, attending to members' requests, printing of periodical "schooling letters," organizing of conferences, holding of the monthly community hour, introducing new people to the work of Bruno Gröning, video work, collecting and documenting medical documents about the healings, and translating documents into other languages.

Each group has a community leader who convenes, introduces new help-seekers to the teachings, leads the community hour, takes care of or delegates finances, and public relations.

All the work is conducted by volunteers. Healed persons are requested to record and document their personal ordeals. Their success reports are a cornerstone of the working of the groups. The recording of the success stories follows a very complete sequence of questions: from all the

⁷⁰ Matthias Kamp, *Bruno Gröning*, Part II, 219–20.

⁷¹ Matthias Kamp, *Bruno Gröning*, Part II, 251.

antecedents (history of the illness, name given, medications taken, etc.), how this was changed in the individual's experience of working with the group, follow-up examinations, and so on. The results are collected by a physicians' group that was formed in 1986, and out of this group there has evolved a Medical Science Group that includes physicians and other healing practitioners. Since 1992 there are regular physicians' conferences.

The Circle of Friends and the publishing company are kept clearly separated. Both are run by volunteers. All income generated by the publishing house serves to support new publications, editions, and acquisitions. The Circle itself is a nondenominational association. It does transmit spiritual teachings, but requires no adherence to any creed. Gröning encouraged the people who came to hear him to remain true to their faith and continue attending their services, no matter what faith they belonged to.

The fact that Gröning spoke of God in very general terms has allowed the Circle of Friends to work in a way very similar to Twelve Step programs, which invoke the Higher Power and are completely run by volunteers.

Chapter 3

Soul Moods, Soul Shocks, and Illness

A Welsh and a German doctor have offered two great contributions to the understanding of the origin of illness. In the work of Dr Bach we can recognize how illness approaches the soul by stages; how it will come closer and closer to the physical body according to our beliefs and our responses to life events. This is a natural sequel to Gröning's broad statements about the reality of negative thinking and its link with illness.

The work of Dr Bach has been explored over close to ninety years. It shows us that we bring illness closer to us through the thoughts and attitudes toward life which the doctor called "soul moods." His flower remedies allow us to address these soul moods before they start exerting a direct influence over the health of our bodies. It should not be forgotten that Dr Bach used his flower remedies also in order to address the illness once it had affected the body. By and large this knowledge has not been expanded upon and codified in such a way that it can be reliably replicated. This second possibility would in any case go beyond the scope of this writing.

The work of Dr Hamer takes us along to a connection that Dr Bach only vaguely intuited but did not explore. He knew that before illness enters the body, we are not quite our normal selves. Hamer discerned that there are events of a traumatic nature which impact the soul previous to illness, but at varying intervals of time before the onset of illness. Most of the time we can no longer perceive this connection that depends on our personality and individual decisions because of the interval of time that has elapsed since the traumatic event. Dr Hamer's five biological laws render all of us capable to study our soul and trace the connection between traumatic events and illness, not in a vague way—such as reference to stress, imbalance, tension—but in relation to very

precise events. Hamer's school of thought is not the only one that moves in this direction. So do Dr Christian Flèche's and Patrick Boissiere of so-called Biogenealogy, who are nevertheless indebted to Hamer.⁷²

I: Soul Moods and Illness: Bach Flower Remedies

Bach flower remedies are very familiar to me. I have used them on a regular basis over the last thirty years. I take stock of what challenges of soul accompany my life at a given moment, and what soul moods I'm experiencing or am likely to face in order to prepare a formula. Most of the time the flowers give me a quiet assurance and ability to face my challenges with equanimity. At special times I can see how my feelings undergo quick changes for the best, and/or situations of conflict dissolve in a short time. In special instances I notice physiological reactions of intense fatigue that acts like a cleansing over the space of one or two day at most, sometimes accompanied with production of mucus, coughing or sneezing; occasionally, I experience vivid dreams. These reactions are not unusual as we will see towards the end of this heading.

This exploration is a continuation of work previously done in looking at Dr Bach's scientific perspective. The present inquiry will focus on the link that Dr Bach established between illness and soul moods. This will be a natural step for looking at illnesses and soul shocks in the work of Dr Hamer immediately after.

We will first recapture the important transition that led Dr Bach to work with flowers versus the more traditional leaves and roots of herbal and homeopathic remedies, and to the so-called sun method and boiling method rather than homeopathic potentization. The link between "soul mood" and illness will lead us to the realization of the beneficial role of illness.

From Vaccines and Nosodes to Flower Remedies

Dr Edward Bach was born in 1886 and completed his mission in the brief span of fifty years. What was most notable about his career was the trajectory that brought him from conventional medicine to vaccines, and from these to homeopathy and to the flower remedies.

⁷² Christian Flèche, *The Biogenealogy Handbook: Healing the Body by Resolving Traumas of the Past*; Patrick Boissier, *Biogenealogy: Decoding the Psychic Roots of Illness; Freedom from the Ancestral Origins of Disease*.

Bach's early work focused on intestinal toxicity and chronic illnesses such as rheumatisms, arthritis, and headaches. His premise lay in understanding the bacterial populations of groups of individuals, whose numbers and relationships he sought to modify. His intent derived from the observation that the number of the same bacteria present in healthy individuals are far higher in individuals affected by chronic illnesses. The vaccines he developed from these bacteria produced unexpectedly good results in treating the conditions. Bach also noticed that injections were most effective when successive ones were given after the effects of a previous injection wore off, not unlike what is predicated in much of homeopathy. In this fashion he could administer vaccines at intervals of various weeks, months, or up to a year.

The success of the vaccines is testified by their wide adoption by the medical body. The findings were recorded in the Proceedings of the Royal Society of Medicine for the year 1920.⁷³ Even so Dr Bach knew that not all diseases would be successfully treated by the vaccines.⁷⁴ He also wanted to go beyond the injection method with its accompanying skin reaction. And he pondered the fact that Samuel Hahnemann, the father of homeopathy, had not used germs but plants.

A next step forward toward homeopathy was taken when Bach elaborated a way to administer the vaccines orally—what he called the “nosodes”—avoiding local reactions and side effects. Bach classified the variety of organisms present in the intestines into seven groups according to how they ferment sugar. These are the following: Proteus, Dysentery, Morgan, Faecalis Alkaligenes, Coli Mutabile, Gaerter and the one simply called #7. Bach prepared the ground for reaching this conclusion by collecting organisms from hundreds of patients who had the same prevalent intestinal flora. The final insight, as recorded by Nora Weeks, a close collaborator, came to Bach at a 1928 banquet.⁷⁵ Here he saw that in all individuals present he could recognize seven types, and by the end of the dinner Bach surmised that the prevalence

73 A paper entitled “An Effective Method of Combating Intestinal Toxaemia” was published in *Medical World* in March 1928 and another also in *Medical World* in January 1920 (Nora Weeks, *The Medical Discoveries of Edward Bach Physician* p. 35).

74 Hahnemann, referring to the chronic diseases, had discovered that there were one or more of three poisons—syphilis, sycoosis, and psora—which needed to be eliminated before a cure of chronic disease could be effective. The first two poisons had been recognized. Little was known about the third one. Bach came to the conclusion that intestinal toxaemia was identical to Hahnemann's “psora.” This also explains why the vaccines could not cure beyond the illnesses due to psora. Nora Weeks, *The Medical Discoveries of Edward Bach Physician*, 28, 35.

75 As quoted by Judy Howard and John Ramsell, eds., *The Original Writings of Edward Bach: Compiled from the Archives of the Dr Edward Bach Healing Trust Mount Vernon, Sotwell*, 34.

of each of the types of microorganisms corresponded to a personality type. After testing his insight, Bach realized that no matter the condition of the individual, the particular type of bacteria remains constant. He was thus converging toward the important realization of the need of treating the patient, not the illness.

In 1929 Bach started looking for plants that would replace the nosodes. He was trying to address a problem that he only expressed in intuitive fashion. He perceived that classical plant products, when potentized, presented a “positive polarity” and that the nosodes of bacteria were of a “negative polarity.”⁷⁶ He argued that the question of reversed polarity is what allows a plant that is a poison to become a remedy when it is prepared homeopathically.

In an article read to the British Homeopathic Society in November 1928 and reprinted in the *British Homeopathic Journal* in January 1929, Bach first addressed the question of the appropriateness of using the organisms associated with the disease, and prophetically anticipated his discovery of the so-called sun-method thus:

I wish it were possible that we could present to you seven herbs instead of seven groups of bacteria, because there always seems to be some reluctance in the minds of many to use anything associated with disease in the treatment of pathological conditions. . . . Perhaps at some future date a new form of potentizing may be discovered, which will be capable of reversing the polarity of the simple elements and plants, but until that time comes we have no alternative [than using the nosodes].⁷⁷ (emphasis added)

He further referred to the researches he was conducting with plants that never appeared as flower essences, but concluded that he could not obtain the results he hoped for because of the problem of polarity.

The First Series of Nineteen and the Sun Method

Bach was convinced that he needed both a new method of potentization and recourse to much more seemingly innocuous plants, which would not mimic the course of the illness in the way homeopathic remedies did up to the time. His intuition told him that these would be plants that grow in the later part of the year, when the action of the sun would be strongest, and that he would use the flowers, the

⁷⁶ Judy Howard and John Ramsell, *The Original Writings of Edward Bach*, 32.

⁷⁷ Judy Howard and John Ramsell, *The Original Writings of Edward Bach*, 32.

part of the plant that results from more prolonged solar action than in the leaf or root.

In seeking to address this new question, Bach left the laboratory and started roaming the countryside as he had done in his youth, but now with a heightened sensitivity. The sight of the dewdrop revealed to him that here would be present an extract of the plant's properties. He could in fact sense the plant's healing properties by either touching the plant or ingesting the dewdrop. Intuition, however, was not enough for someone like Bach, thoroughly trained in the scientific method. To substantiate his discoveries, he spent a great deal of time checking everything about the plants' growth behaviors, and likewise tested their effects upon his patients.

Bach described the sun method for the first time in 1930, and added elements to it until 1933. These are some of the key elements:

- Use of pure spring water; spring water plays an important role because it is a water clean of imprint. A newborn water coming from the depth of the earth, from the darkness to the light, takes the imprint of the first thing it enters in contact with, in our case the sun and the flowers.
- Day without clouds; if the clouds cover the sun for even a brief moment, the water of the remedies has to be thrown out and the remedy done again some other day.
- Surface of the bowl completely covered with flowers; bowls of fine glass are the most effective because they reflect the light in many directions and they magnify and concentrate it.
- The bowl is moved every now and then to change the exposure and to expose all the flowers equally.
- Flowers placed in a bowl close to where they grow and exposed to about two hours of sun previous to harvesting. The flowers must be harvested in places and conditions the furthest possible from sources of contamination, and the best flowers to pick are those that are close to pollination. The flowers will be processed in the same place where they grow. There should be very little handling, processing, and transportation, to avoid the consequent loss of life forces.

- The process comes to completion when the flowers start to fade. This can last from two to seven hours according to the flower and strength of the sun.
- After fading, remove the flowers carefully without bringing in causes for infection or disturbance of the etheric field.
- Dilute the water of the remedy in equal parts of brandy.

At the beginning of the procedure, the water looks spent, passive. After the flowers are placed in the bowl, the light starts to penetrate and air bubbles start to form. At the end the essence emits colored light. The first level, from the water in the bowl plus brandy, is called the mother tincture, the second one is called the stock, the third one the dosage.

With the water method Bach discovered the first group of twelve plus seven flower essences. The first twelve corresponded more strictly to the personality we carry at the beginning of our life on earth. They shine more fully in children, the young, or those who have found their way in life. They are based on the realization that we all have a specific life lesson to assimilate in an incarnation.

A recollection by Nora Weeks is very indicative of how Bach sought to recognize a flower. In thinking of what would later be called the Water Violet type, Bach had sought to fully embody the type in his soul. He then sought out plants in nature. When he came to a water violet by a creek, he quietly placed his hand on the flower and experienced a state of peace and release from the soul mood he was carrying.⁷⁸

The twelve basic type remedies are Impatiens, Clematis, Mimulus, Agrimony, Chicory, Vervain, Centaury, Cerato, Scleranthus, Water Violet, Gentian, and Rock Rose. Let us briefly review them.⁷⁹

Impatiens (*Impatiens glandulifera*): for those quick in thought and action but often impatient, especially with those who are slower than they; for those who show irritability through lack of patience.

- Gentian (*Gentianella amarella*): for those easily discouraged, in whom even small delays may cause hesitation, despondency, and self-doubt.

⁷⁸ Julian Barnard, *Bach Flower Remedies: Form and Function*, Chapter 2.

⁷⁹ The descriptions of the types below are taken from Gregory Vlamis' *Flowers to the Rescue: The Healing Vision of Dr. Edward Bach*, Chapter "The Thirty-eight Bach Flower Remedies," 23–28. The order of the flowers are listed in the correspondence with the zodiacal sign (not necessarily the birth sign though, as they appear in the work of Dietmar Krämer, *New Bach Flower Therapies: Healing the Emotional and Spiritual Causes of Illness*).

- Cerato (*Ceratostigma willmottianum*): for those who doubt their ability to judge and make decisions. They are constantly seeking others and are often misguided.
- Vervain (*Verbena officinalis*): for those who have strong opinions, always teaching and philosophizing. They are easily incensed by injustices, and when taken to the extreme can be overenthusiastic, argumentative, and overbearing.
- Clematis (*Clematis vitalba*): for those who tend toward escapism, living more in the future than in the present; for lack of concentration, daydreaming, lack of interest in present circumstances, and spaciness.
- Centaury (*Centaurium umbellatum*): for those who have difficulty in saying no, often becoming subservient in their desire to serve others; anxious to please they can be easily exploited, neglecting their own interests.
- Scleranthus (*Scleranthus annuus*): for those who are indecisive, being unable to decide between two choices, first one seeming right, then the other. They may also be subject to energy or mood swings.
- Chicory (*Chicorium intybus*): for those who are overfull of care and possessive of those close to them; they can be demanding and self-pitying, with a need for others to conform to their ideals.
- Agrimony (*Agrimonia eupatoria*): for those not wishing to burden others with their troubles, covering up their suffering with a cheerful façade; they often seek escape from pain and worry through the use of drugs and alcohol.
- Mimulus (*Mimulus guttatus*): for known fears; for example, fear of heights, pain, darkness, poverty, death, being alone, other people, etc. Also for timidity and shyness.
- Water Violet (*Hottonia palustris*): for those whose preference is to be alone; seemingly aloof, proud, reserved, self-reliant, sometimes “superior” in attitude. Capable and reliable, they will advise but not get personally involved in others affairs.

- Rock Rose (*Helianthemum nummularium*): for extreme terror, panic, hysteria, fright, and nightmares.

The plants' "form thought" is both evocative of the qualities that need to be overcome and of those that need to be acquired. In fact they show the path from one to the other. It is indicative in this regard that Bach initially misunderstood the Centaury personality. He first assessed that it was the "autocrat," then realized that it was the contrary: the person who is easily subjected to the autocrat. The latter one corresponds to the Chicory type.

Let us look at the *Mimulus guttatus* species and the *Mimulus* type. *Mimulus* is a very sensitive plant that needs to have its feet in very pure water; traces of detergents and nitrates kill it. The plant grows at the edges of mountain creeks, gliding over the water or over the edges of rocks. Here its stems tend to bend or break. Though it looks very fragile, it will thrive when cut and placed in a bowl and it will continue to bloom. The yellow flowers, dotted with red, have the shape of a mask or of a monkey's face. Once pollination occurs, the seeds will be released in the water. The seeds first float, then gradually absorb the water and fall to the bottom, where they germinate and start developing into a small plant. At this point they reemerge and let the water carry them to a place where they can set roots and grow. *Mimulus* also utilizes an asexual propagation mechanism; in autumn the raggedy looking stems start developing roots at their nodes. When the waters wrest fractions of stem from the plant, they navigate downstream to a place where they can set roots. In the overall plant pattern we recognize the paradox of great sensitivity and apparent fragility contrasted to adventuresome behavior and daring risk taking.

The *Mimulus* types, for whom *Mimulus* forms the foundation essence, are ones who travel through life with great care. They are hypersensitive to the influences of their environment; they avoid conflicts and flee the hustle and bustle. When they are challenged by external events, their breathing becomes shallow. They can be overly shy and tongue-tied in challenging situations, or suffer from stage fright. But though fragile, they are determined. In this they behave like the delicate water flowers, who need pristine environments to thrive.

Once they have mastered their lesson in life, the *Mimulus* types develop a steady, quiet courage; they face trials with detachment and humor. They will likewise be able to dominate their emotions and live life without succumbing to irrational fears. In this regard they have

become like the *Mimulus* that develops under the water or entrusts its seemingly fragile stems to the force of the stream.

In addition to the twelve types, the so-called seven helpers can be used when the basic type is obscured by a chronic condition, be it physical or emotional. The person is so used to the illness or the mental state that she finds it natural to act from that perspective rather than from the life-type. Thus the seven helpers are a tool to cure an adaptive behavior before turning to the strengthening of the type that has been obscured. Every one of the seven helpers seems to be a type, but actually isn't. In developing the seven helpers, Bach thought they needed to be really potent to help those who had partially or totally lost the inspiration of their higher self. He sought for them in the flowers of those plants that grow together in masses of bushes or trees and that strike the eye by reason of their color, beauty, and grandeur; this does not apply to rock water, the only remedy which is not a flower.

We will return to the seven helpers and the additional nineteen flowers, elaborated through the so-called boiling method, after enlarging upon Dr Bach's discoveries about illness in general.

Illness and Soul Mood

In the winter of 1930 Bach started treating many individuals with the new flower remedies. Among his first patients was an alcoholic woman, age forty-five. Five weeks later she was drinking in very strict moderation and the craving had subsided. She had maintained this state three years later. Another patient had survived a severe motor accident with a consequent paralysis of the left trapezius. He could not raise his arm above the shoulder. There was a marked physical improvement three months later, and the worry and anxiety were gone. In three cases—asthma, alcoholism, and paralysis—the patients were given chiefly Agrimony because they all belonged to the same type. Conversely, among those primarily treated with Clematis were patients suffering from asthma, cysts, and aftereffects of “sleepy sickness.”⁸⁰

For Dr Bach the disease is only a symptom of a deeper cause. However, the same cause will manifest itself differently in every individual. As an example of individual behavioral differences, we can look at how different individuals react to fear: some will turn pale, some will flush, while others turn hysterical and some speechless. But the

80 Nora Weeks, *The Medical Discoveries of Edward Bach Physician*, 70–75.

unifying, underlying cause is fear. Bach realized that the people of the same group would not suffer from the same type of diseases but instead would react in similar ways to any type of illness. By the same token, two different types would be affected differently by the same disease and would therefore need different remedies. In sickness, Dr Bach saw, removing the cause is essential, notwithstanding the particular manifestation of it. Therefore Bach acted by ignoring the illness altogether and solely turning to the state of mind.

“Treat the patient’s personality” became Dr Bach’s motto. This further implies that remedies need to be changed as often as moods change. Diseases could be prevented by following the evolution of states of mind because they are the very harbingers of disease. Moods are very important in guiding us to the treatment of the illness. They can also offer us cues as to what needs to be done before the illness sets in. In fact, before an illness there is always a time of not feeling quite oneself. The flower remedies can help us prolong a state of balance that prevents illness. If the soul mood is not treated in time, then illness may follow. Bach wrote to a colleague after discovering the sun method, “Disease is but the consolidation of a mental attitude.”⁸¹ The more specific intuition between illness and a soul shock that precipitates illness is what Dr Hamer followed more fully, as we will see in the next section of this chapter. His discovery fully explains the phenomenon of not feeling quite oneself that precedes illness.

Bach had realized the limitations of the homeopathic tenet “Like cures like.” He saw the need of a new development of medicines that operate according to the idea of good replacing (educating) evil. In Bach’s view, the doctor of the future’s main interest will be in the soul, specifically the soul at the present moment, according to his dictum: “Never allow the patient to talk about the past. The illness of yesterday is of yesterday, and of no interest or importance now. What we have to treat is the present state of the patient, exactly as he is at the time we see him, and even when we see him again in a further week, he is again a new patient.”⁸²

Bach flower remedies heal us, not by attacking disease, but by flooding our bodies with the beautiful vibrations of our higher nature (higher self), in the presence of which Bach would say “disease melts like snow

81 Nora Weeks, *The Medical Discoveries of Edward Bach Physician*, 57.

82 Judy Howard and John Ramsell, *The Original Writings of Edward Bach*, 134.

in sunshine.”⁸³ On another occasion Bach said that the remedies bring more union between our mortal and spiritual self; the cure is effected by the greater harmony resulting from it. And the doctor saw the sun method remedies as “more spiritualized” than all the previous remedies and as helping us to develop the great inner self that has the power to overcome all fears, worries, and difficulties. He concluded that when patients taking the essences could say “I feel so much better in myself, one can generally say that physical healing will come soon. It is the mind that the remedies heal; they uplift the whole being.”⁸⁴

Bach’s views revolutionized the understanding of illness itself. He thought that in fact the principle of “like cures like” should really be applied to disease itself. Disease is what prevents our wrong thoughts and actions from going too far. It counteracts these wrong actions and thoughts, and aims at offering and restoring a state of balance. Disease, he would say, automatically disappears when the lesson is learned.

In true healing nothing must be used that relieves the patient of his own responsibility. “Disease . . . is the result of interference: interfering with someone else or allowing ourselves to be interfered with.”⁸⁵ We can only obtain real freedom when we give others complete freedom:

Absolute freedom is our birthright, and this we can only obtain when we grant that liberty to every living Soul who may come into our lives. For truly we reap as we sow, and truly “as we mete so it shall be measured out to us.”

Exactly as we thwart another life, be it young or old, so must that react upon ourselves. If we limit their activities, we may find our bodies limited with stiffness; if, in addition, we cause them pain and suffering, we must be prepared to bear the same, until we have made amends: and there is no disease, even however severe, that may not be needed to check our actions and alter our ways.⁸⁶

One example Bach offered is that of asthma or breathing difficulties, which indicate that the person is either stifling another person or lacks the courage to do right, therefore smothering herself.⁸⁷ The relationship between a specific organ and the nature of the inner conflict is

83 Judy Howard and John Ramsell, *The Original Writings of Edward Bach*, 62.

84 Nora Weeks, *The Medical Discoveries of Edward Bach Physician*, 141.

85 Judy Howard and John Ramsell, *The Original Writings of Edward Bach*, 46.

86 Judy Howard and John Ramsell, *The Original Writings of Edward Bach*, 64.

87 Judy Howard and John Ramsell, *The Original Writings of Edward Bach*, 60.

something to which Dr Bach referred only incidentally. We will pursue it further with Dr Hamer's New Germanic Medicine.

The Second Series of Nineteen and the Boiling Method

When Bach discovered the first nineteen flowers, he thought his task completed. He had developed the seven helpers for people who thought nothing could help them anymore. He thought they needed to be really potent to help those who had partially or totally lost the inspiration of the higher self. Among the seven flowers we count Gorse, Oak, Heather, Vine, Olive, Wild Oat, and Rock Water.⁸⁸

Gorse (*Ulex europaeus*) for feelings of despair, hopelessness and futility. Oak (*Quercus robur*) for those who, despite illness and adversity, never give up. They are brave and determined to overcome all obstacles in order to reach their intended goal.

Heather (*Calluna vulgaris*): for those talkative persons who constantly seek the companionship of anyone who will listen to their troubles. They are self-absorbed, generally poor listeners, and have difficulty being alone for any length of time.

Vine (*Vitis vinifera*): for those who are strong-willed leaders in their own right. However, when carried to the extreme, they can become autocratic, dictatorial, ruthless, and dominating.

Olive (*Olea europaea*) for total mental and physical exhaustion and weariness; for sapped vitality from a long illness or personal ordeal.

Wild Oat (*Bromus ramosus*): for those dissatisfied in their current career or lifestyle; their difficulty, however, is in determining exactly which career to follow.

Rock Water (*Aqua petra*): for those who are strict and rigid with themselves in their daily living. They are hard masters to themselves, struggling toward some ideal or to set an example for others. This would include strict adherence to a lifestyle or to religious, personal, or social disciplines.

The second series of nineteen flowers were found in a completely different way from the previous ones. Whereas with the first flowers he sought to penetrate a soul mood, with the second nineteen, for some days before the discovery of each remedy, he suffered intensely from a given physical condition, to such a degree that those around him

⁸⁸ What follows is quoted from Gregory Vlamis, *Flowers to the Rescue: The Healing Vision of Dr Edward Bach*, 23–28.

marveled at how he was able to stand such pain and retain sanity. At times Bach could neither stand nor sit, so great was his pain.⁸⁹ Note that this is a reversal of Hahnemann's procedure. Hahnemann first knew of the illness, then tried out a substance that caused and matched the symptoms of it before potentizing it as a remedy.

Bach discovered the new series of nineteen remedies from March to July 1935. All of them except White Chestnut were prepared with what he called the boiling method. The flowers are boiled in pure water for a half hour, and the liquid is filtered and poured in small bottles up to half-full. When it is cooled off, brandy is added. All the external conditions concerning the processing of the flowers are equivalent to those used with the sun method.

What distinguishes the boiling method is the modality of use of the fire element, which now comes not just from the sun but also from the depth of the earth. Bach explained that the second series of nineteen remedies act at a deeper level and help us to realize the "great Self," and will fight off fears, worries, and illnesses. The remedies obtained through the boiling address the themes of intensity, pressure, and undoubtedly pain. They work at dissolving and breaking old models. The resistance to this process releases pain.

Most of the second series of nineteen flowers are tree flowers that grow in the earlier part of the year. So do Star of Bethlehem or Mustard, though they are a bulb and an annual respectively. This could further explain the reason for the boiling method. However, among the seven helpers of the first nineteen series are also some tree flowers: oak and olive. The second set of remedies are also divided into twelve plus seven. Bach, who died soon after the completion of the selection of the remedies, said that the prescription of the new remedies should be simpler than it appears because the new series of nineteen corresponds to the previous division of twelve plus seven. There is even a tentative classification that Bach elaborated for that purpose, but the correspondence between sets of flowers is not immediately transparent.⁹⁰

The new set of twelve flowers are Larch, Cherry Plum, Aspen, Chestnut Bud, Honeysuckle, Wild Rose, White Chestnut, Red Chestnut, Star of Bethlehem, Beech, Mustard, and Willow. White Chestnut is prepared with the sun method, and Chestnut Bud uses the buds in the stage of opening rather than the flowers. This series of

⁸⁹ Nora Weeks, *The Medical Discoveries of Edward Bach Physician*, 114.

⁹⁰ Julian Barnard, *Bach Flower Remedies: Form and Function*, Chapter 19.

twelve remedies addresses the tests of life linked to a specific traumatic event, which has triggered a profound reaction in any given type.

The second group of seven are Sweet Chestnut, Hornbeam, Elm, Crab Apple, Holly, Pine, and Walnut. These form a repetition of the first seven helpers. However, the behavior they are supposed to help becomes more deeply unconscious (Mustard, Red Chestnut, White Chestnut, Sweet Chestnut, Wild Rose) in the second series, or attains the level of fixation (Red Chestnut, White Chestnut), or is turned to the past with no desire to deal with the present (Honeysuckle, Pine). It is possible that the first seven address a phase (adaptive behavior) that is reversible, and the ones here mentioned address a stage that tends to the irreversible.

In terms of use, it seems that the second series of nineteen should be the first level of intervention. They allow us to treat the traumas of life before getting to the type. Then the first nineteen, especially the twelve types can be used.

The second group of nineteen address existential reactions to a traumatic event. These mask the deeper aspects of the personality. When hatred or rage (like in Holly), resentment (as in Willow) or complete apathy (as in Wild Rose) are present, these need to be treated first. Bach saw in the first seven helpers the chronic conditions that developed in time out of the twelve types. The underlying type is often masked by all the other soul moods. It is recognizable, however, when the individual is ill.⁹¹

Twelve Tracks

Loosely basing himself on the above indications, Dr Dietmar Krämer has developed an understanding of the differentiated use of the flowers.⁹² He has determined for each flower type (the first twelve) a track along which the soul type can deteriorate. With the use of tracks, one can determine which flower represents the superficial part of the problem and which the deeper one. This is very helpful when a person needs many flowers. The goal is to uncover the constitutional flower remedies that lie hidden under secondary neurotic or psychotic reactions.

The twelve tracks are each formed of groups of three flowers: the communication flower, a compensation flower, and a decompensation flower.

⁹¹ Julian Barnard, *Bach Flower Remedies: Form and Function*, Chapter 19.

⁹² Dietmar Krämer, *New Bach Flower Therapies: Healing the Emotional and Spiritual Causes of Illness*.

Communication Flowers: in Kramer's classification, they correspond to the 12 Healers of Bach.

Compensation Flowers: correspond to the typical neurotic reactions, e.g., showing off the virtue we lack in a carefully willed or studied manner. This state of mind cannot be maintained for long.

Decompensation Flowers: correspond to psychopathological end states (psychosis) and are almost always one of the second group of nineteen or one of the seven helpers. These emotional states need to be treated first because they more directly affect the body. The decompensation flowers indicate an attempt to return to the original behavior but on a lower energetic level.

The tracks incorporate thirty-two flowers, and there is overlap between some of them. In practice some communication flowers can become compensation flowers for other types (e.g., Impatiens for Clematis, Vervain for Agrimony, Agrimony for Rock Rose) and some tracks lead to the same decompensation flowers.

Let us follow an example of such tracks, one of Bach's fundamental types: Impatiens.

Impatiens/Olive/Oak

IMPATIENS (IMPATIENS GLANDULIFERA)

Impatiens, an annual of the Himalayas, can reach more than six feet in height. It thrives between 6,000 and 13,000 feet, in damp soil and proximity to animal manure. The heavy seeds fall in close proximity and grow rapidly, choking out all other growth.

The typical impatiens false orchid flower fertilizes through cross-pollination. The flower, finely balanced on its stem, contrasts with the rigidity of the pods that explode to the touch once they reach maturity, giving the plant its name. In the explosion the seeds are violently projected at a distance from the flower.

For therapeutic purposes Bach deliberately chose the mauve flowers of the plant rather than the red ones that are far more common. The color mauve has a soothing and delicate quality not present in the red ones. The rigid gesture and tension that appear in the pods that, once ripe, explode and propel seeds out of the plant like projectiles no doubt prompted the designation Impatiens. And the tension visible in this gesture is clearly indicative of the Impatiens type.

The Impatiens type, to which Dr Bach himself belonged, tend to do everything quickly, which also makes them accident prone. If they

are brought to a standstill, they start thinking about or planning what they could be doing. Their drive for independence often causes them to be lonely. Because of their perpetual state of alertness, they may have problems falling asleep. Among their physical complaints are back pain, high blood pressures, muscle tightness, and stomach upsets.

The floral remedy helps the person be “less hasty in action and thought; more relaxed, patient, tolerant and gentle toward shortcomings of others and upsetting conditions.”⁹³

OLIVE (OLEA EUROPAEA)

Olive is one of the few cultivated species among the flower essences; the other is Vine (grape), another of the seven helpers. The wild olive is small and produces few fruits. The cultivated olive is grafted on a wild rootstock. It is the wood of the previous year that produces flowers in May and fruits in February.

The olive tree has great longevity, and a tree can produce for a century and more. Even after that, it can be cut and new suckers among the many that will grow can be selected that will develop into a new tree. Thus the tree can renew itself over centuries. Add to this that it will grow and tolerate drought and strong heat, thanks to an extensive root system. The leaves are adapted to the heat through a dark surface that absorbs the heat and a light underside that reflects it; the petioles rotate the leaves, which can also fold over themselves, showing a marvelous adaptation to the hot climate. And over the centuries the olive tree continues to produce a nourishing oil without exhausting itself or the soil.

An Olive state appears after overwork and chronic strain. This is because Impatiens people most often live above their energy level and are overactive. They often compensate for their tiredness through sheer willpower. When they reach the Olive soul mood, even day-to-day activities seem insurmountable obstacles. They only wish to sleep.

The Olive type will learn to let go of the effort and rely on inner faith rather than overexertion, and in this state retain inner peace and the vitality that allows them to be of help to others. The remedy will help to go through convalescence and restore vitality and strength for external involvement.

The Impatiens type will go from an Olive compensation state to an Oak one; from being unable to give of itself to simply being unable to give up.

93 T. W. Hyne Jones, *Dictionary of the Bach Flower Remedies: Positive and Negative Aspects*, 18.

OAK (QUERCUS ROBUR)

The Common Oak, or English Oak, is also a tree of considerable longevity since some of them reach close to a thousand years. The tree grows from the acorn, but only a few of these will produce a tree since the majority will form food for crows, mice, squirrels, deer, or boar, among others. Even the young saplings will have to survive the appetite of the herbivores for the first couple of years in order to produce a viable tree.

In the first one hundred years the oak will grow rapidly, attracting a whole ecosystem of organisms, a larger array of parasitic insects than any other plant. The species' biology in fact suggests that the oak attracts these insects in order to support them. To adapt to these predators, the oak has in fact the ability to develop new leaves not just in spring but also in summer, and even later in the year. And it also has the ability to sprout new buds that have remained dormant under the bark for many years. The plant exudes this sense of abundance of energy and resilience, and the ability to adapt its form to all the trials that come to it.

Oak types are responsible out of a false sense of duty. They can take other people's loads. When they become ill, they want to recover immediately like the Impatiens type. Oak is the polar opposite of Gorse. Gorse people are discouraged and desperate; Oak people never lose their faith. The Oak state is not always easy to recognize, but a clear sign of it is the energy with which an Oak type fights disease. The state appears after overwork and also after protracted family/marriage/work problems. Oak people use a tremendous amount of willpower to overcome their mental and physical exhaustion.

The Oak remedy will allow the individual to attain true strength, resilience, courage, balance, and reliability under all external conditions.

The Healing Process

The healing process will reintroduce some of the features we have seen in the so-called regulations in the healings performed by Gröning, or indeed in all spiritual healings.

There are no two identical developments resulting from Bach flower treatments. The recovery depends among others on the history of the patient and his or her environment, and the state of mind upon which the patient enters the recovery. Among the primary reactions it is possible to see:

- Strong need for rest

- Sense of dizziness and confusion during the day
- Flashes of past disease symptoms
- Cleansing reactions: sneezing, rashes, eczema, itching, diarrhea, frequent urination, swelling of lymph nodes, heavy menstrual flow
- Intensified sensory impressions
- Feelings of warmth and joy throughout the entire body
- Ability to wean oneself of addictive substances, and added sensitivity to alcohol
- Weight loss and eating and drinking habits returning to normal
- Increased everyday activity, interest in exercising and in nature
- Stronger reactions to changes of weather
- Renewed ability to cry and experience deeply one's own emotional states
- Looking younger and almost childlike
- Dreams becoming more vivid⁹⁴

II: Shock and Illness: The Work of Dr Hamer

I would not be speaking of the work of Dr Hamer were it not for first-hand experience and confirmation of his findings. I have contracted flu three times in the last twenty years: twice in the winter, once in the summer. In all scenarios I felt a threat to my “territory.” Twice in the past the flu came with the literal sense of fearing being able to continue living and working in the setting I had chosen. The last time the flu visited me I was living under the feeling that a certain role and place in my community were compromised and coming to an end. Both these instances are typical, protracted “territory conflicts,” as we will

⁹⁴ See Scheffer Mechthild, *Mastering Bach Flower Therapies: A Guide to Diagnosis and Treatment*, 10, 22–23; and Scheffer Mechthild, *Encyclopedia of Bach Flower Therapy*, 234. In one instance dreaming, following treatment with flower essences, seems to have awakened memories of a previous lifetime. Scheffer reports the case of a patient who, after taking Holly, Pine, and Heather, experienced outbursts of moans, groans, and crying; heard the words “flayed creature”; and had an attack of angina (heart pains) in the night. The patient reported “All of this seemed to come from a place over which I had no influence.” This is a consistent picture that points to the flaying and heart sacrifice of the Aztec culture.

see later in the chapter; a situation in which we find ourselves in difficult position within our physical or psychological territory and have to remain alert in estimating unfavorable circumstances.

The most interesting instance of healing I owe to the New Medicine is that of allergies I have experienced for some thirty years. All I had to do for my healing was going back to the original situation and recognize the conflicts I had lived in which dairy products and sugars had played an important collateral part in my diet. This is called a situation of “hanging healing” to which we will not turn in this brief exploration of the work of Dr Hamer. The allergens were just circumstantial within a situation of feeling out of place in my environment, and having lost a sense of direction. The recognition of the initial situation was sufficient for the healing. After this healing I have noticed that I am predisposed to allergies and that two subsequent shocks of the same nature can bring them back. I noticed these happen once at the end of spring with a strong reaction to willow pollen. The recognition of the conflicts and their association with the allergen were sufficient for dispelling this allergy after about a week.

More generally, the recognition of the nature of the conflict will serve me to weather the storm with serenity. I worry but little about sinusitis to which I used to be very prone. I take notice of my hip pain. When it flares up, knowing that pain marks the healing phase helps dispel further concerns. Worrying about the pain would in fact reinforce its effect, not unlike what Bruno Gröning predicated. Rest and ease of mind set me on the way to recovery within a few days.

The above are but a few of the examples which I can confide to the pages of a book. When I look back on my life armed with the knowledge of Dr Hamer’s New Medicine I can also better understand many of the health challenges I faced, including protracted ones, in light of the themes that were weaving in my biography at the time. I refer the readers interested in understanding the genesis of illness in relation to the events of their biography to the resource section in the bibliography.

We will now address the genesis of organ-based illnesses in relation to the discoveries of Dr Geerd Hamer, the founder of the New Germanic Medicine⁹⁵ and discoverer of five basic biological laws.

⁹⁵ The rather unfortunate name comes from not being able to patent the simpler “New Medicine.”

Dr Hamer's discoveries are relatively simple; they have the character of biological laws, because they show us causal nexuses between the felt sense of events in the soul and the illnesses they generate.

What Hamer advances through the tools of conventional medicine amply confirms what Rudolf Steiner and Ita Wegman have told us in their *Fundamentals of Therapy*, particularly in Chapter 2: *Why Does Man Become Ill?* Here reference is made to the role of astral and ego-organization in the genesis of illness:

“The astral body is a super-sensible organization within the physical organization. It may intervene loosely in an organ when it leads to soul experience which is self-supporting and is not experienced in connection with the body. Or it intervenes intensely in an organ; then it leads to the experience of illness. One of the forms of illness must be conceived as an abnormal seizing of the organism by the astral body, which causes the spiritual part of man to submerge itself in the body more deeply than is the case in health.⁹⁶

The astral body gets overactivated, and the illness manifests in the organ. We read further from Steiner:

We must see the very essence of illness in this intensive union of the astral body or ego-organization with the physical organism. Yet this union is only an intensification of that which exists more lightly in a state of health. Even the normal way in which the astral

And ego-organization take hold of the human body is related not to the healthy processes of life, but to the sick. Wherever the soul and spirit are at work they annul the ordinary functioning of the body, transforming it into its opposite. In so doing they bring the organism into a line of action where illness tends to set in. In normal life this is regulated directly as it arises through a process of self-healing. A certain form of illness occurs when the spirit, or the soul, pushes its way too far into the organism, with the result that the self-healing process can either not take place at all, or is too slow.

The question that we can naturally ask from the above is “What causes the astral body and ego-organization to enter into irregular activity and penetrate more deeply into the working of an organ? I believe it is here that the work of Dr Hamer is of great relevance.

We can approach healing at the boundary of the etheric and physical bodies through homeopathic medications that strengthen the ethers,

⁹⁶ Rudolf Steiner and Ita Wegman, *Fundamentals of Therapy: An Extension of the Art of Healing through Spiritual Knowledge*, chapter 2.

and many other therapeutic approaches that restore balance in the organs. We can also approach it at the boundary between the astral and the etheric. The following part of this chapter, and indeed the whole essay, concerns itself solely with the second approach. It will look at the link between soul shocks and the onset of illness.

Some General Principles

Like all discoveries of great import, the temptation exists to replace the part for the whole, to espouse the new and make it replace everything, to use the New Germanic Medicine (NGM) as the only tool for healing, to turn it into a philosophy of life. Since this is not what I advocate, a few words of warning are of order here.

NGM is nothing more than the articulation of five biological laws applying to a certain set of illnesses that Hamer called cancer or cancer-like and that are organ based. Its groundbreaking impact lies in enabling us to understand the link between a great number of illnesses—not all illnesses!—and their soul origin in a very precise way, not simply through a general reference to stress, lowering of the immune system, synchronicities, and so on.⁹⁷

NGM is predictive and diagnostic; it has little to say about prognosis or healing tools. You can follow what you hear from NGM with any kind of treatment, although, in general, people who turn to it are those who are disenchanting with allopathic medicine.

To every illness (cancer or cancer-like, meaning with cell proliferation or cell destruction) corresponds a clearly defined conflict and that one only. Hamer has correlated three things with great precision: specific kinds of shocks, brain location (ascertainable through CT scan), and organ location in a specific layer (endoderm, mesoderm, or ectoderm). This means that the human being can start to recognize these links and acquire greater and greater understanding over the genesis of illness. We need not fear illness. Every illness has functionality, and meaning is not the result of a curse nor of a genetic lottery.

A great guiding principle of Hamer's work has been the comparative study of embryogenesis and phylogenesis; he saw the development of the human embryo as a recapitulation of the development of the species. There are illnesses that are older in the evolution of the species and

97 For English speakers see Katherine Willow, *German New Medicine—Experiences in Practice: An Introduction to the Medical Discoveries of Dr. Ryke Geerd Hamer as an introduction to the work of Dr. Hamer.*

of humankind, and new ones that develop when consciousness takes further evolutionary steps.

Shortcomings of Conventional Medicine

- Conventional medicine recognizes illness of two kinds conditioned by two different factors:
- Genetically predisposed illnesses
- Acquired illnesses, which can be attributed to infection or nutritional, chemical, or physical influences

In none of the above is there a consideration for individuality and biography, or human consciousness. This view basically sees illness as a mistake of nature. Hence the widespread view that we can and need to improve nature, rather than understanding it better.

Myths of Modern Medicine

To illustrate the approach to illness of modern medicine, I will use an analogy. If we were an extraterrestrial looking at urban fires upon earth from space, we could see the sequence of events and try to observe phenomena. In most cases—as we do in statistical analysis—we would see that when a fire happens firefighters are there, and hence deduct that they are a possible cause of the fire. The analogy is not that far-fetched. If we follow the course of illness from the facts unearthed by the NGM perspective, what we call illness is not the first stage of disturbance in the human organism. Like the firefighters, bacteria and viruses only arrive and become active in the later stages of the organic disturbance; micro-organisms truly are the equivalent of firefighters in the human organism.

The statistical method of correlation of cause and effect doesn't offer us many clues about the origin of illnesses. An example: statistically there is a link between cigarette smoke and lung cancer, but many heavy smokers do not develop lung cancer, and others afflicted by lung cancer have never smoked in their life.

Among other myths are the following:

Metastasis

What has been used as a hypothesis to explain what could not be understood otherwise has now become an article of faith. According to this idea, a cell would go “crazy and malignant,” abandon the part of the body in which it is found, and seek a new home in a new organ. But why and how this happens remains a mystery, nor has such a wandering cancerous cell ever been found in the blood. On the other hand, metastasis can easily be explained on the basis of NGM as just a new conflict and illness. It is all the more understandable because a patient who has been diagnosed with an incurable illness easily panics and undergoes new shocks. The course of the new illness has been determined by the new shock, not by a migrating cell.

If human consciousness were to play a part in illness, then it would be important to ask the patient what has been happening in his life and in his mind. It is not a coincidence that lung cancer is a common “metastasis” after a patient has been diagnosed as terminal and told that he has only a few months left to live. Lung cancer’s initial shock, as discovered by Dr. Hamer, is that of the conflict for panic of impending death.

Contagion

Yes, there can be transmission of microorganisms, but these will only proliferate if they find the right soul conditions for their multiplication.⁹⁸ An example is lice in children: these are due to separation conflicts, and they will travel only between the children who live that conflict. Something similar can be said of colds in daycares: the children face a separation conflict and territorial conflicts like having to share toys! Not all children are affected, however, and/or not at the same time. More will be said about contagion from a spiritual-scientific perspective in chapter 4 and in the conclusions.

Epidemics

Their origin lies in the occurrence of extreme conditions faced by whole communities; there is a feeling of no way out. An example: viral lung infections among military personnel in Iraq, undergoing the daily fear of terroristic attacks. From history we know of Spanish influenza

⁹⁸ From an anthroposophical perspective, see *Are Thoresen: Demons and Healing: The Reality of the Demonic Threat and the Doppelgänger in the Light of Anthroposophy*.

in relation to World War I coming to an end. At such times hundreds of thousands of people, over long periods of time, feel their survival threatened, wondering what they will return to, whether they will find property or people they have lost, whether they will recover their station in life and the means to survive, whether they will be reported by their neighbors if they have collaborated with the enemy, etc. Similar conditions to those of Spanish influenza can appear at times of great economic uncertainty, such as collective loss of income and/or employment, causing anxiety about the future. We will return to the matter of epidemics from a spiritual scientific perspective at the end of these explorations. For some very basic sources concerning the specific matter of epidemics see the resource section in the bibliography.

AIDS

AIDS does not have a specific pathology. Kaposi's sarcoma, associated with AIDS, has been known since 1872. This is due to a lesion of the skin that involves also the blood vessels and hemorrhage. Its origin, according to NGM, is that of no longer feeling loved and lacking physical touch. And this is just one of the many symptoms of AIDS.

Comparison Conventional Medicine—NGM

Doctor Hamer operated within conventional medicine and had two patents for surgery scalpels. His discovery owes much to CT (computed tomography) scan technology into the working of the brain. It was discoveries made with the tools of conventional medicine that made him turn his back on its prevailing assumptions.

The approach of conventional medicine is based upon statistical correlation. NGM is them same, but with an expanded sequence:

- Individual consciousness
- Nature of shocks, type of conflict
- Contributing factors
- Illness and its unfolding

If we skip steps 1 and 2 (consciousness and nature of shocks), then as in conventional medicine we will only uncover statistical correlations with the contributing factors. If we move further up the chain of causation, then we will find one-to-one correlations. This was basically

the nature of Dr Hamer's discoveries. We offer a particular instance immediately below.

AN EXAMPLE: OSTEOPOROSIS

In researching symptoms and contributing factors, an Italo-American group claimed in 2003 to have found the cause of osteoporosis: an auto-immune reaction. It affects primarily women (1 out of 3 women after 65 have osteoporosis) in relation to the decrease of estrogen, which leads to the increase of the protein called CIITA, which in turn induces an extreme reaction of the phagocytes in the blood. As they proliferate, so do the osteoclasts, cells that are responsible for bone deterioration.⁹⁹ If the above is a possible explanation, it does not take into account that osteoporosis occurs also in women before menopause and in men.

NGM goes from the individual to the nature of shocks to the illness determining a one-to-one correlation. To a certain kind of shock corresponds a certain illness.

To a severe self-devaluation shock, such as partner self-devaluation (I haven't been a good partner) or self-reproach (I haven't been a good mother) corresponds osteoporosis with osteolysis and presence of holes in the bones. The location of the osteolysis corresponds to the exact type of self-devaluation. The so-called Hamer focus, detected through CT scan, appears in the left cerebral hemisphere, and the tissue affected is mesodermic in nature. NGM addresses the illness through the recognition of the conflict that generated it. If we are in the presence of a first occurrence of osteoporosis, we can more easily recognize the exact nature of the events that precipitated the occurrence of the illness: the specific shocks and when they occurred.

Bypassing the individual and his or her biography with precipitating events and inner reactions, medicine goes from the contributing factors to the illness through statistical correlation. The following is extracted from Wikipedia:

Osteoporosis may be due to lower-than-normal maximum bone mass and greater-than-normal bone loss. Bone loss increases after menopause due to lower levels of estrogen. Osteoporosis may also occur due to a number of diseases or treatments, including alcoholism, anorexia, hyperthyroidism, kidney disease, and surgical removal of the ovaries. Certain medications increase the rate of bone loss, including some antiseizure

99 Claudio Trupiano, *Grazie Dottor Hamer: Un anello mancante nell'evoluzionismo di Darwin: la causa ed il senso biologico delle malattie*, dal raffreddore al tumore, 41.

medications, chemotherapy, proton pump inhibitors, selective serotonin reuptake inhibitors, and glucocorticosteroids. Smoking and too little exercise are also risk factors.¹⁰⁰

A cursory look at the above shows external symptoms that are consequences of self-devaluation, alcoholism and anorexia in particular; the same can be said for a woman whose ovaries have been removed. On the other hand, smoking and too little exercise can follow as habits of individuals who have lost self-esteem.

As summarized in the Wikipedia article on osteoporosis based on several clinical studies:

Smoking cessation and moderation of alcohol intake are commonly recommended as ways to help prevent [osteoporosis]; In people with coeliac disease adherence to a gluten-free diet decreases the risk of developing osteoporosis and increases bone density. The diet must ensure optimal calcium intake (of at least one gram daily) and measuring vitamin D levels is recommended, and to take specific supplements if necessary. . . . *Studies of the benefits* of supplementation with calcium and vitamin D *are conflicting*, possibly because most studies did not have people with low dietary intakes. There is *limited evidence* indicating that exercise is helpful in promoting bone health. Weight-bearing endurance exercise and/or exercises to strengthen muscles improve bone strength in those with osteoporosis. Aerobics, weight bearing, and resistance exercises all maintain or increase BMD in postmenopausal women. (emphasis added)¹⁰¹

Notice that the statistical approach to illness causation has to concede that the results may be conflicting or the evidence limited.

OSTEOPOROSIS MEDICATIONS

About the effect of medications, Wikipedia summarizes:

Bisphosphonates are useful in decreasing the risk of future fractures in those who have already sustained a fracture due to osteoporosis. This benefit is present when taken for three to four years. *They do not appear to change the overall risk of death.*

For those with osteoporosis but who have not had a fracture evidence does not support a reduction in fracture risk with risedronate or

100 <https://en.wikipedia.org/wiki/Osteoporosis>

101 <https://en.wikipedia.org/wiki/Osteoporosis#Prevention>

etidronate. Alendronate decreases fractures of the spine but does not have any effect on other types of fractures. (emphasis added)¹⁰²

THREE CASES OF OSTEOPOROSIS¹⁰³

Three examples taken from the literature show a multiplicity of contributing factors (statistical correlations) for osteoporosis.

A good proportion (but not all!) of women feel inadequate after menopause, as if this were the end of their femininity. For some this may mean a decreased sex appeal; but it can also be related to the excessive identification with the role of mother at a time in which the nest is empty. After the onset of osteoporosis, and once the healing phase arrives, this is accompanied with pain where the bone tissue is being repaired. This phenomenon, for which conventional medicine does not have an explanation, can reinforce the feeling of not being able to cope with the change, reinforcing the cycle and leading to a chronic osteoporosis.

An Italian man, age thirty, had found a job as a waste collector. After three months he was told that “he was not even able to do that” and asked to look for another job. Because he was feeling like a failure, his bony structures started to deteriorate. After a while he found a job as a salesman and recovered his joy in life. At that point he started feeling pain in his bones because of the process of reconstruction. Fortunately he came to understand what this meant through NGM, and he just waited for the end of the process.

In space astronauts live in the absence of gravity, something that is not known to the skeleton on earth. The biological conflict is one that says “Bones, you are no longer necessary.” It’s a physiological devaluation. The lack of physiological need for support sets in motion the process of decalcification of the bones. This becomes visible once the conflict is resolved at the exact moment of return to earth.

What is shown above are very different statistically correlated factors, which are clearly discernable in the first and third cases. The third case would not be pursued since it is statistically irrelevant. The second one will hardly present leads for statistic correlations. When we look up the chain of causation, from the symptoms and contributing factors, we will recognize the biological conflict of devaluation, and with it a one-to-one correlation. Devaluation can occur through changes in the

102 <https://en.wikipedia.org/wiki/Osteoporosis#Medications>

103 Claudio Trupiano, *Grazie Dottor Hamer*, 216–221.

body, body/soul complex, and surface under exceptional circumstances (astronauts in absence of gravity force), or through changes affecting the soul alone and self-esteem (waste collector, women after menopause). In all cases devaluation, consciously perceived or completely unconscious (case of the astronaut), is the common origin.

From these completely diverging approaches, we arrive at a set of obviously diverging conclusions between conventional medicine and New Germanic Medicine:

- Nature has its limitations, and these result in illnesses we have to fight, versus
- Nature works as a corrective; in the case of illnesses it strives to return to the place of equilibrium, and we can accompany that movement with our consciousness (and with holistic medications).
- In conventional medicine, the human body is the battlefield between adverse factors (microbes) and positive ones (immune system). The human being is the spectator who can be saved by external agency, versus
- The human body is intimately united with the human psyche, and changes in the latter can positively affect the former.
- Conventional medicine sees the necessity of introducing new soldiers (medicines) in the battlefield to fight against the adverse elements, versus
- NGM sees the need to understand the conflict and the nature of changes it generates; it gives power to human agency.
- The bacteria, virus, or other microorganism is the cause of illness; by fighting them we return to a state of health, versus
- We need to understand the nature of the shocks that have caused the illness in the first place. In this view of things, nature always aims at improving our likelihood to adapt. The human being can obviously fail or even refuse to understand. In this second view of things Hamer agrees with Bruce Lipton (New Biology) who says that “the genes propose; environment [context] disposes.”

- Illness can be manifested by inexplicable behavior: the immune system, which is a useful construct, can all of a sudden become the enemy of the human being, generating autoimmune diseases, versus
- NGM fosters a view that equilibrium is altered by human consciousness; nature does not attack us senselessly. It is there to support us, though we can fail to come up with corrective change soon enough.

Dr Hamer's Biography

Ryke Greerd Hamer was born in Frisia, Germany, in 1935. At age eighteen he directed himself to studies of medicine, theology, and physics at the University of Tübingen. He married fellow medical student Sigrid Oldenburg and graduated at age twenty-two in theology, at twenty-four in medicine. Over time the couple had four children, among whom was Dirk. In 1961 Hamer was habilitated to work as a doctor. He worked in the university clinics of Tübingen and Heidelberg and specialized in internal medicine in 1972. In Tübingen, he specialized in gynecology and worked with many cancer patients, much of this in collaboration with his wife.

Hamer also had a knack for technical inventions. Among these were a scalpel with a blade twenty times sharper than shaving blades and a bone saw, both for plastic surgery; a massage table that adapts to the form of the body; and an apparatus for performing serum diagnosis in transcutaneous route.

The turning point of his life occurred on August 18, 1978, when his son, who was vacationing in Corsica, was accidentally wounded in his sleep by a gunshot fired by Prince Vittorio Emanuele of Savoy. Vittorio Emanuele was absolved by the French judges. The son underwent various surgeries, but finally died on December 7.

A few months after the death of his son, Hamer was diagnosed with testicular cancer. The loss of the son was soon followed by the death of the wife. Hamer intuited that there was a thread uniting the two deaths and his own cancer. As a doctor, researcher, and head internist of an oncology clinic, he was able to inquire in depth into the matter. By asking patients undergoing testicular cancer, he discovered that they too had undergone similar traumatic shocks. He continued his research on other kinds of cancer and illnesses. When he tried to publicize

his discovery in 1981, the clinic's director gave Hamer the choice of renouncing his discoveries or leaving the clinic. Hamer chose to leave, but gathered the evidence of his work beforehand. He wanted to present his work to the universities of Tübingen and Heidelberg, where he had been teaching for a number of years, but he was refused under mysterious circumstances without being able to present the evidence of even a single case.

In 1986 the government of the district of Koblenz sued him on grounds of his not wanting to abjure his discoveries about cancer, and because he did not want to go back to the principles of modern medicine. He was barred from filing an appeal and forbidden from speaking to patients.

In 1997, based on the documentation of some 10,000 cases, he arrived at the final formulation and completion of the five biological laws, the crowning of his work. In the same year he was condemned to prison for a year and a half on the basis of offering free advice to three patients.

After formulating his biological laws, Hamer sought a confirmation of his work from the University of Trnava (Slovakia), and here it finally received scientific confirmation in a document of September 11, 1998. In the same year Hamer decided to move to Spain. In 1999 he was prosecuted for offering his input in the case of a patient whose CT scan he had received. The accusation extended from there to the fact that Hamer was diffusing his discoveries through workshops and books.

In 2003 Frankfurt's tribunal confirmed his being barred from the medical profession because what he has discovered is "irreconcilable with official medicine." Then in 2004 he patented the name New Germanic Medicine and published his Introduction to the New Germanic Medicine, which met with success.

Hamer was further incarcerated in 2004 on a three-year sentence. He was offered conditional release after one year if he abjured his ideas, but he refused. He was freed in February 2006. Even in prison he continued his research and discovered new physiological connections in the human body. He lived out his last years in Norway.

Among other things you will find online, Hamer has been accused of anti-Semitism because he has accused some orthodox streams of reputedly taking hold of his discoveries, wanting to reserve to themselves their benefit. He has also entered in controversy concerning the dimensions and extent of the Holocaust.

Dr Hamer's Discoveries: The five Biological Laws

Having intuited that the brain was the link between shock and illness, Hamer had to find a way to prove what happened in the brain. He did this by looking at CT scans of ill individuals and noticing the presence of circles in correspondence of some areas of the brain. He also noticed that these circles evolved over time from strong outlines to more faded ones. He verified with Siemens Aktiengesellschaft, the manufacturer of the CT scan machines, that these were not mistakes or glitches due to the equipment. Similar circles also appear in the X-rays of the corresponding afflicted organs. After extended research Hamer was able to correlate the specific parts of the brain (brain stem, cerebellum, or cerebral cortex) impacted (brain relays) and the specific organ affected by the corresponding illness, down to the specific embryonic layer of endoderm, mesoderm, or ectoderm. Hamer was able to map the brain in relation to the points of impact visualized through CT scans since the scanning is done along three axes in space and can therefore pinpoint a precise spot in the brain, a little bit like you would determine any point on the surface of the earth through longitude and latitude, but in this case with three coordinates.

In a second phase the researcher started observing individual responses to external stimuli. Although we all go through shocks in life, we don't all get sick. Individual reactions differ and open the way for illness, or not. Hamer knew that he needed to find a 100% correlation with this link. He therefore turned to study the cases of his patients. What he found is that not only must there be a conflict, but it must be of an unexpected nature, such that the person affected feels he or she is losing control. e knew that he

CT scan technology allowed for a series of fascinating discoveries. People having the same type of illness show activation of the same brain relays. Through CT images it is in fact possible to have an estimate of a person's psychic disposition and tendency toward specific conflicts, and acquire fairly good ideas about the past and present nature of conflicts and some of the future pathophysiological risks. Experiments with scanners have shown that the same results ensue whether a person sees an object or merely thinks about it. The brain records the same impact whether it enacts or imagines enacting a deed, and whether it directly perceives or thinks of a particular object. In a situation of conflict, it is not what happens that matters but what the individual interprets. Step

by step, Hamer came thus to the formulation of the five laws or chain of causation of an organ-based illness.¹⁰⁴

First Biological Law

Every Significant Biological Special Program (SBS) originates from a DHS (Dirk Hamer Syndrome), which is a serious, highly acute, dramatic, and isolating conflict or shock that occurs simultaneously on the three levels: psyche, brain, and organ.

At the moment of shock (DHS), the biological conflict determines the location of the so-called Hamer Focus in the brain and the location of the illness in the corresponding organ and one of its specific layers.

At the precise moment of shock, our subconscious associates with the event a certain biological conflict centered on devaluation, territory, fear of death, and so on. The subjective feeling associated with the conflict determines which brain relay will receive the conflict shock and which corresponding organ or tissue will be affected.

In general the body contrasts the danger of the shock by creating the conditions and necessity for rest and regeneration. The program that the body puts in place to resist the initial shock and restore balance is what we call illness. In the absence of this, we would die at the first shocks. In this view of nature, what happens to the human body in illness has a restorative function.

The absorption of shocks by the sympathetic nervous system (as we will see shortly) followed by the changes in an affected organ layer allows to extend an individual's lifespan. Following a trauma, a massive discharge of adrenaline, noradrenaline, and other substances could by themselves cause instant death, if they were not directed by the brain stem, which acts independently from our will, toward a target organ that takes on the illness. The altered functioning of this organ lends strength to the whole body through a variety of reactions, such as altered rate of cellular renewal, mutation, atrophy, hypertrophy, and hypo- or hypersecretion. The change in the organ's functioning counters the threat to the body by bringing something more to the individual (more sugar, water, air, nourishment, hormones, etc.) This indicates the biological meaning of the illness. Basically, the organ layer takes on the greatest part of the stress so that the rest of the organism can survive.

104 For the formulation of the five laws, among many sources see: Taddei, Andrea: The Five Biological Laws and Dr Hamer's new Medicine. Or go online to https://learninggnm.com/SBS/documents/five_laws.html. Many other sources are available.

An illness allows us to survive in our environment when an essential need has not been met, to survive while in a state of conflict. Illness is thus what forces the individual to gradually become conscious over time when he cannot do it in the moment. The pain that often accompanies illness is an indicator that the system has reached a limit and that we can only assist the body by offering it complete rest.

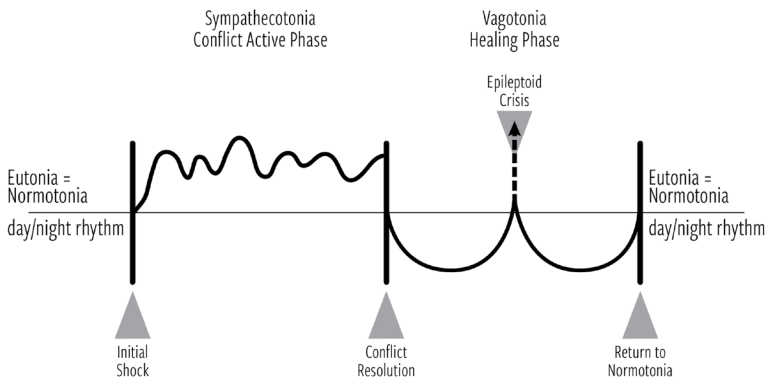
If we are not allowed to develop an illness, the energy may be transferred to another organ, causing another kind of illness. Or else we are spared the effort to change. It's as if we remained inwardly ill.

To understand shock, we have to understand the severity of three variables:

- The dramatic nature of the events, the cause of the shock
- The acuteness of the shock
- The isolation of the individual

Second Biological Law

Every Significant Biological Special Program (SBS) runs in two phases, provided there is a resolution of the conflict.



Source: Dr Ryke Geerd Hamer: Scientific Chart of Germanic new Medicine

In order to arrive at the above conclusions, Hamer had to retrace the onset of his illness and recognize the initial shock, the time of unrest that followed it; the moment in which he came to accept the event (very likely the moment of his insight and discovery); then the illness itself. In the graphic above the initial shock is termed DHS (Dirk Hamer Syndrome, in honor of the son), which sets in motion the “conflict active phase” of soul unrest; the conflictolysis is the moment of resolution in

which we make peace with the initial event, either because new facts throw a different light on the event or because we have accepted it. What we call illness is here called the Resolution Phase, which indicates that what our culture calls illness is in reality the body's attempt to heal. The conventional approach to illness often tends to suppress the body's inherent effort to heal.

During the periods of normal activity outside of shocks or illnesses, sympathetic and parasympathetic systems alternate their activities, with the sympathetic system rising and reaching a maximum in the day then declining, and the parasympathetic system rising in activity during the night, reaching a maximum, then returning to a minimum as we enter waking life. This is the cycle that we can call "normotonia." The sympathetic system gives rise to reaction of "fight" and the parasympathetic system to the instinct of "flight."

When a conflict arises after an initial shock, equilibrium is altered and the sympathetic system enters a phase of accrued activity; this is the so-called conflict-active phase, or sympathetocotonia. The blood circulation is increased toward the heart while decreasing toward the extremities: hands and feet turn cold. The so-called cold phase, accompanied with sleeplessness, is ignored by conventional medicine. This ignorance hides the true nature of illness and its relationship with the whole human being.

When a conflict has been handled, we come to an inner resolution; we make a decision that changes our relationship to the initial conflict, making peace with it. This is the moment of conflictolysis. After this turning point, we enter what we know as illness, with the predominance of the activity of the parasympathetic system. This is the phase of reparation, which is equivalent to the body's attempt at healing. In this phase we experience all the symptoms of the illness: pain, tiredness, swelling, fever, and so forth. All of this is nature's message that we have to slow down and rest in order to restore balance and renew life forces. The repair of the organ is followed by the repair of the corresponding brain relay. At times this can cause cerebral edema.

In essence what occurs over the space of the day, the alternation of sympathetic and parasympathetic activities, is displaced over a longer span of time: a long spell of activity of the sympathetic system followed by a long spell of activity of the parasympathetic system. But this is not the whole extent of Hamer's discoveries. The duration of the first activity is equal to that of the second segment, at least when we are

dealing with under six weeks' length. In other words, if there was one week's time between initial shock and resolution (conflictolysis), then the illness (between conflictolysis and return to normotonia) will take course over a week, if no new shock occurs. Nature elegantly balances out the strain that we have imposed upon our body with a corresponding amount of rest. It's as if we had a longer day followed by a corresponding equal length of night. The conflict active phase is also called the cold phase; the illness proper (resolution phase) is the hot phase.

The last thing that appears in the graphic above is the term "epileptoid crisis," a phenomenon Hamer observed exactly midway during the conflict resolution phase (vago-tonia), what we call the illness proper. This should not be confused with an epileptic attack. However, an epileptic attack is a particular expression of an epileptoid crisis.

Midway during the healing phase—within the six weeks rule—there is a return of activity of the sympathetic system. This manifests among other symptoms in a diarrhea attack, cramps, blood in the stool, tachycardia, heart attack, asthma attacks, sudden acute pain, and vivid dreams. The intensity of the crisis will mirror the length and depth of the active conflict phase. In some instances this can be lethal, as in heart attacks.

When the conflict is reactivated during the healing phase, or the patient has created a conflict of similar nature around the illness itself, the illness will become chronic. Referring to our previous example of osteoporosis, not only can the person suffer from an original devaluation conflict; in addition the impact of the illness offers another additional devaluation shock. By becoming impatient, we come into conflict with our illness. The fear of not getting healed actually prevents healing, not unlike what Gröning used to say to those around him.

Illness, especially cancer, can be reinforced by fear, and this factor may lead to death—especially because of the fear becoming acute when the body is actually affecting the repair, but we perceive this effort as a problem. The patient who is afraid of death may then develop an additional lung cancer, which nature has designed as a way to provide more oxygen to the body when death by suffocation is feared. Here we see that fear is the true problem; the cancer actually acts as a solution, not a problem.

Third Biological Law

The Third Biological Law of New German Medicine ties the findings of the first two laws into the context of embryology and the evolution of man. It illustrates the biological correlation between the psyche, the brain, and the organ from an evolutionary point of view.

Dr Hamer found the guiding thread to his research in two fields little considered in modern medicine: embryogenesis, the study of the development of embryological tissues from the original cell, and phylogenesis, the study of the evolution of the species. Very few researchers presently consider embryology in the understanding of pathology.

Through recourse to embryogenesis and phylogenesis, Hamer was able to characterize a “biological conflict” as distinct from a “psychological conflict.” He called the former “an unexpected event, dramatic and acute that contrasts [conflicts with] the embryological finality of the body’s organs.” Hamer has greatly improved the approaches of Louise Hayes, Deepak Chopra, and others to illness as the result of different kinds of stress. Stress alone may or may not be enough to reach the level of biological conflict.

Hamer related embryogenesis (the development of the embryological sheaths) to phylogenesis through the phylogenetic development of the brain. On one hand we have, from the earliest to the latest sheaths, endoderm, mesoderm, and ectoderm. And the development of the brain in the lower to the higher animals and the human being went from brain stem to cerebellum and cerebral medulla and cortex. Here are, therefore, the relationships that Hamer determined empirically from his research:

- Endoderm (inner germ layer) relates in the biological conflict to the brain stem.
- Mesoderm (middle germ layer) relates to the cerebellum.
- Ectoderm (outer germ layer) relates to the cerebral cortex.

By the above we mean that when an organ is affected in the endodermic sheath, the initial impact in the brain (recordable through a CT scan) will occur in the brain stem and nowhere else; if the organ is affected in its mesodermic layer, then the DHS will be recorded in the cerebellum alone; if the biological conflict generates an illness in the ectodermic sheath, then the initial point of contact in the brain (brain relay) can only be found in the cerebral cortex.

What Hamer discovered has further implications that relate to evolution. Briefly said, animals evolved in increased complexity, from being able to perform simple functions to guarantee pure survival, to differentiate and evolve in complexity up to acquiring group and social behaviors. If we look at the evolution from bacteria and single cells to mollusks and insects, up to fish, amphibians, reptiles, birds, mammals, and human beings, we see tissue differentiation ushering in the development of new organs and physiological adaptations. From a simple digestive system and breathing organs indispensable for pure survival to a strengthening of the skin for external protection, to the acquisition of muscles, skeleton, and blood circulation—these are just some examples.

Biological conflicts evolve according to the degree of evolution. In the simplest of all organisms we will find diseases due to the lack of food, water, and air. These are what Hamer called “lack of morsel” conflict. These affect the endoderm.

When an external layer appears and the organism protects itself more actively from its environment, new biological conflicts appear such as “direct attack conflicts.” These affect the ancient mesodermic layer. When an inner structure appears that lends strength to the organism, a new conflict arises in the inability to express this strength in the world, a so-called devaluation conflict, which affects the recent mesoderm. We see an example of this in osteoporosis.

Finally, when group life appears, and most of all in the human being, with greater individuation and separation, we will have so-called territorial conflicts concerning the ectodermic layer. By territory is meant everything that has to do with physical, emotional, and spiritual spheres of belonging in which we perceive a threat to our individuality.

Here we recognize a law that applies to all animals and finds a metamorphosis in the human being. When an animal lacks food in its immediate environment, an illness will follow that allows the animal to better assimilate its food: a liver tumor. Through cell multiplication and function increase, the animal better assimilates the little food available. Illness has an eminently practical goal. In the human being the same can occur in the case of famine. But liver cancer can also be caused by anxiety over the sources and amounts of food, by a perceived or anticipated lack. It could happen in the case of a precarious worker losing his job. Nature acts in a literal way; whether the threat of hunger is real or perceived, the message given from the mind to the body triggers the same biological program and the same end result.

In order to understand illness and its origin, we will turn first of all to the simplest and earliest stages of embryogenetic/phylogenetic development and correlated imbalances/illnesses—endoderm-related illnesses—then to mesoderm- and ectoderm-related illnesses.

Endoderm

Illnesses that affect the endoderm are related to “vital morsel” conflicts and address the arena of survival. The shock is registered in the brain stem (ancient brain). With “morsel” we refer to everything that ensures survival: food, water, air (that we breathe), and light and sound (which can indicate danger). What is literal in the case of an animal often becomes symbolic in the human being—an event we have to confront or a decision to take are good examples. The brain stem is that part of the brain that sustains the survival instincts, the fight-or-flight responses. It is able to recognize dark from light, plenty from lack, and sound for what it tells us of survival or comfort.

Phylogenesis allows us to recognize the stages of nutrition, from the simplest to the most complex organisms. In order of complexity, living organisms have had to recognize

- Whether a morsel is good or not for our organism to ingest; this involves the sense of smell.
- Once ingested, the morsel moves further through the organism through peristaltic movement and two choices: assimilation or rejection (e. g., vomiting it)
- Secretion to break down the food and later assimilate it through enzymes and other substances (juices from pancreas, gall bladder, stomach)
- Absorption through the digesting system
- Excretion

The reaction to a shock at each of these stages, whether literal or symbolic, will appear in the organisms that perform any of the above functions, and will manifest in functional increase (e.g., higher amount of secretion), and to a small or large increase of corresponding cells. This functional or cellular increase can be seen at each of the stages above. It will only come to an end when the biological conflict has been resolved.

Some examples in the human being include:

When the individual cannot expel too large of a literal or symbolic morsel or one that he never wanted in the first place, his esophagus cells will multiply.

When we have problems absorbing (making our own) the morsel that appears unwanted, the physiological response will appear in the absorbing or secreting cells of the intestine.

When we feel we have been imposed an unfair morsel to digest, something we cannot get rid of, then the rectum will be involved.

Once we have gone through conflictolysis, the organism will counter the initial reaction by cell decrease of the affected tissue. In order to do this, it will have recourse to necrosis through mycobacteria of the tuberculosis family, or if these are not sufficiently present, through encysting.

Ancient Mesoderm

Here we have to do with conflict of attack and with the goal of protection. Affected ancient mesoderm tissue is related to a shock impressed not on the brain stem but on the cerebellum.

This stage of evolution is coeval with the appearance of true bacteria, and with these the first movement to leave the aqueous element for the airy one. This took place through the formation of the new sheath of the old mesoderm, which acted first and foremost as a defense mechanism for the vital organs. The first trace of the derm/skin appeared as a protection from a drier environment. The same formation of protective envelopes took place around the digestive system (peritoneum), the heart (pericardium), and the lungs (pleura).

When an attack occurs from the outside, as in the case of the ectoderm the body reacts with a cellular functional increase and/or a cell proliferation, resulting in a thickening that protects the part that has been attacked. This is followed with either a decrease (necrosis) or encysting after conflict resolution.

With the development of the ancient mesoderm appeared also the phenomena of laterality, with the crossing of cerebral connection and sexual differentiation. With sexual differentiation emerged the questions of gestation, nurturing, and protection of the offspring. The differentiation led to the specialization of the hemispheres of the cerebral cortex: the right hemisphere covers matters of territory (the male function), the left one of sexuality (the female function).

The New Mesoderm

The conflict of not feeling adequate (devaluation) affects the cerebral medulla; the biological goal is that of promoting the growth and vitality of the group. More in detail, this means that at this stage the individual emerges from the group; he looks for his space and his right to exist. From the new mesoderm emerge skeleton, cartilaginous joints, muscles, blood circulation, and lymphatic system giving us strength, mobility, rhythmic poise, agility, and promptness of reactions.

Contrary to the processes involving endoderm and ancient mesoderm, here we have a reversal of the order of the endodermic processes. The biological conflict is one that blocks the growth of the individual within the group, with the consequent feeling of devaluation.

The first phase (conflict-active phase) will correspond to a decrease of cellular function, which will appear as necrosis or interrupted growth. Once the conflict is resolved, we see the reverse, a new growth of the tissue. Pain is not experienced in the first phase of the conflict, but in the healing phase. Through pain, swelling, and fever, the individual is forced to collaborate through rest in the process of healing. Among the illnesses in this group we find arthrosis, arthritis, osteoporosis, myeloma, leukemia, lymphoma, and more.

Ectoderm

This is the layer that is linked to the cerebral cortex. The nature of the conflict is so-called territorial/separation, and the biological goals are the relationships within a group and procreation. The human being is seen in relation to other human beings. He submits to more and more complex rules of relationship and integration to the whole.

The layers of the ectoderm cover all the external skin, the outer layer of the inner organs, the bile ducts in the liver, the pancreatic ducts, the milk ducts in the breast, and the mucosa of pharynx, larynx, uterus, vagina, rectum, and so forth.

We are dealing with the appearance of group behaviors: the herd, tribe, or family and the defense of the vital space; the territory, the nest. The biological conflicts are those of threat to the territory and those leading to separation. They touch upon the emotional arena of the individual.

During the conflict active phase, we will see an ulceration of the ectodermic tissues; during the phase of healing and regeneration will appear swelling and reddening, and eventually formation of cysts.

We will look at two wide categories of conflict: separation and territorial.

Separation Conflicts

These cover separation from others, from a situation, an animal, the land, and so on. The loss of contact leads to a reaction on the (external) epidermis. The variables tied to this conflict include intensity, quality, and local expression of the presence of the missed being/thing. The reaction is intended to reduce the sensory response, and it will manifest in reduced cellular function, from simple drying out to full necrosis. The healing will induce growth of the tissue and will be accompanied with swelling, inflammation, possible fever, and more or less severe pain. Examples of these are erythema, psoriasis, and breast tumors.

Territorial Conflicts

Originally in the animal realm this corresponded to the need to secure hunting grounds, spaces for settling in and procreation. In the human realm this goes from private property in all its manifestations to emotional, intellectual, and spiritual spaces. The territory must first be conquered/acquired, then outlined/defined and protected. Some resulting pathologies are colds, sinusitis, flu, bronchial tumors, aphonia, laryngitis, rectal carcinoma, hemorrhoids, kidney stones, mumps, and goiter.

Something should give us pause to rethink our current notions about cancer as the cell gone mad. The work of Dr Hamer shows us that cellular multiplication, or cancerous growth, is the body's common reaction to a shock. This is normally resorbed in a successive phase and most of the time is not noticed. Only when a source of shock is constant and the resulting conflict re-enacted multiple times do we reach clinical cases of cancer illnesses.

A 2004 study report titled "Cancer without disease" offers a confirmation of the fact that cancerous growth is a common occurrence, much more so than the possible resulting aggravation leading to a full-blown clinical cancer case. In the two hundred women between age forty and fifty who had died in car accidents, autopsies revealed a 39% rate of breast cancer cells, much higher than the 1% rate of breast cancer in

the age group. Similar results were obtained in relation to prostate and thyroid cancers. This means that cancer is a common occurrence; it only makes us ill in some limited circumstances.¹⁰⁵

The Fourth Biological Law

The Fourth Biological Law of New German Medicine addresses the role of microbes in the context of evolution and in relation to the three germ layers (endoderm, mesoderm, ectoderm) from which our organs originate.

Through the study of embryogenesis and phylogenesis, Hamer found a correlation between the microorganisms, the embryological sheaths, and the layers of the brain, thus:

- Organs directed by the brain stem (endoderm) and the cerebellum (ancient mesoderm): fungi and mycobacteria
- Organs directed by cerebral medulla (younger mesoderm): bacteria
- Organs directed by cerebral cortex (ectoderm): viruses and some bacteria.

In most cases these organisms unfold their full activity only in the healing phase (vagotonia) after the resolution of the conflict, thus:

Necrosis through fungi and mycobacteria (tuberculosis) in order to reduce the cellular growth that took place in the active phase (endoderm and ancient mesoderm)

Reconstruction of the tissue through bacteria and virus after the necrosis of the active phase (recent mesoderm and ectoderm)

It should be clear by now that microbes do not act against the body; rather, they are called to collaborate at its healing. It may come as a surprise that our bodies are the home of ten times more microbes than cells. With every bite of fresh food and sip of clean water we ingest millions of viruses. Of these only a tiny fraction are responsible for viral infection. This reveals how important these organisms are in the symbiosis with the human being.

All of the above comes in contrast with the discoveries of Pasteur concerning germs. Pasteur's theses were based on microbial behavior in vitro, which is very different from how the germs act in the body (in

105 Folkmann J., *Kalluri R.*, "Cancer without Disease" in *Nature* 2004 <https://www.nature.com/articles/427787a>

vivo), and without any consideration for individual consciousness. The microbes do not become virulent out of their own initiative. We now know that the order/invitation to multiply comes from the brain relay and the organ layer it connects to.

Let's take the case of tuberculosis. Someone who carries the TB bacillus without entering into a fear of death (to self or others) conflict does not develop TB. The tumors in the pulmonary alveoli developed by the illness have the function of increasing the amount of oxygen the individual has available. The TB bacilli, once active, break down exclusively the added growth and nothing else, causing all the most known symptoms of TB. Here too the belief that the illness is fatal reactivates the original conflict.

Everything shows that there is no such thing as nature gone mad in cancer. Patrick Obissier calls this the transition from "normal cell to exceptional cell."¹⁰⁶ He indicates that all tumors look alike; they are irrigated by the blood and become effective like the corresponding organs. In all organisms, cancers create the same hard forms, sustained by a network of vessels and acting similarly to the original organ. There's nothing arbitrary about the form of a cancer. The size of the cancer is determined by the intensity and duration of a conflict. Like all other illnesses, cancer prevents the body from dying immediately. But if the person fails to resolve the conflict, the cancer can grow beyond where it can be repaired and thus cause death.

Even studies concerning the much-feared impact of epidemics throw a different light on the mechanisms of mass contagion. A little-known study carried on the Spanish flu in 1918 is quite enlightening in this regard. Sixty-two healthy young convicts in Boston and San Francisco, thirty-nine of which without previous flu infection, were offered the choice of subjecting themselves to the flu virus in exchange for their freedom. The tests included being sprayed in their mouths and throats nose excretions from seriously ill people, sit next to affected patients and breathe in their exhaled air. None of the sixty-two contracted the virus.¹⁰⁷ The above lends weight to the argument that the Spanish flu was the result of massive, collective shocks under exceptional world

¹⁰⁶ Patrick Obissier, *Biogenealogy*, 76.

¹⁰⁷ From Kolat, G. *"Influenza: Die Jagd nach dem Virus" (Hunt for the Virus)*, Fischer Sachbücher 2002, quoted in Dr. Thomas Hardtmuth, "The Corona Virus – Why Fear is more Dangerous than the Virus" in *New View* issue of Summer 2020.

conditions, those of World War II, and that the shock not the microbe was responsible for its spread.

In conclusion, germs do not cause illness; they allow an organ to repair itself. They act only on the tissue which has been altered in the cold phase! They reconstruct a tissue or resorb a tumor. Microbes act within or in concert with the cells they most resemble. In fact, we could call this an essential symbiosis. An organ can repair itself without the help of germs, but the tumors engendered in the cold phase are not eliminated, only encysted or calcified. The organ does its repair much more slowly than with the help of the microbes.

The Fifth Biological Law

Every so-called disease has to be understood as a Significant Biological Special Program (SBS) created to solve an unexpected biological conflict.

Each special program of nature has a biological meaning. Disease is not a meaningless “error” of nature or biology but a special program created by nature over eons of evolution to allow organisms to override normal functioning and to deal with particular emergency situations. They are wonderful programs and, if understood correctly, provide the individual and the group with a way to deal with “out of the ordinary” circumstances. Illnesses have a meaning and a goal; when we go through them, we can come out stronger.

At each stage of evolution, and with the acquisition of more complex consciousness, greater evolutionary stages are reached. On the other hand, this means new possibilities of imbalance are present in higher organisms than were possible in lower ones. The crowning of the process is the human being, in which the possibility first appears of reflecting on the opus of creation and being able to participate within it consciously. But this also means the contrary, the ability to withdraw and destroy both in self and in world. From this we can surmise that the complexity of the human being depends in great part on the role that consciousness takes in the upholding of its sheaths and in the process of health. In other words, the human being manifests the greatest evolutionary possibilities in all of evolution, but by the same token the working of his body depends in greater part upon his consciousness. It is not external nature that threatens the equilibrium and leads to illness but rather the

manifold possibilities through which human consciousness expresses itself in the body.

Still, even in the human being illness offers an immediate adaptation role that can often be discerned with careful observation, as in the examples brought forth by Patrick Obissier. The first one is that of Corinne, an accountant, who was abruptly terminated in her work at age thirty-three. Her perceived need to act urgently caused her thyroid to produce a nodule, which increased the amount of thyroid hormone. With the energy released by the hormone, Corinne found energy and determination that others did not know in her, which led her to address the situation immediately.

At the other end of the spectrum, illness can cause an opposite reaction to the above. This was the case of Annie, who feared for the danger her daughter experienced at the hand of an abusive husband. In her inability to offer immediate help, nature programmed the old response of increasing breast activity as an animal would do who needs to offer more milk to a newborn. This archaic response had the collateral effect of lowering Annie's mental stress. A step even further was that of Anne Marie, who suffered from an abusive son who beat her regularly. The situation had persisted for a long time, until a very violent episode, and the ensuing shock brought Anne Marie to a paralysis on one side of her body. This turn of events exposed a long-standing situation and forced others to act. One of Anne Marie's daughters asked the mother to live with her.

An animal in nature is completely adapted to his environment. The animal will get sick when external factors change his environment. A fox or wolf will fall ill when they do not have enough water or food, when external changes, or the human being, affect temperature, humidity, vegetation, abundance of prey, and so on. For the most part, he will weather out sickness through rest and/or through actively seeking new environments. For him illness is "literal": it is a one-to-one relationship.

The human being is a whole other affair. He will be affected from the same factors that influence the animal. But, having a more developed consciousness means that the same problem can be both literal and symbolic. In both instances, the literal or the symbolic, the body will react in the same way, trying to obviate the real or perceived threat.

In NGM the most important work of the therapeutic intervention is to dissipate fear, chiefly by explaining the five biological laws that Hamer has discovered. This serves to let the person know that nature

does not act with evil intent toward the ill person. This may not be enough to preserve life if the individual has lost capacity to adapt to the new constraints, but works for most instances.

In NGM the individual element is paramount; how the individual has lived through the shock is thoroughly unique. The doctor cannot relate it to other, even similar individuals. Nothing can be excluded, and the doctor must stick to the observations and refrain from all psychological interpretations.

Gathering the Insights

In the previous chapters and the present one, we have moved from looking at the spiritual preconditions for healing to the precise influence of soul moods and soul shocks upon the onset of illness.

The work of Sanford and Gröning has underscored what attitudes of soul will be present in the person who wants to undergo healing through the intercession of another person. Gröning emphasized the importance of a sincere desire to turn to the spirit and to forego negative thinking. Healings that followed most often carried so-called regulations.

Doctor Bach's work renders clear that illness in the body is preceded by certain tendencies in the astral body and ego organizations. These he called soul moods. Among the twelve universal basic types that Bach recognized, we can look at one of them: Gentian. A negative, pessimistic outlook of the Gentian kind gets easily discouraged when things turn difficult. A Gentian individual will fail to recognize the part that his negative outlook plays in the events of his life, and may easily mistrust and become melancholic. His work does not tell us how the soul tendency takes hold of a body organ in illness.

It is the work of Dr Hamer that brings us a step closer to the link between shock and illness, the moment in which the astral or ego organization takes a strong hold on an organ. In the example of the Gentian type given above, this could translate into illness like sinusitis or depression; later on in flu or pneumonia, among other things. When overwhelm enters in old age, the individual in question may lose the carrying capacity of the basin and need hip replacement, or be prone to arthritis. With knowledge of the soul type, Dr Bach offers us indications about some general illnesses. For this to happen, however, the latent disposition has to meet a precipitating event that causes shock.

The assertion of the importance of our thoughts and feelings on our state of health has been clearly stressed by Gröning; positive thinking was a precondition for helping the patients. Bach's flowers help us overcome negative feelings and thoughts that inhabit our soul. And Hamer and his followers know the risk that comes from reinforcing illness with our wrong perception of its role and worrying over its unfolding.

When all of the above is taken into consideration, the mission of the doctor appears under a different light for the followers of Dr Bach and Dr Hamer. Dr Bach's views were eagerly turned toward the future:

The physician of the future will have two great aims. The first will be to assist the patient to a knowledge of himself and to point out to him the fundamental mistakes he may be making, the deficiencies in his character which he should remedy, and the defects in his nature which must be eradicated and replaced with corresponding virtues. . . .

The second duty of the physician will be to administer such remedies as will help the physical body gain strength and assist the mind to become calm, widen its outlook and strive toward perfection, thus bringing peace and harmony to the whole personality.¹⁰⁸

Patrick Obissier, advancing the work of Dr Hamer, echoes him closely: "Healing depends on the decisions the patient makes, the patient's wisdom and willingness to accept help, and the patient's ability to abandon outdated beliefs of those around him or her and to live in the here and now."¹⁰⁹

108 Edward Bach, *Heal Thyself*, 39–40.

109 Patrick Obissier, *Biogenealogy*, 59.

Chapter 4

Illness and Karma

In this chapter we will come closer to the soul origin of illness. Though we have looked at soul moods and soul shocks, we have not yet approached the inner layers of the onion, so to speak. We will therefore look at this under two perspectives before moving to deeper spiritual scientific considerations.

In the first instance we will look at the role that destiny plays in illness, particularly the destiny that links us through the line of generations. In a second step we will look at the place and role of elementals in the propagation of illness.

Intergenerational destiny has been explored in complementary ways by Bert Hellinger in *Family Constellations* and Patrick Obissier and the representatives of Biogenealogy. The first approaches the intergenerational links through hidden traumatic events and how these work on the psyche of later generations. The second looks at the disposition to and genesis of illness at the hand of unresolved intergenerational traumatic events. Between the two there is quite a bit of overlap.

Are Thoresen has explored the role of elementals in illness for many decades, thanks to a natural clairvoyant perception. His approach adds a critical element in the genesis of illness, that of spiritual beings as agents of illness. His line of exploration also links the genesis of illness to the Double and to causative events in previous incarnations.

Finally the two perspectives find themselves reconciled at a higher level in spiritual scientific considerations of karma and reincarnation.

The Work of Obissier and Hellinger

We begin with what a Family Constellation session looks like, and then at Biogenealogy. Finally we will look at what both approaches can offer to our present theme.

The work of Family Constellations, promoted by Bert Hellinger, deals exclusively with some basic factual information and eschews all interpretation. A Family Constellation evolves schematically in three phases:

- First phase: An image is formed of the destructive dynamics through the client's memories and internal images.
- Second phase: A step by step, trial and error search is made for an image of systemic balance.
- Third phase: The patient is left with an image that works on his or her soul with either strong, immediate results or results over time (up to several years). The results may extend to family members.

A family constellation takes place in a communal setting, and various constellations can be set up in succession. To set up a constellation, with the help of the therapist the individual identifies first the family of origin or the family she has formed, then all the people belonging to the system. The most important element is the recognition of unusual events in the extended family, such as deaths, suicides, separations, divorces, accidents, handicaps, serious illnesses, absences, and physical or emotional abuse. Only information is relevant; no descriptions or interpretations are needed. Then the individual sets up the "family constellation," calling on individuals present in the session, who will become "representatives." The following is the sequence of events:

A constellation is represented in a room; representatives are placed in relation to others by the client, who also tells them where to look. After that the client becomes a spectator.

Every place is endowed with a certain power: representatives feel certain emotions and can even experience physical changes, such as difficulty standing, shaky knees, contraction of the shoulders, or stomach cramps. At times a representative will even use the same sentences as the person she embodies.

The therapist/facilitator can ask the client to place members of previous generations.

The facilitator asks the representatives what they feel and perceive. He often proposes to them simple sentences to help them clarify the kind of tension or help them bring it to a resolution, such as “I am angry with you” or “I respect you.” These sentences have an impact only if they correspond to the reality of the individual and the system.

At the end of the representation, the individual concerned takes the place of his own representative, so that he can perceive the new image and take it within himself.

Sometimes the facilitator has to stop the representation before coming to a resolution. Even these representations have the effect of raising to consciousness soul content that was lived unconsciously and therefore has power of resolution. The interruption may also result from lack of knowledge of important facts, which may come to the surface later.

On the other hand, the work of Biogenealogy concerns the effects of trauma in two ways:

- Unknowing parental projections: projected meaning passed on through intense feelings from parents to child at conception, gestation, and early childhood
- Transgenerational programming: the unresolved problems of our ancestors left to some of the descendants

By far the largest part of Obissier’s explorations concern the transgenerational programming. We will therefore briefly turn to the unknowing parental projections, then to transgenerational programming. Much of what Obissier explores is here complemented by Hellinger’s approach.

Unknowing Parental Projections

Much of trauma is inflicted upon the newborn at birth, due to cultural lack of consideration of the natural shock that is the passage from the womb to the open air. Routine caesarian births; shock due to excessive lights, differences in temperature, or other sensory overstimulation; separation from the mother; and time spent in incubators are now recognized as critical imprints left on the psyche of the newborn.

An example of unforeseen consequences is that of the baby being indirectly anesthetized through the mother having labor pains. He may be unable to leave the womb, falling into sleep and dazed. Later on the person may have difficulties preparing himself for life’s choices or may become overly dependent on others. On the other hand, statistical

studies have shown that 100% of criminals, fanatics, and terrorists in the United States had a very traumatic birth and a childhood with lack of love.¹¹⁰ In addition incest or rape often play out with difficult births.

The parental imprint itself can take place before conception. An example of this is parents who conceive a child, where one of the two uses her to hold on to the other partner. The child receives the unconscious message that moving is dangerous and may be born paralyzed, or she may develop in adverse conditions physical or mental paralysis (difficulty in making choices) later on. Such is the case of the one Obissier calls Claude-Henri. Two traumas impacted him at birth and in childhood, with repetitions later in life. First, he was separated from his mother and placed in an incubator. Then at age eleven he was sent to a boarding school. At age twenty-two he served in the Vietnam War. At age thirty-three he saw his father fall off a ladder, and at fifty-five his wife left him.¹¹¹ At that point he developed a paralysis in the left leg. In this case an eleven-year rhythm is clearly marked in the biography. This rhythmicity is not an unusual phenomenon in matters of Biogenealogy.

The embryo already shapes its reactions in utero. If it perceives it is a problem for the mother, it will either grow larger to call attention upon itself or shrink as if to disappear. The fetus also feels upon itself the weight of earlier abortions or miscarriages. Hellinger's constellations show that abortion is an issue quite independent of personal beliefs. Often the burden of it is worse than having the child. The resolution emerging in a constellation lies in accepting the grief for both parents. Otherwise the unresolved grief will impact later births.¹¹²

Transgenerational Programming

For Obissier, as for Hellinger, generations affect each other most often to the third level, sometimes fourth. The following are some examples:

Alphonse dying from poison gas at the battle of Verdun. Asthma affected two grandchildren and one great-grandchild. The body is telling them not to breathe to avoid death.

Henri, an elder child, was deported to Germany where he died, leaving his brother, Andrew, with guilty feelings. Over various descendants

110 Patrick Obissier, *Biogenealogy: Decoding the Psychic Roots of Illness*, 130.

111 Patrick Obissier, *Biogenealogy*, 134.

112 Bert Hellinger with Gunthard Weber and Hunter Beaumont, *Love's Hidden Symmetry: What Makes Love Work in Relationships*, 72.

and three generations the first child died; in one instance the fourth, who corresponds to the first in the family order.

A striking example is that of Kirk, who worked in a stable at a farm, owning a horse and practically little else. His great-grandfather had traded horses, and his grandfather had been falsely accused of stealing some stolen horses his father had sold unawares. The grandfather was later conned out of his inheritance. Three of the descendants, Kirk included, felt uncomfortable accumulating personal belongings.¹¹³

The last example indicates that the transgenerational programming can have such an effect as to determine the conditions of a vicarious life. In this case the individual does not attract an illness. Rather, he adopts a lifestyle, activities, a profession, and/or a place to live in relation to previous family shocks, leading Obissier to conclude that “the life of the individual is identified with the biological solution [to the conflict].”¹¹⁴

There is an inner logic of the programming as the answer to a shock in earlier generations; if greed was the problem, a number of descendants may live in great poverty. Only a conscious realization of what we are doing automatically, and its source in time, will modify the programming. However, programming within a family line does not affect everybody, or not everybody in the same way, but only the descendants who have the closest affinity with a particular ancestor. To him or her will fall the task of resolving the problem left over by that ancestor. The scenarios presented through programming are opportunities for processing and changing limiting beliefs and outdated responses. It’s as if we were imposed limits by the family line—though not equally among all members—and have to learn to individualize and transcend. Then we become more able to act on our destiny, to exert free will. Otherwise, even our most personal choices may be dictated to us.

Hellinger’s discoveries through Family Constellations complement those of Obissier. When a family member is excluded, what Hellinger calls the family’s “systemic laws” require that he be represented by a later person. Thus a younger person often unconsciously assumes the roles, functions, and often feelings of an earlier excluded person. This may be the youngest or the weakest or the one whose consciousness is somehow lowered at one time or another.

Hellinger’s work shows that children’s love is blind: they follow their parents in suffering and perpetuate their misfortunes by copying them.

¹¹³ Patrick Obissier, *Biogenealogy*, 116–119.

¹¹⁴ Patrick Obissier, *Biogenealogy*, 107.

They feel incomplete and empty when they exclude one of their parents. Children outwardly follow the more dominant parent, but inwardly the other. They most often will emulate the parent who comes off worse in a divorce.¹¹⁵

Such a form of compensation down the line of the generations brings no resolution or justice. Identification can be seen as the opposite of a relationship, because there is no separation. However, the effect of the identification diminishes with the generations and with time.

Crimes and heavy guilt have an effect over the whole family and often last for many generations. The effect may even skip a generation to reappear in the following. This guilt is in fact a desire to compensate for the damage done. If the original guilt is ignored by the perpetrator, it is preserved in the following generations with reactions tending to the extreme: denial, leading to further guilt or attraction toward death, leading to suicide. The son of a murderer has to be able to thank the father for giving him life, no matter how difficult it may be.

Unfinished situations from the past express themselves in later relationships in the form of impulsive, inappropriate actions and inappropriate, intense feelings. What Hellinger calls “systemic entanglement” can be suspected whenever a person displays emotions or behaviors that cannot be understood in the current situation.

The passing of feelings of an excluded family upon an innocent party is the equivalent of the biblical generational curse.¹¹⁶ The identification that ensues can be seen as the opposite of a relationship, because there is no separation. The solution predicated by Obissier and Hellinger is to both accept the past, good or bad, and with time allow forgetfulness. Acceptance allows us to exert free will and empower a destiny dictated by conscious choices rather than the pressure and burden of unresolved issues. The separation and consciousness brought upon our choices will result in better health.

The Role of the Patient

It is time to collect some valuable information from our explorations so far. If illness is linked to the events of our lives and in a basic sense to our destiny, then the role of the ill person in her own healing is paramount. This has emerged already in the teachings of Bruno

115 Bert Hellinger with Gunthard Weber and Hunter Beaumont, *Love's Hidden Symmetry*, 112.

116 See Exodus 20:5: “I am a jealous god, *visiting the sins of our fathers upon children*, unto the third and fourth generation of those who hate me.”

Gröning, and in the work of Dr Bach and Dr Hamer. Something more can be added now.

A key element of healing lies in taking responsibility for our lives; to see the link between body, soul, and spirit and accept that we have both responsibility for our illness and for our healing, thereby lessening our dependence on medical authority. Certainly this does not mean foregoing the help of a physician; rather, we should collaborate more responsibly.

In his teachings Gröning emphasizes the person's ability to distinguish good from evil, and to rely for this on a heightened inner guidance. He sees in active feeling the ability to recognize what lies hidden, which makes us accept what seems good but isn't. Only through brutal self-honesty can we recognize where superficial feeling serves self-gratification. To do that we must be able to withdraw and serenely look at our lives, in order to strengthen our own sense of self and lessen dependence on human opinion.

Illness can help us develop more self-dependence. On the basis of Gröning's teachings, Kamp concludes, "Whoever learns to develop this sense within to its original clarity of perception attains its inner admission to an inner authority, which can free him from dependence on human opinion."¹¹⁷ In the particular case of the Bruno Gröning Circle of Friends, the time spent together strengthens the individual through absorption of the healing stream and mutual support.

Forgiveness is a crucial aspect of all of the above—but it needs to be true, visceral forgiveness, not an intellectual gesture. True forgiveness is something else than a "just forget it." Feelings need to find a road toward transformation, not repression. The ultimate litmus test lies in the ability to recover inner serenity, conducive to health.

Healing needs to be supported particularly when the illness is at its height, since the body's attempt to heal is most often misinterpreted as a losing battle. Recovery from illness, and/or the regulation process, can be favored or countered by the patient, particularly by the nature of his thoughts. This is why Gröning and Hamer emphasize the importance of good thoughts, and of the kind of people with whom one associates during the healing process. At the time of illness, the individual is more vulnerable, and people who are deeply opposed to spiritual or holistic healing can cause much damage, notwithstanding their good intentions.

¹¹⁷ Matthias Kamp, *Bruno Gröning*, Part I, 91.

This is why it is also preferable not to talk about the nature of the healing until one is better, in order to avoid relapse.

Much of the above is summarized by Patrick Obissier: “Healing depends on the decisions the patient makes, the patient’s wisdom and willingness to accept help, and the patient’s ability to abandon outdated beliefs of those around him or her and to live in the here and now.”¹¹⁸

Through Hellinger and Obissier we have approached the enigmatic nature of individual destiny. In their work is explored an important layer of it: that which unites us to the stream of heredity. However, there are other layers of destiny more related to the eternal core of the personality, reflecting Edgar Cayce’s dictum that we most inherit from ourselves. For that purpose, we have to make room to the possibility of karma and reincarnation. Healing can go a further step with the recognition of the origin of the patient’s karma and with the willingness of others to take on parts of it.

Interceding for the Patient: Healing and Karma

Spiritual healing is presently practiced by a variety of healers. Spyro Sathi, who appears under the name Daskalos in Kiriacos C. Markides’s *The Magus of Strovolos*, differentiates between psychic healing and spiritual healing in a way that is relevant for us. In psychic healing the therapist transfers energy from his body to the body of the patient: this works when the karma of the patient is already exhausted and healing is easy. In spiritual healing the healer takes on the karma of the patient and suffers as a consequence. When that is so, the Christ will assume a great part of the suffering upon Himself.¹¹⁹ Gröning was a living example of this gesture. Daskalos offers examples of it.

A child was born to a friend of Daskalos with both his feet glued to his chest. Daskalos knew who the soul was. He first freed the legs and put them in a cast. Afterward the healer’s foot turned black with gangrene, needing to be amputated. Daskalos accepted the verdict and turned in acceptance to the Christ, who relieved his pain. After a couple of days, the gangrene was gone.¹²⁰ In addition the healer can see deficiencies in the etheric field of the patients even before the problem has manifested in the physical.¹²¹

¹¹⁸ Patrick Obissier, *Biogenealogy*, 59

¹¹⁹ Kiriacos C. Markides, *The Magus of Strovolos*, the Extraordinary World of a Spiritual Healer, 213.

¹²⁰ Kiriacos C. Markides, *The Magus of Strovolos*, 68–71.

¹²¹ Kiriacos C. Markides, *The Magus of Strovolos*, 180.

The work of Daskalos is mirrored by the healer Rita Cutolo, born in 1948 in Rome. She comes from a poor family and reached only a fifth-grade education. She is said to be clairvoyant and be able to appear remotely. She can diagnose correctly the patient she meets. When she heals, she sees the Christ or the Virgin together with the angels. This is how she knows that the patient is healing. At that time she experiences the pain of the patient, leading her to experience a vast array of illnesses. Some doctors refer their patients to her, and some are even her clients.¹²²

Are Thoresen, who has spent decades performing spiritual healing, directs our gaze to the beings that generate illness. He is able to perceive the “karmic demons,” elementals we ourselves have generated, or more seldom those subsisting from previous phases of cosmic development as the main agents in illness. The former are the most prevalent. Thoresen’s direct perception confirms and gives deeper meaning to the work of Dr. Obissier. Working on a friend who was afflicted by severe depressions, he recognized “a huge and dark shadow” that took hold of him. This had been generated by his grandfather through an “act of low morality.”¹²³

Different dispositions in the human being open him to one or the other spiritual being: “The love of our material possessions and the lack of humility and belief in the spiritual world opens us to Ahriman. Combined with greed and lust for money and hatred towards the spiritual world, which opens us to Lucifer, this allows for the close collaboration and entrance of both the adversaries.”¹²⁴ The two strengthen each other in cancer, hence the difficulty in the healing of this type of illness. Thoresen too recognizes that illness is only a symptom and actually acts as a healing of a spiritual imbalance.

Illness, Elementals and the Double

We are now moving into the subtler perception of forces at work in illness. We will first look at the perceptions of healers with a degree of spiritual clairvoyance before turning to the results of Rudolf Steiner’s spiritual scientific investigations.

Are Thoresen, who has spent decades performing spiritual healing, directs our gaze to the beings that generate illness. He is able to perceive

122 Piero Vigorelli, *Nuovi miracoli e guarigioni straordinarie*, 191–200.

123 Are Thoresen, *Demons and Healing: The Reality of the Demonic Threat and the Doppelgänger in the Light of Anthroposophy*, 54.

124 Are Thoresen, *Demons and Healing*, 119.

the elementals we ourselves have generated, or those subsisting from previous phases of cosmic development as the main agents in illness.

Thoresen recognizes that the elementals generated from past egoistic human actions also emanate from the demonic layers of the earth, and much of this comes to the surface in the so-called ley lines and earth grids. To these Thoresen gives the name of “earth radiation.” Here he differentiates three kinds of beings:

- Luciferic elementals, fed and generated by passions such as greed, hate, jealousy, and anger
- Ahrimanic elementals, formed through cold, heartless thinking and/or with the help of machines, especially in the destruction of nature
- Azuric elementals, generated in instances in which truth is obliterated or people are led astray through sorts of mass hypnosis

Thoresen’s descriptions complement what we have already uncovered so far. The following are the stages that the healer recognizes in the development of illness:

Improper living through any of wrong thinking, feeling, acting (drinking, eating, etc.) is the origin of a deficiency in some organ, a sort of empty space.

The space emptied in the organ can be occupied most of the time by an Ahrimanic demon.

The weakness in one organ will be compensated through an excess in another organ, or in the same organ in cancer. The Ahrimanic being invites a Luciferic being to root itself in the excess. The Ahrimanic being occupies the etheric part of a process; the Luciferic being the astral counterpart.

The two beings’ action can eventually reinforce each other, leading to a further weakening of the organs involved.¹²⁵

Behind the Ahrimanic elementals through which illness first arises, Thoresen recognizes the forces of what Steiner calls the “Double” or Doppelgänger. This is so at least of all “organ-based illnesses.” How this being operates in the human being is described by Steiner in the lecture of November 16, 1917, given in St. Gallen. “These beings [Doppelgänger] have an extraordinarily high intelligence and a significantly developed

¹²⁵ Are Thoresen, *Demons and Healing*, 110–111.

will, but no warmth of heart at all, nothing of what we may call human soul warmth [Gemüt].” These beings enter the human being a short time before birth and leave it a short time before death. Steiner declares in the same lecture, “As I have said, this Ahrimanic Dopplegänger is really the creator of all illnesses that have an organ-based foundation, that are not merely functional.”

Contagion and Regulation Pains Revisited

Thoresen confirms what we have seen so far about the spread of illness and adds important dimensions. He too sees that illness spreads into those who have weaknesses in their energetic bodies (etheric, astral, or I). If only the symptoms are treated, not only does the illness return to the individual but it will affect his or her closest circles. Thoresen relates this phenomenon that he calls “translocation” or the biblical “driving out and multiplying” (Matthew 12:43–45). Spiritual healing too can be incomplete; it can rid the person without taking care of a subsequent return of the illness, even transfer the elemental into another organ, or not take into account that the being that is driven out will infect others.

An example in Thoresen’s work is that of domestic animals carrying diseases from their owners. Obissier too observes the phenomena and the animals starting to recover when the owner resolves the conflict. The animal has certain of his needs secured, no longer by instinct as they would in the wild, but by their owners. In gratitude they sacrifice themselves a little like children do with their parents.¹²⁶

Allopathic medicines that suppress rather than transform cannot prevent the phenomenon of translocation. The adversary beings will be left unchanged or even become stronger. Homeopathic medicines act differently. It is interesting here to look at them in relation to what we have heard from Dr. Bach. Many of the plants used in homeopathy are poisonous, and their elementals are quite frightening. Poisonous plants are those which are on the way out and will be replaced by others in the future. An example is the mistletoe that is parasitic, another indication of the species’ ancient origin and fragility. “Like cures like” means that similar spirits scare each other. In effect, through the homeopathic remedy “something is given to [the Dopplegänger] from the outer world that it otherwise seeks through the human being.”¹²⁷

¹²⁶ Patrick Obissier, *Biogenealogy*, 45.

¹²⁷ Rudolf Steiner, *Apocalypse of Saint John*, lecture of November 16, 1917.

Regulations too can be seen under a new light when we add the perspective of the spiritual agents of illness. We have seen that these phenomena are present in spiritual healing, in homeopathy, and with the use of Bach flower remedies. Armed with clairvoyant perception, Are Thoresen offers a fuller understanding. The shaking and shivering that he observes with qigong treatments is due to the demon leaving the body and translocating. In homeopathy, the being translocates into the remedy.

We are reaching the end of our explorations. We will now complement our findings with the deeper insights that can be generated with conscious spiritual research.

Conclusions

Spiritual Scientific Considerations

From the practical experience of healers and doctors we can now more fully turn to the results brought to light by spiritual scientific research.

Steiner confirms the findings of many others that bacteria arise because of the illness, rather than the contrary,¹²⁸ and that “a certain type [of bacterium] always appears under the influence of a very specific primary cause.”¹²⁹ Steiner further confirms also what Hamer indicates: some bacteria (tuberculosis is an excellent example) are always present in healthy people, and only their superabundance accompanies illness.¹³⁰

Our attitudes and mindsets are deeply influenced by our worldviews. An important divider is whether we are completely dominated by a materialistic outlook, or we make room for the possibility of the spirit. Bacteria are fostered and can become dangerous the more we carry a materialistic mindset. These carry their effect particularly in the sleep state, most clearly when we witness the ravages of illness and take it in our psyche in a state of dread. If we go to bed with nothing but this fear in our minds, “then we create unconscious replicas, imaginations, which are drenched in fear. And this is an excellent method for nurturing bacteria.”¹³¹ This effect can only be sustained in community.

It is interesting to follow Steiner on the theme of soul impressions—thoughts and feelings—in the lecture of June 14, 1908:

128 See for example the lecture of April 7, 1920, *Spiritual Science and Medicine*.

129 Rudolf Steiner, *lecture of April 9, 1920, Spiritual Science and Medicine*; see also the lecture of April 13, 1921 (*Anthroposophical Spiritual Science and Medical Therapy*) in which Steiner asserts: “Bacteria are really never the actual cause of a disease but rather merely an indicator of the patient having the ‘causes’ within himself.”

130 Rudolf Steiner, *lecture of March 24, 1920 (Spiritual Science and Medicine)*.

131 Rudolf Steiner, *lecture of May 5, 1914 (The Presence of the Dead on the Spiritual Path)*.

Every kind of feeling brings about a change in the structure of the physical body. Something comes down from the higher worlds and takes possession of our physical body when we depart from it at night. Some forms of astral substantiality which created or participated in creating it, as well as the ether body, take hold of it once more. But they now find that it differs from how it was when they first provided us with it. We have been rummaging about in our physical body with our astral body and our "I"; and the spiritual beings from the higher regions of the universe now find effects in it that are not compatible with their higher spirituality, effects that have arisen because of what we have been doing in it by means of our astrality and our "I" during daytime. . . . It is impossible to have thoughts or feelings that do not have an effect right down into the physical body. No anatomist can prove this, but every kind of feeling we have brings about certain changes in the structure of the physical body, and this is what those higher beings find when they enter into us once again at night.¹³²

Illnesses and the Astral and Ego Organization

Steiner and Wegman have informed us in their *Fundamentals of Therapy*, particularly what is said in chapter 2, "Why Does Man Become Ill?" Here they speak of the role of astral and ego organization in the genesis of illness:

The astral body is a super-sensible organization within the physical organization. It may intervene loosely in an organ when it leads to soul experience which is self-supporting and is not experienced in connection with the body. Or it intervenes intensively in an organ; then it leads to the experience of illness. One of the forms of illness must be conceived as an abnormal seizing of the organism by the astral body, which causes the spiritual part of man to submerge itself in the body more deeply than is the case in health.

Through shock the astral body gets over-activated and in the resulting illness manifests in an organ. We read further from Steiner:

We must see the very essence of illness in this intensive union of the astral body or ego-organization with the physical organism. Yet this union is only an intensification of that which exists more lightly in a state of health. Even the normal way in which the astral and ego-organization take hold of the human body, is related not to the healthy

132 Rudolf Steiner, *lecture of June 14, 1908*, "Shadow Beings, Phantoms, and Demons Created by Man."

processes of life, but to the sick. Wherever the soul and spirit are at work, they annul the ordinary functioning of the body, transforming it into its opposite. In so doing they bring the organism into a line of action where illness tends to set in. In normal life this is regulated directly as it arises by a process of self-healing. A certain form of illness occurs when the spirit, or the soul, pushes its way too far into the organism, with the result that the self-healing process can either not take place at all or is too slow.

Under this light the relatively recent discoveries of Dr Hamer of the link between shock, brain relays, and organ layer affected in illness offer an illustration of the mechanism through which the astral body or ego organization take hold too deeply of an organ process. A natural predisposition opens the individual to the likelihood of a shock affecting a certain organ and a respective layer. Placed under similar stress, only some individuals will display an excessive reaction leading over a short time to illness.

The agent of the illness is a spiritual being, and Are Thoresen illustrates how these elemental beings differ from each other, how they collaborate, and how they operate contagion. Steiner has spoken of these in some places.

The following are examples of such elemental beings. Untruthfulness—hypocrisy, slander, and lying—contributes to generate phantoms. Phantoms, which are in a way “copies of the human form and its bodily members,” are described pretty much like elemental beings. Steiner indicates that they even have an “attenuated” physical form. And further they are “intelligent but have no moral feelings of responsibility.” The hindrances these humanly generated beings cause us are far greater than those imposed by bacteria. “Important causes of illness can be found in such entities; having been created by human beings, these phantoms find very good opportunities for their existence in bacteria; one could say that they feed on bacteria. They would become quite desiccated in their spiritual nature if this food were not available. Yet on the other hand the bacteria are in a way also created by them.” In the same lecture Steiner speaks of two other groups of elemental beings: ghosts, which are generated by inappropriate social regulations, and demons, coming into existence through false advice and prejudices.¹³³

133 Rudolf Steiner, *lecture of June 14, 1908*, “Shadow Beings, Phantoms, and Demons Created by Man.”

It seems most likely that the arrival of the demon precedes the outbreak of illness, confirming Bach, Hamer, and Obissier's observations that the illness is only the last stage of an organic disturbance. In fact during the illness proper—the hot phase—the microbes restore balance in the organ by acting solely on the parts that were modified in the cold phase that followed the shock. Microorganisms act within a very restricted purview, and their action is a response to mechanisms set in motion by the brain. This confirms spiritual scientific knowledge that illness is a gift of the progressive spiritual beings to restore balance in the human soul, when the human being has lost the ability to do so.

Illness and Contagion

Contagion is real but not directly attributable to the microorganisms. In the case of smallpox, Steiner calls this likelihood of contagion exceptionally high, but it happens through psychological tendencies that are strongly involved. One such example can be “strong awareness of an illness,” which becomes a conduit through the astral body.¹³⁴ Just as psychological factors are strong agents of contagion, so is strengthening of our soul a shield against infection.

Steiner indicates the relationship between direct, primary illness (“primary genesis of a disease”) and that which is transmitted through contagion relating to the case of tuberculosis. He compares the illness to the sadness an individual feels at the death of a loved one and contagion to the effect of that sadness upon an empathic person listening to the first one. “But it remains true that only the relationship between myself and my friend supplies the necessary prerequisite for that contagion.” And referring to the idea of bringing people with tuberculosis together in sanatoriums, he indicates that people with curable tuberculosis may get worse in close proximity with others with a worse degree of illness.¹³⁵

Finally, it is true that we can take many precautions in terms of diet, lifestyle, and shielding from harmful physical and psychological influences in increasing our resistance to illness.¹³⁶ Steiner, for example, indicates eating too much protein as a condition for lessening our resistance to infectious diseases.¹³⁷ However, this only means that inappropriate lifestyle lowers the threshold, but is not the proximate cause of illness.

¹³⁴ Rudolf Steiner, *lecture of April 22, 1924* (Course for Young Doctors).

¹³⁵ Rudolf Steiner, *lecture of March 22, 1920* (Spiritual Science and Medicine).

¹³⁶ Rudolf Steiner, *lecture of January 14, 1909* (Where and How Does One Find the Spirit?).

¹³⁷ Rudolf Steiner, *lecture of January 23, 1924* (From Elephants to Einstein).

Otherwise we would all be equally affected by any of these inappropriate lifestyles. We are ultimately susceptible to illnesses because of shocks and regardless of best diets and lifestyles, though negative choices will likely lower our threshold of resistance to the same shocks.

Illness and Karma

Even classical scientific research, though of a strain considered unorthodox at present, is starting to prove the link between illness and destiny. Steiner is unequivocal: “[Those who endeavor to study karma] will above all reach the conviction that a thorough understanding of a case concerning a human being can only be gained by opening up one’s view to include the happenings of long ago. This is especially the case where sicknesses are concerned.”¹³⁸

Steiner indicates that the failings and errors of the astral body affect the etheric body and in this way affect the harmony of the physical body. These influences emanating from the astral body most often do not affect the physical in one incarnation, but only in the following one.¹³⁹ A certain drive or passion will bring a specific illness in a following incarnation. Through karmic research Steiner offers us two complementary examples: the karma of too weak a sense of self, and its polar opposite, too strong a sense of self.

An individual of the first group will reach kamaloka after death with the feeling of needing to develop inner forces that strengthen the sense of self and will later develop therefore a body that shows in the physical the consequences of a weak sense of self. He will be attracted to regions of the earth and experiences that offer him resistance and present obstacles through which his sense of self struggles against his three lower sheaths. One possible way of strengthening this sense of self will be presented by being exposed to an epidemic of cholera. Through this experience, his sense of self can be considerably enhanced in a next incarnation.¹⁴⁰

In the same lecture Steiner looks at the karma of too strong a sense of self. During the time in kamaloka, the individual will see clearly that he needs to restrain his sense of self and limit its impact on his future

138 Rudolf Steiner, *lecture in Hamburg*, May 18, 1910 (Manifestations of Karma).

139 Rudolf Steiner, “*The Evolution of the Cosmos and Man*,” in *Occult Science, an Outline*.

140 Rudolf Steiner, *lecture in Hamburg*, May 19, 1910 (Manifestations of Karma).

life. Here an illness that will present a balancing gesture to too strong a sense of self will be malaria.

The individual naturally seeks the illnesses that compensate the one-sidedness he has produced over previous lifetimes. This does not mean that medicine should not try to facilitate the individual's recovery and prevent the strongest consequences, or decline to take responsibility in the name of "that's her karma." This is one end of the equation. The other is trying to altogether deny the effects of karma.

Spiritual research shows us that the attempt to completely prevent an illness from affecting an individual, as in vaccination, leads the individual to simply seek for the karmic compensation through other means. If nothing else can take place at least in the present incarnation, then the solution of the suppression manifests with a dichotomy. Physical life has been made easier for the body. The soul, however, remains besieged by a sense of dissatisfaction, emptiness, and loss of meaning, leading to Steiner to assert, "Psychological wretchedness would constitute the parallel development."¹⁴¹

It is not surprising that Steiner's conclusions are now echoed by those who have worked their way through conventional science, although on its fringes. P. Obissier shows himself cognizant of this reality when he states, "If, by eliminating the gene of an illness, the only thing that is accomplished is a transfer of energy to another organ, all that is happening is the creation of another kind of illness."¹⁴² Otherwise he concludes the individual will altogether lose the opportunity of correcting what is not working in her life. This condition is reflected today in the dichotomy between on one hand longer lives and on the other increasing restlessness and/or civilization illnesses like Alzheimer's disease.

Echoing and amplifying what Gröning, Dr Bach, and Dr Hamer predict of the future task of doctor and patient, we can conclude with Steiner's words:

"Rather than examining the manner in which the bacteria enter into our organism, much more attention will be paid to the strength we have gained in our soul and our spirit with which to resist these infestations. There will be no external medicine which will lend our human nature the

141 Rudolf Steiner, *lecture in Dornach*, October 14, 1917 (The Fall of the Spirits of Darkness).

142 Patrick Obissier, *Biogenealogy: Decoding the Psychic Roots of Illness*, 170.

necessary strength. The medicine which will strengthen us will come from the spirit and the soul through the health-giving content of spiritual science"¹⁴³

¹⁴³ Rudolf Steiner, *lecture of January 6, 1920* (Social Issues: Meditative Thinking and the Threefold Social Order).

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The Phenomenon Bruno Gröning: On the Tracks of the
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“1001 Way – Bruno Gröning in the Diaries of Young People,” concerning healings by Gröning from the spiritual world. <https://www.youtube.com/watch?v=7z3iBj09zBU>.

Resources

To continue the exploration of the book toward the understanding of epidemics and vaccines see:

Žilavec, Brane, “From Symptoms to Real Insights into the Social Backgrounds of the Corona Pandemic” in *New View* issue of Summer 2020, at https://www.newview.org.uk/issue_landing.php?issue=96

Dr Hardtmuth, Thomas, “The Corona Virus – Why Fear is more Dangerous than the Virus” in *New View* issue of Summer 2020, at https://www.newview.org.uk/issue_landing.php?issue=96

Dr Daphne von Boch, “Vaccinations: From Childhood Diseases to the Flu?” in *The Present Age vol. 5, # 9-10*, May/June 2020.

To acquire a first-hand understanding of illness in your own biography, alongside the concepts outlined in chapter 4, see:

Dr Hamer, Ryke Geerd, *Scientific Chart of Germanic New Medicine*, a repertory of Dr Hamer’s discoveries about specific illnesses, available through <http://www.newmedicine.ca/book.php>