

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.

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.¹

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

¹ 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.

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.

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.

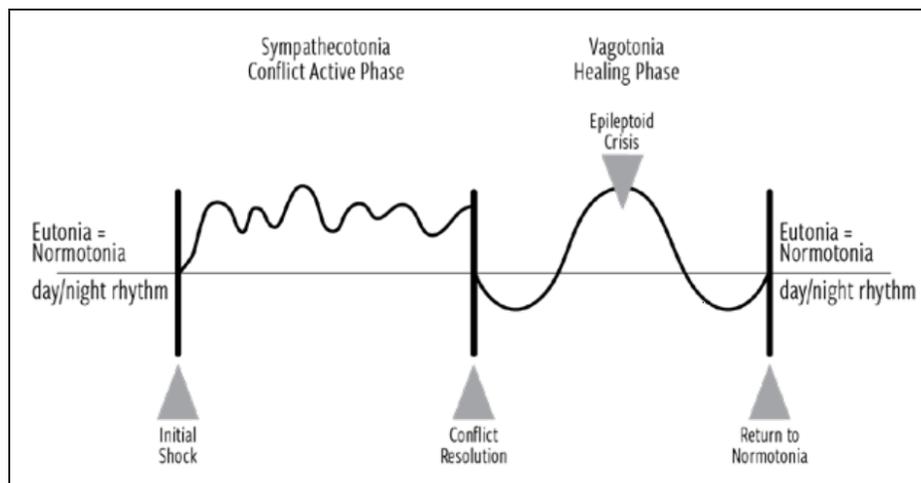
If we are not allowed to develop an illness, the energy may be transferred to another organ, causing another kind of illness. Or else we are spared the effort to change. It's as if we remained inwardly ill.

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 sympathecotonia. 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 (vagotonia), 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.²

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.

² Folkmann J., Kalluri R., "Cancer without Disease" in Nature 2004 <https://www.nature.com/articles/427787a>

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 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."³ 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.⁴ The above lends weight to the argument that the Spanish flu was the result of massive, collective shocks under exceptional world 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.

³ Patrick Obissier, *Biogenealogy*, 76.

⁴ From Kolat, G. "Influenza: Die Jagd nach dem Virus" (Hunt for the Virus), Fischer Sachbucher 2002, quoted in Dr. Thomas Hardtmuth, "The Corona Virus – Why Fear is more Dangerous than the Virus" in New View issue of Summer 2020.

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.