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 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 Medicine[1] and discoverer of five basic biological laws.

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.[2]

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 thisunion 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.

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[1] The rather unfortunate name comes from not being able to patent the simpler "New Medicine."
[2] Rudolf Steiner and Ita Wegman, *Fundamentals of Therapy: An Extension of the Art of Healing through Spiritual Knowledge*, chapter 2.

We can approach healing at the boundary of the etheric and physical bodies through homeopathic medications that strengthen the ethers, 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.[3]

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

[3] 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.

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 usean 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 farfetched. 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, contagion, epidemics, AIDS.

<u>Metastasis</u>

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 uncurable 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.[4] 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 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.

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

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 uses the same approach, 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 autoimmune 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.[5] 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

[5] 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.

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 medications, chemotherapy, proton pump inhibitors, selective serotonin reuptake inhibitors, and glucocorticosteroids. Smoking and too little exercise are also risk factors.[6]

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 calciumand 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.[7] (emphasis added)

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

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[6] https://en.wikipedia.org/wiki/Osteoporosis
[7] https://en.wikipedia.org/wiki/Osteoporosis#Prevention

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 etidronate. Alendronate decreases fractures of the spine but does not have any effect on other types of fractures.[8] (emphasis added)

Three Cases of Osteoporosis[9]

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 discernible 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

[8] https://en.wikipedia.org/wiki/Osteoporosis#Medications
[9] Claudio Trupiano, *Grazie Dottor Hamer*, 216–221.

correlation. Devaluation can occur through changes in the 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 hisson, 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. Hamer knew that the 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.[10]

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 thebody 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

[10] 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.

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.

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

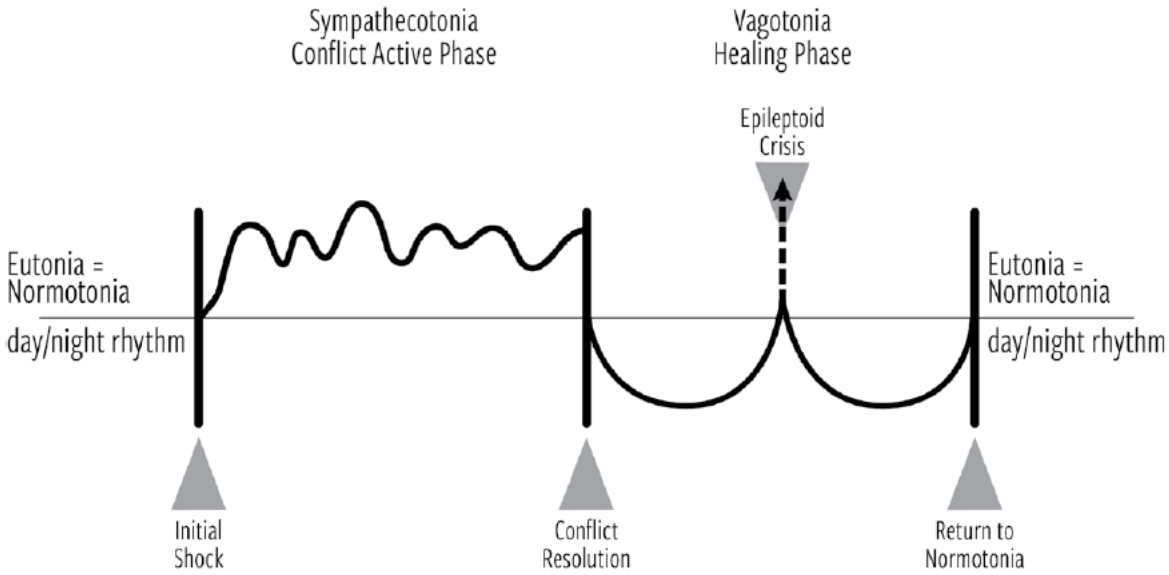
• The acuteness of the shock

• 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.

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.



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

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 wasable 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 thesimplest 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.[11]

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 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.

[11] Folkmann J., Kalluri R., "Cancer without Disease" in Nature 2004 https://www.nature.com/articles/427787a

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."[12] 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.[13] 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.

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[12] Patrick Obissier, *Biogenealogy*, 76.
[13] From Kolat, G. "Influenza: Die Jagd nach dem Virus" (Influenza: The 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.

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.[14]

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."[15]

[14] Edward Bach, *Heal Thyself*, 39–40.
[15] Patrick Obissier, *Biogenealogy*, 59.