



## **THE "(GERMAN) NEW MEDICINE"** by Dr. med. Ryke Geerd Hamer

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### **Dr. Hamer, what prompted your research into cancer and making a connection between the psyche and illness?**

I didn't really occupy myself with this subject until 1978. I was a doctor of internal medicine and had worked for fifteen years in university clinics, five as a professor. I also had my own private practice for a few years until 1978. Then a terrible thing happened: while asleep in a boat my son Dirk was shot, without any reason, by a madman, an Italian prince. This was a terrible shock for me, sudden and unexpected, and I was powerless to react.

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

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

I found that all of them, without exception, had experienced the same type of biological conflict as I had. They were able to recollect the shock, the resulting sleeplessness, weight loss, cold hands and the beginning of tumor growth. At the time, my point of view was very different from all the current medical concepts, and when I presented these discoveries to my colleagues,




they gave me an ultimatum: either to deny my findings or leave the clinic immediately.

### **It sounds like the Middle Ages! How did you react?**

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

### **Perhaps you can explain in simple terms what the essential criteria of the IRC are?**

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

-  in the psyche
-  in the brain
-  at the organ

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

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

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

## **The IRC has two more criteria?**

Yes. The **second criterion** is that at the time of the DHS it is the conflict-content that determines (a) the HH, which is the specific location in the brain, and (b) the location of the cancer or cancer-equivalent in the body's organs. Each conflict has a very specific content which defines itself at exactly the same moment as the DHS. The product/result of the conflict-content is "associative", which means that it happens unconsciously and will therefore bypass our conscious understanding. An example of a typical "water-" or "liquid-" conflict would be from an accident in which a truck driver lost all his oil, or a milkman all his milk. The association with liquid causes a water-related biological conflict which registers as a specific ailment - cancer of the kidney.

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

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

This short-circuit can be photographed with computer-tomography (CT) and looks like **concentric rings** on a target, or like a picture of a surface of water into which a stone has been dropped. Radiologists mistake this phenomenon as a defect in the equipment, an artifact. This relay in the brain is called the HH. This name, by the way, comes from my opponents who mockingly called these areas the 'HAMERsche Herde' - Hamer's stoves.

## **And what is the third criterion of the IRC?**

The **third criterion** is that the conflict process corresponds to a specific process of the HH in the brain and a very specific process of cancer or cancer-equivalent illness on the organ. In other words, this biological conflict strikes on three levels simultaneously: the psyche, the brain and the organ. It is now obvious and has been proven that the conflict run is synchronized on all three levels.

The point here is that it is an over-determined system - in the strongest scientific sense because - if you know the exact location of any one of the levels, the other two can be found and de-mystified. This means we have an organism that we can think of in three levels, but is actually one unit.

The following story is an example of this: after a lecture in Vienna in May 1991, a doctor handed me a CT brain scan of a patient, and he asked me to

explain what this person's organic state was and to which conflict it belonged. There were twenty colleagues present, among them some radiologists and CT specialists. Of the three levels, I had only the brain level in front of me. From these brain CT scans I diagnosed a fresh bleeding bladder carcinoma in the healing phase, an old prostate carcinoma, diabetes, an old lung carcinoma and a sensoric paralysis of a specific area in the body and, of course, the corresponding conflicts. The doctor stood up and said "Congratulations, Mr. Hamer! Five diagnoses and five hits. That's exactly what the patient has, and you could even differentiate what he has now and what he had before. Fantastic!". One of the radiologists said "From now on I'm convinced of your method. How could you have guessed the fresh bleeding bladder carcinoma? I could find nothing in the CT scan, but now that you have shown us the control relays, I can follow the findings."

**Perhaps we could talk for a moment about the psychic level. How can I find out if I have had a shock from which a cancer might result? How does one recognize it?**

There are very specific signs which clearly distinguish the ordinary conflicts and problems in our daily lives. From the very moment of a DHS, a patient will experience continuous stress on the sympathetic nervous system. The symptoms will include cold hands and/or feet, loss of appetite, weight loss, sleeplessness and dwelling day and night on the conflict content. This situation will only change when the patient resolves the conflict. With the biological conflicts we can see the patient getting into long-lasting stress that will cause specific symptoms and a growing cancer. The HH in the brain, which is immediately visible, shows that the patient's psyche has very precisely-known and defined symptoms that simply cannot be overlooked.

**What happens now, when such a biological conflict gets solved?**

At the point where a biological conflict gets solved, we can see very clear symptoms, on the psychic level, on the brain and on the organ level. On the psychic and vegetative level, we see that the patient is no longer dwelling on the conflict content. The hands suddenly get warm again, the appetite improves, the weight normalizes and the patient sleeps better. There may also be fatigue and weakness and a need to rest. This is in no way the beginning of the end, but it's a very positive sign. This healing phase varies in duration, depending on the prior conflict duration. At the height of the healing phase, when the body retains much water, we see the epilepsy or Epileptoid Crisis (epi-crisis), which shows the unique symptoms of each illness.

After the **Epileptoid Crisis (epi-crisis)**, the body expels water from the edema (infiltration of tissues with water) and slowly returns to normal as the patient regains strength. On the brain level we see the healing phase of the

HH which, in the active conflict phase, had target ring figurations, but now shows an edema. We can see from the CT scan how the rings of the HH darken and blur as the whole relay swells at this point in time. This epilepsy or Epileptoid Crisis (epi-crisis), which actually gets triggered by the brain, also marks the high point of the edema and, respectively, the turning point to normality. In the second half of the **healing phase**, the brain's harmless connective tissue, the glia, fills the HH for repair. This really harmless connective tissue, which on the CT scan we can color white with the help of an iodine contrast substance, was previously mistaken as a brain tumor, and operated on. Since the brain cells themselves CANNOT multiply after birth, REAL brain tumors cannot exist.

On the organ level we see that the cancer growth stops. This means that the biological conflict has been solved - we call this "**conflictolysis**". This is a very important perception for us because, in a way, it defines the therapy that's ahead. On the organ level we see very distinct healing improvements and we will discuss that later. Even the Epileptoid Crisis (epi-crisis) can be seen on the three levels (psyche, brain and organ).

### **Can you describe such an epilepsy crisis?**

The **epileptic crisis** is something Mother Nature devised a billion years ago. It runs concurrently on all three levels. The sense and purpose of the crisis, which happens at the height of the healing phase, is to normalize again. What we call an epilepsy seizure with muscle cramps is only one form of the epileptic crisis, namely after the resolution of a motoric conflict.

Epileptoid crises occur in every illness with some variations in each. Mother Nature created quite a trick for this meaningful event. In the middle of the healing phase, the patient experiences a recurrence of the psychological conflict, which means the patient experiences his/her conflict again for a short time together with cold hands and centralized cold sweat. This happens so that the brain edema gets pressed out and gets eliminated and the patient can return to normal.

After the epileptic crisis, the patient gets warm again and then experiences the first urinary phase. From this epileptic crisis onward, the patient normalizes and no more conflict shocks impede the process. The second urinary phase occurs at the end of the healing phase when the body eliminates the rest of the edema. The danger point lies just before the end of the Epileptoid Crisis (epi-crisis) when it will become evident whether it was enough to turn the disease around. The best-known epileptic crisis is the heart attack. Others are lung embolism, hepatitis or lung infection. To help the body make the necessary changes, especially in conflicts of long duration, a strong cortisone injection is sometimes necessary. In very difficult cases, the cortisone may be given sooner.

## **Could you describe some typical conflicts and explain why you call them "biological conflicts"?**

The reason we call them biological conflicts is because historical evolution has to be understood and an analogy found, as the conflicts run the same way in humans and animals alike. They have nothing to do with our intellectual or psychological conflicts or problems. They are conflicts of a fundamentally different quality. They are, by nature, quasi-implanted trouble-events in the archaic behavior program of our brain. You think that you think. In reality, the conflict has already associatively hit a fraction of a second before you even begin to think. For example, when a wolf preys on a young lamb, the lamb's mother will suffer a mother-child conflict just as a human mother would. She will get teat cancer on the same side as a human mother would get **Breast Cancer**. The side depends on whether the human is left or right-handed or, in the case of animals, left or right-footed.

The HH for the mother-child "nest territory" conflict will be in the same place in the mother's brain as the relay for the mother-child "relationship". The HH for the child-mother conflict, especially the suck-behavior conflict, will also be in the same place in the infant's brain as the relay for the child-mother "relationship". All our biological conflicts can be categorized according to this historical evolution. We know that during our historical evolution these rare or unusual events and their consequences have been pre-programmed and that's why not only organs and brain areas belong together but even conflicts, through historical evolution, became related.

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

## **Could you give a few examples from daily life?**

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

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

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

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

### **Dr. Hamer, can one already treat a patient with the IRC?**

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

### **Let us follow the sequence. What is the second law of the biological process that you found?**

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

### **All illnesses? Not only cancer?**

Yes, all illnesses have this two-fold phase - "cold" and "hot". In the past, doctors thought they knew about 1,000 illnesses but they were unaware of this two-fold phase. 500 of these would have been "cold" illnesses in which the patient's blood vessels contracted, causing pallor and weight loss. The other 500 were "hot" illnesses with fever caused by dilated blood vessels. This produced tiredness, but no loss of appetite. These "hot" illnesses were thought to be separate illnesses. We now know that this was incorrect. According to our present knowledge, there are only 500 illnesses but each has two phases. The first is always the "cold" active conflict phase with the stress on the sympathetic nervous system, and the second, if the conflict is solved, is always the "hot" recovery healing phase. Of course, the HH for these two phases lies in the same place in the brain, so you can consider them the same HH. In the active conflict phase, the CT scan shows a sharp ringed target configuration and in the healing phase the rings dissolve in the edema.

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

In humans, a heart attack will only be noticeable if the conflict has lasted at least three or four months; however, if the conflict has lasted longer than a year and the start of the second phase has been overlooked, it is usually fatal. The brain CT scan is a very quick way to diagnose this.

One can ask why medical doctors did not discover this law of the two-fold phases a long time ago, as it is so obvious. The answer is as easy now as it was difficult before. If the conflict does not get resolved, the illness stays in the first phase, meaning that the individual stays in the **active conflict phase**, getting thinner all the time and in the end dying from enervation or cachexia. The law of the two-fold phases in all illnesses applies only where the individual can solve the conflict. Nevertheless, this law applies to every illness and also to every conflict because, in principle, every conflict can be solved in various ways.

## How did you discover it?

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

There were many patients in whom compact tumors grew with cell-augmentation in the active conflict phase (or sympatheticotonic phase) but in others grew something in the healing phase (or vagotonic phase) after the conflict was solved (conflictolysis). It just couldn't be the same illness. So there were two sorts of cell augmentations: one had cell-augmentation in the active conflict phase; and the other had cell-augmentation in the healing phase.

Illnesses which have cell-minus or cell-shrinkage (holes, necrosis or ulcers, also called abscesses) in the active phase - have cell-augmentation in the healing phase. I compared these different findings and could always see the system. The tumors that formed in the active conflict phase cell-augmentation always had their relays together in the medulla oblongata and cerebellum. These two brain parts are together called "the old brain".

Therefore, all cancer processes that develop cell-augmentation in the active conflict phase, have their relay, the HH where they get their directions from, in the old brain. And all cancer illnesses that exhibit cell-augmentation or so-called tumors (but have, in the active conflict phase, holes, ulcers or necrosis), always have their control relay in the cerebrum.

This systematic connection was discovered in 1987 and called the "**Ontogenetic System of Tumors and Cancer-equivalents**". With the iron rule of cancer and the rule that there are two phases in all illnesses, the very first systematic classification of the New Medicine was laid out.

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

It is said that ontogeny is a recapitulation of phylogeny (the evolutionary development of an organism or groups of organisms), which means that the development of the different species up to the human is repeated in the embryonal time of the child and during infancy. We know that during embryonal development, three primitive cell layers are created (actually

called "germ layers") since the very first development of the embryo and all the organs derive from these three primitive **germ layers** (primitive cell layers):

- the inner cell-layer or **endoderm**;
- the middle cell-layer or **mesoderm**; and
- the outer cell-layer or **ectoderm**

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

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

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

The cells, respectively organs, which belong to the younger group of the middle germ layers, have their steering relay in the marrow layer of the cerebrum (cerebral medulla). They therefore produce necrosis or tissue holes, respectively, cell-dwindling, like holes in bones, the spleen, the kidneys or ovaries, named bone-, spleen-, kidney- osteolysis or ovary necrosis, in the active conflict phase, in cancer cases.

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

**Not all growths are the same. Perhaps you could clarify and explain the differences in growths in specific illnesses?**

Yes, that's exactly why, until now, one couldn't detect a system in cancer formation. According to the present school of medicine, which I now call the "medicine of pupils", there is a classification which has no rhyme or reason. People say there is cancer when they see cell proliferation but, as we can now see, cells can develop different growth patterns in different phases, as in the active conflict phase and in the healing phase.

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

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

As in our example, when a big chunk is swallowed and not digested, the organism produces a powerful tumor. This tumor grew because the digestive and intestinal cells produced a lot of digestive juice in order to digest the chunk.

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

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

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

The phenomena in the psyche and in the brain are the same, in the same phase, but on the organ level they differ. Here we see the old brain-directed organs developing cell-augmentation in the active conflict phase, while the cerebrum-directed organs form holes, necroses or ulcers or cell-decay in the active conflict phase. In the healing phase they act in reverse. In the healing phase the old brain-directed organs decompose and break down tumors with the help of special microbes, while the cerebrum-directed organs during the

healing phase fill the holes and ulcers with the help of viruses and bacteria, by swelling.

### **I suppose we now come to the fourth law?**

Yes, the **Ontogenetic System of Microbes**.

### **Dr. Hamer, what role do microbes play in your system? What is the connection with the immune system?**

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

In avoidable illnesses we also forgot or overlooked the first phase, the active conflict phase. Only after the conflict is resolved do the microbes become active. As a matter of fact, they are directed and activated by our brain. They are NOT our enemies; they are helping us and are instrumental in ordering our organism. As they are directed from and by our brain, they help us to break down cancer tumors after their task is fulfilled, or while the bacteria and viruses build up the holes, repair necrosis and tissue damage from the other cerebrum groups. They are our faithful helpers, our guest workers! The concept of the immune system, the army that fights against the bad microbes, is simply wrong.

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

If we leave the rib cage TBC aside and concentrate on the real lung TBC, then we can say that lung TB was always the healing phase after an advanced pulmonary cancer. This pulmonary cancer is always a death-fear conflict and always directed from our medulla oblongata. It grows in the active conflict phase, but reduces in the healing phase through mycobacteria and tubercular bacteria; if some of these bacteria are present, they will be coughed out, often with blood sputum called expectoration which frightened people and brought them a new death-fear, so that the patients ended up in a vicious circle.

In animals this system functions true to the same pattern; the lung tumors are coughed out and what is left are the cavities which allow better breathing than before; but if the tubercle fungal bacteria are missing, the condition cannot get repaired and healed.

Today, after all these decades of doctoring, we still find some of the old pulmonary conditions even though they are inactive because they can't grow any more. In former days we saw cavities, empty tuberculoma, because tubercular bacilli were everywhere to be found.

**Dr. Hamer, perhaps we could come to the practical therapy of the conflicts. Is conversation therapy your first step?**

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

We should solve our conflicts as practically and as realistically as the animals do. A man whose wife has left him either needs to get his wife back or take another woman. The buck needs his territory back or another territory. A permanent solution is the best solution. If this cannot be done, we have to try talk therapy as a second possibility. The traditional therapy that has been used up until now has been "Take some tranquillizers to calm you down".

Mother Nature has not created this stress phase without a purpose, since it is only because of the stress that the individual will be able to solve his or her conflict. To give the patient the possibility to solve their conflict, one should activate this stress. If you gave tranquillizers to the buck, he would be unable to fight and get his territory back; instead, he would be paralysed to fight off any intruder.

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

**Dr. Hamer, how can one work therapeutically with the four biological laws that you discovered?**

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

First of all, it is necessary to find the DHS (conflict shock) and the conflict content, if possible, on all three levels. One has to work very conscientiously and carefully. One has to consider, for instance, whether the patient is right or left-handed to establish on which of the two cerebral hemispheres the

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

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

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

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

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

This means we have to shuffle the cards again. With our knowledge of the New Medicine we have to consider: What must still be done, what is

meaningful and what should not be done any more? If a patient today has the choice whether he or she would like to have an intestinal tumor operated on, when the patient knows that the conflict has been solved and the tumor will more than likely never grow again, he or she will say, in 99.9 percent of the cases, "Doctor, if it doesn't irritate me in the next thirty or forty years, I'll take that chance; leave it where it is."

**Dr. Hamer, could you explain why the Iron Rule of Cancer is called an 'Iron' Law?**

It is called 'iron' because it is a biological law. For example, a child will always have a father and a mother; there will always be two participants that bring about a child. Thus, we have in New Medicine four biological laws:

- the IRC (Iron Rule of Cancer)
- the law of the two-fold phases of all illnesses
- the ontogenetic system of tumors and cancer-equivalent illnesses
- the ontogenetic-dependent system of the microbes

All these laws are as solid and reliable as iron. All laws, in a strong or true scientific sense, have reproducible methodologies: Verification in the next-best patient case. When one has a biological law, it expresses not only that a rule exists, but also how and according to what law something will come about. It doesn't indicate what someone programs into the system, like, for instance, mathematically calculating debits and credits. The importance here is what the organism programs. Is the programming the solving of the conflict (conflictolysis), in which case the therapy will follow automatically, or is he unable to program the conflictolysis, meaning: The conflict remains unsolved, so the individual dies in accordance with the same law. This strict law is the reason it is called "The Iron Rule of Cancer".

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

Patients will naturally ask the doctor how long it will take for their illness to heal. If one works carefully and finds the DHS as well as the point in time of the conflict resolution, then it is possible to calculate how long the conflict has lasted. With a good anamnesis, one can also find out how strong the intensity of the conflict content was. From this duration time and the intensity, it is possible to estimate the conflict mass.

Ninety percent of patients usually have no complications in the healing phase. The other ten percent who had a conflict that lasted a long time and of a strong intensity will have a big conflict mass which will only develop after the conflict is resolved. These complications come in the form of an edema in the brain and especially in the form of an epileptic or Epileptoid

Crisis (epi-crisis) within the healing phase. One has to know these complications as they can sometimes lead to death. However, we can save those lives by preparing ourselves to counteract some of the complications during the healing phase, with medications, especially cortisone.

The most important factor in all this is that the patient knows the complications and has complete confidence that the doctor understands the whole process of the illness, because only then will he or she have a completely different and relaxed attitude towards the illness. The doctor will be aware of the conflict-active phase and the conflictolysis phase and will therefore be able to direct the course of therapy in a meaningful way depending on the situation or circumstance. Because of this, great trust will be built between the patient and the doctor. Through this knowledge of the New Medicine, patients are less likely to panic on being told by a doctor that they have purulent angina. What is purulent angina? It is the healing phase after a tonsil adeno carcinoma. Here is what usually happens, however: after taking samples from a patient's tonsils, the doctor tells him or her there is a tonsil carcinoma, which is correct, but the likely result, if the patient doesn't know the New Medicine (now **German New Medicine**®), will be to go into a total panic.

This panic can be responsible for a new conflict shock - for example, cancer-fear-panic or mortal-death-panic - which then triggers a new cancer which, on the face of it, will confirm the doctor's first diagnosis.

What happens in the animal world? We know of very few appearances of a so-called metastasis. A professor from Austria put it this way: Dr. Hamer calls us all 'imbeciles'; he says that animals are lucky because they don't understand the primates and that's why they don't get metastasis.

### **Dr. Hamer, are you saying that metastasis does not exist?**

Absolutely! What the ignorant doctor sees is a new cancer and that's how a new conflict shock starts. First, because of his diagnosis and prognosis. The fairy tale of the metastasis is a fairy tale of unknown and unproven hypotheses. Never has a cancer researcher seen cancer cells in the arterial blood of a cancer patient which is where one would find them if they were to swim in the peripheral parts of the body.

The hypothetical idea that cancer cells transform in the never-observed journey through the blood - i.e., intestinal cancer cells which grow cauliflower-like, compact tumors in the intestine suddenly wandering into the bones where they transform into bone-decaying cells - is a madness that can only come from some kind of medieval dogmatism.

The Ontogenetic System denies any possibility that a cell, steered by the old brain, could possibly produce compact tumors, could suddenly leave its

corresponding brain relay and connect to the younger brain (cerebrum) and become a bone-decaying cell. One can only make a guess, but probably eighty percent of all secondary and tertiary cancer occurrences start in patients because of the doctors' pseudo-therapy.

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

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

It is also known that organs, whose nerve connections to the brain have been interrupted, cannot produce cancer.

Nevertheless, more than 1,500 allegedly carcinogenic substances have been found through unnecessary animal experiments. This does not mean that these substances are not poisonous for us, but they do not cause cancer, at least not past our brain. Up until now it was thought that cancer was the result of an organ's wildly growing cells. The assumptions that smoking causes cancer or that Anillin causes cancer are all pure hypothesis and have never been proven and cannot be demonstrated. On the contrary, one experiment with 6,000 hamsters confined with cigarette smoke and 6,000 hamsters which stayed clear of smoke for six years, showed the opposite. The smoke-confined animals lived longer. They overlooked the fact that hamsters don't get frightened by smoke since they live underground and Mother Nature did not see the need for a coded warning sign in their brains.

It's the opposite with house mice; they will run in total death-panic from any smoke. During the Middle Ages one could be sure there was a fire if a lot of mice were seen coming out of a house. In house mice, pulmonary cancer can be induced by a sudden death-fear panic caused by smoke.

These examples should demonstrate that all the experiments with animals being done today are nothing but torture for them and only because no one considers that an animal has a soul. In summary, there is absolutely no proof that carcinogenic substances work directly on the organs past the brain.

### **What is the danger of radioactive radiation?**

Radioactive radiation caused by the accident in Chernobyl will indiscriminately destroy body cells, but particularly the primitive cells and the

bone marrow cells because they naturally have the greatest dividing rate. If the bone marrow gets damaged (this is where blood is made), and the body manages to heal, then we see leukemia which, in principle, is the same as leukemia in the healing phase following bone cancer. The DHS for bone cancer is "I am worthless". To be rigorous, one must say that the blood picture of leukemia is non-specific, not only in cancer but in every healing of the bone marrow. The fact that hardly a single patient has survived leukemia is caused by the ignorance of doctors who are administering chemo and/or radiation therapy until the existent bone marrow is exhausted. It is exactly the opposite of what is needed. In short, radiation is bad; it kills cells, but it does not create cancer; cancer can only be brought on in the brain through a conflict shock (DHS).

### **What about health food?**

Health food that can prevent cancer is also nonsense. A healthy and well-nourished individual, human or animal, will naturally be less subject to all kinds of conflicts, as are the rich, who are ten times less likely to get cancer than the poor because the rich can solve so many conflicts with money.

Strong, healthy animals get less cancer than sick, old animals which of course lies in the nature of things; but one is not more cancerous because of age; no, the animal is just weaker, as the old buck is weaker and will get more easily pushed out of his territory than a stronger and healthier young buck.

### **Dr. Hamer, what is the significance of pain in the New Medicine? At present, it is taken as a negative sign.**

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

In contrast, the healing pain in principle is positive if the patient understands the connections and prepares himself for the pain. Just like preparing yourself for a big job which you want to master. Of course, one has options to relieve the pain with medication or external treatments. In the biological sense, pain experienced by humans and animals means that the whole organism is set to rest for optimal healing. For instance, with bone cancer, the stretching of the skin in the healing phase is very painful; in liver cases it is tension, the swelling of the liver in the hepatic phase that causes pain; after ribcage cancer, the cicatrizing pain of the later healing phase by the crusting of the pleura ribcage; and the crusting of the ascites which presents itself in the healing phase after a stomach peritoneum cancer.

The worst thing about the present medicine is that most patients with cancer, regardless of the pain (even in mild cases), are treated with morphine or morphine-like drugs. At the critical part of the healing phase, one morphine injection can already be fatal. It also changes the brain waves in a terrible way and totally demoralizes the patient. The intestines get paralysed and can no longer digest any food. The patient becomes lethargic and doesn't realize that, in reality, he is being killed, just when he was in the healing phase, on his way to health in a few weeks. If one were to tell a prisoner in jail that he will be executed in two weeks, there would be an outcry of sympathy, even for the worst criminal. If you tell a patient that the execution starts in the form of a morphine injection and will end in fourteen days, he would rather stand the pain than be killed by the morphine. If the patient looks back on the relatively short time in pain, he is thankful for the New Medicine and the trust he had in his doctor.

But don't the doctors know that, people ask in disbelief. Of course they know. However, except for some exceptions, they conveniently take the dogmatic point of view that the pain is the beginning of the end; that there is nothing else to do other than shorten the suffering right away. The natural healing of cancer is simply ignored for dogmatic reasons, so that cancer remains a deadly illness for the ignorant patient who can be manipulated.

### **How would you summarize the importance of the New Medicine; what is its essence?**

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

The doctors who work with the New Medicine (German New Medicine) know exactly, for the first time in history, which biological laws our illnesses follow; and they know, in a way, that they are not real illnesses, because the active conflict is a necessity if the conflict is to be solved. The conflicts are therefore something beneficial and we should try to heal them within the frame of nature. It is possible for the first time to see our illnesses in a holistic, complete way, on the psychic, brain and organ levels, following all four biological laws (**now five**).

Medicine has again become an art for the doctor with a warm heart and a healthy human understanding. The New Medicine (German New Medicine) cannot be stopped. Neither can the new mentality which lies at its core.

The total estrangement from oneself, which is the worst form of human slavery, will come to an end. The anxiety caused by a loss of confidence in one's own mind and body will disappear. Understanding the connection

between the psyche and the body, the patient will also understand the mechanism of the irrational panic after hearing a prognosis of allegedly unavoidable dangers which become unavoidable and mortal because the patient believes the prognosis.

So too will end the fear of an alleged 'self-destructive cancer mechanism' from which allegedly 'life-consuming metastases grow'. This belief gives the doctors enormous power and responsibility which, in reality, they never accept, nor can accept. They now have to give the responsibility back to the patients. The New Medicine (German New Medicine) can be a real liberation, for a person who really understands it.

**Dr. Hamer, what is the meaning of the title 'Legacy of a New Medicine'?**

I feel that the knowledge of the New Medicine (German New Medicine) is the legacy of my dead son, **Dirk**. Through his death I myself became ill with cancer. With an honest heart, I have the authority to pass on this legacy to all stricken patients so that, with its help, they will understand their illness, overcome it and recover their health.

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