



SBS – SIGNIFICANT BIOLOGICAL SPECIAL PROGRAM OF NATURE

LUNGS

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LUNG CANCER and “LUNG CANCER” are not the same

The **Third Biological Law** of German New Medicine, the “Ontogenetic System of SBSs”, organizes all so-called diseases according to germ layer affiliations, i.e., in relation to the inner germ layer, the middle germ layer, and the outer germ layer, which all develop right from the beginning of the embryonic development.

Each cell, that is to say every organ of the body, can be assigned to a specific germ layer and, in accordance with the evolutionary development, each of these germ layers correlates to certain brain areas as well as to certain histological formations. In addition, as far as cell proliferation and cell loss are concerned, cerebral cortex directed organs and old brain controlled organs respond during the conflict active phase and during the healing phase exactly in a reverse manner.

Cells and organs that develop from the **inner** germ layer have their control relays in the brainstem. In the case of cancer, they always generate cell augmentation with compact adeno-cell type tumors. Cells and organs which develop from the **outer** germ layer, on the other hand, are controlled from the cerebral cortex and always cause cell decrease in form of ulcers or functional changes, as seen in diabetes and paralysis.

With regard to the **middle** germ layer, we distinguish an older and a younger group. Cells and organs that belong to the **older** group have their control relay in the cerebellum, that is to say, they still belong to the old brain and produce, in the case of cancer, adeno-cell type tumors during the conflict active phase. The cells and organs which belong to the **younger** group have their control center in the cerebral medulla and cause tissue loss in the form of necroses.

This clearly shows that cancer is not a senseless event of madly proliferating cells but a comprehensible and even foreseeable process that abides very precisely by ontogenetic laws.

Bronchial Carcinoma

The intra-bronchial squamous epithelial ca or **bronchial carcinoma** belongs to the outer germ layer and is controlled from the cerebrum. Thus, during the conflict active phase there is no cell proliferation (tumor growth) in the bronchial mucosa but rather the opposite, namely an ulceration, i.e., a bronchial carcinoma is in fact an ulcerous lesion.

During the healing phase the bronchus can occlude due to the swelling of the mucosa. This occlusion, called atelectasis, is often merely a temporary lack of aeration which together with pruritus (itching) provokes intense coughing. It is tragic that in most cases it is only in the repair phase that the bronchial carcinoma is discovered. If these patients were to find their way to German New Medicine before they are given a negative diagnosis and prognosis, 95% of these patients would survive, because they are already in the healing phase.

Starting with the cerebellum, right- and left-handedness becomes relevant in order to establish which side of the patient's brain is predominant. For all control centers of the cerebellum and cerebrum there is a cross-over correlation from the brain to the organ.

The conflict that is linked to the bronchia is always one of fear in the territory. The territorial fear can be experienced in two ways: as a motor conflict or as a sensory conflict. The sensory territorial fear manifests itself during the healing phase as pneumonia and in the epileptoid crisis as a pneumonic lysis. "Asthma" involves the bronchial musculature which responds to a motor, i.e. not being able to move or maneuver, territorial fear conflict.

A territorial fear can only be experienced by men or by post-menopausal women. However, a left-handed young woman can also develop a bronchial carcinoma, but only as a result of a female scare-fright conflict. The bronchial carcinoma would in this case be accompanied with a depression. Here too, the exceptions would be the constellations and hormonal changes (e.g., birth control pill).

According to the Fourth Biological Natural Law of German New Medicine, "The Ontogenetic System of Microbes", during the healing phase old brain directed organs decompose their tumors with the help of specialized microbes, while any holes or ulcerations of cerebrum directed organs are refilled with the help of certain bacteria and viruses (if they exist!!!)

Pulmonary Lung Cancer (adeno carcinoma)

An alveolar adeno carcinoma, also called pulmonary lung cancer, pertains to the inner germ layer, is directed by the brainstem and always relates to a death fright conflict. The tumor grows during the conflict active phase, is decomposed in the healing phase by mycobacteria such as tubercular bacteria (provided they are present), becomes caseated and is coughed out. All that is left are caverns (holes).

Previously we thought that microbes cause so-called infectious diseases. This seemed to be a reasonable assumption as these microbes are always present in infectious diseases. However, this wasn't quite right, because every infectious disease is preceded by a conflict active phase and only when the related conflict is resolved are those micro-organisms allowed to become active. In fact, they are activated and directed from the brain. Microbes assist the healing process by breaking down tumors, which have become superfluous, or they reconstruct and refill gaps, necroses, and tissue ulceration, which are controlled from the cerebrum. Microbes are our loyal helpers. The notion of an immune system as an army that fights the evil microbes is patently wrong.

If the tubercular bacteria are absent during healing, the lung nodules remain. There are many patients who have a number of pulmonary lung nodules of varying sizes as a carry-over condition originating from a death fright e.g., that concerned a relative who has met with an accident (or a pet). Such pulmonary nodules are often accidentally discovered during a routine examination - often years later, while the patients are no longer ill. If they had tubercular bacteria present at the time, they would now have lung caverns and nobody would speak of a lung tumor.

Healing pulmonary nodules also used to be diagnosed as **lung tuberculosis**. Now they are more and more diagnosed as lung cancer. This way, tuberculosis diminished (as a disease) and cancer increased. Strange, that nobody noticed this.

When a patient receives a "cancer" diagnosis, this is often experienced as a devastating shock that instantly triggers further panic conflicts and new conflict shocks causing new cancers, which standard medicine then calls "metastases". Thus, "metastasis" is first and foremost caused by iatrogenic (doctor-caused) diagnosis- and prognosis shocks.

The "metastasis fairytale" is a conglomeration of all kinds of suppositions and unproven hypotheses. No researcher has ever been able to find a cancer cell in the arterial blood of a cancer patient. If true, that's where you would normally find them - swimming in the peripheral blood stream of the body. It is absolute insanity and medieval dogmatism to think that migrating cancer cells, on their never-observed meanderings through the blood, could mutate into another cell type. As an example, a colon cancer cell (endoderm and brainstem controlled) that had formed a cauliflower-like tumor in the colon is imagined to suddenly travel into the bones (mesodermal and cerebral medulla controlled) causing bone loss.

"The Ontogenetic System of SBSs" (Third Biological Law) has by now definitely refuted that, for instance, a cell that was controlled by the old brain and had created compact tumors, could all of a sudden leave its allocated brain control relay, associate itself to the cerebrum and fabricate cell decrease.

Pleural Carcinoma

All too often, patients experience a "breast cancer" or "lung cancer" diagnosis as an attack (conflict) against the thorax area and as a result develop an additional pleural cancer or **pleural carcinoma**. This type of carcinoma belongs biologically to the old brain mesoderm of the cerebellum and therefore generates a tumor of the adenoid cell type during the conflict active phase. With the cell proliferation the organism tries - and this is the biological purpose - to protect itself against such attacks by forming a flat mesothelioma (pleural carcinoma), which essentially reinforces the pleura.

Such a pleural mesothelioma is usually only noticed after the conflict has been resolved. That is the case because all cerebellum directed tumors produce fluids during the healing phase. In the case of the pleura, this is called a **pleural effusion** - in the peritoneum we call it ascites, and in the pericardium a pericardial effusion. However, this holds true only with the "Syndrome" - otherwise, we call it pleuritis, peritonitis, or pericarditis.

Small-cell Bronchial Carcinoma

With orthodox medicine, the patient is now jumping from the fire into the proverbial frying pan. The diagnosis of "pleural carcinoma" (interpreted as "metastasis") most likely triggers a new shock, for example, a cancer fright conflict or frontal fear conflict, which causes ulceration in the pharyngeal ducts. This too is usually noticed only in the healing phase when the squamous epithelial mucosa in the ulcerated area swells up, and serous fluid-containing cysts are formed. Conventional medicine erroneously calls this a **centro-cystic-centro-blastic Non-Hodgkin's "lymphoma"**. After several relapses, the cysts indurate. In the mediastinum they can reach to the diaphragm. Even here, the diagnosis is given exclusively in the healing phase when the patient feels discomfort. Tragically, the diagnosis now becomes a "**small-cell bronchial carcinoma**".

Surely, it is not difficult to realize why, after only a few weeks or months, most patients die as a result of the panic and ensuing conflicts. One can easily assume that about 80% of secondary and tertiary cancers are the result of iatrogenically induced diagnosis shocks together with an obsolete pseudo-therapy.

"Does smoking cause Lung Cancer?"

In a large-scale study that lasted over several years, thousands of hamsters were constantly exposed to cigarette smoke while control animals were not. The researchers discovered that not a single animal manifested a bronchial carcinoma or a lung cancer. They had simply missed the fact that hamsters live underground and have absolutely no fear of smoke. That's why they have no code in their brains, no warning light against smoke.

With house mice it is exactly the reverse. They suffer an acute death fright with the least amount of smoke and run away. In fact, in medieval times, when one saw a swarm of mice run out of a house, one knew that there was a fire somewhere. Some of these mice can indeed develop a lung cancer, triggered by the death fright.

These examples should suffice to illustrate that today's animal testing is nothing but cruelty, ignoring that animals have a soul. Therefore, I allow myself the following prediction: one day, all animal experimentation will be exposed as a disgrace for our whole society and will be seen as a testimony to our unspeakable lack of knowledge and sensitivity. There is also absolutely no proof that carcinogenic substances act directly upon an organ, bypassing the brain.

Standard medicine has assembled many correct facts. German New Medicine® doesn't deny most of these facts. However, we do contest their interpretation.

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