



SBS – SIGNIFICANT BIOLOGICAL SPECIAL PROGRAM OF NATURE

OVARIES

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German New Medicine is a natural science that applies to humans, animals, plants -- in fact to all living organisms.

Based on the discovery of the “Five Biological Laws”, with German New Medicine we learn to understand that “diseases” - in the sense we are used to thinking about them - do not exist. Symptoms, which we hitherto believed to be “diseases” (e.g. cancer), are in reality part of *two-phased Significant Biological Special Programs (SBS) of Nature*. That is to say, any alleged “illness” represents only *one* of the two phases – *either the conflict-active phase or the healing phase*. Since – until now - we didn’t recognize the true nature of “diseases”, we were unable to treat their real cause.

The cause of every “disease” (not just cancer) is always a biological conflict - a highly acute conflict shock, called a DHS. The conflict-active phase (ca-phase) begins at the very moment of the DHS. At this instant, the vegetative nervous system switches from a normal day/night rhythm to a prolonged stress phase (sympathicotonia). The patient thinks continually about the conflict, cannot sleep at night, has no appetite, and loses weight. At the same time, very specific changes start to develop on the correlating organ. In addition, the unexpected shock leaves a very distinct imprint in the brain (a so-called Hamerscher Herd – HH) that is clearly visible on a computer tomogram of the brain (CT scan). A brain scan shows precisely what kind of biological conflict the patient has experienced, which organ is affected, and whether a cell augmentation or a cell reduction is presently running its course.

It should be emphasized that a SBS-Significant Biological Special Program always runs synchronously on all three levels – on the level of the psyche, the brain, and the organ.

Regarding the ovaries and ovarian cancer, we have to distinguish between an **ovarian teratoma** (compact tumor) and an **interstitial ovarian necrosis** (tissue loss). Each type relates to a different germ layer.

We know from the science of embryology that during the embryonic development three embryonic germ layers (endoderm, mesoderm, ectoderm) develop progressively along with the embryo. All our organs derive from these germ layers, and each cell can therefore be assigned to one of them. In turn each germ layer correlates to

- a very specific area of the brain (brain stem, cerebellum, cerebral medulla, cerebral cortex)
- a very specific location in that particular brain area
- a very specific type of biological conflict
- a very specific tissue type (histology)
- a specific type of germ layer related microbes.

Moreover, every so-called disease has a biological significance that can be understood in the context of our evolution.

Ovarian Teratoma (germ cell teratoma)

An ovarian teratoma is controlled from the cranial part of the midbrain (exception!) that is still part of the brain stem. In evolutionary terms, the ovarian teratoma constitutes the original form of reproduction. Stimulated by the related biological “loss conflict” (loss of an offspring), the organism instinctively reverts to this age-old program of propagation.

All organs that are controlled from the brain stem respond to the correlating conflict with the development of a compact tumor of the adeno cell type.

With **ovarian cancer**, the nature of the conflict is always the experience of a **profound loss** – of a child or a beloved person, but also of an animal or pet.

For example: The mother of a female patient suddenly dies in a hospital. The patient now severely blames herself for not having visited her mother for quite some time.

Mourning the loss a loved one *without* a DHS is, of course, a very natural process. However, if the conflict was a DHS, it is not only the event itself (e.g. the loss) that is decisive, but also the conflict theme(s) that is (are) *associated* with the particular event. In other words, the conflict doesn't necessarily have to be perceived as “loss conflict”. The conflict might, for instance, be experienced as a “territorial conflict”; if the sense of “loss” is associated with a “nest worry conflict”, a glandular breast cancer will develop instead rather than an ovarian cancer. The conflict may also be experienced as a “separation conflict” and - depending whether the conflict is related to mother, child, or partner - an intraductal breast cancer will then develop (either in the right or left breast) during the healing phase after the conflict has been resolved. Thus, it is the *feeling* experienced at the moment of the DHS that will determine where exactly the biological conflict will impact in the brain.

Following a loss-conflict, an “ur-embryo” starts to grow in the form of a teratoma during the **conflict-active phase** (in accordance with the old-brain pattern). In our times, however, this earliest form of propagation has no longer any pertinence. The "growth" is therefore - with the help of mycobacteria - broken down during the healing phase. Along with the development of the teratoma, fungi and mycobacteria multiply already during the ca-phase, but only as many as there are later needed for decomposing the tumor.

The biological purpose of the ovarian teratoma refers to the age-old form of reproduction following the death of a relative (“nest-member”).

As soon as the female succeeds in resolving her biological conflict, she will enter the second, or **healing phase** of the "Special Biological Program". With the conflict resolution, the tumor stops growing. This process takes place rather slowly, since all embryonic tissue is still undergoing an inherent "development spurt". At the same time, germ layer related fungi and mycobacteria, which had already started to proliferate at the moment of the DHS and multiplied parallel to the tumor growth, are activated. They begin to remove the now superfluous tumor through a process called caseation. That part of the tumor which is not decomposed by the end of the healing phase remains. It is quite safe to be left there without being extirpated, provided it doesn't cause any discomfort.

Since laterality is insignificant in the brain stem, there is no cross-over correlation from the brain to the organ. In other words: the teratoma and its brain control center appear on the same side. This differs from the cerebellum and the cerebrum (see diagram). Simply put, the right half of the cerebellum and of the cerebrum control the left side of the body and, vice versa, the left half of the cerebellum and of the cerebrum control the right side of the body.

Right- and left-handedness starts in the brain; to be more precise, it starts in the cerebellum. From the cerebellum onward, laterality always has to be taken into account. The correlation between the brain and the organ is always unequivocal, however.

Left- and right-handedness is only significant in respect to the correlation between psyche and brain, or brain and psyche. Because, it is the *handedness* that determines not only the conflict-brain pathway (depending on whether the conflict is experienced in relation to mother, child, or partner), but also the type of "disease" that will occur as a result of the conflict shock.

The best way of determining the handedness is the clapping test: if the right hand is on top, one is right-handed and, conversely, when the left hand is on top, one is left-handed.

Ovarian Necrosis – Ovarian Cancer – Ovarian Cysts

Regarding an **ovarian interstitial necrosis**, the HH (Hamerscher Herd) is located in the occipital-basal cerebral medulla, in close proximity to the midbrain. The interstitial ovarian necrosis relates to the new brain mesoderm and - like all organs that are controlled from the cerebral medulla causes – it causes tissue loss in form of a necrosis during the conflict active phase (ca-phase). The conflict linked to this Special Biological Program is a "**profound loss conflict**".

The necrosis is usually not noticed during the ca-phase, unless through a routine check-up. The loss of ovarian tissue reduces the production of estrogen which typically results in amenorrhea (absence of menstruation).

As with all other mesodermal cerebrum-directed organs, the tissue loss is replenished with new cells during the healing phase. The ovarian necrosis is filled with interstitial mesodermal tissue, forming different-sized **ovarian cysts**. Because of the proliferation of ovarian cells in the initially fluid cyst, the cysts are erroneously called **ovarian "cancer"**, and even "**fast-growing ovarian cancer**".

At the beginning of the healing phase, the cyst attaches itself to neighboring organs for blood supply - a process that is wrongly interpreted as an "invasive growth". Within 9 months the cyst develops a genuine blood system (with arteries and veins) and eventually becomes entirely self-supporting.

As soon as the cyst's own blood supply is assured, however, the adhesions detach. The cyst forms a one-centimeter-thick capsule that can easily be surgically removed, should it become mechanically bothersome. The hardened ovarian cyst will from then on produce so much estrogen, that a woman may look 10-20 years younger than her age. And that is exactly the biological purpose: a younger-looking female with increased estrogen production is in a better position of attracting a male. That, in turn, increases her chances of finding a new mate and becoming pregnant, in order to make up for the loss of the "nest-member". The outcome of this Special Biological Program is therefore something for which we ought to congratulate the patient.

In men, the same process takes place with an interstitial testicular necrosis. *The hardened testicular cyst (as a result of the completed healing process)* increases the testosterone production, which makes a male appear as more masculine and thus more attractive to a female.

The same principle applies to a hardened kidney cyst that is able to produce urine and can consequently enhance the urine-producing function of the kidney. This demonstrates that the biological purpose of all organs controlled from the cerebral medulla lies *always* at the end of the *healing* phase.

Developing at the same rate and rhythm as a pregnancy, ovarian and testicular cysts take nine months until they are fully indurated (hardened) and able to participate in the function of the respective organ. A hardened kidney cyst is basically a "Wilms Tumor" (type of kidney cancer) that has become a so-called "nephroblastoma" (kidney cyst).

A cyst should therefore never be operated on before the completion of the nine-month cycle.

In conventional medicine, premature surgery is often performed, however, and all "infiltrated" organs are removed – since, as we have shown above, the cysts attach themselves to abdominal organs in need for blood supply. All that is left, after such an operation, is an empty abdominal torso. Just consider all the potential subsequent conflicts on the part of these poor patients!

If the patient were to hold out for those nine months, the smaller cysts of 12cm or less would probably not even have to be removed, since the cysts fulfill either the function of hormone production (ovarian and testicular cysts) or urine production (kidney cysts).

Only in extreme cases, when cysts (of 6-8 kg volume) present severe mechanical problems, is an operation recommended - but only after nine months. Technically, such an operation then becomes just a small intervention, because all adhesions would have detached themselves, and the cysts would have been encapsulated with a tough, hard shell.

Until now, this biological process has erroneously been interpreted as a "malignant infiltrating tumor growth". But this fallacy becomes evident when, during the surgery "infiltrated" tumor particles leak out of a half-hardened cyst into the abdominal cavity; there, new "tumors" will now continue to grow for nine months - often resulting in *another* operation. These surgically-induced new tumors (that

eventually become cysts) are now considered "malignant" metastases. That is evidently a wrong conclusion, since these presumed "metastases" do produce estrogen - just as the host-cyst does.

As we can now see, the conventional prognosis methods are on the whole wrong.

It is not the "spreading" of cancer cells that leads to "metastases" but rather the spreading of panic that causes new conflict shocks for the patient – inevitably resulting in more cancers. Secondary cancers are very rare in animals, and the majority survives them. In conventional medicine, the small percentage of patients who reach the 'five-year survival rate' are simply those patients who found a way out of their state of panic, or have managed to resolve their conflicts.

Whereas biologically meaningful *old-brain controlled* ovarian tumors are naturally *removed* during the healing phase (provided that mycobacteria were present at the time of the DHS), *cerebral-medulla controlled* ovarian cysts (that harden within nine month and produce estrogen) are formed during the repair process of the ovarian necrosis (ca-phase). In the latter case, the biological meaning lies at the end of the healing phase.

As far as old-brain controlled tumors are concerned, we do indeed need surgeons to remove the tumors, but only because we have eradicated tuberculosis - which is Nature's original way of removing of old-brain controlled cancers the normal way (4th Biological Law).

Since our understanding of what we commonly call "diseases" has changed, we recognize the importance of a new nomenclature. All that is left of a "disease" is its symptoms - nothing else!

Based on our new knowledge, we now must re-classify and re-evaluate the symptoms. If we take a look at the 2nd Biological Law of the two phases of all "diseases" (now called "Significant Biological Special Programs of Nature"), we realize that there are many more "diseases" than Biological Special Programs. The reason for that is that we have, until now, viewed the symptoms of each phase as separate diseases.

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Extract from: www.LearningGNM.com