RECALL HEALING IV

SYLLABUS

Review of Recall Healing Level III
Digestive system: stomach, diabetes & hypoglycemia and other conditions
Obesity & thinness, anorexia nervosa & bulimia, lipoma, liposarcoma
Ontogenetic system of microbes
Micro-organism & various conditions
Humanity’s great epidemics
Aids/HIV
Lymph nodes, spleen, leukemia, anemia and various conditions
Thyroid
Schizophrenic constellations
Innate or acquired, extreme adaptability of life forms
Dreams, coma
Holograms and the Dirac function
Different types of conflicts
Biological traps
The placebo effect
Beliefs
13 Suggestions to help healing
The point of no return
Principles and laws in Recall Healing
Man and domestic animals
Synchronicities
Oedipal-Electra Complex
To counsel…
Changing our perspective
Drug addiction
Various exercises for yourself
INTRODUCTION

This course, as a sequel to course Level 3, allows us to go further in understanding and integrating the fundamental principles governing health and illness as described and elaborated in the concept of Recall Healing. Thanks to this new understanding, we will gain access to effective tools for transforming ourselves and our reality by better understanding who we are.

Are we not continually creating the same realities, even though we swim in an ocean of infinite possibilities? Is it possible that we are conditioned in our lives, in our habits, to the point of believing that we have no control over our life? What is reality made of? How is it that a thought can change the nature of reality? If observation affects the phenomenon being observed, we are not only part of the universe but active participants in it.

We believe that the outer world is more real than our inner universe, but a new scientific model confirms the opposite. It states that our inner universe determines what occurs outside of us.

An illness has meaning. It can be seen as a revealer of consciousness. The purpose of this revelation is to heal the cause of the illness through access to the unconscious zones which govern, unbeknownst to us, our health and our life. Whether through our work, our loves or our behaviors, we reproduce programs which necessarily attract to ourselves the people and situations which correspond to these programs. Understanding them and freeing ourselves is the first step towards greater success in all domains of our life.

This document is addressed solely to the course students. It is only a resumé of elements which are examined with greater documentation and accompanying examples in the course. It is incomplete, and for this reason we ask you not to reproduce it, for if these notations are misunderstood and inappropriately conveyed, they can do more harm than good. Recall Healing (coming from Dr Hamer’s New Medicine and Dr Sabbah’s Total Biology of the Living Creatures) is a vast science which requires work if we are to understand it in depth. It is a work in progress (no one owns the truth) and is continually being enriched thanks to the competence of many.
ACKNOWLEDGMENTS

Our deepest thanks to all our relatives and friends who have accompanied us on the path of these new discoveries. We also express our very special gratitude to Claude Sabbah for the exceptional value of his teaching. We owe him a lot. His rigor, his integrity, his devotion and his competence enable him to transmit with science the fruits of a gigantic work of research and synthesis which is shared in part here with you. His vision and his audacity mark him as one of those who dare bring to light the precepts of a science which will unfold in the years to come, to the benefit of those who have the open-mindedness and intelligence to experiment with it. Thanks to Dr Gérard Athias for making a review of the whole concept of Total Biology, which allowed a complementary understanding that facilitates one on one working sessions.

Thanks to Dr. Ryke Geerd Hamer for his extraordinary discoveries. They will change the way we conceive of illness. If we lived in a just world, Dr Hamer should have been awarded the Nobel Prize in Medicine for his revolutionary work! Thanks to Mrs Margaret Van who gave me the opportunity to discover the German New Medicine and to Dr Robert Guinee for being my 1st German New Medicine teacher, early 90’s. Thanks to Mrs Ilsedora Laker for her kind openness.

Our thanks also to Bertrand Lemieux, so generous with his heart, knowledge and his time, who throughout my journey has sustained me with his rich experience. Thank you to all our colleagues for their open-mindedness, their collaboration and for our stimulating exchanges concerning this fascinating body of knowledge. And of course, our thanks to our patients, without whom the integration of this knowledge would not have been possible!

Gilbert Renaud PhD, TBC
Total Biology Consulting, Vancouver

David Holt, DO, HMD
Reno, Nevada

WARNING

The material presented in this course is directed toward a licensed health professional. If you are not a licensed health care professional do not attempt to implement the information presented here. Your primary health care professional is always the best place to start. We cannot emphasize this strongly enough. By no means does this training replace medical advice or treatment of any kind. It is important to note that each person is responsible for the interpretation and use he or she makes of this information.
Pyramid of Health

BODY
Controlled by the Automatic Brain

AUTOMATIC BRAIN
“Attempts to keep me alive from moment to moment.”

PSYCHE
Emotions
Thoughts
Decisions • Beliefs
Religion • Education
Conditioning
“Influences the Automatic Brain”

SPIRIT

Pyramid of Health
Ways We Get Sick

- Progressive Accumulation of Total Body Load
  - Manmade Toxins and Biotoxins
  - Nutritional Deficiencies...
  - Microbes, Toxic Foci...
  - Structural, EMF, & Geopathic...
  - Protracted High Stress (Emotional or Physical)
    - Mental Preoccupation => Accidents, etc.
    - Sequential multi-organ dysfunction
  - General Emotional and Spiritual Baggage...
- Sudden Emotional Shock (DHS) Triggers Disease
- Mechanism of Disease Development
  - Psyche processes the Shock and Presents it to the Automatic Brain
  - Automatic Brain downloads the shock to the physical or psychiatric body
  - The automatic brain “buys time” so the person can survive.
Brain Areas/Embryonic Layers

Brain Stem –> Endoderm –> Vital
Cerebellum –> Old Mesoderm –> Integrity/Protection
White Medulla –> New Mesoderm –> Value & Power
Cortex –> Ectoderm –> Contact & Territory

Resolving the Conflict

- Solution of the mind
  - Recognize Disease
  - Realize the Connection Between Emotional Conflict and Disease
  - Recall the Emotion Felt and the Beliefs/Decisions Made
  - Release Old Emotions
  - Replace Old Beliefs/Decisions with New Beliefs/Decisions
  - Recover Health (Physical/Psychological)
- Two phases of disease
  - Conflict–Active Phase
  - The Healing (Repair) Phase: Recovery Phase
Course Objectives

- To bring to the attendees an awareness of the magnitude of hidden emotions upon the disease process.
- To demonstrate how becoming aware of these emotions can facilitate healing to the individual.
- To teach the attendees how to integrate these methods successfully into their practices.
<table>
<thead>
<tr>
<th>OLD BRAIN</th>
<th>NEW BRAIN</th>
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<tbody>
<tr>
<td><strong>Brain Stem &amp; Cerebellum</strong></td>
<td><strong>Cerebrum &amp; Cortex</strong></td>
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<tr>
<td><strong>Endoderm controlled by Brain Stem</strong></td>
<td><strong>New Mesoderm controlled by White Medulla (Cerebrum)</strong></td>
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<tr>
<td>These centers govern: Homioostasis Relays to Vital Organs—digestive (to eat), breathing, urinary (to reject), sexual (to reproduce)</td>
<td>These centers govern Production, Value, and Loss.</td>
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<td>Adenohypophysis</td>
<td>Adrenal Glands</td>
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<td>Appendix</td>
<td>Blood Platelets</td>
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<tr>
<td>Bladder (sub-mucosal)</td>
<td>Bones (skeleton)</td>
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<tr>
<td>Brain Stem</td>
<td>Blood Red &amp; White Cells</td>
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<td>Cecum</td>
<td>Brain Marrow</td>
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<td>Duodenum (except bulb)</td>
<td>Connective Tissue</td>
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<td>Colon</td>
<td>Fat (hypodermis)</td>
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<td>Epiploon</td>
<td>Joints/Cartilage/Tendons/Spinal Column/Pelvis/</td>
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<td>Esophagus (lower third)</td>
<td>Neck of Femur/Ribs/Skull/Shoulders</td>
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<td>Jejunum</td>
<td>Kidneys (parenchyma)</td>
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<td>Navel</td>
<td>Peripheral Veins</td>
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<td>Fallopian Tubes</td>
<td>Lymph Nodes &amp; Vessels</td>
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<td>Lungs (alveoli)</td>
<td>Smooth Muscles</td>
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<td>Gonads (germinative cells)</td>
<td>Spleen</td>
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<td>Pharynx – Palate</td>
<td>Striated Muscles</td>
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<td>Hypophysis/Pituitary</td>
<td>Teeth (dentin)</td>
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<td>Pituitary Glands</td>
<td>Testes (interstitial zone)</td>
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<td>Kidney, Collecting Tubules</td>
<td>Uterine Muscle</td>
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<td>Placenta</td>
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<td>Liver (as a solitary cancer)</td>
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<td>Prostate</td>
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<td>Middle/Eustachian Tubes</td>
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<td>Mouth (sub-mucosal membrane)</td>
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<td>Parathyroid (acinar portion)</td>
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<td>Salivary Glands (acinar portion)</td>
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<td>Sigmoid-Rectum (endodermic)</td>
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<td>Small Intestine (junjunum/ileum)</td>
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<td>Stomach (big curve)</td>
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<td>Sublingual Glands</td>
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<td>Sub-mucosal Membrane of Digestive Tract</td>
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<td>Tear Glands/Adenoid Vegetations</td>
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<td>Thymus</td>
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<td>Thyroid (acinar portion)</td>
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<td>Tonsils</td>
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<td>Uterus (mucous membrane)</td>
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<tr>
<td><strong>Ectoderm controlled by Cortex (grey substance)</strong></td>
<td>These centers command: Laterality (male, female) Outside World Relationships, Conquer Territory, Communicate, and Separation</td>
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<td>Breast (milk ducts/intraductal)</td>
<td>Breast (milk gland &amp; dermis)</td>
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<td>Broca’s Zone/</td>
<td>Cerebellum</td>
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<td>Command sensitive Epidermis /Skin</td>
<td>Dermis</td>
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<td>Esophagus (upper two thirds)</td>
<td>Eustachian Tubes</td>
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<td>Hearing (inner ear)</td>
<td>Eyelids</td>
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<td>Nasal &amp; Mouth Mucous Membranes</td>
<td>Meninges</td>
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<td>Nerve Sheath</td>
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<td>Neuro-motor areas (paralysis)</td>
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<td>Olfaction</td>
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<td>Pancreas (alpha &amp; beta cells)</td>
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<td>Salivary &amp; Sublingual Ducts</td>
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<td>Schizophrenia/Paranoia</td>
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<td>Schwann Sheath</td>
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<td>Sensitivity of the Periosteum</td>
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<td>Tear Ducts</td>
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<td>Pericardium</td>
<td><strong>Left Feminine</strong></td>
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<td>Peritoneum</td>
<td>Bladder (right mucous</td>
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<td>Pleura</td>
<td>Membrane)</td>
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<td>Scrotum</td>
<td>Cervix</td>
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<td>Coronary Veins</td>
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<td>Larynx</td>
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<td>Rectum</td>
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<td>Retina/vitreous humor</td>
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<td>Thyroid</td>
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<td>Uterus</td>
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<td>Vagina</td>
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<td><strong>Right Masculine</strong></td>
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<td>Aorta</td>
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<td>Biliary &amp; Pancreatic</td>
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<td>Bronchial arch (neck</td>
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<td>Bronchial tubes</td>
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<td>Coronary Arteries</td>
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<td>Duodenum (bulb)</td>
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<td>Retina/Vitreous humor</td>
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<td>Seminal Vesicles</td>
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<td>Stomach (small curve)</td>
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Diagram based on Dr. Hamer’s 2-phase chart of disease
DIGESTIVE SYSTEM

Please refer to Dr. Hamer’s explanation of the “Original Archaic Ring-Formation” in the Scientific Chart of the New Medicine®. Dr. Hamer explains that biological precursors to human embryology were such that a single gullet with input/output capabilities splits into two distinct functional components: the mouth and anus.

This notion becomes important when considering the importance of laterality in structures of the mouth such as teeth, tonsils, ears, parotid, salivary, thyroid glands; brain relay patterning. A general rule is that RIGHT-sided structures pair with INGOING portion of gullet and LEFT-sided structures pair with the OUTGOING portion.

Histologically, the oropharynx and upper 2/3 of the esophagus are lined with squamous epithelium mucosa. The rectum shares this same cellular type from the anal verge extending inward about 12 cm.

We can still observe remnants of the thyroid functioning as an exocrine gland depositing its hormone directly into the gut prior to the transformation into an endocrine gland which releases its products into the bloodstream.

Branchial arch fistulas and sinus tracts are always found on the RIGHT side of the neck which is consistent with channel remnants releasing hormone into the INGOING section of the gut.

Rectal fistulas often represent the channel remnants for the thyroid releasing hormone into the OUTGOING section of the gut.

Each end of the gut demonstrates qualities of absorption and excretion. For the mouth and pharynx we possess the vomiting and gag reflex which aids in excreting the “fecal morsel”. Although the rectum is the endpoint for excretion of waste, it is also still fully capable of delivering nutrients and substances to the liver through the portal circulation. The clinician’s use of a suppository to deliver various agents to the liver and bloodstream is evidence of “morsel intake through the rectum.”
Diagram: 4-week old human embryo. About the size of a grain of rice, 5mm. The ring-like form “splits” between the mouth and anus.

Diagram: 9-week old human embryo. The ring opens and the two ends of the developing gut (mouth and anus) move themselves toward opposite poles of the bilaterally symmetric and elongated human body.
A “food morsel” can literally be a desired food item or virtually anything that one is trying to “take in”: new job, contract, salary, car, partner. Phrases that one might hear when there are issues: “All the work orders just dried up and now I struggle just to pay my bills.” “I really thought I would get hired into that dream job, but they hired another at the last minute.”

A “fecal morsel” can literally be food which we despise or any experience which cannot be swallowed or assimilated. Examples: sexual abuse or rape (esp. when oral sex was involved), unwanted new responsibilities, an unfavorable judicial ruling after litigation, being assigned a work partner who you detest. Some phrases one might hear: “I could not deal with all of the extraneous bulls—t!”, “Corporate always feeds us a line of crap”, “When he said the word ‘divorce’ it was impossible for me to swallow” “It chokes me up just to recall how bad it was” “I thought I had bought a cadillac and ended up with a jalopy—what a lemon!” “I was really taken in…what a ripoff!”

The biological conflict related to "I cannot digest something" applies to the entire digestive system, but for each organ we find various subtle tonalities and sub-tonalities.

**DX - TONSILLITIS**

*EL/HF* – Endoderm/Brain Stem  
*AP* – Hyperplasia, adenocarcinoma  
*RP* - Strep throat (within 12 hrs after CL); tonsillar abscess; tonsillitis with tubercular predominance.

*GEC* – inability to: (Right) swallow a desirable “food morsel” or (Left) spit out an unwanted “fecal morsel”. The first is something wanted, desired and the second is something which has been imposed and is not wanted.

In a climate of depreciation and attack/defense in which I am obliged to choke back the words and am unable to express myself. I must keep the words in my throat. We have the English saying: “Bite your tongue!” which means shut-up.

Silent request to get more love from my mother, which is still vital to me.

**GEC:** In a climate of depreciation and attack/defense in which I am obliged to choke back the words and am unable to express myself. I must keep the words in my throat. We have the English sayings: “Bite your tongue!” which means shut-up.
**PHARYNGITIS (SORE THROAT):** stop at once, no matter what, as soon as the throat expresses the first symptoms of tonsillitis, and find out what has occurred in the previous 24 hours, what has or has not been expressed in words.

**EL/HF** – Three body tissues involved: endoderm (brain stem), old mesoderm (cerebellum) and ectoderm (cortex).

**GEC** – Inability to get hold of the morsel, in a vital tonality; in a climate of attack/defense promoting a greater (> or lesser (<) devaluation.

One wants to have something and can’t get it.

“I can’t get hold of the right grade, an apartment, my mother’s scent, the breast which means: security + existence (lymphoid tissue).

“I can’t get close to my girlfriend who has moved away”

Conflict of: “not sure if I can swallow this morsel.”

**Example:** A single-parent family has just recently moved and a small child is just starting out now in a new neighborhood and school. To make matters even worse, the mother has begun working and so comes home rather late and the eldest brother looks after the child. But the child really wants to “get hold of” his mother and so suffers with this conflict the entire week. On Friday she is home early and takes care of her child immediately when he is home from school = RELIEF! This is the conflictolysis. By Sunday the child “falls ill” and the tonsillitis, strep throat, or sore throat begins Monday morning.
Comment: It must be understood that the felt experience connects with the unexpressed words, the words choked back deep in the throat. What has been said does not program.

NB: If we don’t express the issue, the brain will drop it in the tissue!

**TEETH**

_Each tooth is an organ. When a tooth is extracted, an organ is removed._

Each tooth has a right and a left half which corresponds to a particular cerebral area in the brain. There are 64 very precise conflicts in one’s right and left sides.

The teeth keep us alive, keep us from being killed and eaten, we can catch our prey and get hold of nutrients. One eats and does not die of hunger. Teeth are the primary tool for eating and not being eaten.

_to bare one’s teeth:_ a sign of dissuasion  
_when they are strong:_ it means victory in combat.  
_VERBAL ATTACK:_ The felt sense- I was bitten by the other… “biting words”.

Picture: Anatomy of the tooth.
ENAMEL

Embryonic layer: Ectoderm
GEC:
The hardened part of the tooth.
I don’t have the right to bite back.
I don’t have the right to make scathing comments.

Active phase: ulceration, holes, tooth decay, “cavity”
Repair phase: proliferation of hardened squamous epithelium, fills holes

DENTIN

Embryonic layer: New Mesoderm
GEC:
The soft part of the tooth, the “bone” of the tooth.
I cannot succeed in biting (excessive tooth decay for example)
I cannot bite.

Active phase: ulceration, holes form
Repair phase: holes fill in
DX- TOOTH DECAY

- **EL/HF – DENTINE**/New mesoderm (soft part of tooth)
- **AP** – ulceration, necrosis, cavity formation
- **RP** – Cellular proliferation, pain, inflammation
- **GEC** – I cannot succeed in biting; I cannot “bite” back.

- **EL/HF – ENAMEL**/Ectoderm (hard part of tooth)
- **AP** – ulceration, necrosis, cavity formation
- **RP** – Cellular proliferation, pain, inflammation
- **GEC** – I don’t have the right to bite; don’t have the right to make scathing comments; Harsh, or very “hard” words are exchanged. Example: Chihuahua (small dog) vs. Saint Bernard’s teeth (very large dog).

GINGIVITIS

Repair phase of wanting to spit something out conflict.
EL/HF – Ectoderm portion is small curvature and pylorus. Temporal right.
CAP – Ulcerative lesion is created. Sharp pain, spasm, gastric colic.
RP – Bleeding of ulcer, reparative (cell +) tumor forms. Pain and colic cease. Unusual vomiting. This generally goes well unless there occurs a formidable epicrisis with abundant bleeding...may require transfusion! If the Epicrisis is enormous, the edema can affect the adjacent coronary and/or rhythm control center for the heart.
GEC – Conflict of territorial contrariety. Argument with the head of the territory, with contents of the territory (unfaithful partner), family, best friend (“larger clan”). Consider notions of loyalty, betrayal, resentment.
Stomach (Endodermic)

**EL/HF** – Endoderm/Lateral right portion of brainstem.

**CAP** – Cellular proliferation (cell +).

**RP** – Caseation necrosis with tubercular organisms, (cell -).

**GEC** – Indigestible morsel. “Sitting like a lead weight in my stomach.” “I didn’t have the stomach for that anymore.” Family quarrel. “Didn’t get my fair share.” Key word: “misunderstood”.

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![Lower 1/3 of the esophagus; GE junction](image)

Esophagus (Endodermic: Lower 1/3)

**EL/HF** – Endoderm

**CAP** – Cell proliferation, (cell +).

**RP** – Caseation necrosis, (cell -). Beware of bleeding varices which are part of healing. Dr. Hamer advises that often there is a misdiagnosis of “liver cirrhosis.”

**GEC** – Not being able to swallow a “food morsel”. Something we desire to integrate, but are unable to.

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Esophagus (Ectodermic: Upper 2/3)

**EL/HF** – Ectoderm/Fronto parietal basal, left and right cortex

**CAP** – Ulceration which widens luminal diameter.

**RP** – Often bleeding. Restoration of squamous epithelium.

**GEC** – Not wanting to swallow the “fecal morsel”. Wanting to spit the
undesirable morsel out.

**DX - HIATAL HERNIA (ACID REFLUX)**

**GEC:** Conflict of rejection. “I want to receive so I keep the door open, I feel so empty inside”. I try to hold on to something.

**SEC:** “I would like to say something but I’ve never been able to…”

**SEC:** There is a story regarding the mother: she has never been able to say the right/good words.
**DX- VOMITING**
Can be related to an active stress or a recovery phase.

**GEC** - Major conflict of rejection (something, some idea, etc…) because it is impossible for me to digest it.

Example: Can’t get what I want (house, love, etc…)
My parents love: I feel rejected by one of them so I reject it.
Conflict of “rejecting”, which traces the impossible “normal way of the food” (intestines, peristalsis, etc).
Conflicts of fear, fright, anxiety.

**DX: Hyperemesis Gravidarum**

Nausea, vomiting during pregnancy

**GEC** – Is there some aspect of me rejecting this pregnancy: timing, intimate partner, etc?
As I step into motherhood with the creation of this child, I reject my own Mother’s faults in her raising of me.
“I know I will be a good mother even if Mom was not.”

**DX - APPENDICITIS**

**EL/HF – Endoderm/Brain Stem**
**AP – Adenocarcinoma**
**RP - Inflammatory process, necrosis.**

**GEC** – Ugly and indigestible anger.
- “I can’t digest this situation, linked with the pocket money and/or the reserve (financial, etc.).
- Attack / Defense conflict where I couldn’t “pocket” what I was suppose to get.

**NB:** Food for thought on the subject of “suppressive” interventions. Each of us should expect that a given intervention, whether it is words exchanged, a pharmaceutical, herb or surgical procedure, can be sensed by the body’s nervous system as either neutral, ameliorative or suppressive. If the automatic brain is creating
GERD as a way to discharge a given stress within the psyche, what are the consequences of taking that adaptation away with a procedure such as the Nissen fundoplication? Have we disturbed the nervous system’s best attempt at a pattern of equilibrium? Is the nervous system in a sense “trapped” into a more difficult choice of adaptation…esophageal cancer perhaps? What about “stomach stapling” for obesity? What about repeated courses of antibiotics for bronchitis?

**DX - DIARRHEA**

**GEC** – Conflict related to an inability to DIGEST something.
“I want to clean up the impure within myself.”
Diarrhea of Irritable Bowel Syndrome: not wanting to digest in an atmosphere of impotence.
Some filth which one takes in and is unable to digest + Conflict related to visceral fear (I feel it in my guts).

**DX - CONSTIPATION**

Functional illness

**GEC:**
1) Conflict of identity in one’s territory
   During the conflict active phase there is anesthesia of the rectum, which no longer has feeling; when full it no longer gives order to defecate. The stools are held back and the mass hardens.

2) Conflict of active separation
   I am separated; I want to hold on to someone…I experience the separation but try to hold on. Example: My best friend, colleague suddenly becomes distant, no longer talks to me. I want to hold on to this person, to continue the relationship, and every day the conflict is reactivated in me.
   “Who is the person that you can’t let go?” (separation, death, break-up, etc.)

3) Conflict related to the motility of the lower body
   Creates a paralysis which affects the rectum.

4) Conflict related to fear of an inability to move something all the way through
   The programming conflict often occurs in early infancy.
   For the mother:
   = stresses, she wants her baby to take its bottle, to eat well
= stresses over its burping
= stresses that it will not have a bowel movement resulting in toxemia
One is in the period of project/purpose

NB: What we see as the biological expression of a psychological conflict sometimes will be a REFLECTION and sometimes the ANTIDOTE to said conflict. If my mother had a previous child which was always constipated and this preoccupies her mind during my en utero development: “I hope this one can poop easily” “I worry that he will be constipated like his brother” … I may exhibit constipation as a reflection of those thoughts OR I might adopt a turbo solution of frequent diarrhea in my first year of life…the antidote to ensure that I am not constipated.

5) Constipation caused by cessation of peristalsis
Fermentation and gas cannot be evacuated
Fabrication of gas in order to unblock
Primary tonality: filth one cannot digest, evacuate, or forgive; one holds onto it instead.

DX - Rectum cancer (Ectodermic)

**EL/HF** – Ectoderm/Left temporal.
**CAP** – Ulceration of squamous epithelium.
**RP** – Cellular proliferation, frequently cylindrical.
**GEC** – Female identity conflict. Where do I belong? Where do I go?
Experiencing indecision. Difficulty letting go, unforgiveness.
Saying “goodbye”. Key symbol: “ring” … for example a wedding ring
is somehow involved. Faced a situation where I had to “reinvent myself”.
The “syndrome” can create acute swelling very rapidly which
threatens patency of rectum in the midst of healing…avoid this.

Conflict of identity (in relation to myself, to the clan, to my identification, to my
gender).
  Am I really a man?
  Am I really a father to my child?
  Am I really a son for my parents in everything I have done?
In the active phase of the conflict there is an ulceration of the mucosa.
In the repair phase there is a restitution of the tissue with transitory
cancerization

Cancer of the ectodermic rectum thus responds to a biological conflict of identity. It
is the same conflict for the shoulders but in a tonality of enormous devaluation.

Example- Ms. Williams, a 46 year old woman, experienced a rectal cancer six months
After her entire business was flooded. Even her receipts and paperwork for this years
taxes was damaged. Mold was growing everywhere! She had run this business for 25
years, it was her life…she had immersed and identified herself in this place. She had
had a few symptoms early on and there was a biopsy diagnosis of “herpetic ulceration” of the rectal mucosa. Just 3 months later it was diagnosed as “rectal cancer” … precisely in accordance with the two phases of this illness.

Example- Mr. Johnston (72 yrs old) was a corporate CEO who “rubbed elbows” with some of the wealthiest and most influential people of the world. He had two sons. One of them had disclosed 5 months prior that he had met a foreign “dancer/performer” at a local nightclub. She was a simple woman without high aspirations who did not speak English very well. From Mr. Johnston’s perspective this was a woman of “low station” and not an ideal match for his son. The son had anticipated this and had decided to impregnate the woman far in advance of revealing the proposed marriage to his father. Mr. Johnston was put in a difficult position and wrestled with the notion for months. The wedding (symbol of the ring) was carried out 2 months after their conversation and he experienced symptoms of rectal cancer about 3 months afterward. At half his age, Mr. Johnston was wrestling with having to replace an inept worker (he had recommended him…I picked the wrong one!) and this was very difficult process which dragged on and on. Finally it turned out the HE would have to take that “corporate seat” “chair the position” “fill those shoes” which
was a huge change in the nature of the work and geographic location…he had to “reinvent himself.”

Example- Mrs. Shen was an immigrant to the US from Taiwan. Her elderly mother became quite a handful and so she reached the difficult decision of having to place her in a nursing home “like Americans do”. Her mother began to decline rapidly in health and she would check on her frequently. One day she noted that her mother was not having a bowel movement and she believed that she was severely constipated/obstructed. She told the nursing staff that this needed attention but the following day it had not been done! Her mother now looked very very ill indeed. An enema was given and sure enough there was a terrible mess produced all over the bed (nasty to see mom suffer like this…why didn’t they “open” her up before?!). Her mother died within days of this episode. The following aspects apply: 1) Mrs. Shen felt terrible that she sent Mom to a nursing home instead of caring for her like they do in her native country…who am I to send her away? 2) She felt obstructed “on behalf” of her mother…therefore ulcerating the rectal vault for easier passage. 3) Because of her feelings of guilt, she was not able to fully grieve her mother…never said “goodbye”.

DX - Rectum cancer (Endodermic)

EL/HF – Endoderm/Lateral left portion of brainstem.
CAP – Ugly, mean “shit” conflict.
RP – Cellular proliferation (cell +).
GEC – Caseation necrosis with tubercular organisms, (cell-).
Conflict of “I can’t digest something” in a tonality of “there is something disgusting, vile that I can neither digest or expel, so I keep it, hold it back.”
The conflict “I cannot forgive” may be present as well.
DIABETES

EL/HF – Ectoderm/Cortex, frontal right
CAP – Beta-islet cells stop producing insulin which increases the blood sugar level.
RP – Beta-islet cells function is reestablished.
GEC – 1st: Conflict of Resistance +++++
2nd: Conflict of Repugnance ++
“I resist something which disgusts me.”

Sugar is the “fuel” of the muscles, of the engine: the individual with a high blood sugar level in constant expectation of a “fight”, on his “guard” which brings a degree of paranoia. The paranoid doesn’t trust, remains on his guard and “resists” 24/7 to any suggestion.

The biological meaning of hyperglycemia (sugar diabetes) is to be ready for a struggle, a fight. It is a masculine type of conflict with its brain relay within the right hemisphere. To resist is to fight, it is action. A fight is imminent; I must be ready to resist my assailant. I anticipate the need to go on the offense or defense. A fight is always possible tomorrow (future), I therefore need more sugar in order to have quick energy available.

Thus the biology organizes itself to keep sugar in the blood rather than stored in the muscles or the liver in the form of glycogen.

The person diminishes or blocks his secretion of insulin and the sugar level rises. Sugar is the “fuel” of the muscles, which is to say, of the engine.

Nutrients can be divided into three categories:

Proteins which have to do with structure
Lipids (fats) which assure inventory and protection
Sugars which function as fuel and energy on-demand

Sugar
This is the smallest of the great pleasures: this is maternal sweetness. It is both calming and stimulating at the same time.
It is a hard drug for children. The WHO has defined pure sugar as a substance equally toxic to the brain as cocaine or LSD.
There is a dependency factor. One’s well-being depends on what comes from outside oneself.
Insulin allows it to be absorbed.
Insulin renders sugar useful and usable. Sugar circulating in the blood is absorbed in the presence of insulin. It passes into the liver and the tissues.

Other possible feelings related to diabetes: this is the end of sweetness. There is a rupture and the insulin breaks down. Insulin allows us to stock. I create reserves for the future! The goal is to have a constant level of sugar. This represents the capacity to maintain oneself alone. This is how I structure myself. Insulin is the authority. Sugar is sweetness. If the insulin level drops, it is to avoid authority and find sweetness.

Case of Dr. Sabbah: A 66 year-old patient has a very serious case of diabetes. It began with menopause at the age of 50, so she has had it for 16 years. The severity of her diabetes indicates that the conflict is very intense. In fact, the husband of this woman has the same ardor as a frisky young man, and she is very often solicited sexually. At her age, this woman finds this repugnant, and inwardly she resists with all her might. She is in maximum conflict.

When this woman was a child between the ages of 4 and 7, she was sexually fondled several times by an aged exhibitionist neighbor. This had disgusted her (+++++) and she had resisted as best she could. This was her programming conflict. In her project/purpose, when her mother was pregnant, she refused all sexual contact with her husband. She judged this to be repugnant and resisted the demands of her husband.

HYPOGLYCEMIA

EL/HF – Ectoderm/Cortex, frontal left
AP – Functional impairment of alpha-islet cells causing glucagon insufficiency.
RP - Function restored: gradual increase of blood sugar.
GEC – 1st: A conflict of Extreme Repugnance (++++)
associated with;
2nd: A conflict of Resistance (++).
This is a conflict of the feminine type (left hemisphere):
“I can’t fight anymore. I withdraw the sugar from my blood. I’m heading toward a coma so I wont be no longer prey for my aggressor because I am like a cadaver”.
“Someone is imposing something on me: situation, food, affection; and I resist, I refuse to absorb this sugar.”

Example: A young woman comes home late at night through a dimly lit alley. She is suddenly attacked by a man who tries to rape her. It is a tramp who is dirty and smells
bad. She feels an immense disgust and struggles with all her might to resist him. Luckily a car approaches and lights the scene, and the tramp flees. This episode was a “triggering event” for her condition of hypoglycemia.

OBESITY/OVERWEIGHT


Affected tissue is the hypodermis containing the fat layer of cells.

There are several biological conflicts which program obesity and overweight. These conflicts concern the following:

- Abandonment
- Figure (aesthetic devaluation)
- Indigestible lack (endodermic stomach)
- Fat
- Identity
- “I’m getting fed up with you.”
NB: In general we lose weight when we are in an active biological conflict, in sympathicotonia. But in the case of obesity, we must resolve the conflict in order to lose weight.

**OBESITY - ABANDONMENT**

a) In the wilds, if a baby does not have its mother, it dies. To be abandoned means death, a terrible biological conflict. With its mother, a baby has its food. If it is abandoned, it can no longer receive its food supply. It must therefore store everything it ingests as fat. We stockpile in fat, because 1 gram of fat provides 9 calories, while 1 gram of protein provides 4 calories and 1 gram of sugar 4 calories. The yield from fat is therefore 225% greater than protein or sugar.

This is why abandonment is intimately tied to weight gain.

b) When we put on weight, we are more imposing and make all small predators flee. In nature there is thus more chance of getting out of the situation. Moreover, one is more easily spotted, so it is the only chance of rejoining the flock. I enhance the odds that they will see me. This is a fundamental conflict in nature. I therefore have an interest in being voluminous to gain respect from the enemy, and since I am large, my mother is more likely to find me again.

**Example:** Bawling children (who speak loudly) and children whose stools have a strong odor: this is a biological program designed so that the mother will find them again.

**OBESITY – AESTHETIC DEVALUATION**

This is a conflict we must treat along with the conflict around abandonment, because it locks in obesity.

When the cassette of the abandonment conflict is installed, the conflict around the figure is installed. As soon as the infant sees himself as fat, he develops a conflict with regard to his figure, which locks in the abandonment conflict. In nature, at the level of primitive vital biology, a conflict around the figure signifies: “I am too little, too thin; another is going to attack me. I am in danger of dying. I must become imposing in order to make my attacker flee.” Thus, if my figure enables me to survive a stress, it is
interpreted by the brain as: I am not large enough. Therefore I must absolutely not lose weight! The brain then arranges for it to maintain its weight. In this way obesity is locked in by the conflict related to the figure.

So when I have a conflict related to my figure, it is that I am too little, not big enough according to my brain. When I become more imposing, I will be left alone and will no longer be in danger.

In the conflict around the figure, it is what the person thinks about himself and with regard to others that is difficult, and to the extent that he is ashamed of his figure, he cannot lose weight (his brain has locked it in with “I must be imposing”). The conflict around the figure must first be resolved in order to begin losing weight. It is important not make the common mistake of wanting to see that weight is lost in order to then give up the conflict regarding one’s figure.

Because in nature, if I am very small, everyone will crush me. If I am robust, I am at peace. The best fight in nature is the fight AVOIDED. This is why there is so much maneuvering for purposes of intimidation. Animals only fight for procreation or in conditions that are critical, in other words those that put their survival at risk.

In a stress related to aggression, therefore, according to the possibilities one will be: Either obese in a situation of attack, or underweight in a situation of flight.

Example: Once one has determined the conflict of abandonment. For example, an orphaned mother, a great grandmother who has abandoned a child, etc. All the memories of abandonment which circulate do not belong to us. If it is we who have abandoned a child, we must grieve and resolve the solution of this active conflict.

Don’t forget to include aspects of the endodermal kidney (kidney collecting tubules) in your evaluation as they relate to the “syndrome” and conflict of existence, refugee, rejection, abandonment.

**NOT GIVING A DAMN (without denial) ABOUT ONE’S FIGURE SUFFICES FOR WEIGHT LOSS**

From the moment you know that letting go of the conflict around your figure will result in weight loss, you no longer have to be concerned about it. It takes place by itself, with just a little attention to what you eat.
NB: The mistake is to wait until you lose weight to resolve the conflict around your figure.

When one becomes conscious and breaks free from that which “blinds and binds them”, there is a crisis of tears, laughter… an epiphany perhaps. Healing can happen instantly just with a burst of laughter!

All day long people maintain their conflict related to their figure. There are endless situations which remind them that they are too fat.

When an illness no longer makes sense, it goes away!

The only way to heal is to laugh at one’s figure, knowing that this is temporary, that by solving the conflicts one will eventually lose weight, even if at first one gains a little weight in vagotonia. One will then recover one’s ideal figure which the brain had programmed for us prior to the state corresponding to the conflict.

**OBESITY - INDIGESTABLE LACK**

“I didn’t have enough milk when I needed it. I didn’t have contact with my mother.” An indigestible lack means: I have what I don’t want, and I don’t have what I want.”

From birth to nine months, a human baby triples its weight, and it is with the milk of its mother that it achieves this exceptional performance. No matter what the species, nothing is better for a baby mammal than the milk of its mother for giving it the nutrition and information vital for its survival. This is how mammalian species have perpetuated themselves for eons.

**What is programmed in the biological code of the human species is this:**

1) The natural and optimal duration of nursing for a human baby is three years. This is seen in native cultures and is proportional to the duration that a mammalian newborn takes to become independent and autonomous from its parents.

2) The young child must remain with its mother until it is 6 years old. At this age it has become too heavy, and to be in the arms of its mother who runs to escape a predator is less effective than to run by her side.
The ancient biological code of behavior inscribed within us does not recognize so-called modernism, nor morality, nor what one desires.

The biology of a child does not take into account a woman’s desire for emancipation, for example to return to work (importance of the career for certain women) when the baby is 3 or 6 months old. If one allows lactation to go to term after about 3 years, a harmonious weaning occurs naturally.

If the infant is weaned too early and receives a substitute for its mother’s milk, it is deluded and will consider this substitute as its customary food.

If, on the other hand, the child is weaned later, but rather brutally, it is catastrophic. For him, mother’s milk is the best there is, and it is imprinted biologically in him. When he receives a substitute food, this means nothing to him, it is inedible. Since he is no longer nourished with his perfect food, he finds himself in danger of death. So when food is presented to him, he must throw himself on it in order to take it in and continue to live. This is one of the most common ways people develop bulimia. At the same time, since the mother is no longer nursing, she finds greater freedom again. She will have someone look after her child more often in order to take time for herself. Even if she takes care of the child with all her love when she is with him, the child will live his daycare episodes as an abandonment, because it is the mother’s decision. As a result, the impulsive conflict related to food (bulimia), this improper weaning, induces simultaneously a conflict of abandonment.

**OBESITY - FAT TISSUE**

I take on fat to protect myself from a contact that would be dangerous. I store fat in order to be imposing and to survive. Since I don’t know when my next meal will be, I must stockpile the maximum nutritive elements possible).

Why store in the form of fat instead of muscle or bone?
Because fat is more voluminous and less heavy to carry than muscle or bone.

This is the best material because:
It enables someone to see me.
It is lighter, I can transport more of it.
It provides more combustion (more energy) and burns more slowly
\[
\begin{align*}
1 \text{ g. of sugar} &= 4 \text{ calories} \\
1 \text{ g. of protein} &= 4 \text{ calories} \\
1 \text{ g. of fat} &= 9 \text{ calories}
\end{align*}
\]
It floats better.
It insulates me, which gives me symbolic contact with the warmth I have lacked.

**OBESITY - IDENTITY**

Related to the right to exist, to express one's self, to offer one's opinion, to have a territory.

**OBESITY - “I'M FED UP WITH YOU”**

These are people who feel permanently attacked, constrained, confined by a circumstance. They try to avoid being attacked and to distance themselves from this aggression/pressure which comes at them. The brain devises the system of obesity so that their periphery (skin) is pushed outward thus enlarging their peripheral bubble of integrity.

**Other examples:**
A woman begins to put on weight when her daughter separates from her: conflict of identification
A woman begins to put on weight when she goes through a difficult period and her mother takes on the role of her husband.
A woman begins to put on weight almost exclusively in the buttocks and pelvic girdle after her first sexual encounter...stress which awakens the drama of sexual abuse as a little girl. She takes on fat in order to protect herself and to become less alluring. “Therefore I won’t have to repeatedly experience the trigger which reawakens that terrible trauma of sexual abuse.”

*Picture: A Pufferfish demonstrates its ability to change size for self-defense and survival.*
OVERWEIGHT

One wants to give an image of oneself different from what one really is. Example: The hen which puffs its feathers
One finds oneself enormous, exceeding the norms
To be eaten up by the enormity of something, the norms [Être bouffé par l'énorme, les normes.]

Practice Pointers: Look for any situation where fat would be protective: “I have had many bad falls in the past” … Cushion. “I was gang-raped 2 years before I gained all this weight” … Shield. “My mother fell through the ice of a frozen lake while she was pregnant with me” … Insulation, Floatation. “As a 9 year old child I got lost in a big city for an entire day before I was found by my parents; I was terrified” … Visibility. “The bullies used to pick on me all the time in High School; I felt weak in their presence” … Formidable presence, I am no longer a pushover.

UNDERWEIGHT/THINNESS

There are five conflicts related to underweight/thinness:

1) Abandonment: One or both of my parents do not want me (therefore do not protect me), so I am better off if I disappear, make myself very tiny in order not to bother. I must disappear, the predator must not find me.

2. Figure: I must remain the thinnest possible in order to hide myself and sneak around in case of danger. Above all I must not grow larger!

3. Indigestible lack: I don’t have what I want, and I don’t want what I have.

4. Identity: I don’t have the right to exist, to express myself, to express my opinion, to have a territory, etc.

5. Fat: I am skinny as a rail, I am too thin.

If one cannot be imposing, then one must be as small as possible in order to hide in a crevice, in a little hole, to escape a predator, which creates thinness instead of obesity.

We must find where the abandonment is in the parents history!
(Real, imaginary, symbolic or virtual)
Example: my mother was orphaned.

Difference between conflict of separation and abandonment
There is a difference between the two. For example, if a mother is imprisoned or forcefully retained from her child, the child is going to experience this as a separation. Its mother wants to remain with the child but is prevented from doing so (PASSIVE). If, on the other hand, it is the mother herself who decides to leave her child for whatever reason, the mother’s behavior is ACTIVE, and the child lives it as an abandonment.

To be “fat” or to be “thin” depends on what this means in the mind of the person and always represents the brain’s perfect solution. Consider that the automatic brain itself senses that the body is at an ideal weight even when we are morbidly obese or even anorexic! It feels that all is well given the totality of the informational field which it reads. The answer is to change what the brain reads: experience residues, epigenetic influences, unresolved active conflicts.

**EXPERIMENT WITH MONKEYS**

Young monkeys are isolated from their clan and placed in a living situation which lacks contact and touch as well as lacking in food and nutrition.

After a certain time, they are put at the entrance of a room with a table full of food on one side and a table with a monkey-like mannequin which is draped in monkey fur on the other. Every one of the monkeys in the experiment always rushes to the arms of the mother even when their bellies are empty. This nurturing contact appears to supercede even food in the fundamental requirements for survival.
ANOREXIA NERVOSA


There are two active conflicts at the same time:
1<sup>st</sup>: An ongoing conflict with the mother.
2<sup>nd</sup>: A conflict around recent territorial obstacles regarding the clan or the larger clan, in a tonality of indigestion (this is a conflict of the ectodermic stomach) -- extremely profound conflict with an unavoidable person, to whom one is obligated to stay close, without rancor. “Everything will be better if I could just disappear.”
**BULIMIA**

Alternating vagotonia and sympathicotonia. Biological conflict regarding disgust (close to that of repugnance) + conflict of the ectodermic stomach (territorial conflict) in a sub-tonality of rejection. Conflict around starvation, mortal risk related to a lack of nourishment, close to the conflict of abandonment or improper weaning. Lack of what is essential. I throw myself on the food which is indispensable.

**OTHER CONFLICTS RELATED TO FAT**

BI: conflict of devaluation related to one’s figure
Imagined image one presents to oneself or to others

**Sympathicotonia:** necrosis of the fat tissue
**Vagotonia:** restoration of the mass. Cellulite. Liposarcoma. Lipoma.

NB: The new mesoderm should hollow out in the active phase. But it obeys the brain above all. If the brain gives it the order to produce a mass, it obeys and there is weight gain = obesity, overweight.

**CELLULITE**

It is fat that modifies the figure. Fat on the part of my body that I do not like will hollow out in the active phase of the conflict to change my figure. When I resolve the conflict, the tissue is repaired and produces fat again, which results in cellulite.
LIPOSARCOMA – LIPOMA

DX - LIPOMA

EL/HF – New mesoderm/White medulla
AP – Micro-ulceration, swiss cheese…
RP - Fat tissue restitution through mitosis.
GEC – Body image devaluation conflict regarding the specific location of the lipoma.
“I feel so unattractive because of this body part”.
“I feel attacked exactly here (location of lipoma)”.

Devaluation of one part of the body, judged by oneself to be unaesthetic.
If I feel attacked in a part of my body by mockery, where I do not find myself beautiful, I hollow out the fat. In the reparation phase, a lipoma (ball of fat) appears.

DX – LIPOSARCOMA OR “CANCER OF THE FAT”

Localized conflict related to the figure
Fat: is hollowed out in the active phase of the conflict and fills in during the solution phase.

The same thing as a lipoma but more intense. It is also said that the liposarcoma is in fact a lipoma, the tissue analysis for which was done at the moment when inoffensive cancerous cells remained.

EL/HF – New Mesoderm/White medulla
AP – Micro-ulceration, swiss cheese
RP - Tissue restitution through mitosis
GEC – Important conflict with my body look, “feeling very unattractive” regarding a specific body part; experienced with abandonment.
People speak behind my back.
“I did not see it coming, it hurt me right there”.

Pathologist: biopsy from the same zone (area) but taken at different times during the illness.
Specimen A (after vagotonia): Common benign lipoma, there is no longer any mitosis, thus tumor is not dangerous.
Specimen B (end of vagotonia): Common benign lipoma (rare cells in mitosis)
Specimen C (sympathicotonia): Common adipocyte tissue, rarified
**Specimen D** (beginning of vagotonia): Numerous cells in mitosis = liposarcoma. The patient is then plunged into an infernal mechanism.

**Diagram:** Dr. Hamer’s 2-phase chart demonstrating the continuum of special adaptation programs for fat tissue.

**NB:** In order to de-dramatize the word “cancer”, Dr. Hamer refers to all illnesses as cancer and all healing as the healing phase of cancer.
The French chemist and microbiologist **Louis Pasteur (1822 – 1895)** developed the “germ theory of disease”. It basically states that microorganisms are the cause of many diseases and represents a cornerstone of modern day medicine. Most of us use the expression “caught a bug”, “I am coming down with something”, “must have caught something”, or we may ask the question: “Is that contagious?”

From the perspective of the Goal-Oriented Biology paradigm provided by Dr. Hamer we reach an entirely new understanding of the role of microbial influences within health and disease. The microbes are seen to be in communication with the host nervous system and receive direction in what is overwhelmingly a symbiotic relationship. They can be used to aid in “demolition” work (cell -) or “construction”
work (cell +). Microbes are essentially dormant during the conflict active phase of disease and fulfill their purpose always in the post-conflictolysis phase (PCL).

Contrary to initial appearances, microbes only become active in a significant way within the body when they are needed for a given purpose. Excepting a small percentage of exotic encounters with microbes, greater than 98% of “infections” in a typical human being, therefore, are actually symbiotic and purposeful in nature. Refer to Dr. Hamer’s Fourth Law.

Microbes have evolved alongside all other life forms and have paired up with bodily tissues whose genesis coincided along the shared timeline. Today the microbes still preserve those same relationships with each of the embryonic germ layers.

**Fungi and mycobacteria (TB)** might be seen as the “dinosaurs” of microbes and are the most ancient germs. The cellular domain of action for these microbes is within the endoderm-derived tissues which are controlled entirely from the brainstem. They can be seen as the demolitionists and garbage collectors who clear away endodermal and old mesoderm (cerebellar relays) tumors.

The tubercular and colon bacilli appear to be germs we domesticated a very long time ago. Dr. Hamer suggests that the TB is predominantly the garbage collector and colon bacillus the construction worker.

**Bacteria** are intermediary microbes. Dr. Hamer calls them middle-age microbes. They are the most effective for intermediate tissue: the mesoderm (controlled from the cerebellum and the “marrow of the brain” or cerebral medulla). When they are in the old mesoderm and there is a need for them, they may operate in a fungi-like or TB-like fashion, acting as nature’s demolition and sanitation crew. When they are in the new mesoderm, they act like viruses and reconstruct substances which have been lost.

**Viruses** are the most recent germs, what Dr. Hamer calls modern germs. They are the most effective for the most recent tissue: the ectoderm (controlled by the cerebral cortex). They possess genetic material but are incapable of reproducing without using the reproductive system of another cell. Abundantly reproducing themselves, they work on reconstruction and restoration by giving genetic sequences which serve to reconstruct the cells that need it. They provoke tumor growth and fill in loss of cellular substances.

In the teachings of Dr. Hamer one often notes that there is usually this caption: viruses *(if they exist).* Dr. Hamer is not entirely convinced that modern virology has
scientifically established beyond a doubt the existence and role of the virus. He also notes that in many afflictions which appear very similar to “viral-mediated” disease, no evidence of viruses or antigens can be found with testing. I.e., non-viral hepatitis can look exactly like a so-called “viral” hepatitis with all the serology testing supporting that contention. However in BOTH cases the conflict is present in the same fashion and the brain relay connection also evident on the brain scan. In other words, it appears that the nervous system can mediate the reparative dynamic of a hepatitis, for example, with or without the presence of virus.

- Fungi and mycobacteria (TB) are also effective for ancient mesoderm
- Viruses are equally effective for new mesoderm
- As for bacteria, they are effective for all tissues. They take an appropriate form according to whether they are to destroy a mass or help in the reconstruction of a tissue.

All microbes without exception work exclusively during the repair phase and do so until the process of healing is finished. They work neither before nor afterwards, at which times they are considered harmless.

NB: This only applies to microbes for which our brains have acquired the biological codes of behavior during the years our organism has incorporated them. This does not apply to exotic microbes which can prove to be dangerous for us, unlike for the populations that have long had contact with them.

MICRO-ORGANISMS

These elements are all small in size such as bacteria, viruses, fungi and parasites.

Reflection:
Diseases are not contagious in the traditional sense. What is transmitted, what is contagious, is the felt experience that passes from unconscious to unconscious.

When two people meet, their microbes and their unconscious meet. The consciousness of each asks: “Am I going to accept the microbes and experiences of the other?”
Humanity is confronted with many uncertainties. These confrontations allow it to react, surpass itself, transmit and evolve. These uncertainties, or we can say problems, are at the same time individual and collective.

Micro-organisms exist in direct relationship with the individual and collective unconscious. As such they represent the memory of the species, the experiences they have lived. Our existence is made possible thanks to the experiences we have lived.

For example, our intestinal flora enables us to digest what is exterior to us. It is an error to believe that our intestinal flora is interior, when in fact it is exterior. (Example: tube) Consider that we haven’t really “eaten” an apple until it crosses into the portal circulation and is enroute to the liver.

We have an experience, and thanks to this experience we evolve, we are in balance with the exterior which we digest.

Primitive animals are without intestines; microbes take care of digestion directly in their place.

Microbes are tremendously important; we have about 10 E13 cells in our body and around 10 E14 microbes in our body.

At the beginning of our life, our organism is sterile, uncultured. We do not know if it is cultured in the uterus, but we know it is cultured through mother’s milk. The microbe acidophilus is an unconscious message of maternal love. When I eat yogurt I am seeking my mother’s milk! Thus, in a family, the children nursed by the same woman will have the same stock of microbes, as well as several generations that follow. The role of microbes is also to transmit family memory. We then transmit these microbes through respiration.

Tell me who your microbes are and I will tell you who you are. I will tell you who you have been in contact with and with which experiences you are in or out of balance.

The healthy person eliminates well through his large intestine. Microbes are the unconscious with which he lives in good balance. Microbes respond to a conflict and help us resolve it. The microbe has a specific function. If I have a splinter in my finger I can remove it with tweezers. Primitive man didn’t have this possibility. If there is no solution for getting it out, a microbe must be used. No microbe, no removal. The microbe here serves to protect the integrity of the skin. In this case it will probably involve staphylococcus, which functions as an external sensor and reacts to penetration, then as an active agent which produces an abscess in order to eliminate
the foreign object. The sympathicotonia corresponds to the penetration by the foreign object. The abscess is the elimination, the repair phase. Streptococcus indicates a conflict of suppressed life in a literal or figurative sense (one is under the domination of another).

The coli bacillus serves to resolve a conflict of territorial marking in a non-sexual sense. Women must get free of the territorial marking inscribed by their mothers. They are contaminated by the territorial shadow of their mothers.

Example: the mother who projects upon the adolescent child that menstruation is something difficult, resulting in cystitis in her daughter upon resolution of the challenge with the onset of menses.

CHICKENPOX

EL/HF – Ectoderm/cortex
CAP – Micro-ulceration.
RP - Skin eruption.
GEC – It is the liberation of unused energy. It is a conflict of separation with the mother in a climate of change…the general pattern being the mother who experiences a shift in how she relates and behaves with that child.
**DX - MEASLES (RUBEOLA)**

This is the conjunction of four elements:
- Mouth: I want to spit something out
- Nose: “something smells foul”
- Skin: separation
- Presence of the virus

**EL/HF** – Ectoderm/Cortex
**AP** – Micro-ulceration.
**RP** - The red spots follow CL and appear in the repair phase.
**GEC** – This is the sign of our autonomy and our independence. The measles must get out. If they are blocked, everything will explode.

Often it concerns an event that takes us by surprise. **Example:** separation from the parents.
**DX - GERMAN MEASLES (RUBELLA)**

**EL/HF** – Ectoderm/Cortex  
**AP** – Micro-ulceration.  
**RP** - The red spots follow CL and appear in the repair phase.  
**GEC** – This is the sign of our autonomy and our independence. This resembles measles, but to the conflict of separation associated with the mouth and a foul smell, a sub-tonality which causes shame is added. Example: A slap

![German Measles](image1.jpg)

**DX - WHOOPING COUGH**

**RP** – Coughing fits, vomiting  
**GEC** – This a fear of dying within the familial universe, the equivalent of lung cancer.  
It is a conflict of separation with a danger of immediate death (Example: giving birth) + vomiting (mother). I am forced to swallow something and I don’t want to.  
Vomiting is a rejection of something from the outside.  
One rejects by way of a cough that makes one vomit.
**DX – MUMPS**

**RP –** Lymph node swelling, fever, painful swallowing, headaches.

**GEC –** conflict of separation with a food sub-tonality and major stress over something emotional.

Conflict of separation with a conflict related to the inability to use the testicles (make love).

Orchitis is found in about 1/3 of mumps cases.

The emotion is so clearly in direct relationship to food that at a certain moment love and food are the same.

Example: the child that can’t eat what he’s starving for; to menace a child to be send to boarding school because the results in school aren’t good enough, etc…

You are hungry = I give you a bottle
You cry = I give you a bottle.
**DX - HERPES**

**EL/ HF** – Ectoderm/Cortex  
**AP** – Micro-ulceration.  
**RP** – Herpes through viral activity.  
**GEC** –  
**Lips and Mouth:** conflict of the kiss, of a separation in/by way of/for the kiss, in all possible situations. Also called “cold sores”.  
**Genital:** absence of sexual contact and/or “very unsatisfying sexual contact”.  
**Example:** “I long for my husband, he’s so busy. When we have an intercourse, it is very short and not satisfying. Shortly after, he goes back at work…and I’m still longing!!!”

“I see you – I’m leaving you” and this is a separation of a sexual nature + anger  
The separation is or is not accepted.

It might be a kiss of a non-sexual nature that makes one ill. It is the kiss of Judas. It is the kiss which symbolizes the separation, the separation accepted with difficulty.
**DX - MONONUCLEOSIS**

Typically experienced by adolescents and young adults initiating romantic behaviour. “The kissing disease”.

**EL/HF** – New mesoderm/White medulla  
**AP** – Microulceration tonsils, (spleen)  
**RP** - Pharyngitis, fever, (splenomegaly).  
**GEC** – Conflict of: “I feel alone in my family.” “Sexual activity has led to or could lead to trouble.” “I feel apprehension and uncertainty in proceeding further with sexual activity”.  
Example: “I contracted a sexually transmitted disease because of sexual intimacy.”  
Example: “I got into a terrible fight with my friend over a mutually desirable intimate partner.”  
Example: “I impregnated my girlfriend and now am faced with difficult consequences.”  
The so-called “mono” helps to reign in and temper this burgeoning sexual activity.

**DX - MYCOSIS (FUNGAL INFECTIONS)**

To produce Paris mushrooms, spores are sown and left to incubate at 77 F. degrees.  
To make the mushrooms appear, the temperature is abruptly dropped to around 41 degrees. This is a thermal stress which introduces a stimulus for survival. A call to arms for survival in the face of a **visceral fear**. Mushroom responses to varying stimuli depend on their species.
Sensors with different types of capabilities are attached:

- For temperature
- For crushing by animals (rupture of rootlets)
- For light (when in autumn the oblique light reaches the forest undergrowth)
- For humidity
- For the suffering of trees (truffles correspond to oaks that suffer)

The fungus is the fruit of fear and suffering with the ability to break down, recycle or “compost” any biological organism back to the soil especially in the light of a “self-destruct” program.

EL/HF – Endoderm (brainstem); Old mesoderm (cerebellum).
CAP – Cell proliferation
RP - Fungal degradation
GEC – I regret that I didn’t express my resentment regarding the following situations:

**Mouth:** “I have said something that might have contributed to severely embarrass somebody; and I feel so bad about it.”
One is unable to catch something. Sub-tonality of a lack.

**Vagina:** Disappointment one experiences in a relationship, or not to have found what one hoped in a relationship.

**Feet:** Situation difficult to accept with the Mother. Something has changed in my relationship with Mom. Sometimes there is a notion of: soiled, dirty, filthy.

**HUMANITY’S GREAT EPIDEMICS**

Upon arrival to a new country, the traveler enters more or less into conflict with new ideas (language, customs, climate, culture). Recall the dynamic which occurs when you get a large splinter in your finger, an insect sting or an animal bite. Sometimes a physiologic cascade will follow…possibly an abscess might form to reject the penetration and invasion. In a sense, each of us can act as a “foreign body” when we plunge into the depths of an environment not native to our own!

Rather than an inanimate “intruder” like a thorn in the finger we can appreciate the clash of two living biological systems which have never accommodated each other in the past and the likelihood that the “disease” which follows is evidence of the new system striving for equilibrium and integration.
When humanity is confronted with a new experience, it cannot simply evade or escape. It has no choice but to adapt. This is the meaning of the great epidemics. The principle ones have been the black plague, tuberculosis, syphilis, Spanish flu, typhoid fever, cholera and more recently AIDS.

Let us recall the old adage: “As above, so below.” Not only can the individual human being experience a conflict but so can a population.

Whether we are talking about a population of two or two million, it is important to remember that groups of people or herds in the animal kingdom can share in having a similar “felt experience” and join each other in a communal adaptation such as an infectious epidemic. Examples of a population: family, boyfriend-girlfriend, pediatric milestones, age, church, daycare center, school, military unit, city, state, country, religion, union, factory, tribe, racial group, planet, etc.
Epicenter and affected countries of the 2004 Indian Ocean earthquake and tsunami. 230,000 deaths. The direct physical consequences of an environmental disaster or war affect populations differently. The variables in the above case related to ocean wave propagation and relationship to the epicenter as well as the altitude above sea level each person was at when the waves landed. The “emotional aftershocks” from such an experience will carry through several generations, having impacted the biological functioning of countless millions for centuries to come.
9/11 attack: Emotional shock affects populations differently

How each population was affected differently by the 9/11 attack:

- Radical Muslim extremists
- European people
- American people
- New York City inhabitants
- Eyewitnesses.
- Family members, close friends of those killed in the attack.
**Cholera:** the discovery of a new culture, of something new, of something that surprises us. Cholera has been the cause of seven great epidemics. The meaning of a great epidemic is leaving old ideas for new ideas. And cholera is the limiting factor which says to us, like Cerberus: are you capable of passing through the door? Are you capable of entering? Are you capable of passing from old beliefs to new ones? Are you capable of integrating the new ones that are given? Are you capable of being born anew? An initiatic rite of sorts.

When one is expatriated, after about six weeks or about forty days, a person experiences sadness…something had to be let go. Our vacations last less than forty days, we must fast more than forty days. Forty represents the mutation of something new in the collective unconscious.

**The Black Plague (14th Century):** this was the discovery of a new way of seeing, the fear of dying along with one’s ideas, as a result of the new ideas. It affects the lymph nodes which burst with inflammation. It also represents another form of cultural evolution, but no longer collective in nature, but instead centered on the individual. It was the moment when we emerged from the obscurity of the dark Middle Ages and headed towards the century of light. During the Renaissance the plague is estimated to have destroyed two thirds of the population, a population that was not ready for the new ideas. Lymph nodes represent the immune system. Here the complete structure of the human being is overturned, alchemically speaking. A renewal of the great monastic orders of the 11th and 12th centuries takes place. There is a transformation of Christianity, of the structures of society and the definition of the individual.

It is fear of death because all the references and structures of a thousand years are disappearing. It is a saturation with new ideas. It is the basin that is too full, spills over and is then filled again. It is saturation, overflow, overthrow.
1918 Spanish Flu: About a 3% worldwide mortality. 20% of the world population afflicted. 50 – 100 million deaths attributable to the flu. World War I estimates of combat and civilian deaths in comparison were about 20 million. This was the greatest war the world had ever seen. Keeping in theme with the influenza conflict being connected to: “there is a threat, menace within the territory which I live” with notions of fear. There were things to fear in this war which never existed in past conflicts.

These included: submarines, flame throwers, chemical warfare (gas), trenches, planes, artillery and machine guns to name a few. Although the pandemic did not appear to start in exact accordance with the two-phase disease chart (4-6 weeks after the end of WW I, for example), there are still some very insightful events which do support such a pandemic as reaction to the totality of global-scale conflict.

In relation to chronobiology, we frequently find the conflictolysis 2-6 weeks prior to the outbreak but frequently find that the first anniversary of an event (looking 12 months back) can also represent the source of final CL. In other words an event which serves as a 12-month delayed trigger for CL.

March 1917 - the 200 year old Russian Empire falls with the Russian Revolution. This empire had been the 3rd largest in population in the world and remains the largest country in the world to this day with nearly twice the land mass of the entire United States. This event shook the foundations of human civilization to its core at the time. Another very significant event immediately afterward was that the United States declared war against the central powers and Germany in particular. Germany knows
that, in order for it to win the war, it needs to get Russia OUT and move quickly enough before the US gets fully engaged militarily.

**March 1918** represents the start of the flu pandemic. World War I lasted 4yrs 4 mos and still has another 8 months to go before ending. Coinciding with this month: Russia officially exits the war which frees 50 divisions of the German Empire to launch a momentous Spring Offensive into France. This is the last and greatest offensive of the entire war and it turns out initially very favorable to the Central Powers. But months later the battle favors the Allies and they successfully reverse all gains made. Arguably this was a turning point in the war which favored the Allies.

So the beginning of the Spanish Flu pandemic of 1918 occurs on the first anniversary of the Russian Revolution and the United States’ entry into the war. Also it coincides with the Russian’s withdrawal from the war and the launch of the Spring Offensive which turns out to be the pivotal engagement where the tide turns against the Central Powers.
**Diagram:** Timeline of the Spanish flu pandemic of 1918 and the events of World War I.

**Syphilis:** This affliction reveals the clash between religion and sexual freedom. The notion arises that sexuality can be something other than solely a means of reproduction. This is the principle of pleasure in sexuality. It is the conflict of libertines.
AIDS

Introduction to the HIV, AIDS controversy.

Kary Mullis, PhD  1993 winner of Nobel prize in chemistry for the invention of the polymerase chain reaction (PCR) test.  (Actual test used for measuring “viral load” of HIV / AIDS afflicted patients.)

The following was written by Kary Mullis for the introduction to the book "Inventing the AIDS Virus" by Peter H. Duesberg (Regnery Publishing, INC; Washington DC, 1996):

In 1988 I was working as a consultant at Specialty Labs in Santa Monica, CA, setting up analytic routines for the Human Immunodeficiency Virus (HIV). I knew a lot about setting up analytic routines for anything with nucleic acids in it because I invented the Polymerase Chain Reaction. That’s why they hired me.

Acquired Immune Deficiency Syndrome (AIDS), on the other hand, was something I did not know a lot about. Thus, when I found myself writing a report on our progress and goals for the project, sponsored by the National Institutes of Health, I recognized that I did not know the scientific reference to support a statement I had just written: “HIV is the probable cause of AIDS.”

So I turned to the virologist at the next desk, a reliable and competent fellow, and asked him for the reference. He said I didn’t need one. I disagreed. While it’s true that certain scientific discoveries or techniques are so well established that their sources are no longer referenced in the contemporary literature, that didn’t seem to be the case with the HIV/AIDS connection. It was totally remarkable to me that the individual who had discovered the cause of a deadly and as-yet-uncured disease would not be continually referenced in the scientific papers until that disease was cured and forgotten. But as I would soon learn, the name of that individual - who would surely be Nobel material - was on the tip of no one’s tongue.

Of course, this simple reference had to be out there somewhere. Otherwise, tens of thousands of public servants and esteemed scientists of many callings, trying to solve the tragic deaths of a large number of homosexual and/or intravenous (IV) drug-using men between the ages of twenty-five and forty, would not have allowed their research to settle into one narrow channel of investigation. Everyone wouldn’t fish in the same pond unless it was well established that all the other ponds were empty. There had to be a published paper, or perhaps several of them, which taken together indicated that HIV was the probable cause of AIDS. There just had to be.

I did computer searches, but came up with nothing. Of course, you can miss something important in computer searches by not putting in just the right key words. To be certain about a scientific issue, it’s best to ask other scientists directly. That’s one thing that scientific conferences in faraway places with nice beaches are for.

I was going to a lot of meetings and conferences as part of my job. I got in the habit of approaching anyone who gave a talk about AIDS and asking him or her what reference I should quote for that increasingly problematic statement, "HIV is the probable cause of AIDS."

After ten or fifteen meetings over a couple years, I was getting pretty upset when no one could cite the reference. I didn't like the ugly conclusion that was forming in my mind: The entire campaign against a disease increasingly regarded as a twentieth century Black Plague was based on a hypothesis whose origins no one could recall. That defied both scientific and common sense.
Finally, I had an opportunity to question one of the giants in HIV and AIDS research, DL Luc Montagnier of the Pasteur Institute, when he gave a talk in San Diego. It would be the last time I would be able to ask my little question without showing anger, and I figured Montagnier would know the answer. So I asked him.

With a look of condescending puzzlement, Montagnier said, "Why don’t you quote the report from the Centers for Disease Control?"

I replied, "It doesn't really address the issue of whether or not HIV is the probable cause of AIDS, does it?"

"No," he admitted, no doubt wondering when I would just go away. He looked for support to the little circle of people around him, but they were all awaiting a more definitive response, like I was.

"Why don’t you quote the work on SIV [Simian Immunodeficiency Virus]?” the good doctor offered.

"I read that too, DL Montagnier," I responded. "What happened to those monkeys didn’t remind me of AIDS. Besides, that paper was just published only a couple of months ago. I'm looking for the original paper where somebody showed that HIV caused AIDS.

This time, DL Montagnier’s response was to walk quickly away to greet an acquaintance across the room.

Cut to the scene inside my car just a few years ago. I was driving from Mendocino to San Diego. Like everyone else by now, I knew a lot more about AIDS than I wanted to. But I still didn’t know who had determined that it was caused by HIV. Getting sleepy as I came over the San Bernardino Mountains, I switched on the radio and tuned in a guy who was talking about AIDS. His name was Peter Duesberg, and he was a prominent virologist at Berkeley. I’d heard of him, but had never read his papers or heard him speak. But I listened, now wide awake, while he explained exactly why I was having so much trouble finding the references that linked HIV to AIDS. There weren't any. No one had ever proved that HIV causes AIDS.

When I got home, I invited Duesberg down to San Diego to present his ideas to a meeting of the American Association for Chemistry. Mostly skeptical at first, the audience stayed for the lecture, and then an hour of questions, and then stayed talking to each other until requested to clear the room. Everyone left with more questions than they had brought.

I like and respect Peter Duesberg. I don’t think he knows necessarily what causes AIDS; we have disagreements about that. But we’re both certain about what doesn’t cause AIDS.

We have not been able to discover any good reasons why most of the people on earth believe that AIDS is a disease caused by a virus called HIV. There is simply no scientific evidence demonstrating that this is true.

We have also not been able to discover why doctors prescribe a toxic drug called AZT (Zidovudine) to people who have no other complaint other than the fact that they have the presence of antibodies to HIV in their blood. In fact, we cannot understand why humans would take this drug for any reason.

We cannot understand how all this madness came about, and having both lived in Berkeley, we’ve seen some strange things indeed. We know that to err is human, but the HIV/AIDS hypothesis is one hell of a mistake.

I say this rather strongly as a warning. Duesberg has been saying it for a long time.

Dr. Geerd Hamer’s view of HIV and the “AIDS” affliction is quite simple, profound and to the point. He observes that no one ever died of AIDS without having previously been told that they are HIV positive or believe that they are. The implication is that just as with cancer, it is the negative perception associated with AIDS that causes its devastating effect. One who has tested as “HIV positive” has an allergy to the smegma secretion of the uncircumcised male.
A predominance of the HIV + test within the homosexual population relates in part to the frequency of anal intercourse. The integrity of the venous blood plexus within the rectum is frequently compromised and serves as one route of exposure to the smegma secretion underlying the foreskin. Merely the scent of the smegma secretion can also be adequate to trigger an immune reaction and allergy “track” when accompanied by other stressors: drug, alcohol use, relational conflict, etc.

The example comes to mind of a recent patient within the clinic for breast cancer with an HIV + diagnosis. She is a heterosexual woman who was forcibly abducted, thrown into the trunk of a car and then raped within the vehicle…testing HIV positive 6-12 months later. So there was an unexpected shock and terror in close quarters with the sexual secretions and scent of the perpetrator in that environment. The allergy is programmed and the test is positive. A second DHS activates upon receiving the diagnosis with proposed pharmaceutical treatment. A recurring state of fear and panic exist due to the regular testing for HIV PCR viral load which can vary widely up or down.

**Dr. Claude Sabbah’s view** on this affliction brings a broader existential perspective and the importance of the “content” and “context” of events experienced by the individual personally or within the family tree.

According to conventional medicine, to be officially in an AIDS state, the person must be HIV positive and have one of 39 associated illnesses. In fact there are 39 precise conflicts which result in the 39 illnesses associated with AIDS (cancer, fever, chronic diarrhea, Kaposi’s sarcoma, meningitis, etc.)

Being seropositive corresponds also to a precise conflict in the project/purpose period. It is an injunction, conscious or unconscious, of the parents: birth = death. Those who are HIV positive are registered in a program of death.

**Case of Dr. Sabbah**

A young woman with declared AIDS has a cancer of the uterus (cervix and body). She works upon the conflict components with Dr. Sabbah for two and a half years. She understands, admits and accepts the fact that if she is seropositive it is because she has a very specific conflict connected to the project/purpose of her parents, in other words to a program of death.

This woman had dreamed of marrying and having children for years, so with the diagnosis of becoming seropositive for HIV, she found herself in the midst of a double conflict:
- A conflict of sexual frustration: “I can’t have a sexual partner and when I have one, I have to wear protection to prevent an infection of my partner”, which decodes the cervix.
- A conflict with carrying a baby: “I can’t give a healthy birth because I’m seropositive”, which decodes the body of the uterus (related to pregnancy).

**There is thus a conflict of conjunction** and the brain’s solution is cancer of the cervix and body of the uterus.
Claude invited her to work with a woman who was seropositive and who had written a book: “How I healed myself of AIDS and became seronegative”. This person was seropositive, and today her blood analyses show no trace of seropositivity. She is once again seronegative.

Working with this woman, following her courses, participating in training courses and helping people allowed the young woman to understand and de-dramatize everything. Since then, the young patient no longer has cancer. Although she was condemned (having broken the threshold for an AIDS diagnosis), today she is in full health and leads a normal life.

In the case of this woman, for two years her T4 cell counts have progressively stabilized at around 300. This proves that there is a certain level of conflict which blocks her T4’s at a level of 300. The range considered to be healthy is between 600 and 800 T4. She has been able to climb to 300 T4 because she has learned that to remain on the 200 side is serious. But, even though she has understood everything, she continues to be afraid, because in the hospitals the seriousness of her illness is constantly reflected to her and also in her current life her disease is perceived as a tragedy.

**Reminder:** diseases and conflicts are intimately related

- If there is a conflict, there is an illness. If there is no conflict, there is no illness.
- If I retain an X degree of the conflict, then I retain a level X of the illness.

**Her story**

She is the sixth child, although her parents wanted only three children. So the program inscribed for her is: “I don’t want a child”. Birth = death!

Her parents were always more or less discontent with their lot in relation to the number of children. Until they had three children they weren’t happy, and as soon as this went beyond three, they weren’t happy, and this went from bad to worse.

Within the lives of the *wanted* children, their lives unfold thus:

- The **first** lives well and has good health.
- The **second** lives well and is in good health.
- The **third** lives well and is in good health despite some phobic issues.

And for the children who are *not wanted*:

The **fourth**: this is the first of the children who are rejected, and because of this he is inscribed in a very strong program: “This one I truly do not want”. From his birth he has problems and is dead at three months. The parents minimize somewhat the “I only want three children” at the death of this child, because of their grief over the death of the infant.

The **fifth**: since the parents experienced grief over the dead child, but since they still want only three children, this child is inscribed likewise in a program of death, but with a longer life term that the preceding child. This fifth child is a beautiful young girl who thus at the age of seventeen drops dead on the sidewalk, struck down by a cerebral hemorrhage due to a ruptured aneurism.
The sixth (the client): the program “I don’t want her” again abates somewhat with the death of the two preceding children. This last one will live but will be seropositive, which also signifies death. Everyone worries officially but wait for destiny to be fulfilled, in other words for her to die. Besides, she has always been afraid of death and has dreamed of a coffin.

In becoming conscious of her history, which she understands, admits and takes charge of, she has “her” chance. She has climbed to 400 T4, has completely turned her anemia around, and has healed her uterine pathology. She has re-valued herself!

NB: Consciously, her parents adored all their children, but if destiny is fulfilled and this patient dies of AIDS, just three children will be left.

Tuberculosis: this is the fear of death because one has to give up one’s material values. With tuberculosis it is the fear of death with a material coloration, a conflict related to the loss of contact with the material world or one’s material possessions (world war, Sarajevo), such as problems with food.

Example: A peasant comes to the city to work because he is very poor in the country. In the city he actually finds himself poorer than he was in the country where he knew how to survive picking fruit or trapping rodents. In the city this solution is no longer possible. To be poor in the city is terrible: it is a separation from nature and a loss of structure, of material (sometimes characterized by demineralization of bones), with a fear of death.

This is why tubercular patients are sent to the country.

Case: A business manager has tuberculosis
One day he comes home from a meeting a bit drunk. He is stopped by policemen who are drunker than he is and who take him to prison like a dangerous gangster. He is treated like a criminal, and for him this is very serious, horrible. He is put in the police station completely nude and a policeman puts the barrel of his gun in his mouth while another policeman puts another gun in his anus. They then entertain themselves by clicking the triggers of their guns… The manager thinks he is going to die. He says this to the policemen who continue to get drunker and more excited with their guns. He is more and more afraid of dying. He says: “I am going to die, I will never see my wife or children again.” He is found by his wife who during this time has been to all the police stations and all the hospitals. In the end the policemen are taken to court and punished. Shortly after this event, the business manager develops tuberculosis. He was afraid of dying and felt severed from his roots.
LYMPH NODES

Mesoderm: Self - Devaluation

Diagram: Regions of lymph node clusters
Omnipresent in the body, most of these have a mesodermic origin. 

NB: certain exceptions apply. They are ectodermic in origin and correspond principally to conflicts of head-on fear.

**Biological meaning (esp. for mediastinum, ectoderm-derived):** “I feel attacked, I want to defend myself”, so I ulcerate the lymphatic system to allow greater passage, and through this, an enhanced maturation of lymphocytes, monocytes, in other words, of my defense system.

**Sympathicotonia:** the lymph nodes undergo the same thing as the bones, either “holes” or necrosis. Under the microscope, such a lymph node looks like “Swiss cheese”.

**Vagotonia:** Cellular multiplication, inflammation, adenopathy, pain.

Swelling can vary in rapidity, taking anywhere from several hours, days or even weeks. Signs of healing during the post-conflictolysis phase: swelling of the lymph nodes and filling in of necrotic cavities. With this, cellular mitosis takes place in the lymph node which is thus given a diagnosis of “nodes positive for cancer”.

Another case of an enlarged lymph node is when it is in the drainage pathway of an abscess (for example as a result of a wound), swollen by an excess of the substances draining, there are no actual cellular mitoses and so would be classified as “benign” histologically speaking.

**DX – LYMPH NODE CANCER**

**EL/HF:** New Mesoderm/White medulla, practically in the same locations as the parts of the skeleton that correspond to them.

**CAP:** micro-ulceration (swiss cheese effect), necrosis.

**RP:** Cellular multiplication, swelling (sometimes permanent).

**GEC:** Conflict of feeling attacked and of self-devaluation, but less important than that of the bones or the marrow. It affects the lymph nodes of the bony skeleton or organ corresponding to the conflict.

**Experience of fear, especially for the organs they are related to. I can’t protect myself, defend myself. Inability to eject, escape the threat of the disease threat.**

“I feel devalued because I can’t protect myself against this…”

**Examples:**

- A man experienced devaluation and anguish over a failed relationship with his former girlfriend. The solution arrived when he found himself in a new intimate relationship where love, respect and harmony came effortlessly. He developed swollen lymph nodes within the right armpit, swelling of the arm and a boil surfacing upon the skin.

- A man had served for years as the head of a supermarket. The company was bought out and he lost his job. He was greatly distressed by this with the following conflict content:
“I’ll never find a job that good again” “Everything is collapsing all around me” “I feel worthless, of no use”. Chance was on his side and he eventually found a job near his home as the head of a shopping mall. Afterward he was diagnosed with “metastatic” lymph nodes around his kidney without evidence of a “primary.” The so-called “primary” kidney cancer appeared eight months later!

- A woman had been raised by her father that all women are either “mothers or whores”. His own mother lost her husband at a young age and only fulfilled her motherly role, rejecting any opportunity for another intimate partner for herself. So this woman who is 40 years old is rather obese as her biology will maintain a relational airbag or bubble to keep men at a distance…so that “I am not a whore in the eyes of my father”. She pursues liposuction which, in effect, removes the adaptation which the brain had provided…so it provides another: a lymphatic bag develops in her midsection in an attempt to bring the body back into alignment with the set of beliefs.

**DX – LYMPHOMA**

**EL/HF** – New Mesoderm/While medulla  
**CAP** – Micro-ulceration, necrosis (swiss cheese)  
**RP** - Cellular multiplication, swelling (can be permanent)  
**GEC** – Devaluation over something specific. The precise location informs us about the nature of the conflict content.

Example: “I failed to become an accomplished violinist” … upon resolution of that conflict one might experience a lymphoma within both axillae and the left supraclavicular, cervical zones which are quite active within the performance of a violinist.

Example: A judge who was severely criticized for his “judgements” developed a lymphoma around the neck from the moment he got retired (recovery phase).
DX-LYMPHEDEMA

EL/HF – New mesoderm/White medulla
AP – Micro-ulceration, necrosis.
RP – Swelling, widening of lymph vessel.
GEC – Recovery phase of a conflict of self-devaluation because I have not been able to use the specific body part related to my conflict.
Example: I feel like a coward because I’ve not been able to fight and/or to defend myself when attacked by these people.

“HEAD-ON FEAR”

![Picture: A dangerous animal charging straight for us brings the “head-on fear”. A diagnosis of cancer can be sensed by the afflicted in precisely the same way…”it's coming to get me!”]

DX - PHARYNGEAL DUCTS CONDITION (aka branchial, pharyngeal arches)

This concerns the lymph nodes occupying the following regions: the mediastinum, retro-cardiac, occipital, retro-auricular and axillae.

EL/HF – Ectoderm/Cortex, right frontal lobe
CAP – ulcerative widening of the old pharyngeal ducts (like fish gills) to improve water/oxygen flow, respiration.
RP – swelling, cysts, mediastinal adenopathy. May be called Non-Hodgkin’s lymphoma.
GEC – Conflict of head-on fear.
This is a danger one can see approaching in a frontal-assault fashion at a particular distance.
**DX-HODGKINS DISEASE**

This a swelling of the mediastinal lymph nodes and indicates the vagotonia of a conflict of head-on fear. It typically begins in the neck (region of the mediastinum derived from the branchial arch, embryologically speaking).

EL/HF – Ectoderm/Cortex  
CAP – Micro-ulceration, necrosis.  
RP - Swelling of the mediastinal lymph nodes.  
It typically begins in the neck (region of the mediastinum derived from the branchial arch, embryologically speaking).  
GEC – Recovery phase of a conflict of “head-on fear”.  
Example: an infant has an accident in front of his father who witnesses the element of “danger, head-on” on behalf of his son, resulting in lymphoma upon the resolution of that shocking event.

**THE SPLEEN**

New mesoderm  
HF: in the marrow, in the parietal basal position on the right

The spleen equates to a specialized lymph node which has two symbolic meanings:

- Aptitude in combat, attack and defense in general.  
- The family, for the spleen serves as a reservoir for blood. Recall that the notion of “blood” is frequently linked to family ties.

This is a conflict of self-devaluation in the larger sense, a conflict of ineptitude in combat because of a large bloody scab. This can also be a conflict of blood transfusion or diagnosis of a blood disease, or an inordinate fear of metastases / cancer spreading through the blood (my blood is no good). It can be the fear of not having enough blood.

Example: an accident in which one loses a lot of blood. The biological reason is that in combat I risk being wounded, and in nature it is the danger of a hemorrhage. Within nature there is no such opportunity for a blood transfusion, so the spleen can enlarge and retain blood in reserve. It is as if the body provides its own mechanism for a blood transfusion in case it is needed (lack of blood, risk of hemorrhage, or feeling that blood is no good…eg., “I am HIV positive”, “I have leukemia”, “I have a blood disorder”.

In sympathicotonia, the spleen hollows out like Swiss cheese, enlarging the internal volume. There often can be a sequestration of platelets within the spleen and laboratory findings of a deficient platelet count within the blood. This action actually serves to diminish the likelihood of systemic hypercoagulability (thick, sticky blood…leading to undesirable clotting) in the event of a hemorrhage for example. In vagotonia, the spleen enlarges, and is referred to as a “splenomegaly”.
The central nervous system cannot tell the difference between LOSING blood or GAINING blood (blood transfusion). Therefore, in the case of repeated transfusions we may often see the biological response of an ulceration followed by splenomegaly.

**DX - HEMOPHILIA**

The platelets do not coagulate.

**EL/HF** – New mesoderm/White medulla

**AP** – Low blood count of platelets.

**RP** - Progressive increasing the count of platelets.

**GEC** – “I cannot adhere, attach to my family, no touching allowed.” I cannot ensure my posterity, legacy within the family heritage. Lack of cohesion within the family.

**DX - BONE CANCER**

**EL/HF** – New Mesoderm/White medulla

**AP** – Micro-ulceration, necrosis (swiss cheese).

**RP** - Mitosis, tissue restitution.

**GEC** – Recovery phase of a very important conflict of feeling devalued as an individual. “I feel totally like nothing as a person; I even should disappear. When I die, I'll leave no trace, even my bones will disappear”.

**DX - OSTEOPOROSIS**

**EL/HF** – New Mesoderm/White medulla

**AP** – Micro-ulceration, necrosis, loss of bone density.

**RP** - Tissue restitution, inflammation, pain.

**GEC** – Conflict of feeling devalued as a person who gets older. As I age it is normal that I can’t do “exactly” the same things than when I was young. But I’m in a conflict with it.

A person with osteoporosis has to understand that he can’t: “I was, I am and I will be”… at the same time…

I have to let go of the past and be happy today in my body with what I can do; not trying to be at 70, like I was at 35…
LEUKEMIA

Organ affected: bone marrow, (lymph nodes)

EL/HF – New Mesoderm/White medulla
CAP – Micro-ulceration, necrosis (swiss cheese).
RP - Edema in the brain marrow, edema under the periosteum (painful). Cellular multiplication.
Good indicators that one has resolved the conflict of depreciation are that they display a sense of consideration and respect toward themselves.

After a devaluation, even slight, there is always an anemia, not necessarily perceptible. A profound self-devaluation affects the skeleton. A devaluation (less important) + anguish affects the lymph nodes. In each case, leukemia occurs in the PCL phase. According to how the DHS is lived, a certain part of the skeleton will be affected, later triggering a particular type of leukemia.

In the infant, a DHS of self-devaluation in general affects the entire skeleton. A young child or infant has not yet learned to discriminate between the part and whole.

An infant cannot stand up alone. He needs a framework, like a young plant, the support of those who come from outside of himself: attentive parents, family members, tutors, etc.

In the case of localized devaluation (feeling like a bad spouse; clumsy or lacking skill in athletics), the zone is very small, thus the loss of bone marrow production is insignificant. There will be little or no anemia, thus no apparent leukemia in the vagotonia phase. Because they reside elsewhere in the skeleton, stem cells (embryonic cells) can continue to produce blood, so barring very close examination, this will not be detected. Therefore, a depreciation has to be global or major in intensity or duration for the phenomenon to show up in any concrete way…ie., laboratory evidence.

CAP: Profound conflict: resorption or destruction of the bone tissue (osteolysis), necrosis of the bone marrow.

Less profound conflict: necrosis of the lymph nodes (see lymph nodes)
Localized osteolysis depending on the type of self-devaluation: drop in the formation of red, white cells and other cell lines. In the infant, decalcification generally passes unnoticed. On the other hand, if the infant shows abnormality (fatigue, etc.), medical science orders a blood count and in sympathicotonia, anemia can show up (proportional to conflict mass). Drop in red blood cells, white blood cells, platelets (also proportional to conflict mass). The white blood cells are often the most affected.

Parallel to this we can also find slight anemia (“I am devalued in relation to my blood line”). **When there is devaluation, anemia is always present.** The foundational cells of the affected marrow no longer generate more blood, causing a drop in red blood cells, white blood cells and platelets.

**Risk of spontaneous fractures:** If the conflict is even less serious, there is an alteration in the rest of the connective tissue (vessels, tendons, ligaments, muscles, fat). **The longer the conflict lasts and the more intense it is, the more serious is the anemia and leukemia.**

**RP:** Edema in the brain marrow, edema under the periosteum (painful). The bones recalcify.
If there is a general devaluation, there will also be edema in the blood, causing dilution of the blood elements. **Attention: to faulty interpretations of examinations.**

**Blood regenerates in the following way:**
1\textsuperscript{st} phase = The white blood cells increase week to week (sometimes very high, according to their previous decline). This is the regeneration of the root cells: the young, the blasts.
2\textsuperscript{nd} phase = three to six weeks after the conflictolysis, the red blood cells and the platelets increase (erythrocytes with wastes).
3\textsuperscript{rd} phase = Normalization of red blood cells and platelets.
4\textsuperscript{th} phase = Normalization of white blood cells which can take place several months after the solution of the conflict or conflictolysis; the edema gradually disappears.

**Observations on the disease:**
First, clearly define the DHS, the conflict, its tenor, its duration and intensity, with dates. Is there complete resolution?
Gather all the psychic, cerebral and organic givens relative to the genesis and evolution of the situation. Constantly follow the psychic, cerebral and organic evolution, and treat in relation to those findings.
**DX - ANEMIA**

**EL/HF** – New mesoderm/White medulla  
**AP** – Decreased RBC and/or WBC  
**RP** - Robust production of cell lines from bone marrow.  
**GEC** – Conflict of great, overall devaluation related to the blood line.  

Restoration of RBC follows about 4-6 wks after WBC in leukemia  
Anemia and leukemia are an expression of the same disease but at different stages.  
Note: notion of excess or lack of iron in the blood.

**THYROID**

The general biological conflict relates to time: in acceleration, in deceleration and in the intense fear connected to it, whether it be for the endodermic thyroid (vital) and/or the ectodermic thyroid functioning in the highest, most intellectualized octaves of being.

Speed/Power/Powerlessness: the solution is to go fast or slow  
Protect life (shield); the vital throat; communication and expression  
Metabolism and activity, action  
Management of time, this is the throat chakra, the trap of the material.  
Often connected to the vitiligo conflict of an affair, something ugly  
Acceleration of the material. There is nothing worse than something ugly.  
Thyroid like the “ignition” which modulates rate of metabolism and the adrenals the “energy battery” or reservoir of power.
**Pictures:** Left - thyroid follicles; inset - acinar (follicular) cell excretes into colloid. Right - thyroid follicles. Below - The synthesis and excretion of thyroid hormone.
**ENDODERMIC THYROID**

Secreting part of the gland consisting of thyroid follicles or vesicles. The acinar part secretes two hormones T3 and T4. The T3 form does > 90% of the actual “work” in the peripheral tissue...ie., T4 conversion to active T3 is very important.

**EL/HF:** Endoderm/brainstem, dorsal left and right.

**GEC:** This archaic conflict stimulates one to an ever greater acceleration in order to succeed in a critical domain.

Increase in performance of the acinar part of the thyroid gland, cells which produce the thyroid hormones which accelerate the biological processes in the body. The solution is therefore the hard, compact, thyroid goiter with cellular proliferation, with hyperthyroidism. **Left**- Not being fast enough to get rid of the “fecal morsel”.

**Right**- Not being fast enough to catch the “food morsel”.

**CAP:** goiter or nodule of the secretory type (hot) with hyperthyroidism.

Adenocarcinoma of the glandular type.

**RP:** in the presence of micro-organisms, the nodule is destroyed and there is a return to normality. The remnant left behind from a completed repair phase is generally classified as a “cold nodule”.

In the absence of the relevant microbes, the hyperthyroidism may continue with persistent elevation of hormone levels.

**Example:** Mrs. Robinson is not quick enough to execute something. She develops an adenocarcinoma of the thyroid which increases tenfold the production of thyroxine. She becomes quicker: this is an adaptation, and when she has had enough speed, the brain will shift the body into vagotonia and the mycobacteria will be orchestrated to excise the now useless tissue.

**Observations on the disease:** The operation corresponds more or less to that of the Koch bacillus which “digests” the useless tumor. If the conflict isn’t resolved, several months after a partial operation the tumor grows again.

**MEDULLARY THYROID CARCINOMA**

*Classically described as derived from the neural crest cells/ectoderm, but Dr. Sabbah reports that it behaves as an endodermal tissue*

Adenocarcinoma of the parafollicular or “C” cells in the thyroid which produce calcitonin. Calcitonin essentially decreases the levels of serum calcium and phosphate, opposing parathyroid hormone actions.
GEC: devaluation (secretory cell of calcitonin allows blockage by osteoclasts and thus bone destruction), not having been able to do it fast enough (thyroid) to save oneself or someone else from total mortal destruction (bone).

THYROID, EXCRETORY DUCTS

EL/HF: Ectoderm/left anterior frontal position.
GEC: Feminine biological conflict. Inability to move fast enough, to have the hands tied, inability to do anything when it is urgent. A solution must be found beyond the actual possibilities, so one can act still faster.

This shares some of the traits as the conflict for the old endodermal thyroid but in a higher octave. It is much more intellectualized, as if necessary to find a solution beyond that of physical speed which, even pushed to the extreme, will not be enough to succeed.
Conflict of frontal fear in face of a danger, an attack, with a component of an inability to give an alert or to put oneself on the defensive, but remaining in one's territory when danger comes.

It is important to hurry, but I can't and there is so much to do.

Conflict of always waiting until the last minute to do something and seeing then that one cannot manage and will seemingly never manage to get it done.

Conflict of wanting to take one's time and at the same time being drawn to numerous activities.

Conflict of being “completely overwhelmed by events” quickly (in emergency or in daily life).

Conflict around having others do things quickly.

Conflict of inability to act fast enough, to do anything when urgent action is required.

Conflict of powerlessness, fear in being able to act quickly enough. “My hands are tied, I can’t do anything.”

“Something urgently needs doing and no one is doing anything.”

Conflict with time, conflict of not having the time to grow up, of an inability to create, procreate, due to a lack of time.

To be completely overwhelmed by the events in a rush

Fear of being alone in confronting problems
- Problem with the father.
- Conflict of doing several things at once; conflict of the “juggler”.
- Conflict of always waiting until the last minute to do something (procrastination) and seeing one can’t do it and will never manage to get it done.

**In the feminine mode:** the reaction is one of complete powerlessness

**In the masculine mode:** one encounters a head-on fear with closed right hemisphere.

**CAP:** Cancer of the flat-celled (pavement) epithelioma (cold nodules)
In the old excretory ducts (at present closed toward the exterior), of this current endocrine gland, an ulcerative cancer forms that is not detected, but which manifests at times in the thyroid as a shooting pain, as minor discomfort.

**RP:** Cold nodules, formation of thyroid cysts (retro-sternal and/or mediastinal). All of this is referred to as a benign goiter (if detected at the end of the post-conflictolysis phase) or euthyroid goiter. Papillary adenocarcinoma: first part of the repair phase.

**NB:** the chronic pathologies of the ectodermic thyroid, which are the expression of conflicts in balance in the post-conflictolysis phase, end by establishing progressive hyperthyroidism, by reason of the increasing destruction of the thyroid gland in the post-conflictolysis phase. Especially right-handed women, left-handed men.

**Hot nodules:** Always found in the endodermic portion of the thyroid either in the conflict-active phase (CAP) or the post-conflictolysis phase (PCL). Graves disease, hyperthyroidism and follicular cancers are found here.

**Cold nodules:** These are always found in the PCL phase. **Endodermic tissue**– after a completed microbial degradation; **Ectodermic tissue**– classified along the continuum of adaptation as “benign cysts” or “papillary carcinoma” which is a reparative tumor.
Picture: Incidence of various pathologies of the thyroid gland.

**HASHIMOTO THYROIDITIS**

Auto-immune, formation of a diffuse goiter, at an advanced stage possible destruction of the thyroid. “I need to gain time.”

**Auto immune:** signifies that this has to take place through the blood lines. Notion of self-destruction.

**RAYNAUD’S DISEASE**

**DX** – Vascular disorder of the extremities which can produce rapid shifts in blood circulation with stress or temperature changes.
**GEC** – Want to hold on to someone deceased. Fear for the heart. Feelings of being ineffective or inefficient. Inability to reach, retain, take, capture, execute an action or even maintain one’s composure.

**THE PARATHYROIDS (ACINAR PORTION)**

The sole function of the parathyroid glands is to maintain the body’s calcium level within a very narrow range, so that the nervous and muscular systems can function properly. They produce PTH, parathyroid hormone. When PTH is increased, serum calcium rises as osteoclast cells degrade bone; calcium absorption is increased via the gut; and calcium reabsorption through the kidney. PTH is generally antagonistic to calcitonin.

**EL/HF:** Endoderm, brainstem.

**GEC:** RIGHT- “Conflict of inability to swallow a food morsel”; LEFT- Conflict of inability to spit out a fecal morsel”. Same as for the thyroid but in a tonality of forced obedience to an order coming from a superior, in a climate of inferiority (powerlessness – devaluation).

**CAP:** parathyroid adenoma of the polyp type, secreting or of the absorbing type. Hyperparathyroidism.

**RP:** necrosis by caseification ending in the destruction of the parathyroid, producing hypoparathyroidism.

**Example:** patients on dialysis who must not drink fluids may carry this conflict.

**DIFFERENT TYPES OF CONFLICTS**

**Conflicts of conjunction**

Initially the study of goal-oriented biology would seem to imply that simple and singular conflicts make up the majority of illness, however they are the exception. Most cases are the expression of conflicts of conjunction, in other words the expression of several conflicts, and therefore several felt experiences.

For example, someone with a conflict of fear experienced in a visual mode can develop problems of myopia. If the person experiences this fear in a respiratory mode, he may develop laryngitis, and so on. This is a phenomenon we might also call “pairing of conflicts.”

All joint pathologies are conflicts of conjunction. They combine a general conflict of depreciation (mesoderm: ligament, cartilage, bone) with the conflict matching for the
symbolic function of a given articulation: knee/obligation; elbow/work; ankle/direction; hip/endurance.

In therapy, we must always end up with a well-developed summary. We present 100% of the conflict’s theoretical solution to the patient but it may lead to no change. It is up to the patient’s curiosity, awareness and willingness to bring that solution into his life.

A. The primary biological conflict
This is the first and foremost conflict: SURVIVAL.
Example: conflict of the nest and breast cancer.
The coercive factors of the milieu impose the conflict situation and the biological expression which is the most precise and most developed attempt to provide a solution in the body.
It is very important that the patient understand the subtlety of the relationship between the illness and its role as a nervous system-derived psychological palliative and equilibrator of homeostasis.

B. Conflict of biological affinity: It is important to show how everything in our life revolves around our biological conflict. Through observation of our biological nuances and disease predispositions, our conflictual patterns will be revealed. What is unique about my preferences and aversions in regards to: food, hobbies, relationships, sexual habits, sports, occupation, etc? Our life seems to revolve around the various themes relating to our project/purpose and those elements and experiences we attract / repel are movements of the puzzle pieces either toward chaos or order.

Example: the old, defeated stag who wants to regain command of his territory and repeatedly returns, as if pulled by an invisible rubber band, until he dies as a result.

C. Conflict of permanent deficiency: It is the IDEA or actual STATE of being ill which creates a new conflict in the person.

Example: self-devaluation due to an incapacitating illness. This conflict must be resolved, because it can prevent healing, even if the underlying biological conflict and the other conflicts have been resolved.

D. Secondary conflict: It is possible to have several secondary conflicts, which often become more important that the original conflict. There are two different kinds:
• Conflict secondary to the original conflict
  Example: “diagnosis-shock”

• Conflict secondary to the conflict of permanent deficiency
  Example: a woman who develops breast cancer and who is sure she will die can develop liver cancer because she is afraid her children will “lack a mother”.

E. Secondary advantages from the illness: This concerns the advantage one gains from remaining ill. If one is not conscious of this conflict and does not affect a solution to it, it is a limiting factor in healing. Small gain at a big price. Ask myself the following: “Do I get ‘juice’ out of remaining ill or even dying?”

Example: We must completely go away with the notion of disability. People who remain ill don’t have the joy of living in full health… The quality of life must take priority over the secondary benefits of the illness. The notion of “secondary gain” and/or the idea of “having made a mess of one’s life” must become intolerable. It is also a question of obsessive self-programming.

Example: acne in the adolescent, who recreates the conflict at the sight of his pimples

Example: recurrent chronic eczema.

G. Conflict in balance: This concerns an unresolved conflict from the past which can remain in suspension for years. Its activity is low-level. It persists in a livable, intermediary stage between active conflict and healing. It is a limited conflict, active but repressed, existing in the back of the mind, as if in a drawer. Neither advancing nor retreating, it does not heal. The cause of the conflict is no longer seen, the person no longer thinks about it, but it is not fundamentally resolved. It endures in suspension, and it takes very little to reactivate it. Merely by coming into contact with the programming conflict, one is once again thrown into turmoil.

We speak of healing in balance when the conflict remains in the vagotonia phase over a prolonged period, a phase which cannot be terminated because of minor recurrences.

Example: A person stops devaluing himself, but a mere phrase is enough to put him back in active conflict. Also, dreams, nightmares sometime occur as signs that the conflict is still very active, preventing full healing.

H. Recurrent conflict: We refer to a recurrent conflict when the same external event regularly repeats itself. It is the recurrence of the same conflict which has not been decisively resolved. Generally these are small recurrent conflicts, resulting in chronic illness such as chronic rheumatism, bronchial or cardiac symptoms.

Example: criticizing oneself for something
I. **One conflict following on another**

This again involves two external events, independent of each other, which do not affect us in the same felt experience. The second shock creates a healing of the first conflict.

**Example:** A father perceives his son as lazy, but after his son’s accident, he forgets this first conflict and becomes helpful to him.

J. **Programming conflict**

This often occurs during childhood, between conception and adolescence, when the individual experiments with new modes of felt experiences. For the first time in his personal history, the individual imprints a zone of his psyche, his brain, his body and his energy. This is memorized and can be activated later.

K. **Triggering conflict:** We can compare a programming conflict to computer software. When the program isn’t open, it is there but inactive. The triggering conflict opens this program and activates it. The programming conflict then expresses itself.

L. **Conflict of diagnosis-prognosis:** This is the connection we make between a symptom and a timetable in terms of illness or death. This connection is established on the basis of our beliefs, our confidence in the doctor, in the therapist, the media and our reading. We associate the symptom with a suggested prognosis.

A conflict of diagnosis is a brutal shock, most often in the form of fear of death or illness and everything associated with it (treatment, examinations, hospitalization, etc.).

**Example:** “You have multiple sclerosis and there is no cure.” In the mind of the patient, this means death in a more or less short period of time.

M. **Conflict by identification:** Just as time doesn’t exist, we can say that in a certain sense, for our biological brain, other people don’t exist but are projections of ourselves. It is this that causes conflicts of identification. When we experience an illness through empathy for another, it reflects this principle.

**Example:** We tell a child to wear a hat in winter because we ourselves are cold.
THE SCHIZOPHRENIC CONSTELLATIONS

Schizophrenia defined: A severe and disabling brain disorder characterized by abnormalities in the perception or expression of reality. It most commonly manifests as auditory hallucinations, paranoid or bizarre delusions, or disorganized speech and thinking with significant social or occupational dysfunction. Diagnosis is based on the patient's self-reported experiences and observed behavior. No laboratory test for schizophrenia currently exists.

The schizophrenic constellation represents an alteration of the psyche’s perception of reality. Although the effects of classical schizophrenia or a schizophrenic constellation may be seen as incapacitating or a handicap to one’s daily life, closer observation reveals them to be yet another meaningful variation from the nervous system in order to gain a survival advantage.

*Extract from “Fundamentals of a New Medicine” by Dr. Ryke Geerd Hamer*

“…While depression is the result of a “hormonal pat”, or more precisely, when the masculine reaction prevails only slightly, just enough to activate the right peri-insular area for a “conflict of territory”, schizophrenia is something completely different. It is not a question of “hormonal pat” but of “hemispheric pat”, which is to say of the equilibrium between the two cerebral hemispheres. This implies the simultaneous presence of at least two active conflicts, the HF’s of which are localized in the different hemispheres: the rhythm of the oscillations is completely out of synchrony, and the individual is “unbalanced.”

Schizophrenia does not take long to develop and become established. It comes up in the space of a second on the occasion of the second DHS. This means there has to be an active conflict with a pre-existing DHS, localized in hemisphere A by an HF, to which a second DHS is added, whose HF is localized in hemisphere B. Apparently, the brain can tolerate a conflict for a certain time. In fact, there is already a kind of psychosis, an obsessive state. In effect, the patient is obsessed day and night by his conflict. During the day he is unable to collect his thoughts because his conflict keeps running through his head, and at night he dreams about it.

The patient who must overcome only one DHS conflict can still manage to stay on course, so that those around him are barely or not at all aware of his conflict. But when a patient must overcome two DHS conflicts simultaneously, without realizing it, he comes into conflict with the assimilation of his two conflicts. It is too much to ask of the patient! He cannot revolve simultaneously and tirelessly around two conflict
themes. He stands strong for a time and then at a certain moment loses his grip and goes down. He then does things he would not do in his “right mind”.

Nonetheless, schizophrenia is no more an autonomous (independent) illness than is depression. It is rather an unfortunate temporary constellation of two cancerous illnesses in an active conflict phase in different cerebral hemispheres. The therapy is as simple as it is bewildering: in order first of all to draw the patient out of his schizophrenia (from the Greek skhizein, to split, and phren, thought) it is enough in principle to resolve one of the conflicts. But no reasonable therapist will hold to this, because there is too much risk that the patient will have a recurrence, that a similar constellation generating a new crisis will be produced, to say nothing of the correlative cancer illness on the organic plane.

We can also say that schizophrenia is a “double cancer” in simultaneous activity, with the difference that in this constellation the psychic symptoms are more striking and more dramatic than the organic symptoms.

What we call schizophrenia is almost a “reaction of distress by the organism”, when it sees no possibility of resolving the conflicts. The patient’s organism catapults itself, so to speak out, of the conflict, and the computer which is our brain shifts deeply into yet another pattern of adaptation.

DOUBLE BRAINS

As revealed by William Garner Sutherland, D.O. (1873-1954) the brain not only generates hertzian electrical rhythms, but also rhythms of motility. Cycles of contraction and expansion which represent a “primary respiratory mechanism” of the central nervous system. In health and balance the individual cerebral hemispheres move synchronously. Given the right perturbation, they pull away from each other and display oscillations which are not in sync.

Usually, when people are perfectly healthy and normal, the information handled by each brain is exchanged with the other by way of the corpus callosum, resulting in a unified vector of motility moment to moment.

What we refer to as double brains is the least severe stage of dissociation of the cerebral hemispheres; it is purely functional.
The field of goal-oriented biology has brought the reality of the double brains to light, defining it in this way: without being ambidextrous, these people, in ever increasing numbers, are very lightly dissociated, as if their right brain were only working with its information and the left brain only with its information.

When there is a slight dissociation of the double brains, people are always healthy but function with a “double doubleness”. In effect, each bit of information that comes to the right brain is treated by the right brain and sent into the left brain in the tonality of the right, and each bit of information that comes to the left brain is treated by the left brain and sent to the right brain in this left brain tonality. The result is that the thing (the information) seems to be double. The most common expression used by those with double brains to describe a number of their felt experiences is “bizarre”, “strange”. There is a curious incidence of things happening to these people by two’s.

**Example:** They have not been robbed for years, and in the same day they are robbed twice  
**Example:** The office pen disappears, and at tennis, the racquet disappears.  
**Example:** They have not had automobile accidents for years, and in the same day they have two collisions.

What is more, their illnesses occur two by two. A young girl, for example, has measles and chickenpox. Or people develop illnesses expressing double conflicts. In this case they don’t have a simple conflict of separation resulting in eczema, but rather a double conflict which results in psoriasis.

The archetype of someone with double brains is Salvador Dali.

There are several stages of dissociation of the brain hemispheres, here listed in order of increasing dissociation:
- Double brains
- Schizophrenic constellations
- Compensating psychosis
- Decompensating psychosis

**The schizophrenic constellation**
This is the next stage of cerebral dissociation and corresponds to a neutralization of two HFs (one in each cerebral hemisphere). This represents a great discovery on the part of Dr. Hamer.

**The compensating psychosis**
This is found in a yet more advanced stage of cerebral dissociation. The most common example is paranoia which, when compensated, is a semi-paranoia with its HF located in the occipital cortex of the two cerebral hemispheres.

The decompensating psychosis
This last stage in the process of dissociation takes place when two HF are active at the same time, one in each cerebral hemisphere. At this point the delirium phase occurs, for example in manic-depressive psychosis (Bipolar).

Main schizophrenic constellations

1. Frontal-occipital
2. Bi-cardiac
3. Bi-aerial
4. Recto-biliary
5. Bi-vesical
6. Bi-mammary (cerebellar)
7. Bi-collector (brain stem)
8. Bi-frontal
9. Bi-occipital

A few important considerations which are elaborated upon in great detail in Dr. Hamer’s Scientific Chart of Germanic New Medicine®...

- Cerebral Cortex constellations: see each listed below.
- Cerebral Medulla constellations: megalomania.
- Brainstem constellations: bewilderment, confusion
- Cerebellar constellations: burned out, dead inside, antisocial.
- Hemisphere dominance: When a Hamer focus shows dominant activity in a particular hemisphere, this will color the mood adaptation with MANIA (Left hemisphere dominant) or DEPRESSION (Right hemisphere dominant). Exception would be when the relays involve the non-territorial zones of the cerebral cortex.
1. **Fronto-Occipital constellation.** This constellation is established when there are two conflicts. A conflict of head-on fear and another from behind. Imagine a gazelle which cannot possibly escape by going forward because there is a lion watching it, nor can it possibly turn back because there is a crocodile waiting behind it. In this “super-acute” stress, the two “psychological” conflicts will pass to the biological level and result in a catatonic state. This is its brain’s perfect solution, because the gazelle will remain frozen in place between its two predators, thus gaining moments of survival.

For the human being, in an intense and acute super-stress, frontal and occipital (head-on and from behind) at the same time, the same thing takes place.

**Catatonia:** an HF in the relay zone of the mediastinum (conflict of head-on fear: I am looking death in the face, fear of illness) and one in the visual zone (conflict of fear in the nape). I am blocked in front and behind; it is impossible to escape by going forwards or backwards.

**Example:** the young girl in the cemetery
**Example:** conflict of the soldiers in a siege or in the trenches

**NB:** Fatigue is not a muscular program but a cerebral program. In other words, it is activated by the brain and not by the muscles.

2. **Bi-cardiac constellation**

**Post-mortem constellation.** When there are two HFs, one in the relays of the right heart (area of the right insular lobe) and one in the relays of the left heart (area of the left insular lobe), the person is fascinated with the life beyond. These people want to engage in spiritism, to speak with the world beyond, to communicate with the dead, etc.

3. **Bi-aerial constellation**

**Soaring constellation.** Two HFs, one in the area of the larynx on the left, the other in the area of the bronchi on the right. These people seek out drugs for their “soaring” effects, for “trips”. They want to live another life, to no longer be here.

4. **Recto-biliary constellation**

**Aggressive constellation**

Two HFs, one in the area of the ectodermic rectum on the left and the other in the area of the ectodermic part of the digestive tract on the right. These people are aggressive, walking time bombs, may threaten violence against others (Manic) or themselves (Depressive).
5. **Bi-vesical constellation**

Two HFs, in the masculine part on the right and the feminine part on the left of the mucous membrane of the ectodermic bladder. Most often it is children who present this constellation. This results in enuresis (bed wetting).

6. **Bi-mammary cerebellar constellation**

Two HFs, each in the relay of the cerebellum on the right and left which code the milk cells of the breasts. This constellation attenuates the two conflicts of the larger nest and the literal nest, resulting in an emotional anesthesia. This person’s gestures are cold.

7. **Bi-collector constellation of the brain stem**

Two HFs, in the right and left relays of the Kidney Collecting Tubules (KCT). These people are bewildered, disoriented, confused (existence conflict).

8. **Bi-frontal or thyroid-branchial constellation**

Two HFs, one in the relay of the ectodermic thyroid and the other in the vestiges of the branchial arches, following a conflict of head-on fear. This constellation combines “an approaching death impossible to avoid” and “operating in time”. This concerns a major danger in which the management of time is critical (accelerate or decelerate). The affected one appears petrified with fear and an inability to gather his thoughts.

9. **Bi-occipital or paranoid constellation**

When there is a HF in the occipital lobes (zones treating visual information), the psychic representation of what one sees is deformed. When one of the two cortexes at the nape of the neck is affected, the person experiences a semi-paranoia: half of what he sees corresponds to reality and the other half is distorted. When the two cortexes are affected, the person is paranoid, compensated in a schizophrenic constellation and decompensated when the two conflicts are active at the same time.

The signs of paranoia are:
1. There is danger everywhere. The person experiences constant danger. Since the universe around one is distorted, everything is dangerous.
2. Psycho-rigidity: we cannot change the mind of a paranoiac.

The paranoiac can only count on himself, because the danger comes from the exterior. He cannot trust anyone. He feels persecuted; double fear in the nape of the neck. He feels he is constantly spied on.
NB: It is important to resolve the two conflicts when the person is in a constellation of the brain. Otherwise he can then develop the condition of the unresolved conflict. Recall that when in a schizophrenic constellation, the brain’s communication of special programs of adaptation (i.e., “cancer”) to the bodily tissue is MUTED and the brain takes ITSELF as the target and we see all the variants of adaptation commonly called “mood disorders”. When that pattern is broken with the turning off of a single brain relay, we can expect the opposing relay to reinitiate its special program to the tissue until it also is switched off.

INNATE OR ACQUIRED

Among our brain’s programs, the most essential concerns the survival of the species as it relates to the maintenance of the clan in space and time, and this has been the case since living beings first appeared.

The most fundamental biological functions to be developed were:

- The ability to advance to seek one’s prey
- The ability to flee to escape one’s predator
- The ability to assimilate and procreate

The evolution of life goes hand in hand with the development of simple living structures into increasingly complex ones.

So that acquired experiences are not lost, a supplementary function had to be developed: the faculty of memorization for purposes of survival. In order to survive, one has to adapt. Nature does not know the state of the soul; one succeeds or is eliminated.

Like a computer, the brain receives information by its various sensors, collects it, compares it and continually reorganizes it.

Early man was undoubtedly one of the preys most easily hunted, since he had developed none of the attributes that have allowed animals to survive: the speed of felines or antelopes, the agility of the squirrel, the acute vision of the bird of prey, the ability to escape into the sky like a bird, and so on.

In order to survive, the human being, unlike any animal before him, had to develop his own attribute: thought, which would become a kind of sixth sense. Moreover, thought reinforces—in a sense doubles the capacity—of all the senses. When I think I
feel, I feel… It is globalizing, synthesizing and projective. Animals are especially capable of living in the present moment in the literal environment which surrounds them. Human beings, on the other hand, can “exist” in the past, present, future or even in an arbitrary virtual world of our choosing: daydream, video game, sitcom, experience at the cinema.

**While this is our power, it is also our weakness.**
When I think, I am… Yes, of course, but also for our brain, “as if = it is”! The brain makes no distinction between the two in a moment of shock.

**Besides, the brain has no notion either of comfort or aesthetics as we know them.**

Finally, it has no notion of “sickness” or “healing”, since for it, illness is simply the expression of a biological program for survival.

It thus has no reason to stop a program unless what made the program necessary has disappeared. The brain functions so that we can survive moment to moment. It is this succession of moments that we can call our life.

> “We believe we think, but in reality the thought is thought for us.” **Dr. Hamer**

### 1. **DAPHNIES**

These is a kind of small shrimp that lives in ponds. At certain moments they multiply by means of sexuality, and at other periods of the year they multiply with asexual reproduction. In the latter case, pure lineages are produced. Nothing is transmitted to each individual but the program of its species. Daphnies are attracted by the light. They bump against the sides of a test tube (positive phototropism), trying to get out. There is no food in the tube, and the daphnies conduct a random search of their environment. With each attempt to meet the light, they bounce further and further back. They try every solution. The losers, those who fail to find a solution to their stress, die exhausted at the bottom of the tube. But by dint of trying, one among them manages to resolve its stress. It is able to feed itself and continues to reproduce asexually. Once this ‘winner’ has been identified and reproduces itself, the same experiment is repeated with its daughters.

After many futile attempts, gradually over successive generations the “daphnies” obtained in each new experiment through asexual reproduction from the winners of
the preceding generation quickly escape from the tube. They clearly do so with no previous apprenticeship, because in each experiment they are immediately isolated from the others as soon as asexual reproduction takes place. They have thus not learned the winning solution. This solution has not been acquired, but is inborn, or innate. This shows that when parents have to face a problem, the cellular memory will transmit to the children as a result. When a child has difficulties, we need to see what the parents have lived and is still unfinished in the child.

In her biological experience of a threat to survival, the mother has found the winning solution, and she transfers this memory to her child. This transmission bearing the solution is now part of the child’s makeup. It is a winning biological solution for survival.

2. PAVLOV’S WORMS

Genetics is once again not what it is thought to be.

In an experiment Pavlov made in the beginning of his career, two worms were each placed in a box. We could say that an environmental ‘worm paradise’ was created for them. The cover was opened in the day and closed at night.

At a certain point, these conditions were maintained for worm A, but conditions of hell were created for worm B. For the latter, the conditions at night remained good, but during the day it was poked through with a needle and pinned to the bottom of its box. Under the effects of this aggression, it twisted and curled in on itself, and as soon as it had this reaction, the needle was withdrawn and the box closed, and it was in peace for the night. This drama only took place in the light.

The experiment was repeated (10, 20, 40 times) until a conditioned reflex was created. At night it was perfectly quiet. When the boxes were opened, worm A remained calm, and worm B twisted and tried to find cover in darkness. A biological behavior of survival had been created in the form of this reflex. These worms were then made to reproduce. As soon as the babies were born, the parents were taken away so that the young received no training from them. The babies were placed in boxes…and as soon as the boxes were opened, babies A remained calm and babies B twisted and sought the darkness.

An epigenetic change took place in the parents which was transmitted to the infants, because it was a biological advantage for survival. This did not happen as the result of chance!
Genetics is not the study of the cause of illnesses, but of the means of expression, and the means of solution of difficulties as they are experienced, lived. **All illnesses are genetic.** In other words, they all have a genetic trail. Genetic mutations take place endlessly, even for a common cold. For every illness there is a mutation, for every healing there is another mutation. Genes are made to “endlessly open and close.” Mutated genes exist for each illness in order to give a certain part of the body a special program, different from the usual program. (Asthma genes, cancer gene, diabetes gene, and so on…) It is easy to understand that if the genes are normal, the cells express a normal program and there is no illness.

We might think of the genetic / epigenetic potential of the organism as a cassette tape which can record, erase, record again, etc. Almost like a recording medium which is alive, dynamic and modifying itself from moment to moment. This contradicts the traditional notion of the genome as necessarily hard, fixed, a “read-only” medium of biological expression.

Even following the notion that the genome is an unchangeable recording medium, the work of Bruce Lipton and others explains clearly the notion of a retractable sleeve/envelope which opens or closes the DNA “library book” and causes a program to express itself. Notably, the stimulus for such an event comes from outside of the cell. It is dependent on how the cell membrane reads its external environment which is also a reflection of how the collective of cells (entire human being; as above, so below) reads its environment! Remember that the removal of the nucleus (library) from a cell does not equate to it death, but removal of the cell membrane absolutely does. The cell membrane contains the true BRAIN of the cell, not the nucleus.

**What is acquired by the parents becomes innate in the children.**

An individual is the short-lived, space/time, semi-unitary medium through which his species is expressed.

Remember that the survival of the species takes priority over that of the group, and the survival of the group over that of the individual.

We can only express what has been inscribed in our brain. In the absence of a conflict, or when it disappears, integrity is reinstated. If a certain degree of conflict remains, a certain degree of illness remains. We have already established that there are programming conflicts, that there can be a period between the conflict and its potential activation, and that there are triggering conflicts which instantaneously
activate what has been programmed. In the following case, the programming conflict is hereditary and the activating conflict is circumstantial.

\[ \text{N O T H I N G \ H A S \ C H A N G E D \ F O R \ H U M A N S \ O V E R \ T H E \ L A S T \ F O U R \ A N D A \ H A L F \ M I L L I O N \ Y E A R S} \]

1. There is only adaptation for survival of the species.  
Since human beings first appeared, our species, like all species, has developed little by little. What is good for my ongoing life will remain – it does not mutate – but as soon as something is needed to increase my chances of survival, mutation takes place. It does so each time in response to a coercive pressure in the milieu, thus never by chance, and improves the chances of survival for posterity. This implies that, like the worm, my programming comes from my ancestors, as far back as the first generation.

2. Mutations that are too great cannot be tolerated.  
A mutation that is too great results in change that is too dramatic, and the individual disappears. Only small mutations are acceptable. There must be a precise regulation of the genes’ activity and mutation.

Example: In the Galapagos Islands, it has been shown that there were six types of finches with six different beaks, corresponding to six different ways of feeding.

Example: My parents didn’t want me.  
They made mistakes.  
They gave me life.

There is no comparison between the little harm and the enormous good they have done to me. Therefore I thank all my ancestors, from my parents all the way back to the first generation. “Thank you Mother, thank you Father.”

WHAT IS ESSENTIAL IS THE TRANSMISSION OF LIFE

Sometimes we become fixated on some little thing that spoils our life, because we have allowed it to take on considerable negative proportions within us. But our ancestors knocked themselves out so that we could live, which is far more essential and really carries weight in the grand view of things.

WHAT THE PARENTS ACQUIRE BECOMES INNATE IN THE CHILD
**Remember:**

1. A transmission through the genes takes place in an instant through a negative experience, but the illness does not necessarily manifest itself.

2. The transmission of genes comes down through the entire family (our ancestors) with preferential expressions according to the conflicts.  
   **Example:** family of cardiac illnesses, of lung cancers, of intestinal cancers, and so on.

3. The transmission of genes takes place from one generation to another with or without genetic modification, according to the laws of necessity, of survival.

4. When we want to repair, nullify, or pay for something, we can only do this in reality. It is we who express, in the flesh, through illness, the programs, the projects of our parents, even if the project is only virtual, in their minds…  
   As soon as we become conscious of it, and if this is complete, everything is canceled. If our consciousness is only partial, this can be transferred to our children according to their birth order.

5. The parental program is only executed by the child when it has been repeated by the parent so many times that it has become an automated process.

   If just one parent has the conflict, this establishes the program in the child, but the child does not put it into effect immediately. However, throughout his life the child **attracts** everything necessary to activate the program: it is an acquired illness.

   If both parents have the conflict or if the conflict is of great intensity in one of the parents, the child puts it into effect immediately, since the programming is complete: it is an innate, inherited illness.

**Keep in mind:**

The child that we are, no matter how old, manifests on the physical plane the unresolved psychological conflicts of the parents. The child expresses, carries out the purpose of his conception.

The expressed psychological conflict is in fact what is harmful; it is always the inverse transposition of the unconscious conflict which corresponds to the project /purpose.

**Example:** When someone tells you something about his problem, you must transpose it to the virtual opposite, to what has actually happened in the family.
unconscious. If the child is the product of an “impossible household”, he will seek endlessly, desperately, to marry, but he will never succeed until he frees himself from the ‘iron collar’ of his parents.

**Example:** When someone expresses his distress over a conflict, what we detect is what he is conscious of, what causes him pain, what can be expressed. This is the conscious part of the psychological conflict. It is the 99% that he is conscious of. In order to heal, he must seek the 1% which is buried in the unconscious. Remember the adage: the “invisible controls the visible.”

What someone complains of is always the opposite of the psychological conflict. We express, we realize in our life the purpose for which we were conceived, but we are not conscious of this. This is our blind spot.

**The project/purpose is all important. We must work tirelessly on this.**

When the program “impossible home life” has been imprinted, this can be represented as: “I want to marry but cannot make it happen.” “Impossible home life” signifies a conflict regarding the nest, thus possibly a problem of the “breast”.

Our illnesses do not belong to us. We carry out a program which is not ours. We must let go of it here and now, in other words de-program ourselves and rediscover “who we are”… qui on est, qui on hait, qui on nait.

It has been said: “We are 99% the sum of our family memories”. What we must understand and become conscious of is that we are not obliged to propagate the project of our parents or of our ancestors.

**NB:** We can change our destiny, we can alter our program, we can heal, but in order to do so we must undo the web of conflicted experiential residues in which we find ourselves entangled and allow that pristine Divine Light within to shine forth.
EXTREME ADAPTABILITY OF LIFE FORMS

Living beings display a tremendous adaptability when it comes to integrating special programs for survival under extraordinary conditions.

**The Kangaroo Rat**

A characteristic particular to this animal is that it never drinks, which is exceptional for a living being. It lives in Death Valley, California, where it almost never rains and the average temperatures are very high. To survive, the kangaroo rat breaks down nutrients into their atomic elements where carbon, oxygen, hydrogen and nitrogen are found. It manages to recombine, within itself, one atom of oxygen and two of hydrogen to form a molecule of water. For deeper insight into this phenomenon one can investigate the work of Louis Kervran and his work with “transmutation of elements” in biological organisms.

**The Hens of Versailles**

This concerns an experiment taken from the work of Kervran. Some hens are placed in an enclosure in which all calcium has been removed from the soil. They are given a normal, healthy diet, except for a complete lack of calcium. They begin to lay eggs with shells that are increasingly soft. Then, mixed into their food, they are given mica (composed of silica), a simple element close to the element of calcium. The hens then show obvious signs of joy in pecking their food which includes mica. The following morning the shells of all of their eggs are normal! Yet another example of the *alchemical transmutation* which takes place within a living creature.

**The Liver Fluke**

This example is drawn from the Great Book of Ants by Werber.

The life cycle of the little liver fluke is certainly one of the greatest mysteries in nature. It concerns a parasite which thrives in the liver of sheep. The fluke feeds on blood and hepatic cells, grows and then lays its eggs. But the eggs of the fluke cannot hatch in the sheep’s liver, and they leave their host through its excrement. After a certain time, they hatch to release a minuscule larva which will be consumed by a new host: the snail.

In the body of the snail, the fluke larva multiplies before being ejected in the mucus which the fluke spits out when it rains. This mucus, in the form of clusters of white pearls, frequently attracts ants who eat them. The flukes thus penetrate the insect’s organism. Once they become adults, the flukes must return to the sheep’s liver to complete their growth cycle.
But how does the fluke make its way back into the sheep? What causes the ant to be eaten by the sheep, which is not an insectivore? Generations of flukes must have asked themselves this question! The problem is all the more complicated in that it is during the cool hours that sheep graze on the grass tops, and it is during warm hours that ants leave their nest to circulate only among the cool shade of the roots of these grasses. How was it possible to bring them together during the same hours and in the same place? The flukes found the solution by dispersing themselves throughout the body of the ants. A dozen of them take up residence in the thorax, a dozen in the feet, a dozen in the abdomen and only one in the brain.

From the moment this unique fluke larva implants itself in the ant brain, the behavior of the ant changes.

In the evening, when all the field hands are sleeping, the ants, contaminated and remote-controlled by the flukes, leave their nest. As if sleepwalking, they advance, climbing and clinging to the tops of those grasses the sheep like: alfalfa and shepherd’s purse. Immobilized, the ant waits to be eaten by the grazing sheep. When the warmth returns in the morning, the ant, if it hasn’t been swallowed by a sheep, regains control of its ant brain and free will. It wonders what it is doing there, at the point of a blade of grass. It quickly descends and returns to its nest to attend to its usual tasks…until the next night when, like the zombie it becomes, it leaves with all its companions who are infected with the flukes and awaits being grazed on.

**THE PHILODENDRON**

Cleve Backster (1924 – Present) is an American scientist and polygraph expert who carried out the following experiment:

He wanted to find out whether plants possess a form of consciousness, a brain with which to assess their surroundings. He conducted the following experiment with some philodendrons which he set up in his laboratory. He installed electrodes on the plants and used an appliance which amplified the signal showing the electrical activity at the base of the plant. In order to study the plants’ reactions, he put a philodendron in super-stress by insulting it, then tormenting it in different ways such as crushing or cutting a leaf, etc. After a certain time, the philodendron showed stronger electrical peaks (equivalent to spikes of pain) each time it was tortured. Baxter continued the experiment, and what is fascinating is that one day he noticed that when he was merely at the door’s threshold, the philodendron was already reacting! He also noted
experimentally that the mere thought of doing harm to the plant would cause it to react even without the physical deed being performed.

It recognized its aggressor, and as soon as he arrived it entered a state of stress. This means that the philodendron understands what is around it, that there is a system which is particular to it but which allows it to understand things and even to anticipate them! Did the philodendron plant demonstrate some fundamental degree of awareness? Cleve Backster’s experimental results and his theory of “Primary Perception” would support such a contention.

An excerpt of a 1996 interview with Cleve Backster:

DJ: I'm sure you've told this story a million times, but can you say again how you first noticed the reaction in a plant?

CB: The initial observation that happened on February 2nd, 1966, involved a dracena cane plant I had back in the lab in Manhattan. I wasn't particularly into plant culture, it's just that there was a going-out-of-business sale at a plant store on the ground floor of the building I was in, and the secretary bought a couple of inexpensive plants for the office. One was a rubber plant, and the other was this dracena cane. I had done a saturation watering of these plants--putting them under the faucet and watering them until water ran through completely--and I was curious as to how long it would take the moisture to get to the top. I was especially interested in the dracena because the water had to climb a long trunk, and then to the end of these long leaves. I thought if I put something that measures resistance at the end of a leaf--the galvanic skin response section of the polygraph, and I had those sitting all over the place because we were running a school--a drop in resistance should be recorded on the paper as the contaminating moisture arrived between the electrodes. (…)

Next, I noticed something on the chart that resembled a human response on a polygraph. In other words, the contour of the pen tracing was not what I would expect from water entering a leaf, but instead what I would expect from a person taking a lie-detector test. Lie detectors work on the principle that when people perceive a threat to their well-being, they physiologically respond in predictable ways. If you were conducting a polygraph as part of a murder investigation, you might ask a suspect, "Was it you who fired the shot that was fatal to so and so?" If the true answer is yes, the suspect will fear getting caught lying, and electrodes on their skin will pick up the response to that fear. So I began to think about how I could threaten the well-being of the plant. First I tried putting a neighboring leaf in a cup of warm coffee. The plant, if anything, showed what I now recognize as boredom--it just kept trending downward.

Then at thirteen minutes, fifty-five seconds chart time, the imagery entered my mind of burning the leaf I was testing. I didn't verbalize, I didn't touch the plant, I didn't touch the equipment. The only new thing that could have been a stimulus for the plant was the mental image. Yet the plant went wild. The pen jumped right off the top of the chart.

I went into the next office to get matches from my secretary's desk, and lighting one, made a few feeble passes at a neighboring leaf. I realized, though, that I was already seeing such a saturation of reaction that more change wouldn't be noticeable anyway. So I tried a different approach: I removed the threat by taking the matches back to the secretary's desk. The plant calmed right back down.
Immediately I understood something important was going on. There were no alternate explanations. There was no one else in the building, nobody else in the lab suite, and I simply wasn't doing anything that would provide a mechanistic explanation. From that split-second my consciousness hasn't been the same. My whole thought process, my whole priority system, has been devoted to looking into this.

After that first observation, I talked to scientists from different fields, trying to get them to explain to me within their disciplines what was happening. It was totally foreign to them. So I started to design an experiment in greater depth to explore what I soon began to call primary perception.

The Mouse and the Submarine

Seven young mice, not yet weaned, from their mother, are each sacrificed by throwing them into the sea on the day and hour chosen by the commander which he records in the notebook. During this period electrodes have been connected to the head of the mother. Once the experiment is finished, the scientist compares the hourly records of the commander to the hourly graph records of the mother: seven spikes are recorded at the seven precise moments when the seven young mice died.

This demonstrates that relationships of special waves exist between brain and brain which stay connected all our life. The unconscious connection between the consciousness of humans are merely a transposition of what occurred here with the animals.

Elephants

If an elephant is lost, the other elephants carry out an elephant dance, tracing large circles in order to find it. What is more, at a given moment, they make a 360 degree tour around themselves, and if the foreheads of the lost elephant and one of the seekers find themselves facing each other in the same axis, “S” waves are emitted and received (alpha, beta, theta…). They seek each other out, and this functions from brain to brain.

Geraniums

Twelve cuttings (“babies”) are taken from one beautiful plant (“mother”) and put on separate trays so that no information can pass between them. The mother is placed in the center with the twelve little pots in a circle around her at a distance of about nine feet.
In the first phase of the experiment, all are fed with spring water and natural ingredients. The thirteen plants grow and become more beautiful.

In the second phase of the experiment, the mother and eleven babies receive identical healthy ingredients and continue to become more beautiful, while a watering can with toxic products is used for the twelfth baby, which deteriorates and dies.

In the third phase of the experiment, identical watering cans with spring water and fertilizer are still used for the pots of the eleven babies, which continue to become more beautiful, but the mother receives the water from the watering can with toxic products. Result: she dies. At this time, the eleven baby geraniums also die.

**NB: Even when one is a baby geranium, one needs one’s mother.**

There are special relationships for the preservation of life which exist between brain and brain (or awareness to awareness) of a mother geranium and its babies.

This phenomenon only occurs during the period which begins with the babies’ weaning and ends when they become autonomous.

**NB: It is the meaning of the illness that creates the illness, it is the meaning of the tool that creates the tool, it is the meaning of the cancer that creates the cancer. First and foremost there is a formless “idea” which then precipitates into the material realm.**

### DREAMS

There are several types of dreams:

- The recurrent nightmare
- The little classifying dream in which everything is treated symbolically, including the dreamer himself when it concerns him. These dreams comprise the ordinary affairs of daily life.
- The big dream about an active conflict. About an active conflict moving toward healing.
- The big dream about healing About healing moving towards active conflict

In dreams about active conflict or healing, the people concerned or important are clearly recognizable.
NB: Since at every moment the brain gives the solution to all problems so that we can stay alive, the dream is also part of the brain’s solutions. In order that we may live from moment to moment, the dream provides information about what is essential for us to resolve for our program of survival. Always colored with symbols, the dream doesn’t appear completely clear to our consciousness, which is why it must be interpreted.

To analyze and interpret our dreams we must be in keeping with our biological nature.
The symbol has personal, clan and universal value.

COMA

Comas can be caused by several factors such as trauma, an excess or deficiency of certain substances in the blood, inhalation of toxic substances, etc. But there are also types of coma without neuro-cerebral effects: the idiopathic coma. In these cases, the coma is due to the disconnection of the consciousness by the brain.

When we have a nightmare in which we risk dying, the brain wakes us up. It “disconnects” us from the dream so that we don’t witness our death alive.

When we risk death in a waking state, the brain “disconnects” us so that we don’t witness our death alive, and this is a coma.

To bring the person out of this type of coma, we must speak in his ear (which is never disconnected) and explain all this. We speak to him about what he has experienced, about what truly matters to him.

Comas can be described in four stages:
- Stage 1: waking coma (even if the person is conscious, he no longer recognizes those around him, his belongings, etc.)
- Stage 2: light coma (the person is in a light sleep)
- Stage 3: deep coma (the person is in a deep sleep)
- Stage 4: beyond coma (the famous stage with flat brainwaves)
HOLOGRAMS AND THE DIRAC FUNCTION

A hologram is a three-dimensional image, created with photographic projection. An astonishing characteristic of the hologram is that each of its parts is able to reconstitute the whole. “The part is in the whole and the whole is in the part.” This means that all information about the object is contained in every point of the hologram. Consider that every cell in our body contains the DNA to recreate us entirely…ie., cloning.

ITZHAK BENTOV (1923-1979) was a scientist with an emphasis in mechanical engineering, biomedical engineering and consciousness studies. He conducted an experiment where three pebbles were simultaneously dropped in a pan of water creating ripples within the water which intersected each other. Through the use of liquid nitrogen he was able to instantly freeze the surface of the water which froze the ring patterns and ripples perfectly in three dimensions. This section of frozen water is analogous to a photographic plate of the event. When he passed a coherent light source (laser) through this plate, he recreated the image of the three pebbles in three dimensions. Even when he took a small broken section of the original frozen plate he could still recreate the pebbles in three dimensions with the laser illumination!

We must understand that the pebbles fell to the bottom of the water, and what we see is the memory of the pebbles which remains in the disturbed water, in the ripples of water which in fact are interference patterns.

The brain receives frequencies which it has to decode, see, feel, hear…These are like packets of vibrations (ripples within the water) that the brain processes, and its complex computations are perceived by the consciousness as the reality of the five senses: smell, touch, sound, sight, etc.

KARL PRIBRAM (1970-Present) is a US neurosurgeon and psychiatrist who proposed the “holonomic brain model” which theorizes that memory and information is stored not in cells, but rather in wave interference patterns similar to the way a hologram is generated. He felt that this
model could explain how an enormous quantity of information could be stored in an infinitesimal space. From this perspective, the brain creates a concrete reality through interpretation of these frequencies and uses filters of a sort to mitigate the possibility of “information overload” for the conscious mind.

**THE DIRAC FUNCTION**

**PAUL DIRAC (1902-1984)** was a British theoretical physicist and 1933 Nobel laureate. The Dirac Delta function or simply “Dirac Function” explains what happens when we subject an electrical appliance designed to operate within a given voltage range a much higher voltage.

1. If we SLOWLY raise the voltage over a period of time, the electric circuit will blow and fail to operate.

2. If we RAPIDLY raise the voltage in a way that the device receives a sudden impulse the circuit will behave in an entirely different manner. This is the Dirac function or the “impulse response” of the electrical system.

Similar to an electrical device with given circuitry and tolerances, the neuronal network of the brain also represents such a system. In the event of a sudden shock (electrical impulse generated), the compartment of neurons concerned will not merely fail. If the threshold is met they will actually switch over into an “emergency adaptation mode” producing a given illness when receiving an impulse with negative or disturbing connotations.

On the other hand, if an impulse is generated with a positive tonality (solution, relief) arrives it carries the potential to “flip the switch” the other direction and deactivate the emergency adaptation bringing one into the reparative phase of the disease.

*The existence of all illnesses (programs of emergency adaptation) are dependent upon the holographic principle and the Dirac function.*

**INSTANTANEOUS HEALING (SPONTANEOUS HEALING)**

Instantaneous healing take place and can only take place when the biological conflict underlying the illness is resolved by a new awareness, by certain evidence and an acceptance of it. These healings can take place in an instant, in effect bypassing the difficulties of the reparative phase.

We refer to instantaneous healing as the healing that moves someone, instantaneously or in a very short time lapse, from a state of illness to one of health, without the person having to endure the usual evolution of the healing phase, in other words the days or weeks of swelling, infection, inflammation, temperature, pain, fatigue….
**BIOLOGICAL TRAPS**

Sometimes one is caught in what are called biological traps. We must be vigilant. **Example:** an elderly woman who had a kidney problem but had no problem with liquids. In fact she experienced a super-stress in the presence of liquid, but the liquid wasn’t the actual source of the stress. Refer to the prior course discussing allergies and pseudo-allergies…what Dr. Hamer refers to as “tracks.” These are cues in the environment which the automatic brain learns and now equates as a trigger for a given illness program.

Example: A wife exposes to her husband that she found evidence that he has been having sexual relations with another woman over the last year. He suffers a DHS upon this revelation and she throws a glass of water in his face with the admonition: “how daaare you!” The water is programmed as an environmental cue for his kidney problem in the future but the shock of the discovered infidelity represents the actual source of conflict.

*The biological conflict must be resolved...sometimes it is not accompanied by any psychological conflict.*

**THE PLACEBO EFFECT**

Placebo means: “I shall please; I am at your service”

The placebo effect attributes the **major part of the therapeutic effect to the expectation** of the researcher or the therapist or to what one expects of the medication.

**Everything is “placebo”:** It is important to remember that a vital component of the success of ALL therapies is the placebo effect. Whether it is chemotherapy, surgical interventions, pharmaceuticals, herbs, group prayer, psychotherapy…one must consider that success, in part, is often attributable to this dynamic.

**ARTHRITIS SURGERY IN AILING KNEES IS CITED AS SHAM**

By GINA KOLATA  
Published: July 11, 2002  
New York Times  
Citation: New England Journal of Medicine: **July 11, 2002;347:81-88, 132-133**

A popular operation for arthritis of the knee worked no better than a sham procedure in which patients were sedated while surgeons pretended to operate, researchers are reporting today.

The operation -- arthroscopic surgery for the pain and stiffness caused by osteoarthritis -- is done on at least 225,000 middle-age and older Americans each year at a cost of more than a billion dollars to Medicare, the Department of Veterans Affairs and private insurers.
It involves making three small incisions in the knee; inserting an arthroscope, a thin instrument that allows surgeons to see the joint; and then flushing debris from the knee or shaving rough areas of cartilage from the joint and then flushing it. (…)

"Here we are doing all this surgery on people and it's all a sham," said Dr. Baruch Brody, an ethicist at Baylor who helped design the study. (…)

The research began when an orthopedic surgeon at the Houston veterans' hospital, Dr. J. Bruce Moseley, who is now the team physician for Houston's two professional basketball teams, approached Dr. Wray suggesting a study that would compare washing the knee joint with washing and scraping in patients with arthritis.

Dr. Wray had a bolder idea.

"She said, 'How do you know that what you are seeing is not a placebo effect?' " Dr. Moseley recalled. "My response was, 'This is surgery.' She said, 'I hate to tell you this, but surgery may have the biggest placebo effect of all.' "

**NB:** If a patient tells you: “I have faith in you”, you must immediately destroy this notion of transference, because it puts the person in a state of dependency and in doing so works against his healing. The therapist must only provide the keys. With these keys, the patient solves his conflict himself and maintains his dignity.

The experiments mentioned in this chapter are extracts from a book by Rupert Sheldrake: “Seven Experiments that can Change the World.”

**PEOPLE CONFORM TO WHAT IS EXPECTED OF THEM**

- For Freudian patients there will be Freudian dreams (Oedipus – Electra)
- For Jungian patients there will be Jungian dreams (synchronicity and premonitions, etc.)
- If we expect someone to behave in a friendly way and we act on this expectation, the odds are he will do so.
- It is the therapist which sends into the mind of the ill (the client) what the latter wants to hear.
- If the teacher thinks the child is good, the child will succeed. If the teacher thinks the child is bad, he will fail. This takes place from mind to mind.
- Children carry out the expectations of their parents and teachers.

**The Pygmalion experiment** was conducted in a primary school in San Francisco by the Harvard psychologist Robert Rosenthal and his colleagues. The psychologists subjected the children to a simple verbal test of intelligence, telling the teachers that this was a new test which allowed them to predict the “intellectual blossoming” of the
students, in other words to know which ones would progress significantly during the school year. They then gave the teachers a list of the children who had obtained the best results. But in fact these children had been chosen completely at random! At the end of the year, the test was again administered to the children, and the “promising” students obtained on average 15.4 points higher than the other students. It was also observed that during the year the teachers had a tendency to judge the “promising” students as more interesting, balanced, affectionate, curious and happy. The effect was less notable with the students in their last year of primary school, probably because the teachers already had a well-established opinion of these children.

**NB:** Allowing positive and high expectations for ourselves or another (client, patient, student, etc.) actually creates an “attractor-field” which steers the potential toward fulfillment.

### Expectations of animals

Numerous experiments have also been conducted on laboratory animals, finding that they too conform to the expectations of the researchers.

**Bertrand Russell (1872 - 1970)** was a British philosopher, historian and mathematician who won the Nobel prize for literature in 1950. In 1927 he wrote:

> The way in which animals learn has recently been the subject of many studies, greatly supported by patient observation and experiments. We can say in general that these animals, carefully observed, saw to it that they behaved so as to confirm the philosophy the researcher adhered to prior to his observations. What is more, the animals went so far as to display behaviors typical of the researcher’s nationality. The animals studied by Americans ran frantically in every direction with an astounding vivacity and spirit so that finally, by chance, they arrived at the desired result. Those observed by the Germans stayed still while they reflected and finally came to a solution in the privacy of their own consciousness.

**NB:** It is the weaker mind that conforms to the expectations of the stronger mind.

### The Placebo Effect

Researchers have observed the placebo effect in all domains of medicine. Placebos are treatments without specific therapeutic value which nevertheless enable many patients to feel better. The placebo can be a pill but also therapeutic advice or psychotherapy, or even a dummy surgery. _According to a study conducted on a great variety of medical trials, the placebo effect represented between a third and a half of the medication’s effectiveness. This is something_
real; it is important to understand it precisely and take it into account if we intend to have true scientific rigor.

For example, to relieve the pain resulting from angina pectoris, a surgical intervention is sometimes conducted to tie the mammary arteries. In order to test the effectiveness of this treatment, an appropriate incision was made in the patients but no ligature performed. These patients showed the same relief as those who underwent the actual intervention. **Conclusion:** The sham operation produced equal results to the true operation; therefore the potential benefit lay in the ability to produce a powerful expectation which was the true therapy in this case.

In reality, everything is placebo or nocebo.

A placebo has positive effects while a nocebo has negative effects. The nocebo effect is easily understood in relation to curses, casting of a spell or hex, etc. In a study, two electrodes were placed on patients’ heads and they were warned that a gentle electric current would pass through them, likely to provoke a migraine. Although in fact no current was passed through, two thirds of the subjects suffered a headache…because they believed they would experience pain!!

**NB:** It is our beliefs which make us sick. They can heal us or kill us. There is a book by Kenneth Pelletier entitled: “Mind as Healer, Mind as Slayer” which discusses this phenomenon in detail.

With the placebo effect, we see that an improvement in one’s state of health is a function of what goes on in the brain. In fact, everything depends on our cerebral information, on what is represented in our heads.

**BELIEFS**

In actual practice, medicine is based upon subjective assumptions we call “beliefs.” We need not see this as a constraint in the scientific application of medicine, but can choose to see how it broadens and enriches the possibility of new discovery, applications and effectiveness.

---C. Sabbah

The following story illustrates clearly that man’s biology need not follow his external environmental conditions, but rather is often subject to a dominance of the mind locked into a pattern of manic auto-suggestion based on an expectation which produces precisely what he believed. I.e., “That which I have feared has come upon me.”
EXAMPLE: THE REFRIGERATED MAN

This is about a man who died of cold exposure. He was found in the empty hold of a truck that was normally refrigerated, but in this case it was between 63 and 68 degrees F. Panicked to find himself locked in, in the super-stress of his great dread of dying of the cold, he no longer had access to reality but was operating under a negative auto-suggestion based on a theme of death from the cold. The autopsy showed he had all the signs of death from the cold (in dying, he wrote on the walls with his blood). The brain sent the actual program of death from cold.

The automatic brain doesn’t assess whether a piece of information is true or false; it reacts solely to provide solutions based on the information it reads. In other words: the subjective context and content of the felt experience.

So whether the exterior facts are true or false, the information that derives from them, in other words what this represents for the person, is always “true” (true = reality), and this information must be taken into account and resolved.

With the case of the man who died of cold exposure, even though the refrigeration was turned off, we have proof that his biology didn’t take into account the real exterior conditions but instead what was going on in his head. A manic auto-suggestion, based on a belief, generated an expectation which provoked the exact expression of what was believed.

It isn’t the events of our life that influence us, but our beliefs. It isn’t the events but rather how we interpret them that determines how we react, what we are today and what we will be tomorrow.

Most of our beliefs are generalizations based on the past, founded on our interpretations of painful or pleasurable experiences. We have a triple problem:

Most of us don’t make decisions according to our convictions.

Often our beliefs are based on a faulty interpretation of our past experiences.

As soon as we adopt a belief, we forget that it is only one interpretation or possibility.

Sometimes we adopt beliefs for a precise domain. For example: about our ability to play the piano, to understand biology, etc. … But we also have general beliefs which
govern all aspects of our life, be they positive or negative. These are global beliefs, such as: “life is difficult, I’m a good-for-nothing, people are mean, I always succeed at whatever I undertake, etc.”

If we want to direct our lives, we must take conscious control of our beliefs. It is important to remember that once accepted, our beliefs become uncontested commands sent to our nervous system, and have the power to help or destroy us. The difference between a simple idea and a belief is that in the belief we are certain it is true because we have reference points, and the more numerous and emotionally intense the references, the stronger the belief will be.

Since our brain doesn’t differentiate between the real and the imaginary, we can choose to create for ourselves intense imaginary references which will lead to a certitude and allow a positive belief to be put in place.

13 SUGGESTIONS TO HELP HEALING

Reaching conflictolysis and entering the reparative phase is no guarantee of a perfect healing. Beware recidivism and the syndrome. Here are some helpful guidelines to apply, especially within the reparative phase.

1 – Never panic, always keep your head.
This is the most important. The state of panic is an over-stress which triggers HF on HF in the brain. Pay special attention to the comments and state of mind of those around you.

2 – 10:00 PM is when the greatest vagotonia occurs within the 24-hour day, inscribed for six million years in the archaic biological code of behavior. It is the moment when vagotonia is strongest and will be the least tolerable, when there will be most swelling. It is important to reduce this a little, but not completely or the illness will not heal and benefit from the swellings as part of healing. If vagotonia is very strong, the head can become warm…

3 – Every night conduct a little review of the day. “Did I do too much today?” If this is the case, plan rest for the following day. Because in over-activity, the brain registers “Active conflict phase” and in doing so gives priority to action and stops vagotonia, which short-circuits healing.
4 – **In the morning make a plan for the day:** leave at least six hours of rest (in addition to the night) and do not depart from this rule. In order to heal, we must not remain permanently in action. This is an escape mechanism, a perverse game. It is important to allow undisturbed time for healing. It isn’t the time to try to act like everyone else to show one is capable, and to run right and left to show one is outstanding, etc. Since antiquity, the ancients recommended rest as the best treatment. Don’t equate the seeming inaction with unproductivity and failure.

5 – **Do what is absolutely necessary first,** and if this goes beyond three steady hours of physical or psychological preoccupation, leave what remains and rest (with a joyful heart).

6 – **Refuse all confrontation with anything opposing you, no matter what it is.** The best results in serious cases have been obtained when there has been:
   a) Comprehension within and a consensus around the patient regarding their healing path of insight and conflict resolution.
   b) Fierce determination by the patient who participates 1000% in his solution by continued integration of the awareness of his life pattern and disease connections.

7 – **Give priority to rest at night.**

8 – **Eat healthily without great deviations.** This leaves all potential energy available for reparation.

   *Meat cooked over a low flame is not always digested 48 hours later. Meat sautéed in a frying pan takes 8 hours to digest.*

9 – **Care for yourself in a normal and calm manner when little problems arise.** It is better to take two aspirins with complete peace of mind than to become highly stressed over whether one is doing the right thing, going against healing…etc. Avoid creating a conflict about this.

10 – **Wait patiently for real improvement by using all possible means of rest and avoiding alarm over minor or major problems necessary to healing.** Reverse daily routines if necessary. Watch funny films.

11 – **Never put your head in the sun or near a source of heat.**

12 – **If more serious problems occur:** preferably ice painful areas and the head. (A little heat can be put on the extremities, but never on the head)
13 – Never ease the symptoms too much.

NB: Coffee naturally reduces cerebral swelling.

THE POINT AND THE INSTANT

When I was conceived, I was first of all a cell, then two, then four, then a morula, then a blastula, then an embryo, then a fetus, then a little baby…I only change states. It is always me in different states. The moment I was conceived, I appeared on earth in matter in the form of one cell of a future human being, at a precise point (place), in my mother’s uterus, at a precise moment (time). I existed in an immaterial phase and I appeared in an instant in a material phase.

An instant is not a quantity of time. It exists without existing. It is a reference point on the line of time. It is a virtual object and non-material.

A point isn’t a quantity of space. It exists without existing. It has neither volume nor width nor length nor weight! The point is a reference point in space. It is in fact a virtual object and non-material.

It is thus by a double breach in space and time, a virtual door, that we come to incarnate (embodied in flesh). We can say that we enter into illness at a precise point at a precise instant and in the same way we tip into healing at a precise point at a precise instant. We heal in an instant in a space-time gap!

In the same way we are conceived in an instant at a precise point, and we die at a precise point in a precise instant. In fact we only change states. Birth and death are only changes in state!

THE POINT OF NO RETURN

The point of no return is the point at which, if healing takes place, the end of the healing phase coincides with the point of death. If we have passed the point of no return at the moment when we tip into healing, the brain disconnects immediately and death occurs.

The automatic brain does no useless work and never makes mistakes. Of two evils, it always chooses the least, and here are the three situations in which the brain sends the program favoring survival:
- To heal rather than be sick, if I have hope in a life after death, if I can have quality of life after healing, then it is better to heal than to stay sick. So the brain has me heal, since it is more economical to be healthy than sick.

- To be sick rather than to die if I have no hope of a life after death

- To be dead (i.e. in another state) rather than to be in a state of “colossal” healing and no longer have a life of good health.

**LIFE – EXISTENCE**

Everything that is alive exists but everything that exists is not necessarily alive…

*The Life of every thing begins with its birth… To live is to be born with one’s purpose (meaning)!*

Conception marks the beginning of existence, and the conditions in which one is conceived will determine, for the brain, the conditions in which one can exist. When I live existential conflicts, my brain will review the conditions of my conception, since it is these conditions which have allowed me to exist.

Birth marks the beginning of Life, and the conditions of one’s birth will determine for the brain the conditions in which we can live. Birth always represents the moment furthest from death. So if I am confronted with death, my brain will want to assure me that I am very much alive. It will review the conditions of my birth, since this is the moment when I was furthest from death!

The brain never authorizes anything that goes against the conditions which have allowed us to exist and live. In other words, if healing contradicts the conditions of life or existence, the brain will not authorize it.

**In the uterus**
- The fetus exists, it doesn’t live
- The placenta, on the other hand, exists and lives, because it carries out its mission: to nourish the fetus.
- The ear and the kidney thus function already. They live.
- The eye and the lung exist but don’t yet live.

**At birth**
- The baby is born with its purpose (meaning) and begins to live. It exists,
it lives and begins its mission.
- The placenta, seeing its mission finished and no longer having a purpose, dies.
- The eye and the lung, on the other hand, begin to live. They function in light and air.

**In conclusion**
The vital energy of the kidney and of the ear in hearing words already exist and live in utero; kidneys and ears are linked to existence itself. Sight by the eye and respiration by the lung only live outside the uterus; eyes and lungs are linked to life.

Therefore we can say that the pathologies of the kidneys and ears will be linked to existential themes, and the pathologies of the eyes and lungs will be linked to themes of life’s unfolding.

**PRINCIPLES AND LAWS IN RECALL HEALING**

“…The life of a living being is characterized by perpetual changes in his state. He is subjected to multiple and intricate cycles, each space-time conjunction of which is the manifestation of a synchronicity…

…Each part of the body can be related, in its usual or unusual expression, to its symbolic meaning (in a major way) and to its function and/or traumatism (in a minor way), as well as to the time passed and/or referenced…”

Principle: everything is programmed in biological terms of survival.

1. **Law of biological “super determination”**
   Everything that takes place in our biology (appearance and disappearance of illnesses) has a meaning. “In the living world, everything is programmed in biological terms of survival.”

2. **Law of the circulation of memories (invisible family loyalties)**
   As if the same stories, situations endlessly reverberate in precise cycles… over the generations.

   Remember: they can be temporal, spatial or spatio-temporal.

3. **Law of the repetitive trinity of kinships**
   It functions like a magic square: 1-2-3…4-5-6…7-8-9…etc.
   1=4=10
   2=5=11 etc.
4. **Law of the symbolic vibration of 4**
   In the symbol 4, reality is expressed, resulting in the impact of the fourth generation.

5. **The law of programming by super-stress**
   The super-stress experienced by a parent...can pass automatically into the biology of the child who unconsciously takes on this super-stress in order keep the parent operational and able to perform...
   The child or animal in company acts as if they are a “step-down” transformer, lowering the tension in the primary biological system.

6. **Law of the Blind Spot (Fractional Schizophrenia)**
   For every illness, except for psychosis, the sick person is mentally healthy and conscious of the world, except for his own conflict. He is blind to its reality...
   If there are several illnesses, one will have several bands of blind zones in their spectrum of total awareness.

7. **The law of name repercussions**
   Those ancestors whose name we carry.

8. **The psycho-biological law of Programmed//Purpose**
   The psychological conflict of the parents becomes (if negative super-stress) the biological conflict of the child. The “thought” of the parent or parents becomes the “manifesto” of the child.

9. **The law of invariants**
   The biological invariants are transpositions at the biological level of universal invariants (physical, chemical, cosmic, etc.)

10. **The law of intra-personal inversion**
   The biological conflict of the patient is the opposite transposition of his psychological conflict.

11. **The law of representation**
   For the brain, “as if = it is”.

12. **The law of optimization**
   The illness is the perfect solution, sent into the biology, of a psychological conflict which is unmanageable by the individual’s psyche.
13. **The law of impregnation**
   Everything in our life (decisions, behaviors, actions) occur by auto-suggestion by the brain. **Example:** Fear comes up.

14. **The law of exactitude**
   The brain is never mistaken. It is made to find solutions for survival.

15. **The law of meaning**
   Illness has a meaning, obeys a precise purpose, which is to serve as a biological solution.

16. **The law of biological crystallization**
   The living being unconsciously carries out all the programs of his parents, which include his illnesses. He takes on his illnesses by proxy. They do not belong to him.

17. **The law of spatial-temporal quintessence**
   Emanating from the subtle principle of quintessence on the level of vibration, the communication, the expression of the “quinte” [five], in words that which relates to “5”, comes together again with all the ulterior characteristics forming the expression of the four ulterior and exterior levels. This is the fifth generation (GGGP) which results in memory programs which are conveyed and transmitted (expressed and/or in silent manifestation) in the four following generations.

18. **The law of pre-existing tracks**
   We don’t develop an illness by chance. We experience a conflict event in a particular tonality, that of the illness. The cerebral region has been pre-heated by family memories, by the programmed/purpose and by the different stresses of our own life in this same tonality.

19. **The law of words that create illness and those that heal**
   For every illness, there is a word which, when spoken, causes illness, and there is a healing word (in general, its counterpart, its opposite, its “reversed” [inverse]…) which heals. This healing word is what restores a sense (meaning) of survival in the patient. It is either linked to the biological function of the part that is ill, or to the precise conflicted psychological function which underlies the expression of the illness. This is a major biological law.
MAN AND DOMESTIC ANIMALS

Animals are perhaps not as stupid as we think. They often show this when a beautiful, loving relationship exists between a pet and ourselves.

Here are some stories taken from the course of Claude Sabbah.

THE LITTLE BOY AND HIS LIZARD

A little boy of seven had an osteo-sarcoma of the right humerus which was treated in a conventional manner: he was amputated to the stump of the shoulder and underwent very strong chemotherapy. His parents, wanting to please him, asked him what he would like. The child wanted a snake! (note: a snake has no arms…). But town ordinances forbade possession of such an animal, and the little boy eventually made a compromise and opted for a lizard (a little lizard resembling a snake with four legs). They soon became inseparable. A little later the lizard developed a scab on his right front leg and to save its life it had to be amputated. It experienced the same thing as its master. It quickly recovered and began to run again with the child, showing that even with one less leg (or arm) it is possible to be active and happy. It is because of this lizard that the little boy didn’t devalue himself over his loss of an arm. The leg didn’t grow back.

THE OLD MASTER AND HIS DOG

An old man suffered enormously with a serious arthritis of the hip. It was inoperable. After a certain time his dog developed the same condition, as if it wanted to relieve its master. As if by chance, the man began to get much better.

THE DOG AND ITS MISTRESS

A woman took her big dog to the veterinarian. He detected a cancer of the recto-sigmoid junction. The biological conflict of this pathology is filth, trash experienced as vile, indigestible that one cannot digest (sigmoid), expel (rectum), forgive.

The veterinarian was a student of Dr. Sabbah and while examining the dog turned to the woman and asked: “What troubles you the most at this time?” He explained to her that very often animals present the pathologies of their masters as a result of brain to brain communication. She burst into tears and told her story.

She was devoted body and soul in raising her two sons (from different marriages). Entering their bedroom one day when they were adolescents, she was confronted by
an unbearable scene: an incestuous homosexual act. This represented for her something vile that she couldn’t forgive.

The veterinarian had hardly posed his question to the woman when the dog stretched out on the table and slept peacefully… As if it anticipated that its mistress would now have a solution. She effectively resolved her conflict and then was able to speak of it in a family discussion. A month later the dog healed with no intervention.

SYNCHRONICITIES

Defined by Jung as: “Simultaneous occurrence of two events associated by meaning and not by cause.”

According to him there are three categories:

1. Coincidence between a psychic state and a simultaneous exterior event, for example thinking a word and hearing this same word pronounced.

2. Coincidence between a psychic state and an exterior event occurring simultaneously by outside the field of perception, such as a conversation about a friend and then learning the next day that he had an accident at the moment one was speaking of him.

3. Coincidence between a psychic state and an exterior event which takes place in the future, such as an aversion to the idea of leaving for a vacation in a certain country, and the onslaught of a war in this country ten or twenty days later.

At our level of perception of reality, we think in terms of cause and effect, but in fact the events are organized on another level, in another dimension, in a background, beyond cause and effect. It is as if this other dimension generates bullets of synchronicity which explode or continuously to create our reality.

It is as if there were a matrix (personal unconscious and collective unconscious) which programmed our lives unbeknownst to our consciousness.
In 1985, the American Stanislav Grof, director of the Center of Psychiatric Research in Maryland, declared that the holographic model alone could explain archetypal experiences, that is to say the encounters between the collective unconscious and modified states of consciousness.

In 1987, the physician David Peat of Queen’s University argued that synchronicity – coincidences so unusual and rich in meaning that they cannot be the result of chance – is explained in the holographic model. It betrays processes of thought infinitely more interconnected than we suspected.

The twentieth century began with the quest for a unified theory of the universe, capable of combining the fundamental forces of nature. With the hologram, we enter into the twenty-first century with a possible reconciliation between the heretofore opposing worlds of science and magic.

Things don’t happen to us “because” of other things, but rather things take place at the same time, at the moment one needs them in order to bring our program to life!

From the moment there is a program in the project/purpose, the conflict will materialize in one’s life. Everything is arranged so that we will live our conflict. We cannot escape a program except by becoming conscious of our consciousness. Destiny doesn’t exist. These are unconscious, automatic programs. At any moment we can change things by becoming conscious of them.

“All things that do not attain consciousness returns as destiny.”
(C.G. Jung)

A FEW VIGNETTES OF SYNCHRONICITY

**Mark Twain:** was born on the day of the appearance of Halley's Comet in 1835, and died on the day of its next appearance in 1910. He himself predicted this in 1909, when he said, 'I came in with Halley's Comet in 1835. It is coming again next year, and I expect to go out with it.'

**British Army officer, Major Summerford:** was fighting in the fields of Flanders in February 1918 [1st World War 1914-1918] when was knocked off his horse by a flash of lightning and paralysed from the waist down. Summerford retired and moved to Vancouver, Canada.

One day in 1924, as he fished alongside a river, lightning hit the tree he was sitting under and paralysed his right side. In 1930 he was out walking on a summer's day when a lightning bolt...
smashed into him, permanently paralyzing him. He died two years later. But lightning sought him out one last time. Four years later, during a storm by an amazing coincidence, lightning struck a cemetery and destroyed his tombstone.

On the 26th November, 1911, three men were hanged at Greenberry Hill in London after being convicted of the murder of Sir Edmund Berry. As a strange coincidence their names were Green, Berry and Hill.

**Anne Parrish:** While American novelist Anne Parrish was browsing bookstores in Paris in the 1920s, she came upon a book that was one of her childhood favorites - Jack Frost and Other Stories. She picked up the old book and showed it to her husband, telling him of the book she fondly remembered as a child. Her husband took the book, opened it, and on the flyleaf found the inscription: "Anne Parrish, 209 N. Weber Street, Colorado Springs." It was Anne’s very own book. *(Source: While Rome Burns, Alexander Wollcott)*

**Twin Deaths:** On 2002, Seventy-year-old twin brothers have died within hours of one another after separate accidents on the same road in northern Finland. The first of the twins died when he was hit by a lorry while riding his bike in Raahe, 600 kilometres north of the capital, Helsinki. He died just 1.5km from the spot where his brother was killed. "This is simply a historic coincidence. Although the road is a busy one, accidents don't occur every day," police officer Marja-Leena Huhtala told Reuters. "It made my hair stand on end when I heard the two were brothers, and identical twins at that. It came to mind that perhaps someone from upstairs had a say in this," she said. *(Source: BBC News)*

**Baby falls upon man...twice:** In Detroit sometime in the 1930s, a young mother must have been eternally grateful to a man named Joseph Figlock. As Figlock was walking down the street, the mother’s baby fell from a high window onto Figlock. The baby’s fall was broken and both man and baby were unharmed. A stroke of luck on its own, but a year later, the very same baby fell from the very same window onto poor, unsuspecting Joseph Figlock as he was again passing beneath. And again, they both survived the event. *(Source: Mysteries of the Unexplained)*

It often happens that an important discovery is made simultaneously by several researchers in different countries, a few days apart.

This happens as if the brains of the researchers, very sensitized to the same field of research at the same time, are able to pick up information emitted by the their colleagues’ brains. Another hypothesis is that at the instant of their discovery, the first researchers simultaneously create corresponding information in a kind of “collective memory”, thus making it possible for this information to be picked up by other brains.
ATTRACTOR-FIELD DYNAMICS

There are two perspectives which describe the nature of reality and the unfolding of events. The first notion is that we live in a predominantly LINEAR domain where event A leads to B leads to C. Randomness and the principle of a “chain of causality” apply. Then there is another notion that NON-LINEAR dynamics predominate and the events unfolding only appear to fall within the linear domain. In a non-linear system there exists an attractor pattern or field which exists in the unseen universe which skews randomness and “pulls” the manifestation of reality toward a given pattern. Synchronicity and the repetition of memorized biological cycles begin to show the keen observer the presence of the latter in everyday life. Well established forces within the field of physics such as gravity and magnetism readily influence their environment in a similar manner. Keywords for further reference: Mandelbrot, fractals, iterated function system, Chaos Theory, Global Scaling Theory, Edward Lorenz, James Gleick.

NB: The invisible controls the visible.

Example: Trent is involved in a car accident when a car t-bones into him after failing to stop at a 4-way stop intersection. The other driver, Bob, has alcohol on his breath and is cited for a DUI by a police officer on the scene and taken to jail. Trent only suffers a fractured wrist from the impact of the collision on the driver’s side of his car.

Trent’s perspective from the linear domain: Trent is so angry with the other driver since his nearly new car suffers major damage. “How irresponsible for that idiot to be driving while drunk!” “What a bunch of rotten luck I am having…and after the holiday season no less!” “Why does it have to be me?” “If I hadn’t taken that call at the end of the work day by that last client, this would not have happened.” “I am going to sue that SOB!”

Trent’s perspective from the non-linear domain: The accident occurred on Friday the 23\textsuperscript{rd} of January 2004. Trent’s date of birth is 4-16-1969, so he is 34 yrs old. The only other car accident he has had in his life was when he got rear ended at 17 yrs old. He is a #2 child for his mom and dad. His paternal uncle George is also a #2. Oddly enough his uncle had fallen on an icy sidewalk when he was 34 and broke his wrist. The accident occurs about 4 weeks after a year long divide between his first and third siblings from the previous Christmas is healed. Trent felt stuck in between his two siblings and had tried the whole year to bridge their differences. It was all so much better at the family gathering for Christmas. This relief represents the conflictolysis.
and the accident and fractured wrist (conflict of the mediator) the Epicrisis following the resolution.

Bob’s perspective from the linear domain: “I am so stupid. I should have known better. I only drank four beers and didn’t think I was affected that much. I’m so angry that I went out drinking with the guys. Why me?”

Bob’s perspective from the non-linear domain: Bob’s date of birth is 12-12-1981 making him over 22y 1mo old. Last year on his 21st birthday he celebrated with much drinking at a local bar with his friends. Driving home that night, under the influence of alcohol, he struck a dog crossing the street. He raced home without checking on the dog’s condition and felt terrible about his choice, but he was very afraid that the police might get involved, discover his driving under the influence and then he would really get in trouble with his parents. Bob is the only child #1 of 1. His mother is also the firstborn. When she was 11 yrs old she was shocked to learn that her father had been killed when he plowed into a tree due to icy pavement and his inebriated condition.

Conclusion: It is natural and correct to take responsibility for the consequences of our actions or even hold a perpetrator culpable for what he has done. However there is a deeper reality which upon detailed examination brings order into the apparent chaos of the situation. Through a recontextualization of a given experience it offers the potential to greatly expedite the resolution of conflict residue (anger, unforgiveness) and downgrade or completely erase the attractor pattern which steers me or others subject to that field into a repeating iteration of said conflict ad infinitum.

NB: Consider viewing your tormentors as “secret agents” for your spiritual growth. What if they are merely serving as a “pointer” to an attractor pattern asking to be recognized or simply a deficiency of compassion within me? What would it be like if their “insult” was a mirror reflecting an aspect present within myself or a past relative that needs attention?

In Recall Healing the question is often asked: “Okay, I see that but how are we going to fix my problem?” Just witnessing the connections often spontaneously reorganizes the attractor field and therefore the program of disease itself.

NB: Noticing fixes more than fixing.
In a cycle of 100 years, two people who occupied the position of President of the United States had destinies so similar that the probability was infinitesimal.

**Here are the principal facts relative to Abraham Lincoln and John F. Kennedy.**

<table>
<thead>
<tr>
<th><strong>Abraham Lincoln</strong></th>
<th><strong>John F. Kennedy</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln: 7 letters</td>
<td>Kennedy: 7 letters</td>
</tr>
<tr>
<td>Died on Friday in the presence of his wife from a bullet shot from behind.</td>
<td>Died on Friday in the presence of his wife from a bullet shot from behind.</td>
</tr>
<tr>
<td>His assassin was John Wilkes Booth, killed before being tried.</td>
<td>His assassin was Oswald, killed before being tried.</td>
</tr>
<tr>
<td>Andrew Johnson (successor): 13 letters</td>
<td>Lyndon Johnson (successor): 13 letters.</td>
</tr>
<tr>
<td>Assassin John Wilkes Booth: 15 letters</td>
<td>Assassin Lee Harvey Oswald: 15 letters.</td>
</tr>
<tr>
<td>He shot him in a theatre and sought refuge in a warehouse.</td>
<td>He shot him from a warehouse and sought refuge in a theatre.</td>
</tr>
<tr>
<td>Lincoln’s wife lost a child during their stay in the White House.</td>
<td>Kennedy’s wife lost a child during their stay in the White House.</td>
</tr>
<tr>
<td>Lincoln’s secretary was named Kennedy.</td>
<td>Kennedy’s secretary was named Lincoln.</td>
</tr>
</tbody>
</table>

The two were shot in the head.
The two assassins were southerners.
Lincoln was assassinated at Ford’s theatre.
Kennedy was assassinated in a Ford Lincoln Continental.
The week before his death, Lincoln was in Monroe (Maryland).
The week before his death, Kennedy was with Marilyn Monroe.
The two presidents were fighting for civil rights when they were assassinated.
EXERCISES TO DEVELOP ONE’S PERCEPTION OF SYNCHRONICITIES

1. Keep a notebook.
   If you keep a notebook and record the coincidences you observe, you will realize that the more you find, the more they multiply. By asking your mind to pay attention to the details of your existence, you integrate them into your experience.

2. Don’t judge.
   When making note of a coincidence, avoid being influenced by your rational mind.

3. Connect with your surroundings.
   Forget the rationalist principle according to which the Universe is composed of separate elements: all spiritual traditions and modern quantum physics explain that everything is connected.

4. Determine what your essential needs are.
   Sharpen your lucidity and your honesty in relation to yourself by continually clarifying what it is that you truly need. The clearer your request, the clearer the response will be.

5. Visualize the answers.
   Take ten minutes each day to relax and imagine in the greatest possible detail the resolution of your problem.

*The exercises above are taken from an article by Eric Pigani which appeared in the review “Psychologies”, September 1999*

FREE WILL VS. FATE

Exactly what part does free will play in a human life?

We are on a ship from New York City to London. From departure to arrival, we can do whatever we want on the ship: go dancing, have a drink in the bar, see a movie, swim, lean on the railing or rest in our cabin…
Our free will seems at a maximum, because we can do whatever we decide to do. However, by taking a higher vantage point, we see that we are on this ship from Montreal to London, and this we can do nothing to change as long as we are not conscious of it. Even if we are conscious of it, we cannot change the situation. It is useless to grumble about it; instead we must change our perspective on the situation, in other words change our attitude.

“Experience is not something that happens to a man; 
It is what a man does with what happens to him.”
Aldous Huxley

“The only way to discover the limits of the possible is to go beyond the possible into the impossible.”
Arthur C. Clarke

OEDIPAL-ELECTRA COMPLEX

The Austrian psychiatrist Sigmund Freud developed an understanding that infants and children share common stages of development. The so-called “genital stage” around 3-6 years old was called the Oedipal complex and applied to boys. The psychiatrist Carl Jung coined the term Electra complex which was a similar process that applied to girls. These are natural stages of development that most children experience and need to successfully process. If a child was to experience a DHS in this “genital stage” of personal development it may lead to arrested development and adaptive patterns of behavior. Freud believed that a failure to resolve this complex could lead to such conditions as neurosis, pedophilia or homosexuality.

STAGES OF CHILD DEVELOPMENT

1. Oral stage from birth to 18-24 months.
   The mother’s main preoccupation is that the child eats well and grows. Maximum importance is given to her milk, then to food.

2. Anal stage, around 2 years
   Yes, I must fill myself, but I must also eliminate! The mother becomes very attentive to whether or not her child produces a stool every day and begins to potty train.

3. Genital stage from 3 to 6 years
   The child experiences the pleasure of touching his genitals. This is the oedipal stage. It is in fact an “adrenal puberty.”
The child falls in love with the parent of the opposite sex and symbolically wants to kill the other parent. This stage lasts from several days to several weeks. In order to have his mother, the son takes on the psychological model of his father. Then the child understands that “daddy” goes with “mommy” and vice versa and that he too later on will find a woman or a man for himself. This will be the child’s first “A” as a patterned love experience.

If this doesn’t go well, it won’t go well later. He will repeat with his partner what happened at the oedipal moment. He will repeat his first “A”.

The Oedipal-Electra complex is considered normal when it appears between 2½ and 7 years of age, when it lasts several hours, several days or several weeks and when the preoccupations it evokes completely disappear. This allows the child to healthily re-enter the stage of indifference.

We will always find in our partner something that reminds us of our parent. Our partner is a transposition of the parent, but someone with whom we can have sexual relations and children.

If the connection between the mother and father is discordant: the child registers “I can’t marry, I can’t be happy in marriage.” The child manifests in the physical plane the psychological conflict of his parents.

For a boy
A boy wants to model himself on his father in order to have his mother (love object) all to himself. Under a sensual drive, he wants to appropriate his mother, and in order to do so, the child takes on all the conscious and unconscious behaviors of his father:

If his father is gentle with his mother, he will probably be gentle.
If his father is aggressive, he will be probably aggressive.

The same reasoning holds for a girl.

Examples from Claude Sabbah:

1) If this goes well
He identifies with his father but cannot get rid of him. He looks for his model elsewhere and later will find a woman who resembles his mother. In other words in his woman there will be something that reminds him of his mother. Example: If his mother is over-protective, he might seek this model of an overprotective woman.
2) **Communication cut off with the father**
He cannot identify with his father because this father is a good-for-nothing (for example, he is alcoholic), which overdevelops his communication with his mother. He may seek for a woman who communicates well with her child, but he may have trouble doing so.
Or he might think it isn’t necessary to do so.

3) **Communication cut off with the mother**
He may end up with a woman who does not want children, or he might be the one in charge of the child.

4) **Communication isn’t good between father and mother**
The child serves as an intermediary between father and mother. He may find a woman with whom there will always be conflict, and the child will unite them.

5) **If the mother always criticizes the father**
   - The son cannot identify with his father and cannot identify with the masculine in himself; to be a guy is to be nothing much. He may seek a partner + masculine.
   - He can also decide to be the opposite of his father to meet the requirements of his mother. He will probably be at the service of his mother. He may choose a woman who will say to him: “you are never good enough”

6) **If the father always criticizes the mother**
He may tell himself: “women are worthless”
He may become hyper-masculine and seek a feminine man or a woman who is the opposite of his mother.

7) **If the father is absent**
The boy cannot identify with a father, and another will serve as his model. Example: the grandfather.
He cannot communicate with his son when he becomes a father because he hasn’t learned how.
Or if the father is completely absent and isn’t replaced, marriage may be impossible for him.

8) **If he identifies with a babysitter in place of his father**
If she is old enough to chase boys (13-14 years),
He may also seek male partners a little younger.
9) If he identifies with the grandmother
He may have a woman twice his age.

10) If he identifies with a young girl
He may seek a woman younger than himself.

11) If his babysitter is a girl who parties with the boys
He may want a woman he can party with.

12) If he identifies with a homosexual uncle
He may take this for his role model.

13) If the father is too authoritative
He can’t identify with the father and as a result will seek a male companion.

TO COUNSEL…

1. Establish a good rapport, a good relationship for therapeutic work.

2. From the very first session, give the patient the message: “All illnesses are programs.” If everything is programmable, everything is “de-programmable”, thus curable. We must struggle to preserve life and delay death.

3. Treat the conflict of diagnosis: 90% of illnesses and 100% of illnesses that worsen are due to a diagnosis conflict-shock.

4. Ask the patient to make a list of all his/her conflicts.

5. Keep in mind the “blind spot”.

6. Keep in mind the “Age Fraction” Memorized Biological Cellular Cycles (MBCC).

7. Give examples of allergies.

8. Demonstrate the falsity of statistics and the percentages of success with this work.

9. Scholarly professionals and academics have frequently been mistaken throughout history. Example: Galileo said the earth is round. The scientists at the time said this was mistaken. It is the same for Dr. Hamer, whose assertions regarding health and disease are correct.

10. Destroy all the patient’s doubts.
11. Work with the Absolute Certainty of healing. When possible, inspire a dimension of curiosity and expectation to arise for a perfect healing. Reinforce and anchor this with solid healing stories.

12. Testimonies of success, revealing a reality which is the truth.

13. Talk about Project/Purpose.


15. It is how the conflict is represented in the patient’s mind that creates the illness.

16. Let the baggage go.

17. We heal through laughter, dreams and reality.

18. Don’t interpret something that isn’t confirmed. Example: “I may have had a twin in my mother’s womb.”

19. Listen, understand the patient’s talk. Discern the hidden meaning that attaches to the biology.

20. Carefully reformulate using the patient’s own words.

21. Anything can be a conflict.

22. The point of no return: be prudent.

23. Verify the vagotonia, sympathicotonia.

24. Explain the epidemic, the plague: This is what exactly? Nature forces us to be conscious, to reflect.

25. In order to get well: it is necessary and sufficient merely to become conscious of the negative felt experience and to resolve it. It is then finished.

26. See the unconscious “hooked atoms” that link us to our ancestors, to others.

27. The sociological foundations of genetics don’t exist: Example: Daphnies, Pavlov’s worms. The gene is at the service of the species, of the group and the individual. It perpetuates the memories of things.

29. Everything is oriented in the present moment to remain alive.

30. Programming Conflict, the programming-triggering conflict, the triggering conflict. A great stress reawakens all stresses.

31. Make the distinction between lived and experienced. The biological key is the felt experience. This causes one to pass from illness to health and vice-versa.

32. Remember: we must go all out, all or nothing, doing with what we got, As If = It Is, “we only know what we recognize, we only recognize what we know”.

33. Remember to give a call once a week between consultations to help the person persevere.

**CHANGING OUR PERSPECTIVE**

In order to heal, it is essential that we change how we see our conflict. We must see it in a very different way, in a new light.

We already know that the “felt experience” is the key to illness, to its healing and to our state of health. The felt experience is connected to the inner landscape (the deep feeling from the “inside”) we create from the events we live. It is the result of the information received by our senses and interpreted by us, which is made up of many mental images and our inner novel. The inner landscape within is that which turns endlessly in our head and activates the felt experiences of different tonalities which, unmanageable and intense, end in illness.

How can we change our perspective? Changing our perspective in fact means to look at things with love, since it is love in the end which heals everything. Love, like light, permeates everything, penetrates the darkness and obscurity of our conflicts and clarifies them, shows them in a new light. Thus illuminated, these conflicts cease to engender the destructive felt experiences which lie at the source of the pathology. This is how healing takes place. It is carried on this new perspective of light thrown on the events and things which happen to us.

**NB: Recontextualize the felt experience**: We heal by changing the way we look at a conflict, not by changing the facts themselves, which cannot be changed. This is fortunate, or we would never be able to heal! It is through compassion, love and understanding that each of us heals.
OUR ATTITUDE: HOW WE THINK OF OURSELVES AND OUR CONFLICTS

If we are to heal, it is fundamentally important that we change how we regard our conflict. We must see it in a different light, a new light.

We already know that our “felt experience” is the key to our illnesses, to their healing and to our state of health. This felt experience is connected to the real unconscious which we create based on the events we have lived. The real unconscious is a collection of the information received by our senses which is interpreted by us and is made up of many mental images. It is our inner novel. It is this which turns endlessly in our head and activates the felt experiences in different tonalities which, unmanageable and intense, end in illness.

How can we change our perspective? Changing the way we look at things means in fact putting love in our perspective, since it is love which in the last analysis heals everything. Love, like light, invades everything, penetrating the darkness and obscurity of our conflicts, bringing them into a different light, seeing their aspects in a new light. Thus illuminated, these conflicts stop engendering the destructive felt experiences which have been the source of our pathology. It is in this way that healing takes place, made possible by this new light with which we regard the events and things that come our way.

DRUG ADDICTION

Common classes of addictive substances:

**Stimulants:** Amphetamine, caffeine, cocaine, nicotine.

**Sedatives:** Alcohol, barbiturates, benzodiazepines (valium).

**Narcotics:** Heroin, morphine, codeine, fentanyl, oxycodone (opiate-derived).

**Psychoactive:** Marijuana, LSD, Ecstasy.

**Binge / Intoxication Phase:** Once in the blood, the substance passes into the brain to deliver its psychodytlesptic message. In doing so it creates a situation resembling an active conflict in each cerebral hemisphere; we know this is the situation in deliriums expressed in psychotic states. This is why the introduction of drugs or other addictive substances into the body are far from being completely innocuous. The acute or
chronic intoxication experience can lead to a deep disturbance of the psyche which can predispose to a disruption of the nervous system’s ability to maintain bodily equilibrium. Consider for a moment all of the ramifications of being in an altered state of consciousness. Under the substances influence, a spontaneous hallucination could represent a DHS. In regards to the experiencing of an actual shocking event: being under the influence could have either protective or exacerbating / amplifying properties of the felt experience. These substances can serve as a driver toward schizophrenic constellation states and actual psychosis.

**Withdrawal / Detoxification Phase:** Can often create a new DHS with HF in the brain. It causes this zone of the brain to abandon its fundamental rhythm. It may lead the individual, here too, toward a state of schizophrenic constellation. In the epileptoid crisis, at the height of the healing phase, one can experience an acute episode of psychosis or delirium.

The situation can become quite serious, because in the “merry-go-round” of bingeing and withdrawing from these substances the addict, caught in a vicious circle, can end up in a fixed state of psychosis. This is a key aspect to disclose to the recovering addict to help them break free of the cycle.

- **Marijuana** is related to a conflict of identity (who am I, who is my father, etc.)
- **Hashish** is related to murder and war.
- **Cocaine** is related to the person one detests most.

**CRANIAL TRAUMA**

Important to remember that cranial trauma entails a literal mechanical shock to the container which holds the “circuit box” –the brain—which contains the neural switches. Such a shock carries the potential to either activate a given hamer focus, lower the threshold of activation for these relays or sap the vital reserve of the organism and add to the “total body load” or “allostatic load”.
**DIVERSE INVARIANTS**

**EPILEPSY**

Epileptoid crises manifest in the form of epileptic fits when the center (foyer) of neurons affected is a motor center. **GEC:** This is a conflict of fear associated with a conflict of motor impossibility. **Example:** I’m afraid and I can’t escape. I’m afraid and remain immobilized. I’m afraid but I’m not strong enough to defend myself. Etc. The warning aura (sensation) is part of the attack; it is actually the beginning of the attack. It is also found in the conflict story from the beginning.

**RAYNAUD’S DISEASE**

**GEC:**
- Who has constrained, forced you to do what?
- I cannot be outstanding, effective.
- Devaluation related to an inability to touch, retain, take, catch, inability to do something, to keep one’s cool
- To want to hold on to someone deceased
- Devaluation in terms of execution of a job (hands) + for the blood family + beginning in the cold regarding to death (separation) (cold cadaver)
- Don’t like the work because I lack force in my arms (lack of blood).
- Conflict around death in the house
- Difficulty coming home: I’m in danger of death when I go home, either in the house or on the way.
Conflict around not being recognized in one’s clan (devaluation).

**MENINGITIS**

The meninges is the protective membrane of the central nervous system. This is the final phase of healing of an HF, often related to a conflict of fear. Meningitis occurs in the healing phase of a conflict of: “I fear for my head, for my brain. Attack against command central, against my central nervous system”. **Example:** someone points a revolver at my head, or I am afraid of madness, etc. **Viral meningitis** evolves in a context of great unhappiness. I am thwarted from the outset of my projects.
VARIOUS EXERCISES FOR YOURSELF

SOME QUESTIONS WE CAN ASK OURSELVES…

…to help us discover key situations that have remained hidden from us:

What are my conflicts of separation?
When have been unable to swallow something?
   Something that remains caught in my throat…
   Something that risks being caught…
   When my eyes have been bigger than my stomach…
When have I experienced denigrating situations related to physical activity (work and/or sports)?
When have I experienced losses in my territory?
When have I been deeply devalued on the intellectual plane?
When in my life have I tended to want to disappear?
When have I lived situations in which I could not count on myself?
When have I had to completely remake myself?
What does not work for me as a role?
What secret must not be told?
When have I felt that my ideas were ridiculed and that I was demeaned intellectually?
   Having expressed myself in front of a class
   Ridiculed by a partner
   The child “always” corrected by his parents
   Parents who say to the child “You’re crazy, you’re stupid.”
When have I been preoccupied by my conflicts?
   Over an unpleasant remark by a spouse, parents
   Been bitter over punishment I didn’t deserve
   Felt devalued because of my physical appearance
   Felt fear of losing or lacking something, inability to get enough money, to succeed
When have I postponed my obligations and my plans?
   Doing homework, work at the last minute
   Being late in paying my bills?
   Postponing a marriage
   What are the conflicts I ruminate on often?
   Inability to have a serious discussion with my parents
   Inability to mark my territory
What are my conflicts in relation to writing?
   Ashamed of bad handwriting
Cannot write fast enough
Make too many mistakes
Am unable to express my thoughts in writing
Fear of inability to learn well enough, to write as fast as the others.

When have I been forced to do things against my will? (knees)
Was obliged to obey my parents in a climate of powerlessness
Underwent an initiation when I entered college or became part of an athletic team
Was obliged to put my opinions aside to preserve harmony as part of a couple
Was obliged to tell the truth against my will

Sexual services: was abused by my spouse, parents, friends
Was obliged to carry out household tasks when I didn’t want to

When did I exhaust myself by ruminating over a conflict situation?
Inability to tell a spouse I no longer love him and want to leave him
Had a serious illness and did not admit it to my spouse
Inability to make a good choice in studies and work, and worry about it
Stew over incapacity to be as physically outstanding as others
Excessive worry over work, children, studies
Inability to detach from work because I want to be perfect in everything

When have I told myself to be quiet or that I was silly to think in some way?
Stopped myself from talking because I found my speech incoherent
A professor ridiculed my composition because of the way I expressed myself
Your friends said: “Shut up, what you’re saying is stupid.”
Your parents said: “Watch out, you’ve got bees in your bonnet.”
Your spouse finds you “off base”, out of touch!

When have I felt there was no connection between my thinking, my brain and my body?
What was it that I could not digest in my life and that ate away at me, burned in me?
What situations of resistance and repugnance have I lived through?

When have I felt blocked in my life?
When was I moving too fast to do things or to do several things at once?
When have I been scared to death of dying and felt separated from someone or something?

When in my life have I felt I was suffocating, that something had me by the throat?
What nervous tics have I had in my life?
In what situations have I pretended as if...I did not know?
In what situations did my father’s authority crush me?
In what situations in my life did my ideas marginalize me?

Where was I prevented from...?
In what situations in my life have I lost my direction?
In what circumstances have I been unable to find a practical solution to my conflict?
In what circumstances have I been unable to move beyond my conflict?
What situations have been demeaning to me and I have not wanted to understand
What have I been subject to (acts, words, etc…), about which I was unable to express
my feelings?
What negativity have I subjected others to (acts, words)?
What situations or filth have I been unable to rid myself of?
In what situations have I been afraid of dying (accident, illness)?
What situations or scolding’s or discussions have caused me to lose self-esteem, or my
place in my territory, my clan?
What situations in my life have caused me to lose possession of my senses (I don’t
want to see, hear, touch, feel, and taste something or someone)?
What were the worst stresses of my life? How did I resolve them?
When was I depressed by events in my life, because I had too much to do?
What are the things I can’t get hold of?
When have I wanted to keep someone home (behaviour, words, sexuality)?
In what circumstances have I suffered a vertical and demeaning fall?
When have I been unable to keep those I love?
When have I been put aside in my life and it stank?
What has stunk the most for me in my life?
When have I had the greatest apprehension about facing the future?
When have I had a blurry vision of someone or something?
When has someone or something disappointed/deceived me?
What have been imminent dangers in my life?
What have been distant dangers in my past and my future?
What are the things I have not wanted to see in my life?

LETTER OF GRIEVANCE

Drafting the letter

Write a letter telling the deceased person all your regrets
- everything you would like to have said to him
- everything you would like to have done
- everything you hold against him (all you felt and experienced)

Ask this person’s forgiveness for this, that and the other.
Express what you would wish, were this person still here.
Thank him for this, that and the other.

Finally, carry out a spring cleaning of your heart.
And bid him farewell.

Reading the letter

Before a photograph of this person, read the letter out loud until you are in peace about it. Then, burn it and put the ashes on his grave or throw them in the sea, in the woods, etc.

Move on to something else.

Grief is real when there is total acceptance of the situation or the deceased person.

I accept not having had a father (or other), and I accept him as he is.

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**LETTER OF FORGIVENESS**

Ref: Sandra James

From a parent to his child or to whomever he owes it…or to himself!

Example:
I ask your forgiveness for not having protected you each time you needed it.
I ask your forgiveness for failing to reassure you, for failing to explain to you what was going on.
I ask your forgiveness for having given you immature parents, for having been too young to be a mother.
I ask your forgiveness for having bickered with your father all during this period, or so many times
I ask your forgiveness for having abandoned you to your father.
I ask your forgiveness for having your dog killed/put to sleep.

I ask your forgiveness for this…for that, until you have expressed everything.

If the child is an adolescent or an adult, you can give him the letter (if you feel like doing so).

If the child is younger, read it aloud before his photograph. Observe the changes in yourself, in the child (or the person in question) and in your relationship to him.
Re-read the letter if you still are feeling emotions and then burn it or tear it up or destroy it in some other way.

This is a simple but very powerful exercise!
When your guilt disappears, communications are purified, and love as well.

**EXERCISES REGARDING YOUR EMOTIONAL EXPERIENCES**

Ref: Sandra James

Take an enlarged photograph (photocopy) of your father or other person. If this person is living, use a color photo. If the person is deceased, use a black and white photo.

Write your emotional experiences (what I have experienced and felt) on the face of the person or hold the photo and simply express out loud to the person what you have experienced and felt, with the intention of reaching your deepest feelings.

This can be done in one session or in several stages. It doesn’t matter, everyone in his own rhythm and in his own way.

In reality, there are no rules to follow. This is a suggestion that is very effective, but you can also write on or beside the photo.

What is important is to express your emotional experiences to the very last, and out loud.

Everything you did to me
Everything you failed to do for me
Didn’t listen
Humiliated
Judged, never good enough
Didn’t show you loved me
Didn’t show confidence in me
Didn’t recognize my right to exist
Felt I was a burden
Didn’t encourage me
Brought down, minimized
Felt I was a bother
Wasn’t shown I was worthy of belonging
Felt I didn’t understand fast
Wasn’t encouraged in my choices
You were impatient with me
Didn’t recognize my anger
Everything I would have liked to have and didn’t have
Obvious acknowledgment
Demonstration of your love
Your attention, your interest
Proof of your tolerance
How I felt, how I have felt
Unloved, rejected, didn’t belong, I am a bother, misunderstood, endless negativity,
criticized, apprehensive, expecting anger to explode, etc.
Repercussions in my life
Lack of confidence, problems with relationships, where do I belong?

NB: This exercise is in no way a means of settling one’s accounts with someone, but rather a way of bringing forth all the feelings one has experienced in relation to another.

Generally we don’t bother the parents with our grief. This does not prevent one from talking to them if one feels like it (always in terms of “I felt like…”) after the letter of forgiveness, when one is in peace.
### SUGGESTED READING

<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
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<tbody>
<tr>
<td>The Ancestor Syndrome</td>
<td>Anne Ancelin Schutzenberger</td>
<td>Desclé de Brower</td>
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<tr>
<td>Scientific Chart of the Germanic New Medicine</td>
<td>Ryke Geerd Hamer</td>
<td>Amici di Dirk</td>
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<tr>
<td>Biogenealogy, Decoding the psychic roots of illness</td>
<td>Patrick Obissier</td>
<td>Healing Art</td>
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<td>Seven experiments that could change the world</td>
<td>Rupert Sheldrake</td>
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<td>Totem and taboo</td>
<td>Freud</td>
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<td>The Journey</td>
<td>Brandon Bays</td>
<td>Fireside</td>
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<td>Chemotherapy cures cancer and the Earth is flat</td>
<td>Lothar Hirneise</td>
<td><a href="http://www.nexus-book.com">www.nexus-book.com</a></td>
</tr>
<tr>
<td>Biogenealogy, the Source Book</td>
<td>Christian Fleche</td>
<td>Healing Art</td>
</tr>
<tr>
<td>Feelings buried alive never die</td>
<td>Karol Truman</td>
<td>Olympus Publishing Co.</td>
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### References

La Biologie Totale des Étres Vivants, séminaire de base, tome 1 à 4 - Claude Sabbah, Marseille
Modules 1-2-3, cours de Bertrand Lemieux, Mont-Laurier, Quebec
Summary of the New Medicine – Dr Ryke Geerd Hamer
Total Biology Level I-II-III - Gilbert Renaud PhD

Websites:

- [www.totalbiology.ca](http://www.totalbiology.ca)
- [www.integramedacademy.com](http://www.integramedacademy.com)
- [www.recallhealing.com](http://www.recallhealing.com)
Recall Healing: Client information

Surname:_______________________________________________________________
Given Names:___________________________________________________________
Home Address:___________________________________________________________
City:_________________________________________Code:_______________________
Tel.________________________Cell.____________________Fax._________________
Work phone #____________________E-mail address:________________________

Personal information:
Age: _______Date of Birth:______________Time: ____________________________
Place of Birth:__________________________________________________________
Your parents’ Date of Birth, Dad :_________Mom :___________________________
Your parents’ Wedding Date :______________________________________________
Sex:_______Right or Left hand :____________________________________________
How old were you when you became totally independent from your parents (independent from
food, money and shelter). Be accurate, Age:_____Year:_______Month:__________
Marital Status (complete): ________________________________________________
Years:________________________
No. of children (age, date of birth)/ __________________________________________
____________________________________________________________________________
____________________________________________________________________________
Family Situation:
Your rank in the family (including siblings still-born or aborted):
____________________________________________________________________________
____________________________________________________________________________
__No. of miscarriages:___________________________________________________
No. of abortions(mother/you):______________________________________________
____________________________________________________________________________
Completed Studies :________________________________________________________
Main Professional Activity:___________________________________________________
____________________________________________________________________________
What are you passionate about? (three things)
____________________________________________________________________________
What do you dislike the most ? (three things)
____________________________________________________________________________

Main concern (reason why you are coming to this appointment). Please be as clear as
possible:
____________________________________________________________________________
____________________________________________________________________________
Date : ______________________
LIFE TIME-LINE

Please write the major events of your life (dramatic events, trauma, shocks, fears, etc...), starting from “Now” backward to the “Birth”. Write everything meaningful that you can remember in 4 columns, (Age, Date, Event, Feelings,) as follows:

Example:  
46y10m Aug 10 2005 Car accident Fear, thoughts of death
40y 02m Nov 06 1999 Separation Despair, hopeless, unworthy
16y 11m Oct 20 1975 Parents divorce Powerless, sad, angry, etc
13y 02m Nov 10 1972 Elder brother died. Sad, angry, rage, hurt

FINDINGS:

The greatest negative shock of your life (It could be the one that preceded your illness or another one).

________________________________________________________
Date/Age at the beginning of your illness:

________________________________________________________
Sudden shock or conclusion of a major event/situation, either positive or negative, which would have occurred or terminated in the months or the year that preceded the beginning of the illness: __________________________________________

-Fears and frights, fierce, intense or chronic (e.g: drowning).

-Very strong annoyances /vexations with anger and sorrow. (All 3 emotions at once: e.g: a slap in the face).

-Remorse, regrets.

-Sudden traumatic event (e.g: unexpected death of a loved one).

-Heavy secret, never expressed to anyone.

Additional comments on certain important conflicts, if needed. (10 to 20 lines, on a separate sheet)
Your Mother is pregnant with you. What do you know about it?

What was happening in your parents’ lives: (accidents, loss of job, deaths, illnesses, earthquakes, floods, in-laws living with young couple, major elections, travel, etc.).

1. At the time of your conception?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

2. During her pregnancy with you?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

3. Up until your first birthday (1 year old)?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Describe Your Family Tree
As far as you can remember, going back, if possible, 3 or 4 generations on both your father’s and your mother’s sides of the family. Give any information you might have about any miscarriages or abortions, as well as about illnesses, causes of death, dates of birth and of death, and particular characteristics of their lives. (Any detail that you remember can be helpful but please don’t worry if you don’t know anything about it. Simply do the best as you can!)