



SBS – SIGNIFICANT BIOLOGICAL SPECIAL PROGRAM OF NATURE



BREAST CANCER

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On an emotional level, a woman predominantly experiences the bond with her child (as well as that with her partner) in her breasts. This is why breast cancers are the most frequent diseases in women.

German New Medicine (GNM) recognizes two types of breast cancer:

- 1. Glandular breast cancer**, clinically also called adenoid mammary carcinoma, noticeable as a solid compact lump.
- 2. Milk duct cancer**, clinically known as *intra-ductal carcinoma*, which is not noticeable during the conflict active phase. The woman might feel only a slight pulling sensation in the affected breast area.

Additionally, the **exterior skin of the breast** can develop squamous epithelial skin carcinomas or neurodermatitis - which can occur elsewhere on the body as well.

In general, the conflicts linked to a **breast gland carcinoma** always relate to an argument conflict or worry conflict, while for **milk duct ulcerations** it is always a separation conflict.

The significance of right-handedness and left-handedness: anyone can establish the laterality for oneself. Clap your hands as you would when applauding in a theatre.

The hand that is on top is the prominent or leading hand, indicating the person's biological handedness. If the right hand strikes the left, then one is right-handed, and conversely, if the left hand strikes the right, one is left-handed. This test is very important for finding out from which brain hemisphere a person functions, because there are untold rehabilitated left-handed people who deem themselves right-handed. Simply put, the right hemisphere of both the cerebellum and the cerebrum predominantly control

the left side of the body, and conversely, the left hemisphere of both the cerebellum and the cerebrum control the right side of the body.

In short: a right-handed woman associates her left breast with her child, her mother, and her nest (dwelling, house). Her right breast not only relates to her partner (spouse or friend), but also to partners such as her father, brother, sister, mother-in-law, boss, neighbor, etc. She can also consider small children or animals as her 'children'.

If a right-handed woman develops **breast gland cancer** in the left breast, then she has either a worry conflict related to her child, her mother, or her nest, or she has an argument conflict with her child, her mother, or in association with her nest. With **milk duct ulceration**, on the other hand, she is conflict active with a separation from her child, her mother, or her nest.

With a left-handed woman it is the reverse: the right breast relates to her child, her mother, or the nest, and the left breast relates to her partner or other partners, as described above. Therefore, if she has a breast gland cancer in the right breast, she has a worry conflict concerning her child, her mother, or her nest. With milk duct ulceration in the right breast she is active with a separation conflict related to her child, her mother, or her nest.

Since the conflict content of both types of breast cancer is different, the control centers in the brain are also in different locations. The brain relay for breast gland cancer (mesoderm) is in the lateral area of the cerebellum, the control center for the milk duct ulcerations (ectoderm) is in the sensory cortex of the cerebrum. Both brain relays control the organ (breast) on the opposite side.

Breast gland cancer belongs to cancers that are controlled from the old brain, which, according to the "Ontogenetic System of SBS" (Third Biological Law) generate cell proliferation during the conflict active phase. In contrast, milk duct ulcers are directed from the cerebrum with ulceration (tissue degeneration) during the conflict active phase.

In the healing phase, everything proceeds the other way around: compact tumors that grew during the conflict active phase through cell proliferation are now broken down and decomposed (caseated) by microbes, e.g., fungi or mycobacteria, such as tubercular bacteria (if present). Cerebrum-directed tissue loss is restored through cell augmentation during the healing phase.

In standard medical practice, these correlations are not known, nor does anyone differentiate between a conflict active phase and a healing phase. One simply designates everything that causes cell proliferation or tissue changes as "malignant".

GLANDULAR BREAST CANCER

Example: A mother suffered a DHS, when she dropped her baby. The baby hit its head on the floor and was unconscious for a while. Since the woman experienced the shock as a mother-child worry conflict and was right-handed, an adenoid breast gland cancer developed in her left breast. This response is by no means meaningless. The purpose of the increase of additional breast gland tissue is to assist her baby by providing more breast milk than before. This way the mother's organism tries to compensate for the inflicted harm.

The breast gland tumor continues to grow (with increased milk production) as long as the conflict persists. Thus, during sympathicotonia, i.e., in the conflict active phase, the nursing mother has in her "sick" breast more milk than before. The resolution only occurs when the child is well again. This is the moment when the breast gland cells stop multiplying.

We can see now that the changes that we previously called diseases are in fact exactly the opposite, namely very meaningful interactions with Nature's biological processes, e.g., between a mother and her child, or between a woman and her mate.

Another woman had a worry conflict in relation to her husband, which caused a cancer in her breast glands. Since she remained conflict active until after she gave birth to their child, she continued to produce abundant milk on the right partner breast long after the milk production of her left breast had ceased. At the end of nursing, the breast gland cancer underwent tubercular caseation with the usual night sweats, and finally decomposed.

This healing process might be painful; the so-called 'cerebellum pain' is typical for healing of the corium skin: The corium skin or under skin is the skin layer underneath the epidermis. It is our first skin which developed during the course of evolution, particularly with shingles. Women describe it as a sharp pain at the site of the tumor. The pain is caused by the formation of scars (cicatrisation). At the end of the healing phase, a breast CT scan (computer tomogram) will show a cavern at the previous site of the tumor.

These processes also occur outside the actual nursing period and in non-nursing women, in general. If, for example, a woman experiences a mother/child worry conflict after the nursing has stopped, a breast gland tumor will nevertheless still grow, simulating the intent to offer more milk to her nursling, even if the baby is no longer an infant. This has prompted our modern medical doctors to regard such tumors as something totally senseless and diseased - as an error of nature - because they completely lost the understanding of its original purpose.

In the healing phase – provided, the conflict can be resolved - the tumor is decomposed by tubercular bacteria (if they are present). If no TB bacteria are available, the tumor encapsulates and stays, of course without caseation.

But how can anyone then die of breast cancer, you might ask.

Apart from long lasting conflicts, which in rare cases lead to death, one must say that iatrogenic, i.e., doctor-caused panic conflicts such as a fear of cancer panic (see "frontal fear conflicts", a death panic, or a self devaluation conflict that follow a breast cancer diagnosis often trigger new cancers (orthodox medicine calls this 'metastases'. Unfortunately, this is the rule these days - and one can very easily die from those fears. However, all this is totally unrelated to the original disease.

INTRA-DUCTAL BREAST CANCER

While there is cell proliferation in the conflict active phase of a breast gland cancer, we see ulceration or tissue loss in the milk duct lining during the ca-phase of a milk duct SBS. From a psychological point of view, we are always dealing with a separation conflict either from a child, the mother, or a partner. We have to look at this type of conflict in an entirely realistic and literal manner as if two individuals are glued together, and along with the separation a piece of the skin is pulled off. This is what we typically see in the clinical picture of neurodermatitis. However, these ulcerations are only one symptom, the other is a sensory paralysis of the milk ducts.

If the sensory paralysis reaches to the outer skin of the breast, the woman has no sensitivity at the nipple. This is usually not noticed, as opposed to breast gland carcinoma where, depending on the breast size and the location, a lump can already be felt after a few weeks.

An exception with milk duct cancer is the so-called cirrhotic lump which occurs if the conflict continues practically non-stop. In a mammogram, such a cirrhotic lump can sometimes take the shape of a compact nodule. Typical also are small calcium deposits (micro-calcification).

Once the separation conflict is resolved, a complication emerges that is biologically not planned because in the course of a natural healing process the baby would normally suck the breast dry. As no milk is being produced (in a non-nursing woman), the wound secretion has often no outlet and therefore becomes congested in the breast. As a result, the breast becomes hot, bright red, and swells up quickly. In this case, the breast becomes larger only at the beginning of the healing phase, while with breast gland cancer the process is the reverse.

A leaking breast is an encouraging sign and a good indication that the affected milk ducts are not completely congested as the secretion can empty outwardly through the nipple (sometimes the discharge literally drips off).

Unpleasant as it may be, the sensitivity now returns, almost excessively (hypersensitivity or hyperesthesia). If the conflict has lasted for a long time, the woman may sometimes notice a sensation of internal shrinking of the breast.

One should operate a breast cancer only if it appears advisable. For instance, when a woman feels disfigured because of the lump, or when a DHS-related melanoma develops and/or if, for some reason, the epithelial layer bursts. This would result in an open, suppurating, fetid breast, which can be very problematic. The same also happens when the breast is opened through a cut, or through a puncture.

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