



## **SBS – SIGNIFICANT BIOLOGICAL SPECIAL PROGRAM OF NATURE**



### **PROSTATE SBS**

**Article by Dr. med. Ryke Geerd Hamer**

## **PROSTATE**

The trigger of what we commonly call a disease is always a biological conflict - a highly acute conflict shock – called, in German New Medicine (GNM), a DHS. The very moment the DHS occurs, the shock impacts a specific area in the brain, which, in turn, corresponds to a very specific organ. On a brain CT-scan this impact is visible as a ring-configuration (HH – Hamerscher Herd). The more the HH expands, the larger is the tumor, the necrosis, or the functional changes of organ cells.

The DHS is the corner stone of the Iron Rule of Cancer and indeed of German New Medicine as a whole. Most patients know exactly when their DHS took place as it is invariably a distressing event.

According to the Second Biological Law of German New Medicine, every disease runs in two phases: first a cold phase and then a second warm phase – always provided that there is a resolution to the conflict. If the conflict cannot be resolved, however, the disease remains in the conflict active phase (ca-phase). In the case of ongoing, intense conflict activity, the individual loses more and more weight and can eventually die of weakness or of cachexia (wasting syndrome). Until now, we have completely overlooked this complementary second phase. As a result, our understanding of diseases has been fundamentally wrong.

Based on the Ontogenetic System of Cancer and Cancer-Equivalent Diseases, there are two different types of tumors. One type is the result of cell proliferation in the conflict active (sympathicotonic) phase; the other is the result of cell augmentation in the (vagotonic) healing phase, during which the tissue loss (holes, necroses, or ulcerations) of the conflict active phase is replenished with new cells.

In the brain, the control centers of all cancers that generate the growth of a tumor during the conflict active phase are located close to each other. From an evolutionary point of view, they all belong to the same embryonic germ layer and they all have a

very specific biological purpose. Each germ layer correlates to a specific area in the brain, to a particular type of biological conflict, to a certain histological cell-formation, and to very specific germ layer-related microbes. This basic pattern holds true for all three germ layers and consequently for all diseases.

All cancers that cause cell proliferation during the conflict active phase have their brain relays in the brain stem or in the cerebellum, i.e., in the Old Brain.

**Prostate cancer** belongs to the group of organs that are controlled from the brain stem; these always form compact adeno-cell type tumors during conflict activity.

The **biological conflict** that relates to the **PROSTATE** is always a '**half-genital conflict**' – that is to say, the emphasis of the conflict is procreation- or gender-related and not exclusively sexually.

For example:

a daughter takes her father to court over an inheritance issue

a husband catches his wife/partner in bed with a lover

an older man is left by his younger wife/partner in favor of a younger man

ugly facts come to light during a divorce

During the conflict active phase a compact adeno-tumor develops and – as is the case with all other brain stem controlled organs - mycobacteria (provided they are available) multiply at a rate that is parallel to the tumor growth - in preparation for the 'job' they have to do during the healing phase, after the conflict has been resolved.

The more intense the conflict activity, the faster the tumor grows. The longer the conflict lasts, the larger the tumor becomes. The patient feels no pain or other discomfort, aside from vegetative symptoms such as sleeplessness, loss of appetite, or weight loss. The exception occurs in those cases (about 5%) where the prostate tumor happens to press on the urethra, causing a delayed or slowed urine flow. Prostate cancer is neither painful in the conflict active phase (ca-phase) nor during the healing phase (pcl-phase).

As soon as the conflict is resolved, everything is reversed: the patient is able to sleep again, his appetite returns, and he gains weight. With the conflict resolution the mycobacteria that multiplied during the conflict active phase now become active and start to decompose the tumor. This is Nature's surgery!

In the healing phase the urine is cloudy and smells (tubercular discharge); sometimes there is blood in the urine. Typically, the patient has night sweats, is very tired (not uncommonly 40°C / 104 F and above). But all of this is not dangerous. The only condition is that the patient needs to eat good, protein-rich food.

The swelling of the prostate during the healing process can temporarily compress the urethra. In that case, a catheter is recommended, for one or two months; or until the tumor has been decomposed and the normal urine flow is restored. After that, all will be well again.

This natural tubercular healing process of the prostate tumor is (aside from a temporary catheter) completely harmless and not at all painful - as long as there is urine flow - nor is there any danger of impotence. Nonetheless, a tumor that rubs against the urethra over a long period of time can damage nerve cells and thus cause impotence.

With prostate cancer, the biological purpose is in the conflict active phase when the production of prostate secretion increases. After the conflict has been resolved (e.g. the man 're-conquers' the woman he has lost or compensates for the loss by getting a new girlfriend) the additional cells that formed the prostate tumor or BPH (Benign Prostate Hyperplasia) have become superfluous; they will now be removed by tubercular bacteria. At the same time, the ejaculate returns to its previous 'normal' quantity.

Even if mycobacteria are not available to break down the tumor, nothing noteworthy happens in 95% of the cases, except perhaps that the urine flow may be restricted due to the general swelling of the prostate. Even then, everything will go back to normal when the swelling recedes.

In the exceptional case that the swelling presses on the urethra and the tumor cannot be decomposed (because of a lack of mycobacteria), an operation must be considered. All in all, this would only become necessary in approximately 5% of the cases; and that only because the necessary bacteria were not present during conflict activity - in other words, for un-biological reasons!

These microbes, which have previously been viewed as "nasty enemies" or as an army of "virulent opponents" that want to destroy us and therefore have to be eradicated - these very same microbes have turned out to be our very best friends and our most loyal helpers; they are, so-to-speak, indispensable biological garbage-men and the restorer of our organism.

The microbes begin their work only after they have received an explicit order from the brain at the exact moment of the beginning of the healing phase, when the organism switches from lasting sympatheticotonia (conflict activity) into lasting vagotonia (healing).

The standard therapy is to remove the cancer (or whatever is viewed as a tumor) regardless of whether the tumor is a conflict active tumor or whether it is a healing tumor. Everything must be cut out - based on the assumption that the cancer growth originates from an abnormal cell that swims in the arterial blood to other organs, where it then creates a new cancer - a so-called metastasis. Even if cancer cells could travel to distant organs, they would have to get there by way of the arterial blood. To this day however, no researcher has ever found a cancer cell in the arterial blood of a cancer patient!

Thus, a "metastasis" diagnosis always implies an unproven and in fact a wrong hypothesis - one that maintains that secondary carcinomas originate from a primary cancer. We do not deny the possibility of a second or even a third carcinoma, at least

not in principle, but we do disagree with how they are assessed and interpreted. How, for example, could a prostate cancer that forms compact tumors in the conflict active phase migrate into a bone and there cause cell depletion?

German New Medicine is not a medicine founded on hypotheses but rather on Five Biological Natural Laws – provable, without exception, on all three levels (psyche, brain, organ) and reproducible in each patient's case. Based on this new knowledge, in GNM we must carefully consider what still has to be done in terms of medical treatments and what is no longer necessary.

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