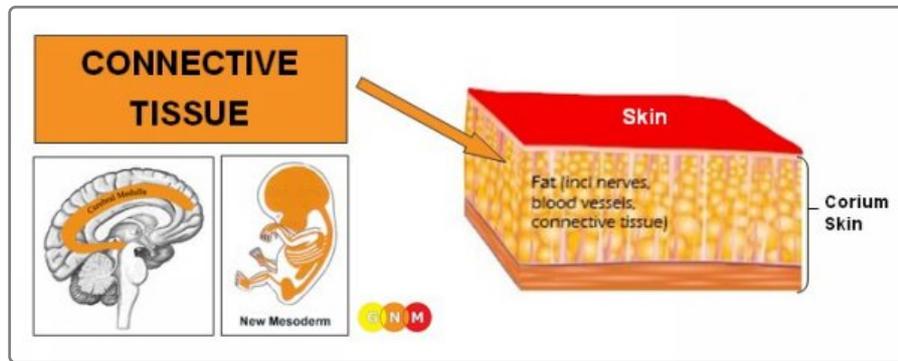


CONNECTIVE TISSUE

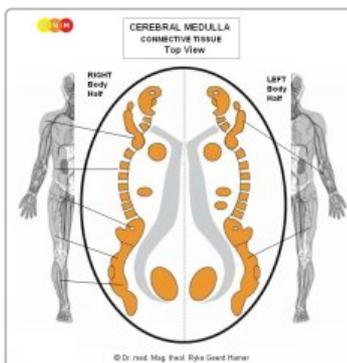


Biological Conflict

Conflict-Active Phase

Healing Phase

DEVELOPMENT AND FUNCTION OF THE CONNECTIVE TISSUE: As the name implies, connective tissue joins other tissues of the body together. It connects **muscles** to **bones** and gives strength to **tendons and ligaments**; it consists for the most part of elastic fibers. A layer of loose connective tissue containing **fat cells** lies directly underneath the **skin** (subcutaneous). Next to providing structural support, connective tissue aids in tissue repair by forming fibrous scar tissue (during PCL-B). **Neuroglia** is a specialized form of connective tissue that assists healing processes in the brain. Connective tissue derives from the **new mesoderm** and is therefore controlled from the cerebral medulla. **NOTE:** Like the connective tissue, neuroglia is also of new mesodermal origin.



BRAIN LEVEL: In the **cerebral medulla**, the connective tissue of the right side of the body is controlled from the left side of the brain; the connective tissue of the left side is controlled from the right cerebral hemisphere. Hence, there is a cross-over correlation from the brain to the organ.

NOTE: The **bones, skeletal muscles, lymph vessels with lymph nodes, blood vessels, connective tissue, and fat tissue** share the same brain relays and therefore the same biological conflict, namely a self-devaluation conflict. The control centers are orderly positioned from head to toe.

BIOLOGICAL CONFLICT: The **biological conflict** linked to the connective tissue is a **light self-devaluation conflict** or **loss of self-worth**. The specific self-devaluation conflicts are the **same as for the bones and joints**.

In line with evolutionary reasoning, **self-devaluation conflicts** are the primary conflict theme associated with **cerebral medulla-controlled organs** deriving from the **new mesoderm**.

NOTE: Whether the conflict affects the connective tissue of the right or left side of the body is determined by a person's **handedness** and whether the conflict is **mother/child or partner-related**. A **localized conflict** affects the connective tissue that is closest to the site associated with the self-devaluation conflict.

CONFLICT-ACTIVE PHASE: connective tissue **necrosis** (**cell loss**)

HEALING PHASE: During the first part of the **healing phase** (PCL-A) the tissue loss is replenished through **cell proliferation** with **swelling** due to the **edema** (fluid accumulation). With profuse cell growth the swelling might be diagnosed as a **connective tissue sarcoma**, considered in conventional medicine as a "malignant" cancer (see also **muscle sarcoma**). However, if the rate of cell division is below a certain limit, then the growth is regarded as a "benign" tumor or **fibroma** (compare with **neurofibroma** related to the **myelin sheath**).

A **carbuncle** or **furuncle**, also known as **boil**, develops at the area of the body where the



self-devaluation conflict was experienced, for example, on the forehead because of an intellectual self-devaluation conflict.

The abscess originates in the connective tissue layer underneath the skin. Often, a boil starts in a hair follicle, which reaches deep into the subcutaneous tissue. If bacteria such as **staphylococcus bacteria** assist healing, the painful growth becomes filled with pus, typically accompanied by an inflammation, termed **carbunculosis, furunculosis** or **folliculitis**. A carbuncle or furuncle could also originate in the **corium skin**; in this case, the related conflict is an attack or "feeling soiled" conflict.



Keloids are an overgrowth of scar tissue at the site of a wound, for example, after burns. However, keloids also form as a consequence of long-lasting healing phases due to continuous **conflict relapses**, particularly during the scarification phase (PCL-B). The recurring repair leads to the thick, raised appearance characteristic of keloidal scars.



Scleroderma ("hard skin") is a condition in which the skin becomes thick and hard and loses its elasticity. It is the result of **prolonged healing** in the connective tissue layer underneath the skin. Scleroderma around the lips reveals that the **self-devaluation conflict** was associated with the mouth area similar to an **oral conflict** (see also **scleroderma** related to the **epidermis**).



A thickening and tightening of the connective tissue of the palm and fingers is termed **Dupuytren's contracture** (the condition does not involve the **tendons**, as generally assumed). Symptoms include painful bumps (nodules) that develop into tough bands of tissue, causing the fingers to curl (compare with **focal hand dystonia** where the finger(s) curl into the palm due to sustained muscle contractions). A recurrence after surgery is an indication that the conflict has not been resolved.



A self-devaluation conflict related to alcohol problems (associated with the hand holding the drink) is a possible conflict scenario...



... or a self-devaluation conflict related to driving (associated with shifting gears).

NOTE: All organs that derive from the new **mesoderm** ("surplus group"), including the connective tissue, show the **biological purpose at the end of the healing phase**. After the healing process has been complete, the organ or tissue is stronger than before, which allows to be better prepared for a conflict of the same kind.