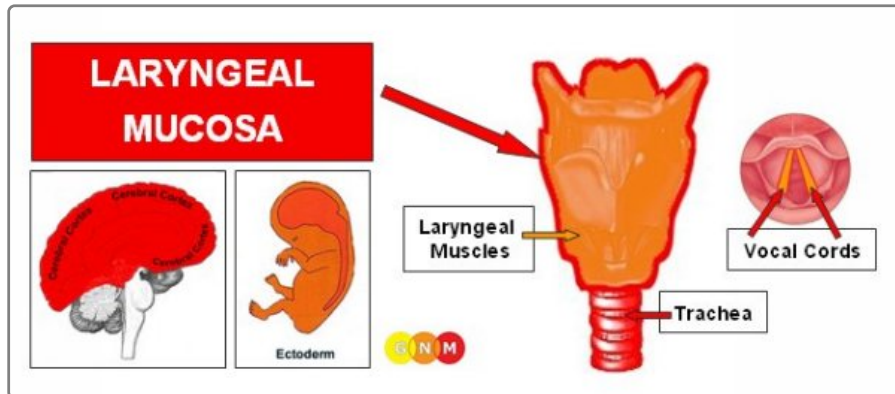
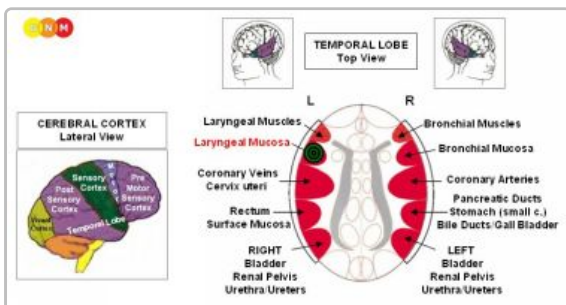


LARYNX



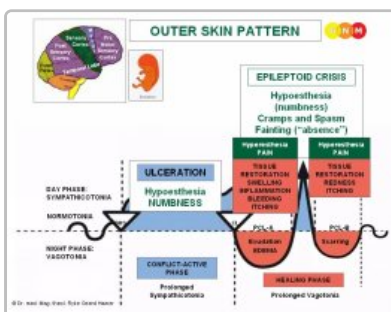
Biological Conflict Conflict-Active Phase Healing Phase

DEVELOPMENT AND FUNCTION OF THE LARYNGEAL MUCOSA: The larynx is a tube-shaped organ that connects the **pharynx** with the **trachea**. The larynx is part of the respiratory tract and involved in talking and swallowing. The vocal cords, located within the larynx, participate in the production of sound (this is why the larynx is colloquially called the "voice box"). The mucosa of the larynx and vocal cords consists of **squamous epithelium**, originates from the **ectoderm** and is therefore controlled from the cerebral cortex.



BRAIN LEVEL: The mucosa of the larynx and of the vocal cords is controlled from the left side of the **temporal lobe** (part of the **sensory cortex**). The control center is positioned exactly across from the brain relay of the **bronchial mucosa**.

BIOLOGICAL CONFLICT: The **biological conflict** linked to the mucosa of the larynx and vocal cords is a female **scare-fright conflict** or a male **territorial fear conflict**, depending on a person's **gender, laterality, and hormone status**. A scare-fright conflict is the female response to unforeseen danger while a territorial fear conflict is the male response to a territorial threat. The conflict can be triggered by any frightening experience.



The **Biological Special Program** of the mucosa of the larynx and vocal cords follows the **OUTER SKIN PATTERN** with hyposensitivity during the conflict-active phase and the Epileptoid Crisis and hypersensitivity in the healing phase.

CONFLICT-ACTIVE PHASE: **ulceration** in the **laryngeal mucosa** proportional to the degree and duration of conflict activity. The **biological purpose of the cell loss** is to widen the larynx to allow more air-intake to be better able to cope with the fright. **NOTE:** While conflict active, the person is in **manic**.



that controls the laryngeal mucosa (view the GNM diagram). The sharp ring structure of the Hamer Focus reveals that the person is conflict active.

HEALING PHASE: During the first part of the healing phase (PCL-A) the tissue loss is replenished through **cell proliferation**. In conventional medicine, the cell increase is diagnosed as a **larynx cancer or "throat cancer"**. Based on the knowledge of GNM, the new cells cannot be regarded as "cancer cells" since the cell increase is in reality a replenishing process.

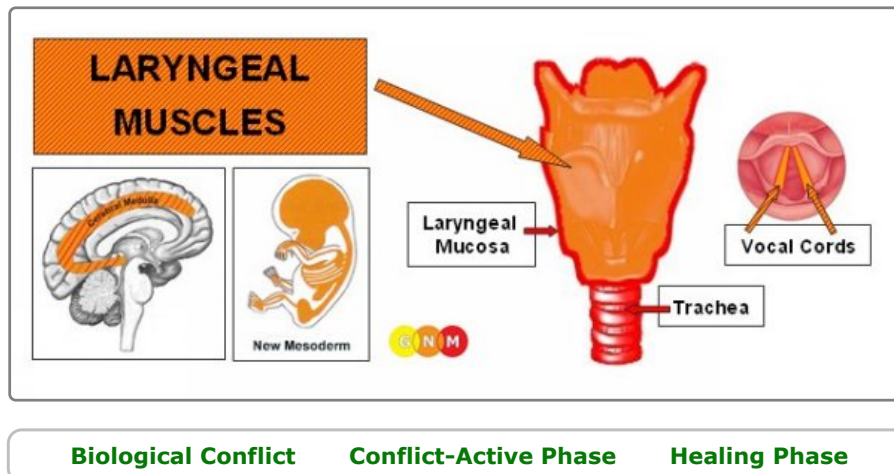
Healing symptoms are **pain** due to the swelling caused by the **edema** (fluid accumulation), **difficulties swallowing, coughing**, and a **hoarse voice** or even a complete loss of voice since the vocal cords are affected as well. Depending on the intensity of the conflict, the symptoms range from mild to severe. With an inflammation the condition is called **laryngitis**, typically accompanied by **fever**.

After the **Epileptoid Crisis**, the swelling subsides and in PCL-B the organ slowly returns to its normal function.

NOTE: All Epileptoid Crises that are controlled from the **sensory, post-sensory, or pre-motor sensory cortex** are accompanied by **troubled circulation, dizzy spells**, short **disturbances of consciousness** or a complete **loss of consciousness** (fainting or "absence"), depending on the intensity of the conflict. Another distinctive symptom is a **drop of blood sugar** caused by the excessive use of glucose by the brain cells (compare with hypoglycemia related to the **islet cells of the pancreas**).

What is termed "**diphtheria**" is, in GNM terms, a healing process in the larynx with the **SYNDROME**. The concurrent **water retention** enlarges the swelling and increases the pain; breathing also becomes more difficult.

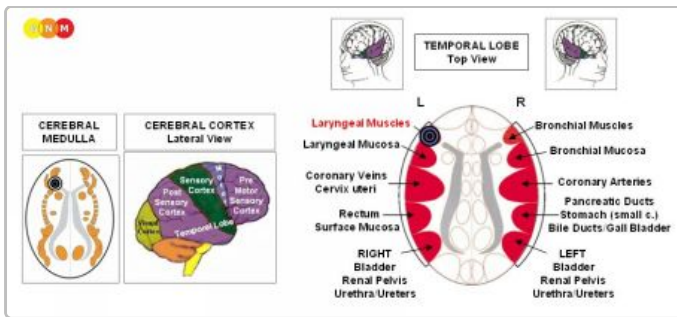
Vocal cord polyps are hardened squamous epithelial warts that develop as a result of repetitive healing due to **conflict relapses**. So-called "Singer's Nodes" are vocal cord nodules caused by injury to the vocal cords because of voice abuse (singing, yelling). In this case, the nodules form as a consequence of the recurring tissue repair - without a DHS.



DEVELOPMENT AND FUNCTION OF THE LARYNGEAL MUSCLES: The larynx consists of an **epithelial mucosa** and a layer of **smooth** and **striated muscles**. The main function of the laryngeal muscles is to regulate the expansion and contraction of the glottis, the vocal apparatus of the larynx with the two vocal cords. The laryngeal muscles keep the glottis open during respiration and more closed during vocalization. The striated part of the laryngeal muscles originates from the **new mesoderm** and is controlled from the cerebral medulla and the motor cortex.

NOTE: The **smooth laryngeal muscles** are of **endodermal** origin and controlled from the **midbrain**. Like the **intestinal muscles** that move the "food morsel" along the intestinal canal through peristaltic motion, the smooth laryngeal muscles facilitate the intake of the "air morsel" (inhaling). The elimination of the "air morsel" (exhaling) is supported by the smooth **bronchial muscles**.

BRAIN LEVEL: The laryngeal muscles have two control centers in the cerebrum. The trophic function of the muscle, responsible for the nutrition of the tissue, is controlled from the **cerebral medulla**; the contraction of the muscles is controlled from the left



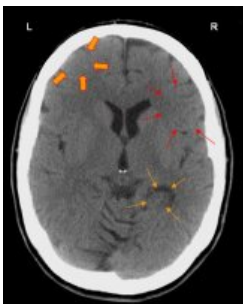
side of the **motor cortex** (in the **temporal lobe**). The control center is positioned next to the brain relay of the **laryngeal mucosa** and exactly across from the brain relay of the **bronchial muscles**.

NOTE: Inhaling is controlled from the **bronchial muscles** relay (on the right side of the motor cortex) while **exhaling** is controlled from the laryngeal muscles relay (on the left side of the motor cortex). Normally these two breathing motions are in balance. This changes if a biological conflict involves one of the two brain relays or both.

BIOLOGICAL CONFLICT: The **biological conflict** linked to the laryngeal muscles is the same as for the **larynx mucosa**, namely, a female **scare-fright conflict** or a male **territorial fear conflict**, depending on a person's **gender, laterality, and hormone status**. The distinguishing aspect of the conflict related to the muscle tissue is the additional distress of "not being able to escape", "not being able to (re)act", feeling "rooted to the ground" (petrified), or "feeling stuck" (see **skeletal muscles**).

CONFLICT-ACTIVE PHASE: **cell loss (necrosis) of laryngeal muscle tissue** (controlled from the cerebral medulla) and, proportional to the degree of conflict activity, increasing **paralysis of the laryngeal muscles** (controlled from the motor cortex). The paralysis causes **breathing difficulties**, explicitly, **difficulties exhaling - inhaling is extended** because of the reduced function of the laryngeal muscles that control exhaling. If the vocal cords are affected, this causes a **voice changes** (voice break) or, with an intense conflict, a vocal cord paralysis with an inability to produce sound. **NOTE:** While conflict active, the person is **manic**.

NOTE: The **striated muscles** belong to the group of organs that respond to the related conflict not with cell proliferation or cell loss but with functional loss (see also **Biological Special Programs** of the islet cells of the pancreas (**alpha islet cells** and **beta islet cells**), inner ear (**cochlea** and **vestibular organ**), **olfactory nerves**, **retina** and **vitreous body** of the eyes) or hyperfunction (**periosteal nerves** and **thalamus**). In case of the striated muscles, the conflict-active phase manifests as **muscle paralysis**. From a biological point of view, the paralysis is an innate fake-death reflex in response to danger.



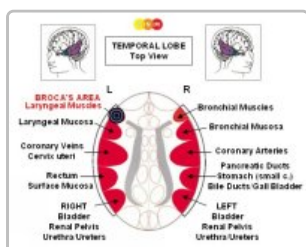
This brain CT shows conflict activity in the laryngeal muscle relay (left side of the cerebral cortex - orange arrows - view the GNM diagram) as well as in the brain relay of the **bronchial mucosa** (right side of the cerebral cortex - red arrows). The **sharp borders** of the **Hamer Foci** reveal that both conflicts, namely a **scare-fright conflict** and a **territorial fear conflict** are still active (see **laryngeal asthma** below). A **water or fluid conflict** (currently in **PCL-A**) related to the right **kidney parenchyma** (lower orange arrows) has already been resolved.

HEALING PHASE: During the **healing phase** the laryngeal muscles are reconstructed. The paralysis reaches into **PCL-A**. The **Epileptoid Crisis** presents as **coughing fits** with **spasm and convulsions of the larynx**, equivalent to a focal seizure. The cough that comes from the larynx sounds like "barking" (the expression "kennel cough" points to a scare-fright conflict suffered by animals in the kennel). In **PCL-B** the function of the laryngeal muscles returns to normal.

What is termed "**spastic laryngitis**" indicates that the laryngeal muscles as well as the **larynx mucosa** are in healing. **Whooping cough (pertussis)** is also such a combined process (see also **whooping cough** related to the **bronchial muscles**).

Recurring symptoms or an "**allergy cough**" are brought on by **conflict relapses** triggered by setting on a **track** that was established when the original conflict took place (see **allergies**).

NOTE: All organs that derive from the new **mesoderm** ("surplus group"), including the laryngeal muscles, 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.



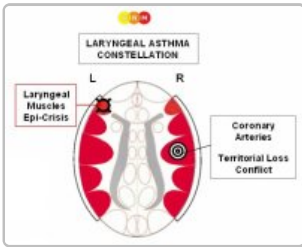
The **Broca's area** or **speech center** is embedded in the brain relay of the laryngeal muscles (on the left cortical hemisphere). The specific **biological conflict** linked to the Broca's center is an inability to speak or **speechless conflict**, experienced as an acute fright and being "speechless with fear". This causes during the conflict-active phase **speech impairment**, precisely, difficulties forming words. The condition reaches into **PCL-A**. but normalizes after the **Epileptoid Crisis** (see also **stroke** and **speech impairment**).

Simultaneous conflict activity of a **territorial fear conflict**, **territorial loss conflict**, **territorial anger conflict**, or **territorial marking conflict**, controlled from the right temporal lobe, causes **stuttering** (**Stuttering Constellation**).

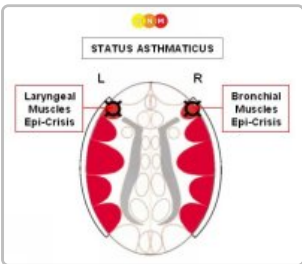
LARYNGEAL ASTHMA involves two **Biological Special Programs** (see also **bronchial asthma**)

- conflict activity of a **scare-fright conflict** with the impact of the **DHS** on the left side of the temporal lobe in the brain relay of the laryngeal muscles
- conflict activity of a **territorial fear conflict**, **territorial loss conflict**, **territorial anger conflict**, or **territorial marking conflict** corresponding to the right side of the temporal lobe

In this case, the person is in a **Laryngeal Asthma Constellation**, also throughout the **Epileptoid Crisis** which is a temporary reactivation of the **conflict-active phase**.



The actual **asthma attack** occurs during the **Epileptoid Crisis of the laryngeal muscles** with convulsions moving inwards. The **symptoms** of laryngeal asthma are therefore the typical **gasping for breath and prolonged inhaling** (when the **laryngeal muscles** are affected, inhaling is extended because of the partial functional loss of the laryngeal muscles that control exhaling). With concurrent **water retention** due to the **SYNDROME** the asthma attack could be severe. Caution with **cortisone**!



When both the laryngeal and **bronchial muscles** go through the **Epileptoid Crisis** at the same time, the asthma attack presents as prolonged inhaling with gasping for breath (laryngeal asthma) and extended exhaling with wheezing (**bronchial asthma**). This condition, called "**status asthmaticus**", causes acute breathing difficulties!

Chronic laryngeal asthma attacks indicate that the related **scare-fright conflict** has not been completely resolved. In conventional medicine, recurring asthma attacks are usually associated with an "allergy".