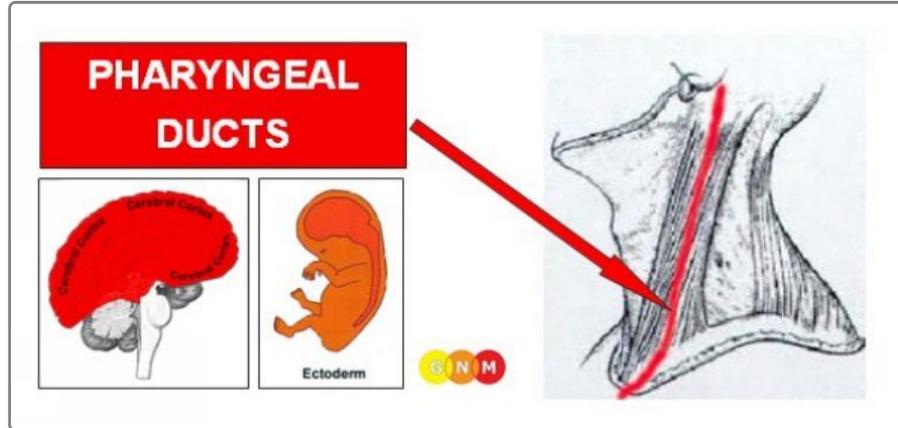


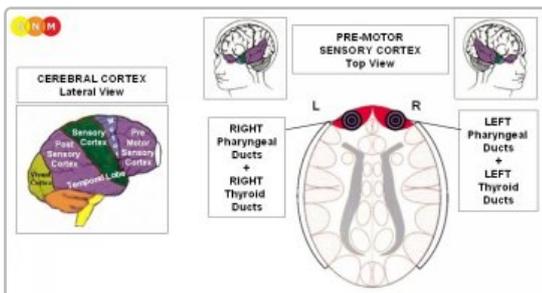
## PHARYNGEAL DUCTS



Biological Conflict    Conflict-Active Phase    Healing Phase

**DEVELOPMENT AND FUNCTION OF THE PHARYNGEAL DUCTS:** The pharyngeal ducts reach from the front and back of the ears into both sides of the neck further into the **mediastinum**, which is the middle section of the chest cavity containing the **lungs**, the **heart**, the **esophagus**, and the **trachea**. The lining of the pharyngeal ducts consists of **squamous epithelium**, originates from the **ectoderm** and is therefore controlled from the cerebral cortex.

**NOTE:** The pharyngeal ducts developed at a time when life existed only in the ocean. In fish and amphibians they are equivalent to the **gills**, the respiratory organs that extract oxygen from water. The pharyngeal ducts are descendants of the pharyngeal arches (see also **coronary arteries**, **coronary veins**, **aorta**, **carotid arteries**, and **subclavian arteries** that derive from the **pharyngeal arch arteries**). In the embryo, the pharyngeal arches, or branchial arches (Greek branchial = gill), give rise to structures of the head and neck (see also **thyroid ducts**). In humans, the pharyngeal ducts develop during the fourth week of gestation.

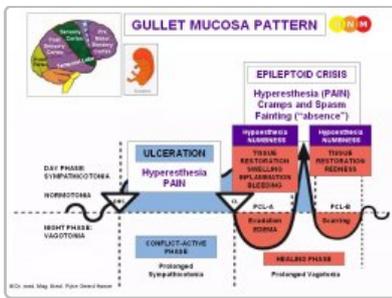


**BRAIN LEVEL:** The epithelial lining of the pharyngeal ducts is controlled from the **pre-motor sensory cortex**, or **frontal lobe** (part of the cerebral cortex). The left pharyngeal ducts are controlled from the right side of the cerebral cortex; the right pharyngeal ducts are controlled from the left cortical hemisphere (frontal). Hence, there is a cross-over correlation from the brain to the organ.

**NOTE:** The pharyngeal ducts and **thyroid ducts** share the same brain relays. The **DHS** affects either one of the tissues or both, depending on the intensity of the conflict.

**BIOLOGICAL CONFLICT:** The **biological conflict** linked to the pharyngeal ducts is a male **frontal-fear conflict** or female **powerless conflict**, depending on a person's **gender**, **laterality**, and **hormone status**. A frontal-fear conflict is a big fear of **heading into a dangerous situation** or of **danger that is moving directly towards one**. The conflict can be experienced in real terms, for example, during a head-on accident or a frontal attack by a person or an animal. In a transposed sense, the approaching danger could be a threat, shocking news perceived as a "blow in the face", or an upsetting confrontation. The conflict is often triggered by follow-up examinations or the announcement of a medical procedure such as surgery. One of the most common frontal-fear conflicts is being faced with a cancer diagnosis. This is why in GNM we call the conflict related to the pharyngeal ducts also a "**cancer fear conflict**".

The **Biological Special Program** of the pharyngeal ducts follows the **GULLET MUCOSA PATTERN** with hypersensitivity during the conflict-active phase and the Epileptoid Crisis and hyposensitivity in the healing phase.



**CONFLICT-ACTIVE PHASE:** ulceration in the lining of the pharyngeal ducts proportional to the degree and duration of conflict activity. The **biological purpose of the cell loss** is to widen the ducts to allow more oxygen intake, even though in humans the pharyngeal ducts have no longer a respiratory function. **Symptoms:** mild to severe **pain** in the neck area.

**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) in the healing area.

The swelling in the pharyngeal ducts might be diagnosed as **mononucleosis** or **Pfeiffer's disease** (compare with **mononucleosis** related to the **lymph nodes**). Whether the swelling occurs in the pharyngeal ducts or in the lymph nodes can be easily established with the help of a brain CT that shows the impact of the related conflict in the corresponding brain relay. In addition, if the lymph nodes are affected the lymphocyte count is elevated, which is not the case with a healing process in the pharyngeal ducts.

A **hanging healing** due to continuous **conflict relapses** leads to the back-up of fluid in the pharyngeal ducts resulting in the development of a **cyst located laterally on the right or left side of the neck or collar bone area** (compare with **thyroid cysts** located towards the middle) or **in the mediastinum** where it is called a **retrosternal struma**. After the **Epileptoid Crisis** the cyst recedes parallel to the completion of the healing process. However, if the healing phase cannot be complete, the cyst hardens and stays.



A cyst in the pharyngeal ducts (shown in this picture on the left side of the neck) is often diagnosed as a **non-Hodgkin's lymphoma**, based on the wrong assumption that the "tumor" develops in the cervical **lymph node** (see **Hodgkin's lymphoma**). The pharyngeal ducts are known in embryology. In the medical practice they are completely ignored.



This brain CT shows an accumulation of **neuroglia** in the control center of the left pharyngeal ducts (view the **GNM diagram**), indicating that the person has already passed the **Epileptoid Crisis** and is now in **PCL-B** of the healing phase (both on the brain and on the organ level). In conventional medicine, the glia buildup is erroneously believed to be a "**brain tumor**".

Found in the **mediastinum**, a cyst in the pharyngeal ducts is diagnosed as a "**small cell bronchial carcinoma**" or "**small cell lung cancer**", even though neither the **lungs** nor the **bronchia** are involved (see also **mediastinal osteosarcoma**). In the mediastinum, a large cyst might compress vital vessels or cause breathing difficulties due to the pressure on the **trachea** with acute shortness of breath and choking fits during the **Epileptoid Crisis**, when the fluid in the cyst is expelled. With the **SYNDROME**, that is, with **water retention** as a result of an active **abandonment and existence conflict** (diagnosis shock, hospitalization) the situation could become critical.

**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**).