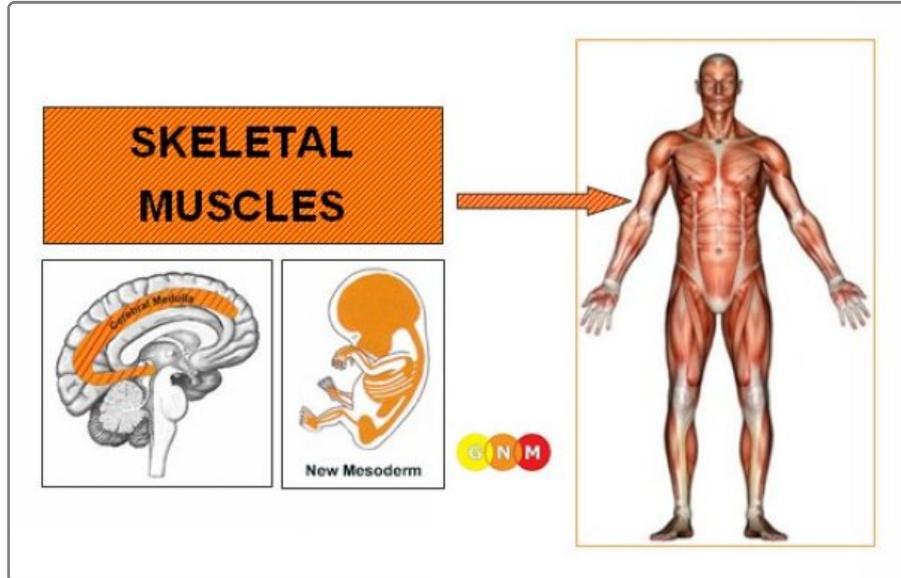
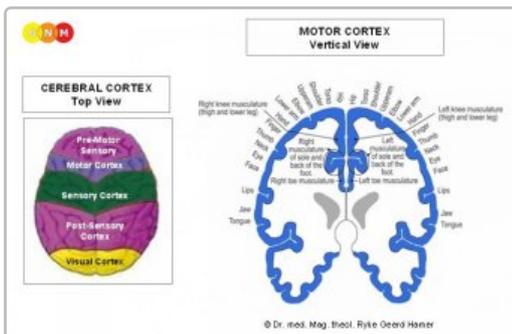


SKELETAL MUSCLES

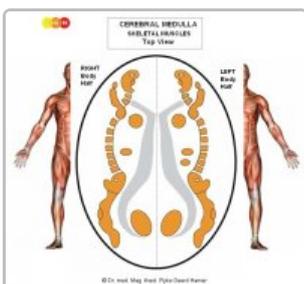


Biological Conflict
Conflict-Active Phase
Healing Phase

DEVELOPMENT AND FUNCTION OF THE SKELETAL MUSCLES: The musculoskeletal system provides form to the body and allows the body to move and maintain its posture. The muscles are connected to the **bones and joints** through **tendons and ligaments** and are endowed with connective tissue, nerve tissue, and blood vessels. The skeletal muscles are composed of bundles of fibers that are organized in a striped pattern; this is why they are called **striated muscles**. Skeletal muscles vary considerably in shape and size. They range from extremely tiny strands such as the **stapedius muscle** of the middle ear to large masses like the muscle of the thigh. The skeletal muscles originate from the **new mesoderm** and are controlled from the cerebral medulla and the motor cortex.



BRAIN LEVEL: The skeletal 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 **motor cortex** (part of the cerebral cortex). The muscles of the right side of the body are controlled from the left side of the cerebrum; the muscles of the left side are controlled from the right cerebral hemisphere. Hence, there is a cross-over correlation from the brain to the organ.



In the cerebral medulla, 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 CONFLICTS

The **biological conflict linked to the skeletal muscles** is a **moderate self-devaluation conflict**. 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**.

The **conflict related to the movement of the muscles** is a **motor conflict** of “**not being able to move**” or “**feeling stuck**”. The conflict can be associated with the entire body (generalized motor conflict) or with a single muscle or muscle group (localized motor conflict).



Facial muscles: losing face (loss of a status, reputation, respect, honor, prestige, dignity; disgrace, humiliation, shame), feeling ridiculed, foolish or stupid

Jaw muscles: not being able to bite (see **bite conflict**)

Neck muscles: not being able or allowed to move or turn the head

Shoulder and back muscles: not being able to get out of the way or step aside

Arm muscles: being forcefully held down (physical abuse, sexual abuse, during a **vaccination**, in a fight or “play”), not being able to hold or embrace someone or hold someone back (flexor muscle), not being able to push someone away, fight somebody off, or defend oneself (extensor muscle and muscles around the elbows)

Hand muscles: not being able to hold on to someone or hold someone back (a loved one who is leaving or dying); not being able to grab something; any distress associated with the hands (work, hobby, or sports-related)

Leg muscles: not being able to escape, flee, or run away (literally or figuratively, e.g., from a workplace or a relationship), not being able to leap aside, not being able to follow, feeling rooted to the spot (petrified), feeling trapped (literally or figuratively), not being able to keep up, not being able to climb up (e.g., not being promoted), not being able to kick somebody away (extensor muscle), a fear of not being able to walk (**wheel chair image**).

Motor conflicts can also be experienced **with or in behalf of someone else**, particularly, when “feeling stuck” concerns a loved one. The belief that conditions such as **ALS** or **MS** are hereditary makes a family member more susceptible to conflicts of the same kind (see GNM Article “**Understanding Genetic Diseases**”).

A **fetus** might endure the conflict of “not being able to escape” when the mother is in danger or because of threatening noises in the immediate environment (jackhammers, chain saws, lawn mowers, grass trimmers), loud kitchen equipment such as blenders held close to the womb, or screaming and yelling (fights between parents). The “**loud noises**” of **ultrasound** examinations can be highly traumatic for the unborn (see **Down syndrome**). A “feeling stuck”-conflict could be activated during a difficult delivery or the way the baby is handled immediately after birth.

Animals suffer motor conflicts as well, for example, during a fight with another animal, when they are “stuck” in a kennel, tied to a chain, locked in a car, trapped in a cage, or held down by the vet during an examination or vaccination (see conflicts triggered through the practice of **animal testing**).

CONFLICT-ACTIVE PHASE: **cell loss (necrosis) of muscle tissue** (controlled from the cerebral medulla) and, at the same time, **muscle weakness or muscle paralysis** since less nerve impulses are transmitted from the motor cortex to the corresponding muscle (compare with sensory paralysis related to the **epidermis** and the **periosteum**). The **biological purpose of the paralysis** originates in the fake-death reflex (prey animals “play dead” when they face a predator or danger). The muscle weakness might be noticed as clumsiness or heaviness, when the legs are affected.

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**).

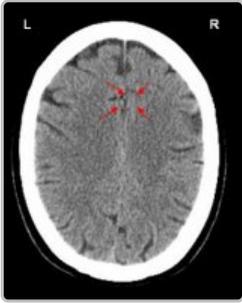
Prolonged conflict activity leads to **muscle atrophy** (muscle wasting) *without* paralysis if the conflict is experienced solely as a **self-devaluation conflict**. The pelvic floor muscles become weak because of a difficult pregnancy, sexual humiliation, chronic **constipation**, or **urinary incontinence** making the person feel “worthless” *there*.



Muscle atrophy in the left leg, as seen in this picture, originates in a **localized self-devaluation conflict** (“I am not good with my left leg”). For someone unfamiliar with GNM, the condition itself can create a chronic condition.

With a motor conflict muscle atrophy and muscle paralysis occur together, particularly when the distress of not being able to move an arm or leg (or both) causes a self-devaluation conflict.

Muscle weakness and muscle paralysis were formerly diagnosed as **paralytic poliomyelitis**, or "**polio**", purportedly a "viral **infection**" that mainly affects children (the scientific evidence of the existence of a "polio **virus**" has never been provided!). Today, at least in the Western World where polio is supposed to be eradicated by **vaccination**, the same symptoms are called **ALS** (Amyotrophic Lateral Sclerosis, also known as Lou Gehrig's disease), **Multiple Sclerosis**, or **Guillain-Barré syndrome** (see also renaming of **smallpox to postular eczema** after the performance of mass vaccination programs). "Movement disorders" as presented in **Parkinson's** and **Huntington's** disease are considered inherited "neurodegenerative diseases" (see (see GNM Article "**Understanding Genetic Diseases**").

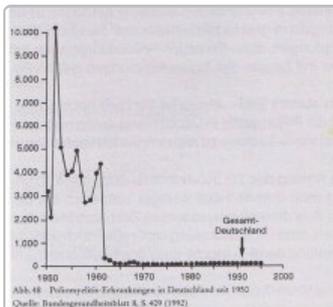


This brain CT shows the impact of a **motor conflict**. The center of the **Hamer Focus** is on the right brain hemisphere (**para-central**), precisely, in the area of the motor cortex that controls the left leg (view the GNM diagram). The partly **edematous ring** (dark) indicates that the healing phase is interrupted by **conflict relapses** (sharp borders); hence, the continued weakness of the **legs**, predominantly of the left leg.

NOTE: Whether the muscle atrophy or muscle paralysis occurs on the right or left side of the body (or on both sides) is determined by a person's **handedness** and whether the conflict is **mother/child** or **partner-related**. A **localized conflict** affects the muscle or muscle groups that are associated with the **self-devaluation** or **motor conflict**.



Conventional medicine is unable to explain why the alleged "polio virus" affects the right leg rather than the left or why the condition occurs at a certain time in a child's life.



This diagram shows the incidence rates of poliomyelitis in Germany between 1950 and 1992. Source: German Federal Office of Health, 1992.

The statistics demonstrate that the vaccination program started in 1962, well after the peak of the polio epidemic (see also **tetanus vaccination program** and **measles vaccination program**).

Detailed incidence rates of poliomyelitis in Germany and the USA can also be found [on this website](#).

"Polio has not been eradicated by vaccination, it is lurking behind a redefinition and new diagnostic names like Guillain-Barré syndrome." (Hiding Polio, Viera Scheibner, Ph.D.)

"Health officials convinced the Chinese to rename the bulk of their polio to Guillain-Barré Syndrome (GBS). A study found that the new disorder (Chinese Paralytic syndrome) and GBS was really polio. After mass vaccination in 1971, reports of polio went down but GBS increased about 10 fold ... In the WHO polio vaccine eradication in the Americas, there were 930 cases of paralytic disease all called polio. Five years later, at the end of the campaign, roughly 2000 cases of paralytic disease occurred but only 6 of them were called polio. The rate of paralytic disease doubled, but the disease definition changed so drastically that hardly any of it was called polio any more." (Vaccination, Greg Beattie)

Source: [Doctors Change Names of Diseases when Vaccines do not work](#)

Multiple Sclerosis (MS)

Muscle weakness and a loss of sensitivity in the feet, legs or arms (see sensory paralysis related to the **epidermis** and the **periosteum**) is considered as one of the first symptoms of multiple sclerosis.



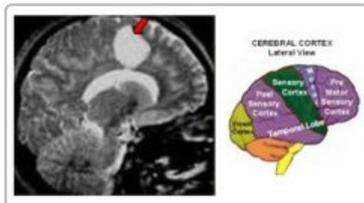
Dr. Hamer: "The big danger is that the patient suffers a **motor conflict due to the diagnosis shock**, since he has been told that he will most likely be in a wheelchair for the rest of his life."

Without the knowledge of GNM, a MS diagnosis causes great panic. The same holds true when a person is diagnosed with ALS. The fear of not being able to walk and ending up in a wheelchair ("feeling stuck") is so overwhelming that the **motor conflict** which had given rise to the first symptoms often becomes irrelevant. With the progression of the paralysis the **muscle atrophy** also advances leading to clumsiness, difficulties walking, and frequent falls (see also "falling conflict" and **vertigo**). This activates additional **motor and self-devaluation conflicts** with the result that the mobility becomes more and more impaired and the prognosis becomes a self-fulfilling prophecy. Also, the fear that MS, ALS, or **Parkinson's** are hereditary makes a child whose parent has the condition vulnerable to suffer a motor conflict as well (conflicts can also be experienced *with* someone). The subsequent symptoms lead quickly to the same diagnosis.

The medical diagnosis of multiple sclerosis is based on a "degradation of the myelin sheath" concluded from MRI brain images. Myelin is an insulating layer that envelops nerves, including nerves in the brain and spinal cord. The **myelin sheath** covering the motor neurons facilitates a quick transmission of nerve impulses to the muscles. The myelin destruction is believed to be an "autoimmune response", meaning that the **immune system** "mistakenly" attacks body tissues such as muscles (so far, conventional medicine, came up with more than 80 types of "autoimmune disorders"). The concept that an organism would turn against itself by destroying its own cells is, in light of the **Five Biological Laws**, preposterous.



On this MRI, the "demyelination" (called "MS plaque") shows in the cerebral medulla, specifically, in the area that controls the muscles (trophic function) around the right hip (**view the GNM diagram**). Neurologists consider "the abnormal white area" as the reason for the paralysis. In reality, the "MS plaque" is an accumulation of **neuroglia** indicating that the person is trying to heal a **self-devaluation conflict** that was *caused by* the motor paralysis (controlled from the motor cortex (**view the GNM diagram**))! **NOTE:** The **myelin sheath** is controlled from the cerebellum and linked to a **touch conflict**.



If the glia accumulation is found in the motor cortex, then the "MS plaque" is diagnosed as a "**brain tumor**", usually followed by an excision of the lesion (see also "**brain tumor seizures**").

Dr. Hamer: "MS, as we have formerly seen it, never existed. In GNM we therefore speak no longer of "multiple sclerosis" but rather of motor and sensory paralyses that correlate to very specific locations in the motor and sensory cortex."

Vision impairments, which are quite common in people with MS, arise when a **brain edema** (in PCL-A) or a large glia buildup (in PCL-B) compresses the **optic nerve** that runs from the **retina** of the eye through the cerebral medulla to the visual cortex. Optic neuritis, an inflammation of the optic nerve, is therefore often associated with multiple sclerosis. Other vision problems (see **retina**) are brought on by the **fears** evoked by the "disease" rather than by the "disease spreading to other organs", as claimed.

Bell's Palsy



Bell's palsy with paralysis or weakness of the muscles on one side of the face occurs in the **conflict-active phase** of a "**loss of face**"-conflict (see also **stroke** and facial paralysis). Facial twitching or **facial tics** typically occurs during the **Epileptoid Crisis**.

The facial muscles are supplied by the facial nerve (seventh cranial nerve) that also innervates the front two-thirds of the **tongue**, the **upper eyelid muscle**, the **tear ducts**, and the **stapedius muscle** of the ear. Symptoms of Bell's palsy therefore include tongue weakness affecting speech and swallowing (tingling or numbness of the tongue and a loss of

taste originate from the sensory branch of the facial nerve), incomplete lid closure, excessive tearing, and a heightened sensitivity to sound (hyperacusis). The motor branch of the trigeminal nerve (fifth cranial nerve), which provides motor control to the **jaw muscles**, affects motor functions such as biting and chewing.

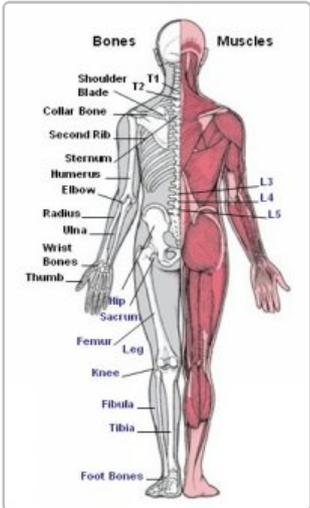
HEALING PHASE: During the **healing phase**, the atrophied muscle is reconstructed through cell proliferation with swelling due to the **edema** (fluid accumulation). Concurrent **water retention** (the **SYNDROME**) increases the swelling considerably. In conventional medicine, a large swelling is often diagnosed as a **muscle sarcoma** (myosarcoma) or "soft tissue sarcoma" (see also **connective tissue sarcoma**).

Muscle hypertrophy, an enlargement of the muscle, is the result of a continuous healing process (**hanging healing**).

NOTE: All organs that derive from the new **mesoderm** ("surplus group"), including the skeletal 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 swelling makes the **muscle stiff and tense** with **pain** ranging from mild to severe, depending on the intensity of the **conflict-active phase** (a "cold" muscle pain points to an involvement of the **periosteum**; a "hot" muscle pain indicates that the muscle itself is healing). A **sore or stiff neck**, for instance, reveals an intellectual self-devaluation conflict with difficulties turning the head to one side (see also **cervical spine**). Which side is affected is determined by a person's handedness and whether the conflict is **mother/child or partner-related**. **Fibromyalgia** is the medical term for widespread muscle pain. In GNM terms, fibromyalgia indicates a **long-lasting healing** of a generalized **self-devaluation conflict** affecting the whole person. In conventional medicine, overall muscle pain is also considered a symptom of "**chronic fatigue syndrome**" (myalgic encephalomyelitis). The persistent tiredness is believed to be caused by an **infection** with the "Epstein Barr virus" that has also been made responsible for mononucleosis presenting as swollen **lymph nodes** in the neck. Based on the **Second Biological Law**, "chronic fatigue" is a symptom that occurs in *any* prolonged healing phase (**vagotonia**).

NOTE: The swelling of a healing **bone or joint** might cause pain in the overlying muscle tissue.



ARM SEGMENT: The musculoskeletal segment of the arm, including the thumb, wrist bones, radius and ulna, elbow, humerus, collar bone, shoulder blade, upper part of the sternum as well as the second rib and second and third thoracic vertebrae (T 1 and T2) are a functional unit.

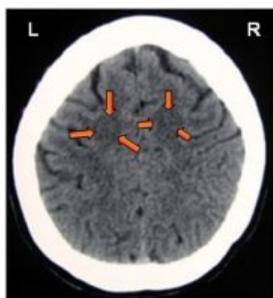
LEG SEGMENT: The musculoskeletal segment of the leg, including the foot bones (ankle, heel bone, toe bones), fibula and tibia, knee, femur and femoral neck, hip and sacrum as well as the third, fourth, and fifth lumbar vertebrae (L 3, 4, 5) are a functional unit.

In case of a **self-devaluation conflict**, the **muscle necrosis** or **osteolysis** might take place in the entire segment. The corresponding **Hamer Focus** in the **cerebral medulla** reaches either over the whole segment or shows single foci. Accordingly, healing (recalcification of the bone with swelling or muscle pain) occurs either in the whole segment at once or successively.

The arm and leg segments are supplied by the spinal cord (see **Embryonic Development**).

The **brain edema** that develops in the motor cortex during the first part of the healing phase stretches the synapses between the neurons, which delays the transfer of nerve impulses to the affected muscle(s) even more (see **conflict-active phase**). As a result, **in PCL-A the paralysis remains and the muscle weakness increases!** For the **uninformed**, the further loss of muscle function usually leads to additional **motor conflicts** and a worsening of the condition. If the conflict-active phase was moderate, the muscle weakness might only be noticed in the healing phase.

NOTE: A loss of motor function can also have mechanical causes (paraplegia), toxic causes (poisoning), or surgical causes (excision of a "**brain tumor**").



On this brain scan we see an **edema** (fluid accumulation) on each side of the motor cortex in the areas that control the right and left hand (**view the GNM diagram**), revealing that a **conflict** of not being able to hold someone or not being able to defend oneself (with both hands) has finally been resolved. At this point, the hand muscles are still weak. This, however, changes after the Epileptoid Crisis.

During the **Epileptoid Crisis**, a sympathicotonic surge (visible on an EEG as an electrical discharge) expels the edema in the motor cortex. The sudden reconnection of the nerve cells causes **rhythmic convulsions, muscle spasms, muscle cramps, or muscle twitching**. The exaggerated muscular movements are a positive sign that the muscle

function is striving to get back to normal.

Epileptic Seizures

An intense Epileptoid Crisis manifests as an **epileptic seizure** with tonic-clonic convulsions and rapid muscle contractions. A localized or **focal seizure** with spasms or jerking of a single muscle or muscle groups is confined to the conflict-related muscles, for example in the **leg(s)** or **arm(s)**. In a **grand mal seizure** the convulsions involve the muscles of the whole body, sometimes accompanied by tongue biting, foaming at the mouth, and involuntary urination (see **bladder sphincter**). Contrary to common beliefs, seizures do not destroy brain cells. However, recurring seizures lead to a scarring of the corresponding area in the brain.

NOTE: Epileptic seizures (preceded by **partial paralysis**) that occur with "**paralytic rabies**", whether in animals or humans, are caused by a motor conflict of "feeling stuck" evoked by the bite of an animal. Animals with rabies typically present a dropped jaw due to the paralysis of the **jaw muscles** ("not being able to bite" the opponent).

A person who has a grand mal seizure might lose consciousness and fall to the ground (see also "falling conflict" causing **vertigo**). In this case the **motor conflict** is coupled with a **separation conflict** that typically generates an "absence" (fainting) during the **Epileptoid Crisis**. This would explain why "absence seizures" are more common in children than adults. In a **petit mal seizure** the zoning out only lasts a few seconds. "**Ecstatic seizures**" that produce altered states of consciousness, out-of-body experiences, or euphoric religious feelings relate, in GNM terms, to a **schizophrenic constellation** involving the brain relays of the **bronchia** and **larynx** in the temporal lobe. Interestingly enough, in neurological research an "ecstatic seizure" is referred to as a "temporal lobe epilepsy"!

NOTE: An epileptic seizure can generalize from anywhere in the motor cortex. This includes the brain relays of the **bronchial muscles**, **laryngeal muscles**, or the **myocardium** (see "heart epilepsy"). An epileptic attack is therefore not necessarily preceded by weakness or paralysis of a skeletal muscle.

Recurring seizures are triggered by **conflict relapses** through setting on a **track** that was established when the **motor conflict** first took place. The "warning signs" preceding a seizure, called an epileptic aura, can become additional tracks, prompting further seizures. At that point the original motor conflict might already be irrelevant.



This is the brain CT of a man with a history of generalized epileptic seizures. The seizures arise from the left side of the motor cortex, precisely, from the area that controls the right hand (the hand associated with the **motor conflict** - view the GNM diagram). The **glia buildup** (presenting as white on the scan) indicates that the person is already in **PCL-B**. The edema located in the cerebral medulla (showing as dark - view the GNM diagram) relates to a **self-devaluation conflict**.

NOTE: In conventional medicine, the proliferation of **neuroglia** is interpreted as a "brain tumor". If the person happens to be an epileptic, then the "lesion" is diagnosed as "brain tumor seizures", suggesting that the seizures are induced by the "brain tumor". A surgical removal of an "epileptic focus" bears the risk of irreversible paralysis.

Parkinson's

Parkinson's with tremors in one hand or both originates in a motor conflict associated with the hand(s). The tremors might also occur in the **neck** or in just one arm or **leg**, depending on the nature of the **motor conflict**. The typical muscle stiffness (**rigidity**) and slowing of movements (**bradykinesia**) are symptoms of a prolonged **prolonged healing phase** while the **tremors occur during the Epileptoid Crisis**. Permanent tremors, for example in the hands, are a sign of a continuous healing crisis due to constant motor conflicts of not being able to use the hands properly. In other words, the tremor itself is a **track** leading to a chronic condition. Conventional medicine considers Parkinson's a "progressive neurodegenerative brain disorder" (a lack of dopamine is made responsible for the onset of the disease). Like with **MS and ALS**, the real reason why the condition advances is the negative prognosis and the fear of becoming completely disabled leading to additional **motor conflicts** and a worsening of the symptoms. Speech problems and voice changes are brought on by **scare-fright conflicts**.

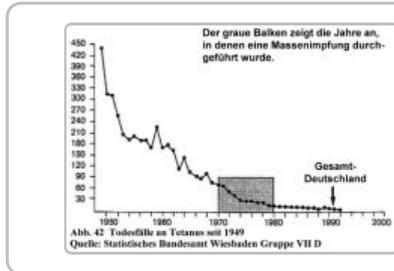
Focal Dystonia

Focal dystonia is a **sustained muscle contraction** (lasting **Epileptoid Crisis**) with repetitive movements of a specific muscle. In **focal hand dystonia** the finger or fingers – usually of one hand (**handedness!**) – curl into the palm or extend outward. The condition occurs most common among surgeons, dentists, and musicians, since people whose profession or hobbies require fine motor skills are more likely to experience a motor conflict associated with the **finger(s)** and **hand(s)** (compare with **Dupuytren's contracture**, a hand deformity related to the **connective tissue**). In sports such as tennis, baseball, or golf, the wrist spasms are commonly called **yips**. In **cervical dystonia**, also referred to as **muscular torticollis** or "wry neck", the muscles around the neck contract intermittently, forcing the head to tip to one side with the chin thrust upwards. The underlying cause is a **neck-related motor conflict**. Generalized dystonia affecting most or all of the body presents as twisting of the limbs, specifically of the foot and leg or hand and arm, or of the torso (called **Oppenheim's disease**). It is wrongly believed to be a "**genetic disorder**". In people with Parkinson's dystonia often arises from the effect of using the medication Levodopa (L-dopa).

Tetanus

Tetanus is characterized by **muscle stiffness and body spasms**. Tetanus is thought to be caused by nerve toxins, produced by the bacterium *clostridium tetani* that presumably enters the central nervous system through a wound.

According to the medical literature, a "local tetanus", in which patients have muscle contraction in the area of the injury, might be followed by a "generalized tetanus". In GNM terms, the seizure-like muscle cramping takes place during the **Epileptoid Crisis** of a **motor conflict** that occurred during the fall which led to the injury. If anything, **bacteria assist** healing. Tetanus **vaccinations** might prevent "tetanus" but not the symptoms!



This diagram shows the tetanus death rates in Germany between 1949 and 1995. The grey bar indicates the years when mass vaccinations were performed (1970 – 1980). Source: German Federal Office of Health Wiesbaden

The statistics demonstrate that the vaccination program started in 1970, well after the peak of the tetanus epidemic (see also **polio vaccination program** and **measles vaccination program**).

STROKE with motor paralysis

According to conventional medicine, the main causes of a stroke are:

- high blood pressure. This theory is purely hypothetical because there are people who suffer a stroke although the blood pressure is normal, and the other way around, there are people who have elevated blood pressure and never have a stroke (see hypertension related to the **kidney parenchyma** and the **myocardium**).
- a blocked brain artery (ischemic stroke). This theory is based on the assumption that a **thrombus**, an **embolus**, or **cholesterol plaque** originating in the heart or in a **vein** obstruct a blood vessel in the brain leading to a loss of brain function. Even though it has been firmly established that in the event of an **occlusion of a cerebral artery** auxiliary vessels or collaterals act as a natural bypass to maintain the blood and oxygen supply to the brain, the blockage-theory still persists.
- **bleeding in the brain** (hemorrhagic stroke)

In GNM, we differentiate between a **sympathicotonic stroke** ("white stroke") and a **vagotonic stroke** ("red stroke").

The **white stroke** occurs at the moment of the **DHS**. The impact of the **motor conflict** in the motor cortex generates sudden muscle weakness in one or more limbs, typically on one side of the body. Which side is affected is determined by a person's handedness and whether the conflict is **mother/child or partner-related**. At this point, the weakness of the muscle(s) might be diagnosed as **MS or ALS**. However, an intense conflict leads quickly to **muscle paralysis**, possibly with paralysis of the facial muscles, including the **tongue**, affecting speech and swallowing (see **Bell's palsy**). Now, the condition is called a "stroke". Difficulties formulating words, termed **Broca's aphasia**, involves the motor center for speech, known as the **Broca's area**, located on the left side of the cerebral cortex in the brain relay that controls the **laryngeal and vocal cord muscles**. Hence, in people with Broca's aphasia the paralysis is always on the right side of the body. Numbness (**sensory paralysis**) in the face, arm and/or leg points to an additional **separation conflict**.

The muscle weakness or paralysis lasts throughout the conflict-active phase (cold hands, little appetite) and reaches into **PCL-A**. The **Epileptoid Crisis**, which is the period when the **brain edema** in the motor cortex is expelled, triggers uncontrolled jerking and contractions of the affected muscle(s) or an **epileptic seizure**. This is why it is sometimes difficult to tell strokes and seizures apart.

The **red stroke** takes place when a **brain edema** in close vicinity to the motor cortex presses onto the motor cortex, for example, an edema in the brain relay of the **bronchia, larynx, or the myocardium**. The "stroke" is initiated at the onset of the **Epileptoid Crisis** and lasts throughout the crisis from a few minutes ("transient ischemic attack") to a few hours, depending on how long it takes to expel the edema. Impaired vision following a stroke occurs when a **brain edema** injures the **optic nerve** that runs through the cerebrum. After the **Epileptoid Crisis**, in **PCL-B**, the paralysis recedes and the motor ability slowly returns to normal. However, if the **brain edema** cannot be completely expelled, the paralysis (partly) remains since the synapses between the neurons don't connect properly. This usually happens because of **water retention** due to an active **abandonment and existence conflict** (the **SYNDROME**) where water is also stored in the area of the brain that is healing at the time. Permanent paralysis can also be the result of repetitive scarification processes in the motor cortex due to continuous **conflict relapses**.