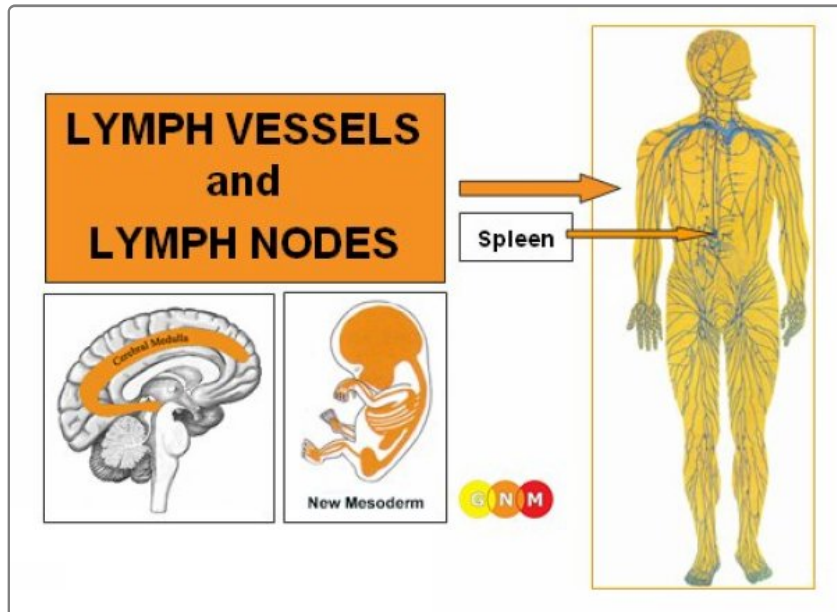
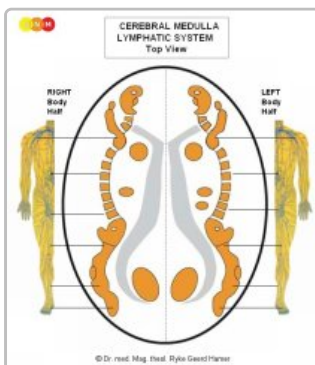


LYMPHATIC SYSTEM



Biological Conflict Conflict-Active Phase Healing Phase

DEVELOPMENT AND FUNCTION OF THE LYMPH VESSELS AND LYMPH NODES: The lymphatic system consists of lymph vessels, lymph nodes, and lymphatic organs such as the **spleen**. Working in conjunction with the circulatory system, the lymph vessels branch like the **blood vessels** into all tissues of the body. As blood passes through the capillaries, some of the liquid cellular and metabolic waste escapes through the capillary walls and fills the space between the tissue cells. The intercellular fluid is then picked up by the lymph capillaries. Equal to the peristaltic motion of the **intestinal muscles** that move food along the intestinal canal, the **smooth muscle** of the lymph vessel wall move the lymphatic fluid to the lymph nodes located throughout the body. The lymph nodes filter the cellular waste from the lymph. After passing through the lymphatic ducts, the lymph is returned to the bloodstream and excreted through the **kidneys**. The lymph vessels originate from the **new mesoderm** and are therefore controlled from the cerebral medulla.



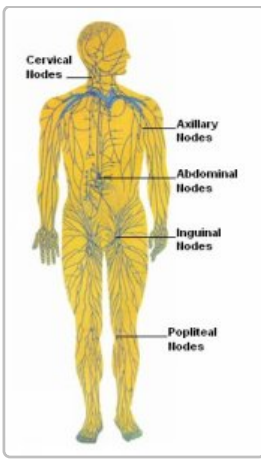
BRAIN LEVEL: In the **cerebral medulla**, the lymph vessels and lymph nodes of the right side of the body are controlled from the left side of the brain; the lymph vessels and lymph nodes of the left side are controlled from the right cerebral hemisphere. Hence, there is a cross-over correlation from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

The **smooth muscle** of the lymph vessels are controlled from the **midbrain**.

NOTE: The **bones**, **skeletal muscles**, lymph vessels and 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 lymph vessels and lymph nodes is a **moderate 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**.



Cervical nodes located in the **neck**: intellectual self-devaluation conflict

Axillary nodes located in the **armpits**: relationship self-devaluation conflict

Abdominal nodes located in the lower abdomen: self-devaluation conflicts associated with the abdominal area, brought on, for example, by a cancer diagnosis (stomach cancer, colon cancer, liver cancer, pancreas cancer)

Inguinal nodes located in the **groin** at the bend of the hip: "unable to endure a situation" or a physical performance conflict

Popliteal Nodes located near the **knees**: physical performance conflict

NOTE: Whether the conflict affects a lymph vessel or lymph node 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 lymph tissue that is closest to the site associated with the self-devaluation conflict.

CONFLICT-ACTIVE PHASE: **necrosis (cell loss)** in the conflict-related lymph vessel or lymph node.

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. With **water retention** as a result of an active **abandonment and existence conflict** involving the **kidney collecting tubules** the swelling increases significantly. **Bacteria**, provided they are available, assist the healing process. The by-products of the microbial repair work are cleared away by lymphocytes and other white blood cells (contrary to the **immune system theory** claiming that lymphocytes "fight infections"). Healing might be accompanied by an inflammation.

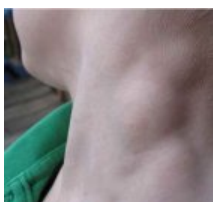
If a lymph node is affected, conventional medicine considers the cell increase a cancer, termed **Hodgkin's lymphoma** (compare with **non-Hodgkin's lymphoma** related to the **pharyngeal ducts**). Based on the **Five Biological Laws**, the new cells cannot be regarded as "cancer cells" since the cell increase is in reality a replenishing process. "Hodgkin's" is often found in the vicinity of a tumor that has been surgically removed. The "new growth" is then incorrectly interpreted as a "**metastasis**". In reality, the development of a lymphoma follows the resolution of the **self-devaluation conflict** initiated by the removal of the "cancer", for example, of a **colon cancer** or **breast cancer**.

NOTE: Lymphoid tissue is made up of lymphocytes. In case of a lymphoma, the lymphocyte count is therefore elevated (compare with **lymphatic leukemia** where the count of lymphoblast increases - without lymph node swelling).



A lymphoma in the **armpit** reveals that a **relationship self-devaluation conflict** has been resolved. For a **right-handed** person the swelling occurs on the right side, if the conflict is associated with a **partner**.

Women develop a **lymphoma** in the axillary nodes when, for instance, a **nest-worry conflict** is coupled with guilt ("I failed as a mother", "I failed as a partner"). A **breast cancer** diagnosis and the image of an **amputated breast** can provoke a self-devaluation conflict involving the axillary gland close to the affected breast. This is why lymphoma is one of the most frequent cancers following breast cancer. It has nothing to do with a "**metastasizing**" process, as argued.



An enlarged lymph node in the **neck** area indicates the healing phase of an **intellectual self-devaluation conflict** (compare with **non-Hodgkin's lymphoma** and **lipoma**). For a **right-handed** person the swelling occurs on the left side, if the conflict is **mother** or **child**-related.

A swollen lymph node in the neck might also be diagnosed as **mononucleosis** or **Pfeiffer's disease** (compare with **mononucleosis** linked to the **pharyngeal ducts**). A sore throat accompanying the condition, points to an additional conflict of "**not wanting to swallow a morsel**" (see **strep throat**). In conventional medicine, "mono" is believed to be an "**infection**" caused by the "**Epstein Barr virus**" transmitted through saliva (hence, the name "kissing disease"). There is no scientific evidence for such a claim.

After the **Epileptoid Crisis**, in **PCL-B**, the swelling subsides, provided there are no **conflict relapses**.

NOTE: Considering the function of the lymphatic system as a drainage system, the lymph nodes also swell – without cell proliferation – during a healing process that produces large amounts of metabolic waste and intercellular fluid. This includes healing from injuries or operations such as a mastectomy. The lymph fluid from a healing **breast cancer** passes to the axillary nodes. The lymph nodes in the groin (inguinal nodes) swell when there is healing in the genital area or in the legs. With **tonsillitis**, **pharyngitis**, or an **abscessed tooth**, the lymph nodes in the neck become swollen and tender to touch. In conventional medicine, a “swollen gland” is considered “**benign**” and a sign of an “**infection**”, whereas the swelling of a lymph node caused by cell mitosis is interpreted as a “**malignant**” cancer. The lymphatic system is also wrongly believed to be a passageway for “metastasizing cancer cells” (see GNM Article “**Questioning Metastasis**”).

A **lymphedema** develops when a lymph vessel undergoes healing, for example, in one of the **arms, legs, or knees**. The accumulation of fluids (lymph and water) in the intercellular tissue causes the lymph fluid to back up leading to the large swelling. If lymph fluid leaks into a blood vessel, this is often misdiagnosed as a “**thrombosis**” (compare with **peripheral edema** related to the **leg veins, leg bones, or the myocardium**).



With **water retention** due to the **SYNDROME** the swelling increases considerably, as seen in this picture. A lymphedema in the left leg is associated with a **partner**, if the person is **left-handed**.

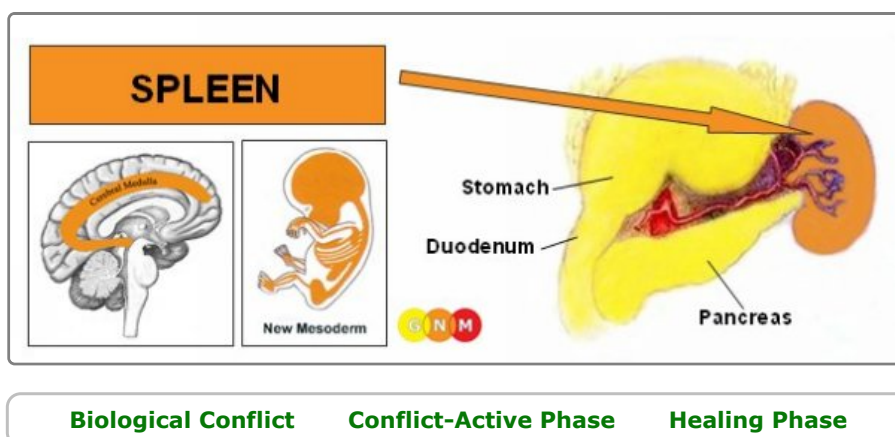
An extreme form of lymphedema is termed **elephantiasis** (lymphatic filariasis). Elephantiasis is said to be caused by a parasitic worm “picked up from mosquitoes and passed on through biting a new victim”.



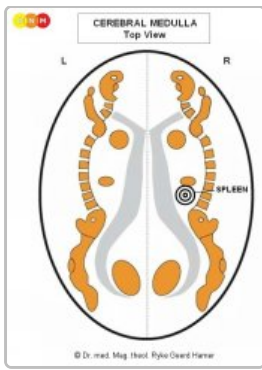
This picture shows three women from Haiti with lymphatic swelling, noticeably only on one leg – linked to a **physical performance conflict** of “not being able to run” (fast enough). In Haiti, 80% of the population has the condition. In Port-au-Prince the “disease” was unknown until the earthquake in 2010!

A **right-handed** person makes the first step with the right leg, a **left-hander** with the left leg. Hence, the woman sitting on the right side must be left-handed and the other two right-handed.

NOTE: All **organs that derive from the new mesoderm** (“surplus group”), including the lymph vessels and lymph nodes, 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.



DEVELOPMENT AND FUNCTION OF THE SPLEEN: The spleen is located on the left side of the upper abdomen behind the **stomach** just below the **diaphragm**. The spleen is a specialized lymph node and therefore an important part of the **lymphatic system**. Its main function is to filter blood and to store platelets (thrombocytes). Platelets are blood cells (produced in the **bone marrow**) that have a blood clotting ability and are therefore vital for wound repair. When a **blood vessel** wall is damaged through a cut or injury, the platelets stick together and seal the breaks to stop the bleeding by forming blood clots, a process called coagulation. The spleen originates from the **new mesoderm** and is therefore controlled from the cerebral medulla.



BRAIN LEVEL: In the **cerebral medulla**, the spleen is controlled from the right brain hemisphere. The brain relay is located exactly in the area where the spleen has its place as a lymphatic node. There is a cross-over correlation from the brain to the organ.

BIOLOGICAL CONFLICT: The **biological conflict** linked to the spleen is a **bleeding or injury conflict** (a type of **self-devaluation conflict** since bleeding can quickly lead to death). In real terms, the conflict is triggered by bleeding due to an injury, hemorrhaging, or **heavy periods** but also when there is **blood in the stool**, in the **urine** or in the **vaginal discharge**, which often causes great panic. A "blood cancer" (**leukemia**) diagnosis, a positive **HIV** test (the fear of being HIV positive), being on dialysis, blood transfusions, or distressing blood test results could also evoke a bleeding conflict. Taking **blood-thinning medication** can keep a bleeding conflict active because of the danger of severe bleeding.

CONFLICT-ACTIVE PHASE: During the **conflict-active phase** the spleen **necrotizes** creating little holes in the spleen. The necrosis can occur on the outside or on the inside of the spleen. Starting with the **DHS** (in Nature equal to bleeding), the platelets that are not required (for **wound repair**) leave the peripheral blood stream and move to the spleen, where the necrotized area provides an ideal reservoir for storing the platelets until the **bleeding conflict** is resolved. Hence, during conflict activity the **platelet count is low**. If the conflict is intense, the thrombocyte count drops to values showing **thrombocytopenia** (compare with **thrombocytopenia** related to the **bone marrow**). The low amount of platelets in the blood serves the purpose to prevent the formation of a blood clot or **thrombus** in the blood vessels. Because of the decreased number of thrombocytes there is a **tendency to bruise and bleed more easily** (also during an active **self-devaluation conflict** involving the **bones**). This can lead to additional bleeding conflicts. Diabetics who bruise easily have most likely a "blood(!) sugar" conflict.

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. This causes an **enlargement of the spleen** or **splenomegaly**. The spleen might also become inflamed (**splenitis**), particularly when **bacteria** assist healing. **Splenic cysts** develop with concurrent **water retention** but only when the necrosis was located on the outside of the spleen.



With **water retention** (the **SYNDROME**) the spleen can enlarge considerably in size. The **existence conflict** is usually triggered by fear, for instance, when a person is hospitalized.

A spleen enlargement is typically seen in people with **leukemia** or with **AIDS** who have to undergo blood tests or blood transfusions on a regular basis. **For someone unfamiliar with GNM**, these procedures often become **tracks** that continuously reactive the **blood conflict** and prolong healing. If the spleen is surgically removed (splenectomy), a neighboring lymph node will take on the function of the former spleen. According to **Dr. Hamer**, surgery should be considered if the bleeding conflict is severe and of long duration.

In the healing phase, the platelets return to the peripheral blood stream and their number increases - temporarily - above the normal range (**thrombocytosis** or **thrombocythemia**). There is no danger of blood clotting or so-called "thrombosis" as long as the person is mobile. In conventional medicine, the elevated platelet count might be diagnosed as **thrombocyte leukemia**.

At the end of the healing phase, the thrombocytes values are back to normal. However, the spleen remains enlarged.

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