QUESTIONING THE "METASTASIS" THEORY

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"How cancer cells become metastatic still remains a mystery"

Yale University (2008)

The metastasis theory proposes that cancer cells break off of a primary tumor, travel through the bloodstream and lymph system, and randomly attach to other organs, where they cause a second cancerous growth. The process is believed to be uncontrolled, with, mutated, "malignant", rogue cells acting on their own, against the normal order and intelligence of the body.

A brief historical perspective

In the seventeenth and eighteenth centuries, infections and tumors were considered "morbid material", which, if not normally excreted or drained from the body, could accumulate, turn "malignant", and cause death if it spread to other areas of the body. When the cancer or infection was thought to have spread from one organ to another, it was called "metastasis". Medical therapies such as lancing, purging, blistering, bleeding, and poisoning sought to aid the drainage of the "deadly" substances.

In the nineteenth century, microorganisms were included in the catalogue of "morbid materials", and Pasteur's germ theory became the prevailing rationale that supported the theory of metastasis. In the twentieth century, supposedly mutant, rogue, cancer cells were added to the list, joining bacteria, fungi, and viruses as disease-causing agents.

Over the centuries, the "morbid materials" were given different names, the underlying theory, however, has remained the same, to the present day.

In today's medicine, both allopathic and naturopathic, it is still *assumed* that cancer cells and microbes act *against* our body and that our organism is not in control of the process. To this day, the human body is believed to be at war against evil forces trying to harm and to destroy it. The most basic axioms upon which medical theory rests, remain rooted in dark-ages fear and superstition, ignorant of the creative and loving intelligence that pervades nature and the human body.

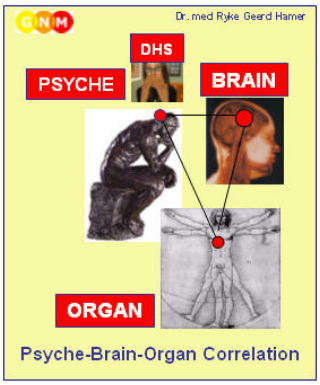
Dr. Hamer: "Through the millennia, humanity has more or less consciously known that all diseases ultimately have a **psychological origin**. This understanding became a "scientific" asset, firmly anchored in the inheritance of universal knowledge."

THE METASTASIS THEORY IN LIGHT OF DR. HAMER'S DISCOVERIES

The biological brain

The metastasis theory entirely discounts that the function of every cell of the body is controlled from the brain. Instead, it treats each cell as a sentient organism doing its own thing. But, a century of medical research confirms that the brain is the "coordinating bio-electrical center" that regulates the body's biochemical processes, including "pathological" changes in organs and tissues. Even "infectious diseases" cannot progress when nerves to the affected organ are severed (R. H. Walker: *Functional Processes of Disease*, 1951), proving that even the action of microbes are directed by the brain.

Based on the scientific fact that the brain functions as the biological control center of the body, Dr. Hamer discovered the psyche as a third component that interacts simultaneously with the brain and the cells in the body.



Through the analysis of his patient's brain scans, Dr. Hamer found that a "conflict shock" (DHS), occurs not only in the psyche, but impacts simultaneously in the area of the brain that correlates biologically to the particular conflict. The moment the brain cells register the DHS, the information is immediately transmitted to the corresponding organ, and at this instant, a Significant Biological Special Program (SBS) is activated to assist the organism, both on the psychological and physical level, during that crisis. Hence, each cancer or tumor growth is a *meaningful* biological response to a very specific conflict situation. On a brain scan the impact of each conflict is visible as a set of sharp concentric rings.

By comparing tens of thousands of his patients' brain CTs with their medical records and their personal histories, Dr. Hamer was able to identify the exact location in the brain from where each Special Biological Program (SBS) was coordinated. The result of this ground-breaking research was the creation of the "Scientific Chart of German New Medicine".

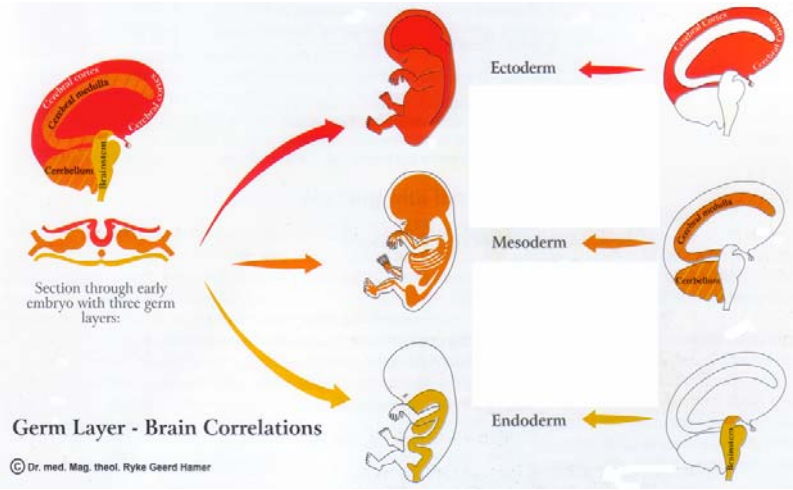
Firmly supported by the science of embryology, Dr. Hamer's findings provide the scientific proof that this brain-mediated correlation between the psyche and the body is inherent in every organism. That is to say that *all* species respond to a "death-fright conflict" with lung cancer, to an "existence conflict" (feeling 'like a fish out of water') with kidney cancer, or to a "nest-worry conflict" (mammals and humans) with breast cancer.

The reason why all creatures respond to the same type of conflict with the same organ is that, whether fish, reptile, mammal, or human, all organs of all species can be traced to one of the three embryonic germ layers that develop during the very first period of the embryonic stage. To be exact, the lungs or heart or bones of every living organism are formed from the same type of germ layer and are, therefore, of the same tissue type. This confirms, from a solely biological point of view that we ALL originate from the same source!

Because of our deep inter-connection with all life, we speak in GNM of biological conflicts rather than of psychological conflicts.

Cancer cells don’t cross the tissue threshold

In the course of this research, Dr. Hamer also discovered that the way the individual brain control centers are arranged in the brain follows a beautiful natural order. The locations of the brain relays show that all tissues that derive from the same germ layer are controlled from the same area in the brain (see diagram).



All organs and tissues that derive from the endoderm are controlled from the brainstem; all mesodermal tissues are controlled from the cerebellum or the cerebral medulla; all ectodermal tissues are controlled from the cerebrum. At the organ level we don’t readily notice this structure, because organs of the same tissue type are not always grouped together in the body, and lie often far apart, for example, the rectum and the larynx. In the brain, however, the brain relays of the same tissue type are positioned side by side, in perfect order.

Hence, every disease always involves a very specific brain relay that controls the correlating conflict-related organ or tissue. Under no circumstances are cancer cells able to “metastasize” to an organ or tissue controlled by a different, unaffected brain relay, and neither can cancer cells “spread” to a tissue type that derives from a different germ layer. Cancer cells, the activity of microbes, and other disease symptoms are absolutely bound to the specific organ or tissue for which the brain has activated the Significant Biological Special Program (SBS).

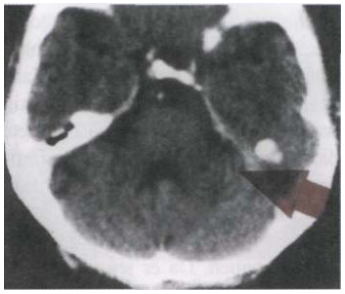
The Third Biological Law offers, for the first time in medicine, a reliable system that allows a classification of all diseases according to their tissue type. Regarding cancer, the “Ontogenetic System of Tumors” indicates that a cancer develops either in the conflict-active phase in old-brain controlled organs, in which case the tumor has a biological significance as it enhances the function of the organ to facilitate a conflict resolution, or a cancer develops in the healing phase in cerebrum-controlled organs, where the tumor is the result of a natural healing and replenishing process after the related conflict has been resolved. Either way, and this is the quintessence of Dr. Hamer’s discoveries, **cancer is always part of a *meaningful* biological process, and can therefore no longer be considered a “disease”, let alone a “malignant disease”**.

Making sense of secondary cancers from the GNM perspective

German New Medicine does not dispute the existence of second or multiple cancers. But, as we now learn to understand, second cancers are not caused by “spreading” cancer cells, but are the result of *simultaneous* or *further* conflict shocks, involving the organ that is biologically linked to the respective conflicts. This applies, without exception, in *every* case of cancer.

According to the National Cancer Institute, the most common “metastatic” cancers are those that have “spread” to the lungs, liver, bones, lymph nodes, or the brain. In light of Dr. Hamer’s discoveries, it is readily apparent why this is so.

Lung cancer is biologically linked to a “death-fright conflict”. As a secondary cancer, lung cancer is most often the result of a diagnosis or prognosis shock perceived as a death-sentence.



This picture of a brain CT shows the HH in the brain relay that controls the lungs. The moment the death-fright impacts in the brain, the lung alveoli cells, in charge of processing oxygen, immediately start to multiply, because in biological terms the death-panic is equated with not being able to breathe. The biological purpose of the cell proliferation – the lung cancer – is to increase the capacity of the lungs so that the individual is in a better position to cope with the death-fright.

Lung cancer in pcl-phase A

Considering that each day thousands of cancer patients are literally scared to death by a cancer diagnosis shock or a negative prognosis (“You have three months to live”), it is no wonder that lung cancer is the “No. 1 Killer”.

Based on the biological psyche-brain-organ interplay, **smoking cannot be the cause of lung cancer**, unless smoking cigarettes is related to an unexpected death-fright (“This will kill you!”). It is the *biological* nature of “diseases” which explains why lung cancer is today the most frequent cancer. This also clarifies the discrepancy of an increase in lung cancer in spite of the fact that a lot less people smoke. The toxins in cigarette smoke, however, can make the healing phase much more difficult, particularly when a healing process is taking place in the respiratory tract.

Animals, like our pets, rarely get lung cancer, not because they don’t smoke ☺ but because they are oblivious to a diagnosis. Nancy Zimmermann, director of medical support at Banfield, the Pet Hospital, one of the world's largest veterinary practices: “It's important to note that there's no absolute direct link between smoking and cancer in pets.” (*National and Oregon Health and Wellness Information and Medical News*, January 19, 2009). – see also Carcinogen-Theory

Multiple cancers can also be the result of a DHS that has more than one aspect. If a man, for instance, loses his job unexpectedly, he can *simultaneously* suffer a “starvation conflict” (“I don’t know how to provide for myself”) *and* an “existence conflict” (“my livelihood is at stake”). Each conflict impacts in the conflict-related brain relay and in this case *two* Special Biological Programs will be activated. If the conflict-activity is intense, a liver tumor *and* a kidney tumor will develop during the conflict-active stress phase. After the conflict has been resolved (for example, with getting a new job) both tumors will undergo a natural healing process.

Bone cancer is, according to Dr. Hamer’s findings, linked to “self-devaluation conflicts”, which cancer patients typically experience because of feeling “worthless”.

During the conflict-active phase, the bone(s) or joint(s) closest to where one feels “useless”, “sick”, or “inadequate” generate a *loss* of bone tissue (termed “osteolytic bone cancer”). This explains why after a prostate cancer diagnosis men often develop bone cancer in the pelvis or lumbar spine, which are nearest to the prostate (60% of all “bone metastases” in men are prostate related). Similarly, women who suffer a loss of self-worth because of a breast cancer diagnosis or a disfiguring mastectomy, typically develop bone cancer in the ribs or the sternum (70% of all “bone metastases” in women are

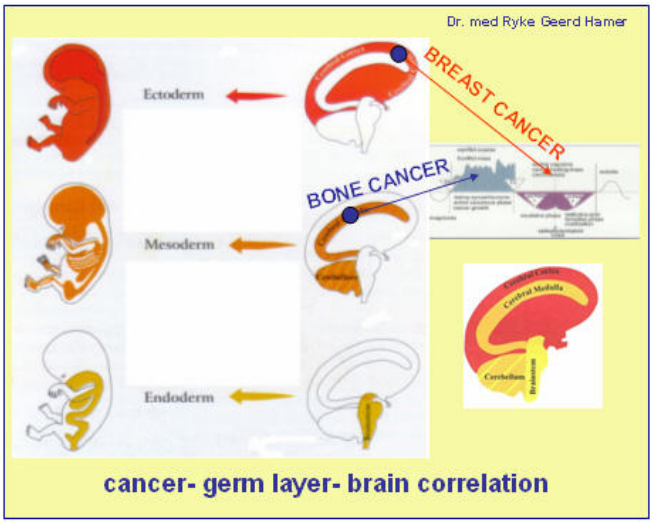
related to breast cancer). Considering the physical and sexual self-devaluation that men often feel when dealing with prostate cancer, and women often suffer when facing the loss of a breast, it is obvious why conflict shocks that affect the bones in these areas are so common. The same applies to the development of **lymphomas** (typically in the axillary lymph nodes as a result of a "breast self-devaluation" or in the pelvis area in connection with prostate cancer).

Contradicting metastasis theories vis-à-vis Dr. Hamer's research

Current medical theory is that metastasizing cells are *of the same kind* as those in the original tumor, i.e., if a cancer arises in the breast and metastasizes to the bones, the cancer cells in the bones are believed to be *breast cancer cells*. However, in 2006, Dr. Vincent Giguère, a cancer researcher at the McGill University Health Centre in Montreal, stated the opposite: "'Breast cancer cells, for example, often move to the bones. This is quite a feat, since *they first have to morph* from breast cells into bone cells', says Dr. Giguère, 'He and his colleagues are trying to figure out how they do it.'"(*Globe & Mail*, November 28, 2006).

Based on Dr. Hamer's research, neither of the two metastasis theories can be scientifically verified, since both theories assume that cancer originates *in the body*, where healthy cells supposedly mutate - all of a sudden and for no reason - into "malignant" cells. This concept fails to recognize that cancers, like all bodily processes, are controlled from the brain and that all cancers originate in reality in the psyche! In view of this new understanding of the nature and the origin of cancer, secondary cancers cannot be the result of cancer cells spreading by way of the blood or lymph system to other organs, because under no circumstances are cancer cells able to bypass this well-established biological system. The standard metastasis-theories (aside from their embarrassing contradictions) also entirely ignore the histological association of each and every cancer to one of the three embryonic germ layers.

Let's look, for example, at intra-ductal breast cancer and bone cancer:



The ectodermal lining of the milk-ducts, including intra-ductal tumors, are controlled from the cerebral cortex (red) whereas the bones, which derive from the mesoderm, are controlled from the cerebral medulla (orange). An intra-ductal breast cancer is linked to a "separation conflict" and develops exclusively during the healing phase, whereas bone cancer is always an indication of conflict-activity of a "self-devaluation conflict".

Thus, if the bone cancer is a secondary cancer after breast cancer, the bone cancer can only be caused by a "self-devaluation", experienced at a time *when the breast cancer is already in the healing phase*!

What makes the concept of “breast cancer spreading to the bones” even more irrational is that a so-called “osteoclastic metastasis” (a primary cancer, such as a breast cancer or prostate cancer, which has “spread to the bones”) is by definition not a tumor growth but the opposite, namely a loss of bone tissue. How breast cancer cells are supposed to create “cancerous” holes in bones without the involvement of the brain, has yet to be explained.

“Metastasis”-tests under scrutiny

Pathologists claim that they are able to detect the origin of a secondary cancer through the analysis of tissue samples (biopsies). The current practice is to use stains and antibodies to identify proteins that are typical of a specific tumor. This method is called the “immuno-histochemical technique”. A critical look at this method, however, quickly reveals that this procedure does *not* identify metastasizing cancer cells but only *proteins,* released from a tumor. A comment on the UCLA educational website (http://www.research.ucla.edu/tech/ucla06-707.htm) admits to this obvious discrepancy: “Although the analysis may be simple, it often suffers from low sensitivity or specificity, and does not provide adequate functional measurements concerning tumor cell behavior.”

From the GNM point of view, the release of proteins from a tumor is a natural part of the healing process, particularly when the tumor is decomposed by tubercular bacteria during the healing phase, in the case of a glandular breast cancer, for example. As the body breaks down the now superfluous cells, proteins are released into the bloodstream. The immuno-histochemical technique is *only tracking these proteins*, and yet we are given the impression they are tracking live cancer cells.

The metastasis theory proposes that cancer cells travel through the blood or lymph system

However, there has never been an observation of live cancer cells in the blood or lymph fluid of a cancer patient. Only *antibodies* have been identified, which do not prove the presence of viable, “metastatic” cancer cells (the same “indirect evidence” -method is used to “prove” the existence of viruses as a cause of “viral infections”).

Cancer cells from a primary tumor have never been observed naturally attaching to another organ or tissue and growing a new tumor. Again, only “antibodies” or “proteins” have been traced to a secondary cancer.

In experiments where researchers inject millions of multiplying, “malignant” cancer cells from a growing tumor directly into the bloodstream, secondary tumors rarely occur. “Using a model in which human breast cancer cells were grown in immuno compromised mice, we found that only a minority of breast cancer cells had the ability to form new tumors.” (Dept. of Internal Medicine, Comprehensive Cancer Center, University of Michigan Medical School, Ann Arbor, MI 48109, USA.). Source: Proceedings of the National Academy of Science of the U.S.A. {http://www.pnas.org/content/100/7/3983.abstract}

Common-sense questions we should ask:

- If it is true that cancer cells travel via the blood stream, why is donated blood not screened for cancer cells, and why is the public not being warned by the health authorities of the risks of coming in contact with the blood of a cancer patient?

- If it is true that cancer cells migrate via the blood stream, why are cancers of the blood vessel walls or of the heart not the most frequent cancers, since those are the tissues that would be most exposed to cancer cells traveling in the blood and lymph?

- If it is true that cancer cells metastasize to other organs by way of the lymph system, how is it possible that a "metastasizing" cancer develops in the lungs or in the bones (statistically the most frequent sites of "metastatic tumors"), although these tissues are not supplied with lymph fluid?

- If it is true that secondary tumors are caused by cancer cells migrating through the blood or lymph system, why do cancer cells of a primary tumor rarely travel to adjacent tissues, for example, from the uterus to the cervix or from the bones to neighboring muscle tissue?

The "brain metastasis" theory vis-à-vis Dr, Hamer's discoveries

Dr. Hamer established in the 1980's that so-called "brain tumors" are not, as assumed, abnormal growths in the brain, but instead glial cells (brain connective tissue) that naturally accumulate in the second half of the healing phase (pcl-phase B) in that area of the brain which is - parallel to the healing organ – also in healing at the time. That is to say, that this glial repair process occurs during ANY given healing phase, whether it is a skin rash {my Skin article}, hemorrhoids, a common cold , a bladder infection, or a cancer. It is an absolute indication that the biological conflict has been resolved and the psyche, brain, and organ are all in the latter stage of healing.

Questions we should therefore also ask

- If it is true that cancers metastasize to the brain, why are cancer cells allowed to pass the blood-brain-barrier that functions as a vital filter to prevent harmful substances from entering the brain?

- Why do we never hear about "brain tumor"-cells metastasizing from the brain *to* an organ, let's say, to the prostate, to the bones, or to the breast? Based on the prevalent doctrines this would translate, for example, into brain cancer cells causing lung cancer!!

Dr. Hamer's German New Medicine is the biggest challenge the medical establishment, including today's medical science and a profit-driven medical industry, has ever faced. Aware of this threat, the health authorities, supported by the justice system and the media, are using their power to silence Dr. Hamer's medical discoveries and to persecute, vilify, and criminalize its originator.
