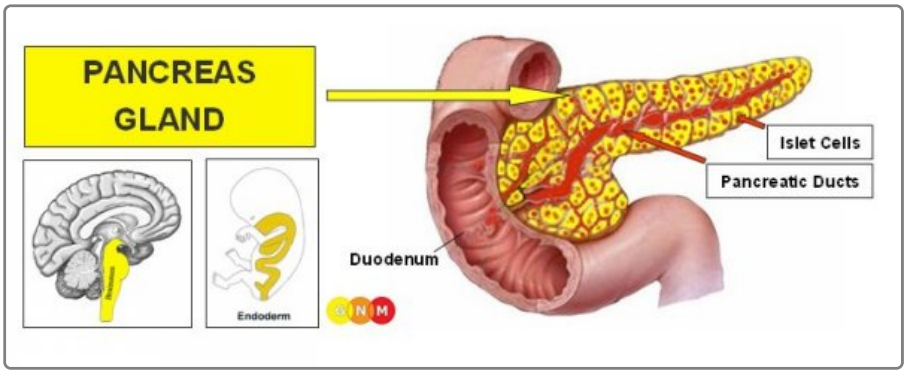
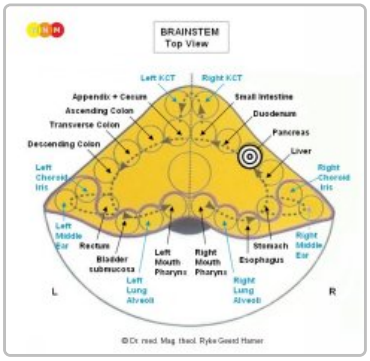
PANCREAS Expand this ...

PANCREAS



Biological Conflict **Conflict-Active Phase** **Healing Phase**

DEVELOPMENT AND FUNCTION OF THE PANCREAS GLAND: The pancreas is a tube-shaped organ located in the back of the abdomen behind the stomach. The head of the pancreas lies within the curvature of the duodenum. The pancreas gland produces hormones (hormonal quality), including insulin and glucagon, and secretes pancreatic juices (secretory quality) that are released into the small intestine to assist the digestion of food. The pancreas gland consists of intestinal cylinder epithelium, originates from the endoderm and is therefore controlled from the brainstem.



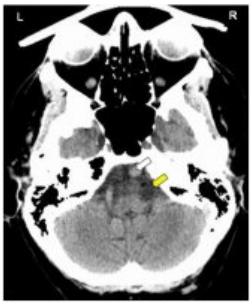
BRAIN LEVEL: In the **brainstem**, the control center of the pancreas gland is orderly positioned within the ring form of the brain relays that control the organs of the alimentary canal, precisely, on the right brainstem hemisphere between the liver and the duodenum relays.

BIOLOGICAL CONFLICT: The biological conflict linked to the pancreas gland is linked to an **"indigestible morsel conflict"** (see also stomach, duodenum, small intestine and colon). The conflict is typically brought on by arguments with family members, for instance, over an "inheritance morsel", a "property morsel", or a "money morsel" and by insults or accusations that are hard to digest.

In line with evolutionary reasoning, **morsel conflicts** are the primary conflict theme associated with brainstem-controlled organs deriving from the endoderm.

CONFLICT-ACTIVE PHASE: Starting with the DHS, during the conflict-active phase cells in the pancreas gland proliferate proportionally to the intensity of the conflict. The **biological purpose of the cell increase** is to enhance the secretion of pancreatic juices so that the morsel can be better digested. With prolonged conflict activity (hanging conflict) a cauliflower-shaped growth (secretory type), referred to as a **pancreas cancer**, develops as a result of the continuing cell augmentation (compare with "pancreas cancer" related o the pancreatic ducts. If the rate of cell division exceeds a certain limit, conventional medicine considers the cancer as "malignant"; below that limit the growth is regarded as "benign" or diagnosed as a **polyp** (see also healing phase).

HEALING PHASE: Following the conflict resolution (CL), fungi or mycobacteria such as TB bacteria remove the cells that are no longer needed. **Healing symptoms** are **indigestion**, **abdominal pain** because of the swelling in the pancreas, and **night sweats**. The extent of the symptoms is determined by the degree and duration of the conflict-active phase. Water retention due to the SYNDROME increases the swelling considerably. With an inflammation the condition is called **pancreatitis** (compare with pancreatitis related to the pancreatic ducts).

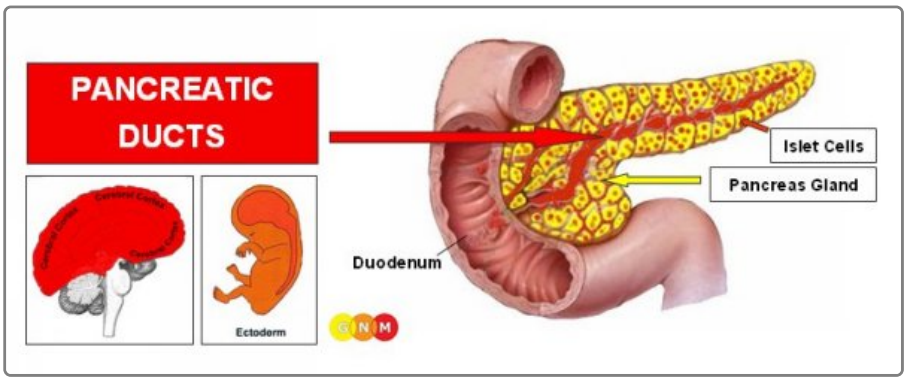


During the first part of the healing phase (in PCL-A) a brain edema develops in the area of the brain that controls the pancreas gland (view the GNM Diagram). On a brain scan the edema (fluid accumulation) appears as dark (yellow arrow). The white arrow points to a glia buildup (PCL-B) in the brain relay of the kidney collecting tubules, linked to an abandonment and existence conflict.

The corresponding story: A 43-year old woman developed pancreas cancer after her father had told her that she is not his real daughter. The brain scan reveals that she experienced the conflict situation as an "indigestible morsel conflict" (affecting the pancreas) as well as an abandonment conflict (affecting the kidney collecting tubules). Both conflicts have been resolved; hence, healing also occurs on the related organs.

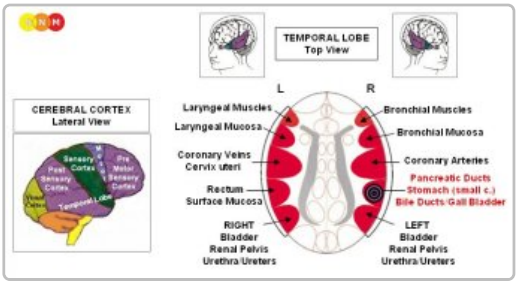
A prolonged decomposing process (hanging healing) due to continual conflict relapses leaves **caverns in the pancreas** (see also lung caverns, liver caverns, breast gland caverns). The loss of pancreas tissue results in an **inability to produce pancreatic fluids** and thus to digest food properly, causing persistent **flatulence and diarrhea**. However, the deficiency can be supplemented with digestive enzymes (lipase, protease, amylase) and enzyme-rich food.

If the required microbes are not available upon the resolution of the conflict, because they were destroyed through an overuse of antibiotics, the additional cells remain without further cell division. Eventually, the growth becomes encapsulated with connective tissue. In conventional medicine this is usually diagnosed as a **pancreas polyp** or as a "benign cancer" (see also conflict-active phase). In case of the pancreas gland, the cells that could not be removed keep producing digestive juices resulting in a permanent **overproduction of pancreatic fluid** (see also thyroid gland, parathyroid glands, adrenal gland, prostate gland).



Biological Conflict **Conflict-Active Phase** **Healing Phase**

DEVELOPMENT AND FUNCTION OF THE PANCREATIC DUCTS: The main pancreatic duct connects the pancreas with the small intestine. Its main function is to carry the pancreatic juices produced in the pancreas gland into the duodenum, the first section of the small intestine. The lining of the pancreatic ducts, including its many small branches, consists of squamous epithelium, originates from the ectoderm and is therefore controlled from the cerebral cortex.



BRAIN LEVEL: The epithelial lining of the pancreatic ducts is controlled from the right side of the **temporal lobe** (part of the **post-sensory cortex**). The control center is positioned exactly across from the brain relay of the rectum lining.

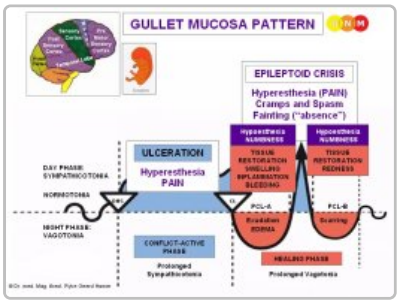
NOTE: The pancreatic ducts, bile ducts, gall bladder, stomach (small curvature), pylorus, and duodenal bulb share the same brain relay and therefore the same biological conflict; which one of these organs will be affected by the DHS is random. A severe conflict can affect all organs at once.

BIOLOGICAL CONFLICT: The biological conflict linked to the pancreatic ducts is a male **territorial anger conflict** or a female identity conflict, depending on a person's gender, laterality, and hormone status.

In line with evolutionary reasoning, **territorial conflicts**, **sexual conflicts**, and **separation conflicts** are the primary conflict themes associated with organs of ectodermal origin, controlled from the sensory, pre-motor sensory and post-sensory cortex.

A **territorial anger** relates to anger in the environment and places which one considers as his or her domain - literary or figuratively. Typical territorial anger conflicts are disputes at home, feuds at the workplace, anger in school, in kindergarten, at the playground, in a seniors or nursing home, or in the hospital; also in the extended "territory" such as in the village, town, or country where one lives. Battles over a land or property, annoying noise in the house or

neighborhood, a fight over a parking place or over a toy, are other examples of what can provoke a territorial anger conflict.



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

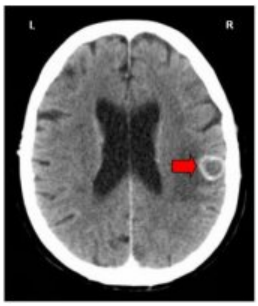
CONFLICT-ACTIVE PHASE: ulceration in the lining of the pancreatic ducts proportional to the degree and duration of conflict activity. The **biological purpose of the cell loss** is to widen the ducts in order to increase the flow of pancreatic fluids. The improved metabolism provides the individual with more energy to resolve the conflict. Depending on the intensity of the territorial anger conflict, the ulceration affects the main duct and/or its small branches. **Symptom**: mild to severe **pain**. **NOTE:** While conflict active, the person is in a depressed mood.

HEALING PHASE: During the first part of the healing phase (PCL-A) the tissue loss is replenished through **cell proliferation**. In conventional medicine, this is usually diagnosed as a **"pancreas cancer"** (compare with pancreas cancer related to the pancreas gland). According to Five Biological Laws, the new cells cannot be regarded as "cancer cells" since the cell increase is in reality a replenishing process.

Healing symptoms are **swelling** due to the edema (fluid accumulation), **indigestion**, a **fatty stool**, and **abdominal pain**, which could last throughout the entire healing phase (in PCL-A and PCL-B the pain is not of a sensory nature but pressure pain). The **pancreatic enzymes** (amylase) in the blood serum **are elevated**. The extent of the symptoms is determined by the intensity and duration of the conflict-active phase. **Pancreatitis** occurs when healing is accompanied by an inflammation (compare with pancreatitis related to the pancreas gland). With water retention due to the SYNDROME the enlarged swelling might occlude the ducts(s) leading potentially to serious complications.

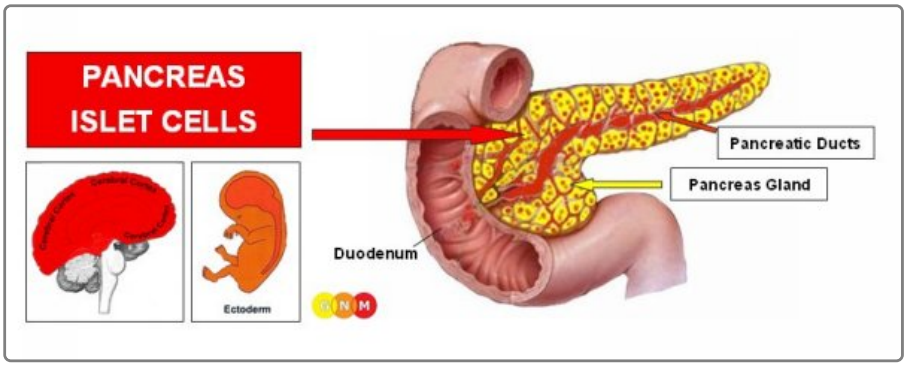
The Epileptoid Crisis manifests as **acute sharp pain** and **cramps or spasms (pancreatic colic)** if the surrounding striated muscles undergo the Epileptoid Crisis at the same time. In PCL-B, the pancreatic ducts open and the function of the organ slowly returns to normal.

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).



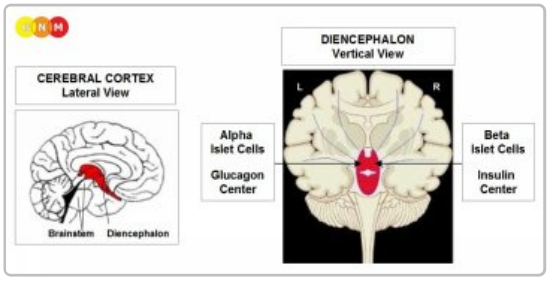
This brain CT presents a Hamer Focus in PCL-B with a glia-ring in the brain relay of the pancreatic ducts (view the GNM diagram), indicating that a territorial anger conflict has been resolved. The CT was taken shortly after the Epileptoid Crisis.

NOTE: Neuroglia (visible as white on a brain scan) starts restoring the brain relay from the *periphery*! This is in clear contradiction to the established theory that a cancer, including a "brain cancer", grows through continued cell augmentation leading to the formation of a tumor.



Alpha Islet Cells **Beta Islet Cells**

DEVELOPMENT AND FUNCTION OF THE ISLET CELLS: Embedded in the pancreas gland are cell clusters called the islets of Langerhans that play a significant role in the regulation of blood sugar (glucose). The **alpha islet cells** secrete glucagon, a hormone that stimulates the liver to convert glycogen to glucose causing an increase of blood sugar. Insulin, produced by the **beta islet cells**, helps to convert blood sugar into energy by delivering glucose into the body cells. Insulin therefore decreases the blood sugar level. The alpha and beta islet cells originate from the ectoderm and are controlled from the diencephalon.



BRAIN LEVEL: The islet cells of the pancreas are controlled from the **diencephalon** (interbrain), which is located in the central part of the cerebrum just above the midbrain. The **alpha** islet cells are controlled from the left side of the diencephalon (glucagon center); the **beta** islet cells are controlled from the right side (insulin center). The two brain control centers are positioned exactly opposite each other.

ALPHA ISLET CELLS

BIOLOGICAL CONFLICT: The biological conflict linked to the alpha islet cells is a female **fear-disgust conflict** or a male resistance conflict, depending on a person's gender, laterality, and hormone status.

A **fear-disgust conflict** is a fright coupled with disgust regarding a situation or a person. The conflict can be brought on, for example, by revolting sexual experiences (sexual abuse, unwanted sexual practices, violent sex) or distress involving blood, feces, urine, or vomit. Being frightened of a drunk family member could provoke a fear-disgust conflict with the smell of alcohol as a potential track. Children suffer the conflict, when they have to eat "disgusting" food.

CONFLICT-ACTIVE PHASE: During the conflict-active phase the function of the alpha islet cells is reduced. The decrease of glucagon production causes **hypoglycemia**.

> **NOTE:** The alpha and beta islet cells 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 inner ear (cochlea and vestibular organ), olfactory nerves, retina and vitreous body of the eyes, skeletal muscles) or hyperfunction (see periosteal nerves and thalamus).

Symptoms of hypoglycemia are **nausea**, **dizziness**, **fainting** (which explains why some people pass out when they see blood), **trembling** and a **fluttering heart beat** due to the glucose deficiency in the muscles, including the heart muscle. Typical for a low blood sugar is a **craving for sugar and sweets**, which serves the purpose to balance the blood sugar level. The steady over-eating leads to **weight gain and obesity** (compare with obesity related to water retention). Because of the regular intake of sugar-rich foods, hypoglycemia usually goes unnoticed.

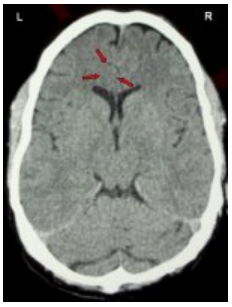
HEALING PHASE: During the first part of the healing phase, in **PCL-A**, the glucose level slowly rises to a normal level. However, for the period of the Epileptoid Crisis, when the conflict-active symptoms are reactivated, the blood sugar drops temporarily. Acute hypoglycemia (hypoglycemic shock) is a medical emergency! In **PCL-B**, the blood sugar level increases above the normal range showing the symptoms of **diabetes** (compare with beta islet cells-related diabetes in the conflict-active phase; see also diabetes insipidus related to the kidneys). At the end of the healing phase, the blood sugar level is back to normal.

With continuous conflict relapses (hanging healing) diabetes becomes chronic. In this case, insulin is still produced but is not utilized for carrying glucose to the body cells (compare with beta islet cells-related diabetes with no insulin production). This is called **insulin resistance** and categorized as **type 2 diabetes**, also referred to as **adult-onset diabetes** (compare with type 1 diabetes or juvenile diabetes).

> **NOTE:** Whether diabetes occurs in the healing phase involving the alpha islet cells or in the conflict-active phase related to the beta islet cells is determined by a person's gender, laterality, and hormone status rather than a person's age. Hence, from the GNM perspective, the differentiation between "juvenile" and "adult-onset" diabetes is meaningless.

It has been observed that most people with "type 2 diabetes" are overweight. Being overweight or obese is therefore assumed to be a risk factor for developing diabetes. Based on the GNM knowledge, namely that hypoglycemia and diabetes are two conditions of the same Biological Special Program, we learn to understand that so-called "**type 2 diabetes**" (in PCL-B) is not caused but rather ***preceded*** **by hypoglycemia** with craving and consequent weight gain during the conflict-active phase.

On this CT scan we see the impact of a fear-disgust conflict in the area of the brain that controls the alpha islet cells of the pancreas (view the GNM Diagram). The partly dark border of the Hamer Focus indicates the presence of fluid, which typically occurs at the beginning of the healing phase or after a conflict relapse.



BETA ISLET CELLS

BIOLOGICAL CONFLICT: The biological conflict linked to the beta islet cells is a male **resistance conflict** or a female fear-disgust conflict, depending on a person's gender, laterality, and hormone status.

A **resistance conflict** is a strong opposition against a person (parent, stepparent, sibling, relative, spouse, teacher, colleague, supervisor, doctor), against a situation (at work, at home, in school, in a relationship), against an institution (school, church, hospital, government, political regime), or against decisions made over one's head. Children suffer the conflict at an early age, when they resist day care, kindergarten, or school, or when they strongly oppose what they are told to do.

CONFLICT-ACTIVE PHASE: During the conflict-active phase the function of the beta islet cells is reduced, causing **hyperglycemia** (high blood sugar) or **diabetes** (compare with alpha islet cells-related diabetes; see also diabetes insipidus related to the kidneys). The **biological purpose of storing glucose in the blood** is to prepare the individual for the conflict resolution by providing the organism, particularly the muscles, with sufficient amount of blood sugar in order to be able to fight with full force. The degree of hyperglycemia (how much "fuel" will be available) is determined by the extent of the conflict. For additional support, the liver also secretes glucose, a process called gluconeogenesis. Biologically speaking, the active fight, the response of standing up and to breast, is the distinctive male response to a resistance conflict, whereas the female reaction to a fear-disgust conflict is backing off (fainting).

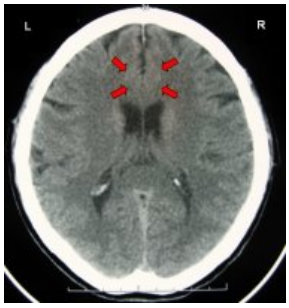
> **NOTE:** The alpha and beta islet cells belong to the group of organs that respond to the related conflict not with cell proliferation or cell loss but with functional loss (see also Biological Special Programs of the inner ear (cochlea and vestibular organ), olfactory nerves, retina and vitreous body of the eyes, skeletal muscles) or hyperfunction (see periosteal nerves and thalamus).

Typical for diabetes is **extreme thirst**, which serves the purpose to dilute the high blood sugar level (just as the craving for sweets serves to balance the low glucose level in case of hypoglycemia).

With lasting conflict activity diabetes becomes chronic. This is called **insulin-dependent diabetes** and categorized as **type 1 diabetes**, also referred to as **juvenile diabetes** since it apparently occurs predominantly in children and adolescents (compare with type 2 diabetes or adult-onset diabetes). In this case, insulin therapies and dietary measures are vital until the conflict has been resolved.

> **NOTE:** Whether diabetes occurs in the healing phase involving the alpha islet cells or in the conflict-active phase related to the beta islet cells is determined by a person's gender, laterality, and hormone status rather than a person's age. Hence, from the GNM perspective, the differentiation between "juvenile" and "adult-onset" diabetes is meaningless.

It is a wide-spread belief that high blood sugar causes damage to the arteries and "indirectly" to the nerves leading to a loss of sensation, especially in the extremities. However, not every diabetic develops the condition! Neither can this theory explain why an elevated glucose level would, for example, affect the feet (or just one foot or toe) in one person and the arm(s) in another. Based on GNM, what is called **"diabetic peripheral neuropathy"** is a combination of two Biological Special Programs running simultaneously: one involves the beta islet cells of the pancreas linked to a "resistance conflict" causing diabetes, the other involves the periosteum related, in case of the legs, to "wanting to kick somebody away" (usually the person one resists) with the development of leg ulcers or gangrene, depending on the intensity and duration of the conflict (see also "diabetic retinopathy").



This CT scan shows a central conflict with a Hamer Focus reaching over both brain hemispheres of the glucose center (view the GNM diagram). Such a situation occurs, when a person experiences the conflict in a male (resistance) and female (fear-disgust) fashion, for example, during the period when a woman is going through menopause. In this case there are no symptoms since hypoglycemia and diabetes balance the blood sugar level.

HEALING PHASE: During the first part of the healing phase, in **PCL-A**, the glucose level decreases to a normal level. However, for the period of the Epileptoid Crisis, when the conflict-active symptoms are reactivated, the blood sugar rises temporarily. Acute hyperglycemia (hyperglycemic shock) can induce a "diabetic coma"! In **PCL-B**, the blood

sugar level decreases below the normal range showing the symptoms of **hypoglycemia** (compare with alpha islet cells-related hypoglycemia in the conflict-active phase). At the end of the healing phase, the blood sugar level is back to normal. However, with a hanging healing due to continuous conflict relapses, hypoglycemia becomes chronic (and so does the craving for sweets).

> **CAUTION:** Because of a potentially serious Epileptoid Crisis, an intended resolution of a conflict related to Alpha and Beta Islet Cells should only be approached under the supervision of a health care professional!