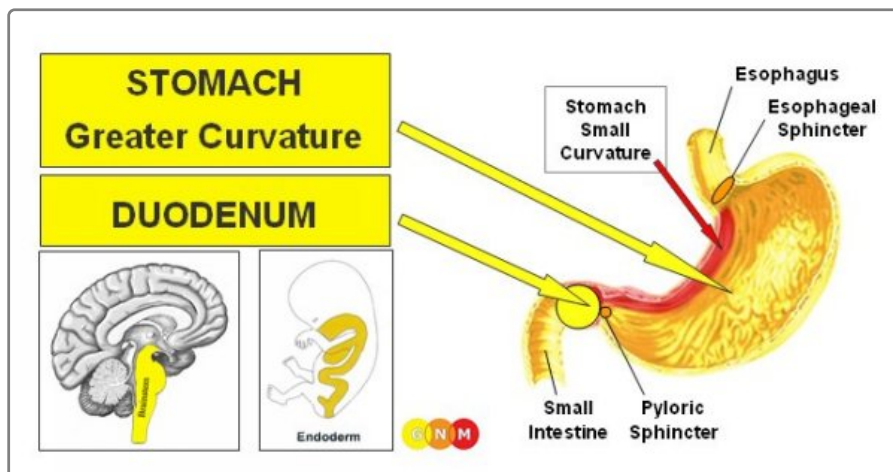
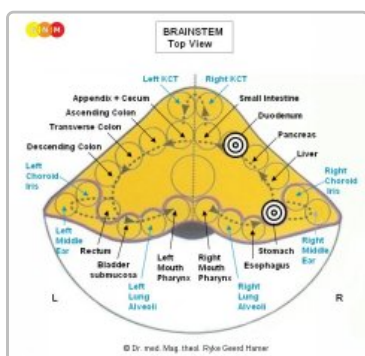


STOMACH & DUODENUM



Biological Conflict Conflict-Active Phase Healing Phase

DEVELOPMENT AND FUNCTION OF THE STOMACH AND THE DUODENUM: The **stomach**, located in the upper part of the abdomen, connects the **esophagus** with the intestinal tract; the top of the stomach lies against the **diaphragm**. The stomach contains glands that secrete gastric acids and digestive enzymes (**secretory quality**) to aid the digestion of food. The **duodenum**, the first section of the **small intestine**, absorbs the nutrients (**resorptive quality**) from the food passing through it. For the breakdown of foods, the duodenum receives bile from the **liver** and through the **pylorus** pancreatic juices produced in the **pancreas**. The lower **esophageal sphincter** at the top of the stomach prevents the backflow of stomach content. The stomach (except the **small curvature**) and the duodenum (except the **duodenal bulb**) consist of **intestinal cylinder epithelium**, originate from the **endoderm** and are therefore controlled from the brainstem.



BRAIN LEVEL: In the **brainstem**, the control centers of the stomach and duodenum are orderly positioned within the **ring form** of the brain relays that control the organs of the **alimentary canal**. The control center of the stomach is located between the **esophagus** and **liver** relays; the control center of the duodenum between the brain relays of the **pancreas** and **small intestine**.

BIOLOGICAL CONFLICT: The **biological conflict** linked to the stomach and duodenum is an **"indigestible morsel conflict"** (see also **pancreas gland**, **small intestine**, and **colon**). For animals an indigestible morsel is about a real piece of food, whereas for humans the conflict relates also to any situation or circumstances one is, figuratively speaking, unable to digest or "can't stomach", as the English expression goes.

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 stomach or duodenum proliferate proportionally to the intensity of the conflict. The **biological purpose of the cell increase** is to enhance the production of gastric juices and other digestive fluids so that the morsel can be better digested and absorbed; the improved function of the organs serves to facilitate a conflict resolution. With prolonged conflict activity (**hanging conflict**) a flat growth (**resorptive type**), referred to as a **stomach/duodenal cancer**, develops in the stomach or duodenum as a result of the continuing cell augmentation (compare with "stomach cancer" and "duodenal cancer" related to the **small curvature of the stomach and the duodenal bulb**). In the stomach the growth might also take a

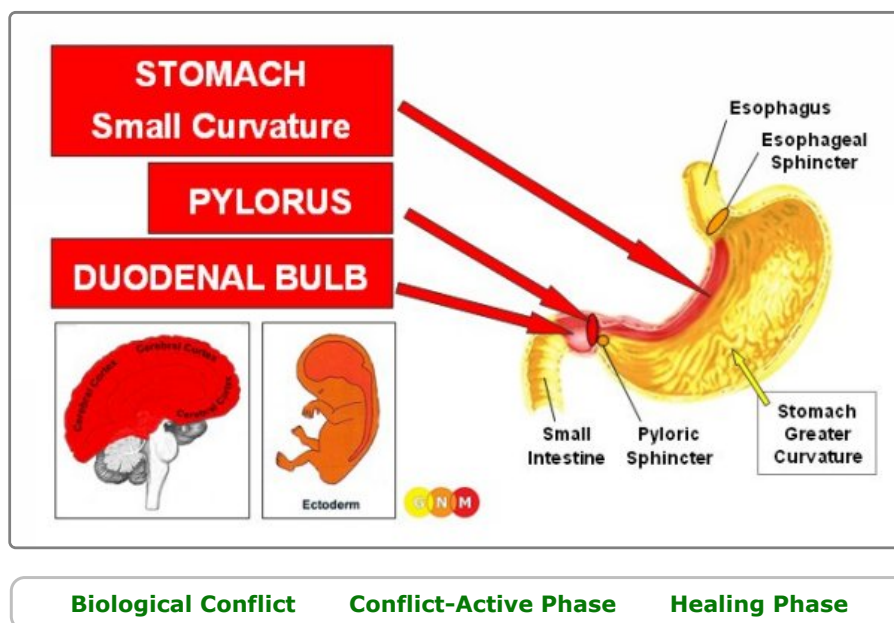
cauliflower-shaped form (**secretory type**). If the rate of cell division exceeds a certain limit, conventional medicine considers the cancer as "malignant"; below that limit the growth is regarded as "benign" or diagnosed as a **polyp** (see also healing phase).

HEALING PHASE: Following the **conflict resolution (CL)**, **fungi or mycobacteria** such as TB bacteria remove the cells that are no longer needed. Because of the environment in which they work, fungi and tubercular bacteria are stomach acid-resistant. **Healing symptoms** are **nausea, indigestion, abdominal pain, and night sweats**. Depending on the degree of the conflict-active phase, the symptoms range from mild to severe. **Vomiting** typically occurs during the **Epileptoid Crisis**; in acute cases the vomit contains blood.

NOTE: Eating disagreeable food also causes an **upset stomach and vomiting**. However, if bad food can be excluded as the source, vomiting is a positive sign that the "indigestible morsel conflict" has been resolved and that the morsel is being expelled, even without the assistance of microbes (sensory and excretory quality of the intestines).

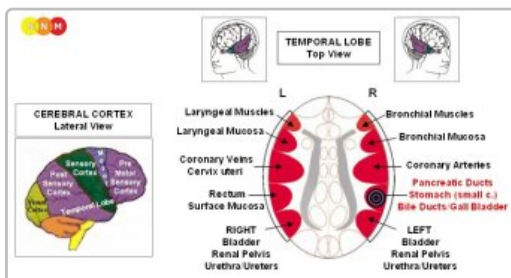
When **fungi** participate in the healing process this causes **stomach- or duodenal candidiasis**, which becomes chronic when a person is in a **hanging healing** because of continuous **conflict relapses**.

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 in the stomach or duodenum remain without further cell division. Eventually, the growth becomes encapsulated with connective tissue. In conventional medicine, this might be diagnosed as "benign cancer" or as a **stomach polyp or duodenal polyp** (see also **conflict-active phase**).



DEVELOPMENT AND FUNCTION OF THE STOMACH (SMALL CURVATURE), PYLORUS, AND DUODENAL BULB:

The small curvature of the stomach extends between the **esophageal sphincter** and the pylorus on the medial surface of the stomach (the lateral surface is called the greater curvature). The pylorus is a short, funnel-shaped tube that connects the **stomach** with the **duodenum**. The pyloric sphincter allows food to pass into the **small intestine**. The duodenal bulb is located at the upper portion of the **duodenum**. The small curvature of the stomach, the pylorus, and the duodenal bulb consist of **squamous epithelium**, originate from the **ectoderm** and are therefore controlled from the cerebral cortex.



BRAIN LEVEL: The epithelial mucosa of the stomach (small curvature), the pylorus, and the duodenal bulb are 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**.

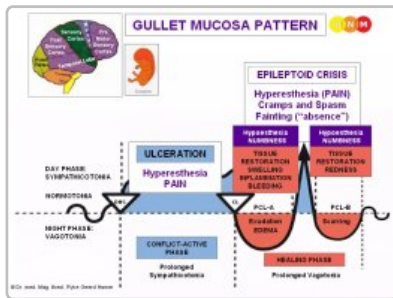
NOTE: The stomach (small curvature), pylorus, duodenal bulb, bile ducts, gall bladder, and pancreatic ducts share the same brain relay and therefore the same biological conflict. Which one of these organs will be affected by the **DHS** is random. A severe conflict can affect all organs at once.

BIOLOGICAL CONFLICT: The **biological conflict** linked to the stomach (small curvature), pylorus, and duodenal bulb 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**.

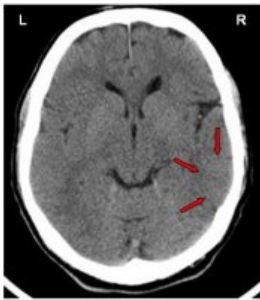
A **territorial anger** relates to anger in the environment and places which one considers as his or her domain - literary or figuratively. Typical territorial anger conflicts are disputes at home, feuds at the workplace, anger in school, in kindergarten, at the playground, in a seniors or nursing home, 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 stomach and duodenum 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 stomach, pylorus, and/or the duodenal bulb proportional to the degree and duration of conflict activity. The **biological purpose of the cell loss** is to widen the passageway of the digestive tract so that the nutrients can be utilized more efficiently. This, in turn, provides the individual with more energy to resolve the conflict. **Symptoms:** indigestion and mild to severe **pain**, depending on the intensity of the **territorial anger conflict**. Food enhances the pain because of the increased secretion of stomach acid produced in the **stomach**. **NOTE:** While conflict active, the person is in a **depressed** mood.

Painful ulcers develop when a territorial anger conflict persists for a longer period of time (**hanging conflict**). **Stomach (peptic) ulcers, pyloric ulcers, and duodenal ulcers** often occur together. If the ulceration reaches deep into the tissue, the epithelial layer becomes thin and might rupture. A perforation of the stomach is a life-threatening situation!



This brain CT shows the impact of a **territorial anger conflict** in the cerebral cortex, precisely, in the area that controls the small curvature of the stomach (**view the GNM diagram**). The **sharp border** of the **Hamer Focus** reveals that the person is conflict active.

According to conventional medicine, stomach ulcers are supposedly caused by gastric acid. This assertion, however, is inaccurate because gastric acid is produced and stored in the **bulk of the stomach** which never develops ulcers. Ulcers develop exclusively in the **lining** of the stomach or the pylorus, namely, in the conflict-active phase. The theory that stomach ulcers are related to the bacterium *helicobacter pylori*, a claim for which Barry Marshall and Robin Warren received the Nobel Prize in Physiology and Medicine in 2005, is therefore also inconclusive, because microbes are only active in the healing phase (**Fourth Biological Law**). Hence, the *helicobacter pylori* does not, as assumed, **cause** stomach ulcers but helps to restore(!) the stomach and pylorus lining after a **territorial anger conflict** has been resolved.

Gastric reflux or heartburn (nowadays called "gastroesophageal reflux diseases" or GERD) is organically linked to the **lower esophageal sphincter** located at the top of the stomach and responsible for preventing the backflow of stomach contents. During conflict activity of a **territorial anger** as well as throughout the **Epileptoid Crisis** the sphincter opens prompting the reflux of stomach acid. The backflow of gastric acid might irritate the esophagus but can never cause an esophageal cancer, as claimed by conventional medicine.

Stomach cells secrete the so-called intrinsic factor that helps the body to absorb vitamin B12 in the **small intestine**. Vitamin B12 is needed for the production of red blood cells. The loss of stomach cells during conflict activity of a **territorial anger conflict** can therefore cause **pernicious anemia** (compare with **anemia** related to the **Biological Special Program** of the **bones**).

HEALING PHASE: During the first part of the **healing phase (PCL-A)** the tissue loss is replenished through **cell proliferation**. In conventional medicine, this might be diagnosed as a "**stomach cancer**" or "**duodenal cancer**" (compare with **stomach/duodenal cancer** related to the **bulk of the stomach and the duodenum**). 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. **Healing symptoms** are **swelling** due to the **edema** (fluid accumulation) 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). With an inflammation, the condition is called **gastritis**.

An inflammation of the gastrointestinal tract (**gastroenteritis**) with vomiting and **diarrhea** is colloquially called a "**stomach flu**". Conventional medicine claims that the "**infection**" is caused by a variety of **viruses**, including the infamous "Norwalk Virus" ...

"Norwalk virus is a common cause of vomiting each winter and has often been referred to as "stomach flu" or "Winter Vomiting Disease". Norwalk virus infections have been linked to outbreaks of vomiting in institutions such as child-care centers and long term care facilities as well as on cruise ships, camps, schools and households." (Department of Microbiology, Mount Sinai Hospital, Toronto, Canada).

From the GNM perspective, **stomach flu outbreaks** are, contrary to the common belief, not at all related to viruses (which **have never been scientifically verified**) *but rather to* "**indigestible morsel-conflicts**" and **territorial anger conflicts** experienced simultaneously by a group of people (city residents, villagers, family members, colleagues, school mates, room mates, friends) who share the same anger-environment (at home, at work, in day care, in kindergarten, in school, in nursing homes, etc.). Territorial anger conflicts can involve large numbers of people. Unexpected, upsetting political decisions, for example, can trigger regional conflict shocks followed by a "stomach flu" outbreak in the affected population, after the conflict has been resolved. **Stomach flu epidemics** therefore typically occur after natural disasters such as floods or earthquakes, that is, during the resolution phase.

NOTE: Eating disagreeable food also causes an **upset stomach and vomiting** (**sensory and excretory quality**). However, if bad food can be excluded, vomiting is a positive sign that the **territorial anger conflict** has been resolved.

The **Epileptoid Crisis** manifests as **acute sharp pain** and **cramps or spasm (stomach colic)** if the surrounding **striated muscles** of the stomach or pylorus undergo the Epileptoid Crisis at the same time (except for the small curvature of the stomach and the pylorus, the stomach wall consists of **smooth muscle**). **Bleeding** (with black tar stool) requires immediate medical attention! **Vomiting** also occurs during the Epileptoid Crisis.

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 CT scan shows an accumulation of **neuroglia** in the area of the brain that controls the small curvature of the stomach (**view the GNM diagram**), indicating that the related **territorial anger conflict** is resolved and that the person is currently in **PCL-B** (both on the brain and organ level). In conventional medicine, the glia buildup is wrongly assumed to be a "**brain tumor**".