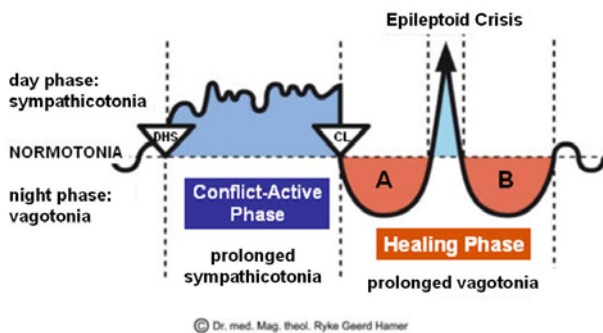


## Questioning "INFECTIOUS DISEASES" in the context of GNM

**"If I could live my life over again, I would devote it to proving that germs seek their natural habitat - diseased tissue - rather than being the cause of the diseased tissue".**

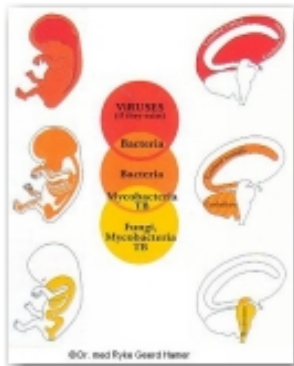
Dr. Rudolph Virchow

Based on Dr. Hamer's discovery of the Fourth Biological Law and the beneficial role of microbes during the healing phase, bacteria, fungi, and viruses can no longer be considered the cause of "infectious diseases".



The dilemma in which today's medicine finds itself is that by failing to recognize the two phases of every SBS, doctors only see the second phase, because it is only in the healing phase during which microbes are active. And since the activity of microbes is accompanied by swelling, fever, inflammation, pus, discharge and pain, microbes are considered to be "pathogenic" and the cause of "infectious diseases".

**But, it is not the microbes that cause an "infectious disease". On the contrary, our organism is using the microbes to optimize the healing process. In view of this new understanding, the term "infection" itself becomes obsolete.**



Just like cancer cells, microbes do not "spread" to other organs that derive from a different embryonic germ layer or are controlled from a different brain relay. Microbes work *exclusively* on organs or tissues that are in healing at the time. For example: TB-bacteria (brainstem-controlled) that are in the process of decomposing a tumor in the lungs (endodermal) would never "spread" to the ectodermal cortex-controlled lining of the bronchial tubes; staphylococcus bacteria (controlled from the cerebral medulla) would never "invade" tissue that is controlled from a different brain area (see diagram).

Since the activity of microbes is always part of a very specific Significant Biological Special Program, which involves *only* the person who is at the time in the healing phase of the conflict-related organ, "**infectious diseases**" **cannot be contagious**. If two or more people have the same symptoms, this implies that each of them is in the healing phase of the same type of conflict. For example: If an "indigestible" conflict hits an entire family unexpectedly, those involved will have diarrhea (healing symptom) after the conflict has been resolved.



The **common cold** is linked to a "stink conflict", which can be experienced in real terms but also figuratively as "This situation stinks!" or "I've had it!". During the conflict-active phase the nasal membrane lining widens through ulceration, which is usually not noticed. In the healing phase, however, when the nasal tissue is being repaired, the nasal membrane swells up. A runny nose (healing always occurs in a fluid environment), headaches, tiredness, an elevated temperature or fever are all typical signs of a vagotonic healing process. If the cold symptoms are more severe, then this is commonly called the "flu". The claim, however, that "influenza" viruses are the culprits, has yet to be proven.

Climatic, cultural, political, social, or economic aspects can be decisive factors, why people in certain countries or regions are more (or less) vulnerable to experience certain types of conflicts. From the GNM perspective, the higher rate of breast cancer in western women compared to Chinese women, has more to do with the higher rate of divorces and "separation conflicts" than, as suggested, with their different diet.

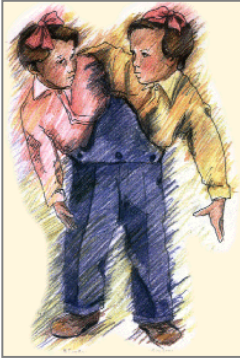
Severe biological conflicts can affect many individuals in a community or a population, as during times of war, "sanctions", or economic crises. What is referred to as an "epidemic" is not, as assumed, the outbreak of an "infectious disease", but is in reality an indication that people of an entire region were going into healing at the same time.

This explains, for example, the "**Spanish Flu**" **outbreak of 1918** and the **lung tuberculosis epidemic after the First World War**, during which millions of people were suffering "territorial fear conflicts", affecting the bronchia with potentially fatal pneumonia during the healing phase, and death-fright conflicts, involving the lung alveoli, causing lung tumors, which were NOT detected during the conflict-active stress phase! The end of the war initiated a mass-healing, so-to-speak, resulting in two pandemics. This is why so many did not survive TB: tubercular secretion, produced during the decomposing process of lung tumors, contains high amounts of proteins, which is expelled through the sputum. A diet rich in proteins is therefore indispensable to supplement the protein loss. Due to the extreme poverty caused by the world economic crises that followed World War I, those afflicted with tuberculosis did not get the protein-rich food needed for healing. Only those who could afford adequate nutrition were able to survive. The poor had no chance. The same can be said about today's TB epidemics (and "AIDS"-epidemics) in countries of Africa or Asia. These epidemics are not caused by TB-bacteria, let alone by HIV, but are the result of frightening political, social, and economic conditions. What the people in those parts of the world really need is peace and food rather than wars and drugs.

In 1944, **antibiotics** were administered for the first time to TB-patients. The reason why antibiotics "worked" is that the drugs destroyed the bacteria in charge of breaking down lung tumors. A rapid succession of anti-TB drugs appeared in the following years. That stopped the "disease", but by eradicating the helpful bacteria, the lung cancers of millions of people that experienced the horror of yet another world war could no longer be removed. As a result, the tumors encapsulated and stayed in place. However, during any lung check-up, even years later, these old encapsulated tumors would be seen on a lung X-ray. This is how lung cancer became the most frequent cancer. It has nothing to do with smoking.

Today, the **overuse of antibiotics** is one reason why more cancers are found during (routine) examinations. Other factors are more sophisticated screening methods and pressure for more testing (PAP-tests, PSA-tests, etc.). We have to bear in mind that every diagnosis shock can potentially cause lung cancer. German New Medicine offers a way out of this vicious cycle.

### The Chiropractic Story of Masha and Dasha



The new mother was told that her twin babies had died after birth. However the truth was far different: they were sent to an institute near Moscow to be studied. This was to be the fate of "Masha" and "Dasha", one of the most unusual sets of "Siamese" or conjoined twins ever born.

Identical twins are formed when a fertilized egg divides into two eggs. The two eggs grow into two babies that are identical in every respect. Conjoined or Siamese twins are formed in the same way as identical twins but the eggs, for some reason, don't completely separate; instead, they remain partially attached. It was the unique way in which the twins were connected that caused Soviet

scientists to take such an interest in them.

Although Masha and Dasha have four arms, they have only three legs. They stand on two of their legs, one controlled by Masha, one by Dasha (they were five before they learned how to walk) while a third, vestigial leg remains in the air behind them. Their upper intestines are separated but they share a single lower intestine and rectum. They have four kidneys and one bladder, and often disagree on when to urinate. They have a common reproductive system.

Because their circulatory systems are interconnected, the twins share each other's blood. Therefore, a bacterium or virus that enters one twin's bloodstream will soon be seen in the blood of her sister. Yet surprisingly, illness affects them differently. Dasha is short-sighted, prone to colds and right-handed. Masha smokes occasionally, has a healthier constitution, higher blood pressure than her sister, good eyesight and is left-handed.

The twins differing health patterns present a mystery. Why did one become ill with a childhood disease, like measles for example, while the other did not? The measles "bug" was in both of their bodies, in their collective bloodstream; so why didn't both get the measles?

Evidently there is more to "getting the measles" than having the measles "bug". This phenomenon was seen over and over again with the girls (flu, colds, and other childhood diseases were all experienced separately). If germs alone had the power to cause infectious diseases, why would one of the twins be disease-free while the other was ill? ...

**Source:** [http://www.chiro.cc/health\\_page.php/health\\_page.php?page=masha](http://www.chiro.cc/health_page.php/health_page.php?page=masha)

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**Extracted from:** [www.LearningGNM.com](http://www.LearningGNM.com)

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