

Intro: You are listening to CFOO Community Radio Station on 102.7 FM. The upcoming show, *Conscious Living Radio* is a program that explores frontiers of consciousness, spirituality, personal growth, emerging paradigms and psychology, health, science, and innovative philosophies that reflect commitment to the advance of individual, social, and the global transformation.

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Linda Christensen: Good evening, Club Radio listeners. I'm your co-host tonight, Linda Christensen along with Andrew Rezmer.

And this evening in the studio, we have two guests exploring some new, alternative approaches to healing in the area of medicine, specifically addressing trauma. And our first guest is going to focus on the impact of trauma with respect to affecting and bringing about cancer. And then, in the latter half, we're going to be addressing just the overall effects of trauma, emotional trauma, on our physiological health.

So, to begin with, our first guest here is Caroline Markolin who received her PhD in German literature from the University of Salzburg in Austria. She has come to Canada in 1987, has taught German language and literature at Concordia University in Montreal, has published numerous books and essays on Austrian literature. And in 1998, she resigned from her tenured position as an Associate Professor to pursue her strong interest in naturopathic medicine.

For a number of years, she has given workshops on the benefits of nutritional supplements and the traditions of naturopathy in Germany and Austria. And she got exposed to German New Medicine during those years and was quite intrigued with the holistic principles that were at work here.

After one year of intense studying Dr. Hamer's revolutionary discoveries, she then has become a personal tutor of his as well as a mentor. Since then, 2002, Caroline is now a full-time German New Medicine teacher and gives presentations and courses throughout Canada on this topic.

We welcome you here, Caroline, this evening.

Caroline Markolin: Hello, thank you very much.

Linda: Yes! And if you could, just to begin with, explain to us a little bit exactly what the German New Medicine is all about.

Caroline: Yeah. I think the best way to familiar our listeners with German New Medicine is to explain how, in fact, Dr. Hamer made his discoveries. And this is actually quite an interesting story in itself.

In December 1979, Dr. Hamer's oldest son, Dirk, died as a result of a very tragic accident. And a few months later after Dr. Hamer had lost his son, he was himself diagnosed with testicular

cancer. And since he was never seriously ill, he immediately wondered if his cancer could be directly related to the tragic loss of his son and all the emotional pain that he was going through.

At this point of his career, Dr. Hamer was head internist at a cancer clinic in Munich in Germany. So he was working with cancer patients. He started to talk to his patients because he wanted to find out if they also had, like him, experienced some emotional distressful shock or event before they got cancer.

And by talking to his cancer patients, he quickly learned that they all had, without exception, has suffered what we call in German New Medicine an unexpected conflict shock prior to having gotten cancer.

But even though Dr. Hamer was a standard, conventional medical doctor, this mind-body correlation wasn't that new. And this is the wonderful results we had. Dr. Hamer took his research a step further.

On the premise, on the basis that all physical processes are controlled from the brain, Dr. Hamer obtained a brain scan, a computer tomogram of the brain, of all his cancer patients. And he compared the CT scan with their medical records, and also with the patients' history.

And what he found was simply amazing and would, in fact, change entirely our understanding of the cause of diseases.

What Dr. Hamer found is the following:

He found that each cancer is controlled from a very specific area in the brain that controls the cancer; and at the same time, that each cancer is linked to a very specific type of conflict shock that correlates biologically to this area in the brain that controls the cancer.

So, for example, he found that lung cancer is caused by a death fright conflict often as a result of a diagnosis shock, that intraductal breast cancer is a result of a separation conflict, or cervical cancer is the result of a sexual conflict—in other words, of emotional distress in relation to sexuality.

But most of all—and this is the quintessence of his research—Dr. Hamer provides the scientific proof that cancer, for example, is not the result of a malfunction in an organism that, all of a sudden, for no reason, produces cancer cells, but that cancers and all other diseases, what he calls, “a result of a meaningful, special, biologically program of nature that assists our organism in coping with an unexpected emotional distressful event.

Andrew Rezmer: I think this is a critical issue, this particular point because, preparing for the show, I went on different publicly available sites on the Internet that are intended to inform patients about what cancer is and what causes cancer and what treatments are available for cancer right now. And practically every site says that cancer is this unexplainable change in cells coping itself. And the growth, we call a cancer.

How can you say that this is a natural reaction of an organism to a certain, particular event?

Caroline: I think the best is to explain this with a concrete example. A good example would be colon cancer. Dr. Hamer identified that the emotional distress or *conflict*, as we called it, that is linked to the colon is, as he calls it, an indigestible morsel conflict.

While animals experience such morsel conflict in real terms when, for example, a food chunk or a bone is stuck in the intestine, out in nature, this is considered as an emergency situation, so there's a biologically emergency program in place to deal with this. And what happens is the following:

If such a morsel is stuck in the intestine, the intestinal cells immediately start to proliferate at the site where the morsel is stuck. And the biological purpose of the cell proliferation is to produce more intestinal cells, which is also more digestive juices, so that the morsel can be broken down and can pass.

While we human develop, over time, also a figurative way of thinking, so we can experience this indigestible morsel conflicts also in a symbolic way.

And Dr. Hamer found, based on thousands of cases, that humans have suffered this indigestible morsel conflict in a figurative way. And these morsels are often, as he calls it, of an ugly nature—for example, an ugly divorce, an ugly fight over property, over money, over an inheritance, an insult or a betrayal that we can subjectively and figuratively not digest. And the moment we suffer such a conflict, the same program is switched on.

And this is what happens. The moment we experience that shock, that shock impacts that area in the brain that controls the colon. And as soon as the brain cells receive the shock, they communicate the shock to the colon, to the corresponding organ. And again, the colon cells, the intestinal cells, immediately start to proliferate as if a real food chunk would be stuck there. And it is the cell proliferation which is commonly called a colon tumor.

But Dr. Hamer shows—and that is the gift basically we received through his scientific work—that such a colon tumor is not malignant. It is a natural biologically response program that has been successfully practiced for millions of years of evolution.

So, in other words, with German New Medicine, we don't have to be afraid of cancer. There is no reason to panic anymore or no longer because now, with this research—and I'm just using the example of colon cancer—we understand why do I get the cancer, why do I get the cancer now, why do I get a specific type of cancer, what causes the cancer, and most of all, what is the natural healing of this cancer—which I, if you like, can explain.

Andrew: Yes, exactly. That's the whole point of doing any research, to apply it in life and try to help...

Caroline: Maybe if you like, if that's okay to continue this example.

Andrew: Please...

Caroline: So, Dr. Hamer found—this is another important discovery—that every so-called disease runs in two phases. We have the conflict-active phase that is activated or switched on the moment we have the shock. And at the moment we resolve that conflict, we enter the healing phase.

So, if we look at colon cancer, this is what happens on the organ level. The moment that this indigestible morsel conflict is resolved—the betrayal, the insult and so forth—the moment the conflict is resolved, the tumor instantly stops growing because there is no need to produce more of this intestinal cells.

And not only does the tumor stop growing, the tumor is now being decomposed. It's broken down with the help of specialized microbes—in this case, it's a tubercular bacteria, or fungi, particularly Candida fungi—that now naturally removes the tumor.

So, the microbes are basically our loyal helpers that are trained, have been trained over the course of evolution, to do exactly this which is to remove the tumor.

So, we have to understand that the tumor that grew during the active phase basically consists of what we would call disposable cells. And these disposable cells, they differ in size and in shape from the original cells which is important because the tubercular bacteria can recognize these are different cells a purpose, a biological purpose. They can recognize them and now can start to decompose the tumor and remove it naturally.

And now, of course, we are seeing symptoms because when is tubercular bacteria active but in removing the tumor. There is tuberculosis fission produced which is now excreted through the stool. There's also often blood in the stool because this is a byproduct of the healing phase. There's also night sweats and typical healing symptoms like inflammation, swelling, fever, tiredness, fatigue.

It's very important because we have to understand that this healing phase is a natural rest phase. It's like healing or resting after a big battle.

So, if you ask me, what is German New Medicine therapy, what is the therapy of cancer, this is the new paradigm, we can call it. All the symptoms that I mentioned—swelling, discharge, fever, inflammation, headaches, fatigue—this is already the natural therapy. This is the therapy.

So, their biological [unintelligible 13:17], the second phase, is the natural therapy.

So, of course, if these symptoms are more severe, we need a practitioner, we need a doctor who is familiar with German New Medicine and can assist the patient during that healing process.

Assisting means mainly two things—first of all, to ease the symptoms without interrupting that natural healing process; and most of all, to keep the patient free of fear and panic so that this

healing phase can go without new conflict/shock which then, as we understand now, would cause new symptoms.

Andrew: You probably answered my next question because according to the Canadian Cancer Society, we're going to experience approximately 160,000 new cancer patients this year alone in Canada. And approximately half of the people that have cancer, about 75,000 people, are going to die this year of cancer.

If this is the natural reaction of the body to emotional distress, and there's a natural healing process, why are people dying?

Caroline: Well, that's a very good question. Well, first of all, if this conflict is intense, and if the conflict active phase, as we call this first phase, if this phase is very intense, the person is extremely stressed out. So, the conflict active phase, if it's very intense and lasts for a long period of time, the person can die doing that phase.

But as Dr. Hamer shows, the person can never die of cancer. The person can never die of cancer cells that biologically serve a biological purpose. People doing the conflict active phase, patients die because of extreme stress, of enervation, of sleep deprivation, of weight loss, of no hope because often of a negative prognosis. They just waste away and die. This is when people can die doing the conflict active phase.

So, as Dr. Hamer always points out, a lot of cancer patients die because of the fear. And we have to admit also of very toxic treatments which then are added to the fear factor into an already worn-out, stressed out mind and body. And that of course can cause the demise.

Andrew: So practically, what you in New German Medicine says is that the treatments that are being applied in western medicine right now—chemotherapy and radiation mainly—is just adding to the stress and adding emotional trauma that is causing the cancer to grow instead of getting rid of it.

Caroline: Actually, [you're formulating] exactly what is happening. We learned with colon cancer that the colon cancer grows during the stress phase while chemo agents are extremely strong. We have what we call sympaticotonic agents. They emphasize the stress tone mode of the body.

So, if we're applying chemo therapy to a cancer that is growing during the stress phase, what happens, logically, this tumor grows even faster. So, during the conflict active phase, when chemo is applied, not even mentioning the toxic side effects, the tumor grows even faster.

So, we do have another set of tumor that actually grow during the healing phase. If you want, I can later show you an example.

Andrew: Mm-hmmm...

Caroline: And if a tumor grows in the healing phase and chemo is applied as a result, the tumor shrinks for the time being because we're adding to a healing tumor which is a tumor that grows in the rest phase, a stress agent. So the tumor shrinks for the time being. But as soon as the chemo treatment is over, all the body wants to do is to heal, heal, heal, and repair itself. And then, it's said the other tumor is back. The cancer is back, and then there's more aggressive treatment which of course puts the patients in a vicious cycle.

Andrew: You said in the beginning that cancer is a natural response of the human being to emotional distress, and as long as this stress is present in our psyche, cancer is going to grow.

Caroline: Yeah.

Andrew: How then can one deal with issues that surround us—the loss of a loved one, a messy divorce, financial distress? How should we live our lives so we can avoid this active phase?

Caroline: I think the best is to present a case, one of Dr. Hamer's 40,000 cases so far to back all these up. But I'll give a quick example of a case with colon cancer, and then we can do this in general.

This case is about a gentleman—it was many years ago—who developed colon cancer as a result of a very, very indigestible betrayal by a business partner. And in fact, he lost his entire business off of it. So he developed a colon cancer.

He learned about Dr. Hamer's work and met him in person. This is all happening in Germany. And this is the first time that this gentleman learned that his colon cancer was linked to this indigestible betrayal.

So, the point is to resolve that conflict. But by understanding that this is linked to this business ordeal and shock and indigestible situation, he understood that he had to bring this whole issue behind him and literally start a new business.

Dr. Hamer always said to them the most practical solution is the best.

So, this is exactly what the man did. He started a new business. He said, "Okay, life goes on. Let's get this behind me." And then, this is the point he was ready for the healing symptoms.

So, when he had blood in the stool, when he was tired and all these discharge and the cramps and the fatigue, he knew, "Well, great! This is exactly what has to be expected." He went through the healing phase very, very beautifully and was free of cancer.

Andrew: So, instead of being stressed that "Oh, gee! I have blood in the stool," "This is something that I've been waiting for because this is a sign of healing."

Caroline: That's right! Because now we are on top of things because we are understanding what symptoms belong to the conflict active phase. And that's what I'm teaching in my seminars and lectures, what symptoms belong to the active phase. And if it's an active symptom, we now

know learning German New Medicine, “Yes, I had a shock. I had a betrayal. I had a divorce. I had a separation and abandonment and loss conflict. I have to deal with this as soon as possible.” The sooner we deal with it, the shorter is the active phase, the shorter are the healing symptoms. And if we are constrained because we cannot just leave a workplace or divorce or get things behind us quickly emotionally speaking, then we can, as we call it, *downgrade* the conflict—minimizing the conflict by talking about it and so forth.

But the most important thing is, even if we have to live with the conflict active phase and the symptoms for a little while, by understanding that the symptom is natural and is not something that we are not dying of, that is preventative medicine at its best.

Andrew: So, instead of treating symptoms, we are actually addressing the cause of the illness.

Caroline: Exactly, right, yeah.

Andrew: So, could you explain a little bit more about the difference between benign and malignant cancer?

Caroline: Well, as we learned already, if I use that term, there is no such thing as malignancy. The term *malignant* [...] is in fact an artificial term that only indicates that the cell proliferation has exceeded a certain limit.

And Dr. Hamer exposes this theory of malignant cancer as a theory that has really no scientific basis. So we can sort of drop that *malignant* term.

But what is called *malignant*? Well, again, the term *malignant* is a term that indicates that the cell proliferation has exceeded a certain limit. So if that proliferation hasn't exceeded that limit, then the tumor is still called *benign*.

And also, if, as I explained, the tubercular bacteria or fungi decompose the tumor in the healing phase and remove it naturally, but what if we don't have the tubercular bacteria or the fungi (let's say because of vaccination, because of overuse of antibiotics, over-hygiene or whatever), if we do not have the tubercular bacteria available or the fungi, the tumor cannot be decomposed, stays in place, encapsulates? If that tumor is detected through an examination, it's then also called *benign*.

So, we know now how to understand the terminology of conventional medicine. But the malignancy does not exist in nature. If nature were designed to destroy our organisms through wild-growing cancer cells, we wouldn't be sitting here.

And nature is creative. Nature always tries to survive. And since we are part of nature, our organism is also designed and created and *programmed*, we can say, to survive.

And the brain—and this is what Dr. Hamer found—is the mediator between our emotions and the body.

Andrew: So, instead of improving nature, Dr. Hamer is trying to understand and use the nature as power to heal?

Caroline: Absolutely, yeah.

Andrew: And out of 40,000 cases that Dr. Hamer studied—and I'm presuming also treated—what is the success rate?

Caroline: Well, the success rate with no treatment at all before is 98%. With treatment, it's 92% for cancer specifically.

Andrew: Meaning if someone decided to take a traditional...

Caroline: Just go the natural way, yeah.

Andrew: So, if someone didn't take chemotherapy and radiation, 98%?

Caroline: Yeah, that's his success rate.

Linda: And just to make sure I understand this. Are you saying 98% of cancer patients who do not go ahead with treatments like chemotherapy? I'm not talking about Dr. Hamer's patients but anybody? Is this what the statistic is referring to?

Caroline: Oh, I was asked about Dr. Hamer's 40,000...

Linda: Of his cases that he treated?

Andrew: His cases, that's right.

Caroline: Yeah.

Linda: Okay, 98% of them without any kind of treatment.

Caroline: Yeah.

Linda: So, basically, that was his treatment. Just leave it be. It's a natural...

Caroline: Well, it's not just "leave it be," as I've said before. And that is important to understand. If the healing symptoms are severe—and some people goes through very draining healing phases, they can hardly get out of bed—of course it needs treatment. But it doesn't need a chemical treatment.

The treatment is pain management. That's very important, for example. And Dr. Hamer, in *extreme* cases, uses actually cortisone because cortisone is also a stress agent. So when the healing phase which is a vagotonic healing process is very severe, then he uses sympaticotonic

agents in order to slow down this healing process. So, slowing down is very important so it's not too heavy on the patient.

Andrew: So, what's the response of millions of doctors in the western medicine system that are obviously prescribing different ways to treat the cancer to the discovery or the research that Dr. Hamer presented to them?

Caroline: Well, for doctors who want to learn German New Medicine and to treat according to German New Medicine principles, they basically have to re-learn. Re-learning means to understand that the cause of cancer was basically misunderstood, as Dr. Hamer calls it.

We shouldn't forget Dr. Hamer is an internist. He was a standard medical doctor...

Andrew: ...specializing in cancer, treating cancer.

Caroline: Absolutely! I'm studying with Dr. Hamer. And there's hardly a conversation where he doesn't say, "We've seen it all wrong." So we have to imagine he's a man that's in his early forties in those days. And all of a sudden, he makes this amazing discovery saying, "Colleagues, doctors, friends, we've seen it wrong."

But unfortunately, Dr. Hamer's work has been suppressed since the beginning for many reasons (including of course political reasons here and others). But there are more and more doctors and practitioners open to learn this and see that this is how nature works.

Andrew: So, if some of our listeners want to find out more about those who professionally deal with patients, if they want to learn more about German New Medicine, how can they learn that?

Caroline: Well, first of all, they have a website. For those listeners who are not in Vancouver where I live and teach, the website is <http://www.GermanNewMedicine.ca>. It's one word. There's plenty of information there. There are very solid introduction articles including articles written by Dr. Hamer himself.

I teach seminars in Vancouver, in Calgary and also in Montreal—everybody really because we all have to learn this. You can take the classes (and of course, also, specifically for practitioners).

So, these are weekend courses where we can learn in packages very fast about Dr. Hamer's work and the correlation between symptoms and the emotional distress linked to it.

In Vancouver specifically, I give regular presentations. The next one is coming up on October the 4th. The special topic is to understand so-called infections. And we learned already a little bit about it, that microbes actually play a beneficial role by removing a tumor. I'm going to explain the link, the emotional link to Candida infections.

And most of all, it's going to be a very exciting evening. We're going to talk about viruses. I'm going to present research, not only from Dr. Hamer, that so-called *pathogenic viruses* don't really exist because so-called pathogenic viruses have never been scientifically isolated. The

evidence of these viruses that they actually supposedly cause disease is based on indirect evidence by looking at the antibody level. But Dr. Hamer's research again shows that the rise of antibody level, the rise of white blood cells, of lymphocytes and so forth is all part of the healing process. They all assist the microbes in doing the job and repairing that tumor.

Linda: This is all very interesting. I just have a couple of little questions. I'm just wondering about children who get cancers at such a young age. I mean, I'm just wondering if there aren't children who don't have any evidence of some kind of conflict issue, and yet they might develop cancer.

Caroline: Well, children of course, just like every of us, every human being, often, children have this conflict—specifically separation conflict when the parent divorce, mom goes back to work. Self-devaluation conflicts could be caused at home, teachers, coaches, putting themselves down in the sense of expecting a lot from themselves So they have of course the same shocks as adults.

Linda: Isn't there a danger that if, at one sense, almost anything has the potential to be a conflict issue of some kind? I mean, it sounds like it could easily become quite convenient to simply "Oh, you've got cancer. Therefore, there has to be a conflict issue of some kind." One could easily find it in almost anything potentially in life. I mean, life is full of conflict.

Caroline: Just to say it two ways, Linda. First of all, if there is a cancer, if there is a rash—because it's not only about cancer—if there is a disorder of any kind, then we know, thanks to Dr. Hamer's work, to what type of emotional stress this is linked.

But your question is very valid because these conflict shocks are very individual subjective events. So what one person experiences as a separation conflict could be something completely different for another person. And for a third person, it's completely insignificant. It depends on our beliefs, on our values, on our vulnerabilities.

And thank you, it's a very good question.

Linda: I mean, this is what makes it so ambiguous. And so it's difficult then to really confirm in a solid, conclusive way the link because it is so subjective.

Caroline: Yeah. What is important—and thank you so much for the question—is when that unexpected (and *unexpected* is underlined) event occurs, it goes very, very quickly.

Linda: It is an unexpected shock.

Caroline: Exactly! And it depends what our subjective our/your/my mind associates with the event at the time when it takes place which then determines what symptoms will occur as a result of the shock.

And again, people that have a very strong religious belief, and say they have shocks happen—I remember this very tragic case in Toronto where this gentleman lost, in a fire, his wife and his

seven children. I followed the case. It appeared nothing was coming up because he said God wanted that. So, he resolved it in a split of a second.

So, all these has to be taken into account. Of course, it's part of the so-called therapy because if the person is in the conflict active phase, we're going to look at all these aspects.

Linda: Now, one thing I'm also just curious about, there are those of course in terms of mainstream science that claims there's some kind of genetic link often in terms of cancer. In my family, my grandmother died of breast cancer, my mother died of pancreatic cancer. It's often stated there's some kind of genetic link or basis for cancer.

Caroline: Well, the genetic theory has a lot of unanswered questions. The question I always ask myself: "What is the cause of the disease in the first person of the genetic line?"

But let's look at it from a [genome] point of view. We can of course have a family DHS—a DHS is the abbreviation for conflict shock. Dr. Hamer just explained it as a DHS named after his son, Dirk Hamer, who died tragically and caused Dr. Hamer's cancer.

So, if we have such a conflict shock, it can involve an entire family. Dad comes home and says, "I lost my job." So all of a sudden, the whole family can have a conflict resulting potentially in the same type of symptoms.

Another example of a very close friend...

Linda: But then it would be assumed that the cancer would begin at the same time though roughly for all of them, wouldn't it, instead of so many years later?

Caroline: Yeah. An example of what you are alluding to is a case of a man that has let's say MS or ALS. He's in a wheelchair—which is of course, we know, is a conflict. But I'm making this up. This is a very practical example where you can see this clearly. So, dad is in a wheelchair.

And his son or his sons, all they see is dad in a wheelchair. So dad says, "Well, you know, how my MS started? I had weakness in my muscle. I had numbness in my legs."

So, for you and I, if we have all of a sudden a little bit of a numbness or weakness of whatever it is, if those two boys have it, then they tend to say, "Oh, my God! I'm going to have the same disease as dad."

The conflict linked to MS is feeling stuck, feeling not being able to escape, not being able to run away. So the wheelchair image itself, of being in a wheelchair, actually amplifies and always keeps the mind reminded that he is stuck.

So back to the genetic question, if the son sees dad in the wheelchair all the time and has the same symptoms that dad says "this is how it started," that son, in this case, visualizes or has the shock, "I might end up in a wheelchair like dad, feeling stuck in there." And what does he get?

Andrew: So, instead of genetically passing possibilities of sickness to children, we're actually passing it through our belief system?

Linda: Yeah, it's psychological.

Caroline: Exactly! So, we can speak of a family DHS. We can speak of a regional DHS. Often, regions, we're thinking of wars and just whatever news are happening or whatever hit a certain region. And then, all of a sudden, we see a certain increase...

Andrew: ...of certain types of...

Caroline: It's like after 9/11. Of course, I'm following all these. It is documented that since 9/11 in New York, lung cancer is up. And as I explained at the beginning, just shortly, lung cancer is linked to a desk fright conflict. So all of a sudden, many, many people suffered a desk fright, and as a result, developed lung cancer.

Linda: So, how about smoking and lung cancer, environmental influences in terms of toxins and what-not?

Andrew: That's right, carcinogenic agents in the air or pollution.

Caroline: Yeah, let's do the general first. And then, if you want, we can do the smoking.

Linda: Yeah. And then, also, to give Dr. Swingle a chance to...

Caroline: Well, our environmental factors do play a role in our well-being of course. So, if chemicals in our environment, chemicals in the food and so forth, they weaken our body. They deplete the body of energy. But they do not cause, based on Dr. Hamer's work and based on these natural laws, illness.

However, if we are in the healing phase, let's say, and we have all these discomfort, and the body needs good nutrition and lots of rest, especially during that phase, if we have an unhealthy lifestyle and consume of course all these chemicals that's coming through food and so forth, it can definitely worsen the situation because we're not providing the body with healthy nutrients.

Linda: Yeah, that will nurture the healing process. It will undermine the healing process.

Caroline: Exactly, yes, yes. So, not a new way of re-thinking.

Linda: Okay.

Caroline: But I want to emphasize, we need the good nutrition. We need to stand up for our environment to get clean again because it is for the benefit of all organism for the healing.

Andrew: What I found fascinating studying New German Medicine, there's somewhere a paragraph I found where Dr. Hamer claims, "Tell me your life story. Tell me what you believe

in. Tell me what you have experienced. And I'll tell you which cancer you're going to have, when, and how severe is it going to be.”

Can you tell us more about links specifically—you mentioned a few—types of cancer and types of emotional trauma?

Caroline: Sure! We did the colon cancer. I mentioned lung cancer.

Linda: Can I ask specifically about pancreatic cancer because I'm just curious in terms of with my mother just to see.

Caroline: Good question. See, in German New Medicine, Dr. Hamer ties—his explanations of symptoms—into our evolution and how the organism develop over time. So we have to differentiate between the different tissues of the pancreas because the different tissues developed at different times during evolution and are therefore linked to different type of emotional shocks.

So, the pancreas as the parenchyma, the organ as such, is linked to an anger conflict. Also, it's part of the intestinal or the digestive system. So it's also in fact an indigestible morsel which can go to the pancreas. It can also go, by the way, to the small intestine.

But later, during the course of evolution, the pancreatic ducts, they were lined with a new cell layer. And this new cell layers, this new tissue, since it's a younger tissue, is controlled from a younger part of the brain. And the conflict that is linked to the pancreatic duct lining is a territorial anger conflict, an anger that relates to our domain, work-related anger, home-related anger.

So, to answer this quickly, the pancreas cancer that is actually the pancreas tissue, that tends to grow during the conflict active phase because it is controlled from the oldest part of the brain. That is the law.

So, we know if it's the pancreas that has the tumor, the person suffered and is still active with this anger, indigestible anger issue. Whereas if the tumor is in the pancreatic ducts, this is an indication that this is a healing tumor because with all these tissues that are controlled from the new brain that is doing the active phase—actually, a tissue loss—in this case, there is tissue loss in the pancreatic duct lining, so that more digestive juices can be delivered to address this anger issue, to digest it also.

And when the conflict is resolved, the lining tissue is replenished and refilled with new pancreatic cells in the lining. And it is the cell proliferation that is also diagnosed as a pancreatic tumor.

So, to finish that, we have two sets of tumors—one set of tumor just close during the conflict active phase, and then another set of tumor that are actually curative tumors as we saw with the healing process.

Linda: Mm-hmmm... mm-hmmm... okay, long answer, but...

Andrew: Yeah, we have maybe one minute left. If you could just briefly—I know it's tough to do it briefly because of the complexity of the topic, but breast cancer and prostate cancer, skin cancer, all those?

Caroline: Breast cancer, yes, a glandular breast cancer is linked to a tumor in the glands of the breast. It's linked to a worry conflict, so a female, a woman worries about a loved one—a child, if a friend is in need, or dad had cancer or has cancer and so forth.

The intraductal breast cancer which is a different tissue is linked to a separation conflict—an unexpected divorce is a very typical example.

Skin disorders, skin, rashes, eczema, psoriasis and so forth are linked to separation conflict as well. The conflict is experienced as if a loved one is literally torn from my skin. So during the active phase, there is a tissue loss. It's like almost torn away from that area of the skin where we felt the conflict, the separation, took place.

So, the active phase is cell loss. We don't see this (only under a microscope). But as soon as this conflict is resolved, the tissue replenishes itself and that's what we see then as a rash and it's swelling and it's itchy. And so skin disorders are a healing process.

Andrew: And prostate?

Caroline: Prostate? Prostate is a very interesting conflict. The original biological conflict is a procreation conflict. So, a procreation conflict means that if a male, a man, unexpectedly cannot mate, then there is instantly a cell proliferation of prostate cells, producing more seminal fluid, so when, finally, mating takes place, he will have more available in order to make sure that the female get pregnant.

And Dr. Hamer found that this is not only procreation because males, we all develop, over the course of evolution, advance socially and so forth. So a prostate cancer is linked to, for males, sexual frustration, sexual rejection, and as Dr. Hamer calls it, an ugly conflict with a female, something very upsetting for a man who then wants to show—

We have to think in biological terms that “I'm a man,” a male cannot accept, biologically speaking, being humiliated, let's say, by a female because he is the alpha, he is the male. So the prostate instantly respond.

Andrew: Okay. For more details, we'd like to refer our listeners again to your website which is...

Caroline: GermanNewMedicine.ca.

Andrew: Thank you very much. And one more time, when is your next lecture in Vancouver?

Caroline: October the 4th. It's down in the west end at the Best Western Sands Hotel at the corner of Davie and Denmond, 7055 Davie St. We start at 7:15. It lasts until 10:00.

Andrew: Thank you.

Caroline: I think you very much.

Linda: Thank you.

♪ [music] ♪

Linda: Well, welcome back to Conscious Living Radio. Our next guest here in the studio is Paul Swingle, PhD. He was a professor of psychology at the University of Ottawa from 1972 to 1997 prior to moving here to Vancouver.

He's a fellow of the Canadian Psychological Association and was lecture in psychiatry at a Harvard Medical School from 1991 to 1998. And during this same time period, he was an associate attending psychologist at McLean Hospital in Austin where he also was the coordinator of the Clinical Cycle Physiology Service.

Dr. Swingle was chairman of the Faculty of Child Psychology at the University of Ottawa from 1972 to 1977 and clinical supervisor from 1987 to 1997. He is currently here in British Columbia as a registered psychologist and is certified in biofeedback and neurotherapy.

Welcome to the studio, Dr. Swingle.

Dr. Paul Swingle: Thank you for having me.

Linda: Yes, indeed! And I understand that you also are engaged in a somewhat more innovative research in terms of trauma itself and the effect it has on a human being physiologically. Could you tell us a little bit about what you have discovered here and the types of approaches you have to addressing trauma?

Paul: Sure! Trauma is something that is registered in the brain as we've just heard. And one of the things we do when we do our initial assessment with an electroencephalograph is you can actually see trauma in terms of brainwave activity.

The interesting thing is that some individuals respond to trauma by becoming disabled in one sense, in a physical sense (as our previous guest has been discussing) and also on a psychological sense. But the interesting aspect of it is individuals that are exposed to exactly the same trauma—for example, combat veterans, three of them may be disturbed by it, but only one is disabled it—the question is what are the predisposing factors that give rise to trauma resulting in some disability.

So, one of the things that we found is that there's an area of the brain that is associated with stress tolerance. And if there's a deficiency in that stress tolerance area in the brain, then that predisposes the person to being disabled by a trauma.

Now, when we're working with children, for example, we get children that are referred with attention deficit disorder, it turns out that's a trauma.

Linda: Oh, really?

Paul: And if the brain is showing the signature for trauma, one of the cognitive effects of that—I mean, above and beyond all the emotional aspects of it—is it affects processing of information, that the individual's short-term memory and the ability to transfer the information to the short-term working registers is affected.

Now, we also, as our previous guest has pointed out, the trauma is related to enabling certain physical disorders. So what everybody has experienced is when they're stressed, they're more vulnerable to a cold, for example. That's everybody's experience, that sort of thing.

So, at the simplest level, when we see an individual who shows a trauma signature on the brain maps, then the first thing that we want to do is get them to be able to resolve that trauma. And we have a lot of ways of doing that.

One is with neurotherapy in which we change the brain activity associated with a trauma. And that releases the trauma for processing. There are other ways of handling that of course. Dr. Siegel a long time ago—I'm sure our previous guest is familiar with Siegel's work in terms of therapy with women who had breast cancer in individuals that had support systems and mechanisms for resolving conflict do better than those that don't.

Linda: Is this Bernie Siegel?

Paul: Yeah, exactly. So when we have an individual who comes in for sleep disturbance, for example, in addition to brain activity that prevents the individual from being able to calm themselves, if we see a trauma signature, the trauma is very likely to be interrupting sleep.

Now, the signature associated with trauma is the brain trying to protect itself against abreaction (that is emotional reaction). And the waveform that is blunted by trauma is the waveform that's associated with visualization.

So, when I was in McLean Hospital, I treated a lot of combat veteran who had Post-Traumatic Stress Disorder, all of them showed this particular trauma pattern. And what we do within neurotherapy is to normalize brain function. When you normalize brain function, the emotional reaction to that is the processing of that traumatic material. And that can be very rapid.

The body has normal mechanisms for dealing with this kind of conflict—again, as our previous guest has spoken about. There are normal processes for handling these things. The problem with trauma is that normal process gets blocked.

Linda: Now, is that where people themselves somehow choose to block it or it just sort of happens automatically?

Paul: It's an overwhelming factor. If the individual has a predisposing condition of poor stress tolerance, then they're overwhelmed by this. And the brain is trying to protect itself against the classic symptom of trauma which is emotional flash back which is a horrible thing to experience. You're right back in the conflict. And what the brain is doing or preventing or trying to subdue or suppress that abreactive flashback process.

Now, the problem with that is that by trying to suppress that traumatic material, you have other effects associated with that—cognitive effects, blunting of emotionality. And the previous speaker was referring to some of the physical consequences of that blockage.

We see a lot of cancer patients, a lot of patients with all kinds of disorders and getting the brain into normative functioning [unintelligible 51:11] accelerates the healing process.

Andrew: And how do you normalize...

Paul: Neurotherapy involves three general processes. Everything is volitional in the sense that we're moving the brain towards normative functioning.

Andrew: Oh...

Paul: The first is neurofeedback. Let's assume that we're trying to suppress a waveform. We set it up so that when the brain is doing what we wanted to do, the person will hear a tone or see something move on the computer monitor. If it's a child, we set it up so that they play a video game with their brain or make an electric train move with their brain. And the electric train will only move when the brain is doing what we want it to do. or the icon Pacman was across the screen only when the brain is doing what we want it to do. And that moves the brain to its normative functioning.

We've developed what are called *brain drivers*. And there, we measure particular aspects of brain functioning based on that measurement we stimulate with light, sound, microaverage stimulation, EMF fields and so forth that nudge the brain into more normative functioning ranges.

So, we have a lot of techniques that are non-invasive that move the brain towards normal functioning.

Andrew: It's a form of practically fooling the brain into working normally?

Paul: No, I think the better analogy is if you have a weakness in the body, you go to the gym, and you exercise that area of the body more vigorously than other areas to balance things. Now, you're not fooling the body. You're doing exactly what you're trying to do.

Andrew: I guess the difference is that we're using the brain in order to build muscle. Here, we are using the brain in order to change the brain toward a different thing.

Linda: ...in a healthier, more functional way.

Paul: Yes. We can think of the brain as a muscle too.

The other aspect that neurotherapy is optimal are peak performance training. Elite athletes do this. The team that won the World Cup in soccer, the Italian team, every man in the team did neurotherapy. It was considered their secret weapon. That's why they made all those foul shots.

Linda: So, this is officially called neurotherapy then?

Paul: That's correct. It's all FDA-certified and compliant. There's nothing alternative about this in that sense.

Andrew: And how can you utilize this technology with healing or helping cancer patients?

Paul: Well, a lot of this depends on where they are on the cycle. Again, as our previous guest indicated, if they've had a lot of certain forms of treatment, it really makes the treatment more difficult or can make it more difficult. But the first thing that we do is normalize brain function so that the central nervous system can quiet the body.

And then, there are some healing waveforms that we encourage in which the mind quiets and the body quiets. And almost always, the individual is under some other medical treatment for these conditions, and the treatment that we're doing is adjunctive to that.

Andrew: If our listeners cannot afford to go and pay hundreds of dollars for treatments with an expert in neurotherapy, can we give them some ideas how can they help themselves?

Paul: Sure! By the way, since this is an FDA-certified and compliant treatment, it is covered by medical.

Andrew: It is.

Paul: Oh, yeah, absolutely. But in any event, there's some very straightforward things that we can do. We've been doing this for millennium. You sit down, and you focus and clear the mind (as the Eastern meditators have been doing for thousands of years). What that does is it increases slow frequency in the back of the brain which helps with stress tolerance. So there are a lot of mind hygiene things that you can do.

The second is what I call mind cancer which is the resentments and the anger and the negative thinking that overwhelms you. If somebody wrongs you, and you have a resentment, it occupies your entire thinking. I mean, it just overwhelms.

That's the one area where I think we really do have metastasis in terms of the resentment. It just overwhelms and takes over the entire brain.

Now, if you think of how do you reverse that in terms of clearing the mind of resentments, that's what the meditators are doing. There are other relaxation procedures that you can do as well.

And the elderly, stay away from TV, it'll kill you—and the reading.

Linda: Stay away from TV? In what sense...?

Paul: Television keeps me in business.

Linda: Oh, really?

Paul: Absolutely!

Andrew: Because of all the violence and all the...

Linda: Is it because of the content or is it just physiologically the effect of...?

Paul: Both.

Linda: Both.

Paul: If a child, a very young infant, if television is used for babysitting, there's an area of the brain that doesn't develop. And if you think about it, television is maintaining interest with constant stimulation. They don't have to use imagination. So that whole area of the brain is not being stimulated. And we have a lot of evidence on the effects of television on health, on cognitive process, on learning with kids.

And the elderly, if they retire in front of a TV set, they're dead in 18 months. I mean, it's just extremely bad.

Andrew: We have only 30 seconds left. Could you tell our listeners where they can find more of what you mentioned?

Paul: Sure! They can give my office a call at 604-608-0444. And we have a ton of information on our website. And it's SwingleandAssociates.com.

Linda: SwingleandAssociates.com, okay.

Andrew: Thank you very much. Thank you very much.

Linda: Okay. Okay, great. And we'll put that up on our website as well for people.

Paul: Okay!

Linda: Thank you very much, Dr. Swingle. And Caroline, thank you.

♪ [music] ♪

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