

Some Critical Notes on ‘German New Medicine’

[Peter Wilberg](#) 2015

1: Mystificatory use of terminological neologisms.

This is expressed in acronyms that give a spurious sense of ‘scientific’ authority and a reassuring framework of complex charts and so-called ‘iron laws’ of GNM. These in turn may have the same *placebo* effect on patients as the authoritative ‘scientific’ framework and terms by which ordinary doctors comfort the patient with diagnostic ‘explanations’ of their symptoms.

Examples of mystificatory ‘scientific’ neologisms used in GNM:

DHS/Dirk Hamer Syndrome

SBS/Significant Biological Special Program

‘DHS’ – the use and definition of this term implies that unexpected or ‘shock’ life events such as the loss of a spouse are better described using a quasi-scientific and even *quasi-diagnostic* term and acronym: ‘DHS’ or Dirk Hamer *Syndrome*.

The argument for the use of this term is both spurious and contradictory:

“A DHS differs from a psychological “issue” or an everyday stress situation insofar as an *unexpected* conflict shock involves not only the psyche but also the brain and the body.”

The implication here is that psychological “issues” or “everyday stress situations” arising from life do *not* “involve” or affect the brain and body as well as the psyche. This implies a *separation* of life, psyche, brain and body. Yet this separation is also implicitly rejected in GNM:

“Dr. Hamer’s research reveals that the psyche is an integral part of our biology.”

***Biological* conflicts differ from stress (even extreme stress) insofar as they occur *unexpectedly* and engage the *whole* organism, of which the psyche is one component.**

Question: is the psyche an integral part of “the *whole* organism” or just “one component”?

‘SBS’ - Though he and his followers repeatedly claim to state or make absolutely *no hypotheses*, Hamer explicitly hypothesises that the brain *is a computer* with ‘programs’: in particular those he terms ‘Special Biological Programs’ (SBP).

The two chief scientific neologisms (DHS/SBP) are used not only to posit *explicit* hypotheses as ‘facts’ or ‘iron laws’ even though, through these ‘laws’, they are effectively just *defined* in inseparable relation to one another:

Every SBS (Significant Biological Special Program) originates from a [DHS](#) (Dirk Hamer Syndrome), which is an unexpected, highly acute, and isolating conflict shock that occurs simultaneously in the PSYCHE, the BRAIN, and on the corresponding ORGAN.

2. The notion of 'biological conflict'

Since these age-old meaningful survival programs are inherent in all organisms, including us humans, we speak in GNM of biological conflicts rather than of psychological conflicts.

Here, a repeated *separation* of the 'psychological' and the 'biological' is justified by *neo-Darwinian* reference to 'survival programs' inherent in 'all organisms'.

Animals experience these biological conflicts in real terms, for example, when they lose their nest or territory, when they are separated from a mate or an offspring, when they are attacked by an opponent, when they suffer a threat of starvation or a death-fright.

Archetypal conflicts are the loss of the territory, worry in the nest, abandonment by the pack, separation from a mate or a child, fear in the territory (causes asthma attack), mating conflict, stink conflict (causes cold), loss of an offspring, motor conflict (not be able to escape, feeling stuck, it triggers the motor cortex and affects muscle movements), attack by an opponent (usually causes skin problems), threat of starvation, indigestible morsel conflict (can cause diarrhoea), self-devaluation conflict (can cause osteoporosis, which will be dissolved by arthritis), fear of death (causes lung cancer)." Man experiences the same archetypal conflicts with animals. The difference is that an animal experiences the conflicts literally, whereas the man usually experiences the conflicts symbolically (for example, the threat of starvation could be faced as a real danger in the case of an animal, whereas it could only be symbolical in the case of someone who loses his job, that means that he is afraid he will run out of money).

Through the notion of archetypal 'biological conflicts' we come to those 'hypotheses' which constitute the unfounded *reductionistic* ideological core of 'German New Medicine' and its 'explanations' of illness. This core reveals GNM not as a set of 'iron laws' of nature but rather as a set of very confused ideas full of inconsistencies and highly questionable assumptions.

Question 1: if 'biological conflicts' and the survival response to them - 'Special Biological Programs' - are, as Hamer and his followers assert, what finds expression in *both* "all organisms" *and* in all symptoms of illness, then *why are not all animals, indeed all organisms, constantly 'ill' or constantly suffering from these supposedly universal "biological conflicts"?*

Question 2: if this hypothesis regarding such so-called 'archetypal' biological conflicts is true for both human beings and all other species of organism, at least those with a brain, then why do not animals get colds from 'stink conflicts', diarrhoea and other digestive symptoms from 'indigestible morsel conflicts', skin problems from 'attack' conflicts, osteoporosis and arthritis from 'self-devaluation conflicts', lung cancer from 'death-fright conflict' ... etc. etc?

Question 3: does Hamer seriously believe that an animal which fails to find a mate and procreate ends up with a so-called "procreation conflict", particularly when in so many species it is only *one* male in the group that has the right to mate with all females? Similarly, are *we seriously being asked to believe* that all male wolves that do not become pack leaders or dominant males – or who lose a territorial fight - will then suffer from a 'self-devaluation' conflict? Or that nest-building animals do not just *protect* but 'worry' about their offspring and experience some type of 'nesting conflict'? Does not 'worry' imply a specifically human capacity for reflective thought?

It seems that Hamer is clearly anthropomorphising – projecting human psychological *neuroses* onto animal behaviour. In doing so, he fails to understand that animals have a fundamentally different relation to *time* than human beings. Maybe he should have looked at a lion *lazing proudly, peacefully and contently* before and after *failing* to catch its prey or engaging in mating competition with another lion – or be reminded that only a *minority* of species *display any form of territorial behaviour at all*.

Question 4: Is the only difference - between man and other animals the fact that “...an animal experiences the conflicts literally, whereas the man usually experiences the conflicts symbolically (for example, the threat of starvation could be faced as a real danger in the case of an animal, whereas it could only be symbolical in the case of someone who loses his job, that means that he is afraid he will run out of money)?” Is not being able to feed your family through lack of money something merely ‘symbolical’?

The fact – almost too obvious to state here, is that there are billions of human beings who experience poverty, hunger or even death starvation threats ‘literally’ and not just ‘symbolically’.

Question 5: can animals be said to experience unexpected ‘shock’ or ‘conflict’ in any way at all?

This question puts the real ‘hammer blow’ to Hamer’s theories and hypotheses. For the fact of the matter is that for most animals, it is a *natural* part of their everyday ‘species-being’ or existence to often *not* find enough food, to not become ‘top dog’, to lose as well as win ‘territorial’ fights, to lose their offspring or be killed by a predator etc. Yet Hamer completely fails to recognise that all the many ‘archetypal’ types of biological ‘shock’ or ‘conflict’ that he lists – and which he regards as the basic ‘cause’ of all illness – are entirely *natural* features of animal life and existence - and in this sense involve no element of ‘shock’ or ‘conflict’ at all. In other words, the basic GNM notions of ‘biological conflict’ and DHS - the so-called ‘Dirk Hamer Syndrome’ - are hypothetical concepts that apply *least of all* to animals. For an animal to experience conflict it must be able to *reflect* on its situation and in this way remember or project conflicting possibilities ahead of time. Yet because animals do not mentally reflect on, anticipate or ‘worry’ about their situation in the way human beings do, they can never be in mental, emotional or biological ‘conflict’ about what to do. This is not just because animals do not *think* in the way we do but also because they have a fundamentally different relation to *time* than the human being – one that is focussed in the immediate present and can experience no ‘conflicts’ to do with past experiences, or even present ones. An animal may protect or even emotionally pine for or mourn a mate - but cannot experience the actual or potential separation from or loss of this mate as an emotional or biological ‘regret’, ‘worry’ or ‘conflict’ without the capacity to reflect on conflicting responses to situations. Similarly, while an animal may be aware of the possibility of attack, of not finding food, mating etc - it does not and cannot experience such possibilities as potentially unexpected ‘shocks’ leading to ‘conflict. That is because *uncertainty* - including the possibility of, for example, a ‘surprise’ attack by a predator - is *so much part* of the animal’s *natural daily life and experience* as a species that the ‘unexpected’ is never actually a ‘shock’ experience. In other words, ‘DHS’ is impossible for the animal!!! An animal that has been wounded in a lost ‘territorial fight’ simply ‘licks its wounds’. It is neither shocked nor traumatised or made ill by ‘biological conflict’. It is only when *human beings* experiment on animals in the most cruel ways or tear them out of their natural environment and natural species existence –

for example by putting them in zoos or separating them from their young in clinical laboratories - that any signs of such 'shock' (and resulting emotional and biological illness) can be seen.

3. The biopolitics of German New Medicine

German New Medicine reflects an era in which nature and all things 'natural' are both *romanticised* as giving expression to an ideal of *perfect harmony* and - at the same time - neo-Darwinistically *anthropomorphised* through the projection upon other species of *human* neuroses, *human* experiences of 'conflict', 'struggle' etc. (for example human social territorial conflict, war, worry and 'death shock', i.e. the human concept of nature as 'raw in tooth and claw'. This understanding of the ideology of German New Medicine is confirmed by its very definition of a 'normal' state of health - once again mystified by complicated scientific-looking diagrams and scientific terms such as 'normotomia' and 'sympathicotonia':

NORMOTONIA refers to the state of our normal day-night-rhythm. As shown in the diagram above, "sympathicotonia" alternates with "vagotonia". These terms relate to our autonomic nervous system (ANS) which controls vegetative functions such as the heart beat or digestion. During the day, the organism is in a normal sympathicotonic state of stress ("fight or take flight"), during sleep in a normal vagotonic state of rest ("rest and digest").

What Hamer and German New Medicine here present as a type of universal 'norm' of daytime 'health' is the dominance or hyper-arousal of the sympathetic nervous system ('sympathicotonia') as expressed in the so-called fight/flight response. There is not even the suggestion that this way of daytime living could itself be unhealthy - and an expression of unhealthy social relations. Nor is there any suggestion that a more *meditative* way of living our days - from out of a "normal vagotonic state of rest" - or including *more frequent periods* of such rest - could be an important key to health. There is also no recognition that animal experiencing and behaviour, no less than human behaviour includes more than just states of fight, flight - or 'freezing' in some in-between state. Indeed it could be argued that for most of the day most animal species are more 'at ease' with and in their bodies than human beings - and that they experience longer and more frequent states of "vagotonic rest". The natural state of the animal is one of 'relaxed alertness' in which it is not 'in' a fight/flight state but rather constantly open to the *possibility* of a need for 'fight/flight' response - and therefore never 'surprised' or 'caught off guard' by it. Just as importantly however, there is no element of 'conflict' for an animal - even in the so-called fight/flight state or response itself, which is but *one* mode of being and behaviour for animals, and not the principal one - which is a state of 'relaxed alertness' or alert but relaxed and restful awareness.

The autonomic nervous system is in lasting sympathicotonia. Typical symptoms are sleeplessness, a lack of appetite, a fast heartbeat, elevated blood pressure, low blood sugar, and nausea. The conflict-active phase is also called the COLD phase, because during stress the blood vessels are constricted, which results in cold hands and cold feet, a cold skin, chills, shivers, or cold sweats. From a biological point of view, however, the state of stress, particularly the extra waking hours and the total preoccupation with the conflict, put the individual into a more favorable position to find a resolution to the conflict.

Question: if the individual finds a resolution to the conflict why is there any need to then somatise it through illness?

Question: does a state of so-called "sympathicotonia" associated with sleeplessness, constantly worrying or 'preoccupation' with a conflict etc. actually "put the individual **"in a more favorable position to find a resolution to the conflict"**? Or is it precisely because individuals do *not* find solutions to their conflicts in such states – or through fight/flight responses of any sort – that they take tranquilisers or sleeping pills for chronic insomnia – or end up seeking counselling or psychotherapy. I would suggest that it is only out of restful 'vagotonic' states of deep meditative rest or sleep that 'true' solutions to conflicts are found i.e. solutions which are not simply hasty and unconsidered expressions of a fight/flight state. Hence the expression 'to sleep on it' – to use rest, sleep and dreams, rather than sleeplessness and hyper-arousal - to find a solution or come to a conflict-resolving insight or decision.

Generic Biological and Evolutionary Reductionism in German New Medicine

Despite its claims to offer a highly *individualised* form of therapy, like conventional biological medicine, GNM is based on *generic* theoretical explanations of every single variety of illness, and in practice seeks to reduce every individual case of a specific illness to *one or more* of its own *general* categories of 'biological conflicts'. *In this way, GNM is reductionistic in both theory and practice.*

Question: many types of illnesses are known to follow experiences of loss or bereavement. So why does GNM associate these experiences only and specifically with testicular and ovarian cancer – except perhaps for the reason that Hamer himself contracted testicular cancer following the death of his son?

Question: how did Hamer treat his own testicular cancer? No answer to this can be found on any GNM websites or downloads.

What follows below are just some further examples of the many generic 'explanations' given by GNM of different types of illness:

The myocardium (heart muscle) relates to the "conflict of being completely overwhelmed".

The uterus and fallopian tubes as well as the [prostate gland](#), are linked to "procreation conflicts" and "ugly conflicts with the opposite gender".

The middle ear relates to hearing conflicts (the "sound-morsel"). The conflict of "not being able to catch a sound morsel", for example not hearing Mommy's voice, affects the right ear, whereas the conflict of "not being able to get rid of a sound morsel", for instant loud annoying noise, affects the left ear. An intense conflict-activity results in a middle ear "[infection](#)" during the [healing phase](#).

The [lungs](#), more precisely the lung alveoli that process oxygen, are linked to a "death-fright conflict", triggered by a life-threatening situation. The [goblet cells](#) in the bronchia correlate to a "fear of suffocation".

The organs and tissues of the alimentary canal - from the mouth to the rectum - are biologically linked to "MORSEL-CONFLICTS" (alluding to the real food morsel). The "inability of catching a morsel" correlates to the mouth and pharynx (including the palate, tonsils, salivary glands, naso-pharynx, and thyroid gland); the "conflict of not being able to swallow a morsel" relates to the

oesophagus (lower part); conflicts of "not being able to absorb or digest a morsel" are linked to the digestive organs, such as the stomach (except the small curvature), the small intestines, the colon, the rectum as well as the liver and the pancreas.

The [kidney collecting tubules](#), which are the oldest tissues of the kidneys, correspond to biological conflicts that relate back to the time when our distant ancestors were still living in the ocean and being thrown on shore would pose a life-threatening situation. We humans can suffer such a "fish-out-of-water"- DHS as an "abandonment conflict" (feeling isolated, excluded, left behind), as a "refugee conflict" (having to flee our home), as an "existence conflict" (our life or livelihood is at stake), or as a "hospitalization conflict".

The last paragraph above offers a particularly absurd and crass example of biological and evolutionary reductionism, implying as it does that all concrete human life experiences of abandonment, being forced to become a refugee, or in any way feeling alienated or, metaphorically, like a 'fish out of water', can *literally* be traced back to a time "when our distant ancestors were still living in the ocean and being thrown on shore would pose a life-threatening situation". Are we seriously supposed to believe that the principle form of 'threat' to life experienced by primordial oceanic species was the threat of "being thrown on shore"- rather than just being swallowed by a predator higher up in the food chain???!!! This is a 'fairy-tale' fable of the most infantile sort presented as evolutionary 'science'. It is also an insult to millions of refugees whose all-too-human life experiences of suffering, loss, abandonment and related illness or trauma - through being forced, usually through war - to flee their homes and countries, are stripped of their real-life historical and political context. The real-life *biopolitics* of illness and suffering is instead mystified by evolutionary-biological fantasies and fairy tales.

The dangers of reductionism in the practice of GNM

Nowhere does the *theoretical* reductionism of GNM present more dangers than its *practice*. For the fact that each patient's life experience is unique does not, in itself, prevent their symptoms from becoming *subsumed* by presupposed categories and causal 'explanations'. Thus, in contrast to what I term Life Medicine, in which the practitioner seeks the *unique meaning* of a patient's symptoms in the context both of events or experiences preceding the onset of symptoms *and* their life history as a whole, practitioners of GNM *begin* by 'diagnosing' and 'explaining' the patient's symptoms in terms of a pre-defined (albeit also ill-defined) *classificatory schema* of 'biological conflicts' - and then seek *confirmation and evidence* of a particular category or sub-category of biological conflict in the patient's life experience.

Thus in the case of men with prostate problems, it is assumed in advance that these have to do with one or more examples of 'masculinity' conflicts – for example 'mating conflicts', 'procreation conflicts', 'rivalry conflicts' etc. The mechanistic and *carte blanche* 'diagnosis' of prostate problems in terms of one or other type of 'masculinity' conflict assumes, without further ado, what is understood by 'masculinity' – *not least by the patient himself*. No doubt one could ask a thousand or more men if, before the onset of prostate-related symptoms, they had any experience of 'conflict' with rival males or with the opposite sex – whether in the form of a spouse, daughter, mother, mother-in-law, sister, a female colleague or boss etc. – and get a 'yes' answer. What this tells us and how it helps to understand the deeper meaning not just of their symptoms but of their reported life

experiences and 'conflicts' themselves - this is another matter entirely – one that requires more and *far deeper intuitive skills* than simply applying a *ready-to-hand* set of pre-defined categories of 'biological conflicts' and a pre-defined biological concept of 'masculinity' to each male patient - and *reducing* their symptoms to an individual example or instantiation of it. Nor does such an approach sit easily with the entirely *correct* understanding of GNM that what conventional medicine defines as a high or even extremely high PSA level offers no evidence whatsoever of 'prostate cancer' or even of the *probability* of an individual having prostate cancer. Yet to immediately diagnose even symptoms of prostate *enlargement* as some sort of 'compensation' for a weakened sense of masculinity – and that without any recognition that 'masculinity' is just as much a cultural and individual construct as a biological one is simplistic to say the least.

The simplistic and mechanistic approach of GNM is reflected in the language of many of the case studies on www.newmedicine.ca Here we read of a patient with an enlarged prostate whose initial 'biological conflict' was associated with the arrival of a new boss described as a "dominant female" . We read also that this patient was **"asked to ... connect the symptoms with the original DHS" and "recommended to make the connection [my stress] between regarding his enlarged prostate and his need to to be more dominant at work around his employees."**

Question: why should a patient or client in any form of counselling or therapy need to be 'asked' or 'recommended' to make particular connections, i.e. to analyse their symptoms in the way they are analysed or construed by the therapist or practitioners? Surely if an intuitive analysis or connection made by the therapist is correct no such form of recommendation would be necessary? Instead the patient/client would themselves confirm their intuitive and feeling sense of the rightness - or wrongness - of the therapist's analysis or explanation of their symptoms?

Question: If, as implied, the patient sought to actively compensate for a weakened sense of masculinity by greater assertiveness and more 'dominant' behaviour in his workplace, why did this compensatory need to *also* express itself biologically - through an enlarged prostate? One would have thought that this need for 'somatisation' would only arise through a *failure* of the patient to find an appropriate behavioural and life response to his new situation?

Question: why the use of culturally loaded or 'sexist' terms such as 'dominance' or 'dominant female'? (Note: even in terms of the science of animal behaviour (ethology) a 'dominant female' is defined simply as the female who has the sole right to procreate and breed – all others serving as her nursemaids.) No less simplistic and 'sexist' is the idea, touted on one video on GNM that the menopause almost automatically causes women to lose trust in their femininity - therefore making them prone to a so-called 'self-devaluation' conflict that may find expression in osteoporosis. My wife's response: "Male clap-trap".

A particular feature of the 42 'case studies' listed on the NGM site is that the patient's own words are never cited directly, i.e. in a way that would allow us to gain clues about their own deeper meaning and metaphoricity. Instead, every case study is structured and written in a way that offers us only *interpretations and paraphrasings* of the patient's own words - under headings such as "GNM Explanation" and "GNM Understanding". Had the male patient referred to above actually used words such as 'dominance', 'dominant female' or actually referred - in his own words - to a need to 'be more dominant' then his therapist might indeed have been led to wonder about his

need to use *language* of this sort - and perhaps even have seen the patient's *need* for this 'language of dominance' as the patient's *chief symptom*.

Inconsistencies, confusions and contradictions in German New Medicine

1. German New Medicine is one of the few 'alternative' approaches to illness that challenges perhaps the most basic assumption or 'sacred cow' of both modern and traditional forms of medicine – the idea that disease processes have an innately malign or malignant character – proposing instead that disease processes are entirely natural and *meaningful* process with their own innately healing value and purpose. On the other hand, NGM, in its critique of conventional biological medicine and medical 'science' retains the same essentially *causalistic*, *scientistic* and *biologistic* standpoint of the latter – presenting itself as *more* 'scientific', *more* deeply rooted in biology, physiology and evolution, better at identifying 'causes' of illness and better at 'curing' them than conventional biological medicine itself.
2. In contrast, [Life Medicine](#) rejects *all* causalistic, biologistic and 'scientistic' accounts of illness – arguing that any genuinely *meaning-based* approach to illness must entirely transcend *causal* explanations of any sort and explore instead the life contexts in which illness arises and which it gives expression to.
3. Whilst in essence GNM seeks to transcend the notion of un-natural and malign biological 'diseases' and symptoms, GNM effectively just replaces *this* biological notion of disease with another – the notion of innate 'biological conflicts' common to all species. From this it erects a framework of causal disease 'aetiology' no different in principle than that of modern biological medicine.
4. On the one hand GNM claims that every illness is rooted in a specific type of biological shock-conflict that is shared by all animal species. It is asserted for example, that "Lung cancer is biologically linked to a 'death-fright conflict.'" On the other hand, we read the following: **Considering that each day thousands of cancer patients are literally scared to death by a cancer diagnosis shock or a negative prognosis ("You have three months to live"), is it any wonder that lung cancer is the "No. 1 Killer"? Animals, like our pets, rarely get lung cancer, not because they don't smoke but because they are oblivious to a diagnosis. Nancy Zimmermann, director of medical support at Banfield, the Pet Hospital, one of the world's largest veterinary practices: "It's important to note that there's no absolute direct link between smoking and cancer in pets." (National and Oregon Health and Wellness Information and Medical News, January 19, 2009).**
5. If "death-fright conflicts" are linked primarily or exclusively with lung cancer then why do not patients who are "scared to death" by diagnoses of *other* types of cancer *also* get lung cancer??!!
6. On the one hand GNM claims to be highly *individualised* in its approach to individual cases of disease. On the other hand, the entire theoretical framework of GNM seems to be a generalisation from the experience of just *one* individual – its founder Dr. Ryke Geerd Hamer. For it was the unexpected shooting and death of his son Dirk – and the cancer that Dr Hamer and his wife both then developed – that led to the creation of the central term 'Dirk Hamer Syndrome' and the theory around it: namely that all diseases are the result of an unexpected shock with a direct effect on brain neurology and specific biological organs. From a psychoanalytic perspective the whole process of creation of NGM could be seen as a case of

unresolved mourning. And in practice, far from being individualised in its approach, NGM follows the model of conventional medicine in *superimposing* its own particular understanding of the 'meaning' of an illness on the life experience of the patient. In doing so, it merely replaces the diagnostic categories of conventional biological medicine with its own alternative diagnostic classifications of 'biological conflicts' – which, in practice, serve simply as new diagnostic labels under which it is claimed that all individual illnesses can be subsumed and 'explained'.

7. GNM strongly and correctly criticises many presupposed concepts of conventional biological medicine – for example the current notion of an 'immune system'. Proponents of GNM argue correctly that the nature and existence of this 'system' cannot in principle, be experimentally verified, since it constitutes the very framework of *all* experimental research into the role and function of microbes, fungi, cancer cells and other supposedly 'non-self' biological entities. Here we are reminded of a pertinent remark of Martin Heidegger: **"Physics, as physics is not the object of any possible physical experiment"**. The same applies to the so-called 'sciences' of 'immunology', 'oncology' etc. On the other hand, the claims of GNM itself to offer no experimentally or experientially *unverifiable* hypotheses or assertions is plainly absurd. The very notion of innate and universal 'biological conflicts' is not only an unverified one but an unverifiable one – for once adopted, 'evidence' can always be found for it. Here another remark of Martin Heidegger is pertinent: **"All explanation can only reach so far as the explication of what it is to be explained"**. Thus illnesses cannot be explained by genetics without first fully *explicating* the very concept of 'illness' – and of 'a gene'. Similarly, the explanation of illness with concepts such as biological conflict shock' cannot be verified without first of all *explicating* what exactly is or meant by this term and by many others that form the ideological core of NGM. As for its claim to verifiability and deniability, the first stumbling block I myself first came across in accepting the claims of NGM was the statement that **"All diseases start with a cold phase, activity of the sympathetic nervous system predominates, the shock is a constant preoccupation, nights seem long, extremities are cold..."** Talk of cold hands or feet in the initial stages of illness is repeated many times in the literature on GNM. Well then, I myself must present myself as 'disproof' of this oft-repeated hypothesis. For during not one single experience of illness have I *ever* experienced 'constant preoccupation' or coldness of the extremities, hands or feet.
8. **"Through the millennia, humanity has more or less consciously known that all diseases ultimately have a psychic origin and it became a "scientific" asset firmly anchored in the inheritance of universal knowledge; it is only modern medicine that has turned our animated beings into a bagfull of chemical formulas."** Ryke Geerd Hamer. I agree, but this statement is also wholly inconsistent with the ideology of GNM, which seeks to turn our 'animated beings' into a 'bagfull' of latent 'biological conflicts'.
9. NGM questions the use and abuse of *statistics* in conventional medical scientific research - abuse that can lead to genetic scare-mongering and the absurdity of 'preventative' mastectomies. On the other hand NGM claims 100% 'cure rates' - in this way itself using exaggerated statistics for its own ideological purposes. On the 'Newness' of German 'New' Medicine, Hamer was certainly neither the first nor the last researcher to recognise that traumatic experiences of loss, separation, abandonment, bereavement - and conflict - can result in illness. In this sense there is nothing 'new' in his theories. What may be seen as new is his association of all such experiences with universal types of 'biological conflict', when the very notion of 'conflict' is essentially a human one, and related also to specifically human modes of

decision-taking i.e. to conflicting ideas and impulses - conflicts about what to do in given situations - of the sort that imply a capacity for reflection absent in animal species. Hamer's explicit recognition that "throughout the millennia, humanity has more or less consciously known that all diseases have a psychic origin..." also makes his claims to the 'newness' of German New Medicine inconsistent and incorrect - either in a historical sense or even in a specifically 'German Sense'.

10. Question: where, in Hamer's writings, is there any reference to, acknowledgement of or theoretical comparison of his own work to that of the many notable German thinkers, doctors and psychoanalysts who first pioneered a psychological approach to somatic illness – for example Viktor von Weizsäcker.

Quotations from Viktor von Weizsäcker

Life Medicine fully affirms the work and following words of Viktor von Weizsäcker, which are not only entirely free of the different forms of neo-scientific terminological mystification on which both conventional medicine and NGM are based - but also serves to free our thinking, and that patients themselves, from it:

The enterprise of introducing psychology into medicine ... has to do with the question of whether every illness, whether of the skin, lungs, heart, liver and kidneys has a soul character.

In other words we've touched on a hot iron. It is not simply a question of whether one adds psychology (Seelenkunde) and psychiatry to the reliable teachings of physics, chemistry, physiology and pathology. No additional multiplication of specialisms is implied, but rather a change in these specialisms themselves, and that on the basis of the recognition that the material substance of the human organism is quite different to what physiology has taught to far.

...if one explores how organic illnesses are embedded in an outer and inner life story, then one is astonished how so often illness appears at the sharp end of a dramatic peak, how often it prevents or seals a catastrophe, how regularly it gives the course of a biography a new turn.

Insofar as the ill person reflects on how their illness has grown out of his life history, the whole direction of causal thinking is reversed ... if out of the suffering that befalls him from his gall bladder or lungs it follows that nothing will come of his hopes – that's the fault of the illness. Yet it is just as right to say that because he senses that nothing will come, or because he loses motivationhe becomes ill.

We should see that our suffering is no manoeuvrable machine but has a type of soul, is a being in the human being, often an enemy, but also a friend, often unteachable, but also something that teaches us.

One sees now, that psychology in medicine brings forth an unexpected result. It does not only bring knowledge of the soul, but illuminates the body in such a way as to let it appear in a new light. The body is no longer what it seemed before, and what anatomy and physiology teach.

The ill person says: "This is where it hurts" ... but then "It feels to me as if something has knotted itself up" or "I feel as if there's a stone in me", or "as if my heart was in my belly", or even "as if

drops are falling into me". Now the psychologically schooled doctor begins to seek a deeper meaning in these words, whereas the purely physiologically educated doctor turns away with phrases like "sense delusions" or "fantasies". We however, have found that such expression of ill people contain truths, for indeed their inner sensations are senses of self."

That illnesses have meaning, can lead those affected to the meaning of their lives – this is the insight that natural-scientific medicine has fundamentally impeded.

Nothing organic has no meaning; nothing psychical has no body.

Why are people attracted to German New Medicine?

1. Through its complex neo-scientific language, charts, classificatory schema and explanatory paradigms it gives the practitioner - like an ordinary doctor - the reassuring *authority* of being the 'expert', 'the one who knows', the one who can effortlessly 'explain' a patient's illness to them and say what their real 'problem' is – and that even without the training and skills necessary to engage in an extended process of painstaking questioning, deep listening and extended meditative reflection on the uniqueness of each individual's illness, life - and language.
2. It lets the patient be directly guided by the practitioner in a way which *may* at least *touch upon* the psychological *surface* of their symptoms, whilst at the same time being psychologically reassured by the authoritative 'scientific' language of GNM and its 'iron laws' - which can exert the same placebo effect as reverence for the authority of conventional medical science. In this way the patient is allowed to continue to conform to the religiously-held presuppositions of modern science as such. Heidegger: "**Science is the new religion.**"
3. Like 'Life Medicine', New German Medicine can serve in an effective way to free the patient from medical scare-mongering and harmful iatrogenic forms of medical testing, diagnosis and treatment - particularly but not only in relation to cancer. From this point of view Hamer's deconstruction of the whole cancer concept, and, together with this, with 'the myth of metastasis' constitutes a particularly valuable contribution to the general critique of all forms of biological medicine offered by Life Medicine.

'The Illness is the Cure'

[The Illness is the Cure](#) is the title of my introductory book on 'Life Medicine' and 'Life Doctoring', a new existential-phenomenological and psychological approach to illness.

Its key message is 1. that illnesses have no causes but are the expression of the life history and life contexts – individual, social and economic – in which they arise, and 2. illnesses have an innately healing value: that they are not there to be cured but to cure *us* – to help us to transform our lives by giving birth to a new bodily sense of self and new ways of being in the world and relating to others. It seems to be that the title of my book could equally well be applied to Hamer's work, except for one significant difference. For in German New Medicine one finds evidence of a basic and unresolved conflict between two quite different understandings of illness. For on the one hand, Hamer identifies illnesses with 'Special Biological Programs' which in themselves - and quite independently of the psyche or soul - serve a healing purpose. In other words, in many ways Hamer takes the phrase 'The Illness is the Cure' quite literally, implying that illnesses are there to cure us *biologically* rather than being our body's way of impelling us to change our lives - of 'saying no' to

unhealthy ways of living and relating. The entire relation of illness to *life*, i.e. to the entire life history and life world of the individual and to what I also call their 'lived body' – the body as it is psychically or subjectively experienced – is reduced to one or more unexpected or shock events and their effect on the brain and physical body. In this context, even death is seen as a part of a possible biological adaptation 'program', one which, in the words of one proponent of GNM allows those who are unable to 'adapt' and 'survive' to make way for others *who can*. Another key message of Life Medicine is that people die *through* illnesses and not 'from' or 'of' them, not 'because of them'. Death is seen in Life Medicine as a natural continuation of the life of the soul and of *its body* in a way freed of suffering. In contrast, the idea of death as a means of 'survival of the fittest' hints at a most unhealthy neo-Darwinist dimension of German New Medicine.

'Life Medicine' versus 'German New Medicine'

Perhaps the single most fundamental difference between Life Medicine and New German Medicine is that NGM, like conventional medicine, still sees the body as a *biological machine* or 'computer' operating by 'iron laws' of cause and effect. In contrast, and rejecting *all* causalistic models of illness, Life Medicine understands the human body as a living biological *language* of the human being - one which gives expression to the soul-life and life-world of the individual as a whole. Just as people who share a common language nevertheless express themselves in unique ways through it, so also do human beings express themselves in unique ways through the language that *is* their body. Therefore to understand what the body is seeking *saying* to the patient or medical practitioners through an illness - or what the patient is seeking to embody and communicate through it - is a wholly different matter to seeking explanations of the 'cause' of that illness *in any way whatsoever* – old or 'new'.

The body is a *fleshly text*, imbued, like any other text, with countless layers and dimensions of meaning. It can be compared to a 'book' of the individual's own life – one which can in no way be understood by scanning it with technological instruments, by chemically analysing the ink and paper on which it is written or studying the computer programs which allow us to view it on a screen. Nor can any human suffering that is *inscribed* in the fleshly text of the human body be causally explained by some in-built 'biological' programs - whether genetic, neurological or evolutionary. This would be like looking for the 'causes' suffering described as in a story or novel to the mechanical laws of printing or to 'iron laws' of grammar and syntax – and then reducing these to just '5 laws' and no more!!! Literature and books are not created by in-built programs or laws. Nor is it the human *brain* but human *beings* that feel, think, write and experience 'dis-ease' in their lives and bodies. That is why only Life Medicine - in contrast to GNM – deeply, fully and consistently takes up the 'hermeneutic' challenge of 'reading' a patient's bodily *symptoms* like dimensions of book or text: not to explain their *causes* but to understand the life *con-texts* in which they first arose, and which, like the *symbolism* of a great writer – each patient's symptoms give a *unique symbolic expression* to.

References: all citations on GNM from www.newmedicine.ca

Other sources: Pfister and Cella, *Disease is Another Thing*

Further reading:

Wilberg, Peter [The Illness is the Cure - an introduction to Life Medicine and Life Doctoring](#)

Wilberg, Peter [Heidegger, Medicine and 'Scientific Method'](#)

Links: www.lifemedicine.org.uk / www.existentialmedicine.org