



SBS – SIGNIFICANT BIOLOGICAL SPECIAL PROGRAM OF NATURE



LEUKEMIA

written by Dr. med. Ryke Geerd Hamer

In German New Medicine, leukemia is not considered a “disease” but rather the healing phase of a **self-devaluation conflict**, involving the bone marrow, where blood cells, such as erythrocytes (red blood cells) and leucocytes (white blood cells), are produced.

Unquestionably, bone marrow can be damaged through toxic contamination, e.g. nuclear radiation (as we have seen in Tschernobyl, in 1986). After the radioactive exposure, the bone marrow produces large amounts of “immature” red and white blood cells, so-called erythroblasts or leucoblasts, which, as we know now, play a vital role in the reconstruction of bone tissue, including bone marrow. In conventional medicine, this process is called a “leukemic reaction”.

Standard medicine labels these leucoblasts as malignant cells, even though they do not have the ability to divide and multiply like cancer cells. On the contrary, after a few days they are broken down in the liver and quickly excreted. Since “immature” erythroblasts are larger in size than “normal” erythrocytes, it was even assumed that they could clog the blood vessels. This is an unfounded claim as the lumen of the blood vessels expands three to four times during the vagotonic leukemic healing phase. Hence, there is no risk at all that the blood vessels might get clogged. Besides that, no pathologist has ever observed blood vessels clogged by erythroblasts.

The argument that there are not enough normal leucocytes in the blood stream during the leukemic phase, is also incorrect, because regardless of how many “immature” leucoblasts one finds, the patient always has 5-10,000 “normal” leucocytes, which is more than enough, considering that the blood is diluted during the healing phase.

During healing of the bone marrow after radioactive exposure, the white blood cell count basically regulates itself (depending on the extent of the bone marrow damage, the number of leucoblasts can increase to over a million).

This kind of leukemic healing process is no different from the repair phase of the bone marrow caused by a biological self-devaluation conflict (SDC). During the **conflict active phase** we see a loss of bone tissue, including loss of bone marrow in the related skeletal

area. Absurdly, the bone tissue loss or osteolyses is interpreted by pathologists as a bone cancer.

Self-devaluation conflicts are probably the most frequent biological conflicts in humans and animals alike. If the conflict activity is intense and lasts over a long period of time, the individual can die as a result of anemia caused by the loss of bone tissue and bone marrow, where red blood cells are produced.

With the resolution of the self-devaluation conflict the **leukemic healing phase** brings about a significant increase of leucoblasts, which are "immature" leucocytes that assist the bone repair process. We also have to consider that – parallel and proportional to the swelling of the healing bone – there is also swelling in the related brain area. A large brain edema can cause serious complications, including the danger of a brain coma, if not met by appropriate medical attention.

Typical symptoms of leukemia are fatigue and fever. Also, during the first part of the healing phase, there is a drop of erythrocytes and leukocytes – but only in terms of numbers because of the enlargement of the blood vessels (characteristic for the vagotonic phase) and the dilution of blood with blood serum. At the same time, the patient often suffers much pain due to the stretching of the periosteum (skin that covers the bone) at the location where the previous conflict-active bone osteolyses (holes and gaps) are now recalcifying. But both fatigue and pain serve a biological purpose, which is to rest. Because of the stretching of the periosteum, which normally covers the bone tightly, the bone can easily break during this period. Resting significantly lowers the risk of bone fracture.

In children, the bone osteolyses (bone tissue loss during the conflict active phase) is usually generalized because children often suffer a generalized self-devaluation conflict, if, for example, a child suffers emotional distress, like: "Mommy does not love me any more; all she does is fuss over my little brother".

Standard medicine is neither interested in a patient's brain nor in his/her psyche. To quote pediatrician Prof. Niehammer: "On no account can children, and particularly nurslings, suffer any conflicts!"

Medical doctors are madly driven to artificially decrease the number of leucocytes – a process that occurs naturally while the bone is healing! It goes without saying that during this time the psyche also heals - and so does the area of the brain (cerebral medulla) from where this particular "Significant Special Biological Program" is directed and controlled.

Types of leukemia are:

Acute leukemia indicates a first-time leukemic healing process.

Chronic leukemia implies that the healing phase is continuously interrupted by short self-devaluation conflict relapses, resulting in a "chronic" leukemic healing phase.

Monocyte leukemia: high count of "immature" monoblasts

Myeloic leukemia: high count of "immature" myeloblasts

Lymphatic leukemia: high count of "immature" lymphoblast

Monocytic, myeloid, and lymphatic leukemia can occur simultaneously during the leukemic phase; they can also alternate between one relapse and the next.

Lymphoblastic leukemia is a type of leukemia in which lymphoblasts are found both in the peripheral blood as well as in the bone marrow. They are called "lympho" because it is assumed that they are produced in the lymph nodes.

In the past, leukemia in the elderly and lymphatic leukemia in very small children were considered as entirely harmless; they were not regarded as genuine types of leukemia. No pediatrician would have carried out a puncture of the bone marrow, because a check-up after three months and another one three months later usually showed that the leukemia was gone.

Fact is that every case of lumbago (pain in the lower back) is accompanied by a small leukemia!

When we become aware of all this, we realize that no one, and particularly no child, needs to die any longer from leukemia. In fact, in German New Medicine we speak of the "**good fortune of leukemia**" - founded on the understanding that leukemia is a positive sign that the related self-devaluation conflict has been resolved and that the symptoms are always biologically meaningful.

The administration of Chemo or morphine at this stage is sheer insanity. It contradicts entirely the natural biological healing that is taking place. The foolishness of conventional treatments lie in the fact that both Chemo and radiation damage the bone marrow just as it is in the process of recuperation! Often the treatment damage is so severe that the bone marrow has no chance at all to ever recover. The culmination of this madness is the so-called "bone marrow transplant": first the patient's bone marrow is completely destroyed through Chemo "therapy" and radiation; then the bone marrow of a donor (occasionally also the patient's own bone marrow from a remission phase) is injected into the blood stream with the hope that the cells will sprout in the previous - now destroyed - bone marrow like mushrooms.

So far, no researcher has ever been able to spot or follow the migration of donated bone marrow cells to the patient's bone marrow, where they supposedly prosper. The exact opposite is the case: the donor cells are quickly broken down and no longer detectable. Only those patients manage to survive whose bone marrow has not been completely destroyed during the previous Chemo and radiation treatment. This is the only chance allowing for the bone marrow to regenerate.

Now we understand why no doctor would ever carry out such a 'treatment' on himself or on his relatives.

Dr. Winkler, Leukemia Centre Münster, Germany: "After four weeks of chemo regimen, cancer cells are no longer detectable under the microscope. Nonetheless, we must continue another five months of terror." (*Spiegel*, 1991/47, p.336).

Help to stop this madness!

© Dr. med. Mag. theol. Ryke Geerd Hamer