

Dr. Willibald Stangl
General Physician
Wildgasse 7
A-3430 Tulln
Austria

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Re: Dr. Hamer's German New Medicine

My first encounter with Dr. Hamer's discoveries goes back to 1992. I have studied his research extensively and have identified on the brain CTs (cranial computer tomograms) the impacts and the development of the ring configurations, exactly as he had described it in his book "Krebs – Krankheit der Seele" ("Cancer – A Disease of the Psyche").

In addition, I thoroughly examined my patients' records to find out what could have caused those impacts (the so-called "Hamer Foci"). Each case confirmed that patients had, or were still experiencing, acute emotional conflicts, which eventually resulted in serious changes at the site of various organs (inflammation, damage, functional loss, tumors, and even psychological changes). I also found that the more a patient was ready to speak about the conflict openly and without shyness, the better were the chances to treat the disease at its source and to cure it; but about this later.

Dr. Hamer's discoveries are repeatedly dismissed by officialdom as delusions of a madman. I was therefore extremely surprised when I read an article about posttraumatic stress disorder, published in the *Medical Tribune* on February 18th, 2004 (No.8), written by the following medical doctors:

Prof. Dr. Alexander Friedmann (University Clinic for Psychiatry, Vienna, Austria)

Prim. Dr. David Vyssoki (head of the Center for Psychosociology, ESRA, Vienna, Austria)

Dr. Maria Steinbauer (University Clinic for Psychiatry, Graz, Austria)

The authors point out that an emotional trauma that is experienced as extremely threatening or devastating can trigger a state of deep despair. Unable to cope with the situation, the person feels helpless and **unprepared**. "This psychological shock shatters the world of the individual. We could speak of a **deep impact** which creates not only a hole but also produces **seismic waves**. The whole person becomes a disaster area. Such acute psychological traumas leave **traces in the brain** that can be detected with the help of PET/MRI examinations". The concentration of neuronal connections in the area of the limbic and paralimbic system, which result from the impact, is referred to as "**dread structures**". Dr. Vyssoki indicates that the social network of the extended family, stable personal relationships,

and a capability to bond are all indispensable safeguards to help the individual out of this dilemma.

Shortly before this report, an article appeared in the *Austrian Medical Journal* 1/2, 25.01.2005, entitled: "**Brain Imaging: Psychic illnesses are visible**". The article stresses that with the help of functional MRI (Magnetic Resonance Imaging), researchers are for the first time able to **observe psychic disorders on a screen**, since the psychic disorder, particularly of schizophrenics, is accompanied with a simultaneous alteration of the brain function, predominantly in the frontal lobe and the limbic system. The conclusion: future treatments can be based on a more solid foundation. So far – so good.

Subsequently, I wrote a letter to the *Medical Tribune*, drawing attention to the fact that the discoveries published in their journal were not new and that they had already been included in Dr. Hamer's post-doctoral thesis, which he submitted to the University of Tübingen 20 years ago. To this day, I have not received a response.

If we compare the phraseology of Prof. Friedmann with Dr. Hamer's, the similarities are bewildering. The wording differs, but as far as the content is concerned, it reflects exactly what Dr. Hamer has discovered and described.

"An extremely acute experience, which catches the individual unprepared, quasi on the wrong foot, and which makes him feel utterly helpless!" The impacts can then be substantiated in specific brain areas. One calls them "seismic waves", and the other calls them "target ring configurations". What is the difference? Dr. Hamer pleads for a preferably complete resolution of the conflicts; Dr. Vyssoki suggests certain safeguards to come to terms with the emotional traumas. Hamer goes even further. He also describes the changes on the various organs in relation to the conflict:

Loss and partner conflicts: ovaries, testicles, female breast
Territorial conflicts: heart diseases with infarcts, angina pectoris attacks
Fear-fright conflicts: diseases of the larynx
Death-fright conflicts: diseases of the lungs
Sexual conflicts: cervical cancer, prostate
Fluid conflicts: kidneys, hypertension
Self-devaluation conflicts: bone diseases and blood disorders

Much more can be found in Dr. Hamer's publications.

If one takes the time to compare the brain scans with the patients' accounts of their conflicts and the abysmal problems they associate with a particular emotional distress, the accuracy of Dr. Hamer's findings is startling. As mentioned before, the resolution of the conflict increases the chance of healing considerably. However, from my practical experience I have to admit that the majority of patients cannot, or are no longer able to resolve their

conflicts because they either can't get out of their conflict situation or they have a relapse and die.

Generally, patients want to get rid of, let's say, a tumor (wherever its location). Once they have been operated, radiation or chemotherapy is then the next step of treatment. But primarily it would be important to find out what caused the disease in order to be able to counteract it effectively. **The great accomplishment of Dr. Hamer is that he was able to identify the causes. Only the patient can resolve the conflicts, provided he is sufficiently informed and supported** (see also Dr. Vyssoki). There is usually no time allotted for this. Brutally, preventive radiation or strong chemotherapy is administered, which doesn't help. The patients die because the emotional situation was simply ignored. A German oncologist with long standing experience has sharply criticized this kind of post-operative treatment, and basically denied its successes. Not only is a patient's life never prolonged with chemotherapy, but the quality of his life during whatever time he has left to live is extremely compromised. **This is a statement of an acknowledged physician!**

My daily medical practice, as well as my experience within my own extended family, shows again and again that one can do without these wearing "post-operative actions", if only the patient could have a chance to live in a secure environment (see Dr. Hamer – conflict resolution!).

From my point of view, Dr. Hamer has opened a door which provides access to a profound understanding of the development of diseases. Naturally, nothing is ever final and complete – we continue to add to our knowledge all the time.

If other physicians publish the same observations in an ultra-official manner, why, I wonder, are Dr. Hamer's accomplishments not recognized?

It seems that, as long as Dr. Hamer and his opponents are still alive, it is not possible to back up and retract. Once dismissed, always dismissed. The same happened to Dr. Ignaz-Friedrich Semmelweis during his time. Only after both opposing parties had died, a monument in his honor was erected in Vienna and a clinic named after him. Today, only a few physicians know that he perished in despair in a mental institution. A recurring drama in medicine!

Obviously, double standards are applied here. This discrepancy has to be stressed, specifically, since the University of Tübingen is legally obliged to evaluate Dr. Hamer's findings, but stubbornly (and desperately) rejects this opportunity, regardless, whether his discoveries are correct or incorrect. I am speechless.

Dr. Willibald Stangl