

THERAPEUTIC MEASURES on the PSYCHIC LEVEL

In the Conflict Active Phase

Resolution of the conflict

The resolution of the biological conflict is an indispensable prerequisite for any treatment success. It is not an easy thing to accomplish and requires a high degree of sensitivity and intuition from the therapeutic caregiver.

There is no general formula for success. The treatment strategy depends first and foremost on the patient's personality, while the germ layer correspondence of the affected organ also determines the type of conflict resolution. Of course, the extensive cancerous growth of an old brain controlled organ (brain stem, cerebellum) requires a quick real solution since this type of tumor continues to grow as long as the conflict persists. For the treatment of cerebrum controlled organs a preparative intellectual solution is often recommended in order to first reduce a perhaps excessive conflict mass and then, if still required, to **find a real conflict solution**. Since, in many cases, this approach is not viable, an intellectual conflict solution remains the only option. Example: someone would most likely not leave his life partner (even if he/she is the cause for the disease) after 40 years of marriage. He/she can only learn to deal with the situation in a different way.

Attention! In exceptional cases certain conflicts must not be resolved because doing so would be fatal for the patient. If the physician finds this to be the case, the conflict must be regressed and transformed to a lower level of activity (see downgrading a conflict/hanging conflict).

Calming the patient and preparing him for expected symptoms

The therapeutic caregiver must inform the patient of the nature of possible symptoms appearing during the healing process as well as after the conflict resolution in order to avoid panic feelings and the subsequent occurrence of new conflicts.

In the Healing Phase (PCL Phase)

Identifying the conflict and the so-called conflict tracks

It is important for the patient to know the conflict content that caused the disease. At the same time the caregiver must talk to the patient to find out

which events or conditions prevailed or were perceived by the patient at the precise impact of the conflict shock (DHS). These impressions form the tracks on which the conflict can later repeat itself, even without the patient's knowledge.

Psychological consultation with the patient in order to avoid new conflict relapses

So-called conflict relapses need to be avoided. They can happen at any time because the tracks on which they run have been programmed in the patient's emotional memory.

Even if a real conflict solution is attained, there may always exist a risk that the patient did perhaps not completely resolve the conflict on an intellectual basis and therefore continues to cling to something that may make him sick. In such a case, an intellectual resolution is indispensable.

Shielding the patient from well-meaning advice of family members

This is a challenge to family and other individuals living in the **patient's environment** who must know of the existence of conflict track(s) and who need to make sure that the patient does not experience a new and similar conflict shock during the healing phase.

If someone tries to convince the patient to get on and do something about his particular situation (surgery, morphine, radiation or chemotherapy, even the most positive and committed individual might surrender, because his psyche will be extremely sensitive and fragile at this moment. It must therefore be remembered:

Only the patient makes the decision.

Psychological treatment of pain

If the patient rests at home, the biggest difficulty is to make him understand and bear what traditional medicine denounces as undesired symptoms such as inflammation, loss of energy, signs of paralysis, and especially pain. Once he has understood the meaning of these symptoms as precursors of the healing phase, the patient will be well prepared to tolerate even the most severe pain.

Other patients who have made a similar experience in similar conditions are therefore the most suitable to extend moral support.

Learning about GNM early is the ultimate preventive medicine.
