

Breast Cancer: The most common form of cancer in women

Case studies on the integrative nature of cancer according to Dr. R.G. Hamer

A woman's sensory connection to her child and partner occurs overwhelmingly in her chest. (The centre of feeling is the solar plexus). It is for this reason that breast cancer is the most prevalent cancer in women. According to Dr. R.G. Hamer's 'New Medicine' there are two types of breast cancer.

1. So called **cancer of the mammary glands**, medically known as an adenoid mammary carcinoma, which is perceptible as a solid and compact nodule of tissue.
2. **Cancer of the milk ducts**, medically known as intra-ductile carcinoma, which one cannot feel in the active phase of the conflict. The patient will at most feel a light pulling sensation at the affected area of the breast.

Further to the above it is possible to have "normal" skin carcinoma on the breast, which similarly, but for different reasons, can occur on the rest of the body, as skin cancer.

The principle conflict causing cancer of the **mammary glands** is always a 'care' or 'fight' conflict. With cancer of the **milk ducts** the cause will always be a 'separation' conflict.

Now we know that one is either right or left-handed. Right or left-handedness has an important influence on the occurrence of cancer. It is important to ascertain whether one is left or right handed (see end note i). This must be done without conscious thought. This test is very important, in order to ascertain which brain hemisphere is linked to which organ and function. There are many left-handed people who have been trained to use their right hand, and believe themselves to be right-handed.

Put simply, the right side of the brain is predominantly in control of the left side of the body, and the left side of the brain in control of the right side of the body.

In the case of a right-handed woman, one can simplify by saying that the left breast is, in the realm of emotions, responsible for children, for her mother, and for the 'nest', thus in the broadest sense, for the family territory. The right breast reacts emotionally in relationship to the partner and all others related to (including animals!), apart from small children, and those perceived as children.

Let's say that a right-handed lady has cancer of the **mammary glands** in her left breast. It follows that she either has a 'care' conflict with her child, her mother, or family circle, or that she has a 'fight' conflict with her child, mother or within the family circle.

In the case of a **milk duct** carcinoma, the afflicted woman has suffered from a 'separation' conflict or shock involving either her child, her mother, or in her relationship to the family circle.

For a left handed woman this is essentially reversed: The right breast is connected to feelings for the child, the woman's mother and the family nest, the left breast for others, or the partner. So, if the woman has cancer of a **mammary gland** in the right breast, this is a signal of a 'care' conflict concerning her child, mother or nest. If she has a so called, **ductile carcinoma**, she has had, or is having a 'separation' conflict with her child, mother or within the family nest.

Thus, just as the nature of the conflict is different in both sorts of breast cancer, correspondingly the relay mechanisms in our computer, the brain, are positioned in different areas. The relay mechanism for breast cancer of the **mammary glands** is found in the outside of the cerebellum, and belongs to the so-called mid-reptilian brain. The relay for a carcinoma of the **milk ducts** is found in the centre of sensory function in the cerebral cortex, and, as mentioned in the discussion of right and left handedness, on the opposite side to the affected organ.

Cancer of the **mammary glands** is one of the forms of cancer that is controlled by the brain stem and in accordance with the “onto-genetical system of tumours and carcino-equivalents” induces cell multiplication, i.e., cancer, during the conflict-active phase. (See diagram 2.) By comparison **milk duct** carcinoma is controlled by the cerebrum, which creates ulcers, that is, tissue defects or wastage, in the conflict-active phase.

In the healing phase the opposite process takes place. The compact tumours that have grown during the conflict-active phase as a result of cell multiplication, (growths and cancer) are broken down or digested by microbes such as fungi or fungal bacteria, (that is, as long as any exist and have not been destroyed by medication) before being rebuilt into a healthy pre-conflict form. This process is, for example, called tuberculosis...

The tissue defects controlled by the cerebrum undergo regeneration through cell multiplication in the healing phase. At this time viruses are exclusively employed over other synergistic microbes, under the direction of the human brain. This is nature’s surgery.

In orthodox medicine (as taught and practised in universities), these connections were not, and are similarly little known, today. Inevitably one could not distinguish between the conflict activity and the healing phase, and simply described everything that constituted cell and tissue change as malignant. In comparison ulcers, which trigger cell reduction in the conflict-active phase, were seen as benign.

First example: A baby falls out of her mother’s arms, hits her head on the floor and is unconscious for a while. If the mother is right-handed she will suffer from a biological or psychosomatic mother-child conflict in her left breast. This is known as the DHS or Dirk Hamer Syndrome, the shock of the actual event. From the time the DHS shock first strikes an adenoid **mammary gland cancer** starts to grow in the mother’s left breast, whereby the mammary gland tissue multiplies like a cancer.

The action of the mother’s organism in generating extra mammary gland tissue is in no way something purposeless. The purpose is simply to provide help to the baby, who as a result of the accident has suffered from developmental damage, in the form of more breast milk. To reiterate, the mother’s organism is attempting to quickly compensate for the resulting injuries through the production of more milk.

For as long as the ‘care-conflict’ or concern for the health of the child lasts, the so-called mammary gland tumour will continue to grow. The purpose is to increase the supply of milk if it exists, or if not, to create a new supply. It is only at the moment that the baby is seen to be well again and things return to normal, that the solution to the conflict takes place. At this time the growth of the mammary glands, the cancer, ceases. The effect of this organic growth is that the mother produces much more milk from the supposedly ill

breast than before, despite being in the conflict active phase with prevalingly sympathetic tonus.

Thus, we can recognise and understand the principle that the changes that occur within us, denoted as illnesses, are often exactly the opposite, namely that they constitute a very sensible process, an interplay between nature and consciousness, in this case applied to a mother's relationship with her child.

Second example: A woman has had a massive conflict with her husband and as a result developed cancer of the **mammary glands** (before her pregnancy). The cancer was inactive during her pregnancy, but afterwards immediately flared up. She still had lots of milk in the right hand breast (the partner side), whilst production had long ceased in the left breast. At the end of her lactation period the cancer was digested and broken down by tuberculosis, accompanied by the usual night sweats. This process can, although not necessarily, be accompanied by pain; by a headache in the cerebellum. This can occur in all other areas of the human dermis, for example particularly strongly with shingles. Women then speak about intensive, stabbing pains at the site of the nodule, this is also known as 'scarring-pain'.

Through computer tomography of the breast, post scarring and healing, one can see a cavern at the site where the mammary gland nodule was to be found. This presents the type of biological process that still usually occurs, as it did amongst our primitive forbearers.

For women from so called civilised countries such events mostly take place outside of the lactation period. So, if a woman of modernity encounters a mother-child conflict, at a time that she is not lactating, cancer of the mammary glands will grow, imitating the purpose of wanting to provide more breast milk to 'the baby', who although admittedly a child is no longer breast feeding. This has led our modern doctors to see tumours of the breast as something utterly useless, as a degeneration of nature. The reason being that they have never had an understanding for the real, original purpose of such cell growth.

In any case these processes also analogously run their course for the woman of modernity, even though the woman often lactates for too short a time or not at all. In the healing phase –so far as it is allowed to occur- the tumour is digested by tubercle bacillus, if present, after which the tissue is rebuilt again. If no tubercle bacillus are present the nodule permanently remains and is not digested.

Many will ask at this point, how at all anyone can die from a tumour of the breast **mammary glands?**

Besides the seldom occurring cases of sustained conflict which on occasion lead to death due to physical overload, one has to say due to *iatrogenics*, i.e. the shock and trauma triggered by medical ignorance following a diagnosis of breast cancer, ultimately results in the actual cause of death. The fear of cancer, feelings of panic, fear of death, collapse of self-esteem etc., incurred, consequently triggers further types of cancer, known by the orthodoxy as **metastasis**. Patients die from exhaustion, and from chemotherapy and morphine poisoning. The whole of this has little to do with the actual illness.

During **cancer of the mammary glands** then, one sees an increase of mammary gland tissue in the conflict-active phase, whilst in **cancer of the milk ducts** ulceration and the breaking down of cells in the lining of the milk ducts occurs.

In such cases a psychological **separation** conflict always presents, either concerning mother-child or woman-mother or woman-partner.

We have to imagine this, quite realistically so, that such individuals may as well be glued to one another, and that their separation causes an outer layer of skin to be torn away. In other cases this tear is found in the clinical picture of neurodermatitis.

Ulcers are one symptom. The other symptom is the sensory paralysis of the milk ducts. If this paralysis extends to the epidermis of the breast, the patient will not have any feeling in her nipple. This is seldom observed, whilst in cancer of the mammary glands, depending on the size of the breast and the position of the tumour, nodules can already be felt after a few weeks. An exception in the case of cancer of the milk ducts would be a so-called cirrhotic nodule, which occurs when the conflict continues indefinitely. One could also call this cirrhotic cancer of the scar tissue. This symptom can be seen by mammography as a dense area of tissue. This is typically accompanied by small calcium deposits.

If the separation conflict is resolved through breast cancer, there is normally one complication, for which biology has not planned.

In the healing phase the baby would normally be drinking the breast milk. In this instance however no milk is being produced, instead there is a secreting wound, which often cannot drain away. Due to this the breast goes into shock, becomes hot and bright red and in a very short period of time swells up. The breast only enlarges at the beginning of the healing phase, whilst in the presence of mammary gland cancer the opposite reaction occurs in this respect. If the breast is secreting this is a healthy sign and therefore very positive. If the nipple is secreting, even dripping, this means a partial reduction of the swelling milk ducts. What is uncomfortable for the woman is that the sensitivity of the breast returns, often excessively so, which is described as over-sensitivity or hyperaesthesia. At the same time the woman notices a contraction of the inner-breast, particularly if the conflict lasted a long while before it was resolved.

One should only operate if it seems sensible to do so and a normal healing would take too long to happen by itself. This is best decided in consultation with a doctor well-versed in Hamer's diagnostics. It can likewise be prudent to operate under certain conditions following a conflict. If for example a patient feels disfigured by breast nodules, and as a result of the (DHS-) shock a certain size of melanoma has formed, which is in danger of splitting the overlying epidermis, an open, festering, foul smelling wound can occur. This will give further, correspondingly severe discomfort. Something similar occurs with the puncture and removal of tissue causing the skin to manifest a shock reaction.