QUESTIONS 

When we have a question sometimes it can stop us taking in other information, so jot them down on these pages with this symbol, so you can ask them at the end of the day. At the end of each day we will review to make sure that the question is answered. We will always have time for questions.

METASTASIS

"How cancer cells become metastatic still remains a mystery" Yale University 2008

"Over the years many hypotheses were developed to try to explain the inefficiency of the metastatic process, but none of these theories completely explains the current biological and clinical observations" Breast Cancer Research 2008

http://breast-cancer-research.com/content/10/S1/S2

EXCERPT FROM DR HAMER NEW GERMAN MEDICINE

CONTRADICTING METASTASIS THEORIES VIS-À-VIS DR. HAMER'S RESEARCH

Current medical theory is that metastasizing cells are of the same kind as those in the original tumor, i.e., if a cancer arises in the breast and metastasizes to the bones, the cancer cells in the bones are believed to be breast cancer cells. However, in 2006, Dr. Vincent Giguère, a cancer researcher at the McGill University Health Centre in Montreal, stated the opposite: "'Breast cancer cells, for example, often move to the bones. This is quite a feat, since they first have to morph from breast cells into bone cells', says Dr. Giguère, 'He and his colleagues are trying to figure out how they do it.'"(Globe & Mail, November 28, 2006).

Based on Dr. Hamer's research, neither of the two metastasis theories can be scientifically verified, since both theories assume that cancer originates in the body, where healthy cells supposedly mutate - all of a sudden and for no reason - into "malignant" cells. This concept fails to recognize that cancers, like all bodily processes, are controlled from the brain and that all cancers originate in reality in the psyche! In view of this new understanding of the nature and the origin of cancer, secondary cancers cannot be the result of cancer cells spreading by way of the blood or lymph system to other organs, because under no circumstances are cancer cells able to bypass this well-established biological system. The standard metastasis-theories (aside from their embarrassing contradictions) also entirely ignore the histological association of each and every cancer to one of the three embryonic germ layer.

Let's look, for example, at intra-ductal breast cancer and bone cancer:

The ectodermal lining of the milk-ducts, including intra-ductal tumors, are controlled from the cerebral cortex whereas the bones, which derive from the mesoderm, are controlled from the cerebral medulla. An intra-ductal breast cancer is linked to a "separation conflict" and develops exclusively during the healing phase, whereas bone cancer is always an indication of conflict-activity of a "self-devaluation conflict".

Thus, if the bone cancer is a secondary cancer after breast cancer, the bone cancer can only be caused by a "self-devaluation", experienced at a time when the breast cancer is already in the healing phase!

What makes the concept of "breast cancer spreading to the bones" even more irrational is that a so-called "osteoclastic metastasis" (a primary cancer, such as a breast cancer or prostate cancer, which has "spread to the bones") is by definition not a tumor growth but the opposite, namely a loss of bone tissue. How

breast cancer cells are supposed to create "cancerous" holes in bones without the involvement of the brain, has yet to be explained.

"Metastasis" tests under scrutiny.

Pathologists claim that they are able to detect the origin of a secondary cancer through the analysis of tissue samples (biopsies). The current practice is to use stains and antibodies to identify proteins that are typical of a specific tumor. This method is called the "immuno-histochemical technique". A critical look at this method, however, quickly reveals that this procedure does not identify metastasizing cancer cells but only proteins, released from a tumor. A comment on the UCLA educational website (now removed) admitted to this obvious discrepancy: "Although the analysis may be simple, it often suffers from low sensitivity or specificity, and does not provide adequate functional measurements concerning tumor cell behavior."

From the GNM point of view, the release of proteins from a tumor is a natural part of the healing process, particularly when the tumor is decomposed by tubercular bacteria during the healing phase, in the case of a glandular breast cancer, for example. As the body breaks down the now superfluous cells, proteins are released into the bloodstream. The immuno-histochemical technique is only tracking these proteins, and yet we are given the impression they are tracking live cancer cells.

The metastasis theory proposes that cancer cells travel through the blood stream or lymph system, however, there has never been an observation of live cancer cells in the blood or lymph fluid of a cancer patient. Only antibodies have been identified, and these do not prove the presence of viable, "metastatic" cancer cells (the same "indirect evidence"-method is used to "prove" the existence of viruses as a cause of "viral infections").

Cancer cells from a primary tumor have never been observed naturally attaching to another organ or tissue and growing a new tumor. Again, only "antibodies" or "proteins" have been traced to a secondary cancer.

In experiments where researchers inject millions of multiplying, "malignant" cancer cells from a growing tumor directly into the bloodstream, secondary tumors rarely occur. "Using a model in which human breast cancer cells were grown in immuno compromised mice, we found that only a minority of breast cancer cells had the ability to form new tumors." (Dept. of Internal Medicine, Comprehensive Cancer Center, University of Michigan Medical School, Ann Arbor, MI 48109, USA.).

Source: Proceedings of the National Academy of Science of the U.S.A.

COMMON-SENSE QUESTIONS WE SHOULD ASK:

If it is true that cancer cells travel via the blood stream, why is donated blood not screened for cancer cells, and why is the public not being warned by the health authorities of the risks of coming in contact with the blood of a cancer patient?

If it is true that cancer cells migrate via the blood stream, why are cancers of the blood vessel walls or of the heart not the most frequent cancers, since those are the tissues that would be most exposed to cancer cells traveling in the blood and lymph?

If it is true that cancer cells metastasize to other organs by way of the lymph system, how is it possible that a "metastasizing" cancer develops in the lungs or in the bones (statistically the most frequent sites of "metastatic tumors"), although these tissues are not supplied with lymph fluid?

If it is true that secondary tumors are caused by cancer cells migrating through the blood or lymph system, why do cancer cells of a primary tumor rarely travel to adjacent tissues, for example, from the uterus to the cervix or from the bones to neighboring muscle tissue?

THE "BRAIN METASTASIS" THEORY VIS-À-VIS DR, HAMER'S DISCOVERIES

Dr. Hamer established in the 1980's that so-called "brain tumors" are not, as assumed, abnormal growths in the brain, but instead glial cells (brain connective tissue) that naturally accumulate in the second half of the healing phase (pcl-phase B) in that area of the brain which is - parallel to the healing organ - also in healing at the time. That is to say, that this glial repair process occurs during ANY given healing phase, whether it is a skin rash, hemorrhoids, a common cold, a bladder infection, or a cancer. It is an absolute indication that the biological conflict has been resolved and the psyche, brain, and organ are all in the latter stage of healing.

QUESTIONS WE SHOULD THEREFORE ALSO ASK:

If it is true that cancers metastasize to the brain, why are cancer cells allowed to pass the blood-brain-barrier that functions as a vital filter to prevent harmful substances from entering the brain?

Why do we never hear about "brain tumor" cells metastasizing from the brain to an organ, let's say, to the prostate, to the bones, or to the breast? Based on the prevalent doctrines this would translate, for example, into brain cancer cells causing lung cancer!!

METASTASIS EXERCISE

The following is taken from www.cancer.gov **Where does cancer spread?**

The most common sites of cancer metastasis are, in alphabetical order, the bone, liver, and lung. Although most cancers have the ability to spread to many different parts of the body, they usually spread to one site more often than others. The following table shows the most common sites of metastasis, excluding the lymph nodes, for several types of cancer:

Cancer type	Main sites of metastasis*
Bladder	Bone, liver, lung
Breast	Bone, brain, liver, lung
Colorectal	Liver, lung, peritoneum
Kidney	Adrenal gland, bone, brain, liver, lung
Lung	Adrenal gland, bone, brain, liver, other lung
Melanoma	Bone, brain, liver, lung, skin/muscle
Ovary	Liver, lung, peritoneum
Pancreas	Liver, lung, peritoneum
Prostate	Adrenal gland, bone, liver, lung
Stomach	Liver, lung, peritoneum

Thyroid	Bone, liver, lung
Uterus	Bone, liver, lung, peritoneum, vagina

1) Write down the germ layers and themes of the following tissues:

TISSUE	GERM LAYER	THEME
BREAST DUCTS		
COLON/LARGE INTESTINE		
KIDNEY PARENCHYMA		
LUNG AVEOLI		
LIVER PARENCHYME		
PERITONEUM		

2) Explain what might have happened when a BREAST DUCT TUMOR metastisizes to a LUNG ALVEIOLI TUMOUR from a META-Health perspective.

3) Explain what might have happened when a COLON TUOUR metastasizes to a PERITONEUM TUMOUR from META-Health.

4) Explain what might have happened when a KIDNEY TUMOUR metastasizes to a LIVER TUMOUR from a META-Health.

FANTASY CASES

Do this exercise step by step…avoid reading ahead, or you will miss the most beautiful part of the exercise.

Write down 5 random numbers from 4 and 73. Pick total random numbers, the first that come into your mind.

1)

2)

3)

4)

5)

These numbers resonate with you on an unconscious level, and present you with a learning experience. No it is not as you expect, or even what you might want to do. That is why it is an unconscious resonance.

Take your directory and look at the table of contents. Look at the random numbers you wrote above.

Go to the page numbers in your directory and write down the tissue title on that page.

If there are more tissue titles on that page, just pick one.

1)

2)

3)

4)

5)

NOW YOU HAVE 5 RANDOM TISSUES. Tissues that you need to learn something from.