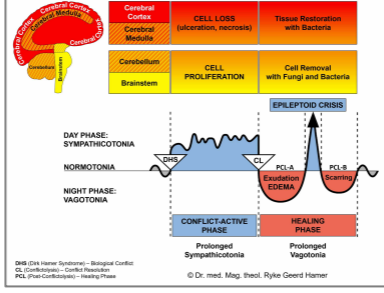




BIOLOGICAL SPECIAL PROGRAMS

LYMPHATIC SYSTEM

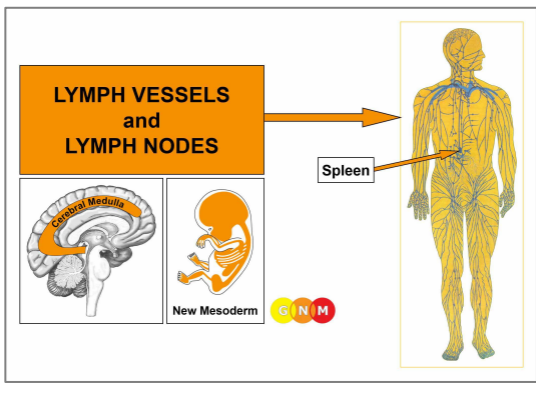
written by Caroline Markolin, Ph.D.



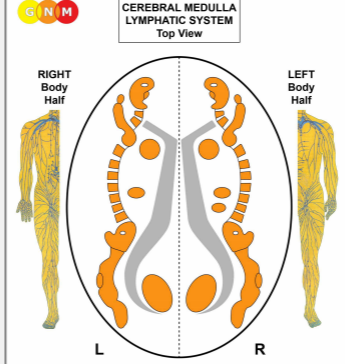
Lymph Vessels and Lymph Nodes

Spleen

Rev. 1.05



DEVELOPMENT AND FUNCTION OF THE LYMPH VESSELS AND LYMPH NODES: The lymphatic system consists of lymph vessels, lymph nodes, and lymphatic organs such as the spleen. Working in conjunction with the circulatory system, the lymph vessels branch like the blood vessels into all tissues of the body. As blood passes through the capillaries, some of the liquid cellular and metabolic waste escapes through the capillary walls and fills the space between the tissue cells. The intercellular fluid is then picked up by the lymph capillaries. Equal to the peristaltic motion of the intestinal muscles that move food along the intestinal canal, the smooth muscles of the lymph vessel wall move the lymphatic fluid to the lymph nodes located throughout the body. The lymph nodes filter the cellular waste from the lymph. After passing through the lymphatic ducts, the lymph is returned to the bloodstream and excreted through the kidneys. The lymph vessels originate from the new mesoderm and are therefore controlled from the cerebral medulla.



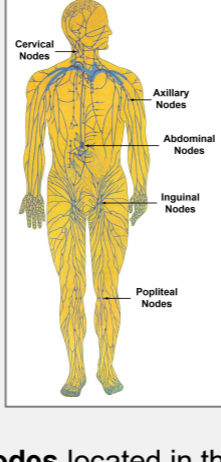
BRAIN LEVEL: In the **cerebral medulla**, the lymph vessels and lymph nodes of the right side of the body are controlled from the left side of the brain; the lymph vessels and lymph nodes of the left side are controlled from the right cerebral hemisphere. Hence, there is a cross-over correlation from the brain to the organ.

The smooth muscles of the lymph vessels are controlled from the **midbrain**.

NOTE: The bones, skeletal muscles, lymph vessels and lymph nodes, blood vessels, connective tissue, and fat tissue share the same brain relays and therefore the same biological conflict, namely a self-devaluation conflict. The control centers are orderly positioned from head to toe.

BIOLOGICAL CONFLICT: The biological conflict linked to the lymph vessels and lymph nodes is a **moderate self-devaluation conflict** or **loss of self-worth**. The specific self-devaluation conflicts are the same as for the bones and joints.

In line with evolutionary reasoning, **self-devaluation conflicts** are the primary conflict theme associated with **cerebral medulla-controlled organs** deriving from the new mesoderm.



Cervical nodes located in the **neck**: intellectual self-devaluation conflict

Axillary nodes located in the **armpits**: relationship self-devaluation conflict

Abdominal nodes located in the lower abdomen: self-devaluation conflicts associated with the abdominal area, brought on, for example, by a cancer diagnosis (stomach cancer, colon cancer, liver cancer, pancreas cancer)

Inguinal nodes located in the **groin** at the bend of the hip: “unable to endure a situation” or a sexual self-devaluation conflict

Popliteal Nodes located near the **knees**: physical performance conflict

NOTE: Whether the conflict affects a lymph vessel or lymph node on the right or left side of the body is determined by a person’s handedness and whether the conflict is mother/child or partner-related. A localized conflict affects the lymph tissue that is closest to the site associated with the self-devaluation conflict.

CONFLICT-ACTIVE PHASE: **necrosis (cell loss)** in the conflict-related lymph vessel or lymph node.

HEALING PHASE: During the first part of the healing phase (**PCL-A**) the tissue loss is replenished through **cell proliferation** with **swelling** due to the edema (fluid accumulation) in the healing area. With water retention as a result of an active abandonment or existence conflict involving the kidney collecting tubules the swelling increases significantly. Bacteria, provided they are available, assist the healing process. The by-products of the microbial repair work are cleared away by lymphocytes and other white blood cells (contrary to the immune system theory claiming that lymphocytes “fight infections”). Healing might be accompanied by an inflammation.

If a lymph node is affected, conventional medicine considers the cell increase a cancer, termed **Hodgkin’s lymphoma** (compare with non-Hodgkin’s lymphoma related to the pharyngeal ducts). Based on the Five Biological Laws, the new cells cannot be regarded as “cancer cells” since the cell increase is, in reality, a replenishing process. “Hodgkin’s” is often found in the vicinity of a tumor that has been surgically removed. The “new growth” is then incorrectly interpreted as a “metastasis”. In truth, the development of a lymphoma follows the resolution of the self-devaluation conflict initiated by the removal of the “cancer”, for example, of a colon cancer or breast cancer.

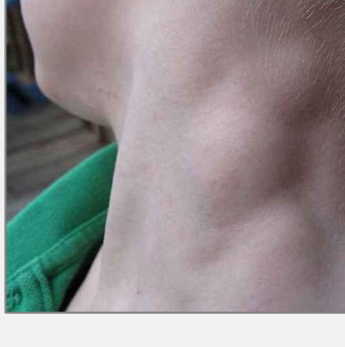
NOTE: Lymphoid tissue is made up of lymphocytes. In the case of a lymphoma, the lymphocyte count is therefore elevated (compare with lymphocytic leukemia where the count of lymphoblast increases – without lymph node swelling).



A lymphoma in the armpit reveals that a relationship self-devaluation conflict has been resolved. For a right-handed person, the swelling occurs on the right side if the conflict is associated with a partner.

Women develop a **lymphoma** in the axillary nodes when, for instance, a nest-worry conflict is coupled with guilt (“I failed as a mother”, “I failed as a partner”). A breast cancer diagnosis and the image of an **amputated breast** can provoke a self-devaluation conflict involving the axillary gland close to the affected breast. This is

why lymphoma is one of the most frequent cancers following breast cancer. It has nothing to do with a “metastasizing” process, as argued.



An enlarged lymph node in the neck area indicates the healing phase of an intellectual self-devaluation conflict (compare with non-Hodgkin’s lymphoma and lipoma). For a right-handed person, the swelling occurs on the left side if the conflict is mother or child-related.

A swollen lymph node in the neck might also be diagnosed as **mononucleosis** or **Pfeiffer’s disease** (compare with mononucleosis linked to the pharyngeal ducts). A sore throat accompanying the condition points to an additional conflict of “not wanting to swallow a morsel” (see strep throat). In conventional medicine, “mono” is believed to be an “infection” caused by the “Epstein Barr virus” transmitted through saliva (hence, the name “kissing disease”). There is no scientific evidence for such a claim.

After the Epileptoid Crisis, in **PCL-B**, the swelling subsides, provided there are no conflict relapses.

NOTE: Considering the function of the lymphatic system as a drainage system, the lymph nodes also swell – without cell proliferation – during a healing process that produces large amounts of metabolic waste and intercellular fluid. This includes healing from injuries or operations such as a mastectomy. The lymph fluid from a healing breast cancer passes to the axillary nodes. The lymph nodes in the groin (inguinal nodes) swell when there is healing in the genital area or in the legs. With tonsillitis, pharyngitis, or an abscessed tooth, the lymph nodes in the neck become swollen and tender to touch. In conventional medicine, a “swollen gland” is considered “benign” and a sign of an “infection”, whereas the swelling of a lymph node caused by cell mitosis is interpreted as a “malignant” cancer. The lymphatic system is also wrongly believed to be a passageway for “metastasizing cancer cells” (see GNM Article “Questioning the Metastasis Theory”).

A **lymphedema** develops when a lymph vessel undergoes healing, for example, in one of the arms, legs, or knees. The accumulation of fluids (lymph and water) in the intercellular tissue causes the lymph fluid to back up leading to the large swelling. If lymph fluid leaks into a blood vessel, this is often misdiagnosed as a “thrombosis” (compare with peripheral edema related to the leg veins, leg bones, or the myocardium).



With water retention due to the **SYNDROME**, the swelling increases considerably, as seen in this picture. A lymphedema in the left leg is associated with a partner if the person is left-handed.

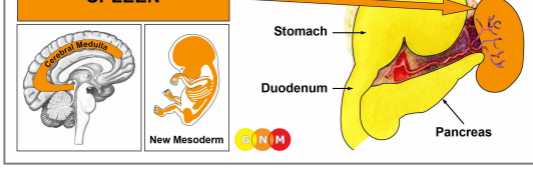
An extreme form of lymphedema is termed **elephantiasis** (lymphatic filariasis). Elephantiasis is said to be caused by a parasitic worm “picked up from mosquitoes and passed on through biting a new victim”.



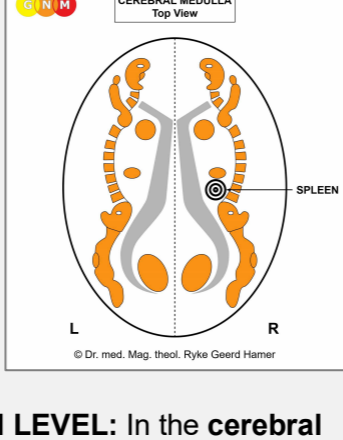
This picture shows three women from Haiti with lymphatic swelling, noticeable only on one leg – linked to a physical performance conflict of “not being able to run” (fast enough). In Haiti, 80% of the population has the condition. In Port-au-Prince the “disease” was unknown until the earthquake in 2010!

A right-handed person makes the first step with the right leg, a left-hander with the left leg. Hence, the woman sitting on the right side must be left-handed and the other two right-handed.

NOTE: All organs that derive from the **new mesoderm** (“surplus group”), including the lymph vessels and lymph nodes, show the **biological purpose at the end of the healing phase**. After the healing process has been completed, the organ or tissue is stronger than before, which allows being better prepared for a conflict of the same kind.



DEVELOPMENT AND FUNCTION OF THE SPLEEN: The spleen is located on the left side of the upper abdomen behind the stomach just below the diaphragm. The spleen is a specialized lymph node and therefore an important part of the lymphatic system. Its main function is to filter blood and to store platelets (thrombocytes). Platelets are blood cells (produced in the bone marrow) that have a blood clotting ability and are therefore vital for wound repair. When a blood vessel wall is damaged through a cut or injury, the platelets stick together and seal the breaks to stop the bleeding by forming blood clots, a process called coagulation. The spleen originates from the new mesoderm and is therefore controlled from the cerebral medulla.



BRAIN LEVEL: In the **cerebral medulla**, the spleen is controlled from the right brain hemisphere. The brain relay is located exactly in the area where the spleen has its place as a lymphatic node. There is a cross-over correlation from the brain to the organ.

BIOLOGICAL CONFLICT: The biological conflict linked to the spleen is a **bleeding or injury conflict** (a self-devaluation conflict associated with blood. In Nature, an inability to fight because of a large, bleeding wound quickly leads to death). In real terms, the conflict is triggered by bleeding due to an injury, hemorrhaging, or heavy periods but also when there is blood in the stool, in the urine, or in the vaginal discharge, which often causes great panic. A “blood cancer” (leukemia) diagnosis, a positive **HIV** test (the fear of being HIV positive), being on dialysis, blood transfusions, or distressing blood test results could also evoke a bleeding conflict. Taking **blood-thinning medication** can keep a bleeding conflict active because of the danger of severe bleeding.

CONFLICT-ACTIVE PHASE: During the conflict-active phase the spleen **necrotizes** creating little holes in the spleen. The necrosis can occur on the outside or on the inside of the spleen. Starting with the DHS (in Nature equal to bleeding), the platelets that are not required (for wound repair) leave the peripheral bloodstream and move to the spleen, where the necrotized area provides an ideal reservoir for storing the platelets until the bleeding conflict is resolved. Hence, during conflict activity the **platelet count is low**. If the conflict is intense, the thrombocyte count drops to values showing **thrombocytopenia** (compare with thrombocytopenia related to the bone marrow). The low amount of platelets in the blood serves the purpose to prevent the formation of a blood clot or thrombus in the blood vessels. Because of the decreased number of thrombocytes, there is a **tendency to bruise and bleed more easily** (also during an active self-devaluation conflict involving the bones). This can lead to additional bleeding conflicts. Diabetics who bruise easily have most likely a “blood(!) sugar” conflict.

NOTE: **Heavy menstrual periods** can cause a bleeding conflict. Since there are less thrombocytes in the blood stream, the menstruation is even stronger. Persistent heavy periods occur when strong menstrual bleedings are a track (see also heavy periods related to cervix uteri, uterus mucosa, uterus muscles, ovaries, and manic depression).

HEALING PHASE: During the first part of the healing phase (**PCL-A**) the tissue loss is replenished through **cell proliferation** with **swelling** due to the edema (fluid accumulation) in the healing area. This causes an **enlargement of the spleen** or **splenomegaly**. The spleen might also become inflamed (**splenitis**), particularly when bacteria assist healing. **Splenic cysts** develop with concurrent water retention but only when the necrosis was located on the outside of the spleen.



With water retention (the SYNDROME) the spleen can enlarge considerably in size. The existence conflict is usually triggered by fear, for instance, when a person is hospitalized.

A spleen enlargement is typically seen in people with leukemia or with AIDS who have to undergo blood tests or blood transfusions on a regular basis. For someone unfamiliar with GNM, these procedures often become tracks that continuously reactive the blood conflict and prolong healing. If the spleen is surgically removed (splenectomy), a neighboring lymph node will take on the function of the former spleen. According to Dr. Hamer, surgery should be considered if the bleeding conflict is severe and of long duration.

In the healing phase, the platelets return to the peripheral bloodstream and their number increases – temporarily – above the normal range (**thrombocytosis** or **thrombocythemia**). There is no danger of blood clotting or so-called “thrombosis” as long as the person is mobile. In conventional medicine, the elevated platelet count might be diagnosed as thrombocyte leukemia.

At the end of the healing phase, the thrombocytes values are back to normal. However, the spleen remains enlarged.

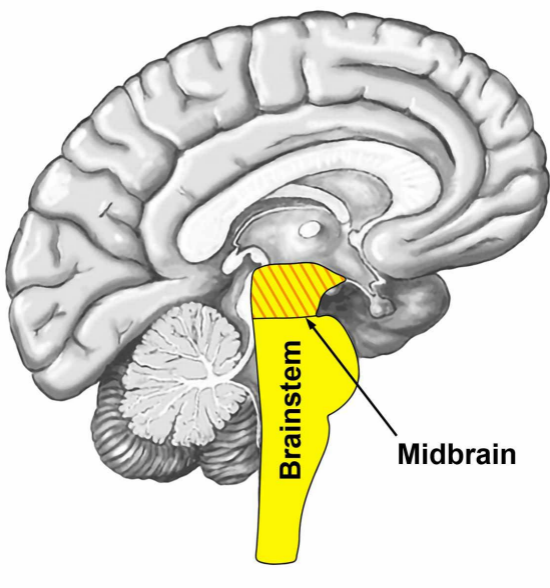
NOTE: All organs that derive from the new mesoderm (“surplus group”), including the spleen, show the **biological purpose at the end of the healing phase**. After the healing process has been completed, the organ or tissue is stronger than before, which allows being better prepared for a conflict of the same kind.

Source: www.learninggnm.com

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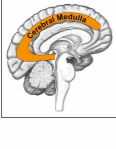
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does not replace professional medical advice.

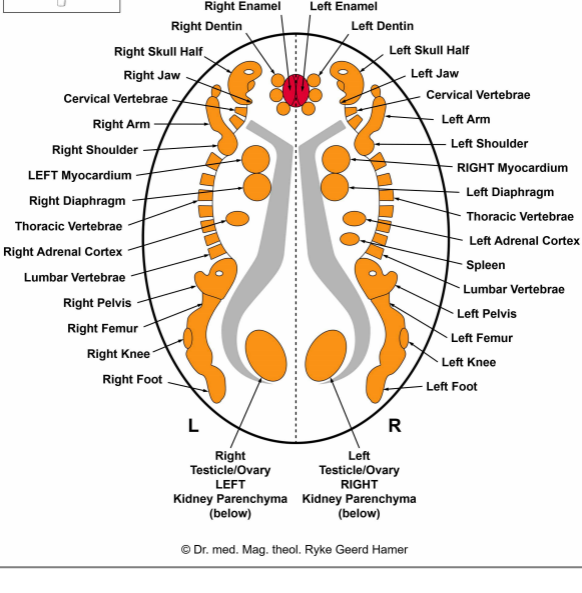


Brainstem

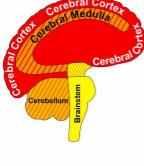
Midbrain



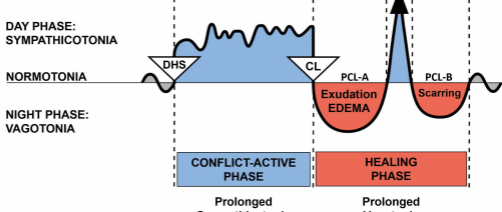
CEREBRAL MEDULLA – ORGAN RELATION



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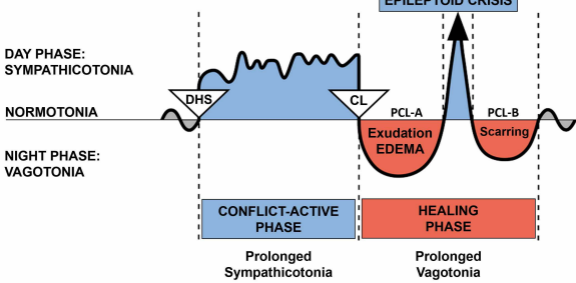
Cerebral Cortex	CELL LOSS (ulceration, necrosis)	Tissue Restoration with Bacteria
Cerebral Medulla		
Cerebellum	CELL PROLIFERATION	Cell Removal with Fungi and Bacteria
Brainstem		



DHS (Dirk Hamer Syndrome) – Biological Conflict
 CL (Conflictolysis) – Conflict Resolution
 PCL (Post-Conflictolysis) – Healing Phase

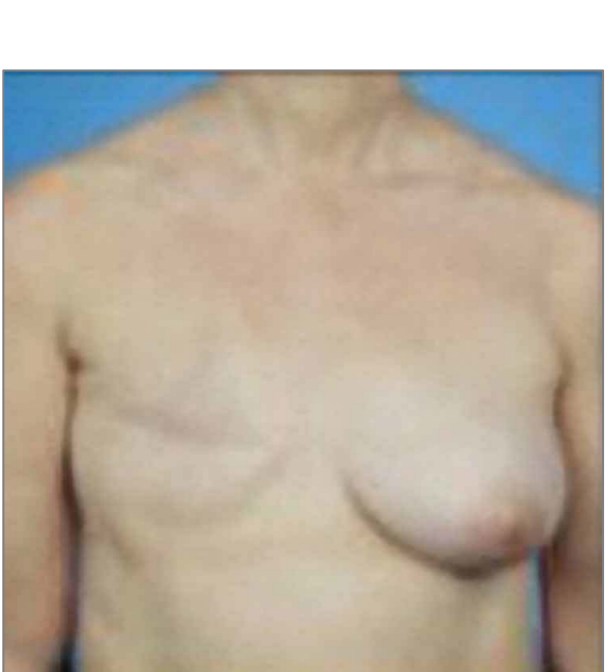
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BIOLOGICAL SPECIAL PROGRAMS TWO-PHASE PATTERN

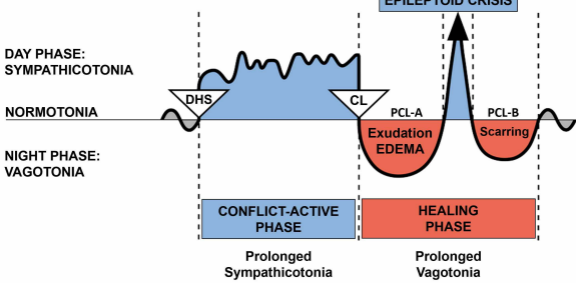


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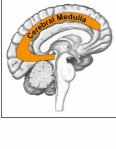


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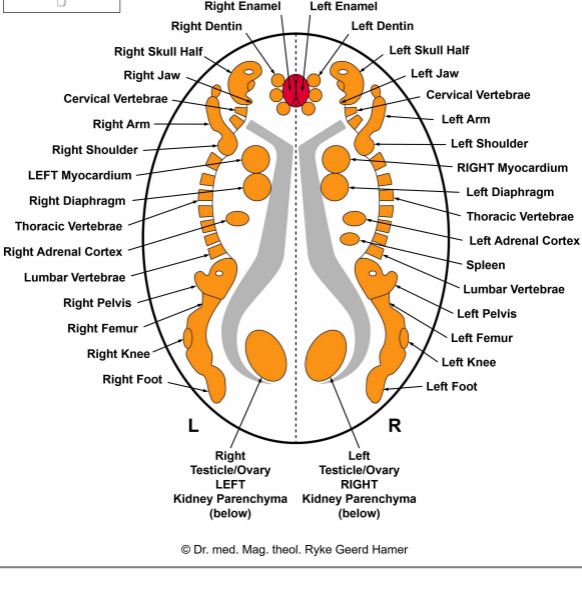


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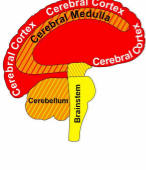


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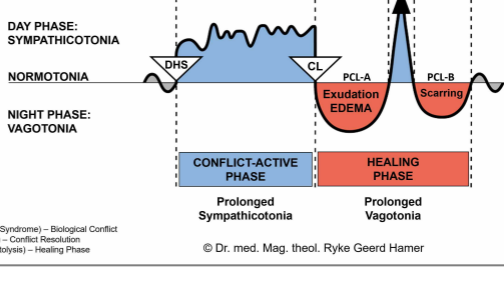
“If there is evidence that HIV causes AIDS, there should be scientific documentation which either singly or collectively demonstrates that fact, at least with a high probability.”

Dr. Kary Mullis, Nobel Prize Laureate for Chemistry 1993

“Warfarin (also known by the brand name Coumadin) is commonly but incorrectly referred to as a blood thinner. It was initially introduced in 1948 as a pesticide against rats and mice and is still used for this purpose.” (Wikipedia)



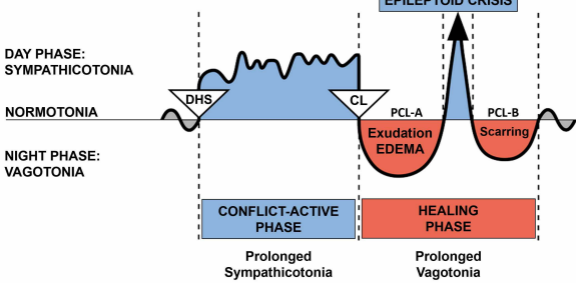
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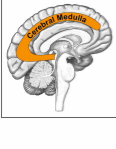
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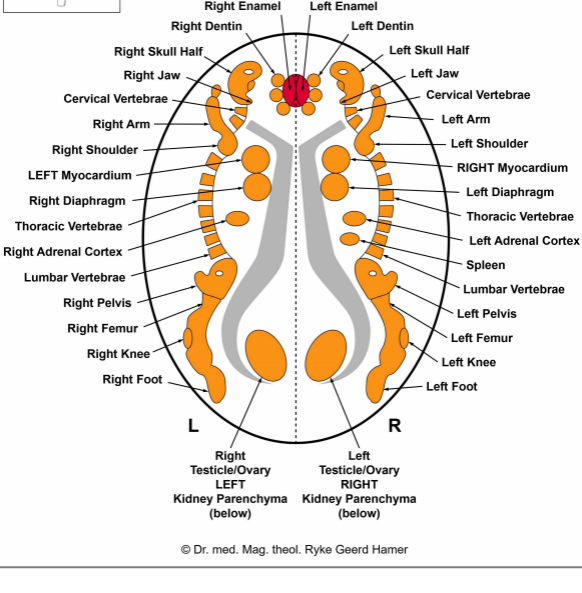


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