

## Can anybody explain what's going on, please?

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Every once in a while I try to remember when exactly I learned about the existence of AIDS. It must have been around 1985 when I heard the first rumors about a new disease that had been discovered in the USA. The victims seemed to be mostly homosexual men and drug addicts. Until a few years ago, I had never really tried to fully understand how the whole thing was supposed to fit together. Medicine did not interest me very much and I never really bothered to learn more about it. My knowledge of AIDS was something like: when a person gets infected with a virus called HIV, this virus attacks the immunity system of its host and once defenses are low, the patient attracts all kind of diseases that always become fatal.

But that was some years ago, before two dramatic events forced me to become aware of what badly ill people go through during classical cancer treatment. My confidence in the medical know-how used to be complete, but when things got worse for two very close family members, I started to ask the concerned specialists some basic questions like "What is cancer?" and "What are its causes?". The bewildering answer was "We don't really know, but it is not important. The only important thing is to strike fast." It finally did not take long before the evidence hit me in the face: "They have really no idea of what they are doing! They want to heal the human body, but the patient as person does not exist in their medical world. Modern medicine seems to be interested exclusively in the interaction between a bunch of cells and chemical compounds. What's going on here?" I started to gather alternative information, mostly on cancer, but AIDS being such a hot item, I also wanted to learn more about this syndrome and its relation to the causal virus HIV.

The following short text displayed at <http://www.cdc.gov/hiv/hivinfo/overview.htm> gives an adequate description of the general conviction that science provided absolute proof that HIV causes AIDS.

*Before the discovery of human immunodeficiency virus (HIV), the virus that causes AIDS, epidemiological studies of AIDS patients' sex partners and AIDS cases occurring in blood transfusion recipients before 1985 clearly showed that the underlying cause of AIDS was an infectious agent. Infection with HIV has been the only common factor shared by persons with AIDS throughout the world, including homosexual men, transfusion recipients, persons with hemophilia, sex partners of infected persons, children born to infected women, and health care workers who were infected with HIV while on the job, mainly by being stuck with a needle used on an HIV-infected patient.*

*Although we know that HIV is the cause of AIDS, much remains to be known about exactly how HIV causes the immune system to break down. Scientists are constantly discovering more information about HIV and AIDS. These discoveries help people learn how to stop transmission of the virus and help people infected with HIV to live longer, healthier lives. One important question to answer is why some people exposed to HIV become infected and others do not. Scientists believe it is most likely because of how infectious the other person is and how they are exposed. For example, more than 90 percent of persons who were exposed through an HIV-infected unit of blood became infected. So we know that blood-to-blood contact is a very efficient way that HIV is spread. On the other hand, many health care workers are splashed with blood or bloody body fluids and this type of exposure has caused very few occurrences of HIV infection. Researchers know how HIV is spread and the ways that people can help protect themselves from being exposed to HIV.*

This text, published by the very official and governmental Center of Disease Control, leaves no doubt: science has definitely established the causal relation between HIV and AIDS. Thousands of scientists are studying AIDS all over the world, billions of dollars are invested every year in HIV research and any article in any newspaper confirms the fact that HIV causes AIDS. Fight HIV and you fight AIDS. Get rid of HIV and you get rid of AIDS, because science definitely proved that HIV causes AIDS. Anyone will confirm this.

- Anyone?
- Anyone. Just read the newspapers.
- The newspapers, ok. But I don't read newspapers exclusively.
- Well, watch TV. Everybody will confirm.
- TV, ok. But I'm not interested in mass media information only.
- Have a look on the Internet. Thousands of scientific web sites confirm: HIV causes AIDS.
- Thousands confirm. ok. But some don't.
- Ah, you mean the AIDS-dissident web sites? They're crap.
- So you do agree not everybody confirms?
- I don't listen to quack!

How convenient! Of course everybody confirms if you won't consider people who disagree.

I recently had a discussion with a chemist working in a university hospital. When I asked her what she thought about AIDS, she immediately told me that she found it quite strange that twenty years of worldwide research have not yet enabled scientists to discover a vaccination against AIDS. I asked her to give me her interpretation of the facts.

- Well, once a person gets infected with HIV through sexual intercourse, use of an infected needle, blood transfusion etc., he or she becomes HIV-positive.
- Immediately and always?
- No, not immediately and not always.
- That is strange.
- Well, it just seems to take some months before the body has made a detectable amount of antibodies.
- If you hit yourself on the thumb with a hammer, the thumb starts to hurt and to change colors immediately. Always.
- That is not a comparable mechanism.
- Well, maybe. I was just trying to point out that it's hard to identify the cause of an effect that is occurring at random.
- But once a person is HIV-positive, he or she becomes ill immediately and always?
- No, not immediately and not always. Being HIV-positive does not mean you have AIDS. It may even take ten years or more before the first symptoms appear. In exceptional cases symptoms never occur.
- Ten years or more. Or even never! That is strange. What is the difference between somebody who becomes ill a short time after having been infected with HIV, and a person who attracts a disease twelve years afterwards? What is the triggering event?
- It has to do with the natural defenses of the organism.
- But the symptoms you mention, are they typical AIDS symptoms?
- No, not really. We call them opportunistic AIDS- or HIV-related diseases. Once HIV has destroyed the natural defenses of the body, the organism cannot fight microorganisms anymore and infections become lethal. Even infections that are normally harmless. HIV itself does not make you ill. It just destroys the immunity system.
- And the destruction may take any time between some month and never. That is really strange. Speaking of AIDS-related diseases: I have seen a lot of leaflets recently with a warning against herpes. Herpes is considered one of the opportunistic HIV-related diseases, isn't it?
- Yes.
- So you agree that if a HIV-negative person has herpes, he or she has herpes. But if the same person is also HIV-positive, then he or she has AIDS.
- Yes, if the herpes lasts for several weeks.
- But do you know what causes herpes?
- It is definitely caused by a virus.
- So if I get infected with the typical herpes virus, I get herpes?
- Not always, it depends on immunity disorder.

- But if it only depends on my natural defenses, why do I always attract herpes in the same spot, exactly here, on my lower lip? Same spot, always on the right side of the lower lip, never on the left side or on the upper lip, or anywhere else on my body. Does the virus dispose of a tissue selection mechanism?
- I never thought of that.
- It seems to me that science never thought about a lot of things. But, tell me, how do we know whether a person is HIV-positive or not?
- We apply a HIV antibody test. The test detects the presence of antibodies against the virus. If antibodies are detected, it means that the person has been infected with HIV. The more antibodies, the worse.
- Do you realize that in case of a normal disease, the presence of antibodies is a positive indication? Vaccination is based on the idea "the more antibodies, the better". HIV seems to put things upside down.
- I must admit that you have a point there.
- So the HIV-tests detects antibodies. Do you know that an award of 20.000\$ is still waiting to be claimed by the first person who can show a scientific publication of the isolation of HIV in pure culture? How can we be sure that the famous HIV tests detect HIV specific antibodies if HIV itself keeps hiding away?
- Oh come on! Of course HIV has been isolated. Pictures of it have been published all over the place!
- Sure! Artist impressions. I can make a picture like that with my computer any time you want. No, I am talking about an electronic microscope image of the virus in pure culture. You will never be able to show me any. Want to bet a case of Champaign?
- You must be kidding! If I get you right, you try to tell me that no scientific evidence proves that AIDS and HIV are related. How about the AIDS epidemic in Africa?
- Do you know that people in Africa are rarely screened with the famous HIV-tests, but that AIDS is generally diagnosed when certain clinical symptoms are present? For instance, if somebody has tuberculosis or malaria and a fever that lasts for a month or so, he has AIDS. Some years ago the same person would have been diagnosed with tuberculosis or malaria. This kind of approach can also be interpreted as changing labels for the same thing.
- Why would anybody want to do that?
- You ask me the question! AIDS medication consists of expensive and very toxic drugs, big money. Tuberculosis medication consists merely of good food and a secure place, which has almost no money in it. Do you want some more? Overpopulation? Undesired individuals like homosexuals, drug addicts and blacks?
- I cannot imagine that things are the way you describe. Maybe you are just a bit paranoia, don't you think?
- Sure. I am drifting away from a world of love and peace. Can you drop me a line, please? Haul me back! In our society money is an undesirable side effect of the only goal of human activity: happiness for everyone.
- Don't be cynical.
- Society is screaming for it. Let me ask you one more question. You studied pharmacology so I figure you know a lot about drugs. Do you know the origins of AZT?
- AZT is one of the major drugs against AIDS, developed in the eighties and commercialized since 1987.
- Wrong. AZT has been developed in the sixties as a drug against leukemia. Due to its incredible toxicity, it was never commercialized. But in the eighties it obtained the FDA authorization after a four-month clinical trial. Today AZT represents a multi billion dollar market. Its basic action consist of inhibition of DNA replication and thus cell multiplication. This is quite an original approach in itself: fight disease through the destruction of the mechanisms of life. I can imagine that this kind of therapy would promote death rather than life.
- You don't really make me feel at ease. I will do some research.

Well, maybe I was a bit too aggressive indeed. Anyway, I find it hard to imagine that professional

health workers are so badly informed. They apparently just take the official AIDS approach without any critical thought. Hook, line and sinker. Is that science? Everybody is convinced that HIV causes AIDS, but the main argument for their belief seems to be the fact that everybody shares the same opinion. The person I talked with promised to do some research but if she finds any evidence proving I was right, she might not be able anymore to prepare chemotherapy ingredients and she will have to look for another job. Most people prefer to keep their eyes wide shut.

Dear reader, you might not have been aware of the existence of something like an AIDS-dissident movement before you started to read this article. In that case you are now. The following citations can be found at <http://www.virusmyth.com> and illustrate that it is just a bit too easy to simply shovel criticism away as quack. Dissidents can be found in the top layer of the scientific community:

- **Dr. Kary Mullis**, Biochemist, 1993 Nobel Prize for Chemistry:  
"If there is evidence that HIV causes AIDS, there should be scientific documents which either singly or collectively demonstrate that fact, at least with a high probability. There is no such document." (Sunday Times (London) 28 Nov. 1993)
- **Dr. Heinz Ludwig Sanger**, Emeritus Professor of Molecular Biology and Virology, Max-Planck-Institutes for Biochemistry, Munchen. Robert Koch Award 1978:  
"Up to today there is actually no single scientifically really convincing evidence for the existence of HIV. Not even once such a retrovirus has been isolated and purified by the methods of classical virology." (Letter to Suddeutsche Zeitung 2000)
- **Dr. Serge Lang**, Professor of Mathematics, Yale University:  
"I do not regard the causal relationship between HIV and any disease as settled. I have seen considerable evidence that highly improper statistics concerning HIV and AIDS have been passed off as science, and that top members of the scientific establishment have carelessly, if not irresponsibly, joined the media in spreading misinformation about the nature of AIDS." (Yale Scientific, Fall 1994)
- **Dr. Richard Strohmman**, Emeritus Professor of Cell Biology at the University of California at Berkeley:  
"In the old days it was required that a scientist address the possibilities of proving his hypothesis wrong as well as right. Now there's none of that in standard HIV-AIDS program with all its billions of dollars." (Penthouse April 1994)
- **Dr. Charles Thomas**, former Professor of Biochemistry, Harvard and John Hopkins Universities:  
"The HIV-causes-AIDS dogma represents the grandest and perhaps the most morally destructive fraud that has ever been perpetrated on young men and women of the Western world." (Sunday Times (London) 3 April 1994)
- **Dr. Joseph Sonnabend**, New York Physician, founder of the American Foundation for AIDS Research (AmFAR):  
"The marketing of HIV, through press releases and statements, as a killer virus causing AIDS without the need for any other factors, has so distorted research and treatment that it may have caused thousands of people to suffer and die." (Sunday times (London) 17 May 1992)
- **Dr. Etienne de Harven**, Emeritus Professor of Pathology, at the University of Toronto:  
"Dominated by the media, by special pressure groups and by the interests of several pharmaceutical companies, the AIDS establishment efforts to control the disease lost contact with open-minded, peer-reviewed medical science since the unproven HIV/AIDS hypothesis received 100% of the research funds while all other hypotheses were ignored." (Reappraising AIDS Nov./Dec. 1998)
- **Dr. Bernard Forscher**, former editor of the U.S. *Proceeding of the National Academy of Sciences*:  
"The HIV hypothesis ranks with the 'bad air' theory for malaria and the 'bacterial infection' theory of beriberi and pellagra [caused by nutritional deficiencies]. It is a hoax that became a scam." (Sunday Times (London) 3 April 1994)

Once he starts to have a closer look at the AIDS scene, the innocent spectator gathering mainstream and alternative information gets lost on what appears to be a surrealistic scientific battlefield. Instead of being engaged together in a broad fight against what is supposed to be the AIDS pandemic, scientists fight each other with intangible arguments.

For instance, the polymeric chain reaction, PCR, discovered 1992, is widely used today for HIV-detection. But dissident scientists argue that PCR reproducibility and specificity have not been determined and that PCR detects only small fragments of nucleic acid sequences which means

that a positive PCR is not proof for the existence of the whole HIV genome.

Another source of scientific disagreement: The number of T4 lymphocytes in blood is supposed to be a helpful indicator in the AIDS diagnosis. But others argue that during a period of stress the number of lymphocytes in the blood dramatically decreases anyway, whether a patient is HIV-positive or not.

How is it possible that scientists so totally disagree when it comes to the basic ideas? The arguments are sometimes even absolutely ridiculous. To prove the causal HIV/AIDS relation, the CDC document quoted above states that: *"Infection with HIV has been the only common factor shared by persons with AIDS throughout the world"*.

The only common factor! This kind of affirmation implicates that life conditions of a huge part of the world population have been thoroughly studied and that every single potential pathogenic factor, including nutrition habits and life style, has been taken into account. By people who are generally exclusively interested in the study of viruses. And I am supposed to believe that?

To me such a disorder clearly indicates that either big interests are on stake or that neither of the opponents really know what's going on. And maybe we should also keep in mind that scientists representing western medical science all have the same "Pasteurian" approach of diseases as the cancer specialists I mentioned in the beginning of this article. In the case of physical diseases, modern medicine considers human cells and biochemical mechanisms exclusively, and psychiatry only considers the psyche. But the patient as an entire person is generally nowhere in sight. Besides, regular medicine has become incredibly complex and when we listen to their disputes, even specialists seem to be lost. So what to say of the public? How can one chose for one opinion rather than another?

In the final part of this article I would like to introduce a holistic approach of diseases which can easily be verified by any non-specialist willing to spend a couple of hours on the study of its principles: The New Medicine proposed by Dr Ryke Geerd Hamer.

Ever since the works of Louis Pasteur it is generally accepted that microorganisms are the main cause of diseases. Besides that radiation, pollution, bad nutrition habits, poison, etc., are also considered having an important impact on our health. Diseases that are definitely not caused by one or several physical factors are said to be psychosomatic, which means that the causal factor is supposed to be psychological.

However, if some of those factor always induce an immediate reaction of the human body (carbon monoxide, arsenic, massive radiation), others do not. Some people are quite healthy even if they drink, smoke and eat mostly junk food. Others take good care and are ill. During a flu epidemic many don't get ill, even if they live together with people who do. Some people are very sensitive to certain allergens, but most are not. Many people are apparently quite stressed yet healthy, others seem to live a peaceful life but become very ill. What makes the difference? Could it be possible that an important factor is not accounted for?

I promised to propose an approach of diseases that can be easily verified by anybody. So, before I continue with a more or less detailed and theoretical description during which the reader might get lost, first some easily accessible information you can immediately verify yourself.

Statement: **All allergies are caused by a traumatic event during which the allergen was present.** The allergen can be anything: roses, wine, odor, dust, pollen, etc. Some people object that they totally ignored the existence of the allergen before they learned about their allergy. Get me well. The relation between allergen and traumatic event is totally unconscious. Even if you have no idea what sulfur dioxide stands for, the brain is perfectly able to recognize its odor and relate it to a traumatic event.

Any contact with the allergen in the future recalls the traumatic event and causes a defensive and unconscious reaction of the organism. Definitive healing is

generally easily obtained when the person recalls the event and talks about his or her traumatic experience.

Example: A person is allergic to cats. If the allergic reaction was not already present at birth, it means that the person has experienced a traumatic event directly (the cat is the cause) or indirectly (a cat was present physically or imaginary) related to a cat. If he or she recalls the event or, in case of a child, if the event is narrated to the child by a parent for example, healing is obtained instantly and no allergic reaction will occur anymore when again in contact with a cat. If the person was already allergic at birth, a parent has experienced the traumatic event.

Anybody can verify this information considering his or her allergies, or those of family and friends. Talk it over and try to recall what exactly happened around the first time the allergic reaction occurred or what was specific around the last outbreak. It may be difficult to find the one stressing event, but it always works.

This approach of allergies may not be totally revolutionary, but the discoveries of Dr Hamer show its mechanisms in a particularly evident way. The next two paragraphs shortly introduce the New Medicine and can be found at <http://www.geocities.com/hamersnewmedicine>.

*Twenty years ago, Dr. Ryke Geerd Hamer, a German doctor with his own practice in Rome, Italy, received a call in the middle of the night. His 17-year old son had been shot while on holiday in the Mediterranean. Three months later, Dirk died and shortly after, Dr. Hamer, who had been healthy all his life, but who was utterly devastated by this catastrophe, found he had testicular cancer. Rather suspicious about this coincidence, he set about doing research on the personal histories of cancer patients to see whether they had suffered some shock, distress or trauma before their illness.*

*In time, after extensive research of thousands of patients, Dr. Hamer was finally able to conclude that disease is only brought about by a shock for which we are totally unprepared. This last point is very important. If we can in any way be prepared for the shocking event, we will not become ill. In fact, Dr. Hamer does not like to say 'cancer'. Rather, it is a special biological response to an unusual situation, and when the 'shock' situation is resolved, the body sets about returning to normality.*

A shock for which we are totally unprepared is generally not taken into account as a disease-causing factor. But isn't it quite logical to become suspicious when a **testicular** cancer occurs some months after the loss of a **son** and to start to search for a relation between traumatic event and disease? Hamer searched and ... found:

- 1) All diseases are caused by a biological conflict triggered by a traumatic event that took the organism by surprise, called a DHS. Psyche, brain and organ are touched simultaneously. It makes no real difference whether the traumatic event is psychological or physical (poison, drugs, etc.). For example: a resentment of disgust may be caused by eating spoiled food (physical event) but also by hearing mean words (psychological event).
- 2) The resentment during the DHS determines the location of the target in the brain (the Hamer Herd, detectable on a CT scan and generally misinterpreted as brain cancer) and the organ that will be touched. For example:

Archaic fear of death	=>	Brain stem	-	Lung alveoli
Loss	=>	Cerebral cortex	-	Testicle or ovary
Fear of an attack against the belly	=>	Cerebellum	-	Peritoneum.

- 3) All diseases are bi-phase processes, which really is something totally new and never considered as such before.
- 4) During the first phase the individual has to deal with intensive stress, which causes an alteration in his biology. During the second phase returning to normality, i.e. repairing of changed, altered tissues, is necessary and the patient has to face physical symptoms like fever, pain, tiredness, night sweat, headaches etc.

- 5) Depending on the histological origins of the concerned tissue, endoderm, mesoderm or ectoderm, the result is either mitosis during the first phase and decrease of mass during the repair phase, or necrosis during the first phase and mitosis during the repair phase. In certain cases, neither mitosis nor necrosis occurs, but the result of the biological conflict is merely function increase or decrease. Finally disease consists of only four biological mechanisms: tissue increase or decrease and function increase or inhibition and the mechanism employed during the active phase is followed by the opposite reaction during the healing phase.
- 6) The concept of metastasis, meaning secondary cancers caused by migrating cells originating from the primary cancer, is completely wrong. The one and unique cause of tumor is stress induced by a biological conflict caused by an unexpected traumatic event, and never some kind of wandering cell, roaming around madly with only one idea in mind: destroy its host.
- 7) Microorganisms are active exclusively during the second phase of a disease and are part of the healing process.
- 8) All diseases have a biological meaning that can be interpreted as the expression of the adaptability of the living organism when facing a hostile environment.

To the reader those affirmations might not be much of an instant eye-opener. The reaction of most people is something like “So, what difference does that make, huh? Any theoretical approach does not help a great deal to fight cancer or any other serious pathology and you must admit that many don’t find a way out, whether a disease has a biological meaning or not.”

Of course I must admit, and in the end neither of us will avoid the fatal issue anyway. But let me try to illustrate with a practical example how a better understanding of biological mechanisms thoroughly changes the therapeutic approach. Let’s apply the above to two persons we will call Chris and Fred, both diagnosed with a malignant melanoma (skin cancer). Chris chooses an approach according to regular medicine, whereas Fred fully understands and agrees with the New Medicine.

Stage	Chris	Fred
Diagnosis	Chris first moment reaction will be something like “Oh my God, I have cancer”. Depending on the resentment, this moment may represent a DHS and instantly start off a lung cancer (I’ll die), or a bone necrosis (I’m not worth anything anymore), or a colon cancer (how mean and unfair), etc. Of course, if Chris is totally confident in medical know-how, he may not develop any secondary cancer.	Fred’s reaction will be something like “A malignant melanoma. Well, I’ll surely have to face some uncomfortable moments. Let’s have a look at Hamer’s scientific table to find the cause and figure out which phase I’m in. If I can’t work it out by myself, I’ll consult a specialist who is open to my approach”.
Cause	For regular medicine, UV radiation, chemical compounds, X-ray radiation or eventually a primary cancer may cause melanoma.	According to the New Medicine, the cause is a biological conflict of blot, or fear of loss of physical integrity. During the active phase of the conflict, the derma thickens (increased protection!) at the exact spot where Fred felt attacked. The Hamer Herd is located in the cerebellum.
Treatment	Chemotherapy and radiation: Strike hard and fast to try to beat the bastard and avoid metastasis. If the overall fearful situation has caused one or several DHS to occur, one or more secondary cancers interpreted as metastases will certainly appear and result in the final diagnose of generalized cancer.	Go back in memory to find the causal event. If the conflict is still active, find a person who can listen and who will make it possible to find the resentment during the DHS. The healing phase will start immediately once Fred has been able to express the resentment, and the derma will be restored once the surplus of cells created during the active phase has been reduced by bacteria.
Post-treatment	Even if after treatment total remission is obtained, Chris will have a check-up every	A pathologic reaction is the result of the impossibility to face reality. Fear, guilt, self-

	<p>six months to verify that everything is still ok and he will probably feel a threatening sword of Damocles over his head for the rest of his life. A sword that may become the source of future diseases.</p>	<p>devaluation etc. are often associated with traumatic events of the past and may be rooted in our childhood or even in our genealogy. To achieve a definite healing of chronological affections, others than those caused by an archaic and pure biological mechanism, it is often necessary to bring ancient traumatic events to conscience.</p>
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The therapeutic action according to the New Medicine consists mainly of patient accompaniment. It is important to track the causal biological conflict and to explain the basic ideas of New Medicine. The understanding will enable the patient to stay confident during a sometimes very difficult healing phase. Painkillers may be of great help, but pain generally decreases also considerably if we know what is happening and may even completely disappear once the message is understood. If you don't believe me, then you ought to consider that in certain cases we can easily accept that pain is a biological mechanism of warning: "don't put your hand in the fire, that's bad for your body!". So why should we not consider that any pain might have a deeper meaning? After all, my body is hurting myself. Why should it do so? If pain were merely a result of injury it would be inexplicable why bone necrosis does not hurt at all.

Surgical intervention or drug administration can of course be beneficial or even vital, but only if they are employed in harmony with the biological mechanisms of the organism. In case of chronic affections the patient might need a therapy that will make it possible to face reality in a different way and to avoid pathological reactions.

When compared to regular medicine, the New Medicine defeats much of the acquired scientific knowledge and anyone who does not know what to think anymore while listening to scientific quarreling might feel even more lost after having read Dr Hamer's affirmations. Maybe some more examples will help to clarify the approach.

- Lung tbc: Healing phase of lung cancer. Cancer of the alveoli is caused by a terrorizing fear of death. This is the reason why lung cancer "metastasis" very often occurs after cancer or AIDS diagnosis, interpreted as a death sentence and causing a nocebo effect.
- Hepatitis: Healing phase of a necrosis of intra- or extra-hepatic bile-ducts caused by a masculine biological conflict of anger/rancor or a feminine conflict of identity-loss (feeling out of place; being non-considered).
- Bone necrosis: Active stress phase of a biological conflict of self-devaluation.
- Leukemia: Healing phase of a biological conflict of self-devaluation.
- Multiple sclerosis: Active stress phase of a biological conflict of indecision: I want to do something, but I can't. (Example: divorce). Because they appear during the active stress phase, the symptoms occur shortly after the DHS.
- Herpes: Healing phase of a biological conflict of separation.
- Sore throat: Healing phase of a biological conflict caused by the fact that one finally did not get something that one was already certain to obtain.
- Heart attack: A heart attack occurs during a brief period of the healing phase of a masculine biological conflict of territory loss. During this short period, called the epileptical crisis, an electrical discharge occurs in the brain. The reason why a heart attack generally happens when problems are settled is simply the fact that it is part of the healing phase. The active stress phase causes necrosis of the coronary arteries (symptom: angina pectoris; stops instantly when stress is resolved).

Keeping in mind the fact that diseases proceed in two phases, it is mostly not very difficult to find the necessary indications as to which event caused a given disease. As symptoms like fever,

headache, bleeding, etc. occur during the healing phase, it is important to determine when exactly those symptoms appeared. Because shortly before that moment, something positive has happened that made it possible for the patient to relieve the stress relative to the biological conflict. The severity of the healing phase is directly related to the intensity and the duration of the active stress phase. So in case of a relatively benign disease, the DHS must have occurred some days or even some hours before the first symptoms arise. In serious cases, the DHS may have occurred several months before appearance of the first symptoms. Quite often, black spots provided by X-ray examination, for example in lungs or liver, merely show some ancient and inactive vestiges of a cancer, healed since many years. So one needs to go back far in the past to trace its cause.

If we apply the New Medicine postulates to AIDS it becomes clear that the underlying cause of the syndrome and its multiplicity of totally different related diseases cannot possibly be a single virus. Each of the AIDS-related diseases has its own and very particular cause and fighting the overall symptoms with one or more toxic drugs like AZT etc. can have only one disastrous result: inhibition of the natural healing resources of the human body. Moreover, if we consider stress as a disease inducing factor, it is not hard to imagine that merely being diagnosed HIV-positive is a good reason not to feel very well.

We are striving for a free world and freedom may have its limits if we want to live in harmony with others. It is true that the "HIV causes AIDS" theory is widely accepted and criticized by a tiny fraction of scientists only. The number of dissidents increases but very slowly, mainly because the mass media do not publicize much information concerning alternative opinions, but they certainly do have some very strong arguments.

Anyone may argue for hours but as far as I know, nobody can guarantee that a patient will recover from a serious disease if he or she chooses one therapy rather than another. In some countries regular AIDS treatment is imposed by state, but I would be curious to meet somebody who can clearly explain the basic idea behind any law disabling perfect freedom of choice of therapy for all. After all, taking into consideration alternative approaches does not seem out of place given the toxicity and very negative side-effects of regular AIDS drugs, the percentage of fatal issues after regular treatment and the number of individuals who have been diagnosed with AIDS but are doing quite well without any treatment.