

# BRAIN TUMOR

[00:00:00] **melissa:** [00:00:00] Hello everyone. I am here today with the lovely Andi Locke Mears and we are starting a mini video series where we go into more detail on specific GNM topics to have a discussion to help provide you guys with more information, more nuance and detail of the Germanic New Medicine and the five biological laws. And we thought this would be a really fun way to do it, to have a conversation. Um, and so please, if you have questions or topics that you'd like us to cover, mention it in the comments below, because we are going to be doing a bunch of these. So today we want to get started with the topic of Brain tumors.

Um, this is such an important topic and because it's a scary diagnosis, um, I've known many people, uh, friends, family members who have had friends and family members be diagnosed with a brain tumor. And it's one of the more scary, I would say, types of tumors that people get diagnosed with. And so that's all the more reason to learn the GNM perspective to help downgrade your fear of this thing called a brain tumor, and really start to realize how normal brain tumors are.

**Andi:** [00:01:15] That's a really good point, Melissa. Yes. And I want to just say it's wonderful to be here and I'm so glad we're doing this. This is super fun. I think two heads are always better than one as well. So, people like to hear from people who know GNM so let's share what [00:01:30] we know. So let's look at brain tumors, like you mentioned, and to really talk about brain tumors.

We have to go back in time a little bit. What happened before that brain tumor developed? And what happened was that that person experienced a conflict shock. This is biological, there was tissue adaptation at the moment of that conflict shock. So there was something unexpected that happened to them.

It was distressing and their biology decided, "Oh, Might be a survival issue here. We need to adapt in order to make sure we can survive or at least to better help us survive." Cell loss, cell proliferation, cell growth or functional loss. One of three adaptations occurs. Then, what we know is we're upset for a period of time until we resolve it.

And when we resolve all of it, then our whole biology shifts, our nervous system shifts from being sympathetic dominant, go, go, go. We're running from a saber tooth tiger to now, okay. Now we've resolved it. We can return to homeostasis, but to return to balance, we need to kind of readapt our biology. If we grew cells, we need to now get rid of them. There's pain, swelling, and inflammation with that.

If we had cell loss during the conflict active phase, now there is cell replenishment. If we had a functional loss of an organ or tissue, now that organ or tissue will regain functioning. Then we have the epi crisis. That's the [00:03:00] height of healing. It's nothing more than the pushing out of the edema in the circle of the brain and on the organ level.

So remember that at the moment of that conflict shock, there is a, what we call the hammer focus and that's like a lesion, a targeted bull's-eye formation that forms in the brain. And that turns on that program of tissue adaptation. So once we're past the epi crisis, which is just pushing out the edema that accumulated in the first part of the healing phase to protect us, we push that out and then we go into the final phase and that's when we have glial cell accumulation.

And that is accumulating in that circle in the brain where we had an edema. So in other words, it swelled and now we've pushed out that whole edema and now it's contracted. And so it's connective tissue that has become - think of taking a piece of metal and you're bending it a few times pretty soon at that bend it weakens.

And that's kind of what happens with our connective tissue. So it weakens, the more that we expanded and contracted it can weaken. Our body knows that, and it's always trying to protect us. So it's going to go in and accumulate glial cells there, which is connective tissue in the brain to patch it up. I always think of them with, you know, hammers and wood, you know, they're just patching it up and making it stronger and shoring it up.

This is what is [00:04:30] known as a brain tumor.

**melissa:** [00:04:32] Exactly. And so psyche, brain, organ. Going back to the first biological law, the location in the brain depends on the type of conflict, the nature of the conflict that you experienced. And so we've got the old brain, um, which is the brainstem that has to do with endodermal tissues and these very basic primal conflicts, like a death fright shock, or an indigestible morsel conflict.

If they're at the circle and the brain is in the cerebellum, this has to do with the types of tissues that are derived from the old mesoderm. And so this is something like the dermal tissue or the breast glands.

And then we have the new mesoderm. And this would be self-devaluation type of conflicts having to do with the connective tissues. And then we have the cerebral cortex. And so the brain is like a map. You can read the brain like a map, and there are people who are specialized in reading the brain and seeing where these circles have shown up and they can tell whether the person is in an active conflict, if they are in the PCL A, the first half of healing, or if they're in the PCL B. And so when you understand that all of these circles in the brain, they indicate an experience that an individual suffered, that you went through.

And so when you can understand that, um, the brain tumor is simply part of this very normal [00:06:00] biological process that all organisms go through in order to adapt to ever-changing unexpected life circumstances. Typically when a person finds out, they have a brain tumor, well, how did they find it out?

They, they have headaches. So they're having headaches, maybe blurry vision, some dizziness. So they're having some odd, uh, what would be considered neurological type of symptoms. And so, um, and then their friend says, "Oh, you've had this headache for a long time. You should go get checked out." And then they go get checked out or they have a brain scan, and then they get this devastating news.

You have a brain tumor. And I feel like that moment in time is so shocking and scary because here you are, you know, your brain is the projector for this whole experience and you behind your eyes. Little to your knowledge, there is a tumor. And our idea of cancer is that it's cells replicating out of control.

They're just going to grow and grow and grow unless we stop it with chemicals or radiation or with surgery. And so we're kind of in this 911 moment, we have to do something to stop this process and that's how medicine works. Cut, poison, burn. We do something to remove this tumor and we are so grateful.

And so, you know, we'll do anything, whatever it takes to get rid of this. But when you know the biological programs and you understand that, "Oh, you know", and you can connect it back to, what did you go through? What did you suffer? What did you experience? What was shocking? [00:07:30] And you can see," wow, I actually just resolve this conflict" and this, you know, this headache that's been growing and growing and growing is simply the result of the growing edema because the brain needs to repair, the organ needs to repair, and that takes place in this fluid filled environment.

And that's the pressure. That's why I'm having, you know, blurry vision and these kinds of odd neurological symptoms. There's something going on in my brain. And so when you can understand, and kind of this calm, sober, biological, natural science understanding, "Why does this even happen?" you can begin to downgrade your reaction to a diagnosis.

And that's very important because I'm sure Andi will love to talk about this. What happens when you start panicking? What happens when you get really freaked out and scared for your life? After a diagnosis shock?

**Andi:** [00:08:24] Right. I mean, this is, this is the important thing. And that's because what we experience is because of how we're raised, the culture in which we are raised.

So in the Western world, we have been taught to fear our bodies, that what happens in our bodies is bad and wrong. And that is not true. We are part of nature. Everything that occurs inside of us is part of the natural world. There's nothing bad or wrong. Let's look at what happens at that moment of that diagnosis shock.

"Oh my God. I have a brain tumor". You're starting a secondary program. Chances are you're starting the KCT, [00:09:00] the kidney collecting tubule program. And that is one that we experienced at that moment of fear. And it's like the fear of hospitalization, fear of abandonment, fear of our existence. It's simply fear.

And what happens is we start to retain water and we retain water wherever we have a program running in our body. So if we have an active glial cell accumulation, we'll have more water go to that area and now it will swell. And so now your CT scan, two weeks later, will show "Oh, my gosh, it's fast growing."

We need to do something now and that even heightens it even more. So now it's become something fast growing, which you maybe have had it for 10 years. We don't know. And it

was very slow going, but now it's going to be a lot faster because of the edema that's accumulated because of the secondary program running, which is caused by the fear.

**melissa:** [00:09:55] That's the first conflict to resolve because typically, you know, if you've already got this brain tumor, you've already resolved a conflict.

And so that, if you understand the five biological laws would be good news, but if you don't and it's causing the panic, that's the first thing to resolve is this, this death fright. Or this fear of your existence, fear of dying fear of, um, you know, like Andi said, isolation, being in the hospital, all of the kind of consequences of what you imagine is going to happen to you because you have this quote, [00:10:30] "brain tumor."

And so finding yourself in this situation, the first thing is to breathe. And to learn. Learn the five biological laws. Understand why this happened. Getting out of the fear is going to be the number one thing to do in that moment, to understand what's happening.

**Andi:** [00:10:49] Yes. I totally agree with you that the number one thing to do, if you are diagnosed with a brain tumor, is to reduce your fear because that is what will create a very complicated case for you and a very complicated scenario.

So downgrading the fear, "Oh, this is natural" . Realize too, that if we all had a CT scan at the end of a bad, common cold, we would all be diagnosed with a brain tumor. So we all have them. You've had many brain tumors. We all have throughout our lives and nothing to fear, nothing to fear. So if you have a larger one, that just means you had a larger conflict shock occurring, and yet it was there and finally got resolved and it's not necessarily a big deal. However, once you have the diagnosis, it becomes a much bigger deal. Let's talk about the grades because there's four grades, according to allopathy grade one is a very small brain tumor grade four is the huge, massive kind.

And from our perspective with GNM. A grade one would be a fairly small conflict shock and it- [00:12:00] maybe it's like that common cold or bronchitis type thing, you know, we're over it in a few weeks and now we have the glial cell accumulation and now we have a CT scan and it's small. Versus stage four, where we had that really intense DHS.

We caught our partner with another person. We lost our job. Our home was foreclosed. I mean, big issues that are really life-changing. Then the glial cell accumulation will be larger. And therefore the brain tumor will be at a more advanced stage, according to allopathic medicine.

**melissa:** [00:12:38] And understanding that is just again, to put it into context.

What does this mean? Because the language used by the medical doctors to impress upon you, the seriousness of your situation and the badness of it and the, you know, then the need for, um, massive intervention. Really that does impact you and how you understand it. And so a lot of people who are kind of in the world of just kind of learning GNM and bringing it into their awareness, you know, they're kind of straddling both worlds.

So they are having the diagnosis and they're working or talking with the medical doctors and they're trying to figure out what do I want to do about this. And so by knowing that the grade four, simply means this was a bigger conflict, this was more intense. That's the reason that it is a larger tumor.

Um, or a larger situation happening in the brain that will [00:13:30] help you to make your decision. You know, this is, uh, something, I actually had an experience with someone who I cared dearly for. Years ago, um, I found out through Facebook that she had had a brain tumor and, uh, she had it surgically removed.

And, um, I actually was listening to, um, a video from Helmut Pilhar and he says that, you know, surgically removing a brain tumor really should be considered medical malpractice, which I was like, well, that's, you know, that's some strong words, but, but truly, you know, this person I knew that had the brain tumor removed, it seemed like she was in the clear and like a couple of weeks, I'm actually not sure how long after the surgery took place, that she just had massive swelling in her brain and she passed away. And it was just like, you know, if she had only known that this tumor was not a wrongness, it wasn't an evil thing inside of her body that was replicating out of control that needed to be removed. It needed to be understood and maybe she needed support. You know, there are situations where, you know, support is helpful.

If there's massive, massive swelling, um, Some interventions. I think, uh, Helmut mentioned like actually, you know, lifting the cranium to create space for, um, for the swelling to take place. But the removal of the tumor is not the right move when you understand why it's there.

**Andi:** [00:14:55] Absolutely. I totally agree with that.

I've had other people in that same [00:15:00] circumstance and, and they pass. Now a couple didn't and it was a very small tumor, and they were able to survive that, But it is tragic what happens when we try to do what we think is the right thing, because of what we're being told.

And it oftentimes can be fatal unfortunately. I know one gentleman who's had a brain tumor for 13 years. He does not know GNM, but they never mentioned chemotherapy until about , year, 12. And when he started to do the chemotherapy, he started to go downhill right away. I don't know how he's doing now. I haven't heard, but it's just tragic what happens. And if, if he had come to me, I would have said, I'm so sorry. I can't help you because they've done so many things that it's much more complicated and we really don't have a place at working with folks like that, unfortunately.

**melissa:** [00:15:54] Yeah. And also to keep in mind just the effect of things like chemo and radiation on the brain tissue itself. Um, can create, you know, decreasing the elasticity.

So another thing that can decrease the elasticity of the brain is repeated conflict. So if you're continually going in and out of conflict and so we're conflict active and then resolve and conflict active, and so that creates this kind of accordion effect where the tissue becomes less and less flexible. But then when you introduce chemicals or radiation that also can

affect the elasticity of the brain, which is only going to complicate and make more difficult the normal [00:16:30] resolution process.

And so that's why understanding your conflict, understanding, you know, what is it that's triggering you? What is it? That's reactivating this conflict in your experience, getting a handle on this internal, um, perceptual process of what is my conflict made out of. And that's really, you know, what I love to teach so much to people are tools for self-awareness for the self recognition of "Oh, I'm back in that conflict."

I am thinking about things in that same old way, and I am feeling not okay and not safe. And like this thing is dangerous or I can't handle it. And so by elevating your awareness of when, when do I reactivate this, I need to downgrade this. I need to get myself into a state of balance and ease so that I can progress through this process.

Um, and not, you know, you know, cause when, when your tissues have to adapt consistently, they're going to do it. Your body is on your side. Your body is always gonna, you know, adapt when necessary. We just want to give our bodies less and fewer and fewer reasons to need to adapt in such a way.

**Andi:** [00:17:35] I'm so glad you mentioned that Melissa, because people are always looking at "well, what do I do?"

What do I do? And here's what you do. It's what Melissa just said. Understand yourself, understand your conflict, relapses, relax, get out of fear. And sometimes that's the hardest thing for people to hear because they want to do something I need to get rid of this tumor. And truly what you need to do is make peace with whatever [00:18:00] is occurring in your life.

I mean, yes, you can put some ice on it and see if that helps to reduce some of the swelling. Doing a little caffeine can help as well. But we're talking about the most important thing to do is what Melissa just said is work on your psyche, work on what's causing this in the first place. And especially that fear, that activates that moment of that diagnosis shock.

**melissa:** [00:18:24] Yeah. Like you said, it, you know, when you are dealing with, you know, whether it's just a headache or, um, you know, a brain tumor diagnosis and a lot of, um, bizarre symptoms, neurological symptoms because of this swelling, you know, try some of the, kind of at home interventions, ice on the head, staying elevated, cold showers, avoiding heat, you know, using caffeine or mild diuretics to kind of help let the water out. Um, but that is all adjunct. In addition to making sure you are resolving the conflict that you're feeling safe. That you are, you know, um, resolving this, the KCT and the holding on of the water, you know, maybe even limiting your fluid intake because of the fact that you're drinking tons of water.

Um, because we think that's really super healthy and you're holding onto water. That again, you're contributing to just the amount of fluid being held in your body in any area that is in healing in the brain or on the organ level, it's going to be swelling. And so keeping all of that in mind, as you're resolving your conflicts and creating safety and feeling [00:19:30] comfortable and connected and loved and supported. And sometimes you have to do that in

absence of external support. And that's, you know, one of the difficult things to transmute is sometimes your life circumstances haven't changed, sometimes, you know, the conflict is still knocking at your door.

It's still physically there. But your ability to shift out of that, and you do have that capability within you. And so I want to encourage you if you're like, I can't resolve this conflict because this issue is still happening. You can resolve it and it may take some personal evolution and upgrading and transmuting and accessing powers that you don't even know you have, but you do have them.

And that's something, if you need assistance with that, you know, reach out and I'd love to, you know, kind of support you through that. Reach out to Andi as well. She teaches how to understand. Whether you're a lay person or a practitioner, how to understand the science so that it can be usable by you.

Because I think every individual has the capacity. That's like, what are we talking about? I'm not a brain surgeon. We assume, or we associate this, you have to have this high level of intelligence in order to understand neurology and the brain. And yes, you do to some extent. You know, in chiropractic school, we learn all the different pathways and it's wild. I mean, the brain, we only know this much about how the brain works. Honestly, the most educated neurologist on the planet knows this much about how the brain works. Um, but, [00:21:00] that's the cool thing about GNM is like, it can be simplified to the point where you understand the biological laws, you understand how your body functions, and it's not this big mystery that only a, you know, highly educated neurologist can, can help you with.

You can know how your body works. And that is I think the best encouragement.

**Andi:** [00:21:20] Absolutely. I love that you mentioned all that. That's perfect. And I'm going to say too, that we've been talking about brain tumors from, uh, a very Dr. Hammer perspective. And there are many teachers around the world that teach German New Medicine.

Some of them come up with new data, and now I'm not going to say that's right or wrong. It is what it is. And Melissa, tell us about someone that you've heard about who has perhaps a different perspective on this.

**melissa:** Yeah, another [00:21:49] perspective that I saw presented, which does make sense is looking at the purpose of the glial cells and how they are this support, this network matrix structure, um, within the brain and how a potential possible SBS or conflict, related to actually the brain tissue itself. So feeling a lack of connectedness, lack of support, lack, or if you are frustrated with social structures, constructs the economics, things like that, that you could have a conflict that's affecting the brain tissue itself. Which causes a loss during the active conflict.

And then when the [00:22:30] conflict is resolved, there is, restoration, tissue restoration. So there's gonna be this glial proliferation, in the brain itself due to that conflict related to, structure and connectedness and things like that. And so I found that very interesting and act with all of the things in GNM.

More research, more research and studying, and brain scans and making these connections, I think is going to be the evolution of all of healthcare. Because when you get out of allopathy and you realize that the body's doing everything for a reason that we don't need to suppress and remove what the body is doing, people are going to be so interested in understanding these mechanisms. And so that's just another thing to keep in mind and to consider when you're looking at, you know, if you have a brain tumor or someone, you know, and, this could be an additional, biological conflict that could be taking place with the brain tissue itself.

**Andi:** [00:23:26] Perfect. And I love that you mentioned that because I think it's important to look at what are people doing with GNM right now. It will change over the next decade, two decades, a hundred years. Of course it will change as more and more researchers take it on and start really looking at it under a new lens.

So we want to thank everyone for being here today and for watching and listening to us. Put your comments down below. We'd love to hear from you. And we'll see you next time. Bye-bye