

## Kaleidoscope Eyes: Discovering the New Medicine

Written by Neal Robert Smookler, D.C.

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“Picture yourself in a boat on a river, with tangerine trees and marmalade skies.

Somebody calls you; you answer quite slowly. A girl with colitis goes by.”

Wait...what?! Colitis?



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As I listened to Sgt. Pepper’s Lonely Hearts Club Band in 1976, marmalade skies or not, I was convinced that poor girl had colitis. When my best friend brought it to my attention that I had

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butchered, quite badly, the Beatles's lyrics to "Lucy in the Sky with Diamonds"—I was sure he was wrong.

I'd listen on my old Thorens turntable, over and over. Nope, I was hearing it correctly. Colitis.

It was only upon his observation that perhaps I was aurally blinded did the scales fall from my eyes (well, ears) and my ability to listen—truly hear—become evident.

Finally, I heard it. Colitis. Colitroscope. Ah, a girl with kaleidoscope eyes.

Turns out, nobody had colitis after all. All that was needed to perceive things differently was a fine movement of the mirrored cylinder.

That refined movement became a blessing for me in 2009, when my mother was diagnosed with stage 3B metastatic adenocarcinoma.

We looked at many cancer models. A common thread connecting them all was that cancer, like all so-called disease, was something to fight. The body's intelligence had become fallible and susceptible to malfunction and breakdown.

It was around this time we were introduced to a paradigm that would forever change our perspective. It would make sense of illness, perhaps for the very first time, and authenticate that disease was not a mistake of nature but rather an intrinsic part of it—that nature was not faulty and never, ever, goes awry.

A feeling of overwhelming calm came over me, and I knew I could never look back. I had to continue in this direction. I needed to know more. With a newfound liberation from fear and panic that can only come from an understanding of the biological purpose of disease, I could now move forward.

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To elicit a cure we didn't have to manipulate genomes, alkalize the water, find the next "smart" drug, or war against anything whatsoever. The answer was revealed by understanding what exclusive life event unleashed the physical response on the organ level. This new thought model critically challenged some very contemporary beliefs.

Formally anchored in embryology and verified by multiple European universities and institutions, German New Medicine (GNM), the scientific discoveries of Dr. Ryke Geerd Hamer, is a natural science based on five universal biological principles that view disease through the eyes of Mother Nature. Dr. Hamer analyzed the brain scans of thousands of patients and compared them to their medical records. To his amazement, he found a clear and undeniable correlation, and could accurately diagnose the patient simply from his or her brain scan.

The new medicine represents a change in our understanding of what we commonly call disease. It reveals that disease is not caused by malfunctions, but instead is initiated by a biological conflict, or shock, that assists an individual during times of unexpected emotional distress.

Whenever a living organism experiences an unexpected, highly acute trauma—one too overwhelming to process—nature intercedes to take the "weight" of the distress off of the psyche and shift it to the body. The weight is translated into a compensatory special biological program that manifests on the organ level (an adaptation response) that the body can run or process over time.

This is nature's way of satisfying psychologist Abraham Maslow's need for self-preservation. The translation from the consciousness to the body, or organ, buys time for the possibility of a conflict resolution. It allows the organism to remain highly functional during even the most difficult of times.

The biological conflict must catch us completely off guard—it is a shock for which we are totally unprepared. This last point is very important. If we can in any way be prepared for the conflict, the special biological program will not initiate, and we will not become ill.

The sudden death of a loved one, the unforeseen loss of one's job, a startling cancer diagnosis, an unexpected insult—all qualify as biological conflicts as long as they register on all three

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levels: consciousness, brain, and body.

Biological conflicts may be sexual, procreative, or territorial in nature. The biological conflict associated with glandular breast cancer, for example, is a territorial “nest worry” regarding a nest or family member. If the conflict is too distressing to process—for example, the shock of having one’s child critically injured and in the hospital—the weight of the distress is shifted from the psyche to the body. A proliferation of glandular breast cells will begin serving the biological purpose of increasing glandular tissue to produce more milk (i.e., nutrition for the nest member in need). This is a special adaptation program in play, reflective of the very specific biological conflict associated with the breast: nourishment.

Biological conflicts may involve themes of identity, separation, abandonment, resistance, or attack.

The biological conflict associated with a malignant melanoma is an attack conflict—for example, a verbal attack on one’s integrity—that reflects in the deeper corium skin. Once again, if the biological conflict is too overwhelming to process, the weight of the distress is taken off of the psyche and shifted to the organ. It responds with cell proliferation at the site of attack, forming a compact melanoma. The biological purpose is to provide a protective layer against another attack. A biological conflict of feeling soiled by something dirty, disgusting, or revolting also reflects in the corium skin; shingles and athlete’s foot come to mind.

### **A Paradigm Shift**

So, let’s dispense with the qualifiers. Despite the name, GNM is not based in Germany and it isn’t really medicine at all—at least not in the customary sense. What standard medicine calls disease, is, upon a slight movement of the kaleidoscope, a meaningful survival program created to assist us in resolving a difficult biological conflict.

The biological conflict initially impacts the psyche on the emotional level, then alights a predetermined relay in the brain, as an energetic short-circuit or imprint (visible on a brain scan) exclusively based upon the conflict’s unique nature. A natural survival program, with the accompanying organic and functional tissue change, is set into motion in the corresponding organ system. The special biological program is what we commonly understand as disease.

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Until the advent of computed tomography in the 1980s, there was no scientific proof of the mind-body link. Today, every connection can be documented from a brain scan with perfect predictability.

The new medicine explains these connections and how we might unplug or disconnect them, while providing us a scientific and empirical blueprint for the accurate cause, exact course, and predicted amelioration of nearly all disease, including its significant biological purpose. No longer is illness something that just happens to us by chance, a disease randomly striking its victims. We now understand the whys and the wherefores, and have the ability to reframe its ominousness.

Since the identification and the psyche's release of the conflict is essential to recovery, during a consultation we direct our focus to the specific moment in time that set the biological program into motion. Most recognize exactly when their biological conflict occurred, as it was invariably an acutely distressing moment.

Dr. Hamer provides us with the exact biological conflict wired to any organic program (i.e., disease), from the common cold to cancer. It is so highly accurate that we know exactly in what direction to guide the discussion.

Protocol in GNM involves a form of an investigative dialogue, or emotional detective work, specifically directed to search the consciousness and unearth the biological conflict. We only focus on its identification and resolution and leave the doctoring to the medical experts.

Looking at an adenocarcinoma of the lung gives us a breathtaking round-earth perspective of the meaningful interplay of consciousness, brain, and organ. We find the biological conflict centers around a "death fright"—for example, a doctor's diagnosis that is perceived as a death sentence. Perhaps the patient has been told they have six months left to live.

From a biological perspective, a death fright is equated with being unable to breathe. Anyone who has ever received such news will recognize the gasp reflex. As the consciousness interprets the biological theme of the event, the shock simultaneously impacts a very specific relay switch within the brain—in this case, the brainstem.

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The moment the brain receives that impact, the information is immediately communicated to the corresponding target organ. In this example, it's the lung, which is placed on emergency standby. A total preoccupation with the shock is reflected with the cold hands, insomnia and loss of appetite of the stress response, all mirroring the individual's attempt at resolving the news.

Automatically, the alveolar cells of the lung begin to proliferate, forming what medicine calls a tumor. Yet, upon a slight movement of the kaleidoscope, an intelligent survival program emerges. The additional cells—the tumor—serve to increase the available alveolar surface area, and therefore lung capacity, in order to extract more oxygen to assist the individual through the death fright conflict-shock, thereby optimizing the individual's chance of survival. You see, nature is not in fact flawed, fallible, and diseased.

Contrary to the accepted perspective, this multiplication of lung cells is not a pointless process. Rather, it serves a very definite biological purpose. The tumor grows in direct correlation to the intensity and duration of the shock.

The cellular mitosis continues until the conflict-shock is resolved, at which point the consciousness releases the special program, as it is no longer needed—and the cells, as if on cue, stop replicating.

Through directed dialogue, we look for practical ways to resolve the conflict. The consciousness can connect all the dots and the special biological program (the disease) is now no longer needed, as it has served its purpose. As the program in a sense reverses course, a natural healing begins on the organ level, and health is restored.

We can now reframe our thinking to see disease for what it is—an essential biological special program, not to be feared, but rather to be understood and navigated in a new light.

## **The Art of Well-Being**

Each and every disease holds a purposeful biological meaning. This is revelatory. Once we grasp this, the darkness fades.

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At the very moment of a biological conflict, our subconscious makes a connection between the unique theme of the emotionally distressing event and the biological program to be switched on. A territorial loss or sexual biological conflict (angina, heart attack); a separation biological conflict (eczema, psoriasis, rosacea, herpes); a brutal separation (vitiligo); a self-devaluation (fibromyalgia, arthritis); hearing conflict (tinnitus, ear infection); identity conflict (hemorrhoids); motor and muscle conflict (multiple sclerosis, Lou Gehrig's disease, Parkinson's), an insult attack (acne); stink conflict (common cold); profound loss (testicular cancer, ovarian cancer); complete overwhelm (myocardial infarction); morsel conflict (constipation, thyroid); betrayal with sexual connotations (prostatitis); boundary demarcation conflict (urinary tract infection, bladder problems); resistance, revulsion (diabetes, hypoglycemia); starvation (liver disease), water, fluid conflict (high blood pressure), a territorial aggression (bronchitis); a territorial anger (GERD)...and on and on.

Emotional disorders such as anxiety, PTSD, OCD, depression, bi-polar syndrome, and autism involve multiple conflictshocks in opposing halves of the brain, referred to as a constellation. Additional constellations and multiple conflict-shocks are represented by programs such as AIDS, Lyme disease, migraine headaches, gout, anorexia, and bulimia.

It's fundamentally important to have the proper medical system in place to navigate through the unfolding program, and with a true understanding of GNM, most diseases need not reach the extremes we observe under a more traditional watch. The standard panic and fear of the current paradigm set into motion additional conflict-shocks (secondary and tertiary programs) that critically muddle the outcome, crippling the prospect of a recovery. Modern protocols create a slippery slope from the get-go; the very model is a strong causal determinant.

On the surface the principles may appear simplistic; I'm afraid they're not. Upon deeper investigation, we find many deep nuances to GNM that can be only appreciated within the framework of practical application.

It takes perceptual artistry to bring to light how your consciousness has perceived the tonality of a biological conflict and the manner to best unravel it. The art of navigating through the healing phase is the greatest challenge in GNM.

At times, the biological conflict is below our conscious awareness. The ability to percolate it up from the subconscious while maintaining the safety and security of the client is paramount.

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Cases that may appear black and white more often present as a complex tapestry consisting of hundreds of colored threads. It is in the isolation and contextual understanding of that one subtle hue where the alchemy happens. When you find exactly the right hue or “shade” of the conflict, perhaps for the first time—as if by magic—it is released by the conscious mind, enabling the program to run its due course.

A GNM consultation generally requires one to several sessions, and results often come in the first session. Only the more complex scenarios require additional dialogue.

For those that are ready to allow the scales to fall, welcome to seeing through kaleidoscope eyes. Welcome to the vision of the new medicine.



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