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## **Dream of a Blue Bucket:**

### **A Remarkable Recovery from an Ovarian Tumor and Medical Interventions**

**by Jacqui Ehninger**

#### **Abstract**

An ovarian tumor was diagnosed by ultrasound after a large mass was found in my abdomen on a routine annual physical exam by my family doctor. A malignant tumor was suspected. I declined the recommendation for a total hysterectomy along with removal of the tumor, choosing treatment with German New Medicine (GNM) instead. GNM helped me address my physical problems as issues relating to my whole self. When I dealt with some deep frustrations and unfulfilled wishes, I felt confident that my tumor could be removed. Although the pathology report indicated it had some potential for malignancy, my inner guidance proved correct. There was no spread of the tumor and no further treatment was required.

Key words: Ovarian tumor, remarkable recovery, German New Medicine, GNM, self-healing

#### **My story**

It stood in moist sand, slightly tilted and filled with damp newspaper; a square, plain, utilitarian bucket of utilitarian blue. The newspaper had a web of fine white threads on it, fungal growth or mycelia. I lifted the top layer, but the mycelia seemed to have permeated through the newspaper. I pulled out more to see how far it had gone, but it had in fact invaded the plastic already, anchoring the newspaper to the bucket itself. I couldn't separate the two and woke up panting.

I knew very well what the dream meant. Did I have cancer?

It had all started harmlessly enough. At a routine annual check-up by my family medical doctor in Ottawa, Canada, I was told I was in great shape, but she did feel something around my uterus.

"Probably fibroids, they're harmless. Let's just order an ultrasound to make sure."

Sounded reasonable, but as usual I was busy with a gazillion other things and didn't bother with the ultrasound until weeks later. The report came back showing a poly-globulated, complex,

something-or-other mass and I was back in my doctor's office (who by the way is the most wonderful doctor in the world).

The ultrasound, as it turned out, raised more questions than it answered. It could be dermoids, cysts or – well, ovarian cancer. So far I wasn't too worried. Dermoids are strange growths that pop up in unexpected places and often contain an unsavoury mix of different tissues, like fat, hair and even teeth. That or cysts seemed like a good diagnosis to me, one I could accept and live with. I got referred to a gynecologist who wanted yet another, higher-quality ultrasound and blood tests. By the time I got all that, I could actually feel whatever was growing. I could lie on my back, push it around and had started wearing baggy pants with an elastic waistband. It seemed to be one heck of a cyst, or dermoid, or whatever.

I felt betrayed by my body. I exercised, I ate pretty healthy, and I spent lots of money at Rainbow Foods on supplements and organics. How did my body dare do this to me? Did I perhaps have radon gas in the basement? Was the tiny, white gravel in the yard actually from lead tailings?

My follow-up appointment with the gynecologist rolled around and I sat in the office, very much in suspense. What was the verdict going to be? I gathered I would need surgery to remove the "cyst", which is what I had come to call it.

"Well," said the good doctor and laughed nervously, "we really can't be sure what this thing is."

"WHAT?" I thought. "They still don't know?"

He continued: "Also, one of the blood tests that could be a cancer indicator showed slight elevation."

I looked at him. "So, what are you going to do? A biopsy?"

"Oh, no. That's too risky, in case it's malignant. And I won't be doing anything personally, with something like this, I'll have to send you to the General for proper staging."

"Ahm, what's staging?"

"Well, if they suspect cancer, they follow a very strict procedure on how they operate and they'll send the growth to be checked while they still have you on the table."

"Aha. So what exactly are they going to do?"

Another nervous laugh followed by "Well, they'll take everything out."

It felt like someone had dropped a block of ice into my stomach from somewhere high up.

"Define Everything" I said quietly.

"Well, total hysterectomy – uterus, ovaries; they'll also check the perineum. You'd go into instant menopause."

I honestly can't remember what else happened until I sat back in my car in the parking lot. I was gasping for air and I started crying. They wanted to neuter me. I took a deep breath, dug out my cell phone, and called my naturopath, Katherine Willow.

"I've just learned something that I think can really help you. It's called the New Medicine" Katherine's voice said. "It's too hard to explain over the phone, but it's so amazing, it's incredible."

We set an appointment and I hung up. I felt about 100 pounds lighter, that's how relieved I was at being offered an alternative.

I started thinking about my lump. I had a theory which I had voiced half-heartedly to my family doctor earlier. Could this be my body's answer to the baby I had so desperately wanted for years and wasn't going to have, since my husband had decided on a vasectomy after our first child? I had agreed – no, let me rephrase that - my head had agreed to that decision, but my belly never did.

"I firmly believe in body/mind connections like that; anything is possible" my family doctor had told me.

After my first visit with Katherine I was already fascinated with the New Medicine (or German New Medicine, as it has come to be known since): here was an approach to medicine which actually explained WHY we get sick; a theory by Dr. Hamer - a brilliant, if controversial, physician - based firmly on the science of evolution and backed up by over 30,000 case studies; explanations which were so logical that my computer scientist heart leapt with joy.

German New Medicine (or GNM for short), has proven a definite brain/organ connection for any condition we experience. This means that someone properly trained can look at a brain scan of a patient and determine what symptoms they are experiencing at present, and in fact read them their whole medical history!

Ovarian tumors, according to GNM, are caused by a severe loss. I analyzed my earlier feelings. It was true. I had not just had a mild-mannered wish for another child, I had been totally and utterly obsessed with the thought. If you think you can imagine how bad it was, think again. I doubt you have any idea.

I had dreams of finding babies abandoned in dumpsters or at my door step. I had fantasies of going to disaster stricken areas and coming home with orphaned youngsters. I went about my job in a male-dominated field and sat in meetings, often the only woman there, and evaluated my co-workers as potential father-material. I even thought about tricking my husband into attending some sex orgy, so I could use the opportunity to accidentally get pregnant. I stood under the shower and could almost feel my milk come in, even though my daughter had been weaned years earlier. I was biologically out of control. And through it all, my brain kept saying: "Once you're 45, it's game over. Forget getting pregnant after that."

I had turned 45 just four months before my doctor had felt the presumed fibroids. I had in fact lost a child that had never been conceived anywhere other than in my mind.

The next few months are a blur. The dream of the blue bucket happened somewhere in the thick fog of experiences, shocks, surprises and emotions that followed.

I attended seminars on GNM, had a no-contrast CAT scan of the brain, and even spoke to Dr. Hamer in person. I saw the tell-tale mark of an ovarian conflict right there on my own CAT scan, exactly where Dr. Hamer's documentation said it would be. The brain scan showed "Concentric

ring formation in the ovarian relay of the brain, according to Dr. Hamer's map of the brain." These ring formations are visible on no-contrast brain scans.

And how would my lump be treated according to GNM? That was going to be the tough part as it turned out: Leave it alone for nine months, that's how long it takes to mature and for this ovarian program to finish. If you try and remove it earlier, it'll just try to grow back, as long as any ovarian tissue remains. After that, if it's too large, by all means have it removed.

Stall and make light of it, I told myself. I talked to people about my "cyst," particularly the people closest to me. It would have been very difficult to withstand nine months of pressure from loved ones telling me to "do what the doctor says, because we don't want to lose you!" In hindsight, I can't thank my sister - who was closest to the truth - enough for just accepting what I was doing without trying to dissuade me. It must have been incredibly difficult to do.

I went to the cancer unit of the hospital, where I refused to sign the pink form that would have given the doctors free hand to do "what's best for me." Result? I was told that since their hands were tied, they couldn't operate on me at all. I felt like asking the doctor if he would so nonchalantly suggest to a man to have himself castrated. I should have, but I didn't.

"Fine", I said, "find me someone who will".

They did - A very talented and considerate man, who, even though it is tough sometimes, respects the fact that the ultimate decision lies with the patient and not the doctor. Not that he didn't try to change my mind, but I told him that I had come to this Earth with two ovaries and a uterus and intended to leave with at least two of these still intact, thank you very much.

I got used to doctors telling me I was going to die if I persisted in this insanity. But still - it gets to you. Don't make any mistake: If you stop to think that you are going completely against the status quo, ignoring all the conventional opinions on cancer that we are brainwashed with, it gets very scary at times. You question your sanity, you have doubts, you dream of blue buckets compromised by sickly, white growth.

If I had not learned about GNM; had not had support from Katherine and from an outstanding family doctor, who both supported my decision; if I had not had that sure feeling that I'd grown this lump in lieu of a baby; and had not seen proof on my own brain scan with my own eyes; and finally, if I had not had the foresight to shut up and never say the "C" word to my family - I don't know what would have happened. Very likely I would have fallen victim to a medical system that just doesn't get it. A system that has gotten better and better at early detection, but has made no statistically significant progress in cancer treatment.

As it was, I was delivered of my four pound left ovary, which to the end defied exact analysis. The final medical report called it a borderline tumor, GNM experts called it a healed ovarian cancer and my ten-year old daughter called it "my little brother, the purple lump." That one made me laugh and cry at the same time - and very grateful for all I have.

This all happened back in 2002. People ask me if I go for check-ups and are taken aback when I tell them I don't bother. Why should I? I feel great and according to GNM there is no reason. The biological program my body was executing ran to completion, so there won't be any recurrence. You only get *that* problem if the natural process is interrupted and tampered with. This is almost incomprehensible to anyone who has not seriously looked at the logic of medicine based on

human evolution. Once you do, once you understand the way our bodies developed through the eons and why they react as they do, you'll be looking at your health with a whole new set of eyes. \*

## **Medical records**

The surgeon's notes identify the tumor as a:

Large pelvic complex cystic-solid mass (13 x 8.5 cm for solid area) 23 x 19 x 11 cm – septation seen – low resistance in solid area suggestive of malignant process. Cannot identify ovary. Uterus seems unremarkable.

The surgical pathology report from the Department of pathology and Laboratory Medicine, Campus-Civic, Ottawa, Canada is quoted in Appendix A.

The diagnosis was: "Multiloculated mucinous borderline tumor of mixed endocervical and intestinal cell types – left ovary." (See further details in Appendix A)

## **Understanding what happened**

I was asked whether I had experienced other stresses in the 24 months prior to the identification of my tumor. Let's clarify what we mean by "stresses." Definitely, no one gets any disease without some trigger, or what GNM calls "conflict shock." Personally, I believe such shocks can be cumulative. Example: If you've experienced abandonment or loss as a child, you will already be pre-sensitized and it will likely hit you harder if it happens again. I had had a previous loss experience due to a therapeutic abortion, after I had gotten pregnant with a Copper-T in place, when I was still at university, something I had never properly resolved. This was done at the University hospital. The only thing I remember my doctor saying was, "You're tough. This will be like water off a duck's back." I might have come across as tough. I was not ready to have a child. My husband and I were still both finishing our degrees. I certainly wasn't giving it up for adoption and I was worried about where that darnn Copper-T would end up (implanted in the baby's eye or something horrible), since it was still in there as well. Add to that the obsessive wish for a second child and it made for some pretty dramatic results when the whole thing did go into healing.

However, with GNM - and that is the beauty of it - the reaction you experience is deterministic and makes sense from an evolutionary perspective. This is evolutionary biology. You will not get ovarian cancer from a feeling of being totally overwhelmed (that would go to the myocardium), or from a starvation conflict (liver tissue; Note not liver duct tissue!), or a separation conflict (skin, including lining of the milk ducts etc.).

An ovarian cancer, the equivalent of a testicular cancer in a man, is caused by a severe loss. Not everyone reacts to the same situation in the same way - the event will go through filtering and interpretation by the psyche and the subconscious.

So if by stresses you mean for example, verbal, physical or emotional attacks that a person is subjected to at home or in the workplace, definitely those might cause you to develop a condition.

However, this all is not to be confused with everyday busy stress, which does not result in disease, even if you live it for years. That is just your life style. Maybe it's not the healthiest, and you might burn out your adrenals, but it won't give you cancer.

In my case, I simply wanted another child - really, really badly! I figured that at 45 it was game over. It was the releasing of the wish for another child that brought about the healing phase. Otherwise I would not have seen symptoms. The ovarian program results in cell proliferation (tumor) formation in the healing phase, rather than in the Conflict-active phase.

I figured out what the whole thing had been all about. If my life changed as a result of my ovarian lump experience, it is in that I no longer worry about getting cancer or any other condition! And I educate my loved ones to make sure that if anything shows up, we know exactly what caused it and what program is running.

You look at conventional medicine trying to explain anything and they simply can't. Most explanations do not hold up to any sort of scrutiny or logical questioning.

GNM is the only thing out there that explains why we get a certain condition, when we get it. These are biological laws and they will run once they're activated. That's why it works 100% of the time. It's like gravity, it doesn't just work sometimes. We evolved this way.

Now, since most of these things happen to us in a figurative way (unless you're in some war-torn place), we can definitely work on our attitudes and responses to things, in order to protect ourselves. But even with all the positive thinking in the world, some stuff will manifest on the organ level and then it's good to be able to figure out exactly what caused it.

Once you know exactly why you got what you got when you got it (to the level of: why did my left shoulder start hurting on Tuesday afternoon?), you can then take steps to deal with what triggered you and to heal from it. I find this knowledge hugely empowering.

### **In summary**

If I could share anything with you out of all this, it would be to suggest that you learn about your body through the biological discoveries of GNM. Most importantly – try to do it before you get sick!

It is very, very difficult to do so once you develop any serious condition and get sucked into the jet engines of conventional medicine. Please don't get me wrong: we still need conventional medicine, but we need it with us - you and I - in the driver's seat, not vanquished to the back bench with someone else assuming control. You wouldn't allow someone to do that with your car. Don't allow them to do it with your life, either.

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## Appendix A

Surgical pathology report from the Department of pathology and Laboratory Medicine, Campus-Civic, Ottawa, Canada

Left ovarian mass...

### **Gross description:**

...The specimen consists of a 1200 gram, previously opened, partially cystic, partially solid mass consistent with ovary and attached fallopian tube (10.5 x 0.5 cm)... There are focal areas of granularity, mild congestion, and fibrous adhesions. The solid component is nearly spherical, 13 x 14 x 9 cm. The cystic area is unilocular, 9 x 10 x 9 cm.

...There are areas of mild congestion within the solid component. There are no areas of necrosis and no gritty or calcified texture.

The wall of the cystic component measures an average of 0.3 cm in thickness. The inner lining of the cystic area is pale tan and there is no residual content. There are no papillary excrescences internally or externally. There is no recognizable residual ovarian tissue. The fallopian tube is unremarkable on cut surface.

### **Microscopic Description**

Multiple representative sections of the ovarian mass reveal a multiloculated cyst predominantly lined by a single layer of columnar endocervical-like mucinous glandular epithelium and enclosing necrotic granular eosinophilic material intermingled with degenerate neutrophils, foamy macrophages and nuclear debris. In focal areas, the epithelium is disposed in a villous architecture with a central fibrovascular core or in micropapillary tufts. Several small caliber crowded glands lined by atypical glandular epithelium are noted within the fibrous septae intervening between the cyst locules. Although a focal cribriform architecture is noted, there is no associated stromal desmoplasia. These atypical glands most likely represent bud-like extensions of the cysts rather than invasive malignancy. In areas, the mucinous glandular epithelium is of intestinal-type with scattered goblet cells while in other limited areas, the locules of the cyst are either lined by ciliated cuboidal tubal-type epithelium or somewhat flattened deeply eosinophilic/squamoid epithelium associated with foamy macrophages. There are scattered psammoma bodies within the stroma. The left fallopian tube is unremarkable.

The case was reviewed with Drs [HY and MS] who both feel that the overall features are consistent with a mucinous borderline tumour (WHO Classification). This neoplasm is also known as mucinous cystadenocarcinoma of low malignant potential or atypical proliferative (borderline) mucinous tumour.

**Jacqui Ehninger-Cuervo** has a degree in Computer Science and has worked in the Telecommunications Industry for over 25 years, predominantly working on large scale tool deployments, facilitation and global training. She lives on a hobby farm with her husband of 28 years and her daughter and has more interests than time available.



**Contact**

[jmehninger@gmail.com](mailto:jmehninger@gmail.com)

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**P.O. Box 76, Bellmawr, NJ 08099**

**Phone (609) 714-1885 Fax (519) 265-0746**

**Email: [center@ijhc.org](mailto:center@ijhc.org) Website: <http://www.ijhc.org>**

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