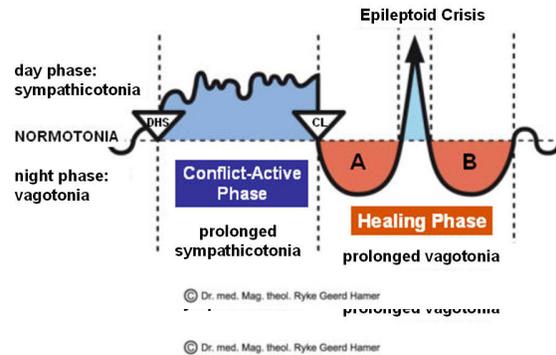




## CASE STUDY # 13

**DATE:** February 2011

**CLIENT:** 30 year old left-handed female



**Subjective Complaint:** Headaches, light-headedness, heaviness around the eyes and mental cloudiness with left neck pain. Client reports that the symptoms started in February 2009. She states that she had a CT scan and blood work done in March 2009 which were normal. She indicates that she was pregnant in June 2009 and throughout her pregnancy she had the lightheadedness and neck pain, which prompted her to see several health practitioners which did not really help. She reports that the symptoms are constant with maybe one good day every 2 weeks. She admits that the neck symptoms started on the left side but is now on both sides and at the base of the skull.

**Observation:** She presented with full neck range of motion, but complained of neck pain at end range. Palpation of her neck muscles revealed some tenderness on both sides.

**Organs Affected:** Muscles of neck Embryonic Germ Layer: new mesoderm  
Brain Control Center: cerebral medulla

**GNM Explanation:** Medium Intellectual Self-Devaluation conflict in relation to a partner causing muscle tissue loss (necrosis) of striated musculature on the neck. She is currently in Phase A of healing with pain (on organ level), and lightheadedness, headaches, heaviness around the eyes and mental cloudiness (on brain level due to swelling at the brain control center for the neck muscles). However, she is also in hanging healing and her tracks must be identified in order for the Biological Special Program (SBS) to complete the healing. The meaning of this Biological Special Program (SBS) is to strengthen the musculature to better handle future strains and self-devaluation conflicts of this nature.

**GNM Understanding:** After discussing the conflict involved, the client mentioned that on her own volition, she was helping out and assisting a new co-worker in her office. However, in January 2009, the client indicated that her co-worker's attitude and behavior had changed, often appearing resentful and bitter to her and other co-workers. The client was upset about this change in attitude and decided she was no longer going to go out of her way to help her out. She recalls that there was one incident when she was home from work, where she was told by another co-worker that the co-worker whom she used to help out would go into her office and look through her work (**her DHS**). The client reported how she was upset by the several incidents that occurred since January regarding her co-worker but decided not to confront her about it. The client reports that she had a sinus infection in February 2009 and that since then she has had her neck pain, headaches, heaviness around the eyes and lightheadedness. The client states that she was away on maternity leave for the next year (since March 2010). However, her symptoms remained constant throughout her pregnancy. When asked about her potential tracks, she indicated that she would often check her e-mails while at home and that she would keep in touch with fellow workers, who would keep her up to date with what was happening at the office (**her tracks**). She pointed out that the co-worker in question is no longer working at the same office. The client also reports that she is planning to return back to work in the next few weeks and is worried at how her body may react to her work environment.

**Results:** The client understood the relationship and was determined to emotionally resolve the conflict and let go of the past. Upon a follow-up visit one week later, she reported not having any symptoms for 5 days until Wednesday night when she checked her e-mail (a track). She reports waking up on Thursday morning with headaches, neck pain and lightheadedness. During our third visit one week later, she reported having no symptoms for 4 days until getting symptoms of heaviness around her head and eyes for the next 3 days. When asked about what happened on those days, she mentioned on one day running into a co-worker at the grocery store, on the other day checking her e-mail, and on the third day having to call her supervisor to arrange her return to work (her tracks). However, she admits that the symptoms were less severe as she no longer had headaches or neck pain. The client was reminded to also be patient with herself as she works through the resolution of the conflict and the identification of her tracks, because she could create her own “intellectual self-devaluation conflict” of “why am I not better already”, which would prolong the symptoms. During a follow-up appointment two weeks later, after her first full week of returning to work, the client reported very little symptoms and admitted that she was feeling 80-85% better. General balancing techniques and gentle soft tissue techniques were applied upon each visit to help make her more comfortable during phase A of healing. On her sixth visit, the client reported no headaches or neck pain and admits to feeling only slight fatigue and lightheadedness, with no major flare-ups of symptoms.

*For clarification of specific terms, visit the glossary or site search feature in our GNM website*

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