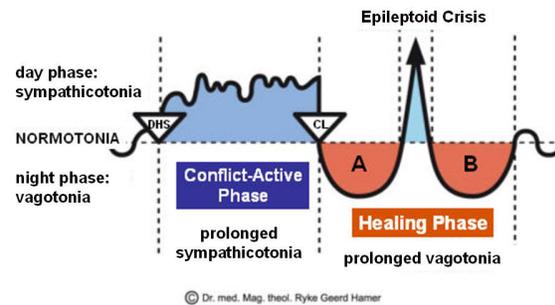




## CASE STUDY # 14

**DATE:** May 20, 2011

**PATIENT:** 47 year-old left-handed male



**Subjective Complaint:** The client came in on a regularly scheduled maintenance visit when he reported that 3 weeks ago, days before a vacation he suddenly presented with severe symptoms of **fever, persistent cough with phlegm and sputum, night sweats and chills**. He reported feeling really “sick” and that he took antibiotics “in order to feel okay for his vacation”. He indicates that he felt better into the vacation and was able to enjoy time with his family. Unfortunately a few days after returning home he reports that the symptoms returned.

**Observation:** He presented with a mild cough and slight congestion of his sinuses.

**Organs Affected: Lung alveoli:** Embryonic Germ Layer: endoderm

Brain Control Centre: brainstem

**GNM Explanation: Persistent cough with phlegm/ sputum, night sweats, fever: death-fright conflict** causing proliferation of lung alveoli cells, which increases the capacity of the lungs so more oxygen can be processed. The client is currently in **Phase A of healing with potential tracks** which reactivated his symptoms more recently. He will need to identify the original conflict as well as the associated tracks in order to complete the Biological Special Program (BSP).

**GNM Understanding:** The client understood the explanation and we were aware of his conflict that occurred approximately 9 months ago. Unfortunately, he was unable to recall the connection when he first presented with the symptoms. Here are the details of his story: approximately 9 months ago, in August 2010, the client came into our office for his monthly maintenance visit. He reported at that time he was still pretty shaken up from events that happened just the day before he came to the office. He indicated that he was driving on the highway during rush hour with a friend/colleague on the way to work from a coffee shop, when his friend had a heart attack in his truck. He reports that he pulled the truck off to the side of the road and flagged down anyone to help. Fortunately an off-duty fire fighter stopped and called 911. However, during this time his friend was going in and out of consciousness and eventually stopped breathing and lay slumped inside his truck. He recalls “pounding” on his friend’s chest a few times and that after one particular hit, his friend slowly began to cough and breathe and regain consciousness, but was very confused and disoriented. He states that the paramedics took longer to arrive because of the rush hour on a major highway, but his friend was eventually taken to hospital and was stable. The client was visibly in shock (**his DHS**).

He recalls not being able to function properly that day and had to take the day off of work to clear his head as he kept reviewing the incident in his mind. We addressed the fact that he needed to **downgrade** the conflict and to talk about it and eventually to talk to his friend to make sure he was okay. The client was also prepared for the potential symptoms that may present once his body enters the healing phase, that is, when the conflict is completely resolved for him. We saw the client every 4-6 weeks since the incident, always asking where things were regarding his friend and if he had begun to experience any of the healing symptoms we had discussed. However, despite visiting his friend in the hospital and eventually at his home and knowing that he was okay, the conflict did not completely resolve for him until 3 weeks ago before his vacation. He recalls now that prior to feeling his first coughing symptoms and generalized "sickness", he met with his friend for lunch. He also remembers his friend mentioning to him that it was the first time they had been together in his truck since the heart attack 9 months ago! This no doubt completed the Biological Special Program (SBS) for our client and put him instantly in **Phase A of healing**. Unfortunately, he was not able to make the connection at the time and the antibiotics interrupted the healing phase, which temporarily made the symptoms go away. Upon his return he indicated that he met up with his friend again for lunch (**track**), which caused the symptoms to resurface again.

**Results:** The client understood the explanation for his symptoms and indicated that he is now able to put the whole incident behind him in order to complete the SBS. He was also reminded to be aware of any other potential tracks, such as the coffee shop they visited etc. and to make the connection to the original incident 9 months ago in order to avoid chronic or recurring symptoms. General balancing techniques and sinus drainage was performed to help him feel comfortable as he completed the SBS.

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

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