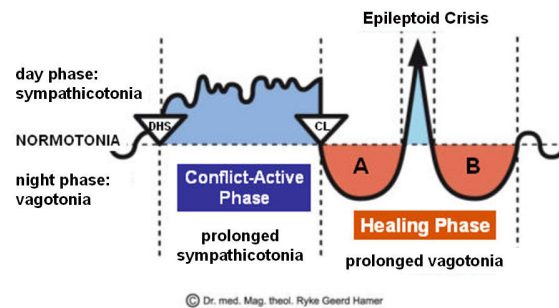




CASE STUDY # 15

DATE: March 23, 2011

CLIENT: 38 year-old right-handed male



Subjective Complaint: Diagnosed with an **enlarged prostate; prostatitis** since June 2008 and has been on medications since. His symptoms include frequent urgency to urinate with dribbling. The client reports that he has had all the diagnostic tests done including blood work and an ultrasound. He indicates that he is taking medications but still complains of the dribbling and constant urgency to go to the bathroom which sometimes is so bad he is not able to leave home. As a side note, the client reports that his feet are always cold especially when he is under stress.

Observation: No visible symptoms of infection; full range of movement in his lumbar and cervical spines. He did not report any urgency during the initial consultation.

Organs Affected: **Prostate:** Embryonic Germ Layer: endoderm

Brain Control Centre: brainstem

GNM Explanation: **Enlarged prostate: procreation conflict, mating conflict, rivalry conflict, gender conflict** causing proliferation of prostate gland cells resulting in an enlargement of the prostate, which can affect urine flow if pressing on the urethra. The client is currently on **tracks** which reactivate his symptoms causing a **hanging healing** situation for the past 2 ½ years. He will need to identify the original conflict as well as the associated tracks in order to complete the Biological Special Program (SBS).

GNM Understanding: The client understood the explanation and recognized that his conflict is associated with his boss at work who is a very dominant female (“gender conflict”). He reports that he began working for the company 2 ½ years ago and that during his first week on the job as a supervisor, his boss took him aside to discuss the reasons why the previous supervisor was let go. She mentioned that the past supervisor was not able to ‘distance’ himself from the employees and was not assertive enough as a supervisor. The client recalls feeling stressed about the conversation (**his DHS**), and admits he often would recall her words when he was addressing some of his employees. He felt he had to exert assertiveness and dominant characteristics which were not necessarily things that he felt he originally had to do as he was confident in his ability to deal with people. He was recommended to make the connection regarding his enlarged prostate and his need to be more dominant at work around his employees. He was also asked to become more aware of when his symptoms were more prominent and to connect the symptoms to the original DHS.

Results: Upon a follow-up visit 3 weeks later, the client reported that he went on vacation for 8 days, the first time since he started working for the company. He admitted that while on vacation, he felt 90% better with very little symptoms, if any. He states that when he returned to work on the Monday, his symptoms returned (**his tracks**). He admits that he was now convinced that the enlarged prostate is related to the conversation with his boss and the conflict we discussed. He was inspired to now work on letting go of any need to be assertive and dominant at work and admitted that he has established a good relationship with his staff. After his fourth visit he reported that an ultrasound recently showed that his prostate was normal in size. After his sixth visit he reports that the urgency to urinate has improved significantly every week and that he feels he has more than 70% improved, with only some slight dribbling still occurring. He was encouraged to do Kegel exercises to help strengthen his bladder musculature and to help him gain better control over his urination. During his eighth visit, he reported feeling 90% improved with very little symptoms. He was encouraged to continue to remind himself of the original conflict and that he can let it go and move forward until his symptoms can completely resolve and the SBS be completed.

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

Extracted from: www.LearningGNM.com