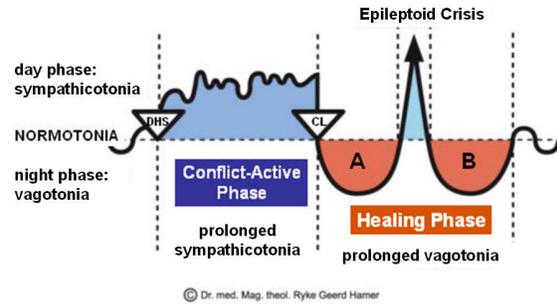




CASE STUDY # 28

DATE: January 2012

CLIENT: 33 year old right-handed female



Subjective Complaint: Client called the office for a phone consultation. She reported that she was recently diagnosed with **vertigo and ringing in the ears**. She states that in early December her ears started to feel plugged. After one week of no changes she went to a walk-in clinic and was told she had fluid in her ears which would go away on its own. She indicates that after Christmas she started to have dizzy spells and that she had 3 dizzy spells which prompted her to return to the walk-in clinic where she was given medications. About two weeks prior to our phone conversation, she indicates having a severe episode of vertigo at work, which started as "a really loud ringing noise and then the room started to spin". She states that she needed to lie down and could not function for about 90 minutes. She reports that since that incident, she's had a constant feeling of her ears being plugged with difficulty hearing and mild dizziness. She was diagnosed with vertigo and was referred to see an ENT specialist and possibly to get an MRI. She wanted a second opinion to possibly explain her symptoms, considering she's never had any issues with her ears before.

Organs Affected: **Both inner ears (affects hearing):**

Embryonic Germ Layer: ectoderm

Brain Control Centre: temporo-basal region

Labyrinths of inner ears (affects balance):

Embryonic Germ Layer: ectoderm

Brain Control Centre: temporo-basal region

GNM Explanation: **Both inner ears: hearing conflict; conflict of not wanting to hear something.**

Symptoms: Ringing in the ears or tinnitus during the **conflict-active phase** and when the person sets on a **track** regarding what one doesn't want to hear; temporary loss of hearing during the healing phase. **Labyrinths of inner: conflict of falling or seeing someone fall literally or figuratively.** Symptoms: Vertigo or the tendency to fall and lose balance occurs during the **conflict-active phase** and the **Epileptoid Crisis**. The client appears to be running two different Biological Special Programs (SBS) which caused her Epi-Crisis symptoms while she was at work a couple of weeks prior. She is currently in a **hanging healing** with potential **tracks**. She will need to identify the original conflict in order to complete the Biological Special Programs (SBS).

GNM Understanding: The client recognized that her conflict must be related to her work. She reports that in December she was in a staff meeting where she found out and "heard" that her manager receives bonuses based on the amount of sales that she completes. She admits she was shocked to hear this because she herself is not entitled to receive any compensation for closing the deals but her

managers are the ones rewarded (**her DHS affecting the inner ears**). She felt this was unfair and was upset about the situation as they exceeded sales targets that year. Upon hearing about the bonuses, she states that she also felt "discarded" and "tossed aside" by her manager as her contributions were not being recognized (**her "falling" DHS causing vertigo/ labyrinthitis**). She indicates that for the next few days at work she often spoke angrily with her co-workers about this new-found information, which is what kept her on a "track" at work. She recalls that just before her vertigo episode, she had to cover up for her manager's mistakes which were noticed by upper management. She reported feeling vindicated that the truth regarding her manager was now evident which may have led to her epicrisis in the office. She was encouraged to make the emotional connection between her symptoms and her work stress and to come to some closure regarding the situation. She reported that her manager is currently on vacation and that she would address her concerns with him upon his return.

Results: I received a message from the client 3 days later, saying that she had normal hearing and no more dizziness or ringing in her ears since our conversation. After another follow-up phone call one month later, she reported no problems with her ears at all and that she decided to cancel her MRI and her appointment with her ENT specialist. On a side note, her manager has since been let go and she was promoted to his position within the company.

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

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