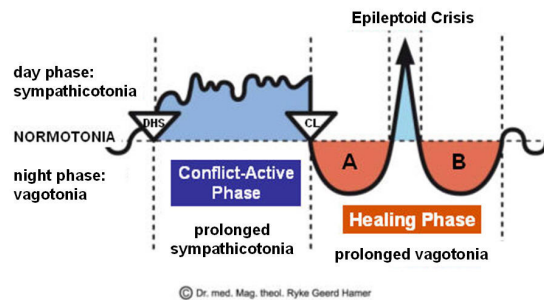




## CASE STUDY # 49

**DATE:** August 2014

**CLIENT:** 23 year old right-handed female



**Subjective Complaint: Right neck and jaw (TMJ) pain and tightness since July.** The client reports that the pain started after going for a run. She began to have symptoms after training for a 10km race and thought it might be related to her running or gait. She did not recall injuring herself during the run and reports that the pain in her jaw and neck has been worse in the last few weeks. She rates the neck and jaw pain as a 4-5 out of 10 on a pain scale (10 being the worst pain), but admits that it can get as high as a 7 out of 10 when it's really bad. She states that she wakes up feeling fine with no neck or jaw pain, but that the pain seems to get worse during the day while she is at work and also while coming home from work after a long day of standing on her feet. She reports that standing and walking for long periods seem to make her neck and jaw pain worse. She thinks the jaw pain might be coming from tightness of her neck muscles. She does not indicate any exacerbation of her right jaw pain with eating or chewing. She admits that sometimes it hurts but other times it's not painful while eating. She reports that getting a massage gave her only temporary relief.

**Observation:** The client presented with full cervical and shoulder ranges of motion with right neck pain at end range of neck extension, flexion, right lateral bending and right rotation. All orthopaedic tests performed for her neck and shoulder were unremarkable. Chiropractic evaluation revealed full spine joint restrictions and myofascial trigger points in bilateral cervical paraspinal muscles, right levator scapulae muscle, right sub-occipital muscles and right masseter muscle (jaw muscles).

**Organs Affected: Right masseter and neck muscles:**

Embryonic Germ Layer: new mesoderm

Brain Control Centre: cerebral medulla

motor cortex (for muscle movement)

**GNM Explanation: Right masseter muscles: a bite conflict**, experienced as "I'm not allowed to bite or snap back" in relation to a partner. **The right neck muscles: a moderate intellectual self-devaluation conflict**, experienced as "I made a mistake", "I feel stupid", "I'm not smart enough", in relation to a partner. The Biological Special Programs (SBS) cause muscle tissue loss (necrosis) of the striated muscles of the right masseter and neck muscles during the **Conflict Active Phase**. During the **Healing Phase** the tissue loss is replenished leading to inflammation and pain. The biological purpose of these Biological Special Programs is to strengthen the masseter and neck muscles so they can be strong enough to handle future devaluations. The client is currently in a **Hanging Healing** with potential **tracks** and **triggers**. The original conflict must be identified and brought to her awareness in order for her to complete the healing.

**GNM Understanding:** The client understood the explanation and recognized that the conflict must be related to an online course that she was taking this year. In May, a professor in one of her courses accused her of plagiarism (**her DHS**). She had to defend her work and was very stressed about the seriousness of the allegations. She admits that she began to question why she took that course in the first place and she started to really doubt her decisions. She was also very upset that she made such a “mistake” and that she could not “bite back” at the professor to defend herself, given that she did not plagiarise on purpose.

She admits that the charges were eventually dropped against her in the end of June. However, she did not fully relax about the entire situation until she received her grades which would have been around the beginning of July, possibly even the same day she got her first symptoms.

She was asked to make the connection that her jaw and neck pain symptoms are related to the professor’s allegations of plagiarism. It was important for her to realize that the issue is now resolved and that it has nothing to do with her running, training or workout regimen. She needed to remind herself that it was safe for her to work out and train in order to avoid further devaluation conflicts. General balancing techniques and chiropractic adjustments were also provided. She was asked to do a follow up visit in one week especially if the symptoms persisted.

**Results:** The client returned to the clinic two weeks later and reported that she no longer had any jaw pain. She also admitted that she had a significant improvement in her neck pain. She quantified that improvement subjectively as about 75% better than when she first came in to the clinic. She indicated that she felt a flare up of her neck pain earlier today due to a situation at work where she felt she “made a mistake” regarding how she handled a complaint about an employee. It was brought to her attention that her neck pain flare ups may be related to any situation that makes her feel like she “made a mistake” and that she needed to be aware of these potential tracks in order to avoid future symptoms. General balancing techniques and chiropractic adjustments were again provided during this visit. She was asked again to return for another follow up visit within two weeks. The client did not return for a follow up visit but upon speaking to her on the phone, she reported feeling fine since our last appointment with no more neck and jaw pain.

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

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