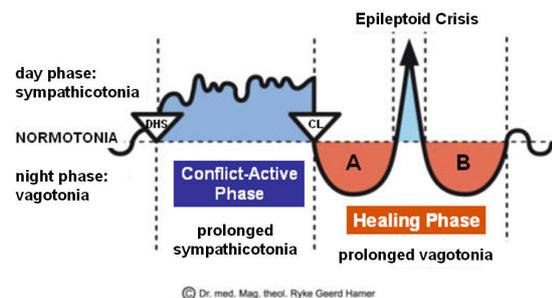




CASE STUDY 73

DATE: February 2013

CLIENT: 52 year old right-handed female



Subjective Complaint: The client presented with **bilateral thumb and hand pain** for the past four years that was diagnosed as arthritis. She believes that the pain was related to her work as an esthetician. She reports that the pain was so bad that she ended up leaving the clinic and needed therapy for her hands. She indicates that the pain was gone for about 6 months but then it returned. However, in the past year, the pain has become more intense again. She claims that the pain is constant and daily. She rates the pain as a 4-5/10 normally, but that it can be as high as a 7-8 on a scale of 1-10 with 10 being severe pain. She admits that she is not sure what triggers her pain, but that it affects her ability to do day to day function, as the pain is aggravated with any strenuous use of her hands.

Observation: Client's thumb and hands did not appear to have any swelling or inflammation. Wrist range of motion was within normal limits and pain free. Bilateral hand ranges of motion were within normal limits, with some mild pain at end range of bilateral thumb opposition. All other orthopaedic tests were unremarkable. Chiropractic examination revealed full spine joint restrictions and myofascial trigger points, with tenderness upon palpation of the thenar muscles of the both thumbs.

Organs Affected: **Bilateral thumb thenar muscles, ligaments and joints:**

Embryonic Germ Layer: new mesoderm
Brain Control Centre: cerebral medulla

GNM Explanation: **Bilateral thumb and hand muscular and ligament pain: moderate dexterity self-devaluation conflict** experienced as “**failure in a manual task**” or a “**poor manual performance**”. This Biological Special Program (SBS) causes muscle tissue loss (necrosis) of the striated musculature and ligaments of the muscles of the hand during the **Conflict Active Phase**. During the **Healing Phase**, the tissue loss is replenished. The biological purpose of this Biological Special Program (SBS) is to strengthen the muscles and ligaments of the thumb and hand in order to improve manual performance. 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 GNM explanation and reported that her conflict may be related to starting her own esthetician business, which was doing well initially. However, as the business grew, she was unable to find someone she could rely on to work in the clinic. This caused her to spend more time actually working on people's nails than running the business, which led her to start to resent the business (**her DHS**). She admits that she began to devalue her ability to work on people's nails, as she did not want to trade time for money, and felt she had more to offer. The client indicates that she eventually sold the business which may have led to her symptoms improving for about 6 months. She is now currently working for a company in the weight loss industry. The symptoms may have flared up again recently because she is starting to feel the same way as she did when she was running her own business. She is not happy with her role in the company and is again feeling resentful that she is not doing "more" with her life. When I discussed "extensions" of the original conflict, the client admits that she also associates her financial security with her ability to perform well at her work. Therefore, when money is tight or business is slow, she may start to devalue her "manual performance" at work causing more thumbs and hand pain.

She was asked to connect her thumb and hand pain to her manual work performance, including her financial security. It was recommended that she work on changing her perspective regarding her work performance and her level of fulfillment, perhaps by looking at other accomplishments in her life, like her kids and family. Chiropractic treatment and general balancing techniques were also performed to give her some relief from the pain. She was asked to do a follow-up visit within the next week.

Results: The client returned for a follow-up visit two weeks later. She reported that her hand pain felt better for a couple of days but that it flared up again on the weekend. She was unsure of what triggered the flare-up. Upon a second follow-up visit 2 weeks later, her hand pain was now 60% improved, but again it flared up on the weekend. We realized that her weekend track/trigger was the housework and errands. She explained that when she feels obligated to do things that she doesn't really want to do, or when she feels she has to sacrifice doing what she wants to do, her hand and thumb pain flares up. Perhaps this is how she began to feel in her original esthetician business where she ended up working on people's nails instead of running the business. She was asked to work on reminding herself that she is no longer working in that business and that she ultimately has the freedom to choose how best to spend her time.

We did not see her after that third session for about 4 months. When she came for that appointment, she reported very little hand pain at all. She indicates that she has the occasional flare-up, but that she is now able to identify her tracks, which are often related to money or her time going to things that are unfulfilling. The client has since visited the clinic for other symptoms, but has not had any more hand or thumb symptoms. On a recent visit, almost 5 years later, she continues to be pain free in her hands and thumbs.

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

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