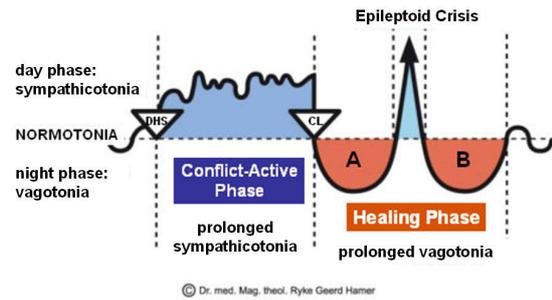




CASE STUDY 74

DATE: June, 2017

CLIENT: 51 year old right-handed female



Subjective Complaint: The client presented with chronic **left shoulder pain**. She feels that she's had the pain for over 20 years, but that she had a major flare-up in 2009 while working in Europe. She admits that the pain is often worse at night and sometimes she can't sleep because of the pain. She reports that she has seen a physio, chiro, acupuncturist and massage therapist for her pain, with only temporary relief. She indicates that x-rays and an ultrasound showed that she had a rotator cuff tear, but she cannot recall an actual mechanism of injury that could have caused the muscle tear. She claims that any strenuous use of her shoulder causes pain. She reports that the pain has been constant and daily since about 2009.

Observation: Cervical range of motion indicated mild restriction in bilateral lateral bending and rotation with mild central neck pain. Shoulder range of motion was within normal limits and pain free. Palpation revealed tenderness and pain on her left rotator cuff muscles and her cervical paraspinal muscles. Shoulder and cervical orthopaedic examinations were unremarkable. Chiropractic evaluation revealed full spine joint restrictions and myofascial trigger points in her neck muscles.

Organs Affected: Left shoulder muscles and ligaments:

Embryonic Germ Layer: new mesoderm

Brain Control Centre: cerebral medulla

GNM Explanation: Left shoulder muscles: moderate **self-devaluation conflict regarding a relationship with a "mother/child"**, experienced as "a loss of self-respect", or "feeling guilty". There is necrosis of the striated musculature of the left shoulder during the **Conflict Active Phase**, with tissue restoration and accompanying swelling and pain in the **Healing Phase**. The biological purpose of this Biological Special Program (SBS) is to strengthen the shoulder musculature to improve future "relationship performance". The client is currently in a hanging healing with tracks/ triggers. Her original conflict (DHS) must be identified and brought to her awareness in order for the SBS to be completed.

GNM Understanding: The client recognized that her conflict must be related to her mother who has been having really bad health issues in the last 9 years. She indicates that she is the primary care giver for her mother. In 2009, while working in Europe, she recalls getting a phone call that her mom's health suddenly began to decline, which made her feel guilty that she was not with her mother (**her DHS**). She admits that until last year, her mom has been treating her "badly", by constantly making her feel guilty that she is not doing enough to care for her. She reports that her mom is now being cared for by a care giver and that their relationship has been improving.

The client was asked to make the connection that her left shoulder pain could be related to the feelings of guilt she had when she was working in the Europe, while her mother's health began to decline. It was recommended that she work on changing her perspective of the situation, that she is doing everything she can for her mother, particularly because her mom is now under constant supervision and their relationship is much improved. She was also counselled on the importance of avoiding further "self-devaluation conflicts", by thinking there's "something wrong" with her left shoulder.

Chiropractic adjustments, muscle work, and general body balancing were performed to give her some relief. She was asked to do a follow-up visit within one week.

Results: The client reported on a follow-up visit one week later, that her shoulder pain was almost completely gone. She admits that she has been sleeping better and was now having very little shoulder pain at night. The client had another follow-up visit one week later and reported a significant improvement with her shoulder. She admitted that she no longer feels any shoulder pain at all and was now ready to work on other symptoms. Five months after our first visit, the client continued to present with no more shoulder pain.

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

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