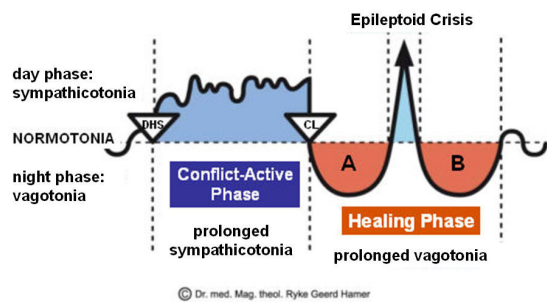




## CASE STUDY # 54

**DATE:** January 2010

**CLIENT:** 17 year old left-handed female



**Subjective Complaint:** The client's mother wanted to know the GNM explanation of her daughter's chronic **indigestion**. The client reported that she began to have severe stomach pain and indigestion at around 13 years old. She recalls being at her sister's birthday party when she first started to feel the stomach pain and thought it was related to eating a cheese pizza. She indicates that she was diagnosed as lactose intolerant in 2008. She reports that the stomach pain seems to be worse in the mornings. She admits that she does not have any bloating or diarrhea, only pain and indigestion.

**Observation:** Client was observed to be in good health with no visible signs of pain or discomfort. Cervical and Lumbar ranges of motion were all within normal range and pain free. Orthopedic tests for cervical and lumbar regions were unremarkable. Chiropractic evaluation revealed full spine joint restrictions with no muscular tenderness upon palpation.

**Organs Affected:** **Small Curvature of the Stomach:**  
Embryonic Germ Layer: ectoderm  
Brain Control Centre: right temporal lobe

**GNM Explanation: Stomach pain: an identity conflict** (because she is a left-handed female with normal hormone status), experienced as an inability to establish one's position or place, not knowing where to belong. An identity conflict can also be experienced as a **decision conflict**, of not knowing "what choice to make", or "where to go". This Biological Program involves ulceration of the small curvature of the stomach during the **Conflict Active Phase** and tissue refilling and restoration during the **Healing Phase**. The client is currently in the Conflict Active Phase (**hanging conflict due to tracks/triggers**) which involves sharp pain. The **biological purpose of the cell loss** is to widen the passageway of the digestive tract so that the nutrients can be utilized more efficiently. This, in turn, provides the individual with more energy to resolve the conflict. Her original conflict (DHS) must be identified and her tracks and triggers brought to her awareness, in order for the SBS to be completed.

**GNM Understanding:** The client understood the GNM explanation and reported that her conflict must be related to when she got a belly button (piercing) ring at 13 years old. She indicates that she was shocked at her father's reaction which caused a lot of fighting and yelling in the home. She felt that she could no longer live in the same house, due to all the arguing (**her DHS**). During that time, she decided to move out of her home and live with a friend's family. She now recalls that her stomach pain and indigestion began just before she moved out of her home. She admits that she is now living back at home, and the relationship is better with her parents and family. I made her aware that she

may still have tracks/ triggers that developed over the years. Perhaps any current disagreements with her dad could be a track, or even certain foods that contain dairy could be a trigger. The client was also made aware that having to make a difficult decision in her life, could be a potential track as well. She was introduced to the concept of the ABC of symptom relief (Awareness that her original “identity conflict” was the underlying cause of her stomach pain. Break away from her old pattern of thinking; change her perspective of the conflict.) She was encouraged to look at her situation differently; that she was now more mature at 17 years old than she was at 13. It was also recommended that she remind herself that it was “safe to be home” and that it was “safe to eat what she wants”. She needed to recognize that things are different today than they were 4 years ago when her stomach pain and identity conflict first began.

General balancing techniques and chiropractic adjustments were also provided. She was asked to do a follow-up visit within 2 weeks.

**Results:** During a follow- up visit 3 weeks later, she indicated significant improvement in her symptoms. She admits the pain is not there every day anymore, and that she is able to recognize the potential tracks/ triggers when she starts to feel some stomach discomfort.

In a second follow-up visit one month later, she reported not having any stomach pain or indigestion.

The client was seen in the clinic occasionally for different complaints. During a visit, 2 years from her original appointment, she reported not having any digestive issues

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

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