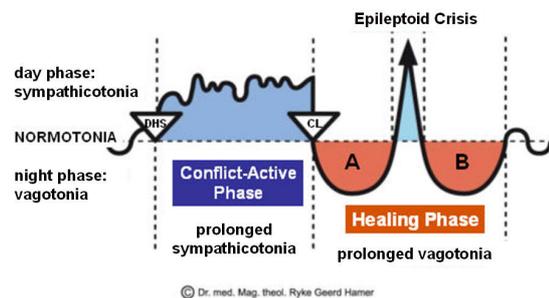




CASE STUDY # 56

DATE: June 2017

CLIENT: 48 year old right-handed female



Subjective Complaint: The client presented with **left low back pain** that started 4 days ago. She indicates that she woke up Friday morning with the low back pain. She denies any mechanism of injury prior to the back pain. She describes the pain as an intense, sharp pain that is aggravated with getting up from lying down or sitting. She rates the pain as an 8/10 at its worst, on a scale of 1-10 with 10 being severe pain. She admits that the pain changed yesterday, and that today it is less intense and less sharp. She rates the pain as a 6/10 today, and said that it feels more like a dull, achy pain.

Observation: The client was observed to be limping favouring her left side. She also had some difficulty getting up from the sitting position. She presented with a mild left lateral antalgic lean (to avoid pain). Lumbar range of motion indicated moderate restriction in forward flexion with low back pain. She also presented with mild restriction in lumbar extension with pain. All other lumbar ranges of motion were within normal limits and did not aggravate her existing low back pain. Straight leg raise was negative for low back pain at 90 degrees. All other lumbar orthopaedic tests were unremarkable. Chiropractic examination revealed joint restrictions throughout the spine and muscular trigger points.

Organs Affected: **Left low back muscles, ligaments and joints:**

Embryonic Germ Layer: new mesoderm

Brain Control Centre: cerebral medulla

GNM Explanation: **Left low back muscular pain: moderate self-devaluation conflict**

experienced as “a lack of support” in relation to a mother or child. This Biological Special Program (SBS) causes muscle tissue loss (necrosis) of the striated musculature in the low back during the **Conflict Active Phase**. During the **Healing Phase**, the tissue loss is replenished leading to inflammation and pain. The biological purpose of this Biological Special Program (SBS) is to strengthen the muscles of the low back in order to improve spinal support. The client is currently in the **Healing Phase** with potential tracks and triggers. The original conflict must be identified and brought to her awareness in order for her to complete the healing phase.

GNM Understanding: The client understood the GNM explanation and reported that her conflict is related to an incident with her daughter, on the weekend before her symptoms presented. She reports that she sent her daughter a text message asking her about her financial preparation for an upcoming trip to Europe. The client stated that her daughter misinterpreted the text message and became offended. She recalls receiving several long, angry text messages from her daughter (**her DHS**), who was upset that she was being accused of being frivolous and irresponsible with how she spends her money. The client reported feeling very shocked about the text messages and decided not to reply, knowing that it was all a misunderstanding. She admitted that she is normally very close with her daughter and that they often speak to each other daily. However, since those text messages, her daughter did not speak to her for the next 4 days. She reported that on Thursday night, her daughter finally called her, and they spoke as if everything was back to normal. The client now believes that she resolved the “lack of support” from her daughter that night, and woke up the next morning with severe low back pain. She did admit that despite her previous knowledge of GNM, it wasn’t until yesterday that she made the connection that her pain could be due to the conflict with her daughter and the text messages. I reiterated that this could be why her symptoms began to change yesterday and why she actually feels a little better this morning. She was asked to make sure that the incident is now in the past and that things are back to normal again with her daughter.

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 did not return for a follow-up visit but was present at my monthly GNM presentation in the clinic, two weeks later. She indicated that her low back pain improved significantly in the next two days after our visit, and that she was now pain free.

One month later, while attending another presentation, she confirmed that she has not had any flare ups or low back symptoms since our last treatment.

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

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