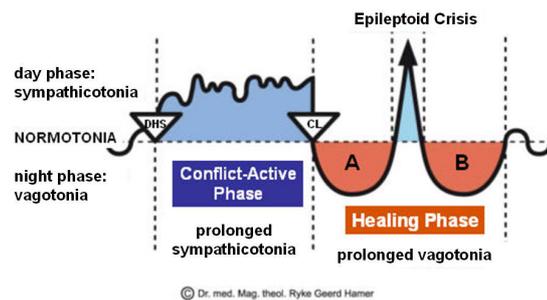




CASE STUDY # 57

DATE: May 2017

CLIENT: 44 year old left-handed female



Subjective Complaint: The client presented with **right low back pain** that refers to her right buttock and down the right leg to her toes. She claims that the pain started 2 months ago while in the middle of her vacation. She indicates it was during the second or third day of her trip that she began to feel low back pain. She admits it was really bad for the rest of her trip and that she needed to take medications for relief. She denies any mechanism of injury prior to the back pain. The client believed her pain was starting to get better until the last few weeks, when it flared up again. She describes the pain as a sharp, stabbing pain that starts from her right low back and travels down the back of her right leg to the toes. The client admits that the pain is aggravated with prolonged sitting or standing and that it has been affecting her ability to sleep. She rates the pain as a 5/10 normally but that it can be as high as 7-8/10 at its worst, on a scale of 1-10 with 10 being severe pain. She admits that she is taking over-the-counter medications which are only giving her minimal relief if any at all.

Observation: The client was observed to be walking very cautiously with a slight forward antalgic lean (to avoid pain). She was able to sit during the entire assessment but did complain of aggravation of her right buttock and right leg pain. Lumbar range of motion was painful at all end ranges with mild restriction in all ranges and moderate restriction in lumbar flexion. Manual muscle strength test for the L4- S1 nerve roots were all unremarkable. Straight leg raise was positive for right low back pain at 60 degrees. All other lumbar orthopaedic tests were unremarkable. Chiropractic examination revealed joint restrictions throughout the spine and muscular trigger points.

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

Embryonic Germ Layer: new mesoderm

Brain Control Centre: cerebral medulla

GNM Explanation: **Right 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 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 phase.

GNM Understanding: The client understood the GNM explanation and reported that her conflict is related to an incident that happened to her mother while she was on vacation. She reports that her mother was taking care of the family dog and watching over their home while the client was on vacation with her family. However, early on her trip, as she was checking in on her mother, she found out that her mother had a problem with her leg and was unable to walk. The client indicates that she called her uncle to see if they could take her mother to the doctors to get checked out. Upon speaking to her aunt, she was shocked when they were not willing to help out and “support” her mom (**her DHS**). In fact, she reported that her aunt blamed her for going away on the trip knowing her mother was not in good health. The client states that she started to panic and called her best friend who stepped in to help out, by taking care of her mom and her dog until she returned. She may have gone into healing immediately after speaking to her friend on the phone and receiving her “support” regarding her mom. She believes her back pain continued to flare up because she was not able to get any real answers from the doctor’s regarding her mom’s condition. She indicates that her mom’s health has deteriorated and is now on strong medications and is unable to walk without a walker. She also reports that her mom needs a nurse to come over to the home to help her out.

The client was asked to connect her right low back and leg symptoms to the “lack of support” she felt from her aunt and uncle related to her mom. She was then asked to work on changing her perspective of her mom’s situation. She needed to see that she in fact has plenty of support available, from her friends, her spouse, the nurses and personal support workers. Perhaps she could also see how she was very capable of handling the situation on her own; that she is very organized and responsible enough to handle most of the work related to her mom.

General balancing techniques and chiropractic adjustments were also provided. She was asked to do a follow-up visit in one week.

Results: The client did not return for her follow-up visit. She did show up 6 weeks later for help related to another symptom. When questioned about her low back pain, she indicated that within a few days of our visit, her low back pain improved significantly and was no longer referring to her toes. She admits that she still has some occasional low back pain, but that overall she was 75% improved within one week of our visit. She reports that there are still some tracks and triggers related to her mom’s health issues, but that she is able to manage the flare ups better, now that she understands her conflict. Her low back pain was not a concern at all during the visit.

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

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