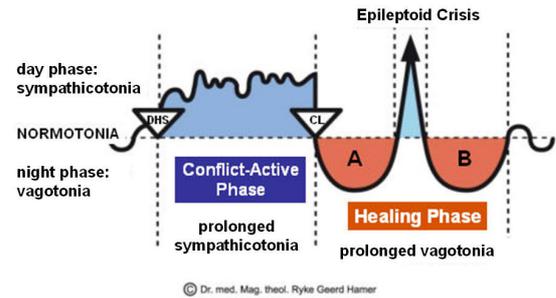




CASE STUDY # 59

DATE: March 2016



CLIENT: 57 year old right-handed, post-menopausal female

Subjective Complaint: The client wanted to understand the GNM explanation of **GERD** (gastro-esophageal reflux disease). She reports that she began to have GERD symptoms of **heartburn** as well as **stomach pain and indigestion** in the last month and is now taking medications for it. She indicates that she used to suffer from GERD in the past, but that she had no symptoms at all for almost 5 years, until last month. She states that the GERD symptoms are daily now and that they seem to be worse during the day.

Observation: The 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 mild muscular tenderness upon palpation of her neck.

Organs Affected: **Muscles of the Lower Esophageal Sphincter:**

Embryonic Germ Layer: new mesoderm
Brain Control Centre: motor cortex of the cerebral medulla

Small Curvature of the Stomach:

Embryonic Germ Layer: ectoderm
Brain Control Centre: right side of the temporal lobe

GNM Explanation: **Heartburn and gastric reflux: a conflict of “not being able to regurgitate a morsel”** either literally or figuratively (an insult or accusation), because it is too big. **GERD** is organically linked to the lower esophageal sphincter located at the top of the stomach and is responsible for preventing the backflow of stomach contents. This Biological Program involves necrosis (cell loss) of the muscle tissues of the lower esophageal sphincter during the **Conflict Active Phase**, causing paralysis of the esophageal muscles leading to difficulties swallowing foods and liquids. In the **Healing Phase**, there is tissue restoration and reconstruction of the esophageal muscles, however the paralysis continues into **Phase A of healing (PCL-A)**. During conflict activity of a territorial anger as well as throughout the **Epileptoid Crisis**, the sphincter opens prompting the reflux of stomach acid causing heartburn symptoms. The **biological purpose** of this biological program is to strengthen the muscles of the lower esophageal sphincter, so it can be better at regurgitating a future “morsel” (i.e. insult or accusation).

Stomach pain and indigestion: a territorial anger conflict (because she is a right-handed, post-menopausal female), experienced as an anger in one's domain or home. 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 and indigestion. 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 arguments she has had with her children in the past month, about keeping the house neat and tidy. She indicates that since her mother, who was staying with them temporarily, left last month, her children have been very complacent with keeping the house clean and tidy. She was especially shocked and upset at the way her son would respond to her when she would ask him to clean up after himself (**her DHS**). She admits that she has been very angry about this, as she perceives their behaviour as insulting and showing a lack of respect for her. The client states that she has been constantly triggered every day, since she is the one at home who has to clean up after her kids. The client was asked to connect her GERD symptoms to the insults from her son that she "could not regurgitate", and to the recent anger in her home "territory" regarding her children's behaviour. She was asked to work on changing her perspective of the situation or perhaps to sit down and have a heart to heart talk with her children to express her concern and expectations.

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

Results: During a follow-up visit one week later, the client indicated significant improvement in her symptoms. She admits that she feels 99% better with no more GERD symptoms at all. She also states that she is no longer taking any medications. She indicates that she sat down with her spouse to discuss a plan related to how they were going to handle their children. She then went on to talk with her children openly about her expectations regarding their shared living space, and what their responsibilities would be in order to keep the home clean and tidy. She admits that she was very happy with her children's response and that she has been less angry at home in the past week.

In a second follow-up visit four months later, she reported not having anymore GERD symptoms and was coming in for other health questions.

The client has been to the clinic sporadically for the last year with other complaints, but she continues to have no problems regarding GERD.

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

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