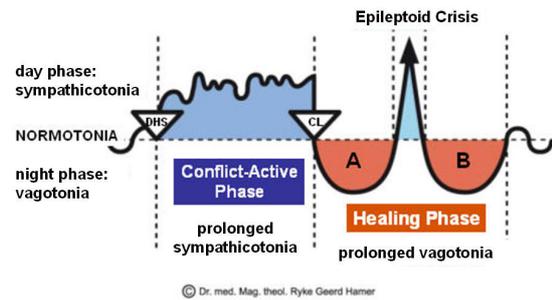




## CASE STUDY 61

**DATE:** July, 2017



**PATIENT:** 49 year old right-handed female

**Subjective Complaint:** The client presented with **chronic left shoulder pain**, which started in March of 2014. She admits that the pain persisted for 6-7 months before she decided to see her family doctor. She indicates that the pain was a constant ache with the occasional intense, sharp pain. She reports that she did not have any physical mechanism of injury. The client states that she received a cortisone shot in the shoulder, which seemed to make things worse. She reports that in the summer of 2016 she had an MRI of the shoulder, which indicted a tear of her rotator cuff muscles. She admits that she tried massage therapy, which only provided her temporary relief. However, 6 months ago, she began physiotherapy sessions, which she admits has provided her some relief from her shoulder pain. She rates the pain now as a 3-4/10, but it can be as high as 9/10 at its worst, on a scale of 1-10 with 10 being severe pain. She indicates that the pain has been affecting her ability to do her daily household tasks like cooking or heavy cleaning.

**Observation:** The client was observed to have mild restriction in her left shoulder, with mild pain upon internal rotation. Cervical range of motion was pain free and within normal limits with the exception of mild restriction in extension. Palpation revealed tenderness and pain on her left rotator cuff muscles. Shoulder Orthopaedic examinations were unremarkable, with the exception of mild pain on the left shoulder with internal rotation tests. 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 daughter, who 3 years ago began dealing with an eating disorder (**her DHS**). She admits that she was shocked to see her daughter lose significant weight. She relates that she felt very guilty about her daughter's eating disorder, and would often blame herself for doing something wrong as a mother. The client admits that the past three years have been very challenging, but that her daughter is in a better place and has since regained her weight back. She states that she can see how the recent reduction in her shoulder pain could be correlated to her daughter regaining her weight and starting to eat normally again. She reports that she is still sometimes nervous when she notices that her daughter is not hungry or when she becomes too stressed with school. But overall she is pleased at her daughter's progress and current state of health.

The client was asked to make the connection that her left shoulder pain is related to the feelings of guilt she had after finding out about her daughter's eating disorder. It was recommended that she work on changing her perspective of the situation, particularly because her daughter has improved and is healthy again. 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 continue to see her physiotherapist for treatment of the shoulder and 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 has improved about 80%. She still reports some mild pain but only after using the shoulder more than she has in the past. She states that she has also returned to doing her normal household tasks with very little pain. Treatment provided was similar to her previous visit. She was asked to pay special attention to her tracks/ triggers related to her daughter, particularly any feelings of guilt, especially when the shoulder pain flares up.

The client had another follow-up visit one week later and reported a significant 90% improvement in her shoulder. She admitted that she has been doing everything "like normal" again with little to no shoulder pain. She states that she is very happy with her treatment and was interested in knowing the GNM perspective for other symptoms that she was experiencing.

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

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