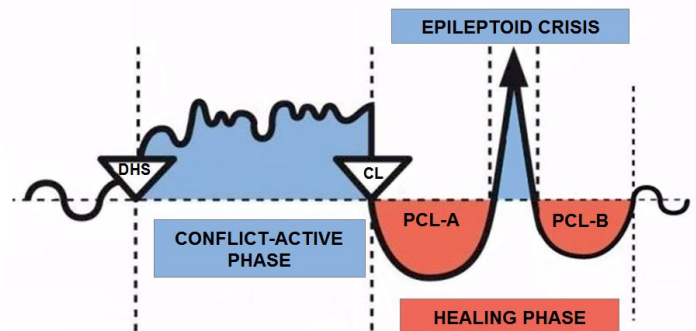


DATE: April 2015

CLIENT: 5-year old right-handed female



Subjective Complaint: The young client was brought to the office for a chiropractic check-up. During the health history, her mother also mentioned that her daughter (the client), had been dealing with stomach cramps and **stomach pain** consistently for over a year. Mom reports that they are not sure what triggers the stomach pain, sometimes eating makes it worse but not all the time. Mom indicates that her daughter's symptoms often show up in the morning around breakfast time. However, she admits that last week, her daughter also complained of stomach pain after coming home from school. Mom began to wonder if it could be related to gluten intolerance, but is not convinced as there has been no change in her diet. Mom knew about GNM and wanted to know the GNM perspective of her daughter's condition. When I asked the client (daughter) about her stomach pain, she stated that the pain does seem to be worse in the morning before school but not as bad during the weekends. She also admitted that she often doesn't get the pain at school but that she did have an incident of stomach pain after school last week, which was rare.

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 cervical, thoracic and lumbar joint restrictions with no muscular tenderness upon palpation.

Organs Affected: Stomach (small curvature)

Embryonic germ layer: ectoderm

Brain control centre: right temporal lobe

GNM Explanation: Stomach pain: a territorial anger conflict or anything upsetting related to her domain or her territory (this would be her second conflict because she is a right-handed female with normal hormone status). This Biological Special Program (SBS) 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**) 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 brought to her awareness in order for the SBS to be completed.

GNM Understanding: When I asked the client what it was that was upsetting her in the mornings around breakfast, she mentioned quite frankly that it was her younger brother. She reported that her younger brother would often come into her bedroom to wake her up in the morning (**her DHS**). She admitted that she doesn't like to be woken up by her little brother during the week, unless it was during the weekend when she gets to sleep in. She preferred that her mom be the one to wake her up

for school. Her mom related that she was surprised to hear this because she would often hear them giggling and laughing on her (daughter's) bed in the mornings. But the client indicated that just because she would play with him afterwards did not mean she was happy about her brother waking her up. Her mom now realizes that perhaps it is on those days when her brother wakes her that she probably complains of stomach pain. When I asked the client why she had some pain last week in school, she stated that there was a boy in her class that kept wanting to play with her, but that she did not want to play with him and he kept following her around which made her upset. I asked the client to be aware that her stomach pain must be related to anger towards people that she does not want coming into her space or "territory". She admitted that she understood and that she would communicate this to her parents or an adult whenever it happened. I also mentioned to her mother that this SBS indicates that her daughter is sensitive to her territory and space. I asked her mom to see if she could find a way to prevent her son from going into her daughter's room for the next few weeks so we can observe if there are any changes to her symptoms.

General balancing techniques and chiropractic adjustments were also provided. She was asked to do a follow-up visit in 3-4 weeks and perhaps sooner if she had any other symptoms.

Results: I did not see the client again until one year later as the family moved further away to a different city. Mom admitted that her daughter's stomach pains went away immediately and that she no longer had any stomach issues in the mornings. Mom reported that she kept her son from waking her up in the mornings which seemed to have worked.

However, mom stated that about 2 months ago, her daughter started to complain of stomach pain again. This time, the pain would only show up while driving in her car for longer than 40 minutes. Mom reported that she would look for any "anger" triggers, but she was not able to identify any pattern. Sometimes her daughter would complain of stomach pain after she would get in trouble from her mom while in the car. But other times she would be quietly watching or playing on her iPad, and then she would start to complain of stomach pain. The only consistent pattern that mom noticed was that her daughter only complained of pain on long drives (more than 40 minutes). Any short drives (less than 40 minutes) to the store or in the local area did not bring about any complaint from her daughter.

When I asked the client if there was anything about the car ride that was upsetting to her, or that made her uncomfortable during long drives, she quickly admitted that yes, it was the booster seat in her mom's car. The client went on to explain that her mom's car transitioned her from the car seat to a booster seat, which she admits doesn't have any cushion. She stated that it's a hard plastic with a cover, not like the thick padding of her old car seat. The client reported that the seat starts to hurt her buttock when the drive is too long (her DHS). Mom corroborated this, stating that she did change to the booster seat 2 months ago. The client also reported that "daddy's car still has the old car seat which is more comfortable". Mom confirmed that this was in fact true. Her daughter never complained of stomach pain when going for long drives in her father's car. I asked mom to see what she could do about changing the booster seat, or adding more cushioning to make her daughter more comfortable for long rides. I also mentioned that this was again indicative of a "territorial anger" conflict, with the car representing her daughter's domain/ territory. However, it seems that this is a new DHS (conflict shock) that is unrelated to her original DHS related to her brother. I mentioned to mom that this indicates that her daughter experiences discomfort or any unexpected changes in routine as a "territorial anger" conflict. This awareness can help mom to be on the lookout for future "anger" conflicts if her daughter complains of new stomach pains.

General balancing and chiropractic treatment was provided.

A follow-up visit with the client's mom a few months later confirmed that she now uses her husband's car seat when she knows she will be going on a long drive with the family. She happily reported that her daughter was no longer suffering from her stomach pains. During another follow-up with mom, one year later, she reported that her daughter is no longer complaining of stomach issues.

For clarification of specific terms, please consult the English "Five Biological Laws" document

Source: www.LearningGNM.com