

# Case study by Dr. Alvin De Leon



**CASE: 67**

**DATE:** December 2017

**CLIENT:** 16 year old left-handed male



**Subjective Complaint:** The client presented with **right ankle pain and weakness**. He reports that the pain started on Halloween night, but the next morning on his way to his work placement in a restaurant, he began to get severe ankle pain. He admits he was able to finish his work hours but that he was limping around. The next day, his ankle pain was so bad he was unable to get out of bed and walk on it. He states that he began physiotherapy sessions within the next day or two. The client reports that his ankle pain progressively got worse, to the point that he needed to use crutches because the ankle felt very weak and unstable. He admits that it feels like a really bad ankle sprain, but is puzzled because he had no mechanism of injury. He rates the ankle pain as a constant 4/10 on a scale of 1-10 with 10 being severe pain. But he admits that at its worst it can be a 7-8/10. He indicates that his x-rays were negative and that his doctor diagnosed him with an ankle sprain and told him to continue with physiotherapy. He reports not much relief with his pain and is now worrying that his ankle seems to be getting weaker.

**Observation:** The client was using crutches for support and was not able to put a lot of weight on his right ankle. He was observed to be very cautious of standing on his ankle without help from the crutches. Ankle ranges of motion were within normal range with mild pain on the right ankle with active and passive inversion. He also had some difficulty standing on his toes due to instability and right ankle weakness. Lumbar ranges of motion were within normal limits with mild pain in right lateral bending and right rotation. All other orthopedic tests for the low back and ankle were negative. Palpation revealed tenderness of the lateral ligaments of the right ankle and full spine joint restrictions.

**Organs Affected:** Right ankle ligaments

**Embryonic germ layer:** new mesoderm

**Brain control center:** cerebral medulla

**Organs Affected:** Right ankle muscles

**Embryonic germ layer:** new mesoderm

**Brain control center:** motor cortex

**GNM Explanation:** **Right ankle ligaments: a light self-devaluation conflict regarding performance in relation to mother/child** (because he is left-handed) **experienced as “not moving fast enough”, or “not able to keep up”**. This leads to tissue loss (necrosis) of the soft tissues/ligaments in the ankle 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 ligaments of the ankle to improve future physical performance so he can be “fast enough to keep up”. **Right ankle muscles of movement: a motor conflict experienced as “not being able to move” or “feeling stuck”**. This leads to tissue loss (necrosis) of the muscles of the ankle leading to **muscle weakness or muscle paralysis** during the **Conflict-Active Phase**. The biological purpose of the muscle weakness originates in the fake-dead reflex (prey animals “play dead” when they face a predator or danger). During the **Healing Phase**, the atrophied muscle is reconstructed through cell proliferation. There is often accompanied swelling which causes muscle stiffness, tension and pain. The client is currently in a **Hanging Healing** with the ankle ligaments and in a **Hanging Conflict** with his ankle muscles of movement. His original conflict (DHS) must be identified and brought to his awareness in order for the SBS to be completed.

**GNM Understanding:** The client understood the explanation and realized that the conflict must be related to his first evaluation at his work in the kitchen. He reports that one week prior to his ankle pain, he was given a very good evaluation by his supervisor of his work in the restaurant. However, he was told that he was a little slow moving and that he needed to “speed walk” in order to get things done a little faster in the kitchen (**his DHS**). He admits that this was a shock to him, because he didn’t think he was slow, but that he simply needed more time to get used to where things were in the kitchen. He also recalls that he associated this comment with his mom, who is often upset with him for making her wait in the car for him to finish his shift. He states that she has mentioned a few times how he is always late in finishing up with his work at the restaurant. The client now remembers that during his shift on Halloween night, they actually finished all of their tasks early and that it was the first time that had ever happened. This could have been his resolution of the “performance self-devaluation” leading to his ankle pain that evening. However, the ankle pain the next morning may have created a second “performance self-devaluation” conflict, as he was actually not able to perform his tasks properly at the restaurant because he was limping and in pain. The pain eventually led to him using crutches, which could be what caused his motor conflict, of “not being able to move” without assistance. This progresses to ankle weakness which perpetuates a cycle of ongoing self-devaluation (“something’s not right with my ankle”).

He admits that he began to become stressed about the challenges of moving around his school with crutches and also about missing out on his placement at the restaurant due to his injury.

He was asked to make the connection that his original ankle pain is related to the evaluation from his supervisor that he was “not moving fast enough” in the kitchen. He also needed to realize that his ankle weakness is a secondary conflict due to his need to use crutches to move around. In fact, it was possible that the crutches themselves are tracks/triggers for him feeling stuck. He was asked to look into using a cane instead of the crutches in order to feel more freedom to move around and to remind himself that he was not “stuck”. It was also important for him to not continue to devalue himself by thinking he has a “bad ankle/foot”. He needed to tell himself that he can perform everything he wants to do and that the pain means the ankle was healing and getting stronger. Finally it was important to address his concerns about his performance in the kitchen. He had to change his perspective about that evaluation and see it as constructive feedback. He had to tell himself that once he was used to his duties and became familiar with his environment, he was actually fast enough to perform his tasks well, as evidenced by his overall positive evaluation. General balancing techniques and chiropractic adjustments were also provided. He was asked to do a follow-up visit in one week’s time.

**Results:** During his follow-up visit one week later, he reported a significant improvement in his ankle pain. He admits that the pain was 75% better than before. However, he was still using his crutches and the ankle weakness was still there. He was asked to continue to see the physio to strengthen his ankle, but more importantly he needed to remind himself that he is not stuck, that he is free to move, and come and go as he pleases. He was also encouraged to start walking more and more without the crutches and perhaps to use a cane for support instead.

Upon a second follow up visit, 3 weeks later, he no longer had any ankle pain. He rates the ankle as 85–90% improved. He admits that he stopped using the crutches since our last visit and was no longer using any assistive devices. He states that he is continuing to do his physio exercises to strengthen his ankle but that overall, he was walking again like normal. He was asked to continue to watch for any tracks/triggers and to no longer worry about his foot at all.

*For clarification of specific terms, please consult the English “Five Biological Laws” document*

**Source:** [www.LearningGNM.com](http://www.LearningGNM.com)