CASE STUDY # 27

DATE: June 2012

CLIENT: 48 year old right-handed male

Subjective Complaint: Client presented with bilateral hip pain which is aggravated with physical activity and with frequent bending and lifting. He reports that he started to have low back pain in 1998 after a car accident but in spite of treatment his pain subsided only to return 6 months later. He admits that during the flare-up, physiotherapy, acupuncture and chiropractic treatments no longer helped. However, after about 9 months of being in pain he discovered yoga which helped him to get rid of the low back pain. He reports being pain free until 2 years ago when he began to get pain in both hips instead of his low back. He indicates that the hip pain is very sharp and that it seems to have come out of nowhere as he just woke up one day with the pain. He states that the pain has been so severe in the past year that he can’t do any activity without getting the pain. He reports that x-rays and an MRI showed no problems and two orthopedic surgeons told him there is no reason to do any surgery. He was recommended to do physiotherapy again, but after 3 months of treatments there were no improvements. The hip pain was now constant and would start first thing in the morning, and it even bothered him during yoga. He rates the pain as a constant low grade 2/10 but that it can be as high as a 8-9 when it is really aggravated. He was recommended to try a new approach which is what had brought him to us.

Observation: Client reports that his hips are currently not painful and rates it as a 2/10 right now. He presented with full hip range of motion with some pain in both hips at end range. All other orthopaedic tests were negative with the exception of FABERE’s test which was positive for mild pain in both hips. Palpation revealed joint restrictions in his pelvis, but no trigger points in the lumbar hip region.

Organs Affected: Both hip joints:
- Embryonic Germ Layer: new mesoderm
- Brain Control Centre: cerebral medulla

GNM Explanation: Hips: medium self-devaluation conflict experienced as “too much to carry” causing muscle tissue loss (necrosis) of the striated musculature in the hips during the conflict-active phase. Pain occurs in the healing phase as the tissue loss is replenished. The client is currently in a hanging healing as the pain intensity fluctuates during the day. The original conflict and his tracks must be identified and brought to his awareness in order to complete healing.

GNM Understanding: The client understood the explanation and recognized that the conflict was related to his time working as a project manager on a condominium development which he admits was the most stressful 2 years of his career. He recalls having a lot of responsibility
regarding the project and a lot of stress everyday because of unexpected delays and pressure from the owners who didn't understand how the industry worked (his DHS). He indicates that it was such a negative experience that he decided to switch careers shortly after the project was completed and entered a family business in a totally different industry. It was shortly after the completion of the project that his hip pain began. The client was encouraged to make the emotional connection between his hip pain and his past career and to let go of any residual stresses from that period. General balancing techniques and chiropractic adjustments were also provided.

**Results:** One week later he reported a significant change in his symptoms. He reports the he actually had 3 days with no hip pain at all which was great. We continued to help him identify his tracks and to let go of the past issues. After three sessions he reported a 60-70% improvement. He also admitted that he began doing yoga again with only mild 2/10 pain occasionally. After 5 visits he reported a 85% improvement and feels that the hip pain is no longer a factor in his life and he is now able to function fully once again.

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

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