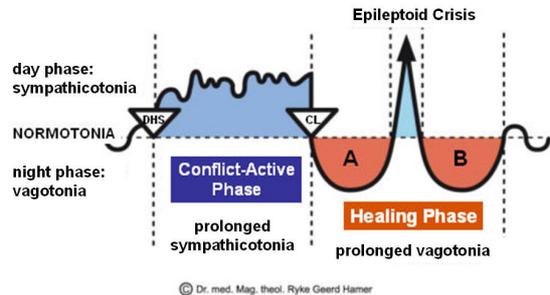


G N M CASE STUDY # 42

DATE: March, 2012

PATIENT: 60 year old right-handed female



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Subjective Complaint: Client presented with **right shoulder pain**, which started after reaching for her purse in the back seat of the car. She admits that the pain is not constant, but that it comes and goes randomly, and depending on certain movements. She rates the pain as a 6-7 out of 10 with 10 being excruciating pain. She reports having a history of surgery on her left shoulder from playing tennis and was worried about her right shoulder pain.

Observation: Client was observed to have mild restriction in her right shoulder, with pain upon forward flexion and abduction. Palpation revealed tenderness and pain on her right rotator cuff muscles, specifically her infraspinatus and subscapularis muscles. Orthopaedic examinations revealed right shoulder pain upon internal rotation tests. Chiropractic evaluation revealed full spine joint restrictions and myofascial trigger points in her neck and right rotator cuff muscles.

Organs Affected: Right shoulder muscles and ligaments:

Embryonic Germ Layer: new mesoderm

Brain Control Centre: cerebral medulla

GNM Explanation: Right shoulder muscular pain: moderate self-devaluation conflict regarding a relationship with a “partner” (loss of self-respect, feeling guilty). There is necrosis of the striated musculature of the right 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 father who had a heart attack, a few weeks before she was supposed to go away on a school trip. She began to feel bad about whether she should go on the school trip at all, given her dad’s current health crisis, though she really was looking forward to accompanying her students on the trip (**her DHS**). She admits that her shoulder pain started after her dad’s condition stabilized in the hospital and she felt okay to go away on the trip. She relates that she had some shoulder pain while she was away on her trip, but that her pain became worse since coming back home. She admits that her parents often make comments to her and her brother that they are not doing enough to care for them in their old age. She especially feels more guilt being the daughter, and with the cultural

expectations from her relatives about her role in caring for her parents. However, she admits that she's doing everything she can to live a balanced life and not get overly consumed by her parent's health issues. She also recognizes how her shoulder pain could be related to the guilt she has been feeling since her dad's heart attack.

Full spine adjustments, muscle work, and general body balancing were performed to give her some relief. She was asked to change her perspective regarding her role in caring for her parents so she could slowly let go of the guilt. She was also reminded to be cognizant of further devaluing her right shoulder by thinking "something is wrong" with my shoulder. She was asked to relate her shoulder pain to the guilt about her dad and that the shoulder is healing and trying to get stronger. She was asked to do a follow up visit within a couple of weeks.

Results: The client reported on a follow-up visit two weeks later that her shoulder pain has improved about 50%. She still reports some pain but that it is not as frequent and less intense. Treatment was similar to her previous visit. She was asked to pay special attention to her tracks/ triggers related to her dad and feelings of guilt, especially when the shoulder pain flares up.

The client had another follow-up visit almost one month later and reported 70% improvement in her shoulder pain. She admitted that she is becoming less and less guilty about her dad since he has been feeling better and more independent again. She was treated for muscular pain and tightness in the shoulder although she had almost full range of motion with still some pain at end range.

The client was seen 10 months later for other symptoms and admitted that she no longer had any issues with her right shoulder.

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

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