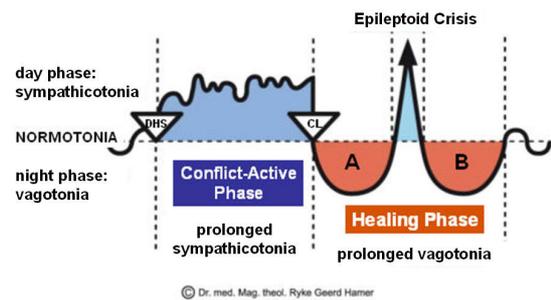




## CASE STUDY 88

**DATE:** January 2017

**CLIENT:** 38 year old right-handed female



**Subjective Complaint:** The client has been a patient for many years for various symptoms. She has become familiar with GNM and has been able to apply it with great success. During one visit, she was interested in understanding the GNM perspective of a **chronic urinary tract infection (UTI)** that she had been suffering from for almost a year and a half. She indicates that it began as a frequent urge to urinate with painful, burning urination. She reports that it was diagnosed as a UTI and she was given antibiotics for treatment. She admits that she feels better while she is on the medications, but is unsure as to why the symptoms return every few weeks. The client states that she has been prescribed a variety of antibiotics over the past year, with each one stronger than before. She states that she wants to understand the root cause of the UTI so she doesn't have to keep taking stronger medications that only provide temporary relief.

**Observation:** During the visit, she was assessed for other musculoskeletal symptoms. However, she indicates that she was currently experiencing some UTI symptoms, but did not take any medications yet for the recent flare up.

**Organs Affected: Renal pelvis and ureters (upper urinary tract):**

Embryonic Germ Layer: ectoderm

Brain Control Centre: temporal lobe (post-sensory cortex)

**GNM Explanation: Renal pelvis and ureters: a female marking conflict,** experienced as a breach of her inner boundaries or an inability to "mark" her inner territory. Relationship-related marking conflicts can involve a spouse who is "controlling" or "crossing the line". This Biological Special Program (SBS) causes ulceration of the renal pelvis and ureters during the **Conflict Active Phase**. The biological purpose of the cell loss is to enlarge the volume of the renal pelvis and to widen the ureters to improve the urine flow to be better able to mark one's territory. During the **Healing Phase** the cell loss is replenished through cell proliferation with swelling due to the edema, causing symptoms such as burning pain during urination. The client is currently in a **Hanging Healing** with potential **tracks** and triggers. The original conflict must be identified and brought to her awareness in order for her to complete the healing.

**GNM Understanding:** The client understood the explanation and recognized that the conflict must be related to an issue in her marriage a year and a half ago. She admits that they were having a difficult time in the relationship and that her spouse would often turn to drinking alcohol. She relates that her biggest issue during that period was when her spouse would get

drunk at social gatherings and then make flirtatious comments to other women and then want to have intimacy with her (**her DHS**). She indicates that the situation was so bad that they actually separated and almost got a divorce. However, it was also during their time apart, that she realized how much she loved her spouse and wanted to make things work. It's possible that her symptoms showed up once they reconciled their relationship. The client admits that she may have a few tracks/triggers that remind her of that period of their marriage. She realizes that when her spouse starts drinking or drinks too much, it becomes a trigger for her. She recognizes that her recent episode of UTI symptoms relate to a ski trip getaway with friends, where her spouse began to drink too much again. She is now aware that his behaviour when drunk must be a subconscious reminder of the past marital problems, which subsequently leads to more symptoms.

She was asked to make the connection that her chronic UTI symptoms are related to the past issues in her marriage. She was recommended to work on changing her perspective about the marriage and that they are now in a different place despite their occasional disagreements. It was important for her to reinforce her security and trust in the marriage, yet at the same time to be able to face her worst fears, and realize that in the end she is capable of being fine on her own. She was asked to watch for any changes in her symptoms and to pay attention for any flare-ups.

**Results:** The client was seen in the clinic one month later for other symptoms. She reported an 80% improvement in her UTI symptoms. She indicates that it was no longer something she noticed regularly. She admits that she might get the occasional mild symptom, but is able to relate it to an incident or comment from her spouse, which then allows her to calm her mind and then the symptom subsides.

The client continues to be seen in the office for other musculoskeletal complaints, and almost a year later, continues to have no more UTI symptoms.

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

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