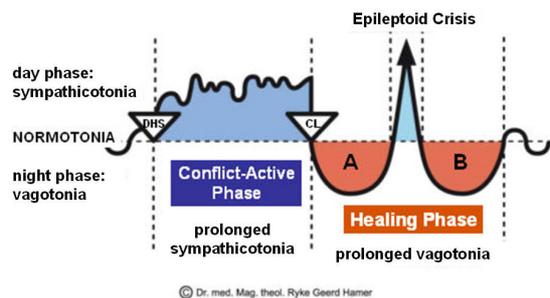




CASE STUDY # 98

DATE: January 2017

PATIENT: 39 year old right-handed female



Subjective Complaint: The client presented to the clinic with **left anterior (frontal) shoulder pain** and also pain in the back of the left shoulder blade. She relates that about 4 weeks ago, she woke up one morning with severe pain on the left shoulder. She did not experience any mechanism of injury to the shoulder but reports that the pain was intense (a 10 out of 10 on a pain scale of 1-10 with 10 being severe pain). She reports that since those first few days, the shoulder pain now comes and goes, with the pain being around 5 out of 10 when it's there. She indicates that right now the pain is about a 1 out of 10. The client states that the pain seems to be the worst when lying in bed at night and that it often interrupts her sleep and wakes her up. She did start doing some physiotherapy sessions but experienced only temporary relief as the pain would flare up again in the evening time. She presented me a copy of her ultrasound report which read that she had "a moderate tendinosis of the left supraspinatus tendon with calcific tendinitis."

Observation: The client was not observed to be in any pain or discomfort during our consultation. Cervical range of motion were all within normal limits with only mild neck pain at end range of forward flexion. Shoulder range of motion revealed mild pain on top of the left shoulder with forward flexion and internal rotation. All shoulder ranges of motion were within normal ranges with the exception of left shoulder internal rotation which was mildly restricted. Palpation revealed tenderness and pain on her left rotator cuff muscles (supraspinatus and infraspinatus) and her levator scapulae and cervical paraspinal muscles. All shoulder and cervical orthopaedic examinations performed were unremarkable. Chiropractic evaluation revealed full spine joint restrictions and myofascial trigger points in her neck muscles.

Organs Affected: Left shoulder muscles and ligaments:

Embryonic Germ Layer: new mesoderm

Brain Control Centre: cerebral medulla

GNM Explanation: Left shoulder muscles: moderate self-devaluation conflict regarding a relationship with a "mother/child", experienced as "a loss of self-respect", or "feeling guilty". There is necrosis of the striated musculature of the left shoulder muscles and ligaments 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 the fact that she was having an affair for several months. A few weeks prior to her shoulder pain, she decided to end the relationship. However, the day before her shoulder pain showed up, she recalls being in an event where the man she had the affair with said “hi” to her young daughter, who suddenly began to cry. She was surprised by her daughter’s reaction and immediately felt bad that her daughter was aware of the affair (**her DHS**). She realized later that night that she in fact was not aware of it, which could have led to her resolution the next morning. She remains in a hanging healing because a part of her still wonders if she should be with the other man, despite no longer keeping in contact with him. It is interesting to note that her left shoulder symptoms are not related to her spouse but her daughter (because she is right-handed). The client confirms that she is torn between her own happiness and the guilt around her children’s happiness in the family unit.

The client was asked to make the connection that her left shoulder pain could be related to the feelings of guilt that her young daughter became aware of her affair. It was recommended that she work on changing her perspective of the situation and that her daughter’s reaction was not related to her knowledge of the affair. She was also counselled on the importance of avoiding further “self-devaluation conflicts”, by thinking there’s “something wrong” with her left shoulder and to slowly start using it again like normal.

Chiropractic adjustments, muscle work, and general body balancing techniques were performed. She was asked to do a follow-up visit in one week.

Results: The client reported on a follow-up visit one week later, that her shoulder pain was 80% improved. She states that she started working out again and using her shoulder without any pain. However, she still reports feeling pain at night when going to bed, but it is significantly less painful than before. She was reminded to continue to watch for any tracks/ triggers especially if the shoulder pain flares up. She was provided chiropractic treatment and energy balancing techniques and asked to do another follow-up within two weeks.

The client had another follow-up visit two weeks later and reported a significant improvement with her shoulder. She admitted that she no longer feels any shoulder pain at all while sleeping at night and that it is 100% improved. She reported only mild pain while doing a yoga class, but she thinks that was related to the physical postures she was doing. She wanted to focus on other symptoms during this visit.

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

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