

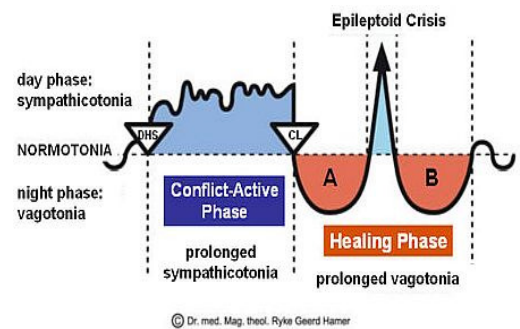


## CASE STUDY #02

### MELON ALLERGY

DATE: June 2014

CLIENT: 40 year-old right-handed female



**Subjective Complaint:** The client wanted to understand why she was **no longer able to eat melons**. She grew up in the country where her family grew melons every year and she enjoyed eating them. Sometime after college she developed an “allergic reaction” to any kind of melons (e.g., cantaloupe, honeydew) where her **mouth and throat would swell** with an itchy throat whenever she did attempt to eat them.

**Observation:** The client did not show any allergic reaction since she had not eaten any melons.

**Organs affected:** **Mouth Surface Mucosa and Pharynx and Throat Surface Mucosa**  
**Embryonic Germ layer:** Ectoderm  
**Brain Control Center:** Cerebral cortex

**GNM Explanation:** The mouth surface mucosa (including the lips, gums, palate, and tongue) is an oral **conflict of either “not being able to take something into the mouth” or, the opposite, of “not being able to get rid of something that is in the mouth or on the tongue”**. The pharynx and throat surface mucosa are **“not wanting to swallow a morsel”**. Figuratively, this refers to any incident or situation one refuses to accept or which is perceived as hard to “swallow”. During the **Conflict-Active Phase** there will be ulceration (cell loss) of the epithelial lining of the “mouth” and of the “pharynx and throat” proportional to the degree and duration of conflict activity. In the **Healing Phase** of both the mouth surface mucosa and of the pharynx and throat surface mucosa, the tissue loss is replenished through cell proliferation. Healing symptoms of the mouth are swelling, water-filled blisters, redness, and possibly bleeding. The healing symptoms of the pharynx and throat are swelling due to the edema (fluid accumulation), difficulties swallowing (a thick and tight throat) with pain. The client is currently in a **Hanging Healing** with melons as a track causing her body to respond with an “allergic reaction” when attempting to eat melons. Her original conflict must be identified and brought to her awareness before healing can be completed.

**GNM Understanding:** The client understood the GNM explanation and realized the conflict must be related to a doctor’s visit when she was in college. At that time, the client had complained of abdominal pain when she went to see a doctor. The doctor asked her what she had eaten for breakfast that morning; she stated that she ate oatmeal, toast, and milk as she does every morning. Then she remembered that she had also eaten cantaloupe. The doctor responded by stating, “You must be allergic to melons; therefore, stay away from them and do not eat them anymore!” (**her DHS**). She recalled that her abdominal pain continued although she did eat melons and found later that the pain was actually related to gallstones. The client was asked to make the conscious connection that the allergic reaction was related to the misdiagnosis, and that her pain was actually due to her gallstones and not due to eating melons.

**Results:** About a week later, I received a text message from the client stating that she attended a conference where they served a light breakfast which included melons. She reported that she nervously put some on her plate, but reminded herself that the pain was due to the gallstones and not the melons. She slowly ate a piece of the melon, with no reaction, then another until she had eaten and enjoyed all of the melons on her plate. I received another message a month later where the client again ate melons without a reaction and is now enjoying melons once again after all of those years of not being able to eat them.

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

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