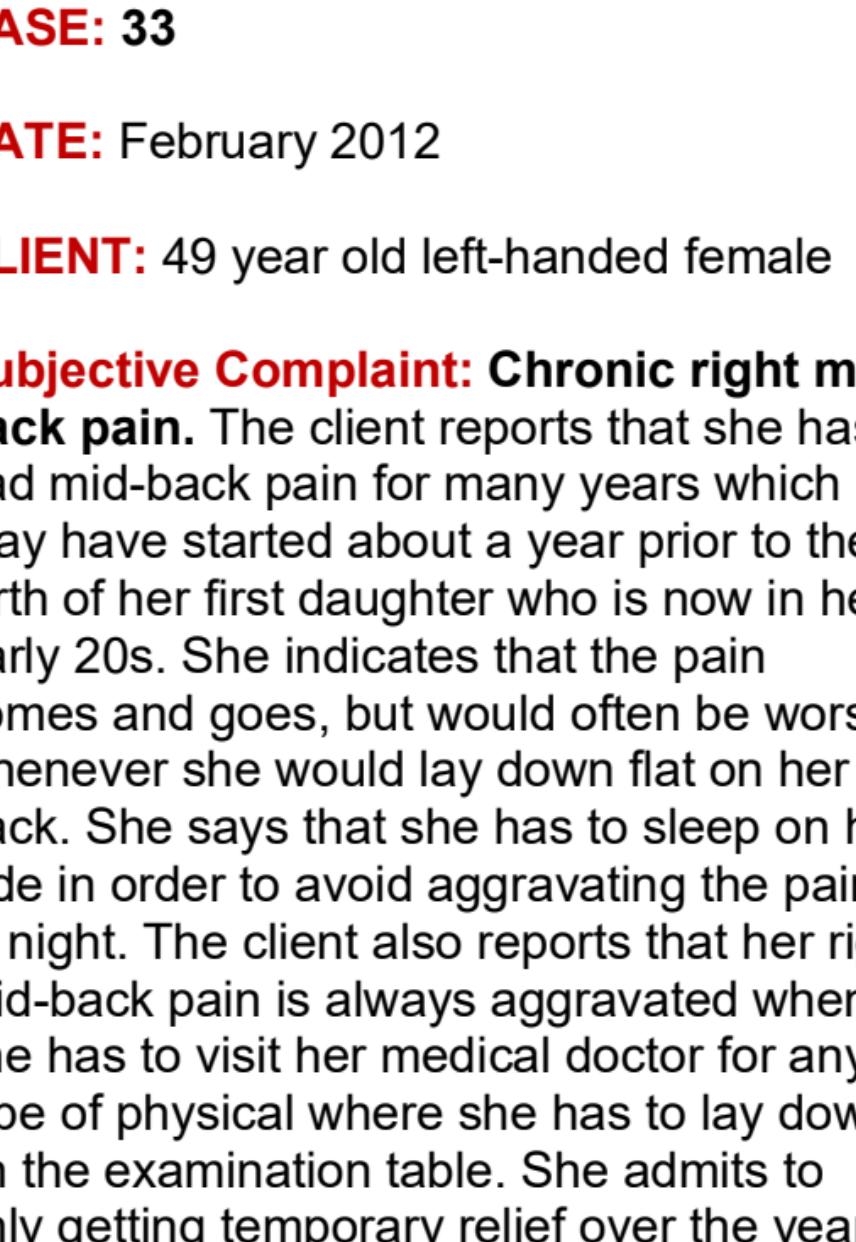
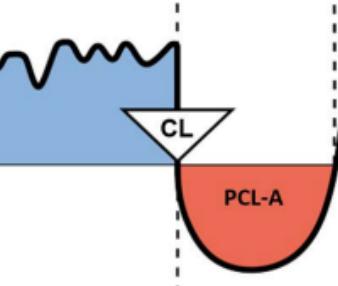


Case study by Dr. Alvin De Leon



CASE: 33

DATE: February 2012

CLIENT: 49 year old left-handed female

Subjective Complaint: Chronic right mid-back pain. The client reports that she has had mid-back pain for many years which may have started about a year prior to the birth of her first daughter who is now in her early 20s. She indicates that the pain comes and goes, but would often be worse whenever she would lay down flat on her back. She says that she has to sleep on her side in order to avoid aggravating the pain at night. The client also reports that her right mid-back pain is always aggravated when she has to visit her medical doctor for any type of physical where she has to lay down on the examination table. She admits to only getting temporary relief over the years with therapy and medications.

Observation: The client presented with mild restriction during extension of her thoracic spine, but otherwise had full range of motion with right mid-back pain in extension and rotation. She presented with mild trigger points in her mid-back musculature and also had some joint restrictions in her cervical and thoracic spine.

Organs Affected: Mid-back joints, muscles, ligaments

Embryonic germ layer: new mesoderm

Brain control center: cerebral medulla

GNM Explanation: Right mid-back/thoracic pain: self-devaluation conflict at the core of who you are as a person ("I am shattered, I am totally humiliated") in relation to a mother/child, causing necrosis of striated muscles in the mid-back during the **Conflict-Active Phase** and tissue restoration with pain and swelling in the **Healing Phase**. The biological purpose of this Biological Special Program (SBS) is to strengthen the back muscles to withstand future devaluation. The client is currently in a **Hanging Healing** with **tracks/triggers**. Her original conflict must be identified, brought to her awareness and resolved in order for the Biological Special Program to be completed.

GNM Understanding: The client recognized that her conflict must be related to the following scenario: the year before her oldest daughter was born she was 4 months pregnant, when she was told during a check up with her doctor that she had lost the baby (**her DHS**). She must have interpreted the shocking news as a major self-devaluation, that maybe she did something wrong to cause the miscarriage. The conflict began to resolve once her daughter was born a year later, which led to the development of the pain. However, without her awareness of the original conflict, she remains in a hanging healing with many potential tracks/triggers. We were able to identify the following potential tracks: whenever her parenting skills were being questioned and whenever she would lay flat on her back. Laying flat on her back is a reminder of the original DHS, which explains why she always has right mid-back pain during her doctor's visits and physical examinations.

Results: The client understood her SBS and the fact that the original conflict was something that happened a long time ago. She needed to be able to let go of the pain of the original miscarriage and to remind herself that she has done a great job with her daughter, who is now attending post-secondary education. Her trigger points and joint restrictions were also manually treated. In a follow up visit one week later, the client reported that her mid-back was pain-free all week, including at night while sleeping. But she admits she wasn't completely convinced it was resolved until she went to a medical doctor's visit. She reported that she had an upcoming Obstetrician/Gynecologist appointment which would prove to be the real test. I reminded her to make the connection of her

mid-back pain to the original conflict many years ago and to tell herself that it was now “safe to visit a doctor and go for an examination”.

A follow up visit two weeks later revealed that she had not had any mid-back pain at all and that she was finally able to have a pain-free physical examination at her doctor’s office!

For clarification of specific terms, please consult the English “Five Biological Laws” document

Source: www.LearningGNM.com

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DISCLAIMER: The information in this document does not replace professional medical advice.