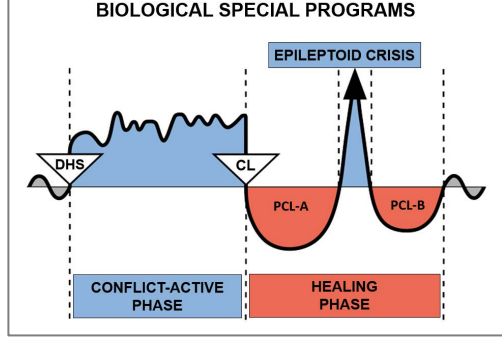


Case study by Dr. Alvin De Leon



CASE: 39

DATE: November 2013

CLIENT: 15 year old right-handed female

Subjective Complaint: Vomiting and Diarrhea that started two nights ago. The client reports that on Thursday evening she began to feel nausea with stomach pain. Later that evening she had severe vomiting attacks with diarrhea. She recalls that she was vomiting so much that she was dry heaving, as nothing else was left in her stomach. She indicates that she felt exhausted and missed school the next day. She admits that she is feeling a little better today (two days after the incident), but is still not 100%. She continues to complain of nausea and fatigue and also with abdominal pain from the vomiting.

Observation: The client appeared to be fatigued with low energy. She did not present with a fever and upon palpation had tenderness of her abdominal musculature (possibly from the constant vomiting itself).

Organs Affected: Stomach (small curvature)

Embryonic germ layer: ectoderm

Brain control center: right temporal lobe

Organs Affected: Small intestine

Embryonic germ layer: endoderm

Brain control center: brainstem

GNM Explanation: The ectodermal stomach mucosa is related to a territorial anger conflict or anything upsetting regarding her domain or her territory. This Biological Special Program (SBS) involves ulceration of the small curvature of the stomach during the **Conflict-Active Phase** and tissue refilling and restoration during the **Healing Phase**. The client is currently in the Healing Phase (PCL-B) as she may have had an **Epileptoid Crisis** two nights ago, which involves vomiting attacks. **The small intestine is related to an "indigestible morsel conflict" (indigestible anger conflict), "I can't digest or accept this situation".** During the **Conflict-Active Phase** there is cell proliferation in the small intestine (no pain). When the conflict is resolved the extra cells in the small intestine are removed and eliminated from the body causing diarrhea during the **Healing Phase**. The original conflict must be identified and brought to her awareness in order for the SBS to be completed and to minimize any anxiety about her symptoms.

GNM Understanding: The client recognized that her conflict is related to a house party she was very excited to attend one week ago. She recalls looking forward to this party as it was an opportunity to hang out with a group of friends she often doesn't see in a social setting. However, after being at the party for less than an hour, the parents of the party host arrived unexpectedly and kicked everyone out of their home (**her DHS**). She admits to being very upset at being left to wait outside in the cold until her mother picked her up as she was not dressed appropriately for the weather. The client then reported that a few days prior to her symptoms, the same group of friends were making arrangements to have another party this weekend. She now recalls receiving a text message on Thursday evening confirming that the party was on for Friday night. This may have led to her resolution and subsequent symptoms, which ultimately caused her to miss out on the party.

Results: The client understood the Biological Special Program and admitted that she was very upset at what happened at the house party. She also stated that she was looking forward to seeing her friends again as the next party was being organized. She now understands the significance of the text message last Thursday confirming the next party, as her resolution to the anger she felt after the last party ended abruptly. She was asked to make the connections between her

symptoms and her biological conflict and to put things in perspective in order to avoid having symptoms again as she missed out on another party.

During a follow up visit one month later, she reported feeling better immediately after our last visit and has not had any symptoms since.

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

Source: www.LearningGNM.com

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