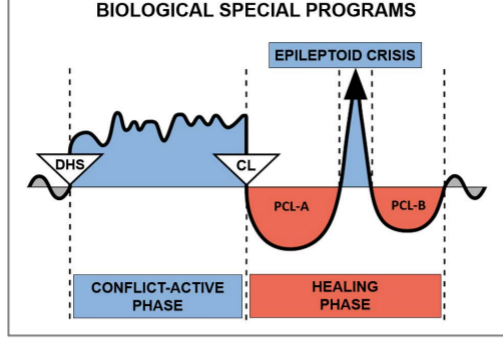


Case study by Dr. Alvin De Leon



CASE: 50

DATE: August 2016

CLIENT: 42 year old left-handed female
(This is not a client but an observation of symptoms that my wife Annamaria presented with, which exemplifies the GNM perspective of vertigo)

Subjective Complaint: **Dizziness, loss of balance (vertigo-like symptoms).** I received a phone call from Annamaria that she was not feeling well. She complained of some dizziness and loss of balance. She was still at her clinic, where she works as a chiropractor, and was just about to wrap up her day. However, she was concerned that she would not be able to drive home due to her symptoms. She was requesting that I pick her up to drive her home. I asked her if she had figured out what her conflict (DHS) was that potentially led to her symptoms. She reported that she wasn't sure, as nothing significant happened that day at work.

Observation: Upon arriving at the clinic, I recognized immediately that she was suffering from vertigo symptoms. She wobbled towards the car, slowly leaning and swaying to her left, as she needed support to get in the car. Another important observation is that her hands were both cold to touch. We now needed to look for the conflict related to vertigo.

Organs Affected: Vestibular organ of the inner ear

Embryonic germ layer: ectoderm

Brain control center: cerebral cortex (post-sensory cortex)

GNM Explanation: **Vestibular organ of the inner ear: a “falling” conflict, experienced as hearing that someone fell or collapsed.** Being a left-handed female, her tendency to sway or fall to the left indicates a falling conflict **in relation to a partner.** This Biological Special Program causes functional loss of the vestibular branch of the vestibulocochlear nerve, leading to a loss of balance during the **Conflict-Active Phase.** During the **Healing Phase,** the function of the vestibulocochlear nerve is restored and the dizziness and loss of balance diminishes. She is currently still in the Conflict Active-Phase. The original conflict must be identified and brought to her awareness in order for her to complete the healing.

GNM Understanding: Annamaria quickly remembered the conflict shock once I mentioned it was a “falling conflict”. She recalls being in a treatment room with a patient when she heard a loud “thud” coming from another treatment room. She immediately ran out thinking it was another patient who must have fallen off the chiropractic table (**her DHS**). Upon entering the room, along with other practitioners who were also startled by the loud noise, they realized that it was a shelf unit that had fallen from the wall. They all quickly checked in on the patient in the room to make sure she was okay and they cleaned up the shelf and returned to their treatments. She went on to state that it was shortly after that incident that she began to feel dizziness and a loss of balance.

I asked her to connect the incident with her vertigo symptoms and acknowledge the fact that no one fell and that everything was now resolved.

Results: By the time we arrived home from her clinic, her dizziness and loss of balance was greatly reduced. In fact, she was able to walk on her own, unassisted and spent the rest of the day resting. Her hands also slowly began to warm up, and by the next morning there were no more vertigo symptoms. The knowledge and understanding of this Biological Special Program is significant as it could have potentially led to her work or the clinic becoming a “track” or “trigger” for her, which could lead to chronic vertigo symptoms while at work. Suffice to say, she has not

had any vertigo symptoms since that incident.

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

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