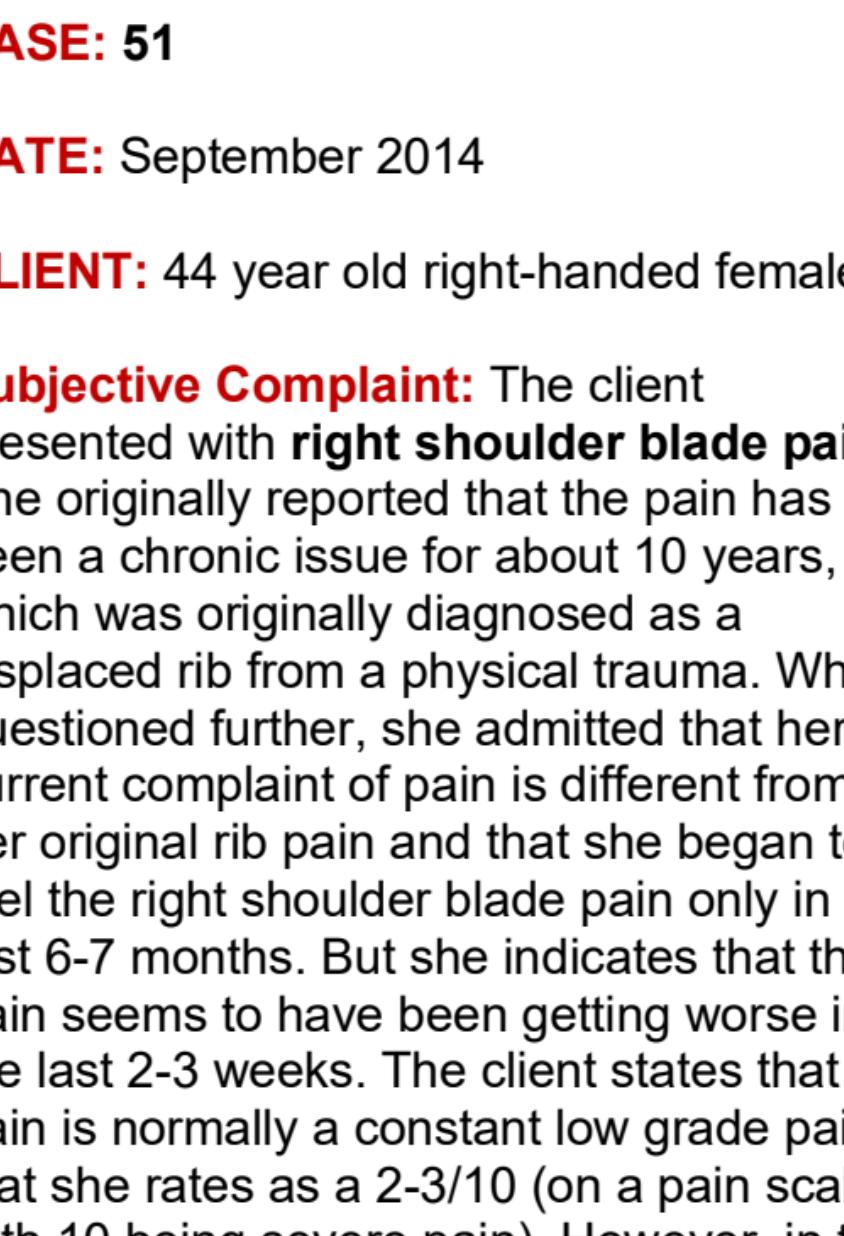
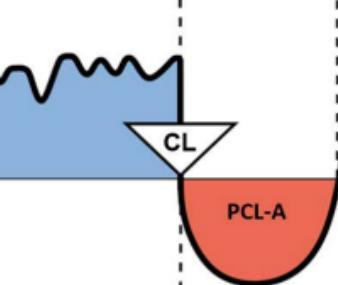


Case study by Dr. Alvin De Leon



CASE: 51

DATE: September 2014

CLIENT: 44 year old right-handed female

Subjective Complaint: The client presented with **right shoulder blade pain**. She originally reported that the pain has been a chronic issue for about 10 years, which was originally diagnosed as a displaced rib from a physical trauma. When questioned further, she admitted that her current complaint of pain is different from her original rib pain and that she began to feel the right shoulder blade pain only in the last 6-7 months. But she indicates that the pain seems to have been getting worse in the last 2-3 weeks. The client states that the pain is normally a constant low grade pain that she rates as a 2-3/10 (on a pain scale with 10 being severe pain). However, in the last few weeks she feels the shoulder blade pain is getting worse, and now rates it as an 8-9/10. She reports that the pain in her shoulder blade is aggravated with any movement of her right shoulder and is now even painful at rest or when she sleeps on the shoulder. The client admits that over-the-counter medications only provide temporary or no relief. She indicates having seen a practitioner who recommended that her pain is referring from her neck and that she may need traction therapy. She decided to wait before committing to any therapy and ended up in my office at the recommendation of a family member.

Observation: The client was observed to have mild restriction of her right shoulder abduction, adduction, forward flexion, and internal rotation with right shoulder blade pain in all ranges of motion. Cervical range of motion revealed mild restriction in bilateral lateral bend and rotation with central neck pain at end ranges. Palpation revealed tenderness and pain on her right rotator cuff muscles, specifically her infraspinatus, teres major and subscapularis muscles. Orthopaedic examinations revealed right shoulder blade pain upon internal rotation tests. Chiropractic evaluation revealed full spine joint restrictions and myofascial trigger points in her neck muscles.

Organs Affected: Right shoulder muscles and ligaments

Embryonic germ layer: new mesoderm

Brain control center: cerebral medulla

GNM Explanation: Right shoulder blade muscular pain: moderate self-devaluation conflict regarding a relationship with a partner (loss of self-respect, feeling guilty). There is necrosis of the striated muscles of the right shoulder 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 (BSP) is to strengthen the shoulder muscles 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 BSP to be completed.

GNM Understanding: The client recognized that her conflict must be related to her brother and his wife, who she had a falling out with almost a year ago. She indicates that there had been some ongoing issues with her sister-in-law, and she finally decided to say something to her sister-in-law about it via a text message. When her brother found out about what she said to his wife, he became very upset and decided to cut off any contact with her (her DHS). This was a real shock for her since she was very close to her brother and their children grew up spending a lot of time together. She admits she didn't expect him to react the way he did and it made her feel really bad about the relationship. She reports that she especially felt guilty about her parents (who live in their home country in Europe), finding out about the situation that their children were no longer speaking to each other. She

now realizes that perhaps the symptoms have been worse in the last few weeks because her brother and his family were travelling to Europe to see their parents, and she worried that they would be upset about the situation. She admits she still thinks about the issue with her brother and his family every day.

The client was told to connect the right shoulder blade pain to the relationship conflict with her brother. She was asked to be conscious of any tracks/triggers that bring up the situation which could lead to a flare up of pain. Overall, she was also provided with some strategies on how to change her perspective of the entire situation, particularly if her brother was not willing to reconcile the past issues. Full spine adjustments, muscle work, and general body balancing were performed to give her some relief. She was asked to do a follow up visit within the next week.

Results: The client reported on a follow-up visit one week later that her shoulder blade pain had improved at a subjective rate of about 95%. She indicates that the relief from the pain was so significant that she didn't even need to ice the area after our last treatment. She still reports some occasional pain but that it is very mild and nowhere near as frequent as before. She admits she is now focusing her energy on her own family and is willing to be open to the idea that her relationship with her brother will perhaps improve sometime in the future, but that it was fine the way it is for now. Treatment was similar to her previous visit. She was asked to pay special attention to her tracks/triggers especially when the shoulder blade pain flares up.

The client had another follow-up visit two weeks later, where she continued to present with improvement despite the occasional flare up of pain (3-4/10 at the most), often due to a reminder when she sees her nieces post photos on social media. However, she reports that she is sleeping better with no more pain waking her up at night. She continued treatment for another two visits in the next 2 months, mostly for other complaints, with no more issues related to her right shoulder blade.

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.