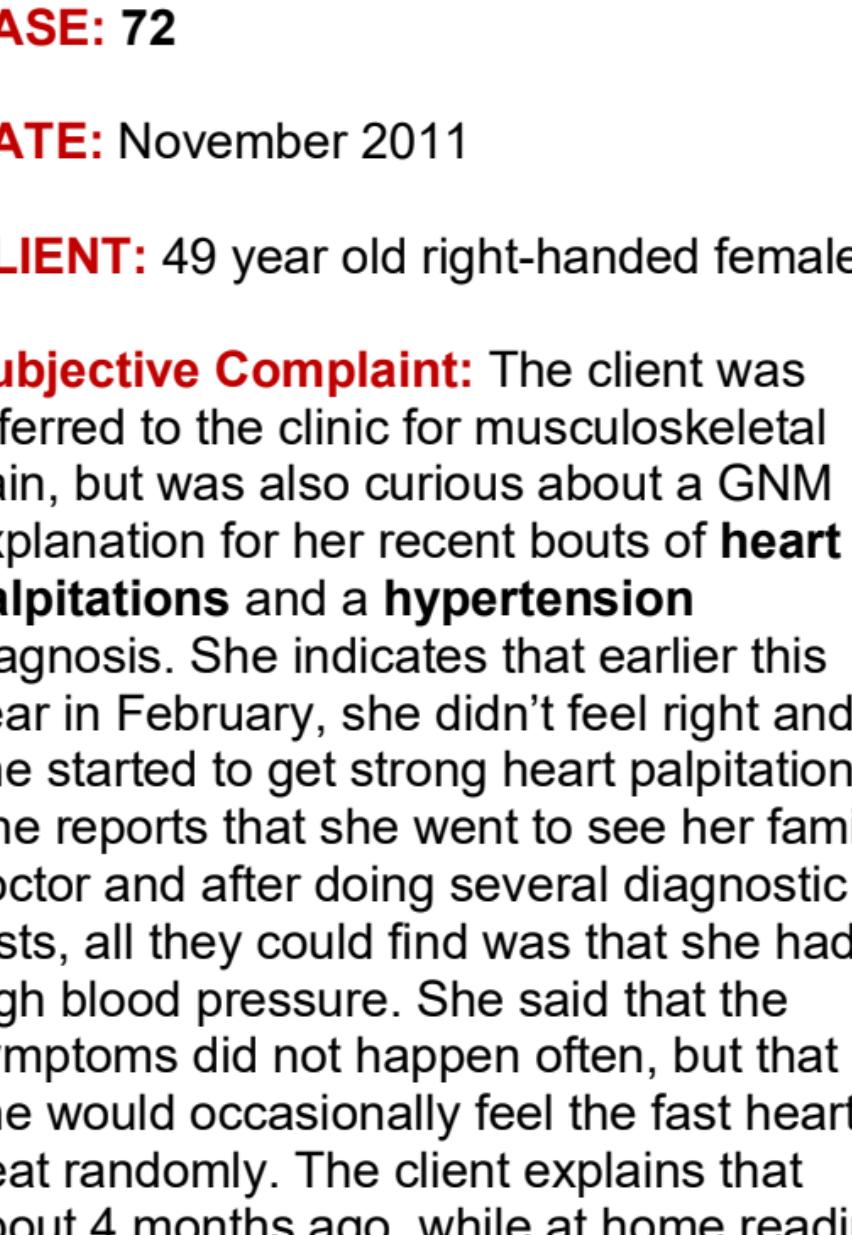
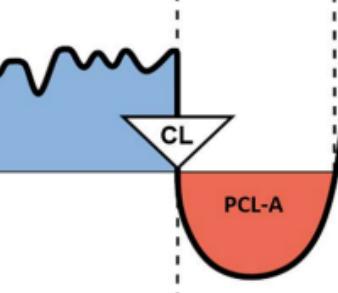


Case study by Dr. Alvin De Leon



CASE: 72

DATE: November 2011

CLIENT: 49 year old right-handed female

Subjective Complaint: The client was referred to the clinic for musculoskeletal pain, but was also curious about a GNM explanation for her recent bouts of **heart palpitations** and a **hypertension** diagnosis. She indicates that earlier this year in February, she didn't feel right and she started to get strong heart palpitations. She reports that she went to see her family doctor and after doing several diagnostic tests, all they could find was that she had high blood pressure. She said that the symptoms did not happen often, but that she would occasionally feel the fast heart beat randomly. The client explains that about 4 months ago, while at home reading the newspaper, she began to really feel strong heart palpitations that she could feel around her chest and neck. She reports feeling panicked and ended up going to the hospital where she was kept overnight for tests and observation. She was told that her heart was okay but that her blood pressure was very high. She was recommended blood pressure medications which she is now taking. However, since that episode, she admits she has been to the hospital five more times, because when she starts to feel the heart palpitations, she feels panicked that she is having a heart attack. She recalls that each time she goes to the hospital they are not able to find anything wrong with her heart. She is unsure if she is dealing with anxiety or panic attacks.

Observation: Chiropractic and orthopaedic evaluation revealed musculoskeletal joint restrictions and myofascial trigger points. Client was observed to be otherwise healthy and did not present with any anxiety symptoms during our consultation.

Organs Affected: Right myocardium (ventricles); striated muscles

Embryonic germ layer: new mesoderm

Brain control center: cerebral medulla

GNM Explanation: Heart palpitations and hypertension: an overwhelming negative stress in relation to mother/child (because she is right-handed). This Biological Special Program (SBS) involves necrosis of the heart muscle tissue during the **Conflict-Active Phase** which causes hypertension when the right myocardium is affected. The heart tissue is refilled and restored during the **Healing Phase**. During the **Epileptoid Crisis**, the person can experience painful cramps, heart palpitations and breathing difficulties. The biological purpose is at the end of the Biological Special Program, where the heart muscle is stronger than before in order to better handle future overwhelming situations. It appears that the client may have experienced an Epileptoid Crisis a few months ago, but is currently experiencing **triggers** that trigger the symptoms. Her original conflict (DHS) must be identified and brought to her awareness in order for the SBS to be completed.

GNM Understanding: The client understood the GNM explanation and realized that her symptoms may be related to her father's health issues for the last 4 years. She admits that his health took a turn for the worse last February and that he recently passed away 5 months ago. However, she indicates that her biggest concern was really her mother, whose health also started to decline as she struggled to deal with her spouse. This perhaps became overwhelming for her to deal with, trying to care for both of her parents with health issues (her **DHS**). The client decided to buy a house closer to her parents so she could be nearby, which also created more financial stress on her.

She was asked to make the conscious connection that her heart palpitations are related to her feeling overwhelmed about her mom's physical and mental health. It was recommended that she work on

changing her perspective regarding feeling overwhelmed. She could either ask for help and assistance in order to make things more manageable for herself, or she can remind herself that she is able to manage things now, especially since her mom can be her main focus. She was also asked to watch for her tracks/triggers and to look for anything that could trigger her palpitations.

General balancing techniques was provided and she was asked to do a follow up visit within a couple of weeks.

Results: The client returned for a follow up visit two weeks later and reports that she has had no heart palpitations since our last visit. In a second follow-up visit two weeks after that, she admits that she has still not had any heart palpitations and that she checked her blood pressure once, which showed it was in the normal range. She admits she's still taking blood pressure medications but is not really checking her blood pressure regularly.

She has since returned to the clinic multiple times for other musculoskeletal complaints. She indicates that her heart palpitations have been very rare, but that when they do come on, she is able to figure out the trigger and is able to calm herself about the situation.

I saw the client about 2 years later when she told me that her mother passed away. She reported that she still gets the occasional heart palpitations but was less anxious about them, now that she understands the root cause and her triggers. She continues to be on blood pressure medications but feels that checking her blood pressure may be a track for her. She was reminded that her original overwhelmed conflict was related to her parent's past health issues, and that she now has the ability to manage things better, given how different her life is today.

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

Source: www.LearningGNM.com

© LearningGNM.com

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