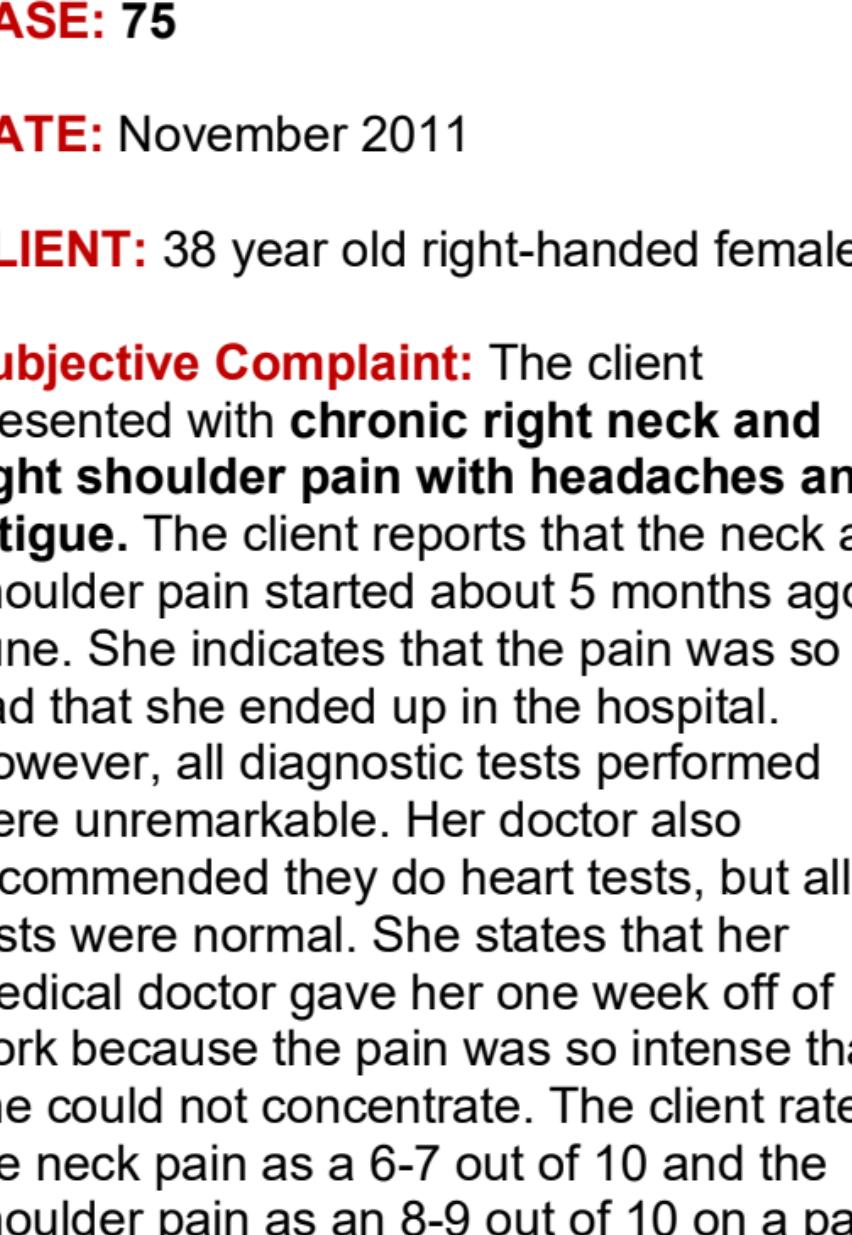
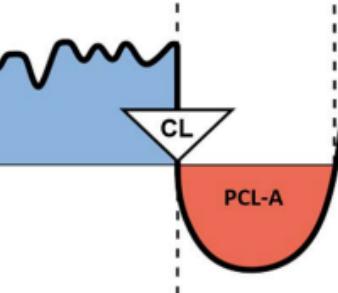


Case study by Dr. Alvin De Leon



CASE: 75

DATE: November 2011

CLIENT: 38 year old right-handed female

Subjective Complaint: The client presented with **chronic right neck and right shoulder pain with headaches and fatigue**. The client reports that the neck and shoulder pain started about 5 months ago in June. She indicates that the pain was so bad that she ended up in the hospital. However, all diagnostic tests performed were unremarkable. Her doctor also recommended they do heart tests, but all tests were normal. She states that her medical doctor gave her one week off of work because the pain was so intense that she could not concentrate. The client rates the neck pain as a 6-7 out of 10 and the shoulder pain as an 8-9 out of 10 on a pain scale (with 10 being severe pain). She indicates that the headaches occur about once or twice per week and she rates the headaches as a 7-8 out of 10. She admits that massage and acupuncture give her some temporary relief, but that the symptoms come back the next day. She indicates that she wakes up feeling okay, but that the pain seems to get worse during the day while she is at work and also while coming home from work.

Observation: The client presented with full cervical and shoulder ranges of motion with mild right neck pain at end range of neck extension and flexion. All orthopaedic tests performed for her neck and shoulder were unremarkable. Chiropractic evaluation revealed full spine joint restrictions and myofascial trigger points in bilateral cervical paraspinal muscles, bilateral levator scapulae muscles and bilateral sub-occipital muscles.

Organs Affected: Right neck and shoulder muscles

Embryonic germ layer: new mesoderm
Brain control center: cerebral medulla

GNM Explanation: Right neck muscles: a moderate intellectual self-devaluation conflict, experienced as "I made a mistake", "I feel stupid", "I'm not smart enough", in relation to a "partner". Right shoulder muscles: a moderate self-devaluation conflict regarding a relationship with a partner, experienced as a "loss of self-respect", or "feeling guilty". These Biological Special Programs cause muscle tissue loss (necrosis) of the striated muscles of the right shoulder and neck muscles during the **Conflict-Active Phase**. During the **Healing Phase** the tissue loss is replenished and restored, with accompanying swelling and pain. The biological purpose of these Biological Special Programs is to strengthen the shoulder and neck muscles to improve future "relationship performance" and "intellectual self-devaluations". Headaches and fatigue are normally associated with the Healing Phase of any Biological Special Program. The client is currently in a **Hanging Healing** with potential **tracks** and triggers. The original conflict must be identified and brought to her awareness in order for her to complete the healing.

GNM Understanding: The client understood the explanation and recognized that the conflict must be related to a recent job that she started in April. She realized during her training, that the accounting software she needed to learn was not user friendly and difficult to use. She became very dependent on one manager in order to help her learn the software. However, the same manager made a comment one day that it was very frustrating and difficult for her to understand her due to her strong accent (**her DHS related to her neck**). This made the client self-conscious when she spoke and she felt that she was not good enough in her job. Around the same time, she learned that the person who was training her was eventually going to be the person she would replace (**her DHS related to her shoulder**), but she was asked not to mentioned anything to the person. Her

symptoms may have started in June because that was when her probationary period ended and she was now a full time employee. She admits that it has been very difficult to work with her manager who is always comparing how much she gets done to others who don't have as much responsibility, which puts extra pressure on her.

She was asked to make the connection that her neck and shoulder pain symptoms are related to the issues at her work. It was important for her to realize that the issue is now resolved and that despite what her manager says, she is capable of doing the necessary work. She needed to remind herself that her neck and shoulder are strong and healing, in order to avoid further self-devaluation conflicts. General balancing techniques and chiropractic adjustments were also provided. She was asked to do a follow up visit in a week especially if the symptoms persisted.

Results: The client returned to the clinic one week later and reported that her neck and shoulder pain had improved. She states that the neck and shoulder pain were less intense overall. She admits that she still feels a little self-conscious of her accent and her English, which could be why she still has some pain. General balancing techniques and chiropractic adjustments were again provided during this visit. She was asked to work on changing her perspective of her work, and to focus less on her English, but more on her ability to perform the tasks at hand; which involved the software and was less about speaking to others. She was asked to return for another follow up visit within two weeks. The client returned two weeks later and reported feeling 60% better overall with only mild headaches. She reports mostly tightness in her neck and shoulder and less intense pain. During another visit one month later, she indicates that her symptoms flared up a little as things became very busy and stressful at work. She was relieved to understand the reason for her flare-up. She did not return to the clinic until 8 months later for other symptoms. When asked about her headaches, neck and shoulder pain, she reported 80% improvement overall with still occasional tightness when she is triggered at work. She has since been seen in the clinic for other symptoms in the past 7 years, with only the occasional flare-up of her neck and shoulder pain.

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.