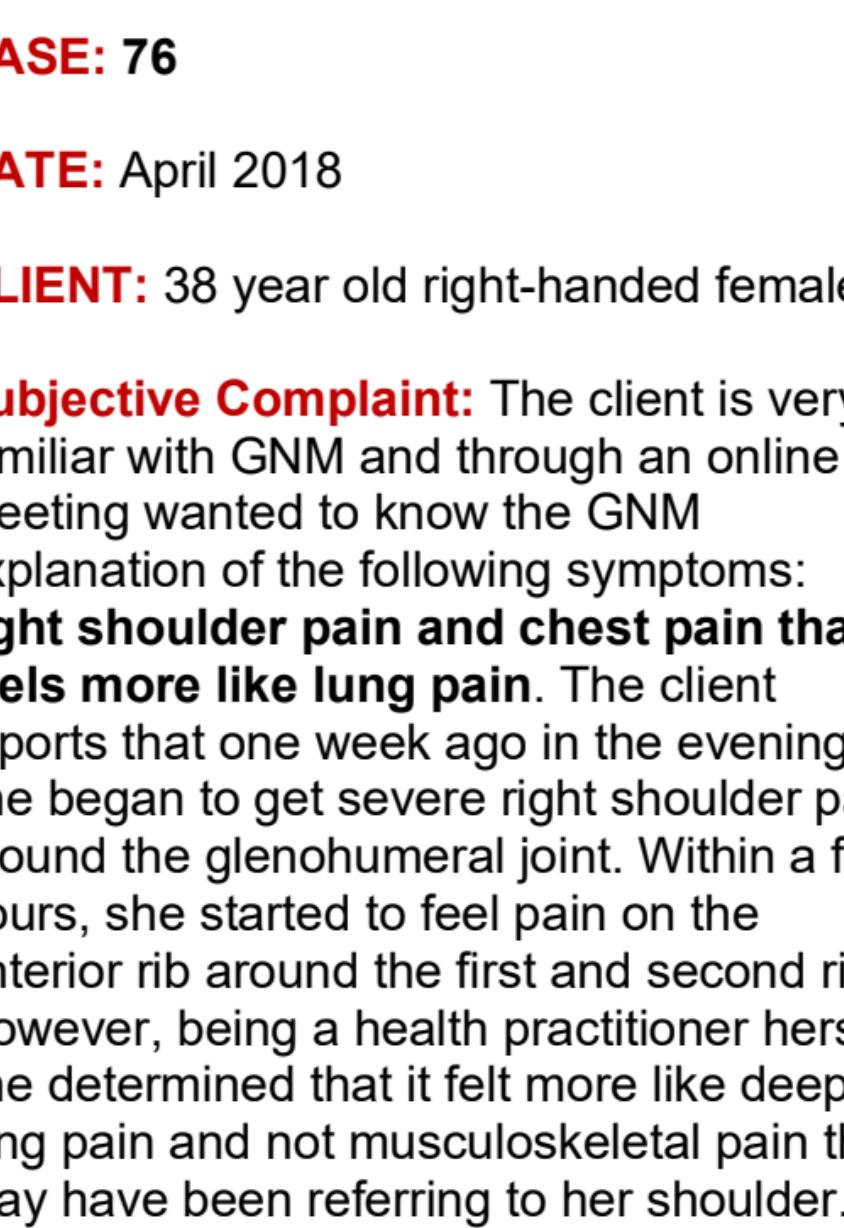
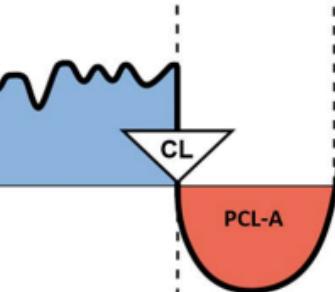


Case study by Dr. Alvin De Leon



CASE: 76

DATE: April 2018

CLIENT: 38 year old right-handed female

Subjective Complaint: The client is very familiar with GNM and through an online meeting wanted to know the GNM explanation of the following symptoms: **right shoulder pain and chest pain that feels more like lung pain**. The client reports that one week ago in the evening, she began to get severe right shoulder pain around the glenohumeral joint. Within a few hours, she started to feel pain on the anterior rib around the first and second rib. However, being a health practitioner herself, she determined that it felt more like deep lung pain and not musculoskeletal pain that may have been referring to her shoulder. She admits that the pain came on quickly and was soon very strong at an 8-9 out of 10 (with 10 being severe pain). She reports that she found it very hard to breathe and she could not sleep. She reports waking up in the middle of the night with extreme pain. She admits that on the first two nights of the pain, she did not sleep at all. Surprisingly, she reported that during the day, the pain seemed to be a lot less intense and she was able to work with no problems. She describes the chest/lung pain as a sharp pain that seems to flare up when she is sleeping. The client admits that she wakes up in the morning with no shoulder pain at all and the chest/lung pain is a lot less. The chest/lung pain seems to start when she gets home around 6 pm and by bed time her shoulder pain is really bad.

She indicates that she saw about 3 different chiropractors who gave her treatments to her shoulder and her ribs, but with no relief. She admits that she ended up having to take Tylenol at night in order to be able to sleep for a few hours. She was reluctant to take medications as she is currently 20 weeks pregnant with her third child. She began to feel really nervous about her lung and ended up going to the hospital to get evaluated, as the pain was too severe. She indicates that the doctors were suspicious of a possible pulmonary embolism. After doing all the necessary diagnostic tests, her ECG and CT scans were all negative for a pulmonary embolism. However, she still had no change in her symptoms and was still not sleeping at night due to the pain, even after taking Tylenol. She reports that the lung pain is aggravated with deep breaths, coughing and sneezing.

Observation: During the online meeting, she was not observed to be in any pain or discomfort, although she described the pain as being present during our conversation.

Organs Affected: Pleura around the right lung

Embryonic germ layer: old mesoderm

Brain control center: cerebellum

GNM Explanation: Pleura around the right lung: an attack conflict, experienced as a "sharp" words (accusations, criticism) in relation to a partner. This Biological Special Program causes proliferation of the pleural cells during the **Conflict-Active Phase**. The biological purpose of the cell increase is to create an internal reinforcement to protect the chest against further attacks. During the **Healing Phase** the extra cells are removed with the help of bacteria, causing symptoms such as chest pain that can radiate to the shoulder, painful coughing and breathing difficulties. 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 gathering with her friends just before her symptoms showed up. She indicates that they were all discussing the idea of hiring a live-in nanny to help with the children. The client reports that her friend commented

that she told her spouse they would only get a live-in nanny on the condition that she was not attractive (**her DHS**). The client admits this was a shock for her, as she never considered the person's attractiveness as a factor in her decision to hire a nanny. She indicates that she started to worry about the idea of an attractive woman living in her home, caring for her kids and potentially affecting her marriage. She states that since that comment, she began to look at the nanny applications differently, noticing the women's attractiveness and not just their qualifications. She admits that after a few days, she started to feel guilty about even considering the thought that her spouse was capable of infidelity with anyone. This could have been when her chest pain began. She admitted that they would often search through applications in the evening time, which could be why her symptoms seemed to be worse when she came home (her track). Her symptoms indicate that the insecurity she felt from the comment (DHS) was experienced on behalf of her partner, as an "attack against her husband's integrity".

She was asked to make the connection that her chest symptoms are related to the comment made by her friend about hiring the live-in nanny. She was recommended to work on changing her perspective about the comment; that she knows her spouse and the type of person that he is, and why their relationship is unique and different from anyone else's. It was important for her to reinforce her security and trust in the marriage, yet at the same time to be able to face her worst fears, and realize that in the end she is capable of handling things on her own. She was asked to watch for any changes in her symptoms and to pay attention for any flare ups.

Results: The client reached out to me two days later and wrote that she slept through the night for the last two evenings. She reported that her shoulder pain and chest pain is about 90% improved and was amazed at how quickly her body responded. In a follow-up message, the next day, she reported being 100% symptom free. She continued to be symptom free even one week from our original conversation.

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.