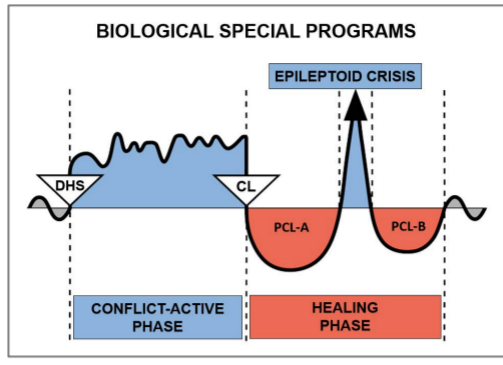


# Case study by Dr. Alvin De Leon



**CASE:** 77

**DATE:** July 2013

**CLIENT:** 47 year old right-handed female

**Subjective Complaint:** The client was in the clinic for other symptoms when she asked about the GNM perspective of a **chronic bladder infection** that she was suffering from in the past 2 months. She reports that she began to have burning pain with urination, which led to the diagnosis of a bladder infection. She admits to taking antibiotics for the symptoms, but is unsure why they symptoms came back again. She indicates that she is currently taking antibiotics again, but that she still feels symptoms of burning with urination.

**Observation:** During the visit, she was assessed for other musculoskeletal symptoms.

**Organs Affected:** Bladder mucosa and urethra

**Embryonic germ layer:** ectoderm

**Brain control center:** temporal lobe (post-sensory cortex)

**GNM Explanation:** Bladder mucosa and urethra: a female marking conflict, experienced as a breach of her inner boundaries or an inability to “mark” her inner territory. Relationship-related marking conflicts can involve someone who is “crossing the line”, meddling in one’s business or an assault against one’s beliefs. This Biological Special Program causes ulceration of the bladder mucosa and/or the lining of the urethra during the **Conflict-Active Phase**. The biological purpose of the cell loss is to enlarge the volume of the bladder and to widen the urethra to improve the urine flow to be better able to mark one’s territory. During the **Healing Phase** the cell loss is replenished through cell proliferation with swelling due to the edema, causing symptoms such as burning pain during urination. 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 realized that her territorial conflict is related to a medical doctor who examined her father in the hospital. She indicates that a couple of months ago, her dad had to be admitted to the hospital due to chest and lung symptoms. She spoke with her daughter who had just been introduced to GNM, and learned that lung symptoms are often related to fear or death-frights. She made it a point to help her father avoid any further fears, so while in the hospital, she asked the doctors to speak to her first before they told her father what the results were of his diagnostic tests. The doctor told her that her father had lung cancer and that it was very serious and malignant. He told her that it could spread and that his prognosis was not good. The client decided that she didn’t want her father to be more afraid of the diagnosis and went on to explain to her father, who spoke only Italian, that everything was fine and that the doctors didn’t find anything too serious. However, to her amazement, the tending doctor realized she wasn’t telling her father the truth and took out a phone app that would help him translate into Italian the real diagnosis and began to speak to him (**her DHS**).

She admits that she was so angry at the doctor that she felt like “punching him in the face”. She recalls yelling at the doctor and telling him to back off, as she continued to tell her father that everything was going to be okay. She reports that her bladder infection symptoms showed up the next day while at home. The client admits that she may have a few tracks/triggers that remind her of that incident. She realizes that when her family members start speaking as if her father is already dead, it really upsets her. She also feels that she has to protect her father from family members who want to

visit the home and pray over him because he is dying. She insists on not letting them come in, if they are going to treat her father that way. Her symptoms could also be triggered any time she visits a clinic and has to deal with other medical doctors.

She was asked to make the connection that her chronic bladder symptoms are related to the medical doctor who didn't follow her wishes and was meddling in her family business. She was recommended to work on letting go of that incident as she never has to deal with that doctor again. She was asked to remind herself that she can now be in control of how she wanted to communicate with her father regarding his health and treatments. She also needed to work on changing her perspective regarding family members, and to empathize that their behaviour comes from a place of fear and worry. She was asked to watch for any changes in her symptoms and to pay attention for any flare-ups.

**Results:** The client did not return for a follow-up visit. But she was seen at a gathering one month later and she reported a complete resolution of her bladder symptoms. She indicated that after the last episode, she had not had any more bladder symptoms since.

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

**Source:** [www.LearningGNM.com](http://www.LearningGNM.com)

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