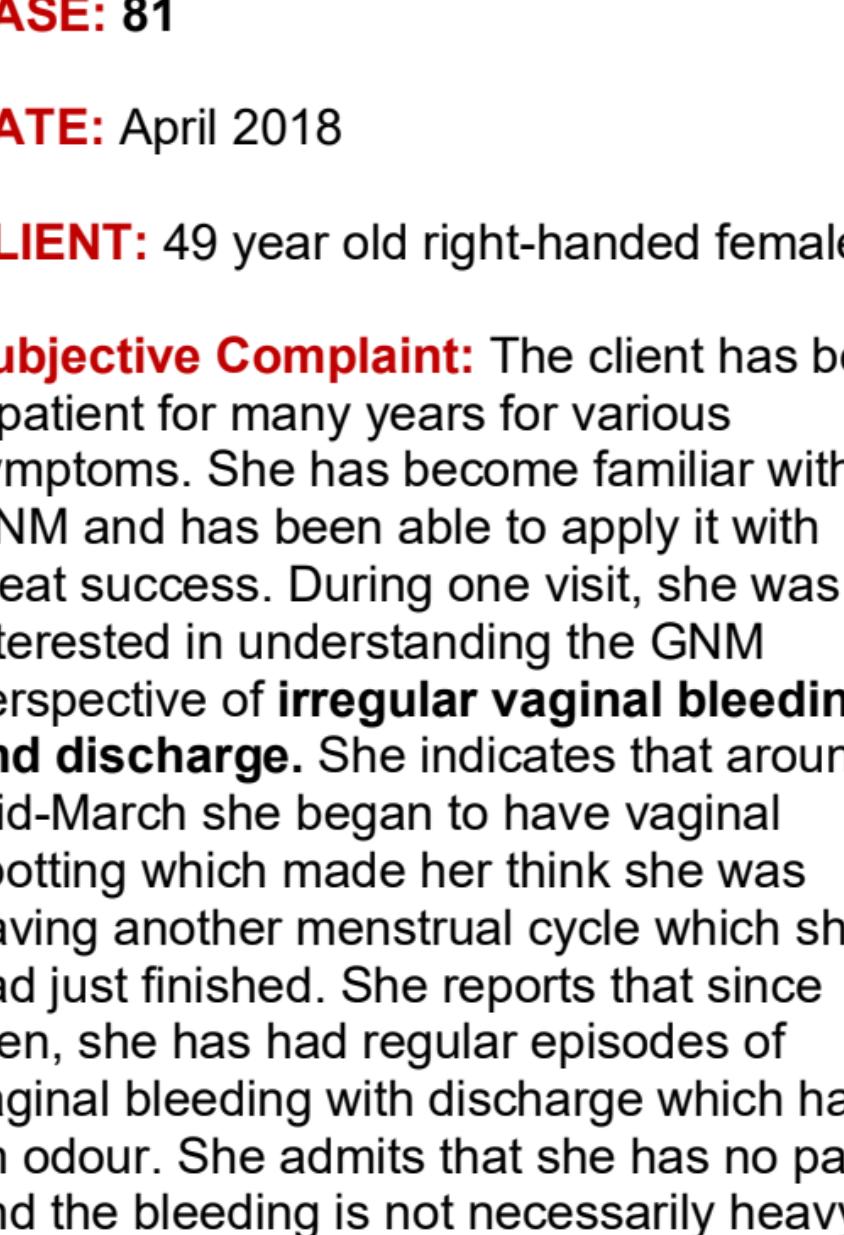
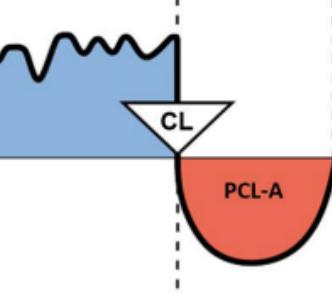


Case study by Dr. Alvin De Leon



CASE: 81

DATE: April 2018

CLIENT: 49 year old right-handed female

Subjective Complaint: The client has been a patient for many years for various symptoms. She has become familiar with GNM and has been able to apply it with great success. During one visit, she was interested in understanding the GNM perspective of **irregular vaginal bleeding and discharge**. She indicates that around mid-March she began to have vaginal spotting which made her think she was having another menstrual cycle which she had just finished. She reports that since then, she has had regular episodes of vaginal bleeding with discharge which has an odour. She admits that she has no pain and the bleeding is not necessarily heavy, but that it feels like she is constantly on her period. She reports that she has already seen her family doctor for the symptoms and that she has a follow-up appointment scheduled, but she wanted to know the potential conflict related to her symptoms. She indicates that prior to March her menstrual cycle was regular and normal.

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

Organs Affected: Uterus

Embryonic germ layer: endoderm

Brain control center: brainstem

GNM Explanation: Uterus: procreation conflict or a gender conflict experienced as an "ugly conflict with a male". This Biological Special Program causes cells in the uterus to proliferate during the **Conflict-Active Phase**. The biological purpose of the cell increase is to thicken the uterus mucosa to aid the implantation of the fertilized egg. The person does not experience any symptoms during the Conflict-Active Phase. During the **Healing Phase** fungi or mycobacteria remove the cells that are no longer needed. The discharge produced during the cell breakdown is excreted through the vagina. It is characterized as white, foul-smelling discharge which might contain blood. 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 process.

GNM Understanding: The client understood the explanation and recognized that the conflict must be related to an incident involving her son-in-law.

She reports that her daughter and her family were planning to move away to another country. The client states that she discussed with her daughter the potential of loaning them money to start a business so they could get settled financially. She indicates that the plan was to sell their home and downsize to a smaller place, and to take some of the money from the sale of the house and loan it to her daughter.

However, when they decided to put their home for sale in March, the housing market had slowed considerably and they realized they were not going to be able to sell the house for the price they originally anticipated. When she told her daughter that they would not be able to loan them the amount of money they had originally agreed upon, that they would have to give them less, she was shocked that her daughter was upset with her for not keeping her word.

But more shocking to her was the angry text message she received from her son-in-law, who accused her of ruining their lives for not keeping their promise (**her DHS**). She recalls feeling very bad about the situation and she felt guilty about not being able to give them the money they originally agreed upon. However, at the same time she didn't understand why they were getting upset when she was still going to help them with whatever amount of money they could afford. She admits that she did not want to

bring up the topic and discuss it because it would make her very anxious. In the meantime, her symptoms may be persisting because they just recently sold their house and now they will need to finalize the details regarding how much money they can actually loan to her daughter.

She was asked to make the connection that her vaginal symptoms are related to the “ugly” text message from her son-in-law regarding the money. She was recommended to work on changing her perspective about the situation so she did not feel guilty or anxious about it. It was important for her to understand that how good she is as a mother is not predicated on this loan or this current situation. She needed to see this as not a personal issue, but perhaps related to her son-in-law’s stress and anxiety as he embarks on a new challenge for his family. She was asked to watch for any changes in her symptoms and to pay attention for any flare ups.

Results: I received a follow-up email from the client about 2 weeks later. She indicated that her symptoms improved for a few days but then the discharge and spotting started up again. When I asked about potential triggers/tracks, she mentioned that it could be related to getting a phone call from her daughter (even though they did not speak about the loan). She also realizes that talking about the money situation with her husband makes her feel more anxious. She was reminded that the conflict is probably accurate because of the initial improvement in her symptoms. Her goal was now to resolve it completely so she can finally close the Biological Special Program. On a follow-up visit to the clinic, two weeks later, she reported a 90% improvement in her symptoms. She indicates that after our phone conversation, she decided to pass the entire situation over to her husband. She claims that she “washed her hands” of the whole situation and let her husband, her daughter and her son-in-law deal with all the money issues. She reports that they all agreed on an amount that Saturday, and she states that she immediately felt relieved. Within the next two days, the discharge and spotting stopped and she reports it has still not returned. The client sent me a text message almost a month later saying that everything was back to normal, and that her menstrual cycle came as scheduled with the normal amount of bleeding.

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.