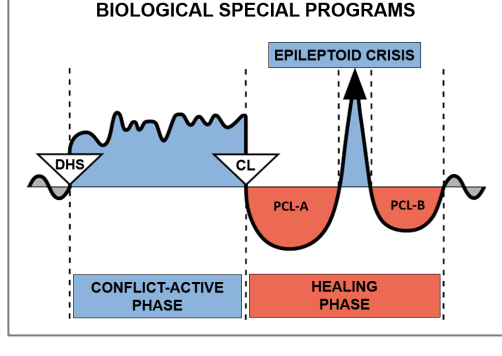


Case study by Dr. Alvin De Leon



CASE: 91

DATE: May 2018

CLIENT: 52 year old right-handed female

Subjective Complaint: The client was seen in the clinic for other musculoskeletal symptoms but wanted to learn about the GNM explanation of her chronic skin condition. She indicates that she was diagnosed with **dyshidrosis** over 25 years ago. (*Dyshidrosis, also known as dyshidrotic eczema or pompholyx, is a skin condition in which very small, fluid-filled blisters appear on the palms of your hands and the sides of your fingers. The soles of your feet also can be affected. Source: MayoClinic.org*). The client reports that her symptoms started as **itchiness in between her toes and the bottom of her left foot**, while she was on a plane on her way to Canada. She recalls being under severe stress at that time, as she was leaving her family behind to start a new life in another country. She states that the rashes would become blisters filled with pus which would eventually become deep open blisters that might take sometimes 4 weeks to heal. The client recalls that her doctors were not sure what caused it, and she was told it could be an allergy to nickel or tin or that it can be caused by stress. She reports using cortisone creams, antifungal creams, and oral medications which did not really help at all. She would also try to soak her foot in vinegar and sea salt when the itchiness became unbearable. She states that her last major flare up was maybe 3 months ago and that it took 4 weeks for the skin to fully heal. She feels that the symptoms are often worse during the day while she's at work. However, when the itchiness is really bad, it would affect her sleep and wake her up in the middle of the night. She admits that she doesn't really notice much change or improvement since the rash first showed up more than 25 years ago. The client sent me photos of her left foot taken a few weeks before she came to the clinic. (See photos A and B)

Observation: The client was assessed for other musculoskeletal complaints including neck and upper back pain. She presented with full spine joint restrictions myofascial trigger points in her neck and upper back muscles. It was observed that her left foot had some dry skin and flakiness around the arch and heel, but it was not necessarily red and inflamed or blistered. (See photo C)

Organs Affected: Epidermis (outer skin)

Embryonic germ layer: ectoderm

Brain control center: cerebral cortex (sensory cortex)

GNM Explanation: The epidermis is related to a separation conflict, experienced as “wanting to separate” or a “fear of separation”. This Biological Special Program (SBS) involves ulceration of the affected skin during the **Conflict-Active Phase** and tissue refilling and restoration during the **Healing Phase** which is associated with itchiness, hypersensitivity and small fluid-filled blisters. She is currently in a **Hanging Healing** with constant **tracks/triggers**. Her original conflict (DHS) must be identified and brought to her awareness in order for her SBS to be completed.

GNM Understanding: The client understood the GNM explanation and indicated that her conflict might be related to wanting to separate from her country of origin (the ground she walks on) in order to get away from her mother (hence the left foot). She reports that her mother had mental health issues and was very abusive to her physically and emotionally. She feels that she did not receive any love and affection from her at all, and being part of a family of 7, grew up believing she was not worthy of being loved. She recalls her mother being violent towards her father who ended up leaving her and the family (**her DHS**). She admits that she was close to her father and when he left, things became worse at home and most of her siblings

ended up leaving home. She states that she also planned to leave her country to go to Europe, but some bureaucracy delayed her departure until she was finally accepted to come to Canada. Perhaps she resolved the separation conflict of physically getting away from her mother and home country during the flight to Canada. However, she has had many tracks/triggers since coming to Canada. She is a divorced mother of 3 kids and recognizes how much she hates being compared to her mother. She admits that it's the worst thing anyone can say to her, but she also looks like her mother, which makes things even more difficult. Despite the fact that her mother has now passed away, she feels that she is still trying to get away from her. She shares that she is afraid of displaying similar characteristics and traits to her children. She recognizes that some of her tracks include fights with her kids, or anytime she hears her mother's voice inside her head, which can really make her feel emotionally unstable.

The client was asked to make the connection that the skin rash and blisters on her left foot are related to wanting to separate from her country of origin in order to get away from her mother. She was recommended to work on changing her perspective of her mother after all these years. Could she see that her mother's behaviour was a result of her own parents' unconscious behaviours? Could she imagine another side to her mother she never saw; for example, her mother crying in tears at night because she was unable to stop her own aggressive compulsions towards her family? Could she see the good inside her mother despite her horrible external behaviours? Could she come to a place where she found it safe to be just like her mother because she can now imagine the internal struggle she must have faced in not knowing how to show her love for her family? These were some of the questions that the client needed to be able to come to terms with in order to potentially resolve or at least downgrade such a long standing conflict.

The client was treated for her musculoskeletal complaints and asked to do a follow-up in one week.

Results: The client returned in one week and immediately reported a significant improvement in her skin issues. She stated that she could not believe the skin blisters did not flare up. She reported mild itchiness in her foot but that it went away quickly. She explained that she was planning to travel in a month and was worried about how her foot would respond during the trip. We discussed the importance of paying attention to any tracks/triggers when her symptoms flare up and to continue to do the work in letting go of her resentment towards her mother.

The client returned to the clinic in 6 weeks and reported no skin problems. She admits that it's 100% better. She states that she had a great time on her trip with no issues related to her foot at all. She also recognizes some tracks/triggers that create an emotional charge for her, but that she was now able to change her perspective about it at that moment. She wanted us to discuss different symptoms on this visit. (See photo D)

In a follow-up text message almost 5 months later, the client reported no recurrence of her foot symptoms and was very pleased with her results. I asked her to send me a final photo of her left foot. (See photo E)



Photo A: "Dyshidrosis" of the left foot. Taken a few weeks before coming to the clinic.



Photo B: Close up of blisters on the left foot. Taken a few weeks before coming to the clinic.



Photo C: Left foot during the initial visit to the clinic.



Photo D: Left foot 7 weeks after the initial visit.



Photo E: Left foot 6 months after the initial visit.

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

Source: www.LearningGNM.com

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