

# Case study by Dr. Alvin De Leon



**CASE:** 47

**DATE:** November 2012

**CLIENT:** 32 year old right-handed female



**Subjective Complaint:** Central mid-back pain between the shoulder blades for the last two months. The client reports that the pain started around the end of August/beginning of September. She indicates that the pain is constant but that it seems worse first thing in the morning and on the drive home from work. She describes the pain as an “annoying, achy pain” and rates it as a 5-6/10 (10 being severe pain) on a pain scale. She relates that massage gives temporary relief, but that the pain shows up again after a few hours. She thought the pain could be related to her mattress and so they decided to flip the mattress but there was no change. She also believed it was the car seat in her car, but she realized that on the weekends when she is not driving at all, the mid-back pain is still there. She admits she is frustrated that she can’t figure it out and that there seems to be no pattern to the pain. When questioned about a mechanism of injury, she reported no trauma or accidents that could have led to the symptoms.

**Observation:** The client presented with full pain free cervical range of motion. Thoracic and lumbar range of motion was also within normal range, with mild mid-back pain on lateral bending bilaterally. All orthopaedic tests performed for her neck and back were unremarkable. Chiropractic evaluation revealed full spine joint restrictions. Manual palpation presented with myofascial trigger points in bilateral rhomboid muscles and thoracic paraspinal muscles.

**Organs Affected:** Central mid-back muscles, joints and ligaments

**Embryonic germ layer:** new mesoderm

**Brain control center:** cerebral medulla

**GNM Explanation:** Central mid-back/ thoracic muscles, joints and ligaments: medium central self-devaluation conflict that shatters the core of oneself, experienced as “I am humiliated, I feel degraded”. This Biological Special Program causes muscle tissue loss (necrosis) of the striated muscles in the mid-back during the **Conflict-Active Phase**. During the **Healing Phase** the tissue loss is replenished leading to inflammation and pain. The biological purpose of this Biological Special Program is to strengthen the mid-back muscles so they can be strong enough to handle another “core-shattering devaluation” in the future. 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 her inability to get pregnant for the last two years. She admits she tried multiple fertility treatments, to no avail. She was told the problem was her endometriosis and low egg count (**her DHS**). She relates that her spouse has been very supportive, but that she feels very devalued as a woman, that she is unable to have a child and that it's due to "something being wrong" with her. The client reported that they decided to take a break from the fertility treatments in August, which could be why she entered the Healing Phase and started to experience her symptoms. However, she does admit that she has many tracks and triggers that make her feel devalued about her inability to get pregnant. She admits that she feels a lot of pressure to get pregnant despite her young age especially whenever she is asked why they don't have kids yet. She also believes that the following list represents tracks for her: 1. when her friends are getting pregnant with their second child, 2. watching anything on television related to families or children, 3. buying clothes or toys for her friend's babies, 4. any symptoms or cramps she feels in her lower abdominal region, which reminds her that something's "wrong" with her and that she's not healthy enough to have children, 5. her menstrual cycle, which reminds her that she didn't get pregnant and that it's another lost opportunity which stresses her, due to her "low egg count", 6. reading online articles about how to improve fertility, which has made her very self-conscious and anxious about her lifestyle choices and eating habits.

She was asked to make the connection that her mid-back symptoms are related to her "core self-devaluation" around not being able to get pregnant. She was also advised to change her current perspective regarding getting pregnant. Perhaps she can look at the next few months or the next year as a "last hurrah" to enjoy her life without children, before the inevitable change that will happen when she does get pregnant. She needed to see her friends as envying her position, not having the responsibility of family, having the freedom to live life on her terms. She was also asked to relate any symptoms she feels in her abdomen as a "sign" that her body is preparing her for a baby and for 9 months of pregnancy. She was advised to avoid reading anymore articles or scanning social media sites related to fertility or pregnancy for the next few months. She needed to simply live and enjoy her life now, as having a baby will surely change things for her and her spouse.

General balancing techniques and chiropractic adjustments were also provided. She was asked to do a follow up visit in one week especially if the symptoms persisted.

**Results:** The client did not return for her follow up visit as she reported significant improvement in her mid-back pain symptoms. She returned to the clinic 5 months later, pregnant with twins and complaining of minor low back pain. She has since given birth to twins and continues to not have any mid-back complaints.

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

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