

## English translation of the Embodiment case study

( translate: [www.deepl.com](https://www.deepl.com) )

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### Description

**1. Anamnesis** - *brief description: pregnancy, labour/birth; sitting, standing, walking, talking age, chronic diseases and/or disabilities, chronic diseases in the family, surgeries, vaccinations, general health, digestion, headache, beginning and end of menopause (adult women), any important health and biographical points*

In preparation for the case study, I worked with a 49 year old woman for 6 weeks. She was born in 1974 in Dunaszerdahely, Slovakia.

For the early years of his childhood, he could not get much information from his parents. He had a close relationship with his older brother, 2 years older, until his uncle died at the age of 16 from a rapid-onset disease called atrophy of the brain. 1 year before his death was the Chernobyl nuclear disaster. His parents attribute the onset of his illness to this, although the possibility of an insect bite cannot be ruled out. The tragedy was very traumatic for the family.

Only her father, who is 83 and active in sport, is still alive. According to him, childhood was normal. His chin was undisturbed. The mother worked in an office and administrative job. They lived in an apartment in a flat, from where they moved to a family house on the 9th life-cycle. The construction company where the mother worked during the socialist era was a great help in building the family house. Her father was a teacher. The parents could not cope with the loss of their child. They spent a long time searching for the real cause of death. They divorced after the tragic death of her brother. This happened when the patient was 14 years old. Parents separated. Mother developed type 1 diabetes. She was started on insulin immediately after diagnosis. She spent her daily life carrying this tragedy until her untimely death in an unfortunate accident at the age of 64. Her death was caused by a fall from a chair, which hit the back of her head and caused a haemorrhage of the cerebellum. The patient found her mother dead.

The patient lady gradually experienced each of the stages of child developmental movement learning throughout her life, such as lifting, turning, crawling, standing up, without rushing. She received all the childhood vaccinations that were compulsory at the time. BCG was not mandatory at birth in 1974. He received the DTAp vaccines and the tuberculosis vaccines in time.

He had a long history of kidney disease in childhood. In adulthood it was discovered that his left kidney was much smaller than the right. His function was not investigated in detail. Her menstrual cycles were normal. She went into menopause at the age of 48. Currently her basal blood pressure fluctuates between 160/100. Her pulse fluctuates between 60 and 75. This blood pressure has been normal for her lifetime and has been normal for her life.

Her vision in her left eye is poorer farsightedness. He currently wears 0.5 - 1.0 glasses for reading.

His digestion is fine, he goes to his big brother 2 times a day. 1 - 2 litres of fluids per day, consciously. Coffee is occasional, decaffeinated, with vegetable milk. Consciously follows a vegetarian diet. She has consciously chosen a vegetarian diet since the age of 45 because she did not like meat dishes.

He developed speech problems at the age of 9. He then spent 1 month in a sanatorium with his vocal cords. He had to relearn speech training.

Her first son was born at the age of 26. During her pregnancy, she had extremely high blood pressure and took Dopegit tablets, which caused her to gain weight to an extreme extent. She weighed 103 kg 1 day after giving birth. At the beginning of delivery she was 64 kg. Her son was born by caesarean section at the normal time. Her first son was diagnosed with diabetes when he was 1.5 years old. He was immediately started on insulin treatment.

At the age of 29, she gave birth to her second child, a girl. She was born naturally. There were no complications during the pregnancy.

In the 32nd year of her life, she gave birth to her 3rd child, a boy. Her blood pressure was high during the 2nd stage of pregnancy. The baby boy was born by caesarean section, a life-saving operation, at 34 weeks gestation. His blood pressure at that time was 240/190. Dopegite was prescribed by the doctor only 3 months before birth. She started gaining weight immediately after taking the medicine. The drug did not reduce her blood pressure.

All three children attend Waldorf school.

Throughout her life she has been characterised by headaches, especially when weather changes were in progress. The headache waves were characterised by mild headaches. Sometimes in this state she would stop and retreat. On other occasions, a major wave of headaches would start every month, leading to vomiting, after which he would have to lie down and rest in a dark room. Within around 1 year the headaches would appear only very rarely, mostly due to some life conflict that was occurring in his life.

She was on the pill from the age of 19 until she was 25, which caused her periods to last 28 days. Her cycles started at age 14 and lasted until age 48.

From the age of 28 until the age of 40, she fasted regularly at least 1-2 times a year. During these fasts, he did not drink or eat for the first 7 days and then drank only liquids for the next 14 days. This process, according to her, helped her to cleanse her body to a great extent. She only suspended fasting cycles during periods of pregnancy and breastfeeding. After one period of fasting, a purple skin lesion appeared on her chin for 4 months, indicating the elimination of heavy metals.

She completed her schooling in good order. He completed his secondary schooling at a grammar school. He played sports, athletics and later volleyball. He graduated from college in Nitra with a degree in agricultural economics. He is currently living an active life as an entrepreneur. Together with his eldest son they run the family business. He trains 4 times a week.

From 2012 to 2015 he attended Eurythmia, and from spring 2023 he will attend a course in knee dynamics 1 weekend per month.

## **2. Reflex test - summary of test results**

Horseshoe step and balance ( forward - backward ) , Frog walk ( walking on the outside leg edge ) , One leg stand, Eye muscle test, Head hold, ( Moor reflex, Seeking sucking reflex, Marking reflex, Galant reflex) ATNR, TLR tests were normal, no positive signs of any condition.

Of the reflex tests, the STNR test proved to be slightly positive. The head when looking down in the kneeling position the back was slightly bulging. When he sat on his heels it was fine. Feet were also looking down, they did not move.

## **3. Sensory test - summary of test results**

### **a. Diagnosis of tactile sense and disturbances of the sense of NDE:**

*Hypersensitivity:* good blood circulation, whole body starts to sweat rapidly, likes to be hugged tightly and for too long, easily attuned to the environment.

*Lack of sensitivity:* sometimes too dreamy and not attentive, Lack of confidence

Consequences of violence: no observations

Behaviour - Over-sensitivity: Tries to avoid things

## **b. Sense of life and diagnosis of thought-sense disorder**

External appearance :

- *Overactive, sympathetic nervous system:* Familiar with new fashions, clothing models, Pregnancy at risk has occurred, Does not like change, Good visual perception,

- *Characteristics of overactive parasympathetic nervous system.*

## **c. Self-diagnosis of movement and speech disorders**

External appearance: shoulders raised

## **d. Diagnosis of balance and auditory sense disorders:** no abnormalities detected

All of these were normal with no indication of negative areas.

## **4. Describe the exercise(s) you have chosen and justify your choice.**

The patient lady quickly learned the whole Embodiment exercise series. After the 4th session she could do it on her own. Her history of active sports and her daily routine made it easy to master. The windmill exercise was one of her favourites. After 6 weeks she started to use the double windmill in her exercise routine. The exercise set was supplemented with shoulder flow as she kept pulling the shoulders up into the neck. A big help alongside the exercise routine was the weekly 1 x 1.5 hour knee dynamics practice and 1 x 2 hour movement class where she learned modern dance elements.

## **5. Summary of my practical work**

The practical work so far has been very informative. Learning about myself in terms of the aspects I have learned. It was a great experience for me. It has been a learning for me in self-diagnosis, after which I will be more aware of myself and develop myself. From my own practical experience it was strange to experience another person helping and guiding another. When what to say to him to make him understand and do as soon as possible almost perfectly the series of exercises. Choosing my patient put me in a particular situation because of my daily life activities. Since I only teach high school children for 1 day in my daily life, I saw fit to prefer to work with a patient with whom I have daily contact. I did not have any questions when taking the anamnesis before starting the practice. The written material I received was a great help. My patient has

a sufficiently good movement culture. Perhaps that is why the condition only showed minor changes on STNR examination. This reflex affects the performance of the prone cross movement. At the start of the movement sequence, there were a few problems with lifting the elbow. By the 4th session this was going well, gradually eliminated.

## **6. Attach the results of the reflex test and the sensory test and detailed documentation of the practical work.**

He was able to spend 2 to 3 times a week practising the exercise sequence.

Before starting the work, after the assessments, the learning of the practice sequence started.

The first time, we only went through the beginning of the practice row, right up to the first rise, right and left.

On my second session, we went through the second part of the exercise sequence starting from the abdominal inversion on the right and left.

On the third occasion, we took the entire exercise sequence right and left.

He had difficulty on the first few occasions with his left elbow not being able to lift when he had to push his right hip into the balace ped, stretching slightly towards the heel.

In later exercises, the bent arm was slowly lifted. At first when the elbow started to rise in this state, the upper part of the neck and the upper part of the hamstring muscle started to engage, and then in later exercises the middle transverse part of the back was felt to be active. At this point the elbow was rising quite a bit higher and the right hip was starting to push into the balace ped with much more torque.

At the start of the exercises he could only do the windmill pose with one hand up. After completing the 10th full set of exercises, he could now put both hands up and turn his head in one direction and the other. A head turned to the left is more discomfort than a head turned to the right. The shoulder is becoming less involved in the exercise.

In dolphin pose, turning both knees together caused difficulty in the beginning because of the knees not moving at the same time. By the 7th practice he was able to keep the knees together very well without any other effort. If knees are shifted to the right and hands are still to the left, hands are in the air, not reaching the ground. The first few times hands were much higher. With more practice the hand gets lower and lower towards the ground in this pose.

In the other direction the situation is similar. But here the hand is closer to the ground than in the other side.

The patient has only been able to do the exercise 18 times in total for 7 weeks. He is determined to continue exercising after the assessment because he is feeling better and better. Her development, body awareness and posture are changing dynamically.