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Case report

# Treating drug-resistant irritable bowel syndrome with hypnosis: A case report

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Irritable Bowel Syndrome (IBS) is a functional disorder of the gastrointestinal system, characterized by abdominal pain, bowel habit change, bloating and etc. Pharmacological treatments usually have limited effect on IBS. IBShas high comorbidity with mood and anxiety disorders which seem to be related to the bowel symptoms. Treatment choices for managing IBS are pharmacological, dietary, lifestyle change, physical activity and psychotherapy. Effectiveness of psychotherapeutic procedures for IBS was demonstrated before. In this case report, patient with resistant IBS, gone under hypnotherapy and this trial serve as a little contribution to the evidence base for the treatment of IBS by applying the psychological approach.

**Keywords:** Irritable Bowel syndrome, spastic colon, functional bowel disorders, psychotherapy, hypnotherapy, hypnosis, cognitive-behavioural therapy.

**Introduction.** Irritable Bowel Syndrome (IBS) is a chronic, recurrent, lifelong disorder which is related to negative impairment on quality of life(QoL). Mostly occurs between 20-30. Prevalence in general population changes between 10-20%.Cardinal symptoms across different diagnostic criteria are usually 3: bowel habit change, abdominal pain and bloating. Treatment approaches for this conditiondescribed in medical literature are; pharmacological, dietary and physical activity. According to WGO, if the patient doesn't respond to pharmacological treatment after one year, psychotherapeutic intervention should be considered (Quigley et al.2012). Between different psychological treatment modalities, the effectiveness of cognitive-behavioural therapy(CBT) and hypnosis was mostly showed by different sources, also WGO guideline points mainly these two approaches. In the presented case below, the patient with resistant IBS, gone under hypnotherapy treatment.

**Case presentation.** 29-year old, Russian speaking, male patient. Education level is high. Employed and married. Main complaints were diarrhoea 5-6 times per day, bloating, abdominal pain, insomnia, irritability. And fruit intolerance for the last 2 weeks. According to information gathered from the patient, he had some gastrointestinal problems after milk use at his childhood but he did not remember the age. Also gathering anamnesis revealed thatthe patient multiple times was followed by different doctors and received various treatments at home and abroad. 5 years ago he had been hospitalized due tofrequent diarrhoea related dehydration and lost 10 kg in a week at that time. Despite receivingdifferent medical treatmentsby different doctors across many years, those administered treatments mostly had no or little effect on his condition.Before appealing to us, the only beneficial medical treatment compared to other treatment choices was Loperamide. After careful examination and screening for coeliac disease and enzymopathies, gastro and colonoscopy, no any serious organic pathology which may play a causal role for chronic diarrhoea were detected by gastroenterologist** Following WGO recommendations, Pancreatine 50000IU per day and probiotics were administered. Also, dietary interventions such as excluding spicy meals, coffee and individually intolerable products were applied. After 3 months of administering described treatment protocol, was made a decision for referral patient to a psychiatrist for hypnotherapy because of non-stable remission after medical treatment cessation. After a psychiatric evaluation, a treatment planwas drawn up. Beck Depression Inventory (BDİ), Beck Anxiety Inventory (BAİ), Physical Health Questionnaire 15 İtem Version (PHQ.15), Hospital Anxiety and Depression Scale (HADS) were applied for scoring symptom severity at the baseline and 2 months after finishing treatment (

Sheet 1). Totally 8 sessions of gut-directed hypnotherapy (GDH) once perweek were administered. Also, the patient was recommended to repeat the session protocol at home on a daily basis. In the first session, the therapist and patient worked on trance induction. In sequential sessions after trance induction,gut-specific hypnotic suggestions were repeatedly applied. However, this patient also showed some level of resistance toward psychotherapy and avoided to discuss this issue during sessions. The patient exhibited resistance by not doing properly home session's, avoiding to use for this purpose audio records of the hypnotic sessions and sometimes passive resistance toward the therapist's suggestions in sessions. During all therapeutic process, the patient reported total eradicating off bloating and abdominal pain. Bowel habit reduced from 5-6 per day to 3. Fruit intolerance disappeared. The most notable feature of this process is- patients spontaneous acquiring awareness of his automatic thoughts, that play a triggering role, for bowel related physiologic reactions, despite these fact, that directtargeting of symptom-triggering dysfunctional thoughts wasn't the aim of therapy steps, as it is usually done in CBT.

**Sheet 1:** Pre and posttreatment symptom severity measurement.

| | Pre-treatment | 2 month after treatment |
|---|---|---|
| **BDI** | 24 | 11 |
| **BAI** | 16 | 9 |
| **PHQ.15** | 17 | 12 |
| **HADS** | 19 | 11 |

BDI-Beck Depression Inventory. BAI-Beck Anxiety Inventory PHQ.15-Physical Health Questionnaire.HADS-Hospital Anxiety and Depression Scale.

**Discussion.** The effectiveness of psychological interventions for managing IBS was shown by several meta-analyses(Laird et al. 2016). CBT, hypnotherapy, brief psychodynamic therapy and etc. hold their area, among discussing psychotherapeutic modalities for managing IBS in the literature( Laird et al. 2017). Comorbidity of IBS with other psychiatric disorders like anxiety and depression also were demonstrated by several studies and prevalence of such disorders in the IBS group usually higher than non-IBS healthy population (Fond et al. 2014). A small size fMRİ study conducted by Elsenbruch et al. (2010), demonstrated interesting findings. Anxiety and depression symptoms of IBS, correlated with pain-induced activation of related brain areas. And the severity of depression and anxiety symptoms were found to be correlated with increased perception of visceral stimulus in general and rectal distension pain in particular. Summarizing all above mentioned moments, the importance of the vision of psychological distress in forming IBS clinical picturerises up and that brings actuality of psychotherapeutic approachesfor managing IBS. Our case report focused on the hypnotic treatment of IBS. The beneficial effect of hypnotherapy for IBS was shown by several studies (Webb et al.2009; Phillips-Moore et al. 2015). Hypnotherapy for IBS seems superior to conventional therapy (Lee etal. 2014).In one large study (Miller et. al 2015) comprising 1000 patients with resistant IBS, 76% of patients achieved clinically significant improvement after applying 12 sessions of gut-focused hypnotherapy. Inthe same study, measurements of depressive and anxiety symptoms severity, quality of life, showed also significant improvement at the post-treatment compared to the pre-treatment. Despite that fact, that gut-directed hypnotherapy does not target psychiatric symptoms, in our case, it led to the improvement of these ones. And similar findings were demonstrated by Miller's and colleagues study (2015). As we mentioned before, our patient during the hypnotherapeutic process acquired the awareness of his dysfunctional cognitions and started to resist them without using formal techniques to detect and reconstruct such cognitions. One trial investigated the impact of gut-directed hypnotherapy on negative cognitions in IBS patients (Gonsalkorale et al.2004), showed that

gut-directed hypnotherapy reduces negative cognitions related to IBS. Another interesting finding of this study was GDH reduced mentioned negative cognitions without having any impact on cognitions related topersonality traits, such as perfectionism, self-nurturance and social rules/norms.A conclusion drawn from this is targeting personality traits is not necessary for treating such conditions.

However despite the total decrease in the severity of symptoms, after two months, the patient reported that bowel related symptoms didn't disappear completely.Main factors seem to contribute this may be the next ones: patients resistance, gender (Miller's study (2015) showed that men respond to GDH worse than women (%62 vs %80)), the therapeutic effect of GDH may not last enough for this patient. İn our study, the severity of bowel symptoms wasn't followed by using specific inventories developed for this purpose, that's might be brought us to an insufficient assessment of changes in bowel-related symptoms. And that’s a limitation for our study. Speaking about usingbowel specific inventories, that wasn’t done because of lacking adapted for Russian or Azerbaijani language versions of mentioned inventories.

This presented case report showed the effectiveness of hypnotherapy for management of irritable bowel syndrome and this result is consistent with previous clinical trials investigating the effectiveness of GDH for IBS. In our vision, for more comprehensive and precise evaluation of IBS cases in our country, an adaptation of bowel specific inventories for our population remains necessary.And in general,the high-quality clinical trials with rigorous methodology should be conducted in future for evaluating the effectiveness of hypnosis and other psychological approaches for the treatment of IBS, in a more precise way.

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