

Hypnotherapy: A Case of Anxiety Person Who Doesn't Want to Use Medication

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Abstract

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BACKGROUND: Anxiety disorder is the most common emotional disorder in the United States. At least 0.9%-1.9% of adult individuals in the United States show one disorder of anxiety in one year. Anxiety disorder is often unknown and carried out therapy in primary care. Hypnotherapy is a penetration of the critical factors of the conscious mind, followed by the acceptance of a suggestion/idea or thought that causes changes in the behaviour of the mental-emotional order.

CASE REPORT: We got a case of anxiety disorder that could be cured with hypnotherapy treatment. A 45-year-old male from Batak tribe with complaints of feeling anxious and not cured because the sufferer always thinks his disease, inflammation of the stomach. Often, the anxiety arose when the patient felt weak, and the heart palpitated as he in dying condition.

CONCLUSION: From this case, it can be found that patients who experience anxiety disorders (anxiety disorder) can recover without medical drugs but by using hypnotherapy.

Introduction

Anxiety disorder is the most common emotional disorder in the United States. The prevalence of a 12-month separation anxiety disorder among adults in the United States is 0.9%-1.9%. In children, the prevalence of 6-12 months is estimated to be around 4%. In adolescents, the prevalence of 12 months is 1.6% [1]. The anxiety of separation is decreased in prevalence from childhood to adolescence and adulthood, and it is the most common anxiety disorder in children younger than 12 years [2], [4].

In clinical samples of children, this disorder is commonly happened both in men and women in

society. Anxiety disorder includes excessive fear and anxiety and behavioural disorders. Anxiety is more often associated with muscle tension and alertness in preparation for future hazards and cautious or insulting behaviour (Table 1) [3].

Table 1: Anxiety Symptoms Cited from SIM'S Symptoms in mind [3]

Somatic and autonomous	Psychic (psychological)
Palpitations	Scare and threats
Hard to breath	Irritability
Dry mouth	Panic
Nausea	Anxious anticipation
Frequency of urination	Inner (psychic) terror
Dizziness	Worrying about trivial matters
Muscle tension	Difficulty concentrating
Sweating	Early insomnia
Stomach spins	Inability to relax
Tremor	
Cold skin	

Hypnotherapy is healing with hypnotic techniques. Hypnotherapy is a branch of psychology that studies the benefits of suggestion to overcome the problem of thoughts, feelings, and behaviour by giving positive suggestions to the subconscious mind. Hypnotherapy is an intervention in controlling anxiety and allowing the achievement of controls that is better for the symptoms experienced [5] (Table 2).

Table 2: Anxiety disorders: a brief description according to ICD-10 and DSM-5 classification 2.4

Anxiety Disorder	ICD-10 Classification	DSM-5 classification	Description
Panic disorder	Panic disorder F41.0	Panic disorder 300.01(F41.0)	Incidental onset anxiety attacks with physical manifestations of anxiety (for example, palpitations, sweating, tremors, dry mouth, dyspnea, feelings of choking, chest pain, uncomfortable stomach, unreal feeling, paresthesia, etc.). Panic attacks can arise from blue; However, many patients begin avoid situations where they fear that panic attacks might occur.
Agoraphobia (F40.0) with Panic Disorder F40.01	Agoraphobia F40.01	Agoraphobia 300.22 (F40.00)	Fear of the place where it may be difficult or embarrassing to escape when panic attack must occur (crowds, on public transportation, or in closed spaces, for example, elevators). Fear of being alone is also common.
Generalised anxiety disorder F41.1	Generalized Anxiety Disorder F41.1	Generalized Anxiety Disorder 300.02 (F41.1)	Patients suffer symptoms of somatic anxiety (tremor, palpitations, dizziness, nausea, muscle tension, etc.) and from psychological symptoms, including concentrating, nervousness, insomnia, and constant worry, for example, that they (or relatively) have an accident or become sick.
Social Phobia F40.1	Social Anxiety Disorder (Social Phobia) F40.1	Social Anxiety Disorder (Social Phobia) 300.23 (F40.10)	Patients are afraid of situations where they become the centre of attention and can be criticised — for example, public speaking, visits to authorities, conversations with superiors at work, or with people of the opposite sex. They are afraid to appear awkward, embarrassing themselves, or who are negative.
Specific (Isolated) Phobia F40.2	Specific Phobia F40.2	Specific Phobia 300.29	Phobias which are limited to single, limited by situations, often related to animals (for example, cats, spiders, or insects), or other natural phenomena (for example, blood, height, deep water)
Mixed Anxiety and Depressive Disorder F41.2	Mixed Anxiety and Depressive Disorder F41.2	Mixed Anxiety and Depressive Disorder F41.2	The simultaneous presence of anxiety and depression by good domination. However, the component is not severe enough to justify the diagnosis of anxiety or depression itself. If the diagnostic criteria for anxiety or depression (or both) are met, a suitable diagnosis must be made, rather than mixed anxiety and depression.
Separation of Anxiety Disorder of Childhood (F93.0)	Separation of Anxiety Disorder of Childhood (F93.0)	Separation of Anxiety Disorder 309.21 (F93.0)	Inappropriate and excessive fear or anxiety regarding the separation from people to whom individuals are attached. In ICD-10, the disorder can only be diagnosed in children.
Selective mute (F94.0)	Selective mute (F94.0)	Selective mute 312.23 (F94.0)	consistent failure to speak in social situations where there is hope for speaking (for example, school) even though the individual speaks in other situations.

DSM-5 Manual of Diagnostic and Statistic for Mental Disorders, 5th edition; ICD-10, 10th revision of the International Statistical Classification of Diseases and Related Health Problems.

Hypnosis is a psychotherapy method that is considered in a variety of mental disorders, especially those related to anxiety. The use of hypnosis includes the art of verbal communication that functions to bring waves of thought to trance, namely alpha and beta. Moreover, it is also known to be self-hypnosis which aims at self-programming, eliminates anxiety by involving the parasympathetic nerves and will reduce the increase in work of the heart, breathing, blood pressure and dry glands [6].

In this technique specifically targeted at symptom management. Components of hypnotherapy are: A) Relaxation training; B) Demonstration of the power of the mind over the body; C) Ego strengthening; D) Awareness strengthening; E) Modulation and regulation symptoms; and F) Self-hypnosis; G) Positive thoughts [7].

Cognitive behavioural therapy (CBT) is the most studied psychosocial for emotional disorders,

and it is effective for reducing symptoms of acute anxiety and depression [8].

Case Report

A 45-year-old male who felt anxious. In June 2018, the patient was initially hospitalised for four days in a hospital because of stomach problems. After that the patient left the hospital and continued the medication from the doctor and also combining with traditional medicine to cure the pain in the stomach for 1 month then in July 2019 the patient was hospitalized again in one of the hospitals in Medan and underwent advanced examination namely Endoscopy examination, the result was inflammation of the stomach and gastric valve.

During the hospitalisation, the sufferer became anxious because of waiting for the results of the examination and explanation from the internal medicine doctor because the patient thought he has a strange disease and cannot be cured. Then the sufferer could not fall to sleep and asked for medicine from the doctor and then was given sleeping pills. After the patient's complaints had been reduced, the patient went home, and the patient did not find sleeping pills that the doctor given in the hospital. The patient thought why the disease was not cured, and then the patient conducted treatment abroad, and the result was also the same as in Indonesia. Patient felt that there are many drugs consumed, but there was no result, then the patient was recommended by one internal medicine doctor to take medication without hypnotherapy.

With strong intention, the next month, the patient can be released from great anxiety, palpitations, cold sweat and abdominal pain has been reduced felt by patients because they routinely performed hypnotherapy and without taking drugs.

Discussion

We know that in a certain type of disease, it should know some diagnostic criteria in patients with anxiety disorders. In this case, we use the DSM-5 diagnostic criteria, namely:

Diagnostic criteria

Inappropriate and excessive fears or anxieties about separation from those who are bound by individuals, as evidenced by at least three, namely: 1. Excessive pressure repeats or anticipates

separation from home or the main attachment numbers; 2. Continual and excessive worry about losing the main attachment numbers or about the possibilities for them, such as illness, injury; 3. The continuous and excessive defeat of unwanted events (wrong, lost, kidnapped, getting stuck, getting sick) which cause separation from the main attachment figure; 4. Continual reluctance or refusal to leave, far from home to school, to work, or in another place for fear of separation; 5. Continuous and excessive fear or reluctance about being alone or without the main attachment numbers at home or in another environment; 6. Continual reluctance or refusal to sleep away from home or sleep without being near the main attachment figure; 7. Repeated nightmares with the theme of separation; and 8. Repeated complaints of physical symptoms (e.g., headache, abdominal pain, nausea, vomiting) when separation from the main attachment figures occurs or be anticipated.

Fear, anxiety, or avoidance is persistent; it occurs at least four weeks in children and adolescents and usually six months or more in adults. The disorder causes difficulties or significant clinical, social, academic, occupational or other important functions.

Disorders are not better explained by other mental disorders, such as refusing to leave home because of excessive resistance to changes in autism spectrum disorders; delusions or hallucinations regarding separation in psychotic disorders; refusal to go outside without trusted friends in agoraphobia; concerning about poor health or other dangers that afflict important people in generalized anxiety disorder; or concerning about diseases in anxiety disorders [2].

Based on the results of the case report above, a complete psychiatric history, clinical interview, psychological test and diagnostic criteria above case met the diagnostic criteria in DSM 5.

Anxiety disorder (anxiety disorder) in which the disorder becomes the greatest suffering in oneself that is not always treated with one modality. Of the many anxiety disorder sufferers who struggle with the disorder use anxiety therapy by taking treatment therapy [1], [9], [10].

In this case, there is another technique or method that can treat anxiety disorders by hypnotherapy. The technique used is hypnosis, which can bring their contribution to reduce the problems associated with anxiety disorders reported by patients;

it can form a connection between their mind and body [11].

If hypnotherapy is combined with cognitive behaviour therapy in anxiety treatment, It will show significant benefits, and it has been proved [7], [8].

From this case, it can be found in patients who experience anxiety disorders (recovery disorder) can recover without medical drugs, namely by using hypnotherapy. Hypnosis therapy, when combined with cognitive therapy behaviour in anxiety treatment, had shown, provide significant benefits. Further research is needed to study and understand hypnotherapy as a single treatment or combined with other non-pharmacological methods.

References

1. Bandelow B, Shophie M, Dirk W. Treatment of Anxiety. AICH server reserch group, 2017:93-106.
2. American Psychiatric Association, Disorder: DSM-5, 2013:190-192.
3. Oyebode F, Sims. Symotoms in the mind.text book of descriptive Psychopatology. Fifth edition, 2015:279-281.
4. Asmara MS, Heni ER, Kartika W.Efektifitas hipnoterapi dan terapi musik klasik. The 6 th Research Colloquium Universitas Muhammadiyah Magelang, 2017.
5. Alladin A. Mindfulness Basic Hypnosis. American Journal of Clinical Hypnosis. University of Calgary, 2014.
6. Alladin A, Jon A. Cognitive Hypnotherapy as Protocol Transdiagnostic for Emotional disorder, 2016. <https://doi.org/10.1080/00207144.2016.1131585> PMID:26894420
7. Daitch C. Cognitive Behavioral Therapy. Mindfulness and Hypnosis a method treatment for Generalized anxiety Disorder.American Journal of Clinical Hypnosis. 2018. <https://doi.org/10.1080/00029157.2018.1458594> PMID:29771217
8. Shestopal IR. Hypnotherapy for anxiety in private practice: SCL-90 results and case description. Contemporary Hypnosis & Integrative Therapy. 2014; 30(2):93-101.
9. Holdevici I. Relaxation and hypnosis in reducing anxious-depressive symptoms and insomnia among adults. Procedia-Social and Behavioral Sciences. 2014; 127:586-90. <https://doi.org/10.1016/j.sbspro.2014.03.315>
10. Pelissolo A. L'hypnose dans les troubles anxieux et phobiques: revue des études cliniques. La Presse Médicale. 2016; 45(3):284-90. <https://doi.org/10.1016/j.lpm.2015.12.002> PMID:26944812
11. Amundson JK. Mindfulness Based Hypnotherapy. American Journal of Clinical Hypnosis, 2018; 61:1-3. <https://doi.org/10.1080/00029157.2018.1465282> PMID:29771214