Fibromyalgia: a case study
Is Fibromyalgia just 'a matter of Rheumatology'?

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Abstract: Despite current research showing evident relationships between Fibromyalgia Syndrome (FMS) and stress, PTSD, depressive disorders (Van Houdenhove, 2006), attachment disorders (Haliburn, 2011) or traumas (Al-Allaf, 2002), it seems to be still considered simply as 'a matter of Rheumatology', in the common practice (Neal, 2011). In this article we will show how 'Parts Therapy' (PT) single sessions, led to spontaneous abreaction, which was the determiner for the total and quick resolution of the clients symptoms.

Keywords: Fibromyalgia, Pain, Parts Therapy, Regression Therapy, Rheumatology, Sleep disorder, Abreaction

INTRODUCTION

FMS is a long term condition that consists of a pervasive set of unexplained physical symptoms with widespread pain (involving at least 3 of 4 body quadrants and axials) of at least 3 months duration and point tenderness at 9 bilateral locations. Patients with FM report a set of symptoms, functional limitations, and psychological dysfunctions, including persistent fatigue, sleep disturbance, muscle stiffness, restless legs, headaches, depression and anxiety, and irritable bowel disorders. Patients also report cognitive impairment and general malaise, called "fibro fog." (Turk, 2009)
Current research have showed evident relationships between FMS and stress, PTSD, depressive disorders, attachment disorders or traumas and EMDR therapy has been effective in the treatment patients with FMS (Kavakci, Ö. et alt. 2012).
We used basically suggestion Hypnotherapy (direct and indirect) and educational interventions in the treatment of a patient - a young male 28 years old - with FMS but a PT single session with a consequent spontaneous abreaction was determinant for the quick resolution of the FMS symptoms.

CASE

M. a 28 years old male with a diagnosis of FMS. Received Hypnotherapy treatment (HT), from 28.04.2012 to 21.01.2013, with a qualified Hypno-Psychotherapist working under the supervision of a Rheumatologist.
During the initial consultation anxiety related symptoms were detected. The client presented with excessive worries, fear of the dark and snakes, quick thinking and a 'dark vision' of the world - '*the majority of the people are bad...*'. Following less formal, but rather handy criteria, we could say he had a 'Warrior' personality (Watts, 2010). M. was asked '*when did the pain begin? Could you remember something dramatic that happened for you in your life just before the pain began?*' (Jensen, 2011 a). M. recalled that, just before he developed FMS symptoms, he left a long-term relationship with his girlfriend. During this time, M. stated that he avoided releasing emotions: '*I didn't shed a tear but I lost ten kilos...*'.

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TREATMENT

The physical symptoms reported by M. in the first consultation were:

1. *Right posterior shoulder pain* – (this was the most resistant symptom to HT, as we will show in this article),
2. *Left sided pelvic pain,*
3. *Heavy tired legs*
4. *Bilateral posterior lower limb pain*
5. *Heavy eyes and eyelids*
6. *Morning exhaustion,*
7. *Sleep disorder (Primary Insomnia),*
8. *Bilateral Hand Tingling*

M. was asked to give a subjective evaluation for each symptoms' intensity on a scale from 1 - 10 at that moment (where 1 indicated least pain and 10 indicated maximum pain) during the first consultation, and again on a daily basis (at the end of each day), recording his score on a Excel file. (Jensen, 2011 b)

Finally, M. was introduced to HT through the use of a hypno-relaxation session. M. was tasked with practicing self-hypnosis on a daily basis until his next appointment using the hypno-relaxation CD provided. Each subsequent session began with a review, where M. reported his weekly pain scores. All of M's symptoms, except heavy tired legs, decreased to 'zero-intensity' the day following his initial consultation session – refer to graphs below.

Suggestion therapy was used, direct and indirect, during the therapeutic process which consisted of about 13 sessions (Roth, 2004 a; Alladin, 2008). The first four sessions, were delivered on a weekly basis, devoted to pain relief and better, deeper sleep. The first two sessions focused on pain control and the second two sessions addressed sleep. Educational guidelines for better sleep were given to the Patient to implement at home.

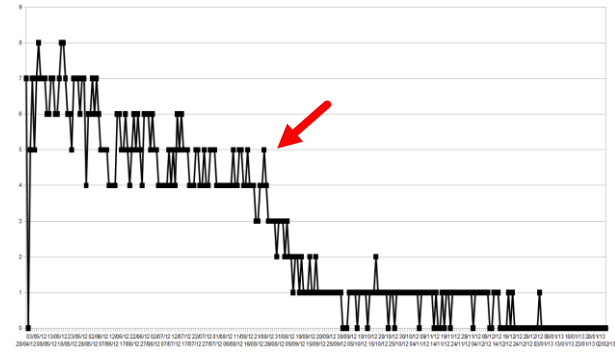
After these initial four sessions, M. attended therapy every two weeks and was given suggestions for exercise, nutrition (Li et alt., 2011; Gomez-Pinilla, 2008; Bravo, 2011) anxiety relief, development of a more harmonic body-mind connection and raising of awareness of the physical processes helping him in achieving better control. (Roth, 2004 a; Alladin, 2008)

Right posterior shoulder pain remained resistant and constant at a level of 4 – 5. Also *Left sided pelvic pain* seemed unable to reduce. In response to this resistance PT was applied, during which M. had a spontaneous abreaction. (Roth, 2004 b)

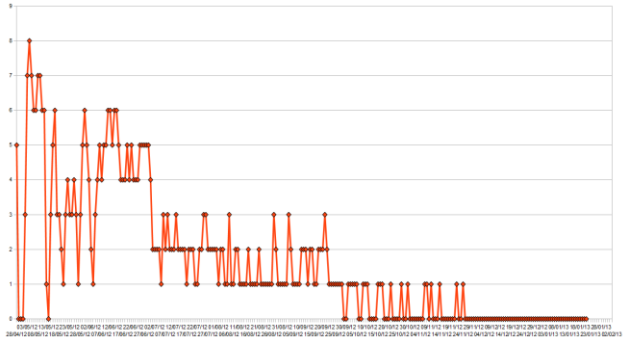
M. was helped to become aware of the correlation between his anxiety states (catastrophic thoughts, worries about pain sensations) and the intensity of symptoms. A simple CBT Pain Diary (A: '*Brief description of type of pain, rate 1-10*'; B: '*Situation/What you were doing'*; C: '*What you were thinking at the time*') was used to enable M. gain greater insight to the secondary gains he experiences through his condition. (Turk, 2009).

Outside the HT, M. was also prescribed a diet full of fresh fruits and vegetables, vit. B complex and Mg, Cod Oil, Pro-biotic Milk. It was suggested to M. that he avoided coffee and sugar food abuse – allowing him only one cup of coffee in the morning -. (Li et alt., 2011; Gomez-Pinilla, 2008; Bravo, 2011)

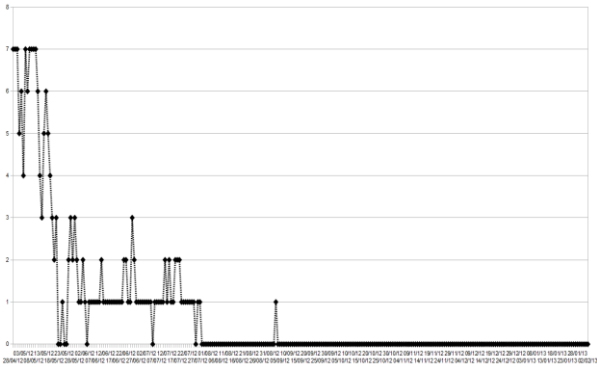
Although the intensity of the symptoms reached the ‘zero-intensity’ by 25.09.2012 after about 5 months, the work continued until January 21, 2013.



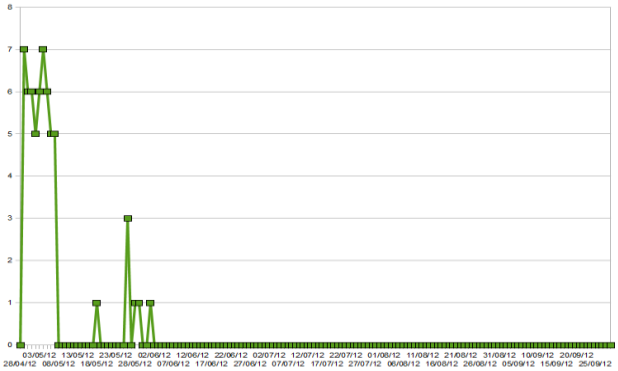
1. right posterior shoulder pain



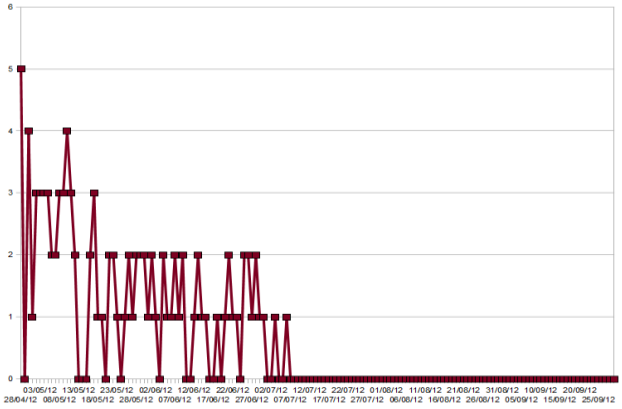
2. left sided pelvic pain



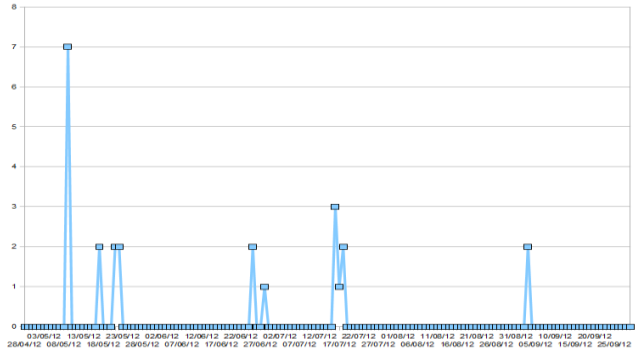
3. heavy tired legs



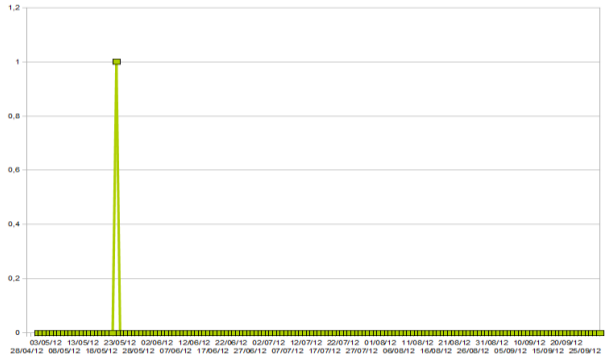
4. bilateral posterior lower limb pain



5. morning exhaustion



6. heavy eyelids and eyes



7. bilateral tingling hands

DISCUSSION

In order to achieve better sleep, suggestions for stress relief and improved sleeping were used in accordance with M's personality profile (Watts, 2012). This simple approach proved to be enough of an intervention to achieve a relaxed state enabling M's pain intensity to decrease and sleep quality to improve. For that reason no further structured treatment was required for M's Primary Insomnia.

The day after the PT session, M. reported "not feeling 'well'. M. was asked to continue using his self-hypnosis program for the duration of that week. M.'s self-hypnosis CD program included the PT suggestion and, as graphics show, the symptoms decreased dramatically and quite instantaneously from that session. Look at the red arrow in graphic 1. that indicates when PT suggestion was applied. (Christensen C. et al., 2013)

M. was assured throughout his treatment program that his Subconscious Mind was doing an excellent job : *"Your Subconscious Mind is working for you. You don't know how but It's already doing it…"* (M. H. Erickson)

The PT suggestion contained an element of regression therapy wherein M. was asked to go back to the very first moment when a Part wanted to develop the FMS symptoms, and guided him to an agreement between that Part and the Part who came into Therapy because they no longer wanted to have FMS.. This PT suggestion also proposed to the Unconscious Mind the opportunity and ability to create a new and much more healthy way of achieving the same goals as the 'Fibro Part'. (Roth, 2004 b).

In order to reduce M's anxiety states and especially catastrophic thoughts and excessive worries, M. was helped to see things from a transpersonal or higher-self perspective (Bonadonna, 2003; Akhmetova, 2011).
M. was provided with the suggestion of "being able to fly gradually into the sky far from everything… looking at everything becoming smaller and smaller… and then far from the whole Solar system looking at the Sun and the planets like small dots within the darkness… finally staying out of space and its dimensions, 'up and down, right and left'… out of the time and in peace, detached from everything "… and suggesting that M. see, feel and experience how different things appeared from that perspective (Ferrucci, 2009).

M. reported that he was able to dissociate himself from pain, to see it from a different perspective, and felt that this approach helped him to improved his ability to reduce pain: every time M. changed perspective he felt less stressed and after a while was not thinking of the pain anymore, letting it to vanish. Following this experience M. presented with an improved mood, feeling more optimistic and empowered.

Therapy continued after 25.09.2012 in order to consolidate the achieved goals and continue the training.

Follow up review sessions are planned quarterly.

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