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Hypnotherapy treatment in a 25 years-old singer with Dysphonia and Sinusitis : A case report

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ABSTRACT

Hypnotherapy is a therapeutic modality used to address psychological and behavioral issues by providing positive suggestions to the subconscious mind. This case report discusses a patient presenting with chronic dysphonia and sinusitis. Dysphonia can have multiple causes, including sinusitis, emotional disorders such as trauma, anxiety, and depression, as well as occupational and lifestyle factors. A thorough diagnosis of dysphonia requires comprehensive physical and supportive examinations. Once diagnosed, a holistic treatment approach is essential, combining symptom management, medication, psychotherapy, and speech therapy. In this case, hypnotherapy was used as part of the psychotherapy treatment, leading to significant improvement in the patient's condition. This case highlights the potential benefits of incorporating hypnotherapy in the management of dysphonia.

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INTRODUCTION

Dysphonia is a frequently used term to refer to voice quality abnormalities. The term may also be known as voice hoarseness. Although dysphonia typically refers to difficulty producing sound, hoarseness refers to a change in voice quality (Högerle & Echternach, 2020). Dysphonia involves alterations in voice quality due to functional or organic issues, which can be either systemic or local. Functional dysphonia is characterized by the absence of organic disorders, as it is caused by abnormalities in the vocal cord muscles' tone, leading to disturbances and inconsistent oscillations. The primary reasons for organic dysphonia include vocal misuse, as well as emotional and psychogenic conditions. Organic dysphonia is the result of physical issues affecting the vocal cords, like acute or chronic laryngitis, laryngeal trauma, presbyphonia, benign tumors, and malignant tumors (Probst et al., 2019).

Epidemiological studies have found that in the UK approximately 40,000 patients with dysphonia are referred to a voice therapy center every year (Mackenzie et al., 2001). In 2012, Cohen and colleagues reported that dysphonia was present in 0.98% of the participants, with 63.4% being female and 36.5% male. Males had the highest prevalence compared to females in the age group of 0-9 years, with females experiencing the highest prevalence compared to males from puberty to age >70 years (Cohen et al., 2012). Apart from age and gender, factors like occupation and smoking habits can also contribute to a higher likelihood of developing dysphonia. Roy et al. (2004) reported that 11% of teachers experienced voice disorders compared to other general professions, namely 6.2%. In 2018, Hidayat (2018)s study also demonstrated a strong link between dysphonia and smoking behavior. The prevalence data that is accessible is restricted to specific groups of professional voice users like singers, teachers, and speakers (Angelillo et al., 2008).

As is known, the causes of dysphonia vary. One of the factors causing dysphonia is sinusitis. Sinusitis is inflammation of the respiratory tract, specifically the nasal cavity, which is most often caused by infection (Lim & Shin, 2021). This inflammation can cause swelling of the vocal cords, resulting in dysphonia. Besides that, several studies reveal that emotional can be a factor that can influence voice problems (Baker, 2008). Dysphonia can be linked to psychological factors too like anxiety, depression, conversion reaction, or personality disorder, which can cause a lack of control over speech (Aronson, 1990). To diagnose dysphonia, it is necessary to visually assess the patient, carefully listen to their voice, and use a laryngeal mirror to examine the larynx and determine the root of the issue (Jacobson et al., 1997). After all physical and

supporting examinations have been carried out and verified, holistic management must be carried out including medication according to symptoms, psychotherapy and speech therapy. One of the psychotherapeutic treatments that can be given is hypnotherapy (Stilson, 2021).

The research purpose is to explore the effectiveness of hypnotherapy as a therapeutic modality in treating psychological and behavioral problems, specifically focusing on a case involving chronic dysphonia and sinusitis. The study aims to demonstrate how hypnotherapy, combined with other treatments, can aid in the recovery of a patient with voice disorders, emphasizing the psychological factors contributing to dysphonia.

The research contribution is to provide evidence on the effectiveness of hypnotherapy as a complementary treatment for chronic dysphonia, particularly in cases where psychological factors such as trauma, anxiety, and depression may play a role. The study highlights how hypnotherapy, in conjunction with conventional treatments like medication and speech therapy, can significantly improve the patient's condition, offering valuable insights for integrating mind-body approaches in treating voice disorders. This case report also adds to the existing literature on the therapeutic potential of hypnotherapy for managing psychological and behavioral problems.

METHOD

The patient was a 25 years old singer who came to our clinic on February 2023 with chief complaint of the nose is often blocked, the throat is heavy and the voice is hoarse or often lost. Complaints are felt especially when the patient wants to sing on stage. This complaint has been felt for the last 4 years and has come and gone. The patient had previously been treated by an ENT doctor, underwent a physical examination and x-rays, and was diagnosed with dysphonia and sinusitis. The doctor said that her dysphonia or loss of voice was related to the infection or sinusitis she was experiencing. She was advised by the doctor to take capsules (pseudoephedrine HCL and loratadine) and methylprednisolone. In addition, she was also educated about healthy living behavior in the form of wearing a mask in dusty places, avoiding consuming alcoholic drinks and getting enough sleep for at least 8 hours. The result was seen, however the symptoms was back when she finished her oral medication. She had this condition checked three times at three different hospitals. However, the complaints only improved temporarily Every time the medicine given by the doctor runs out, the initial complaint reappears. She finally decided to do a hypnotherapy session to our clinic and did a 3 hours hypnoterapy session.

Few psycological triggers were found during the treatment such as bullies she encountered by her vocal group few years ago, this has affected her confidence and unconciously losing her voice everytime she had to perform. She was teased by her choir friends who said that his voice was ugly and unfit to be a singer. Previously she didn't feel like this was a burden on his mind. However, it turns out that in hypnotherapy sessions, subconsciously this is one of the triggers or factors that becomes a burden so that his voice is often lost, especially when she wants to sing on stage. During the session, she was given positive suggestions to forgive and accept her past, hoping she could sing again without fear and trauma. No oral medication given post hypnotherapy, and a huge result was seen afterwards, she slowly had her voice back. There were improvement on her sore throat & blocked nose. We continously followed up the patient and the symptoms was totally gone in a month.

RESULTS AND DISCUSSION

We reported a case of 25 years old singer with dysphonia and sinusitis. The patient in this case complained her nose is often blocked, the throat is heavy and the voice is hoarse or often lost especially when she wants to sing on stage. She has experienced this for 4 years and it comes and goes. The patient has checked with an ENT doctor and several hospitals. Through several examinations, the patient was diagnosed with dysphonia and sinusitis. Patients are given oral medication and educated about healthy living behavior. After being given medication, the patient's complaints still came and went, so the patient decided to have a hypnotherapy session.

Dysphonia is a common term used to describe abnormalities in voice quality (Högerle & Echternach, 2020). The expression could also be referred to as vocal hoarseness. While dysphonia usually relates to trouble making sound, hoarseness is about a shift in voice quality. Voice hoarseness is another term for dysphonia. While dysphonia usually involves trouble making sounds, hoarseness specifically denotes alterations in vocal tone. A lot of patients with dysphonia may see their symptoms improve on their own without any treatment. However, the problem may persist in many people, stressing the significance of getting medical help to assess the larynx and vocal cords. This is generally an indication if the condition continues for over four weeks (Francis & Smith, 2019).

The patient's own occupation, where the patient is a singer, is a risk factor for dysphonia in this patient (Angelillo et al., 2008). Besides that, dysphonia can be caused by several factors too such as laryngitis, excessive voice use, stomach acid, allergies, polyps, sinusitis and others. In this case, the patient's x-ray

results showed sinusitis. Sinusitis is an inflammation of the respiratory tract, especially the nasal cavity. This inflammation is most often caused by infection. Usually, sinusitis can heal in a matter of weeks, months or even years (Lim & Shin, 2021). Antibiotic therapy may not always be required for acute sinusitis. Antibiotics should be taken into consideration in situations where the patient shows signs of being very sick overall, individuals who are at risk of experiencing severe complications, and patients displaying persistent or rapidly deteriorating symptoms. Treatment for acute sinusitis symptoms can involve using humidifiers, ensuring enough liquid intake, quitting smoking, and using non-opioid pain relievers or fever reducers like paracetamol or ibuprofen when necessary (I. Brook & Bronze, 2023).

Contrasting with previous or prolonged instances. Doctors must distinguish chronic sinusitis from recurrent acute sinusitis or isolated episodes of acute bacterial sinusitis. Identify potential risk factors in the patient with confirmed chronic sinusitis, such as cystic fibrosis, immune deficiency, ciliary dyskinesia, or nasal polyps. To alleviate symptoms, patients can be provided with symptomatic therapies, saline nasal irrigation, topical intranasal corticosteroids, or a combination of both (E. Brook, 2022). According to EPOS, antibiotic administration for chronic sinusitis cases should be considered. Antibiotics are only given when bacterial infection is confirmed or strongly suspected. EPOS emphasizes the need for judicious use of antibiotics based on clinical judgment and microbial culture results, especially in cases of acute exacerbation of chronic rhinosinusitis with evidence of bacterial involvement. Antibiotics are not an option for first-line treatment in cases of uncomplicated chronic sinusitis. Symptomatic treatments such as topical steroids, nasal irrigation, and mucolytics are preferred as initial therapy options. In accordance with this case where the patient was not given antibiotics (Fokkens et al., 2020). The osteomeatal complex is crucial for ensuring the smooth elimination of secretions from the paranasal sinuses. Inflammation in this system can block sinus drainage and lead to different symptoms of rhinosinusitis as previously mentioned (Fernandes et al., 2008). In this patient, the doctor also gave methylprednisolone as a corticosteroid. Corticosteroids are commonly prescribed for rhinosinusitis due to their anti-inflammatory properties. Corticosteroids achieve their anti-inflammatory benefits by decreasing the production of specific cytokines (such as interleukins, TNF-α, IFN-γ, GM-CSF) from various types of cells including macrophages, monocytes, lymphocytes, fibroblasts, and epithelial cells. This impacts the recruitment, positioning, creation of proteins, and well-being of inflammatory cells (Pujols et al., 2002). Furthermore, an alternative could be surgical intervention if sinusitis stems from a deviated septum, polyps, or other structural issues. The primary objective of sinus surgery is to alleviate symptoms and decrease infection (Wendy, 2021). In this patient, the patient has been given symptomatic management in the form of pseudoephedrine HCL, loratadine and methylprednisolone as oral corticosteroids, but the complaints still come and go.

In addition to sinusitis, this complaint can be caused by stress and tension. Emotional stress or muscle tension in the neck and throat can cause sudden or repeated loss of voice. Several studies reveal that emotional can be a factor that can influence voice problems (Baker, 2008). It may be associated with psychological issues such as anxiety, depression, conversion reaction, or personality disorder, leading to a loss of speech control (Aronson, 1990). Therefore, in diagnosing dysphonia, a complete or holistic examination is needed, starting from anamnesis, physical examination, supporting examination and psychological examination. Management for this case must be carried out comprehensively, including symptomatic treatment, psychotherapy, and speech therapy. One of the psychotherapeutic treatments that can be given is hypnotherapy. In the 2021 Stilson study, it was stated that hypnosis can be used as a supplemental therapy and prevention for muscle tension dysphonia, especially those related to psychology or anxiety (Stilson, 2021).

Hypnotherapy is a field within psychology that examines how suggestion can help address issues related to thoughts, emotions, and actions. Additionally, hypnotherapy is described as a form of therapy that utilizes hypnosis techniques to provide positive suggestions or commands to the subconscious mind in order to treat mental disorders or improve an individual's mindset, emotions, and actions (Kahija, 2007). Hypnotherapy involves providing therapy through hypnosis, which involves giving positive commands and suggestions to the subconscious mind to address psychological issues and improve thoughts, feelings, and behavior. The procedure for doing hypnotherapy is pre-induction, induction, deepening, suggestion and termination. Hypnotherapy is done by changing the patient brain wave from beta to alpha-theta, so the patient is more relaxed and comfortable to accept any suggestion (Stinson & Arthur, 2013). Hypnotherapy can assist in releasing traumatic memories and emotions that we may not be comfortable expressing verbally. The hypnotic state can help us recognize and let go of deeply ingrained trauma. The hypnotic suggestions can prompt us to access our inner strengths and facilitate a lasting transformation towards feeling secure, grounded, and connected to our subconscious workings (Yarvis, 2008).

Figure 1. Hypnotherapy Session

This patient chose to undergo hypnotherapy because the patient felt that after undergoing drug therapy and maintaining good health, the symptoms continued. This hypnotherapy session lasts for approximately three hours. In the therapy process, several stages are carried out. Starting from providing an explanation of the hypnotherapy process, conducting informed consent or hypnotherapy contracts, anamnesis regarding complaints and conducting sessions. In this session, the author conducted hypnotherapy with the extended progressive relaxation technique, namely by bringing the patient as if entering or being in the most comfortable place. After that, the author used regression techniques to explore the root of the patient's problems regarding whether there was trauma in the past that might be felt unconsciously. In this session, it was found that the patient had trauma in her past where the patient was often bullied by her choir friends. He was often told that he was not worthy of being a singer because of his bad voice and this had happened several years ago before this complaint appeared. From here, the author gave positive suggestions and affirmations so that the patient could forgive and accept the trauma in her past maturely. After hypnotherapy, no oral medication was provided and a significant improvement was observed, leading to a gradual return of her voice. Her sore throat and blocked nose showed signs of improvement. We kept regularly checking on the patient until the symptoms completely disappeared within a month.

The lack of supporting examinations such as laryngoscopy in this case needs to be considered as a weakness in this case report. It is important for us as clinicians to conduct a complete examination of this dysphonia case. Comprehensive management also needs to be carried out starting from symptomatic therapy, antibiotics (if necessary) and psychotherapy such as hypnotherapy.

CONCLUSION

Dysphonia is a condition caused by various factors like sinusitis, stress, and tension. Diagnosis requires a comprehensive examination, and holistic treatment includes symptomatic management, antibiotics, and psychotherapy like hypnotherapy. Future research should explore the combined effects of hypnotherapy and other conventional treatments on dysphonia caused by psychological and medical conditions. Additionally, long-term effects of hypnotherapy on voice disorders and its effectiveness with other psychotherapeutic modalities could provide a more comprehensive understanding of its role in holistic treatment approaches for dysphonia.

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