

nerva®

Patient case study: A multimodal strategy for stress-sensitive IBS

Structured, phased care targeting diet and nervous system regulation resolved persistent IBS symptoms in a young adult.



“You can’t just keep pulling foods out and expect people to thrive. Regulate the bowel, calm the system – then reintroduce.”

Chloe Madigan, Dietitian

70%

Reduction in bloating after completing Nerva

This case provides a clear model for managing complex IBS where psychological stress, dietary restriction, and autonomic dysregulation converge. The patient, with stress-driven IBS and persistent bloating, had found little relief from self-directed dietary and medical strategies. Under the care of accredited practicing dietitian Chloe Madigan from Ochre Medical Centre, she began a phased, multimodal plan that targeted both dietary contributors and nervous system dysregulation.

Key takeaways

- **Stress sensitivity and food fear can persist even in patients with a nutritionally adequate diet.**
Consider nervous system dysregulation when symptoms plateau, despite appropriate fiber, fluid, and routine.
- **Early introduction of brain-gut therapy can reframe the clinical focus.**
Nerva served as a structured, accessible tool that redirected attention from food avoidance to nervous system regulation.
- **A multimodal approach builds engagement.**
Combining gut-directed hypnotherapy with individualized prebiotic support, psyllium, and selective low FODMAP guidance enhanced adherence and symptom control.
- **Access challenges can be addressed with simple solutions.**
Compassionate access to Nerva allowed for timely intervention, highlighting the need for practical strategies that support equitable care.

Clinical context: Uncovering the limits of food-only management

A woman in her early 20s presented with classic signs of nervous system overactivation – speaking rapidly, describing widespread food sensitivity, and expressing overwhelming anxiety. “She was already doing yoga and meditation,” Chloe said, “but it was clear her nervous system needed more support. I picked up on her stress immediately – she couldn’t slow down and was trying to tell me everything at once.”

Her bowel pattern was irregular – loose stools, bloating, and escalating gut-focused worry. Her vegetarian diet, though nutritious, was high in fermentable carbohydrates. She had trialled laxatives, fiber supplements, and probiotics, and completed a colonoscopy to rule out IBD – yet her symptoms persisted, with nervous system dysregulation identified as the primary driver.

Intervention: Structured introduction of brain-gut therapy

Rather than initiating a low FODMAP protocol immediately, Chloe began with a comprehensive assessment of dietary patterns, fiber adequacy, hydration, and activity. She prioritized nervous system regulation, introducing Nerva brain-gut therapy early to shift focus from food avoidance to autonomic calming.

Key intervention elements included:

- **Early brain-gut therapy**
Recommended the Nerva program upfront to address stress-driven symptoms, arranging compassionate access through Nerva’s Clinical Specialists when the patient expressed cost concerns. This support led to immediate engagement with the program.

- **Supportive dietary changes**

- ✓ Added partially hydrolyzed guar gum for motility and microbial support.
- ✓ Suggested psyllium husk and occasional Movicol to ease bloating and transit.
- ✓ Made selective, minimal FODMAP adjustments.

“I don’t jump straight into low FODMAP anymore. Often, patients like this one need nervous system support before food restriction.”

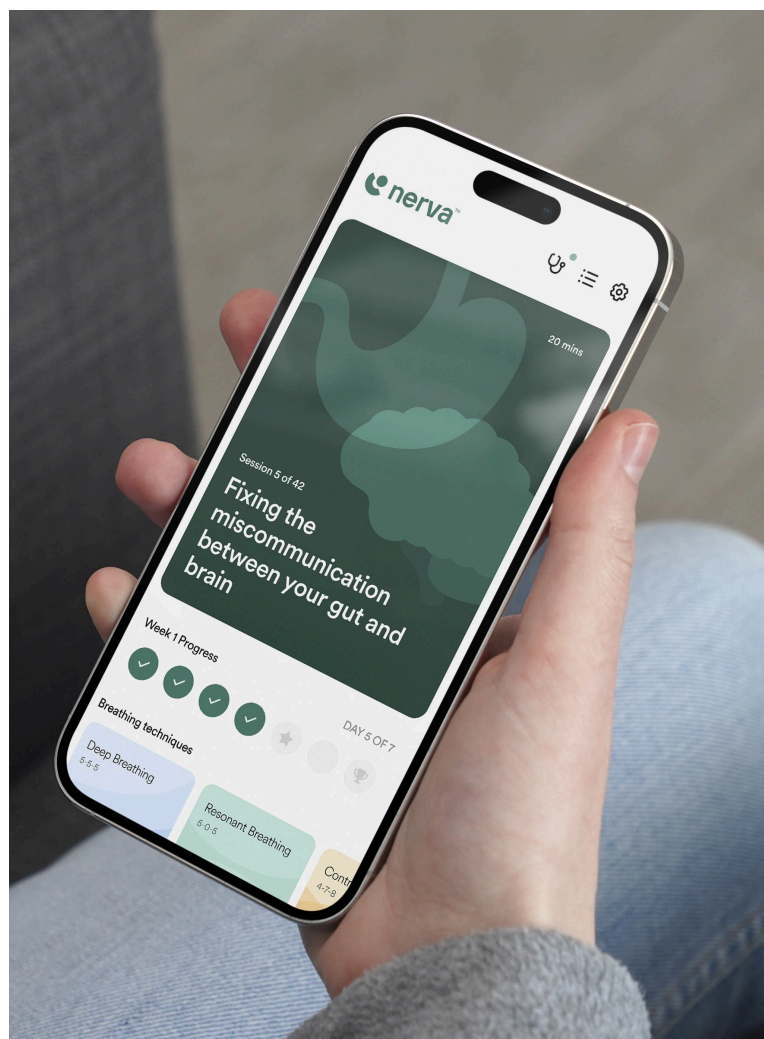
Outcomes: Reduced bloating, better bowel habits, and psychological gains

Symptoms	Baseline results	After intervention
Abdominal bloating	64	7
Abdominal pain	67	38
Nausea	55	0
Overall GI symptoms	50	20
Passage of wind	58	35
Passage of wind	58	35

**Symptom severity scores rated on a scale of 0–100*

“She was hyper-focused on her gut when we started. Now she’s less anxious, more adaptable, and ready to move into reintroductions.”

After Nerva, the patient experienced a 90% reduction in bloating and complete relief from nausea. Overall GI symptoms dropped by 60%, strongly indicating both physical relief and improved psychological wellbeing.



Sustained progress and dietary reintroduction

As symptom control stabilized, Chloe initiated FODMAP reintroduction. Early efforts revealed partial tolerance – typical in vegetarian diets with a high fermentable load – and Chloe guided her with meal spacing and protein substitutions to reduce reactivity.

The approach was paced to align with her stress levels, underscoring how psychological factors can influence dietary outcomes.

Provider insights

- **Introduce brain-gut therapies in parallel with dietary management**
Incorporating gut-directed hypnotherapy early can modulate stress-related autonomic arousal and improve outcomes before restrictive eating patterns become entrenched.



- **Stabilize the system before liberalizing the diet**

Prioritizing nervous system regulation and bowel motility establishes a more resilient baseline for safe, gradual dietary reintroduction.

- **Position Nerva as a first-line, evidence-based intervention**

Rather than presenting gut-directed hypnotherapy as optional, integrate it as a key component of the care plan to support desensitization and restore brain-gut communication.

- **Address drivers with a multimodal plan**

When stress, dietary habits, and dysmotility overlap, a phased, integrative approach is more effective than dietary restriction alone in reducing symptom vigilance and improving tolerance.

“Gut-directed hypnotherapy is almost always part of the mix for me. You can’t just keep pulling foods out and expect people to thrive. Regulate the bowel, calm the system – then reintroduce.”

Why this matters for clinical care

This case shows how combining selective dietary adjustments with brain-gut therapy can calm autonomic reactivity, reduce food-related anxiety, and support gradual reintroduction. Nerva complemented nutrition-focused care to achieve sustained symptom improvement.

Importantly, the patient became less cognitively rigid and more open to dietary expansion – a key shift for sustainable long-term management and improved quality of life.

Make brain-gut support part of your care model

Whether you see just a few patients each week or 10+ who could benefit from brain-gut support, Nerva’s digital program can be seamlessly integrated into your existing approach.

The best way to get patients started is via the online referral form: it’s quick, easy, and adds no administrative burden. Plus, your patients receive a **25% discount on 1-year subscriptions** when referred via the form.

Refer now