



Hypnotherapy for Functional Gastrointestinal Disorders

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Unfortunately, the word "hypnosis" often conjures up a whole variety of frequently quite negative connotations even within the medical profession. Many equate the phenomenon with the mind being taken over by the hypnotist and with loss of control by the recipient, which needless to say, is completely erroneous. As a consequence of this, the whole subject is surrounded by a cloud of mystery, which regrettably is often encouraged by those who practice the technique. Although unlikely to ever happen, it would probably be best if a completely new word could be coined for hypnosis so that all the "baggage" that accompanies it could be left behind.

It seems likely that a variety of techniques such as relaxation, yoga, transcendental meditation, reflexology, aromatherapy, and others are different methods of achieving a similar state to that witnessed in hypnosis. Hypnosis probably only differs in that it concentrates more on the "trance" element and is usually targeted at a specific problem, which in the past has most often been identified as psychological. However, we have applied the use of hypnosis in a more physical way without, of course, forgetting its psychological benefits.

Irritable bowel syndrome (IBS) would seem to be a disorder that might be amenable to treatment with hypnosis. There is no structural damage and the various possible underlying mechanisms such as disordered motility and visceral (internal) sensitivity might be susceptible to modulation by the mind. Thus, nearly 20 years ago, we undertook the first controlled trial of hypnotherapy in this disorder. The results were extremely encouraging and eventually led us to developing a hypnotherapy unit dedicated to the provision of this service.

In 2002 we published an audit of the first 250 patients treated and found that hypnosis not only helps the symptoms of IBS but also significantly improves quality of life.[1] Interestingly, it also relieves the additional symptoms from which so many patients with IBS suffer such as nausea, lethargy, backache, and urinary problems. This is in sharp contrast to the medications currently available for IBS, which often help one or two symptoms if at all.

We have also undertaken some research in an attempt to ascertain how hypnosis might lead to benefit. There is no doubt that it can improve anxiety and coping capacities as might be expected. However, of far more interest, was the observation that motility and visceral sensitivity could also be modified in the desired direction. Thus, this approach to treatment appears to offer symptomatic, psychological, and physiological benefit and this presumably explains why it appears to be so effective.

However, hypnosis should not be regarded as a panacea as up to 25% of patients fail to respond. Even when patients do improve, conventional approaches to treatment should not necessarily be ignored. Therefore it is still important that lifestyle factors such as diet are also taken into account. In addition, some patients may find that an occasional loperamide or laxative, depending on the bowel habit abnormality, maybe required.

One concern over the use of hypnotherapy is the possibility that patients might relapse once a course of treatment has been completed. We have recently addressed this question with a study on the long-term follow up of patients attending the unit. This has shown that after a period of between one and five

years, 83% of responders remained well with 59% requiring no further medication at all. Patients also took much less time off work and consulted the medical profession less often.

The hypnosis treatment described in this article was conducted by therapists who were following a rigorous treatment protocol in the treatment of patients diagnosed with IBS. Treatment involves generally seven to twelve sessions with a qualified therapist.

Many individuals practice hypnosis but not all are qualified to treat medical conditions. Care should be taken in finding a qualified hypnotherapist to treat IBS. A list of clinicians in the U.S. who use a treatment protocol standardized by Olafur S. Palsson, Psy.D et.al., from the Department of Medicine, University of North Carolina, Chapel Hill, may be found at this web site:
<http://www.ibshypnosis.com/IBSclinicians.html>

Following the success in patients with IBS, we have recently looked at the use of hypnotherapy in functional dyspepsia, which is a closely related condition resulting in primarily upper gastrointestinal symptoms. Again, compared with controls, the hypnotherapy patients showed substantial improvements in both symptoms and quality of life. One of the most striking outcomes of this particular study was that, after a follow up of one year, not one patient in the hypnotherapy group required any further medication compared with 82% and 90% of subjects in the 2 control groups. Similar trends to those observed in the IBS studies were seen for a reduction in medical consultations and time off work.

Unfortunately, most patients, especially those with severe symptoms, require multiple sessions of treatment. In our unit, we allow up to 12 sessions which therefore results in this being a time consuming and costly approach in the short term.

However, as a result of the undoubted sustained benefits of treatment, it has been calculated that it becomes cost effective within 2 years when

compared to conventional approaches. As new (and likely expensive) drugs now in development for IBS reach the market, hypnotherapy may become a more viable option from the financial point of view.

Hypnotherapy therefore appears to be a realistic option in the treatment of conditions such as IBS. Our success has been reproduced by others, but the technique has, so far, not been generally adopted. This is probably because of the unfounded suspicion that surrounds the subject coupled with the fact it is not something with which most physicians or gastroenterologists are especially familiar. Hopefully these negative attributes will decline with time, especially if the success of the technique continues to be supported by a strong evidence base.

Reference

1. Gonsalkorale WM, Houghton LA, Whorwell PJ. Hypnotherapy in Irritable Bowel Syndrome: A Large Scale Audit of a Clinical Service With Examination of Factors Influencing Responsiveness, *Am J Gastroenterology* 2002 94 954-961.

Suggested IFFGD Reading

Palsson O. *Hypnosis Treatment of Irritable Bowel Syndrome*. IFFGD. Fact Sheet No. 171.

Tillisch K. Tan, S. *Complementary and Alternative Treatments for Functional Gastrointestinal Disorders*. IFFGD. Fact Sheet No. 181.

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