NOTE TO RESEARCHERS AND THERAPISTS

The list is in chronological order of publication rather than in alphabetical order of authors as one of its aims is to provide an indication of the development of research over the years. Text below which set in green indicates links or a downloadable pdf.

Time and effort has been given to trying to ensure information about papers and other publications listed here is accurate and as comprehensive as possible. Therefore if you notice errors – or are aware of additional studies which could be appropriately included within this page – please contact us by emailing info@therapypartnership.com. Such help will be appreciated.

The information on this page cataloguing research studies in the use of hypnotherapy for IBS can be downloaded as a 17-page PDF file by clicking the logo to the right.

This catalogue was last updated 22nd June 2012

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1982
Symptoms in irritable bowel syndrome
Dotevall G, Svedlund J, Sjödin I.
Department of Medicine, University Hospital of South Manchester, Manchester M20 8LR, United Kingdom

ABSTRACT
In a consecutive study of 101 patients with IBS and at least one year of complaints, the presence of somatic and mental symptoms were measured. By definition all patients had abdominal pain and/or disturbed bowel function in the absence of organic disease. The most prominent symptom of indigestion was abdominal distension. Many patients also had complaints of food intolerance and avoided bulk forming agents such as fruits and vegetables. Symptoms associated with the upper gastrointestinal tract such as burning sensations in the epigastrium nausea and acid regurgitation were seen in a majority of the patients.

Mental symptoms were seen in almost all patients. A majority had complaints of inner tension, worrying over trifles, autonomic disturbances and muscular tension. Symptoms referred to the neurasthenic syndrome were also frequently seen, such as fatiguability and irritable and hostile feelings. Common depression symptoms were sadness and feelings of helplessness. Other mental symptoms of importance were phobias, sleep disturbances, reduced sexual interest, loss of appetite and obsessive-compulsive symptoms. Our conclusion is that patients with IBS frequently have upper gastrointestinal and mental symptoms which should be taken into account searching for more rational methods of treatment.

1984
The Lancet December 1984, Volume 324, Issue 8414, Pages 1232–1234
Controlled trial of hypnotherapy in the treatment of severe refractory irritable-bowel syndrome
Whorwell PJ; Prior A; Faragher EB
Department of Medicine, University Hospital of South Manchester, Manchester M20 8LR, United Kingdom

ABSTRACT
Alternatively
DOWNLOAD FULL PDF VERSION
Thirty patients with severe refractory irritable-bowel syndrome were randomly allocated to treatment with either hypnotherapy or psychotherapy and placebo. The psychotherapy patients showed a small but significant improvement in abdominal pain, abdominal distension, and general well-being but not in bowel habit. The hypnotherapy patients showed a dramatic improvement in all features, the difference between the two groups being highly significant. In the hypnotherapy group no relapses were recorded during the 3-month follow-up period, and no substitution symptoms were observed.

1987
Gut 1987;28:423-425 doi:10.1136/gut.28.4.423
Hypnotherapy in severe irritable bowel syndrome: further experience.
P J Whorwell, A Prior, S M Colgan

ABSTRACT
Alternatively
DOWNLOAD FULL PDF VERSION
Fifteen patients with severe intractable irritable bowel syndrome previously reported as successfully treated with hypnotherapy, have now been followed up for a mean duration of 18 months. All patients remain in remission although two have experienced a single relapse overcome by an additional session of hypnotherapy. Experience with a further 35 patients is reported giving a total group of 50. This group was divided into classical cases, atypical cases and cases exhibiting significant psychopathology. The response rates were 95%, 43%, and 60% respectively. Patients over the age of 50 years responded very poorly (25%) whereas those below the age of 50 with classical symptoms of indigestion were over 95% successful. Significant success was also experienced with classical irritable bowel syndrome exhibited a 100% response rate. This study confirms the successful effect of hypnotherapy in a larger series of patients with irritable bowel syndrome and defines some subgroup variations.

1989
Individual and Group Hypnotherapy in treatment of refractory irritable bowel syndrome
R.F. Harvey, R.M. Gunary, R.A. Hinton, R.E. Barry
a Gastroenterology Unit, Frenchay Hospital, Bristol., United Kingdom
b Reproductive Medicine Clinic, Bristol Royal Infirmary, United Kingdom
c Department of Clinical Psychology, Southmead Hospital, Bristol;., United Kingdom
d and University Department of Medicine, Bristol Royal Infirmary, United Kingdom

ABSTRACT
Thirty-three patients with refractory irritable bowel syndrome were treated with four 40-minute sessions of hypnotherapy over seven weeks. 20 improved, 11 of whom lost almost all their symptoms. Short-term improvement was maintained for three months without further formal treatment. Hypnotherapy in groups of up to eight patients was as effective as individual therapy.
treatment regimens, and cognitive therapy) have each been shown to be superior to symptom monitoring or routine minor illness. Four different classes of treatment have been studied: relaxation therapy, hypnotherapy, cognitive therapy, and physical therapy. Hypnotherapy profound improvement in the patients' quality of life and reduces absenteeism from work. It therefore appears that, despite being relatively expensive to provide, it could well be a good long-term investment.

SUMMARY & LINK
L. A. Houghton, D. J. Heynab, P. J. Whorwell
Aliment Pharmacol Ther, 1996 Feb, 10:1, 91-5.

1990
Gut – 1990;31:896-898; doi:10.1136/gut.31.8.896
Changes in rectal sensitivity after hypnotherapy in patients with irritable bowel syndrome.
A Prior, S M Colgan, P J Whorwell
Department of Medicine, University Hospital of South Manchester.
ABSTRACT & LINK TO FULL TEXT
Alternatively
DOWNLOAD FULL PDF VERSION
Fifteen patients with the irritable bowel syndrome were studied to assess the effect of hypnotherapy on anorectal physiology. In comparison with a control group of 15 patients who received no hypnotherapy, significant changes in rectal sensitivity were found in patients with diaphoresis-predominant irritable bowel syndrome both after a course of hypnotherapy and during a session of hypnosis (p < 0.05). Although patient numbers were small, a trend towards normalisation of rectal sensitivity was also observed in patients with constipation-predominant irritable bowel syndrome. No changes in rectal compliance or distensibility occurred in either subgroup, nor were there any changes in somatic pain thresholds observed. The results suggest that symptomatic improvement in irritable bowel syndrome after hypnotherapy may in part be due to changes in visceral sensitivity.

1992
Physiological effects of emotion: assessment via hypnosis.
Whorwell PJ, Houghton LA, Taylor EE, Maxton DGJ
Department of Medicine, University Hospital of South Manchester.
ABSTRACT & LINK
Alternatively
DOWNLOAD FULL PDF VERSION
Assessment of the physiological effects of physical and emotional stress has been hampered by a lack of suitable laboratory techniques. Since hypnosis can be used safely to induce specific emotional states of considerable intensity, we studied the effect on distal colonic motility of three hypnotically induced emotions (excitement, anger, and happiness) in 18 patients aged 20-48 years with irritable bowel syndrome. Colonic motility index was reduced by hypnosis on its own (mean change 19.1%, 95% CI 0.3, 37.3; p < 0.05) and was accompanied by decreases in both pulse (12, 8, 15; p < 0.05 for both) and respiration (4.4, 8, 0.8; p < 0.05 for both). Anger and excitement increased the colonic motility index (50.8, 29.4, 72.2; and 30.4, 8.9, 51, respectively; p < 0.05 for both), while happiness reduced colonic motility although not significantly from that observed during hypnosis alone. Changes in motility were mainly due to alterations in rate than in amplitude of contractions. Our results indicate that hypnosis may help in the investigation of the effects of emotion on physiological functions; this approach could be useful outside the gastrointestinal system. Our observation that hypnosis strikingly reduces fasting colonic motility may partly explain the beneficial effects of this form of therapy in functional bowel disorders.

1994
British Medical Journal – 1994 December 17; 309(6969): 1647–1648..
Irritable bowel or irritable mind? Psychological treatment is essential for some.
Francis Creed.
Department of Psychiatry, Manchester Royal Infirmary, UK
LINK TO FULL REPORT
Abdominal pain is a frequent complaint of patients with irritable bowel syndrome. The mechanisms of such central control are not well understood. The purposes of this study were to quantify the effects of severe irritable bowel syndrome on quality of life and economic functioning, and to assess the impact of hypnotherapy on these features. Methods: A validated quality of life questionnaire including questions on symptoms, employment and health seeking behaviour was administered to 25 patients treated with hypnotherapy (aged 25–55 years; four male) and to 25 control irritable bowel syndrome patients of comparable severity (aged 21–58 years; two male). Visual analogue scales were used and scores derived to assess the patients' symptoms and satisfaction with each aspect of life. Results: Patients treated with hypnotherapy reported less severe abdominal pain (P < 0.0001), bloating (P < 0.02), bowel habit (P < 0.0001), nausea (P < 0.05), flatulence (P < 0.05), urinary symptoms (P < 0.01), lethargy (P < 0.01), backache (P < 0.05) and dyspareunia (P = 0.05) compared with control patients. Quality of life, such as psychic well being (P < 0.0001), mood (P < 0.01), physical well being (P < 0.001) and work attitude (P < 0.0001) were also favourably influenced by hypnotherapy. For those patients in employment, more of the controls were likely to take time off work (79% vs. 32%; p = 0.02) and visit their general practitioner (58% vs. 21%; P = 0.056) than those treated with hypnotherapy. Three of four hypnotherapy patients went on work or prior to treatment resumed employment compared with none of the six in the control group. Conclusion: This study has shown that in addition to relieving the symptoms of irritable bowel syndrome, hypnotherapy profoundly improves the patients' quality of life and reduces absenteeism from work. It therefore appears that, despite being relatively expensive to provide, it could well be a good long-term investment.

1996
American Journal of Gastroenterology – Spring 1996
Hypnotherapy and functional bowel disorders.
Wendy M. Gossalkar, Peter J Whorwell
DOWNLOAD FULL PDF VERSION
Although the symptoms of irritable bowel syndrome (IBS) are very prevalent in the general population, only the minority with IBS who seek treatment tend to be psychologically distressed. Four different classes of psychological treatment (brief psychodynamic psychotherapy, hypnotherapy, multicomponent cognitive-behavioral therapy) have each been shown to be superior to symptom monitoring or routine hygiene patients with irritable bowel syndrome. A Prior, S M Colgan, P J Whorwell Department of Medicine, University Hospital of South Manchester.
ABSTRACT & LINK TO FULL TEXT
Alternatively
DOWNLOAD FULL PDF VERSION
Fifteen patients with the irritable bowel syndrome were studied to assess the effect of hypnotherapy on anorectal physiology. In comparison with a control group of 15 patients who received no hypnotherapy, significant changes in rectal sensitivity were found in patients with diaphoresis-predominant irritable bowel syndrome both after a course of hypnotherapy and during a session of hypnosis (p < 0.05). Although patient numbers were small, a trend towards normalisation of rectal sensitivity was also observed in patients with constipation-predominant irritable bowel syndrome. No changes in rectal compliance or distensibility occurred in either subgroup, nor were there any changes in somatic pain thresholds observed. The results suggest that symptomatic improvement in irritable bowel syndrome after hypnotherapy may in part be due to changes in visceral sensitivity.
Psychological treatment of irritable bowel syndrome.

Blanchard, Edward B.; Malamud, Howard S.

ABSTRACT & LINK

Although the symptoms of irritable bowel syndrome (IBS) are very prevalent in the general population, only the minority of IBS patients who seek treatment tend to be somewhat psychologically distressed. Four different classes of psychological treatment (brief psychodynamic psychotherapy, hypnotherapy, multidisciplinary cognitive-behavioral treatment regimens, and cognitive therapy) have each been shown to be superior to symptom monitoring or routine clinical medical care. Results with cognitive therapy and hypnotherapy have been replicated and have been found to be superior to attention-placebo control conditions. Benefits from psychological treatment have been maintained at up to 4 years. Close collaboration between psychologists and gastroenterologists is urged in the assessment and management of this patient population.


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Psychological treatments for irritable bowel syndrome: a critique of controlled treatment trials

Talley NJ, Owen BK, Boyce P, Paterson K.

University of Sydney, Australia.

ABSTRACT & LINK

OBJECTIVE: We aimed to determine the efficacy of psychological treatments in irritable bowel syndrome.

METHODS: A systematic review of the literature on psychological treatments of IBS was performed using Medline (1966-1994) and Psychlit (1974-1994) and secondary references. Fully published studies in English were selected if they compared any type of "psychological" treatment of irritable bowel syndrome with a control group. Studies without any comparable control group, studies in which the subject group was not confined to irritable bowel syndrome sufferers, and those in which irritable bowel syndrome symptoms were not the primary outcome measures were excluded. Each study was reviewed using a structured format to examine methodological issues. A quality algorithm was developed and results were independent of sample size.

RESULTS: Eight studies (57%) reported that a psychological treatment was superior to control therapy; five failed to detect a significant effect, and one did not report if psychological treatment was superior. By the quality algorithm, only one study (a hypnotherapy trial) exceeded the preset cutoff score of 6, but this study was poorly generalizable due to methodological inadequacies; future trials need to address these design limitations.

CONCLUSION: The efficacy of psychological treatment for irritable bowel syndrome has not been established because of methodological inadequacies; future trials need to address these design limitations.

1997

Postgraduate Medical Journal 73(855), 1-7

The irritable bowel syndrome

Francis CY & Worthwell PJ.

Department of Medicine, University Hospital of South Manchester, UK.

ABSTRACT & LINK

Alternatively

DOWNLOAD FULL PDF VERSION

Irritable bowel syndrome is a common disorder varying in severity from trivial to incapacitating. The pathophysiology and etiology are gradually being unravelled and it is becoming apparent just how poor the quality of life of some of these patients can be. There has been a change from a purely medical approach, with good results reported in analgesic medication and less abdominal pain experienced following a course of 6-8 analgesia-oriented hypnosis sessions followed by four sessions of autogenic training.

Koutsomanis D.

Please Note: Currently unable to locate details of this French study of a dozen IBS patients. Other listings however report reductions in analgesic medication and less abdominal pain experienced following a course of 6-8 analgesia-oriented hypnosis sessions followed by four sessions of autogenic training.

1998


The Treatment of Irritable Bowel Syndrome with Hypnotherapy

Tara E. Galovick and Edward B. Blanchard

ABSTRACT & LINK

Previous research from the United Kingdom has shown hypnotherapy to be effective in the treatment of irritable bowel syndrome (IBS). This study provides a systematic replication of this work in the United States. Six matched pairs of IBS patients were randomly assigned to either a gut-directed hypnotherapy (n=6) or to a symptom monitoring wait-list/control condition (n=6) in a multiple baseline across subjects design. Those assigned to the control condition were later crossed over to the treatment condition. Subjects were matched on concurrent psychiatric diagnoses, susceptibility to hypnosis, and various demographic features. On a composite measure of primary IBS symptoms, treatment was superior (p=.016) to symptom monitoring.

Results from the entire treated sample (n=11; one subject was removed from analysis) indicate that the individual symptoms of abdominal pain, constipation, and flatulence improved significantly. State and trait anxiety scores were also seen to decrease significantly. Results at the 2-month follow-up point indicated good maintenance of treatment gains. No significant correlation was found between initial susceptibility to hypnosis and treatment gain. A positive relationship was found between the incidence of psychiatric diagnosis and overall level of improvement.

Gastroenterology 1997;112:A764

Hypnoanalgesia in the irritable bowel syndrome

Koutsomanis D.

Please Note: Currently unable to locate details of this French study of a dozen IBS patients. Other listings however report reductions in analgesic medication and less abdominal pain experienced following a course of 6-8 analgesia-oriented hypnosis sessions followed by four sessions of autogenic training.


Is rectal pain sensitivity a biological marker for irritable bowel syndrome: Psychological influences on pain perception

William E. Whitehead., Olafur S. Palsson

1 Division of Digestive Diseases and Nutrition and UNC Functional Gastrointestinal Disorders Center, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

2 Departments of Psychiatry and Family and Community Medicine, Eastern Virginia Medical School, Norfolk, Virginia

ABSTRACT & LINK

Background & Aims: Rectal pain sensitivity has been called a biological marker for irritable bowel syndrome, but this conclusion may be premature. This article is a critical review of the evidence for psychological influences on perception.

Methods: The world literature accessible through Index Medicus from 1973 to 1997 was systematically reviewed.

Results: Evidence favoring a biological basis for pain sensitivity is that two thirds of patients report pain at abnormally low thresholds of rectal distension despite normal somatic pain thresholds. Pain thresholds are not correlated with anxiety or depression. Evidence favoring psychological influences on perception is that patients with the irritable bowel syndrome rate even sham distensions as more painful, and when perception tests that minimize psychological influences are used, they have normal sensory thresholds. Also, stress alters sensory thresholds. Sensitization by repeated distention has been cited as evidence of a biological basis for hyperalgesia, but it is not unique to patients with irritable bowel syndrome. Staging shows that different regions of the brain are activated by painful distention in patients with irritable bowel syndrome, but this is consistent with psychological influences on perception.

Conclusions: Psychological factors influence pain thresholds in patients with the irritable bowel syndrome. Two cognitive traits, selective attention to gastrointestinal sensations and disease attribution, may account for increased pain sensitivity.
Non-pharmacological treatments in the irritable bowel syndrome

Over the years, irritable bowel syndrome has largely been considered as either a psychological or motility disorder. More recently, the concept that visceral sensitivity may be abnormal has become fashionable although there is still much debate over whether there is a centrally located function in the nervous system. Obviously, until the pathogenesis of irritable bowel syndrome is better understood, the rational development of appropriate pharmacological approaches to treatment is going to be hampered. The multidisciplinary group’s report included the recommendation – “Those patients with prominent psychiatric morbidity may respond favorably to an approach aimed at encouraging the body to restore itself to normal.” Hypnotherapy is such an approach and has the advantage of not being necessarily dependent on a complete understanding of the pathophysiological mechanisms involved. This paper reviews some of our work in this field and how we have tried to also examine the effect of hypnosis on various pathogenetic mechanisms as they have become topical.

1999
Hypnotherapy in the treatment of irritable bowel syndrome: Methods and results in Amsterdam

ABSTRACT AND LINK

Background:
Irritable bowel syndrome (IBS) is frequently observed, but its etiology and pathogenesis are still unknown. However, it is clear that individual perception plays an important part in pathogenesis (hypersensitive, hyperemetic gut). There is no easy medical treatment of IBS. However, in recent years, hypnotherapy (HT) has been shown to be successful in the treatment of IBS.

Methods:
Recently we started treating IBS patients using hypnotherapy. All our patients remained symptomatic, despite medical therapy. We applied the gut-targeted method, aiming to it the view that the therapy should be tailored to the individual, in accordance with each person’s unique representational style.

Results:
So far, 27 patients have been treated, with good results, comparable to results elsewhere. Of these patients two stopped the therapy prematurely, and one remained symptomatic. All other patients experienced clear improvement: pain and flatulence was reduced or completely disappeared, and bowel habits normalized.

Conclusion:
Based on the data from the literature and supported by our own experience, we conclude that hypnotherapy is a valuable addition to the conventional treatment of IBS. To improve our knowledge of sensitivity to hypnotherapy, further research is necessary to recognize cases with more hypersensitive and those dominated by hypervigilance.

Generally, we need a theoretical model of hypnotherapy as applied to treating physiological disorders.

2000
Long-term improvement in functional dyspepsia using hypnotherapy

Emma Louise Calvert, Lesley Anne Houghton, Patricia Cooper, Julie Morris, Peter James Whorwell

LINK TO FULL REPORT

Hypnotherapy was provided by a qualified therapist with patients given a tutorial that included basic pathophysiological concepts of functional dyspepsia and how hypnotherapy might be used to treat the condition. Hypnosis was induced using eye fixation and closure, followed by progressive muscular relaxation and standard deepening procedures. Suggestions of disease improvement were made using both tactile and imagery techniques. Patients were asked to place hand on abdomen and imagine a reduction of all symptoms. Suggestions of positive changes in motor activity, sensitivity, and secretion of acid and mucus were also introduced. All of these concepts of improvement were reinforced by any appropriate visualisation processes with which the patient felt comfortable.

Outcome:
The results, taken in conjunction with those obtained for IBS confirmed the efficacy of hypnotherapy in a group of functional disorders that are especially difficult to treat. They also warrant the evaluation of this form of treatment in other functional problems not necessarily confined to the gastrointestinal tract.

British Society of Gastroenterology guidelines for the management of the irritable bowel syndrome
J Jones, J Boocoom, P Cann, A Forbes, J Gomborone, K Heatho, P Hungin, D Kumar, G Libby, R Spiller, N Read, D Silk, and P Whorwell

LINK

Alternatively

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Recommendations made by the British Society of Gastroenterology’s Clinical Services Committee (UK) aimed at identifying key decisions to be made in the management of patients thought to have functional diseases of the gastrointestinal tract (functional dyspepsia and irritable bowel syndrome) are presented in this supplement. The guidelines were compiled by a multidisciplinary group at the request of the chairman of the British Society of Gastroenterology’s Clinical Services Committee.

The prime targets for these guidelines are consultant gastroenterologists, specialist registrars in training, and general practitioners. The purpose is to identify and inform the key decisions to be made in the management of patients thought to have functional diseases of the gut. As these comprise the commonest conditions seen by gastroenterologists, the working party represented a wide spectrum of practitioners in gastroenterology, including gastroenterologists from both district general hospitals and tertiary referral centres, as well as primary care practitioners, psychologists, and dietitians.

The aetiology, clinical features, diagnosis and management (both psychological and drug therapy) of irritable bowel syndrome were discussed. The multidisciplinary group’s report included the recommendation – “Those patients with prominent psychiatric morbidity may respond to psychotherapy or cognitive behavioural therapy or require conventional psychiatric treatment, while those with less psychopathology may respond well to hypnotherapy.”

Hypnotherapy and therapeutic audiotape: effective in previously unsuccessfully treated irritable bowel syndrome?
Alastair Forbes, Susan MacAuley & Effi Chiotakakou-Faliakou

ABSTRACT AND LINK

Irritable bowel syndrome (IBS) is not always readily responsive to conventional therapy. Hypnotherapy is effective but it requires considerable time and labour intensive. Preliminary data suggested equivalent value from a specially devised audiotape. Tape use is now compared with gut-directed hypnotherapy in a randomised controlled trial.

Consenting patients (n = 52; 37 women) with established IBS were recruited to a 12-week study. All had failed dietary and pharmacological therapy. The median age was 37 years (range 19–71); median symptom duration was 69 months (8–480). Randomisation was to six sessions of individual hypnotherapy, or to the tape, with stratification according to predominant symptom.

Symptom scores and validated psychological questionnaires were utilised. Twenty-five patients (18 women) received hypnotherapy, 27 the tape. Successful trance was induced in all hypnotherapy patients. By intention to treat, symptom scores improved in 76% of hypnotherapy patients and in 59% of tape patients (not significant). Amongst 45 patients providing a full set of symptom scores there was advantage to hypnotherapy, with a reduction in median score from 14 to 8.5 compared to an unchanged score of 13 in audiotape patients (P<0.05).

The assessor considered 52% in each group to have improved. Those with greater initial anxiety tended to be more compliant and more likely to respond. Gut-directed hypnotherapy and audiotapes appear valuable in resistant IBS. Although probably inferior to hypnotherapy, the ease and economy of tape use may be considered sufficient to recommend it as a second-line option in IBS, reserving hypnotherapy for failures.
Hypnotherapy in Irritable Bowel Syndrome: A Large-Scale Audit of a Clinical Service With Examination of Factors Influencing Responsiveness

Wendy M. Gonsalkorale, Ph.D., Lesley A. Houghton, Ph.D., and Peter J. Whorwell, MD., F.R.C.P.

Department of Medicine, University Hospital of South Manchester, Manchester M20 2LR, UK

ABSTRACT AND LINK

Background and objectives:
We have previously shown that hypnosis can be used to study the effect of different emotions on the motility of the gastrointestinal tract. These studies demonstrated that both anger and excitement increased colonic motility while happiness led to a reduction. The purpose of this study was to investigate the effect of hypnotherapy on the visceral sensitivity of the gut.

Methods:
Sensory responses to balloon distension of the rectum and compliance were assessed in 20 patients with irritable bowel syndrome (IBS) (aged 17–64 years; 17 female) diagnosed by the Rome I criteria. Patients were studied on four separate occasions in random order either awake (control) or in hypnosis, during which anger, happiness, or relaxation (neutral emotion) were induced.

Results:
Hypnotic relaxation increased the distension volume required to induce discomfort (p<0.05) while anger reduced this threshold compared with relaxation (p<0.05), happiness (p<0.01), and awake conditions (p<0.001). Happiness did not further alter sensitivity from that observed during relaxation. There were no associated changes in rectal compliance or wall tension.

Conclusions:
Further to our previous observations on motility, this study shows that emotion can also affect an IBS patient's perception of rectal distension and demonstrates the critical role of the mind in modulating gastrointestinal physiology. These results emphasise how awareness of the emotional state of the patient is important when either measuring visceral sensitivity or treating IBS.


Hypnotherapy in Irritable Bowel Syndrome: A Large-Scale Audit of a Clinical Service With Examination of Factors Influencing Responsiveness

Wendy M. Gonsalkorale, Ph.D., Lesley A. Houghton, Ph.D., and Peter J. Whorwell, MD., F.R.C.P.
Department of Medicine, University Hospital of South Manchester, Manchester M20 2LR, UK

DOWNLOADABLE PDF

OBJECTIVES:
Hypnotherapy has been shown to be effective in the treatment of irritable bowel syndrome in a number of previous research studies. This has led to the establishment of the first IBS clinic in the United Kingdom staffed by six therapists that provides this treatment as a clinical service. This study presents an audit on the first 250 unselected patients treated, and these large numbers have also allowed analysis of data in terms of a variety of other factors, such as gender and bowel habit type, that might affect outcome.

METHODS:
Patients underwent 12 sessions of hypnotherapy over a 3-month period and were required to practice techniques in separate occasions in random order either awake (control) or in hypnosis, during which anger, happiness, or relaxation (neutral emotion) were induced.

RESULTS:
Marked improvement was seen in all symptom categories, quality of life, and anxiety and depression, allowing comparisons to be made.

CONCLUSIONS:
This study clearly demonstrates that hypnotherapy remains an extremely effective treatment for irritable bowel syndrome and should prove come on to the market. It may be less useful in males with diarrhoea-predominant bowel habit, a finding that may have pathophysiological implications.

doi:10.1111/j.1365-2072.2002.tb06028.x

Visceral sensation and emotion: a study using hypnosis
L A Houghton, E L Calvert, N A Jackson, P Cooper, P J Whorwell.
Department of Medicine, University Hospital of South Manchester, Manchester M20 2LR, UK

ABSTRACT & LINK

Background and objectives:
We have previously shown that hypnosis can be used to study the effect of different emotions on the motility of the gastrointestinal tract. These studies demonstrated that both anger and excitement increased colonic motility while happiness led to a reduction. The purpose of this study was to investigate the effect of hypnotherapy on the visceral sensitivity of the gut.

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Conclusions:
Further to our previous observations on motility, this study shows that emotion can also affect an IBS patient's perception of rectal distension and demonstrates the critical role of the mind in modulating gastrointestinal physiology. These results emphasise how awareness of the emotional state of the patient is important when either measuring visceral sensitivity or treating IBS.
Normal sensory perception was unchanged. Sensory improvement in the hypersensitive patients tended to correlate before treatment. Following hypnotherapy, the mean pain sensory threshold increased in the hypersensitive group (P < 0.05). Results for sensitivity were established in 17 healthy volunteers (aged 20–55 years).

Method
Aim: To assess the effect of hypnotherapy on rectal sensitivity in hypersensitive, hypnosensitive and normally sensitive irritable bowel syndrome patients using a distension technique (barostat) that addresses these technical issues. Visceral hypersensitivity is a key feature in most patients. Results of imaging studies of regional cerebral blood flow during rectal distension suggest underlying disturbances of central processing of afferent signals, though this is not unique to the disorder, since it is seen in other chronic pain syndromes.

Summary
Diagnosis is based on positive symptoms and absence of any alarm indicators. Treatment remains unsatisfactory and hinges on an excellent doctor-patient relationship, with drugs for symptom exacerbations. Cognitive behavioural treatment, psychotherapy, and hypnosis could provide long-lasting benefit in some patients. Tricyclic antidepressants in low doses seem to be the most effective class of drugs for the disorder on the basis of limited data.

Gastroenterology – 2002; 123:1778–1785

Long-term improvement in functional dyspepsia using hypnotherapy
Emma Louise Calvert, Lesley Anne Houghton, Patricia Cooper, Julie Morris, Peter James Whorwell

The Lancet– Vol ume 360, Issue 9332, Pages 555 - 564, 17 August 2002
Irritable bowel syndrome: a little understood organic bowel disease?
Prof Nicholas J Talley & Prof Robin Spiller MD


Hypnotherapy in irritable bowel syndrome: a large-scale audit of a clinical service with examination of factors influencing responsiveness
Wendy M Gonsalkorale PhD, Lesley A Houghton PhD and Peter J Whorwell MD FRCP

Hypnotherapy and refractory irritable bowel syndrome: A single case study
Tara E. Galovski Ph.D. & Edward B. Blanchard

Gut-sensitized hypnotherapy normalises disordered rectal sensitivity in patients with irritable bowel syndrome

Full Report Available Here

Gut-sensitized hypnotherapy normalises disordered rectal sensitivity in patients with irritable bowel syndrome

Full Report Available Here

Alternatively
Downloadable PDF

Summary
Background: We have previously shown that hypnotherapy alters rectal sensitivity in some patients with irritable bowel syndrome. However, this previous study used incremental volume distension of a latex balloon, which might be susceptible to subject response bias and might compromise the assessment of compliance. In addition, the study group was symptomatically rather than physiologically defined.

Aim: To assess the effect of hypnotherapy on rectal sensitivity in hypersensitive, hypnosensitive and normally sensitive irritable bowel syndrome patients using a distension technique (barostat) that addresses these technical issues.

Methods: Twenty-three irritable bowel syndrome (Rome I) patients (aged 24–72 years) were assessed before and after 12 weeks of hypnotherapy in terms of rectal sensitivity, symptomatology, anxiety and depression. Normal values for sensitivity were established in 17 healthy volunteers (aged 20–55 years).

Results: Hypnotherapy controls. 10 patients were hypersensitive, seven hyposensitive and six normally sensitive before treatment. Following hypnotherapy, the mean pain sensory threshold increased in the hypersensitive group (P = 0.04) and decreased in the hyposensitive group, although the latter failed to reach statistical significance (P = 0.19).
Before randomization, reduced thresholds after vs. before lipid infusion were seen in both groups for all studied.

**RESULTS:**

We included 28 patients with irritable bowel syndrome refractory to other treatments. They were randomized to receive gut-directed hypnotherapy 1 hour per week for 12 weeks (N = 14) or were provided with supportive therapy (control group; N = 14). Before randomization and after 3 months, all patients underwent a colonic distension trial with a reduction in abdominal pain (r = 0.714, P = 0.07).

**ABSTRACT & LINK**

The study demonstrates that the beneficial effects of hypnotherapy appear to last at least five years. Thus it is a viable therapeutic option for the treatment of irritable bowel syndrome.

**Conclusion:**

Hypnosis is a technique by which an individual can gain a degree of control over physiological as well as psychological function. This paper reviews the history of the phenomenon as well as the accumulating evidence that it is effective in relieving the symptoms of irritable bowel syndrome and improving the quality of life of sufferers. The physiological effects of hypnosis are also discussed coupled with an outline of how a hypnotherapy service might be provided.

**Objective:**

Impaired quality of life and psychological distress are common in irritable bowel syndrome (IBS) and may be associated with unhelpful cognitions. Hypnotherapy (HT) is effective in improving both symptoms and quality of life in patients with IBS, and this study was designed to determine whether this improvement is reflected in cognitive change using a validated scale recently developed for use in such patients.

**Method:**

A total of 78 IBS patients completed a validated symptom-scoring questionnaire, the Hospital Anxiety and Depression (HAD) Scale and the Cognitive Scale for Functional Bowel Disorders (FSBDS), before and after 12 sessions of gut-focused HT.

**Results:**

HT resulted in improvement of symptoms, quality of life and scores for anxiety and depression (all P<0.001). IBS-related cognitions also improved, with reduction in the total cognitive scale (TCS; P<0.001) and all component themes related to bowel function (all P<0.001). Cognitions were related to symptom severity because the most abnormal cognitive scores were observed in patients with the highest symptom scores (P<0.001). Furthermore, a reduction in symptom score following treatment correlated with an improvement in the cognitive score (r=0.31). Regression analysis confirmed that the cognitive score had independence from the other scores and did not serve solely as a proxy for symptom improvement.

**Conclusion:**

This study shows that symptom improvement in IBS with HT is associated with cognitive change. It also represents a viable therapeutic option for the treatment of irritable bowel syndrome.

**Conclusion:**

Hypnosis is a technique by which an individual can gain a degree of control over physiological as well as psychological function. This paper reviews the history of the phenomenon as well as the accumulating evidence that it is effective in relieving the symptoms of irritable bowel syndrome and improving the quality of life of sufferers. The physiological effects of hypnosis are also discussed coupled with an outline of how a hypnotherapy service might be provided.

**Alternative:**

Hypnosis is a technique by which an individual can gain a degree of control over physiological as well as psychological function. This paper reviews the history of the phenomenon as well as the accumulating evidence that it is effective in relieving the symptoms of irritable bowel syndrome and improving the quality of life of sufferers. The physiological effects of hypnosis are also discussed coupled with an outline of how a hypnotherapy service might be provided.

**METHODS:**

Postprandial symptoms in irritable bowel syndrome are common and relate to an exaggerated motor and sensory component of the gastrocolonic response. We investigated whether this response can be affected by hypnotherapy.

**RESULTS:**

A total of 78 IBS patients completed a validated symptom-scoring questionnaire, the Hospital Anxiety and Depression (HAD) Scale and the Cognitive Scale for Functional Bowel Disorders (FSBDS), before and after 12 sessions of gut-focused HT.

**References:**

Gut 2003;52:1623-1629 doi:10.1136/gut.52.11.1623

Hypnosis is a technique by which an individual can gain a degree of control over physiological as well as psychological function. This paper reviews the history of the phenomenon as well as the accumulating evidence that it is effective in relieving the symptoms of irritable bowel syndrome and improving the quality of life of sufferers. The physiological effects of hypnosis are also discussed coupled with an outline of how a hypnotherapy service might be provided.

**ABSTRACT & LINK**

30 patients with severe refractory irritable bowel syndrome were randomly allocated to treatment with either hypnotherapy or psychotherapy and placebo. The psychotherapy patients showed a small but significant improvement in abdominal pain, abdominal distension, and general well-being but not in bowel habit. The hypnotherapy patients showed a dramatic improvement in all features, the difference between the two groups being highly significant. In the hypnotherapy group no relapses were recorded during the 3-month follow-up period, and no substitution symptoms were observed.

**Conclusion:**

This study shows that hypnotherapy reduces the sensory & motor component of the gastrocolonic response in IBS. 2004


Cognitive change in patients undergoing hypnotherapy for irritable bowel syndrome

Wendy M Gonsalkorale, (a), Brenda B Toner (b), Peter J Whorwell (b)

Gastroenterology and Hepatology, Department of Internal Medicine, Sahlgrenska University Hospital, S-41345, Göteborg, Sweden.

**ABSTRACT & LINK**

Cognitive change in patients undergoing hypnotherapy for irritable bowel syndrome

W M Gonsalkorale, (a), Brenda B Toner (b), Peter J Whorwell (b)

Gastroenterology and Hepatology, Department of Internal Medicine, Sahlgrenska University Hospital, S-41345, Göteborg, Sweden.

**ABSTRACT & LINK**

This study demonstrates that the beneficial effects of hypnotherapy appear to last at least five years. Thus it is a viable therapeutic option for the treatment of irritable bowel syndrome.
The notion that the skills of the hypnotherapist should be made routinely available to patients with functional GI disorders is gaining momentum. The response rate is impressive and it has recently been suggested that “it is becoming increasingly hard to ignore the potential benefits of hypnotherapy.”

Hypnotherapy is very time consuming to provide and is not really suitable for the busy physician to incorporate into daily practice. Under the supervision of a specialist gastroenterologist who can provide the necessary medical back-up, hypnotherapy can be a valuable addition to the treatment options available to patients with irritable bowel syndrome. Recently, studies have shown that hypnotherapy has beneficial effects that are long lasting, with most patients maintaining improvement, and with decreased consultation and medication needs in the long term. The control group reduced their thresholds after lipids only for pain (33 ± 2.7 mm Hg vs. 26 ± 3.3 mm Hg, p < .01), whereas the hypnotherapy group reduced their thresholds after lipids only for pain (35 ± 4.0 mm Hg vs. 29 ± 4.7 mm Hg, p < .01). The colonic balloon volume volumes were lower in the hypnotherapy group than in controls (83 ± 14 ml vs. 141 ± 15 ml, p < .01). In the control group, reduced balloon volumes and symptoms during lipid infusion were seen (141 ± 15 ml vs. 111 ± 19 ml, p < .05, but not after hypnotherapy (83 ± 14 ml vs. 80 ± 16 ml, p > .20).

Conclusion: Hypnotherapy reduces the sensory and motor component of the gastrointestinal response in patients with irritable bowel syndrome. These effects may be in the clinical efficacy of hypnotherapy in IBS.


Psychological treatments for irritable bowel syndrome: a systematic review and meta-analysis
Lackner JM, Mesmer C, Morley S, Dowker C, Hamilton S.
Department of Medicine, School of Medicine & Biomedical Sciences, University at Buffalo, State University of New York, NY 14215, USA

ABSTRACT & LINK
This study conducted a systematic review to assess the quality of existing literature on psychological treatments for irritable bowel syndrome and to quantify the evidence for their efficacy. Three independent reviewers (two from England, one from the United States) coded the quality of 32 studies, 17 of which provided data suitable for meta-analysis.

Meta-analysis of efficacy data (50% reduction of symptoms) gave an odds ratio of 12 (95% confidence interval = 5.56-25.96) and a number needed to treat of 2. Psychological treatments are, as a class of interventions, effective in reducing symptoms compared with a pooled group of control conditions. Questions regarding the relative superiority of specific psychological treatments and influence of active versus non-specific treatment effects remain unanswered.

Gastroenterology & Hepatology - Vol 20 Issue 11-12
Meta-analysis: the treatment of irritable bowel syndrome
D Losnack-Pantolfkova, P Michetti, M Fried, C Beglinger, A L Blum

LINK TO FULL REPORT
Summary
The stated purpose of this study was to evaluate therapies available for the treatment of irritable bowel syndrome, and to provide consensus recommendations for their use, of a total of 51 double-blind clinical trials using bulking agents, probiotics, antidepressants, antispasmodics, alcohols. The quality of studies was assessed using 5-point scale. Meta-analyses were performed on all studies, and on high-quality studies. The authors were critical of the quality of many of the trials, including psychotherapy. Their report on psychotherapy for instance stated:

1. Mechanism of action: Psychological factors such as stressful or traumatic life events are reported by up to 60% of IBS patients, and are associated with the first onset of symptoms or with symptom exacerbation. Harmful events such as abuse, neglect or loss of a parent have been described in IBS patients, and to a certain degree, also in animals. The aggregation of IBS in families of patients with IBS might also be due to learned responses which are transmitted in early childhood. These responses may include a tendency towards anxiety, depression and somatization.

2. Clinical evidence: There have been numerous trials of psychological treatment in IBS. Many suffer of methodological inadequacies. The main problem of these studies is the absence of a true control group and lack of adequate blinding, leading to a bias assessment. For example, hypnotherapy was reported to improve IBS symptoms compared with supportive psychotherapy, symptomatic treatment or no treatment. However, some well-designed studies in which the therapist contact time or degree of attention to symptoms is lower with these therapeutic procedures than with hypnotherapy. This, given the generous placebo response that accompanies trials of functional bowel disorders, the absence of adequate control groups may account for the non-superiority of hypnotherapy. Accordingly, in a adequately controlled trial in IBS subjects comparing cognitive behaviour and relaxation therapy to standard care alone showed a reduction in overall symptom severity and in clinical functioning scale, bowel symptoms, with however, no differences between the three approaches. In addition, similar therapies have been successfully used in organic disorders such as breast cancer. This, type of therapy might simply modify illness behaviour, thus improving the handling of the disorder by the patient. Moreover, while some therapies such as cognitive-behaviour therapy, appear efficacious in IBS patients, they are not cost-effective. In conclusion, the role for psychotherapy in IBS has not been established.

2005
Hypnotherapy in the treatment of irritable bowel syndrome
Gonsalkorale, Wendy M; Whorwell, Peter J

ABSTRACT & LINK
There is accumulating and compelling evidence that hypnotherapy is an effective intervention for irritable bowel syndrome. Recently, studies have shown that hypnotherapy has beneficial effects which are long lasting, with most patients maintaining improvement, and with decreased consultation and medication needs in the long term. The particular gut directed approach used, which is aimed at normalizing and controlling gut function, is also described. While it is possible that the effects of hypnotherapy on IBS symptoms are not fully known, changes in colonic motility and rectal sensation have been demonstrated, although changes in central processing and psychological effects may also play a role.

American Journal of Clinical Hypnosis Vol 47, Issue 3, 2005
Hypnosis and Irritable Bowel Syndrome: A Review on Efficacy and Mechanism of Action
Gabriel Tan PhD, D. Corydon Hammond & Joseph Gurwitz

ABSTRACT & LINK
Irritable bowel syndrome (IBS) is a functional gastrointestinal disorder characterized by abdominal pain, distension, and an altered bowel habit for which no cause can be found. Despite its prevalence, there remains a significant lack of effective and safe treatments for IBS to date. Recently, we reviewed a total of 14 published studies (N = 644) on the efficacy of hypnosis in treating patients with IBS (with no control group and with a control group). We concluded that hypnosis consistently produces significant results and improves the cardinal symptoms of IBS in the majority of patients, with less effect on non-cardinal symptoms. When evaluated according to the efficacy guidelines of the Clinical Psychology Division of American Psychological Association, the use of hypnosis with IBS qualifies for the highest level of acceptance as being both efficacious and specific. The review also highlights the gaps in our knowledge as to how hypnosis works to reduce symptoms of IBS, some evidence was found to support both physiological and psychological mechanisms of action.

Hypnotherapy for Irritable Bowel Syndrome: A Role in Pediatric Practice?
Agrawal, A; Whorwell, P J

CONCLUSIONS & DOWNLOADABLE PDF
Hypnotherapy is very time consuming to provide and is therefore not really suitable for the busy physician to undertake on a personal basis. We have shown that it can be readily provided by a team of qualified, non-medical therapists, under the supervision of a specialist gastroenterologist who can provide the necessary medical back-up. The response rate is impressive and it has recently been suggested that “it is becoming increasingly hard to ignore the notion that the skills of the hypnotherapist should be made routinely available to patients with functional GI
Intervention patients received five sessions of hypnotherapy in addition to their usual management. Control patients
were allocated to a standard treatment which was led by a nurse counsellor to provide continuing support for those individuals.

There has been very little research into the use of hypnotherapy for functional gastrointestinal disorders in the pediatric setting. However, the technique has utility down to at least the age of six years' old and therefore its use in pediatric gastroenterology is certainly worthy of further exploration.

Aim

Irritable bowel syndrome (IBS) is a complex and prevalent functional gastrointestinal disorder that is treated with limited effectiveness by standard medical care. Hypnosis treatment is, along with cognitive-behavioral therapy, the psychological therapy best researched as an intervention for IBS. Eleven studies, including 5 controlled studies, have assessed the therapeutic effects of hypnosis for IBS. Although this literature has significant limitations, such as small sample sizes and lack of parallel comparisons with other treatments, this body of research consistently shows hypnosis to have a substantial therapeutic impact on IBS, even for patients unsponsive to standard medical interventions. The median response rate to hypnosis treatment is 87%, bowel symptoms can generally be expected to improve by about half, psychological symptoms and life functioning improve after treatment, and therapeutic gains are well maintained for most patients for years after the end of treatment.

2006

Hypnosis for irritable bowel syndrome: the empirical evidence of therapeutic effects
Whitehead WE.,
University of North Carolina at Chapel Hill, Chapel Hill, North Carolina 27599, USA.

ABSTRACT & LINK

This paper reviews the history of hypnotherapy as well as the accumulating evidence that it is effective in relieving the symptoms of irritable bowel syndrome and improving the quality of life of sufferers. The physiological effects of hypnosis are also discussed coupled with an outline of how a hypnotherapy service might be provided.

Conclusion:

Hypnotherapy undoubtedly helps a sizeable proportion of patients with severe IBS and functional dyspepsia and the mechanisms involved are beginning to be understood. The effects of treatment are sustained with cost benefits in terms of reduced medication needs and less absenteeism from work.

With the advent of new techniques of assessing brain activity such as functional magnetic resonance imaging, it seems likely that scientific interest in the phenomenon of hypnosis will continue to grow and that mechanistic research into the subject will flourish. However, its clinical application continues to be inhibited by a variety of prejudices that will probably be more difficult to overcome.
Results
Both groups demonstrated a significant improvement in all dimensions and quality of life over 12 months. At 3 months the intervention group had significantly greater improvements in pain, diarrhoea and overall symptom scores (P < 0.05). No significant differences between groups in quality of life were identified. No differences were maintained over time. Intervention patients, however, were significantly less likely to require medication, and the majority described an improvement in their condition.

Conclusions
Gut-directed hypnotherapy benefits patients via symptom reduction and reduced medication usage, although the lack of significant difference between groups beyond 3 months prohibits its general introduction without additional evidence. A large trial incorporating robust economic analysis is, therefore, urgently recommended.

Effective management of irritable bowel syndrome—the Manchester model
Peter J. Whorwell.
Department of Medicine, University Hospital of South Manchester, Manchester, UK.
ABSTRACT & LINK
Alternatively
DOWNLOAD PDF VERSION
Over the years, researchers have shown that hypnotherapy can be exceptionally helpful in the management of refractory irritable bowel syndrome. However, it is a labour-intensive modality with a finite success rate and is not suitable for everyone. It is therefore best incorporated into a program of graduated care that has a contingency plan for dealing with individuals who do not respond to this particular form of treatment. This paper describes how hypnotherapy has been successfully integrated into the functional gastroenterology service in Manchester.

Irritable bowel syndrome: diagnosis and management
A Agrawal, & P J Whorwell.
LINK TO FULL TRAINING ARTICLE
Short Abstract
Irritable bowel syndrome is often dismissed as a nuisance rather than anything more serious, but its symptoms can seriously diminish a patient's quality of life. When the disease is better understood and treatment is tailored to the individual patient, it can often be rewarding to manage.

SUMMARY & LINK
Over the years, researchers have shown that hypnotherapy can be exceptionally helpful in the management of refractory irritable bowel syndrome. However, it is a labour-intensive modality with a finite success rate and is not suitable for everyone. It is therefore best incorporated into a program of graduated care that has a contingency plan for dealing with individuals who do not respond to this particular form of treatment. This paper describes how hypnotherapy has been successfully integrated into the functional gastroenterology service in Manchester.

Summary points
1) Irritable bowel syndrome is often regarded as a trivial, largely psychological disorder that is impossible to treat
2) Patients with irritable bowel syndrome have a range of symptoms that can seriously erode quality of life
3) Abdominal pain can sometimes be devastating, and the bowel dysfunction is not infrequently accompanied by incontinence
4) Better understanding of the pathophysiology, and tailoring treatment to the individual, can make irritable bowel syndrome a surprisingly rewarding condition to manage

Conclusion
IBS is an extremely challenging condition to manage. Effective treatment involves understanding the whole situation and tailoring the treatment to the individual. It is difficult, but not impossible, to offer at least some help to most patients with the condition.

Effect of nurse-led gut-directed hypnotherapy upon health-related quality of life in patients with irritable bowel syndrome
Smith GD.
School of Health in Social Science, University of Edinburgh, Old Medical School, Edinburgh
SUMMARY & LINK
AIMS AND OBJECTIVES:
This study quantified health-related quality of life in a group of irritable bowel syndrome patients and measures changes following a treatment programme of nurse-led gut-directed hypnotherapy.

BACKGROUND:
It is well recognized that health-related quality of life can be severely impaired in patients suffering from the irritable bowel syndrome. Current conventional treatment for irritable bowel syndrome is often unsatisfactory. In contrast it has been shown that gut-directed hypnotherapy is an effective treatment of irritable bowel syndrome with up to three-quarters of patients reporting symptomatic improvement.

DESIGN/METHOD:
Seventy-five patients (55 females/20 males, median age 41 years, age range 18-64) comprised the study group. Physical symptoms of irritable bowel syndrome were recorded using seven-day diary cards. On presentation the predominant symptoms were abdominal pain (61%), altered bowel habit (32.5%), and abdominal distension/bloating (6.5% in this particular group). An irritable bowel syndrome diagnostic algorithm was used to define health-related quality of life. Psychological well-being was measured using the Hospital Anxiety and Depression Scale. Data analysis was carried out using MINITAB, Release 12 for Windows.

RESULTS:
Physical symptoms statistically improved after hypnotherapy. There were also significant statistical improvements (P < 0.001) in six of the eight health-related quality of life domains measured (emotional, mental health, sleep, physical function, role limitations and social role). These improvements were most marked in female patients who reported abdominal pain as their predominant physical symptom. Anxiety and depression improved following treatment.

CONCLUSION:
Gut-directed hypnotherapy has a very positive impact on health-related quality of life with improvements in psychological well-being and physical symptoms. It appears most effective in patients with abdominal pain and distension. Relevance to clinical practice. This study demonstrates that by integrating complementary therapies into conventional care that gastrointestinal nurses have a potential role in the management of irritable bowel syndrome.
showed no significant difference compared with the basic. Episodic sensations were improved in dyspepsia by hypnosis, but not by placebo.

**Conclusions**

Gut-oriented hypnosis is effective in shortening gastric emptying both in dyspeptic and in healthy subjects.

Gastroenterology & Hepatology - Vol 24 Issue 5

**Systematic review: the effectiveness of hypnotherapy in the management of irritable bowel syndrome**

S Wilson, T Maddion, L Roberts, S Greenfield, S Singh

**SUMMARY & LINK TO FULL REPORT**

**Aim**

To systematically review the literature evaluating hypnotherapy in the management of irritable bowel syndrome (IBS).

**Methods**

Electronic databases were searched (Cochrane Library, Medline, CINAHL, AMED, Embase, PsychINFO, CISCOM, TRIP and the Social Science Citation Index). Bibliographic references scanned in main references mentioned and main authors contacted. No restrictions were placed on language or publication year. Eligible studies involved adults with IBS using single-component hypnotherapy. All studies, except single case or expert opinion, were sought and all patient-related outcome eligible.

**Results**

Out of 299 unique references identified, 20 studies (18 trials of which four were randomized, two controlled and 12 uncontrolled) and two case series were eligible. These tended to demonstrate hypnotherapy as being effective in the management of IBS. Numbers of patients included were small. Only one trial scored more than four out of eight on internal validity.

**Conclusion**

The published evidence suggests that hypnotherapy is effective in the management of IBS. Over half of the trials (10 of 18) indicated a significant benefit. A randomized placebo-controlled trial of high internal validity is necessary to establish the effectiveness of hypnotherapy in the management of IBS. Until such a trial is undertaken, this form of treatment should be restricted to specialist centres caring for the more severe forms of the disorder.


Where does hypnotherapy stand in the management of irritable bowel syndrome? A systematic review

Ali Gholamrezaei, Samaneh Khanpour Artestami, and Mohammad Hasan Emami

**ABSTRACT & LINK**

**Background**

Irritable bowel syndrome (IBS) is a gastrointestinal disorder characterized by chronic abdominal pain and altered bowel habits in the absence of any organic cause. Despite its prevalence, there remains a significant lack of efficient medical treatment for IBS to date. However, according to some previous research studies, hypnosis has been shown to be effective in the treatment of IBS.

**Aim**

To determine the definitive efficacy of hypnosis in the treatment of irritable bowel syndrome.

**Methods**

A systematic review of the literature on hypnosis in the treatment of IBS from 1970 to 2005 was performed using MEDLINE. Full studies published in English were identified and selected for inclusion. We excluded case studies and those studies in which IBS symptoms were not in the list of outcomes measured. All studies were reviewed on the basis of the Rome Working Team recommendations for design of IBS trials.

**Results**

From a total of 22 studies, seven were excluded. The results of the reviewed studies showed improved status of all major symptoms of IBS, extracolonic symptoms, quality of life, anxiety, and depression. Furthermore these improvements lasted 2–5 years.

**Conclusions**

Although there are some methodologic inadequacies, all studies show that hypnotherapy is highly effective for patients with refractory IBS. But definitive efficacy of hypnosis in the treatment of IBS remains unclear due to lack of controlled trials supporting this finding.


**Hypnosis for irritable bowel syndrome: The quest for the mechanism of action**

Magnus Simrén

**ABSTRACT & LINK**

Irritable bowel syndrome (IBS) is a very common condition in the Western part of the world, and it accounts for a large proportion of the workload of a gastroenterologist. Unfortunately, the pathogenesis and pathophysiology of the syndrome are incompletely understood, and the treatment options are limited. However, hypnotherapy is one treatment option that has proven to be very useful in IBS. This option has an action explaining why hypnosis is effective for IBS and is not altogether known, but recent studies have shed some light on this issue. These studies, and what can be learned from them about how hypnosis impacts IBS, are reviewed in this article. Hypnosis may affect IBS partly by inducing changes in visceral sensitivity and by altering brain-gut and brain-colon communication. The effects on GI motility and the autonomic nervous system are less clear and need further evaluation.


**Hypnotherapy for irritable bowel syndrome in Saudi Arabian patients**

Al Sughayir MA.

**ABSTRACT & LINK**

This study investigated whether hypnotherapy provides a significant therapeutic effect in Saudi Arabian patients with irritable bowel syndrome. Patients (n=26) were consecutively recruited at a psychiatry outpatient clinic after diagnosis by a gastroenterologist and a medical evaluation for irritable bowel syndrome. Each patient had 12 sessions of hypnotherapy over a period of 12 weeks (1 session per week). Patients completed a scale measuring symptom severity before and 3 months after the trial. Hypnotherapy significantly enhanced a feeling of better quality of life more in male than in female patients, and bowel habit dissatisfaction was reduced more in female than in male patients.


**The Efficacy of Hypnotherapy in the Treatment of Psychosomatic Disorders: Meta-analytical Evidence**

Erich Flammer & Assten Alalait

**ABSTRACT**

Hypnotherapy is claimed to be effective in treatment of psychosomatic disorders. A meta-analysis was conducted with 21 randomized, controlled clinical studies to evaluate efficacy of hypnosis in psychosomatic disorders. Studies compared patients exclusively treated with hypnotherapy with untreated controls. Studies providing adjunctive standard medical care in either treatment condition were also admitted. Hypnotherapy was categorized into classic (n = 9), mixed (n = 5), and modern (n = 3). Results showed the weighted mean effect size for 21 studies was d = 0.51 (p < 0.0001). AGRA results showed consistent differences between classic, mixed, and modern hypnotherapy. Revelation of
Psychotherapy and hypnosis – was designed to effect a complete recovery rather than to manage individual old female patient with refractory IBS in a setting of a phobic anxiety state. The treatment approach – a combination of IBS. The review examines the efficacy of pharmaceutical agents (antispasmodics, antidepressants, antidiarrhoeals and the new serotonergic modifying agonists/antagonists), dietary control (fibre, lactose free products, partially hydrolyzed guar gum, peppermint oil, prebiotics and probiotics), CBT (with or without the use of an audiotape) and a variety of up to date treatment approaches which, with the exception of cognitive-behavioural therapy (CBT) and the new symptom-based Rome III diagnostic criteria are reviewed and explained.

Summary points:

- Irritable bowel syndrome is a diagnosis of exclusion, and patients readily sense that they are being told that nothing is wrong with them.
- Many people soon come to appreciate that the range of medical treatments available is limited in both scope and efficacy. The mood of negativity, once established, is difficult to dispel.

Recommendations on chronic constipation (including constipation associated with irritable bowel syndrome) treatment


While chronic constipation has a high prevalence in primary care, there are no existing treatment recommendations to guide the clinician. Therefore, a consensus group of 10 gastroenterologists was formed to develop treatment recommendations. Although constipation may occur as a result of organic disease, the paper addressed only the management of primary CC or constipation associated with irritable bowel syndrome. The final consensus group was assembled and the recommendations were created following the exact process outlined by the Canadian Association of Gastroenterology for the following areas: epidemiology, quality of life and threshold for treatment; definitions and diagnostic criteria; lifestyle changes; bulking agents and stool softeners; osmotic agents; prokinetics; stimulant laxatives; suppositories; enemas; other drugs; biofeedback and behavioural approaches; surgery; and probiotics. The paper includes consideration of hypnotherapy and the quality of previous studies.

Psycological approach to managing irritable bowel syndrome

Bu’Hussain Hayee & Ian Forgacs

The medical management of patients with irritable bowel syndrome is often unsatisfactory. Doctors are still taught that the usual medical treatment is often highly unsatisfactory; if psychological factors seem important, these should be dealt with 3) Tricyclic antidepressants and some selective serotonin reuptake inhibitors are of value in improving symptoms 4) Cognitive behaviour therapy has a strong evidence base for its effectiveness 5) Gut directed hypnotherapy is an effective treatment and is especially suitable for more severely affected patients who might be prepared to travel to specialist centres.

Hypnotherapy for children with functional abdominal pain or irritable bowel syndrome: A randomized controlled trial

Arine M. Vlieger, Carla Menko–Frankenhuis, Simone C.S. Wolfkamp, Ellen Tromp, Marc A. Benninga, Department of Pediatrics, St. Antonius Hospital, Nieuwegein, The Netherlands

Hypnotically assisted treatments have been used to reduce stress, improve gastrointestinal motility, strengthen immune function, and potentially reduce inflammation. Such treatments may also help reduce disease flares and improve quality of life in inflammatory bowel diseases (IBD). The authors report the results of a case series of eight white female patients with inactive IBD. All participants initiated and completed treatment, supporting the general acceptability of hypnotically assisted treatment among IBD patients. There was a significant improvement in IBD quality of life scores posttreatment, t(7) = −3.38, p < .01, with a mean improvement in quality of life of 29 points with significant changes in all 4 subscales. No negative effects of treatment were found.

Conclusions:

- Gut-directed hypnotherapy is highly effective in the treatment of children with longstanding FAP or IBS.

Gastroenterology Volume 133, Issue 5, Pages 1430-1436, November 2007

Hypnotherapy for irritable bowel syndrome: current approach to symptoms, evaluation, and treatment

Elizabeth J Videlock, Lin Chang, ABSTRACT & LINK

In the second half, in sharp contrast to the symptomatic treatments, the authors give a detailed account of a 54-year-old female patient with refractory IBS in a setting of a phobic anxiety state. The treatment approach – a combination of hypnotherapy is highly effective in treatment of psychosomatic disorders.
Hypnotherapy is the most evidence-based mind–body intervention for IBS. There have been several well-designed clinical trials comparing hypnotherapy for the treatment of irritable bowel syndrome with no treatment or another therapeutic intervention. Across the trials, the results have been promising, with patients showing significant improvements in gastrointestinal symptoms through alteration of intestinal function mediated by the autonomic nervous system. Clinical studies of hypnotherapy have uniformly shown improvements in gastrointestinal symptoms, pain, and quality of life.

The most generally accepted psychological mind–body intervention is cognitive behavioral therapy, and clinical treatment or multimodal therapy (a combination of relaxation therapy, education, and psychotherapy) is beneficial for gastrointestinal symptoms, anxiety, depression, and quality of life in patients with IBS. Mindfulness meditation remains a beneficial mind–body intervention for IBS. Clinical studies of hypnotherapy have uniformly shown improvement of gastrointestinal symptoms through alteration of intestinal function mediated by the autonomic nervous system.

Although psychological factors can contribute to the development of IBS, practitioners may need to explore other treatment options. CAM practices include a broad range of modalities, and patients frequently seek the advice of complementary and alternative medicine (CAM) practitioners in order to explore other treatment options. CAM practices include a broad range of modalities, and patients frequently seek the advice of complementary and alternative medicine (CAM) practitioners in order to explore other treatment options.

For commentary on hypnotherapy.

For commentary on hypnotherapy.
Evidence-Based Complementary and Alternative Medicine – Vol 5 (2008), Issue 1, Pages 41-506

Mind/Body Psychological Treatments for Irritable Bowel Syndrome
Bruce D. Naliboff, t2 Michael P. Fresé, t3 and Lobsang Rapgay2
1 UCLA Center for Neurosciences and Women's Health, VGL-Alzheimer's Disease Research Center, 343 Health Sciences Road, Mailbox 95163, Los Angeles, CA 90095, USA
2 Department of Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at UCLA, Los Angeles, CA, USA
3 Veterans Administration Greater Los Angeles Healthcare System, Los Angeles, CA, USA

ABSTRACT & LINK
Alternatively

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Currently, the goal of treatment for those with irritable bowel syndrome (IBS) is to improve the quality of life through a reduction in symptoms. While the majority of treatment approaches involve the use of traditional medicine, more and more patients seek out a non-drug approach to managing their symptoms. Current forms of non-drug psychological or mind-body treatments for IBS include hypnotherapy, cognitive behavioral therapy and brief psychodynamic psychotherapy, all of which have been proven effective in clinical trials. We propose that incorporating the constructs of mindfulness and acceptance into a mind/body psychologic treatment of IBS may be of added benefit due to the focus on changing awareness and acceptance of one’s own state which is a strong component of traditional and Eastern healing philosophies.

Hypnotherapy for irritable bowel syndrome: The role of colonic and noncolonic symptomatology
Peter J. Whorwell
University of Manchester, Manchester, United Kingdom

ABSTRACT & LINK TO FULL REPORT

Hypnosis is a therapeutic technique that primarily involves attentive receptive concentration. Even though a small number of health professionals are trained in hypnosis and hypnotherapy, recent findings show a widespread use of hypnosis in medicine. Hypnotherapy has gained relevance as an effective treatment for irritable bowel syndrome not responsive to standard care. More recently, a few studies have addressed the potential influence of hypnosis on upper digestive function and disease. This paper reviews the efficacy of hypnosis in the modulation of upper digestive motor and secretory function. The present evidence of the effectiveness of hypnotherapy as a treatment for functional and organic diseases of the upper bowel is summarised, coupled with a discussion of potential mechanisms of its therapeutic action.

CONCLUSION:
Hypnotherapy is an effective treatment for irritable bowel syndrome not responsive to standard care. More recently, a few studies have addressed the potential influence of hypnosis on upper digestive function and disease. This paper reviews the efficacy of hypnosis in the modulation of upper digestive motor and secretory function. The present evidence of the effectiveness of hypnotherapy as a treatment for functional and organic diseases of the upper bowel is summarised, coupled with a discussion of potential mechanisms of its therapeutic action.

Treatment of Inflammatory Bowel Disease: A Role for Hypnotherapy?
Vivien Miller & Peter J. Whorwell
University of Manchester, Manchester, United Kingdom

ABSTRACT & LINK

Fifteen patients with severe or very severe inflammatory bowel disease on corticosteroids but not responding to medication received 12 sessions of “gut-focused hypnotherapy” and were followed up for a mean duration of 5.4 years. While a majority of patients were in clinical remission, 8 (53.3%) had mild severity, and 6 (40%) had severe disease. Two patients (13.3%) remained in clinical remission. In the follow-up, 5 (33.3%) had relapsed, 5 (33.3%) had continued to improve and 2 (13.3%) had remained the same. Hypnotherapy appears to be a promising adjunctive treatment for inflammatory bowel disease and has steroid sparing effects. Controlled trials to clearly define its role in this disease area are justified.

2009

Psychological treatments for the management of irritable bowel syndrome (Hypnotherapy for Irritable Bowel Syndrome - a Systematic Review)
Julus Center for Health Sciences and Primary Care, University Medical Center Utrecht, Stratenum 6.131, P.O. Box 85500, Utrecht, Netherlands, 2008

ABSTRACT AND LINK

No consensus exists on the optimal treatment for irritable bowel syndrome (IBS). Psychological treatments are increasingly advocated but their effectiveness is unclear.

OBJECTIVES:
To evaluate the efficacy of psychological interventions for the treatment of irritable bowel syndrome.

SEARCH STRATEGY:
A computer assisted search of MEDLINE, EMBASE, PsyInfo, CINAHL, Web of Science, The Cochrane Library and Google Scholar was performed for the years 1966-2008. Local databases were searched in Europe.
To assess rectal sensitivity, a pressure-controlled intermittent distension was applied. A total of 46 patients (aged 8–18 years) with FAP (n=28) or IBS (n=18) were randomized to either 12 weeks of standard medical therapy (SMT) or HT. To assess rectal sensitivity, a pressure-controlled intermittent distension was applied.

**METHODS:**
A total of 46 patients (aged 8–18 years) with FAP (n=28) or IBS (n=18) were randomized to either 12 weeks of standard medical therapy (SMT) or HT. To assess rectal sensitivity, a pressure-controlled intermittent distension was applied.

**OBJECTIVES:**
The objective of this study was to determine the extent to which gut-directed hypnotherapy could improve abdominal pain in children with functional abdominal pain (FAP) or irritable bowel syndrome (IBS).

**RESULTS:**
A total of 46 patients (aged 8–18 years) with FAP (n=28) or IBS (n=18) were randomized to either 12 weeks of standard medical therapy (SMT) or HT. To assess rectal sensitivity, a pressure-controlled intermittent distension was applied. A total of 46 patients (aged 8–18 years) with FAP (n=28) or IBS (n=18) were randomized to either 12 weeks of standard medical therapy (SMT) or HT. To assess rectal sensitivity, a pressure-controlled intermittent distension was applied.

**CONCLUSIONS:**
Gut-directed hypnotherapy (HT) has been shown to be effective in treating children with functional abdominal pain (FAP) and irritable bowel syndrome (IBS). This study was conducted to determine the extent to which this treatment success is because of an improvement in rectal sensitivity.

**METHODOLOGY:**
A total of 46 patients (aged 8–18 years) with FAP (n=28) or IBS (n=18) were randomized to either 12 weeks of standard medical therapy (SMT) or HT. To assess rectal sensitivity, a pressure-controlled intermittent distension was applied.
**ABSTRACT & LINK**

Gut-directed hypnotherapy has been found to be effective in irritable bowel syndrome (IBS). However, randomized, controlled studies are rare and few have been performed outside highly specialized research centres. The objective of this study was to study the effect of gut-directed hypnotherapy in IBS in different clinical settings outside the traditional research units.

**METHODS:**

The study population included IBS patients refractory to standard management. In study 1, patients were randomised to receive gut-directed hypnotherapy (12 sessions, 1 h/week) in psychology private practices or supportive therapy, whereas patients were randomised to receive gut-directed hypnotherapy in a small county hospital or to serve as waiting list controls in study 2. Gastrointestinal symptom severity and quality of life were evaluated at baseline, at 3 months follow-up and after 1 year.

**RESULTS:**

We randomised 138 IBS patients refractory to standard management, 90 in study 1 and 48 in study 2. In both the studies, IBS-related symptoms were improved at 3 months in the gut-directed hypnotherapy groups (P<0.05), but not in the control groups (ns). In study 1, a significantly greater improvement of IBS-related symptom severity could be detected in the gut-directed hypnotherapy group than in the control group (P<0.05), and a trend in the same direction was seen in study 2 (P=0.17). The results seen at 3 months were sustained up to 1 year.

**CONCLUSIONS:**

Gut-directed hypnotherapy is an effective treatment alternative for patients with refractory IBS, but the effectiveness is lower when the therapy is given outside the highly specialized research centres.
All 27 HT patients and 22 of 25 SMT patients participated in this study. Two patients of the SMT group were lost to follow-up and one refused to participate. After a mean duration of 4.9 years follow-up (3.4–6.7), HT was still highly superior to conventional therapy with 68 vs. 20% of the patients in remission after treatment (P<0.005). Pain intensity and pain frequency scores at follow-up were 2.8 and 2.3, respectively, in the HT group compared with 7.3 and 7.1 in the SMT group (P<0.01). Also, somatization scores were lower in the HT group (15.2 vs. 22.8; P=0.04). No differences were found in QOL, doctors’ visits, and missed days of school or work between the two groups.

Conclusions: The beneficial effects of gut-directed HT are long lasting in children with FAP or IBS with two thirds still in remission almost 5 years after treatment, making it a highly valuable therapeutic option.

The potential role of a self-management intervention for ulcerative colitis: a brief report from the ulcerative colitis hypnotherapy trial
Kesner L, Kielbies J, Kiviak MA, Palsson O, Taft TH, Martinoiu C, Barrett TA
Center for Psychosocial Research in GI, Feinberg School of Medicine, Northwestern University, Chicago, IL 60611, USA
ABSTRACT & LINK
Inflammatory bowel diseases (IBD) are chronic inflammatory illnesses marked by unpredictable disease flares, which occur spontaneously and/or in response to external triggers, especially personal health behaviors. Behavioral triggers of flares may be responsive to disease self-management programs. We report on interim findings of a randomized controlled trial of gut-directed hypnotherapy (HYP, n = 19) versus active attention control (CON, n = 17) for quiescent ulcerative colitis (UC). To date, 43 participants have enrolled; after 5 discontinuations (1 in HYP) and 2 exclusions due to missing data, 36 were included in this preliminary analysis. Aim 1 was to determine the feasibility and acceptability of HYP in UC. This was achieved, demonstrated by a reasonable recruitment rate at our outpatient tertiary care clinic (20%), high retention rate (88% total), and our representative IBD sample, which is reflected by an equal distribution of gender, an age range between 21 and 69, recruitment of ethnic minorities (72%), and disease duration ranging from 1.5 to 35 years. Aim 2 was to estimate effect sizes on key clinical outcomes for use in future trials. Effect sizes (group x time at 20 weeks) were small to medium for IBD self-efficacy (.34), Inflammatory Bowel Disease Questionnaire (IBDQ) total score (.41), IBDQ bowel (.50), and systemic health (.48). Between-group effects were observed for the IBDQ bowel health subscale (HYP > CON; p = .05) at 20 weeks and the Short Form 12 Health Survey Version 2 (SF-12v2) physical component (HYP > CON; p = .05) at posttreatment and 20 weeks.
This study supports future clinical trials testing gut-directed hypnotherapy as a relapse prevention tool for inflammatory bowel diseases.

Current Gastroenterology Reports [2012]
Meditation over Medication for Irritable Bowel Syndrome? On Exercise and Alternative Treatments for Irritable Bowel Syndrome
Asare F, Störsrud S, Simrén M
Dept of Internal Medicine and clinical nutrition, Institute of Medicine, Sahlgrenska Academy, University of Gothenburg, 41345, Sweden
ABSTRACT & LINK
Complimentary alternative treatment regimens are widely used in irritable bowel syndrome (IBS), but the evidence supporting their use varies. For psychological treatment options, such as cognitive behavioral therapy, mindfulness, gut-directed hypnotherapy, and psychodynamic therapy, the evidence supporting their use in IBS patients is strong, but the availability limits their use in clinical practice. Dietary interventions are commonly included in the management of IBS patients, but these are primarily based on studies assessing physiological function in relation to dietary components, and to a lesser degree upon research examining the role of dietary components in the therapeutic management of IBS. Several probiotic products improve a range of symptoms in IBS patients. Physical activity is of benefit for health in general and recent data implicates its usefulness also for IBS patients. Acupuncture does not seem to have an effect beyond placebo in IBS. A beneficial effect of some herbal treatments has been reported.

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The use of Ericksonian hypnosis in somatic disorders
Intra Holdevici & Barbara Criscu
Faculty of Psychology, Titu Maiorescu University, Calea Victoriei nr.187, sector 4, Bucharest, 040051, Romania
ABSTRACT & LINK
Hypnotic techniques play an important role in treating psychosomatic disorders. The connection between psyche and soma represents the basis on which hypnosis works, stimulating the subject to find in his own subconscious the healing resources. The present study has as main objective to evaluate the efficiency of a psychotherapy program based on Ericksonian hypnosis techniques of reducing pain and symptoms in psychosomatic disorders. The main disorders that have been treated by hypnotic techniques are migraines, asthma and gastrointestinal disorders. The results have shown a significant decrease of pain level and symptom relief for these patients.