

Irritable Bowel Syndrome (IBS) – Is There Help in Hypnosis?

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As someone who has had IBS for 17 years I noticed, whilst studying for my Diploma in Clinical Hypnosis, a rapid and long-term improvement in the behaviour of my gut to the extent that there are only a couple of foods that now trigger an attack – my problem for liking curry and chilli. I therefore developed a special interest in the treatment of IBS through hypnotherapy which has led to me writing this article.

Hypnotherapy is included in the 2008 NICE [National Institute for Clinical Excellence] clinical guidelines, under psychological interventions, as a third option (after diet and medication) for the management of IBS and particularly for individuals that have had the syndrome for over 12 months. Surprisingly, my GPs have never suggested hypnotherapy for my IBS and I expect very few other GPs have either.

IBS is the scourge of many in this country – it appears to be the expression of stress in the colon which is realised as a contraction that causes the sufferer to suddenly need to go to the loo; whether their bowels are full or virtually empty. The most common theory is that IBS is frequently a disorder of the interaction between the brain and the gut.

IBS is distressing and life restricting for the estimated 10.5% in 2004 (8.2% in 2003) of the British adult population that are diagnosed sufferers and almost twice as many of those are women in comparison to men. Allowing for unreported cases, it is estimated to affect 15-20% of the general population at any one time (*Hypnotherapy in Irritable Bowel Syndrome: a Large-Scale Audit of a Clinical Service With Examination of Factors Influencing Responsiveness – W.M Gonsalkorale Ph.D, L.A. Houghton Ph.D., and Peter Whorwell MD FRCP – The American Journal of Gastroenterology Vol 97 No 4 2002*). IBS is an anathema too as it is usually confirmed by the absence of any other condition such as colitis, Crohn's disease and coeliac disease.

Drug treatment is normally restricted to anti-spasmodics to prevent the colon going into spasm as well as controlling excess gas, Tri-cyclic antidepressants for their analgesic properties or SSRIs [Selective Serotonin Re-uptake Inhibitors]. These approaches appear to have limited effect both in time span and efficacy.

Other alternatives are avoiding caffeine and bran, limiting vegetable and fruit intake, increasing the soluble fibre intake in the diet if constipation is the predominant characteristic or decreasing fibre if diarrhoea is the primary complaint, as well as potentially trying probiotics.

It all appears to sound pretty gloomy for the IBS sufferer. However there is hope from the significant clinical research of an NHS unit in Manchester in the use of hypnotherapy in the management of IBS.

Professor Peter Whorwell heads up the South Manchester Functional Bowel Service at Manchester University's School of Medicine and is the founder of what has become known as the Manchester Model.

In the Manchester Model, specific gut-orientated therapy is used in the suggestion of warmth, calmness and relaxation of the colon and this can have benefits that can provide up to five years being symptom free. (Whorwell PJ (2006). "Effective Management of Irritable Bowel Syndrome: The Manchester Model". *International Journal of Clinical and Experimental Hypnosis*, 54(1):21-6.) The model suggests the uses of gut directed therapy over seven to twelve half- to one-hour sessions on a weekly basis using guided imagery, particularly that of the gut as a smoothly flowing river or, the use of a tree metaphor for strength and resilience, along with teaching self-hypnosis.

Professor Whorwell was interviewed by Professor Kathy Sykes for the recent BBC TV series 'Alternative Therapies' in the episode examining hypnosis, as he had a 'chip butty' lunch and commented on the model and the issues of a 'healthy diet' for IBS sufferers. The Manchester Model reports that approximately 80% of patients showed significant improvement in symptoms and overall well-being; the patient audit used a statistically important 250 case histories. (*Hypnotherapy in Irritable Bowel Syndrome: The American Journal of Gastroenterology Vol 97 No 4 2002*). A previous study (Galovoski T.E., Blanchard E.B. 'The Treatment of Irritable bowel Syndrome with Hypnotherapy' *Applied Psychophysiological Biofeedback* 1998;23;219-32) interestingly showed that hypnotic ability is not a factor in the success of treatment.

Kraft and Kraft (*Irritable Bowel Syndrome: Symptomatic treatment versus Integrative Psychotherapy*. *Contemporary Hypnosis* 24, 161-177, 2007) reported the full recovery in a 54 year old woman (who the referring physician expressed had probably been suffering from IBS for 36 years) she also had other very significant and complex psychological issues which were resolved too. Treatment took place over a period of some 34 sessions.

There is no doubt that clinical hypnosis has significant benefits to offer a patient. A 50+ female client of mine who had suffered from IBS for over 20 years reported a 50% reduction in symptoms after just two hour-long sessions and began to feel she was regaining control by using self-hypnosis. After three sessions the improvement in her health was even greater.

Is this therefore the panacea for IBS? – Probably not, as life is complex and made up of too many variables and there are infectious reasons for getting IBS.

It is though, from all the research and my experiences, a promising option for the many who want to get back control of their bodies from long-term IBS and regain more freedom in their lives; as the audit of hypnotherapy of Whorwell (et al) concludes "*it has been shown that their [drugs] beneficial effect is lost shortly after cessation of treatment...which is in sharp contrast to hypnotherapy where the symptomatic improvement is long-lasting.*"

A final thought before starting any treatment: the hypnotherapist must ensure that the client has had IBS diagnosed by a medical practitioner, this is an ethical must as IBS is similar to many other symptoms and the hypnotherapist is not usually a clinician; so please don't feel he/she is being nosey or difficult if they ask for a referral letter or statement from your GP, they are just being responsible therapists.

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