

INTRACTABLE ABDOMINAL PAIN

“Mind Over Matter”

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INTRODUCTION

Functional gastrointestinal disorder, functional dyspepsia and IBS are common problems encountered in general practice and specialised GI clinics. Pain is an integral part of this disorder.

Several alternative therapies are available showing varying benefits. Studies done using these therapies are flawed by weak designs, unclear outcome measures and a significant placebo element. However, in several studies Hypnotherapy has been shown to improve symptoms of IBS and intractable abdominal pain.

We present two cases with functional GI disorders where abdominal pain was a prominent symptom.

PATIENT A

This 23 year old woman presented with right sided lower abdominal pain. Her symptoms started in 2002 and continued through until 2005. During this time period she underwent several investigations to determine the cause of the persistent pain. These include blood tests, abdominal ultrasound, CT abdomen, small bowel study, colonoscopy, white cell scan, pelvic laparoscopy and an emergency laparoscopic appendectomy. Despite all of these investigations/interventions the pain continued and no conclusive diagnosis was made.

To manage the pain she was placed on multiple analgesics including opiates and had to visit the pain clinic several times. She was also given local analgesic injections. In total she had 7 admissions to hospital to be investigated by both surgical, medical and gynaecology teams. Due to her condition she could not work for long periods of time, had gained weight and subsequently her quality of life was severely affected.

Patient A was then referred to the Hypnotherapist in 2005, underwent just 4 sessions and is now completely pain free, back at work and has lost a stone in weight.

PATIENT B

This 48 year old man presented with severe colicky abdominal pain, diarrhoea, and nausea. His symptoms started in November 1998 and continued through until March 2006. During this time period he underwent several investigations to determine the cause of his persistent symptoms. These included blood tests, sigmoidoscopy, colonoscopy, barium meal with small bowel follow through, abdominal ultrasound, CT abdomen and a gastroscopy. Despite the above investigations no conclusive diagnosis was made.

To manage his symptoms he was placed on multiple medications including Amitriptyline and analgesics. He had a total of 9 visits to hospital including 2 admissions and several visits to the A&E department when the pain was severe.

Patient B was then referred to the Hypnotherapist in March 2006, underwent just 4 sessions and is now completely pain free, back at work and has no further symptoms.



HYPNOTHERAPY

Hypnotherapy is a combination of deep relaxation, visualisation, psychoanalysis and thought reframing. A variety of these methods were used in the case studies presented to determine whether the symptoms the patients were experiencing were psychosomatic.

This is done using deep relaxation and regression, i.e. going back to the first time they experienced the symptoms and exploring that particular time. Patients are often not consciously aware of a particular reason why their symptoms started, which is why Hypnosis is used.

Hypnosis itself is often misunderstood due to bad publicity but is in actual fact just a state of deep relaxation. This depth of relaxation enables buried thoughts/memories to come to the surface, be explored, reframed and essentially dealt with so they no longer affect a person, mentally or physically.

As Hypnosis is used to determine the root cause of a particular problem, therapy can take effect fairly quickly and as the problem is being dealt with at the root, there should be no reason for it to recur.

DISCUSSION

The 2 case studies presented clearly indicate how effective Hypnotherapy can be and both patients have since remarked on the vast improvement to their lives as a result. They no longer require any pain control, patient A has been able to lose a considerable amount of weight and she is now back at work full time. Most importantly they are both enjoying a happy, symptom free life.

The prevalence of IBS in the community is between 6.2%-12% (Hungin AP et al 2003). Reported rates of medical consultation vary between 10%-50% (Jones R et al 1992). Available treatment options have limited efficacy. Increasingly these patients seek non conventional sources to manage their symptoms. In a UK sample 26% of these patients sought alternative therapies.

When evaluated according to the efficacy guidelines of the Clinical Psychological Division of American Psychological Association, the use of Hypnosis with IBS qualifies for the highest level of acceptance as being both efficacious and specific, (Tan G et al 2005). The response rate to Hypnosis treatment can be as high as 87%, bowel symptoms can be expected to improve by 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, (Whitehead WE 2006).

CONCLUSION

Despite continued evidence showing how Hypnotherapy can dramatically improve, and in some cases eradicate, symptoms of chronic IBS there seems reluctance to introduce it into the NHS. Research shows that the main reasons for this reluctance is firstly a lack of understanding of what Hypnotherapy is and exactly how it works, secondly it is due to lack of time and funding to locate and employ a fully qualified and experienced Hypnotherapist. However, this program has already been successfully integrated into the functional Gastroenterology service in Manchester and they are currently reporting success rates of 80% (Whorwell PJ 2006).

We propose that future patients suffering from intractable abdominal pain/functional bowel disorder, be considered for Hypnotherapy as part of a multi disciplinary approach. We believe this will prevent repeated visits to outpatients and avoid unnecessary admissions.

“Heal Your Mind To Heal Your Body”