

Hypnotherapy For Irritable Bowel Syndrome (IBS) **Bunny Vreeland**

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Chapter One

Introduction to The Digestive System

According to National Institute of Diabetes, Digestive and Kidney Diseases, the digestive system is a series of hollow organs joined in a long, twisting tube from the mouth to the anus. Inside this tube is a lining called the mucosa. In the mouth, stomach, and small intestine, the mucosa contains tiny glands that produce juices to help digest food. Two solid organs, the liver and the pancreas, produce digestive juices that reach the intestine through small tubes. In addition, parts of other organ systems (for instance, nerves and blood) play a major role in the digestive system.

The Importance of Digestion

When things like bread, meat, and vegetables, they are not in a form that the body can use as nourishment. Our food and drink must be changed into smaller molecules of nutrients before they can be absorbed into the blood and carried to cells throughout the body.

Digestion is the process by which food and drink are broken down into their smallest parts so that the body can use them to build and nourish cells and to provide energy.

How is food Digested?

Digestion involves the mixing of food, its movement through the digestive tract, and the chemical breakdown of the large molecules of food into smaller molecules. Digestion

begins in the mouth, when we chew and swallow, and is completed in the small intestine. The chemical process varies somewhat for different kinds of food.

Movement of Food Through the System

The large, hollow organs of the digestive system contain muscle that enables their walls to move. The movement of organ walls can propel food and liquid and also can mix the contents within each organ. Typical movement of the esophagus, stomach, and intestine is called peristalsis. The action of peristalsis looks like an ocean wave moving through the muscle. The muscle of the organ produces a narrowing and then propels the narrowed portion slowly down the length of the organ. These waves of narrowing push the food and fluid in front of them through each hollow organ.

The first major muscle movement occurs when food or liquid is swallowed. Although we are able to start swallowing by choice, once the swallow begins, it becomes involuntary and proceeds under the control of the nerves. The esophagus is the organ into which the swallowed food is pushed. It connects the throat above with the stomach below. At the junction of the esophagus and stomach, there is a ring like valve closing the passage between the two organs. As the food approaches the closed ring, the surrounding muscles relax and allow the food to pass. The food then enters the stomach, which has three mechanical tasks to do. First, the stomach must store the swallowed food and liquid. This requires the muscle of the upper part of the stomach to relax and accept large volumes of swallowed material. The second job is to mix up the food, liquid, and digestive juice produced by the stomach. The lower part of the stomach mixes these materials by its muscle action.

The third task of the stomach is to empty its contents slowly into the small intestine. Several factors affect emptying of the stomach, including the nature of the food (mainly its fat and protein content) and the degree of muscle action of the emptying stomach and the next organ to receive the contents (the small intestine). As the food is digested in the small intestine and dissolved into the juices from the pancreas, liver, and intestine, the contents of the intestine are mixed and pushed forward to allow further digestion.

Finally, all of the digested nutrients are absorbed through the intestinal walls. The waste products of this process include undigested parts of the food, known as fiber, and older cells that have been shed from the mucosa. These materials are propelled into the colon, where they remain, usually for a day or two, until the feces are expelled by a bowel movement.

Production of Digestive Juices

The glands that act first are in the mouth they are called the salivary glands. Saliva produced by these glands contains an enzyme that begins to digest the starch from food into smaller molecules.

The next set of digestive glands is in the stomach lining. They produce stomach acid and an enzyme that digests protein. One of the unsolved puzzles of the digestive system is why the acid juice of the stomach does not dissolve the tissue of the stomach itself. In most people, the stomach mucosa is able to resist the juice, although food and other tissues of the body cannot.

After the stomach empties the food and juice mixture into the small intestine, the juices of two other digestive organs mix with the food to continue the process of digestion.

One of these organs is the pancreas. It produces a juice that contains a wide array of enzymes to break down the carbohydrate, fat, and protein in food. Other enzymes that are active in the process come from glands in the wall of the intestine or even a part of that wall.

The liver produces yet another digestive juice called bile. The bile is stored between meals in the gallbladder. At mealtime, it is squeezed out of the gallbladder into the bile ducts to reach the intestine and mix with the fat in our food. The bile acids dissolve the fat into the watery contents of the intestine, like detergents that dissolve grease from a frying pan. After the fat is dissolved, it is digested by enzymes from the pancreas and the lining of the intestine.

Absorption and Transport of Nutrients

Digested molecules of food, as well as water and minerals from the diet, are absorbed from the cavity of the upper small intestine. Most absorbed materials cross the mucosa into the blood and are carried off in the bloodstream to other parts of the body for storage or further chemical change. As already noted, this part of the process varies with different types of nutrients.

Carbohydrates

It is recommended that about 55 to 60 percent of total daily calories be from carbohydrates. Some of our most common foods contain mostly carbohydrates. Examples are bread, potatoes, legumes, rice, spaghetti, fruits, and vegetables.

Many of these foods contain both starch and fiber. The digestible carbohydrates are broken into simpler molecules by enzymes in the saliva, in juice produced by the pancreas, and in the lining of the small intestine. An enzyme in the saliva and pancreatic juice breaks the starch into molecules called maltose; then an enzyme in the lining of the small intestine (maltase) splits the maltose into glucose molecules that can be absorbed into the blood. Glucose is carried through the bloodstream to the liver, where it is stored or used to provide energy for the work of the body.

Table sugar is another carbohydrate that must be digested to be useful. An enzyme in the lining of the small intestine digests table sugar into glucose and fructose, each of which can be absorbed from the intestinal cavity into the blood.

Milk contains yet another type of sugar, lactose, which is changed into absorbable molecules by an enzyme called lactase, also found in the intestinal lining.

What is the importance of Protein?

Foods such as meat, eggs, and beans consist of giant molecules of protein that must be digested by enzymes before they can be used to build and repair body tissues. An enzyme in the juice of the stomach starts the digestion of swallowed protein.

Further digestion of the protein is completed in the small intestine. Here, several enzymes from the pancreatic juice and the lining of the intestine carry out the breakdown

of huge protein molecules into small molecules called amino acids. These small molecules can be absorbed from the hollow of the small intestine into the blood and then be carried to all parts of the body to build the walls and other parts of cells.

What is the importance of Fat?

Fat molecules are a rich source of energy for the body. The first step in digestion of a fat such as butter is to dissolve it into the watery content of the intestinal cavity. The bile acids produced by the liver act as natural detergents to dissolve fat in water and allow the enzymes to break the large fat molecules into smaller molecules, some of which are fatty acids and cholesterol. The bile acids combine with the fatty acids and cholesterol and help these molecules to move into the cells of the mucosa. In these cells the small molecules are formed back into large molecules, most of which pass into vessels (called lymphatics) near the intestine. These small vessels carry the reformed fat to the veins of the chest, and the blood carries the fat to storage depots in different parts of the body.

Vitamins

Another vital part of our food that is absorbed from the small intestine is the class of chemicals we call vitamins. The two different types of vitamins are classified by the fluid in which they can be dissolved. There are water-soluble vitamins (all the B vitamins and vitamin C) and fat-soluble vitamins (vitamins A, D, and K).

Water and salt

Most of the material absorbed from the cavity of the small intestine is water in which salt is dissolved. The salt and water come from the food and liquid we swallow and the juices secreted by the many digestive glands. One of the unsolved puzzles of the digestive system is why the acid juice of the stomach does not dissolve the tissue of the stomach itself.

In most people, the stomach mucosa is able to resist the juice, although food and other tissues of the body cannot. After the stomach empties the food and juice mixture into the small intestine, the juices of two other digestive organs mix with the food to continue the process of digestion.

One of these organs is the pancreas. It produces a juice that contains a wide array of enzymes to break down the carbohydrate, fat, and protein in food. Other enzymes that are active in the process come from glands in the wall of the intestine or even a part of that wall.

How is the digestive process controlled?

Hormone Regulators:

A fascinating feature of the digestive system is that it contains its own regulators. The major hormones that control the functions of the digestive system are produced and released by cells in the mucosa of the stomach and small intestine. These hormones are released into the blood of the digestive tract, travel back to the heart and through the arteries, and return to the digestive system, where they stimulate digestive juices and cause organ movement. The hormones that control digestion are gastrin, secretin, and cholecystokinin (CCK):

- **Gastrin** causes the stomach to produce an acid for dissolving and digesting some foods. It is also necessary for the normal growth of the lining of the stomach, small intestine, and colon.
- **Secretin** causes the pancreas to send out a digestive juice that is rich in bicarbonate. It stimulates the stomach to produce pepsin, an enzyme that digests protein, and it also stimulates the liver to produce bile.
- **CCK** causes the pancreas to grow and to produce the enzymes of pancreatic juice, and it causes the gallbladder to empty.

Additional hormones in the digestive system regulate appetite:

- **Ghrelin** is produced in the stomach and upper intestine in the absence of food in the digestive system and stimulates appetite.
- **Peptide YY** is produced in the GI tract in response to a meal in the system and inhibits appetite.

Both of these hormones work on the brain to help regulate the intake of food for energy.

Nerve Regulators:

Two types of nerves help to control the action of the digestive system. Extrinsic (outside) nerves come to the digestive organs from the unconscious part of the brain or from the spinal cord. They release a chemical called acetylcholine and another called adrenaline.

Acetylcholine causes the muscle of the digestive organs to squeeze with more force and increase the "push" of food and juice through the digestive tract. Acetylcholine also causes the stomach and pancreas to produce more digestive juice.

Adrenaline relaxes the muscle of the stomach and intestine and decreases the flow of blood to these organs.

Even more important, though, are the intrinsic (inside) nerves, which make up a very dense network embedded in the walls of the esophagus, stomach, small intestine, and colon. The intrinsic nerves are triggered to act when the walls of the hollow organs are stretched by food. They release many different substances that speed up or delay the movement of food and the production of juices by the digestive organs.

Chapter Two

Statistics of Digestive Diseases and Disorders

Prevalence: 60 to 70 million people affected by all digestive diseases (1996) ^[1]

Mortality: 234,000 deaths, including deaths from cancer (2002) ^[2]

Hospitalizations: 14 million—9 percent (2002) ^[3]

Diagnostic and therapeutic procedures: 6 million—14 percent of all of all in-patients hospitalization procedures (2002) ^[3]

Ambulatory care visits: 45 million (1999–2000) ^[4]

Disability: 1.9 million people (1990–1992) ^[5]

Costs: \$107,000 billion (1992)

\$85.5 billion direct medical costs (1998) ^[6]

\$20 billion indirect costs (e.g., disability and mortality)

Abdominal Wall Hernia

Incidence: 800,000 new cases, including 500,000 inguinal hernias (1985)

Prevalence: 4.5 million people (1996) ^[1]

Mortality: 1,143 deaths (2002) ^[2]

Hospitalizations: 322,000 (2002) ^[3]

Ambulatory care visits: 3.3 million (1999–2000) ^[4]

Prescriptions: 184,000 (1989–1990)

Disability: 467,000 people (1990–1992) ^[5]

Constipation

Prevalence: 3.1 million people (1996) ^[1]

Mortality: 121 deaths (2002) ^[2]

Hospitalizations: 398,000 (2002) ^[3]

Ambulatory care visits: 1.4 million (1999–2000) ^[4]

Prescriptions: 1 million (1985)

Disability: 30,000 people (1990–1992) ^[5]

Diverticular Disease

Incidence: 300,000 new cases (1987)

Prevalence: 2.5 million people (1996) ^[1]

Mortality: 3,324 deaths (2002) ^[1]

Hospitalizations: 576,000 (2002) ^[3]

Ambulatory care visits: 1.2 million (1990–2004) ^[4]

Disability: 86,000 people (1990–1992) ^[5]

Gallstones

Prevalence: 20.5 million people (1988–1994) ^[8]

Mortality: 1,077 deaths (2002) ^[2]

Hospitalizations: 636,000 (2002) ^[3]

Ambulatory care visits: 1.8 million (1999–2000) ^[4]

Prescriptions: 195,000 (1985)

Surgical procedures: 500,000 cholecystectomies (1987)

Disability: 117,000 people (1990–1992) ^[5]

Gastritis and Nonulcer Dyspepsia (NUD)

Incidence:

Gastritis: 313,000 new cases (1975)

Chronic NUD: 444,000 new cases (1975)

Acute NUD: 8.0 million new cases (1996) ^[1]

Prevalence:

Gastritis: 3.7 million people (1996) ^[1]

NUD: 6.4 million people (1996) ^[1]

Mortality:

Gastritis: 357 deaths (2002) ^[2]

NUD: 5 deaths (2002) ^[2]

Hospitalizations:

Gastritis: 549,000 (2002) ^[3]

NUD: 79,000 (2002) ^[3]

Ambulatory care visits:

Gastritis: 2.9 million (1999–2000) ^[4]

NUD: 800,000 (1980s)

Prescriptions:

Gastritis: 2 million (1985)

NUD: 649,000 (1985)

Disability:

Gastritis: 30,000 people (1990–1992) ^[5]

Chronic NUD: 71,000 people (1990–1992) ^[4]

Gastroesophageal Reflux Disease and Related Esophageal Disorders

Prevalence: Reflux symptoms at least weekly: 20 percent of the U.S. population (1990) ^[9]

Mortality: 1,707 deaths (2002) ^[2]

Hospitalizations: 710,000 (2002) ^[3]

Ambulatory care visits: 709,000 (1990–1992) ^[4]

Disability: 45,000 people (1990–1992) ^[5]

Hemorrhoids (1983–1987)

Incidence: 1 million new cases

Prevalence: 8.5 million people (1996) ^[1]

Mortality: 18 deaths (2002) ^[2]

Hospitalizations: 168,000 (2002) ^[3]

Ambulatory care visits: 1.9 million (1999–2000) ^[4]

Prescriptions: 1.5 million (1983–1987)

Disability: 38,000 people (1990–1992) ^[5]

Infectious Diarrhea

Incidence: 16 million new cases (1996) ^[1]

Mortality: 2,481 deaths (2002) ^[2]

Hospitalizations: 375,000 to 777,000 (2002) ^[3]

Physician office visits: 8 to 12 million (1985)

Prescriptions: 5 to 8 million (1985)

Inflammatory Bowel Disease

Incidence:

Ulcerative colitis: 8 new cases per 100,000 people per year (1984–1993) ^[10]

Crohn's disease: 7 new cases per 100,000 people per year (1984–1993) ^[11]

Prevalence:

Ulcerative colitis: 246 cases per 100,000 people per year (2001) ^[12]

Crohn's disease: 162 cases per 100,000 people per year (2001) ^[12]

Mortality: 825 deaths (2002) ^[2]

Hospitalizations: 169,000—with 62 percent for Crohn's disease (2002) ^[3]

Ambulatory care visits: 5.9 million per year (1999–2000) ^[4]

Disability: 161,000 people (1990–1992) ^[5]

Irritable Bowel Syndrome

Prevalence: 2.1 million people (1996) ^[1]

Mortality: 22 deaths (2002) ^[2]

Hospitalizations: 119,000 (2002) ^[3]

Ambulatory care visits: 1.3 million per year (1999–2000) ^[4]

Prescriptions: 2.2 million (1985)

Disability: 46,000 people (1990–1992) ^[5]

Lactose Intolerance

Prevalence: 30 to 50 million people (1994) ^[13]

Pancreatitis

Incidence:

Acute: 17 new cases per 100,000 people (1976–1988)

Mortality: 3,532 total deaths (2002) ^[2]

Hospitalizations:

Acute: 333,000 (2002) ^[3]

Chronic: 86,000 (2002) ^[3]

Physician office visits:

Acute: 911,000 (1987)

Chronic: 122,000 (1987)

Peptic Ulcer

Prevalence: 14.5 million people (2003) ^[14]

Mortality: 4,079 deaths (2002) ^[7]

Hospitalizations: 403,000 (2002) ^[3]

Ambulatory care visits: 876,000 million (1999–2000) ^[4]

Prescriptions: 2 million (1985)

Disability: 328,000 people (1990–1992) ^[5]

Chapter Three

Functional Gastrointestinal Disorders

According to the UCLA Center for Neuroviseral Sciences and Women's Health Department states that Functional Gastrointestinal Disorders are a group of disorders, which include Irritable Bowel Syndrome or IBS, dyspepsia, GERD, and chronic constipation or diarrhea.

These diseases are all characterized by chronic or recurrent gastrointestinal symptoms that appear for at least 12 weeks within a year, with the weeks not necessarily being consecutive, and for which no structural or biochemical causes are found. The only way a person can learn if they have a functional disorder is by visiting a qualified medical professional and through a patient history assessment and various medical tests to make sure more serious conditions are ruled out.

What is constipation?

Constipation can mean different things to different people. For many people, it

simply means infrequent stools. For others, however, constipation means hard stools, difficulty passing stools (straining), or a sense of incomplete emptying after a bowel movement. The cause of each of these "types" of constipation probably is different, and the approach to each should be tailored to the specific type of constipation.

Constipation can also alternate with diarrhea. This pattern is more commonly considered as part of the Irritable Bowel Syndrome (IBS).

At the extreme end of the constipation spectrum is fecal impaction, a condition in which stool hardens in the rectum and prevents the passage of any stool. The number of bowel movements generally decreases with age. Ninety-five percent of adults have bowel movements between three and 21 times per week, and this would be considered normal.

The most common pattern is one bowel movement a day, but this pattern is seen in less than 50% of people. Moreover, most people are irregular and do not have bowel movements every day or the same number of bowel movements each day. Medically speaking, constipation usually is defined as fewer than three bowel movements per week. Severe constipation is defined as less than one bowel movement per week. There is no medical reason to have a bowel movement every day. Going without a bowel movement for two or three days does not cause physical discomfort, only mental distress for some people.

Contrary to popular belief, there is no evidence that "toxins" accumulate when bowel movements are infrequent or that constipation leads to cancer. It is important to distinguish acute (recent onset) constipation from chronic (long duration) constipation. Acute constipation requires urgent assessment because a serious medical illness may be the underlying cause (e.g., tumors of the colon).

Constipation also requires an immediate assessment if it is accompanied by worrisome symptoms such as rectal bleeding, abdominal pain and cramps, nausea and vomiting, and involuntary weight loss. In contrast, the evaluation of chronic constipation may not require immediate attention, particularly if simple measures bring relief.

What is GERD (acid reflux)?

Gastroesophageal reflux disease, commonly referred to as GERD, or acid reflux, is a condition in which the liquid content of the stomach regurgitates (backs up, or refluxes) into the esophagus. The liquid can inflame and damage the lining of the esophagus although this occurs in a minority of patients. The regurgitated liquid usually contains acid and pepsin that are produced by the stomach. (Pepsin is an enzyme that begins the digestion of proteins in the stomach.) The refluxed liquid also may contain bile that has backed-up into the stomach from the duodenum. (The duodenum is the first part of the small intestine that attaches to the stomach.) Acid is believed to be the most injurious component of the refluxed liquid. Pepsin and bile also may injure the esophagus, but their

role in the production of esophageal inflammation and damage (esophagitis) is not as clear as the role of acid.

GERD is a chronic condition. Once it begins, it usually is life-long. If there is injury to the lining of the esophagus (esophagitis), this also is a chronic condition. Moreover, after the esophagus has healed with treatment and treatment is stopped, the injury will return in most patients within a few months.

Once treatment for GERD is begun, therefore, it usually will need to be continued indefinitely. Actually, the reflux of the stomach's liquid contents into the esophagus occurs in most normal individuals. In fact, one study found that reflux occurs as frequently in normal individuals as in patients with GERD. In patients with GERD, however, the refluxed liquid contains acid more often, and the acid remains in the esophagus longer.

As is often the case, the body has ways (mechanisms) to protect itself from the harmful effects of reflux and acid. For example, most reflux occurs during the day when individuals are upright. In the upright position, the refluxed liquid is more likely to flow back down into the stomach due to the effect of gravity. In addition, while individuals are awake, they repeatedly swallow, whether or not there is reflux. Each swallow carries any refluxed liquid back into the stomach. Finally, the salivary glands in the mouth produce saliva, which contains bicarbonate. With each swallow, bicarbonate-containing saliva travels down the esophagus. The bicarbonate neutralizes the small amount of acid that remains in the esophagus after gravity and swallowing have removed most of the liquid.

What is Cohn's Disease?

Crohn's disease is an ongoing disorder that causes inflammation of the digestive tract, also referred to as the gastrointestinal (GI) tract. Crohn's disease can affect any area of the GI tract, from the mouth to the anus, but it most commonly affects the lower part of the small intestine, called the ileum. The swelling extends deep into the lining of the affected organ.

The swelling can cause pain and can make the intestines empty frequently, resulting in diarrhea. Crohn's disease is an inflammatory bowel disease, the general name for diseases that cause swelling in the intestines.

Because the symptoms of Crohn's disease are similar to other intestinal disorders, such as irritable bowel syndrome and ulcerative colitis, it can be difficult to diagnose. Ulcerative colitis causes inflammation and ulcers in the top layer of the lining of the large intestine. In Crohn's disease, all layers of the intestine may be involved, and normal healthy bowel can be found between sections of diseased bowel. Crohn's disease affects men and women equally and seems to run in some families.

About 20 percent of people with Crohn's disease have a blood relative with some form of inflammatory bowel disease, most often a brother or sister and sometimes a parent or child. Crohn's disease can occur in people of all age groups, but it is more often diagnosed in people between the ages of 20 and 30. People of Jewish heritage have an increased risk of developing Crohn's disease, and African Americans are at decreased risk for developing Crohn's disease.

What is dyspepsia?

Dyspepsia (or, as it frequently is referred to by physicians, non-ulcer dyspepsia) is one of the most common ailments of the bowel (intestines), affecting an estimated 20% of persons in the US. Perhaps only 10% of those affected actually seek medical attention for their dyspepsia.

Dyspepsia is not a particularly good term for the ailment since it implies that there is "dyspepsia" or abnormal digestion of food, and this most probably is not the case. In fact, another common name for dyspepsia is indigestion, which, for the same reason, is no better than the term dyspepsia. Dyspepsia is best described as a functional disease. (Sometimes, it is called functional dyspepsia)

Irritable Bowel Syndrome

Chapter Four is devoted to discussing Irritable Bowel Syndrome in detail.

Chapter Four

Irritable Bowel Syndrome

What is Irritable Bowel Syndrome (IBS)?

According to the National Institute of Diabetes and Digestive and Kidney Diseases, Irritable Bowel Syndrome is a disorder characterized most commonly by cramping, abdominal pain, bloating, constipation, and diarrhea. IBS causes a great deal of discomfort and distress, but it does not permanently harm the intestines and does not lead to a serious disease, such as cancer. Most people can control their symptoms with diet, stress management, and prescribed medications. For some people, however, IBS can be disabling. They may be unable to work, attend social events, or even travel short distances.

Irritable Bowel Syndrome or IBS is the most common gastrointestinal disorder seen by GI Doctors. IBS may affect up to 20 percent of Americans, or 54 million people. IBS appears fairly equally in people of all races, but it tends to affect women more than men, in fact three times as many, however, men may be less likely to report the problem.

The onset of IBS usually begins to occur in late adolescence or in early adult life. It rarely appears for the first time after age 50. For many, the condition is chronic, and symptoms can appear for months, then disappear, then reappear again.

For some, the symptoms are mild and for others, the symptoms can be quite severe and even debilitating.

Irritable Bowel Syndrome (IBS) is a functional disorder of the gastrointestinal tract characterized by abdominal pain, excessive gassiness, bloating, and irregular bowel movements. Some people can control their symptoms with diet, stress management, and prescribed medications. For some people, however, IBS can be disabling. They may be unable to work, go to social events, or even travel short distances.

Irritable Bowel Syndrome may also be referred to as spastic colon, mucous colitis, spastic colitis, nervous stomach, or irritable colon. IBS is difficult to diagnose with traditional medicine, as it cannot be discovered through physical examination, x-rays, or blood tests. It occurs more often in women than in men, and it begins before the age of 35 in about 50 percent of people. IBS patients seem to fall into two categories:

1. Those who report that they have had symptoms since childhood.
2. Those who report the onset of symptoms after an illness, accident or specific situation.

What causes IBS?

Researchers have yet to discover any specific cause for IBS. One theory is that people who suffer from IBS have a colon (large bowel) that is particularly sensitive and reactive to certain foods and stress.

The immune system, which fights infection, may also be involved. research indicates that:

1. Normal motility, or movement, may not be present in a colon of a person who has IBS. It can be spasmodic or can even stop working temporarily. Spasms are sudden strong muscle contractions that come and go.
2. The lining of the colon called the epithelium, which is affected by the immune and nervous systems, regulates the flow of fluids in and out of the colon. In IBS, the epithelium appears to work properly. However, when the contents inside the colon move too quickly, the colon loses its ability to absorb fluids. The result is too much fluid in the stool. In other people, the movement inside the colon is too slow, which causes extra fluid to be absorbed. As a result, a person develops constipation.
3. A person's colon may respond strongly to stimuli such as certain foods or stress that would not bother most people.

Serotonin and the GI Tract

Recent research has reported that serotonin is linked with normal gastrointestinal (GI) functioning. Serotonin is a neurotransmitter, or chemical, that delivers messages

from one part of your body to another. Ninety-five percent of the serotonin in your body is located in the GI tract, and the other 5 percent is found in the brain. Cells that line the inside of the bowel work as transporters and carry the serotonin out of the GI tract.

People with IBS, however, have diminished receptor activity, causing abnormal levels of serotonin to exist in the GI tract. As a result, people with IBS experience problems with bowel movement, motility, and sensation—having more sensitive pain receptors in their GI tract. In addition, people with IBS frequently suffer from depression and anxiety, which can worsen symptoms. Similarly, the symptoms associated with IBS can cause a person to feel depressed and anxious. Researchers have reported that IBS may be caused by a bacterial infection in the gastrointestinal tract. Studies show that people who have had gastroenteritis sometimes develop IBS, otherwise called post-infectious IBS.

The following have been associated with a worsening of IBS symptoms:

- large meals
- bloating from gas in the colon
- medicines
- wheat, rye, barley, chocolate, milk products, or alcohol
- drinks with caffeine, such as coffee, tea, or colas
- stress, conflict, or emotional upsets

Researchers have found that women with IBS may have more symptoms during their menstrual periods, suggesting that reproductive hormones can worsen IBS problems.

How is IBS diagnosed?

IBS is generally diagnosed on the basis of a complete medical history that includes a careful description of symptoms and a physical examination. There is no specific test for IBS, although diagnostic tests may be performed to rule out other diseases. These tests may include stool sample testing, blood tests, and x rays. Typically, a doctor will perform a sigmoidoscopy, or colonoscopy, which allows the doctor to look inside the colon. This is done by inserting a small, flexible tube with a camera on the end of it through the anus. The camera then transfers the images of your colon onto a large screen for the doctor to see better. If the tests results are negative, the doctor may diagnose IBS based on symptoms, including how often a patient may have had abdominal pain or discomfort during the past year, when the pain starts and stops in relation to bowel function, and how bowel frequency and stool consistency have changed. Many doctors refer to a list of specific symptoms that must be present to make a diagnosis of IBS.

Symptoms include:

- Abdominal pain or discomfort for at least 12 weeks out of the previous 12 months. These 12 weeks do not have to be consecutive.

- The abdominal pain or discomfort has two of the following three features:
 - It is relieved by having a bowel movement.
 - When it starts, there is a change in how often you have a bowel movement.

When it starts, there is a change in the form of the stool or the way it looks.

Certain symptoms must also be present, such as:

- a change in frequency of bowel movements
- a change in appearance of bowel movements
- feelings of uncontrollable urgency to have a bowel movement
- difficulty or inability to pass stool
- mucus in the stool
- bloating
- Bleeding, fever, weight loss, and persistent severe pain are not symptoms of IBS and may indicate other problems such as inflammation, or rarely, cancer.

What is the treatment for IBS?

Unfortunately, many people suffer from IBS for a long time before seeking medical treatment. Up to 70 percent of people suffering from IBS are not receiving medical care for their symptoms. No cure has been found for IBS, but many options are

available to treat the symptoms. A doctor will give share the best treatments available for particular symptoms and encourage ways to manage stress and make changes to diet.

Medications are an important part of relieving symptoms. A doctor may suggest fiber supplements or laxatives for constipation or medicines to decrease diarrhea, such as Lomotil or loperamide (Imodium). An antispasmodic is commonly prescribed, which helps to control colon muscle spasms and reduce abdominal pain. Antidepressants may relieve some symptoms. However, both antispasmodics and antidepressants can worsen constipation, so some doctors will also prescribe medications that relax muscles in the bladder and intestines, such as Donnapine and Librax. These medications contain a mild sedative, which can be habit forming, so they need to be used under the guidance of a physician.

Medications available specifically to treat IBS are:

- Alosetron hydrochloride (Lotronex), which has been reapproved with significant restrictions by the U.S. Food and Drug Administration (FDA) for women with severe IBS who have not responded to conventional therapy and whose primary symptom is diarrhea.
- However, even in these patients, Lotronex should be used with great caution because it can have serious side effects such as severe constipation or decreased blood flow to the colon.
- Tegaserod maleate (Zelnorm), which has been approved by the FDA for the short-term treatment of women with IBS whose primary symptom is constipation. Zelnorm is prescribed for a standard 4 to 6 weeks. If a person

feels better and experiences a decrease in symptoms, the doctor may prescribe Zelnorm for an additional 4 to 6 weeks.

With any medication, even over-the-counter medications such as laxatives and fiber supplements, it is important to follow your doctor's instructions.

Some people report a worsening in abdominal bloating and gas from increased fiber intake, and laxatives can be habit forming if they are used too frequently. Medications affect people differently, and no one medication or combination of medications will work for everyone with IBS. It's important to find a will need to work with to find the best combination of medicine, diet, counseling, and support to control the symptoms.

How does stress affect IBS?

Stress can be feeling mentally or emotionally tense, troubled, angry, or overwhelmed. This can stimulate colon spasms in people with IBS. The colon has many nerves that connect it to the brain. Like the heart and the lungs, the colon is partly controlled by the autonomic nervous system, which responds to stress. These nerves control the normal contractions of the colon and cause abdominal discomfort at stressful times. Some people report often the experience cramps or "butterflies" when they are nervous or upset. In people with IBS, the colon can be overly responsive to even slight conflict or stress. Stress makes the mind more aware of the sensations that arise in the colon, making the person perceive these sensations as unpleasant.

Some evidence suggests that IBS is affected by the immune system, which fights infection in the body. The immune system is affected by stress. For all these reasons,

stress management is an important part of treatment for IBS. Stress management options include:

- stress reduction (relaxation) training and relaxation therapies
- counseling and support
- regular exercise such as walking or yoga
- changes to the stressful situations in your life
- adequate sleep

Can changes in diet help IBS?

For many people, careful eating reduces IBS symptoms. It is a good idea before a patient changes his or her diet that they keep a journal noting the foods that seem to cause distress. Then they can discuss the findings with their doctor. They may want to consult a registered dietitian who can help them make changes to their diet. For instance, if dairy products cause symptoms to flare up, a patient can try eating less of those foods. They might be able to tolerate yogurt better than other dairy products because it contains bacteria that supply the enzyme needed to digest lactose, the sugar found in milk products. Dairy products are an important source of calcium and other nutrients. If a patient needs to avoid dairy products, they would need to get adequate nutrients in the foods they substitute, or take supplements.

In many cases, dietary fiber may lessen IBS symptoms, particularly with constipation. However, it may not help with lowering pain or decreasing diarrhea. Whole

grain breads and cereals, fruits, and vegetables are good sources of fiber. High-fiber diets keep the colon mildly distended, which may help prevent spasms. Some forms of fiber keep water in the stool, thereby preventing hard stools that are difficult to pass.

Doctors usually recommend a diet with enough fiber to produce soft, painless bowel movements. High-fiber diets may cause gas and bloating, although some people report that these symptoms go away within a few weeks. Fiber intake by 2 to 3 grams per day will help reduce the risk of increased gas and bloating.

Other changes that can be helpful is drinking six to eight glasses of plain water a day is important, especially if you have diarrhea. Drinking carbonated beverages, such as sodas, may result in gas and cause discomfort. Chewing gum and eating too quickly can lead to swallowing air, which also leads to gas. Large meals can cause cramping and diarrhea, so eating smaller meals more often, or eating smaller portions, may help IBS symptoms. Eating meals that are low in fat and high in carbohydrates such as pasta, rice, whole-grain breads and cereals, fruits, and vegetables may help.

Is IBS Linked to other Diseases?

As its name indicates, it is a syndrome, a combination of signs and symptoms. IBS has not been shown to lead to a serious disease, including cancer. Through the years, IBS has been called by many names, among them colitis, mucous colitis, spastic colon, or spastic bowel. However, no link has been established between IBS and inflammatory bowel diseases such as Crohn's disease or ulcerative colitis.

IRRITABLE BOWEL SYNDROME VS. ULCERATIVE COLITIS, CROHN'S DISEASE & INFLAMMATORY BOWEL DISEASE (IBD)

This is an extract from a new book entitled:

It is essential to understand the difference between irritable bowel syndrome and ulcerative colitis, inflammatory bowel disease (IBD) and Crohn's disease because they are different disorders and may require different treatments. There is no inflammation of the gut or colon with IBS, but there is with ulcerative colitis, inflammatory bowel disease (IBD) syndrome and Crohn's disease. The term "spastic colitis," sometimes used to refer to IBS, is inaccurate and has caused a great deal of confusion. The medical word "colitis" actually means that the inner lining of the colon is inflamed and/or ulcerated; however, the colon is not inflamed or ulcerated in irritable bowel syndrome.

The colitis conditions associated with inflammation are called Inflammatory Bowel Diseases, or IBD. Approximately one million Americans are afflicted with them. The cause is not known. Treatments can include some strong medications like antibiotics, corticosteroids (like prednisone), and immunosuppressive drugs like 6-mercaptopurine and azathioprine. Surgery may be necessary. These drugs and surgery are never necessary to treat irritable bowel syndrome.

TWO FORMS OF COLITIS OR INFLAMMATORY BOWEL DISEASE (IBD)

There are two forms of colitis/inflammatory bowel disease (IBD) – each with a classical triad of symptoms:

Ulcerative colitis

- Diarrhea
- Rectal bleeding
- Abdominal cramping

Crohn's disease

- Diarrhea
- Rectal bleeding
- Abdominal pain

Since many people with (IBD), ulcerative colitis, and Crohn's disease also have IBS, they can benefit from the advice and treatment offered in Irritable Bowel Syndrome & the Mind-Body/Brain-Gut Connection

Important Points to Remember

- IBS is a disorder that interferes with the normal functions of the colon. The symptoms are crampy abdominal pain, bloating, constipation, and diarrhea.
- IBS is a common disorder found more often in women than men.
- People with IBS have colons that are more sensitive and reactive to things that might not bother other people, such as stress, large meals, gas, medicines, certain foods, caffeine, or alcohol.
- IBS is diagnosed by its signs and symptoms and by the absence of other diseases.
- Most people can control their symptoms by taking medicines (laxatives, antidiarrhea medicines, antispasmodics, or antidepressants), reducing stress, and changing their diet.
- IBS does not harm the intestines and does not lead to cancer. It is not related to Crohn's disease or ulcerative colitis.

According to Elaine Magee in her book "**Tell Me What To Eat**", (22) she states the following information:

- 60% of IBS sufferers never seek medical advice.
- IBS cannot kill you, and will not cause cancer or bowel damage.
- Medical descriptions of IBS can be traced back to the 1800's.
- After the common cold, IBS is one of the main reasons for people being absent from work.
- 40% of all referrals to Gastroenterologists are IBS related.
- IBS is known through all cultures.
- 2 X as many women suffer from IBS as men.
- It normally develops in early adulthood.
- It affects 1 in 5 of people in Western Society (20%).
- 1/3 of female sufferers, only have symptoms during menstruation.
- 1/2 of female sufferers claim their symptoms worsen during menstruation.
- Experts suspect that it may be genetic.
- Children who experience constipation and colic are more likely to get IBS.
- Studies show that IBS sufferers tend to have higher levels of obsession and anxiety, but not depression.
- It can take 2 to 3 days after eating a food for it clear from your system.
- Eating big meals irregularly can worsen symptoms.
- Lack of Sleep, stress, anxiety, hormones and food intolerance can be the cause.
- Drinking water helps.
- Fat, sugar, lactose, wheat, fizzy drinks and junk food in general can worsen IBS.
- IBS is the most common gastro problem in children.
- About 2 in 100 children have IBS.

- It's more difficult for children to cope with IBS.
- Some IBS sufferers have symptoms so severe that they drop out of mainstream school or work.

Children and IBS

In children and adolescents, IBS affects girls and boys equally and may be diarrhea-predominant, constipation-predominant, or have a variable stool pattern. Children with IBS may also have headache, nausea, or mucus in the stool. Weight loss may occur if a child eats less to try to avoid pain. Some children first develop symptoms after a stressful event, such as teething, a bout with the flu, or problems at school or at home. Stress does not cause IBS, but it can trigger symptoms.

To diagnose IBS, the doctor will ask questions about symptoms and examine the child to rule out more serious problems or diseases. IBS is not a disease—it is a syndrome, or group of symptoms that occur together. It does not damage the intestine, so if the physical exam and other tests show no sign of disease or damage, the doctor may diagnose IBS.

Irritable bowel syndrome in developing countries--a disorder of civilization or colonization?

While irritable bowel syndrome (IBS) is common in the West, early studies suggest that the prevalence is low in developing countries. However, recent studies point to increasing prevalence in newly developed Asian economies. The presentation appears to differ from the West, with a lack of female predominance, a greater frequency of upper abdominal pain and defecatory symptoms perceived as being less bothersome. This

difference, together with the preoccupation with organic disease, could explain why we may be missing IBS in Asia and also why excess surgery has been observed in some Asian countries. While a recent study from China, consistent with western studies, support an important role for infection and inflammation; early studies from India reporting no association between amoebic infection and IBS appear to dispute this observation. To reconcile these seemingly contradictory observations, a hygiene hypothesis model is proposed. Exposure to a variety of microorganisms early in life could result in the colonization of the intestine with microflora that can respond more efficiently to an episode of gastroenteritis. Together with the changes with evolution of Asian economies such as westernization of the diet and increased psychosocial stress, it is proposed that loss of this internal protective effect, could give rise to a more uniform worldwide prevalence of IBS. (National University Hospital, National University of Singapore, Singapore, 23).

Chapter Five

IBS and The Brain – Gut Connection

Recent research has reported that serotonin is linked with normal gastrointestinal (GI) functioning. Serotonin is a neurotransmitter, or chemical, that delivers messages from one part of your body to another. Ninety-five percent of the serotonin in our bodies is located in the GI tract, and the other 5 percent is found in the brain. Cells that line the inside of the bowel work as transporters and carry the serotonin out of the GI tract.

People with IBS, however, have diminished receptor activity, causing abnormal levels of serotonin to exist in the GI tract. As a result, people with IBS experience problems with bowel movement, motility, and sensation—having more sensitive pain receptors in their GI tract. In addition, people with IBS frequently suffer from depression

and anxiety, which can worsen symptoms. Similarly, the symptoms associated with IBS can cause a person to feel depressed and anxious.

Basically, input to the central nervous system from the gastrointestinal tract arrives at several different parts of the brain, which are associated with interpretation, and modulation of pain perception. Neurologic output from these areas are then returned to the gastrointestinal tract via the spinal cord. This circuit (from gut to brain and brain to gut) appears to be abnormal in patients with Irritable Bowel Syndrome, though the exact abnormalities remain unclear.

Visceral (gut) pain in IBS is associated with increased prefrontal cortex activation in the brain. The normal correlation between subjective pain intensity and activation of the anterior cingulate and insula cortices parts of the brain is lost in IBS. Altered visceral perception via changes in reflex responses and viscerosomatic referral areas is common in IBS. Both hyperalgesia (lower pain threshold) and allodynia (pain perceived in non-sensory pathways) are involved in the development of visceral (gut) hypersensitivity. It is believed that, as a result of central sensitization, a sensory memory response is created, which exaggerates and prolongs subsequent stimulation. The pathophysiology of this visceral hyperalgesia (lower pain threshold in the gut) is incompletely understood and appears to be stem from multiple factors. Interestingly, although people with IBS show this visceral hypersensitivity, their peripheral pain thresholds are normal or even elevated in comparison to healthy individuals.

Neuroimaging has actually provided direct evidence of physiological differences between normal individuals and those suffering from IBS in the way a visceral (gut)

stimulus is processed in the brain. PET scans show pronounced differences in the activation of certain parts of the brain relating to perception and pain in IBS patients versus normal individuals. MRI scans have demonstrated comparable results.

This means that IBS is indisputably a physical problem. Simply put, the brain-gut interaction of people with IBS influences their bowel pain perception and motility. In a nutshell, the processing of pain information within the central nervous system varies between normal individuals and those with IBS, with the result that they can experience even normal GI contractions as painful.

The interactions between their brains, central nervous systems, and GI systems are just not functioning properly. Their colons react to stimuli that do not affect normal colons, and our reactions are much more severe.

The end result is heightened pain sensitivity and abnormal gut motility, in the form of irregular or increased GI muscle contractions. It is this gut overreaction and altered pain perception that cause the lower abdominal cramping and accompanying diarrhea and/or constipation that characterize IBS.

Is Psychology a Factor?

The majority of patients with irritable bowel syndrome (IBS) associate stressful life events with the initiation or exacerbation of their symptoms. Emerging evidence suggests that this association may be due to an alteration in the way the brain communicates with the gut during periods of prolonged or severe life stresses. While

stress and stress related symptoms have long been regarded as a domain of psychology, tremendous progress has been made in our understanding of the biological processes that mediate the body's response to stress. The brain network which plays a central role in the stress response is the hypothalamic-pituitary-adrenal cortex (HPA) axis, which produces the hormone cortisol. The HPA axis interacts with other brain areas which are concerned with the responses to pain and in the autonomic (nervous system) function of the bowel during stress.

There is a growing body of evidence that suggests that altered HPA responses in IBS and other chronic pain syndromes, such as fibromyalgia, play a role in the body's increased sensitivity to painful and non-painful stimuli resulting in chronic pain and other symptoms of discomfort and distress.

Patients with IBS more often experience psychological distress, particularly forms of anxiety and depression. It appears that psychological distress is both a result of dealing with a difficult syndrome, and also plays an important role in how successfully patients cope with IBS. Since several forms of psychological treatment have been somewhat successful in alleviating IBS symptoms, it seems clear that psychological factors are important. However, each patient must explore their influence of psychological history, family and social relationships, and coping styles.

- Researchers have been studying how the brain reacts to bowel pain, comparing people with IBS and those lucky individuals who do not suffer from the disorder. Balloons are used to distend the bowel and cause pain, while brain scans are conducted to see which part of the brain responds.

- In people without IBS, the part of the brain that is activated in response to the pain is that which serves to modulate or suppress pain through the use of the brain's own opiates.

Scans of people with IBS indicate that this part of the brain is not activated in response to bowel pain.

Instead, the part that is associated with anxiety, arousal and hypervigilance responds. Therefore, instead of the brain accessing its own pain-reducing capabilities, a pain-enhancing process is initiated.

What does this mean for the IBS sufferer? One way to regain control over the disorder would be to take active steps to turn off the brain's anxiety response. Relaxation techniques can help to calm the body by regulating breathing and reducing muscle tension. The use of distraction, meditation or calming visual imagery can help to reduce hypervigilance. Keeping the body and mind as calm as possible in response to abdominal sensations will help to quiet. Researchers have also found that women with IBS may have more symptoms during their menstrual periods, suggesting that reproductive hormones can worsen IBS problems.

According to Lin Chang, M.D. at the CNS: Center of Neurovisceral Sciences & Women's Health, CURE: Digestive Diseases Research Center, Division of Digestive Diseases, David Geffen School of Medicine at UCLA, she states that the referral for psychological treatment can be recommended as part of a multi-component treatment

program to help the patient better manage the symptoms, or to address psychosocial difficulties (e.g., abuse, loss) that may be interfere with daily function and ability to cope with the illness.

In general, these treatments are reserved for patients with moderate to severe symptoms, particularly if they experience psychological distress. However, the patient must be motivated and see this type of treatment as relevant to their personal needs. Psychological treatments used to treat IBS include psychotherapy (dynamic and cognitive-behavioral therapy), relaxation therapy, hypnotherapy, and biofeedback therapy. Psychological treatments can also be combined.

Review of well-designed treatment studies of IBS supports the superiority of psychological treatment over conventional medical therapy. Follow-up studies (duration 9-40 months), have demonstrated that psychological treatment maintained superiority over placebo, indicating that these methods have lasting value. The choice of treatment will depend on patient requirements, available resources and the experience of the therapist.

BS is a common, chronic disorder characterized by exacerbations and remissions, which presents with symptoms of abdominal pain and/or discomfort and altered bowel habits. It has a chronic relapsing course and can overlap with other functional GI (dyspepsia) and non-GI (fibromyalgia) disorders. The clinical diagnosis of IBS is based on identifying symptom criteria with a “positive diagnosis” and excluding organic disease with minimal diagnostic evaluation. Clinicians should feel secure

with the diagnosis of IBS, if made properly, because it is rarely associated with other explanations for symptoms.

Although there are many expensive and sophisticated tests available for the evaluation of IBS symptoms, these are generally not needed for patients with typical symptoms and no features suggestive of organic diseases. An integrated diagnostic and treatment approach first requires an effective physician-patient relationship. A careful history will also identify the need for diagnostic studies and treatments as determined by the nature and severity of the predominant symptoms, and the degree and extent of influencing psychosocial and other factors. The fact that definite structural or biochemical abnormalities for these disorders cannot be detected with conventional diagnostic techniques does not rule out the possibility that neurobiological alterations will eventually be identified to explain fully the symptoms of most functional disorders.

Examples of such a shift in perspective from symptom-based disorders without detectable abnormalities to medically treatable diseases based on specific neurobiological alterations include affective disorders (depression, anxiety) and migraine headaches. Similar to other chronic illnesses, a multi-component model that involves physiologic, affective, cognitive, and behavioral factors can be formulated for IBS. Although all factors are closely inter-connected, the importance of individual factors in the generation of IBS symptoms may greatly vary between individuals. Physiologic factors implicated in the generation of IBS symptoms include:

- hypersensitivity of the GI tract to normal events.
- autonomic dysfunction including altered intestinal motility response to stress and food intake.
- alterations in fluid and electrolyte handling by the bowel, and alterations in sleep.

Many of the traditional therapies have been used to treat specific IBS symptoms because they have not been shown to significantly relieve global symptoms, which would improve an overall sense of well-being.

However, the discovery of novel serotonergic agents such as tegaserod and alosetron have been shown to be effective in treating global symptoms in patients with IBS compared with placebo. More recently published studies evaluating the efficacy of antidepressants, such as tricyclics and SSRIs, suggest that these medications may help improve general well being in addition to treating psychological comorbidity in affected individuals but further studies are needed.

Psychological and behavioral therapies have also been showed to be effective for IBS however it potentially can be limited by the availability of experienced therapists. Instituting a multidisciplinary approach using nonpharmacologic and pharmacologic therapeutic modalities may result in the most effective outcome. Future studies will further enhance our understanding of this condition.

Chapter Six

Body Trauma/ IBS Theory

For years, doctors have been saying that Stress is the cause of IBS. While I do believe and agree that Stress can and does exacerbate IBS, my personal research with my own clients shows that 100% of my clients were involved in some sort of Body Trauma prior to the onset of IBS. After researching the histories of many of my clients' over the past 7 years, it is my belief and contention that IBS is caused by Body Trauma rather than stress, alone.

I started thinking about this connection when a group of children between nine and eleven years of age started showing signs of IBS. I wondered, "What could be causing this new surge of younger clients?" I had always asked my clients many questions; "When did you first start to experience IBS symptoms?" "How often between outbreaks?" I asked about food choices and times of eating breakfast, lunch, dinner and snacks. What they ate, when they ate and how much. I asked about beverages like coffee,

soft drinks and alcohol. I had them track outbreaks, trying to find a connection. I could not find a common thread except they all talked about stress. I thought the doctors might be right, but I also believed that just about everyone has stress in their life. I couldn't understand why some people got IBS and others didn't if stress was affecting them, all.

Then, one day, one of the parents (of a 10-year old client) mentioned something about getting a new book-bag for the client because, "They carry so much weight that the last one ripped out and it cost more to repair it than to get a new one." That thought really stayed with me and I began to wonder about the connection of the book-bags and IBS.

As I questioned each of my young clients and their parents, I found that every one of these children were carrying excessively heavy book bags to and from school which was an assault on their growing bodies. This theory was further supported when I spoke to Dr. Dave Lemons, a local chiropractor and associate, who told me he had been seeing young children as a result of the damage the heavy book bags were causing.

At this point, I called a friend who was, at the time, the Superintendent of Schools in Oxnard, CA. I asked her about the book-bags and was told that there had been so many complaints that they were now recommending pushcarts for the book-bags and would be discontinuing the use of the backpack type of book-bag. During the transition from the backpack type to the pushcart type, I noticed a decline in the clients between 9-11 years old.

To further test this theory, I began to ask IBS clients about their IBS history with a different slant. In addition to all the other questions (See above) I now focused on finding out if they had encountered any kind of Body Trauma just prior to the onset of IBS. In each case, this proved to be a valid concern.

Some examples include:

David, a 39-year-old schoolteacher, had been to Indonesia on his summer break and contracted a staff infection (Body Trauma). He had been treated in Indonesia with antibiotics. When he returned to the US he re-infected himself when he went surfing in contaminated water (Body Trauma). David underwent 6 rounds of antibiotics in a year (Body Trauma). It was after those experiences that he began having outbreaks of IBS. We were able to see significant improvement within the first 3 sessions and almost complete control after 12 sessions. I also gave David my 12-session IBS set of CDs and suggested that he listen to them regularly.

Maia, a 22-year-old photography student, came to me originally to quit smoking. During the 3 Smoking Cessation sessions, she disclosed that she suffered from IBS. Maia had traveled to Puerto Rico at age 15, where she became violently ill from food poisoning, twice (Body Trauma). Maia was given a series of antibiotics and, while the poisoning cleared up, she suffered from IBS for a couple years after that experience. We were able to completely control the IBS with the exception of the few times when she drank coffee.

These are Maia's words:

"I first went to Bunny to quit smoking, which I did after 3 sessions. When I discovered she works with IBS I was excited because I have been suffering with IBS since I lived in Puerto Rico. After 4 sessions my symptoms were 90% under control and now I have had no symptoms for over a year. And, I haven't had a cigarette, either."

Donald, a 47-year-old attorney came to see me because he had a girlfriend who was coming for Fear of Flying. During a conversation with her, I discovered he was struggling with his practice because he was always in the bathroom. When I questioned both of them about his IBS, I discovered that he had been in a car accident (Body Trauma) and had suffered some serious injuries as a result of the accident. He was

hospitalized for a week and sent home. Shortly after, he began having constant diarrhea. He didn't want to see the doctor because he felt that the stay in the hospital was where he originally contracted IBS and didn't trust the doctors that he thought 'gave it to him.' Both Donald and his girlfriend ate a lot of 'diet food', which seemed to exacerbate the IBS problem. Just getting off the processed foods seemed to help a bit. Donald reported that his IBS symptoms were under control by the 4th session unless he ate any of the processed foods that caused him distress.

These are Donald's words:

"I remember times when I had diarrhea so bad that it lasted for over two weeks without a break! And I didn't see my doctor. In fact, I hated going to my doctor because nothing they gave me worked. Hypnotherapy is the best thing I have done for the IBS. I haven't had a flare up for over a year."

Another client, Beverly, has three grown daughters who sent her to me after I worked with one of the daughters to reduce her weight. When she discovered that Hypnotherapy could help IBS, she got very excited and wanted me to help her mother.

Beverly had remarried after her husband died and, as a result, had given birth to a 'surprise' baby a year before (Body Trauma) I saw her. This was her fourth child and she didn't remember any problems with her original three. Twenty years had past since her last child had been born and Beverly experienced a difficult fourth pregnancy. It was shortly after the baby was born that Beverly started experiencing IBS symptoms. Since she was already seeing the doctor for post-delivery check-ups, she told the doctor about the symptoms and he diagnosed her with IBS. She told me that she would carry an extra set of clothes for herself in the diaper bag when she took the baby out. She also said that

those trips were becoming further and further apart. Her daughters were doing most of the grocery shopping for her when she came for her first session. Beverly had a ‘thing for cheese’ which we found was a trigger for the IBS flare-up. After doing some testing, Beverly found that she was able to enjoy low-fat string cheese, which made her happy. As are all of my IBS clients, Beverly was very nervous about where my bathroom was and being able to ‘get there in time’.

These are Beverly’s words:

“My IBS was so bad I had to carry an extra change of clothing wherever I went. I was becoming a prisoner in my own house. After 2 sessions with Bunny I began to feel better. She really listened to me and helped me to get control of my body.

These are just a few of the IBS case studies I have worked with. With each client, an obvious Body Trauma was present shortly before the onset of IBS symptoms. I have had absolutely no problem in determining if there was a Body Trauma as each of the clients recalls it, clearly. Should there ever be a case where the client may not recall the instance of Body Trauma, I would conduct a Regression session to determine if that was the case.

Each of these clients, as well as all of my IBS clients, receives a set of my IBS CDs to listen to between sessions for extra support. They are all instructed to fill out and track the Irritable Bowel Syndrome Daily Symptom Tracking sheets and return them to me at their next session.

Since IBS symptoms are cyclic in nature, it is necessary to use multiple hypnotherapy sessions spaced over a period of three to four months. Six to ten sessions spaced two weeks apart has proven to be an effective treatment period. The client must have time to practice the suggestions contained in both the hypnotic sessions and to listen to the CDs given to the client to use at home.

It should be stressed to every client from the very beginning that this is a process and therefore, requires multiple sessions to achieve long lasting results. In addition, they should know that both conventional medicine and adjunctive therapy are an art form rather than the science it is thought to be. Since conventional medicine has not been able to provide you with adequate symptom relief, you must take charge and be a fully participating member of your own healing process. They are in charge! A Hypnotherapist is a great tour guide but he/she must have the client's cooperation for this to be successful.

Chapter Seven

Hypnosis and IBS

The Uses of Hypnotherapy

The medical profession cannot be sure of the causes, nor have they suitable treatments for IBS, new drugs that may be effective in some individuals are mainly prohibitively expensive for sufferers. Hypnotherapy in the UK and elsewhere has been shown to help in the vast majority of cases of IBS sufferers. The writer is aware of at least one hospital gastroenterology department with its own hypnotherapy team alongside. Hypnotherapy is non intrusive, safe, comfortable and a cost effective and complementary to use along side mainstream medicine, some in the profession would in this case argue 'alternative' since the medical profession are generally at a loss with this

condition.

Just dealing with the symptoms of IBS is not enough, the individual has to learn to rebuild internal energy, many sufferers feel drained emotionally, and life issues and responsibilities continue to deplete inner emotional strength, leading in some cases to anxiety or even some forms of depression.

Before the sufferer even thinks of working through the IBS, they invariably need an emotional 'pop-up', they need their batteries charged, after perhaps years of pain and discomfort, of being told by various medical professionals that there is nothing that can be done, even though intrusive and sometimes painful examinations have been undergone, many sufferers feel emotionally drained.

Work and family relationships can be eroded and strained, social life and love life can be virtually non-existent, concentration and recall, may be almost impossible compared to how it used to be, confidence and self esteem of the individual is often very low, and the ability to see things in perspective is greatly reduced. Therefore to tell a sufferer that they must do this or that, without preparing for the journey is almost certain failure.

Hypnotherapy, when conducted correctly can increase self-esteem, confidence, and allow the sufferer to begin a journey of self-improvement and management, by changing their thoughts, changing negative thoughts and feelings for positive ones and thereby equip themselves emotionally to move away from the symptoms and thoughts of IBS and begin moving forward, a journey that many sufferers have or are taking at this moment.

Hypnosis represents a brief therapy, which is benign, noninvasive and inexpensive. Since IBS symptoms are cyclical in nature, the results of any therapy must be evaluated over a long period of time. The greater the number of hypnosis sessions, the longer lasting the relief the client gets. While many clients will report symptom relief after one or two sessions, unless they come back for multiple sessions spaced over a period of three to four months, they will notice a gradual 'creeping back' of their symptoms. Clients following the multi-session approach have now maintained their symptom improvements for up to five years after the sessions ended and still counting.

In today's insurance of managed care system, hypnotherapy is being embraced. It is imperative, however, that you work closely with the client's personal physician and that you not accept clients who have not gotten a definitive diagnosis of IBS. Successful IBS clients will build a practice for you. (Melissa J. Roth, CHt., PhD)

What makes hypnotherapy different than cognitive therapy?

Cognitive counseling deals with issues at a cognitive level; and many of life's problems require just that. When someone has to make difficult cognitive decisions, competent professional help is absolutely essential. For example, hypnotherapy is not a substitute for marriage counseling. But when it comes to changing habits or behaviors regulated by the subconscious, there is nothing faster than competent hypnotherapy to facilitate subconscious change.

Can hypnosis be used to reduce pain and/or suffering from illness?

Pain is a warning that something is wrong with the body, and it needs to be diagnosed by someone qualified to do so. Any competent hypnotherapy instructor emphasizes to his or her students the importance of requiring a written referral from an examining physician before ever using hypnosis to reduce pain or other physical symptoms. The exception (for those who are not licensed to practice medicine) is if the examining physician is physically present and/or is supervising the hypnotic process.

Since the time of a Hypnotherapist is not nearly as expensive as the time of a physician, hopefully there will be greater cooperation between the medical profession and the hypnotherapy profession in the future. A competently trained Hypnotherapist should know, even with a medical referral, when to simply use hypnosis for symptom removal, and when and how to use hypnosis to search for subconscious causes of the symptom(s). Hypnosis can make a difference even with major disease. Hypnosis can be used to reduce pain. Hypnosis can be used to quit smoking. Hypnosis can be used for weight reduction. Hypnosis can be used to overcome phobias. Hypnosis can be used to reduce stress or anxiety. Hypnosis can be used to control irritable bowel syndrome.

Hypnosis Treatment of Irritable Bowel Syndrome

Olafur S. Palsson, Psy.D., Research Associate, Department of Medicine, University of North Carolina at Chapel Hill states that the standard medical methods currently used to treat irritable bowel syndrome (IBS) are of some help to the majority of people with the disorder. However, up to half (1) of IBS sufferers are

dissatisfied with the results of standard medical management, and many continue to have frequent symptoms after seeing doctors about them.

In recent years, other alternatives have been sought to help these individuals. There has been growing interest in the possibility of using the mind to soothe the symptoms of IBS. Mental states clearly affect the way the gut behaves in people with IBS, and in fact, also in people who have no gastrointestinal problems.

Although IBS is probably not caused by stress directly, it is well established from research that psychological stress increases the symptoms of many people who have the disorder. If the mind can have such a powerful negative influence on the intestinal tract, it would seem to make sense that the mind could be used to have a positive or calming influence on the intestines.

Several psychological methods to treat IBS symptoms have been tested in formal research studies, including biofeedback, cognitive therapy, psychodynamic (insight-oriented) therapy, and hypnosis treatment. It is unclear, to date, which of these psychological treatment methods is most effective, for they have generally not been tested side by side. However, cognitive therapy (2,3) and hypnosis treatment (4-7) have had the highest reported success rates in repeated formal research studies, with improvement seen in 80% or more of all treated patients in some studies. Hypnosis treatment will be discussed specifically in the next section.

Hypnosis for IBS

The results of the first formal research study on hypnosis treatment for IBS were published in the *Lancet* in 1984. The investigators, Dr. Peter Whorwell and his group in Manchester in England, reported remarkable success from a seven-session hypnosis treatment of 15 patients with severe IBS problems who had not responded to any other treatment. All 15 patients treated with seven sessions of hypnotherapy improved, with dramatic improvement seen in all the central symptoms of IBS. The researchers furthermore showed that this therapeutic impact was not merely due to belief or expectancy of improvement, because a comparison group of 15 IBS patients who were instead treated with the same number of psychotherapy sessions and also received placebo pills (pills with no medication) showed only slight improvement. This was a powerful demonstration of the impact hypnotherapy could have on IBS, and led to considerable subsequent interest in this approach to IBS treatment.

Since this first report, more than a dozen other published research reports have confirmed that hypnosis treatment is effective in treating IBS. Generally, the treatment procedures reported in the literature consists of 4 to 12 sessions (shorter treatment than 7 sessions may be a bit less effective). Hypnosis sessions are typically conducted weekly or once every other week, last 30-40 minutes and consist of induction of hypnosis followed by deep relaxation and the use of gut-directed imagery and suggestions.

Patients are commonly given short audiotape hypnosis home exercises to use during the course of treatment in addition to the sessions with the clinicians.

The experience to date may be outlined as follows:

- Reported success rates range from approximately 70-95% in all studies with any significant number of patients [for example, in the work of the Manchester group in England and our studies.
- The improvement enjoyed from this treatment often lasts at least two years after the end of treatment (5).
- All major IBS symptoms improve from this kind of treatment (abdominal pain, diarrhea/constipation, and bloating).
- There are some indications that individuals with certain characteristics are somewhat less likely to benefit from this kind of treatment (5,7,13): People with very little hypnotizability (perhaps 15-25 % of all people), persons with psychiatric disorders, and maybe (according to one report) males with diarrhea-predominant type of IBS.
- This treatment can be effective also when people are treated in groups (14).
- In addition to effects on physical symptoms, the treatment commonly improves psychological well being and life functioning substantially (6,7,13,15) and can have long-term positive effects in reducing disability and health care costs and improving the quality of life of IBS patients (15).

How hypnosis treatment improves IBS symptoms

Although it is by now well established that hypnosis treatment often improves the symptoms of IBS, it remains a mystery exactly how hypnosis influences IBS in such a beneficial way. A research team has conducted two studies to try to shed some light on this issue, using completely standardized seven-session protocol with written hypnosis

scripts where all treated patients receive the same exact hypnosis treatment word for word.

The first study (6), which was the first hypnosis group trial for IBS in the U.S., was conducted in Dr. Whitehead's research laboratory at the University of North Carolina at Chapel Hill in 1995-1996. In this study, the focus was to understand how the treatment influenced the intestinal tract, by measuring changes in rectal pain sensitivity and gut muscle tone with a computerized balloon inflation test. The study found no significant changes in pain sensitivity or muscle tone in the gut after hypnosis treatment. However, 17 of the 18 treated patients, all of whom had unsuccessfully tried conventional treatment methods, rated their IBS symptoms significantly improved after treatment.

It should be noted that the Manchester group has also conducted two studies to examine the changes in the gut after hypnosis treatment. They similarly found no overall changes in gut pain sensitivity (although in one study (16) a subgroup of the most pain-sensitive individuals showed reduced sensitivity) nor muscle tone changes after treatment, even though the clinical symptoms of their patients improved.

The second study (7) at Eastern Virginia Medical School in Norfolk, Virginia, to examine whether the effects of the hypnotherapy on IBS could be explained by treatment changes in nervous system activity, and also to test further our standardized treatment protocol. Twenty-four people with severe IBS were treated with the standard protocol, and measured the activity of the autonomic nervous system (the part of the nervous system that automatically controls the body's inner functions) in various ways before and after treatment. It measured sweat gland activity, heart rate, blood pressure, skeletal muscle tension, and skin temperature in the participants, both at rest and in

response to a standard mental stress task (problem-solving under time pressure). Twenty-one of the 24 patients (87.5%) treated in the study improved substantially and maintained their improvement at 10-month follow-up. The only change we saw after hypnosis treatment in the nervous system data, however, was a small reduction in sweat gland activity, suggesting somewhat lessened physical stress. This seemed to be unrelated to the much larger improvement in clinical symptoms from the treatment, and could not account for the mechanism of improvement. In contrast, we did find that patients had greatly reduced experience of general (non-IBS) bodily symptoms after treatment, and this was statistically related to their improvement of IBS symptoms. This suggests that changes in the mind's interpretation of, or attention to, signals from the body play some role in the improvement.

Hypnotherapy An Effective Treatment For Irritable Bowel Syndrome

Science Daily — Medics at The University of Manchester have discovered a way to treat Irritable Bowel Syndrome (IBS) using hypnotherapy.

Up to eight million people in Britain suffer from IBS, with symptoms including diarrhea, pain and bloating. The condition can seriously affect sufferers' quality of life and finding treatment can be difficult, leading many doctors to feel they can do little to help.

Again, research by Peter Whorwell, Professor of Medicine and Gastroenterology in the University's Medical School and Director of the South Manchester Functional Bowel Service, has been researching the use of gut-directed hypnosis for over 20 years.

Most recently, two hundred and fifty patients who have suffered from IBS for over two years were given twelve one-hour sessions, during which they were given an explanation of how the gut works and what causes their symptoms. "IBS is ideal for treatment with hypnosis, as there is no structural damage to the body," explained Professor Whorwell. "During the hypnotherapy, sufferers learn how to influence and gain control of their gut function, and then seem to be able to change the way the brain modulates their gut activity."

With a success-rate of about 70% Professor Whorwell believes that, although labor-intensive, hypnotherapy could be an extremely effective treatment for the condition; and a less expensive alternative to new, costly drugs coming onto the market.

"We've found it to help all the symptoms, whereas some of the drugs available reduce only a few," he said. "As IBS can be a life-long condition it could clearly be a very valuable option for patients; however it is not suitable for everyone and women tend to respond better than men." Professor Whorwell has founded a dedicated unit at Wythenshawe Hospital which treats patients from all over the UK, as the treatment can only be carried out by a practitioner trained in gut-directed hypnotherapy and is not yet widely available on the NHS.

One former patient Sonia Pinnock of Professor Whorwell said, "I suffered from IBS and was on medication for nearly 20 years, but could get little relief from my symptoms. Since visiting the clinic for 12 hypnotherapy sessions last year however they've disappeared completely ... the difference it's made to my quality of life is indescribable." Another happy patient Christine Walsh continued, "After my

hysterectomy I suffered from IBS for about five years, and it totally ruined my quality of life. I couldn't plan holidays or leisure activities and at work I was often doubled-up in pain. But since having weekly hypnotherapy sessions for three months I've now been free from IBS for five and a half years - the treatment has totally changed my life."

Since IBS symptoms are cyclic in nature, it is necessary to use multiple hypnotherapy sessions spaced over a period of three to four months. Six to ten sessions spaced two weeks apart has proven to be an effective treatment period.

The client must have time to practice the suggestions contained in both the hypnotic state and those given to the conscious mind outside a hypnotic state. It should be stressed to the client from the very beginning that this is a process and therefore, requires multiple sessions to achieve long lasting results.

Since conventional medicine has not been able to provide patient's with adequate symptom relief, patients do best when they take charge and be a fully participating member of their own healing process. A hypnotherapist is a great tour guide but he/she must have your cooperation from the patient to be successful.

Chapter Eight

Conclusion

As a practicing Clinical Hypnotheapist for the past 16 years, I am constantly amazed at the wide range of problems and situations that benefit from hypnosis or Hypnotherapy. Aside from my own allergies and migraine headaches, which completely disappeared over 25 years ago through the use of Hypnotherapy, I have witnessed a myriad of personal benefits using Hypnotherapy. During that time I have also seen a wide array of clients who have had many positive results in their lives as a result of using Hypnotherapy. Within just the past three months I have assisted three separate clients in retrieving 'lost' wedding and/or engagement rings (is there a subconscious wish, here?) get past phobias concerning dentists, bugs, airplanes, churches, heights, driving a car (I had to go to her) and elevators.

My clients have lost weight, stopped smoking, quit biting their nails and managed their pain much more effectively than they ever thought possible. I am happy to say that there are nurses, attorneys and Marriage and Family Therapist (as well as high school and college students) who have passed their tests, without anxiety, and now have new careers as a result of Hypnotherapy. And, one of my most recent students can now speak fluent Spanish at age 56. In addition, clients who used to used to suffer from IBS are now able to leave their homes, comfortably and without fear of panicking if there is not a bathroom handy at all times.

IBS is a very good example of a problem that can be controlled with the use of Hypnotherapy. You notice I didn't say, 'Cured'. As of today, there is still no cure. Nonetheless, it is stunning to me to see the changes that occur in clients who suffer from this depilating intestinal problem. However, through re-programming the mind-body connection, clients who were afraid to leave their homes/bathrooms are now able to function normally in society without fear or anxiety of the effects of IBS.

I began studying the IBS/Hypnotherapy connection as a result of a friendship with an oncologist who I knew about 10 years ago. In 1995 he and his associates had developed a product for Lymes disease and they were able to retire off the profits they made from the sell to a large pharmaceutical company. His dream had always been to do more cancer research and he was now free to pursue that goal. It was during this research that he began reading about some of the progressive findings in the European health field. To make a long story short, he always shared his findings with me over dinner on his way to Los Angeles. Ventura was a convenient stop on his way from San Luis Obispo to Los

Angeles, where he was to give his latest findings on cancer research. As long time friends, we always enjoyed a lot of interesting conversation about his findings and the impending presentation. We had a mutual fascination with each other's interests and careers and he was very aware of the advantages of the use of Hypnotherapy in the medical arena.

One particular evening, he asked me if I knew much about IBS (Irritable Bowel Syndrome). I had to confess that I did not. What he told me, next, changed the entire direction of my career and is the basis of this thesis. "Do you know that in Europe (especially England) they have been using Hypnotherapy as the traditional therapy for IBS for almost 20 years? Do you know it is so widely accepted that all insurance companies accept it and pay for it?" he asked. He further told me that the statistics he read showed that IBS responded to Medication in about 22-26% of the cases as opposed to a control factor of 85-92% with Hypnotherapy. I was amazed.

At the time, I was seeing a number of smokers for smoking cessation clients and, (the good news and the bad news) while my Hypnotherapy success rate was very high, I was always working myself out of a job! "Why don't you become the United States expert on Hypnotherapy and IBS since it is relatively unknown in the states?" He asked me. I got very excited and started doing research as soon as I got home. There was very little information on the subject at the time. I searched the Web and followed every lead I could find about IBS and Hypnotherapy. There were some case studies and statistics as evidenced by the following:

1. Houghton LA, Heyman DJ, Whorwell PJ. "Symptomatology", quality of life and economic features of irritable bowel syndrome—the effect of hypnotherapy. *Alimentary Pharmacological Therapy*. 10(1):91-5, 1996.

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. A quality of life questionnaire including questions on symptoms, employment and health seeking behavior was administered to 25 patients treated with hypnotherapy and to 25 control irritable bowel syndrome patients of comparable severity. Patients treated with hypnotherapy reported less severe abdominal pain, bloating, nausea, flatulence, urinary symptoms, lethargy, backache, and painful sexual intercourse compared with control patients. Quality of life, such as emotional and physical well being, mood, locus of control, and work attitude were also favorably influenced by hypnotherapy. For those patients who were employed, more of the controls were likely to take time off work (79% vs. 32%) and visit their general practitioner (58% vs. 21%) than those treated with hypnotherapy. Three of four hypnotherapy patients out of work prior to treatment resumed employment compared with none of the six in the control group. This study has shown that in addition to relieving the symptoms of irritable bowel syndrome, hypnotherapy profoundly improves patients' quality of life and reduces absenteeism from work.

2. Whorwell PJ. "Review article: The history of hypnotherapy and its role in the irritable bowel syndrome." *Alimentary Pharmacology & Therapeutics*. 22(11-12):1061-7, 2005 Dec.

This paper reviews the history of hypnotherapy, its physiological effects, and the accumulating evidence that it is effective in relieving the symptoms of irritable bowel syndrome and improving quality of life.

3. *Aliment Pharmacol Ther.* 1996 Feb;10(1):91-5. Symptomatology, quality of life and economic features of irritable bowel syndrome--the effect of hypnotherapy.

Houghton LA, Heyman DJ, Whorwell PJ. Department of Medicine, University Hospital of South Manchester, UK.

AIMS: 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 behavior 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 ($P < 0.001$), locus of control ($P < 0.05$), physical well being ($P < 0.001$) and work attitude ($P < 0.001$) were also favorably 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 out of work 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.

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As much as I believed that Hypnotherapy and IBS were related and a potential beneficial combination, I simply didn't have enough information or background to attempt to put together a program for IBS sufferers. I was (and continue to) following Dr. Whorwell's findings, as he seemed to be the frontrunner of information on the connection between IBS and hypnotherapy.

Then, I started hearing and reading about Melissa Roth, Melissa J. Roth is a Certified Hypnotherapist and a Doctor of Clinical Hypnotherapy candidate through the American Institute of Hypnotherapy. Ms. Roth is the President of the Alabama Hypnotherapy Center located in Birmingham, Alabama. Melissa Roth worked with Dr. Whorwell and was using a modified version of Dr. Whorwell's finding. I was delighted to know that she was traveling all over the United States to teach her program to students who wanted to help IBS patients. I met Ms. Roth in 1999 and again in 2003. And, I was

fortunate to take her program as well as an update to the original. Her programs are comprehensive and I use them, today.

To follow, I have included an original compilation of Ms. Roth's work in addition to her scripts, which I wish to credit to her. I would like to thank Dr. Whorwell and Melissa Roth for blazing the way for us to carry on and help so many IBS sufferers to gain control of their lives.

Evidence continues to be overwhelming that IBS symptoms do respond to hypnosis. Not only do they respond, but they respond dramatically! The research evidence to support this is so dramatic and so overwhelming that Adriane Fugh - Berman, MD, chair of the National Women's Health Network in Washington, D.C., says that hypnosis should be the treatment of choice for severe cases of IBS. In my practice, so far, 100% of the clients I have treated with hypnosis have shown marked improvement in their symptoms. Seven of the first eight clients (the number in the first phase of a three-stage research project) became symptom free during the six sessions. While the eighth subject did not become symptom free in the standard six-session regimen, his symptoms did improve significantly in the number of symptoms, duration and severity. He has continued his sessions to gain even greater relief. All of these clients had refractory (meaning that had not responded to drug and diet therapy) IBS symptoms for greater than four years. Most reported that the symptoms had started in childhood. Clients ranged in age from 35 to 50 years old. Although all of them were on multiple medications, including steroids, bulking laxatives and on special diets, none of them had gained relief from their symptoms.

For instance, Melinda is a 35-year-old special education teacher. When Melinda first came to my office, she had recently been released from the hospital for a particularly severe episode of uncontrolled diarrhea. She was on high dosages of multiple medications. She reported that the medications had too many side effects, and that in spite of them, she had not seen much improvement in her symptoms. While she was no longer experiencing fecal incontinence, she still had watery stools several times a day. When asked to rank her symptoms on a scale of zero to ten, with ten being the worst and zero indicating the absence of symptoms, she ranked them as follows: diarrhea 5; abdominal pain 7; bloating 8; fatigue 8. At the beginning of the sixth and final sessions she ranked the same symptoms as follows: diarrhea 0; abdominal pain 0; bloating "maybe 2"; fatigue 0. She reported these results in symptom improvement in spite of higher levels of stress caused by the unexpected deaths of two close friends. Working in conjunction with her physician, Melinda is now off medications for her IBS symptoms.

Jackie characterized her symptoms as a "panic attack of the bowels". After only two sessions, she reported that her symptoms had improved so much that she "actually got out with (her) family and went a few places" for the first time in over four years. She cannot remember when she did not have IBS symptoms. Now, she reports that she "feels better upon awakening than I have in years". She no longer has abdominal pain upon awakening. Even though she had one period of diarrhea in a time of unduly high stress, she still had no pain associated with it. Working in conjunction with her physician, Jackie has come off all the drugs she was on prior to starting the program and has not had a return of her symptoms even though her stress levels remain high.

Susan, a financial specialist, during her first visit characterized her symptoms as: pain 10; gas 7; bloating 10; constipation 10; and diarrhea 2. By the middle of the program, she reported her symptoms as follows: pain 0; gas 1; bloating 0; constipation 0-1; diarrhea 0. By the end of the program, she reported zeros in all categories.

The common thread among these people is that they had unabated IBS symptoms which interfered with their daily living. None of them actually believed hypnosis would work to alleviate their symptoms. However, they were so desperate for relief they were willing to try anything. They were desperate for hope, for an alternative to learning to live with debilitating symptoms. Now, due to hypnotherapy treatment for their symptoms, they have been able to return to a much more normal lifestyle.

The hypnotherapy program I used with this people was modified from the research done by gastroenterologist P. J. Whorwell, MD, in Manchester, England, and Dr. Olafur Palsson's research done at Eastern Virginia Medical Center. The clients came for six to eight sessions spaced two weeks apart. The hypnosis portion of their session was tape-recorded and they were instructed to play the tape for themselves daily until the next session. All suggestions and imagery was "gut specific" and incorporated information on how a normal gastrointestinal system functions. Suggestions were made

about the intestines being coated with a special protective coating to insulate it from irritants, etc. At the last session, subjects were taught self-hypnosis techniques and given instructions on how to formulate their own self-hypnotic suggestions.

There is no doubt in the world literature that hypnosis is a highly effective treatment for IBS symptoms. Since IBS symptoms fluctuate, you have to evaluate the results over a long period of time. What Dr. Whorwell, Dr. Palsson and I all found to be true is that the greater number of sessions, the longer lasting relief the client gets. While many clients will report symptom relief after one to two sessions, unless they come for multiple sessions spaced over a period of three to four months, they will notice a gradual "creeping back" of their symptoms. Clients following the multi-session approach have maintained their symptom improvements for up to three years after the sessions ended - so far.

Chapter Nine

Treatment Protocol for Irritable Bowel Syndrome (IBS)

Since IBS symptoms are cyclic in nature, it is necessary to use multiple hypnotherapy sessions spaced over a period of three to four months. Six to ten sessions spaced two weeks apart has proven to be an effective treatment period.

The client must have time to practice the suggestions contained in both the hypnotic state and those given to the conscious mind outside a hypnotic state. It should be stressed to the client from the very beginning that this is a process and therefore, requires multiple sessions to achieve long lasting results. In addition, you should know that both conventional medicine and adjunctive therapy are an art form rather than the science it is thought to be.

Since conventional medicine has not been able to provide you with adequate symptom relief, you must take charge and be a fully participating member of your own

healing process. You are in charge! A hypnotherapist is a great tour guide but he/she must have your cooperation for this to be successful.

You will not get relief if you think a hypnotherapist or anyone else can do something to “heal” you. Hypnosis is not like taking a pill and symptoms magically going away. It may take as many as four sessions before you start to notice symptom relief. It may take only one session.

However, results will not be long lasting unless you listen to the tapes on a daily basis and participate fully in the suggestions. No less than six sessions are necessary to produce long lasting symptom alleviation.

Number of Sessions: Six to twelve

Length of Session: First session lasts 1 to 1 1/2 hours
All subsequent sessions last 50 minutes to one hour
Routine appointments must be kept within a couple of days of the two-week period for success. An erratic schedule for therapy sessions produces erratic results in symptom alleviation.

Tapes: First CD is approximately 30 minutes in length.
Subsequent CDs are between 20 – 25 minutes in length.
CDs MUST be played daily to be effective.
The optimal time to play the CDs is first thing in the

morning.

Charting Symptoms: Symptoms are to be charted daily. Symptom logs are to be turned in at every session and new ones received from the therapist.

Food Diary: Sometimes asked of the client. This helps determine if food sensitivities are interfering with progress.

Medications: All current medications should be continued until symptoms start to abate. Then, only upon consultation with their physician, they can start to taper medications based on symptom severity.

Chapter 10

Hypnotherapy Scripts

Acknowledgement and Special Thanks to Melissa J. Roth

Progressive Relaxation Script

Start by paying attention to your breathing...taking slow, deep breaths in and exhaling fully. Imagine you are breathing in through the floor of your pelvis (or a tube through your navel-any imagery to indicate belly breathing.) Just let your eyes close down normally and without distractions. Paying particular attention to the sensations in your chest as the ribs expand to allow the life-giving oxygen to fill your lungs. And, then on the sensations in your chest as the spent air rushes back up your throat, over the back of your throat and how warm it is as it comes out your nose. The muscles in your chest feel so relaxed as you exhale with a sigh.

And, on each “in” breath, I want you to tell yourself, I AM,” and on each “out” breath, tell yourself, ‘RELAXED,” so that it’s, “I AM REEELLLAAAAXXXXEEEEEEEDDDDDDD!”

(Time this with their breathing.) Very good.

I’m going to mention certain parts of your body and as I mention each one, I want you to concentrate on relaxing all the muscles in that part of your body. In a few minutes you’ll be more relaxed than you’ve ever known yourself to be. Is that okay with you? Nod your head for me, please. Good.

Start with your scalp. Just let all the muscles in that (notice the tense change) scalp just go loose and limp, just like a wet cooked noodle. Picture and imagine yourself standing in a warm, comfortable shower of relaxation...and, as it washes over you, just let all your muscles go as loose and limp as a Raggedy Ann/Andy doll. Everywhere the shower flows just relaxes fully and comfortably. That’s right. Now just let this relaxation flow down to your forehead. See all the little lines and creases just melt away, just like butter melting in the sun.

Now, let it flow down around your eyes as you relax the thousands of tiny muscles in your eyelids. Now, let it flow down around your eyes as you relax the thousands of tiny muscles in your eyelids. Now those eyelids may twitch and they may water. That’s okay and perfectly normal. Nothing to be concerned about. And, sometimes, they may even seem t wan to open. That’s fine, too, because they will just shut down again and relax even more deeply than before.

Now, let the relaxation continue down your cheeks, round your mouth and back behind your ears. Just relax all those tiny nerve endings behind your ear lobes. (*Don't pause here. You don't want them to have time to think at this stage.*) And, let it all flow down to your lower jaw. As you relax all the muscles in your lower jaw, it grows so comfortably heavy your teeth will part. Your lips may even part and that's okay too. All natural. All normal.

Now, let all this relaxation just ooze down the back of your neck and wrap around your throat like a warm scarf. Allow all of it to flow down to those shoulders. As your shoulders relax, they will probably droop. You know it's said we store our stressors in our shoulders. Just picture and imagine all the things that cause you stress and anxiety as little ice cubes stacked up on your shoulders.

Some people like to paint them colors or hang labels on them or even paint faces and pictures on the. But, as you relax those shoulders more and more fully the blood flows more and more easily, warming you like a comfortable spring sun. And, watch those ice cubes as they start to melt...and get smaller...and smaller (speak more quietly each time you repeat this)...and smaller...until they are just slivers. And finally, they evaporate, just like water on a hot summer's pavement. That's right.

Now, allow all of this relaxation to accumulate and spread down into your upper arms, down around your elbows, through your forearms and out to each and every finger. Just relax all the muscles over, under and around each and every fingernail. (*Don't pause here, keep going.*)

And, let all the muscles in your chest relax. Good. Now, allow those muscle sin your chest, your stomach and your abdomen to just go loose and limp as a cotton rope that's been cut and allowed to fray on the ends. The more time passes, the more those fibers unwind and let go until pretty soon, they couldn't move if they wanted to. That's right. You're doing so very well.

Notice how securely the chair supports your body as that body just grows heavier and heavier with relaxation. Just *feel* the relaxation flowing down your spine, opening up your vertebra. And, as it does, picture and feel hundreds of little fingers of relaxation massaging their way out from your spine all across your back and around your sides. Yeah..... And, let the relaxation continue to flow down your thighs. Allow the comfort to soak in though your skin to your muscles and all the way into your bones just like a sponge soaking up water. That's right...Now let it wash down your shins and calves, swirling around your ankles and over your feet, just like gentle waves. So very relaxed and feeling good for no good reason.

Use your favorite deepening technique here.

Include lots of permissive visual and kinesthetic imagery in this phase.

Gut Function Script #1

I always do this script second in sequence. It educates the gut on how it is supposed to perform.

Sometimes the unconscious has just “forgotten” how this is supposed to work.

I find it works equally as well for constipation and diarrhea.

Induction using autogenic with suggestions of waves of relaxation starting at the head and progressing to their toes. This sets the scene for the waves of peristaltic contractions and relaxation of the intestinal tract.

Deepening

Just drifting deeper and deeper.....comfortable.....serene. And as you continue to drift deeper with each and every breath, I would like to speak directly to your unconscious mind and your conscious mind is free to listen in if it would like or it may choose to drift also.....dream away to those relaxing scenes and emotions.....maybe of

happy times past or comfortable, wonderful times to come.....or it may listen occasionally and return to those positive images and emotions.....

Now, client's name, you know that your whole gastrointestinal system is simply a muscular tube, which is coiled, round, and round, inside your body. Various parts of this tube have various purposes and jobs just like the specialized departments in a factory.

The mouth is the receiving department where goods and raw materials are accepted and unpacked. The throat and esophagus are the conveyor system. The stomach is a processing room in which the materials are prepared for use and so on throughout the whole system. And finally, we have the useful products, which go into the body itself and the waste products, which we must eliminate. This whole factory has a continuous conveyor system. The tubes, which make up this conveyor system, are composed of rings of muscles. These muscles in their rhythmic contractions and relaxation push the material along through the factory just like the assembly line chain in an automobile factory. When we start the relaxation at the throat that is automatically followed by the natural rhythmic alternate relaxation and contraction of muscles. These contractions occur in evenly spaced waves.....just like the waves a pebble makes when it is thrown into a pond.

These waves always travel from the receiving room down toward the waste disposal departments, the wave of relaxation, which we started a few minute ago in the mouth and throat, is now moving down through the stomach towards the duodenum. Following the wave of relaxation comes the peristaltic waves, stronger alternating relaxation and contraction of the muscles down through the stomach, the duodenum and

into the intestine. Your whole intestinal tract is becoming relaxed and soon these waves will reach through the colon to the rectum.

The colon is a kind of storage bin, just like a wastebasket. Now we don't run to empty a wastebasket every time we get something in it. We do empty it when it gets full. That's exactly the way your body functions too. These peristaltic waves carry the waste material through the colon and into the rectum where it is stored until the proper time. As soon as it becomes full, an automatic signal is sent out.....almost like an auto responder to an E-mail message.....and you are alerted that you are about to have a bowel movement. As soon as you have that feeling you judge whether the wastebasket is full or whether this signal only was to alert you that something was in your wastebasket. You quickly learn to discern the difference in the two signals.

As soon as you are alerted by the proper signal that your wastebasket is full and you have that certain signal, you realize you are about to have a bowel movement. As soon as you have that particular feeling, you go to the toilet. When you sit down on the toilet, the contact of your backside with the toilet seat automatically sends a signal to the round sphincter muscle which keeps the valve closed the rest of the time. This round muscle, which serves as a sort of gate is called a sphincter. The waste valve we call the anus. When you sit down on the toilet, the contact of your backside with the toilet seat sends the signal to your sphincter muscle and it relaxes. It becomes soft and flexible and stretches easily. And these waves of muscular contraction in the colon and rectum force the material out.

These waves are working down through your intestines now. And soon after you leave here you will feel the urge to have a bowel movement. When you feel this urge, go

to the toilet, sit down and wait. Make no effort at all. Your body can dispose of its waste material perfectly well without your help. So, like a good manager, communicate its job to it and get out of its way and let it do it.....do not interfere. Make no effort at all. Simply sit on the toilet and wait. The act of sitting on the toilet will be a signal to your unconscious mind. The sphincter muscle will relax. The rectum will empty itself easily and automatically.

The rest of the time, until that special signal is sent that the wastebasket is full, the sphincter muscle will keep the gate close safely and securely. It will keep it comfortably and securely closed each time something is put in the wastebasket and will only send that certain, special signal when the wastebasket is full. Then, when you become aware of that signal you will go to the toilet sit down, relax and wait. Your body will do the rest quite competently without your interference.

Every time you eat, your jaws tense and relax, tense and relax. Eating is an automatic signal, which starts the entire digestive process in motion. You eat. Your throat swallows the food. Alternately relaxing and contracting the wavelike action proceed all through your stomach, duodenum and intestines. Soon after eating you feel the urge to go to the toilet. When you feel the urge, you go. The act of sitting on the toilet automatically sends a signal to the sphincter muscle. It relaxes. The whole muscle relaxes. There is no effort on your part. The entire process is automatic.

When you eat, the relaxation starts. Soon after eating, you experience the urge to go to the toilet. You go to the toilet. You go to the toilet immediately when you feel the urge. When you sit on the toilet that is automatically a signal for the anus to relax and become soft and flexible. Then the colon automatically and completely empties itself.

There is nothing for you to do consciously but go to the toilet when you feel that special urge that indicates quite clearly to you that the wastebasket is full.

All the rest happens automatically and naturally. Shortly after you return to full conscious awareness you are going to have the urge to go the toilet. When you have that urge to go to the toilet, go immediately.

Your body will take care of the rest. You are going to have a normal, comfortable bowel movement shortly after you return to full conscious awareness...and you will have another one tomorrow and every day hereafter. You will eliminate the waste products normally.....completely.....automatically.

Go to trance termination.

Digestion Script #2

(Modified from Wayne Morrison's Weight Release Script)

Induction using autogenics or progressive relaxation with suggestions of an enchanted forest and mountain path to a hut

...And just continuing to relax...now...deeper and deeper. Picture and imagine a door in front of you. As you open that door and go inside, give your eyes a moment to adjust to the light. You see 5 steps which lead down into a room filled with dials and gauges all over the walls. And as you begin walking down those steps, you notice all of the gauges, seeming to go on forever and ever. Millions of them. In fact, there are so many gauges and dials that you can't possibly see them all consciously, but as you look at them, you notice they are each labeled individually. One gauge is labeled "respiration rate" and another labeled "blood pressure" and yet another labeled "metabolism" and so on. And as you gaze among the millions and millions of gauges, you realize you are in the control room of your own body. And sitting in the middle of this control room is a most wondrous book labeled "*Owner's Manual for Perfect Health.*" And as you look at this wonderfully powerful book, you can see your name embossed in glittering gold letters in

the lower right hand corner. Go on and walk over to that book. Touch the book and notice the rich, beautiful binding. Feel the texture...notice how wonderful and luxurious it is. Now look inside...and as you turn the first page, you see that it is dedicated to you....and as you begin turning the pages, you see that each page has a picture of each gauge and a setting which most represents perfect health for you. Now, because you couldn't possibly memorize each of these settings consciously, I want you to begin turning the pages and memorizing each page rapidly and unconsciously. And while your unconscious mind begins memorizing each of the pages, I want to speak directly to your unconscious mind...now if your conscious mind wants to listen as well, that's okay. Otherwise, it may wish to just continue gazing and memorizing all the pages in the book...or maybe even take you on a fantasy journey to a place of peace and clam and relaxation for you.

From now on, you will chew your food longer...and slower...and this will allow you to extract every ounce of flavor and enjoyment from your food. Knowing that the key to perfect health is to have proper digestion...realize right now that proper digestion begins in the mouth.

So, I want you to chew each and every bite of food at least 15% longer. Savoring each and every bite...extracting all the many, varied flavors from each morsel...just the way a true gourmet does...paying close attention to the way the textures and flavors change the longer you chew each morsel...chewing each morsel longer and slower in order to properly digest your food.

Your cravings for carbonated beverages and fatty foods is diminishing with each and every breath you take. Evaporating like water on a hot, sunny day. And I want you

to increase your intake of fresh, cool water to at least 8 – 10 large glasses a day. Know now that water helps you to rid the body of toxins and ridding the body of toxins is essential for perfect health.

Your unconscious will now gauge your level of hunger on a scale of 0 to 10 with 0 being absolutely starving and 10 being stuffed. You eat when you are hungry and you stop eating when you reach 7 – 8. You adopt the eating style of someone who “grazes” over food. You eat the freshest, healthiest foods when you are hungry and stop eating when you are satisfied...around 7 – 8.

You will now increase your level of cravings to a moderate degree to eat a fresh, healthy source of uncooked, high fiber vegetables with lunch and dinner. Knowing that to the best of your ability you will always eat a fresh source of high fiber vegetables with each meal fresh ...healthy....uncooked, full of vibrant life...you now seem to pull more enjoyment from fresh fruits, as they become your snack of choice...these foods assist you in digesting your meal easily and healthfully.

Picture yourself and imagine yourself with family and friends or in a social setting. See and hear someone offering you foods and beverages you know are not healthy for you. Hear yourself easily and diplomatically declining those unhealthy foods and beverages...”No, but thank you anyway.” Feel the tremendous sense of pride growing within you each time you opt for healthy foods and drinks.

Now see yourself back in your control room of perfect health finishing memorizing the last few pages of your book for perfect health..... That’s right.

As you finish these last few pages right...now go to the walls with all of the gauges and dials and begin adjusting the dials at an infinitely rapid pace to resemble the gauges

and dials in the book of perfect health. Knowing that you can do this unconsciously and at a bionic speed. And also knowing that some of these gauges will need to be readjusted several times before you can achieve perfect health.

So allow yourself to make safe and moderate adjustments for the interim...and as these dials begin adjusting at your unconscious level, begin to bring your attention to the sensations within your body...as you feel them beginning to correct...that's right.

As your body begins to move toward proper digestion and perfect health, I'm going to count from 1 to 5 and as I do, you will awaken 20% each way. And with every numeral you will secure these suggestions deep into your unconscious mind...letting them permeate each and every cell and all the spaces in between cells. Knowing that these suggestions are for your own good and in line with your own desires. And each time the water cools the back of your throat, allow that sensation, whether recognized consciously or unconsciously, serve as a post hypnotic suggestion to reinforce and strengthen all these other suggestions for proper digestion and perfect health.

- 1 – Starting to drift up toward the surface of normal, wakeful awareness.
- 2 – Feeling wonderful about yourself finally knowing you are in full control.
- 3 – Desiring healthy foods and drinks that assist you in proper digestion.
- 4 – Ready now to do whatever is necessary to achieve your goals of proper digestion and perfect health. Feeling happy, full of vibrant health.
- 5 – Eyes open, wide-awake, bright and alert...feeling wonderful.

Symphony Script # 3

I often like to think of the body as a symphony orchestra. The symphony as a whole makes beautiful music. But, the orchestra is made up of several different sections, the woodwinds, the reeds, the horns, the percussion instruments, which set the beat...and each section is made up of many different instruments. Normally, they all work harmoniously together to produce beautiful music. Now sometimes, things can go awry with one of those instruments. A string breaks on a violin or a reed needs to be cleaned.....or one of the drums might miss a beat. And sometimes, for no good reason, an instrument makes a mistake and strikes a discordant note. Or a whole section can get out of sync with the rest of the orchestra. Or sometimes, when working on some composition, an entire section might be having difficulty with the rhythm or with a difficult chord or harmonic, or maybe the timing is just OFF. There are many possible problems. Something needs to be done so that the instruments can produce beautiful music again. But, just because an instrument may need to be tuned or even repaired, or

a whole section might need to work on the timing or rhythm, there is nothing wrong with the *orchestra*. *The orchestra is still as vital and strong as ever*. It simply means that the instrument needs to be tuned or that section has to practice more. And, when they have done that, then the orchestra is once again harmonious, rhythmic and attuned to itself...making beautiful music once again for all to enjoy.

Well, the body is like that, too. If we think of the body as being composed of many “sections”...the digestive system, the nervous system, the reproductive system, the respiratory system, the cardiovascular system, and the muscular system all of these systems make up the symphony that is the body. And, within each system, there are various “instruments.” In the digestive system there are the teeth and the mouth where digestion begins, the esophagus where you swallow. There is the stomach and the sphincter or ring of muscles at the end of the stomach, which controls when the digested food is released into the small intestines. Then, there are the small intestines where more enzymes are mixed with the mushed up food and the nutrients are absorbed. There is the bowel, or colon, where the fluid concentration is adjusted and the waste products received. And finally, the rectum and anus. Then, there are also the auxiliary organs like the liver, pancreas and gall bladder. And, all of these “instruments” make up that “section,” just like the instruments make up the sections of the orchestra.

So, although attention may need to be paid to one section or one instrument, the orchestra--the body--is still wonderful and still has all the potential for making beautiful music...for producing incredibly pleasing symphonies.

Think to yourself, “My body is like a symphony,” and allow yourself to *feel* the wonderful rhythms of your body softly pulsing to their own special beat within you. Allow yourself

to *feel* the harmony being restored right.....now.....That's right. Very good. And, with each breath, *feel* your own special rhythm and resonance of your digestive system coming into alignment and harmony with the other systems in your body.....making harmonious, beautiful music once again.....And, as I pause speaking for a few moments, my voice, like an old friend, will go with you as the rhythm of your breathing, like a symphony conductor, brings all the various instruments and sections into harmony.....making incredibly beautiful music once again.

Possibly you can even hear the music.....or feel the pulsing of the beat.....Maybe you can *see* the conductor setting the pace and cuing all the different sections and instruments for their proper turn...their precise directions.....that's right.....

Pause here for a few seconds to let the client experience these suggestions.

Very good. And, each time you practice listening to your own special, beautiful music, day-by-day, in a never-ending cycle of progress, all your instruments and sections are realigned into a more perfect rhythm and harmony. You accept and act upon all of these suggestions, experiencing tremendous feelings of pride in your own glorious music.

Go to trance termination.

Ponds Script #4

Your favorite induction that involves relaxation or autogenics.

As you rest sitting or lying down with your eyes closed you may notice your eyes and even wish to open them from time to time. That's normal and nothing to be concerned about. And if they open it will only be for a brief moment and they will close down again as you go even deeper into relaxation.

It's so easy to allow that feeling in a shoulder or a hand to continue relaxing as you listen...to the sounds of my voice, the sounds in the room, the sounds outside the room, other voices, other rooms.....while you pay close attention to the changes in an arm or hand and begin to wonder if you are going to be able to go into a trance.....while your unconscious mind has already begun to drift down.....to let go for a time.....allow the body to relax the mind to relax with it (say this: just the way it is written) without knowing at times how much more comfortable you really can become.

And sooner or later, everyone has had the experience of falling asleep while watching the television, paying close attention to the story line, closing those eyes for just a moment to rest quietly, hearing the music, listening to the voices in that comfortable, relaxed way, when a word or a phrase reminds you of a particular memory, and you drift.....dream away for a time.....Come back to the words again, drift.....dream away again.....Until the words and the music become a soothing sound in the background of the mind. Just for a time.....and the unconscious mind may not notice that you need not listen to everything I say. Because you've known all along how much easier it is to learn something when you are relaxed.....though I wouldn't want you to

relax too deeply at first. No, not too deeply a first. So much more important to recognize the small changes, barely noticeable changes happening in your breathing.....in your pulse.....in the relaxation of the face, in a feeling of comfort.....security.

Because your unconscious mind will choose to relax your little finger before those feelings begin in a thumb, or maybe your little toe will be the first place to begin relaxing. But the conscious mind can enjoy being so very curious about exactly where those feelings will begin.

You know if you drop a pebble in a pool of water, the water flows in ripples on the surface, but just below the surface.....just beneath the surface of awareness, the pebble drifts *down*.....And as that pebble drifts down, past the water animals....past the water plants...easily drifting down.....

Nothing is disturbed as it slowly comes to rest on the bottom of the quiet pool.

Even the surface ripples become quieter, and beneath the surface all is still, calm.....

And you can recognize your ability to relax and comfortably reflect upon the internal workings of your digestive system in a certain way. Changing old beliefs and habits, learning new meanings, new ways of doing the same old things. And I wonder if those feelings, these hypnotic feelings will stay the same or continue to deepen even more as you try to remember everything I've said about those TV dreams and pebbles that drift down.....

As those pebbles drift slowly and steadily as you watch the surface of the pond with calm wonder.....

Watching those waves slowly cascading in slow, even circles.....

As they spread throughout the entire pond...rhythmically, evenly.....one following behind the other in routinely concentric circles....each patiently waiting its turn in the greater cycle.....

Not rushing or crashing upon each other in a cacophony of discord.....but slowly, gently pushing in rhythmic turns.....

As the pebble gently drifts down past the sphincters, past the currents of enzymes....slowly past the water filters to the very bottom of the pond.....all in due time.....calmly..... rhythmically.....gently.....securely.

And I'm sure you can appreciate the serenity of those slowly pulsing circles as they make their way steadily to shore. And if you are very, very attentive to their workings, you may be pleasantly surprised to notice the beauty of the process as they work perfectly, naturally.....the way they are designed.....and you may even be able to notice how this image remains with you, clearly etched in your mind, so that you know your body knows exactly what to do and you know that it can do it for you, and is willing to do it for you,

as you enjoy the sheer wonder of it all.

And any time you drift off someplace else, you can feel comfortable letting your unconscious mind wander down below the surface of awareness where things go overlooked or ignored or unused to find the way to where his are smooth and gentle and steady.....as your conscious mind simply enjoys the relaxing images of those circle slowly widening in the surface of a pond.

Go to trance termination sequence of your choice...

Smokey the Bear Script # 5

Modified from Hypnotherapy Scripts

Everyone is familiar with Smokey the Bear and his pleas with campers to make sure their fires are completely OUT. So every scout learns how to put fires OUT. You learn how to make sure everything is cool, that nothing is left smoldering or hot. You learn to do this by pouring water on it or dumping snow on it, just the way you're supposed to. Keeping it cool while relaxing - in the shade ... drinking a tall glass of ice water ... and just watching that coolness spread, making sure it is completely OUT so you can leave the woods feeling relaxed and calm ... knowing nothing will catch and spread.

Because fire is too hot to handle unless you are wearing special gloves ... gloves that are insulated and made of fireproof materials which used to be thick and heavy. But, now there is a new material coated with a very thin, flexible layer of material, which is shiny and reflects all the heat...and keeps everything cool even down to absolute zero, which is as cold as things can get.

But they cool off nuclear reactors in a very different way. When a reactor starts to get hot it means there are too many electrons flying around inside. So, you lower in carbon rods

that absorb all those electrons, absorb all that energy. And, as things quiet down more and more, they also cool off...just like turning off a spigot to quiet that dripping sound. Shutting off the valve so that the flow grows slower and slower until it stops. You can also coat the walls with something cool and thick, like they do in houses, to insulate and protect, to keep the inside comfortable in any weather. This is the same way skin protects us from things but when it gets cut or scratched it needs to grow back together to heal that tiny hole. And so we take care of it, put a band-aid over it and are careful not to bump it and not to irritate it until it has time to heal.

Because it's okay to irrigate things to keep them cool and wet, but we try not to irritate things, especially not wild animals that live in forests and parks the places we're supposed to protect by putting those fires OUT, the way the rangers do. Always looking OUT for smoke and rushing to put it out before it gets OUT of control which you can do too wherever you are, wherever you even go to asleep at night when those alarms begin to sound...putting it out without even a thought and returning to a deep, restful sleep ... secure in the awareness that you can take care of YOU... " As you relax in a deep trance now deep enoughI would like you to give your unconscious mind time to examine this problem of yours carefully ... until it can find a beneficial solution a more creative and healthful solution, a solution you can use, a solution it is willing and able to use ... to use for you to solve this problem and to solve it comfortably, healthfully and well. And when it knows ... when it knows that it CAN and WILL do so, has decided WHAT to do and has decided to do it for

you, it can indicate that knowing ... that decision by creating a movement in a hand or a finger, or an arm may be moved or even a leg or foot just some small, even tiny movement so that you can know so that it has a way to indicate that it

knows what to do and is going to do it. Possibly it will indicate what it intends to do, possibly not. I don't know but your unconscious mind does. So, just go ahead and wait patiently ... waiting for your powerful, creative unconscious mind to give you a tiny, small unconscious signal. Keep waiting until you know ... until it lets you know somehow ... that it knows how now and will do it for you. And, as the unconscious mind allows the conscious mind to become aware of sensations of sounds, of thoughts and feelings the variety of thoughts and feelings that drift through the mind almost like fishes in a pond that dart into vision and back out again so will the unconscious mind create a more healthful way, a new way of dealing with that problem of yours now as the unconscious mind allows the conscious mind to become aware of sounds...sounds in the room, the sound of my voice the sensations in an arm or leg, the variety of thoughts and feeling as the conscious mind drifts back toward the surface, and conscious wakeful awareness returns, alert

Go to trance termination

Your Inner Painter Outline #6

Induction Deepening

Suggestions:

Have them turn their right palm upward. Have them imagine that there is a little person who looks a lot like themselves standing in their right palm, facing them.

Have the client imagine this person is as much detail as possible-hair color, hairstyle, and facial expression. Tell them to dress this person in a painter's outfit - white coveralls, white shirt, white shoes and a white cap. *(If the client is a woman, maybe she will enjoy dressing this person who so closely resembles herself like she used to dress her dolls when she was a child)*

Instruct them to see the painter holding what seems to be a can of paint. Tell them this is, actually a very special coating that when painted on or sprayed on serves to protect whatever surface it touches. The coating is thin, transparent, flexible and very strong.

Then have them shrink the person to half of the present size. See this person give them, a happy, confident wave just before they shrink so small they will fit inside a drop of water. Then, instruct them that they have slipped down their throat in a drop of water.

Have them visualize themselves painting with a paintbrush or a spray paint machine spraying a protective coating all over their gastro-intestinal system from their throat all the way through the esophagus, stomach, small intestines, colon rectum and anus. Go through each system with them, guiding them through each part of the GI system. Ask them to spray carefully so as not to miss a single spot. Instruct them to "feel" the soothing sensations as this coating is

applied.

Give them suggestions that this is a very special, thin protective coating that forms a semi-permeable coating inside their GI tract. It allows nutrients and water to pass across it into the blood stream and waste products and water to pass back into the colon from the blood stream. The food and water molecules are small enough to pass across its semi-permeable membrane... but the molecules that cause irritation and upset are too large to pass and so are kept out. It forms a shield or barrier, which irritants cannot pass. It is a protective coating, protecting against irritants, keeping everything it touches calm, cool and soothed. It forms a soothing barrier against irritants. It soothes every place it touches. It is made up of special ions that reactivate and strengthen it each time they drink cool, fresh water. It keeps their intestinal tract cool and calm regardless of what is going on outside of it.

Have *them feel* how much more comfortable they feel already. Increase the feelings of comfort and the soothing sensations. Make them expand. Emphasize how thin, flexible and soothing this protective coating is.

Post hypnotic suggestion: each time they drink water this protective membrane strengthens and re-coats their entire digestive system.

Parts Therapy Script #7

Induction

Have him/her see intense white light just above his/her head and slightly in front of him/her. Have him/her see it until it touches him/her on the forehead and fills him/her with the unconditional healing light. Emphasize the healing properties. Maybe s(he) can feel a tingling...like millions of tiny scrub brushes cleaning away all of the toxins. Or, possibly, radiant warmth, soothing, healing and protecting.

Then, have him/her return to a safe place or personal sanctuary or walk through a beautiful garden until she/he) comes upon a wonderful gleaming white Temple. This is the Healing Temple. The gatekeeper welcomes him/her warmly, telling him/her they have been waiting for him/her with eager anticipation. The temple has the greatest healers, of all times, are here and anxious and excited to meet him/her. They have been waiting for him/her, like old friends.

The gatekeeper explains that in this Temple are many rooms...and that each time s(he) returns here in the future s(he) may enter another room if his/her unconscious mind feels it is necessary or s(he) may enter the same room.

(Inform the client to simply trust his unconscious mind to make the proper choice.)

For this first visit, it will be important to visit a special room. The gatekeeper opens the door and tells you to make yourself at home – that this is your personal temple. As you enter the Temple you instantly feel comfortable and secure. You notice aromas from the past that have particular emotions of comfort and caring attached to them. You also notice the quality of light inside this temple. It's almost luminescent. And it's thicker than normal air – you can almost feel it replacing the air inside your body with its wonderful essence...making your body as luminous as the light. Take a moment and savor this experience...like a true gourmet...reveling in these special feelings of comfort...healing...and protection.

As you look around, you notice several doors. Each door has a different nameplate on it, which describes the type of healing that takes place inside. And as you look at all the doors, notice that there is one door whose nameplate seems to glow more brightly than the others. You feel compelled to go inside that room by an eager curiosity. So go over and grasp the door handle in your hand and pull with enough force to swing the door open. Hear the door as it glides open.

As you walk inside, give your eyes a moment to adjust to the light. Possibly you hear the low murmur of almost familiar voices from the corner of the room...a comforting sound, almost like the sound of a brook makes as it tumbles over the rocks. Go toward those voices and notice a little boy/girl of 3

or 4 or 5. S(he) looks very much like you. S(he) notices you with the open curiosity of a child. Notice him/her. Go ahead and feel the connection you have

with this little boy/girl. Now (*client's name*), I want you to go over to that child who looks so much like you and as he reaches out his/her arms to you, I want you to pick him/her up. That's right...pick him/her up and hold him/her in your arms.....there is no fear here. And as you hold him/her, I want you to embrace him/her and give him/her all the love and caring that's in your heart. That's right. Give your little child all the storehouse of love you have for him/her. Just feel the outpouring of love you have for him/her...and the most wonderful thing is...s(he) is returning that love to you...hear him/her happily calling your name...feel the outpouring of emotion s(he) has for you and you for him/her...see his/her bright smile...feel him/her press his/her cheek into yours...and his/her arms around your neck...let all these wonderful emotions fill your heart and your soul. Hear yourself reassuring him/her that the two of you never have to be apart again.

Reassure him/her that you are there to protect him/her, to guide him/her, to nurture him/her. Tell him/her of all the love you have for him/her, that you will never do anything to cause him/her to be anxious or afraid. Tell him/her that you love him/her just the way s(he) is, that all s(he) ever has to be is who s(he) is, that all you ever need or want him/her to be is the person s(he) already is...tell him/her s(he) measures up. As you reassure him/her, feel him/her relax and

grow more and more comfortable and confident...feel his/her fear dissipating
like a morning fog after the sun shines upon it...feel his/her trust and confidence
growing...allow this to happen...now.

Now I want him/her to become very small, so small s(he) can fit into the palm of
your hand...that's right...just let your child grow very tiny, still smiling, still
exuding this wonderful unconditional love s(he) has for you. Now, when s(he) is
so small s(he) can fit easily in the palm of your hand, and then I want him/her to
shrink to half that size again...still standing in your palm. That's right...now,
with him/her in the palm of your hand, just press your hand against your heart
and let him/her enter his/her new home. The two of you will ever have to be part
again and you can share your love and caring for each other in a continuing
cycle.

For today, it is time to leave the temple and walk back through the garden
all the way to the present...knowing that you have the most wonderful present
from the Universe tucked inside your heart. Take your time and when you are
ready, drift back to full conscious awareness, full wakeful awareness...feeling
wonderful for some other reason...that's right...returning to full conscious
awareness...eyes open...fully alert.

(Client's name), you are his/her parent now. From this day forward, you
will always be there to reassure him/her if s(he) ever feels frightened. You will
always be there to tell him/her he measures up...you will always be there to give

him/her unconditional love...the love that says, "It doesn't matter...all you are is all you ever need to be." Go now and be a good parent.

One Armed Bandit Script # 8

Induction

Quite understandably (Client's name) there is a part of you today that may be wondering how all this will really turn out. . .if when everything has been said or done. .if you will join the other people who have walked away from this place with your IDS symptoms abated. All you need to do now.....is to simply allow yourself to relax... .to let go... you let go of any tension, any tightness, any anxiety or stress.

You realize the first step in being successful with making the transition to normal gut functioning is to allow yourself to relax. Relaxing is the first key. Relaxing and allowing your unconscious mind to change the present moment. For when you change the present moment, you change the future too. So allow this sensation of relaxation to spread and flow to all those other parts of your body. . . focusing on the wonderful sensations that the relaxations produce. . . and then allow them to keep on spreading into your inner realms and relaxing all those letting go places that never seem to quite let go all the way. Allowing

them to unwind and go totally loose and limp just like a rope that has been cut and allowed to unwind more and more fully until it is as relaxed as a Raggedy Ann (Andy) doll.. .that's right.

You come to realize that your unconscious mind always functions from a place of positive intent. . . that your self-preservation is its primary goal. However, you also realize that since the unconscious mind is very literal, like a three or four year old child, that it can sometimes misconstrue things, misinterpret things. And even though it is acting with positive intent, the outcome is all-wrong for the situation. Or, realize that sometimes the unconscious mind holds onto an old way of doing things long after the body and the conscious mind have outgrown the need for those ways of doing or being.

Some part of us simply forgot to inform the unconscious of the change. So now that you understand why that part of you is functioning in the way it has been, you can get on with the process of finding NEW positive intentions, new positive alternatives, new responses, new behaviors... that are without the distressful, uncomfortable habits of the past..... .new habits that will produce superior, more healthy benefits. . . the kind of responses that will allow you to become increasingly more comfortable and regain a normal bowel function.

Today I want you to tap into your inner resources.... your own inner powers... what your mind can do for you. You have all the skills you need to resolve your IDS symptoms. Because you weren't born with IDS symptoms, it is from here that you will begin to utilize the same skills, to reclaim that same gut

identity from before your IBS symptoms developed. You will use those same skills; those same resources at redeveloping normal gut functioning.

You will now begin to use your imagination in a new way, so that new ideas, new concepts, new patterns, will emerge in the inner screen of your mind. And you continue to relax the body deeper and deeper with every breath, for the more you relax the body, the greater the benefits upon awakening. My voice, like an old friend, will go with you to guide you.

(Name) ... I am excited about you beginning to learn from a totally new level within your mind, a powerful place where you can make changes easily.

The first step is to involve your imagination in a special way... where you can relax your body with the mind. Because your mind controls your body very much like a computer controls a robot.... and since you are in charge of your own mind, you are in charge of your body.

Before you become totally relaxed, I would like for you to establish a way of communicating with your unconscious mind. If at any time I ask you questions to which the answer is YES, then your unconscious mind will go ahead and raise your right index finger. And if the answer to the question is NO, it will raise your left index finger. Let me know if this clear to you. (Wait for a "yes" response. It may be necessary to repeat the instructions.) Good!

Go ahead and direct your attention inside your body. Scan your body for any areas that are not completely and totally relaxed and just let them go. In fact, with every word I utter, you will go deeper and deeper into complete relaxation. You will find that it is perfectly normal for your body to go sleep and your mind to remain perfectly alert to the positive suggestions offered today.

You are now embarking on a wonderful journey of change and exploration...a journey back in time where there is no time where you can simply allow yourself to be reconnected to the source of all creation. (Name), we are all made up of many different parts. There is the part that is the child, the part that is the (their job or profession), the part that is a spouse, the part that learns new things, the part that gets us bathed and dressed and so forth. I would like you to go deep, deep inside yourself and find that part of you that is creative. Begin to activate that right creative hemisphere of your brain. Find that part of you, that creative part of you that can come up with new ideas, with new possibilities. When you have found that creative part of your nature, and then signify by giving me a YES response. (Wait for the response)... Great!

Remember that the part of you responsible for your gut functioning had a positive intention. And that part had been trained to be on automatic pilot. It is now time to find new alternatives, to find new responses, to replace the responses, new positive intentions; new behaviors that will provide you with similar positive intents and benefits.. .to find new behaviors that will allow you to have normal gut functions.

(Name), I want you to go ahead and ask that part of you that used to be responsible for your IBS symptoms if it would be willing to have new ways of responding, new behaviors, new responses that would be superior to the old ways of the past ask I fit would be willing to go ahead and do that now.

Give me a "yes" or "no" when you have done that (wait for response). Good. I would like to thank your creative part for assisting us in finding new solutions.

(Name). . . imagine with me for the purpose of communication that your creative part could be represented by a slot machine with three wheels already spinning each wheel representing a new solution, behavior or response that is superior to the old ones you desire to change. In a moment, the first of those wheels will stop, and at that instant a picture will emerge in your mind...a picture of the future of you. . . doing a positive behavior will simply emerge now in your mind simply let it happen on its own...without effort.

The wheel will stop on its own. It can be something you can see yourself doing something you will hear like a voice inside saying something like "yeah! You can do that instead!" or it might be something you will feel inside, something perhaps that you already know. Give me a "yes" response when you have it. (Wait.) Good. You now have one new response that should be superior to the response of the past.

Observe now, as the second wheel will stop in a minute where you will be represented with one more alternative to the ways of the past alternatives that can also produce the same positive intent.

When you can see, feel or hear that new alternative or response in your mind, then once again, give me a "yes" sign. (Wait) Great! You now have two

superior behaviors, two new responses that you can do instead. I want to thank your creative part for going ahead and generating new solutions and alternatives. There is now one last wheel left spinning.

Watch it carefully as it slowly comes to a stop. Relax and allow the process to generate on its own for the wheel to stop on its own. . . think of what it is that . . . you could do differently. It is okay for you to now be different... when you can see, feel or hear that new behavior or response in your mind, then once again..... . go ahead a give me a "yes" response. (Wait.) Great! You are doing an excellent job.

You now have three new self generated behaviors or responses that you can use instead. Do you agree that these new responses and behaviors are superior to the habits of the past? (Wait.) Great!

Okay, I want you to go ahead and ask that part of you that used to be responsible for IDS symptoms if it would be willing to accept responsibility for using the new responses and behaviors in the appropriate context in the future. Give me a "yes" or "no" response when you know. (Wait.) Excellent!

Of course, you are aware that there is more than one part of you. For example, there is the part of you that used to have IDS symptoms and now you have found that earlier part of you that remembers how to have a normally

functioning bowel. Then there is part of you that is the husband/wife. There is another part of you that is the parent and another part of you that is the (use their profession). So you see, there is more than one part of you. It is of prime importance that all of those parts will support you in this important change toward renewed health.

Allow the following question to resonate fully deep inside your being along all your parts and for you to be attentive to the answer. I would like you to ask those parts deep inside of you if any of them have any objections in using the new behaviors and responses in the future.

When you can hear the answer then go ahead and give a "yes" or "no" response. (Wait.) Very- good! What a good feeling to know that all of the parts are supporting you in your renewed healthful changes! You have three, new, positive ways to produce the same outcome, the same positive intent of the past. Your unconscious mind has already raced ahead in the future and made the changes for you. It has already raced into the past and made some changes also. And you can allow these changes to generalize over time.

I am supporting you in your magnificence and so is the universe as it begins to support you in the form of a white light...an intense beam of white light coming down from the very core of the universe. It is above your head and you are standing in the middle of it, bathing in it, breathing it into every pore, every cell, every molecule, all the way down to the quantum particles that compose your cells

permeating all your systems, all organs, so that upon awakening, your body will be cleansed and will be renewed.

Feel a tingling sensation as the light begins to scrub away all the toxins, all the poisons of the past and beginning a process of repairing and restoring every fiber of your being to their natural, healthy state. . .

knowing that this process will continue over the next few days and nights and that you will be feeling better and better in a never ending spiral of renewed health and vitality. Feeling better than before as the light will continue to support you and protect you throughout the future. Imagine being totally enveloped in a capsule of light feeling safe relaxed. . . secure. . .

Go to trance termination

Boost the Immune System Script #9

Induction and deepening

Recently, I saw a TV special about a tree in Africa. This tree has a special relationship with a particular kind of ant. The ants spend their entire lives living on that tree. They build their nests out of its leaves. They only drink the particular sap produced by the tree and they only eat the special berries it grows. They never leave that tree. And the tree provides everything they need.

This type of ant is the only insect that lives on that tree. Whenever any other insect begins to crawl on it or lands on one of its leaves, the ant sentries send out a special alarm and all of the other ants come running. They act as foreign bodies and either destroy them or drive them away. In this way, they protect that tree from any invaders that might attack it or even destroy it. They save the tree and the tree saves them. And these ants have an amazing capacity for reproduction. They can multiply according to need ...

the seeds lying dormant but ready until needed ... can quickly grow to maturity and be a strong addition to the defense.

You know, there are many other examples of the same thing throughout the world, where one tiny creature protects a large one from dangerous invaders. In each and every case they seem to have a way of paying close attention to anything that could be harmful.

They know immediately if something is wrong and they know immediately where something is wrong. They know what is wrong and they pay very close attention to it, so they can do something about it. .. to eliminate it ... or fix it. This is just what people do when they notice a pain in foot. They pay close attention to that discomfort ... so they can tell what it is ... and get rid of the rock in that shoe. As long as nothing gets in the way and they continue to pay close attention to the way the body reacts and amplify that reaction the way they amplify the sound of an engine to hear what is wrong and let that body take care of itself with the same amazing grace that those ants take care of that tree automatically and continuously rushing to do those things needed to heal and protect.

I don't know but you do know what needs to be done and you know how to do it how to let that tree of yours take care of itself letting those parts rush in to take care of any foreign invaders to eliminate or destroy them. Nourishing those cells, providing the right nutrients for their growth and sustenance and the right environment. And everyday, as you go about your business, your unconscious

mind can find ways to provide just right environment for those ants, allowing them to do their work for you.

Go to trance termination.

Sensations as Objects Scrip #10

(Trance induction using breath control to dissipate stress) *(I have used "stress, strain and anxiety as the symptoms we want to dissipate. However, you can very effectively use pain, bloating or gas. Whatever the client's symptoms can be substituted).*

..... and just beginning to drift down deeper and deeper with every breath ... drifting way down ever deeper relaxed ... more deeply relaxed than ever before recognizing that many of us experience sensations that we regard as unpleasant and undesirable stress, tension, pain, bloating, *(continue to name some of the client's symptoms here.)* And you have just learned one method of dealing with these ... and that is ... just breathing in deeply, exhaling fully and focusing on the sensations of change within your chest. You've learned that taking these

slow, deep cleansing breaths actually release stress, tension and help rid the body of toxins. Just breathing deeply ... exhaling fully and imagining another image ... another image that can bring peace, comfort and reassurance.

And now you'll learn another method ... a method so powerful that it can dissolve and remove all the symptoms of stress and strain. The symptoms of stress and strain are very subjective feelings.

We feel them, but as we know only too well, it is difficult to consciously modify our feelings. It is much easier to modify an object. So, right now, we are going to change your unpleasant sensations of ____ into objects.

If you now feel sensations of _____ give it a shape. Whenever you feel sensations of in the future, you can always give it a shape. Just imagine a shape allow yourself to visualize that shape it can be any kind of shape ... abstract or concrete .. it can be an object or a geometric design, soft or hard ... and give it a color. Whatever shape or object and color that first comes into your mind is the right one for you at this time. Don't try to force the shape ... just allow it to happen as you just drift deeper and deeper relaxed ... you're doing very well. Peaceful, calm, relaxed.

And adjust relaxing so deeply ... drifting in that day dreamy state like just before sleep ... picture and imagine the size and color of that shape. You can give it a size by knowing the size or picturing it next to something you know the size of. recognize and realize that the shape is the symbol of your discomfort ... and the larger the shape is, the more severe the discomfort is. That's right.

good.

Now practice making that shape larger. and larger. ... and make it as large as you possibly can ... just let it continue to grow large enough to fill your total frame of reference ... that's right.

(When client starts to squirm, they have it large enough.) And, now, just let it grow smaller. and smaller ... and smaller and so small you can't even recognize it anymore ... That's right. When you first make the shape bigger, it is easier to make smaller ...

And if you have difficulty making it smaller then use a trick or two ... If the shape is a balloon, you can stick a pin in it or you can blow it up until it explodes or you can blow it up really big and watch with amusement as it flies around the room getting smaller and smaller ... or you can tie it to the back of a truck and let it drive away or you can pretend it is filled with helium and you can release it and watch it float away until it is smaller and smaller ... and so small you can't even see it anymore. And realizing that as this symbol is becoming smaller, the feelings associated with it are becoming less and less intense and you can make them smaller..... as small and comfortable as you want to make them ... and you're making them smaller by practicing making them bigger and then smaller. You realize that these are skills and as with any skill ... the more you practice, the more powerful the skill becomes ... and you can use these skills any time you

desire, whether in a trance or not.

The more you practice, the easier it is for you to allow these skills to be totally and completely effective so very easy to use and so very powerful.... . Anytime you choose to use these skills ... and you choose to use them ... and practice making the shape smaller and the color of the shape fade. And every time you do this, it is easier and even smaller ...

When I awaken you at the count of five, you will find that you can give the shape a size and color and then instantly ... effortlessly and easily make the shape smaller and the color fade away.

And every time you do this, it becomes easier and even easier. And when I awaken you, the shape fades and becomes smaller....

1 - drifting up toward the surface to wakeful awareness

2 - watching the color start to fade

3 - more and more alert, almost awake

4 - seeing the shape shrinking

5 - eyes open, wide-awake, finding it difficult to even find the shape as it disappears.

Permission to Trance #11

Multi-Purpose Permissive Script by **R. A. Neves**, Ph.D., ABH (President)

This is a “”process instruction” script. Sometimes I use it instead of the Migration of Ideas Script. Sometimes I combine bits of both. It depends on The perceived introspective ability of the client and how creative I judge them to be.

You may begin by taking a few deep relaxing breaths and orienting yourself to the experience of relaxing..... You're able to explore within yourself...your thoughts, your feelings and many other things that you've come to know about yourself...I don't know just when the last time was that you spent time just sitting quietly with your eyes closed, drifting off to no place in particular. But I do know right now that there really isn't anything else that you have to do...why not allow yourself the luxury...of being able to just drift along, listening and not listening. That's right just a little bit at a time...maybe your conscious mind

expects to be able to experience comfort...and your unconscious mind can expect something even deeper...so it really won't matter whether you consciously allow yourself the experience of a very deep light trance, or unconsciously allow yourself a lighter state of deep trance.

You really don't have to know just what to expect, but when you take the time to go inside...just like you're doing now...it's easy to notice how there's a part of you that knows how to breathe deeply...and you can expect that part to always be there...so that those deep and comforting breaths just seem to come...and there's a part of you aware of this moment now, and a part of you that knows about later...and sooner or later...You can have the confidence of knowing over time...that change is inevitable...some people seem to work so hard at staying the same...as if that was even possible.

You know...and I know...that change always happens... and important things... that are quite unexpected...can change your life for the better...a new friend...a new experience...and you really don't know whether you can expect to be feeling the sides of that chair you're sitting in, the softness of the seat...and when you first sat down to listen to my words, you really didn't know what to expect...that you'd be thinking about your future and your present...and the present that you can give yourself...and a wonderful future... but today always precedes tomorrow...you probably knew that yesterday...when you were

thinking about tomorrow...that you would be here today...learning something at a much deeper level...than you're even aware of...it's interesting to experience...what happens...when someone makes an important change.

Now I know folks who talk about planting seeds...even to the point of growing their own food...just to be "able to independently nourish the self...you know how it works...you just dig the hole in ground...sprinkle in some seeds...there's nothing more to see just yet...but there's a feeling...a very strong positive feeling...that there's something important about to happen...and it may seem to take a while...but you anticipate with enthusiasm...that the seeds you planted will surely yield something quite valuable.

Now, there's a part of you...that can be oriented to future possibilities...on the basis of the choices you make now...and the actions you take now...the now which becomes the future...and you might even be able to feel that powerful sense of expectancy...that something important is growing...something valuable and necessary is happening within you...and it can feel really good to think about that...and to look forward in time...to when you'll be able to look back over things that you did before...to make things so good now...when later is now...and it did involve a lot of good planning...and you can plan...and you can even expect the expected too...and spontaneously

discover things that you thought you could never expect...which then turn out even better...after all.

Sometimes we just can't know...how well...things can turn out...but if you remember, and you can remember...when you were a very young child...it was very difficult to know....that one day you were going to be a grown up...the expectation you have as a child seemed so uncertain...about when that would

happen...and I remember a friend of mine...who just the other day...remembered a...delightful surprise...learning one day...when he was very young...that he would one day be...a grown up...and it came about in a very amusing way. He was only five or six...and was playing with one of his toys...and his father offhandedly remarked...when I was your age...I had a toy just like that...he was shocked, and replied...Daddy, you were a little boy once? He really just couldn't believe it...and it's difficult...and amusing to remember...so vividly that sometimes there are no expectations...and changes happen anyway...like growing from a child...into an adult...and it's not something that you have to know...too much about.

And if I had all the time in the world...I would talk about self-fulfilling prophecies and unconscious expectations...but I really don't need to mention those things right now...perhaps later something will occur to you about them...at a deeper level.

But I can wonder whether you've noticed that your breathing has changed...and I don't remember...saying anything about that...and your pulse

rate as changed...did you expect that to happen? And sometimes the most soothing changes occur...with no expectations at all...but with the knowledge...the deep knowledge...that every change has a consequence...and have you noticed...how much more relaxed you are...how your feelings are so much lighter...and your thoughts so much more comforting...and you're looking forward to the many ways of change that you know will occur.

There is a therapist friend of mine...who has a sign in his office...the sign has two sides...one side says tradition gets in the way of progress...and on the other side it says progress gets in the way of tradition...and two sides, tradition and progress...progress and tradition... and it's traditional to progress...and that's what planting seeds is all about...you know things are going to be changing...over the next few months and years...things you can look forward to...doing differently...and you can anticipate some of those changes quite well.

But there's something even more profound that I'd like you to know about...there's a part of you...that really knows well...how to adjust to changes of the expected type. And perhaps even more important...of the unexpected type...and I don't know...if you have a name for that particular capability...a name or a label...or maybe it's a feeling that is familiar to you...maybe even an image or something that you say to yourself...but it's a part of you...a resource that you can use...an have used quite successfully...to manage changes of all sorts...and you probably know what hat resource is that I'm talking about...don't you?

And now you can know how to enjoy that feeling...and how to get to that feeling, the confidence...that things can change...and at the times that you most want to...or need to...you really can expect...that feeling to be so strong...and present in your awareness...and it will occur in lots of places... lots of times...perhaps while listening to music...perhaps while thinking about things that you want more experience for in the future....perhaps while closing your

eyes...to take in a few deep breaths...perhaps while planting seeds...in the fertile ground of your own thoughts. So you can expect the expected...and you can expect the unexpected....and you can expect consciously what your unconscious cannot expect...the expectation within you...of what the future is all about...as you live it today...and tomorrow...and when tomorrow becomes today....a day at a time...and you have all the building blocks...for lots of wonderful future experiences....and perhaps you can feel quite comfortable...good feelings within you...and so you can take what ever time you'd like to process your thoughts and feelings...to enjoy the comfort...and then you can begin to reorient yourself...at a gradual and comfortable rate...and then when you feel like you're ready to...and you want to...you can re-orient fully...and allow your eyes to open..."

(Originally printed in *The American Board of Hypnotherapy's* excellent *Journal*)

Anxiety Script #12

*Trance induction using progressive relaxation or autogenics
Since many of the varieties of anxiety experienced with IBS are anticipatory or
expectation anxieties, this metaphor is useful.*

Do your pre-talk on the physiological changes that your thoughts can produce.

You and I know that you can scare yourself. You have a bright, active mind ... and a reactive body. And, if you think those anxious, scary thoughts even for a moment, your body will react. But we also both know that there are other things that you can think that are comfortable, soothing and calming ... relaxing and reassuring thoughts or images. You can use these soothing, relaxing and reassuring thoughts and images to "replace" those old, worn out thoughts ... to help yourself and our body *relax (say slowly)* ... and to maintain that relaxed, calm feeling.

Through the process of our sessions you can let your unconscious mind learn all it needs to know now to be able to distract you from those anxious, scary thoughts and

to be able to provide you with those calming, soothing thoughts. And you may find it helpful to select a ring or a necklace or a tie clasp or some other talisman that represents those comforting, soothing feelings and thoughts to you.).

Something that can be worn discreetly, to be a tangible reminder a sort of - prop -like those used in the theater to remind you of those soothing, protecting feelings.

And I think you will enjoy being happily unconcerned, unable to remember to worry in "exactly" the same way or at "exactly" the same time or to "exactly" the same degree.

So from now on, when you enter those situations or circumstances that used to cause you anxiety or fear, you can enter them knowing you are protected and you can touch or simply become aware of the touch of your serenity "item" and all those soothing, protected thoughts, images and emotions will **once** again flow through your body ... like a river washing through the grains of sand at its bottom and replaces those old, worn out emotions with the new, stronger, brighter ones. Then you can tell that part of you that tries to do its job by telling you there are things to be afraid of that you really don't want to play that game anymore, that you really don't want to hear it anymore. Tell it either go away or another game to play, positive game to play. Tell it to remind you instead of the good things that might happen or the fun things that might become outgrown them like old clothes. Imagine and picture yourself taking off those old garments and discarding them or donating them.

Then, just relax and forget about it ... just forget it and go on about your business. And one day soon, you will be surprised to discover that you've been thinking about

something else entirely and you will know at that point, deep down inside every cell in your body that you won't ever have to feel that again ... that it is over and done with ... maybe not as soon as you would have liked but more rapidly than expected.

You can do it now and you can do it later.

You can frighten yourself with that thought or you can calmly relax yourself with a different thought. That's right.

Take a few moments now ... a short time that seems like a long time ... or a long time that seems no time at all and practice. Practice ... and choose. And when you have chosen, you can gradually re-alert yourself feeling confident and reassured or you can drift off into a safe and natural sleep, awakening at the proper time feeling refreshed, confident and secure.

Appendix A

Irritable Bowel Syndrome Daily Symptom Tracking

Date	Diarrhea	Constipation	Pain	Gas	Bloating	Stool Consistency	Played Tape Daily
/							
/							
/							
/							
/							
/							
/							

Appendix B

Doctor's Letter Number One

May 1, 2003

Ann Example
1234 Draft St.
Sample, CA 90000

Dear Dr. Example:

IBS...is probably one of the most frustrating medical challenges. It is for this reason that I am writing to you.

But first, I would like to take this opportunity to introduce myself. I am a Registered, Certified Medical Hypnotherapist with nearly ten years of experience, specializing in smoking cessation, weight management (both of which I offer a money-back guarantee) and phobias. In addition, one of the areas that I'm having a great deal of success is with IBS clients.

You may be aware of a seven-year study, conducted in England, published in the *Los Angeles Times* in December, 2002, (attached) stating that hypnotherapy is so effective in controlling Irritable Bowel Syndrome (IBS) that the British researchers are also testing its usefulness for chronic indigestion.

If problems with IBS are frustrating you, or you feel that your patients may need additional assistance in this area, I would like to offer my services. Perhaps we can work together for the mutual benefit of our clients.

Please call me at 805-984-1237, or through e-mail at Bunny@bunnyvreland.com, or FAX to 805-604-1511.

I look forward to meeting you and sharing our thoughts so that we can provide an improved level of support for our clients.

Sincerely,
Bunny Vreeland, C. Ht
Hypnotherapist AHA – ABA

Appendix C

This is attached with Doctor's Letter #1

12/22/02 Los Angeles Times
December 22, 2002

Mind over indigestion seems to work for many
By Dianne Partie Lange

Irritable Bowel Syndrome is an often misunderstood, misdiagnosed, and under treated condition that affects up to 20%, or 1 in 5 Americans.

More than 100 people at the Wythenshawe Hospital in Manchester, England, were assigned to receive 12 30-minute sessions of either hypnotherapy, supportive therapy and a placebo medication, or medication (rantidine twice a day) over 16 weeks.

In the short term, hypnotherapy had a slight edge over the other treatments: Symptoms improved 59% on average compared with a 49% improvement in both the supportive therapy and drug treatment group. But a year later, symptoms had not only improved

73% on average, compared with 34% with supportive therapy and 43% with medication, but ***none of those who had gone through the hypnosis program were taking medication to control symptoms***, while 82% of patients in the supportive group had to begin other treatment.

Although physicians are not certain how hypnotherapy works on the gastrointestinal tract, evidence that it is effective is "cumulative and consistent," says an editorial accompanying the study in the December issue of Gastroenterology.

-- Dianne Partie Lange

Appendix D

IBS Second letter to Doctor

Date

Dear Dr.

_____, a patient of yours, has recently sought hypnotherapy for the complications and discomfort associated with Irritable Bowel Syndrome (IBS). I am experienced in dealing with IBS sufferers and I am able to treat not only the physical pain, but also the emotional symptoms and negative self-perceptions that often accompany this illness. Over 80% of the time, hypnotherapy leads directly to a reduction in the number and severity of IBS symptoms.

I believe I can help your patient deal with the problems associated with IBS. However, I need a prescription form from you to see the patient. The first scheduled appointment is within the next few days; therefore, please complete the enclosed prescription form and return it, via fax at 805-604-1511, along with a copy of your bill. This will allow me to handle insurance billing for the patient.

I will send progress letters for your files.

Thank you for your prompt attention to this matter.

Sincerely,

Bunny Vreeland,
Registered, Certified
Hypnotherapist

Appendix E
Physical Therapy/Pain Management Prescription/Progress Report

Doctor's Name _____ **Telephone** () _____

Doctor's Address _____

Physical Therapy/Pain Management Prescription/Progress Report

Client's Name _____

Diagnosis and I.C.D.-9 Code

346.9 Migraine	726.6 Knee Enthesopathy	
564.1 Irritable Bowel Syndrome	729.4 Cervical Fascitis	
723.1 Cervicalgia	784.0 Head Pain	
723.4 Cervical Spine Radiculities	840.4 Rotator	
Cuff/Sprain/Strain	724.1 Thoracic Spine Pain/Dysfunction	840.9
Shoulder Sprain/Strain	724.2 Lumbar Spine/Pain Dysfunction	
847.0 C/S Sprain/Strain, Acute	724.3 Sciatica	
847.1 T/S Sprain/Strain, Acute		
724.4 Lumber Spine Radiculities	847.2 L/A Sprain/Strain,	
Acute	726.0 Shoulder Capsulitis	_____TMJ
726.1 Shoulder Tendinitis	_____Fibromyalgia	

Progress to date: _____

Physical Therapy Program:

- | | |
|---|--|
| <input type="checkbox"/> Evaluation and Management Services for _____ | |
| <input type="checkbox"/> Medical Hypnotherapy | <input type="checkbox"/> Gait Training |
| <input type="checkbox"/> Neuromuscular Re-Education | <input type="checkbox"/> Biofeedback |

Medical Necessity:

Decreased functional capacity for:

<input type="checkbox"/> Spine	<input type="checkbox"/> Driving	<input type="checkbox"/> Sitting
<input type="checkbox"/> At right lower extremity	<input type="checkbox"/> Housework	<input type="checkbox"/>
Exercise		
<input type="checkbox"/> At Left lower extremity	<input type="checkbox"/> Working at Computer	
<input type="checkbox"/> At right upper extremity	<input type="checkbox"/> Other_____	

<input type="checkbox"/> At right left upper extremity		

Treatment Goals:

<input type="checkbox"/> Increase Functional Level	<input type="checkbox"/> Decrease Pain
<input type="checkbox"/> Increase Range of Motion	<input type="checkbox"/> Return to Exercise
<input type="checkbox"/> Decrease GI Disautonomia	<input type="checkbox"/> Other_____

Frequency: **___per week** Duration: **___sessions**

By: _____ Date: _____

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