Hypnotherapy for Irritable Bowel Syndrome

Rationale for Use
Irritable bowel syndrome (IBS) is estimated to afflict about 10%-20% of the U.S. population. In its most severe form, IBS has an impact on quality of life rivaled only by that of congestive heart failure or recent stroke. Treatment consists largely of advice, reassurance, and symptomatic management with antidiarrheals, antispasmodics, and laxatives—and is notoriously ineffective.

Although the precise cause of IBS is uncertain, research has shown that a fundamental physiologic dysfunction is dysregulation of the bidirectional communication between the enteric nervous system and the brain. This brain-gut axis involves the activity of numerous neurotransmitters and related receptors, including serotonin and the 5-HT, and 5-HT4 receptors (Med. Sci. Monit. 2004;10:RA125-31).

Moreover, many patients with the disorder also experience anxiety and other psychological symptoms along with their diarrhea, constipation, pain, and their digestive symptoms sometimes correlate with mental and emotional states. Because of this link with psychological symptoms, researchers for the past 20 years have been investigating ways of harnessing the brain-gut axis to alleviate the condition. One of the most successful approaches has been hypnosis.

The U.K. Experience
For more than 20 years, patients with IBS referred to University Hospitals of South Manchester, England, have been treated with hypnotherapy in a program devised by gastroenterologist Peter J. Whorwell, M.D. His protocol, known as gut-directed hypnotherapy, involves hypnotic deep progressive relaxation and suggestions directed toward control of gut function. Patients are encouraged to use imagery to gain control over their gut activity. For example, a patient with diarrhea might visualize the digestive tract as a rushing river that can be slowed to a calm stream. Pain can be alleviated by applying warm moist towels to the area where a patient places a hand on his or her belly.

The Manchester protocol includes 12 sessions over a 3-month period. Patients are also given audiotapes to use at home on a daily basis. The hypnotherapy protocol that physicians can obtain at no cost includes a protocol package, free of charge, containing audiotapes to use at home on a daily basis. The North Carolina clinicians also have spearheaded efforts to make hypnotherapy more widely available to patients in the United States, noting that psychological treatments are currently offered to fewer than 10% of patients with functional GI disorders seen in primary care or gastroenterology clinics. They have established a Web site with links listing hypnotherapists and other resources for patients.

Unanswered Questions
Aside from uncertainty about the mechanisms of effect of gut-directed hypnotherapy, questions also remain concerning whether hypnotherapy is superior to other forms of psychological therapy. Benefits have been reported with cognitive-behavioral, interpersonal, and psychodynamic therapies, but no side-by-side comparisons have been done, according to Olafur S. Palsson, Psy.D., of the North Carolina group (Gastroenterology 2002;123:2132-5).

Moreover, data are lacking on using hypnotherapy as adjunctive therapy with medications such as antidepressants and the 5-HT3 modulators.

—Nancy Walsh

Alternative Medicine
An Evidence-Based Approach

Agenda for Liver and Biliary Disease Research Set Until 2015

The focus of liver and biliary disease research in the United States through 2015 has been set with the release of the National Institutes of Health’s Action Plan for Liver Disease Research.

The decade-long initiative is the result of coordinated effort between federal health agencies and the 18 institutes, centers, and offices in the NIH that support liver and biliary disease research. It is geared toward the rapid translation of findings from basic research to clinical practice, and vice versa. The plan includes 214 research goals, but 10 major goals cut across multiple disciplines in liver and biliary disease research:

- Improve the safety rate of therapy for chronic hepatitis C.
- Develop effective antiviral therapy regimens for the long-term management of chronic hepatitis B.
- Develop effective therapies for the treatment of both nonalcoholic and alcoholic fatty liver disease.
- Detect hepatic fibrosis with sensitive, specific, and noninvasive tests.
- Detect hepatocellular carcinoma at an earlier stage in high-risk patients with new screening tests.
- Develop ways to prevent gallstones.
- Elucidate the etiology of biliary atresia.
- Improve the safety, and determine the best use, of living donor liver transplantation.
- Develop standardized and objective diagnostic criteria of major liver diseases and their grading and staging.
- Reduce the overall mortality from chronic liver disease and cirrhosis.

—Jeff Evans

The full action plan is located at www.niddk.nih.gov/fund/divisions/ldn/llbr/llbr_action_plan.htm.