

THE EFFECTIVENESS OF HYPNOTHERAPY IN TREATING MULTIPLE SCLEROSIS

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Abstract

Background: People diagnosed with Multiple Sclerosis (MS) encounter many symptoms, both physical and mental. Current treatments seemed to slow down progression but do not reverse or improve the disease and its symptoms. There is no known cure for MS.

Materials and Methods: The aim of this study was to review literature, both research, books and courses on hypnotherapy MS and autoimmune disorders, interview hypnotherapists in the field already successful in improving symptoms of MS and then test these techniques on volunteers diagnosed with MS to evaluate the most effective hypnotherapeutic approach. The goal of this study was to design a Multiple Sclerosis Hypnotherapy Program.

There was no control group. The first group of volunteers tracked their own symptoms daily, received 12 sessions in a period of 6 months; the second group also received 12 sessions, tracked their own symptoms daily as well as complete the MS Quality of Life-54 questionnaire in the first and last session. The third group was formed by members of the first and second group that agreed to 6 additional sessions to further test hypnosis techniques as well as integrate the learning from the sessions into their behaviour and life styles.

Results: All three groups experienced improvement in symptoms such as incontinence, fatigue, pain, level of anxiety and depression and an increase in the ability to stand or walk for longer periods of time and walk unassisted. Those that had 18 sessions had the greatest symptoms improvement. These improvements were true for both remitting and progressive forms of MS, recently diagnosed cases and those with more than 35 years of debilitating symptoms.

Conclusion: The results show that the hypnotherapy program designed from this study could reduce both physical and mental symptoms of MS. This study has also led to the conclusion that the most effective hypnotherapy for MS needs to supply the client with means to control and reduce their own symptoms but, for sustained improvements, would need to bring to the client's awareness and then transform the mental patterns specific to people with MS. Treating these patterns appears to have a direct and sustaining effect on their symptoms.

Keywords: multiple sclerosis, MS, hypnotherapy, hypnosis, visual imagery, NLP, anxiety, depression, fatigue, pain, incontinence.

1. INTRODUCTION

Multiple Sclerosis is thought to be an autoimmune disease. This means that cells of the immune system, which normally attack bacteria, viruses, etc, attack part of the body. When the disease is active, parts of the immune system, mainly the T cells, attack the myelin sheath, which surrounds the nerve fibres in the brain and spinal cord. This leads to small patches of inflammation. The inflammation around the myelin sheath stops the affected nerve fibres from working properly, and symptoms develop. When the inflammation clears, the myelin sheath may heal and repair, and nerve fibres start to work again. However, the inflammation, or repeated bouts of inflammation, can leave a small scar (sclerosis), which is thought to permanently damage nerve fibres.

There are relapsing/remitting types of MS and progressive types. The course is unpredictable. Researchers have not found why the immune system attacks the myelin sheaths of the central nervous system or what determines its progression. Additionally there appears to be no correlations between the amount of lesions and the amount and intensity of symptoms.

Symptoms vary a great deal from one person to another – no two people have the same combination of symptoms or same speed of progression. MS can affect a person physically, such as walking difficulty, numbness and tingling, fatigue, pain, bladder dysfunction, or muscle spasm to name a few, and mentally, such as anxiety, cognitive dysfunction, and depression.

At present, there is no cure for MS. Treatment and medication focuses on easing certain symptoms

and slowing the progression of relapsing/remitting MS.

Clinical studies on the effectiveness of hypnotherapy for MS have mainly focused on pain management.¹ No clinical research has been found by the author to *treat* the disease with hypnotherapy. Other autoimmune diseases, such as irritable bowel syndrome (IBS), have been treated with hypnotherapy successfully. There is extensive research demonstrating the effective use of hypnotherapy on IBS.² This has led to the establishment of clinics providing this form of treatment for IBS patients in the UK³.

Additionally hypnotherapy and neuro-linguistic programming (NLP) are demonstrating to be effective treatments for allergies⁴. As with MS, an allergy is an over-reaction of the immune system, which leads to inflammation.

Peer interviews reporting clients being symptom-free after hypnotherapy treatment has led the author and hypnotherapist of this study, Eva M. Clark, to hypothesize that a program could be designed to treat multiple sclerosis and its symptoms.

The present study is aimed to review the material available, test the findings and design an effective and standardized program.

2. MATERIALS AND METHODS

The aim of this study was to review literature, both research papers, books and courses on hypnotherapy for MS and other autoimmune as well as neurological disorders, interview hypnotherapists in the field already successful in improving symptoms of MS with hypnosis, and then test these techniques on volunteers diagnosed with MS to evaluate the most effective hypnotherapeutic approach.

The literature review as well as interviews are not included in this paper.

There was no control group. The first group of volunteers tracked their six main symptoms daily, and received 12 individual sessions of hypnotherapy with E. Clark every other week for a period of 6 months. Sessions were usually 1.5 – 2 hours in duration. 7 volunteers began the study and 5 completed the 12 sessions. 17 participants began the second group, 2 did not continue after the first session, and 5 only completed have of the program. 10 completed the 6 months. The second group track their own symptoms daily as well as complete the MS Quality of Life-54 in the first and last session.

After results of the first two groups as well as new literature was reviewed that could prove key to

the final design of the program, a third group was tested. This third group was formed by 10 members of the first and second group that agreed to 6 additional sessions to further test hypnosis techniques as well as integrate the learning from the sessions into their behaviour and life styles. This third group completed the MSQP-54 in the first and after the last session. They did not track their symptoms daily. All 10 members completed the additional 6 sessions.

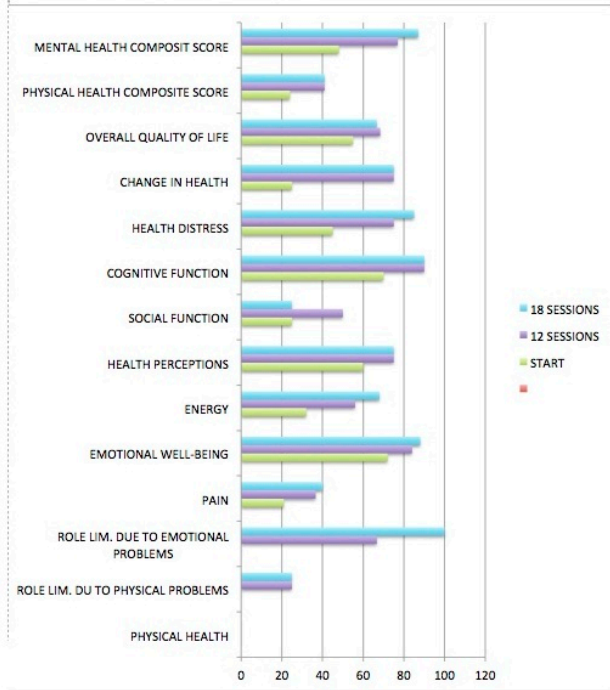
The hypnotherapy used included one session of muscle-relaxation and one hypnotic suggestion session for increased well-being. All additional sessions used more modern forms of hypnotherapy were the client and their unconscious are engaged in the therapy. These additional sessions were focused on discovering cause of the disease and the messages behind each symptoms, altering limiting beliefs and mental patterns specific to their symptoms, defining and maintaining personal boundaries, resolve inner conflicts, re-“missioning” their lives, transforming how they see their disease and future, as well as learning techniques of self-hypnosis to relieve depression, fatigue, pain, spasticity, etc.

3. RESULTS

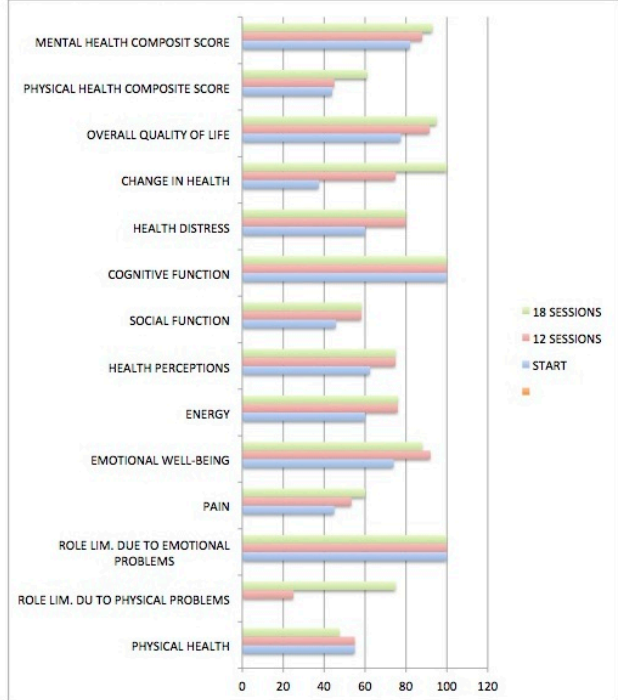
The volunteers showed promising results. For instance, 6 of the 8 participants that used the MSQP-54 in their first session, 12th session and 18th session showed considerable improvements at both the 12th session and 18th session. In one case the subject had persistent pneumonia for a good part of the second half of the study that influenced negatively her symptoms. In another singular case the subject began with gradual improvement in symptoms in the first 8 sessions but then returned to values noted in the first session by the 12th session and continued without change up to the 18th session.

On average, cognitive function went from 65% at the start to 95% after the 9th month. In energy, the MSQP-54 showed increases from 30% to 60% and pain improved from 35% to 50% over that same time period. Overall the physical health composite score improved from 45% to 60% and the mental health composite scored from 50% to 80%. In some cases participants reported being totally free of several of their symptoms. This is true for both remitting and progressive forms of MS, recently diagnosed cases, and those with more than 30 years of debilitating symptoms.

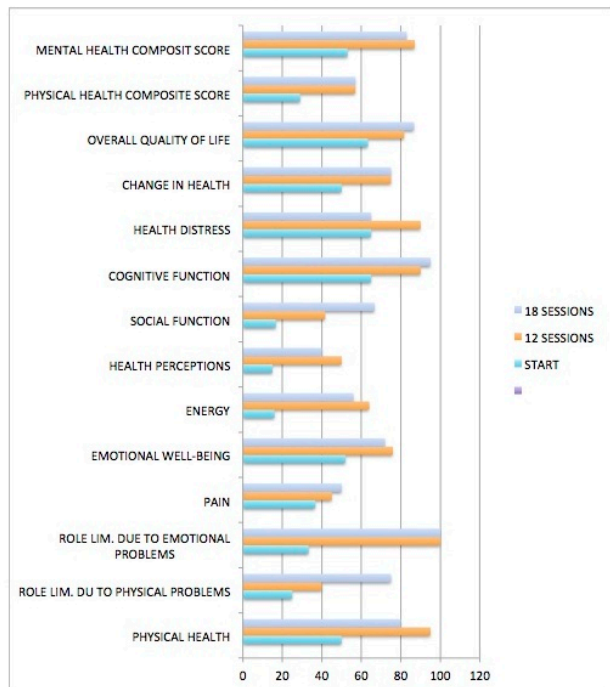
SAMPLE 1 - SECONDARY PROGRESSIVE



SAMPLE 2 - RELAPSING REMITTING



SAMPLE 3 - RELAPSING REMITTING



SAMPLE 4 - RELAPSING REMITTING

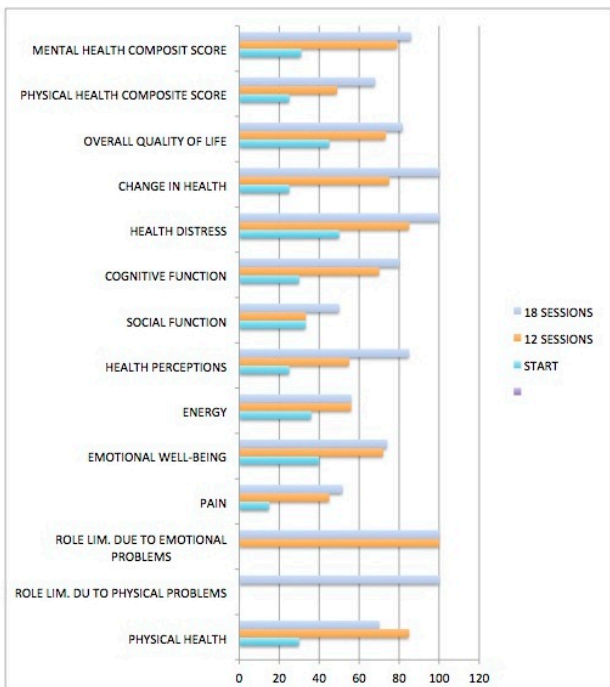


Table 1. Sample of MSQL-54 scores at start, 6 months, and 9 months for cases of Secondary Progressive and Relapsing Remitting.

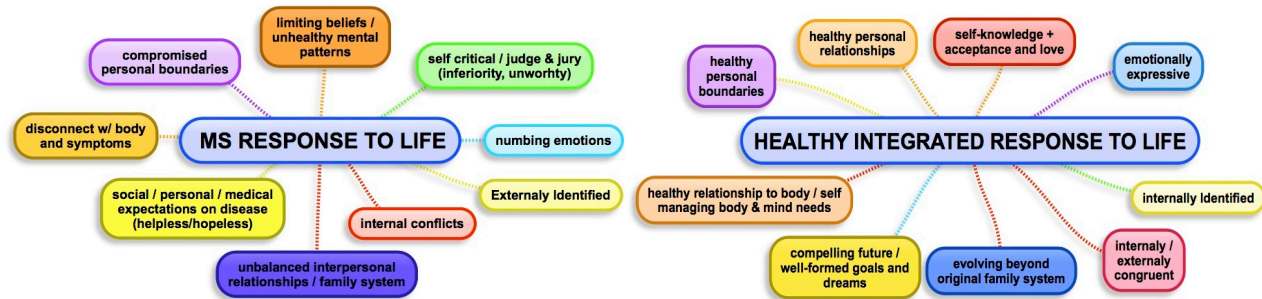


Figure 1. The proposed Hypnotherapy Program for the effective treatment of multiple sclerosis in 18 sessions transformed the Mental Patterns of MS, “MS Response to Life”, into “Healthy Integrated Response to Life”

4. DISCUSSION

The two tracking forms used by the groups did not appear to show the changes witnessed. Personal comments in session, testimonials, the hypnotherapist’s observations as well as comments received from their health practitioners, massage therapists, and physical therapists marked far greater improvements than what was recorded by the participants in their forms. Daily tracking was considered the most subjective and least accurate reflector of changes. The MSQLP-54 showed improvements experienced in physical and mental health though which symptoms were most effected is not detailed by the questionnaire.

Most subjects showed significant improvement after the first few sessions, then a small reduction in improvements and then further improvements after the 9th session. Stressful life events (SLE), such as family conflicts, accidents, flus and holidays had significant effects on symptoms through the first 12 sessions.

Those that received the 6 additional sessions continued to experience improvements and, more importantly, it appears that their improvements were less susceptible to SLE.

The longer period of hypnotherapy also helped to re-establish improvements when some of the participants readapted old habit patterns when their symptoms decreased (eg. work all day without breaks, not listening to their bodies, and push themselves to do more and more) and their symptoms immediately returned or new symptoms appeared. This was a marked moment of learning for both the hypnotherapist and these participants of the apparent relationship of their mental patterns and their symptoms.

5. CONCLUSIONS

The results of this study has led to the following conclusion:

People diagnosed with MS have ingrained habit patterns of the mind specific to their symptoms. When those habit patterns are transformed using a combination of methods that bring (1) insight into a person’s habit patterns and (2) resources to modify those patterns, the symptoms decrease and frequently disappear.

Transforming these mental patterns, as summarized in Figure 1, seems to create the greatest reduction and stability of reduction in both mental and physical symptoms, in all four types of MS.

A clinical trial of this program of hypnotherapy could demonstrate most accurately these improvements. The trial would need to utilize test materials that would cover specific changes in mental and physical symptoms. Suggested tests would be:

- MS Quality of Life-54 Instrument to assess quality of life.
- Beck Depression Inventory to assess depression.
- Spielberger’s State-Trait Anxiety Inventory to assess anxiety, both apparent and hidden.
- Pittsburgh Sleep Quality Index to assess sleep quality.
- Kurtzke Expanded Disability Status Scale (EDSS) to quantify disability.
- Copies of the last MRI administered by their doctors prior to the first hypnotherapy session and post the study to assess changes in lesions.

With sufficient clinical support, this program could become a standard complementary treatment of MS.

6. ACKNOWLEDGEMENTS

The hypnotherapist, E. Clark, would like to acknowledge Dr. Ruediger Dahlke, medical doctor, psychotherapist, and author for sharing in detail his experience and therapy program for clients with chronic illness, in particular his insights into the specific mental patterns of people with MS; Dr. Joaquin Jose Dulcey, neurosurgeon in Columbia, for sharing the imagery he used successfully with his patient with MS; Melissa Roth for her Autoimmune Disorder Program and insights into the possibility of altering the lesions of MS through this work; Earl M. Corless and Sharalee Clawson for their invaluable book and personal shares regarding Sharalee's healing journey through her MS; and

Paula Marie Jackson for sharing her experience in healing herself through guided imagery as well as her insights into preparing this study and her encouragement in continuing this work come rain or shine.

7. AUTHORS CONTRIBUTIONS

Eva M. Clark designed and held the sessions of hypnotherapy as well as administered the MSQLP-54 questionnaire.

Grant Helm, Executive Director of MSQLP, encouraged his MSQLP members to participate in the study and has been a follower and supporter throughout. He helped find funding for the third group and has continued to seek collaboration to support and fund a future clinical trial locally and with members of MSQLP.

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Disclaimer: The hypnotherapist, Eva M. Clark, utilize induction of hypnosis, and methods and principles used to help clients discover their inner creative abilities to develop positive thinking and feeling and to transform undesirable habits and behavior patterns. Eva M. Clark service does not include the practice of medicine, as Hypnotherapist is not a licensed physician. These services are non-diagnostic, and are complementary to the healing arts services that are licensed by the state of California.

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