

Recombinant approaches to Adjuvant Clinical Hypnosis in Oncology:

Integrative & Personalised Medicine 24

6 - 8 June 2024 • London UK

Panel discussion - Complementary Therapies in Oncology

📅 07 Jun 2024 ⌚ 15:30 - 16:35 📍 Moore 🌸 Complementary Therapy 🌿 Integrative Oncology

Integrative
& Personalised
Medicine 24

**Empowering Patients &
Healthcare Professionals to
control their own well-being.**

Dr Sarah Partridge

MBBS MRCP FRCR DHyp

Consultant Clinical Oncologist

Imperial Healthcare NHS Trust



Disclosures

President of the Section of Hypnosis & Psychosomatic Medicine at the Royal Society of Medicine.

Founder of Tranceform-Medical Ltd.



MEDICAL RESEARCH

Surgery while you're wide awake? MD Anderson doctors using hypnosis instead of general anesthesia

By Pooja Lodhia Monday, May 7, 2018



March 18, 2022

Self-Hypnosis Can Reduce Anxiety Related to Gynecologic Surgery

Leah Lawrence



Staff anesthesiologist Elizabeth Rebello, background, watches as Rosalinda Engle, a "mind-body intervention specialist" at MD Anderson Cancer Center, uses hypnotherapy on a patient. "Hypnosedation will not completely replace general anesthesia," Rebello says. (MD Anderson Cancer Center)



During the surgery on the 73-year-old patient an anaesthetic team was standing by just in case (Image: CEN)

- NEWS POLITICS FOOTBALL CELEBS TV CHOICE ROYALS

World's first deep brain surgery using hypnosis instead of anaesthetic cures elderly patient's trembling hands

Doctors carried out the deep brain stimulation procedure to cure the 73-year-old patient

By Patrick Lion 16:01, 10 Jan 2017 | UPDATED 16:06, 10 JAN 2017



NewScientist

News Features Newsletters Podcasts Video Comment Culture Crosswords | This week's magazine

Health Doctors are hypnotising people before surgery to help reduce anxiety

Listening to hypnosis recordings can reduce a person's pain and nerves during a medical procedure, and could even mean that they require a lower dose of sedatives

By Clare Wilson 28 April 2023

Hypnosis shows promise to ease pain of spine injuries

Hypnosis is effective in helping people with recent spinal cord injuries learn coping strategies to fight chronic pain, a new study shows. Almost 90% of study participants reported benefit from the treatment.

JUL 26, 2023

How hypnotherapy helps soothe patients on NHS waiting lists

Dominic Hauschild

Sunday October 29 2023, 12.01am, The Sunday Times



Gail Marra says that enquiries for hypnotherapy treatment have doubled since the pandemic

THE TIMES

HEALTH

'I was hypnotised into thinking I had a gastric band'

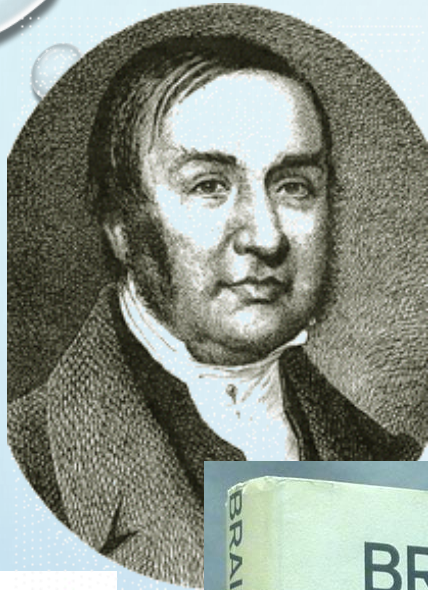
Patients are skipping surgery for a radical new weight-loss treatment. Does it work — or is it all in the mind?

The media is raising public awareness... but *is the wider Medical Profession sufficiently aware of what Clinical Hypnosis can do?*

HEALTH

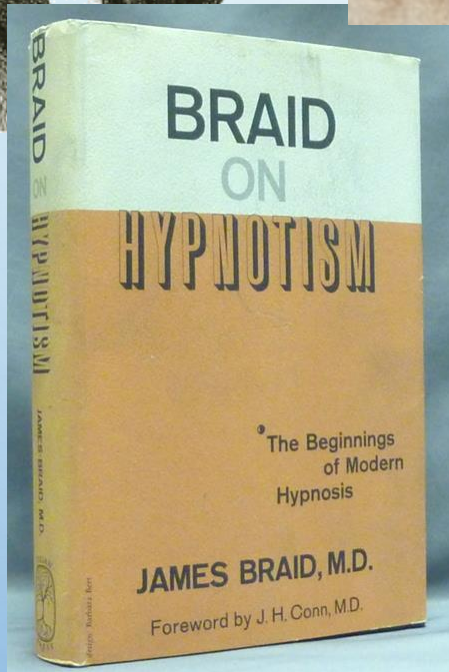
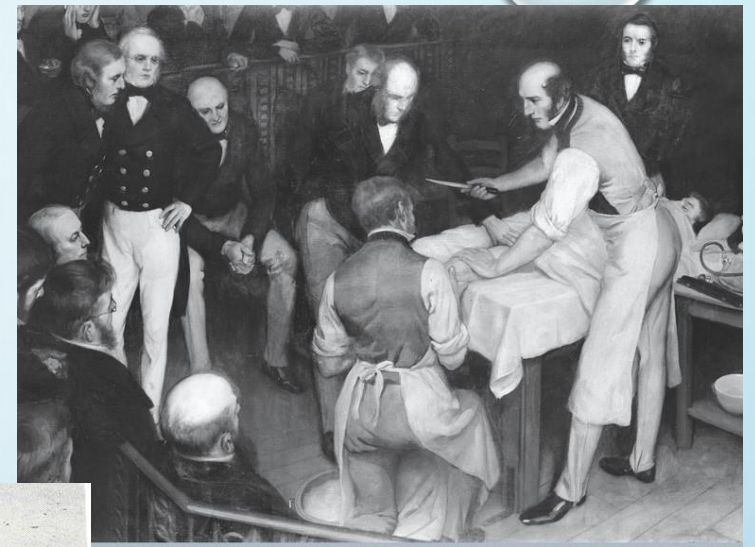
How I finally beat my anxiety — the 9-minute trick

Rosamund Dean on the hypnotherapy app that finally stilled her whirring 3am brain

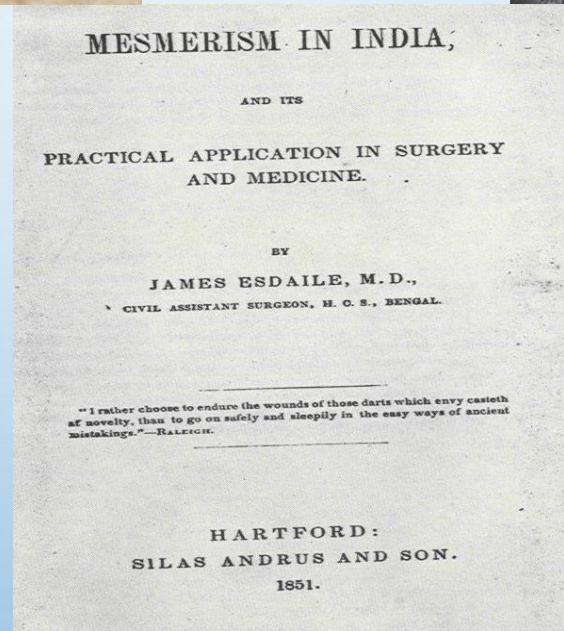


John Elliotson
1791–1868

- Eminent Physician
- Founder of UCL medical School
- Early study & promotion of Hypnosis



James Braid 1795-1860
coined term 'Hypnosis'

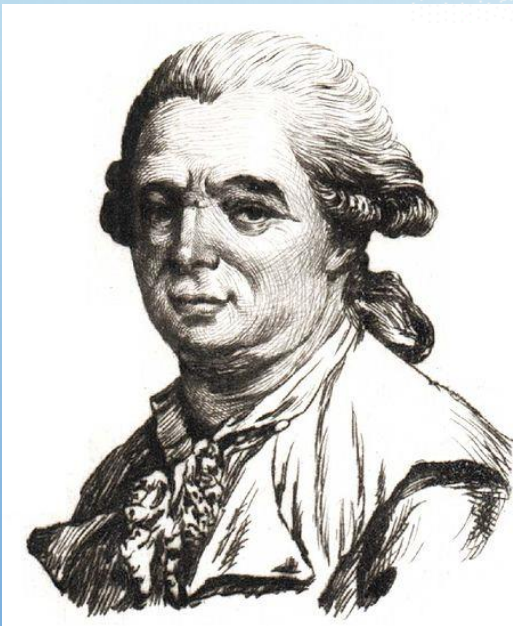


James Esdaile 1808-1859

I beg, to state, for the satisfaction of those who have not yet a practical knowledge of the subject, that I have seen no bad consequences whatever arise from persons being operated on when in the mesmeric trance.

Cases have occurred in which no pain has been felt subsequent to the operation even; the wounds healing in a few days by the first intention; and in the rest, I have seen no indications of any injury being done to the constitution. There has not been a death among the cases operated on.

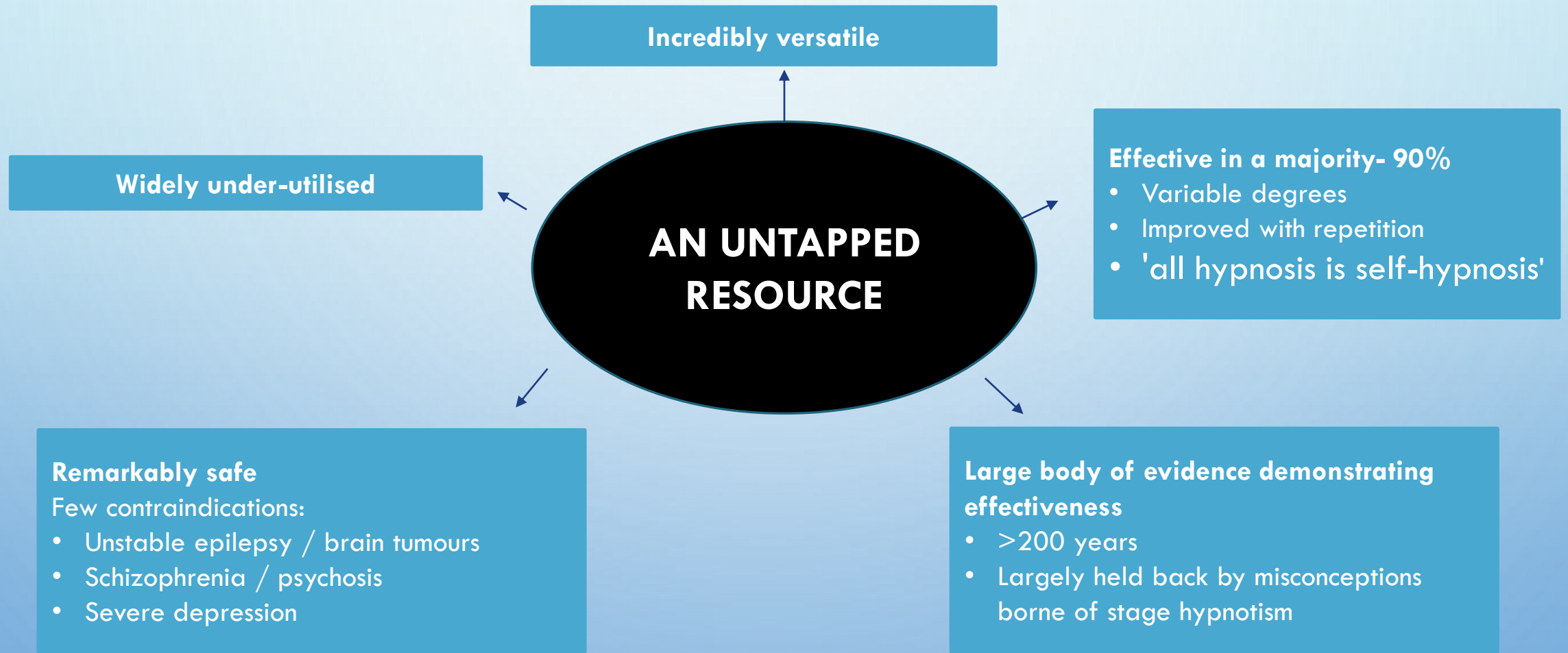
J. Esdaile 1846



Franz Anton Mesmer
1734–1815

Clinical Hypnotherapy: A Cinderella Science

'Adjuvant Audiotherapy' Promises to empower both patients and those who care for them



Cerebral Mechanisms of Hypnotic Induction and Suggestion

July 1999 · *Journal of Cognitive Neuroscience* 11(1):110-25

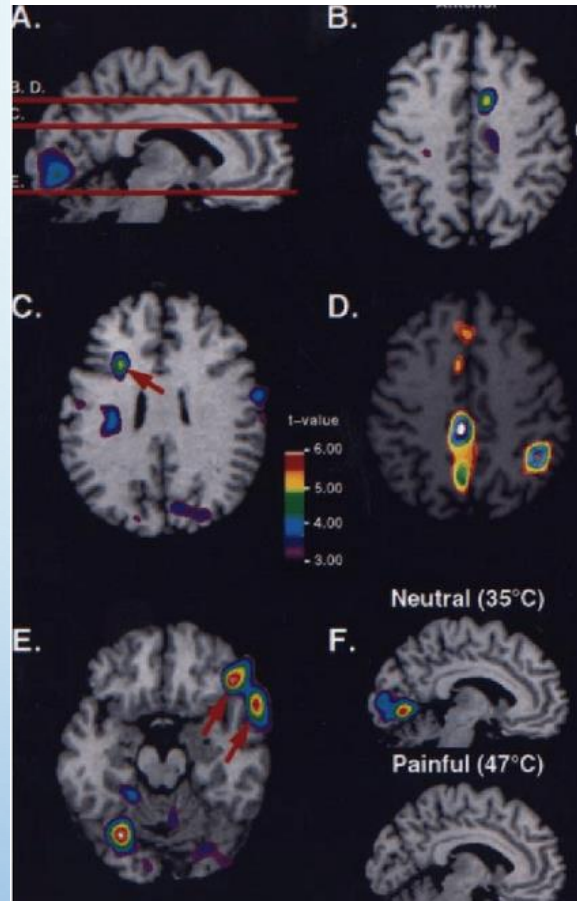
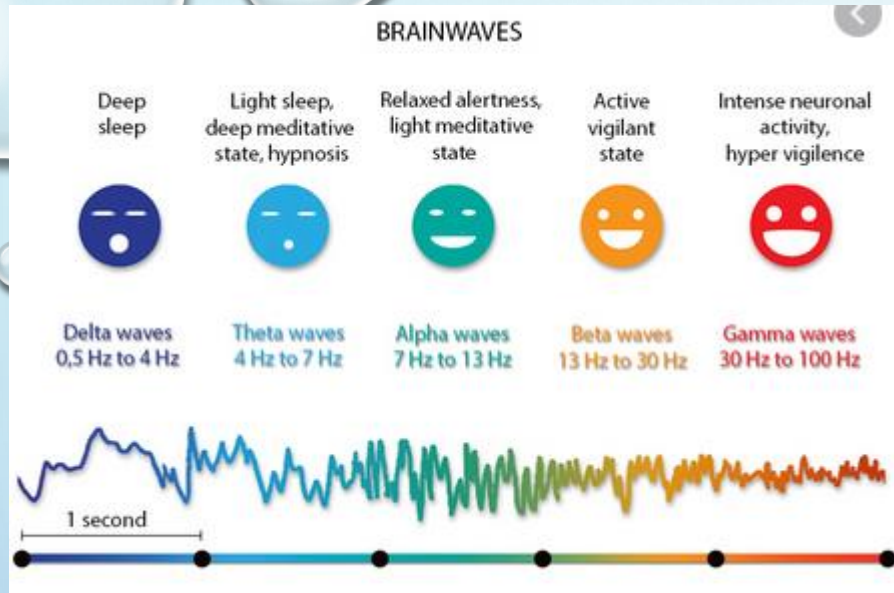


Figure 1. Statistical (*t*) maps of hypnosis-related increases in rCBF

>200yrs of literature, case studies, neuro-science and psychological research, and yet **Hypnosis training is STILL not routinely integrated into medical and dental curricula**, and translational studies are not readily funded.

A great deal more work needs to be done to:

- Explore the use of hypnosis in clinical settings & survivorship
- Understand the mediators and moderators of hypnosis interventions, and
- Develop effective dissemination strategies

Table 1: Brain areas activated in hypnotic pain relief

Brain area	Function
Thalamus	Relays and synchronizes sensory input into a unified image
Somatosensory cortex (S1, S2)	Registers sensory input
Insula	Translates sensory input into emotions, desires, perception, self-awareness
Anterior cingulate cortex (ACC)	Converts physical/emotional awareness into intentions and actions
Prefrontal cortex (PFC)	Orchestrates thoughts and actions in accordance with internal goals and beliefs
Occipital cortex (OC)	Processes imagery
Basal ganglia (BG)	Regulates voluntary motor control and procedural learning of routine behaviors

1. Minnesota Hypnotherapy Associates. Brain Activity During Hypnotic Pain Relief. Available at:

<http://www.mnhypnotherapyassociates.com/index.php/brain-activity-during-hypnotic-pain-relief/> (accessed October 2018);

Hypnosis

Hypnosis is a valuable tool which involves interaction between body and mind, using the mind to affect therapeutic change, and can be instrumental in engendering coping strategies, helping people to connect with their inner being and activate innate healing forces.

(Spiegel and Moore 1997, Owens 2002)

Hypnosis is a natural state of aroused, attentive focal concentration coupled with relative suspension of peripheral awareness

Inducing a trance state that allows effective communication with the sub-conscious mind to accept beneficial therapeutic suggestions which improve well-being without conscious rationalisation.

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What it's not...

- **A Panacea:** one size does not fit all...
 - Population variability in potential to benefit from clinical hypnosis
 - 10% highly suggestible, 80% variably/ improve with repetition, 10% refractory
- **A substitute** for evidence-based, modern medical/ surgical techniques or medication, within a safe setting after individualised management plans have been devised by an appropriate multidisciplinary team after diagnostic investigations.



Hypnotherapy and Surgery... *just some of the evidence:*

Peri-Operative Reduction in Patient:

- pain sensation¹⁻⁵
- nausea and vomiting^{1,7,10,11}
- peri- and post-operative anxiety^{8,9}
- postoperative analgesic administration^{5,6}

Intra-operative Benefits with decreased:

- ❖ intraoperative narcotic and sedative use⁶⁻⁷
- ❖ postsurgical blood transfusion¹²
- ❖ duration of procedure¹³⁻¹⁵
- ❖ post-operative behaviour disorders⁸

Stabilisation of :

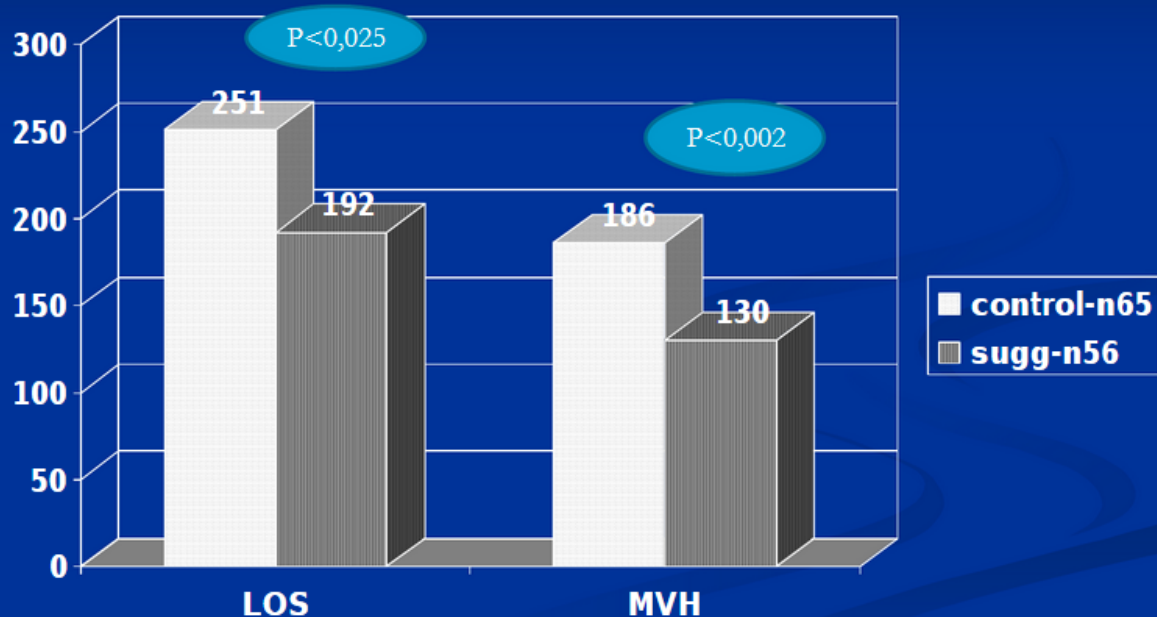
- ✓ heart rate and systolic blood pressure¹
- ✓ desirable vascular control^{10,16}

1. Defechereux T, et al. Ann chir. 2000;61:539-46; 2. Montgomery GH, et al. Int J clin exp hypn. 2000;48:134-149; 3. Montgomery GH, et al. Anesth analg. 2002;94:1639-45; 4. Faymonville M, et al. Pain. 1997;73:361-7; 5. Meurisse M, et al. Ann endocrinol. 1996;57:494-501; 6. Mackey EF. Int J clin exp hypn. 2010;58:21-38; 7. Faymonville M, et al. Regional anesthesia. 1995;20:145-51; 8. Calipel S, et al. Pediatric anesthesia. 2005;15:275-81; 9. Sadaat H, et al. Anesth analg. 2006;102:1394-6; 10. Enqvist B, et al. Acta anesthesiol scand. 1997;41:1028-32; 11. Montgomery GH, et al. J natl cancer inst. 2007;99:1304-12; 12. Hart RR. Int J clin exp hypn. 1980;28:324-32; 13. Lang, et al. Lancet. 2000;355:1486-90; 14. Butler, et al. Clin psychol rev. 2005;26:17-31; 15. Lambert SA. J dev behav pediatr. 1996;17:307-10; 16. Mcguirk J, et al. Contemp hypn. 1998;15:101-8.

Positive effects of psychological support based on positive suggestions (PSBPS) on the recovery of ventilated patients

Potential for MP3 Hypnotic suggestions in wider settings

Length of Stay (LOS) and Mechanical Ventilation (MVH) in the Control and the Suggestion Group
Only min. 48h MV (n=121, 65 ctr vs 56 sugg)



Suggestion group LOS is shorter by 59 hours ($p < 0,025$), MVH by 55 hours ($p < 0,002$) compared to the control group → **More than 2 days gained**

Durable Secondary Gains beyond Recovery

- Fewer negative somatic perceptions, less pain
- More positive thoughts and emotions & attitude towards the staff
- More intensive own activity & feeling of self-efficiency
- ← Protection against PTSD
 - Less negative memories
 - It is easier to integrate this experience into the patient's overall life history

*** K. Szilágyi A., Diószeghy Cs., Fritúz G., Gál J., Varga K. (2014): Shortening the Length of stay and Mechanical Ventilation Time by using Positive Suggestions Via mp3 Players for Ventilated Patients, *Interventional Medicine and Applied Science* Vol. 6 (1), pp. 3–15 (2014)

Surely a missed opportunity to disseminate this easy intervention beyond the Covid Era?





Benefits of Hypnotherapy in Oncology Studies

- Significant improvement in chronic pain and anxiety at 1 & 2 year follow-up^{1,4,7} (P<0.0001)
- Reduced postoperative **hospital stay**²⁻³
- Improved body image and sexual function⁵
- Reduced pain in H&N patients post RT⁶
- Reduced distress & depression, pain interference, with improved sleep management⁷

- Reduced hot flashes in breast cancer patients^{8,12}
- Management of anticipatory nausea & vomiting^{9,10}
- Control of Respiratory motion in Lung Ca pts during RT¹¹
- Reduced anxiety and pain related to venepuncture¹³
- Management of phobias & PTSD¹⁴

1. Brugnoli et al. Ann palliat med 2018 jan;7(1) 17-31 2. Berliere et al. Breast 2018 feb;37:114-118 3. Montgomery GH, et al. J natl cancer inst. 2007;99:1304-12; 4. Worldviews evid based nurs. 2017 jun;14(3):223-236; 5. Cieslak et al. Oncol Nurs Forum. 2016 nov 1;43(6):E233-E241; 6. Thuma et al. J med assoc thai. 2016 aug;99 suppl 5:S141-7 7. Mendoza et al. Psychooncology. 2017 nov;26(11):1832-1838 8. Cramer et al. Ineg cancer ther. 2015 jan;14(1):5-15 9. Kravits J Adv Pract Oncol 2015 may-jun;6(3):225-9 10. Marchioro Oncology 200 aug;59(2):100-4 11. Li et al. Biomed Res Int; 2013;574934 12. Elkins et al. J Clin Oncol 2008 nov 1;26(31):5022-6 13. Liossi et al. Pain. 2009 apr;142(3):255-63 14. Spiegel Depress Anxiety 2013 apr;30(4):342-52



Benefits of Hypnotherapy in Palliative Care

- Hypnotic training as a coping skill and a platform for spiritual exploration¹
- Meditative and hypnotic approaches appropriate for palliative settings of care²
- Patients often live with symptoms over a long period, which are only partially responsive to pharmacological and other therapies. Hypnosis helps improve symptom control and quality of life.³
- Hypnosis can be used to control chronic pain, improve anxiety in chronic disease, reduce fatigue, manage depression, enhancing coping capacity, relieve psychosomatic symptoms, & treat brain injuries . Beyond symptom management, clinical hypnosis can sustain and enhances hope.^{1,4,5}
- ASCO 2022 guidelines recommend Hypnosis for patients who experience procedural pain.⁶
- Hypnosis for pediatric patients experiencing a life-limiting disease not only provides an integral part of advanced symptom management, but also supports children dealing with loss and anticipatory loss, sustains and enhances hope and helps children and adolescents live fully, making every moment count, until death.⁷
- Limited number of studies in this meta-analysis; but hypnosis and music intervention in PC shows promising results in terms of feasibility and acceptability, with improvements in pain, anxiety, sleep and well-being, underscoring the importance & need of further research.⁸

1. Brugnoli. M Spiritual Healing In Palliative Care With Clinical Hypnosis: Neuroscience And Therapy. Am J Clin Hypn. 2023 Dec 20;1-13 <https://doi.org/10.1080/00029157.2023.2281466>

2. Vayne-bossert P. Hypnosis For Symptom Management In Adult Cancer Patients: What Is The Evidence? Curr Treat Options Oncol. 2024 Mar;25(3):364-375. Doi: 10.1007/S11864-023-01168-y. Epub 2024 Jan 4.

3. Booth S. Hypnosis In A Specialist Palliative Care Setting - Enhancing Personalized Care For Difficult Symptoms And Situations Palliat Care Soc Pract. 2020 Oct 12;14:2632352420953436. Doi: 10.1177/2632352420953436.

4. Kirsch I, Montgomery G, Sapirstein G. Hypnosis As An Adjunct To Cognitive-behavioral Psycho-therapy: A Meta-analysis. J Consult Clin Psychol 1995;63:214-20.

5. Marcus J, Elkins G, Mott F. The Integration Of Hypnosis Into A Model Of Palliative Care. Integr Cancer Ther 2003;2:365-70.

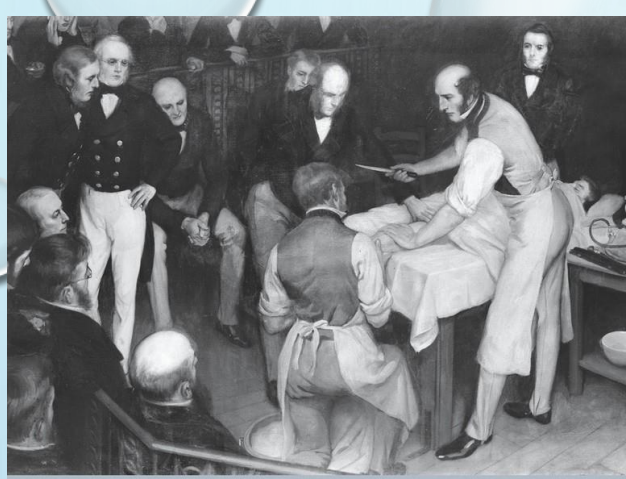
6. Integrative Medicine For Pain Management In Oncology: Society For Integrative Oncology-asco Guideline 2022 Dec 1;40(34):3998-4024. doi: 10.1200/JCO.22.01357. Epub 2022

7. Friedrichsdorf SJ Integration Of Hypnosis Into Pediatric Palliative Care Ann Palliat Med. 2018 Jan;7(1):136-150. Doi: 10.21037/Apm.2017.05.02.

8. Bissonnette J Hypnosis And Music Interventions For Anxiety, Pain, Sleep And Well-being In Palliative Care: Systematic Review And Meta-analysis BMJ Support Palliat Care. 2024 Jan 8;13(e3):e503-e514.

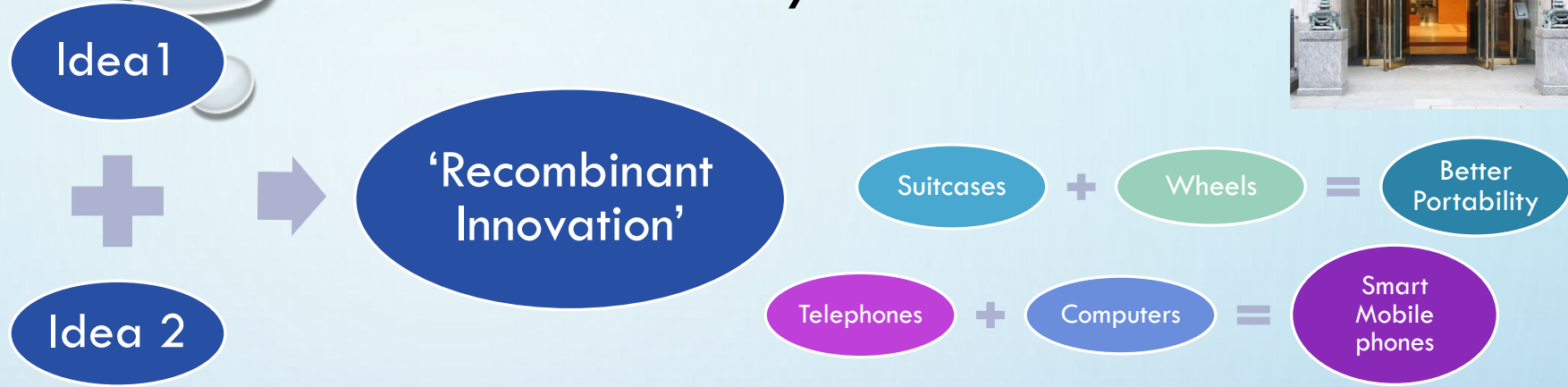
Implementational Challenges: Harnessing Long-term Potential

- Paucity of RCTs using hypnosis in cancer patients
 - Even when hypnotic intervention RCTs establish benefit (hypnotherapy most effective intervention in drug-refractory IBS)
 - Wider implementation of hypnosis in gastroenterology very patchy in UK
 - Meta-analyses of studies using hypnosis show statistically significant benefits
- UK lags behind Europe significantly in its integration of medical hypnosis
- Challenge is to re-educate our patients & medical fraternity, and devise means to deliver **ADJUVANT hypnotherapy** in a ‘cost-neutral’ framework within the NHS
 - Integrate hypnotherapeutic training into specialty MDT settings
 - Psychological ‘tools’ for clinicians to increase wellbeing (themselves & their patients!)
 - AHP education to support patient use of on-line resources

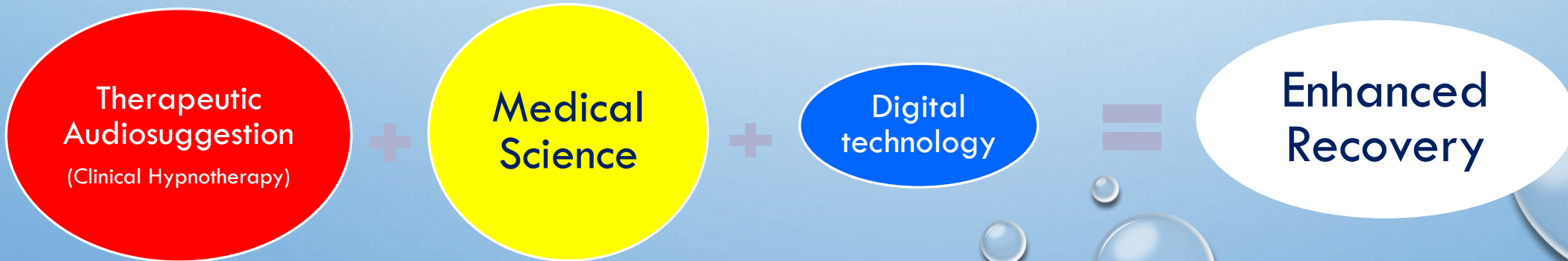


James Esdaile : Unexpectedly good outcomes for surgical patients after Hypnotic Anaesthesia

In Summary....



'To Create is to Recombine' : Francis Jacob, Microbiologist



Empowering patients to access self-directed care individualised to their needs



Education of Healthcare Providers to use Hypnosis resources & techniques
& **Select appropriate pts**

No severe mental health issues
Uncontrolled epilepsy No cognitive impairment

Improved resilience to treatment-related morbidity
Better compliance, QoL, response to treatment, and potential survival benefits

Anxiety management
Better adjustment to long-term functional challenges (physical and emotional)

Role for hypnotherapy within survivorship and wellbeing pathways

Improved staff well-being, job satisfaction, resilience, and stress management



'Tranceform-Medical': A Hypnotherapeutic Partnership: Drs Sarah Partridge & Rumi Peynovska

Website-based self hypnosis training supported by:

- Audio files for a variety of oncology issues
 - Anxiety
 - Peri-operative recovery & symptom control
 - Pain management
 - Claustrophobia
 - Radiotherapy
 - Healing & recovery
- Opportunity for audit & implementational evaluation of patient experience
 - Symptom control
 - Bed-days
 - Preliminary cost savings evaluation

Collaboration with other centres: Devise grant proposals for future RCTs

- To assess health economic effects of implementing self-hypnosis with medical & surgical interventions.
 - Motivate more healthcare professionals to train in the use of clinical hypnotherapy.



Tranceform-Medical

Learn Self Hypnosis

..and Experience how a droplet of Imagination can create the waves to Change your Mind, Your Life, your World.

Programs Designed by Doctors, Endorsed by Patients.



Learn Self Hypnosis....Our Gift To You



Programmes for Healthcare Providers & Carers'



Medically Designed Programmes for Patients



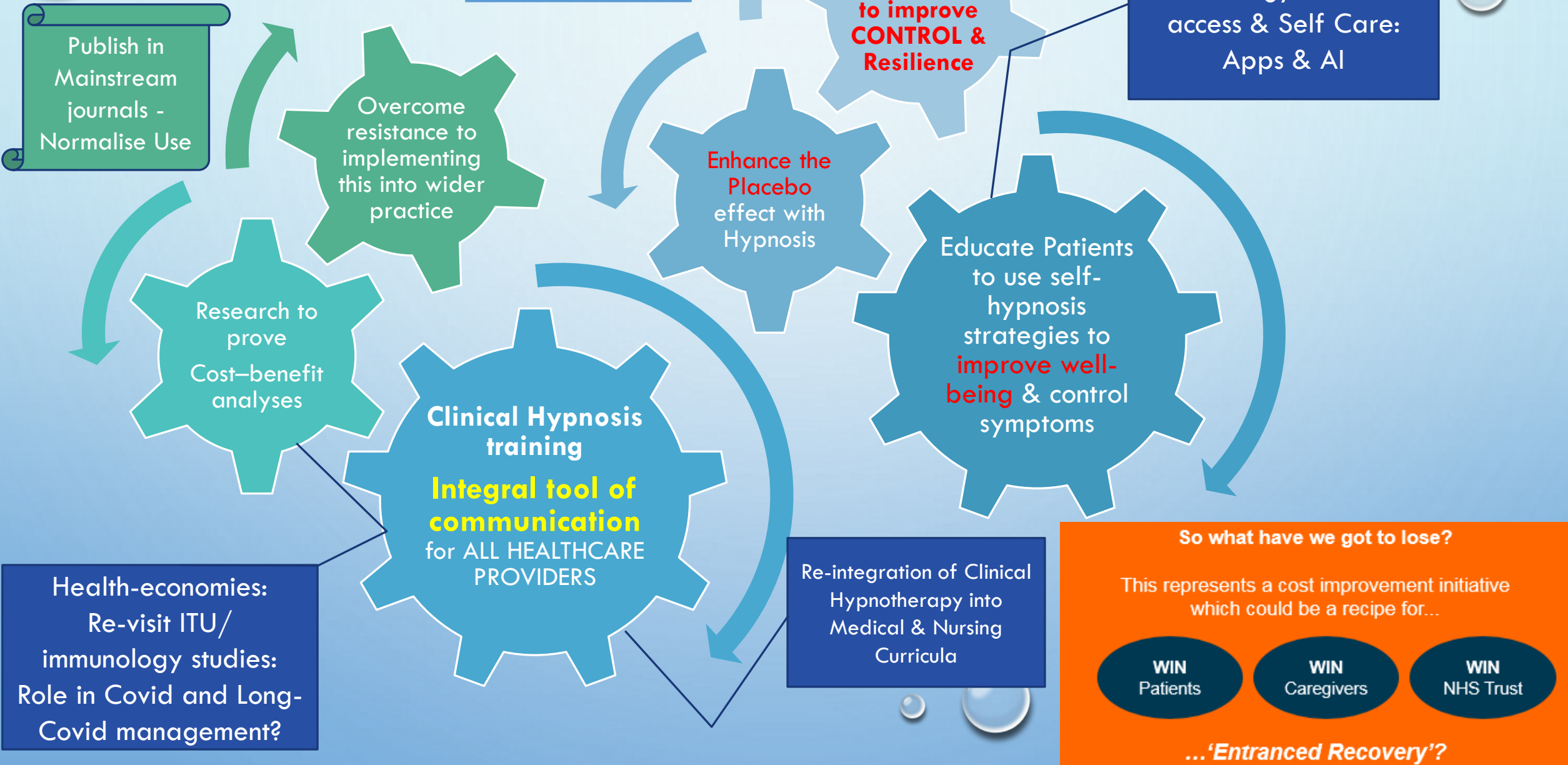
Evidence to prove it works...



Events and Workshops

We offer education, implementational planning, use of our audiofiles and supportive mentorship for staff on an organisational level to assist in integrating 'Audiotherapy' into different services.

So where to from here?



Tranceform-Medical Education options.....

For Patients:



Saturday, June 29th, 2024
Zoom Webinar 10-11.30pm
Overcoming Pain & Discomfort
Gain insights into the science behind hypnosis and learn practical techniques to harness your inner strength, boost resilience, and cultivate a positive mindset.

This workshop is suitable for people suffering with pain and discomfort and who would like to include clinical hypnosis in their medical, surgical or psychological treatment.

For Organisations: 3Win Package

contact Info@tranceform-medical.com for:

- Implementational planning
- Education & mentorship workshops for staff
- Integration of 'Audiotherapy'
 - Service-specific, including audiofile access
 - Optional Bespoke Audiofile production

www.tranceform-medical.com

For Healthcare Professionals:

Sunday, June 30th, 2024 at 10:00 GMT **Zoom Webinar 10-11.30pm**

Discover the potential of clinical hypnosis to impact so much more than psychology, immunology & physiology as an adjuvant tool. How better to start your Sunday morning, with the rest of the day to enjoy, *even more relaxed?* During this interactive session, you'll gain insights into the science behind hypnosis and its remarkable effects on the mind & body.

What you will gain from the Hypnosis webinar:

- An understanding of what hypnosis is and how it works
- The ability to relax deeply in just a few minutes
- Powerful mind practice for resilience building and wellbeing



This webinar is intended for doctors, dentists, nurses, midwives, psychologists and all health professionals who wish to explore this powerful therapeutic tool. It is the ideal start for everyone who considers further training in hypnosis.

We all need to invest time in looking after ourselves, and so learn how self-hypnosis gives you ever more control!

Sign up to join us via the QR code above OR email Info@tranceform-medical.com