

Hypnosis and Cancer Clinical Study

I've practiced as a professional clinical hypnotist for a long time now, and I've worked with thousands of individuals afflicted with a vast array of both physical and emotional challenges.

There is endless speculation from all quarters regarding the causes and cures of and for cancer, and there are even more therapies available to the afflicted, but there is no panacea or magic bullet to rectify the situation. While billions of dollars are spent every year in research, cancer itself continues to spread throughout the world like a curse, seeming to strike randomly with a willful vengeance, leaving much physical, mental, emotional and financial destruction in its wake. Among the available therapies is everything from Medical Ozone treatments to Fruit Juices that claim to contain miraculous healing properties. Between those two are a myriad other choices, but for most cancers the fact remains that there is no cure, and I would advise to steer a wide berth around any person who claims that they can cure cancer if those claims can't be backed up with valid and verifiable scientific evidence. I would also advise any person diagnosed with cancer to listen firstly to their oncologist and medical doctor. Common sense dictates that fresh food, clean water, some daily sunshine, exercise, and good sleep is an idealistic pattern for all to partake of whether presently healthy or otherwise; and it always helps if you don't smoke cigarettes.

I decided to put Dr Ryke Hamers "Shock Conflict" theory to the test by balancing the supposedly relevant emotional shock conflicts in cancer patients with hypnosis. I treated volunteers pro bono and fully informed each one that what I was doing was experimental, and insisted they remain on their medical regime and followed medical advice. By the end of the trial the volunteers, myself, and a few oncologists were considerably impressed by the results.

The benefits afforded by the hypnosis protocol used were impressive and rapidly brought valid and significant improvements to the physical and emotional quality of life for the trial volunteers.

Personally, although I have the greatest respect for Ryke Hamer and his tireless research, I think that he is a bit too insistent that 90% of all cancers are shock-conflict induced, and that the other 10% are environmentally or genetically caused. I think with the current electromagnetic, water, and air pollution levels, combined with the chemicals found in almost all foods, the environment must have a much greater than 10% causal effect for cancer. At a guess I would say Hamer is perhaps 40% correct with the Shock-Conflict theory, not 90%.

Even so, 40% is statistically phenomenal compared to the dismal results thus far attained from the trillions of dollars spent by, so called, scientific medicine. Let's hope that the pharmaceutical companies and the allopathic medical doctors who have been trained to the never question the doctrine wake up soon and realize that they don't know it all. Despite the good intentions of most of those involved in the modern medical systems and hospitals, disease and sickness is the most profitable industry that there ever was.

During my hypnosis career I regularly stretch the boundaries of what is supposed academically that hypnosis is, as opposed to my own beliefs. Although a tremendous amount of mechanistic and functional information has been assimilated during scientific studies into the nature of hypnosis, the essence of hypnosis, which are the energetic transference aspects have been ignored and so mostly lost. There are also many derivatives of hypnosis that facade themselves behind other names and acronyms, which often purport remarkable or instant remedies for all manner of ills. To those inclined to try therapeutic hypnosis, please remember that miraculous cures, more often than not fade into the non-permanence of wishful thinking.

I could best sum up modern hypnosis and its effectiveness either for therapy or for entertainment this way; everybody can sing, but there are very few excellent and dynamic singers. Or being more direct I could say the following, "Beginning with Franz Anton Mesmer in the 1700s, and just as they have they done historically with any perceived threat to their profession, medicine and psychology stole hypnosis off the true hypnotists in the early 1950s and disempowered it with academia to the point where nowadays it has been watered down so much, that most hypnotherapy techniques could be more fittingly labelled "Eyes closed visual guidance imagery". Hypnosis cannot be completely understood by academia because it will be investigated within the constriction of Newtonian Physics, and if the magnetic energetic transference present in genuine hypnosis is not taken into account then it's simply not hypnosis any more. The condition of induced hypnosis is not simply a matter of clinical mechanisms. Effective hypnosis is an interchange of many variances between the hypnotist and the subject, and there are safe and effective hypnosis protocols that at the very least offer a measurable degree of physical and emotional comfort for not only cancer sufferers, but also for many other health conditions.

The reasons for undertaking this cancer trial are many. Firstly, I was having some degree of success using hypnosis to alleviate the crippling effects in sufferers of Chronic Fatigue Syndrome and non insulin dependent diabetes. Then I did some tests with Parkinson's disease that yielded some significant results in the amelioration of symptoms (I will stress here that I insist that any sick person I work with must remain under their doctors' care and stay on their prescribed medications).

Finally, as well as my intrigue in testing Dr. Hamers Shock-Conflict theory, I also undertook the study because of the numerous testimonials arriving at my email inbox from people all over Australia, reporting significant benefits from the negative effects of many health conditions, from using my Mind-Body healing CD. All of the participants in the study were required to use the CD daily as an adjunct to their weekly, in person, hypnosis sessions for the entire duration of the study. All of them requested to keep it, despite the fact that they can continue their personal sessions for as long as they wish at no cost to themselves.

I learned a lot from this study. I learned about excruciating physical and emotional pain. I learned about hope. I learned about fear. I learned about faith and the strength of the human spirit. But mostly I learned about respect. Not only for the sufferers who took part in the study, but for every victim of cancer and also for those people from all of the caring professions who work day in and out to bring comfort to the sufferers of cancer.

Through the connections that develop between a therapist and a client there is an accompanying emotional challenge when working with non-terminal and terminal cancer patients difficulties, sometimes it can leave a complete feeling of almost utter uselessness as a stubborn cancer progresses regardless of what is done attempting to stop it, the client passes and leaves loved ones in a state of emotional shock and sadness. At other times it can be elating to hear the good news the sufferer and families had been praying for. Regardless of that, if all a therapist can do is give some emotional comfort and diminish the physical pain of those for whom it is too late, then it's worth every emotional trough and peak that comes with the territory.

In my opinion this study was a success beyond my expectations and also beyond the expectations of the participants. In that regard I would like to thank them all and I would also like to thank my colleague Nathan Elliott, a Pharmacist who I endowed with the knowledge and skills of hypnosis. Without his academic and professional expertise this trial would not have been possible, this was our trial, not mine alone.

If ever I'm asked. Do you think hypnosis can cure cancer? I answer, I don't believe that anything can cure most cancers; but I do believe that cancer is sometimes created from within. That being the case, stress, or emotionally inspired cancer will be very difficult to cure from without. Or I could take the cynical approach repeat a half truth that a colleague often says, which is "The Only Thing Mankind Ever Cured was Fish and Bacon, and Given the Right Tools the Body Cures Itself". I do strongly discourage any person from undertaking hypnosis for curative purposes without first consulting their medical doctor and also ensuring that the hypnotherapist has adequate knowledge and training in the use of hypnosis and the specialist techniques required when using hypnosis effectively for pain management.

Trial Participant 1

The participant is a 71 year old male, first diagnosed with Prostate Cancer and secondaries in the bone in 1994. The standard of care medical treatment used for treatment was Radiotherapy and the medication Androcur and Zoladex. TBs present medications are Zocor and Losec. The usual diet consisted of Meat, Fish, Vegetables and Fruit and he reported using Nutra Sweet as a sugar replacement. At the beginning of the trial reported that he felt his health condition was gradually worsening.

Main Presenting Issues Include:

Insomnia; Loss of appetite; Physical aches and pains; Constipation; Fear.

Verbal reports were as follows

5th May 2005

1. Used the Mind-Body healing CD and my hip pain that had been predominant for three years disappeared after the first night and did not return.
2. Usual tiredness reported as about the same.
3. Bowel motions, improved a little. (Participant has suffered constipation for three years).

12th May 2005

1. Hip pain still gone, reported that pain suffered in both wrists for three years was also much less for rather long periods of time.
2. Sleeping much better with the use of the Mind-Body healing CD.
3. Bowel motions remained a little better.
4. Participant fell and sprained ankle, reported that it was painful and that he was fearful that if he had broken the ankle, it may not heal. Immediate medical investigations report only a sprain and walking required the assistance of a cane.

19th May 2005

1. Wrist pain improving gradually and now the right wrist was more painful of the two, especially in the morning, left wrist now pain free.
2. Hips still pain free.
3. Ankle feeling much better.
4. CD is working very well and assisting deep sleeps.
5. Generally feeling fantastic.

31st May 2005

1. Ankle pain gone now (no longer any use for the cane).
2. All elimination systems working much better (previous constipation gone)
3. Sleeping deeper and for longer, awakening in the morning feeling refreshed.
4. After session on 19th May walked up and down 100 hundred steps with no difficulty or discomfort whatsoever (carried cane just in case).
5. Both wrists now feeling fine, pain gone.

9th June 2005

1. Sleeping like a log every night.
2. No pain or discomfort anywhere in the body.
3. Elimination systems (defecation) fine now.
4. Physical energy has improved considerably.
5. Motivation has improved significantly.
6. Generally feels much better and much happier.

16th June 2005

1. Sleep still much improved.
2. Energy levels and motivation still improved
3. Hip pain gone sine first session and never returned.
4. Very mild pain in left wrist and left ankle, also both knees, knee and ankle pain exacerbated by walking up and down stairs.

Final Assessment completed on 16th June 2005.

His opinions of the trial: *"I think this has been very worthwhile indeed, and there have definitely been significant improvements in my sleeping, much less pain, and much more energy. Generally I just feel much better. I must admit that at the beginning I was a skeptic now I am convinced there is something very valid in all of this."*

Trial Participant 2

The participant is a 64 year old female, diagnosed with Dukes C Rectal Cancer (colon cancer) in February 2004. As a standard care procedure was successfully operated on in March 2004: Post operative medical treatments were Chemotherapy and Radiotherapy. Present treatments are Thyroxin (none associated with cancer). Usual diet consists of; Vegetables, Fish, Chicken, Little red meat, Rice, Cereal, and Fruit.

Main Presenting Issues Include.

Stress; Anger; Insomnia; Depression; Anxiety; Constipation.

Verbal reports were as follows

3rd May 2005

1. Feeling generally OK.
2. Gets a little tired if doing too much?
3. Sleeping much better and deeper since using the Mind-Body CD.
4. Went away and forgot to take the CD and still slept much better than usually would have.
5. Generally feeling happier and lighter within self.

5th May 2005

1. Feeling pretty good since the first session.
2. Still sleeping better.
3. Less bothered by husbands snoring and can return to bed and go back to sleep if needs to awake at night for the bathroom. (Previously, could not go back to sleep and would lay awake worrying about the future).

10th May 2005

1. Sleep still much improved.
2. Appetite is improving.
3. Energy levels are up quite a bit.
4. Stressing and worrying has stopped.
5. Feeling much happier.

12th May 2005

1. Elimination systems functioning much better (participant had been experiencing frequent episodes of either constipation or diarrhea since operation).
2. Sleep still fine.
3. Appetite still improving.
4. Energy still up.
5. Participant states that she feels better than she has felt for years.

17th May 2005

1. As above: 12th May 2005
2. As above
3. As above
4. As above
5. As above
6. More relaxed and calm, less reactive, less worried and concerned.

19th May 2005

1. As above
2. As above
3. As above
4. As above
5. As above

Final assessment completed on 1st June 2005

Her opinions of the trial:

1. Mood wise I am definitely much better.
2. I feel much more positive in general.
3. I am sleeping much better and deeper.
4. My energy has been steadily improving.
5. Participants perceived benefit from participation on a scale of 1 to 10 with 1 being at the low end, reported as 8 to 10. Asked if she would do it again? She stated that because of the improvements she felt from the first day of the trial, she would have begun the hypnosis treatments immediately she was diagnosed with her cancer if she had of known about them at the time.

Trial Participant 3

The participant is a 47 year old female diagnosed with advanced breast cancer on 10th March 2000 with secondary's found in the liver, the lungs, ovaries' and bones. Medical treatments were Chemotherapy, Radiotherapy, Hormone Therapy, and Dr John Holt's controversial Microwave therapy * Authors Note. Present medical treatments are; Chemotherapy Navelbine and Bonefos. It is interesting to note that given the severity and the extent of her condition, she has had a long survival period without surgery. Perhaps Dr. John Holt's controversial therapy, as reported on Channel 9s "A Current Affair" in 2005 has contributed to this? Usual diet consists of; Juiced fresh fruit and vegetables; Legumes; Fish; Brown Rice; Oats, Nuts. Because of the severity of her condition she began her treatment on the 29th March 2005, two weeks before the rest of the participants and received four extra sessions.

Main Presenting Issues Include:

Fear; Pain; Loss of appetite; Insomnia; Weight Loss; Low energy levels.

Verbal Reports were as follows

29th March 2005

The initial treatment consisted of interviewing and ascertaining the extent of her illness. She was then induced into deep hypnosis (for 27 minutes) and given positive re-enforcing suggestions regarding the state of her health and the ability of her body to heal and her mood to remain calm, happy and confident that she could beat the illness.

Verbal reports were as follows:

7th April 2005

1. Went for chemotherapy at the hospital and was nowhere near as usually worried.
2. Felt a little initial pre injection anxiety, and then as medical staff began to insert a canula into an arm vein she relaxed completely. In her words "It was as though the arm was hypnotised." PM said she also experienced the following benefits from the first hypnosis treatment.
3. Felt much better post chemotherapy, no nausea, no mouth ulcers, no headache, and no constipation.

4. Earlier constant pain in right leg, as reported in initial interview, was reduced by at least 50%.
4. Still reporting insomnia.
5. Emotionally feeling a little better.

14th April 2005

1. Sore arm from second chemotherapy, administered on 11th April 2005.
2. No nausea from chemo treatment.
3. Felt a little dizzy on Wednesday 13th April.
4. Constipation is easing.
5. Appetite has improved a lot.
6. Liver function tests show improvement.
7. Sleeping still not good.

21st April 2005

1. Sleeping better and able to get back to sleep easier if she awakens during the night.
2. Feeling more emotionally stable.
3. No post chemotherapy constipation or diarrhea.
4. Energy levels still improving.
5. Skin color less yellow and blotchy.
6. Past hip and leg pains gone.
7. Appetite has returned.

3rd May 2005

1. Chemotherapy again on Monday 2nd May 2005.
 - a. No nausea.
 - b. No constipation or diarrhea.
 - c. No mouth ulcers.
 - d. Oncologists appeared surprised with progress.
2. Moving a lot better (physically more mobile).
3. Right leg 40% pain decrease
4. Left leg dull ache gone.
5. General mood a lot happier.

10th May 2005

1. Feeling better each week.
2. More mobile and comfortable walking.
3. Sleeping a lot longer and deeper.
4. Feeling more emotionally balanced.
5. Appetite is now really good.

17th May 2005

1. Had last radio therapy on afternoon of Tuesday the 10th and had a mild headache that evening.
2. Began Chemotherapy again on Wednesday the 11th.
 - a. No pain.
 - b. No nausea.
 - c. No mouth ulcers.
3. Energy levels very much up.
4. Still sleeping deeper and longer.
5. Much less worried.
6. Appetite still very good.

31st May 2005

1. No nausea.
2. No pain.
3. No ulceration.
4. Sleeping deeply and for longer
5. Has gained 1 kg in weight.
6. Energy levels still fine.
7. Reports of feeling a little flush.

7th June 2005

1. Appetite still strong.
2. Energy levels still up.
3. Pain still gone.
4. Sleeping still fine.
5. Over ate previous evening (8th June)
6. Still feels a little flush.

14th June 2005

1. Had flu for the past week.
2. Feeling OK and better than would be expected.
3. Appetite down.
4. Has had constipation.
5. Felt a little dizzy.
6. Still sleeping very well.
7. Has a pain in muscle under right arm from vacuuming and hanging up washing, laughs and says: "A month ago I couldn't even do the washing or vacuuming". This subject will continue her treatment combined with her medical treatment.

Trial Participant 4

The participant is a 64 year old woman first diagnosed with breast cancer in 1984. She had a Lumpectomy in 1984 and a full Mastectomy of the right breast in 1997. Medications are, Aromasin, Warfarin, Methodone, and Hydro Morphine. The usual diet consists of Cereals, Porridge, Milk, Bread, Soup, Potatoes, some Meat, and Ice-cream.

Main Presenting Issues Include:

Pain in back; Loss of appetite; Loss of energy; Fear.

Verbal reports were as follows

3rd May 2005

1. Subject appeared weak and ravaged by cancer and treatment side effects.
2. Subject reported severe pain in the back muscles and spine.
3. Subject reported very low appetite.

10th May 2005

1. Reports no pain all week.
2. Reports better sleep.
3. Reports she could not stand the smell of food as it made her nauseous.
4. Appeared much happier both physically and emotionally.
5. Subject expressed concern that she was going to be given six doses at once of radio therapy on Wednesday 11th May 2005.

17th May 2005

1. Appetite has returned and been consistent all week.
2. Gained 4 pounds in weight.
3. No pain all week.
4. Sleeping well.

31st May 2005

1. Subject arrives with morphine pump attached.
2. Subject has nausea and vomiting.
3. Complete loss of appetite.
4. Reports severe lower back pain.
5. Subject told by doctor, sometime between 18th May and 30th May 2005, that she has two months to live without more chemotherapy and possibly six months to live without more chemotherapy.
6. Pharmacist checks contents of the pump and finds possible medication conflict.
7. Subject too weak and incoherent for hypnosis.

Friday 10th May 2005

The subject's husband rings to cancel her out of the trial, stating that she is too weak and will begin another course of chemotherapy.

Trial Participant 5

The participant is a 50 year old male, first diagnosed with Rectal Adeno-carcinoma in March 2004. The standard care medical treatment was pre-operative chemotherapy followed by rectal resection surgery. The participant was then required to wear a temporary Stoma Bag, which is still required presently, because of a non-healing abscess. The participants' diet consists of a balanced diet of fresh and healthy foods. At the beginning of the trial the participant reported a continual puss like discharge from the post-operative abscess.

Main Presenting Issues Include.

Anger; Burning Pains; Insomnia; Depression; Energy Loss; Constant Worry.

Verbal reports were as follows

3rd May 2005

1. CD helps participant to sleep much better and deeper.
2. Reports lots of stress in home environment and family relationship.
3. Reports that the domestic situation and the stoma bag make him constantly angry.
4. Reports total sexual dysfunction.

12th May 2005

Participant calls in the morning and reports personal havoc at home that day and cancels appointment: Reschedules for Thursday 19th May 2005.

19th May 2005

1. Participant reports home environment still causing much stress.
2. Participant reports disgust at Stoma bag and having to wear it.
3. Still sleeping deeper and can go back to sleep after waking up to use bathroom.
4. Reports raw skin around stoma bag entrance and local pain in that area from eating acidic foods.

7th June 2005

1. Feels more tolerable towards partner and domestic situation.
2. Feels treatment now helping significantly with anger issues and is now much calmer.
3. Sleeping deeply.
4. Abscess weeping beginning to slow.
5. Has more energy.

Thursday 9th June

1. Feels more emotionally stable and less reactive.
2. Sleeping fine now.
3. Burning pain around stoma bag entrance gone.
4. Has more physical energy.

Tuesday 14th June 2005

1. Discharge from abscess has slowed to almost nothing.
2. Feels much more positive.

3. Still sleeping deeply.
5. Energy levels up.
6. Feels more tolerance and less anger towards other people.

Thursday 16th June 2005

1. Feels the same as on 14th June although the infection seems to have dried up. Participant has appointment Friday 16th June with Surgeon for checkup.

Final assessment completed on 6th June 2005:

His opinion of the trial:

1. Feels as though the abscess infection has slowed considerably after leaking like a tap for six months.
2. All of my results are positive.
3. I sleep much deeper and better.
4. My anger is much less.
5. Still slightly depressed about my domestic and relationship situation.
6. Stopped going off at the kids all the time, and calmly remove myself from stressful situations.
7. Feels much more tolerant.
8. Has much more energy and a much more positive attitude.

Trial Participant 6

The participant is a 64 year old female diagnosed with cancer of the left breast in March 2004 and Thyroid cancer in October 2004. Medical treatments included a full left breast mastectomy. Medications include Arimidex and Felodipine. The usual diet consists of Meat, Fruit & Vegetables, Tomato Juice, Green Tea, Fruit Juice, and Chocolate. Participant had one pretrial, fifteen minute, hypnosis session at a Cancer Council of WA meeting in Mandurah WA on Tuesday 19th April 2005.

Main Presenting Issues Include.

Insomnia; Itching Skin; mild Obsessive Compulsive; Loss of Appetite.

Verbal reports were as follows

5 May 2005

1. Reports CD is helping her to sleep much better.
2. Reports aches in right arm.
3. Reports previous leg cramps still gone.
4. Reports 18 months of itching arms from medication side effects went after the first treatment and have not returned.
5. Reports Arthritis feels much less painful.
6. Reports bowel and elimination systems working better.

10th May 2005

1. Reports feeling much more relaxed and much less pedantic around the home, especially concerning a slight Obsessive Compulsion regarding house cleanliness.
2. Reports she has been feeling very good generally.
3. Reports feeling much less worried.
4. Reports two nights of disturbed sleep.

17th May 2005

1. Reports sleeping deeply and soundly again.
2. Reports pre trial arm itching still gone.
3. Reports a generally much more relaxed disposition.
4. Reports feeling much more comfortable.
5. Reports more energy in general.

31st May 2005

1. Reports has been feeling great.
2. Reports energy has lifted so much that she had been up on the roof trimming overhanging Palm Trees.
3. Reports sleeping deeply still.
4. Reports aching lumps on either side of front neck (diagnosis is: Resultant of strenuous activity chopping Palm Thongs).
5. Asks if a three kilometer daily walk is considered too much?
6. Reports much more happy and relaxed around the home.

7th June 2005

1. Reports feeling on top of the world.
2. Reports previous neck lumps gone by the evening of 31st May.
3. Reports general memory appears to be getting much better.
4. Reports energy levels still way up.
5. Reports that going back to sleep after using the bathroom in the middle of the night is automatic now.

14th June 2005

1. Reports slept like a log all week.
2. Reports daily walk is now increased to four kilometers.
3. Reports that it feels as though all previous negativity has been vacuumed out of her brain.
4. Reports feeling great.

Final assessment completed on 14th June 2005:

Her opinion of the trial:

It has been fantastic. I didn't know that things could be so affected by the depth within the mind. My energy is much better, everything about my body works much better, I'm more relaxed, I eat better, and I've learned not to bother worrying. This has been the best thing. Participant six then asks if it is OK to continue having top ups?

Trial Participant 7

The participant is a 58 year old male and a returned serviceman who served with the Australian Special Air Service combat forces during the Vietnam War and had consequently been diagnosed with Post Traumatic Stress Disorder soon after returning to Australia. He was diagnosed with Cancer of the Esophagus on 20th January 2005. The standard care medical treatment was FEC chemotherapy. Other non-medical treatments included Vitamin C injections and what were loosely termed "Some Chinese Herbal Concoction"?

Main Presenting Issues Include.

Anger; Insomnia; Nervousness; Lack of Appetite; Grumpiness; Fear.

Verbal reports were as follows

5th May 2005

1. Reports that he has had PTSD since returning from active military service in 1973.
2. Reports deeper and longer sleep from use of the CD.
3. Reports feeling more calm since use of the CD.

12th May 2005

1. Reports energy levels are higher.
2. Reports much deeper sleep.
3. Reports can go straight back to sleep after awakening at night to use bathroom.
4. Reports feeling calmer and happier.
5. Reports to not feeling so grumpy all the time.

19th May 2005

1. Reports only one angry outburst during the preceding week whereas he used to have four or five a day.
2. Reports sleep still improved.
3. Reports blood markers have dropped (according to oncologist)
4. Reports energy levels still up and appetite increasing.
5. Reports swallowing much easier and food goes straight down now.

31st May 2005

1. Reports still feeling great.
2. Reports energy levels still up.
3. Reports sleeping still fine.
4. Reports one day of metallic taste in mouth after drinking water.
5. Reports one day of nausea after eating food.

7th June 2005

1. Reports metallic taste after drinking water is now only occasional and 75-80% reduced, speculates about water quality in home area.
2. Reports good appetite.
3. Reports deep sleep.
4. Reports energy levels still up.
5. Reports being a little concerned regarding the outcome of check up with oncologist on 8th June.

9th June 2005

1. Reports feeling over the moon.
2. Reports feeling better than has felt in years.
3. Reports that oncologist check up on the 8th June 2005 (previous day) has given the all clear.

Final assessment completed on 9th June 2005:

His opinion of the trial:

This has helped me tremendously, and not only to beat the cancer. It has helped with my sleep, my moods, my anger, my PTSD, my appetite, and my general outlook on life. I can't say how helpful exactly but if I had to put a figure on it I would say at least 50%.

Trial Participant 8

The participant is a 50 year old woman first diagnosed with breast cancer in December 2003 and secondaries in Ovaries. Standard medical care consisted of left breast mastectomy and hysterectomy, Radiation therapy and Chemotherapy. Presently diagnosed with Lymph edema, medications are Tamoxifen and Efexor. The diet consists of fruit and vegetables, Juices, Herbal Teas, Water.

Main presenting issues.

Hot Flushes; Night Sweats; Itchy Dry Skin; Leg Cramps; Aches in joints and bones; Weight Gain; Disturbed Sleep; Memory Problems; Bruises Easily. Persistent Cough.

Verbal reports were as follows

5th May 2005

1. Reports CD sends her into a deep sleep.
2. Reports pain in arms and shoulders from Lymph edema.
3. Reports brain fog feels more cleared up.

10th May 2005

1. Reports arm and shoulder pain has lessened quite a bit.
2. Reports feeling more energetic.
3. Reports sleeping better.
4. Reports feeling terrific.

17th May 2005

1. Reports much happier and stays that way longer.
2. Reports much better and deeper sleep every night.
3. Reports Lymph edema much less painful in arm and shoulders.
4. Reports persistent cough has settled after eighteen months.

31st May 2005

1. Reports previous cough completely gone.
2. Reports much clearer thinking.
3. Reports some pain in arms and shoulders.
4. Reports that she has been trimming hedges and cutting firewood with a chainsaw (cause of pain in arms and shoulders).
5. Reports much more energy.
6. Reports feeling much happier.
7. Reports lost 1 kg in weight.
8. Reports others noticing improvements in her appearance and moods.
9. States that she wants to discontinue Efexor. (Is advised only with doctors permission)

7th June 2005

1. Reports doctor is very happy with her progress, but he wants her to remain on Efexor for another 6 months.
2. Reports that she has never felt this emotionally balanced in her life.
3. Reports that pain has been nonexistent since last visit.
4. Reports still sleeping deeply and soundly.
5. Reports Lymph edema pain is much less and that swelling goes down much faster after doing housework etc.
6. Reports cough still gone.

14th June 2005

1. Reports all aches gone from arms and shoulders.
2. Reports minimal swelling in arms and shoulders.
3. Reports sleeping so well now that she slept in a couple of times to her own surprise.
4. Reports energy levels have remained up.

Final assessment completed on 14th June 2005**Her opinion of the trial:**

I feel a lot more contented with my lot in life now; I listen to my body more and always have a better frame of mind. My cough has gone, my cramps and itching have gone, I am doing a lot more exercise with a lot less pain and fatigue. I feel like I have my life back and that I am back on track.

Trial Participant 9

The participant is a 76 year old man first diagnosed with stomach cancer in December 2003. Medical treatment included 6 months of regular chemotherapy and no other medications or treatments. Other non-medical treatment was with Vitamin B17 taken orally. Diet consists of fruit, vegetables, fish and some meat.

Main presenting problems include.

Depression; Lack of energy; Lack of Motivation. Problems swallowing (thought to be a buildup of arsenic in the body from vitamin B17).

Verbal reports were as follows

3rd May 2005

1. Sleeping better from CD use.
2. Still feeling sad.
3. No physical energy.
4. Problems swallowing.

10th May 2005

1. Still sleeping better.
2. Still has trouble swallowing, (will now cease taking B17 of own accord).
3. Energy still low.
4. Mood feels a little better.

24th May 2005

1. Feeling much better now.
2. Still sleeping well.
3. Energy feels as though it is returning (has taken some walks).
4. Walked 3 kilometres on previous Monday.
5. Swallowing has gone back to normal.

31st May 2005

1. Feeling much happier.
2. Partner has noticed a big improvement in moods etc.
3. Energy fluctuating up and down.
4. Still not exercising as much as he would like to, but feels lazy too often.

7th June 2005

1. Feeling about 50% better overall.
2. Swallowing problem seems gone now.
3. Sleeping deeply
4. Elimination systems seem to be working fine now.
5. Feeling happier with self.

16th June 2005

1. Reports still feeling better and continuing to improve.
2. Appetite is better.
3. Mood is better.
4. Easier to eat and swallow.
5. Still need motivation to walk more.
6. Sleeping deeply.
7. Feeling generally less worried about things.

Final assessment completed on 16th June 2005

His opinion of the trial: I feel much better. I feel the best I have felt since the news of my cancer. I can eat and swallow comfortably again and my depression feels gone. I think that this treatment has been very good for me.

Collingwood BR, Elliott NJ.* The Australian Academy of Hypnosis, and Advanced Mind Dynamics Pty Ltd, Perth, Australia.

Abstract

Complementary and alternative medicine (CAM) used by cancer patients is becoming much more prevalent the world over. Many beneficial outcomes have been seen from the addition of hypnosis to conventional protocols. As with all treatments, the focus of the hypnotherapy is to ameliorate the effects of pain and to restore a level of psychological and physical wellbeing and functioning. Methods: The EORTC QOL-QC 30 core questionnaire was used to assess changes in perceived quality of life. Each patient received six hypnotherapy sessions; the sessions were conducted by the same hypnotherapist each time and questionnaires completed prior to induction of trance.

Results: Responses from the questionnaire were evaluated comparing the initial questionnaire with the final questionnaire. Statistically significant improvements were noted with Fatigue (fa) (35.75% to 12.38%; $p < 0.0044$), Global health status (ql) (63.5% to 79.00%; $p < 0.0058$), Insomnia (sl) (53.75% to 8.25%; $p < 0.008$) and Physical functioning (pf) (75.75% to 87.25%; $p < 0.0395$) All aspects of the questionnaire showed improvement following the six hypnosis sessions.

Conclusions: Overall patients experienced the benefit of hypnosis in reducing symptoms and increasing their overall quality of life. Many patients commented that commencing hypnosis at the time of diagnosis of cancer, and continuing throughout their treatment, would have been greatly beneficial. In this study, specific non-Ericksonian hypnosis techniques were beneficial for symptom control and in increasing the quality of life in patients with cancer.

Background: Complementary and alternative medicine (CAM) used by cancer patients is becoming much more prevalent around the world. Patients with all the tumour types and stages use CAM [1] in the hope of cure, disease control, longer survival, improved quality of life and palliation. Most CAM is the used in addition to current conventional medical treatment, therefore it does not reduce health costs and disclosure to physicians is usually incomplete. [1, 2] Breast cancer patients who use CAM tend to have higher levels of psychosocial distress. [3] CAM-CANCER is a retrospective literature analysis, which hopes to generate statements on CAM in cancer. [4]

Introduction

During the period surrounding the diagnosis of cancer people can experience anxiety, emotional and physical distress and mood disturbance. During treatment these symptoms are often compounded by treatment side-effects including nausea, vomiting, procedural and disease related physical pain and symptoms. Conventional medicine targets pain, distress and depression however conventional treatments do not always relieve these symptoms to patient satisfaction. Often these patients will opt for complementary and alternative medicine such as acupuncture, naturopathy, homoeopathy, mind-body techniques and a host of others in an attempt to reduce symptoms, emotional and physical distress, and even in the hope of a cure.

The National Institutes of Health (NIH) define mind-body therapies (MBT's) as "interventions that use a variety of techniques designed to facilitate the mind's capacity to affect bodily functions and symptoms". Many hospitals are seeing the benefit of these therapies in the conjunction with current treatments and establishing Mind-Body Cancer Research Programs or "Alternative Therapy Centers". [5] Hypnosis has been used to reduce side-effects with treatment and allow patients to function better emotionally and physically. [1-9] Many literature reviews describe beneficial outcomes from the addition of hypnosis to conventional protocols. [6] Quality of life in cancer patients is one common measure for treatment success particularly in palliation. Symptoms relating to psychological distress and existential concerns are even more prevalent than pain and other physical symptoms among those with life-limiting conditions. [5] Therefore there exists a need for a broad and inclusive model of integration of mind-body interventions for palliative care.

In previous studies "Existential Psychological Theory has [been] employed as a conceptual and theoretical foundation for the use of hypnotically facilitated therapy in the management of intractable pain, nausea, and vomiting in end-stage, terminally ill cancer patients." [7] Iglesias (2004) stated "the existential principles of death anxiety, existential isolation, and existential meaninglessness were addressed with a combination of classic and Ericksonian techniques to allow medication to become effective in treating symptoms." After 6 sessions patients previously unresponsive to medical management became responsive to treatment. In radiotherapy the patients wellbeing and own sense of mental health showed improvement without symptom improvement having statistical significance. [8] Just as with psychotherapy and prescribing habits can vary greatly so too can hypnotherapy techniques. As with all treatments, the focus of the hypnotherapy is to ameliorate the effects of pain and to restore a level of psychological and physical wellbeing and functioning. [5-9] Specific non-Ericksonian hypnosis techniques were used in the following study designed to improve quality of life in a sample of cancer patients.

Patients and Methods

The study was conducted on nine patients (4 male and 5 female) with various cancers, one with prostate, two with bowel, three with breast, and two with esophageal cancer. To participate patients obtained a referral from their treating doctor and were required to remain on current conventional medical treatment unless modified by their treating doctor. The EORTC QOL-QC 30 core questionnaire was used to assess changes in perceived quality of life. Questionnaires were completed at the initial interview and then prior to each hypnosis session. All patients were able to complete questionnaires unassisted and all questions were answered. Patients were also given one of Rick Collingwood's Mind-Body Healing hypnosis CDs and instructed to listen to the CD at least once a day during the course of the trial. Each participant received six, one hour, combined progress consultations and hypnotherapy sessions. The hypnosis techniques used during the trial were specific "Non Ericksonian" techniques, developed and perfected by Rick Collingwood. The hypnotherapy portion of the treatment sessions were conducted for times varying between approximately twenty five to thirty five minutes each session. Each session was conducted by the same hypnotherapist each time. Statistical analysis was performed using paired t-test analysis.

Results

Of the nine patients commencing the study eight were able to complete all six sessions of hypnotherapy. One female patient withdrew after four sessions due to weakness following intensive radiotherapy. The average age of male patients was 63 years (range 50-76 years), and the average age of female patients was 56 years (range 47-64 years). All patients completing the study maintained regular contact with their doctor. Data was analyzed from questionnaires for the initial session (pre-treatment) and final session.

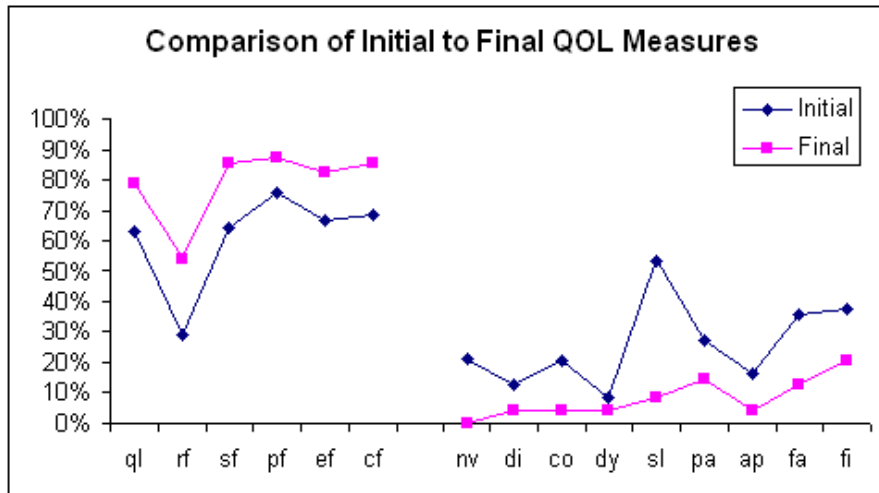


Figure 1. Global health status/QOL (ql), the functional scales (rf, sf, pf, ef, cf), the symptom scales (nv, pa, fa) and a single items (di, co, dy, sl, ap, fi) for the study participants comparing pre-treatment with completion questionnaires.

Figure 1; demonstrates that the study patients have improved values on all functional scales and also have reduced average levels on symptom scales.

Responses from the questionnaire were evaluated comparing the initial questionnaire with the final questionnaire. Statistically significant improvements were noted with Fatigue (fa) (35.75% to 12.38%; $p < 0.0044$), Global health status (ql) (63.5% to 79.00%; $p < 0.0058$), Insomnia (sl) (53.75% to 8.25%; $p < 0.008$) and Physical functioning (pf) (75.75% to 87.25%; $p < 0.0395$)

Moderate significance was seen in Constipation (co) (20.63% to 4.13%; $p < 0.1036$), Cognitive functioning (cf) (68.75% to 85.5%; $p < 0.138$) and Nausea (nv) (20.88% to 0%; $p < 0.095$).

Improvements were seen in Emotional functioning (ef) (66.88% to 82.25%; $p < 0.125$), Pain (pa) improved (26.88% to 14.63%; $p < 0.171$), Diarrhoea (di) (12.38% to 4.13%; $p < 0.171$), Role functioning (rf) (29.13% to 54.25%; $p < 0.351$) and Dyspnoea (dy) improved (8.25% to 4.13%; $p < 0.351$)

Discussion

Insomnia is a prevalent form of sleep difficulty which can affect all of the population reducing quality of life, decreasing work potential and increasing health care utilization.[10-11] The analysis showed that one of the most statistically significant improvements was in insomnia ($p < 0.008$). The patient's initial responses to insomnia were slightly higher than those suggested for the general population. [10] This would be expected as disease and mood factors influence insomnia. The response to the hypnosis was rapid with most patients reporting their insomnia was dramatically improved within the first three sessions of hypnosis. This improvement was then maintained for the remainder of the study. Figure 2 represents the initial and final assessments of patients in the study and their sleep patterns. Final responses indicate that the hypnosis treatments allowed the patients to enjoy a much better and longer sleep

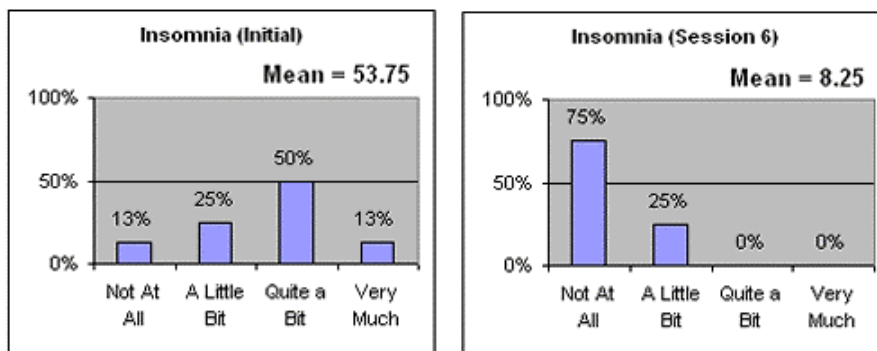


Figure 2. Patient responses to insomnia comparing initial responses with final treatment responses.

Figure 2 shows a graphical depiction of the four point scale which allows patients to describe with their lack of sleep over the past week. Sleep difficulty can also cause irritability, depression and fatigue.[11] Anxiety and depression in patients can be a factor increasing insomnia and treating any underlying problem has been shown to help alleviate insomnia.[13] Emotional functioning issues like irritability, tension, anxiety and depression all decreased during the study period which may have also added to the insomnia improvement.

Many symptoms that patients experience during cancer treatments are related either to their medication or directly to the cancer. Gastrointestinal symptoms like diarrhea and constipation can lead to nausea and appetite loss. Throughout the study period the participants showed increased appetite and reduced nausea and vomiting. One patient was amazed by the return of normal taste sensation (instead of a metallic taste) and another began to put on weight whilst undergoing chemotherapy and radiotherapy. Figure 3 shows the reduction in the nausea and vomiting experienced by patients in the study.

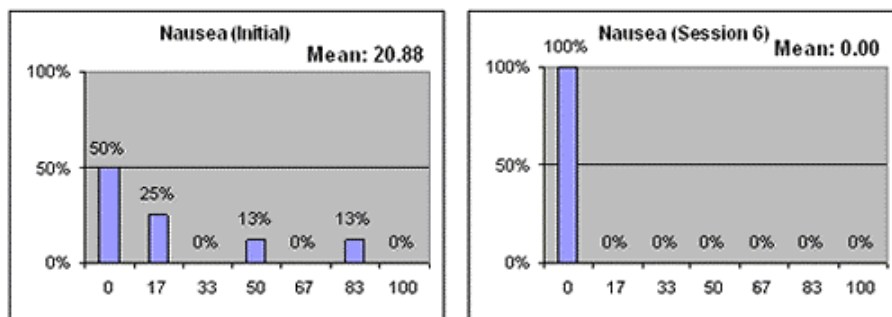


Figure 3. Patient responses to nausea comparing initial responses with final treatment responses.

Other studies have demonstrated improvements in the efficacy of medication following hypnosis. [7] Over the study period patient's reduced "when required" anti-nausea medication the hypnosis seemed to impact on overall nausea. This indicates that the reduction was not merely in their perception of the symptom or an increased effect of their current medication.

Physical functioning; which consists of ability to take a long or short walk, the patients need to spend time in a bed or chair, their ability to carry out their own daily activities and ability to perform strenuous activity, improved as a result of the hypnosis sessions. During the study there were changes that occurred in patient's perception of daily activities. Initially many patients described a long walk as being a distance of one kilometer (1 kilometer = .6 miles), however, at the conclusion of the study many patients perceived a long walk to be four kilometers or more. The increase in energy described by patients and the change in their perception of a long walk may indicate that there were direct effects on the body's energy levels from the hypnosis not just an increase in sleep reducing fatigue.

Fatigue has been seen as one of the most common symptoms experienced by cancer patients and is associated with significant impairment in functioning and overall quality of life. [14] Fatigue showed the greatest response statistically, with all patients describing increased energy levels, decreased time spent at rest and a greater ability to live their lives the way they wish. Although the precise patho-physiology of fatigue in cancer is not well known [14] figure 4 shows that hypnosis had a profound effect on participant's experience of fatigue in this study.

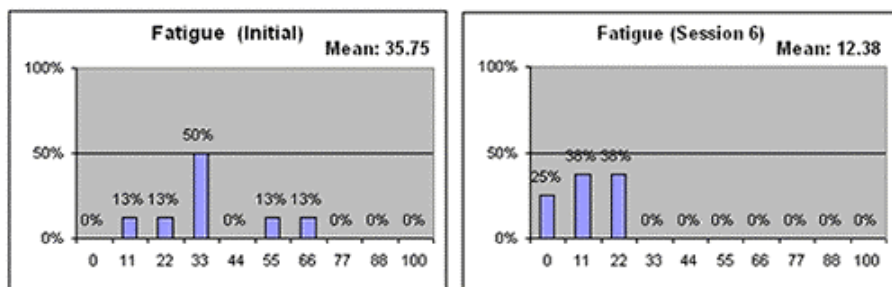


Figure 4. Constructed graphs showing patient responses to fatigue comparing initial responses with final treatment responses.

Global health status / QOL represent a patients feeling as to their overall wellbeing. It is based upon that individual's beliefs and experiences. Psychiatric disorders, such as major depressive disease and post-traumatic stress disorder, are significantly associated with lower functional scales ('emotional functioning', 'body image' and 'future perspective') and higher symptom scales ('appetite loss', 'diarrhea', 'fatigue' and 'nausea-vomiting') in QOL.[15] During the study some of the participant's global health status measure dipped dramatically after the second session, even with improvements in all other aspects of their questionnaire. When participants were questioned about this decline they stated that they were previously comparing their QOL with when they were sick, now they compared it to how they felt before they had any symptoms. All patients in their subsequent questionnaires then showed improved global health status, this indicates the change in outlook of participants to their quality of life.

Conclusions

The hypnotic techniques used in this study showed improvements in all aspects of the patient's quality of life. Patients had more energy and were more active after hypnosis more able to cope with the difficulties that they face in their everyday lives. A clinically significant improvement was seen with insomnia, nausea, physical functioning, and global health status. Hypnosis can effect perception of symptoms however in this study the results seemed to point to a deeper change with energy and fatigue being modified positively. The experience of hypnosis was described as beneficial by all patients and reductions in symptoms and increased overall quality of life. Patients commented that they would have seen the best benefit if hypnosis was begun around the time of diagnosis of cancer and continuing throughout their treatment.

In this study, hypnosis has been beneficial for symptom control and in increasing the quality of life in patients with cancer. Further research into the use of specific non-Ericksonian hypnosis techniques for symptom control and improved quality of life involving a larger number of participants, are needed to support these results.

References

1. Richardson MA, Straus SE. Complementary and alternative medicine: opportunities and challenges for cancer management and research. *Semin Oncol* 2002, 29, 531-545.
2. Sommer H.J., Bürgi M. and Theiss R. Komplementärmedizin in der Krankenversicherung Schweiz Med Wsch 1998, 128, 1 - 129.
3. Di Gianni L.M., Garber J. E. and Winer E.P. Complementary and alternative medicine use among women with breast cancer. *J Clin Oncol* 2002, 20, 34s - 38s.
4. <http://www.eortc.be/Services/Doc/CamCancer.htm>
5. Marcus J, Elkins G, Mott F. The integration of hypnosis into a model of palliative care. *Integr Cancer Ther.* 2003 Dec;2(4):365-70.

6. Astin JA, Shapiro SL, Eisenberg DM, Forsys KL. Mind-body medicine: state of the science, implications for practice. *J Am Board FAM Pract.* 2003 Mar-Apr; 16(2):131-47.
7. Iglesias A. Hypnosis and existential psychotherapy with end-stage terminally ill patients. *Am J Clin Hypn.* 2004 Jan; 46(3):201-13.
8. Stalpers LJ, da Costa HC, Merbis MA, Fortuin AA, Muller MJ, van Dam FS. Hypnotherapy in radiotherapy patients: a randomized trial. *Int J Radiat Oncol Biol Phys.* 2005 Feb 1; 61(2):499-506.
9. Taylor EE, Ingleton C. Hypnotherapy and cognitive-behaviour therapy in cancer care: the patients' view. *Eur J Cancer Care (Engl).* 2003 Jun; 12(2):137-42.
10. Winkelman J, Pies R. *Ann Clin Psychiatry.* 2005 Jan-Mar; 17(1):31-40. Current patterns and future directions in the treatment of insomnia.
11. Edinger JD, Means MK. Cognitive-behavioral therapy for primary insomnia. *Clin Psychol Rev.* 2005 Jun 9.
12. Oi-Ling K, Man-Wah DT, Kam-Hung DN. *Palliat Med.* 2005 Apr; 19(3):228-33. Symptom distress as rated by advanced cancer patients, caregivers and physicians in the last week of life.
13. Tiller JWG. The management of insomnia: an update *Aust Prescr* 2003; 26:78-81.
14. Sood A, Moynihan TJ. Cancer-related Fatigue: An Update. *Curr Oncol Rep.* 2005 Jul; 7 (4):277-82.
15. Okamura M, Yamawaki S, Akechi T, Taniguchi K, Uchitomi Y. Psychiatric Disorders Following First Breast Cancer Recurrence: Prevalence Associated Factors and Relationship to Quality of Life. *Jpn J Clin Oncol.* 2005 Jun 16; [Epub ahead of print]