

# Revisión Sistemática: Hipnosis para el tratamiento de Intestino Irritable.



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**Autora:** Mayte Jaqueline Almirón Fleitas  
**Tutora:** Ana Hermenegilda Alarcón Aguilar

## **Extended Summary.**

### **Abstract:**

**Background:** Hypnosis is a tool that utilizes suggestion to help individuals or investigate in scientific fields. On the other hand, Irritable Bowel Syndrome (IBS) is a disorder that leads to abdominal pain and changes in the intestines, with unclear causes. Scientific literature seems to demonstrate that hypnosis, in conjunction with medical treatments and even cognitive-behavioral therapy, helps reduce the symptomatology associated with this condition.

**Objective and Method:** Therefore, the aim of this review is to evaluate the existing evidence and estimate and assess its impact. A rigorous search was conducted in the PubMed and SCOPUS databases, where a total of 19 conclusive articles were found and included in the final review.

**Results:** Nineteen randomized controlled clinical trials evaluating the use of hypnosis in the treatment of irritable bowel syndrome were included, encompassing patients aged between 18 and 65. It was found that the group of patients undergoing hypnosis sessions experienced a significant improvement in symptoms compared to control groups receiving standard treatments or placebos ( $p(F) < 0.001$ ). Hypnosis demonstrated an average reduction of 50% in the frequency and severity of abdominal pain, bloating, and alterations in bowel movements.

**Conclusion:** In this systematic review, hypnosis shows promise as a complementary therapeutic approach for the treatment of irritable bowel syndrome. However, it is important to note that further high-quality research and randomized controlled trials are needed to strengthen the evidence and establish more robust recommendations regarding the use of hypnosis in the management of irritable bowel syndrome.

\*IBS: Irritable bowel syndrome.

### **Introduction:**

Irritable Bowel Syndrome (IBS) is a disorder that leads to abdominal pain and changes in the intestines (*Irritable bowel syndrome: MedlinePlus medical encyclopedia, n.d.*), with unclear causes. It can occur after a bacterial intestinal infection or parasitic infection (giardiasis).

Among the "conventional" treatments for IBS, dietary modifications and aerobic physical exercise are recommended to improve constipation, abdominal pain, and bloating. As for pharmacological treatments commonly administered to these patients, medications targeting diarrhea, constipation, abdominal pain (tricyclic antidepressants and visceral analgesics), and spasmolytic drugs (medications that relax skeletal muscles and reduce forced and involuntary muscle contractions) are available (*Oiseth et al., 2022*).

On the other hand, according to the "Clinical Practice Guideline for Irritable Bowel Syndrome with Constipation and Functional Constipation in Adults," pharmacological treatments do seem to alleviate symptoms in these patients, but they come with a high number of side effects due to their multiple mechanisms of action.

For these reasons, the utility of psychological treatments in patients with IBS to improve constipation, abdominal pain, and bloating has been considered (*Mearin et al., 2017*).

Hypnosis has received increasing attention as a possible therapeutic intervention for IBS. Hypnosis, as a suggestion-based technique, has shown efficacy in the treatment of various medical and psychological conditions. In the context of IBS, it has been proposed that hypnosis can influence the regulation of the autonomic nervous system and modulate pain perception and response, which could be beneficial for patients suffering from this disorder.

Based on the aforementioned information, the objective of this study is to systematically review the existing scientific evidence regarding the efficacy of hypnosis in irritable bowel syndrome.

### Methodology:

Regarding the articles finally added in the review, a systematic search has been conducted by creating search strategies based on keywords in two scientific databases: PubMed, where a total of 37 studies were found, and SCOPUS, where 375 studies were found.

Using an automated reference manager, specifically Zotero, duplicate articles were eliminated, resulting in a total of 40 articles removed, leaving a total of 372 articles.

Once the duplicate articles were removed, the remaining 372 articles were reviewed based on their title and abstract. Those articles that were not relevant to the topic of the review were eliminated, with 288 being removed based on their title and 37 based on the abstract.

Thus, the eligibility of a total of 47 articles was assessed based on the inclusion and exclusion criteria. This screening resulted in the elimination of 3 articles that were not available in full text, 9 articles focused on a population under eighteen years of age, and 16 articles that did not fit the target study type.

Therefore, based on the aforementioned information, the final number of articles included in the review is 19.

\*IBS: Irritable bowel syndrome.

### Results:

A total of 19 studies evaluating the use of hypnosis in the treatment of irritable bowel syndrome (IBS) were included. These studies encompassed a combined sample of patients aged between 18 and 65 years.

*Effectiveness of hypnosis:* It was found that the group of patients undergoing hypnosis sessions experienced a significant improvement in IBS symptoms compared to control groups receiving standard treatments or placebos (with significances ranging from  $p(z)<0.05$ ,  $p(z)<0.001$ , and  $p(z)<0.005$ ).

In terms of symptom improvement, hypnosis demonstrated an average reduction of between 50% and 84% in the frequency and severity of abdominal pain, abdominal distension, and alterations in bowel movements.

*Quality of life:* Patients who received hypnosis reported a significant improvement in their IBS-related quality of life compared to control groups ( $p(F)<0.001$ ).

Improvements were observed in areas such as anxiety, depression, fatigue, and the ability to carry out daily activities ( $p(z)<0.001$ ).

However, there is one study that did not find significant differences. This study is "Hypnosis home treatment for irritable bowel syndrome: a pilot study" (Palsson et al., 2006), which consists of two simultaneous studies. In the first study, no significant differences were found between the group receiving specific hypnotherapy for IBS symptomatology and the group that did not receive specific hypnotherapy ( $p(F)=0.808$ ).

In summary, the results of this systematic review support the effectiveness of hypnosis as a promising therapeutic approach in the treatment of irritable bowel syndrome. Hypnosis demonstrated a significant improvement in gastrointestinal symptoms and patients' quality of life. However, further research is needed to establish more robust recommendations.

\*IBS: Irritable bowel syndrome.

#### *Discussion and Conclusion:*

In conclusion, this systematic review provides evidence supporting the use of hypnosis as an effective complementary tool in the treatment of irritable bowel syndrome (IBS). Through comprehensive analysis of the included studies, consistently positive results were found in terms of improvement in gastrointestinal symptoms and patients' quality of life.

The findings suggest that hypnosis may have beneficial effects in reducing IBS symptoms such as abdominal pain, bloating, alterations in bowel movements, and visceral sensitivity. Additionally, significant improvements were observed in anxiety, depression, and stress associated with this condition.

Moderating and mediating factors that may influence the efficacy of hypnosis were also identified, such as session duration and frequency, therapist experience, and patient acceptance and adherence to treatment.

However, it is important to note that further research is needed to strengthen the evidence and establish more robust recommendations regarding the use of hypnosis in the management of irritable bowel syndrome.

In summary, hypnosis shows promise as a complementary therapeutic approach for the treatment of irritable bowel syndrome, demonstrating improvements in gastrointestinal symptoms and quality of life. Healthcare professionals are recommended to consider hypnosis as a viable and safe option, always taking into account the individual preferences and characteristics of the patients.

\*IBS: Irritable bowel syndrome.

# Póster.

## REVISIÓN SISTEMÁTICA: HIPNOSIS PARA INTESTINO IRRITABLE

### INTRODUCCIÓN

La hipnosis es una posible intervención terapéutica para el SII, ya que puede influir en la regulación del sistema nervioso autónomo y modular la percepción y respuesta al dolor.  
\*SII: Síndrome de Intestino Irritable.

### OBJETIVO

Revisar la evidencia científica, sobre la eficacia de la hipnosis en síndrome de intestino irritable.

### CRITERIOS DE INCLUSIÓN Y EXCLUSIÓN

#### Criterios de inclusión:

- Personas mayores de 18 años.
- Textos accesibles a su lectura completa.
- Español y/o inglés.

#### Criterios de exclusión:

- Se excluyeron todos aquellos estudios de casos.

### CONCLUSIÓN

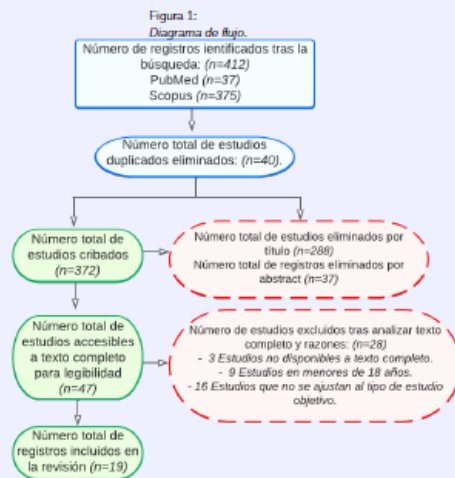
Hipnosis para SII → Técnica eficaz en el tratamiento del SII → Mejora de los síntomas gastrointestinales del SII y calidad de vida

### METODOLOGÍA

#### Estrategia de búsqueda

**SCOPUS:** ( TITLE-ABS-KEY ( hypnosis ) AND TITLE-ABS-KEY ( irritable AND bowel AND syndrome ) ) AND ( LIMIT-TO ( DOCTYPE , "re" ) OR LIMIT-TO ( DOCTYPE , "ar" ) ) : 376 artículos.

**PuMed:** (((("Hypnosis"[Mesh]) AND ("Irritable Bowel Syndrome"[Mesh])) AND (hypnosis[Title/Abstract])) AND ("Irritable Bowel Syndrome"[Title/Abstract])) : 37 artículos.



### RESULTADOS

Tabla 1:  
Estudios incluidos en la revisión sistemática y efectos de la hipnosis en el Síndrome del Intestino Irritable.

GE: grupo experimental.  
GC: grupo control.  
G1: grupo 1.  
G2: grupo 2.  
G3: grupo 3.  
G4: grupo 4.

AUTOR	GRUPOS DE INVESTIGACIÓN	EFECTOS DE LA HIPNOSIS
Whorwell et. al. 1984	GE: hipnoterapia / GC: placebo.	La mejora de la sintomatología. (*p<0.001)
Whorwell et. al. 1987	G1: seguimiento de estudio anterior. G2: (n=35) casos clásicos. G3: (n=4) casos atípicos. G4: (n=3) psicopatología significativa.	Resultados globales es de un 84% éxito.
Taylor et al. 2004	16 grupos de 109 personas: terapia cognitivo-conductual. 7 grupos de 49 pacientes: hipnoterapia.	Mejoras estadísticas significativas (z=5,4; p<0,001) en seis de los ocho dominios de calidad de vida.
Smith, G.D. 2006	75 pacientes pasaron por todas las sesiones de hipnosis.	Los síntomas físicos mejoran tras la hipnoterapia. (*p<0,001)
Shahbazi et al. 2016	GE: hipnoterapia. GC: tratamiento médico estándar.	Diferencias significativas entre los dos grupos (p<0,05 CI95%).
Prior et. al. 1990	GE: hipnoterapia. GC: no recibieron tratamiento alguno.	Cambios significativos en la sensibilidad rectal. (p<0,005 SD=2,0).
Philps M et al. 2015	G1: hipnoterapia individualizada. G2: hipnoterapia estándar. G3: Terapia de relajación simple.	Mejoraron sus síntomas de SII y su funcionamiento físico al final del tratamiento.
Peters et al. 2016	G1: Hipnoterapia G2: Dieta G3: Combinación de ambos.	Mejoras significativas en los síntomas gastrointestinales generales, con una estadística significativa (F(1,71)=81,53, P<0,001).
Palsson et al. 2002	GE: Hipnosis. GC: Sin tratamiento.	50% de reducción de la gravedad de los síntomas del SII. La diferencia entre los grupos fue estadísticamente significativa (F(1, 78)=14,08, p<.0001).
Palsson et al. 2007	Estudio I: Grupo PS: hipnosis específica. Grupo NPS: hipnosis no específica Estudio II: Grupo IM: hipnosis en tiempo 1 y 2. Grupo DI: hipnosis en tiempo 2 y 3.	Estudio I: no hubo diferencias significativas entre los grupos (F(4, 12)=0,395, P=0,808). Estudio II: Grupo IM mostró reducciones en los síntomas centrales del SII (F(4,24)=5,93, P=0,002).
Moser et al.2013	GE: hipnoterapia. GC: tratamiento médico de apoyo.	La hipnoterapia mejoró el bienestar físico y psicológico (Wilks' λ=0,294; P<0,001).
Mohobbi et al. 2022	GE: hipnoterapia. GC: placebo	Diferencia significativa en la reducción de los síntomas globales. ((SD=27,58), p<0,001).
Löv Dahl et al. 2022	G1: hipnoterapia individual. G2: hipnoterapia grupal.	Mejora de los síntomas en los dos grupos F(6, 112)=21,6 p<0,001)
Houghton et al. 1996	GE: hipnoterapia. GC: no recibió tratamiento.	Mejoría en los síntomas p<0,001).
Gerson et al. 2013	Un solo grupo, aplicando hipnosis, tres periodos de tiempo diferentes.	Reducción significativa de los síntomas. (t=6,37; p<0,001).
Forbes et al. 2000	G1: hipnoterapia clásica. G2: hipnoterapia cinta grabada.	52% de cada grupo mejoran con el tratamiento.
Flik et al. 2011	G1: hipnoterapia individual. G2: hipnoterapia grupal. G3: placebo.	La hipnoterapia es eficaz, no hay diferencias de eficacia entre la hipnoterapia individual y la de grupo.
Flik et al. 2019	G1: hipnoterapia individual. G2: hipnoterapia grupal. G3: placebo.	Debe considerarse como un posible tratamiento para los pacientes con SII en atención primaria y secundaria.
Dobbin et al. 2013	G1: biorretroalimentación G2: hipnoterapia	Se lograron mejoras clínicamente en los síntomas refractarios del SII (diferencia=-58,8. CI del 95% [-111,6, -6,1], p=0,029).

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