

A Unique Hypnotherapeutic Approach to Interstitial Cystitis

A Case Report

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BACKGROUND: Interstitial cystitis (IC) is a disease of the urinary bladder in which the lining may become inflamed and ulcerated, resulting in pain, urinary frequency and urgency. While traditional hypnotherapy has been shown effective in treating IC, some clients do not want the use of suggestion, daily self-hypnosis or extended treatment.

CASE: A woman presented with a 9-year medical history of IC without resolution despite multiple medical treatments. Six sessions with Dr. Sidman's advanced approach to hypnotherapy resulted in her being free of pain and related symptoms for at least 5 years since this intervention.

CONCLUSION: Resolution of IC symptoms was obtained in a client who had been refractory to conventional medical treatment. (J Reprod Med 2009;54:523-524)

Keywords: hypnosis, interstitial cystitis, pelvic pain.

The initial relief and sense of well-being created a positive feedback effect that contributed to continuing beneficial results.

Interstitial Cystitis (IC) is considered one of the most difficult and frustrating conditions in urologic practice.¹ IC has a reported prevalence as high as 510 per 100,000 population in the United States.² No universally accepted clinical criteria exist for the diagnosis of IC.³ The differential diagnosis of IC includes infectious, inflammatory, gynecologic, urologic and neurologic causes. Surgical interven-

tion is rarely indicated or beneficial, and therapy usually consists of various supportive, behavioral and pharmacologic measures. Effective self-care for the active management of IC includes stress reduction and comfort activities—e.g., meditation and prayer⁴—as well as self-hypnosis and posthypnotic suggestion.⁵

Case Report

A 42-year-old woman sought medical assistance for pelvic pain beginning in 1993. Her symptoms included spasms, frequency, urgency, nocturia and sexual dysfunction. She was treated with various medications, including hyoscyamine and phenazopyridine. Cystoscopy revealed bladder ulcers and associated granulation tissue. A diagnosis in 1998

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was trigonitis and possible IC. At that point in her care, silver nitrate was instilled into her bladder, which achieved some temporary relief. The treatment plan was hyoscyamine as needed, tolterodine as needed, pentosan polysulfate sodium (100 mg 3 times per day) and phenazopyridine as needed. The patient's condition worsened under the care of 4 urologists. She then decided to pursue alternative therapies, finally approaching Jacqueline Sidman, Ph.D., hypnotherapist, when told there were no other medical options.

During the interview phase of therapy, the patient described her dysfunctional childhood. Her mother could not protect the children from an alcoholic and abusive father. The patient, terrified by the fighting between her parents at night, stayed in the bedroom even when she had to go to the bathroom. It was after her parents' divorce and her brother's subsequent drug dependency that her urologic symptoms developed. Her pelvic symptoms also included pain with intercourse.

The patient had a total of 6 sessions with Dr. Sidman over a period of 2 months. By the second session (1 week after the first) she reported that her pelvic pain had decreased. By the third session (3 weeks later) she experienced no spasms, self-discontinued IC medications and stated that the pain had been reduced markedly. By the fourth session she reported complete resolution of her pelvic pain. She continued to be symptom free when contacted at 2, 4 and 5 years following treatment.

Discussion

We report a unique hypnotherapeutic approach, referred to as the Sidman Solution. This approach involves a course of treatment appropriate for patients who do not want extended psychotherapy and those who do not feel that they could be compliant with daily self-hypnosis and/or the use of suggestion. In the case presented, this short-term therapy required only a few sessions to relieve the condition and appeared to yield a positive feedback effect for continuing relief of the IC syndrome.

The uniqueness of Dr. Sidman's technique is that during a relaxed state, clients are guided to the significant time in their emotional memory when the specific health problem originated. The emotion connected to the most pressing problem surfaces first. Then, when the presenting problem is addressed directly in the subconscious mind, a considerable amount of psychologic relief is almost im-

mediate. This is only half of the Sidman process and the end point of most psychotherapy. Dr. Sidman's approach completes the process by promoting an almost immediate switch from negative to positive feelings and perceptions that are stored in the subconscious mind, allowing the client to heal both emotionally and physically.

In this patient's case, fear was identified as the negative emotional component at the root of her physical problem. The treatment is designed to eliminate the discomfort from the memory and restructure the emotions by accepting new, positive messages into the subconscious mind. Physical and emotional pain may then be eliminated.

It is challenging to study hypnotherapeutic techniques with traditional scientific methods.⁶ Physical and/or psychologic maturation may have an important effect on the client, and there may be a placebo effect when the patient is being observed. We cannot state that our patient's relief is not due to physical or psychologic maturation or a spontaneous remission; however, we feel that, based upon our understanding of this client's IC, this is highly unlikely. It is likely, however, that the initial relief and sense of well-being created a positive feedback effect that contributed to continuing beneficial results.

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