Mind-Body Hypnotic Imagery in the Treatment of Auto-Immune Disorders

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Abstract
For many years Western Medicine has considered the immune system to be separate and independent from the central nervous system. However, significant scientific advances and research discoveries that occurred during the past 50 years have presented additional facts that the immune system does interact with the central nervous system with mutual influence. This article provides a systematic review of the literature on the connection between the brain and the immune system and its clinical implications. It then provides a rational foundation for the role of using hypnosis and imagery to therapeutically influence the immune system. Five case examples are provided with illustrated instructions for clinicians on how hypnosis and imagery may be utilized in the treatment of patients with auto-immune disorders. Suggestions for future research in this field are included.

Keywords: Mind-body medicine, hypnosis, imagery, auto-immune, integrative medicine, complementary medicine, holistic medicine

The past decades of medical research have brought a deeper and wider understanding of the immune system and its role in maintaining health and the creation of disease. The immune system is designed to, among other functions, identify and destroy foreign invading organisms. However, when the immune system identifies the antigens on our own cells as antigens of foreign agents such as bacteria, viruses, or fungi, the immune system attacks these cells in attempt to destroy them with the purpose of protecting the integrity of our own living organism. The process of this attack produces inflammation and an autoimmune disorder.

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The following diseases have so far been identified as involving an auto-immune mechanism:

Acute Rheumatic Fever  
Addison’s Disease  
Ankylosing Spondylitis  
Antiphospholipid Syndrome  
Autoimmune Alopecia  
Autoimmune Hemolytic Anemia  
Autoimmune Polyglandular Syndrome  
Autoimmune Thrombocytopenic Purpura  
Behcet’s Syndrome  
Celiac Disease - Sprue  
Chronic Fatigue Immune Dysfunction Syndrome  
Dermatitis Herpetiformis  
Dermatomyositis  
Diabetes Mellitus Type I  
Diffuse Scleroderma  
Fibromyalgia Syndrome  
Goodpasture’s Syndrome  
Grave’s Disease  
Guillain-Barre Syndrome  
Hashimoto’s Thyroiditis  
Henoch-Schonlein Purpura  
Immune-Mediated Infertility  
Insulin-Resistant Diabetes Mellitus  
Lupus Erythematosus  
Microscopic Polyangitis  
Multiple Sclerosis  
Myasthenia Gravis  
Pemphigus Foliaceus  
Pemphigus Vulgaris  
Pernicious Anemia  
Polyarteritis Nodosa  
Polymyalgia Rheumatica  
Polymyositis/Dermatomyositis  
Psoriasis  
Psoriatic Arthritis  
Reiter’s Syndrome  
Relapsing Polychondritis  
Rheumatoid Arthritis  
Sjogren’s Syndrome  
Stiff-Man Syndrome  
Sympathetic Ophthalmia  
Systemic Lupus Erythematosus  
Systemic Necrotizing Vasculitis  
Vitiligo  
Wegener’s Granulomatosis  

In a recent publication, Walsh and Rau (2000) pointed out that auto-immune diseases are in fact a leading cause of death among young and middle-aged women in the United States. The prevalence of autoimmune diseases in American women is about 5% as described by Jacobsen, Gange, Rose, and Graham (1997).

Typical auto-immune diseases have a remitting-relapsing course. Following the first episode of the disease, many patients spontaneously enter into a remission. The purpose of all treatments currently available is to accomplish these goals: to shorten the time of the acute phase and to reduce the intensity of the inflammation and symptoms involved with this acute phase of the disease. The treatment goal is to get the patient into a full remission as soon as possible. The second goal of treatment is to keep patients in a remission as long as possible, ideally for the rest of their life.

Mind-body approaches to enhance the achievement of the above goals in treatment are based on the discoveries and research that have been done in the field of psychoneuroimmunology over the past 40 years. The field of psychoneuroimmunology postulates that the central nervous system communicates with the immune system and the immune system communicates with the central nervous system on a regular basis. Ader (2000) and Ader and Cohen (1975, 1981, 1982, 1985) have shown through some ingenious experimental design studies how the central nervous system influences the functions of the immune system. Later, Dantzer (2001) and separately Vollmer-Conna (2001) postulated that sickness behavior associated with an acute infection may in fact be the result of an immune system-to-brain communication which is adaptive for the organism’s recovery and overall
Torem

survival. Life events such as losses involving the emotions of grief, sadness, and depression typically produce a suppression of the immune system and compromise its ability to quickly mobilize a defensive response to pathogenic bacteria, viruses or fungi. On the other hand, it is well known that optimism, exuberance, joy, and laughter enhances the functioning of the immune system as pointed out by Cousins (1976), Rossi (1993), Dreher (1995), Ravics (2000), and Charnetski and Brennan (2001).

The Immune System and the Brain: Research Findings

Recent studies have shown that nearly all antigens in human cells can generate autoimmunity. However, the body has developed various mechanisms that have induced tolerance of our immune system to such antigens. Specific immune system mechanisms ensuring tolerance to cells and tissues of one’s self appear during the development of lymphocytes, also called B cells. This happens in the bone marrow where B cells are generated and also on the migration of these B cells to peripheral tissues. Some B cells go through the thymus gland and become specialized in specific activities. These specialized cells are called “T cells”. There are two types of T cells: T helper cells that help the B cells in producing antibodies that attack and destroy the invading pathogenic organisms (bacteria, viruses, fungi, etc.) and T suppressor cells that are designed to reign in the B cells and the T helper cells when they become too aggressive. It is postulated that one mechanism that operates in the development of autoimmune disorders involves an immune system that has lost its natural balance either by weakening of the T suppressor cells response or by an over production of B cells and T helper cells, which may be involved in producing antibodies that mistakenly attack the organism’s own cells and tissues, failing to identify them as part of its own self organism. It is still unclear why certain types of tissues are selected to be attacked (Lipsky & Diamond, 2005).

George Solomon (1964, 1968, 1974, 1981) of Stanford University was the first American physician who studied the interaction between the mind and the immune system. Solomon was working in the 1960’s treating patients with rheumatoid arthritis and he observed that these patients would typically enter into a relapse during stressful times in their lives. He hypothesized that the immune system must be somehow triggered to attack the patient’s joints during times of stress. He then hypothesized that our immune system must be very sensitive to stress and responsive to emotions and thoughts.

In the 1970’s, psychologist Robert Ader and his colleague immunologist Nicholas Cohen both from the University of Rochester School of Medicine, managed to conduct an ingenious set of experiments in mice whereby they were able to demonstrate the conditioning of immune system responses. A group of mice were given an injection of the immune suppressant drug cytoxan. This was coupled with an exposure to saccharin sweetened water, which the mice drank. After feeding sweet water to the mice, suppression of the immune response was demonstrated even 14 days later, when the mice were given an injection of saline coupled with an exposure to saccharin sweetened water. An injection of saline alone without the exposure of sweetened water did not produce the same immune system suppression (1975). Later, Ader and Cohen (1981, 1982, 1985) studied a group of rats who had lupus erythematosus. Ader was able to condition the rats to reduce their immune system aggressiveness towards their own cells. The results were an impressive clinical reduction in the rats’ symptoms of acute lupus inflammation. Later, Karen Ohness (1992) was able to use this model in helping a young girl suffering from lupus by conditioning her immune system to be suppressed and cutting the planned chemotherapy treatments from 12 to 6, achieving a significant clinical improvement that lasted for over 5 years.
It is understood today that the mind affects the immune system by secreting neurotransmitters and hormones that activate specific receptors on the surface of T and B lymphocytes. This activates certain intracellular mechanisms that either suppress or enhance their activity as cells of the immune system response. Some have referred to these specific molecules that are secreted by the central nervous system that affect the immune system as neuroimmunotransmitters.

Bowers and Kelly (1979) reported that the immune system can become dysfunctional in the following ways: Underactive (suppressed), Hyperactive (enhanced) or Misguided (confused). When the immune system is suppressed, individuals become more susceptible to infections and malignant proliferative diseases. When the immune system is abnormally enhanced, individuals are predisposed to many allergies and possible bronchial asthma. When the immune system is confused, individuals are predisposed to autoimmune disorders such as multiple sclerosis or lupus.

The brain’s connection with immune system is believed to be mediated through the limbic-hypothalamic-pituitary pathway. The immune system responds through the secretion of hormones and other specific chemicals that act as neuroimmunotransmitters, thereby delivering specific messages from the central nervous system to the immune system. Booth and Ashbridge (1993) proposed that the immune and nervous systems are a single integrated entity with a common goal of establishing and maintaining a self identity.

The Role of Hypnosis

Brown and Fromm (1987) stated that the treatment of autoimmune diseases by psychological means was largely undeveloped. They described a treatment protocol similar to that used with cancer patients. “The clinician begins by teaching the patient to self monitor the vicissitudes of the autoimmune symptoms. The patient keeps daily records of the symptoms, noting daily activities and subjectively rating the level of tension. The therapist helps the patient uncover the relationship between stressful situations and the exacerbation of symptoms” (p. 145). In the next step, the patient is taught a variety of means to reduce the effects of stress on their mind and body. These methods involve non-hypnotic relaxation as stated by Achterberg and Lawlis (1980), Benson (1975, 1979, 1984, 1996) and also hypnotic relaxation techniques (Millilkin, 1964).

In cases of rheumatoid arthritis, an outbreak of symptoms is often preceded by an increase in muscle tension as reported by Gottschalk, Serota, and Shapiro (1950). Cheek and LeCron (1968) reported that reducing emotional intrapsychic conflicts associated with one’s health and illness can be worked through with hypnotherapy, and thus reduce the severity of an acute attack and promote the process of remission. Bowers and Kelly (1979) believed that any application of hypnotherapy that improves the patient’s overall health and well being may contribute to a positive effect on healthy regulation of the immune system. Achterberg, McGraw, and Lawlis (1981) stated that relaxation training and regular practice of muscle relaxation may have a prophylactic effect in postponing and possibly preventing the acute relapse of symptoms in rheumatoid arthritis. Brown and Fromm (1987) reported that a variety of hypnotherapeutic procedures can be used to enhance the patients well being, positive emotional state, self efficacy and quality of life to better cope with their illness. They also noted that there were no systematic scientific studies on the direct use of hypnotic immunotherapy in the treatment of patients with autoimmune disorders.

Pain and discomfort that are associated with autoimmune diseases can be alleviated with hypnotherapy with good results as reported by Van Pelt (1961), Millilkin (1964), Crasilneck
and Hall (1975), Kroger and Fezler (1976), and Smith and Balaban (1983).

Hall (1982-83) authored a comprehensive review on the effects of hypnosis on the immune system. He focused on data that provided suggestive evidence that hypnosis can inhibit or enhance immune activity and consequently contribute to weakened or strengthened resistance to disease onset or enhanced recovery from illness. Hall, Longo and Dixon (1982) showed the capacity of hypnotic suggestion to modulate the function and activity of the immune system by changing the number and response capacity of T and B cells.

Rossi (1986, 1988, 1990, 1993) has written extensively regarding the various mechanisms by which the mind communicates with the immune system and how the use of hypnosis may help as a therapeutic aid in the recovery of patients suffering from autoimmune disorders. According to Rossi, when patients shift into a state of hypnosis, we can communicate with the unconscious mind and speak directly to tissues and cells by using the language of imagery with all five senses. In addition, other well known methods such as cognitive re-framing, re-labeling and re-organizing the mind-body communication can be utilized to benefit patients and promote healing.

Laidlaw, Booth, and Large (1996) showed that 32 of 38 experimental participants were able to reduce the wheal size following a hypnotic suggestion to do so. Further, hypnosis can be used as a modulator of cellular immune dysregulation and change a person’s resistance or susceptibility to disease onset (Kiecolt-Glaser, Marucha, Atkinson, & Glaser, 2001; Kiecolt-Glaser, McGuire, Robles, Glaser, 2002a; Kiecolt-Glaser, McGuire, Robles, Glaser, 2002b; Glaser & Kiecolt-Glaser, 2005). Brigham-Davis (1994) reported on the therapeutic use of imagery in patients suffering from systemic lupus erythematosus, scleroderma, rheumatoid arthritis, multiple sclerosis, amyotrophic lateral sclerosis, chronic fatigue immune dysfunction syndrome (CFIDS), fibromyalgia, and myasthenia gravis. Brigham’s strategy is to help patients view their immune system as a friendly, loving and protective organ within their body. She communicates the crucial importance of a balance in the immune system between T helper cells and T suppressor cells as necessary for optimal functioning of the immune system.

My clinical experience of practice in the field of mind-body integrative medicine has involved the use of hypnosis and guided imagery in a variety of clinical settings and with many patients suffering from a broad spectrum of disease entities. My work with patients who have suffered from autoimmune disorders was significant in my own development as a therapist and healer. One of the hallmarks of many patients suffering from autoimmune disorders is the cyclical nature of their disease. It typically cycles from remission to relapse and then again into a remission. When I first treated a patient with an acute state of lupus erythematosus, I made the prediction that the patient will in fact get better. I made this prediction with confidence since it was shortly after I came back from another hypnosis workshop at the beginning of my career in integrating hypnosis into my practice. In fact what happened, is that this patient went into a remission and believed that it was the hypnotic intervention that produced this remission and so did I. Our mutual belief may have in fact enhanced the results of the intervention. However, the cyclical nature of autoimmune disorders was obviously an important factor that contributed to a successful outcome.

The following is a list of interventions that can be enhanced by using hypnosis in patients with autoimmune disorders. Mind-body relaxation, ego strengthening, ego-state therapy, re-labeling, re-framing, & restructuring, “back from the future”-age progression, end result focus enhancement, and therapeutic metaphors with symbolic guided imagery (Torem 1987, 1992a, 1992b, 1993).

Generally, I start with the simplest intervention and gradually build up to the more
Mind-Body Imagery Auto-Immune Disorders

complex interventions. Exceptions can be made for patients who have experience in practicing self-hypnosis or meditation. Another important element is to match the therapeutic intervention with the patient’s personality-temperament and what has particularly worked well for them in the past. Moreover, it is important to conduct a comprehensive interview with the patient focused not only on gathering the detailed information regarding how the symptoms evolved and what precipitated the recent relapse, but also, obtain detailed information on the patient’s expectations from the use of hypnosis in their therapy, how they imagine themselves being healed from their autoimmune disorder, and how they see themselves achieving a life-long remission. Obtaining this information is vitally important in designing a therapeutic plan that will be compatible with the patient’s inherent personality traits and expectations for a successful, reasonable outcome of treatment.

Clinical Case Examples

Case One - Multiple Sclerosis

J. P. was a 39 year-old married mother of two children. She was diagnosed in her early twenties as suffering from multiple sclerosis. She was informed that she had a remitting/relapsing form of multiple sclerosis. She had a master’s degree in business administration and while being a mother and homemaker, she also devoted time to her career. She eventually became an independent consultant to small businesses. She was able to do much of her work by using her computer communicating via the Internet. She came to her first appointment with the goal of learning to use self-hypnosis and imagery to reduce the stress in her life and learn how to practice relaxation on a daily basis. She was experiencing another relapse of her MS which was manifested by ataxia in her gait, paresthesias in her legs and feet, partial bladder incontinence and sometimes diplopia associated with nystagmus. In the past, she was able to reach a remission with a satisfactory resumption of functioning including control of her bladder incontinence.

She had a good understanding of the latest writings about MS and how it is considered to be an autoimmune disorder. The HIP (Hypnotic Induction Profile) was administered, her score was an intact 4. In the sessions with me, she learned the use of guided imagery and self-hypnosis to activate the relaxation response. She loved the sensation of cold water on her skin and chose the imagery of immersing her body in the cold water of a inland lake formed by the melting snows of surrounding mountains. Following the immersion in the cool and pure waters of the lake, she experienced herself (in the imagery) in a spa whereby she was receiving a healing and invigorating massage. Following the massage, she fell asleep and woke up feeling rejuvenated and much better. She practiced this exercise with self-hypnosis at home. She then requested to learn additional techniques to teach her immune system to stop attacking the myelin layers in her brain. She had the notion that her immune system was too aggressive and needed to be suppressed. Many treatments she had received in the past such as adrenocorticotropic hormone and powerful corticosteroids were explained to her as drugs that would suppress the immune system and stop it from attacking her own brain. We worked on considering another possible explanation and in doing so, re-labeled her immune system from being too aggressive to being confused and misguided. She liked that idea and we set the goal of helping her immune system to learn how to tell the difference between cells and tissues that were part of her own body and those that were representing foreign pathogenic invaders (bacteria, viruses, fungi, etc.). We used the imagery whereby all the cells and tissues in her body were tagged with the letters J. P., which meant
that they were safe from being attacked by her immune system and that they were part of the organism in which the immune system resides. Only those organisms that were not tagged where fair game. In addition, she also learned to communicate with her own immune system cells letting them know they are part of a larger organism that is made up of many cells and tissues designed to keep the organism alive and in good health.

J. P. was asked to write down the following phrase: “All for one and one for all, united we stand together in peaceful co-existence with respect and dignity for the sake of the whole”. She was asked to repeat it in her own mind in a state of formal hypnosis and also when she was out of formal hypnosis. This metaphor was designed to communicate the idea that the human body is made up of numerous tissues comprised of millions of cells. Even though these cells are different in shape and function, each of them resides within a specific domain (tissue) and through their mutual friendly relationship and recognition of stable boundaries, the wisdom of the body is expressed through the innate intelligence of the various tissues and cells to live together in a state of harmony. This wisdom is expressed by the recognition that the cells need each other for the life and healthy function of the whole organism to be maintained. Therefore, it is crucial that cells and tissues throughout the living organism recognize each other as part of the same living self and they must work together in a friendly, harmonious way.

Several months later, she reported continuing to stay in a remission, functioning well at home and at work.

**Case Two - Rheumatoid Arthritis**

R. J. was a 25 year-old single woman who had been diagnosed with rheumatoid arthritis as a teenager. By the age of 25, she already had several relapses followed by spontaneous remissions. At one time, she was treated with corticosteroids and the side-effects caused her to gain over 30 pounds of body weight that she disliked. She came to her first appointment with the goal of “doing anything, even hypnosis to get me into remission as long as I don’t have to take steroids again”. She learned to use self-hypnosis quickly and effectively focusing on the ocean beach scene imagery to achieve a state of calmness and activate the relaxation response. Her score on the HIP (Hypnotic Induction Profile) was a 4 with an intact profile. We proceeded discussing what she wanted to accomplish and she simply said “I want to get back into a remission as quickly as possible” and smiling, she added “and… stay there for the rest of my life”. She already had experienced previous remissions, some of them spontaneous without any specific medical treatment.

We proceeded with a dialogue on what it was like to enter into a remission in the past. She described in detail how the pain and swelling in her joints goes away and she is able to move around flexibly without any discomfort. She loved to swim and went into detail describing her skills of floating in the waters of the ocean and swimming pool. She then described how much she enjoyed her brief sessions in the whirlpool right after a lap in the swimming pool of her gym. I then proceeded by asking her to enter into a state of self-hypnotic trance focusing on the ocean beach scene imagery experiencing it with all five senses. This was done using interactive imagery whereby she verbalized her experiences on the ocean beach of her choice.

We then continued by using future focused imagery utilizing the “Back From the Future” technique (Torem, 1992). The focus was not only in achieving the experience of returning to optimal functioning of her physical mobility and other activities, but also on gaining a new sense of healthy balance in her life on a mind-body-spirit continuum. She was
then asked to internalize these experiences with members of her family and friends, integrating
the experience with all five senses (visual, auditory, tactile, olfactory, and gustatory) as well
as internalizing feelings of joy, love and mastery, having achieved a healthy balance of
activities in day-to-day living. When she was guided out of the hypnotic state, she reported
with a smile that she already felt better and that her joints felt more flexible, free and limber.
She reported that she had to consciously think about the pain and focus on it to recognize if
it was still present.

Four weeks later, she came to the office for a follow up visit and stated with a smile
on her face that she was now back in remission as pronounced by her rheumatologist. Her
goal now was to stay in remission for “the rest of my life”. She was instructed to continue
and practice self-hypnosis with guided imagery focused on activating the relaxation response
on a daily basis. In addition, we discussed a variety of skills she could learn and practice in
her daily living to improve her effective communication in social settings, being assertive,
having a clearer picture of her values and, how her daily living is compatible with these
values. In addition, we discussed her goal of including spirituality in her daily life by
becoming more authentic in her friendships and establishing a sense of meaning and
connection with a higher power. Follow up visits at 3 months, 6 months and 9 months later
found her in a stable healthy remission, continuing to practice self hypnosis and guided-
imagery.

Case Three - Polymyositis / Dermatomyositis

V. C. was a 46 year-old married man who was referred by his minister to learn how to
use guided imagery and meditation more effectively to help him reduce the pain, improve his
functioning and help him to achieve remission since he was in an acute relapse. He already
had been practicing meditation associated with prayer, several times a day and was familiar
with the state of mind associated with self-hypnosis. He was administered the Hypnotic
Induction Profile (HIP) and his score was an intact 4. He was able to easily and quickly apply
the skill of self-hypnosis using guided imagery of the ocean beach scene experiencing it with
all five senses, incorporating and integrating it with his meditation-prayer practice. We then
discussed his spirituality and he expressed a strong desire to visit the Holy Land and
specifically, immerse himself in the waters of the Jordan River as a way of renewing his
overall health and faith on a mind-body-spirit dimension. We decided to employ future
focused guided imagery as a way of allowing him to experience and internalize his own
prescription for healing and achieving a remission.

In a state of self-hypnotic trance and meditation and with the use of guided imagery
suggestions on all five senses, he experienced himself traveling to the Holy Land and visiting
the sea of Galilee and the Jordan River. He then described his experience of immersing
himself in the cool clear waters of the Jordan River. He described how his skin felt cool and
calm, how the red blotches of swelling disappeared and his skin looked clean and healthy.
When he came out of the water, he recited a special prayer of gratitude for allowing him to
heal from his acute illness. He reported feeling a jolt of energy and strength going through
his whole body and was able to walk with vigor, feeling renewed and reinvigorated with a
sense of purpose and enthusiasm, seeing himself giving a presentation in his church (after
he returned to his community in the USA) regarding his experiences of healing during his trip
to the Holy Land.

When he came out of his self-hypnotic trance, he reported feeling calm and relaxed.
He was asked to write an essay about his experiences on his imaginary trip to the Holy Land
Torem

and bring his written essay with him to the following session. A week later, as he read from the essay, he described his trip using the past tense implying that in his mind, this already happened. He also reported feeling an overall improvement in his physical health associated with a significant reduction of the skin rash and a decrease in his muscle and joint pain. Two months later, he reported with great satisfaction that he was pronounced by his rheumatologist to have achieved a full remission.

Case Four - Systemic Lupus Erythematosus

E. J. was a 33 year-old married mother of two children. She was suffering from a remitting-relapsing form of systemic lupus erythematosus (SLE). She requested to learn the use of mind-body meditation to help her reduce the acute symptoms of general muscle and joint pain, tiredness, and skin rash. She wanted to achieve a remission as soon as possible and learn to meditate on a regular basis so she could better effectively cope with the daily stresses in her life. She believed that stress in general was a factor in precipitating the acute relapse of her chronic disease - SLE.

On the HIP (Hypnotic Induction Profile), she scored an intact 4. She quickly learned the use of self-hypnosis utilizing the ocean beach scene and activating the relaxation response. We then discussed her views on how she typically had achieved a remission in the past and how she would achieve it again in the future. She stated that she knew exactly how the lupus had happened and brought in drawings with her, illustrating her immune system attacking the connective tissues in her body. The aggressive immune system antibodies were drawn as wild dogs that had transformed into wolf like creatures. She described them as wild animals that have gone astray, they have lost their discipline, they don’t listen anymore to orders from the immune system headquarters. She also had in her drawings white horses that were described as gentle but powerful. The horses represented the healthy side of her immune system. These horses had the ability to produce a powerful kick to any invading enemies in the form of bacteria or viruses but these horses would never hurt their own kind. They were able to identify what cells in the body were part of the self and should not be hurt, but rather protected.

In a state of self-hypnotic trance, she said that she consulted with the chief horse about the situation and was told that the dog like aggressive creatures of the immune system were confused and actually unhealthy and that is why they were mistakenly attacking cells and tissues of the body. The alpha chief horse suggested a solution that would transform these wild dogs into healthy white horses and that the alpha horse knew exactly how this could be done. The suggestion was made to round up the herd of wild dogs into a special compound, at the end of the compound there was a gate which led to a river. The wild dogs would then be guided through the white rushing, cool waters of the river that ended up in a waterfall leading to an inland lake. In the process of swimming through the river and coming down the waterfall into the lake, these wild dogs would be transformed into white horses as the alpha horse was leading them through the process.

As she was describing this she suddenly opened her eyes, took out her drawing papers and sat on the floor drawing out this process. She was drawing with crayons using color to depict the process of how this was about to happen. She later stated that she did not do the drawings, it was the alpha white horse that did it all. When asked if she believed if one of her hands did the drawing and that hand is part of her body, she stated that “I know this logically, but it doesn’t feel like I did it and I don’t fully remember drawing it…the alpha white horse did it”. She was then instructed to go home and practice her self hypnosis integrating
guided imagery for healing and recovery.

The following session she came in reporting that the alpha white horse did it, but it got help from its mate and they did it as a team. However, she believed that not all the “wild and confused aggressive dogs” of her immune system were rounded up in this first attempt. Some of them were still running around doing their damaging aggressive acts. She stated that she was convinced that additional round ups would be necessary to complete the transformation of all the confused, aggressive “wild dogs” into “white gentle and powerful horses”.

She reported some improvement in her overall health and a significant reduction in the redness on her skin. This was specifically noticeable on her face. A month later in a follow up visit, she reported the successful completion of the transformation of her immune system now knowing to identify the difference between cells and tissues of her own body and those of invading pathogenic organisms (bacteria, viruses, fungi, etc.). This was accompanied by a significant improvement in her clinical state. Two months later, she was declared by her rheumatologist as having achieved a full remission.

Case Five - Autoimmune Pericarditis

M.G. was a 38 year old married mother of 2 children. She was diagnosed first, at the age of 34, with idiopathic pericarditis associated with chest pain and inflammation in the pericardial space with fluid accumulation that had to be aspirated. Since then she had two remissions and two relapses. About a year ago, she had additional laboratory tests and was told that her pericarditis was of autoimmune origin.

Following a comprehensive interview and mental status examination, she communicated her desire to learn better ways to control stress, anxiety and worry in her life believing that they are responsible for precipitating her relapse symptoms. The HIP (Hypnotic Induction Profile) showed her to be an intact 3. She learned the use of self hypnosis quickly and was instructed to practice at home focused on guided imagery using the ocean beach scene and internalizing it with all five senses. She was able to experience an immediate relief of her anxieties and a reduction in her chest pain from a self rated scale of 8 to 2 (on a scale of 1 to 10). This later allowed her to reduce the medications prescribed for pain control (Tylenol with codeine). In addition, her heart rate was also reduced from an average of a resting 96 beats per minute to a resting 72 per minute. In later sessions, she learned to internalize new images of healing her pericardium by changing (in imagery) the colors of inflammation from hot red to soft pink which was associated in her mind with healthy normal tissues. In addition she also used imagery to reduce the inflammation in the pericardial space by visualizing the reduction of all the inflammation fluids. In later sessions, she learned how to “educate” her immune system to identify her body’s cells and tissues as “one of us” and therefore the immune system is to protect them and never attack them.

Eight weeks after the beginning of her treatment with hypnotic imagery she was examined by her cardiologist and told that she again entered a remission. Six months later she was examined in a follow up visit and declared that she continued to do well and had no relapse symptoms.

She then reported on her new habit of writing in her personal journal expressing her feelings and thoughts about certain people and issues in her family and daily life. She was able to verbalize her ambivalent feelings and also express them in writing in her journal. She learned to accept herself as being imperfect and gradually alleviate her feelings of excessive guilt and shame. She became more assertive in clearly communicating her needs and wishes as they applied to her husband, children, siblings and friends.
She reported that her cardiologist agreed to discontinue her prednisone that she was still taking at 2 mg per day. Nine months after the beginning of her treatment, she continued to be off prednisone and reported being free of pericarditis symptoms.

**Discussion**

For centuries, western allopathic medicine has believed that the immune system is a separate and independent system within the human body that is not controlled by the central nervous system. However, thousands of research studies that have been done over the past 40 years have now provided us with a body of scientific data that have confirmed that the immune system and the central nervous system communicate with each other on a regular basis and are not independent of each other. Autoimmune diseases are characterized by cyclical relapses and remissions resulting from an impairment in the immune system whereby cells of one’s own immune system attack certain cells and tissues within one’s own body misidentifying them as foreign organisms. This paper was aimed at showing how this knowledge can be realized in the treatment of people with autoimmune disorders. The use of hypnosis and imagery create a special opportunity to affect the immune system in such ways that enhance a quicker resolution of an acute relapse and promote the patient’s progress into a state of remission. However, as mentioned earlier many people with an autoimmune disorder enter into a remission even without any treatment since this is part of the natural history of autoimmune disorders. The actual role of hypnosis, imagery, and suggestion in producing a remission remains to be elucidated, and needs further observation and study. The case reports presented, illustrate the use of a variety of therapeutic techniques with healing imagery that can be enhanced by the use of hypnosis.

Future research is needed with the use of control groups and the inclusion of placebo to determine whether this effect can be produced with a large population and for how long the positive effect can be sustained. The great advantage of this non-pharmaceutical approach is that it has relatively minimal undesirable side effects, and that the potential benefits far outweigh any potential drawbacks.

**References**


Mind-Body Imagery Auto-Immune Disorders


