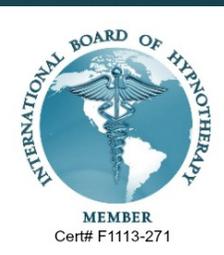


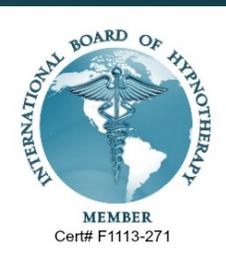
# Medical Support Clinical Hypnotherapy for Patients and Families

CHRISTIAN RAPHAEL CMS-CHT, FIBH  
505 918 6555

APRIL 9<sup>TH</sup>, 2022

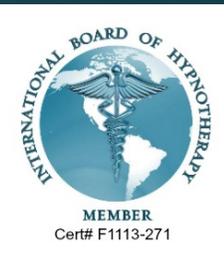


Good morning. My name is Christian Raphael. I am a Medical Support Clinical Hypnotherapist and a Fellow of the International Board of Hypnotherapy.



Over the past nine years of private practice, I have provided Adjunctive Medical Support Hypnotherapy for dozens of patients and families of patients going through Cancer Treatment, Surgery, Cancer Care and Recovery.

Including;



## 1. Surgery Preparation

- a. Collaboratively identifying and organizing the optimal pre surgical mindset and environment for support relaxation health and wellbeing.
- b. This includes and is not limited to communication with medical staff and personnel.

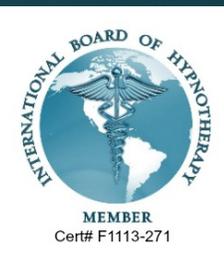
## 2. Intra Operative surgery support

- a. Including and not limited to hypnotic suggestions (Instructions to Subconscious mind to be listened to during the procedure with ear buds).
- b. The Hospital Patient Advocacy Department can/will facilitate this upon request.
- c. Ultimately, the intra-operative use of ear buds is at the discretion of the Head Surgeon performing the procedure.
- d. Another option is to ask the Anesthesiologist to repeat positive supportive words to the patient, while Patient is under anesthesia. Hypnotherapist and Patient collaborate on the wording.
- e. Why is this important?

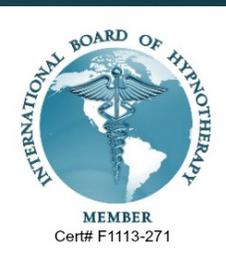
One study tested patients for implicit memory after surgery.

**Implicit memory** refers to remembering information but not being consciously aware of "remembering."

During anesthesia patients were exposed to a list of words containing the word "pension".



After surgery, when they were presented with the three-letter word stem PEN\_\_\_ and are asked to say the first word that came to their minds beginning with those letters, they gave the word "pension" more often than "pencil" or "peninsula" or others.



There is a theoretical possibility that patients can be adversely affected by comments made in the operating theatre, and some evidence that positive intra-operative suggestions can benefit patients.

*Citation to follow*



# *Unconscious Memory Formation During Anaesthesia*

Clinical Anaesthesiology, 28 July 2007.

Jackie Andrade, PhD (Reader in Psychology)

Catherine Deepröse, PhD (Research Psychologist)



### **3) Post-surgery accelerated healing**

- a. Specific positive outcome instructions to Sub Conscious Mind through suggestions and imagery, casting patient and loved ones out in the future living healthy enjoyable lives.
- b. Often positioned 7+ years in the future as “cancer free”

### **4) Post-Surgery Chemotherapy Support**

- a. Specific instructions and imagery tools to accelerate the efficacy of allopathic medications, including but not limited to chemotherapy.

## 5. Trauma Reversal

- a) Scary memories are stored in the mind. They are often upsetting and troubling when reviewed.
- b) These memories can be easily triggered when returning to the hospital, by a particular smell, color or even song or sound that “reminds” us of our illness.
- c) The subconscious mind automatically activates fight or flight response in attempt to move us away from “perceived” danger.
- d) This weakens our healing ability. Trauma reversal “dims down” the effect of those old memories.

These 5 flexible highly adaptable tools are customized to the specific needs of the patient and/or the family of the patient supporting allopathic treatment with scientifically proven complimentary tools. These tools have been validated through an NIH study on Urinary Urgency and incontinence.

## Methodology for a trial of brain-centered versus anticholinergic therapy in women with urgency urinary incontinence.

Komesu YM<sup>1,2,3</sup>, Rogers RG<sup>4</sup>, Sapien RE<sup>4</sup>, Schrader RM<sup>5</sup>, Simmerman-Sierra T<sup>6</sup>, Mayer AR<sup>7</sup>, Ketai LH<sup>4</sup>.

### Author information

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<sup>7</sup>Mind Research Network, Albuquerque, NM, USA.

### Abstract

**INTRODUCTION AND HYPOTHESIS:** We describe the rationale and methodology for a study comparing mind-body treatment and pharmacotherapy in women with urgency urinary incontinence (UUI). To explore brain associations in UUI, a subset of patients will also undergo functional magnetic resonance imaging (fMRI). We hypothesize that hypnotherapy, a mind-body intervention, will be at least as effective as pharmacotherapy in treating UUI. We also hypothesize that fMRI findings will change following treatment, with changes potentially differing between groups.

**METHODS:** We describe the development and design challenges of a study comparing the efficacy of hypnotherapy and conventional pharmacotherapy in the treatment of UUI. The study randomizes women to either of these treatments, and outcome measures include bladder diaries and validated questionnaires. Sample size estimates, based on a noninferiority test ( $\alpha = 0.025$ ,  $\beta = 0.20$ ), after considering dropout subjects and subjects lost to follow-up, indicated that approximately 150 woman would be required to test the hypothesis that hypnotherapy is not inferior to pharmacotherapy within a 5 % noninferiority margin. The study will also evaluate fMRI changes in a subset of participants before and after therapy. Challenges included designing a study with a mind-body therapy and a comparison treatment equally acceptable to participants, standardizing the interventions, and confronting the reality that trials are time-consuming for participants who have to make appropriate accommodations in their schedule.

**RESULTS:** Study enrollment began in March 2013 and is ongoing.

## Results:

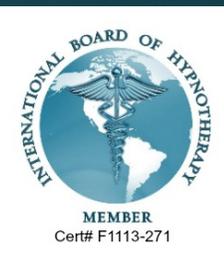
In those patients who were moderately to highly responsive to hypnosis, the one-year follow-up showed superior results to the standard medical treatment. This indicates that overall, hypnotherapy is not inferior to the current standard medical treatment of OAB/UUI, and in many cases is superior.

# What is Hypnosis?

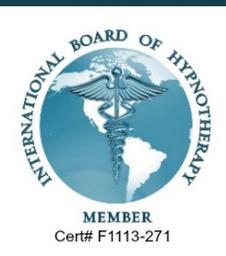


Hypnosis is a natural state of being, with numerous beneficial characteristics.

Hypnosis is when we relax the critical part of our mind. We then gain access to our innate problem-solving intelligence; Our Subconscious mind.

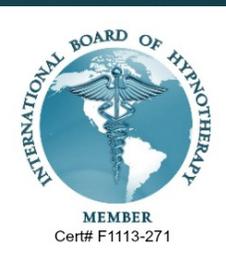


This provides us with the opportunity  
to use “Mind Power” to activate our  
greater healing potential.



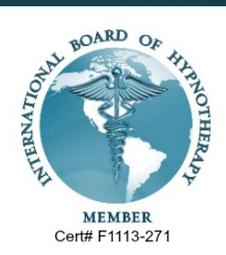
Descartes said it simply as,

“I think therefore I am”

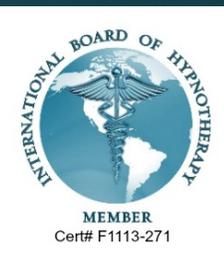


## Main Parts of the Mind:

- A). The Conscious Mind; The seat of our intellect, reason, will power, Inductive and deductive reasoning.
- B). The Critical Factor; The Gate Keeper to the Subconscious Mind



C). The Subconscious Mind; The gateway to our problem-solving intelligence, that part of us that intrinsically “knows.”



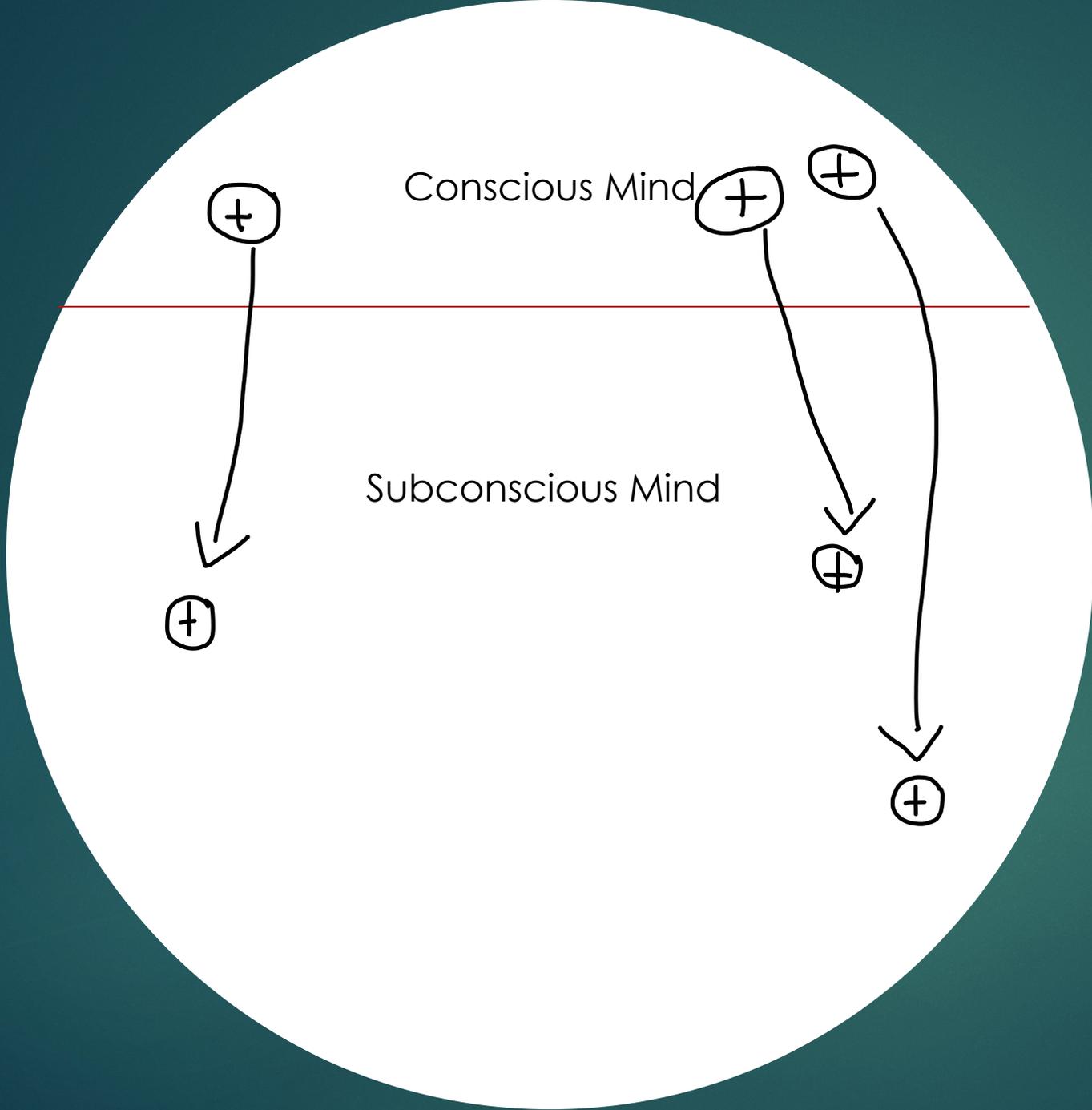
A). Conscious Mind

**B. CRITICAL  
FACTOR**

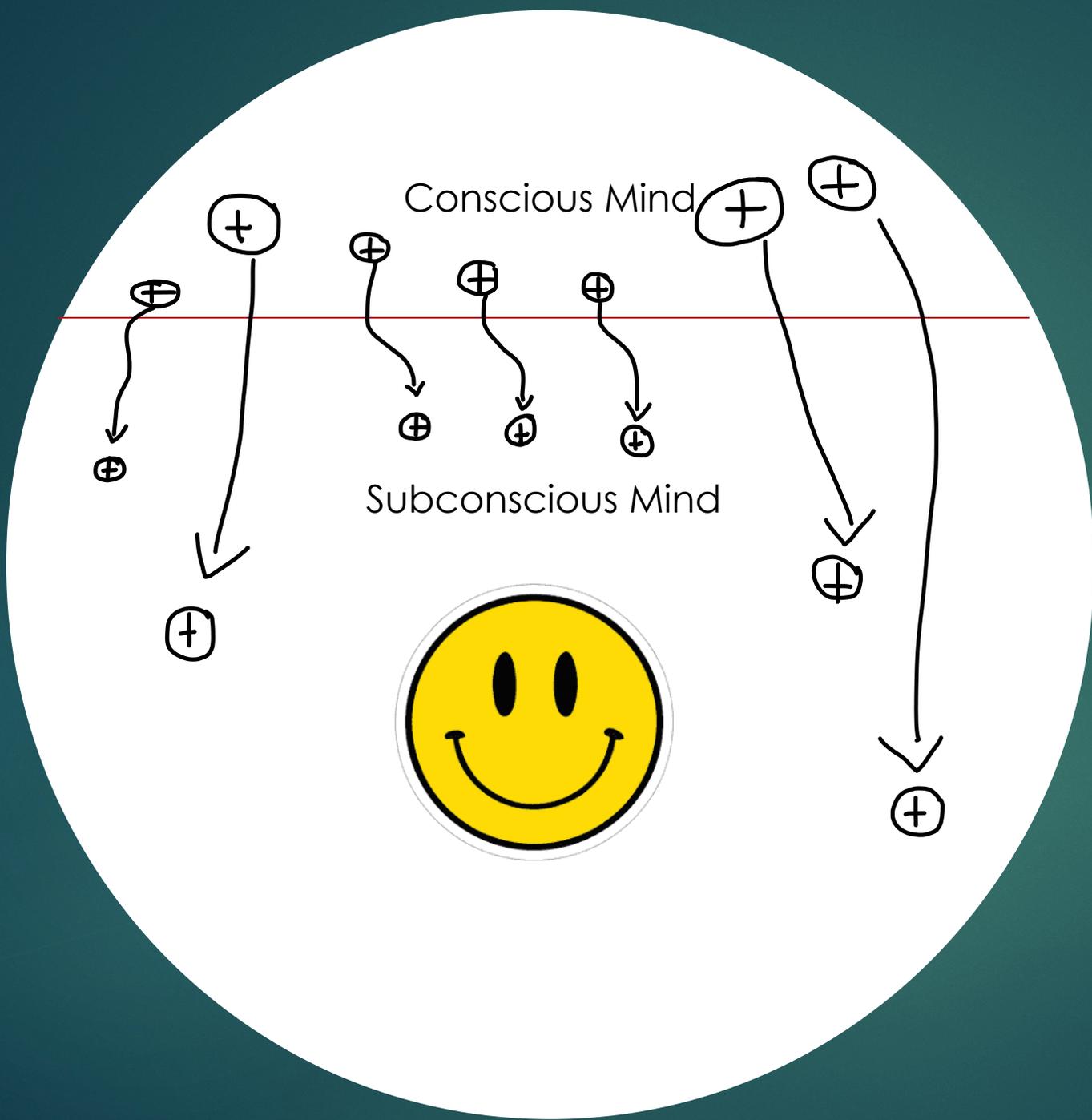
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C. Subconscious Mind

HYPNOSIS IS WHEN WE  
RELAX THE CRITICAL  
FACTOR WHILE  
CONSCIOUSLY FOCUSING  
ON DESIRED POSITIVE  
OUTCOMES.

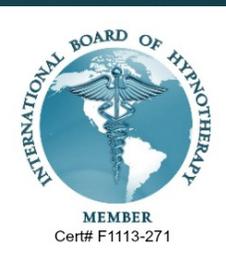


IN HYPNOSIS WE FILL  
OUR SUBCONSCIOUS  
MIND WITH Consciously  
Derived POSITIVE  
THOUGHTS WORDS  
AND IMAGES.



Through repetition, we saturate our subconscious mind with positive expectation, and our problem-solving intelligence produces the intended outcome.

The Best way to **Really**  
Understand Hypnosis is to  
Experience Hypnosis.

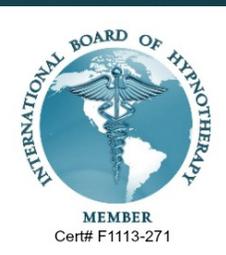


Have you ever cried at a movie?

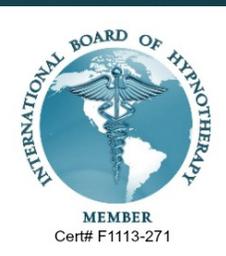
Cheered for a sports team?

Or, lost track of time?

If so.....



You have experienced  
Environmental Hypnosis.





If you choose to, take a moment and write down on a piece of paper a number between “0” and “10” that represents your level of relaxation.

“0” is COMPLETELY relaxed.

“10” is the COMPLETE opposite of COMPLETELY relaxed.

# QUESTIONS

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