

ANDREW **PARR**
PRACTITIONER TRAINING

Module 12



Contents

DNA, Genes & The Importance Of Proteins	4
What Are These Proteins Used For?	5
Neuropeptides - ‘Messenger Molecules’ Of The Brain	7
Epigenetics And How Your Thoughts Influences Your Cells and Genes	9
Eustress vs. Distress	11
Subjective Units Of Distress Scale (SUDS)	12
Example SUD Scale	13
The Placebo and Nocebo Effect	15
The Origins of the Placebo	15
Nocebo	17
Placebo in Knee Surgery	17
The Case Of The Likeable Mr Wright	19
Initial Questions & Suitability For Treatment Of Pain Relief Or Any Physical/Medical Condition	21
Medical Disclaimer Form	23
Noesitherapy & Hypnoesitherapy - The Saliva Technique	26
The “Go Inside” Method For Physical Healing	30
Example Script for “Go-Inside” Method	31
Irritable Bowel Syndrome (IBS)	32
Hypno-Pill	33
Control Room Visualisation	34
Coursework Module 12	35



DNA, Genes & The Importance Of Proteins

The nucleus of every living cell in your body contains 46 chromosomes.* The chromosomes exist in pairs - one half of each pair comes from your biological mother, the other from your

Note:

* People with Downs Syndrome have an extra chromosome - making 47.

* Red Blood cells lose their chromosomes and other organelles as they mature.

biological father.

Each chromosome is a tightly bound package of DNA - Deoxyribonucleic Acid. DNA looks like a twisted, spiralling ladder, known as a double helix.

Apparently ...

If you were to stretch out the DNA from just one cell in your body, it would be around 6 feet long.

If you stretched out, end to end, all the DNA in your entire body, it would reach to the sun and back ... more than one hundred and fifty times.

If you took all the DNA, from every single person on the planet and scrunched it up, it would all fit into a grain of rice.

Yet these chromosomes and DNA are what determine every one of our physical characteristics, including sex, eye colour, skin colour, and hair colour for example - plus control the production of tens of thousands of proteins, essential for life.

Particular sections of the DNA will “code” for particular characteristics - these particular sections are called Genes, and there can be many Genes on a chromosome.

When a Gene is activated, it causes amino acids* - the bodies building blocks - to string together in a specific way. Each unique

combination of amino acids is packaged up to form a unique Protein, in a process called Protein Synthesis.

In 2003, the Human Genome project determined that humans have 21,000 Genes which code for various characteristics and the production of thousands of different proteins.

*Amino Acids - these are the building blocks of life. There are 21 known amino acids and all proteins are made from different combinations of these.

9 of these are called the “Essential Amino Acids” because your body cannot manufacture them and they **MUST** come from diet.

What Are These Proteins Used For?

Here some examples of the way your body uses proteins:

(Referenced from <https://www.healthline.com/nutrition/functions-of-protein>)

- 1.As building blocks for growth and maintenance of tissues
- 2.As enzymes to encourage bio-chemical reactions in the body, such as digestion, energy production, blood clotting and muscle contraction.
- 3.As “Messenger Molecules” in the form of hormones called “peptides”, which aid communication between cells, tissues and organs. Some examples include:
 - 1.Insulin - controls sugar and glucose uptake in cells
 - 2.Glucagon - central breakdown of stored glucose in liver
 3. Human Growth Hormone - hGH- stimulates growth of various tissues, including Including bone.
 - 4.Anti-diuretic hormone - ADH - signals water absorption in kidneys

5. Adrenocorticotrophic hormone - ACTH - signals cortisol release, which affects metabolism.
4. As fibrous structure for strength, rigidity, stiffness and elasticity, such as skin, hair, nails, bones, blood vessels
5. As a buffer system to maintain correct pH levels in the body, such as acidity of stomach.
6. As regulators of fluid between the blood and the surrounding tissues.
7. As antibodies to help boost the immune system and fight disease.
8. As transporters and storers, delivering nutrients into and out of cells or with the cells.
9. As emergency energy - proteins contain the same energy as carbs and can be broken down if needed, but the body prefers to use carbs and fats. Protein is typically only used for energy when fasting, during exhaustive exercise or if carb intake is inadequate.

To summarise:

When activated ...

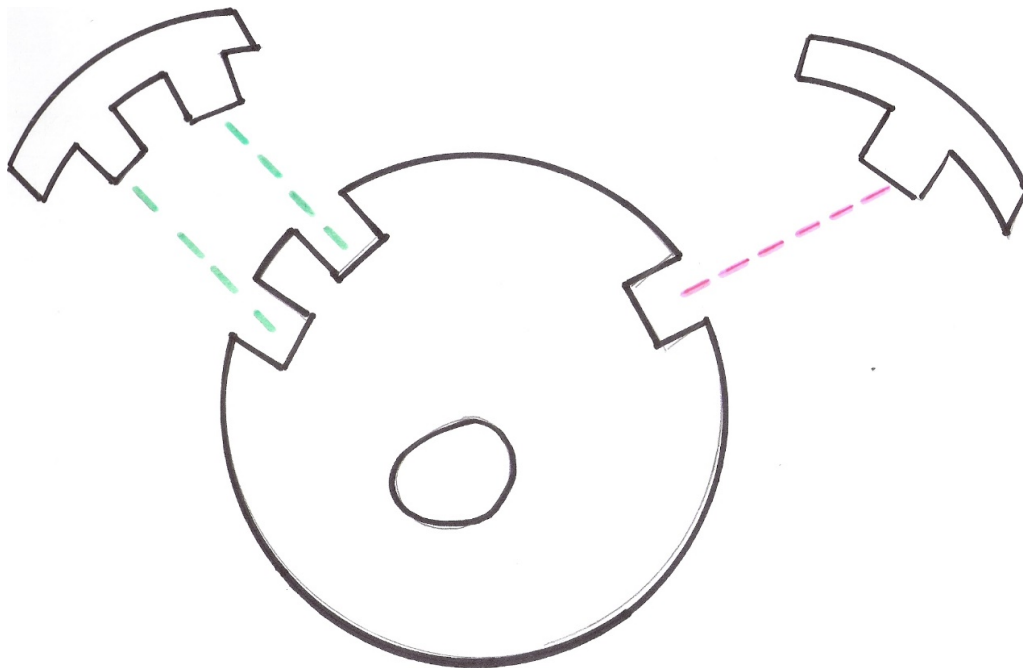
Sections of DNA called Genes, which are on Chromosomes, cause Amino Acids to form into specific proteins, which Influence every major area of the body.

Neuropeptides - ‘Messenger Molecules’ Of The Brain

We know that certain proteins in the form of peptides (peptides are strands of amino acids slightly shorter than proteins) can act as Messenger Molecules. One particular set of these are neuro-peptides, the “Messenger Molecules” of the brain, which can influence the behaviour of the brain and body in a variety of ways.

But these particular “neuro-peptide” messenger molecules also carry information from the brain to the rest of the body ... and can tell specific cells which genes to activate.

Messenger molecules have a very specific shape and to connect to a cell properly they must fit into the right shaped receptor site. When a messenger molecule fits into the correctly shaped receptor site it passes on the message to the cell, and the cell will begin to “go to work” in the way it has been instructed activating genes and other processes.



Note: Although traditionally represented as a lock and key, psychobiologist Candice Pert describes it more akin to a tuning fork that resonates with the cell in the right way.

Studies have shown that the more a cell receives a certain type of messenger molecule, the better it gets at receiving it, by developing more of the right sort of receptor sites when it divides and reproduces, so that it's "offspring" can receive these messages more efficiently.

This means that the more of a particular type of "message" you send to your cells, the better the body gets at receiving and activating that message.

What if our thoughts played a role in this?

Could we influence this process?

It turns out the answer is yes - we can - and do.

There is a pea-sized area of the brain called the Hypothalamus and it is here that mind-body medicine specialists believe that our thoughts become chemicals.

This "Psycho-biology", along with other discoveries has led to a whole new field of study, known as **Epigenetics**.

Epigenetics And How Your Thoughts Influences Your Cells and Genes

Epigenetics

“The study of changes in organisms caused by a modification of gene expression rather than alteration of the genetic code itself.”

“Epigenetics has transformed the way we think about genomes”

<https://en.oxforddictionaries.com/definition/epigenetics>

Scientists have always assumed that we are at the mercy of our genes and our genetic coding.

What they are only recently discovering is that, *whilst we cannot change the genes themselves, we can change which genes get activated or expressed, and which ones do not; which ones get switched on, and which ones get switched off.*

The bio-chemical activity surrounding a cell, influences what gets activated within the cell. This bio-chemical activity includes things like:

- Diet & Nutrition
- Toxins (from smoking, poisons, etc)
- Stress Hormones
- Messenger Molecules

Every thought - and every emotion - will trigger a series of electrochemical and biological reactions, flooding our body with associated peptides - messenger molecules.

Apparently, the type of messenger molecule varies according to the type of emotion - anger or love, fear or relaxation, for example, apparently each produce different peptides.

Those messenger molecules then flow through the body and when they land in the right sized receptor site on the right cell wall, have the capacity to activate and influencing the genetic expression of that cell.

In the simplest of terms, your thoughts, feelings and emotions can become chemicals that effect which genes get expressed and which do not; which proteins get synthesised, and which ones do not.

Can you grasp the implication?

When you change your thoughts, master your emotions and send different messages to your body ... you change the genetic expression of your body.

For further reading on messenger molecules see “Ernest Rossi: The PsychoBiology of Mind Body Healing”.

This article goes into more detail on epigenetics:

<https://www.thebestbrainpossible.com/how-your-thoughts-change-your-brain-cells-and-genes/>

Eustress vs. Distress

Earlier we looked at the Stress Response, and how long term stress can cause problems.

But according to Dr Richard Lazarus, **Stress is not always a bad thing.**

Dr. Lazarus stated the importance between negative stress - which is where we can eventually begin to feel overwhelmed and unable to cope ...

... and positive stress ... which is more of a challenge and can be uplifting and life enhancing.

For example:

Eustress or positive stress, has the following characteristics:

- Motivates, focuses energy.
- Is short-term.
- Is perceived as within our coping abilities.
- Feels exciting.
- Improves performance.

Distress or negative stress, has the following characteristics:

- Causes anxiety or concern.
- Can be short- or long-term.
- Is perceived as outside of our coping abilities.
- Feels unpleasant.
- Decreases performance.
- Can lead to mental and physical problems.

<https://www.mentalhelp.net/articles/types-of-stressors-eustress-vs-distress/>

If Negative Stress will send a different set of “messenger molecules” than positive stress - think about what might happen to someone's biology if you can you help them change their perception - so that a negative stress becomes positive challenge.



Subjective Units Of Distress Scale (SUDS)

The SUD-level was developed by Joseph Wolpe in 1969 and is a self-assessed scale of distress or disturbance. The client or patient is asked to read a number of statements about their current condition and rank from 0 to 10 where they currently think they are.

It is known as a subjective test, as the scoring is very much down to the perception of the patient/client, but it can be a useful therapeutic tool for helping to assess progress. Typical uses might involve recording pain or discomfort levels, anxiety levels, or stress levels, for example.

On the next page is an example of the SUD scale, but the scale and wording can be adapted to suit a variety of situations.

You can also download a pdf of the SUD scale for use with clients from the resources area here:

<https://members.andrewparrtraining.com/resources/>

NOTE: The SUD scale is a useful means for measuring a clients progress. You could incorporate completing a SUD form into the initial note taking at the first session and then at some point later, to record any changes.

Example SUD Scale

Here is one version of the scale:

10 = Feels unbearably bad, beside yourself, out of control as in a nervous breakdown, overwhelmed, at the end of your rope. You may feel so upset that you don't want to talk because you can't imagine how anyone could possibly understand your agitation.

9 = Feeling desperate. What most people call a 10 is actually a 9. Feeling extremely freaked out to the point that it almost feels unbearable and you are getting scared of what you might do. Feeling very, very bad, losing control of your emotions.

8 = Freaking out. The beginning of alienation.

7 = Starting to freak out, on the edge of some definitely bad feelings. You can maintain control with difficulty.

6 = Feeling bad to the point that you begin to think something ought to be done about the way you feel.

5 = Moderately upset, uncomfortable. Unpleasant feelings are still manageable with some effort.

4 = Somewhat upset to the point that you cannot easily ignore an unpleasant thought. You can handle it OK but don't feel good.

3 = Mildly upset. Worried, bothered to the point that you notice it.

2 = A little bit upset, but not noticeable unless you took care to pay attention to your feelings and then realize, "yes" there is something bothering me.

1 = No acute distress and feeling basically good. If you took special effort you might feel something unpleasant but not much.

0 = Peace, serenity, total relief. No more anxiety of any kind about any particular issue.



https://en.wikipedia.org/wiki/Subjective_units_of_distress_scale

The Placebo and Nocebo Effect

The Placebo Effect

“Also called the placebo response. A remarkable phenomenon in which a placebo -- a fake treatment, an inactive substance like sugar, distilled water, or saline solution -- can sometimes improve a patient's condition simply because the person has the expectation that it will be helpful.”

<https://www.medicinenet.com/script/main/art.asp?articlekey=31481>

The Origins of the Placebo

(Internet Article - Original Source Unknown)

The roots of the placebo problem can be traced to a lie told by an Army nurse during World War II as Allied forces stormed the beaches of southern Italy. The nurse was assisting an anaesthetist named Henry Beecher, who was tending to US troops under heavy German bombardment.

When the morphine supply ran low, the nurse assured a wounded soldier that he was getting a shot of potent painkiller, though her syringe contained only salt water. Amazingly, the bogus injection relieved the soldier's agony and prevented the onset of shock.

Returning to his post at Harvard after the war, Beecher became one of the nation's leading medical reformers. Inspired by the nurse's healing act of deception, he launched a crusade to promote a method of testing new medicines to find out whether they were truly effective.

At the time, the process for vetting drugs was sloppy at best: Pharmaceutical companies would simply dose volunteers with an experimental agent until the side effects swamped the presumed benefits.

Beecher proposed that if test subjects could be compared to a group that received a placebo, health officials would finally have an impartial way to determine whether a medicine was actually responsible for making a patient better.

In a 1955 paper titled “The Powerful Placebo,” published in The Journal of the American Medical Association, Beecher described how the placebo effect had undermined the results of more than a dozen trials by causing improvement that was mistakenly attributed to the drugs being tested.

He demonstrated that trial volunteers who got real medication were also subject to placebo effects; the act of taking a pill was itself somehow therapeutic, boosting the curative power of the medicine. Only by subtracting the improvement in a placebo control group could the actual value of the drug be calculated.

Important Note: In a statistical error, Beecher took an average of the placebo effect in a wide range of studies. The ‘average’ placebo effect was declared to be around 30% - ie around 30 % of people respond, or 30% of the effect of any treatment is owing to the placebo effect.

This figure has been quoted for many years since and used in laboratory trials as the standard baseline.

However, this figure is false and the placebo effect can vary greatly depending upon an enormous range of factors.

The type of placebo makes a difference. For example:

- Capsules are more effective than pills.
- Big capsules are more effective than small ones.
- Red capsules are more effective for pain relief than other colours;
- Blue capsules are better for sleep and anxiety ...

... except, (according to BBC Horizon) apparently, in Italy ... where blue is the colour of the National Football team, a source of great passion and excitement!)

The placebo effect should really be called the Belief Effect because it has nothing to do with the capsules or pills themselves - but merely a person's *belief* in them.

Nocebo

The opposite of Placebo is **Nocebo**.

This time an inactive substance has a harmful or detrimental effect.

An example could be where people taking a medication who are told there are side effects, may be more likely to experience those side effects, than those who were not told.

[In Latin, Placebo means “I shall please”, whereas Nocebo means “I shall harm”.]

Placebo in Knee Surgery

(From Bruce Lipton, The Biology Of Belief)

In 2002 Knee Surgeon Bruce Mosely wanted to ascertain which aspect of his procedure was the most effective for improving the condition of arthritic knees. “All good surgeons know there is no placebo in surgery” he said. But still he thought he would check, as part of the study.

He divided a group of patients into 3 groups:

Group 1: He shaved their damaged knee cartilage

Group 2: He flushed out what he thought was the damaging material causing the inflammation.

Group 3: He carried out fake surgery. They still had all the “trimmings” of having 3 incisions, and being on the operating table for 40 minutes ... but no actual change was made to the knee itself.

All 3 groups were prescribed the same post-operative care and exercise routine.

To Mosely the results were shocking, as the “fake” Group improved just as much as the “real” groups.

He says *”My skill as a surgeon had no benefit on these patients. The entire benefit of surgery for osteoarthritis if the knee was the placebo effect”*.

In the US, there are 650,000 such operations each year, at a cost of \$5000 each.

The participants were not told for 2 years, and one of them who needed a cane to walk before his “operation”, but able to play basketball afterwards said, *”In this world, anything is possible if you put your mind to it. I know that your mind can work miracles”*.

The Case Of The Likeable Mr Wright

You will often see it stated that The Placebo Effect has it's limitations ... but I am really not so sure. Here is a dramatic example cited from Ernest Rossi's, the Psychobiology of Mind Body Healing."

A Demonstration Of The Power Of Belief

Mr Wright had advanced cancer of the lymph nodes. All of the normal treatments had been exhausted and Wright appeared to have little time left. His neck, armpits, chest, abdomen, and groin were filled with tumours the size of oranges, and his spleen and liver were so enlarged that two quarts of milky fluid had to be drained out of his chest daily.

There was a new drug, heralded as a new wonder drug, being trialled called Krebiozen. Mr Wright heard about the trial and he begged his doctor, Dr Bruno Klopfer to let him try it.

At first the doctor refused because the drug was being tried on people with a life expectancy of at least three months. Finally the doctor gave in and gave Mr Wright an injection of Krebiozen on Friday, but in his heart of hearts he did not expect Wright to last the weekend.

To his surprise, on the following Monday he found Mr Wright out of bed and walking around. Dr Klopfer reported that his tumours had 'melted like snowballs on a hot stove' and were half their original size.

Ten days after Wright's first treatment, he left the hospital and was, as far as his doctors could tell, cancer free. When he entered the hospital he had needed an oxygen mask to breathe, but when he left, he was well enough to fly his own plane at 12,000 feet with no discomfort.

Mr Wright remained well for about two months, but then the newspapers began to publish articles stating that Krebiozen had not lived up to it's expectancy and had no effect on cancer.

Mr Wright, who was very logical and scientific in his thinking, relapsed and became very depressed and was readmitted to the hospital.

Fascinated by the earlier results Dr Klopfer decided to experiment. He told Mr Wright that the initial batch was faulty and that a new refined batch had been received and could treat Mr Wright with this.

He then proceeded to give Mr Wright a course of injections of the new drug. However the physician used only plain water and went through an elaborate procedure before injecting Wright with the placebo. Once again the results were dramatic as tumour masses melted, chest fluid vanished, and Mr Wright was quickly back on his feet and feeling great.

He remained symptom-free for another two months, but then the AMA announced that a nationwide study of Krebiozen had found the drug worthless for the treatment of cancer.

This time Wright's faith was completely shattered. His cancer blossomed anew and he died.

Initial Questions & Suitability For Treatment Of Pain Relief Or Any Physical/Medical Condition

For safety reason we cannot just start treating physical conditions in the same way that we usually can with emotional conditions. There are usually more safety concerns and a pain or discomfort may need urgent medical attention.

As a general rule, we are aiming to help the patient alongside their medical treatment, not instead of it. Though of course, there may be exceptions.

So here are some principles and questions to bear in mind when presented with any kind of physical illness or ailment.

1. In most cases make sure the patient has had a prior medical diagnosis.
2. Identify as precisely as possible the following details about the pain or physical discomfort:
 - The precise location. E.g. 'My Hand' is too broad. Precisely where on the hand?
 - Onset - How did it start? What caused it? When did it start?
 - Use a scale of 0-10 where 10 is unbearable and 0 is can't feel it or completely comfortable, ask the patient to score it.
 - When & How - Find out when it is there, when it is not and what influences that?
 - Historical Variation - Has it ever gone away for a while? If so, when and under what circumstances? (E.g. "It's never there when I'm on holiday"). Does it get worse at times?

3. Is it safe to ease or remove the condition? Would they be in any danger? Would removing the pain or discomfort exacerbate an underlying condition in any way?
4. Regards impact on life, how do they rate it on a SUD scale? what does it make them either Do or Not Do. (Is their body-mind trying to tell them something?).
5. Secondary Gain - find out if there are any secondary gains involved. Does the condition actually get them something, give them something or benefit them in any way?
6. Life - Was anything stressful going on in the patient's life at the onset? For longer-term, stress-related illness, ask what was occurring in their life approximately 18 months before the onset.

[For me, this “18 Month” time period has cropped up in a number of areas. I cannot refer to anything scientifically ... but do pay attention to what was going on in the patients life 18 months before the onset of the condition, especially if it potentially stress related].

Note:

When discussing physical conditions and ailments, if possible, avoid using the word ‘pain’.

Instead, use words like ‘sensation’ or ‘discomfort’ and this will, in most cases, immediately downgrade it.

Medical Disclaimer Form

When working with pain and physical conditions we advise you to use a medical disclaimer form. Here is an example for you to use as a guideline, but we are not lawyers and if you have any concerns please seek independent legal advice.

A copy of this form is also available for download in the resources section of the members area.

<https://members.andrewpartraining.com/resources/>

EXAMPLE DISCLAIMER FORM

[You/Your Practice Name, & Contact Details (address, phone, email)]

CONFIDENTIAL: Medical Disclaimer Form

I fully acknowledge and agree that the following conditions, warnings and disclaimers shall apply to all treatments, sessions and information provided by my therapist/practitioner:

- My practitioner/therapist does not hold himself or herself to be a G.P., doctor, physician, nurse, physician's assistant, or any other medical professional ("Medical Provider").
- My practitioner/therapist does not hold himself or herself to be my psychologist, psychiatrist, or social worker ("Mental Health Provider").
- Before participating in any treatment for a medical condition I have sought the advice of a qualified physician or Medical Provider (G.P./Doctor etc).
- I am not to perceive or rely upon in any way the information and treatment I receive from my therapist/practitioner, as medical advice or mental health advice.

- Any treatment or information provided by my therapist/practitioner is not intended to be a substitute for professional medical advice, diagnosis or treatment that can be provided by my own doctor, physician, G.P., consultant, nurse practitioner, physician assistant, mental health practitioner, licensed dietician or nutritionist, or any other licensed or registered health care professional.
- I will not use any information provided by my therapist/practitioner in lieu of professional advice given by qualified medical professionals and I will not disregard professional medical advice or delay seeking professional advice because of information I receive from my therapist/practitioner.
- I will always seek the advice of my own Medical Provider and/or Mental Health Provider regarding any questions or concerns I have about my specific health condition before implementing any recommendations or suggestions from my therapist/practitioner.
- I will not stop taking any medications without speaking to my doctor, G.P., physician, consultant, nurse practitioner, physician assistant, mental health provider or other healthcare professional.
- If I have or suspect I have a medical or mental health issue, I will contact my own G.P. or health care provider promptly.
- If I know or suspect that I may be pregnant, have an dangerous eating disorder, or have any other physical, psychological, emotional or medical or mental health condition, it is imperative that I seek the advice of my G.P., doctor or other health care provider prior to using my therapist/practitioners services.
- My therapist/practitioner is not providing health care, mental health care, medical or nutrition therapy services or attempting to diagnose, treat, prevent or cure in any manner whatsoever any physical ailment, or any mental issue, disease or condition.
- My therapist/practitioner is not giving medical, psychological, or religious advice whatsoever.
- I am participating voluntarily in using my therapist/practitioners services and am solely and personally responsible for my choices, actions, and results, now and in the future.



- I accept full responsibility for the consequences of my use, or non-use, of any information provided by my therapist/practitioner, and I agree to use my own judgment and due diligence before implementing any idea, suggestion or recommendation from my therapist/practitioner to my life, family or business.
- My therapist/practitioner's role is to support and assist me in reaching my goals, but my success depends primarily on my own effort, motivation, commitment, and follow-through.
- My therapist/practitioner cannot predict or guarantee that I will attain a particular result, and I accept and understand that results differ for each individual.
- My results will depend on my background, dedication, desire, motivation, actions, and numerous other factors, and there are no guarantees as to the specific outcome or results I can expect from using my practitioners services.

Signed:

Client Name:

Date:

Noesitherapy & Hypnoesitherapy - The Saliva Technique

Noesitherapy - pronounced “no-ee-sea-therapy” - was developed by Spanish surgeon Dr Angel Escudero and is the method by which Dr Escudero prepared patients for surgery without anaesthesia. He says it means, “Healing By Thinking”, which is the title of his freely available book to download.

Here is one link I found:

<http://possiblemind.co.uk/wp-content/uploads/2014/10/healing-by-thinking-noesitherapy.pdf>

Hypnoesitherapy takes Dr Escuderos principles and techniques and combines them with hypnosis.

Dr Escudero mostly used this technique to induce Psychological Analgesia, in place of anaesthetic, during surgery, but you can adapt it to suit many different ailments.

I learned it on a one day course for pain relief, with [Dominic Beirne](#), but soon adapted it for many other areas as well - including confidence boosting and relaxation.

I prefer to call it simply, “The Saliva Technique”.

Here is a video of Dr Escudero:

<http://www.youtube.com/watch?v=hZ24MUnPI9s>

There are more available on youtube.

The Saliva Technique/ Hypnoesitherapy Session Procedure

[Note: Please bear in mind that this is my adapted way of doing this technique - it is the principle that is important, rather than the exact method itself.]

Assuming you have carried out the Suitability For Treatment questions and your client has already seen a GP or relevant medical practitioner ...

1. Get the patient to give you at least 3 words that describe their “pain” or discomfort in detail.

E.g. Sharp, grating, rough, dull, grey, locked.

(NOTE: These are the ‘Don’t Wants’).

2. Go through these with the patient and ask the patient to come up with words that represent the opposite of the “Don’t Wants”. These should be positive and comforting.

E.g. Rounded, flush, smooth, bright, clear, free.

(NOTE: These will form the ‘Do Wants’ and the ‘Affirmative’.)

3. Turn these into two sets of statements:

- a. Stating what the patient wants or needs from his/her condition.
- b. Stating as if the desired effect is already achieved (the affirmative)

Write these out clearly, in large writing that the client can clearly read:

Version 1: “I need my shoulder to feel rounded, flush, smooth, bright, clear, free”

Version 2: “My shoulder IS rounded, flush, smooth, bright, clear, free”

I keep them separate by folding the paper in half, or on separate sheets.

4. Tell the patient that you are going to relax them into hypnosis and then at some point have them open their eyes, whilst still in the trance, and you are going to ask them a question, and they are going to answer you with what you have written down.

5. Induce trance (usually for this, with the patient sitting in a chair facing you) and deepen.

6. When ready, tell them to *“Keep everything else the same, but just open your eyes and look at me”*.

7 Have the patient produce some saliva in their mouth.

[Dr Escudero would ask the patient to show him - I don't! Though I do often get some saliva as well to assist With rapport.]

8. Ask them the question:

Question: *“Tell me, what do you want or need from your [condition]?”*

Show them Version 1 of what you have written down.

Now, keeping the saliva in their mouth, have the patient repeat Version 1 of the statements.

Answer: *“I need my [condition] to be [positive statements]”*.

9. Have the patient swallow the saliva, and I say *“send those feelings down into your [body]”*, close their eyes and relax back into trance.

10. Repeat steps 6 to 9, two more times (so 3 in total) using version one of the statement.

11. Now do a similar process but this time, once they have opened their eyes and have the saliva in their mouth, say ...

Question: *Tell me about your [condition].*

Show them version two of the statements and, with the saliva in their mouth, have them answer ...

Answer: My [condition] IS [positive statements].

12. Have the patient swallow the saliva, close their eyes, send the ideas down through their [body] and relax back into trance.

14. Repeat steps 11 & 12 two more times.

15. Have patient relax and deepen.

16. Give the same ideas as suggestions to the effect of:

“Every day, in every way, your [condition] is getting/becoming [positive statements]”

17. Instruct patient to repeat the statements to him/herself 2 or 3 times a day for several days - saliva as well!

The release is not always immediate and can take up to a few days. Do remind the patient of the importance of repeating the process himself/herself.

Example Statements

My neck is stiff, tense and sore becomes ...

- a. I need my neck to be loose, relaxed and comfortable.
- b. My neck *is* loose, relaxed and comfortable.

Or “my neck moves freely and easily and is comfortable at all times”.

I have seen this technique produce PROFOUND results ... but it is, I feel, important for you the practitioner, to deliver it with a sense of will and belief.

Be sure to watch the demo in the members area [here](#).

The “Go Inside” Method For Physical Healing

This is a form of interactive visualisation to assist in the relief of physical symptoms and ailments.

The basic principle is that of asking the client to imagine ‘going inside’ their body to explore the problematic area from the inside. Depending upon how the patient's mind presents the information you can then have the patient work through possible solutions.

Basic Steps

- Initial discussion with patient to ascertain details of the condition as per treating any physical symptom.
- Carry out your preferred hypnotic induction and deepener.
- Ask the patient to “Go Inside” and picture/ imagine/ sense what the condition looks like from the inside.
- Use clean language styled questions to have patient work through the condition to find a solution.
- Summarise any ‘solutions’ as positive mantras or suggestions.
- Consider combining any positive mantras with The Saliva Technique/ Hypnoesitherapy exercise.

Be sure to watch the demos in the members area:

<https://members.andrewpartraining.com/client-session-videos/sam-pain-relief-back-shoulders/>

<https://members.andrewpartraining.com/client-session-videos/sam-pain-relief-follow-up-100-better/>

<https://members.andrewpartraining.com/client-session-videos/sam-quick-headache-cure/>

Example Script for “Go-Inside” Method

Following induction & deepening ...

“And as you continue relaxing now with each exhaling breath, just imagine going inside your body and picture or imagine your [condition] from the inside.

It doesn't need to be medically accurate, just allow your mind to represent it in whichever way it wants. Just let your imagination run freely and go with whatever comes to mind”.

Be patient yet encouraging, and accepting of whatever the patients comes up with. Work through the details until you have a full understanding of what seems to be going on.

Gain details such as:

- Notice the colour of your [condition]
- Notice the texture - how does it seem?
- Notice the temperature.

When you have a full description and understanding begin to ask the patient things like ...

“What needs to happen for [condition] to become more [insert details] ... and then just go with it.

E.g.

Patient: “My back seems twisted like a corkscrew”

You: “What do you think it should be?”

Patient: “It needs to untwist and unwind.”

You: “What needs to happen for your back to untwist and unwind?”

Patient: “Nothing, it just needs to do it.”

You: “Is it Ok for that to happen now?”

Patient: “Yes, it is starting. I can feel it.”

You: “Good. Stay with it, and keep me informed as to what is happening.”

Irritable Bowel Syndrome (IBS)

Irritable bowel syndrome (IBS) is not a specific condition as such, but more the name given to a collection of symptoms of the digestive system. It affects about 6 million people in the UK and typical symptoms include:

- Bouts of abdominal (stomach) pain & cramps which may be relieved by going to the toilet.
- Bloating and swelling of the stomach
- Diarrhoea and/or Constipation.
- Excessive wind/flatulence.
- Occasionally experiencing an urgent need to go to the toilet (and then the fear of not being able to make it).
- A feeling that you have not fully emptied your bowels after going to the toilet.
- Passing mucus with bowel movements.

The symptoms of IBS tend to come and go in bouts, often during times of stress or after eating certain foods. Often the painful stomach cramps of IBS ease after going to the toilet. and opening the bowels.

From experience: IBS is a stress induced condition which may then cause the sufferer to become sensitive to certain food types, which then aggravate the symptoms.

How To Treat IBS:

1. Teach the patient to de-stress using self-hypnosis or autogenics or equivalent.
2. Consider Hypnoesitherapy & suggestion for symptom relief.
3. Deal with any underlying stress or emotional issues, for long term relief.

Be sure to watch the specialist webinar on this in the members area:
<https://members.andrewparrtraining.com/webinars/hypnotherapy-for-treating-ibs-irritable-bowl-syndrome/>

Hypno-Pill

Some people find the idea of swallowing a ‘virtual’ pill a really helpful tool. Using the Hypno Pill in conjunction with Hypnoesitherapy can be very powerful for the right client. It can also be used as a technique in it’s own right. When the client is in Hypnosis, you get them to experience how their pill works for them (they choose the colour, shape and the benefits [wants] of their special pill - this can be discussed in the initial talk before hypnosis but should be reinforced in Hypnosis), then you give suggestions to the effect that they can take this pill whenever they need it and experience the same benefits. An example of when you might use the Hypno-Pill is for pain or anxiety.

Eg. For a client with a headache - using Hypnoesitherapy with Hypno Pill

“And as you swallow that pill, really feel and sense how much more (use their benefits eg. Comfortable, relaxed, calm) you can now be. That pill working for you in exactly the way you need it to work. Your head becoming (use their words eg. Clearer, lighter, more open) and as that pill continues to heal your head, your head becoming clearer and clearer, lighter and more open so you can be more comfortable, relaxed and calm. Clearer, lighter and more open, etc “....

Check in with the client to see how their head is and once it is better, give suggestions as to how they can feel confident that whenever they want to, they can benefit in this way simply by swallowing their special pill ...

Control Room Visualisation

Another method used for pain relief is the Control Room Visualisation. Here the aim is to create a visualisation of a control room where the settings for pain and discomfort can be adjusted.

The typical way to do this is with a pre-written script that lays out the control room; I prefer to have the client picture and describe their own control room, and then go with that.

Example Script

Following induction and deepener, or where appropriate ...

“And now I would like you to feel, sense, picture or imagine stepping into a control room in your mind. In the control room are the means to make adjustments to the levels of pain ... or discomfort in your body. You may also be able to make other changes to them as well.

Take a moment to become accustomed to the is place and then let me know what you notice or sense ... let me know of any controls or devices you begin to feel sense, picture or imagine.

Client: I see a [large lever] [big button] [small dial] [something entirely random!]

You: *Ok great, now, what do you sense needs to happen in order to change or reduce the level of discomfort?*

Client: I need to [pull] [push] [twist] [whatever] the [whatever].

You: *Is it Ok to do that now?*

Client: Yes

You: *Ok great, go ahead and let me know what happens.*

Then just go with the flow of what happens, allowing the client to have access to the control room anytime they wish, as a form of self hypnosis.



Coursework Module 12

1. What do you understand by (a) Placebo & (b) the “Placebo Effect”?
2. Which word could replace ‘Placebo’ to give a more accurate definition of the phenomenon.
ie “The ----- Effect”.
3. What do you understand by the term “Nocebo”?
4. Watch the Horizon Documentary “The Power Of The Placebo”

Write a brief summary of the various case examples portrayed in the Horizon documentary. Make sure to include a simple explanation for each as to what you think or understand is occurring medically.

5. As a hypnosis practitioner you have the ability to ease or eliminate pain with relative ease. What precautions should you take before carrying out any such Pain Relief procedure, or any physical symptom?
6. Imagine you are teaching the ‘Go inside’ method for easing pain or relieving physical discomfort. Write a set of simple bullet point set of instructions and guidelines in your own words as to how to carry this out.
7. Hypnoesitherapy - “the belief of the practitioner is more important than that of the patient”. Why?”
8. Re-write the Hypnoesitherapy Instruction notes in bullet points that are easy for YOU to follow.
9. Practice any of the pain relief or physical ailment easing methods described and write up what you did and what happened.
10. Create a simple medical consent form for your clients to sign, acknowledging that they have previously sought medical advice and

give you permission to ease the symptoms of their condition, and that they relinquish you from any responsibility.

11. Give a brief summary of how you might help someone with:

IBS (Irritable Bowel Syndrome)

Acne, Skin problems, Psoriasis etc

Recovery from a stroke.

12. From your own research, what do you understand by the term 'Neuroplasticity' and why should it be relevant on a hypnotherapy course?

13. What is Eustress?

14. What are SUD's and when might you use them when treating a client?

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