

Stroke and the effects of hypnotherapy

Author: John krukowski, C.H.

Published: March 17, 2007

History:

The subject a physically fit athletic male 47 suffered a stroke while jogging when he was 41. The resulting paralysis was loss of use of left side. After 4 years of conventional therapy and some holistic therapy he regained a limited 25% use of his left side. It appeared the limits of this therapy for him had been reached with little or no improvement for the next 2.8 years.

Prior to hypnotherapy:

Visual observations; Subject's left foot turned out 45 degrees, Subject's left knee not flexing during walking with compensating movement transferred to hip. Subject's Left arm and hand had only about 3% usage with little more than the ability to make fingers move as a group and not independently. Also the left arm held to his chest with hand in a claw shape typical of many stroke sufferers. Visual muscle spasms in left leg.

Subject's physical limitations in mobility were inability to negotiate steps higher than 8 inches (20 cm) or walking more than 150 feet (50 meters) without severe muscle spasms.

Therapy development:

As this was a new therapy no promises or expectations were given only that new ground would be broken. The initial plan was to have 4 sessions initially to evaluate progress and to decide if the therapy was actually successful. The duration between sessions was reduced from the normal 7 days to 4 to 5 days. The reason was to compensate for the negative visual cues and suggestions in the faces of people he would pass in public. Appropriate hypnotic suggestions were given to reverse the visual cues from negative to positive. Allowing the subject to participate in the development of the therapy also proved to be useful. It provided a better understanding of the condition as viewed by the subject.

During the intake it was established that having one or two beers he was able to walk with greater ease, so a deep relaxation induction was selected without the use of rapid induction for subsequent sessions. This proved to be key in limiting and eventually ending the spasms. The intake revealed no other health problems.

Charting:

Monitoring of mood and thought type inward or outward thinking. Daily charting was requested and also changes in mobility and physical sensations. This was to provide a more exact trackable progress of the therapy and also allowed him to see the daily progress and extrapolate how his condition would be on future dates. This was used as a powerful motivation suggestion and providing targeting.

The use of visualization in walking and a target sensation from his right side was transferred to his left side via hypnotic suggestion. This proved useful and was evident when asked to walk while still in trance. The target trance depth for therapy was Arons 6 profound somnambulism.

The need to chain at this point was not necessary as the deep relaxation removed the spasms and strengthened the suggestion. It was observed that it was easier for him to walk in a hypnotic state as all negative self expectations were removed along with triggers that would worsen his performance. This became a useful tool in identifying self imposed barriers.

Self hypnosis was taught so that he could relax himself and achieve positive self motivation.

Adjustments in therapy were made at each of the initial sessions based on the results. There were visual improvements apparent after the first session. The intensity and frequency of spasms was reduced along with improvements in ease of walking.

Initial evaluation of Therapy outcome:

By the end of the initial 4 sessions the ease of walking had been improved and his left foot was turning more inboard. The decision to move forward at this point was made based on improvements. An unexpected side effect was the cessation of consuming alcohol as it was suggested it would only slow the progress of the therapy.

Focused Therapy:

As the therapy progressed through session #10 visual changes were becoming more apparent. The left foot had nearly returned to pointing ahead and a more normal, the motion of walking was resembling a closer to normal step. It was decided to focus only on the leg and not the arm. The feeling was the arm would begin to swing on its own with the natural rhythm of walking. He was also beginning to experience physical sensations stroke suffers experience during recovery. It is uncertain if this was a direct result of the hypnotherapy however this was the first time they were experienced after the stroke.

Identification of certain personal barriers and triggers along the way became part of the therapy. The barriers included (a) walking near an edge where he may fall such as a loading dock (b) open areas where there were no hand holds should he experience spasming (c) negotiating steps (d) visual cues from people he would pass walking. Progress slowed when he was experiencing inward thinking so adjustments in suggestions were made to minimize this and turn thinking outward.

It was also discovered that at the end of his holistic therapy the person who was working with him announced “you are cured.” It was determined that this suggestion may have set in place psychosomatic paralysis. Little or no improvement occurred between that statement and the start of hypnotherapy year 4.0 to 6.8.

Supplemental therapy:

At this point it was decided to involve a chiropractor to begin making adjustments from the prolonged irregular posture and walking. The distance limitation of walking 150 feet was now replaced with an elective 3.2 mile (5.0 km) walk to therapy and what could be viewed as an excessive workout on a leg press to get a smoother range of motion. The concern at this point was overdoing it and appropriate hypnotic suggestions were given and adjustments in therapy to avoid injury.

At session #12 therapy started intense focus on the knee as it was clearly the last remaining function that kept a normal step from occurring. The involvement of physiotherapy was started. Prior to hypnotherapy year 0-4 there was no improvement with physiotherapy, but now it appeared a barrier had been passed and the physiotherapy was proving to be extremely effective and rapid.

By session #15 he had gone from 25% mobility to nearly 75%. At this point therapy was terminated for financial reasons. As the therapy has not reached a conclusion a more in depth report can not be provided at this time.

Time frame:

In time 0% to 25% 4 years. From 25% to 75% in about 6 months and roughly 30 hours of hypnotherapy. The therapy was not continuous with several gaps of a month or more as the subject lived several hundred kilometers away. Because of the gaps it provided the opportunity to see if the rate of progress was constant. There was no tracking of this however it appeared progress slowed during the gaps in therapy.

Summary:

The effect of hypnotherapy with post stroke symptoms appears to be highly successful in removing any mental doubt of expected outcomes. It also appears that acceleration of recovery is a highly possible outcome where the rate of recovery was increased in this case by several hundred percent. Year 0-4 25% recovery year 4- 6.8 near 0% improvement. Year 6.8-7.4 50% additional improvement going from 25% to 75% of full recovery. The limitations of recovery are strictly governed by the body and its ability to compensate for the injury. It is unknown if hypnotic suggestion has any outcome on the growth rate of synaptic connections however the results do suggest that is a possible outcome. The use of NLP appeared to be the most effective in progressing the therapy along with visualization. Other methods were used including Erickson however the results of Erickson seemed to be more effective on dealing with emotional trauma associated with the condition and lacked motivation commonly associated with NLP.

Contact:

If you have any information to share and discuss please contact John Krukowski C.H. via his website at www.hypno-therapy.us.