

# Research

## **Brief summary of evidence supporting the efficacy of biofeedback for IBS:**

Verne et al (2003) have reviewed the literature showing that there is both visceral and cutaneous hypersensitivity in irritable bowel syndrome. They have also demonstrated that fMRIs of the brains of people with irritable bowel syndrome are very different from those of controls in areas related to cognitive processing as well as pain. This coincides with Donaldson's work combining EEG and peripheral biofeedback in the treatment of irritable bowel syndrome. Stress related Irritable Bowel Syndrome (IBS) can be very effectively treated using behavioral interventions (e.g., Blanchard et al 93; Humphries and Gevirtz 2000). Blanchard and his team feel that cognitive restructuring is highly effective for the third of irritable bowel syndrome patients who produce a conversion "V" on the MMPI. There are numerous of placebo controlled, studies with reasonably long term follow-ups. They also feel that biofeedback may speed up the process. Gevirtz feels that biofeedback alone is at least or more effective than cognitive restructuring if the correct type of biofeedback is given. He feels that resonant frequency training for homeostatic quieting is optimal (Gevirtz, 1999). Banez and Bigham (2003) have reviewed the effectiveness of psychophysiological techniques for assessment and intervention of abdominal pain in children. Much of the work is based on Bigham's doctoral work which demonstrates that these techniques are highly effective. See Blanchard's work (e.g., Payne and Blanchard 1995) and Toner et al's 1998 review for more details on this issue.