

NLP in Healthcare: Bridging Mind, Language and Medicine



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For much of my career I have lived in two worlds: the highly structured world of conventional medicine and the more fluid world of bodymind approaches to health. Over time I have come to understand that these are not opposing domains but complementary lenses through which to understand healing.

For almost 20 years, I have been a Principal GP with special interests in minor surgery, musculoskeletal medicine and mental health. Alongside my NHS clinical work, I am a Master NLP Trainer, clinical hypnotherapist and medical acupuncturist. I am also the treasurer and a trustee for the College of Medicine, where I contribute to national conversations on integrative care, social prescribing and professional education.

Prior to becoming a GP, I trained as a surgeon with specialist areas in plastic

surgery, dermatology and orthopaedics. This period of my career taught me the value of precision, evidence, and clear clinical reasoning. I remain deeply respectful of the power of surgery and conventional medicine when used appropriately. Surgery teaches you to fix what can be fixed – a clear problem, a clear procedure, a measurable outcome. General practice teaches you something else – that much of human suffering does not behave like a straightforward mechanical fault.

However, alongside this technical training I developed a keen interest in the workings of the human mind and its remarkable capacity for self-regulation and healing. During medical school, driven by a curiosity about how thoughts, emotions, beliefs and attention influence physiology, I completed a BSc in Neuroscience. I realised that many

of the problems patients present with would not be solved solely by procedures or drugs. I encountered many patients who knew exactly what they 'should' do for their health yet remained unable to change. Others suffered from chronic pain, anxiety, IBS, migraines or insomnia despite specialist input and medication. I often felt that medicine could describe their condition but could not always transform it.

It was this gap that led me to train in Neuro Linguistic Programming (NLP) and clinical hypnosis. As I began to apply these approaches in routine practice, I noticed consistent patterns. Patients felt more understood, less anxious, more motivated, and often experienced meaningful shifts in symptoms.

This was not an 'alternative' to medicine, but an upgrade to the part of healthcare that quietly drives everything

Instead of reaching for pills, we should look at how people might be healed by changing their lifestyle.

else: communication, connection, and the nervous system state in which healing becomes possible.

Encouraged by this, I began teaching these principles to doctors and other healthcare professionals. Together with Dr Toh Wong, we co-founded Neurolinguistic Healthcare Ltd and organised the UK's first Integrative Health Convention, bringing together clinicians and complementary practitioners who rarely had the chance to learn from one another.

Why am I telling you this?

NLP has sometimes been dismissed as lacking credibility within mainstream healthcare. I believe my medical training, surgical background and academic grounding in neuroscience allow me to present NLP in a way that is acceptable to both my peers and my patients. I do not frame NLP as a replacement for medicine, but as a practical, ethical framework that enhances it.

In my view, NLP can be used both as a standalone practice and in conjunction with the skills of doctors, dentists, surgeons, nurses and allied health

professionals. It offers strategies where conventional medicine leaves gaps, particularly in behaviour change, stress-related illness, chronic symptoms, and the psychological dimensions of physical disease.

The outcome that any ethical healthcare professional seeks is for their patient to be healed where possible, supported where healing is uncertain, and offered better options for improved wellbeing. I know NLP can contribute to this because I use it every day in clinical practice.


NLP, the College of Medicine and Beyond Pills

Through my work with the College of Medicine, I have been privileged to collaborate with experts from around the world who are searching for safer, more humane alternatives to over-prescription. Many of these alternatives are non-invasive and work with the bodymind system rather than against it.

The College of Medicine was central to launching the Beyond Pills campaign, which addresses the urgent problem of overprescribing in the UK and beyond.



The campaign calls for the greater use of social prescribing, re-prescribing non-pharmacological approaches where appropriate and shifting away from medication as the default response to distress.

This is not a theoretical issue. Adverse drug reactions account for approximately 1 in 5 hospital admissions in people over 65, and medical negligence claims related to prescribing errors have contributed to billions of pounds in NHS costs. These figures highlight the need for a broader approach to care. Our message was clear: instead of always reaching for pills, we should look at how people might be healed 

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by changing their lifestyle and using the physical and social resources within the communities where we live.

This is one important area where NLP can make a meaningful contribution.

The central role of language in healthcare

Language is not simply a vehicle for information. It shapes perception, expectation, emotion and even physiology. In clinical settings, the way we speak can either reduce anxiety or amplify it, build trust or erode it.

Basic NLP skills, such as the communication model, reframing, rapport and logical levels of change, can help healthcare professionals listen more deeply and be heard more effectively. They allow clinicians to meet patients where they are rather than forcing them into a rigid biomedical frame.

For example, reframing can help patients see symptoms as meaningful signals rather than purely as threats. Rapport techniques help clinicians align with patients' preferred ways of thinking and communicating. Logical levels of change enable work at the level of identity and belief, not just behaviour.

When patients feel understood, empowered and psychologically supported, they are less likely to seek medication as their primary solution and more willing to engage with lifestyle and behavioural strategies.

A brief clinical illustration

One example, a middle-aged lady, presented with long-standing IBS, anxiety and insomnia. She had undergone extensive investigations and was taking multiple medications with limited benefit and troublesome side effects.

Rather than escalating pharmacological treatment, we agreed to use an NLP-informed approach. I asked her to describe how her gut 'felt' in her own

words. She described it as "tight, knotted and chaotic". This gave insight into her emotional state.

We explored the possibility that her body was trying to protect her during stress rather than attacking her. I then guided her to imagine the 'knot', giving it a shape, size and colour, and then changing, gradually loosening, softening and becoming more rhythmic. Alongside this, I taught her a simple breathing technique to regulate her nervous system when anxiety spiked.

Over several weeks, she reported significant improvement in both bowel symptoms and sleep, as well as feeling more in control of her body. This is not presented as proof, but as an example of how NLP can complement conventional care and empower patients.

What NLP offers healthcare professionals

For clinicians, NLP provides practical tools to enhance communication, deepen empathy, and manage difficult consultations more effectively. It can improve professional satisfaction by making interactions feel more meaningful and collaborative rather than adversarial or transactional.

NLP also encourages reflective practice, helping clinicians become more aware of how their own language, tone and presence influence patient outcomes.

What NLP offers patients

For patients, NLP offers a practical way to engage with their own wellbeing rather than feeling at the mercy of their symptoms or their prescriptions. When used thoughtfully in clinical care, it can help to lower anxiety and stress, strengthen confidence and motivation, and support people to manage long-term conditions more effectively.

By shifting how patients think about their health and their capacity

to influence it, NLP can encourage healthier behavioural choices and, where appropriate, reduce dependence on medication. Ultimately, it respects patients as active participants in their healing rather than passive recipients of treatment.

Conclusion

My overarching aim is to reduce unnecessary reliance on prescription drugs while giving patients practical tools and strategies to support their own mental and physical wellbeing. At the same time, I want to introduce my medical colleagues to NLP, improving teamwork, empathy and communication across healthcare settings.

NLP has a significant role to play in the future of healthcare. At the College of Medicine, we are surrounded by professionals who are open to innovation, collaboration and integrative practice. They see, as I do, what works in real life, not just in clinical trials.

We will continue to move forward with our message, reaching as many healthcare professionals and patients as possible.

NLP is not a passing trend; it is a powerful bridge between language, neuroscience and healing, and I know it works. ■

