Journal of Applied Sciences Research, 7(7): 1208-1211, 2011
ISSN ISSN 1819-544X
This is a refereed journal and all articles are professionally screened and reviewed

ORIGINAL ARTICLES

Pain Treatment with Hypnosis

Sharrif Moghaddasi Mohammad

Department of Agronomy and Plant Breeding, Islamic Azad University Mahabad Branch, Mahabad, Iran.

ABSTRACT

This article reviews controlled prospective trials of hypnosis for the treatment of chronic pain. Many studies, excluding studies of headaches, were identified that compared outcomes from hypnosis for the treatment of chronic pain to either baseline data or a control condition. Hypnotherapy is one of the effective techniques used in pain treatment. It is highly effective in treatment of especially chronic (habitual) and psychological pains.

Key words: pain, hypnotherapy, pain treatment

Introduction

Pain is equivalent to history of mankind. There is no man who has never complained of and consulted to a physician due to pain in any period of his live. The most common type of pain is headache with 26 percent, back pain being in the second place with 14 percent. 63 percent of Turkish people suffer from pain. 73 percent of those are chronic (habitual) pains. 50 percent of those who live in Marmara and Aegean regions and 70 percent of city-dwellers have pain problems. Lower socioeconomic class feels pain to a greater degree to a greater degree with 41 percent. Women, with a ratio of 54 percent, suffer more pain than men. Pain may be considered in two forms; as short-term (acute) or long-term (chronic). Acute pain generally functions as a warning system. Pain warns you that there is a disorder in a part of your body; this disorder requires medical care and this wound needs to be healed in order that the problematic part of your body does not get harmed to a greater degree. Acute pain generally starts with an impact or a disease. For example; body becomes exposed to painful stimuli due to reasons such a burn, fracture or kidney stone. Once this painful stimulus reaches the brain that means it has sensed the pain. Acute pain is a warning. That is to say; it appears as a significant alert which performs a role for a patient to consult to a physician. Chronic pain, on the other hand, is a disease; but it appears as a social problem as well. It is considered that chronic pain causes loss of seven hundred million working days and sixty billion dollar each year. In fact, chronic pain is not a simple diagnosis but a disease in itself. Pain is the main reason which causes patients to consult to a physician in many cases of back pain, headache or other long-term pains. As a result of medical developments achieved in the subject of pain, pain has now become the subject of a new scientific discipline; Algologist. Departments and laboratories of Algologist established in many countries of the world not only carry on pain-related research, but also attempt to relieve the pain of patients. Pain in itself is not subject of a single scientific discipline, as a matter of course. Several scientific disciplines such as neurology, physical therapy, neurosurgery, rheumatology and psychology deal with pain, as well. Accepting chronic pain as a disease comes with the right of treatment. In this sense, relief of pain is an human right. Today, accumulation of knowledge gathered in the hands of medicine has made it possible to relieve chronic pain disease at the rate of 90%. However, chronic patients can be treated only around the rate of 30 % since this accumulation of knowledge cannot be spread to physicians sufficiently; and patients do not ask for and exercise this right sufficiently.

Hypnotherapy is one of the effective techniques used in pain treatment. It is highly effective in treatment of especially chronic (habitual) and psychological pains (Melzack and Perry 1975, Elton, Burrows, and Stanley, 1980, Willard and Callen 1983, James, Large and Beale 1989, Large 1994, Holroyd 1996). Pain lays a physical and emotional burden upon a person, and this puts stress on him/her. Stress in turn causes also causes the pain to escalate further. All our attention centers on the pain. If you turn your attention to something else positive,

Corresponding Author: Sharrif Moghaddasi Mohammad, Department of Agronomy and Plant Breeding, Islamic Azad University Mahabad Branch, Mahabad, Iran.
E-mail: Memo1340@yahoo.com

you will see that you have forgotten about the pain for a while. This is called pain amnesia. In this case, the consciousness fails to sense the pain when pain is pushed down to the unconscious. Before beginning pain treatment with hypnosis, one will need to pass a medical examination, and will be asked to do some medical workups if necessary. Because the pain has the task of alerting us, and it is not appropriate to remove the pain without comprehending the reason behind it. I apply hypnotic therapy in pain treatment in following cases: If the cause of pain is found psychological as a result of medical examination; or as a supportive therapy in addition to drug therapy as in cancer pains; or when the pain cannot be treated medically. Pain includes mental and emotional responses besides feelings of disturbance. Negative thoughts about pain, and then increase in anxiety and tension cause one to feel the disturbance in a deeper way. For this reason, your negative thoughts are dealt with in hypnotherapy. A painless state can be maintained through breathing exercises and hypnotic suggestions rather than commenting on how bad the pain is. Moreover, possible secondary gains (benefits such as drawing interest, attracting attention with pain) are detected and ensured to be eliminated through hypnotherapy. There are many methods available in pain treatment with hypnotherapy. Among these can be mentioned reducing pain with imagination, getting away from pain (a hypnotic trip to a favorite place) and transferring pain (headache is transferred to the hand of a patient, and thence to the air especially in migraine treatment).

Hypnosis and operation:

There are some people who are allergic to the anesthesia applied using chemical substances or some others do not desire to be anesthetized with chemical drugs. Hypnosis may be implemented in many phases during an operation. It may reduce the stress and anxiety experienced preoperatively. It may deliver a partial or complete anesthesia (hypnoanesthesia) in the course of the operation; and remove the pain and make it possible for you to recover faster after the operation. Dr. Marie Elisabeth Faymonville, of anesthesiologists at the Hospital of Liege in Belgium, frequently employs this method called “anesthetization with hypnosis”. Experts point out that medical hypnosis is an extremely effective option that may replace general anesthesia when implemented together with limited anesthesia and some of the analgesic drugs. Liege crew has utilized this method in over 4800 major and minor surgical operations so far. The method of anesthetization with hypnosis is gradually gaining a wider currency in other healthcare institutions as well. In consideration of the most recent developments in the branch of pharmacological anesthesia, one may find it highly weird that the method of anesthetization with hypnosis never occurs to healthcare professionals. It is known that patients had been anesthetized using hypnosis in hundreds of operations in the 19th century. However, hypnosis method was put aside with the invention of anesthetizing chemicals such as ether and chloroform.

Dr. Steffen Meiler, of anesthesiologists at Medical College of Georgia, indicates that evidences are gradually increasing towards the fact that volatile anesthetic drugs lower adjustment ability of the immune system. A large number of researches put forward that anesthetic drugs transmitted to body through respiration cause the death of the cells in leukocytes. Nevertheless, Dr. Meiler believes that all these findings need to be examined in a much more detailed manner before coming to a precise conclusion. Firstly, a lesser degree of bleeding occurs in patients anesthetized with hypnosis. This in turn eases to perform surgical operations with success, especially nose and breast operations which lead to intense bleeding. The reason why the patients two whom narcosis is administered bleed with a higher amount is that anesthetic drugs keep blood vessels from tightening. Patients to whom general anesthesia has been administered also need to be attached to a medical ventilator. This too generates an additional pressure on the chest of a patient and causes bleeding to increase further. Yet, patients anesthetized with hypnosis can breathe much more easily.

Patients anesthetized with hypnosis can even assist the surgeon for they are awake throughout the operation. For instance, contribution of a patient bears great importance in the course of repair of eyelids sagging due to old age or a trauma on the face. Because adjustments need to be flawless in this operation which is intended for remedying eyesight and requires extreme expertise. Anesthetization with hypnosis also shortens recovery process of patients. Having compared 40 patients who went under thyroid (goiter) operation in the year 2000, 20 of whom were operated with general anesthesia, and 20 of whom with hypnosis; Dr Faymonville’s team exclaims that the patients administered general anesthesia recovered their health in 36 days whereas those anesthetized with hypnosis recuperated in 10 days. According to a research covered in New Scientist, neuroscientists have just recently started on realizing how hypnosis reduces the sense of pain. A group of researcher led by Sebastian Shulz-Stubner from University of Iowa published a research at the end of the last year, comparing tendencies to feel pain of hypnotized people and others who are not under hypnosis. Having compared brain activities of test subjects exposed to extreme heat using functional magnetic resonance imaging method (fMRI), the researchers witnessed obvious differences between the two groups. Another FMRI experiment too has revealed that a hypnotized brain may consciously direct the sense of pain. So, can hypnosis really replace general anesthesia?

Those who approaches to this point of view with suspicion argue that only a small portion of people are prone to hypnosis, therefore the method cannot be all that useful. On the other hand, Dr. Shulz-Stubner asserts that this is hardly the case and %80 of the patients can reach necessary level hypnosis during the process of operation. Findings by Dr. Faymonville also lay bare that this application is much more successful. "Hypnosis is a natural state everyone can reach if they want." Faymonville says, emphasizing that hypnosis is effective in 14 of 20 patients.

Hypnosis and cancer:

15 million people throughout the world suffer from cancer pains each year. Hypnotherapy is also effective in the treatment of cancer pains (Domangue and Margolis, 1983). The research has shown that hypnosis techniques may be implemented as supportive to pain control in 50 percent of fatal cancer patients (Hilgard and Hilgard, 1975) and in 95 percent of dental patients (J. Barber, 1977). Syrjala, Cummings and Dolandson (1992) discovered that hypnosis was more effective than cognitive – behavioral therapy in pain reduction against nausea and vomiting and except for use as an anesthetic in 67 patients who was transplanted bone marrow. This result shows us that hypnosis is an highly effective instrument in the treatment of nausea and vomiting in many patient populations, including vomiting desire originating from cancer therapy, early pregnancy, and bulimia (Evans, 1991). Under hypnosis, we imagine our healthy cells with cancerous ill cells, then carry on exercises of taking cancerous cells out of our minds.

Discosions:

The findings indicate that hypnosis interventions consistently produce significant decreases in pain associated with a variety of chronic-pain problems. Also, hypnosis was generally found to be more effective than nonhypnotic interventions such as attention, physical therapy, and education. Most of the hypnosis interventions for chronic pain include instructions in self-hypnosis. However, there is a lack of standardization of the hypnotic interventions examined in clinical trials, and the number of patients enrolled in the studies has tended to be low and lacking long-term follow-up. Implications of the findings for future clinical research and applications are discussed.

Refrencees

Balthazard, C., 1973: The hypnosis scales at their centenary: Some fundamental issues still unresolved. Int J Clin Exp Hypn., 41: 47-73.

Barber, T.X., 1995: Hypnosis: A scientific approach. Northvale. New Jersey. Jason Aronson,

Bishay, E.G., C. Lee, 1984: Studies of the effects of hypnoanesthesia on regional blood flow b transcutaneous oxygen monitoring. Am J Clin Hypn., 27(1): 64-69.

Bowers, K.S., 1991: Dissociation in hypnosis and multiple personality disorder. Int J Clin Exp Hypn., 39(3): 155-176.

Bowers, K.S., S. LeBaron, 1986: Hypnosis and hypnotizability: Applications for clinical intervention. Int J Clin Exp Hypn., 37: 457-467.

Bryant, R., K. McConkey, 1989: Hypnotic emotions and physical sensations: A real-simulating analysis. Tnt J Clin Exp Hypn., 37: 305-319.

Chaves, J., 1994: Hypnosis: The struggle for a definition. Contemporary Hypnosis, 11: 145-146.

Cheek, D.B., 1995: Why did the fathers of psychoanalysis abandon hypnosis Hypnos., 22(4): 211-215.

Deabler, H., E. Fidel, R. Dillenkoffer, 1973: The use of relaxation and hypnosis in lowering high blood pressure. Am Clin Hypn., 16: 75-83.

Edmonston, W., 1977: Neutral hypnosis as relaxation. Am J Clin Hypn., 20: 69-75.

Erickson, J.C., 1994: The use of hypnosis in anesthesia. Int J Clin Exp Hypn., 42(1): 8-12.

Erickson, M.H., 1959: Further clinical techniques of hypnosis: Utilization techniques. Am J Clin Hypn., 2: 3-21.

Esdaile, J., 1850: Mesmerism in India and its practical application in surgery and medicine. London, longmans Green,

Elton, D., G.D. Burrows and G.V. Stanley, 1980. Chronic pain and hypnosis. I Burrows/Dennerstein (Eds), Handbook of hypnosis and psychosomatic medicine., pp: 269-292.

Field, P.B., 1965: An inventory scale of hypnotic depth. Int J Clin Exp Hypn., 13: 238-249.

Gravitz, M.A., 1991: Early theories of hypnosis: A clinical perspective In Lynn S, Khue J (eds): Theories of Hypnosis: Current Models and Perspectives. New York, Guilfoid, pp: 19-42.

Greenleaf, E., 1986: What to do when a patient falls asleep in hypnosis. In Zilbergeld B, Edelstein MG, Araoz DL (eds): Hypnosis: Questions and Answers. New York, Norton, pp: 160-169.
Gruenwald, D., 1982: A psychoanalytic view of hypnosis. Am J Clin Hypn., 24(3): 185-190.
Kroger, W.S., 1976: Hypnosis and behavior modification: Imagery conditioning. Philadelphia, Lippincott.
Levitt, E., J. Brady, 1963: Psychophysiology of hypnosis. In Schneck JM (ed): Psychophysiology of Hypnosis. Indianapolis, Bobbs-Merrill, pp: 314-362.
Meares, A., 1972: A System of Medical Hypnosis. New York, Julien Press.
Megas, J.C., W. Coe, 1975: Hypnosis as role-enactment:The effect of positive information about hypnosis on self role congruence. Am J Clin Hypn., 15(2): 132-137.
Melzack, R., C. Perry, 1975: Self-regulation of pain: The uses of alpha-feedback and hypnotic training for the control of chronic pain. Exp Neurol 46: 452-469.
Morgan, J., B. Darby, B. Heath, 1992: The future of hypnosis through the remainder of the decade: A Delphipoll. Am J Clin Hypn., 34(3): 149-157.
Mott, T., 1995: Hypnotizability testing and clinical hypnosis. Am J Clin Hypn., 32: 2-3.
Nash, M., D. Spindler, 1989: Hypnosis and transference: A measure of archaic involvement with the hypnotist. J Clin Exp Hypn, 37: 129-144.
Orne, M.T., 1951: The mechanisms of hypnotic age regression: An experimental study. Journal of Abnormal and Social Psychology, 46: 213-225.
Sacerdote, P., 1981: Teaching self-hypnosis to adults. Int J Clin Exp Hypn., 29(3): 282-299.
Elton, D., G.D. Burrows and G.V. Stanley, 1980. Chronic pain and hypnosis. In