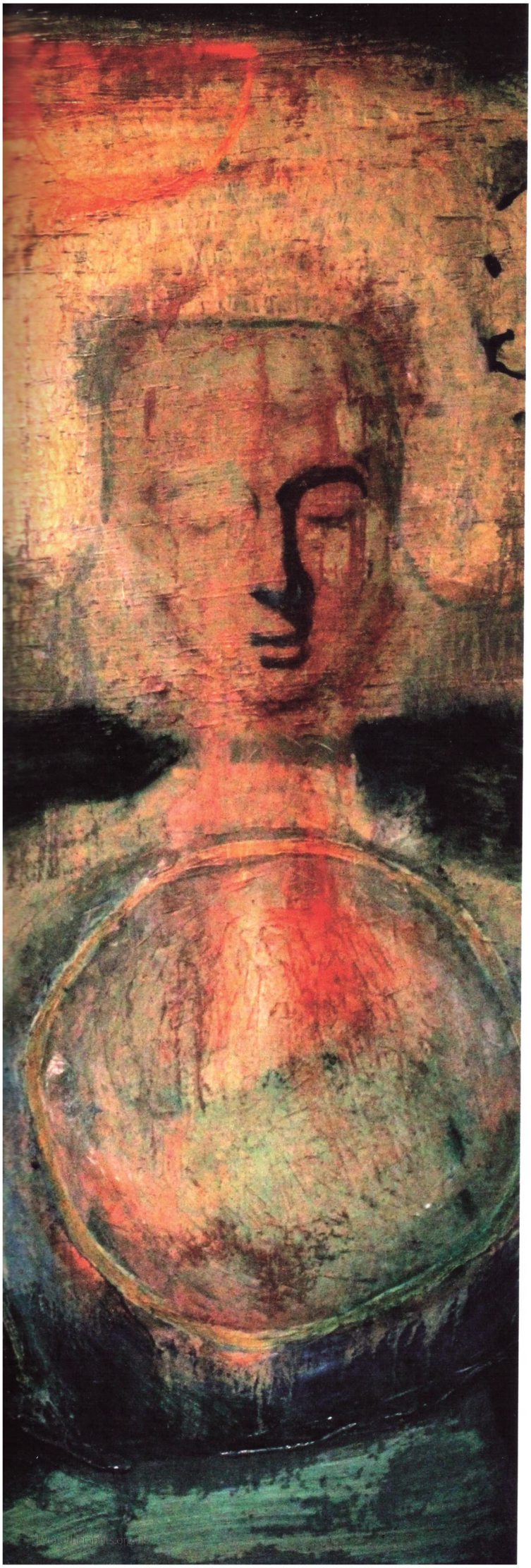

Hypno-anaesthesia: Myth & reality

By Brice Lemaire

Introduction
Hypno-anaesthesia is certainly one of the most impressive applications of hypnosis in the medical field. As Spinoza said, "No one knows what a body can do" and we are always surprised to see the power of the mind over the body. This article approaches the subject in a practical, not a theoretical, way linked to over 25 years of experience working with hypnosis – a combination of experimentation and knowledge, practice and theory.

My personal experimentation came from my everyday practice at the office with patients, managing various surgical procedures. My knowledge comes from the theory developed by our predecessors, and drawing inspiration from masters such as Dave Elman, Milton Erickson, Ormond McGill, Charles Tebbetts, John Hartland, William Kroger, Gil Boyne… all the classical practitioners who worked in the specific field of hypnosis.

Three categories in hypnosis
Hypnosis can be divided into:
Operative hypnosis: treating patients for medical procedure with hypnosis (dentistry, paediatric, childbirth, etc.). This involves the management of stress, fears and phobias, chronic and acute pain.
Medical hypnosis: treating patients with hypnosis for psychosomatic disease (in gynaecology, dermatology, otorhinolaryngology, neurology, gastroenterology, dentistry, autoimmune diseases etc.)
Therapeutic hypnosis: treating patients with hypnosis for compartmental (smoking cessation, weight loss, insomnia) or psychological problems (anxiety, depression, phobia, eating disorder, burnout, PTSD, addiction, etc.)

Hypnosis, art and science
Hypnosis can be considered more of an art than a science. But I like to study hypnosis theory more as a science than an art. It can seem paradoxical, but this dynamic creates progress. Experimentation and knowledge, practice and theory must be in continual interaction to create progress. We need practical tools to manage trance and depth in hypnosis in order to achieve hypo-anaesthesia for surgery.

A quick definition to clarify our subject must be done. Usually, we hear talk about hypo-analgesia and hypo-anaesthesia. What is the difference? Hypno-analgesia is partial loss of sensibility. Physiological stimulus, external or internal. Hypno-anaesthesia is a complete loss of sensibility. Exteroceptive sensitivity has three components: pressure, thermic, and pain. Analgesia is a part of anaesthesia and corresponds to a different level. The direct application of that reality is that the level of trance to get hypo-analgesia is different than the level of trance to achieve hypo-anaesthesia. Hypno-anaesthesia is a kinaesthetic negative hallucination.

Elmanian hypnosis
I use Elmanian hypnosis in my daily practice. It's a pragmatic and specific medical hypnosis designed by Dave

Elman for the practitioner. In Elmanian hypnosis, we are very careful to manage the level of trance and to test it. We learn how to produce hypnotic phenomena in order to achieve hypno-analgesia and hypno-anaesthesia. The management of deep trance (somnambulic trance, and stuporous trance or Esdaile state) is a determinant factor to manage pain generally and hypno-anaesthesia specifically. The difference between the two types of deep trance (somnambulic and stuporous) is qualitative. Between hypno-analgesia and hypno-anaesthesia the difference is quantitative, linked to the depth of trance and the production of hypnotic phenomena. The operative hypnosis model proposed in the workshop by OXO© gives us a better understanding of the management of deep trances and enables us to combine these two trances if necessary.

Neurology and pain

I won't go into the neurological approach of pain; it would take more than a single article because the field of neurology is vast. Just remember that pain is a signal and hypnosis will modify this signal. As we say, there is no pain until it reaches the brain! It means that various structures are involved in the brain (thalamus, anterior cingulate cortex, prefrontal cortex). In the pain perception, many body structures are involved but also a lot of mind components such as emotion, stress, belief, knowledge, psycho-social status, etc.

To simplify things, remember that pain has three components: sensation, cognition, and emotion. The magic of hypnosis is to help the mind work in a different way than the regular way, the conscious state. As the mind works differently in trance, all the physiological and psychological effects work in a different way. That's how hypno-anaesthesia works...

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Historical approach

Pain management through anaesthesia with hypnosis is a fascinating subject and very challenging. To understand this subject, we must first understand the past and the work of our predecessors.

Hypnosis doesn't start with Mesmer in the 18th century but since the dawn of mankind and especially in primitive social organisations with the emergence of extended deep trances, keeping the subject in a trance for many days – sometimes weeks! Rememb that until the 17th century, healing was always linked to a spiritual dimension. We'll discuss later all the ingredients of hypnosis connected to anaesthesia a healing: beliefs, imaginatior and suggestions.

At the same time in India the Fakirs developed many techniques to control their body, and especially the area of pain control, in orde to prove their faith. Then in Europe during the middle age, especially during wars, several doctors such as Henri Corneille Agrippa and Paracelsus used primitive magnetism to manage pain Paracelsus described hypnc anaesthesia on skin after a burn or sword strike to sutu a wound.

In the 17th century, one the most astonishing storie about a collective trance occurred in Paris, during The Convulsionary of St Medard. This was a Janseni sect experiment on severe

prehistoric shamanism. It was the first primitive medicine; the trance was a way to heal subject, to heal the body and the mind. Numerous descriptions of the trance state are recorded in cave paintings where we can see shamanic rituals in action, showing that surgical procedures such as skull trepanation and broken bone healing were performed. Then in ancient Egypt, medical procedures using hypnosis against pain are described in documents such as the Eiden Papyrus where it's written "Put your voice on the pain, and the pain will be gone" which is a remarkable description of pain management. Then the Greeks and Romans developed a very interesting technique using sleep temples.

Presently, medical neuroscience is studying the impact of extended deep trance in the case of physical trauma (pain, cancer) or psychological trauma (depression, burnout). Antique civilisations invented the sleep temple for theses injuries to prove their faith in god: hitting themselves with hammers, making cuts with swords, crucifixion... and saying they will feel no pain.

Then in the 18th century, with Mesmer and Puységur, we also have descriptions of minor surgical procedures without anaesthesia, just magnetism.

A determinant process was done in the 19th century by the Britannic trio Elliotson, Esdaile and Braid; the pioneers of medical hypnosis. This included precise description of major surgeries using hypno-anaesthesia. Extensive experimentations were done also by Russian hypnotists Pavlov and Platonov at the end of the 19th century. Incredible and wonderful experimentations. At the same time, the Paris school and the Nancy school of hypnosis described the use of hypnosis in the field of medicine and especially in pain management. During the 10th century, hypnosis expanded all around the world. In the US, Dave Elman taught hypno-anaesthesia for practitioners with the Esdaile state, but also William Kroger in the specific field of hypnosis for birthing. Dabney Ewin worked on pain, especially with victims of burns. After the Second World War, many doctors and hypnotists were properly trained for pain management and hypno-analgesia and anaesthesia. In the UK, Dr Jack Gibson made thousands of surgeries with hypno-anesthesia. One of our contemporaries, Dr. John Butler, worked on medical hypnosis: pain management, and hypno-anaesthesia for various surgical procedures, many of which were filmed for television. In Spain, Dr. Angel Escudero lectures on a variety of surgical procedures including orthopaedic, abdominal, and hypnosis for childbirth, all with hypno-anesthesia.

In France, Léon Chertok, a French psychiatrist, during the 1960s, was almost the only practitioner in the country to use hypnosis in his medical practice and to developed hypno-anaesthesia for surgical procedures. Bear in mind that as Bernard de Chartres said in the 12th century, "We are just dwarves standing on the shoulders of giants". Studying the work of our predecessors uncovers a treasure trove of knowledge and of experimentation. It should inspire us in our daily practice.

Conclusions on hypno-anaesthesia

I have practiced hypnosis for more than 25 years, performing approximately five-to-six hypnoses daily, totalling more than 15,000 sessions, which were filmed and recorded as a database for the needs of my University teaching (Postgraduate in Operative Dental Hypnosis, thesis for PhD). This has included more than 2,500 operations (from dental avulsion and implantology to periodontology) which were performed under hypno-anaesthesia, around 15% of which corresponds to the epidemiological data commonly accepted in dental hypnosis.

In our practice of operative hypnosis, hypno-sedation and hypno-anaesthesia are daily tools for treating patients in the best possible conditions and establishing a therapeutic alliance. The practice of hypno-anaesthesia is more experimental and cannot be recommended for all patients as it requires several elements: motivation on the part of the patients to accept the hypnosis treatment without recourse to chemical anaesthesia, patients capable of achieving a complete deep somnambulic trance, possible training to obtain the necessary depth of trance in order to obtain negative kinaesthetic hallucination, and great confidence in the operator, in hypnosis and in themselves to have no inhibitions (inhibition or fear being the enemy of deep trance).

I continue to practice hypno-anaesthesia whenever possible and to teach it, because it enables us to manage deep trances perfectly (stuporous and somnambulic) and to develop numerous hypnotic strategies for managing pain (acute and chronic).

Videos and demonstration

In the videos shown during the workshop at the UKHC 2024, I demonstrate pain management and hypno-anaesthesia in various medical procedures including periodontal surgery, wisdom teeth extraction, implant therapy, and self-hypnosis for extraction of a molar. All those surgical procedures were made in hypno-anaesthesia without chemical anaesthetic.

I explain also OXO©, an operative hypnosis model to manage and combine deep trance to produce hypnotic phenomena in a pragmatic way, easily and quickly.

I also demonstrate during workshops on a volunteer how to produce hypo-anaesthesia quickly for a medical procedure. The participants of the workshops also experiment, as operator and then subject, how to create and test hypno-anaesthesia.

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