

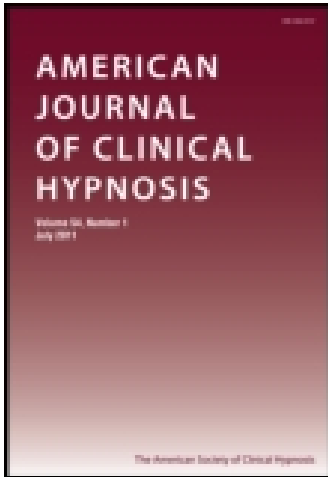
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ences elsewhere, or when he otherwise expects us to use them. It may be worthwhile to add that the older child, who was present during the incident described above, became a dental patient two weeks later. When eye

closure was suggested to him, his eyes remained open, yet when permitted to keep his eyes open, he developed a hypnotic trance profound enough to perform dental extraction without local anesthetics.

Three Case Reports in Dental Hypnotherapy

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As a dentist in general practice I had been using tranquilizing and hypnotic drugs in treating my fearful and apprehensive patients. The hangover and side effects of these drugs made their use undesirable; therefore, I sought other means of treatment. I have found hypnosis especially useful in the treatment of gaggers. Previously, performing the simplest treatments on a gagger was practically impossible without using local or general anesthesia, but through the use of hypnosis a large majority of these cases can be resolved. Hypnosis was the treatment of choice in the following three patients, two of whom were gaggers.

Case 1

Mr. Andy V., age 40, a heavy smoker with the usual smoker's cough, owned a very successful accounting firm, and was an energetic, intelligent and personable man. Due to extreme gagging he was unable to tolerate any dental treatment without anesthesia. Andy had been a patient of mine for the past several years, so I knew how nerve-racking his dental appointments were for both of us. When Andy came to see me for his annual oral examination and treatment, I discussed with him how successful hypnosis had been in helping pa-

tients in similar circumstances, and inquired if he would care to benefit from this modality. His response was an emphatic yes.

At his first visit I explained to him the anatomy of his mouth, especially the throat muscles, the uvula, the hard and soft palate and the tongue. How they all worked in perfect rhythm in the act of swallowing was described. The dynamics of the normal and abnormal gag reflex was then explained. A brief description of hypnosis was given, explaining that it was a learning process and that I was the teacher and he the pupil; that he would not pass out; that he would be aware of everything that transpired; and that his subconscious would be in control at all times.

With eye fixation as our technique and the usual eye catalepsy plus hand levitation, he went into a medium trance at which level I like to work. It was then suggested that anything that was done in his mouth he would be able to tolerate without any annoyance or discomfort. He was also told that time would pass quickly and he would keep this relaxed state until our work for this session was finished.

Radiographs of his six upper anterior teeth were needed. This was previously impossible without violent retching, unless a local anesthetic was injected into the area to be X-rayed. The films were placed in

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position in his mouth one by one with the suggestion that he would feel only a small amount of pressure against his palate without any discomfort or gagging. The X-rays were taken without difficulty. He was complimented on his accomplishment and given a posthypnotic suggestion that at the next appointment, and at all future appointments, when I would press his right shoulder with my hand he would immediately close his eyes, take a deep breath and become deeply relaxed. Upon arousing, he would feel both physically and mentally alert, and at the next session he would learn more and benefit more from hypnosis. He was then brought out of trance and asked how he felt, to which he responded, "It is the first time I ever really enjoyed a dental visit."

At his next visit, the following week, Mr. V. stated his anxiety was much less than on previous appointments. After seating himself comfortably in the chair he was told to take several deep inhalations and exhalations to remove some of his surface tensions. Placing my hand on his shoulder he slowly closed his eyes and after deepening by hand levitation he attained a satisfactory state of relaxation. At this appointment I decided to make another test of controlling his gagging by doing a prophylaxis, which previously was impossible to do, especially his posterior teeth. It was mentioned to him at this time that he might notice a little tickling sensation but this should not annoy or disturb him. We were able to complete the prophylaxis and take two bite wing X-rays. This took about one hour, but upon awakening he could not believe that he had been in the chair that length of time.

During the following years, with the aid of hypnosis, complex dental procedures were accomplished with ease and comfort. Some of the dental work included:

1. Full upper and lower alginate impressions for an immediate upper partial denture;

2. A fixed bridge which required all the ramifications of tooth preparation, impressions, temporary replacements, etc.;

3. Surgical extraction of some lower molar teeth, which included bone removal and suturing—posthypnotic suggestions were given for control of bleeding and uneventful healing, and;

4. A partial lower bi-lateral vitallium lingual bar denture supplying five posterior teeth.

At the time I was taking several courses in hypnosis and had only used it with a few patients with minor successes. I was doubting the advantages of hypnosis for dental treatment, but the results of Mr. V.'s case encouraged me to use it with all my problem patients. The accomplishments with Mr. V. have been repeated in many other cases with impressive effects and I am convinced of the usefulness of hypnosis in the dental office.

Case 2

Mr. N.P., age 65, a man of above average intelligence and of average height and weight, was very refined, quiet, and impeccably dressed. He had been in the coal business most of his life and at present was an executive in a coal brokerage firm. He was referred to me for treatment of a hypersensitive gag reflex. He had been trying to wear an upper bi-lateral partial denture supplying five posterior teeth for the past three years without success, because of violent and uncontrollable gagging.

Mr. N.P. had just lost two of his upper anterior teeth and the remainder were periodontally involved, which necessitated their removal and a full upper denture replacement. His job required associations with executives of similar personalities, but with his two upper front teeth missing his appearance was not considered very presentable. He was quite disturbed and knew something must be done quickly. Several physi-

cians and dentists were consulted for help but all they could offer was to prescribe tranquillizers, which were of little or only temporary value.

Appointments for Mr. P. were scheduled for Monday mornings as he was relaxed after a weekend of golfing, and requested this time. At his first session a short evaluation of his past general health was taken. Mr. P.'s history of previous illnesses did not pinpoint any particular happening which could cause his gagging condition. He had the normal childhood diseases, such as, mumps, measles, chicken pox, etc.; however, he stated that whenever his throat was examined with a tongue depressor, or when he brushed his teeth, the gagging was quite bad. He was a heavy cigarette smoker and coughing in the morning upon arising caused him to gag. Also, during the Depression he suffered from a severe case of nerves because of business reverses and his gagging seemed worse.

With the aid of a skull some of the anatomy of the oral cavity was shown to Mr. P., the hard palate and where it ends to form the soft palate, how the muscles are attached to the bony structure and how they make up the floor of the mouth and throat. This knowledge he was to use later under trance, so that he would be able to recognize the area discussed.

The following week the theory of hypnosis was explained to Mr. P. Using eye fixation to produce trance as in the previous case of Mr. V. he was able to produce only a very light trance, although the motivation was there and I think our rapport was well established. I also recognized at this session that Mr. P. was very slow in accepting suggestions and I governed myself accordingly. He was then told that this being his first contact with hypnosis, he did very well and would be able to learn more at each future meeting. He was complimented on being a very attentive patient and dismissed.

The next three weeks were spent in reaffirming previous suggestions and implanting new ideas into his subconscious mind.

At the next session, after some deep breathing exercises, trance was induced and was much deeper than the week before. Anesthesia of the hand was suggested and was accomplished. He was then told to raise his hand to the roof of his mouth and transfer the numbness to the area behind his anterior teeth, when all the numbness left his hand he was to lower it slowly to his lap, and the numbness in his mouth would become much more profound. When he first touched this area he started to gag. Quickly he was told to keep his hand in place until it stopped. I tested this part of the mouth myself with a mirror and found a small portion of the rugae area to be numb but beyond this point the mouth was still sensitive.

The session was terminated with the posthypnotic suggestion that at the next session, when I would press his right shoulder he would close his eyes and with a full respiration he would immediately acquire a deep state of relaxation. He was then told to arouse, feeling very alert both physically and mentally.

The following week, after greeting Mr. P. and seating him comfortably in the operator chair, I placed my hand on his right shoulder. With a deep breath, he slowly closed his eyes and became very comfortably relaxed. His trance was then deepened by having him count backwards slowly from one-hundred, skipping all the even numbers, and relaxing after each count. It was suggested that he would allow the numbers to fade out of his mind, and as he reached the number 93 the state of relaxation would become deeper and deeper.

Mr. P. was then asked to visualize the session of last week at which time he was able to produce partial numbness in the anterior part of his palate. Having accomplished this he was then asked to numb his

right hand as he had done before and transfer the numbness not only to the anterior, but to the whole palate. After his arm lowered to his lap, his mouth was tested with a mirror and was found to be numb almost to the soft palate. He was told that this was the beginning of the normal gag reflex and that it would become less and less sensitive, which seemed to satisfy him.

He was responding slower to therapy than anticipated, and we were becoming somewhat discouraged with his progress. However, at this session he attained a much deeper state of hypnosis than usual for him and we were able to take radiographs of his remaining upper teeth. He was then told that if he were able to tolerate X-ray films being placed over his palate he surely will be able to have impressions taken and other necessary preparations for denture construction. He was then congratulated and brought out of trance. This was the first time he was able to tolerate something foreign in his mouth, and he seemed very pleased with his accomplishment.

The following Monday when Mr. P. arrived at the office I noticed that he had a very happy expression on his face. I thought perhaps he had had a good weekend of golf, and dismissed the matter from my mind, as we often discussed his golf game.

Later when Mr. P. was seated in the operatory he turned to me and said "LOOK!", then he opened his mouth and I looked. There was the partial denture in his mouth. He then told me that when he arrived home Friday evening he placed the partial in his mouth and had kept it there until this morning. The denture was then removed from his mouth and from the amount of food that it had accumulated I knew that he had not taken it out. It was cleaned and returned to his mouth without a sign of gagging even though it was an ill-fitting partial.

He was then placed in trance and given a few suggestions to continue wearing the denture with ease and comfort. Suggestions were also given concerning his future work of having extractions and a full upper replacement. Due to what he had accomplished so far he would be able to tolerate this work without fear or anxiety.

The next week he was still wearing the partial apparently without any trouble. He said he had kept it in his mouth the entire week removing it only for cleaning. Mr. P. thought that it was fantastic that he was able to keep the partial in his mouth for nearly two weeks now, when prior to these treatments he could not wear it even for five minutes.

He was then placed into trance, congratulated on his excellent progress, and his ability to continue wearing his partial with such naturalness that he would hardly be aware of it being in his mouth was reaffirmed. This trance period was then ended with a happy and good feeling all day.

Four weeks then elapsed during which time Mr. P. was ill and confined to his home. Upon his return I was apprehensive about whether or not he had been wearing his denture. However, it was found that he had worn his partial all the time during his absence. He was very elated over his ability to do this and had no fears of wearing a full denture. We then discussed the extraction of his remaining teeth and the fabrication of his new denture. The trance state was induced and suggestions were given concerning future dental work. An appointment was made for extraction of his remaining teeth.

At his next visit, after trance was induced and the anesthetic given (only half of the normal amount of Lidocain was needed), his remaining upper teeth were extracted, an alveolectomy was done and soft tissues were sutured. Posthypnotic suggestions were given that he would have the normal

amount of bleeding, no pain or swelling, and an uneventful healing. Later that evening I called Mr. P. to inquire how he was feeling. He stated that everything was fine.

Two days later when Mr. P. called at the office for postoperative examination, there had been no pain or swelling and the tissues seemed in a healthy condition.

On the fifth day after extraction, his tissues were healed to such an extent that the sutures could be removed. This rapid recovery of normal tissue tone, I most always find where hypnosis has been used in surgical cases.

During the next six appointments, impressions were made, jaw registrations were taken and the waxed up denture was tried in the patient's mouth. At the last appointment the completed denture was inserted. Mr. P. was given posthypnotic suggestions that he would be very comfortable, should wear the denture night and day and only remove it for cleaning. He was also told that in the near future his denture would feel as if it was a part of him, and he would be very uncomfortable without it. During this procedure, Mr. P. did have a slight bit of gagging, but I explained to him that this was only the normal gag reflex, which I had explained to him previously; and he was satisfied.

Two days after the denture was inserted Mr. P. came in for an examination and adjustments were made. He stated that it seemed very comfortable and that he had experienced no gagging.

I did not see Mr. P. again for a period of nine months when he came in for some restorative work on his lower teeth. This work was accomplished under hypnosis without incident.

Four years later a new denture was made for Mr. P. as he was getting married and he wanted a new one so he could keep the old one as a spare. He had had no gagging problems in these past years.

Case 3

Mr. H.S., age 65, was a college graduate, owner of his own real estate business, and secretary of a Savings and Loan Association. Mr. S. was a very intelligent person who gave his full attention to his interests. For example, he was a member in a health organization interested mostly in foods. He was a vegetarian and believed in eating only foods grown on organically fertilized soil; therefore, his diet consisted mostly of fruits, vegetables, nuts, juices and food supplements of vitamins. He also did not believe in drugs of any kind or medical doctors.

Mr. S's problem was that he had been wearing a partial denture for some time and now his seven remaining teeth needed removal and a full upper replacement inserted. He did not wish to have any chemical anesthesia used in removing his teeth. Having heard me speak before several health organizations about hypnosis, he came to me for help.

At the first appointment with Mr. S. an oral examination was made including X-rays and impressions for models. A skull was used to demonstrate some of the anatomy of the oral cavity; especially, the teeth and how they are surrounded by bone and not by gum tissue which is commonly believed. The blood and nerve supply to the oral tissues, and especially to the teeth, was explained, and also how this phenomena can be altered by the use of hypnosis if necessary at the time the teeth are removed.

Mr. S. was then placed under hypnosis by use of an eye closure technique and deepened by use of arm catalepsy. The items which I had just explained were reaffirmed and implanted in his subconscious. He was then brought out of trance and a suggestion given that he would be able to go into deeper relaxation at his next appointment.

The following week final impressions

were obtained for his immediate full upper denture. He was then placed into trance and deepened by re-affirming suggestions given during his last appointment, with the addition that he make his right hand numb and transfer this numbness to his palate and ridges. When he noticed a different than normal feeling in his mouth, his arm would move slowly to his lap and the tissues would become much more numb. We then tested for numbness by inserting a probe into the gingival sulcus area and also several periodontal pockets; in some areas there was evidence of sensitiveness.

He was complimented on being so cooperative and given a suggestion that at the next session he would be able to obtain a more profound anesthesia. Trance was then terminated for this appointment.

Upon Mr. S.'s return the following week the waxed up denture was tried in and all necessary corrections made. At this appointment we decided to do under hypnosis a simulation of everything we would do in preparing his mouth for the full upper denture. Trance was produced by our pre-arranged signal and deepened as before. He was then directed to anesthetize his upper jaw, as he had done the previous week. We now began the simulated operation; the aspirator was placed in his mouth; tissues were sprayed with a mild antiseptic; scalpel and gum retraction initiated; use of the water drill, elevators, forceps and bone files was described; soft tissues were trimmed and sutured; and, the immediate denture inserted. Posthypnotic suggestions were given for swelling, pain and healing. Mr. H.S. was then told that at the next appointment we would remove his teeth and insert his denture as we just rehearsed, that he should have no fear or anxieties, and that producing complete and profound anesthesia would not be a problem. Mr. S. was then aroused, praised for his good work and arrangements made for the next session.

Upon his return, 10 days later, Mr. S.

seemed fine and in good spirits. He was seated comfortably in the operatory chair and given our prearranged signal for relaxation and hypnosis with suggestions for deepening and hypno-anesthesia. He immediately responded with a most profound anesthesia of his entire maxilla. After thorough testing with surgical probes and eliciting no pain we proceeded as outlined. The denture was inserted with suggestions of no pain or swelling and quick healing. He was told to retain the denture in his mouth until he returned to our office the following morning for postoperative treatment. Trance was then ended with suggestions for a good feeling, both physically and mentally, and for a good night's normal, sound sleep.

That evening at 9:30 I called our patient's home to check on his recovery. Mrs. S. answered and stated that her husband was in bed sound asleep and that he had not complained about a thing. By any outward signs, there was not any swelling or bleeding.

When Mr. S. arrived at our office the following morning he complained of only one pressure spot over the six year molar, which had been surgically removed. The denture and maxilla were examined carefully; the palatal side of the denture gave no sign of any secondary bleeding, and the soft tissues of the sutured areas were clean and healthy. The occlusion on the denture teeth was adjusted slightly and the mouth irrigated with a mild oral antiseptic. Mr. S. was then placed in a mild trance for suggestions in regard to removing his denture only after meals and for cleaning, and to wear it day and night, so that soon it would become a part of him. He was then brought out of trance, and arrangements were made to see him in five days unless he needed attention sooner.

Five days later when he appeared at the office he stated that the denture was feeling very good, in fact it was beginning to feel as though it belonged there, except for a

slight amount of pressure over the molar area. This was relieved. The tissues seemed to be healing so well that it was decided to remove the sutures. He was then dismissed to return again when needed.

One month later Mr. S. returned for some restorative work on his lower teeth. He stated his denture felt very fine and he could eat everything that he wished.

While we do not know exactly the cause of the intense gagging in the first two cases,

we do know that they both demonstrated a profound motivation for a cure. Mr. V. needed relief in order to have the necessary dental treatment with some degree of ease and comfort, and Mr. P. urgently desired to be free of gagging because he had to wear a full denture for cosmetic as well as physiological reasons. Our third case, that of Mr. S., was also one of strong motivation. The success of these three cases appears to be due to hypno-therapy plus strong individual motivation.