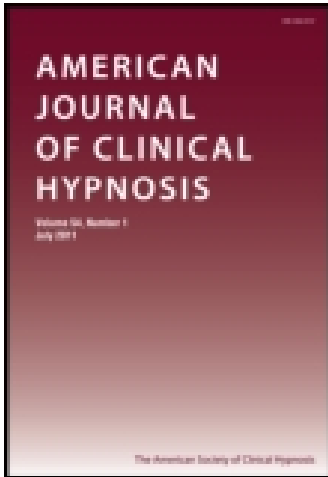


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Dental Implant Under Hypnosis

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Dental implant was performed under hypnosis with a man who was allergic to drugs. This report includes the operator's remarks and the patient's verbatim comments of the surgery.

One of the main objectives of medical hypnosis has been the control and reduction of pain. Consequently, it is obvious that from the onset of the use of hypnosis, dentistry became one of its principal beneficiaries.

Our patient, C. B., was a man with a partial edentation. Since he was an actor and had a hostile reaction toward a mobile prosthesis, we decided to make an endosteal blade vent implant of the Heinrich Type. This gave us a possibility of a denture bridge for the affected area.

Because the patient's idiosyncratic reaction to drugs was concerned, it was necessary to do the implantation using hypnotic anesthesia. Hilgard and Hilgard (1975) in their text, "Hypnosis in the Relief of Pain," give a number of case reports of dental procedures with hypnosis as the sole anesthetic but do not mention a dental implant. This may be because such surgery has not yet become a part of everyday practice or the procedure is so painful that hypnosis may not be effective. The intervention involves areas richly supplied by branches of the trigeminal nerve which are known to be highly susceptible to painful stimulation.

To prepare the tissues to accept the implant requires a three to four centimeter cut of the mucous membrane of the periostem. Afterwards, a trough of the same length, 1.5 to 2 centimeters deep in the horizontal branch of the mandibula is made. Because this area is highly vascular there is a possibility of bleeding both during and after the operation. This patient was under psychotherapeutic care for a long time previously because of certain neurovegetative dysfunctions. Hypnosis had been one of the therapies used with him. His score on the Harvard Group Scale of Hypnotic susceptibility was 10. On the Creative Imagination Scale, he obtained a score of 36. However, there was neither spontaneous nor suggested amnesia present. The patient readily accepted the idea of doing the implant under hypnosis.

Immediately after the induction of hypnosis it was suggested to C. B. that he was in a very familiar and enjoyable place (on the seashore) with an acquaintance. The acquaintance was telling him about the conditions under which he, himself, had undergone a dental implant under hypnosis. Thus he viewed the aspect of dissociation between the actual situation and the one sub-

stituted by suggestion. At the same time we preserved a frame of reference that would not completely exclude the connection with the operation. In spite of his capacity for transposition the subject could not get the necessary degree of detachment to reach total identification with the suggested situation. He maintained a certain control upon the dissociative process.

Shortly before entering the consulting room the patient manifested a state of anxiety which he attempted to hide. The anxiety was present at the beginning of the operation and made it more difficult to deepen the hypnotic state.

Throughout the operation the therapist kept the patient's hand lightly in his hand. This form of contact offered the patient an extra chance to feel his therapist close to him and at the same time the therapist had a chance to have better control of the entire situation.

At the first operative maneuvers, the patient had an expression that betrayed discomfort accompanied by groans. Gradually, by persuasive and repeated suggestions, the patient succeeded in becoming more relaxed. Most notable was the fact that none of his moments of anxiety evident in his expression were accompanied by a contraction of his limbs. Not once during the operation did the patient squeeze the doctor's hand, nor did he present the manifestations usual under such circumstances such as contraction of the body muscles.

The operation lasted for 25 minutes. The bleeding was comparable to that seen during and after operations under local anesthesia accompanied by vaso-constrictive substances. Throughout the operation there were frequently transmitted suggestions concerning the post-operative state. The patient did not have any post-operative pains, nor did he take any drugs before or after the surgery.

The post-operative conduct of the sub-

ject was generally characterized by a state of accentuated euphoria. Two hours after the operation the subject related on a tape recorder a quite detailed account concerning his experience during the implantation. These are some fragments of this account.

I've been thinking over — the idea of the implant by hypnosis I mean — for about 10 days, being sure there will be no problem, following experiences for months on end conducted by my psychotherapist, Doctor Gheorghiu. It's true that since last night things didn't seem as simple and clear as before. I suddenly realized the hour is closer and have felt very tense indeed. Before going to bed, I however, succeeded in reassuring myself that everything would be all right. I relaxed completely and immediately fell asleep. In the morning — next morning that is — I was excited when watching doctors preparing for the operation and noticed their . . . well, not skepticism, far from it, but their excitement.

My state of relaxation started hard enough. The ability of my psychotherapist to calm me down had a determining role in making me forget the place where I was and the purpose of the intervention.

The orders became stronger and stronger, resounding in my conscience, they made me travel to some other place. I was on the Black Sea Coast, at Mamaia, where Doctor Orleanu would make an experiment and tell it to me. He would certainly tell it to me as I would be a witness to this experiment, and as any tale, it would be — I was thinking — lived a little by the audience. That was a precious indication on which my calm mood was based. I began to feel totally detached. That is to say, the idea that I was not completely involved in the story, but a mere spectator, led me to complete calm.

The operation started then. Of course, I can't say I remember clearly everything — there was something that was, now and then, hurting me, I think because of the operating body who were saying, "Give me the fraise again," or, "Look, he's bleeding a lot, you'd better change the tampon." That is to say, some frightening things were happening, and I learned of all this, but I would not have learned if somebody else had not told me they were actually happening.

I don't know, I can't exactly say how long the operation as such lasted. The suggestion that I

was on the coast, at the seaside was strongly supported by the fact that the clinic is near the Cismigiu Garden, and the windows were open and I could hear doves and other birds singing. I could hear the rustle of the tree leaves, similar to the atmosphere in the garden in front of International Hotel in Mamaias where I spent many summers. Well, all this made me become unaware of the exact thing that was happening to me, leaving aside, of course, the small unpleasant things implied. For a few moments I did groan or shiver or something like this, but you might imagine what it's like when they work with the fraise on your bones, as I have been told afterwards they did.

I was not, how shall I put it — doubled, as in a trance or in a bad dream. However, I would say I was — separated from myself. The permanent contact with the hand of Professor Gheorghiu sort of united me to myself, if you know what I mean. It was like watching a TV program — you see a street demonstration, some people begin fighting — a man hits a woman, it makes you angry of course, but still you are in front of the screen, you don't jump into the TV set to interfere with the people on the screen. This is what I felt. I have worked for a long time with stomatologists, or rather they worked on me for a long time, and they gave me various anesthetics and I was hard to respond, irascible . . . and still, I want to tell you this: were we to establish a standard scale of sensations and aches/pains you feel under the in-

fluence of anesthetic substances, for example when they operated my maxillary four years ago and I really felt they put some nails into my upper maxillary in order to support some bridges, and it did hurt, and I felt miserable, my heart was beating madly and I was suffocating and almost fainted . . . well, in comparison with all this, the operation we are talking about was much more complicated and more profound than the previous ones, and still I did not take any sedative, and I really can't say much about it.

The operation is over, after that I experienced a state of sensational relaxation, ordered by Doctor Gheorghiu, I fell asleep and I woke up regretfully I must say when ordered to. About 20 minutes after the operation I got into my car and drove away. Now, two hours after the operation, I feel very fine.

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