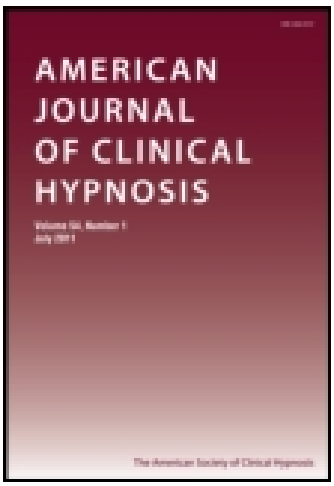

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BRIEF CLINICAL REPORTS

Hypnosis in a Dental Patient with Allergies

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With the advent of anesthetics, analgesics and the like, dental care has become more tolerable and more readily acceptable to patients. However, the use of such drugs has its drawbacks, one of which is the case of a patient who cannot tolerate particular types of drugs. One of my most notable cases is a prime example.

The patient was referred by her physician for dental treatment because of chronic pain in a lower molar. I discovered that this young woman, age 43, was a unique individual. She had married at the age of 15 and had five children, the last born when the patient was 21 years old. She was employed in a bottle cleaning factory, while her husband was a truck driver. She had suffered from severe ear infections and a cardiac condition. However, when she lamented to me that for the past twenty years she was allergic to practically everything, I, like many, if not most practitioners, became skeptical and frankly doubted the whole thing. I contacted her physician to check the veracity of her story.

To my surprise, her doctor verified all she had related. Her allergist reported that out of 119 tests, she had a positive reaction to 32 foods and 20 drugs which also included chemical anesthetics. In fact, her physician was at a loss to treat her with anything, including aspirin. Oral surgeons now refused treatment in light of her severe medical conditions and inability to be treated. "Emily the Unbelieved" became "Emily the Unbelievable". At the next session an oral examination and evaluation was made. She had six remaining upper anterior teeth, with a partial denture replacing the upper posterior teeth. Soft tissues were firm and normal in color, but caries were present. In the lower jaw all teeth were present except the six year molars. There were rampant caries throughout the lower teeth, especially in the molars, and some periodontal involvement but no deep pockets. Gingival calculus was present in the lower anterior area. My plan was to remove the lower left molars, lower right molars and second bicuspid and to remove decay from remaining teeth and restore with fillings. All to be done through the use of hypno-anesthesia.

The next three sessions, a week apart, were spent explaining hypnosis to the patient, removing fears and apprehension and clearing up misconceptions that she may have had. Induction procedures were begun at this time, using eye fixation and arm levitation techniques with glove anesthesia for deepening trance. Trance is induced by arm levitation. "Your arm will rise, just as though you are reaching for the sky and when it reaches its goal it will then lower very slowly, and as it lowers you will relax deeper and deeper."

Her response was excellent. At the third session I suggested that she transfer the anesthesia from her hand to her jaw (right side) and when that side of her jaw began to feel different than the opposite side, she was to signal by raising her left index

finger. The signal was given and the area was then tested for anesthesia. Upon deep penetration there seemed to be just enough sensitivity to prohibit removal of any teeth. The patient was praised for cooperating so well and an appointment made for the following week.

In the meantime I contacted her physician and gave him a "progress report." I also explained the last session to him and asked his opinion of my giving her 0.5 cc. of Carbocaine after she is in trance and has attained hypno-anesthesia. I explained that the tingly feeling in her lip would be more perceptible and would tend to enhance a more profound hypno-anesthesia and that she would not know she had received this injection. The physician agreed with this proposal and that he would cooperate with me.

At the next session, I followed the procedure as outlined above. I removed the lower right molars surgically, performed an alveolectomy and sutured the soft tissue. Preoperative suggestion was given for relaxation, comfort, time distortion and to control the flow of blood and saliva. Postoperative suggestions were given to control pain, swelling and bleeding, just enough to fill and protect the sockets. I called the patient that evening, and she reported that she was feeling fine. Five days later the sutures were removed.

I did not see the patient again for 10 months. She reported that she was recovering from an ear infection, and being allergic to all antibiotics, healing had been greatly prolonged. But now she was feeling well enough to continue her dental treatment.

At her request, during her next session, hypnotic trance again was induced and deepened with arm levitation. It was suggested that she would be able to relax more deeply and much more comfortably than she had ever before, when at the next appointment she would have her lower left molars removed.

At the next appointment trance was again induced, hypno-anesthesia was suggested, and 0.5 cc. Carbocaine was injected. The teeth were then surgically removed, an alveolectomy was completed, the soft tissues sutured and postoperative suggestions were given as before. Again I called her that evening for a check-up. She related that she was having some slight pain for which I suggested an ice pack. Six days later the sutures were removed along with a sliver of bone which was working out.

One month later the lower right second bicuspid began to give her trouble. Consequently it was removed in the same manner as the previous extractions. There were no complications.

Again I did not see or hear from the patient for five months. This time she stated that she had suffered a heart attack and was hospitalized for a period of one week, and spent four weeks at home in bed, the last of which she was allowed up a few hours each day. She received no medication, except Darvon for pain, to which she had an adverse reaction. She had to stop taking Darvon. Her doctor verified that she had a cardiac infarction. Having had her teeth removed which could not be restored by either fillings or crowns, her remaining teeth were badly in need of attention. Almost all were more decayed.

Taking into account the heart attack she had recently had, I did not wish to medicate her. Consequently, when she arrived for her next appointment, I had no idea what to suggest for pain in addition to hypno-anesthesia. Following the arm levitation procedure, she began lowering her arm, when an idea entered my mind like a flash of lightning. . . . . "Have her remove the teeth from her mouth. . . . . have her remove the teeth from her mouth." I then suggested to her, "Now, Emily, as your arm continues to lower, let your arm and hand come over to the left side of your mouth and with your thumb and index finger

you will grasp these two teeth (I touched the two lower left bicuspids with my finger). Now take them over to the arm rest where you will hold them firmly while I prepare them for fillings." This procedure proved to be very successful and was used for four more appointments. I taped this particular technique on closed circuit television at our annual course on hypnosis, given at the University of Pittsburgh School of Dental Medicine.

Some time later, Emily called me for an appointment to replace her lower posterior teeth. When the denture was completed and inserted, she left with instructions to call if any adjustments were needed. Weeks later I received a call from Emily saying that she was very happy because for the first time in years she could enjoy eating without pain.

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Hypnosis to Reduce Smoking in a Deaf Patient

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Hypnotic induction for purposes of psychotherapeutic change is most generally received by the patient through his aural senses, and the readily available published techniques of hypnotic induction presuppose that the patient possesses the capability of receiving aural stimuli. When a person referred for hypnotic induction is deaf, he poses a problem in that the hypnotherapist's usual induction procedures must be altered to accommodate the patient's inability to discriminate verbalizations. The following note summarizes hypnotherapy with such a deaf person and discusses some of the technique alterations that were necessary.

Only a few discussions of hypnosis with deaf persons exist in the literature. They demonstrate the use of pantomime and sign language (Erickson, 1964), sign language plus special mechanical apparatus (Martorano & Oestricher, 1966), and pantomime with stroking (Bartlett, 1966). Pantomime, mechanical techniques, or stroking would appear to be cumbersome techniques to induce hypnosis and would require most therapists to deviate extensively from their usual methods of hypnotic induction. Induction through lipreading, on the other hand, would appear to allow a hypnotic induction technique that closely parallels the usual verbal induction techniques, would not require purchase of special mechanical apparatus or learning of sign language, and would seem a plausable alternative to the previously noted techniques for the induction of hypnosis in deaf persons. The deaf person presented in the following case note had learned to lipread, therefore lipreading was incorporated into the hypnotic induction procedures.

The patient was a 51-year-old male referred for hypnotic treatment to reduce his rate of cigarette smoking. He was suffering from emphysema and bronchitis, yet he was smoking over three packs of cigarettes daily. The patient manifested bilateral deafness classified as "severe" with a long standing diagnosis of "nerve deafness." He was able to detect loud sounds (and wore a hearing aid for this purpose) but could not aurally discriminate words spoken to him.

Prior to the initial hypnotic induction, all of the patient's questions regarding hyp-