

# Hypnosis in dentistry: A redefined perspective

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**Abstract:** The main problem encountered during routine dental treatment is dental anxiety and fear called dental phobia. Maximal precocity to dental phobia is seen in pediatric patients and thus they are most un-cooperative patients to treat. Even a medical treatment of oral region under local anesthesia is causing intense anxiety. Clinical hypnosis could be non-invasive therapeutic option to increase treatment comfort both for the patients and dentists. Amongst various pharmacological and non-pharmacological behavior management methods available to address dental anxiety, the therapeutic value of hypnosis requires a fresh and deeper look so as to decipher the potential benefits and to create a wider awareness and acceptance of its proven efficacy in anxiolysis. This article focuses on the awareness of hypnosis as a behavioral management procedure in dental practice, emphasizing on its day to day use in pediatric patients amongst general population, highlighting on the ones practicing dentistry, its acceptance by people, myths and the number of dentists practicing it.

**Keywords:** Hypnosis, Hypnodontics, Hypnodontist, Dentist, Trance, Dental Anxiety, Fear, Phobia, Myth, Awareness

## INTRODUCTION:

The term hypnosis is used to denote an interaction between two people (or one person and a group) in which one of them, the hypnotist, by means of verbal communication, encourages the other, the subject or subjects, to focus their attention away from their immediate realities and concerns and on the inner experiences such as thoughts, feelings and imagery. Good hypnotic subjects are able to manipulate their conscious experiences – perceptions, thoughts, images, feelings – under the directions of the hypnotist to attempt to achieve the suggested effects.

The role of hypnotic induction can be construed either as encouraging this internal absorption or as an increasing responsiveness to suggestions by enhancing motivation, commitment and expectancy.

It is only relatively recently that a visit to the dentist was inevitably associated with agony and dread.

John Elliotson himself in 19th century included dental extractions amongst many other surgical procedures that he carried out solely using mesmeric passes to effect analgesia.

Dental anxiety results in a restless or rigid patient in a dental chair and this makes the patient feel helpless and often the dentist also and this problem is very prevalent amongst children.

A common misconception of hypnosis is that 'trance takes away personal control' and patients therefore fear that they are going to be hurt and can do nothing about it where the ones being more concerned are parents or guardians in case of a paediatric patient. The most essential ingredient of any dental procedure, and one that is most important when hypnosis is used, is some form of signal that the patient can make to stop the treatment immediately and to discuss any problem.

Hypnodontics is defined as the art and science of using hypnosis to dental practice and dental issues.

Hypnosis is suitable for paediatric patients because the imagination of paediatric patients is more active than adult patients so they are more receptive to suggestions.

Children are easily persuaded to enter into a trance.

Hypnotic suggestions are used on a daily basis when treating paediatric patients with techniques such as distraction, reframing, and image suggestion that are considered forms of hypnosis. It is helpful to apply hypnotic techniques that distract the child before starting treatment because children love stories that are intriguing, strange and magical. General considerations in treatment involving greeting the patient at the reception desk in a pleasant manner. The waiting area can be made less clinical and more homely. Appropriate pictures, including pictures on the ceiling above dental chair will help calm children.

## HISTORY:

History of hypnosis dates back to the late 18<sup>th</sup> century when Franz Mesmer, a German physician (1734-1815) developed mesmerism, his beliefs about the balance of magnetic power in our body using animal magnetism.

He emphasized the importance of natural healing and made use of magnets for drawing disease out of the body, and healing broken bones. He proposed the resistance of universal force that he initially called animal gravity, but later he settled for animal magnetism. He postulated that illness was associated with disturbances in the natural tidal flow of animal magnetism in the body and that he had the ability to restore this and heal the patient.

Although, Mesmerism was discredited from scientific and medical circles, but he had a no. of students who were still practicing it in places they further went, including some big figures like Marquis de Chastenot, Abbe de Faria, John Elliotson, James Esdaile etc. The re-enquiry was settled by the British Association in 1955 in favor of hypnosis. However, recommendations were never taken up, but in the last 50 years there has been an acceleration in the establishment of hypnosis societies for medical doctors, dentists, psychologist in all continents.

**MYTH:****#1: Hypnosis Is a Trance State**

This is the most pervasive misconception. While hypnosis has historical roots in formal trance induction, trance is only one aspect of the hypnotic continuum. This myth is problematic for dentistry because deep trances can be time-consuming, because relatively small numbers of people are capable of the kind of trance states that yield reliable dental anesthesia or analgesia, because most people are frightened by the prospect of entering a deep trance as hypnotists have made fools of volunteers in public.

Most of the value of dental hypnosis lies in qualities of hypnosis that do *not* involve deep trance states or lengthy inductions.

**#2: Hypnosis Involves Loss of Control**

Most people do not cherish the idea of losing control, especially in a dental office. Patients when visits a dentist involve a real or perceived loss of control, and the thought of giving over more control to a dentist is not attractive to most patients. However, properly conducted hypnotic interventions actually help people gain control and manage themselves more autonomously and effectively.

**#3: Hypnosis Is Dangerous**

People (doctors and patients) are concerned that odd or bizarre things might happen when a dentist hypnotizes a patient. The procedures and skills little or no chance of harming patients, especially if the dentist does not attempt to coerce patients.

**#4: The Doctor Must Possess an Elaborate Set of Skills and Must Exercise Them Charismatically** Some hypnotic skills are complex, and the learning curve for a hypnotic practitioner can be long, but the basic skills required to hypnotically enhance a dental practice can be taught to doctors, hygienists, assistants, and front-office staff in a relatively short period of time. Humans possess a natural capacity for trance.

**HYPNOSIS: MATERIALS AND METHODS**

A trance induced by hypnosis carries a physiological, inwardly focused state which is measured by alpha brainwave activity and is associated with deep mental physical relaxation. Trance is used since ages for self-healing and healing others. Induction of hypnosis depends primarily on how the hypnotist induces a trance and on the patients, willingness and capability to relax and to fall into a trance.

Another pleasant side effect of treatment under hypnosis is the time distortion caused by the trance in which patient's subjective perception is much shorter than reality.

Structure of hypnosis :

1. Preparing the patient.
2. The induction of the hypnotic state or trance.
3. Deepening of the above.
4. Therapy, namely suggestions, image-based techniques and post hypnotic suggestions. The assumption is that in a 'trance state' the patient is more responsive to these.
5. Alerting
6. Post hypnosis discussion
7. The use of self – hypnosis by the patient between sessions.

**HYPNODONTIC PROCEDURES**

For didactic purposes, the hypnodontic procedure is divided into seven steps:

1. Mind-set (indoctrination);
  2. Testing;
  3. Induction;
  4. Deepening;
  5. Utilization (operation);
  6. Posthypnotic suggestions;
  7. Dehypnotization (termination).
1. *Mind-set.* Mind-set is the procedure used to accomplish a state of receptivity or cooperation on the part of the patient. The object of this step is to correct the subject's previous misconceptions or inaccurate ideas about the hypnotic state. Only in this way can good cooperation and proper motivation be obtained.
  2. *Testing.* Certain tests, are utilized to determine the patient's susceptibility to hypnosis. Frequently, these may constitute the first stage of induction into hypnosis. There are many who consider it unwise to make tests for susceptibility in actual clinical practice. Some of the tests are:
    - i. Falling back test

ii. handclasp test

3. *Induction.* There are many procedures used to induce hypnosis. Hypnotic mechanical aids may be employed, although, as a rule, verbal suggestions can accomplish the same results. Certain rotating spirals on a dental engine can be used as a hypnotic aid. The brain wave synchronizer is another aid. For a dentist, the ordinary pen light on the dental unit is as effective an aid as any, when used in conjunction with the *eyefixation* technic. Induction may be *direct* or *indirect*.

The direct method is used when the subject is aware that hypnosis is being employed.

The indirect method implies the use of subterfuge; that is, the subject is prevented from becoming aware that hypnosis is being used. It is also known as a *hidden approach* in contrast with the *open approach*, in which direct hypnosis is used with the subject's awareness.

4. *Deepening.* Although it may take only a few minutes to induce a light hypnotic state, it may require several sessions to deepen it to the level at which it is compatible with the purpose for which hypnosis is being used. One of the commonest reasons for lack of success is failure to deepen the hypnotic state to one consistent with the requirements for Step 5 (utilization). Step 4 (deepening) requires training, patience, perseverance, and experienced judgment.
5. *Utilization.* The purposes for which hypnosis is to be used may vary widely. For example, the purpose for which the obstetrician uses it may be entirely different from that of the dentist.
6. *Posthypnotic suggestions.* Posthypnotic suggestions, in addition to making it easier and quicker to induce hypnosis at subsequent sittings, are used also for therapeutic dental purposes, as previously mentioned.

At the final hypnotic session, the operator always gives the posthypnotic suggestion to the patient that in the future no one but a physician, a dentist, or a qualified psychologist will be able to place him in a hypnotic state.

This procedure, called *locking the "unconscious,"* is a precaution against the patient's being exploited by a parlor or stage hypnotist for entertainment.

7. *Dehypnotization.* It is important that no patient be permitted to leave the office unless he is completely and fully coordinated.

## DENTAL APPLICATIONS OF HYPNOSIS

The *therapeutic* uses of hypnodontics include:

1. Patient relaxation;
2. Elimination of the patient's tensions and anxieties, and his fears of pain and discomfort;
3. Removal of objections to necessary orthodontic or prosthetic appliances after the patient had agreed to accept them;
5. Accustoming the patient to orthodontic or prosthetic appliances;
6. Modification of noxious dental habits.

The *operative* uses of hypnodontics include:

1. Reduction of anesthesia or analgesia;
2. Amnesia for unpleasant work;
3. Substitution for, or in combination with, premedication in general anesthesia;
4. Prevention of gagging and nausea;
5. Control of salivary flow;
6. Control of bleeding;
7. Postoperative anesthesia;
8. Reduction of postoperative shock.

## HYPNODONTIC CLINICAL USES IN DETAIL:

### *Hypnodontics in Adaptation to Prosthetic Devices*

Another use of dental hypnotherapy is in the conditioning of a patient to wear a prosthetic or orthodontic appliance. This is accomplished by giving him, while in hypnosis, positive, firm, posthypnotic suggestions that he will have no difficulty in becoming accustomed to the appliance. In this connection, there are times when it may be necessary to question the patient under hypnosis to get at the root of the problem. This is not recommended for the dentist, as he should realize that certain dental symptoms may fall into the field of psychotherapy, and he should evaluate the advisability of using hypnosis accordingly. If

direct suggestions are applied in several sessions, good results can frequently be obtained. But if the patient stubbornly persists in retaining his symptom, the case should be referred to a qualified psychotherapist.

### ***Hypnodontics for Bruxism***

Most patients with chronic bruxism are under marked tension and loaded with rage and aggression. These areas must be alleviated by a psychologically trained individual. The symptom itself can be controlled by teaching the patient self-hypnosis. Each time he finds himself clenching his teeth during the night, he is to pair the clenching with a relaxing scene. The latter, with repetition and reinforcement, will eventually counter condition the bruxism.

### ***Control of Bleeding***

Dentists claim that bleeding can be controlled. However, the reports, though impressive, are anecdotal and poorly designed studies. Hypnosis has been suggested as an ancillary measure in hemophilia—an approach that is certainly worth trying. Lucas and co-workers, and Lucas and Tocantins combined protective splints and packing of the sockets in 114 extractions in 24 hemophiliacs without the need for transfusions. La Baw has used hypnosis in hemophilia. He notes the adverse effect of anxiety on blood coagulation and fibrinolytic activity. Bleeders are chronically anxious.

Hypnosis reduces the anxiety and, as a result, the morbidity. Less blood was needed than in a control series.

### ***Tongue Thrust and Swallowing***

Tongue thrust and swallowing often are refractory to all kinds of therapy; hypnosis has been recommended for control of these habit patterns. Other investigators discuss swallowing difficulties and other psychophysiological manifestations. Many tongue thrusters are unable to be quiet while eating. Most have malocclusion. Barrett and von Dedenroth reported on 25 cases treated successfully with hypnosis in one to four sessions.

### ***Hypnodontics in Anesthesia***

The use of hypnosis in conjunction with, or as a substitute for, premedication prior to general anesthesia is quite a common practice today among medical anesthesiologists which before was a far-fetched thought. Today, this training has become routine for many anesthesiologists. If possible, the dentist, like the anesthesiologist, should see his patient several days before the scheduled operative procedure and begin the initial induction so that, by the time the patient reaches the office on the day of the operation, he may receive the full benefits of previous hypnotic conditioning. This brings about lessening of fear and anxiety, which results in less and easier anesthetic induction if it should be necessary. The element of safety is thus an outstanding feature in the use of

hypnosis in conjunction with general anesthesia.

### ***Control of gag reflex***

The most common troublesome problem that a patient may bring to the dentist is that of gagging as soon as anything is inserted into the mouth. Gag reflex can be completely and comfortably eliminated by Waking hypnosis.

There are two main techniques that are used, both being equally effective. The first procedure involves the use of a pen or pencil which the therapist or dentist must place in the patient's hand. The therapist must state with authority, "I am now going to place this pencil in your hand and I want you to keep a steady but gentle pressure on this pencil and continue to do so. As long as you do so, you will no longer have the desire to gag."

The second procedure is also used with complete authority. The therapist dentist can simply tell the patient to "look between my eyes and I will count from 5 to 1. By the time I get to one, your need to gag will completely disappear." This technique works properly by the use of the authority figure, doctor-patient relationship or therapist-patient relationship.

### ***Control of salivation***

Control of the flow of saliva can be achieved by hypnotic means, since the autonomic nervous system is subject to volitional control. It is possible, in the experimental laboratory, to bring about (through hypnotic suggestion) vasoconstriction or vasodilation of peripheral blood vessels and to produce blushing or even blanching of a hand or a face. It is therefore not surprising that the flow of saliva can be affected in the same way. Fortunately, a patient need not be in very deep hypnosis to obtain this control. The salivary flow not only can be influenced during hypnosis but for a reasonable time thereafter by means of posthypnotic suggestion.

### **SEALING THE PATIENT AGAINST HYPNOSIS:**

The hypnodontist should give the patient post hypnotic session suggestions, which will spellbind the patient and act as protection from further unnecessary experimenting amateur. It is necessary to not close out all the windows as the patient might be needed later for therapeutic purposes. The suggestions used might be, "unless you desire to be hypnotised, no one can hypnotise you".

### **DEHYPNOTIZATION:**

After the completion of treatment in hypnotic phase and before discharging the patient, it is obligatory to observe two things:

1. remove any hypnotic suggestion that might continue in post hypnotic phase.
2. make note that the patient is alert

Any suggestion that was previously given, should be removed before sending the patient off.

If any counter suggestion is not made, the suggestion may continue to operate in post hypnotic period.

If any type of sensory hallucination has been produced during hypnosis, it is important to remove it before dehypnotization.

It is wise to observe every patient for a short time and to converse with him before.

#### **CONTRAINDICATIONS:**

Hypnosis should not be used for ill reasons and should not be abused by any profession.

Even with limited knowledge and experience of hypnodontics one can produce major characteristic phenomena of hypnosis as spontaneous regression (patient regressing to when fear was prevalent) abreaction (encountering erratic emotions) symptom substitution (experiencing anesthesia in regions not anesthetized) confabulation (imagining something happened in dental clinic that didn't happen) age regression revivification sensory hallucination catalepsy automatic writing.

The dentist has an ethical and moral obligation to his patients to borrow knowledge from all fields and science to eliminate pain, suffering and discomfort.

#### **LIMITATIONS:**

We cannot treat every known psychological or medical problems with hypnosis.

Hypnosis is a complex tool and the dentist should understand the basic psychology or psychiatry in order to expertise in the field.

He must avoid using hypnosis for non-dental purposes.

For eg : dentist must not attempt to cure smoking habits, which may have a root cause such as tension and serve as an outlet for release of nervous energy.

The removal any deleterious or parafunctional habit without trading down to a less harmful symptom, may imbalance the entire psyche of a disturbed person into mental confusion.

Symptom removal by autohypnosis does not have a traumatic effect.

Hypnosis is an extremely useful alternative instead of sedatives and premedications for elimination of dental phobia.

The elimination of fear and anxiety is a very difficult task as oral cavity serves an erotogenic zone.

One cannot possibly remove or even reduce fear in all patients, but it is possible to remove all fear in some patients and some fear in most patients.

Usually, more than one session is required for removal of dental anxiety and the session should be planned prior to the dental operation.

#### **DISADVANTAGES:**

A disadvantage in hypnodontics is that the procedure is time consuming.

Dentist might find it impractical. Many practitioners find the training and experience required for high percentage of success is an obstacle.

#### **ADVANTAGES:**

Hypnosis is extremely useful in relaxation of nervous and excitable patients, eliminating fear and tension, making long and arduous sitting more bearable.

There is enhancement of prestige of hypnodontist because of his added skills.

#### **ETHICS:**

The legal and moral issues with hypnosis are caused by a lack of formal education and lack of awareness of one's boundaries when offering therapeutic solution.

The hypnodontist must understand the ethical and legal ramifications of engaging in procedure without justification.

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