Acupuncture to induce Hypnosis

Whenever hypnosis has been discussed in relation to acupuncture, it has generally been in an attempt to explain away the effects of acupuncture as due to the placebo effect of hypnotic suggestion. When this argument was at its peak some 10 years ago, a very significant statement was made by one of the leading international experts on hypnosis, Professor A C de Moraes Passos from Brazil. After extensive research, his conclusion was that hypnosis could not explain the physiological effects of acupuncture. On the other hand, he had found that the use of acupuncture could greatly facilitate the induction of hypnosis. By using a combination of acupuncture and ordinary hypnotic techniques, he had been able to bring 100 per cent of trial subjects into a state of deep hypnotic trance, compared with only 20 per cent when using hypnotic techniques alone.

This use of acupuncture to induce hypnosis is generally not well known, although it certainly is widely used by some practitioners. In Norway Dr G F Reddy and I, have covered this area in our courses on acupuncture. This is the way that Dr Olav Knutsen, who has been practicing medical hypnosis for many years, got to know of the method. He now finds acupuncture highly effective in his practice as a medical hypnotist. He uses needling of a fixed combination of acupuncture points before starting the usual hypnotic induction. In this way, he reports, he is able to bring nearly all his patients into a state of deep hypnosis, compared with only 15 per cent previously. Recently Dr Knutsen told me that he had talked about this combined method to the psychiatrists at two of the foremost psychiatric clinics in Norway, and that they had shown positive interest for the method.

The potential use of acupuncture to increase susceptibility to hypnotic suggestion is of considerable interest, both from a scientific and from a medical point of view. On the other hand such an application of acupuncture could also lead to abuse. We must be aware that practitioners skilled in the use of acupuncture and of hypnotic techniques may exploit acupuncture sessions to bring patients into deep hypnosis without their knowledge and consent. Thus patients may be influenced and manipulated psychologically in unethical ways.

For this reason, high ethical standards should be required of all practitioners of acupuncture. This is an additional reason why we should work for the integration of acupuncture into the existing health services where professional ethics have been thoroughly established.


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Muscle spasms
Acupuncture appears very useful for treatment of pain arising partly or wholly from muscle spasm. Patients who found acupuncture helpful for this type of pain were frequently taught to administer acupuncture themselves. In other cases, members of the family or district nurses were taught to give acupuncture and shown simple sterilisation techniques.

Abnormal sensation
There was a group of patients who had superficial discomfort and abnormal sensations, such as burning or stinging, which were unrelated to nerve involvement and these were frequently helped by local acupuncture treatments.

Coincidental problems
Patients who had coincidental problems in addition to their tumour pathology were helped by acupuncture comparably with patients who had such problems without carcinoma.

Acupuncture was found to be of no help when bone metastases were involved and was thought to be advisable for patients with unstable spines. There is a serious potential danger that removal of protective painful skin around an unstable spine by acupuncture might allow greater movement in the spine, leading to nerve compression problems or even spinal transection.

It is interesting to note that several patients developed tolerance to repeated acupuncture treatments. Most patients with non-malignant pain appear to get better, with increasing time intervals between treatments, but patients with active malignant disease need repeated frequent treatments. If acupuncture becomes suddenly less effective in a patient with a previously good response, this is not uncommonly linked with progression of the original disease. Any such patient was referred back to the original consultant for a check-up and more often than not a recurrence had occurred.

In summary it can be seen that acupuncture is of limited use for patients with pain associated with malignant disease. It is potentially dangerous to give acupuncture without reasonably full knowledge of the staging of the disease and without full consultation with the responsible radiotherapists, oncologists and clinicians. However, acupuncture can be of great benefit to a small but significant proportion of patients. Self-administered acupuncture is possible and treatment by relatives or district nurses can be simply and effectively taught. This form of acupuncture is especially useful for patients who have any drug intolerance.
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