

THE VALUE OF HYPNOTHERAPY AS AN ADJUNCT IN THE TREATMENT OF BRONCHIAL ASTHMA

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Bronchial asthma is a disorder characterised by recurrent spontaneous attacks of dyspnea and wheezing, and remissions either spontaneously or as a result of treatment. Two problems clearly exist in the treatment of bronchial asthma, (1) Treatment of acute attacks and (2) Prevention of future attacks.

Hypnotism has been used in the treatment of diseases for hundreds if not thousands of years. Success was claimed for the hypnotic treatment of asthma about 60 years ago by Gerrish (1909). Varying reports have appeared in literature about the efficacy of hypnotherapy. Marchesi (1949), Magonet (1955), Asher (1956), Stewart (1957), Fry (1957), Ambrose and Newbold (1958), Diamond (1959), Meares (1960), Edwards (1960), Sinclair-Gieben (1960), Maher-Loughnan *et al* (1962), Chong (1964, 1965, 1966, 1968), Maher-Loughnan (1965), McLean (1965), Houghton (1967), British Tuberculous Association (1968). Most authors used various degrees of psychotherapy, and believed that psychotherapy is an essential part of the treatment. However, Maher-Loughnan *et al* in a controlled study, using only symptom-removal suggestions, found that hypnosis is of value in the symptomatic treatment of asthma. Sinclair-Gieben (1960) reported a case of Status Asthmaticus resistant to all physical therapy and as a final resort, hypnosis was tried and found to cut short the attack instantaneously. Here also only symptom-removal suggestion had been used.

PRESENT STUDY

Aim: To show the value of hypnotherapy as an adjunct in the treatment of bronchial asthma

- (1) In acute attacks
- (2) In the prevention of future attacks

(1) In Acute Attacks

Method: 10 children with chronic asthma were selected for study. They were trained in hypnosis and were able to go easily into a trance to the stage of hallucination, i.e. being able to imagine seeing a particular TV programme on suggestion. They were asked to report whenever they had an attack of asthma. Each time a child came in an

attack the Peak Flow Rate was measured. On the first occasion when he presented with an attack, he was given a tablet of "Tedral", and asked to sit quietly and nothing more was said. At 15 minutes interval he was asked how he felt and his P.F.R. then measured. On the next occasion when he had another attack, isoprenaline nebulizer was used. The P.F.R. and subjective relief were recorded in the same manner as before. On another occasion when he presented with an attack, he was hypnotised and given strong symptom-removal suggestions. Hallucination and teaching him how to breathe slowly and deeply under hypnosis were also used. The P.F.R. and subjective relief were recorded at 15 minutes interval as before. On another occasion when he presented with an attack, he was given a tablet of "Tedral" and then hypnotised and given symptom-removal suggestions. Both the P.F.R. and subjective relief were recorded as before at 15 minutes interval. The hypnotherapy and P.F.R. readings were both carried out by the author himself (Table I).

DISCUSSION

The results show that hypnosis equals and in many cases more effective than antispasmodic. Hypnosis plus an antispasmodic are more effective than hypnosis alone, and are as effective as isoprenaline nebulizer.

Hypnosis relaxes the patient both physically and mentally. It allays fear, anxiety and panic state, and relieves emotional tension. Typical attacks of bronchial asthma were hypnotically produced, and the attacks thus provoked were immediately terminated by appropriate hypnotic suggestions (Platonov, 1955). Herheimer (1951, 1953) found that asthmatic reactions resulted merely by placing asthmatic patients in situations in which they had previously been exposed to allergens. Supporting evidence of a similar nature has been reported by Dekker and Groen (1956). They demonstrated that exposure of a group of patients to certain emotional stimuli which had a special meaning for them induced asthma that were indistinguishable from attacks which occurred after the inhalation of allergens

TABLE I

Results:

Cases	1	2	3	4	5	6	7	8	9	10
Age in Years	9	12	9	11	13	8	11	9	12	6
Sex	M	F	F	F	M	F	M	M	M	F
Tedral	P.F.R. — Litres per minute									
0 minutes	100	115	70	35	160	50	45	40	60	85
15 minutes	110	120	80	35	180+	60	55	50	75	90
30 minutes	120+	125	90+	40	200+	65+	80+	65	80+	100+
45 minutes	140+	135+	110+	50+	210+	80+	90+	80+	90+	100+
Isoprenaline										
0 minutes	100	110	60	40	160	55	40	40	65	80
15 minutes	200+	140+	90+	60+	200+	80+	85+	70+	90+	100+
30 minutes	215+	160+	110+	80+	210+	100+	95+	80+	100+	110+
45 minutes	220+	160+	120+	85+	220+	115+	100+	90+	100+	120+
Hypnosis										
0 minutes	110	110	65	40	155	50	40	45	60	85
15 minutes	200+	120+	80+	40	190+	70+	50+	60+	75+	100+
30 minutes	210+	140+	90+	50+	195+	90+	70+	80+	90+	110+
45 minutes	215+	150+	110+	60+	210+	100+	85+	85+	95+	110+
Hypnosis+Tedral										
0 minutes	115	100	60	35	150	50	40	40	55	80
15 minutes	215+	130+	85+	50+	190+	80+	70+	65+	85+	100+
30 minutes	220+	150+	100+	60+	200+	100+	90+	80+	100+	110+
45 minutes	220+	160+	115+	80+	220+	110+	95+	90+	100+	120+

+ Subjective feeling of relief

or spontaneously and that such psychogenic attacks were terminated by isoprenaline (Groen, 1965). Doust and Leigh (1953) showed experimentally that emotional tension was accompanied in some subjects by anoxemia, which might be followed by an attack of asthma. Sinclair-Gieben (1960) reported a case of Status Asthmaticus in which hypnosis was used as a final resort and found to cut short the attack instantaneously. The patient went into a deep somnambulistic trance, but the wheezing continued even when he had already become relaxed. However, when a definite suggestion was given that the bronchospasm should cease, it immediately did.

CONCLUSION

Hypnotherapy is of value as an adjunct in the treatment of acute attacks of bronchial asthma.

Hypnotherapy has been also shown useful adjunct in obstetrics (Chong 1963, 1964), surgery (Chong 1964, 1965, 1966), and in the management of terminal cancer cases, in which the need for narcotics and analgesics are markedly

reduced. Hypnosis markedly potentiates the effectiveness of these drugs.

(2) In the Prevention of Future Attacks

Method:

Subjects: The cases were derived from the Pediatric Units of the General Hospital in Singapore. 36 cases were taken for the study. They ranged from 3 years to 13 years.

Technic of Treatment

1. Only simple psychotherapy given to mother: This group consisted of those children too young for hypnotherapy and those who did not accept hypnotherapy. The aim was to create a healthier home atmosphere, to correct faulty parental attitudes, and to eliminate irrational fear of parents.

2. Child given hypnotherapy: Technic of hypnotherapy—Hypnosis was explained and offered. The permissive method was used. Almost all the children could be hypnotised to be able to hallucinate the TV programme. Wolberg's technic of hypnotherapy was used (Wolberg, 1948). An effort was made to regress the patient to the time

of the first attack and to re-educate him to the effect that the cause of that first attack was no longer operative and that he needed no longer have fear and tensions about the constantly recurring need to breathe. Posthypnotic suggestions were given that he would enjoy sound physiological sleep, and that should he awaken, there still would be no asthma, and that in the morning he would feel at ease and comfortable and would so continue. In some cases a posthypnotic suggestion was given that whenever the patient felt an attack developing, he was to sit down or lie down, close his eyes, and breathe deeply and then hold that breathe deliberately for a brief while, then slowly and comfortably to exhale with ease and comfort and without fear. This procedure was to be repeated at least 5 times and had the immeasurable effect of re-educating the patient's breathing attitudes and pattern of breathing, relieving his fears and tensions. Thus the patient was given the confidence of a ready and sufficient remedy in times of need. The effectiveness of the remedy was stressed under a deep trance. Hallucination was often used. The child was told to visualize a day in his life free from asthma, and then a week and then for ever. Behaviour therapy was also sometimes used for chronic severe cases.

3. Both Child and Mother given hypnotherapy: This method was used in severe cases that failed to respond after a month's hypnotherapy, and for more rapid results.

The patients were seen twice a week at the beginning, and when they were better once a month. They were then followed up at 6 months, 1 year and 2 years intervals. Before treatment started, a detailed history was taken, the asthma was graded and the P.F.R. was taken (Table II).

Grading of Asthma

Frequency:	F0	—	No attack for 1 year
	F1	—	2 attacks per year
	F2	—	3 to 12 attacks per year
	F3	—	More than 12 attacks per year
Severity:	S0	—	No attacks
	S1	—	Attacks requiring no treatment
	S2	—	Attacks easily controlled by antispasmodic tablets
	S3	—	Attacks requiring injections, nebulizer, prednisolone, or hospitalisation

DISCUSSION

The results show there is subjective and objective improvement in the long term management of the asthmatic patient by hypnotherapy.

Previous workers tried to treat cases of asthma by hypnosis per se, mostly using direct symptom removal suggestions, and also the treatment was too short. Smith and Burns (1960) found no objective improvement in 25 children after treated hypnotically for only 4 sessions at weekly intervals for just only a month. Edwards (1960) treated only 6 asthmatics and found variable responses to hypnosis, and wondered whether the results were real or illusory. White (1961) treated ten patients and found that most of the patients reported improvement and derived benefits in that they became more active in work and social activities, but he found no evidence that hypnosis consistently improved respiratory function. However, Moore (1965) in a controlled study found subjective and objective improvement in the treatment of bronchial asthma by behaviour therapy, a method of hypnotherapy. In a controlled trial by the British Tuberculosis Association (1968) it was found that the asthma was "much better" in 59% of the hypnosis group and in 43% of the control group, the difference considered being significant.

In group I, 9 patients had only simple psychotherapy given to the mother; and all except one benefited from such treatment and in two cases the response was dramatic, the asthma stopped after a month's psychotherapy. In the remaining children receiving hypnotherapy, all except the last 10 cases, showed significant improvement after a month's hypnotherapy. In the last 10 cases both child and mother received hypnotherapy and all except 2 showed significant improvement after 6 months. It is interesting to note that parents whose children were admitted to the Denver Home with asthma, as a rule, undergo group psychotherapy. Also Sperling (1954) and others in dealing with psychosomatic disorders in children treated both mother and child psychoanalytically. In all the groups the mean P.F.R. shows progressive increase with treatment. The P.F.R. readings (lung function) can be very deceptive. When a child comes in with an attack and the reading is taken, it can be very low. How much this figure increases with treatment will depend on how much there is irreversible diminished lung function.

Hypnotherapy, as with all psychotherapeutic treatments, is a highly individual procedure, and much depends on the personalities of the thera-

TABLE II

Results:

Case	Age	Sex	Before Treatment			After 1 month			6 months			Treatment 1 year			2 years			
			F.	S.	P.F.R.	F.	S.	P.F.R.	F.	S.	P.F.R.	F.	S.	P.F.R.	F.	S.	P.F.R.	
Group I (Only simple psychotherapy to Mother)																		
1.	3	F	F1	S2		S0		S0		F0	S0		F0	S0		F0	S0	
2.	3	F	F3	S3		S1		F2	S1		F1	S1		F0	S0		F0	S0
3.	3	M	F2	S3		S2		F2	S2		F1	S2		F1	S2		F1	S2
4.	4	M	F3	S2		S2		F1	S2		F1	S1		F1	S1		F1	S1
5.	4	M	F3	S3	55+	S2	85	F2	S2	90	F1	S1	100	F1	S1	110	F1	S1
6.	7	M	F2	S3	60+	S2	120	F1	S2	140	F1	S2	140	F1	S2	160	F1	S2
7.	5	F	F3	S3	40+	S3	40	F3	S3	50	F2	S3	60	F2	S2	80	F2	S2
8.	4	F	F3	S3	30+	S2	50	F2	S2	60	F1	S2	70	F1	S2	70	F1	S2
9.	5	M	F1	S2	70+	S0	100		S0	100	F0	S0	110	F0	S0	100	F0	S0
Group II (Child given hypnotherapy)																		
10.	7	M	F1	S3	60+	S0	120		S0	140	F0	S0	160	F0	S0	170	F0	S0
11.	9	M	F1	S3	100+	S0	160		S0	180	F0	S0	200	F0	S0	210	F0	S0
12.	6	M	F3	S2	70+	S2	90		S0	120	F0	S0	140	F0	S0	150	F0	S0
13.	12	F	F1	S2	120+	S0	200		S0	220	F0	S0	240	F0	S0	250	F0	S0
14.	13	M	F2	S3	155+	S0	190		S0	190	F0	S0	210	F0	S0	210	F0	S0
15.	9	F	F3	S3	75+	S0	150		S0	170	F0	S0	200	F0	S0	200	F0	S0
16.	9	F	F3	S3	55+	S2	110	F2	S2	110	F1	S2	160	F1	S2	170	F1	S2
17.	6	M	F2	S3	40+	S2	55		S0	100	F0	S0	110	F0	S0	120	F0	S0
18.	7	M	F3	S3	50+	S2	70	F1	S2	110	F1	S2	120	F1	S2	120	F1	S2
19.	5	F	F3	S3	25+	S2	40	F1	S2	90	F1	S2	100	F1	S2	100	F1	S2
20.	6	M	F3	S2	90+	S1	120	F1	S1	140	F1	S1	150	F1	S1	150	F1	S1
21.	10	M	F3	S3	90+	S2	100	F1	S2	150	F1	S1	160	F1	S1	180	F1	S1
22.	11	M	F2	S2	140+	S1	160		S0	200	F0	S0	200	F0	S0	220	F0	S0
23.	8	F	F2	S3	100+	S0	150		S0	200	F0	S0	200	F0	S0	210	F0	S0
24.	11	F	F3	S3	90+	S2	110	F2	S2	130	F1	S2	150	F1	S1	180	F1	S1
25.	10	F	F3	S2	100+	S0	180		S0	190	F0	S0	190	F0	S0	200	F0	S0
26.	8	M	F3	S3	100+	S1	120	F1	S1	140	F0	S0	150	F0	S0	150	F0	S0
Group III (Both Child and Mother given hypnotherapy)																		
27.	7	F	F3	S2	80+	S2	90	F2	S2	110	F1	S2	130	F1	S1	140	F1	S1
28.	9	M	F3	S3	40+	S3	50	F3	S3	60	F3	S2	100	F2	S2	120	F2	S2
29.	11	F	F3	S3	70+	S3	80	F1	S2	120	F1	S2	140	F1	S2	140	F1	S2
30.	11	M	F3	S3	115+	S3	100	F2	S3	120	F2	S2	150	F1	S2	170	F1	S2
31.	11	F	F3	S3	150+	S3	140	F1	S2	180	F1	S2	180	F1	S1	190	F1	S1
32.	8	M	F2	S2	90+	S2	90	F1	S2	120	F1	S1	130	F1	S1	140	F1	S1
33.	10	M	F2	S3	100+	S3	105	F2	S2	130	F1	S1	170	F1	S1	180	F1	S1
34.	9	F	F3	S3	50+	S3	60	F3	S3	50	F3	S2	70	F3	S2	70	F3	S2
35.	10	F	F3	S3	60+	S3	65	F2	S2	80	F1	S2	120	F1	S2	140	F1	S2
36.	11	F	F3	S3	100+	S3	100	F2	S2	140	F1	S2	150	F1	S2	160	F1	S2

+—Having attack when P.F.R. taken
 F0—No attack for 1 year
 F1—2 attacks per year
 F2—3 to 12 attacks per year
 F3—More than 12 attacks per year
 P.F.R.—Litres per minute
 S0—No attacks
 S1—Attacks requiring no treatment
 S2—Attacks controlled by antispasmodic tablets
 S3—Attacks requiring injections, nebulizer, prednisolone, or hospitalisation

pist, his belief and enthusiasm in the procedure, and his ability to establish good rapport with the patient. Weitzenhoffer (1962) pointed out "the therapist's ability to use hypnosis to establish a significant personal relationship is perhaps in the long run the major determinant of success".

CONCLUSION

Hypnotherapy is of value as an adjunct in the prevention of future attacks of bronchial asthma. It has also been shown to be a useful adjunct in other branches of medicine by the author elsewhere.

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