Integration of Hypnosis with Acupuncture: Possible Benefits and Case Examples

Noah Samuels
Shaare Zedek Medical Center

Acupuncture treatment uses ultrafine needles which are inserted into specified points on the skin (acupoints). Acupuncture can help alleviate pain and inflammation, possibly through the increased release of pituitary beta-endorphins and ACTH. Hypnosis can also help alleviate pain syndromes, and may have centrally mediated immunomodulatory effects. The use of these 2 treatments simultaneously may potentially assist and augment the effects of each another. Two case reports where both treatments are used together are presented: One showing how hypnosis can help in the treatment of painful acupoints, the other how the response to acupuncture may be augmented by hypnosis in the treatment of headache. Controlled trials of this combined treatment are warranted.

Keywords: ACTH, Acupuncture, endorphins, hypnosis, immune, pain

The ancient Chinese treatment of acupuncture, during which thin needles (diameter 0.15-0.30mm) are inserted in specific points on the skin (“acupoints”), focuses on a holistic, energy-based approach to patients, as opposed to the disease-oriented approach of Western conventional medicine. Traditional Chinese Medicine (TCM) teaches that treatment with acupuncture can influence and harmonize imbalances and promote general well-being. Hundreds of acupoints are located along series of theoretical tracts located on the skin (“meridians”) that are believed to influence the internal organs. In spite of a plethora of medical publications in the field of acupuncture research, acupuncture remains an enigmatic treatment option to many in the medical profession.
Though some researchers feel that the effects of acupuncture are no more than the result of autosuggestion (Kroger, 1972), acupuncture does result in both local and systemic physiological effects, such as the increased release of pituitary beta-endorphins, which may partially explain its analgesic effect. Acupuncture also increases pituitary release of ACTH with concomitant increase in serum cortisol levels, which explains in part the analgesic as well as anti-inflammatory effects of this treatment (Malizia, Andreucci, Paolucci, Crescenzi, Fabbri, & Fraioli, 1979). In 1998, the National Institutes of Health (NIH) Consensus Development Panel on Acupuncture concluded that acupuncture is an effective treatment for ailments such as chemotherapy-related nausea and vomiting, as well as postoperative surgical and dental pain, and may be useful as an adjunct treatment for a variety of illnesses (National Institutes of Health, 1998). The British Medical Association has also recognized acupuncture as an effective treatment for many medical conditions (Silvert, 2000).

Hypnosis is also an effective treatment for many ailments (Astin, Shapiro, Eisenberg, & Forys, 2003), and is recognized by both the American and British medical establishments. Studies have found hypnosis to be an effective treatment modality for chronic pain (National Institutes of Health, 1996), including the severe pain experienced by cancer patients (Kellerman, Zeltzer, Ellenberg, & Dash, 1983). Hypnosis has been shown to selectively and somatotropically alter pain sensation in highly susceptible subjects (Benhaiem, Attal, Chauvin, Brasseur, & Bouhassira, 2001), interfering with the interaction between prefrontal gamma activity on EEG and the subjective experience of pain (Croft, William, Haenschel, & Gruzelier, 2002). Hypnosis can also alleviate many immune-mediated dermatological conditions such as dermatitis and psoriasis (Shenefelt, 2000), possibly through centrally-mediated immunomodulatory effects: for example, the inhibition of the immediate-type hypersensitivity response (Black, 1963).

There is a paucity of research on the combined use of hypnosis with acupuncture treatment. Studies comparing the benefits of each modality individually have found hypnosis to be more effective than acupuncture for analgesia (Dunninger 1998) with acupuncture significantly more effective in raising overall body pain thresholds (thermal), though just below significance for pain tolerance (Stewart, Thomson, & Oswald, 1977). In one study, 25 patients suffering from head and neck pain were treated with acupuncture and then, following a washout period, hypnosis. Those with acute pain benefited most from acupuncture, whereas those with psychogenic pain were more likely to benefit from hypnosis (Lu, Lu, & Kleinman 2001). In another study, 16 men suffering from non-organic sexual dysfunction were treated with acupuncture and 15 with hypnosis, with 29 serving as controls. Both acupuncture and hypnosis were found to be more effective than placebo, though this difference was only statistically significant with respect to hypnosis (Aydin et al., 1997).

A treatment regimen combining both acupuncture and hypnosis was evaluated in a Phase I study of children (ages 6-18 years) suffering from chronic pain (Zeltzer, Tsao, Stelling, Powers, Levy, & Waterhouse, 2002). All patients \((n = 28; \text{ no control group})\) underwent six weekly sessions consisting of individually tailored acupuncture treatment together with a 20-minute hypnosis session conducted while needles were in place (all patients received both treatments). Both parents and children were satisfied with the combined treatment, and a significant decrease in pain and pain-related interference in functioning was observed, with children’s anticipatory anxiety declining significantly across treatment sessions.
Case 1: Hypnosis for Tender Acupoints

In addition to the central effects mentioned earlier, acupuncture can also reduce pain and inflammation locally. Painful (“ashi”) points can be treated effectively with acupuncture needles through mechanisms that activate the sensory nerves arising in muscles (Gunn, Milbrandt, Little, & Mason, 1980) leading to strong localized muscle contractions similar to those obtained with protracted exercise (Andersson & Lundeberg, 1995). However, if localized pain is so severe that patients are unwilling to allow needles to be inserted, the therapeutic effects of acupuncture will not be able to be applied. Here is where hypnosis may help, using suggestions to produce “glove analgesia,” as can be illustrated in the following case history.

A 30-year-old male computer programmer presented with a 10-year history of work-related painful tendonitis of the anterior-ulnar aspect of the right forearm. He had tried treatment with non-steroidal anti-inflammatory medications, as well as physiotherapy, with no relief, and was referred for treatment with acupuncture. On exam he had significant localized tenderness of the flexor carpi ulnaris muscle of the right forearm, with a localized swelling (4 x 6 cm) due to muscle spasm on the anterior-ulnar aspect. The area was extremely sensitive to even light touch, and he was unwilling to have acupuncture needles inserted in or around this area because of the severe pain. The patient received an explanation regarding hypnosis, and agreed to undergo treatment in order to enable acupuncture treatment of the sensitive area. After induction using progressive muscular relaxation and eye-fixation, a glove-anesthesia suggestion of the entire forearm was given. The patient was then given an acupuncture needle that he himself used to prick the skin of the arm, following which a full (and unlimited) acupuncture treatment was then administered. After nine treatment sessions the swelling decreased significantly, with reduction in pain and sensitivity to touch. During the next 6 months the patient experienced occasional pain which was mild and did not require further treatment.

Case 2: Hypnosis Augments Treatment of Headaches

Acupuncture is an effective and safe treatment for headaches, reducing both frequency and severity of attacks in patients suffering from migraine, possibly due to its effects on the opioidergic system (Samuels, 2002). According to TCM, headaches usually result from stagnation of energy in one or more of the meridians, which in turn is caused by improper diet and psychological stress. Acupuncture needles are inserted in distal points in the arms and legs along these meridians, harmonizing the flow of energy and releasing the stagnation. One of the most effective points for the treatment of headache is LI 4, or “He Gu” (union valley), located on the dorsum of the first interosseus muscle of the hand.

A 44-year-old female travel agent had been suffering for the previous 2 years from severe, debilitating occipital headaches, often radiating to the forehead. She had undergone an in-depth neurological work-up (including a brain CT and EEG), which was negative, and the headaches were attributed to tension. Treatment with analgesic medication was of limited benefit, and the headaches eventually became more frequent, sometimes daily, affecting her work and interaction with friends. She was referred for treatment with acupuncture by her family physician, but following two treatments only a limited response was seen. Because of the understanding that the headaches were
exacerbated by psychological stress, and after discussion with the patient, it was decided to incorporate hypnosis into the treatment regimen. The acupuncture point LI 4 (He Gu) was singled out for the following suggestion during hypnosis (after induction with progressive muscular relaxation):

In Chinese medicine, pain is caused by the stagnation of energy. When our bodies are healthy, when there is harmony and balance, the energy flows throughout the body through routes called “meridians.” Each internal organ has its own meridian: The heart, the liver, the spleen, the kidneys, and so on. Headaches are caused by stagnating energy, due to stress and other factors leading to imbalance. The acupuncture needles help release this stagnant energy, just as a pin inserted into a tire causes the air to slowly escape… The needle inserted in the hand is especially effective for releasing the stagnant energy causing headache, since there is a meridian which runs from the back of the head along the neck… down to the shoulder… along the upper arm and then the lower arm… to the hand and then out of the body, into the air outside… As I turn the needle, the energy flows quicker, the air is released, the pressure decreases... there is a feeling of calm, relaxation… the head feels lighter, less inflated, less pressure…”

Treatment with both acupuncture and hypnosis resulted in a significant and rapid improvement in both severity and frequency of the headaches, as well as in the patient’s general feeling of well-being. After nine treatments in total, she was free of pain, and 2 months later she returned for an additional two treatments when the headaches began to return. Six months later she was more or less symptom-free, with the occasional headache resulting from exceptionally stressful life events, resolving spontaneously.

Conclusions

Both acupuncture and hypnosis are effective modalities that can be used individually for the treatment of many ailments. Acupuncture is a mechanical technique which can significantly relieve stress and improve general well-being, while hypnosis is a psychological technique with significant physiological effects resulting from relaxation and ideodynamic responses. Both are safe and effective in children and adults, and both are based on the principle of “self-healing”; that is, the activation or release of endogenic factors with alleviation of symptoms. Both treatments can help alleviate pain and reduce inflammation, as mentioned above. Combining these two techniques is not only feasible but also, most probably, beneficial and desirable for patients.

The integration of hypnosis into the practice of acupuncture may have additional benefits as well. For acupuncture treatment to work, patients need to be relaxed, otherwise effects such as endorphin release will be neutralized by the simultaneous release of stress hormones such as adrenaline. Most acupuncture treatment protocols require the use many acupoints, which can be stressful for patients, especially those suffering from needle phobia. Dunninger (1998) found that needle-phobic patients with acute pain did not benefit from acupuncture treatment, and Lu (2001) found that acupuncture patients who were needle phobic benefited less than those who were not fearful of needles. Hypnosis has been shown to be effective in reducing needle phobia.
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(Nugent, Carden, & Montgomery, 1984), even in stressful situations such as dental treatments (Morse & Cohen, 1983) or lumbar puncture (Simon & Canonico, 2001). Patients who are needle phobic may avoid further acupuncture treatments, even if found beneficial, and if hypnosis can prevent this a full and effective treatment program can be implemented (Lu & Lu, 1999).

The cases presented indicate that the combination of the two modalities may be both feasible and beneficial. However, case reports in general are of limited research value (lack of controls, multiple confounding factors, subjective end points), and the two cases present show only one aspect of the potential benefit, that of pain relief. Both hypnosis and acupuncture have been found to be of benefit with many other conditions, such as the irritable bowel syndrome (Rohrbock, Hammer, Vogelsang, Talley, & Hammer, 2004; Gonsalkorale, Houghton, & Whorwell, 2002). Another limitation is the lack of measurement of hypnotizability in both cases. Hopefully large controlled studies will be undertaken, increasing the understanding of the benefits of both modalities individually and together.

Acupuncturists should be made aware of the potential benefits of hypnosis in their practice, encouraging them to either undergo training or enlist the services of a qualified professional with appropriate training in clinical hypnosis. It has been said that “two heads are better than one,” and this is more than likely true regarding the combination of hypnosis and acupuncture as opposed to acupuncture alone.

References


