Journal of Respiratory Medicine

Short Communication Open Access

Hypnosis as an Adjunct Therapy in Respiratory Medicine

Callner A*

Department of Clinical hypnosis, LifeCraft Hypnosis, Melbourne, Florida, USA

Short Communication

Hypnosis as an adjunct therapy in Respiratory Medicine If your child is feeling stressed or anxious due to a medical condition or procedure, hypnotherapy might offer some relief. Paediatric hypnosis is a proven and effective tool that can help children reduce stress and anxiety, achieve their goals, boost their confidence, alleviate chronic pain, enhance focus and attention, overcome fears, develop resilience, and gain a sense of control [1]. It's important to understand that paediatric hypnosis is not about mind control. It is an evidence-based technique that allows your child to alleviate a symptom, learn something new, confront their fears, or manage their emotions. During hypnosis, your child remains fully aware and cannot be compelled to do anything against their will [2]. To exit hypnosis, they simply need to open their eyes. Paediatric hypnosis harnesses the power of a child's imagination to create new pathways in their mind. Studies have shown that this practice can significantly reduce or eliminate pain and discomfort during medical procedures, and accelerate the healing process [3]. It's akin to daydreaming but with a specific purpose, which comes naturally as children have vivid imaginations. For example, let's consider Elaine Millar's experience at Stanford University in 2005. Her young daughter had been through several painful examinations involving the insertion of a catheter and dye injection. The tests were traumatizing for her daughter, so the researchers at Stanford University School of Medicine suggested hypnosis [4]. Elaine seized the opportunity, knowing that her daughter needed a way to make the procedure less painful and distressing. The results were remarkable. Not only did hypnosis provide relief for Elaine's daughter, but it also proved beneficial for other young patients. Hypnosis proved to be the only effective method during a particularly painful examination called voiding cystourethography (VCUG) [5]. Clinical reports indicate that hypnosis can reduce cancer-related pain, pain during childbirth, and pre-and post-operative stress. Lucile Packard Children's Hospital at Stanford regularly performs VCUG procedures on young patients. Sedation is not an option because the child needs to be alert enough to urinate during the procedure. According to David Spiegel, MD, around half of the children who underwent such procedures found them easier to bear thanks to hypnosis [6]. Dr. Spiegel, the Jack, Lulu, and Samuel Wilson Professor in Medicine and Associate Chair of Psychiatry and Behavioural Sciences, as well as the Director of the Stanford Centre for Integrative Medicine and Psychosocial Treat Laboratory, conducted the research and is an attending psychiatrist at the children's hospital. The research received funding from the Innovations in Patient Care Program at Lucile Packard Children's Hospital. Individuals suffering from chronic obstructive pulmonary disease (COPD) often struggle with breathlessness and chest tightness, leading to anxiety and worsening symptoms. By addressing both the psychological and COPD-related symptoms, significant improvements have been observed. Hypnosis, as a complementary therapy, has shown promise in alleviating anxiety and breathlessness in COPD patients. Unlike meditation or other mindfulness exercises, hypnosis enables patients to receive suggestions that alter their perception of bodily sensations, reducing anxiety and granting them control over their breathing [7]. Implementing hypnosis in pulmonary rehabilitation can lead to a 10% to 20% reduction in anxiety levels. The use of hypnosis for COPD-related anxiety and dyspnoea in pulmonary rehabilitation is part of a cluster-randomized, active-control trial called HYPNOBPCO_2 [8]. Over a period of two and a half years, hypnosis was administered to 303 patients at a paediatric pulmonary centre. Some patients experienced symptoms stemming from psychological issues, while others struggled with medication adherence or had a fear of medical procedures. The results were promising, with an 80% improvement observed in patients with asthma, chest pain/pressure, habit cough, hyperventilation, shortness of breath, and vocal cord dysfunction. In some cases, symptoms resolved immediately after a hypnosis session, while others experienced improvements after a few weeks of hypnosis [9]. As emotional difficulties can trigger respiratory symptoms, it follows that children in these situations can benefit from both psychological support and hypnosis. In a study involving 81 patients, self-hypnosis was taught to address various issues, including anxiety, cough, and chest pain. Seventy-five percentage of the patients participated in a follow-up, and 95% reported improvement or no longer experiencing their symptoms. It is worth noting that none of the patients worsened or developed new symptoms. The study ultimately concluded that hypnosis can often function as an important adjunct treatment for patients, providing rapid results that would not have been possible otherwise [10].

Acknowledgement

None

Conflict of Interest

None

References

1. Pisarski K (2019) The global burden of disease of zoonotic parasitic diseases: top 5 contenders for priority consideration. Trop Med Infect Dis EU 4: 1-44.
2. Kahn LH (2006) Confronting zoonoses, linking human and veterinary medicine. Emerg Infect Dis US 12: 556-561.
3. Bidaisee S, Macpherson CNL (2014) Zoonoses and one health: a review of the literature. J Parasitol 2014: 1-8.
4. Cooper GS, Parks CG (2004) Occupational and environmental exposures as risk factors for systemic lupus erythematosus. Curr Rheumatol Rep EU 6: 367-374.
5. Parks CG, Santos ASE, Barbhaiya M, Costenbader KH (2017) Understanding the role of environmental factors in the development of systemic lupus erythematosus. Best Pract Res Clin Rheumatol EU 31: 306-320.

***Corresponding author:** Alexandra Callner, Department of Clinical hypnosis, LifeCraft Hypnosis, Melbourne, Florida, USA, E-mail: alexcallner3@gmail.com

Received: 23-Oct-2023, Manuscript No. JRM-23-119995; **Editor assigned:** 26-Oct-2023, Pre-QC No. JRM-23-119995 (PQ); **Reviewed:** 09-Nov-2023, QC No. JRM-23-119995; **Revised:** 15-Nov-2023, Manuscript No. JRM-23-119995 (R); **Published:** 22-Nov-2023, DOI: 10.4172/jrm.1000186

Citation: Callner A (2023) Hypnosis as an Adjunct Therapy in Respiratory Medicine. J Respir Med 5: 186.

6. Barbhaiya M, Costenbader KH (2016) Environmental exposures and the development of systemic lupus erythematosus. Curr Opin Rheumatol US 28: 497-505.

7. Cohen SP, Mao J (2014) Neuropathic pain: mechanisms and their clinical implications. BMJ UK 348: 1-6.

8. Mello RD, Dickenson AH (2008) Spinal cord mechanisms of pain. BJA US 101: 8-16.

9. Birnesser H, Oberbaum M, Klein P, Weiser M (2004) The Homeopathic Preparation Traumeel® S Compared With NSAIDs For Symptomatic Treatment Of Epicondylitis. J Musculoskelet Res EU 8: 119-128.

10. Gergianaki I, Bortoluzzi A, Bertsias G (2018) Update on the epidemiology, risk factors, and disease outcomes of systemic lupus erythematosus. Best Pract Res Clin Rheumatol EU 32: 188-205.