



Academy of Hypnosis, India

NEWSLETTER

Hypnosis for Health, Happiness, and Harmony

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Letter from the President

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The
subconscious
mind is like a
fertile garden;
whatever you
plant there will
grow.

~ R L Stevenson

Dear Friends,

With warm wishes for the new year!

Academy of Hypnosis is slowly growing through its infantile stage. And at this stage it needs nurturing.

While the second issue of AoH Newsletter is being published, I take this opportunity to request every member to work proactively towards growth of AoH. There are multiple ways in which you can contribute: You may participate actively by attending monthly clinical meetings and presenting your cases. You may contribute your cases / articles for publication in the Newsletter. You may motivate your friends (batchmates) to join

AoH (in my observation, around 50% of past PGDCH students and almost 80% of past PGDCAH students are yet to join AoH – we can approach them personally). You can give ideas about various activities we may take up, like, in the last clinical meeting there was a suggestion regarding guiding the members in their research projects or in writing their cases/papers for publication.

I also request the senior members and faculty members to motivate colleagues and students for learning and utilizing the science of hypnosis. I encourage them to volunteer themselves for being faculty for AoH Basic and Advance hypnotherapy courses, for guiding junior members in their projects – even we can suggest some ideas for research projects.

I congratulate our members, Dr. Jini Gopinath, Dr. Baljeet Kaur, Dr. Deepa Jain, and Nivedita Thorat for joining me and participating actively in the 8th International Conference of Health Psychology at Goa. I also congratulate Dr. T Santhanam for his participation in National Conference of



Indian School Psychology Association at Meghalaya during November 2023.

I thank the managing committee members for their continuous active support in the growth of AoH and congratulate Dr Veena for publishing this second issue of the Newsletter.

Jay Hind!

Message from the Secretary

Dr. Avnish Dave, M.D. DCAH.
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You cannot be
made to do
anything against
your will under
hypnosis.

~Michael Yakpo

It gives me immense pleasure to put forth the second newsletter. We are in the middle of preparation for the next national conference in the beginning of 2025 at Puducherry. As we are drifting through the time, new challenges are coming up, which we are trying to overcome and come up with our best. A planned basic workshop in coming few months in Surat (Gujarat), and the other zone-wise basic courses, followed by the Advanced Level Training in Hypnotherapy are in pipeline. Our core

committee members are constantly working hard to organize these programs. I also appreciate their efforts in managing the continuous support in conducting the monthly academic meets and ensuring the continuous flow of case studies, thereby motivating young enthusiasts and the group members. I hereby also appeal all the group members to come up with more and more case sharing, queries, and discussions make our clinical meetings more enriched. Mental Health is gaining more and more importance, and it's the right time Hypnotherapy gets its due recognition and benefits to its recipients. I hope our second newsletter will help you enhance your interest further in this science.

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Message from the Vice President

Prof. Rakesh Kumar Jain, Ph.D.
Professor & Head, Department of
Psychology, Gurukula Kangri (Deemed to
be University) Haridwar
Web: <https://gkv.ac.in>



Hypnosis is not
magic; it is the
art of utilizing
natural
processes.

~Milton Erickson

This is a moment of pride that the next issue of AoH newsletter is being unveiled. AoH is continually striving for making hypnosis available for all to promote health, harmony and happiness. I would like to express my gratitude to each AoH office bearer, member, editor of newsletter, academicians, researchers and teachers who are actively engaged in expanding the natural healing modality of hypnosis for everyone. The topics and events covered in the newsletter is a step forward to achieve the aims of AoH.

Message from the Editor

Dr. Veena Panjwani
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“Skepticism is
healthy, but
don’t let it limit
your
exploration of
potential
solutions.”

~David
Patterson

Dear Hypnotherapists,

Even today, hypnotherapy remains a complex and multifaceted topic within the academic community, generating both the intrigue and the skepticism. It is time to approach the hypnotherapy with nuance and acknowledge the ongoing discussion. Cognitive and neuroscientific frameworks offer new perspectives on the mechanisms underlying hypnotic phenomena. The academic community plays a vital role in evaluating the evidence for hypnotherapy, fostering critical discourse, and identifying areas for further exploration. Interdisciplinary collaboration, involving psychologists, neuroscientists, medical professionals, and other relevant fields, can advance understanding and bridge the gap between research and practice.

As an editor of AoH Newsletter, I see the opportunity to connect with academically sound and practical research work ongoing in the discipline of clinical hypnosis and present them to the readers. Along the way, the current issue of AOH Newsletter was truly a collaborative work with articles and research papers submitted by various practitioners and researchers from different states of India. I would like to express my gratitude to all the contributors for this issue.

This issue contains the past 1-year updates regarding AoH activities. There is an interview with Dr Dayal Mirchandani about Hypnotherapy and its applications. There is a paper on Role of Hypnosis in psychodermatology by Sampada Vijayvergiya and Dr Rakesh Kumar Jain. A case study on Genophobia and its treatment with hypnotherapy by K M Nandan is an insightful read. Finally, there is an interesting read on Neuroscience of Hypnosis by Dr Taarak Vachharajani. Finally, there is research updates in clinical hypnosis. I hope that you have an enriching experience while reading this newsletter. You can give your feedback/ reviews/ comments and contribute your article or book review of any book pertaining to hypnosis on swayam.veena21@gmail.com.

Events Update

1. Dr. B. M. Palan, Dr. Jini Gopinath, Dr. Baljeet Kaur and Nivedita Thorat presented a Symposium: “Hypnosis in Illness and Wellness” during the 8th International Conference of Indian Academy of Health Psychology held at Goa from 30th Nov to 2nd Dec, 2023.



2. Dr. Deepa Jain, School of Social Science, Devi Ahilya Vishwa Vidyalaya, Indore presented a paper: “Understanding the practical application of science of hypnosis by the professionals of India, trained through one year Post Graduate Diploma Course in Clinical Hypnosis” during the 8th International Conference of Indian Academy of Health Psychology held at Goa from 30th Nov to 2nd Dec, 2023.



3. Dr. T. Santhanam, Director, SDS Academy of Behavioural Sciences & Happy Minds, Chennai presented a Workshop: ‘Enhancing Study Skills through Hypnosis’ during the National Conference of Indian School Psychology Association in collaboration with Department of Education and Psychology of University of Science and Technology held at Meghalaya from 3 to 5 November, 2023.



4. Academy of Hypnosis has been conducting monthly Clinical Meets for the clinical and academic learning and discourse. Following are the details of past one year:

Sr. No.	Date	Topic	Presenter
	11.02.2023	Hypnosis intervention in OCD	Sarika Sharma
1	11.03.2023	Treatment of Social Anxiety using CDT under hypnotic trance	Dr. Sandhya Verma
2	08.04.2023	Clinical Hypnosis for Chronic Pain Management and Enhancing Quality of Life	Shruti
3	13.05.2023	Use of hypno-anaesthesia for perioperative anxiety in Children	Dr. Pankhuri Dudani
4	13.05.2023	Hypnosis for functional pains in Children	Dr. Neema Sitapara
5	10.06.2023	Age Regression in case of CSA	Dr. Dhaval Kumar Patel
6	10.06.2023	Hypnotherapy in Enhancing Emotional Control in Person Affected by Marital Infidelity	Dr. T. Santhanam
7	15.07.2023	Hypnosis in Pediatrics	Dr. Avnish Dave
8	15.07.2023	Application of Hypnotherapy for Treatment of OCD: A case presentation	Dr. Veena Panjwani
9	09.09.2023	Hypnotherapy treatment in a case of Post Covid Lung Fibrosis	Dr. Arpita Punamiya
10	14.10.2023	Hypnosis in Mental Health	Dr. Dayal Mirchandani
11	14.10.2023	Case Study: Hypnotherapy in enhancing the mental well-being of client with borderline personality & suicidal ideation	Dr. Amita Puri



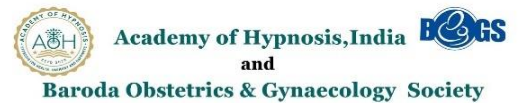
12	09.12.2023	Hypnotherapy treatment in case of hypertension & comorbidities	Dr. Anal Mehta
13	13.01.2024	A case of performance anxiety (Academic exams)	Dr. B. M. Palan
14	13.01.2024	Survey project conducted on past students of PG Diploma course in Clinical Hypnosis	Dr. B. M. Palan

5. Academy of Hypnosis-India

Foundation Day was celebrated on 24th - 25th June '23 to propagate the science of hypnosis in a 2-day events. Informative session on Basics of Hypnosis for Beginners was conducted on 24.06.2023, Saturday. On 25.06.2023, Sunday: 2 Advanced Workshops were conducted for practicing hypnotherapists and clinicians from 10.00 am-1.00pm. The topics were “Hypnotherapy in Hypertension” conducted by Dr. Alok Prapanna & Dr. B. M. Palan & “Cognitive Hypnotherapy for Depression” conducted by Dr. Prasanta Kumar Roy.

6. Academy of Hypnosis India and Baroda Obstetrics & Gynaecology Society conducted a webinar on

Application of Clinical Hypnosis in Obs & Gyn Practice 23 Sept 2023.



Application of Clinical Hypnosis in Obs & Gyn Practice

23 Sep 2023
3 : 00 - 4: 30 pm



Chief Guest : Dr. Kamini Patel
President, SOGOG

Time	Topic	Speaker
3 :00pm	Welcome	Dr Amita Shah
3 :02pm	Blessings	Dr Kamini Patel, President, SOGOG
3 :07pm	Introduction of speakers	Dr Amita Shah
3 :10pm	Clinical Hypnosis: Introduction	Dr B M Palan
3 :35pm	Hypnosis in practice of Obs & Gyn	Dr Maitri Shah
4 :05pm	Case Presentation	Dr Rina Shah
4 :15pm	Questions & comments from audience	
4 :27pm	Vote of thanks	Dr Avnish Dave

Dr. B.M Palan
President, AoH
Dr. Avnish Dave
Secretary, AoH

Dr. Amita Shah
President, BOGS
Dr. Sayuj Fadadu
Secretary, BOGS

Zoom Meeting ID:850 9079 3087
Passcode: 329468



www.academyofhypnosis.in

7. A lecture was conducted by Dr Yogesh Chandarana on “Hypnosis for Successful Dentistry” at CDA IDA conference at Indore on 2-3 Sept 2023 organized by Commonwealth Dental Association and Indian Dental Association.





From the Bodhisattva

Dr. Dayal Mirchandani
Sr. Psychiatrist.
Practicing Hypnotherapy since 1983.
Board of various universities.
Mumbai Uni., TISS, SNDT,
Advisory Board of AOH.

Q. What are the areas in which hypnotherapy can help us and particularly the psychological problems that today's young generation is facing? There is an alarming rise in suicide cases, be it in Kota or other places. So, can Hypnotherapy based therapies actually be useful in such scenarios as well?

A. Hypnosis is not a therapy as such. It's a modality. That means we can use many different therapies with Hypnosis.

Hypnosis probably predates most of the current therapies. Freud first learnt hypnosis from Charcot and Breuer. Before that Janet and all other people were doing Hypnotherapy. It predates even NLP, whole lot of therapies.

So, we can definitely use Hypnosis with all kinds of health issues, whether adolescents, mental health, physical health etc.

Let us talk about adolescents:

Common problems nowadays are screen addiction, games online. Other areas common with adolescents is study problems, lack of motivation, not being

able to focus, sleep issues because of anxiety, exam panics, etc. I see that there is no other therapy as good as hypnosis for controlling anxiety. You can terminate a panic attack in a short while using hypnosis, probably, as fast as with an injectable when you practice a quick induction.

You can also train people for examination panic. Look at the collected works of Milton, Erickson, You will find his papers on medical students, lawyers, other people who had examination panics and they were not able to go multiple times, when he just taught them hypnotic techniques (without even suggesting anything) like time distortion, making the examiner look as if he is talking from far away, all kinds of modalities he has just taught people how to use, so that when they need it they are able to use those resources. Even hypnotic ways of changing perception and perceiving things differently. So, it is definitely possible to teach people to focus better with hypnosis to move out distractions and adjust, e.g. something like suggestions like working in a factory or being on a bus stop. You teach them how to screen out and focus; and how they can get used to distractions. Once when my son was studying for an exam and there was construction happening nearby and he was getting quite irritated. I had given him noise cancelling headphones, he was still getting irritated. Then he just learnt how to screen



that out and focus. So, it is possible to do that both with hypnosis, with inner trance and also even with waking hypnotic suggestions. David Wark has published papers on waking hypnosis – how to induce it and use it.

The advantage of hypnosis is when you deal with the adolescents, often they don't want to talk to you or they resentfully about "why should I do..." and you can work on being motivated and focusing on studies.

So right from an early age, one can use hypnosis. The cases of ADD, ADHD, often have anxiety more than anything else and it is possible to work with them.

Then stress is a major problem often. One can teach self-hypnosis, time distortion and other techniques so that they can focus. You cannot expect children and adolescents to sit for more than a few minutes. You can teach them self-hypnosis and time distortion to do better in their studies, release their stress and improve their sleep quality. You can also help in improving their motivation.

Q. How can we use hypnosis for adult population who are dealing with a lot of stress? Cases of chronic illness and chronic pain are also increasing day by day. How can hypnosis be useful in these cases?

A. With adults, there are 2 areas of use. One is to improve performance, to get more focused, to be more motivated etc. and it can be used for psychological conditions

like anxiety and depression. It can also be used for chronic pain and whole lot of psychosomatic issues; we don't consider them psychosomatic now. We recognize them as psycho-physiological. We know that people with chronic illness like RA, Asthma, with skin conditions, because of the itching, because of the discomfort that they feel there is a higher incidence of depression, anxiety and all kinds of psychopathology among them. They very often go to a General Practitioner, and they prescribe SSRIs, some benzodiazepine, both of which are now known to be fairly addictive and not indicated for IBS or Asthma. They are indicated for depression and anxiety may be. But not for these things. But just because they think that they are stressed, they prescribe these medicines to the patients. But it does not address the stress. With Hypnosis, Maier and Watkins published papers and showed an even closer relationship between stress and immune function. They were getting up to 70 % results of markedly improved cases. So, you can know that people have used it and it has helped people overcome all kinds of issues like migraine, psycho-physiology made worse by stress. Often even these disorders are well treated with Hypnosis. You can reduce the morbidity and the suffering that people experience.

Also with cancer patients, Dr. David Spiegel used to run a group-therapy for



women with breast cancer. The longevity of women who were in that group increased with self-hypnosis. It nearly doubled the survival rates. May be 1 or 2 people had regression of their cancer, but it reduced suffering, it reduced depression and anxiety.

What people often forget that when someone has a chronic illness then other people in the family are also affected; the spouse, the children. Often one needs to ask about them about their well-being. One can use hypnosis with them to help them support their person who is going through a difficult illness.

There are multiple ways, e.g. Meier used a method called guided affective imagery, which is basically teaching people how to go into a structured imagery and then dream, exploring that by opening the doors, and going into the streams etc. But just tell them to dream that they are in this area and they are doing different things and he would have initiated with ego strengthening suggestions and then suggest this as the first step. If the persons did not improve, then as a second step, he would have them admitted for 2 weeks and do it for multiple hours while they were in the hospital. He got excellent results with all kinds of chronic conditions.

I had done a study with a few patients in the early 1980s. Today it is impossible to do it because no one would spend so many hours

a day doing self-hypnosis. But the idea was that a person does self-hypnosis for 4-5 hours a day and then reports back to the therapist for 10-15 minutes to be motivated and to explain the blocks.

With phobias and all, airplane phobia, medical phobia, dental phobia etc., also, I have treated people with very severe case of dental phobia, even needle phobias, they refuse injections; also, lots of people with MRI & CT scan phobias. There are multiple cases where you can use hypnosis and for chronic pain there is nothing better than hypnosis again. Because all those medicines are highly addictive and they give partial relief. They don't give the kind of relief that hypnosis can give. There are number of books on using it with cancer patients for dealing with discomfort, pain, fear of death. It improves the quality of life; it won't cure them.

But there was a hypnotherapist A. Maier, he was Australian hypnotherapist. He switched from hypnotherapy to teaching patients how to get into very deep meditative state. From hypnosis, he learnt those techniques but then without that and many of his patients lived far beyond what they were expected to live; and few of them had regression after the cancer disappeared. But that research was never followed up. It was one person doing it and then writing about it, but being ridiculed because doctors could not believe that this is possible.



Michael Yakpo has written books on depression and how to treat it; and with anxiety you can use multiple techniques.

Q. Apart from these, with adults, there are a lot of relationship issues, interpersonal issues, sexual problems. Can Hypnosis also be applied here?

A. There are people who have written about this. There is one book called “The Couples Hypnotic Game” where they use Hypnosis in couples’ therapy.

A therapy called IFS, very similar to parts work, “How to use IFS with couples” by Richard Schwartz. Also, the book by Michelle Ritterman on Hypnosis with Family.

Sexual disorders have major use of Hypnosis. In low sex drive, medicines don’t really work. Often the sexual issues are pertaining to subconscious issues, for both male and female. Sometimes, it is due to abuse in the past, sometimes it is due to guilt etc. There hypnoanalysis can be used to find out the cause and Hypnosis to enhance sexual feelings and desire. There are many books written on erotic Hypnosis, written mainly by lay hypnotherapist, but it works really well. But for men, erectile dysfunction, it can be organic, i.e. physiological reason for it, e.g. not enough blood reaching the penis etc. People with that condition respond to drugs like Viagra. But people with psychological issues,

despite all the tests coming negative; they may get erection with Viagra but the moment they attempt penetration, they may lose their erection. These are the patients who have subconscious issues, wherein you can use Ego state therapy, IDM, Evans method, to get to the source of the issue residing inside, then may be reattach them how to have sensate focus to get – back and learn first pleasuring each other non-genitally and later reach to penetrative sex. That is with males. With females, vaginismus is a common issue. That means any kind of penetration is difficult. Hypnosis can be used for that primarily.

Secondary, Hypnosis can be used for some marital conflict. After a medical condition sometimes, there is pain and because of pain they are protective. There is a whole lot of sexual disorder and apart from that it can be used to enhance the quality of sex, even if there is no sexual disorder. Erotic hypnotic teachers have workshops to teach individuals about how to improve their sexual functioning.

But you should stay within the scope of your practice. If you are a doctor, then you deal. But if you are a psychologist, you first send the person to a urologist or a gynecologist to do a check-up, then treat under the guidance of a medical specialist on that.



I am getting a lot of people with performance anxiety who are unable to do presentations properly. Social anxiety of some sort, patients who have to adapt to various kinds of situations, e.g. I have a patient whose boss sits in America, so when he is sleeping, his boss would call him at any time. This has totally disrupted his sleep. I don't think he would do that in America to his juniors, but since there is a time difference, he calls him anytime when he needs and the patient would be worried will he call tonight, will he not call, and after the call comes, he will get angry. We worked with that and taught him how to sleep back one he is awakened from his sleep and has the conversation. Since he is working with a multi-national, he is very highly paid and does not want to lose his job.

All kinds of issues, social anxiety issues, in group discussions people who cannot talk, people who want to become more outgoing and have better social skills, many of them come for therapy.

People are looking for coaching and how to become more effective. Many hypnotherapists, in corporate demonstrations, include suggestions, for being more effective, being more proactive, being more outgoing in sales etc. and all that the company needs. Whether it is lay hypnotists or hypnotherapists, it is the hypnosis that is effective.

QQ. Gender dysphoria - in India, there were few cases earlier. But nowadays, there are a lot of issues of LGBT and trans community specific issues. So what can be the use of hypnosis?

AA. Often people are confused about their sexuality. Am I gay etc. There is something called sexual fluidity, that means youngsters now experiment with both sexes. We cannot treat alternate sexuality. It is absolutely wrong to convert someone. It is illegal also. You can go to jail for doing that. There is no evidence that hypnosis can be used for converting someone who is gay/homosexual to "what people think is normal".

But there is a lot of shame and discomfort, and also confusion around "what am I, if I can have sex with a woman and also with a man." Often, I would suggest that they go into trance (hypnosis) and talk with their wise part and come to their own conclusions. Or see yourself 5 years from now, have clarity and look back to see how they dealt with the difficulties.

The other issue is the shame. How do you help them feel good about themselves and deal with the shame. These are the kind of issues. They also have sexual issues more than any other person. Especially the trans people after surgery, their genitals are not same.



We can help them to adjust and adapt to that. There is something called feminization – for men who are choosing to be woman – to have more feminine ways and feminine attributes. Similarly, a transman to take on more masculine gestures and we can work with de-transitioning. I have only seen 1 case who regretted after joining the trans people. He was a 16 years old boy, who as soon as turned 18, went to a south east Asian country and got the surgery done. Luckily for him it was only upper body surgery and realizing it was a mistake, so the whole anger, upset, the whole coming to terms with that.

Also, one needs to make sure that you are comfortable working with people who have different orientation and you are not judgmental. It is good to do training and reading. They will catch within 5 minutes that you are not comfortable with, that you are judgmental. Also, as a community, they also have list of doctors and therapists who provide services to them without judgment.

There is a lot of work that can be done and there can be someone specializing in that – working with LGBT clients and training others about how to work with LGBT clients.

QQ. Are there any application of time-distortion technique for stress management?

AA. All of hypnotic phenomena can be utilized to make a person realize that it was a different state. The person needs to believe that they were in trance. They believe they woke up after 5 minutes and feel surprised to see that they were in trance for 20 minutes. That's one convincer.

Time distortion is like dreaming – you can dream in months and years. You can see yourself doing various things.

I just tell them that they have gone in trance for 5 minutes and it feels like they have been profoundly relaxed for an hour or so.

Relaxation techniques can be anything they are comfortable with. E.g. one person had done 10 days of Vipassana and he had to practice it for 2 hours/day. Although he enjoyed doing it, he couldn't do it for 2 hours. So, we taught him time distortion and self-hypnosis and he would sit with a written suggestion that he would wake up after 5 minutes, but in that he would have practice of 1.5 - 2 hours vipassana. Others may not agree with it, but it was useful for him.

You can use time distortion for pain. You can imagine that if it is episodic pain, you can shrink time. That it is over in a flash, it has been there only for a few minutes. You can expand comfort to spread for longer periods.

Q. How do you work with person who is hard on hearing?



A. I have not really done that. I have only worked with people who have hearing aids. Maybe one can use electronic Hypnosis – that means you get yourself headphones for the person, and through laptop increase the volume till the person can hear you and then give your suggestions and see if it works. But I have not personally done that. But I have seen people do that in group hypnosis settings wherein they give headphones to everyone and they are given suggestions using microphones. So, it should be possible with a person who is hard of hearing. I had one case of a hard of hearing person whose family brought her to me to convince her to start wearing a hearing aid. But she never came back. She was angry about the whole thing because it was deception.

The other case where hypnosis works really well is with young children – infants, e.g. with issues like asthma, crying a lot, often they are not bonded well with their mother due to some complication during pregnancy/delivery or because the mother is suffering from depression or some other issue and when you treat the mother for that, the maternal – infant bond is repaired and the child starts becoming better.

There is antenatal care as another area with huge demand of painless childbirth. Dr. Cheek found many implications of hypnosis in antenatal care. Apart from painless childbirth, he was able to talk to the

fetus and get them to turn around and once you remove all the anxiety mother has around the child, the possibility of normal delivery increases. About 4 % of child births are breach delivery and not one of his last 250 cases was a breach delivery (wherein the back comes out first instead of head). He was able to communicate with infants and turn them around using hypnosis. So, these are the kind of things achievable with hypnosis, but unfortunately someone is doing it, and then it is lost when that person is gone.

Dr. Dabney found that in case of many children, out of 3 children if one has some issues like ADHD, then regressing them back to infancy and observing some or the other issue around delivery. So, reliving the delivery differently and then, back to present age, the child/ the adolescent is healed from ADHD. Initially, I also did not believe it but when I saw the lectures and did on a few cases, I myself was astonished to see the results.

Hypnosis for diagnosis for conversion disorder, paralysis or epilepsy – wherein its psychological cause – you can use regression for asking ‘is it this time, is it this year’ and arrive at the cause of it.

The interview was taken by Nidhi Kothiyal, transcribed and edited by Dr. Veena Panjwani.



Feature Article

Role Of Hypnosis in Psychodermatology

Sampada Vijayvergiya and Rakesh Kumar Jain

Department of Psychology, Gurukula Kangri (Deemed to be University), Haridwar

Psychodermatology is a sub-specialty in medical practice which originates from merging distinct specialties namely psychiatry, dermatology and psychology. As the name suggests, it involves skin disorders that affect one's psyche, diseases that affect both skin and psyche and effect of psychological factors on skin and various medications and therapies for treatment of these conditions. (Shenoy and Prabhu, 2018).

Mind and body connection is well established in literature (Minhas, Patel et al., 2022; Jenkins and Smart, 2020; Tao, Liu et al., 2019). Similarly, there also exists connection between mind and skin (Graubard, Perez-Sanchez, and Katta, 2021; Chuh, Wong and Zawar, 2006; Koo and Smith, 1991) which is explored in psychodermatology. The idea of liaison between dermatology and psychiatry is therefore necessary as there are

approximately thirty to forty percent of dermatology patients who need psychological support along with medical treatment (Munoli, 2021). Though it is new and unexplored, the field of psychodermatology is well established in western countries with focus on holistic treatment of skin conditions.

The connection has been reported in historical texts as well. In 1700 BC reportedly a prince in Persia developed psoriasis due to anxiety about succession to throne (Shaffi and Shaffi, 1979). This may be the first case reported of psychodermatology. Hippocrates had also suggested hair pulling being associated with emotional stress. Even Aristotle mentioned that skin and mind are 'complementary entities' and should be looked at separately. Asian history mentions that Buddha had also treated an 'embarrassing skin condition' by teaching control over mind and thus controlling anger and other emotions (Elangasinghe, Lee and Levell, 2014).

Disorders of psychodermatology can get manifested in the many different ways. First being mental health problems arising due to chronic skin conditions. For example, depression and anxiety is common in individuals with psoriasis (Griffiths, Armstrong et al., 2021). Second being mental health conditions leading to skin



disorders. For example, skin picking disorder (excoriation), tanning addiction or trichotillomania (Melo, Lima et al., 2022). Thirdly, skin conditions leading to psychosocial problems in individuals. For example, vitiligo may lead to stigmatization, isolation or poor interpersonal relationships (Sawant, Vanjari and Khopkar, 2019). Lastly, co-morbid skin conditions and psychiatric problems. For example, obsessive compulsive disorder, body dysmorphic disorder may be co-morbid to excoriation or other dermatitis (Brock and Many, 2023).

Currently in India there are a handful of dermatologists, psychiatrists and psychologists who are working in this field. In 2010, first liaison clinic started functioning in Kasturba Medical College, Manipal and later a few more clinics opened in Karnataka, Faridkot and Punjab (Brar et al., 2016). Psychodermatology Association of India is an Indian body established in 2018, “is a coalition of Dermatologists, Psychiatrists and Clinical Psychologists working in tandem to provide comprehensive care to persons suffering from diseases affecting the Skin and the Psyche” (PDAI, 2023).

Hypnotherapy as a Complimentary Therapy in Behavioral Medicine

Hypnotherapy in behavior medicine primarily pertains to putting subjects through narrow awareness be means of trance, and heightened suggestibility. This can serve various purposes such as relaxation, pain management, habit reversal, reduction in self-harm, preparedness for treatment, drug compliance among others, depending on specific disorder. During the process of hypnosis, a trained professional can evaluate and influence an individual’s emotions, behavior and even physiological responses (Graubard et al., 2021).

Hypnosis creates an altered state of consciousness that renders the mind vulnerable to the power of suggestion. It is believed that through accessing the subconscious mind, an individual’s emotions, behaviors, and physiological responses can be influenced. When in hypnosis an individual let’s go of logical reasoning and executive control of one’s mind and at the same time is in deep state of awareness and free from distractions. This being said, hypnosis does not function beyond one’s own will and it does not imply losing control over self (Sachs, 1982).

Hypnotherapy in Psychodermatology

The field of psychodermatology seeks to explore the role of psychotherapy and other therapies to manage or even treat skin



disorder. Skin disorders do not occur in isolation. There are a number of psychosocial factors and psychiatric disorders that are known to cause, maintain or even worsen skin conditions (Ferreira and Jafferany, 2021).

In this light, hypnotherapy can prove to be innovative and groundbreaking. Knowing more about the nature of skin disorders can help one widen the application of hypnotherapy in psychodermatology (Flammer and Aladdin, 2007). However, it has shown to be effective in various skin disorders (Shenefelt, 2000) and in patients who are highly hypnotizable (Tausk and Whitmore, 1999) but may not be applied if the person has psychiatric comorbidity such as schizophrenia, bipolar affective disorder or delusional disorder.

There are various applications of hypnosis as a complimentary therapy. For instance, patients with atopic dermatitis reported significant improvement in sleep disturbances and scratching behavior following hypnotic suggestions and there was a decrease in medicine dosage (Stewart and Thomas, 2006). In other studies, it has also been seen that hypnosis results in reduction in pain and discomfort, anxiety related to procedure or scraping and self-harming behavior which helps in healing of the skin (Shenefelt, 2000). Hypnosis is beneficial in controlling harmful habits

such as scratching and skin picking or even hair pulling (Cohen, Barzilai and Lahat, 1999).

Hypnosis is also beneficial in treatment of warts and reported results in greater remission (Spanos, Stenstrom, and Johnston, 1988). In a study when hypnotherapy was given for treatment of warts and suggestions were given only for one side of the warts, in three months more than fifty percent individuals showed improvement on that side as compared to control group (Surman et al., 1973).

As a complimentary therapy hypnosis is highly effective in treatment of psoriasis (Times et al., 2021) and many other disorders such as acne excoriée, alopecia areata, atopic dermatitis, erythroderma, erythromelalgia, herpes simplex, hyperhidrosis, ichthyosis vulgaris, lichen planus, neurodermatitis, nummular dermatitis, postherpetic neuralgia, pruritus, psoriasis, rosacea, trichotillomania, urticaria, verruca vulgaris, and vitiligo (Shenefelt, 2000). Cognitive hypnosis has also been shown to improve various skin disorders such as acne vulgaris, acne excoriée, atopic dermatitis, pruritis, psoriasis, trichotillomania, and urticaria (Alladin, 2008).

Conclusion

Hypnotherapy has wide applications in the field of psychodermatology. There are a



number of ways in which it can be applied across various skin disorders. Such as hypnotic explorations can be used to target physiological manifestations of skin disorder such as inflammation or pigmentation. Hypnotic suggestions can be used to understand the subjective experience of anxiety, stress, depression, shame, guilt or even embarrassment that is associated with the skin problem. Suggestions can also help in modifying behaviors such as skin picking, scratching or not medications and regular treatments. Similarly, relaxation can help in normalizing immune system by balancing autonomic and hormonal functions of the body, which can also increase a sense of control in individuals towards their skin disease. It can also help with anticipatory pain or discomfort about certain treatments. Ego strengthening can help boost self-confidence, self-esteem and optimize treatment responses. Guided imagery in hypnotherapy can help train the individuals for healing their skin. Lastly self-hypnosis is an effective way to make the individual self-reliant and empowered about the treatment of their skin condition.

There are certain advantages of hypnotherapy pertaining to psychocutaneous disorders that it is nontoxic and without side effect, is cost effective as compared to other therapies and leads to

education in relapses and prolonged clearer skin. However, there are certain limitations as well. Firstly, there is a lack in extensively trained therapists with respect to skin problems, some individuals may be less hypnotizable than others and stigma against hypnosis or psychotherapy may hold back some individuals.

Hypnotherapy can be used as an effective complimentary therapy to alleviate various psychosocial as well as physiological symptoms of skin disorders. Large clinical trials on the role of hypnotherapy on various psycho-cutaneous disorders can provide deeper insight into its role.

References

Alladin, A. (2008). *Cognitive hypnotherapy: An integrated approach to the treatment of emotional disorders*. Chichester, UK: John Wiley and Sons.

Brar, B.K., Brar, S.K., Puri, N., Arora, H. (2016). Psychodermatology Liaison Clinic at a Tertiary Care Centre in North India. *Scholars Journal of Applied Medical Sciences*, 4(8A):2795-2798. 10.21276/sjams.2016.4.8.14

Brock, H., & Hany, M. (2023). Obsessive-Compulsive Disorder. In *StatPearls*. StatPearls Publishing.

Chuh, A., Wong, W., & Zawar, V. (2006). The skin and the mind. *Australian family physician*, 35(9), 723–725.

Cohen, H. A., Barzilai, A., & Lahat, E. (1999). Hypnotherapy: an effective treatment modality for trichotillomania. *Acta paediatrica (Oslo, Norway : 1992)*, 88(4), 407–410. <https://doi.org/10.1080/08035259950169783>

Elangasinghe, V., Lee, K. Y., & Levell, N. J. (2014). An historical account of dermatology in Buddhist Sri Lankan literature. *International journal of dermatology*, 53(3), 390–392. <https://doi.org/10.1111/ijd.12422>

Ferreira, B. R., & Jafferany, M. (2021). Classification of psychodermatological disorders. *Journal of cosmetic dermatology*, 20(6), 1622–1624. <https://doi.org/10.1111/jocd.14112>

Flammer, E., & Alladin, A. (2007). The efficacy of hypnotherapy in the treatment of psychosomatic disorders: meta-analytical evidence. *The International journal of clinical and experimental hypnosis*, 55(3), 251–274.

Graubard, R., Perez-Sanchez, A., & Katta, R. (2021). Stress and Skin: An Overview of Mind Body Therapies as a Treatment Strategy in Dermatology. *Dermatology practical & conceptual*, 11(4), e2021091. <https://doi.org/10.5826/dpc.1104a91>

Griffiths, C. E. M., Armstrong, A. W., Gudjonsson, J. E., & Barker, J. N. W. N. (2021). Psoriasis. *Lancet (London, England)*, 397(10281), 1301–1315. [https://doi.org/10.1016/S0140-6736\(20\)32549-6](https://doi.org/10.1016/S0140-6736(20)32549-6) <https://pdai.in/>

Jenkins, W., & Smart, K. (2020). Somatization in acute care pediatrics: Respecting the mind-body connection. *Clinical child psychology and psychiatry*, 25(3), 604–609. <https://doi.org/10.1177/1359104520905065>

Koo, J. Y., & Smith, L. L. (1991). Psychologic aspects of acne. *Pediatric dermatology*, 8(3), 185–188. <https://doi.org/10.1111/j.1525-1470.1991.tb00856.x>

Melo, D. F., Lima, C. D. S., Piraccini, B. M., & Tosti, A. (2022). Trichotillomania: What Do We Know So Far?. *Skin appendage disorders*, 8(1), 1–7. <https://doi.org/10.1159/000518191>



- Minhas, S., Patel, J. R., Malik, M., Hana, D., Hassan, F., & Khouzam, R. N. (2022). Mind-Body Connection: Cardiovascular Sequelae of Psychiatric Illness. *Current problems in cardiology*, 47(10), 100959. <https://doi.org/10.1016/j.cpcardiol.2021.10.0959>
- Munoli, R. N. (2021). Psychodermatology: An overview of history, concept, classification, and current status. *Indian Journal of Private Psychiatry*, 14(2), 85–91. <https://doi.org/10.5005/jp-journals-10067-0067>
- Sachs B. C. (1982). Hypnosis in psychiatry and psychosomatic medicine. *Psychosomatics*, 23(5), 523–525. [https://doi.org/10.1016/S0033-3182\(82\)73384-5](https://doi.org/10.1016/S0033-3182(82)73384-5)
- Sawant, N. S., Vanjari, N. A., & Khopkar, U. (2019). Gender Differences in Depression, Coping, Stigma, and Quality of Life in Patients of Vitiligo. *Dermatology research and practice*, 2019, 6879412. <https://doi.org/10.1155/2019/6879412>
- Shafii, M., & Shafii, S. L. (1979). Exploratory psychotherapy in the treatment of psoriasis. Twelve hundred years ago. *Archives of general psychiatry*, 36(11), 1242–1245. <https://doi.org/10.1001/archpsyc.1979.01780110096012>
- Shenefelt P. D. (2000). Hypnosis in dermatology. *Archives of dermatology*, 136(3), 393–399. <https://doi.org/10.1001/archderm.136.3.393>
- Shenoi, S. D., & Prabhu, S. S. (2018). Psychodermatology: An Indian perspective. *Clinics in dermatology*, 36(6), 737–742. <https://doi.org/10.1016/j.clindermatol.2018.08.013>
- Spanos, N. P., Stenstrom, R. J., & Johnston, J. C. (1988). Hypnosis, placebo, and suggestion in the treatment of warts. *Psychosomatic medicine*, 50(3), 245–260. <https://doi.org/10.1097/00006842-198805000-00003>
- Stewart, A. C., & Thomas, S. E. (2006). Hypnotherapy as a treatment for atopic dermatitis in adults and children. *British Journal of Dermatology*, 132(5), 778–783. <https://doi.org/10.1111/j.1365-2133.1995.tb00726.x>
- Surman, O. S., Gottlieb, S. K., Hackett, T. P., & Silverberg, E. L. (1973). Hypnosis in the treatment of warts. *Archives of general psychiatry*, 28(3), 439–441. <https://doi.org/10.1001/archpsyc.1973.01750330111018>



Tao, J., Liu, J., Chen, X., Xia, R., Li, M., Huang, M., Li, S., Park, J., Wilson, G., Lang, C., Xie, G., Zhang, B., Zheng, G., Chen, L., & Kong, J. (2019). Mind-body exercise improves cognitive function and modulates the function and structure of the hippocampus and anterior cingulate cortex in patients with mild cognitive impairment. *NeuroImage. Clinical*, 23, 101834. <https://doi.org/10.1016/j.nicl.2019.101834>

Tausk, F., & Whitmore, S. E. (1999). A pilot study of hypnosis in the treatment of patients with psoriasis. *Psychotherapy and psychosomatics*, 68(4), 221–225. <https://doi.org/10.1159/000012336>

Timis, T. L., Florian, I. A., Mitrea, D. R., & Orasan, R. (2021). Mind-Body Interventions as Alternative and Complementary Therapies for Psoriasis: A Systematic Review of the English Literature. *Medicina (Kaunas, Lithuania)*, 57(5), 410. <https://doi.org/10.3390/medicina57050410>

Case Illustration

Genophobia: A Hypnotherapy Case Study

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Introduction

According to American Psychiatric Association 2013 DSM-5, a phobia is an anxiety disorder defined by a persistent and excessive fear of an object or situation. Those affected go to great lengths to avoid the situation or object, to a degree greater than the actual danger posed. If the object or situation cannot be avoided, they experience significant distress. Other symptoms can include somatic and physiological symptoms. DSM-5 classifies phobias into 3 categories such as Specific Phobias, Agoraphobia and Social Anxiety Disorder or Social Phobia.

Hypnotherapy is effective to treat sexual dysfunction (Zuger, 2015). Hypnotherapy is an effective means of treatment for



Genophobia (Turner & Fridrich, 1998). Hypnotherapy is effective in Cancer care and reducing anxiety, phobias, pain, and other symptoms (Greenleaf, 2005).

Cognitive Behavioural Therapy can help ease specific phobias. Hypnotherapy can be used alone and in conjunction with systematic desensitization to treat phobias (Iglesias, 2013). Through hypnotherapy, the underlying cause of the phobia may be uncovered. The phobia may be caused by a past event that the person does not remember, a phenomenon known as repression (Vickers, Zollman, & Payne, 2001).

Genophobia or Coitophobia, classified as a specific phobia is the physical or psychological fear of sexual relations or sexual intercourse. Symptoms can be feeling of increased heart palpitations, panic, terror, dread, shortness of breath, trembling or shaking, anxiety, sweating, crying and avoidance of others. Often people with Genophobia tend to become scared at the thought of having sex. There are multiple causes for Genophobia, and it can vary from individual to individual. Phobias related to sex can affect the psycho-biological and social life of a person at many levels.

This study of single case of Genophobia of a 30-year-old female presents detailed Case history, Treatment plan, Treatment objectives, Therapeutic intervention plan,

details of sessions, feedbacks, evolution, and conclusion.

Case history

The client, “M” (Age: 30 years) was brought by her husband “T” (Age: 32 Years). Both are Postgraduates, holding senior positions in multinational organizations, and staying together in a city for the last two years of their marriage. The client reported that the couples have no sexual relations since marriage. She gets intense fear or panic when sexual intimacy is attempted followed by trouble breathing, heart palpitations and sweating. Lately “Mansi” preferred loneliness, presented irritability, low frustration tolerance and insomnia. The client lost her father one year back due to a cardiac arrest. Her mother is anxious, overprotective and introvert. There were no special concerns on her personal physiological and medical pathological history, and she has a good intellect.

Treatment plan

• List of problems:

- (1) Genophobia
- (2) Irritability and low frustration tolerance.
- (3) Onset of insomnia

• Treatment objectives:

- (1) Eliminating the Genophobia
- (2) Increasing frustration tolerance.



(3) Normalizing sleep

- **Therapeutic intervention plan:**

The prime objective was to find out root causes of Genophobia so as to eliminate the same including Anxiety and Fear, increase frustration tolerance and normalizing sleep. Several Hypnotherapy sessions combining Ego Strengthening (Hartland 1971), Ego purification, (Dr BM Palan and Dr RD Parikh), Cognitive Behaviour Therapy and imaginary exposure were provided. Breathing Awareness, Progressive Muscular Relaxation, and Self-hypnosis techniques were also provided to substantiate the outcome.

Session 1

This session was utilized to get details of the case history and to set treatment plan. After assessing the list of problems, treatment objectives were set. She was explained about Genophobia and the therapeutic intervention plan. Anxiety and depression score of “Mansi” was 15 and 5 respectively as per HADS (Zigmond & Snait, 1983). Her fear intensity was rated at 10 in a scale applied ranging from 0 (No fear) to 10 (Extreme Fear). Breathing Awareness and Progressive Muscular Relaxation techniques were taught and advised to do the same as homework twice in a day, until next session.

Session 2

The client was explained about the hypnotherapy as a treatment method, mind-body relationship, how conscious, subconscious minds work, functioning of Id, Ego, and Superego.

After clarifying her doubts and myths about hypnotherapy, she agreed to take hypnotherapy from the next session onwards.

Homework: To be continued as given in last session.

Session 3

The client was given Hypnotherapy in which Ego Strengthening suggestions were given. She was further given direct suggestions to experience the company of her husband. The response was encouraging and after few moments the same suggestions were repeated with visualization of physical display of affection. Post-hypnotic suggestions to practice daily PMR and self-hypnosis taught same day was given before terminating the trance. The feedback was very encouraging.

Session 4

In this session the client uncovered the underlying cause of the Genophobia, with age regression. She narrated that at the age



of 9 years, one of her cousin brothers of similar age caused her a painful injury by aberrantly inserting a small stick into her vulva causing profound bleeding, pain, and panic. After eliciting the initial causal event, though the patient felt horrified, she was directed to safe place and further induced confidence, courage and happiness before terminating the trance. In the feedback session the client felt that she is recovering fast from all her complaints.

Session 5

Hypnotherapy session continued along with Ego-purification, and imaginary exposure as part of CBT. CBT was introduced while in Hypnosis as to how she can forgive childhood mischief of her cousin and enjoy sexual intimacy with her husband and to accept with courage reality of life on the demise of her father.

After coming out of the trance, “Mansi” felt she liked the company of “Mohit” and expressed her desire to spend her life with him. She was advised to continue with the homework of PMR followed by self-hypnosis.

Session 6

The client expressed her satisfaction that all the problems of Genophobia, irritability, frustration, and the insomnia are gone and that she can lead a happy married life with

“Mohit” together. All procedures of Session 5 were repeated in the same manner to reiterate and overcome all the hurdles. The therapy was terminated with an advice to keep practicing PMR and self-hypnosis regularly for a period of 2 months.

Evaluation:

After completion of all the six therapy sessions, it was noticed that the problems that were present before starting the therapy disappeared. Not only did she manage to control her anxiety, but she was also able to intensely involve in sexual intimacy with her husband without any fear, issues in breathing, heart palpitations or sweating.

Feedback was obtained on weekly basis for a period of two months from the patient’s husband to know about any possible reappearance of symptoms of Genophobia and related problems. It was confirmed that there was no recurrence of disorder’s symptoms anymore.

Conclusions

Based on the results, this presentation establishes that Hypnotherapy in combination with Cognitive Behavioural Therapy and imaginary exposure is indeed an effective approach in treatment of Genophobia.



References:

American Psychiatric Association 2013 - Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

David D., McMahon J. (2001): Clinical Strategies in Cognitive-behavioral Therapy. A Case Analysis. Romanian Journal of Cognitive and Behavioral Psychotherapies, 1(1), 71-86

David, D., Matu, S. A., & David, O. A. (2013). New directions in virtual reality-based therapy for anxiety disorders. International Journal of Cognitive Therapy, 6(2), 114-137.

Enea, V., Dafinoiu, I., Opreș, D., & David, D. (2014). Effects of hypnotic analgesia and virtual reality on the reduction of experimental pain among high and low hypnotizables. International Journal of Clinical and Experimental Hypnosis, 62(3), 360-377.

Gerge.A.(2018). Revisiting the safe place: Method and Regulatory Aspects in Psychotherapy when Easing Allostatic Overload in Traumatized Patients. International Journal of Clinical and Experimental Hypnosis, 66(2).

Krijn, M., Emmelkamp, P. M., Olafsson, R. P., & Biemond, R. (2004). Virtual reality

exposure therapy of anxiety disorders: A review. Clinical psychology review, 24(3), 259-281.

Lynn.S.J.&Kirsch.I.(2005) Essentials of Clinical Hypnosis: An Evidence Based Approach. APA Books.

McKay, M., Wood, J. C., & Brantley, J. (2007) The Dialectical Behavior Therapy Skills Workbook: Practical DBT Exercises for Learning Mindfulness, Interpersonal Effectiveness, Emotion Regulation and Distress Tolerance, New Harbinger Publications.

Rhue, J.W., Lynn, S.J. &Kirsch. I (1993) Handbook of Clinical Hypnosis. APA Books.

Ruyschaert, N. (2014) The use of hypnosis I therapy to increase happiness. American Journal of Clinical Hypnosis, 56(3).

World Health Organization. (1992). The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines. Geneva: World Health Organization.

Zigmond, A. S., & Snaith, R. P. (1983). The hospital anxiety and depression scale. Acta psychiatrica scandinavica, 67(6), 361-370.



In Vogue and Rising

Neuroscience of Hypnosis

Dr Tarak Vachharajani

Hypnosis Or Hypnotherapy, has been existing since ancient times, gathering lot of myths, controversies and explanations over the period of years. It has been so misunderstood by the western mind as it varies with individual to individual and also the variation extends to the person practicing it. Just because the western world capacity to dissect it into various fragments, has been limited so far it was conveniently thrown in the parameter of Psychology.

The Indian Minds, since eons had understood the power of imagination, a force, human kind is blessed with. And they have used it so effectively in various fields of self-improvement, inventions and evolution.

Lot of Transformational coaches and Neuroscientists use hypnosis in what they call powerful meditation techniques, only they avoid the use of the term hypnosis.

Recently, many researches have been going on in the neuroscience and neurobiology of hypnosis. The western world could not avoid and ignore the power of hypnosis over the conventional psychotherapeutic approaches. The results are self-evident.

Let's dive into the basic neuroscience of hypnosis. The credit of this research goes to Dr David Spiegel, a psychiatrist who has his own dedicated neuroimaging lab for studying hypnosis. This is what his finding are: Dr Spiegel Explains the theory of hypnosis by 3 phenomena,

- 1) Suggestibility
- 2) Diffused Attention or Absorption
- 3) Dissociation

His research finds hypnotizability as trait, which remains constant throughout life after the age of around 21 years.

Three things are characterized by entry into the hypnotic state:

- 1) Turning down the activity in the Dorsal Anterior Cingulate Cortex (DACC). DACC is a part of the salient network, it is a conflict detector, it compares what you are doing to what else is going around you. So, turning down the activity in that area, makes you less distracted to what's happening around you.



Eg : while watching an interesting IPL last overs, we hardly hear what is said around us or who is sitting.

In another study, it was also found that, in highly hypnotizable subjects, there is a direct link between the DACC and Dorsolateral Prefrontal Cortex, which is part of the executive control network.

2) Under The state of Hypnosis, DLPFC has higher connectivity with the Insula.

INSULA: It's the other part of salient network, which we call the mind -body continuum. Insula is sensitive to what's happening in the body, it's part of the pain network as well. It's also the region where you can control what happening in the body. E.g. Hypnoanaesthesia.

3) Inverse Connectivity between the DLPFC and Posterior Cingulate Cortex. PCC is part of the default mode network.

E.g.: In Meditation its activity goes down, and you are supposed to feel selfless.

The inverse effect is that you are doing something and you don't realize that you are a part of it. Like Dissociation.

Cognitive Flexibility: The resistance towards psychotherapy decreases under hypnosis.

Conclusion: Hypnosis Or Hypnotherapy are way beyond the boundaries of psychotherapy, and remains an integral part of neuroscience. It is useful in not only psychological disorders, but also a lot of medical conditions.

As a wise Yogi said" Imagination Is the Door through which disease as well as Healing enters."

New & Trending

Research updates on Hypnotherapy

[Dr. Veena Panjwani](#)

[Ph.D., PGDCAH, PGDIRPM.](#)

1. Fibromyalgia: Chronic, widespread pain syndrome causing extensive muscle aches, fatigue, sleep issues, and cognitive difficulties. Managing this complex condition, often resistant to treatment, remains challenging.

Hypnosis combined with daily practice shows promise as an adjunct pain management tool for FMS, improving quality of life alongside standard treatment. While benefits can increase over time,



long-term use is likely necessary, and further research in larger, longer-term studies is needed for definitive validation and cost-effectiveness analysis.

Elkins G., (2023). Efficacy of Hypnosis Interventions: Fibromyalgia, Sleep, Oncology, Test Anxiety, and Beliefs. International Journal of Clinical and Experimental Hypnosis, 71:4, 273-275, DOI: [10.1080/00207144.2023.2243785](https://doi.org/10.1080/00207144.2023.2243785)

2. This study explored self-administered hypnosis as a potential sleep aid for college students. The intervention displayed positive results, demonstrating high feasibility, acceptance, and adherence. Participants found it easy to use, reported improved sleep quality and satisfaction, and experienced significant reductions in sleep-onset latency and increased sleep efficiency, mirroring similar improvements seen with established treatments like CBT-I.

Morgan Snyder, Cameron

T. Alldredge, Samuel

R. Stork & Gary

R. Elkins (2023). Feasibility of a Self-Administered Hypnosis

Intervention for Improving Sleep in College Students, International Journal of Clinical and Experimental Hypnosis, 71:4, 297-312, DOI: [10.1080/00207144.2023.2249047](https://doi.org/10.1080/00207144.2023.2249047)

3. *Anxiety clouds study performance in Malaysian high schoolers, but hope rises!*

This study reveals test anxiety's prevalence among them, but also a promising solution: self-hypnosis training. Initial findings suggest it helps students cope, potentially paving the way for improved academic performance. While further research is crucial, these glimpses suggest controlled studies should delve deeper into self-hypnosis as a powerful tool to combat test anxiety in this population.

Sukunah Pachaiappan, Meng Yew Tee & Wah

Yun Low (2023). Effect of Self-Hypnosis on Test Anxiety among Secondary School Students in Malaysia, International Journal of Clinical and Experimental Hypnosis, 71:4, 338-349, DOI: [10.1080/00207144.2023.2246512](https://doi.org/10.1080/00207144.2023.2246512)



4. Reviewing hundreds of studies, this research suggests hypnotherapy shows promise for adult sleep issues, with nearly half (47.7%) reporting positive outcomes. Focusing on sleep-specific suggestions and using standardized measures further bolstered effectiveness (54.5% positive). While more research is needed, hypnotherapy offers a potentially safe and beneficial alternative with fewer side effects compared to other treatments.

Nathan Wofford, Morgan Snyder, Chris E. Corlett & Gary R. Elkins (2023). Systematic Review of Hypnotherapy for Sleep and Sleep Disturbance, International Journal of Clinical and Experimental Hypnosis, 71:3, 176-215, DOI: [10.1080/00207144.2023.2226177](https://doi.org/10.1080/00207144.2023.2226177)

5. A new dual-process theory of hypnosis proposes individuals respond complexly based on their ability to shift between two systems.

- Rational
System: Logical, effortful, minimal emotions.
- Experiential
System: Emotional, associative, encodes reality through images and feelings.

Key: This shift towards the experiential system allows hypnotic suggestions to be accepted more readily without critical analysis from the rational system.

This theory builds on Epstein's model and challenges limitations of existing state/nonstate theories.

Paul F. Dell (2024). What is the Source of Hypnotic Responses? International Journal of Clinical and Experimental Hypnosis, 72:1, 64-83, DOI: [10.1080/00207144.2023.2276846](https://doi.org/10.1080/00207144.2023.2276846)

6. A multicomponent mind-body intervention explored the potential of self-hypnosis and self-care groups to improve cancer patients' quality of life. Involving 95 women with diverse diagnoses, the study assessed their relaxation practices and perceived usefulness of specific program components both



immediately and one year later. Findings unveiled a significant jump in regular relaxation practice (97.5% vs. 50% pre-intervention), particularly with hypnosis. Participants rated all intervention aspects (group support, hypnotherapy exercises, self-care tasks, and group discussions) highly valuable (mean scores 6.91-7.75/10). Notably, even a year post-intervention, the focus remained on self-care activities among participants. This research suggests that such combined mind-body programs hold promise for enhancing cancer patients' well-being.

Charlotte Grégoire, Marie-Elisabeth Faymonville, Audrey Vanhauzenhuyse, Guy Jerusalem, Justine Monseur & Isabelle Bragard (2023). A Group Intervention Combining Self-Hypnosis and Self-Care in Oncology: Implementation in Daily Life and Perceived Usefulness, International Journal of Clinical and Experimental Hypnosis, 71:4, 313-337, DOI: [10.1080/00207144.2023.2249044](https://doi.org/10.1080/00207144.2023.2249044)

7. This review found positive attitudes towards hypnotherapy by licensed

professionals, but highlighted low awareness, especially among healthcare providers and in cancer care. While evidence supports clinical hypnosis for various conditions, its use remains limited due to skepticism and misconceptions. Despite perceived usefulness, misinformation and lack of understanding persist. More research is needed to explore reasons behind these perceptions and how to integrate hypnosis into healthcare, particularly in cancer settings.

Malwina Szmaglinska, Deborah Kirk & Lesley Andrew (2024). Reporting and Mapping Research Evidence on Perceptions of Clinical Hypnosis Among the General Population and Patients Receiving Health Care Including Cancer Care: A Scoping Review, International Journal of Clinical and Experimental Hypnosis, 72:1, 29-50, DOI: [10.1080/00207144.2023.2276457](https://doi.org/10.1080/00207144.2023.2276457)

8. This study analyzed how different groups in Poland perceive hypnosis, seeking to identify any misconceptions. It included psychology students,



hypnotherapists, people interested in the paranormal, and the general public. While everyone had some slight misconceptions, significant differences existed between groups. Therapists and advanced psychology students displayed the most accurate knowledge, while those unfamiliar with hypnosis or influenced by paranormal beliefs held the most misconceptions. The research highlights the importance of educating the public about the realities of hypnosis, particularly in populations susceptible to misinformation.

Julia Baster, Mateusz Polak, Malwina Szpitalak, Iwona Dudek & Romuald Polczyk (2023). Survey of Beliefs about Hypnosis among Students, Therapists, Followers of Paranormal Beliefs, and the General Public in Poland, International Journal of Clinical and Experimental Hypnosis, 71:4, 350-357, DOI: [10.1080/00207144.2023.2251567](https://doi.org/10.1080/00207144.2023.2251567)

9. This study highlights the positive outlook on teletherapy for hypnotherapy, supported by current experiences and research. Teletherapy for hypnotherapy is

gaining traction thanks to its convenience, effectiveness, and positive feedback from patients and therapists. Though face-to-face options remain valuable, research suggests teletherapy will not only persist but evolve, offering an even more effective and accessible experience for both parties. Technological advancements may further solidify its dominance in the future, potentially shifting it into the primary delivery method.

Syed Shariq Hasan & Dipesh Vasant (2023). The Emerging New Reality of Hypnosis Teletherapy: A Major New Mode of Delivery of Hypnotherapy and Clinical Hypnosis Training, International Journal of Clinical and Experimental Hypnosis, 71:2, 153-164, DOI: [10.1080/00207144.2023.2185527](https://doi.org/10.1080/00207144.2023.2185527)



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