

SOME USES OF HYPNOSIS IN GYNECOLOGY

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The interaction of psyche and soma with the resultant complex of symptoms is probably more frequently encountered in the specialty of Gynecology than in any other area of medical practice. The female generative tract is extremely susceptible to the physiologic expression of emotions. A high percentage of gynecologic symptoms have a psychosomatic basis. Hypnotherapy is thus of great value in many instances.

Functional Dysmenorrhea: This is a "disease of theories." Many authorities place the etiology in the realm of disorders of the autonomic nervous system, much like the manifestations of bronchial asthma (1-4).

In a large number of women the belief exists that as soon as their periods begin, they are "unwell." In many cultures menstruating women are regarded as "unclean." In some primitive tribes menstruating women were confined to special houses and were temporarily taboo. To this day the women of certain Australian tribes are forbidden, on pain of death, to touch anything belonging to men (5). In western civilisation generations of school girls have learned to refer to their menses as "the curse." With such a background, therefore, it need not surprise us to find that numerous women suffer from dysmenorrhea.

The orthodox methods of treatment range from analgesics, sedatives, endocrines to surgical procedures such as D & C and pre-sacral sympathectomy, and as a last desperate resort marriage or childbirth is recommended. By its very name, Functional Dysmenorrhea raises a doubt of the wisdom of attempting treatment by these methods. Rather, hypnotherapy or psychotherapy is unquestionably the most rational approach. Brenman & Gill (6) and other investigators have reported good results with hypnosis. Kroger & Freed (7) have reported that more gratifying results can be obtained by hypnoanalysis.

In the writer's experience he finds that dymenorrhea responds remarkably well to hypnotherapy. Usually the patient is regressed, and the first occurrence of menstruation is

hypnotically revived in her mind, since most of these patients have received no preparatory instruction concerning the onset of the menarche. In the trance state such patients are given adequate information in direct relationship to the memories and impressions of their first menstrual experience, and posthypnotic instructions to continue to regard it as a normal matter-of-fact body function.

These two cases are illustrative.

Case 1. Age 15, menarche at 11, first few periods were normal but thereafter developed such severe pain that she had to be confined to bed at every period. Under hypnosis it was learned that the disturbing onset had occurred while she was at a show. When she discovered that she was bleeding, she went home in a state of panic, and since she had received no informative instructions, she dared not say anything about her state until late that night when she told her mother. In the state of regression she was properly and adequately informed and given proper post-hypnotic instructions. Her next period was marked by little discomfort, and two more hypnotic sessions led to lasting therapeutic benefits.

Case 2. Age 37, a midwife, married with no children, suffered from severe menstrual pain, often requiring pethidine injections for its relief. She was a tense, hypersensitive type of woman. She responded well to hypnotherapy, accepted re-education correcting her hypersensitivity, and was given strong reassurance that her menstruation would be regular and painless. Her period has now been regular and painless.

Nausea and Vomiting of Early Pregnancy:

The treatment of nausea and vomiting in early pregnancy is still a common problem in obstetrics. Psychogenic factors are chiefly responsible for the majority of cases. Hyperemesis gravidarum is unknown in some cultures. As psychogenic factors play a very important part in its etiology, nausea and vomiting and even hyperemesis gravidarum are astonishingly susceptible to hypnotherapy. Kroger, a

former Associate Professor of Obstetrics and Gynecology, Chicago Medical School, who had practised hypnosis for over 30 years, claimed that the incidence of cure by hypnosis is over 85% (8). Platonov treated 583 grave cases of hyperemesis gravidarum in Russia and cured over 84% with an average of seven hypnotic sessions (9). DeLee (10) believed that hyperemesis was most amenable to suggestion, and observed that most of the cures we accomplish are due to it.

These two cases are illustrative.

Case 1. Age 29, Gravida 4, para 3, had symptoms when her period was overdue two weeks. At first medical treatment was used to relieve her symptoms, but when the drugs finished, her symptoms returned. Hypnotherapy was then used. After three sessions she was completely well, and she delivered at term under hypnosis. She had had nausea and vomiting during all her previous pregnancies.

Case 2. Age 25, Gravida 3, para 2, also had nausea and vomiting in all her previous pregnancies. Symptoms began when her period was overdue for one week. Hypnoanesthesia had been used for her last delivery. Only one session was needed to cure her condition.

Abortion: It is well-known that psychic shock may be responsible for the termination of a pregnancy at almost any stage of its development. Cases of miscarriage and premature labour have frequently been reported as the result of emotional trauma caused by shelling and bombing during wars, the witnessing of unpleasant scenes or the hearing of unpleasant news. Authorities the world over are agreed that there is an idiopathic group deriving from as yet unknown causes who react to psychological stress and emotional crises, usually recurrent in character, to which may be attributed a large proportion of habitual abortions. Many authorities advocate simple psychotherapy for those patients (11). Reuter in 1937 quoted in F. J. Browne's *Antenatal and Postnatal Care* (12) reported good results from the use of cold baths in habitual abortion. The patient is advised to have a bath filled with cold water ready by her bedside. On first waking in the morning, she is to get into the bath, stay while she counts eight slowly and then, without drying herself, get into bed again! Thus it is to be expected that

hypnotherapy can be of value in abortion. W. S. Kroger (13) has treated three apprehensive patients, who developed signs and symptoms of threatened abortion, with hypnosis. He had also used hypnosis to prevent premature labour in a case of *abruptio placentae* (14). Platonov (15) quotes Miloslavsky's recent systematic studies which showed that hypnosis could reduce uterine excitability, terminate bleeding and salvage a large number of fetuses.

Case 1. Age 24, married 4 years, and had had two spontaneous abortions despite medical care under proper conditions in a modern hospital. She sought the care of the writer for her third pregnancy, complaining of vaginal bleeding and slight abdominal pain. Her history disclosed her to be hyperreactive to stimuli, emotionally hypersensitive, and subject to panic states. She responded well to hypnotherapy, accepted re-education correcting her hypersensitivity, and was given strong reassurance, and after six therapeutic sessions succeeded in achieving a normal delivery.

Case 2. Age 34, married 2 years, had been infected with gonorrhoea by her husband, a seaman. She responded to therapy but her husband reinfected her upon each return home from the sea. She was desirous of having a child and did conceive, but in the second month she developed a threatened abortion. Hypnotherapy was employed to relieve her tensions, fears and anxieties, and posthypnotic suggestions for a peaceful pregnancy were given. Two sessions served to allay the bleeding and to prevent the threatened abortion.

That hypnotherapy was the therapeutic agent in these cases cannot be asserted dogmatically. But it can be stated definitely that hypnosis can bring about mental and physical relaxation, peace of mind and comfort of body, and these are conducive to an uneventful pregnancy. The assumption that hypnosis may produce a relaxed condition or paralysis of the uterus is not without scientific evidence. Hypnosis has been shown to have profound effect on organs controlled by the autonomic nervous system, with depressive changes in temperature, pulse, blood pressure and B.M.R. (16) Hypnosis may thus effectively block adverse stimuli passing down the autonomic pathways from the higher sensorium and vegetative centres to the uterus.

Infertility: Psychosomatic infertility is receiving more attention from clinicians. The last decade has seen a number of good papers dealing with psychosomatic aspects of infertility (17-19). It is often heard that many women who have long been sterile conceive within a short time of adopting a child. Many factors are responsible for psychosomatic infertility (17). Kroger evaluated a series of infertile patients by psychological tests (20). He found that behind the outward desire to get pregnant was the deeply repressed wish not to get pregnant, on the basis of emotional immaturity associated with fear of motherhood or feelings of inadequacy. He believed that such conflicting emotions, mediated through autonomic, somatic, behavioral and endocrine mechanisms, often can affect the physiology of ovulation, implantation and, perhaps, even the viscosity of the cervical mucus, to produce the so-called hostile cervix. Other factors he mentioned are avoidance of coitus during ovulation; transitory or persistent tubal spasm; and conflicts in the male which may affect the fertilizing capacity of the sperm. Thus it is reasonable to expect that hypnotherapy is often of value in the treatment of infertility. Wollman (21) recently described successful treatment of several cases of infertility by hypnotherapy. Infertility may often involve functional as well as organic factors. One should never accredit one cause because no other was found. Hypnosis provides an additional tool for the physician in the study of infertility.

The writer has one case to illustrate.

Case: Age 34, had been married 4 years, was unable to conceive though infertility investigations of both husband and wife proved to be normal. She consulted the writer because "she was so thin." A careful history, however, disclosed her intense desire to bear a child. Hypnotherapy was employed to relieve her tensions and anxieties. Under hypnosis she was reminded that infertility investigations showed both she and her husband were normal. She was also told about the fertile period, and was given strong reassurance that soon she would conceive. She was given a total of five sessions. The mental and

physical relaxation secured through hypnosis benefited her and soon she conceived, and a Toad's test confirmed it.

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