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Pain & Hypnosis

by

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(In this paper, the male pronoun will to apply either gender. Where the plural pronoun is used, it will apply to both authors. Where the nominal pronoun is used, it will apply to the first author.)

A patient recently$_{\text{January 2000}}$ came to me complaining of pain. This was the distribution of her pain as she indexed it to me:

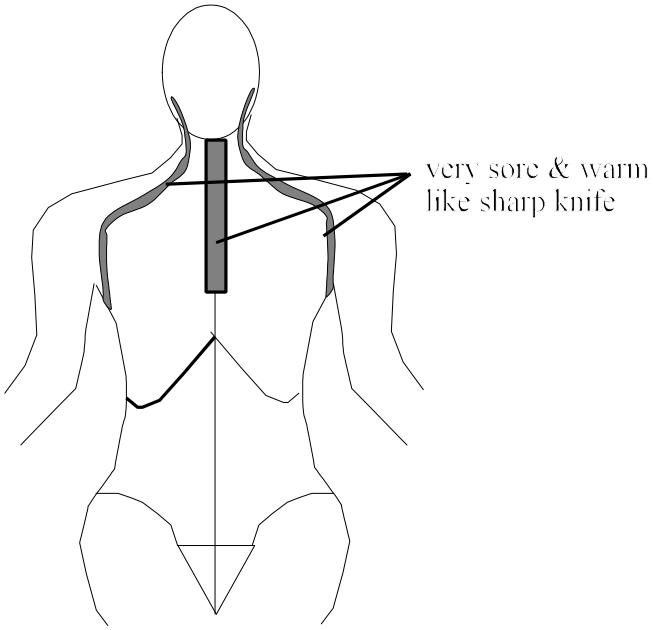


Figure 1

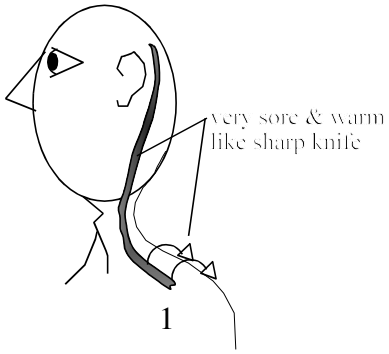


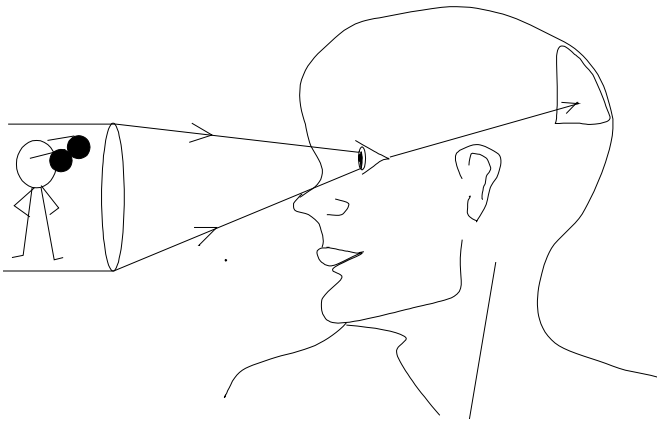
Figure 2

It was and is very interesting for me to recall that when I had completed drawing what she described and pointed out me, that I just blurted out spontaneously, “It is all in your mind.” The oddest part of it was that she did not take offense at this.

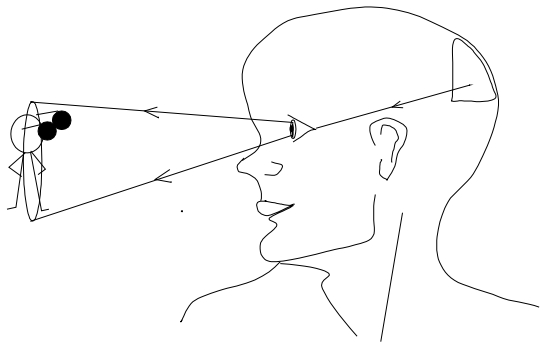
It then hit home to me what I had said. It was not that it was in her mind but that pain is ALWAYS in the mind. What is the logical basis for this?

The logical basis for this is based on what we know from Neuro-Anatomy and Neuro-Physiology. Let us consider the relationship between two people:

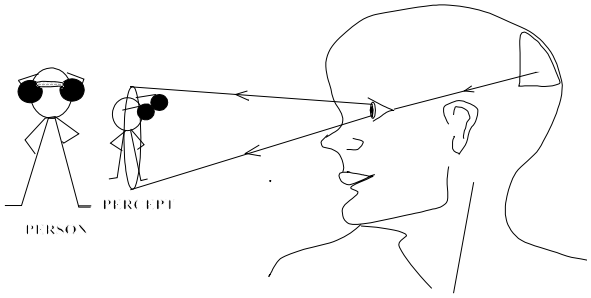
For A to see B there has to be light. So let there be diffuse light. From the field of Optics we know that A is now able to see B because of the cone of light from B to A.



The photons will impinge on the retina from which the electrical impulse will travel along the Optic Nerve to the visual cortex[1]. There it will be registered. However, A does not see B in his head. He does so "out there":

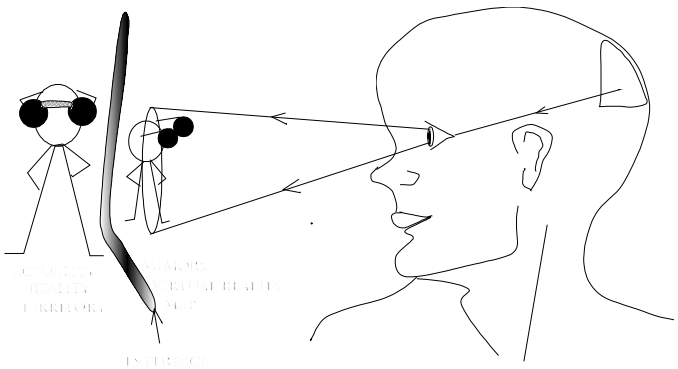


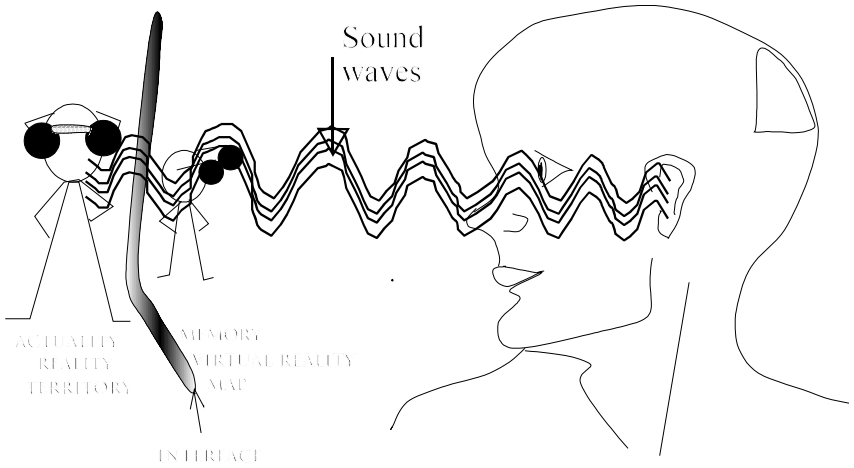
Therefore what he sees "out there" is A's perception of B:



It also follows since the perception can only be perceived in the cortex **AFTER** the electrical impulse has impacted on the visual neurones, what A sees is a **MEMORY** of B.

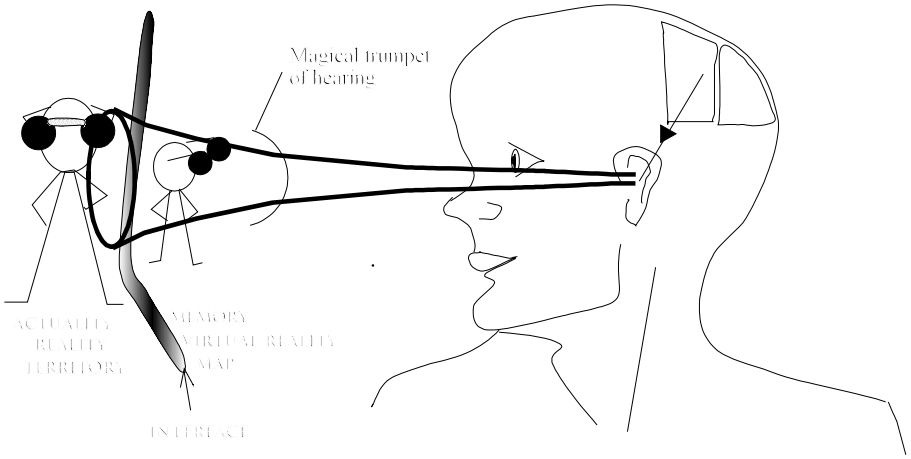
Between actuality and memory, between the reality and virtual reality, between the territory and the map there is an interface:



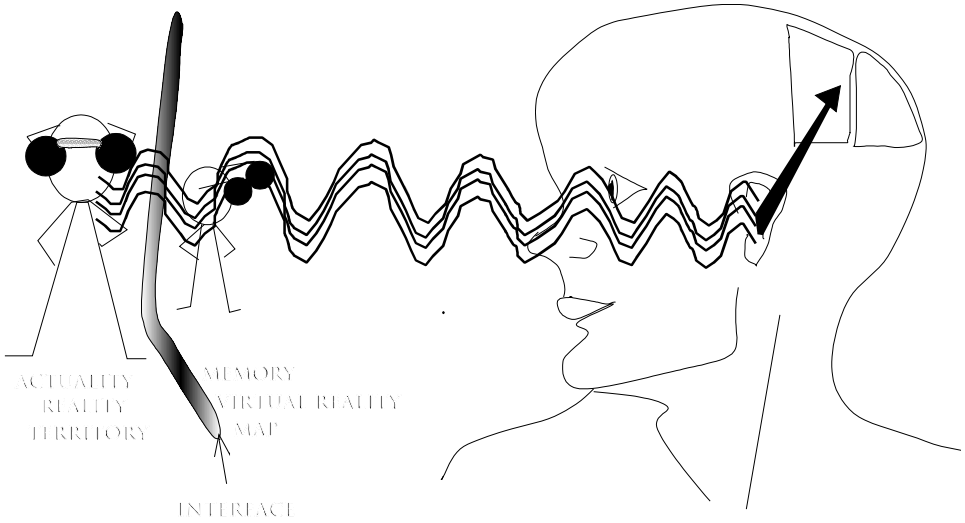
Let us now suppose B 

speaks to A:

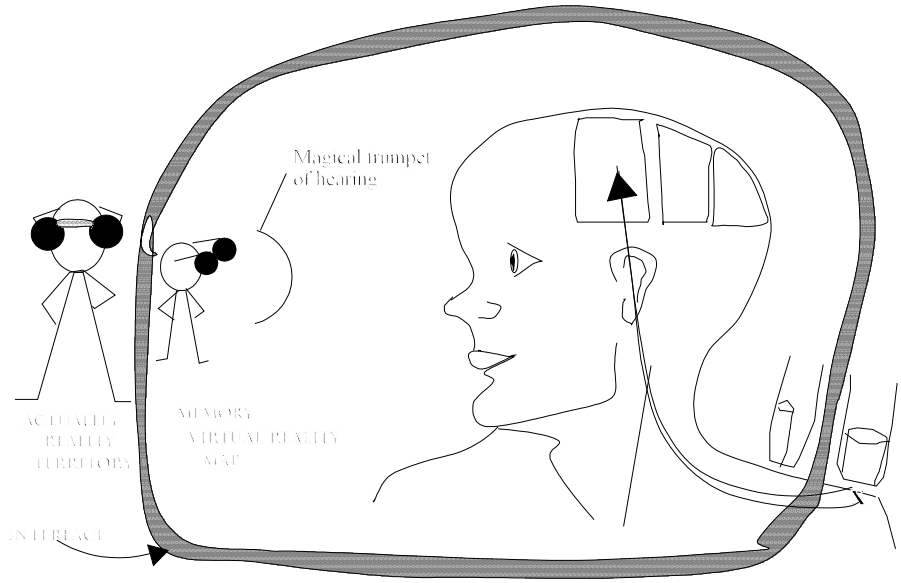
The ear drum will vibrate when the sound waves impinge on it. In turn, the three little bones of the middle ear will move and increase the amplitude of the sound waves. The last bone, the Stapes will pump the fluid of the Cochlear that will in turn sweep its hair cells. This generates an electrical impulse that will travel along the Auditory Nerve. The nerve impulses will be distributed to the auditory cortex which we shall represent schematically below:



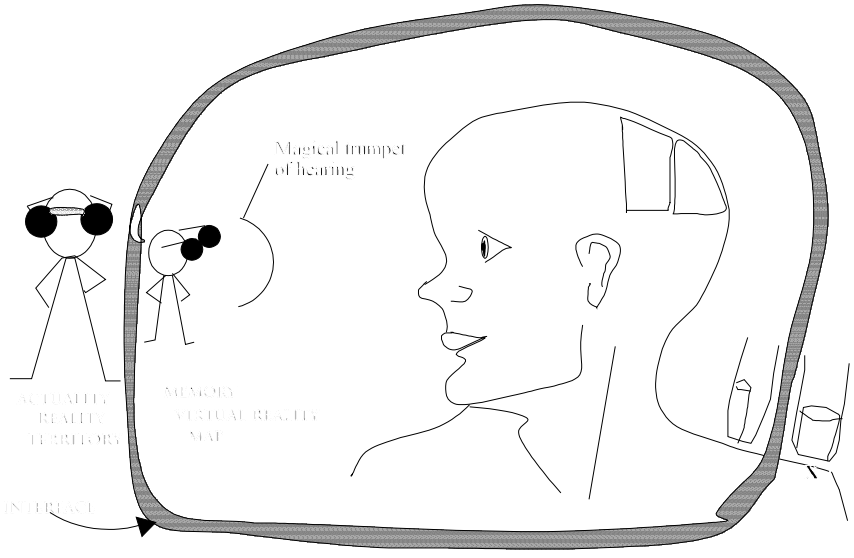
By the same logic that was valid for vision, A does not hear B in his head. He hears B "out there." What he hears is his perception of what B says. And since it has to be registered in the auditory cortex first, then what A hears is only a memory of what B had said.



Let us now consider the general sensorium[3]. B touches A as shown:



From the point of contact, X, the sensation travels up the spinal cord to be registered in the sensory cortex of the brain as schematically represented.

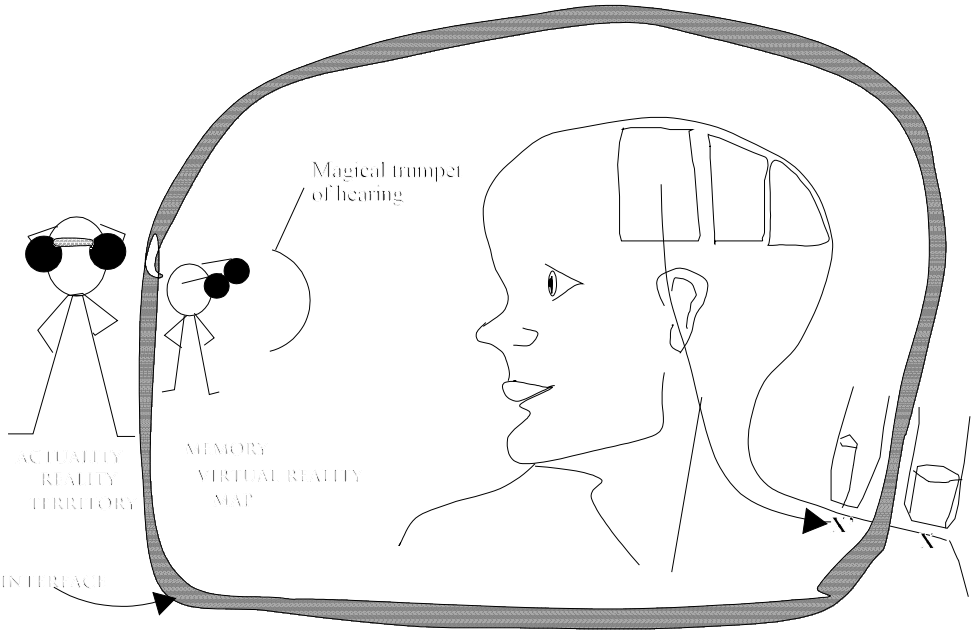


However, the touch it not felt in the brain but it is localized to the site of contact. By the same logic, since it has to be registered in the brain first then what is experienced is a memory.

All sensory information are percepts and they are all memories. They are all registered in the brain. However, they are localized outside of the brain. It is "AS IF" they are sensed from their loci of origin.

"AS IF" is NOT IT. If the logic of this holds true then PAIN is not something that is out there. It is a thing of the brain. It is in actuality felt in the mind.

It is for this that what was once an incredible mystery has its explication. In 1968, I was the Casualty Officer in the Emergency Room of St. James' University Hospital in Leeds. A woman was brought in by ambulance. It was obvious by visual



inspection that she had a right Potts fracture. However, this woman was screaming in pain. I found her screaming so utterly distressing that I issued the order that she receive a stat dose of Morphine 1/4 grain with Phenergan 25 mg. She was wheeled to X-Ray screaming in pain.In due time she returned to the emergency room, still screaming in pain. I was informed that whilst she was in the X-Ray Department, she continued to scream in pain.

The X-Rays were brought to me. There was NO fracture!

I felt such an idiot.

I marched up to her with the X-Rays. In the most controlled way possible, I showed her the X-Rays. I told her that the lump was a haematoma. She gradually settled down in disbelief. She grudgingly stopped her screaming. I could not wait to discharge from the Emergency Room. The entire complement of Emergency Room staff was more than eager to see her go together with whatever soporofic benefits the morphine might have had for her.

It is all in the mind and it is a memory.

If this is so then the memory can be manipulated.

We now show you a VHS video of such a manipulation.

So now, how is the pain to be managed? Is it to be by a continuing endless prescriptions of powerful narcotics or by repeated and never ending spinal nerve blocks.

We know from our research and clinical work that we can take a person into surgery and the person will feel no pain throughout the entire operation by the use of Hypnosis (ref The Knife Without Pain C-Jade Publications, Inc. 1994).

We have remitted the pain that was suffered by cancer patients by Hypnosis.

We once attended a case referred to us by Dr. Gerald Fulton, a specialist in Physical Medicine. The patient was a male age 35. He had fallen from a height onto his left should. As a consequence he had a comminuted left shoulder fracture. Following surgical repair the man complained of an intractable ongoing pain in the shoulder. A final solution was applied to secure pain relief for the man. It was to fuse his shoulder joint. When he recovered from the operation he was left with a pain worse than before. It was then subsequently decided to send him to see us.

We extended the model of pain control by Hypnosis for surgery to his condition. The

man is pain free today.

However, we know that the manouevre will not succeed if the person has a secondary investment in having the pain, e.g. a litigation, a possible disability pension or an insurance claim.

What is pain?

It is a memory! Its true locus is in the kinaesthetic cortex of the brain. For this it is in the mind. It can be remitted:

1. if one uses drugs that are effective enough to suppress the function of the cerebral neurones that generate the feeling
2. if we site an anaesthetic at the place where the pain is felt AS IF the pain originated there. It works as a function of analogical transderivation. If the processes of analogical transderivation are ineffective then the use of a procedure such as a spinal nerve will not work
3. if the operation of the pain neurones in the sensory cortex are superceded by the altered state of trance.

Endnotes:

1. Optic Nerve to the visual cortex:
What is show in the diagram does not include the way station of the Geniculate Ganglion that a nerve impulse has to pass.

2. Between actuality and memory, between the reality and virtual reality, between the territory and the map there is an interface.
What we have mapped out here is based on the logical extensions of the known facts about the anatomy of neurones, their cell body and their dendrites, and the their neuro-physiology.

3. general sensorium:

This term applies to all kinaesthetic sensations. They include light touch, pin prick, light pressure, deep pressure, vibration, cold, heat, joint proprioceptive sensation and pain.

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