General anesthetics are medications used to cause a loss of consciousness so you're unaware of surgery.

Despite there being a number of theories about how general anesthetics work, the precise mechanisms remain unknown.

However, it is known that all anesthetics interrupt the passage of signals along the nerves. This means that any stimulation to the body doesn't get processed or recognized by the brain.


**The use of hypnosis in anesthesia: a master class commentary.**

**Erickson JC 3rd.**

**Source**

Department of Anesthesia, Northwestern University Medical School, Chicago, IL 60611.

**Abstract**

There are unequivocal benefits derived from the use of positive suggestion and hypnotic techniques in all patients who must submit to surgical and obstetrical procedures with modern general or regional anesthesia. We must learn, and we must teach our colleagues, the advantages of consistent use of the semantics of positive suggestion. When we help patients focus on the desired comfort, safety, and satisfaction obtained with well-managed modern anesthesia and surgery, they will enjoy great benefit, especially when we use the auditory perception that often exists during general anesthesia. Rather than regarding hypnotic suggestion as a mere adjunct to anesthesia, it should be regarded as an integral part of surgical and obstetrical care.

**How general anesthetics are given**

General anesthetic will be given to you by an anesthetist (a specially trained doctor). It will either be given as a:

- **liquid** that's injected into your veins through a cannula (a thin, plastic tube that feeds into a vein, usually on the back of your hand)
- **gas** that you breathe in through a mask
Your anesthetist will stay with you throughout the procedure. They will make sure you continue to receive the anesthetic and you stay asleep, in a controlled state of unconsciousness. After the procedure, the anesthetist will turn off the anesthetic and you will gradually wake up.

**When general anesthetics are used**

General anesthesia is essential for some surgical procedures where it may be safer or more comfortable for you to be unconscious. It’s usually used for long operations or those that may be very painful. Examples include surgery to remove the gallbladder, hernia repair, liposuction or a hysterectomy.

Before having an operation, you will meet your anesthetist and plan your anesthetic together. Your anesthetist will look at your medical history and will ask whether anyone in your family has had problems with anesthesia. They will also ask about your general health and lifestyle, including whether you:

- have any allergies
- smoke or drink alcohol
- are taking any other medication

Your anesthetist will also be able to answer any questions you have. Let them know if you're unsure about any part of the procedure or if you have any worries or concerns. You should be given clear instructions to follow before the operation, including whether you can eat anything in the hours leading up to it.

**Side effects**

General anesthetics have some common side effects. Your anesthetist should discuss these with you before your surgery. Most side effects occur immediately after your operation and don’t last long. Possible side effects are listed below.

- **Feeling sick and vomiting after surgery** – about 33% of people feel sick after an operation. This usually occurs immediately, although some people may continue to feel sick for up to a day.
- **Shivering and feeling cold** – about 25% of people experience this. Shivering may last for 20-30 minutes after your operation.
- **Confusion and memory loss** – this is more common in elderly people and is usually temporary.
- **Chest infection** – this can sometimes occur in people who have abdominal surgery. It will make you feel feverish (hot and cold) and cause breathing difficulties.
• **Bladder problems** – men may have difficulty passing urine and women may leak urine. This is more common after a spinal or epidural anesthetic.
• **Dizziness** – you will be given fluids to treat this.
• **Bruising and soreness** – this may develop in the area where you were injected or had a drip fitted. It usually heals without treatment.
• **Sore throat** – during your operation, a tube may be inserted either into your mouth or down your throat to help you breathe. Afterwards, this causes a sore throat in about 40% of people.
• **Lip or dental damage** – about 5% of people may have small cuts to their lips or tongue from the tube, and around 1 in 4,500 people may have damage to their teeth.

### Complications and risks

A number of more serious complications are associated with general anesthetics, but they are very rare (occurring in less than one case for every 10,000 anesthetics given). Possible complications include:

• a serious allergic reaction to the anesthetic (**anaphylaxis**)
• an inherited reaction to the anesthetic
• death – this is very rare (there is approximately one death for every 100,000 general anesthetics given)

**Complications are more likely to occur if you:**

• are having major surgery or emergency surgery
• have any other illnesses
• smoke
• are overweight

Your anesthetist will discuss the risks with you before your operation. You may be advised to stop smoking or lose weight, if doing so would reduce your risk of developing complications. In most cases, the benefits of being pain-free during an operation outweigh the risks. While it's possible for a person under general anesthetic to wake during surgery and experience pain, this is very rare. The chance of this happening has been greatly reduced by using monitors to measure the amount of anesthetic being given.

### Early inhalational anesthetics

Early Arab writings mention anesthesia by inhalation. This idea was the basis of the "soporific sponge" ("sleep sponge"), introduced by the Salerno school of medicine in the late twelfth century and by Ugo Borgognoni (1180–1258) in the thirteenth century. The sponge was promoted and described by Ugo’s son
and fellow surgeon, Theodoric Borgognoni (1205–1298). In this anesthetic method, a sponge was soaked in a dissolved solution of opium, mandragora, hemlock juice, and other substances. The sponge was then dried and stored; just before surgery the sponge was moistened and then held under the patient's nose. When all went well, the fumes rendered the patient unconscious.

In 1275, Spanish physician Raymond Lullus, while experimenting with chemicals, made a volatile, flammable liquid he called sweet vitriol. Sweet vitriol, or sweet oil of vitriol, was the first inhalational anesthetic used for surgical anesthesia. It is no longer used often because of its flammability. In the 16th century, a Swiss-born physician commonly known as Paracelsus made chickens breathe sweet vitriol and noted that they not only fell asleep but also felt no pain. Like Lullus before him, he did not experiment on humans. In 1730, German chemist Frobenius gave this liquid its present name, ether, which is Greek for “heavenly.” But 112 more years would pass before ether's anesthetic powers were fully appreciated.

Meanwhile, in 1772, English scientist Joseph Priestley discovered the gas nitrous oxide. Initially, people thought this gas to be lethal, even in small doses. However, in 1799, British chemist and inventor Humphry Davy decided to find out by experimenting on himself. To his astonishment he found that nitrous oxide made him laugh, so he nicknamed it laughing gas. Davy wrote about the potential anesthetic properties of nitrous oxide, but nobody at that time pursued the matter any further.
American physician Crawford W. Long noticed that his friends felt no pain when they injured themselves while staggering around under the influence of ether. He immediately thought of its potential in surgery. Conveniently, a participant in one of those “ether frolics,” a student named James Venable, had two small tumors he wanted excised. But fearing the pain of surgery, Venable kept putting the operation off. Hence, Long suggested that he have his operation while under the influence of ether. Venable agreed, and on 30 March 1842 he underwent a painless operation. However, Long did not announce his discovery until 1849.\[46\]

William Thomas Green Morton, a Boston dentist, conducted the first public demonstration of the inhalational anesthetic. Morton, who was unaware of Long’s previous work, was invited to the Massachusetts General Hospital to demonstrate his new technique for painless surgery. After Morton had induced anesthesia, surgeon John Collins Warren removed a tumor from the neck of Edward Gilbert Abbott. This occurred in the surgical amphitheater now called the Ether Dome. The previously skeptical Warren was impressed and stated “Gentlemen, this is no humbug.” In a letter to Morton shortly thereafter, physician and writer Oliver Wendell Holmes, Sr. proposed naming the state produced “anesthesia”, and the procedure an “anesthetic”.\[47\]

Morton at first attempted to hide the actual nature of his anesthetic substance, referring to it as Letheon. He received a US patent for his substance, but news of the successful anesthetic spread quickly by late 1846. Respected surgeons in Europe including Liston, Dieffenbach, Pirogov, and Syme, quickly undertook numerous operations with ether. An American-born physician, Boott, encouraged London dentist James Robinson to perform a dental procedure on a Miss Lonsdale. This was the first case of an operator-anesthetist. On the same day, 19 December 1846, in Dumfries Royal Infirmary, Scotland, a Dr. Scott used ether for a surgical procedure.\[citation needed\] The first use of anesthesia in the Southern Hemisphere took place in Launceston, Tasmania, that same year. Drawbacks with ether such as excessive vomiting and its flammability led to its replacement in England with chloroform.

Discovered in 1831 by an American physician Samuel Guthrie (1782-1848); and independently a few months later by Frenchman Eugène Soubeiran (1797-1859) and Justus von Liebig (1803-73) in Germany. Chloroform was named and chemically characterized in 1834 by Jean-Baptiste Dumas (1800-84). Its
anesthetic properties were noted early in 1847 by Marie-Jean-Pierre Flourens (1794-1867). The use of chloroform in anesthesia is linked to James Young Simpson, who, in a wide-ranging study of organic compounds, found chloroform's efficacy on 4 November 1847. Its use spread quickly and gained royal approval in 1853 when John Snow gave it to Queen Victoria during the birth of Prince Leopold. Unfortunately, chloroform is not as safe an agent as ether, especially when administered by an untrained practitioner (medical students, nurses, and occasionally members of the public were often pressed into giving anesthetics at this time). This led to many deaths from the use of chloroform that (with hindsight) might have been preventable. The first fatality directly attributed to chloroform anesthesia was recorded on 28 January 1848 after the death of Hannah Greener. [citation needed]

John Snow of London published articles from May 1848 onwards "On Narcotism by the Inhalation of Vapours" in the London Medical Gazette. Snow also involved himself in the production of equipment needed for the administration of inhalational anesthetics.

**Plant derivatives**

Throughout Europe, Asia, and the Americas a variety of Solanum species containing potent tropane alkaloids were used, such as mandrake, henbane, Datura metel, and Datura inoxia. Ancient Greek and Roman medical texts by Hippocrates, Theophrastus, Aulus Cornelius Celsus Pedanius Dioscorides, and Pliny the Elder discussed the use of opium and Solanum species. In 13th century Italy, Theodoric Borgognoni used similar mixtures along with opiates to induce unconsciousness, and treatment with the combined alkaloids proved a mainstay of anesthesia until the nineteenth century. In the Americas coca was also an important anesthetic used in trephining operations. Incan shamans chewed coca leaves and performed operations on the skull while spitting into the wounds they had inflicted to anesthetize the site. [41] Alcohol was also used, its vasodilatory properties being unknown. Ancient herbal anesthetics have variously been called soporifics, anodynes, and narcotics, depending on whether the emphasis is on producing unconsciousness or relieving pain.

The use of herbal anesthesia had a crucial drawback compared to modern practice—as lamented by Fallopius, "When soporifics are weak, they are useless, and when strong, they kill." To overcome this, production was typically standardized as much as feasible, with production occurring from specific locations (such as opium from the fields of Thebes in ancient Egypt). Anesthetics were sometimes administered in the "spongia somnifera", a sponge into which a large quantity of drug was allowed to dry, from which a saturated solution could be trickled into the nose of the patient. At least in more recent centuries, trade was often highly standardized, with the drying and packing of opium in standard chests, for example. In the 19th century, varyingaconitum alkaloids from a variety of species were standardized by testing with guinea pigs. Trumpling this method was the discovery of morphine, a purified alkaloid that could be injected by hypodermic needle for a consistent dosage. The enthusiastic reception of morphine led to the foundation of the modern pharmaceutical industry. [42]

The first effective local anesthetic was cocaine. Isolated in 1859, it was first used by Karl Koller, at the suggestion of Sigmund Freud, in eye surgery in 1884. [43] German surgeon August Bier (1861–1949) was the first to use cocaine for intrathecal anesthesia in 1898. [44] Romanian surgeon Nicolae Racoviceanu-Piteşti (1860–1942) was the first to use opioids for intrathecal analgesia; he presented his experience in Paris in 1901. [45] A number of newer local anesthetic agents, many of them derivatives of cocaine, were
synthesized in the 20th century, including eucaine (1900), amylocaine (1904), procaine (1905), and lidocaine (1943).

Ether

<table>
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<th>CHEMICAL NAME</th>
<th>ethoxyethane</th>
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<tbody>
<tr>
<td>CAS NUMBER</td>
<td>60–29–7</td>
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<tr>
<td>MOLECULAR FORMULA</td>
<td>C₇H₁₂O₂H₂</td>
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<tr>
<td>MOLAR MASS</td>
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<tr>
<td>COMPOSITION</td>
<td>C(64.8%) H(13.6%) O(21.6%)</td>
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<tr>
<td>MELTING POINT</td>
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<tr>
<td>BOILING POINT</td>
<td>34.5°C</td>
</tr>
<tr>
<td>DENSITY</td>
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</tr>
</tbody>
</table>

Ether is a volatile, flammable, colorless liquid with a distinctive odor. Ether is the common name for diethyl ether, which belongs to the large group of organic compounds called ethers. The names ether, diethyl ether, and ethyl ether are all used for the ether given by the formula C₇H₁₂O₂H₂. In this entry, ether is considered the compound C₇H₁₂O₂H₂. Ethers are characterized by an oxygen atom singly bonded to two carbon atoms; they have the general formula R-O-R'. Ethers are commonly named by naming the groups attached to the oxygen followed by the word ether. Diethyl ether is the most common ether and was historically used as an anesthetic. Petroleum ether is not an ether but a mixture of hydrocarbons, which are typically alkanes such as pentane and hexane.

Ether was supposedly discovered by Raymundus Lullus (1232–1315) around 1275, although there is no extant evidence of this in his writings. The discoverer of ether is often credited to the German physician and botanist Valerius Cordus (1515–1554), who gave the first description of the preparation of ether in the mid-16th century. Cordus called the substance oleum vitrioli dulce, which is translated as sweet oil of vitriol. Cordus used sulfuric acid (oil of vitriol) to catalyze the conversion of alcohol to ether. At approximately the same time Paracelsus (1493–1541), a Swiss physician who is also cited as a discoverer of ether, observed that chickens were safely put to sleep by breathing vapors from sweet oil of vitriol. In 1730, August Siegmund Frobenius changed the name of sweet vitriol to ether.

Ether was applied topically, inhaled, and consumed for medical purposes well before it was used as an anesthetic. As early as the late 18th century and during the 19th century, ether was used recreationally to induce drunklike, stupor-state conditions in those who inhaled it. Ether (and nitrous oxide) was inhaled during parties called ether frolics in which the partygoers were entertained by the behavior of those under the influence of ether. Crawford Williamson Long (1815–1878) was the first physician known to use ether as an anesthetic in medicine. Long removed a tumor from a patient anaesthetized with ether on March 20, 1842; he subsequently used ether for other surgeries and in childbirth. Long did not publish an article on his use of ether until 1848, several years after William Thomas Green Morton (1819–1868) had publicly demonstrated its use in dental surgery and received credit for its discovery as an anesthetic.
Chloroform was discovered by three researchers independently of one another. Chloroform was reported in 1831 by the French chemist Eugène Soubeiran, who prepared it from acetone (2-propanone) as well as ethanol through the action of chlorine bleach powder (calcium hypochlorite). The American physician Samuel Guthrie prepared gallons of the material and described its "deliciousness of flavor." Independently, Justus von Liebig also described the same compound. All early preparations used variations of the haloform reaction. Chloroform was named and chemically characterized in 1834 by Jean-Baptiste Dumas.

Chloroform was once a widely used anesthetic. Its vapor depresses the central nervous system of a patient, allowing a doctor to perform various otherwise painful procedures. On 4 November 1847, the Scottish obstetrician James Young Simpson discovered the anesthetic qualities of chloroform when he and his friends were experimenting with different substances on themselves in search of a replacement for ether as a general anesthetic. He was so astounded by the success of his own trial that the next morning he hired a chemist and within the next few days was administering it to his patients during childbirth. The use of chloroform during surgery expanded rapidly thereafter in Europe. In the 1850s, chloroform was used during the birth of Queen Victoria’s last two children. In the United States, chloroform began to replace ether as an anesthetic at the beginning of the 20th century; however, it was quickly abandoned in favor of ether upon discovery of its toxicity, especially its tendency to cause fatal cardiac arrhythmia analogous to what is now termed “sudden sniffer’s death”. Some people used chloroform as a recreational drug or to commit suicide. One possible mechanism of action for chloroform is that it increases movement of potassium ions through certain types of potassium channels in nerve cells. Chloroform could also be mixed with other anesthetic agents such as ether to make C.E. mixture, or ether and alcohol to make A.C.E. mixture.

In 1848, Hannah Greener, a 15-year-old girl who was having an infected toenail removed, died after being given the anesthetic. A number of physically fit patients died after inhaling it. However, in 1848 John Snow developed an inhaler that regulated the dosage and so successfully reduced the number of deaths.

Chloroform has been used by criminals to knock out, daze or even murder their victims. Joseph Harris was charged with using chloroform in 1894 to rob people. In 1901, chloroform was also used to murder the American businessman William Marsh Rice, the namesake of the institution now known as Rice University. Chloroform was used to murder a woman in 1991 as a toxic dose was delivered while she was sleeping. In 2007 a man was convicted of using chloroform to sexually assault minors. Use of chloroform as an incapacitating agent has become widely recognized, bordering on clichéd, due to the popularity of crime fiction authors having criminals use chloroform-soaked rags to render victims unconscious.
Common side effects after anesthesia

Common side effects and minor risks associated with anesthesia

Most side effects of general anesthesia are minor in people who are otherwise healthy and they can be easily managed by your anesthesia care team. Some of the most common ones are discussed below.

1. Nausea and vomiting after surgery (also called postoperative nausea and vomiting)

How common is it?
Post-operative nausea and vomiting (PONV for short) is one of the most common side-effects that occurs in the first 24 hours after your surgery. It affects 20-30% of patients. However, nearly half of all patients who do not have PONV in the hospital, experience nausea and/or vomiting in the first few days after discharge.

Who is at risk?
For adults, there are many factors that increase the risk of having PONV. Firstly - being female, not smoking (the only benefit from smoking, but definitely not worth it!) and having a history of motion sickness or PONV after a previous surgery.

Then some anesthetic drugs and painkillers - most commonly those gases that keep you asleep, the morphine-like painkillers (called opioids in medical terms) and laughing gas (called nitrous
oxide in medical terms). The morphine-like painkiller’ used for pain relief after surgery (commonly used by the acute pain service) do a good job in relieving pain, but are a common reason for nausea on the first and second day after surgery.

Lastly, some surgeries are known to carry a high risk for PONV. These include surgery on the ear or intestines and laparoscopic surgery (key-hole surgery) for operations on the female organs.

If more of these factors apply to you - the higher your risk to have PONV. See below.

Can it be prevented and/or treated?

It is important to inform your anesthetist that you had this problem in the past. Your anesthetist can choose a different way of giving your anesthetic. When possible, a regional anesthetic (where the ‘gases’ and ‘morphine-like’ painkillers are not needed) significantly reduces your risk of having PONV in the first few hours after your surgery.

The drugs used to prevent or treat PONV are known as antiemetics. If you are a low-risk patient - no drugs to prevent PONV are needed. If you are at moderate risk, at least one drug should be given to prevent PONV. If you have many risk factors (see paragraph above) a mix of ‘antiemetics’ should be used for prevention. If our efforts to prevent your PONV fail, antiemetics will also be offered in the recovery room.

The morphine-like painkillers used for pain relief after surgery (commonly used by the acute pain service) do a good job in relieving pain, but are a common reason for nausea on the first and second day after surgery.

Key reference:
MCCracken G, Houston P, Lefebvre G.
Guideline for the management of postoperative nausea and vomiting.
J Obstet Gynaecol Can 2008; 30:600-616

2. Sore throat

How common?

Sore throat and hoarseness in the first hours to days after anesthesia occurs in up to 40% of patients (13).

Who is at risk?

The following increase your risk: Being female; younger than 50 years old and having a general anesthetic lasting more than 3 hours.

Can it be prevented and/or treated?
Having a regional anesthetic (link bold word to regional anesthesia) will completely prevent this problem. However, if you need a general anesthetic, your anesthetist may chose a smaller size for the device used to help you breath during surgery. Some drugs have also been proven to be beneficial, such as a freezing medication or an anti-inflammatory medication. In addition, the use of some over the counter substances such as Tantum or Strepsils can help alleviate acute sore throat pain.

*Key reference:*
**BIRO P, SEIFERT B, PASCH T.**

3. Teeth damage

*How common is it?*

Teeth damage is a rare but very unfortunate complication of general anesthesia, roughly occurring in 1:2000-cases. The most frequently injured teeth are the upper front ones (the upper incisors) (25;26).

*Who is at risk?*

Patients mostly at risk for dental injury are those with poor dental health and where the anesthetist have had difficulty to ‘get the breathing tube down’ (called a ‘difficult intubation).

*Can it be prevented?*

Although the anesthetists are always very careful, prevention of dental damage is not always possible. Several devices have been used such as mouth-guards and bite-blocks but provide no guarantee. Moreover, these devices may make it more difficult to place to place the breathing tube.

Key reference:
**NEWLAND MC, ELLIS SJ, PETERS KR et al.**

4. Shivering/Chills

*How common is it?*

Shivering after an anesthetic is an occurance in the early recovery phase after anesthesia in approximately 25-50% of patients.

*Who is at risk?*
Cooling down is the most common cause. Other causes including include pain, fever and stress after surgery. It seems to be more common in males and after longer surgeries, but it is quite rare in elderly patients.

*Can it be prevented and/or treated?*

While we try to reduce the drop in body temperature, it is impossible to completely prevent it. There are also a few drugs that can be used either to prevent and/or to treat post-operative shivering.

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Date created:
October 22, 2010

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**The Risks of Anesthesia and How to Prevent Them**

While the idea of “going under” may worry you, the risks of anesthesia are pretty low these days. As a matter of fact, not only have errors become relatively uncommon, but experts say anesthesia is one of the safest areas of health care today.

But even so, anesthesia does still pose some risks. Here are ways to lower them:

- **Ask your doctor about alternatives to general anesthesia.** While general anesthesia is sometimes necessary, ask about other approaches -- like a local or spinal anesthetic. See if you might have a choice.

- **See if you can meet with your anesthesiology team.** This is a great way to go over your options and understand your anesthesia risks. Ask if your age or any other health conditions might affect your risks.

- **Find out if any family members have ever had a bad reaction to anesthesia.** Although very rare, some people do inherit a genetic susceptibility to have dangerous reactions to anesthesia. So it’s always worth asking your family to make sure. If someone in your family has had such a reaction, tell your doctor.

- **Make sure your doctor knows if you or anyone in your family has ever had a bad reaction to anesthesia before.** This should go without saying, but some people just assume that their surgeon must
already know their complete medical history. That isn't the case. Make sure to tell everyone -- nurses, anesthesiologist, and surgeon -- if you've ever had a problem with anesthesia before. Don't hesitate to repeat yourself.

- **Follow the doctor's instructions about eating.** The night before surgery, your doctor will probably tell you that you shouldn't eat anything after midnight. This is one of the most important instructions to follow. Why? If you go under anesthesia with food in your stomach, you may vomit up some of this food and breathe it in. This can lead not only to aspiration pneumonia but then potentially make it impossible to get oxygen into your lungs during the anesthesia procedure -- and without oxygen, systems within your body fail and you can die. If you do eat after midnight, inform the surgical staff immediately; your surgery may need to be postponed or cancelled. Simply following your doctor's advice will almost eliminate this anesthesia risk.

### Hypnosis/Local Anesthesia Combination During Surgery Helps Patients, Reduces Hospital Stays, Study Finds

**June 21, 2011** — Using a combination of hypnosis and local anesthesia (LA) for certain types of surgery can aid the healing process and reduce drug use and time spent in hospital, anaesthesiologists have found. The combination could also help avoid cancer recurrence and metastases, according to new research to be presented at the European Anaesthesiology Congress in Amsterdam.

Professor Fabienne Roelants and Dr. Christine Watremez, from the Department of Anaesthesiology at the Cliniques Universitaires St. Luc, UCL, Brussels, Belgium, studied the impact of using LA and hypnosis in certain kinds of breast cancer surgery and in thyroidectomy (removal of all or part of the thyroid gland). "In all of these procedures local anaesthesia is feasible but not, on its own, sufficient to ensure patient comfort," says Professor Roelants.

In the first study, 18 women out of 78 had hypnosis for a number of breast cancer surgical procedures -- quadrantectomy (partial mastectomy), sentinel node biopsy (examination of the first lymph node or group of lymph nodes likely to be reached by metastasising cancer cells) and axillary dissection (opening the armpit to examine or remove some or all of the lymph nodes) -- while the rest had general anaesthetic (GA) or the same operations. Although the patients who were hypnotised spent a few minutes more in the operating theatre, opioid drug use in the first group was greatly diminished, as was time in the recovery room and hospital stay.

In the thyroid study, the researchers compared the outcomes of 18 patients in the LA/hypnosis group with 36 who had GA. Both groups had video-assisted thyroidectomy, in an attempt to decrease the invasiveness of the procedure without reducing patient comfort. Once again drug use, recovery room and hospital stay times were greatly reduced among the LA/hypnosis group.

"In addition to reducing drug use and hospital stay time, being able to avoid general anaesthesia in breast cancer surgery is important because we know that local anaesthesia can block the body's stress response to surgery and could therefore reduce the possible spread of metastases," Professor Roelants will say.

"Together with other anaesthesiologists at the hospital, we are specialised in hypnosis," says Dr. Watremez. "Although there are special precautions to be taken -- for example, only the hypnotherapist should talk to the patient during the procedure and should avoid negatives, which unconsciousness cannot handle, and the surgeon needs to be gentle, avoid any tugging in his movements, and be able to remain cool in all circumstances -- it is a straightforward procedure and appreciated by the patients."
“Imagine you are driving your car. You suddenly realise how far you have driven, but for a long time your mind has been elsewhere. This is extremely common, and is nothing more nor less than a mild hypnotic trance -- a modified state of consciousness, with a different perception of the world. The principle of hypnosis is to focus one's attention on one particular point," she says.

That point may be eye fixation, progressive muscle relaxation, or the retrieval of a pleasant memory. That hypnosis works in reducing the perception of pain has been shown by a number of studies, including by imaging the brain with position emission tomography (PET). Similar effects have been shown by using functional magnetic resonance imaging (MRI). Exactly how hypnosis works in this respect is still under discussion. Some researchers believe that it prevents information from reaching the higher cortical regions that are responsible for the perception of pain. Others believe that it permits a better response to pain by activating pain-inhibiting paths more effectively.

“There is still a lot of debate around the exact mechanism that allows hypnosis to reduce pain perception," says Professor Roelants," but what it absolutely clear is that it does so. The result is that one third of thyroidectomies and a quarter of all breast cancer surgery carried out at the UCL hospital are performed under local anaesthetic with the patient under hypnosis.”

There are no sex or age differences relating to susceptibility to hypnosis, the researchers say. If the patient is motivated, ready to co-operate, and trusts the doctors, hypnosis will work. In addition to use in breast cancer surgery and thyroidectomy, the practice can be used in a number of other surgical procedures, for example carotid artery surgery, inguinal hernia, knee arthroscopy, gynaecological surgery, ophthalmology, ear nose and throat, plastic surgery and egg retrieval for fertility treatment. "We believe that our studies have shown considerable benefits for the LA/hypnosis combination, and that such benefits are not only for patients, but also for healthcare systems. By using hypnosis combined with LA we can reduce the costs involved in longer hospital stays, remove the need for patients to use opioid drugs, and increase their overall comfort and satisfaction levels. To date there are few publications about the use of hypnosis in surgery, and we hope that, by contributing to the body of evidence on its efficacy, our research will encourage others to carry out this procedure to the advantage of all concerned," Dr. Watremez will conclude.

Using Self-Hypnosis to Create Anesthesia

Posted on January 14, 2011 in

Just this morning I read a local news paper article about Dr John Butler helping a man through surgery using only hypnosis for anaesthesia. You can read the hypnosis article here, it is great stuff. Dr John Butler also featured on the superb television delight on More4 a while back entitled Hypno-Surgery and it showed a man receiving hypno-surgery. That is, he had a hernia operation without any anaesthesia other than by using hypnosis.

This really excites me. It is an area that more and more research supports and potentially suggests hypnosis could well find its way into more conventional healthcare for this application.
Of course, it is a sensation because it is on television or in newspapers, however, these operations have been done for years. There are lots of filmed studies and masses of research that has been done using hypnosis alone when performing surgery.

Many ways have been used to alleviate pain over the years and I have experienced many myself and found hypnosis accompanied with a range of mind skills and tools to be by far the best way of overcoming and altering my response to it.

Can you remember a time when you had a paper cut and you did not realize that you had it until later on that day when you saw it with your own eyes? It was not until you saw it that it hurt and thought “oooh that smarts a bit.” I remember I had been helping my father in the garden when I was young, I had been weeding (great jobs that Dads give you!) and my hands were covered in earth and when I washed them off later on in the day when I came into the house, I noticed that I had grazed my hand and having seen it, it began to sting a bit; it had not done so until then. These examples are of naturally occurring anesthesia, the capacity of which exists within us all.

There was a military doctor called James Esdaille who is mentioned in many hypnosis text books and he would use hypnosis and auto suggestion with fellow soldiers for all manner of different ailments, he even carried out amputations with no anesthesia other than that of the suggestions that he was delivering to his patient. (Though some of his written findings have been disputed by many since)

One of the most basic methods for using your mind to create anesthesia is called the glove anesthesia method and today I want to share it with you for you to use as and when you like.

Important point here: And you know that you must only use this pain-control technique when you know the cause. You will also consult a doctor if the condition persists.

**Step One:** Find a comfortable place where you will not be disturbed. Close your eyes. Get yourself relaxed. Ideally, get yourself into a state of self-hypnosis. Go read my book or invest in the self-hypnosis master class if you need to learn how.

Otherwise, there are lots of articles here on this blog, in my members area and amassed online in various places about how to induce self-hypnosis. Deepen sufficiently before moving on to the next step.

**Step Two:** Develop a strong sense of purpose right now. Using your internal dialogue, remind yourself and tell yourself that you have the power and ability to be in control of any sensations in
your body and mind. Because you really do. Tell yourself that You accept that you are in control of your own mind. Focus on and imagine the unlimited power of your mind, tell yourself that you can send numbing sensations into any part of your body. Develop a sense of belief in yourself and in the power of your own mind. Really encourage and empower yourself.

Imagine that these words of personal power and belief that you say to yourself are being delivered to the deepest depths of your mind. Imagine that they’ve been accepted on every level of your body and mind.

In cognitive behavioural terms, behave as if this is going to be accomplished, communicate with yourself in the way that you would when you believe you are going to do this simply.

**Step Three:** Now we begin to invoke the glove anesthesia. Begin by concentrating upon your dominant hand, really focus on it to the exclusion of all else. Notice the tiniest of sensations within it. Begin to imagine that using your attention, your dominant hand is free of all feeling. This needs some time and concentration.

Maybe you can use your imagination to imagine that your hand is encased in ice. Truly imagine those feelings. I imagine placing my hand slowly into a bucket of iced water and the water slowly turns to solid ice and encases my hand.

When I do this as a demonstration with a student on my courses (video footage of me doing this is in the members area) I can see the difference in the color with the student I am working with, and you can tell the difference in the temperature of the skin when you touch the hand. When done correctly, this can become very real for the individual.

Separate your hand, in your mind, from the rest of your physical body. Think of it as detached from your physical being. Continue to focus your attention upon your hand and allow it to lose all feeling.

Using your internal dialogue again, tell yourself that your hand is becoming numb. No feeling at all. Inside your mind instruct your hand to go to sleep. Tell it to go to sleep. Be aware of all the unusual sensations that are in your hand as you focus upon it and keep all your focus and concentration upon it.

Tell yourself that every breath you take seems to cause your hand to become numbed. No feeling at all. Inside your mind instruct your hand to go to sleep. Tell it to go to sleep. Be aware of all the unusual sensations that are in your hand as you focus upon it and keep all your focus and concentration upon it.
cold, believe in it, use your cognitions and behaviour to behave as if it is all happening perfectly, then move on.

**Step Four:** Now, you’re going to transfer this lack of feeling to the part of your body that you desire to feel numb and have the anesthesia in. So when you are sure that you have created the correct level of numbness in your hand you’re going to raise your hand and place it upon the part of your body you want to feel numb. I recommend you practice just doing it to the hand and arm to begin with. Imagining the ice numbness growing and spreading into the forearm, then testing it for short moments of time by touching, then pinching, and even asking someone else to forcibly pinch your arm to test the anesthesia.

Once you have mastered that and practiced it over and over, you can practice transferring it elsewhere. When you do this, you’ll transfer this numbness to that part of your body. So then go ahead and raise your hand and touch the part of your body you want to become cool and numb. Maybe imagine the numbness as a colour that you are spreading into that area. maybe imagine that part of your body being filled with that colour and creating that numbness. Imagine all the sensations of numbness are being transferred into that part of your body. Release the numbness into that other part of your body.

Then spend some moments doing that properly and thoroughly now. As you do it, give yourself a time limit that this is going to last for. Naturally, you do not want that part of you to be numb forever. So make sure that you set yourself a time limit when your self induced anesthesia will end.

**Step Five:** Now that you have transferred the calming, soothing, numbing coolness, and you’re physically feeling better and better in that area. Really enjoy the sensations and marvel at your own amazing self. Imagine coolness permeates the area. Imagine you experience wonderful relief in that area. Breathe deeply and relax completely.

Maybe even repeat a little mantra of support to your self at this point: “Calm, cool, soothing, numbing sensations permeates the area. Better and better. Numbness. Relief. Numbness. Use words that appeal to you the most.

**Step Six:** When you have maintained the state and are sure that you feel really good. You may wish to use a word, or a symbol in your imagination to serve as an anchor to use each time you want to reach this level of anesthesia in a speedier time frame. often though, simply practicing will make that happen. if you do set an anchor, trust that each time you choose to use it in the future, it has a wonderful effect of enhancing and amplifying your control over your anesthesia.
Step Seven: And it’s time to focus the incredible power of your imagination by imagining yourself doing this even better next time. Imagine that you feel more and more in control of your own mind each time you do this.

Imagine yourself really feeling good about this and what you can do with the power of your own mind.

Spend a few moments quietly doing this, just telling yourself and suggesting to yourself that you can be better and better at creating anesthesia for yourself.

Step Eight: When you have fully absorbed all you can from this wonderful experience, open your eyes and remember all that has been communicated.


In the TV shows and media discussions, the doctors using hypno-anaesthesia spend many weeks, sometimes months with the client to ensure they get really good at doing this before they go into surgery. So practice over and over.

As I said previously. You may want to practice doing this on your arm. Prior to doing it, pinch your arm until it hurts to gauge what your pain tolerance level is in that arm. Then when you have it anaesthetized, test how different the sensations are.

Hypnosis In Medicine

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The role of hypnosis in medicine has been evolving over the last 100 years. Currently, the National Institutes of Health (NIH) in the United States is funding clinical trials of complementary and alternative medicine. Hypnosis in medicine has been one of the focuses of this funding effort.

Hypnosis in contemporary medicine was reviewed by James H. Stewart, M. D., of the Mayo Clinic in Jacksonville, Florida, (Mayo Clin. Proc 105; 80 (4): 511-524). In this review, Dr. Stewart highlighted
basic concepts of hypnosis and reviewed the results of many clinical trials of hypnosis in treating a variety of medical conditions.

Dr. Stewart noted that hypnosis does not involve a process of simply following instructions. Rather, it is an actual change in the perception of the brain as demonstrated by brain tests while people are undergoing hypnosis. Studies have shown that hypnosis does not act as a placebo and is not a state of sleep.

Dr. Stewart also noted that modern hypnotism was introduced by the Austrian physician, Franz Anton Mesmer, who is said to have brought what was referred to as "animal magnetism" to France in 1778. Hypnotism came to be called "Mesmerism" and was soon discredited as fraudulent. Hypnosis as a method of psychoanalysis evolved in the 20th century. Over the past 50 years, many studies have demonstrated the potential of hypnosis as an adjunctive treatment for a variety of conditions. While hypnosis is generally considered to be a relatively harmless procedure, Dr. Stewart notes that it can be associated with the risk of side effects including headaches, dizziness, nausea, anxiety and even panic.

In reviewing studies of hypnosis treatments by using a Medline database, Dr. Stewart found that hypnosis has had reported benefits in treating:

- **allergies**,  
- anesthesia for pain relief and surgery,  
- treatment of resistant eczema,  
- irritable bowel syndrome,  
- peptic ulcer disease,  
- high blood pressure (hypertension),  
- obesity,  
- healing of wounds,  
- smoking cessation,  
- chronic tinnitus,  
- fibromyalgia, and  
- impotence (erectile dysfunction, ED).
Hypnosis has also been reported as being successful in the treatment of pain associated with bone marrow transplantation, nausea and vomiting as a result of chemotherapy for cancer treatment, and anesthesia for liver biopsy, upper GI endoscopy, and colonoscopy.

It should be noted, as mentioned in Dr. Stewart's review, that many of the diseases and conditions for which hypnosis has been reported to be beneficial can only be partially treated by the therapies and medicines currently available. It therefore seems that since hypnosis affords a relatively harmless treatment option, its use as a complementary treatment should be further explored by doctors and other health care providers.


What Is Hypnosis?
Hypnosis Applications, Effects and Myths

By Kendra Cherry

Learn about hypnosis including some of the most common myths and misconceptions.

Image by James Steidl/iStockPhoto

What exactly is hypnosis? While definitions can vary, the American Psychological Association describes hypnosis as a cooperative interaction in which the participant responds to the suggestions of the hypnotist. While hypnosis has become well-known thanks to popular acts where people are prompted to perform unusual or ridiculous actions, the technique has also been clinically proven to provide medical and therapeutic benefits, most notably in the reduction of pain and anxiety. It has even been suggested that hypnosis can reduce the symptoms of dementia.¹

How Does Hypnosis Work?
When you hear the word hypnotist, what comes to mind? If you’re like many people, the word may conjure up images of a sinister stage-villain who brings about a hypnotic state by swinging a pocket watch back and forth.

In reality, real hypnosis bears little resemblance to these stereotyped images. According to John Kihlstrom, "The hypnotist does not hypnotize the individual. Rather, the hypnotist serves as a sort of coach or tutor whose job is to help the person become hypnotized". While hypnosis is often described as a sleep-like trance state, it is better expressed as a state characterized by focused attention, heightened suggestibility and vivid fantasies.

What Effects Does Hypnosis Have?

The experience of hypnosis can vary dramatically from one person to another. Some hypnotized individuals report feeling a sense of detachment or extreme relaxation during the hypnotic state, while others even feel that their actions seem to occur outside of their conscious volition. Other individuals may remain fully aware and able to carry out conversations while under hypnosis.

Experiments by researcher Ernest Hilgard demonstrated how hypnosis can be used to dramatically alter perceptions. After instructing a hypnotized individual to not feel pain in his or her arm, the participant’s arm was then placed in ice water. While non-hypnotized individuals had to remove their arm from the water after a few seconds due to the pain, the hypnotized individuals were able to leave their arms in the ice water for several minutes without experiencing pain.

What Can Hypnosis Be Used For?

The following are just a few of the applications for hypnosis that have been demonstrated with research:

- The treatment of chronic pain conditions such as rheumatoid arthritis.
- The treatment and reduction of pain during childbirth.
- The reduction of the symptoms of dementia.
- Hypnotherapy may be helpful for certain symptoms of ADHD.
- The reduction of nausea and vomiting in cancer patients undergoing chemotherapy.
- Control of pain during dental procedures.
- Elimination or reduction of skin conditions including warts and psoriasis.
- Alleviation of symptoms association with Irritable Bowel Syndrome.

Can You Be Hypnotized?

While many people think that they cannot be hypnotized, research has shown that a large number of people are more hypnotizable than they believe.

- Fifteen percent of people are very responsive to hypnosis.
- Children tend to be more susceptible to hypnosis.
- Approximately ten percent of adults are considered difficult or impossible to hypnotize.
- People who can become easily absorbed in fantasies are much more responsive to hypnosis.

If you are interested in being hypnotized, it is important to remember to approach the experience with an open mind. Research has suggested that individuals who view hypnosis in a positive light tend to respond better.
Theories of Hypnosis

One of the best-known theories is Hilgard’s neodissociation theory of hypnosis. According to Hilgard, people in a hypnotic state experience a split consciousness in which there are two different streams of mental activity. While one stream of consciousness responds to the hypnotist’s suggestions, another dissociated stream processes information outside of the hypnotized individuals conscious awareness.3

Hypnosis Myths

Myth 1: When you wake up from hypnosis, you won’t remember anything that happened when you were hypnotized.

While amnesia may occur in very rare cases, people generally remember everything that occurred while they were hypnotized.5 However, hypnosis can have a significant effect on memory. Posthypnotic amnesia can lead an individual to forget certain things that occurred before or during hypnosis. However, this effect is generally limited and temporary.

Myth 2: Hypnosis can help people remember the exact details of a crime they witnessed.

While hypnosis can be used to enhance memory, the effects have been dramatically exaggerated in popular media. Research has found that hypnosis does not lead to significant memory enhancement or accuracy,10 and hypnosis can actually lead to false or distorted memories.11

Myth 3: You can be hypnotized against your will.

Despite stories about people being hypnotized without their consent,12 hypnosis requires voluntary participation on the part of the patient.5

Myth 4: The hypnotist has complete control of your actions while you’re under hypnosis.

While people often feel that their actions under hypnosis seem to occur without the influence of their will, a hypnotist cannot make you perform actions that are against your values or morals.3

Myth 5: Hypnosis can make you super-strong, fast or athletically talented.

While hypnosis can be used to enhance performance,13 it cannot make people stronger or more athletic than their existing physical capabilities.
Hypnosis is a powerful tool that can be used to help or entertain people. When you hypnotize people, you make them forget about their surroundings and focus on you and your directions. Getting people to do simple yet funny things, like flap their arms like a chicken, is easy when hypnotizing them. Making people do more elaborate things, such as impersonating another, is a little harder.

**STEPS**

1. Decide on your subject then you should always make sure you are in a patient mood..... The person you pick has to be willing to be hypnotized. It's much more difficult to hypnotize someone who doesn't wish to be hypnotized than someone who's willing. Hypnosis doesn't work on everyone, so don't worry if it doesn't work on this person. It also takes a lot of practice. A great way to check if someone is a suitable subject is to tell them to close their eyes and imagine one of their hands getting lighter and lighter. Then tell them that their other hand is getting heavier and heavier. If one hand rises and the other hand lowers, then they're a good subject to use.

2. 
**Set the mood.** The room does not necessarily have to be silent. However, you need to find ways to keep the subject relaxed. Make sure the room isn't too hot or cold, and that the noises in the room aren't distracting. Playing soft, calming music can help. Make sure the subject is sitting comfortably in a chair and let them slouch as much as they need to.

**Before you start the relaxation process, choose a comfortable environment with dim lighting in which to proceed.** The person you're hypnotizing must be able to relax and be comfortable. Have them breathe in deeply through their nose, and out deeply through their mouth. Then get them to tense their muscles really tightly for 10 seconds, then have them untense them for 10, then re-tense for another 10. This should get them feeling loose all over, and the oxygen to the brain will make them relaxed.

**Mental Contract.** Follow your method of hypnotism and hypnotize the person. Don't rush this process; it only makes it more difficult. Use a calm and relaxing voice and make sure the person you're hypnotizing...
is ready to proceed. Tell them that they agree that they are going to be hypnotised, and that they agree to let you hypnotize them to do anything. This part opens their subconscious, allowing you to do all sorts of bizarre things to them!

5. **Begin the relaxation process.** Have them lie down and tell them to close their eyes. This part gets very boring for the hypnotist, but the fun stuff is coming. Tell them that you are going to count down backwards from 100 to 0. Tap your foot every second you count and tell them that with every tap they are going to get sleepier and sleepier (DO NOT say the infamous: "You are getting sleeeeeepy". It is stereotypical, stupid and never actually works. Do that and you'll get a permanent ban!) Tell them that by the time you reach zero they will be asleep. Start counting. On every number ending in 7 or 3, remind them how tired they are getting. For example: 100, 99, 98, 97 - you are getting more tired and more tired - 96, 95, 94, 93 - you are getting more tired and more tired - 92, etc. You should be counting down at the rate of one digit every two foot taps. Yes, that slow. Boring, I know. Every ten digits, tell them that by the next 10 counts they are going to be twice as tired. For example: 92, 91, 90 - now by the time I reach 80 you are going to be twice as tired, twice as relaxed, and twice as feeling good - 89 etc. Eventually that will be getting them super sleepy. By the time you reach zero they should be asleep.
6. **Prepare them for manipulation.** Tell them to imagine themselves in a dreamy, wonderful meadow that is warm and happy. Say that there is a cloud in the sky that is sweeping down and picking them up and up and up. It's soft and happy and starts absorbing their toes, cool, tingly, and numb. It is moving up their feet, absorbing their ankles. Eventually have the cloud move up their entire body, eventually engulfing their body and making them numb, cool and tingly. Do this slowly, going through every body part individually.

7. **Begin manipulation.** Once the person is completely hypnotized, have them do something. Start with a simple command like "Touch your nose with your finger." Then tell them that when the clouds move, their body moves with the clouds, and it starts by lifting their arm. Specify which arm, and say that it keeps lifting up and up and up. Once their arm is extended in the air (this usually takes a while the first time, but once you get them to move their arm once, it should all happen faster.) Tell them their arm is limp and heavy as lead. It should drop. This should have you thinking, "Oh my gosh! Yes! Now eat this steak." *gives them a shoe* And yes, you
are about to have a very fun time. However, you can't just impose things on the hypnotized. If you are too pushy, they will wake up. If you mess up, they will wake, and you will have to get them back into the trance all over again. Here's what to say to get them to do specific commands (For this I am going to use the gnawing on a shoe example.) Tell them the cloud is lowering them into their favorite restaurant and that every food imaginable is on the menu. They can order whatever they want. They will then tell you their order. Tell them you are giving them their food (give them the shoe) and tell them it's going to be the tastiest thing ever. They will start gnawing on it, and probably complain that it's really tough. It's super fun!

Other ways of fun. You can also suggest more difficult and goofy tasks. Make sure that you're not asking her to do something that she could not do in a normal conscious state. You don't have superpowers or unnatural abilities when you're hypnotized. Hypnotizing them to act like a chicken or to pick their nose, for example, can be very entertaining and simple. You must make sure that they are willing to do something stupid and embarrassing. If you are hypnotizing your enemy, you can be as embarrassing as you wish and make them say something like, "You are the coolest and I am the biggest loser ever. I act like a chicken and pick my nose."
Bring your subject out of the trance. Count in a positive, upbeat voice, adding energy to the subject with each number (“You are getting more and more awake...”). Just before you wake them, you can give them a positive boost - like telling them that they will rest well that night - or a final trick - like telling them that they will laugh uncontrollably whenever someone shakes their hand. These effects will eventually wear off, but it's fun to watch.

Plant the real suggestions
If you want them to go back into the state of hypnosis, try asking them to follow one point on your hand with their eyes (not head) and talking soothingly, then saying "sleep" at an unexpected moment. If they were in a deep state that they have not yet fully awoken from, they should go back into it.

References


5 Mayo Clinic. Hypnosis: Another way to manage pain, kick bad habits. Found online at http://www.mayoclinic.com/health/hypnosis/SA00084


HYPNOSIS

As we have said all of life is an illusion a trance if you wish to say. Our reality is not real, and people have an incredible ability to suspend disbelief. So part of being a witch is using suggestion. Much of witchcraft is a form of hypnosis.

Always remember 60% of the people are more prone to suggestion. They are more easily influenced. They respond to placebos better and follow others. The other 40% are resistant. They are sometimes lacking in vision, very pragmatic and cautious. If you ask someone to see his mothers face in the color purple and they look up to the right they are probably a good subject. If the stare at you and widen their
eyes they are a very good subject. If they look to the sides or down they are most probably a bad subject. Sometimes it is hard to tell.

Hypnosis is simply: a relaxed state of non-verbal focused attention that allows suggestion to control and change mental and physiological patterns that can't be changed in everyday awareness.

Consumerism is the result of mass hypnosis
Believe it or not, hypnosis is a very natural state that we go in and out of every day, most of the time without knowing it. For instance, like when we're driving on the freeway and miss an exit; or when we become so engrossed in a movie we start to cry or laugh with the characters, even though we know it's not real. Every night we go into a state of hypnosis or hypnogogic sensitivity for about 30 minutes before we fall asleep. And every morning when we first awaken we are in hypnosis. It is that dreamy feeling, in between being asleep and fully awake.

When we are in hypnosis, we are in an altered state of consciousness, which is really just a heightened state of awareness. We feel physically relaxed, mentally alert and fully aware of our surroundings. Because this is a time when both our conscious and subconscious minds are present, it is a state where we are more suggestible and the subconscious is open and receptive to positive suggestions and sensory experiences.

Consequently, we use the hypnotic state therapeutically to give powerful positive suggestions that the subconscious will accept and act upon, ultimately aligning with the conscious desires to change.
Focus on the Orb

Much of witchcraft but not all of witchcraft is suggestion. Do not over use it or undervalue it, but learn it well. Hypnosis is thought to work by altering our state of consciousness in such a way that the analytical left-hand side of the brain is turned off, while the non-analytical right-hand side is made more alert. The conscious control of the mind is inhibited, and the subconscious mind awoken. Since the subconscious mind is a deeper-seated, more instinctive force than the conscious mind, this is the part which has to change for the client's behavior and physical state to alter.

For example, a client who consciously wants to overcome their fear may try everything they consciously can to do it, but will still fail as long as their subconscious mind retains this terror and prevents the client from succeeding. Progress can only be made by long term reprogramming the subconscious so that deep-seated instincts and beliefs are abolished or altered.

Increasing suggestibility in a person you are talking to, such that they will provide information or follow instructions without resistance, is a relatively straight forward process. Such "fast inductions" can be executed one at a time, or in combinations, in order to achieve effects ranging from increased rapport to therapeutic trance. The smooth talker and the powerful sales person has the power of subtle hypnosis.

I was trained as a medical hypnotist in Ohio. I hypnotized many patients to go thru surgery and for other reasons in the Hospital. And I was a stage hypnotist at YSU and I had a TV show as a psychic and hypnotized people on TV many times. I was quite well renown a hypnotist.
**Pattern Interrupt:** Perhaps the easiest way to execute a fast induction is simply to interrupt a process that people always complete without interruption. If you ask someone to sign their name, then interrupt the process, they will wait in a very suggestible state to complete that process. If you reach out to shake their hand then hand them something to hold, or ask them to provide their address and disrupt the recitation, you will find they are very suggestible for several seconds. Experiment with interrupting a pattern, and then issuing an instruction someone might otherwise be somewhat disinclined to obey. You’ll be astounded that the instruction is almost always obeyed without thinking. The important thing is to make sure that the operation is fully underway when it is interrupted, and that the instruction is very easy to follow. You can "deepen" the trance by executing another pattern interrupt and then giving an instruction.

**Start a Good Story or Great Joke:** Let’s be clear. People listening to a good story or joke are in a subtle trance state. They are actively listening to you. They have tuned out distractions. They are waiting for your next word. They wait in wonder for the punch line. Instructions issued when people are in that state are most often followed. There is a good reason why the first few minutes of a film usually startle or surprise people, and it is not at all surprising that some films seem to have life changing impacts on people. Milton Erickson, the father of NLP, developed signature methods to trance and transform patients other therapists had given up on. To use this form of fast induction, start the story or joke, then give a suggestion or instruction. To deepen the trance, try starting a second story within the first.

**Use Touch:** An unexpected touch is a very powerful induction. Coaches and teachers have often used a hand on the shoulder to make a player or student more attentive. Salesmen often execute a "close" after they’ve clapped someone on the arm. Touch can be a very dangerous induction technique, in this day and age, but it is undoubtedly one of the most powerful. Even total strangers will often respond to an instruction given after you have touched them on the arm or back.

Used in a right and therapeutic way, these techniques can help people step over a lot of road blocks. A doctor seeking to put a patient at ease may find that he can reduce pain in a patient more quickly using a fast induction and a direct suggestion that the patient feel "better now".
Less honest folks use fast inductions to hurt people. Pick pockets often bump a victim hard enough to make them stumble, then steal a wallet or watch as they "help" them recover. Con men will often use a confusing story prior to asking someone hand over something of value. Serial rapists and serial killers will typically use a "trick" to widen a window of opportunity. They may follow you to your car at the supermarket and pick up one of your bags (a pattern interrupt) or start a confusing story as they walk toward you.

It is important to understand that almost everyone is more suggestible when confused or distracted. Very confused and distracted people are extremely suggestible. A time of personal crisis is not the best time to make big decisions based on advice from strangers.

You will be very surprised, and perhaps a bit frightened, by just how well these fast induction techniques work with a bit of practice.

An easy induction that I do on stage is to say to the audience, “Watch as I take a lemon out of pocket” I then show that there is no real lemon but I pretend. Then I say” Watch as I taste the lemon “I pretend to cut the lemon in half and then I put it to my mouth and make a face like I was tasting a sour lemon. I watch as most of the audience will make the same face. I can see the release of salvia in them. These are good clients for hypnosis. I tell the audience they were hypnotized into a body physical reaction and there was no lemon, just suggestion.

Now then on stage I tell them “please stretch out your hands with your right thumb pointing upwards in front of you. Now look at your thumb with one eye. See the thumb, hold the image and close your eyes. Now lower your hand but still see the thumb in the air. Look at the thumb, see the thumb in your mind.” The ones who hold their head steady for five seconds or more and do not look down or open their eyes are very good clients for hypnosis. I tell them all to relax and I now appear to choose people at random from the audience but instead I choose the good clients for the show. Stage hypnosis is great and you really can get a person to act as a chicken. They seem to have better abilities to respond to suggestion on stage.

Now normal day to day meetings are also easy but you have to be careful to respect a person’s privacy and dignity. You might go the whole route of your tired and your eyes are heavy. This is for a full induction of deep trance, like we all have seen on TV a hindered times. But as a witch if you want to be more clever you need only use normal talking to plant your suggestion. If I say “Don’t think of elephants” you must think of elephants. The brain treats don’t in a special two brain way. It often ignores it. If you say to your child climbing a fence “Don’t fall” the child’s brain must access the word fall and visualize it and thus has an increased ability to fall. Don’t goes to one part and the next suggestion goes elsewhere. So if I say “Don’t you think I am Beautiful”” the person will get the suggestion and agree with me. And if I say “whatever you do Don’t think about having sex with me, don’t think what grand and climactic orgasms we might shape together.” The I am also planting the suggestion. If I see that this is working then the removal of the don’t can work with “Please release your inhibitions and relax into life’s little pleasures, the intensity of anticipation is one of the pleasures.” Use this gradual way to get
suggestions for health, wellness and to dehypnotize or give suggestions for your clients or for your incantations. In my book on stopping smoking I go into more detail on addiction release with hypnosis. This book is about the sexual warrior witch.

If you say don’t smoke there is a subtle suggestion to smoke. So to avoid the negativity and influence of the don’t you should say “Keep your Lungs Clean”, “Make your blood Healthy”, or “Control your Mind”, “Control Your Will”. These are examples of positive suggestions.

I use negative suggestions with smoking to say “When you taste a cigarette, it will taste like dog shit”, or “When you smoke you will feel the sickness of the tobacco eating away at your body”. but now back to the Warrior Witch.

The corpus callosum is the largest network of nerve fibers in the body and it does not fully myelinate till the early twenties, only then can the two parts of us communicate to know who we are we are many people inside but we are all at least two different people.

The Word part of the Brain is most often Dominant even when the other parts of the Brain make a life choice the Word area is there to verbally rationalize it, it is the task in Eastern meditation to subdue and control the Words. This allows us to see more of the true way and to share our life on this world with Compassion + Care.
Past to Present to Future

EGO ("I") or self/personal perception of reality.

Words
Ego
Greed
Anger
Selfish
Arrogance
Lies

Time is All Now

EMPATHY (We) other person's perception of reality.

Gestalt
Whole
Dreams
Visions
Compassion
Truth
Read the words in either of the triangles. Now, read the words BACKWARD, one word at a time. Did you notice anything different? Right brain people read the triangle on the right first. Left brain people tend to read the right triangle first. Excessive Left Brains notice the misspelling of triangle.
Hypnotic Handshakes

The Hypnotic Handshake method is based on ‘brief hypnosis’. Brief hypnosis is a less known form of hypnotizing; I learned this from Dr. Milton H. Erickson in 1977. Erickson also taught the Hypnotic Handshake method based on the philosophy of brief hypnosis.

When I attended a seminar by Erickson, he taught us the handshake induction. Just before lunch he took three people and did the handshake induction on them. He suggested to them under hypnosis that they would have the most incredible lunch ever. They would have their most perfect dream lunch. We all went to a mediocre lunch and when we returned they were still sitting there. When he awoke them from their trance they reported having the most incredible lunch. We all drooled at the stories they told of wonderful culinary delights. I have used this many times on stage and in practice.

Most people enter trance (the hypnotic state of mind) and exit trance many times during the day. Some people say that all of life is a trance.
One good example would be driving on the free way, while you’re figuring out what to say to your boss about you being late again (for the 29th time this month). Not being aware completely to the road and to the driving activity, you still make it in one piece to the office. That’s hypnosis.

Brief hypnosis starts with a rapid induction to get a person into trance. Rapid induction is based on two key principles:

**Rapid Induction Principle No. 1:**
**Interrupt the auto-pilot**

We are predictable creatures. Lift your right hand toward someone, say Hi, smile, and he will automatically lift his right hand to shake yours. He didn’t even think about it, it happened automatically. It’s the auto-pilot. One of many automatic behaviors we’re known of doing without conscious judgment.

If you interrupt an automatic behavior like this, you create an empty space, a query in the other person’s mind, a brief window to the subconscious mind. It takes less than a second for that window to close, so you’d better act fast.

**Rapid Induction Principle No. 2:** **Fill the blank**

Now that the automatic pattern is missing, fill the blank quickly. The other person will follow if it’s done immediately after the interruption, because our minds don’t like voids. They want completion.
Do something that will restore the missing link. Use hypnotic language and fast pacing induction script while talking in your regular voice.

Now that you know the key principles of rapid induction in brief hypnosis, let’s move on to show you the Hypnotic Handshake method:

**Step 1: Interrupt the Auto Handshake**

Let’s say you’re going to hypnotize Joe. Joe is a nice guy, but he deserves to be hypnotized and positively abused (meaning he will be happy during and after the session).

You meet Joe, smile at him, look him directly in the eyes and you lift your right hand toward him for a handshake. Now stay alert!

For the handshake interrupt, as Joe’s hand comes up, you form a cup with your thumb and first finger. Instead of meeting Joe’s right hand with yours, you put your hand in cup form under his hand that is coming to shake.

But then your hand goes back just a little bit—don’t pull it way back, just an inch. The other hand goes behind the wrist so that it goes up. Just gently cup it and move his hand up in front of his eyes and say, “Look!??

That’s an awesome interruption! Joe would never expect something like that! Oh, poor Joe... Oh well, on with the plan...

**Step 2: Pull him into hypnosis**

In hypnosis we don’t ask people to relax and allow themselves to be hypnotized. We make them to be! Yes, I know, I have to be nice to my clients. Still, you have to show them who’s the boss, right? And if I’m getting paid and they are paying, I guess I’m the one who’s in charge here.

Don’t get nervous now. Pull Joe into hypnosis. Here’s how:

As you pass Joe’s hand in front of his eyes and say “Look!”, you point with your other hand toward his hand. That’s a new program.

“Joe, look at your hand and nod when you notice the changing focus of your eyes, and as you notice it, see if you can take a deeper breath than the one you just had and as you notice the changing focus, that’s right! You may let your eyes stay close on the next... that’s the way, I will let you know when you are ready to let your hand rest and go all the way down... listen, can you hear all the sounds, aren’t they clearer...”

And from here you can continue with deepeners or with hypnotic suggestions and make Joe’s shocking experience of hypnosis a pleasant one.
One warning: make sure your victim (cough... client) is sitting on a chair and not standing up. I did this technique once on a ‘non believer’ while he was standing up, and he fell down on the floor... I had to use amnesia and pain-killer techniques to make sure he’s not resentful afterwards...

Oh, and another warning: remember to take Joe out of hypnosis when you’re done!

Other Handshake Modalities to try

While Staring past the person looking 3 meters behind him just slightly miss his hand ans slowly try to touch him without touching him

Grab just a finger

Miss inside or out with force

Point with your index finger at his index finger and try to circle it slowly

slide your hand between their fingers in a sexual penetration way

It is also sensual to touch and then to slide away touching the hand

Always do something unexpected to keep their brain off balance
Shock, Fear or Stun Hypnosis

When you are shocked, Your central nervous system is “stunned” and psychological elements of hypnotic induction can be utilized for the purpose of instant shock induction hypnosis. This could be a powerful trance like state.

Bela Lugos, the first Film Dracula, studied fear induction of hypnosis. He said that at times of fear and wonderment you could be put into a trance. This is kind of like the deer in the headlights idea. The headlights are both interesting and fearful. If the object is just fear you run. But if there is some attraction of perhaps a sexual nature then a trance can set in. if guided properly it can become deep.

So the sudden appearance of Dracula in your bedroom is fearful but he is handsome and commands authority. You listen to his instructions and often obey. As children we all learn to listen to our parent or adults when they scream. We freeze and sometimes blindly obey their orders.

As this happens your unconscious mind is getting hypnotic messages in the quickest approach attainable. Better described, instant shock induction hypnosis is sort of an alteration of your time and
space, a “twilight zone” type of experience if you’ll including visual and auditory confusion where a kind of sudden shock simply overwhelms your logical mind, leaving your subconscious ready for instruction.

It will be due to a physical incident or by a plan of unexpected actions that a person enters into a trance state whereas in spite of everything remaining wide awake.

Essentially in a matter of some seconds the person is hypnotized by inflicting confusion, shock, loss of sense of balance, and eye fixation. This sort of trance is utilized in our society continuously while not our ever being conscious of it. For instance many may exclaim the surprise of 9-11 watching the twin towers catastrophe being played repeatedly once more on television was a kind of shock to the nation allowing our leaders to control the lots by the employment of fear tactics. Logic can be suspended.

There is also the case of the everyday playground bully shouting and frightening nearby kids into a state of mayhem, shock and anxiety. Not sure of what to do with the bully the kids’ brains are left, open to receive any pattern instructed by the bully like panic. This feeds the bully sense of control.

Whenever the child goes back into the identical environment once more they need a reasonably post-hypnotic expertise whether or not the bully is no longer in attendance. Thus the sudden behavior of the bully screaming and intimidating has induced an instant shock hypnosis impact on the kid.
Today people are hypnotized, they are told consciously and unconsciously what to think, say or do. There is direct undisguised outward mind control from education, marketing, entertainment, news services and the media. The powers of Big Money tell us to think with the little head, tell us other races and color are less than the norm. They tell us that different is evil. They can control the masses with ease.

Desiré has come to De-Hypnotize the Masses. To set people free to think, challenge false beliefs, recognize that there is such a rapid change happening in the world today that it takes large effort to keep up with changes. We must be humble and not rigid with false beliefs. Desiré has come to defeat the petty lizard brain and set us free.

Desiré has the ability to expose false beliefs with a simple phrase, and then set the people’s minds free from their mind control hypnosis.

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