

Hypnotherapy: A Forgotten Modality in Managing Chronic Post-Traumatic Upper Limb Pain

Dear Editor,

Hypnotherapy (and self-hypnosis) alters patients' perception of pain, thus addressing its psychological and emotional components, which may indirectly influence the physiological response.¹ It is safe and may decrease costs of medical treatment in chronic pain.^{1,2} but remains underutilised in clinical medicine. Its efficacy in chronic post-traumatic limb pain is unclear, with only a single case report in the literature.³ We recently experienced its value in treating a patient with intractable chronic pain following a severe hand injury.

Case Report

In October 2010, a 49-year-old woman's index and middle fingers were amputated after being crushed beyond salvage in the rollers of a sugar cane juicer. She then developed severe phantom limb pain that was unresponsive to analgesia including a cocktail of tramadol, etoricoxib, pregabalin and amitriptyline. A medical hypnotherapist was consulted and after 4 hypnotherapy sessions, the phantom limb pain resolved.

Five months later, she developed a different "burning, tingling pain" (causalgia and dysaesthesia) at the amputation stump. Over the following 6 months, she received multidisciplinary pain management including physical desensitisation, oral analgesic cocktail, lidocaine 5% patches and 2 inpatient admissions for continuous nerve blockade with bupivacaine. Only the nerve blocks afforded temporary relief. She was re-admitted in October 2011 with unremitting pain in the stump (7-8/10 VAS), which was exquisitely hypersensitive (allodynia). The stump was explored surgically, 3 large neuromas were excised, the nerve stumps sutured end-to-end and buried within the thenar muscles. Subjectively, her pain did not improve, but we observed her using her hand comfortably on several occasions although still claiming severe sensitivity when examined formally. A placebo saline injection was given to the sensitive area, the patient being told it was a local anaesthetic that would last 2 hours. Her hypersensitivity disappeared almost immediately, and her pain score decreased to 2 for exactly 2 hours, suggesting a strong psychological component.

Hypnotherapy was tried again. Nine inpatient hypnotherapy sessions were conducted over a 2-week period (Fig. 1). A mix of several therapy approaches were used including the "healing garden", "tension and stress", "switches for pain", "releasing negative emotions" and "float-away stress".⁴ Under hypnosis, she revealed that her burning pain originated from being unable to accept the appearance of the amputation stump which reminded her of her lost fingers. This was aggravated by the stress of looking after a demented parent. Her pain dropped to negligible levels after the ninth session and 8 months later, it remained well controlled without regular analgesia and with using daily self-hypnosis with a compact disc (CD) of recorded hypnotherapy sessions.

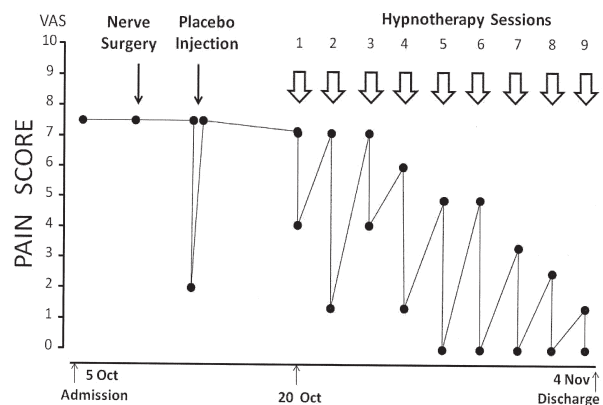


Fig. 1. Self-reported VAS pain score showing response to different interventions during a 1-month hospital admission for pain control. The patient was on the same baseline pharmacological analgesia throughout this period.

A basic chronic pain hypnoanalgesia intervention consists of a standard hypnotic induction that includes a focus of attention and relaxation; suggestions for altering subjective experience of pain; hypnotic suggestion lasting at least 20 minutes; sessions of "brief hypnosis treatment" and "hypnosis treatment"; and instructions in daily self-hypnosis.⁵ It should be considered in the multimodality management of chronic post-traumatic upper limb pain.

REFERENCES

1. Elkins G, Jensen MP, Patterson DR. Hypnotherapy for the management of chronic pain. *Int J Clin Exp Hypn* 2007;55:275-87.
2. Montgomery GH, DuHamel KN, Redd WH. A meta-analysis of hypnotically induced analgesia: how effective is hypnosis? *Int J Clin Exp Hypn* 2000;48:138-53.
3. Muraoka M, Komiyama H, Hosoi M, Mine K, Kubo C. Psychosomatic treatment of phantom limb pain with post-traumatic stress disorder: a case report. *Pain* 1996;66:385-8.
4. Allen RP. *Scripts and Strategies in Hypnotherapy: The Complete Works*. Carmarthen, Crown House Publishing, 2004.
5. Jensen MP, Patterson DR. Hypnotic treatment of chronic pain. *J Behav Med* 2006;29:95-124.

Peter Mack, ¹FRCS, Andrew KT Yam, ²MRCS, FAMS (Hand Surgery),
Andrew YH Chin, ²FRCS, FAMS (Hand Surgery)

¹Department of General Surgery, Singapore General Hospital, Singapore

²Department of Hand Surgery, Singapore General Hospital, Singapore

Address for Correspondence: Dr Andrew Yam, Department of Hand Surgery,
Singapore General Hospital, Block 6 Level 6, Outram Road, Singapore 169608.
Email: jediyam@yahoo.com