Hypnosis the lost art of green pediatric dentistry

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Abstract

Background: Hypnosis has been one of the old and non-invasive ways to manage childhood dental anxiety, fear, phobia, and frustration. In the care of children, anxiety, pain, and fear stand as a barrier. Hypnosis is a procedure in which the actions of the child’s interpretation of the therapy can be changed.

Aim: The goal of the study is to test the efficacy of hypnosis by reducing their discomfort, fear, and anxiety to induce a positive attitude in children toward care and the dentist.

Materials and Methods: Fifty children were selected randomly for this study. Parent and patient consent were taken before initiating the procedure. Children selected were between the age of 6 and 14 years. Twenty-five children were taken into the control group (hypnotized) and the rest 25 was taken as non-control group (not hypnotized). Magnetic fingers exercise was the induction technique used here.

Results: It was found that the children who undergone hypnosis had given a rating of 0–4 (no hurt to hurt a little bit) while those who were not hypnotized had given a rating of 3–9 and pulse rate was lower in children who were hypnotized.

Conclusion: Hypnosis and comprehensive preparation and selection of patients can be successfully utilized by pedodontists to tame the child’s mind toward care and instill inside the child a positive mindset.

Keywords: Anxiety, hypnosis, phobia

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Introduction

Hypnosis has been one of the old and non-invasive ways to manage childhood dental anxiety, fear, phobia, and frustration. Hypnosis is a non-pharmacological technique still underutilized but effective in dentistry. Franz Mesmer is the founder of modern hypnotherapy. The left hemisphere is far more verbal and analytical, and the individual’s holistic experience is compensated for by the right hemisphere. The intellectual hemisphere of the brain is formed in children, but not to a degree that blocks the correct holistic analog hemisphere; thus, the individual is more likely to follow the suggestion.

Nevertheless, its application in dentistry, and more especially in patients with children, has been little examined. This consideration is due to the lack of teaching the technique after graduation and, therefore, little faith in the endorsement of their study by health professionals. In the care of children, anxiety, pain, and fear stand as a barrier. Hypnosis is a procedure in which the actions of the child’s interpretation of the therapy can be changed. This study is to test the efficacy of hypnosis by reducing their discomfort, fear, and anxiety to induce a positive attitude in children toward care and the dentist.

Aim

The goal of the study is to test the efficacy of hypnosis by reducing their discomfort, fear, and anxiety to induce a positive attitude in children toward care and the dentist.

Materials and Methods

For this research, 50 children were chosen randomly. Before beginning the procedure, parent and patient consent were obtained. With respect to the whole process, they were well educated.

The children chosen were 6–14 years of age. Twenty-five kids were placed into the control group (hypnotized) and the other 25
kids were taken into the control group (not hypnotized) as a non-control group. Figure 1 shows patients before hypnosis. To make the patient calm, easy breathing exercise was performed. The simple induction technique helps to classify the hypnotizable patients. Induction itself will establish the patient’s state of relaxation and calmness and is necessary to complete the dental procedures itself. The induction method used here was magnetic finger exercise.

Take two breaths, close your eyes, keep your hands straight in front of you and imagine that the forefingers are turning toward each other, as though there is a magnet between them. With the number of 1–5, both hands will be so tight that even though you want to do so, you would not be able to separate the hands.

You will be able to separate your hands by counting 5–1 and lay them on the side of the chair and experience a good sense of calmness and relaxation. Now you can open your eyes. The eye rolling technique and the pulse rate are tested to further validate the patient’s hypnotization.

Figure 2 shows magnetic finger exercise and the patient undergoing normal dental procedure. To get the kid back to his/her usual conscious state, reverse hypnotization was performed. The pain level scale of Wong-Baker faces has been used to reach the patient’s comfort for treatment.

Inclusion criteria
The following criteria were included in the study:
- Kids 6–12 years old
- Kids who visited pediatric dentistry department for the 1st time
- Children whose parents/guardians consented to take part in the study for various treatment procedures.

Exclusion criteria
- Children appeared to have deficient physical growth
- Children appeared to have deficient mental/psychological growth
- Children appeared to have behavior problems (excessive attachment to parents, etc.)
- Children with acute pain and/or immediate treatment needs.

Discussion
For this research, 50 children were chosen randomly. Children are more open to suggestions than adults because of their imaginative abilities and their uncritical thoughts except only the deaf and those who are completely unable to assimilate what is being expressed them. Twenty-five kids were placed into the control group (hypnotized) and the other 25 kids were taken into the control group (not hypnotized) as a non-control group.

The children chosen were 6–14 years of age. The technique does not apply to kids under the age of 6 and reaches its peak between the ages of 7 and 14. Peretz et al. highlighted that not only should this assessment be made on the basis of chronological age but also mental age. To make the patient calm, easy breathing exercise was performed. The induction method used here was magnetic finger exercise.

Take two breaths, close your eyes, keep your hands straight in front of you and imagine that the forefingers are turning toward each other, as though there is a magnet between them. With the number of 1–5, both hands will be so tight that even though you want to do so, you would not be able to separate the hands.

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Table 1: Treatment done in patient

| Treatment done          | Patient |
|-------------------------|---------|
| Indirect pulp capping   | 30      |
| Pulpotomy               | 10      |
| Direct pulp capping     | 10      |

Table 2: Difference in pulse rate

| Pulse rate beats/minute | Mean value |
|-------------------------|------------|
| With hypnosis           | 107.65     |
| Without hypnosis        | 104.20     |

calmness and relaxation. Now you can open your eyes. The eye rolling technique and the pulse rate are tested to further validate the patient’s hypnotization. The patients were undergoing normal dental procedures. To get the kid back to his/her usual conscious state, reverse hypnotization was performed. Figure 3 shows patient after treatment. The pain level scale of Wong-Baker faces has been used to reach the patient’s comfort for treatment.

Results

Treatment done here were pulpotomy, indirect pulp capping, and direct pulp capping [Table 1]. It was observed that children who suffered hypnosis gave a rating of 0–4 (no hurt to hurt a bit) and those who were not hypnotized gave a rating of 3–9 and the pulse rate was lower in children who were hypnotized [Table 2]. It has also been shown that hypnosis decreases children’s fear, pain, and anxiety about dental care and dentists.

Conclusion

Pedodontists can effectively use hypnosis and extensive patient planning and selection to tame the mind of the child toward treatment and establish a positive mentality within the child.

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