

Combining...

**Medicine, Hypnosis, Psychology
For CRPS and Some Other
Physical Illnesses**

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What is an illness?

- .Symptoms
 - .Physical Signs
 - .Test results
-
- .Repeated patterns lead to name for diagnosis

Example 1

- Appendicitis

- ❑Abdominal pain and tenderness

- ❑Fever

- ❑White cell count

- ❑Scans

- Treatment Options and Outcome are clear

Example 2

.Complex Regional Pain Syndrome (CRPS)

- ❑ Complex – this illness is not clearly understood
- ❑ Regional – Affects people in regions, areas with recognizable patterns
- ❑ Pain (and other physical symptoms and signs)
- ❑ Syndrome – a term defining recognizable patterns leading to a diagnosis
- . Treatment options and outcome are unclear

Physical signs



Both these examples...

.Present with symptoms, physical signs and test responses – patterns establishing diagnosis and confirming physicality

.But..in CRPS, severity frequently varies with mood, stress, anxiety and other conditions, suggesting a the link between this **physical** illness and psychological issues

Literature

- .Medical literature does not emphasize this link
- .Support and medical organizations tend to downplay it too – why, I wonder?
- .Hypnosis and psychological literature shows encouraging outcome when CRPS is addressed if standard medicine and appropriate psychological interventions are integrated
- .IS IT TIME TO INVESTIGATE?



Basis for information in this talk:

- .Training in Hypnosis
- .Involvement with CRPS and nerve blocks
- .Application of hypnosis to CRPS
- .Involvement with psychology and
myofascial therapy
- .Observation of outcome
- .Sharing with other disciplines

Significant Observations

- .85% of patients with CRPS scored HIGH on the hypnotizability scale and were able to use hypnosis to reduce symptoms and signs
- .About half these were disinterested in continuing to explore hypnosis

Further Research

... Article by Dr. Michael Gainer, a psychologist who used hypnosis to treat dissociative disorders. Three of his patients had CRPS which resolved when dissociation faded

We decided to form a clinic devoted to treatment of CRPS integrating standard medicine with hypnosis

We were joined by Dr. Carol B. Low, psychologist

Medical Role

- .Confirm diagnosis
- .Check that existing treatments are safe
- .Prescribe and give medical treatment known to be safe and effective
- .Involve other treatments such as massage and movement therapy, local anesthesia, muscle relaxants. Analgesics sometimes
- .Work in close collaboration with the psychological team

Psychologist Role

- .Test for hypnotizability
- .Induce hypnosis
- .Under hypnosis, explore capacity to reduce symptoms and signs
- .Explore meanings of symptoms and signs
- .If and when they emerge, to explore and manage them deeply, helping resolution
- .My behavioral medicine training was not deep enough to allow direct involvement in this. Risk is present if dissociation is involved

Outcomes

- .In this illness, generally considered incurable, we saw long term remission in 60%
- .We used an evaluation scale for CRPS severity (Next slide)
- .In those helped, symptoms and signs reduced to minimal to levels permitting function or even zero
- .Resolution of involved psych issues and techniques learned during treatment led to self management and persistent remission lasting at least until the clinic eventually closed



CRPS/RSD Score Sheet

1. DISTRIBUTION OF SYMPTOMS

Symptoms limited to one extremity, or area of onset	0		
Proximal spread of symptoms to involve trunk	1		
Multiple extremities and/or extensive spread to trunk	2		
Whole body involvement	3		

2. PAIN: Report before and after intervention

0 - 1	0		
2 - 4	1		
5 - 7	2		
8 - 10	3		

3. SUPERFICIAL SENSITIVITY

Light touch feels unremarkable	0		
Light touch causes mild pain or dysesthesia	1		
Light touch causes severe pain or dysesthesia	2		
Even a breath of air causes severe pain	3		

4. SENSITIVITY TO DEEP PRESSURE

Pressure feels unremarkable	0		
Pressure causes pain at the site of touch	1		
Pressure refers pain elsewhere	2		
Pressure causes intolerable pain	3		

5. COLD SENSITIVITY – alcohol drop test

Coldness perceived as normal	0		
Coldness causes hypersensitivity	1		
Coldness causes marked pain	2		
Cold temperatures cause intolerable pain	3		

6. PERCEPTION OF INAPPROPRIATE WARMTH OR COLD

No inappropriate sensations of warmth or cold	0		
Limb perceived as warm or cold	1		
Limb perceived as freezing cold or throbbing with heat	2		
Perception of heat or cold causes pain	3		

7. EDEMA

No edema	0		
Minimal edema	1		
Pitting edema	2		
Grossly swollen extremity	3		

8. SKIN PERFUSION—SKIN TEMPERATURE & COLOR

Symmetrical and appropriate skin perfusion	0		
Mild or occasional vasoconstriction or vasodilatation	1		
Marked & constant skin flow changes	2		
Vasospasm threatens viability of tissue	3		

9. BURNING SENSATION

No burning sensation	0		
Mild burning sensation	1		
Moderate burning sensation	2		
Severe and intolerable burning	3		

After interven-
Before interven-
tion

Name	Patient ID	
Scores and treatment:	Before	After
Previous evaluation date		
Today's date		
Change in score +/-		

10. JOINT FLEXIBILITY

Unlimited movement in affected joints	0		
Movement is limited by pain and/or stiffness	1		
Movement is restricted by pain and/or stiffness	2		
Joints are fixed by pain and/or stiffness	3		

11. SUDOMOTOR CHANGES

No abnormal sweating	0		
Occasional or mild increased sweating	1		
Frequent or profuse increased sweating	2		
Constant increased sweating	3		

12. USE OF EXTREMITY

Normal gait or use of arm	0		
Dysfunctional gait or dexterity	1		
Walking aid required - no effective arm or hand use	2		
Requires wheelchair - or arm support with padding	3		

13. DEPRESSIVE SYMPTOMS

None — mild	0		
Moderate but does not affect function	1		
Severe depression — suicidal ideation	2		
Incapacitating depression — suicidal gestures	3		

14. ANXIETY

None to mild	0		
Moderate, infrequent panic attacks	1		
Severe, frequent panic attacks	2		
Incapacitating — delusional	3		

15. DISSOCIATION, FLASHBACKS, AMNESIA, FOCUS

None - mild	0		
Moderate but does not affect function	1		
Intrusive	2		
Incapacitating	3		

16. DISSOCIATION: PARESTHESIA, LOSS OF FUNCTION

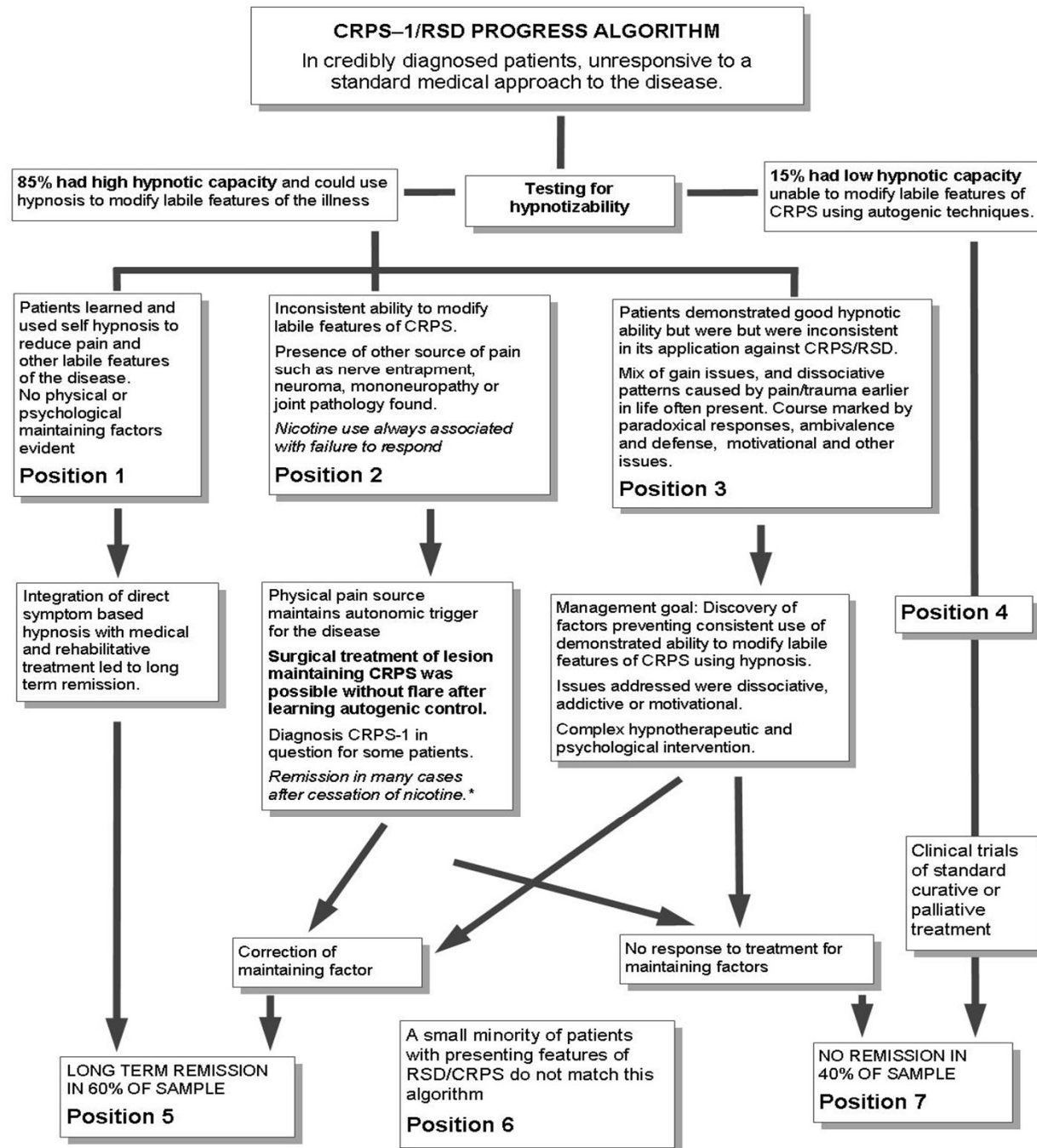
None - mild	0		
Moderate but does not affect function	1		
Intrusive	2		
Incapacitating	3		

17. ATROPHY OF SKIN, NAILS OR HAIR

No observable atrophy or hypertrophy	0		
Minimal atrophy or hypertrophy	1		
Easily observed or measured atrophy	2		
Skin, nails and hair are severely atrophic	3		

18. ATROPHY OF MUSCLE

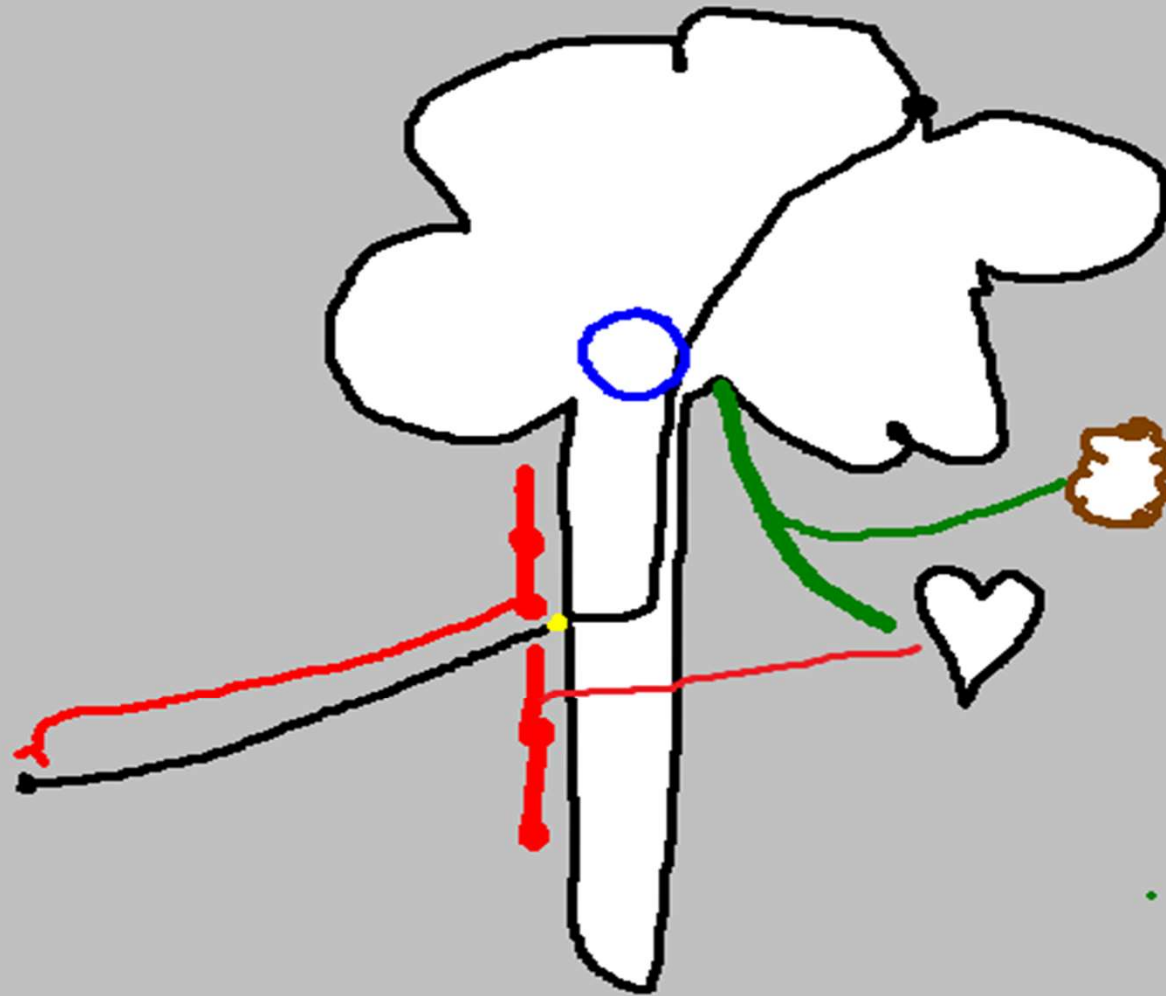
No observable atrophy or hypertrophy	0		
Minimal atrophy or hypertrophy	1		
Easily observed or measured atrophy	2		
Limb has the appearance of skin and bone	3		



Outcome Example – 5K race



Somatic, Sympathetic and Parasympathetic nervous systems



Ego States and Dissociation

- Moods: peace, happy, anger, sad, fear, loss, contentment, and more.
- All have characteristic body language, facial expression, heart rate, blood pressure, skin perfusion, sweating and more, all governed by automatic and autonomic function
- Using thought, we can communicate with them, and choose which is appropriate for current circumstances.

Ego-states

- .Different moods can be termed ego-states.
- .For the most part they communicate with our cognitive function
- .Example, I'm peaceful, it's snowing, I decide to go shovel – cognition and thought led to change.
- .But sometimes communication is blocked.
- .e.g - Anger – if severe it's hard to choose calm.
- .Ego-states and thought can dissociate.

Physiological Signatures

- More than physical behavior, ego states show specific autonomic patterns.
- Example – heart rate, skin perfusion and so on will change when shifting from peace and rest to enthusiasm with conversation, even though the energy requirement remains much the same.

Can ego-states drive illness?

- .We know that in CRPS, autonomic nerves alter somatic perception; changing touch to pain, causing vasospasm and muscle spasm.
- .Blocking these nerves with local anesthetics relieves such symptoms and signs confirming involvement.
- .Can hypnosis help a patient moderate these changes?

Yes

- Autonomic nerves drive some illnesses, CRPS being one of them
- Hypnotizable patients can use their skills to moderate pain, muscle spasm and vascular changes, and then investigate reasons change is needed and initiate
- Vascular changes include skin perfusion, confirming the ability to moderated autonomic function



So, if there's an element of
control

Why is this not in consistent use?



What interferes with
communication?

Art
Trauma



Adverse Childhood Experiences Study (ACE) While you were growing up, during your first 18 years of life		Yes
1	Did a parent or other adult in the household often or very often ... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?	
2	Did a parent or other adult in the household often or very often ... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?	
3	Did an adult or person at least 5 years older than you ever ... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?	
4	Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?	
5	Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	
6	Were your parents ever separated or divorced?	
7	Was your parent, step-parent or anyone in the family: Often or very often pushed, grabbed, slapped, or had something thrown at him or her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit at least a few minutes or threatened with a gun or knife?	
8	Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	
9	Was a household member depressed or mentally ill, or did a household member attempt suicide?	
10	Did a household member go to prison?	
Add up the 'yes' points — This is your ACE score		

More about ego-states

- Each ego-state has its physiological signature
- A signature may promote CRPS
- Ego-states can isolate by dissociation to protect against trauma and its memories
- An ego-state driving CRPS is likely to be dissociated and not fluently accessible for modification
- Breaking down barriers is needed – HOW?

Treatment goals

- Motivation
- Sincere, gentle, creative encouragement and support
- Discover internal potential and skills
- Ego-state and other forms of therapy
- Reinforcement of success

Ego-state therapy

From PubMed

Ego-state therapy is a psychodynamic approach in which techniques of group and family therapy are employed to resolve conflicts between the various ego-states that constitute a family of self within a single individual.

Although dissociated ego states do not normally open except in true multiple personality, they are made accessible using hypnosis, allowing for contact and communication with their ego-state family, themselves and the therapist.

Any behavioral, cognitive, analytic, humanistic or hypnotic technique may be employed to enhance internal diplomacy.

Complex psychodynamic problems can often be resolved in a relatively short time in comparison with more traditional analytic therapies.

Any behavioral, cognitive, analytic, humanistic or hypnotic technique may be employed to enhance internal diplomacy.

- .Discovery of image representing the illness and using it to base management
- .Placebo responses
- .Application of faith and established spirituality
- .Behavioral re-enforcement
- .Note that any form of negative communication impedes progress

Promising?

- Research, and acknowledgment if findings should be questioned
- Application to other illnesses?
- Publication
- Sharing where needed

Potential – other illnesses could fit this model

- .Fibromyalgia
- .Chronic Fatigue
- .Interstitial Cystitis
- .Migraine
- .More
- .All need adequate research

Where to go?

- Get skilled – therapy for dissociative disorders
- Research
- Share information

Thanks for your attention

Discussion time!