

*Excerpts from the archives of **IACT Members Bulletin Board***

*Posted by Seth Deborah Roth: IACT and IMDHA Member, Conference speaker
and frequent contributor.*

Tonsils Removed Under Hypnosis

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Susan Cilliers, Beeld

Johannesburg - A woman's tonsils were removed under hypnosis and without painkillers or anaesthetics at Milpark Hospital last week.

Liesl van Dreau, 35, from Pretoria was able to eat normally almost immediately after surgery and she recovered so quickly that she was back at work three days later. She didn't use antibiotics or anti-inflammatory tablets and had almost no swelling.

"I had a sensation of pulling during surgery, but felt very little pain," she said.

The surgeon, Dr Kishen Dayal, said there was so little bleeding that he used only half a swab to dab the blood.

"It's the first time I removed tonsils under hypnosis and I was amazed at the result. This opens the way to a range of possibilities, such as doing biopsies under hypnosis in the doctor's rooms rather than an operating theatre. This will save theatre costs and minimise bleeding and the side-effects of drugs."

Initial caution

Van Dreau, who works at a publisher, was initially cautious about having her tonsils removed under hypnosis. She is doing a course in hypnotherapy, where she met Dr Ian Lander, an anaesthetist from Milpark Hospital, who also did the course.

Lander asked if Dayal would be willing to remove Van Dreau's tonsils under hypnosis.

"I was doubtful, but agreed to consult with her. After examining her, I decided to go ahead using specific surgical instruments which would minimise bleeding," Dayal said.

Before surgery Van Dreau had two sessions with Johannesburg hypnotherapist

Tom Budge to prepare her.

The procedure was done in a theatre and Van Dreau's condition was monitored throughout in order to apply anaesthetics should it be necessary.

Drank Coke in the recovery room

"It took Tom six minutes to put me under hypnosis. During the 30 minutes of surgery, he told me that I could control the bleeding, that I would not feel any pain and that I was doing well. Afterwards, the whole theatre team applauded."

Dayal said it was the first time he witnessed an adult tonsil patient drinking Coke in the recovery room.

Van Dreau was discharged from hospital an hour later - after a procedure which is usually very painful and traumatic for adults.

From Linda Otto: IACT and IMDHA executive director

Thank you for sharing this article with us Seth-Deborah!

I'd like to add that Tom Budge (the Hypnotherapist preparing her for surgery) is a member in good standing with IMDHA and received his training from an IMDHA approved school, the South African Institute of Hypnotherapy presently under the direction of Claudia Klein and William Bierman in Cape Town, South Africa.

Kudos to those of us who gain positive media attention internationally. This kind of advertisement couldn't be bought at any price!

From: Seth Deborah

Hi All,

As promised, I am inserting a copy of the response form the hypnotist who did the hypnosis for the tonsil surgery (I believe it was in South Africa)

I would have loved to have been there!!!!

From: Tom Budge

Herewith the information from Tom Budge"

"I worked with Liesl for two sessions each of an hour and a half prior to the operation in theatre. We spent quite a considerable period of time during the first session working on the control of Liesl's gag reflexes. This was done using a sterile wooden spatula that is commonly used by doctors examining a patient's throat. I gave Liesl suggestions in trance that she could allow the wooden spatula to touch her throat without gagging. I then allowed her to take the spatula and to

insert it into her mouth and to press down on her tongue and to push up on her soft pallet. With a bit of practice she was able to achieve this to a remarkable degree of competence.

I gave her further suggestions to expect similar activity in her mouth during the operation and that she would have just as much control then. In addition, not only would she be able to control her gagging but the more the activity in her mouth the more relaxed she would become.

There were moments during the actual operation when the suction was inserted very deeply into her throat and then she wasn't able to overcome the gag reflex and I became a little concerned that she might come out of trance. I counteracted this with constant suggestions of reassurance that she was ok. It was usually the surprise of the insertion of the suction that caused the gag so I watched the surgeon closely and almost gave a running commentary on what was about to happen so that she could mentally prepare herself for it. This strategy worked very well and her gagging stopped.

Everyone in the theatre (some dozen or so observers) were astounded at how little bleeding there was. Not only how little bleeding but how little saliva too. I had given Liesl suggestions during our second preparation session to control both bleeding and saliva control. There was one instance during the entire operation when the suction removed a tiny amount of blood (my guess that it was a tiny amount mixed in with about 1 or 2 cc of saliva at most).

Most of the medical observers were standing and watching in awe during the first part of the operation and then they turned their attention to the life support monitor during the removal of Liesl's second tonsil. They were commenting how Liesl's blood pressure and heart rate would decrease as the surgeon worked at cauterising the tissue. Anaesthetised patient's vital statistics usually increase as these procedures are performed.