

Clinical Case Series on Hypnoanalgesia. Applications in Medical and Psychological Practice

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Affiliation and Context

This publication is based on clinical case reports developed by participants of a professional training course in hypnoanalgesia conducted by **Yuri Sinenko, Dr HC**.

The editor curated, standardized, and compiled the cases into a unified academic publication format.

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Keywords

hypnoanalgesia · clinical hypnosis · pain management · case report · non-pharmacological analgesia · integrative medicine

Abstract

This publication presents a clinical case series demonstrating the application of hypnoanalgesia as a non-pharmacological method of pain modulation in medical and psychological practice. The collection includes case reports from diverse clinical contexts, such as dentistry, pediatrics, neurology, gynecology, geriatrics, endoscopy, injection-based procedures, and perinatal care.

Each case is documented using a standardized descriptive framework, including patient background, clinical presentation, intervention goals, hypnotic protocol, real-time outcomes, and short-term follow-up. Pain intensity and treatment effectiveness were primarily assessed using subjective numerical rating scales (VAS or NRS), complemented by behavioral and physiological observations.

Across the presented cases, hypnoanalgesia was associated with substantial reductions in pain intensity, anxiety, and physiological stress responses. In many instances, medical or diagnostic procedures were successfully performed without pharmacological analgesia or sedation. No adverse effects related to hypnotic interventions were reported.

This case series provides practice-based evidence supporting hypnoanalgesia as a safe, effective, and reproducible adjunct or alternative to conventional pain management approaches. The collection is intended for clinicians, psychologists, hypnotherapists, and researchers interested in integrative and non-pharmacological methods of pain control and patient-centered care.

Keywords

hypnoanalgesia
clinical hypnosis
pain management
clinical case series
non-pharmacological analgesia
integrative medicine
psychological pain modulation

Ethical Statement and Disclaimer

All clinical cases included in this collection are fully anonymized. No personally identifiable information is disclosed. Patients or their legal guardians provided informed consent for the use of anonymized clinical data for scientific and educational purposes.

The interventions described were applied voluntarily and either as adjunctive or stand-alone non-pharmacological techniques. This publication is intended for scientific and educational use only and does not constitute medical advice or replace professional medical diagnosis or treatment.

Methodological Note

The clinical cases presented in this collection were documented and curated using a standardized descriptive framework to ensure consistency, transparency, and comparability across diverse clinical contexts.

Each case report includes the following core components:

- clinical category and case identification,
- patient background and clinical presentation,
- intervention goals and predefined success criteria,
- detailed description of the hypnotic intervention protocol, structured by phases,
- real-time outcomes observed during the procedure,
- subjective patient reports and therapist observations,
- short-term follow-up data where available,
- qualitative and quantitative indicators of effectiveness.

Pain intensity and symptom severity were primarily assessed using subjective numerical rating scales, including the Visual Analog Scale (VAS) and the Numeric Rating Scale (NRS). These measures were supplemented by behavioral observations, emotional state assessment, and functional outcomes relevant to each clinical context.

The cases represent practice-based evidence derived from real-world clinical and educational settings. While the collection does not aim to provide controlled experimental data, it offers detailed and replicable descriptions of hypnoanalgesia applications that may inform clinical practice, training, and future research.

Scope of Clinical Applications

The clinical cases included in this collection reflect a broad spectrum of medical and psychological applications of hypnoanalgesia. The interventions were implemented across multiple clinical domains, demonstrating the versatility and adaptability of hypnotic techniques for pain modulation, anxiety reduction, and physiological regulation.

The scope of applications encompasses, but is not limited to, dental and oral surgical procedures, pediatric acute injuries, chronic pain conditions in neurological and musculoskeletal contexts, geriatric care involving somatovegetative symptoms, gynecological

and perinatal settings, endoscopic diagnostic procedures, and injection-based medical interventions such as immunotherapy and vaccination.

Across these diverse settings, hypnoanalgesia was employed either as a stand-alone non-pharmacological approach or as an adjunct to standard medical care, depending on clinical circumstances and patient preference. The cases illustrate both short, procedure-focused hypnotic interventions and multi-session preparatory protocols, including techniques of self-hypnosis and post-hypnotic anchoring.

By presenting applications from varied clinical environments, this collection highlights the practical flexibility of hypnoanalgesia and its potential integration into patient-centered, integrative models of care.

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1. Dentistry and Maxillofacial Applications of Hypnoanalgesia

This section presents clinical cases illustrating the use of hypnoanalgesia in dental and maxillofacial procedures ranging from routine caries treatment to complex extractions and interventions in patients with heightened anxiety or multiple drug allergies. The cases demonstrate how focused attention, guided imagery, and verbal suggestion can significantly reduce procedural pain and emotional distress. In several instances, hypnotic techniques enabled dental treatment with minimal or no pharmacological anesthesia. Together, these cases highlight hypnoanalgesia as a practical and reproducible tool in everyday dental practice.

Case P-5.1.4

Clinical Category

Dentistry / Maxillofacial Practice

Case Title

Hypnoanalgesia During Dental Root Extraction

Case Author

Buzhka Lukic

Patient Background

The patient was a 42-year-old male with higher education. He had previous positive experience with hypnosis and demonstrated good hypnotic responsiveness. At presentation, he suffered from acute inflammatory dental pain prior to a planned root extraction.

Clinical Presentation

The patient reported intense pulsating pain localized in the affected tooth region, markedly exacerbated by biting. Pain intensity was subjectively rated as extremely high (11/10 on a numerical scale). Chewing solid food was impossible, and pronounced anticipatory anxiety was observed.

Intervention Goals

- Achieve sufficient analgesia to allow dental extraction without pharmacological anesthesia.
- Maintain emotional calm and physical stillness during the procedure.

Hypnotic Intervention

A brief hypnotic session (approximately 35–40 minutes) was conducted, including rapport reinforcement, gradual induction through breathing and relaxation, visualization of a pain-control dial, and post-hypnotic suggestions to maintain numbness throughout the procedure.

Outcomes

Pain intensity decreased to 1/10 during extraction. The patient remained calm and motionless, and the procedure was completed without complications or additional analgesia. At 24-hour follow-up, pain remained minimal.

Conclusion

This case demonstrates that hypnoanalgesia can function as a stand-alone analgesic technique during invasive dental procedures, even in the presence of severe acute pain.

Case P-5.1.6

Clinical Category

Dentistry / Behavioral Pain Management

Case Title

Self-Hypnosis for Caries Treatment Without Pharmacological Anesthesia

Case Author

—

Patient Background

The patient was an adult individual with pronounced dental anxiety and a desire to avoid pharmacological anesthesia. No contraindications to hypnosis were reported.

Clinical Presentation

Dental caries requiring restorative treatment was accompanied by strong anticipatory fear and expectation of pain, despite the relatively low invasiveness of the procedure.

Intervention Goals

- Reduce pain perception during dental treatment.
- Teach a brief self-hypnosis technique applicable during the procedure.

Hypnotic Intervention

The patient was guided into a light hypnotic state and instructed in a self-hypnosis protocol using focused attention, dissociation, and imagery of localized numbness. Suggestions emphasized patient autonomy and self-control.

Outcomes

The dental procedure was completed successfully without pharmacological anesthesia. The patient reported minimal discomfort and a significant reduction in anxiety.

Conclusion

Self-hypnosis represents a practical and efficient method for pain and anxiety management in routine dental care.

Case P-5.1.8

Clinical Category

Dentistry / Anxiety-Related Pain

Case Title

Hypnoanalgesia During Preparation for Dental Crown Replacement

Case Author

Rumyana Zlatanova

Patient Background

The patient was an adult with previous negative dental experiences and heightened anxiety related to anticipated pain during crown replacement.

Clinical Presentation

Although the planned procedure was not inherently painful, the patient experienced significant anticipatory distress and somatic tension.

Intervention Goals

- Reduce anxiety-driven pain perception.
- Facilitate smooth completion of dental preparation.

Hypnotic Intervention

A focused hypnotic intervention was applied, emphasizing relaxation, dissociation from dental sensations, and positive expectancy. Verbal suggestions reinforced a sense of safety and control.

Outcomes

The patient tolerated the procedure calmly and reported minimal discomfort. No pharmacological analgesia was required.

Conclusion

This case highlights the importance of addressing anticipatory anxiety in dental pain and supports hypnoanalgesia as an effective preventive intervention.

Case P-5.1.9

Clinical Category

Dentistry / Oral Surgery

Case Title

Hypnoanalgesia During Wisdom Tooth Extraction

Case Author

Delyana Pashova

Patient Background

The patient was an adult individual with a history of heightened dental anxiety and prior unpleasant experiences with oral surgical procedures.

Clinical Presentation

Planned extraction of an impacted wisdom tooth was associated with pronounced anticipatory fear and expectation of severe pain.

Intervention Goals

- Achieve adequate analgesia to perform extraction with minimal or no pharmacological anesthesia.
- Reduce anxiety and ensure procedural cooperation.

Hypnotic Intervention

A structured hypnotic session was conducted, including focused breathing, dissociative imagery, and suggestions of localized numbness in the operative area. Post-hypnotic cues were established to maintain analgesia throughout the procedure.

Outcomes

The extraction was completed successfully. The patient reported only mild pressure sensations and no significant pain. Emotional state remained calm and stable.

Conclusion

This case supports the use of hypnoanalgesia as an effective adjunct or alternative to pharmacological anesthesia in oral surgery.

Case P-5.1.10

Clinical Category

Dentistry / Emotionally Mediated Pain

Case Title

Emotional–Associative Hypnoanalgesia in Dental Treatment

Case Author

Simeon Yonov

Patient Background

The patient was an adult with a strong emotional association between dental procedures and pain, despite the absence of severe somatic pathology.

Clinical Presentation

Dental treatment triggered anxiety-driven pain amplification, leading to avoidance behavior and procedural distress.

Intervention Goals

- Modify emotional associations linked to dental pain.
- Enable completion of treatment without pharmacological analgesia.

Hypnotic Intervention

The intervention focused on emotional re-framing, associative dissociation, and guided imagery that transformed dental sensations into neutral or non-threatening experiences.

Outcomes

The dental procedure was completed without analgesics. The patient reported a marked reduction in pain perception and emotional tension.

Conclusion

Targeting emotional associations through hypnosis can significantly reduce perceived pain during dental procedures.

Case P-5.1.11

Clinical Category

Dentistry / Communication-Based Analgesia

Case Title

Bilingual Verbal Hypnoanalgesia During Dental Intervention

Case Author

Simeon Yonov

Patient Background

The patient was a bilingual adult who demonstrated heightened responsiveness to verbal communication in their native language.

Clinical Presentation

Dental intervention was complicated by anxiety and heightened pain expectancy, partially linked to communication barriers.

Intervention Goals

- Establish rapid analgesia through verbal suggestion.
- Improve patient comfort via linguistically congruent communication.

Hypnotic Intervention

Hypnoanalgesia was delivered primarily through focused verbal suggestion in the patient's native language, emphasizing safety, dissociation, and sensory modulation.

Outcomes

The patient experienced significant pain reduction and remained cooperative throughout the procedure. No pharmacological analgesia was required.

Conclusion

This case illustrates the importance of linguistic and cultural congruence in hypnotic pain modulation.

Case P-5.1.12

Clinical Category

Dentistry / Complex Medical Conditions

Case Title

Hypnoanalgesia in a Dental Patient with Multiple Drug Allergies

Case Author

Simeon Yonov

Patient Background

The patient presented with a history of multiple drug allergies, severely limiting the use of conventional pharmacological anesthesia.

Clinical Presentation

Dental treatment posed a significant challenge due to allergy-related risks and heightened anxiety.

Intervention Goals

- Provide safe analgesia without pharmacological agents.
- Reduce anxiety related to medical vulnerability.

Hypnotic Intervention

A hypnosis-based protocol emphasizing relaxation, dissociation, and confidence-building was applied. Suggestions focused on bodily safety and controlled sensory perception.

Outcomes

Dental treatment was completed without adverse reactions. The patient reported minimal discomfort and high satisfaction with the intervention.

Conclusion

Hypnoanalgesia may serve as a valuable primary analgesic option for dental patients with contraindications to standard anesthesia.

2. Neurology and Chronic Pain Syndromes

The cases in this section focus on chronic and recurrent pain conditions, including migraine, neuropathic pain, musculoskeletal disorders, and pain associated with degenerative or inflammatory diseases. Hypnoanalgesia was applied both as an acute intervention and as a long-term self-regulation strategy. Across cases, patients reported reductions in pain intensity, improved functional capacity, and enhanced sense of control over symptoms. This section emphasizes the role of hypnosis as a complementary approach in the management of complex chronic pain syndromes.

Case P-5.3.1

Clinical Category

Neurology / Chronic Musculoskeletal Pain

Case Title

Hypnoanalgesia in Disc Herniation–Related Pain

Case Author

Maria Alexandrova

Patient Background

The patient was an adult individual diagnosed with lumbar disc herniation and recurrent episodes of lower back pain. Previous pharmacological treatments provided only partial and temporary relief.

Clinical Presentation

The patient reported persistent lumbar pain with episodic exacerbations, radiating discomfort, and functional limitations in daily activities. Baseline pain intensity was rated as high.

Intervention Goals

- Reduce pain intensity and associated muscle tension.
- Improve functional mobility and sense of control over symptoms.

Hypnotic Intervention

A hypnosis-based intervention was applied, incorporating body-focused induction, dissociation from pain sensations, and imagery of spinal support and stability. Post-hypnotic suggestions reinforced continued analgesia and movement confidence.

Outcomes

The patient reported a significant reduction in pain intensity and improved mobility following the session. Functional activities became less restricted.

Conclusion

This case illustrates the potential of hypnoanalgesia as a complementary intervention in disc-related chronic pain.

Case P-5.3.2

Clinical Category

Neurology / Chronic Functional Pain

Case Title

Hypnoanalgesia in Chronic Abdominal–Lumbar Pain Without Organic Pathology

Case Author

Milena Dimitrova

Patient Background

The patient was an adult with a long history of abdominal and lumbar pain in the absence of identifiable organic pathology. Multiple medical evaluations had failed to determine a somatic cause.

Clinical Presentation

Pain was described as diffuse, fluctuating in intensity, and strongly influenced by emotional stress. The condition significantly impaired quality of life.

Intervention Goals

- Decrease pain intensity and frequency.
- Address psychosomatic components contributing to symptom persistence.

Hypnotic Intervention

The intervention emphasized relaxation, emotional regulation, and reattribution of bodily sensations. Guided imagery and cognitive reframing were used to modify pain-related expectations.

Outcomes

The patient reported a noticeable decrease in pain intensity and improved emotional stability. Episodes of pain became less frequent.

Conclusion

Hypnoanalgesia may be particularly effective in functional pain syndromes where psychosomatic mechanisms predominate.

Case P-5.3.3**Clinical Category**

Neurology / Inflammatory Pain Disorders

Case Title

Hypnoanalgesia in Rheumatoid Arthritis–Related Pain

Case Author

Milena Dimitrova

Patient Background

The patient was diagnosed with rheumatoid arthritis and experienced chronic pain and sensations of heat and swelling in the joints, particularly in the hands.

Clinical Presentation

Persistent joint pain was accompanied by functional stiffness and discomfort, affecting daily tasks.

Intervention Goals

- Reduce perceived pain and inflammatory discomfort.
- Improve hand function and comfort.

Hypnotic Intervention

Hypnotic techniques focused on temperature modulation imagery, dissociation from inflammatory sensations, and suggestions of flexibility and ease in joint movement.

Outcomes

The patient reported reduced pain intensity and diminished heat sensations in the hands, along with improved functional comfort.

Conclusion

This case supports the use of hypnoanalgesia as a supportive modality in inflammatory rheumatic conditions.

Case P-5.3.4

Clinical Category

Neurology / Neuropathic Pain

Case Title

Hypnoanalgesia in Neuropathic Pain Associated with Multiple Sclerosis

Case Author

Polina Drumeva

Patient Background

The patient was an adult diagnosed with multiple sclerosis, experiencing chronic neuropathic pain resistant to standard pharmacological management.

Clinical Presentation

Pain was described as burning and dysesthetic, with fluctuating intensity and a significant impact on daily functioning and emotional well-being.

Intervention Goals

- Reduce neuropathic pain intensity.
- Improve emotional regulation and perceived control over symptoms.

Hypnotic Intervention

The hypnotic protocol included focused induction, dissociation from pain-related sensations, and imagery aimed at transforming abnormal sensory input into neutral or calming experiences. Post-hypnotic suggestions supported sustained symptom regulation.

Outcomes

The patient reported a marked reduction in pain intensity and improved emotional stability. Episodes of severe discomfort became less frequent.

Conclusion

This case illustrates the potential utility of hypnoanalgesia as an adjunctive approach in managing neuropathic pain in multiple sclerosis.

Case P-5.3.5

Clinical Category

Neurology / Primary Headache Disorders

Case Title

Hypnoanalgesia in Migraine with Aura

Case Author

—

Patient Background

The patient was an adult individual with a long-standing history of migraine with aura, experiencing recurrent and disabling headache episodes.

Clinical Presentation

Migraines were characterized by severe unilateral head pain, sensory disturbances, and heightened sensitivity to light and sound.

Intervention Goals

- Reduce intensity and duration of migraine episodes.
- Teach self-regulation strategies for early intervention.

Hypnotic Intervention

The intervention focused on relaxation, imagery of vascular regulation, dissociation from pain signals, and the establishment of post-hypnotic cues for early symptom control.

Outcomes

The patient reported reduced headache intensity and improved ability to interrupt migraine progression using self-hypnosis techniques.

Conclusion

Hypnoanalgesia may represent a valuable complementary strategy in the management of migraine with aura.

Case P-5.3.5a

Clinical Category

Neurology / Acute Musculoskeletal Pain

Case Title

Hypnoanalgesia in Acute Low Back Pain Following Physical Exertion

Case Author

Polina Drumeva

Patient Background

The patient was an adult who developed acute low back pain following intensive physical activity (yoga practice), without prior chronic pathology.

Clinical Presentation

Pain was sudden in onset, localized to the lumbar region, and significantly limited movement and functional activity.

Intervention Goals

- Achieve rapid pain reduction.
- Restore functional mobility.

Hypnotic Intervention

A brief hypnotic intervention was applied, emphasizing relaxation, dissociation from acute pain sensations, and imagery of muscular release and support.

Outcomes

The patient experienced rapid pain reduction and improved range of motion shortly after the session.

Conclusion

This case demonstrates the applicability of hypnoanalgesia in acute musculoskeletal pain conditions requiring rapid intervention.

Case P-5.3.6

Clinical Category

Neurology / Chronic Sports-Related Pain

Case Title

Hypnoanalgesia in Chronic Sports-Related Musculoskeletal Pain

Case Author

Polina Drumeva

Patient Background

The patient was an adult engaged in regular combat sports training (Brazilian jiu-jitsu) with a history of recurrent neck and knee pain resistant to rest and conventional interventions.

Clinical Presentation

Pain was described as chronic, fluctuating in intensity, and exacerbated by training sessions. The condition interfered with athletic performance and recovery.

Intervention Goals

- Reduce baseline pain intensity.
- Improve bodily awareness and self-regulation during physical activity.

Hypnotic Intervention

The intervention combined focused induction, imagery of joint stability and muscular balance, and post-hypnotic anchoring of comfort during movement. Emphasis was placed on transferring hypnotic skills to training situations.

Outcomes

The patient reported a sustained reduction in pain intensity and improved confidence during training. Pain flare-ups became less frequent.

Conclusion

This case supports the use of hypnoanalgesia as a complementary tool in managing chronic sports-related pain.

Case P-5.3.7

Clinical Category

Neurology / Chronic Musculoskeletal Pain

Case Title

Hypnoanalgesia in Chronic Lumbar Pain

Case Author

Buzhka Lukic

Patient Background

The patient was a 58-year-old woman with long-standing chronic lumbar pain unresponsive to pharmacological treatment alone.

Clinical Presentation

Pain was persistent, deep, and restrictive, significantly limiting daily activities. Baseline pain intensity was rated as high.

Intervention Goals

- Achieve substantial pain reduction.
- Restore functional mobility and daily comfort.

Hypnotic Intervention

A structured hypnotic session included body-focused induction, dissociation from pain sensations, and imagery promoting spinal flexibility and support. Post-hypnotic suggestions reinforced ongoing analgesia.

Outcomes

Pain intensity decreased to minimal levels following the intervention and remained low at 24-hour follow-up. The patient reported improved mobility and emotional relief.

Conclusion

Hypnoanalgesia can produce rapid and clinically meaningful pain reduction in chronic lumbar pain.

Case P-5.3.8

Clinical Category

Neurology / Degenerative Pain Conditions

Case Title

Hypnoanalgesia in Lumbar Pain Associated with Osteoporosis

Case Author

Radost Milusheva

Patient Background

The patient was an older adult diagnosed with lumbar spine degeneration and osteoporosis, experiencing chronic pain and movement-related fear.

Clinical Presentation

Pain was described as persistent and mechanically triggered, accompanied by anxiety related to potential injury.

Intervention Goals

- Reduce pain intensity.
- Decrease fear-avoidance behavior associated with movement.

Hypnotic Intervention

The hypnotic approach emphasized relaxation, safety imagery, and cognitive reframing of movement-related sensations. Suggestions supported confidence and gentle mobility.

Outcomes

The patient reported reduced pain intensity and increased willingness to engage in daily movements. Emotional tension related to fear of pain decreased.

Conclusion

This case highlights the role of hypnoanalgesia in addressing both sensory and emotional components of degenerative pain conditions.

Case P-5.3.10

Clinical Category

Neurology / Chronic Inflammatory and Degenerative Pain

Case Title

Hypnoanalgesia in Chronic Pain Associated with Ankylosing Spondylitis

Case Author

Savina Dilova

Patient Background

The patient was diagnosed with ankylosing spondylitis and experienced chronic spinal pain with stiffness and functional limitations.

Clinical Presentation

Pain was persistent, accompanied by reduced spinal mobility and morning stiffness, affecting quality of life.

Intervention Goals

- Reduce pain and perceived stiffness.
- Improve functional comfort and daily activity tolerance.

Hypnotic Intervention

The intervention emphasized relaxation, imagery of spinal flexibility, and cognitive reframing of inflammatory sensations. Post-hypnotic suggestions supported ongoing symptom modulation.

Outcomes

The patient reported a reduction in pain intensity and improved ease of movement following the intervention.

Conclusion

This case demonstrates the potential role of hypnoanalgesia as a complementary modality in inflammatory spinal disorders.

Case P-5.3.12

Clinical Category

Neurology / Degenerative Spine Disorders

Case Title

Hypnoanalgesia in Chronic Lumbar Pain Due to Lumbar Spinal Stenosis

Case Author

Yuliyana Ivanova

Patient Background

The patient was an adult diagnosed with lumbar spinal stenosis at the L4–L5 level, experiencing chronic pain and functional limitation.

Clinical Presentation

Pain was described as persistent and movement-related, with associated fear of exacerbation and reduced activity levels.

Intervention Goals

- Decrease pain intensity.
- Reduce fear-avoidance behavior and improve mobility confidence.

Hypnotic Intervention

Hypnosis focused on relaxation, safety imagery, and gradual re-association with movement. Suggestions emphasized stability, support, and controlled mobility.

Outcomes

The patient reported reduced pain intensity and increased confidence in daily movement following the session.

Conclusion

Hypnoanalgesia may assist in managing chronic pain and movement-related anxiety in lumbar spinal stenosis.

Case P-5.3.13**Clinical Category**

Neurology / Chronic Cervical Pain

Case Title

Hypnoanalgesia in Chronic Cervical Pain in a Combat Sports Athlete

Case Author

Polina Drumeva

Patient Background

The patient was a combat sports athlete experiencing chronic cervical pain related to long-term training load and repetitive strain.

Clinical Presentation

Pain was localized to the cervical region, exacerbated by training and daily activities, and associated with muscular tension.

Intervention Goals

- Reduce cervical pain intensity.
- Improve muscular relaxation and self-regulation during activity.

Hypnotic Intervention

The hypnotic approach incorporated focused induction, imagery of muscular release, and post-hypnotic anchoring of comfort during neck movement.

Outcomes

The patient reported decreased pain intensity and improved comfort during training sessions.

Conclusion

This case highlights the applicability of hypnoanalgesia in managing chronic cervical pain in athletic populations.

3. Obstetrics and Childbirth Preparation

This section explores the application of hypnoanalgesia in pregnancy and childbirth, including antenatal preparation and support during labor. The presented cases illustrate how self-hypnosis, visualization, and positive suggestion can reduce pain-related stress, support physiological birth processes, and enhance maternal confidence. Hypnoanalgesia is shown here as a non-invasive method that aligns with patient-centered and integrative models of obstetric care.

Case P-5.2.3**Clinical Category**

Obstetrics / Antenatal Preparation

Case Title

Hypnoanalgesia in Preparation for Natural Childbirth

Case Author

Delyana Pashova

Patient Background

The patient was a pregnant woman preparing for natural childbirth, motivated to reduce fear and reliance on pharmacological analgesia during labor.

Clinical Presentation

Pregnancy was progressing without major medical complications. However, the patient reported pronounced anticipatory anxiety related to pain during childbirth, influenced by prior narratives and expectations.

Intervention Goals

- Reduce fear and anticipatory stress associated with childbirth.
- Teach self-hypnosis techniques applicable during labor.

Hypnotic Intervention

A structured, multi-session hypnoanalgesia protocol was implemented during pregnancy. The intervention included relaxation training, visualization of physiological birth processes, dissociation from pain-related expectations, and development of individualized self-hypnosis cues. Partner-assisted elements were introduced to support continuity during labor.

Outcomes

The patient reported increased confidence, reduced anxiety, and a strong sense of control prior to labor. During childbirth, she successfully applied self-hypnosis techniques, reporting manageable pain levels and emotional stability.

Conclusion

This case illustrates the effectiveness of antenatal hypnoanalgesia training in enhancing psychological readiness and perceived control during natural childbirth.

Case P-5.2.6

Clinical Category

Obstetrics / Intrapartum Pain Management

Case Title

Hypnoanalgesia During the First Stage of Labor

Case Author

Delyana Pashova

Patient Background

The patient was a woman in active labor who had previously received preparatory hypnoanalgesia training during pregnancy.

Clinical Presentation

Labor progressed physiologically. The first stage was accompanied by increasing contraction-related pain and emotional tension typical for early labor.

Intervention Goals

- Reduce pain perception during the first stage of labor.
- Maintain emotional calm and cooperation with physiological labor processes.

Hypnotic Intervention

Hypnoanalgesia was applied in real time during labor, using focused breathing, rhythmic verbal guidance, dissociation from contraction sensations, and reinforcement of previously learned self-hypnosis anchors.

Outcomes

The patient reported reduced pain intensity and improved tolerance of contractions. Emotional state remained stable, and no pharmacological analgesia was required during the first stage of labor.

Conclusion

This case demonstrates the feasibility and effectiveness of intrapartum hypnoanalgesia when integrated with antenatal preparation.

4. Pediatric Practice

The pediatric cases demonstrate the effectiveness of hypnoanalgesia in reducing pain, fear, and distress during medical procedures in children of various ages. Playful metaphors, imaginative techniques, and age-appropriate language were central to successful interventions. These cases highlight improved cooperation, reduced procedural resistance, and positive

emotional outcomes for both children and caregivers. The section underscores the value of hypnoanalgesia as a gentle and ethically sound approach in pediatric settings.

Case P-5.5.1

Clinical Category

Pediatrics / Acute Trauma

Case Title

Hypnoanalgesia in a Child with Hand Fracture

Case Author

Polina Drumeva

Patient Background

The patient was a child who sustained an acute hand fracture during physical activity. The injury caused significant pain and emotional distress.

Clinical Presentation

The child presented with intense localized pain, swelling, and fear related to anticipated medical procedures. Movement of the injured hand was avoided.

Intervention Goals

- Rapid reduction of pain and emotional distress.
- Facilitate medical examination and stabilization of the injury.

Hypnotic Intervention

A brief, child-adapted hypnoanalgesia intervention was conducted using simple language and imagery. Attention was redirected toward calming visualizations, and protective metaphors were employed to create a sense of safety.

Outcomes

Pain intensity decreased noticeably within minutes. The child became calmer and more cooperative, allowing necessary medical assessment and immobilization.

Conclusion

This case demonstrates the effectiveness of short hypnotic interventions in managing acute traumatic pain and anxiety in pediatric patients.

Case P-5.5.2

Clinical Category

Pediatrics / Acute Musculoskeletal Injury

Case Title

Hypnoanalgesia in Acute Knee Trauma in a Child

Case Author

Buzhka Lukic

Patient Background

The patient was a child who sustained a knee injury following a fall. There was no prior experience with hypnosis.

Clinical Presentation

The injury was accompanied by severe pain, swelling, and emotional distress, with reluctance to bear weight on the affected leg.

Intervention Goals

- Reduce pain and fear associated with the injury.
- Restore basic mobility.

Hypnotic Intervention

A short hypnoanalgesia session was applied, using imaginative metaphors appropriate to the child's developmental level. Cooling imagery and focused breathing were used to reduce pain perception.

Outcomes

Pain intensity decreased significantly, and the child regained the ability to stand and walk with minimal discomfort.

Conclusion

Hypnoanalgesia can provide rapid and effective pain relief in pediatric acute injuries.

Case P-5.5.3

Clinical Category

Pediatrics / Procedural Pain

Case Title

Hypnoanalgesia During Capillary Blood Sampling in a 5-Year-Old Child

Case Author

Patient Background

The patient was a 5-year-old child undergoing capillary blood sampling for diagnostic purposes, with pronounced fear of needles.

Clinical Presentation

The procedure was anticipated with strong anxiety, crying, and resistance.

Intervention Goals

- Reduce procedural pain and fear.
- Facilitate cooperation during blood sampling.

Hypnotic Intervention

An age-appropriate hypnotic approach was used, involving playful imagery and distraction techniques. The child was guided to imagine a protective and comforting scenario during the procedure.

Outcomes

The blood sampling was completed smoothly. The child reported minimal discomfort and showed reduced fear compared to previous experiences.

Conclusion

Play-based hypnoanalgesia techniques can significantly improve pediatric procedural experiences.

Case P-5.5.4

Clinical Category

Pediatrics / Procedural Pain

Case Title

Hypnoanalgesia During Venous Blood Sampling in a 1.5-Year-Old Child

Case Author

Rumyana Raynovska

Patient Background

The patient was a 1.5-year-old child undergoing venous blood sampling for the first time. Both the child and accompanying caregiver demonstrated significant anxiety prior to the procedure.

Clinical Presentation

The anticipated venipuncture elicited fear, crying, and resistance typical for the child's developmental stage.

Intervention Goals

- Minimize pain and emotional distress during the procedure.
- Create a positive and non-traumatic medical experience.

Hypnotic Intervention

A gentle, caregiver-mediated hypnoanalgesia approach was used. Simple verbal reassurance, rhythmic speech, and comforting tactile cues were combined with imagery metaphorically described as a "magic glove" protecting the child's arm.

Outcomes

Venous blood sampling was completed successfully with minimal distress. The child calmed rapidly after the procedure, and no prolonged crying or fear response was observed.

Conclusion

Caregiver-supported hypnotic communication can effectively reduce procedural pain and stress in very young children.

Case P-5.5.4a**Clinical Category**

Pediatrics / Procedural Pain

Case Title

Hypnoanalgesia During Venipuncture in an 11-Year-Old Child

Case Author

Simeon Yonov

Patient Background

The patient was an 11-year-old child with previous negative experiences related to blood sampling procedures.

Clinical Presentation

Anticipatory anxiety and avoidance behavior were present prior to venipuncture.

Intervention Goals

- Reduce fear and pain associated with venous blood sampling.
- Improve cooperation and procedural tolerance.

Hypnotic Intervention

Hypnoanalgesia was delivered through verbal guidance, imaginative imagery, and focused attention. The child actively participated in the imagery process and maintained attentional engagement throughout the procedure.

Outcomes

The procedure was completed smoothly. The child reported minimal pain and demonstrated reduced anxiety compared to prior experiences.

Conclusion

Hypnoanalgesia can significantly improve procedural tolerance in school-aged children undergoing venipuncture.

Case P-5.5.5**Clinical Category**

Pediatrics / Injection-Related Pain

Case Title

Hypnoanalgesia During a Single Intramuscular Injection in a 3-Year-Old Child

Case Author**Patient Background**

The patient was a 3-year-old child scheduled for a routine intramuscular injection.

Clinical Presentation

Strong fear of injection was observed, including crying and physical resistance.

Intervention Goals

- Reduce pain and fear associated with the injection.
- Facilitate safe and rapid administration.

Hypnotic Intervention

A brief hypnotic interaction was conducted using playful language, distraction, and imaginative metaphors tailored to the child's age. Attention was redirected immediately prior to injection.

Outcomes

The injection was administered successfully with minimal distress. The child calmed quickly afterward, and no negative emotional aftermath was observed.

Conclusion

Brief hypnotic communication can be highly effective for managing injection-related distress in young children.

Case P-5.5.7

Clinical Category

Pediatrics / Psychogenic Pain and Anxiety

Case Title

Hypnoanalgesia in Psychogenic Swallowing Pain Following Medical Trauma

Case Author

Radost Milusheva

Patient Background

The patient was a child who developed swallowing-related pain and avoidance behavior following a previous medical intervention.

Clinical Presentation

Pain was not attributable to ongoing organic pathology but was strongly associated with fear and traumatic memory.

Intervention Goals

- Reduce psychogenic pain and fear.
- Restore normal swallowing behavior.

Hypnotic Intervention

The intervention focused on emotional regulation, safety imagery, and gradual re-association with swallowing sensations. Hypnotic techniques addressed both cognitive and somatic components of fear.

Outcomes

The child demonstrated reduced pain perception and improved willingness to swallow. Avoidance behavior decreased substantially.

Conclusion

Hypnoanalgesia may effectively address psychogenic pain syndromes in pediatric patients by targeting emotional and associative mechanisms.

5. Trauma and Burns

This section includes cases involving acute injuries and burns, where rapid pain reduction and emotional stabilization were essential. Short, focused hypnotic interventions were applied in both clinical and non-clinical environments, often under time constraints. The cases demonstrate how hypnoanalgesia can mitigate acute pain, panic, and stress, thereby supporting immediate care and recovery. These examples are particularly relevant in emergency and first-aid contexts.

Case P-5.6.1

Clinical Category

Trauma / Acute Musculoskeletal Injury

Case Title

Hypnoanalgesia in Acute Knee Trauma

Case Author

Buzhka Lukic

Patient Background

The patient was a child who sustained an acute knee injury following a fall. The incident resulted in significant pain and emotional distress.

Clinical Presentation

The injury was accompanied by pronounced pain, swelling, and inability to bear weight on the affected leg. Fear and anxiety were evident at presentation.

Intervention Goals

- Rapid reduction of acute pain and panic.
- Facilitate initial examination and restore basic mobility.

Hypnotic Intervention

A brief hypnoanalgesia intervention was conducted using focused breathing, cooling imagery, and simple dissociative metaphors adapted to the patient’s age. Emphasis was placed on creating a sense of safety and bodily calm.

Outcomes

Pain intensity decreased substantially within minutes. The patient regained the ability to stand and walk with minimal discomfort and displayed reduced emotional distress.

Conclusion

This case demonstrates the utility of rapid hypnotic interventions in acute traumatic pain, particularly in pediatric contexts.

Case P-5.6.3

Clinical Category

Trauma / Thermal Injury

Case Title

Hypnoanalgesia in Acute Sunburn (First–Second Degree)

Case Author

—

Patient Background

The patient was an adult who sustained acute sunburn involving superficial skin layers.

Clinical Presentation

The burn was associated with intense burning pain, skin erythema, and heightened sensory discomfort.

Intervention Goals

- Reduce acute burning pain and discomfort.
- Support emotional calm and recovery.

Hypnotic Intervention

A short hypnotic intervention focused on cooling imagery, sensory dissociation, and post-hypnotic suggestions of comfort and skin recovery.

Outcomes

The patient reported rapid reduction in burning sensations and improved overall comfort following the intervention.

Conclusion

Hypnoanalgesia may offer effective symptomatic relief in acute superficial thermal injuries.

Case P-5.6.4

Clinical Category

Trauma / Thermal Injury

Case Title

Hypnoanalgesia in Sunburn Using the “Matryoshka” Self-Hypnosis Technique

Case Author

—

Patient Background

The patient was an adult experiencing painful sunburn with heightened sensitivity and distress.

Clinical Presentation

Pain was described as persistent and burning, interfering with rest and daily activity.

Intervention Goals

- Achieve sustained pain reduction.
- Teach a self-hypnosis technique for ongoing symptom management.

Hypnotic Intervention

The “Matryoshka” self-hypnosis technique was introduced, involving layered imagery of protection and cooling. The patient was instructed to apply the technique independently as needed.

Outcomes

The patient reported noticeable and lasting pain reduction, with improved comfort over the subsequent hours.

Conclusion

Self-hypnosis techniques can extend the analgesic effects of hypnotic interventions in acute burn-related pain.

Case P-5.6.5

Clinical Category

Trauma / Thermal Injury

Case Title

Hypnoanalgesia in Acute Thermal Burn Caused by Hot Water

Case Author

—

Patient Background

The patient was an adult who sustained an acute thermal burn caused by accidental contact with hot water.

Clinical Presentation

The injury resulted in immediate intense burning pain, localized erythema, and emotional distress. The pain significantly interfered with rest and concentration.

Intervention Goals

- Rapid reduction of acute burn-related pain.
- Support emotional stabilization and comfort.

Hypnotic Intervention

A brief hypnotic intervention was applied, emphasizing cooling imagery, sensory dissociation, and verbal suggestions of soothing and protection. Post-hypnotic cues were provided to reinforce ongoing comfort.

Outcomes

The patient reported a rapid decrease in pain intensity and improved tolerance of the affected area. Emotional distress subsided shortly after the intervention.

Conclusion

Hypnoanalgesia may serve as an effective non-pharmacological adjunct for managing acute pain following minor thermal burns.

Case P-7.3.1

Clinical Category

Trauma / Acute Injury in Non-Clinical Setting

Case Title

Hypnoanalgesia in Acute Sports Injury Outside the Clinical Setting

Case Author

Polina Drumeva

Patient Background

The patient was an adolescent athlete who sustained an acute sports-related injury in a non-clinical environment.

Clinical Presentation

The injury was accompanied by acute pain, fear, and emotional shock. Immediate medical resources were limited.

Intervention Goals

- Reduce acute pain and panic.
- Provide psychological stabilization until further care was available.

Hypnotic Intervention

A rapid verbal hypnoanalgesia approach was used, relying on focused attention, calming verbal guidance, and intuitive dissociative suggestions adapted to the situation.

Outcomes

Pain perception decreased noticeably, and the patient regained emotional control. The intervention facilitated safe transition to further medical evaluation.

Conclusion

This case illustrates the applicability of hypnoanalgesia as an immediate supportive intervention in acute injury situations outside formal clinical environments.

6. Oncology and Postoperative / Palliative Pain

The case presented in this section addresses chronic pain following oncological surgery, highlighting both physical and emotional dimensions of pain experience. Hypnoanalgesia was used to alleviate persistent pain and improve quality of life in a context where long-term pharmacological management is often limited by side effects. This section illustrates the potential role of hypnosis as a supportive modality in oncology and palliative care.

Case P-5.7.4

Clinical Category

Oncology / Postoperative and Chronic Pain

Case Title

Hypnoanalgesia in Chronic Pain Following Mastectomy

Case Author

Radost Milusheva

Patient Background

The patient was an adult woman with a history of breast cancer treated surgically by mastectomy. Following surgery, she experienced persistent chronic pain in the postoperative area despite standard medical care.

Clinical Presentation

Pain was described as continuous, with both nociceptive and emotionally mediated components. The condition negatively affected sleep, daily functioning, and emotional well-being. Pharmacological management provided limited relief and was associated with undesirable side effects.

Intervention Goals

- Reduce chronic postoperative pain intensity.
- Improve emotional coping and quality of life.

Hypnotic Intervention

The hypnotic intervention focused on relaxation, dissociation from persistent pain sensations, and imagery promoting bodily integrity and safety. Emotional processing and reframing of postoperative bodily experience were integrated into the hypnotic work. Post-hypnotic suggestions supported ongoing self-regulation.

Outcomes

The patient reported a meaningful reduction in pain intensity and emotional distress. Sleep quality improved, and daily activities became more manageable.

Conclusion

This case illustrates the potential role of hypnoanalgesia as a supportive, non-pharmacological intervention in chronic postoperative and oncological pain management.

7. Psychosomatic and Emotionally Mediated Pain

This section focuses on pain conditions in which emotional, cognitive, and relational factors play a significant role. The cases demonstrate how hypnoanalgesia can facilitate cognitive reappraisal, emotional regulation, and somatic relief without escalation of medication. By addressing the interaction between psychological processes and bodily sensations, this section highlights hypnoanalgesia as an integrative approach to psychosomatic pain.

Case P-5.4.3

Clinical Category

Psychosomatic Medicine / Gynecological Pain

Case Title

Hypnoanalgesia in Primary Dysmenorrhea

Case Author

Patient Background

The patient was an adult woman experiencing recurrent menstrual pain diagnosed as primary dysmenorrhea. No significant gynecological pathology was identified during medical evaluation.

Clinical Presentation

Menstrual pain was described as cramping, intense, and recurrent, significantly affecting daily functioning and emotional well-being during menstrual periods.

Intervention Goals

- Reduce pain intensity during menstruation.
- Improve emotional coping and functional capacity.

Hypnotic Intervention

The hypnotic intervention focused on relaxation, imagery of pelvic warmth and rhythmic regulation, and cognitive reframing of menstrual sensations. Suggestions emphasized bodily cooperation and comfort.

Outcomes

The patient reported a substantial reduction in pain intensity and improved tolerance of menstrual discomfort. Daily activities during menstruation became less restricted.

Conclusion

This case supports the applicability of hypnoanalgesia in managing primary dysmenorrhea through modulation of both sensory and emotional components of pain.

Case P-5.4.4

Clinical Category

Psychosomatic Medicine / Affective-Related Pain

Case Title

Hypnoanalgesia in Premenstrual Syndrome–Related Pain

Case Author

Patient Background

The patient was an adult woman experiencing premenstrual syndrome (PMS) characterized by emotional lability and somatic discomfort.

Clinical Presentation

Pain and bodily discomfort were closely linked to emotional fluctuations, irritability, and heightened stress sensitivity in the premenstrual phase.

Intervention Goals

- Reduce pain and somatic discomfort associated with PMS.

- Improve emotional regulation and stress tolerance.

Hypnotic Intervention

Hypnosis emphasized emotional regulation, calming imagery, and dissociation from distressing bodily sensations. Post-hypnotic suggestions supported ongoing self-regulation throughout the premenstrual period.

Outcomes

The patient reported reduced pain intensity and improved emotional stability during subsequent cycles.

Conclusion

Hypnoanalgesia may effectively address pain syndromes in which emotional and hormonal factors interact.

Case P-5.8.6

Clinical Category

Psychosomatic Medicine / Emotionally Mediated Musculoskeletal Pain

Case Title

Hypnoanalgesia in Shoulder Pain Managed with Self-Hypnosis

Case Author

Yuliyana Ivanova

Patient Background

The patient was an adult experiencing persistent pain in the left shoulder without clear acute structural pathology. Pain episodes were closely associated with emotional tension and stress.

Clinical Presentation

Pain was described as intermittent but recurrent, intensifying during periods of emotional overload and interpersonal stress. Functional use of the shoulder was partially limited.

Intervention Goals

- Reduce pain intensity and frequency.
- Teach a self-hypnosis technique for independent symptom control.

Hypnotic Intervention

The intervention combined relaxation, body-focused imagery, and dissociation from pain sensations. A brief self-hypnosis protocol was taught, enabling the patient to independently regulate pain during daily activities.

Outcomes

The patient reported a noticeable reduction in pain intensity and increased confidence in managing symptoms independently using self-hypnosis.

Conclusion

This case demonstrates the effectiveness of self-hypnosis in managing emotionally mediated musculoskeletal pain.

Case P-5.8.7

Clinical Category

Psychosomatic Medicine / Emotionally Mediated Pain

Case Title

Hypnoanalgesia in Emotionally Mediated Pain Related to Intimate Partner Conflict

Case Author

Yuliyana Ivanova

Patient Background

The patient was an adult experiencing chronic bodily pain temporally associated with ongoing interpersonal conflict within an intimate relationship.

Clinical Presentation

Pain was diffuse, fluctuating in intensity, and not attributable to identifiable somatic pathology. Emotional distress and rumination were prominent.

Intervention Goals

- Reduce pain linked to emotional stress.
- Facilitate emotional regulation and cognitive reappraisal.

Hypnotic Intervention

Hypnotic work focused on emotional processing, dissociation from distressing cognitive patterns, and imagery supporting emotional boundaries and bodily relief. Suggestions emphasized self-soothing and autonomy.

Outcomes

The patient reported reduced pain intensity and improved emotional clarity following the intervention.

Conclusion

Hypnoanalgesia may effectively address pain syndromes rooted in emotional and relational stress.

8. Self-Help and Self-Hypnosis in Procedural Pain Management

Section Introduction

This section focuses on the use of self-hypnosis and patient-centered hypnotic strategies for managing pain and anxiety during medical procedures. The cases presented here emphasize brief, teachable interventions that enable patients to actively participate in pain modulation before and during invasive or potentially distressing procedures. Particular attention is given to autonomy, rapid skill acquisition, and transferability of techniques beyond the clinical setting. Together, these cases illustrate how self-hypnosis can enhance procedural tolerance and reduce reliance on pharmacological analgesia.

Case P-5.2.9

Clinical Category

Procedural Pain Management / Self-Hypnosis

Case Title

Hypnoanalgesia and Self-Hypnosis in Preparation for an Invasive Medical Procedure

Case Author

Krasimir Vlaev

Patient Background

The patient was an adult scheduled to undergo an invasive medical procedure associated with anticipated pain and heightened anxiety. The patient expressed a strong preference to minimize pharmacological sedation or analgesia and demonstrated motivation to actively participate in pain management.

Clinical Presentation

Prior to the procedure, the patient reported significant anticipatory anxiety, somatic tension, and fear of pain. No acute medical contraindications were present, and the primary limiting factor was psychological distress related to the upcoming intervention.

Intervention Goals

- Reduce anticipatory anxiety and procedural pain.
- Teach a simple self-hypnosis technique applicable during the procedure.
- Enhance the patient's sense of control and autonomy.

Hypnotic Intervention

A brief preparatory hypnotic session was conducted, focusing on relaxation, attentional narrowing, and dissociation from anticipated procedural sensations. The patient was guided to develop an individualized self-hypnosis cue based on breathing rhythm and imagery of bodily stability and protection. Post-hypnotic suggestions emphasized the ability to independently re-enter the hypnotic state during the procedure as needed.

Outcomes

The patient reported a marked reduction in anxiety prior to the procedure and successfully applied self-hypnosis techniques during the intervention. Pain perception was described as significantly diminished and manageable. The procedure was completed without the need for additional pharmacological analgesia.

Conclusion

This case demonstrates the effectiveness of brief preparatory hypnoanalgesia combined with self-hypnosis training in managing procedural pain and anxiety. Teaching patients simple, self-directed hypnotic strategies may substantially improve procedural tolerance and patient experience.

Case P-5.2.7 (f)

Clinical Category

Procedural Pain Management / Self-Hypnosis

Case Title

Self-Hypnosis for Colonoscopy Without Sedation (Female Patient)

Case Author

Patient Background

The patient was an adult woman scheduled for diagnostic colonoscopy. She expressed a strong preference to avoid pharmacological sedation due to previous adverse reactions and wished to maintain full awareness during the procedure.

Clinical Presentation

The upcoming procedure was associated with significant anticipatory anxiety and fear of pain and discomfort.

Intervention Goals

- Reduce procedural pain and anxiety.
- Enable completion of colonoscopy without sedation through self-regulation.

Hypnotic Intervention

A preparatory session introduced self-hypnosis techniques focused on breathing regulation, dissociation from visceral sensations, and imagery of smooth, effortless internal movement. A simple cue was established to rapidly re-enter the hypnotic state during the procedure.

Outcomes

The colonoscopy was completed without sedation. The patient reported manageable discomfort and maintained emotional calm throughout the procedure.

Conclusion

Self-hypnosis may provide an effective alternative to pharmacological sedation for motivated patients undergoing colonoscopy.

Case P-5.2.7 (m)

Clinical Category

Procedural Pain Management / Self-Hypnosis

Case Title

Self-Hypnosis for Colonoscopy Without Sedation (Male Patient)

Case Author

Patient Background

The patient was an adult man scheduled for screening colonoscopy, motivated to avoid sedation in order to resume daily activities immediately after the procedure.

Clinical Presentation

Moderate anticipatory anxiety and concern about procedural pain were reported prior to the examination.

Intervention Goals

- Minimize discomfort during colonoscopy.
- Support procedural cooperation without pharmacological intervention.

Hypnotic Intervention

The patient was instructed in a brief self-hypnosis protocol using focused attention, dissociation, and imagery of internal distance from procedural sensations. Emphasis was placed on autonomy and real-time symptom modulation.

Outcomes

The procedure was completed successfully without sedation. The patient reported lower-than-expected discomfort and high satisfaction with the experience.

Conclusion

This case further supports the feasibility of self-hypnosis as a practical tool for managing discomfort during endoscopic procedures.

Case P-5.2.8**Clinical Category**

Procedural Pain Management / Brief Hypnoanalgesia

Case Title

Hypnoanalgesia During Arterial Blood Sampling

Case Author
—**Patient Background**

The patient was an adult undergoing arterial blood sampling, a procedure commonly associated with significant pain and anxiety.

Clinical Presentation

Previous experiences of arterial puncture were described as highly painful, leading to pronounced anticipatory tension.

Intervention Goals

- Reduce pain during arterial blood sampling.
- Prevent escalation of fear and muscle tension.

Hypnotic Intervention

A short hypnoanalgesia intervention (approximately 5–10 minutes) was applied immediately prior to the procedure. Techniques included focused breathing, sensory dissociation, and suggestions of localized numbness and cooling.

Outcomes

The arterial puncture was completed with substantially reduced pain perception. The patient reported surprise at the minimal discomfort experienced.

Conclusion

Even very brief hypnotic interventions can meaningfully reduce pain during invasive diagnostic procedures such as arterial blood sampling.

Case P-5.2.10**Clinical Category**

Procedural Pain Management / Self-Hypnosis

Case Title

Self-Hypnosis During a Course of Repeated Daily Subcutaneous Injections

Case Author
—**Patient Background**

The patient was an adult undergoing a medical treatment course requiring multiple daily subcutaneous injections over several consecutive days. Previous injections were associated with increasing pain anticipation and procedural fatigue.

Clinical Presentation

Although each injection was brief, cumulative anxiety and heightened pain sensitivity developed over time, leading to emotional resistance and stress before each procedure.

Intervention Goals

- Reduce pain perception during repeated injections.
- Prevent escalation of anticipatory anxiety across the treatment course.
- Teach a reusable self-hypnosis strategy.

Hypnotic Intervention

The patient was instructed in a concise self-hypnosis protocol emphasizing rapid induction through breathing, dissociation from needle sensations, and imagery of localized numbness. A post-hypnotic routine was established to be used consistently before each injection.

Outcomes

The patient reported progressive reduction in perceived pain and anxiety across the injection course. Compliance with treatment improved, and emotional exhaustion diminished.

Conclusion

Self-hypnosis can be particularly effective in managing cumulative procedural distress during repeated medical interventions.

Case P-5.2.11

Clinical Category

Procedural Pain Management / Self-Hypnosis Techniques

Case Title

The “Matryoshka” Technique: Layered Self-Hypnosis for Recurrent Procedural Pain

Case Author

Patient Background

The patient was an adult experiencing recurrent procedural pain requiring repeated self-regulation. Conventional distraction techniques provided insufficient relief.

Clinical Presentation

Pain perception was amplified by anticipatory focus and emotional tension during procedures.

Intervention Goals

- Develop a robust self-hypnosis method for repeated use.
- Enhance perceived protection and control during painful procedures.

Hypnotic Intervention

The “Matryoshka” technique was introduced, using layered imagery of protective envelopes surrounding the body and the specific procedural area. Each imagined layer contributed additional sensory dampening and emotional distance from pain.

Outcomes

The patient reported sustained pain reduction and increased confidence in managing procedural discomfort independently.

Conclusion

Layered imagery techniques may enhance the durability and effectiveness of self-hypnosis in recurrent procedural pain contexts.

Case P-5.2.12

Clinical Category

Procedural Pain Management / Self-Hypnosis

Case Title

Self-Hypnosis for Pain Management During Tattooing

Case Author

Patient Background

The patient was an adult undergoing an extended tattoo procedure associated with prolonged nociceptive stimulation.

Clinical Presentation

Anticipation of sustained pain and discomfort was the primary concern prior to the session.

Intervention Goals

- Reduce pain perception during tattooing.
- Maintain comfort and emotional stability throughout a prolonged procedure.

Hypnotic Intervention

A brief preparatory hypnotic session introduced dissociation techniques, imagery of sensory distancing, and attentional absorption. The patient applied self-hypnosis continuously during the tattooing process.

Outcomes

The patient reported significantly reduced pain perception and was able to complete the session without interruption.

Conclusion

Self-hypnosis may serve as an effective pain modulation strategy during prolonged elective procedures such as tattooing.

Discussion and Limitations

Discussion

The clinical cases presented in this collection demonstrate the consistent effectiveness of hypnoanalgesia as a non-pharmacological approach to pain modulation and anxiety reduction across a wide range of medical and psychological contexts. Despite differences in patient age, clinical setting, and type of intervention, a common pattern emerges: hypnotic techniques were associated with rapid onset of analgesic effects, improved emotional regulation, and enhanced patient cooperation during medical procedures.

The findings suggest that hypnoanalgesia can function both as a stand-alone intervention and as an adjunct to conventional medical care. In several cases, its application enabled invasive or potentially distressing procedures to be performed without pharmacological analgesia or sedation, thereby reducing medication-related risks and enhancing patient autonomy. Techniques such as guided imagery, dissociation, temperature transformation, and post-hypnotic anchoring appeared particularly effective when tailored to individual patient characteristics and clinical goals.

Importantly, the cases also illustrate the feasibility of brief hypnotic interventions, including rapid inductions and self-hypnosis strategies, which are especially relevant in acute care, pediatric, and procedural settings. These observations support the integration of hypnoanalgesia into patient-centered and integrative care models, particularly when individualized and delivered by trained practitioners.

Limitations

This collection is based on descriptive clinical case reports and does not constitute controlled experimental research. The outcomes rely primarily on subjective pain ratings and observational measures, which may be influenced by patient expectancy, suggestibility, and contextual factors. The absence of control groups and standardized long-term follow-up limits the generalizability of the findings.

Additionally, practitioner experience and variability in hypnotic techniques may have contributed to differences in outcomes across cases. While the reported effects were consistently positive, further research using controlled study designs, standardized outcome measures, and longer follow-up periods is necessary to more precisely evaluate the efficacy, mechanisms, and boundaries of hypnoanalgesia in clinical practice.

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Editor

Yuri Sinenko, Dr HC

Editor and compiler of the collection.

Conducted the professional training course in hypnoanalgesia on which this publication is based. Responsible for the curation, standardization, and academic editing of all clinical case reports included in this volume.

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The authors of this collection are participants of a professional training course in hypnoanalgesia who contributed clinical case reports as part of their educational and clinical practice. Only contributors identified by full names are listed as authors. Case reports attributed solely by initials are included as anonymized educational contributions.

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All listed authors contributed clinical case material and participated in the documentation of hypnoanalgesia interventions within their respective clinical contexts. The editor curated, revised, and unified all contributions into a single academic publication.

This record contains a curated clinical case series on the application of hypnoanalgesia as a non-pharmacological method of pain modulation and anxiety reduction in medical and psychological practice.

The collection includes anonymized clinical case reports developed by participants of a professional training course in hypnoanalgesia conducted by Yuri Sinenko, Dr HC. The cases span a wide range of clinical domains, including dentistry, pediatrics, neurology, gynecology, geriatrics, endoscopy, injection-based medical procedures, and perinatal care.

Each case is documented using a standardized framework, covering patient background, clinical presentation, intervention goals, hypnotic protocol, real-time outcomes, and short-term follow-up. Pain intensity and treatment effectiveness are primarily assessed using subjective numerical rating scales (VAS or NRS), complemented by behavioral and functional observations.

The collection provides practice-based evidence supporting hypnoanalgesia as a safe, effective, and adaptable approach that can be used either as a stand-alone intervention or as an adjunct to conventional medical care. This record is intended for clinicians, psychologists, hypnotherapists, educators, and researchers interested in integrative and non-pharmacological pain management strategies.