TREATMENT OF STATUS ASTHMATICUS BY HYPNOSIS

BY

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Cases of asthma occurring for the first time in later life are often severe and progressive. The case is described of a man of 60 who appeared to be dying in status asthmaticus. His condition fulfilled the definition of status asthmaticus as "a condition in which the attacks become continuous with little or no remission by day or by night and do not appear to respond to any form of therapy" (Boland, 1952).

In this patient, since the onset of his asthma at the age of 54, it had become increasingly severe and was resistant to all physical therapy. As a final resort hypnosis was tried and was found to cut short the attack instantaneously.

Case Report

A man aged 60 was admitted to hospital as an emergency case on November 7, 1958, with a six-years' history of asthma and gradually increasing breathlessness on exertion. The family history revealed asthma in his sister and his daughter. Over the past year he had suffered from mid-sternal pain on exertion, relieved by rest, nocturia, and swelling of the ankles. For two days before admission his asthma became increasingly severe, having been precipitated by foggy weather.

On examination he was found to be obese, very cyanosed, severely dyspnoeic, with continual wheezing and a productive cough. Sputum was greenish yellow and contained many pus cells. Numerous coarse rales were heard in all areas of the chest. Pulse rate 100 a minute, blood-pressure 148/90; otherwise no physical abnormality could be found. X-ray examination of chest showed increased shadowing of right basal area suggestive of a recent inflammatory process. The lungs were emphysematous with some prominence of the hila, indicating chronic bronchitis. E.C.G. normal. Hb, 100%; W.B.C., 13,800 (60% polymorphs, 37% non-segmented—no increase in eosinophils); film normal; E.S.R., 12 mm.

After treatment with penicillin, 500,000 units q.i.d. aminophylline intravenously and oxtriphylline ("choledyl") 20 mg. q.i.d., slow improvement occurred. The bronchospasm took about a week to settle and the sputum became mucoid. He was discharged home on December 7 on a maintenance dose of oxtriphylline 200 mg. q.i.d.

He was readmitted to hospital on March 16, 1959. Since his discharge he had continued to be very breathless, particularly during the night, waking up with severe wheezing attacks.

On examination he was again in severe orthopnoea, continually wheezing, with numerous sibilant rhonchi and crepitations at both bases. There was mild cyanosis. Hb, 94%; W.B.C., 13,000; E.S.R., 36 mm. X-ray examination of chest showed some emphysema.

Progress

A rigorous regime of antibiotics, intravenous aminophylline and oxtriphylline was given together with physiotherapy. There was no improvement. Intravenous aminophylline was required overnight but gave little relief. Aminophylline suppositories were similarly tried without success and the patient gradually became worse. Noradrenaline spray, intermittent oxygen administered by mask, and adrenaline given three-hourly failed to bring relief. On April 19 A.C.T.H. gel, 80 units daily, was started, but

by now status asthmaticus had supervened and he was no longer relieved by any of the treatments tried.

On April 21 I was consulted as a last resort in order to try hypnosis. When seen the patient was deeply cyanosed and was wheezing and gasping for breath; he was propped up in bed, with his chest kept in maximum inspiration and moving little, almost unable to speak and no longer able to move about. It seemed likely that he would die unless his bronchospasm was relieved. In these unfavourable conditions hypnosis was tried.

The usual technique was used of relaxation, eye fixation, and suggestions of sleep. The patient, however, was unable to relax, requiring all his accessory muscles for breathing. He was in a severe panic state, saying continually: "The end is near, doctor; the end is near." After simple explanation, stressing the importance of co-operation, hypnosis was started, being induced with surprising rapidity. Within 10 minutes a deep somnambulistic trance (Davis and Husband) developed. The suggestion was given, "Now you will find the wheezing stops and your breathing becomes free and easy." The wheezing stopped instantaneously. On sounding the chest almost no bronchospasm could be detected and within a few minutes the patient began to regain his colour. On waking he showed considerable surprise and began to cry, saying: "I have not felt so easy for five years." He then went to sleep for most of the day. Hypnosis was reinforced on alternate days for 10 days, and for the first time in years the patient was able to sleep throughout the night without any wheezing. He was taught how to induce hypnosis in himself, and began to control his asthma attacks by counting slowly to 10 and relaxing consciously. At the end of 10 days he became elated, which may well have been a steroid effect, and danced a jig in front of the ward patients to illustrate how fit and well he felt. At this point he was discharged home.

Psychiatric History

He appeared to come from a happy home, and his early childhood and school years had been uneventful. Throughout his life he had been a most successful man, building up his own business and later becoming sales manager to a large firm. He was happily married and had a son and a daughter. He had lost his son three years previously of coronary thrombosis at the age of 36. This was a great loss to him, but his asthma did not appreciably worsen at the time. The asthma had been incapacitating enough to prevent his working for the previous nine months. Only during the last few weeks had he become apprehensive about the future. In summary, he was a most capable, successful man of stable personality, suffering from severe asthma occurring in later life, with evidence of constitutional predisposition.

Discussion

Response to Suggestion

This fact of response is now well known (Asher, 1956; Fry, 1957; Kennedy, 1957; Stewart, 1957; Mason and Black, 1958). In this case *two* components may well have been relieved simultaneously.

The Panic State.—The patient was in a severe panic state, believing himself to be dying. Because of this he did not use his accessory muscles economically. The advent of a new therapy and the suggestions given may have contributed greatly to the relief of this panic. It is a common observation that in status asthmaticus the distress is often out of proportion to the actual bronchospasm present, and in many cases it is probable that death would not occur if the patient kept his head (A. Kennedy, personal communication).

The Bronchospasm.—This was very severe. Its relief may have been directly due to the effect of suggestion or, alternatively, to a reduction in the panic experienced by the patient. It is difficult to be sure which factor operated here. A direct effect on bronchospasm, how-

ever, is suggested by the observation that wheezing continued when he had already become relaxed. When a definite suggestion was given that the bronchospasm should cease, it immediately did.

Clearly, hypnosis appears to draw on some unknown and, as yet, untapped reserve which acts as powerfully as any drug known, but with none of the disadvantages of drug administration. This is demonstrated in other conditions where hypnosis appears to be able to induce a biophysical change in an organ (Sinclair-Gieben and Chalmers, 1959). In the present case hypnosis produced an instantaneous release of bronchospasm where all other measures had failed. It is likely that simultaneous reduction in the panic state may have led to the more economic use of the accessory muscles. Certainly, breathing deepened and the patient was able to lie down and breathe with less effort.

In spite of the terrifying nature of status asthmaticus, the prognosis is usually good, except in the elderly and in those with cardiac damage. Sooner or later the attack appears to "break," particularly where steroid therapy has been administered. The possibility exists, therefore, that the end of his attack was near and that hypnosis only provided sufficient relief to tide him over until this point was reached.

On the other hand, this patient was known to have angina pectoris, and therefore the outcome of his status asthmaticus might well have been fatal. It is felt, therefore, that hypnosis can be said to have had important therapeutic influence.

Is Asthma an Illness Determined by Psychological Factors?

Studies have indicated that individuals suffering from bronchial asthma may possess distinctive personality characteristics, including a disproportionately large number of symptoms. (French and Alexander, 1941; Fine, 1948; Miller and Baruch, 1948, 1957; Abramson, 1954; Linford Rees, 1956; Dekker and Groen, 1956; Fitzelle, 1959.) Harris (1955) and Harris and Shure (1956) draw attention to the impossibility of establishing the independence of emotional factors in the aetiology of the ailment, because of the traumatic nature of the symptoms.

The present patient seems to have been a well-adjusted individual, who had been successful in the three major spheres of human activity—work, marriage, and interpersonal relationships. Similarly there were no signs of psychiatric breakdown; neither was there evidence that he used neurotic mechanisms to deal with stressful life situations.

It is widely believed that conditions responding to hypnosis must of necessity be wholly psychologically determined. However, in other conditions—for example, organic pain, warts—it has been demonstrated that hypnosis can influence an accepted physical disease entity. The relief of bronchospasm by hypnosis in this case, therefore, does not necessarily provide further evidence in favour of a purely psychological basis of asthma.

Ease of Trance Induction

In many respects this patient could not have been more unfavourable for the induction of hypnosis. Aged 60, extremely anxious, gasping for breath, and unable to relax, yet he proved to be easily hypnotized.

All those who practise hypnosis are struck by the vagaries of trance induction. This varies not only from patient to patient but from one day to the next in the same person. In this case hypnosis was probably

successful because of the patient's desperate condition. He knew this was his last chance and was determined to take it. Failure of hypnosis has often been observed to be related to deep-seated anxiety. On the other hand, White (1941) found that motivation does play a part in determining hypnotic susceptibility. In this case the patient's motivation may have overcome all other unfavourable factors.

Summary

A case is described of severe status asthmaticus in a man of 60 who was apparently dying. His condition responded dramatically to hypnosis. Theoretical implications are discussed.

Final Note.—A few days after discharge the patient died suddenly of acute heart failure. At the time there was no wheezing or bronchospasm, and his asthma had been minimal since discharge. Permission for post-mortem examination was not obtained, and the cause of death was not firmly established.

I thank Professor W. M. Millar for his helpful criticism; Mr. G. Sharp for his advice; Professor H. W. Fullerton for his kind permission to publish this case; and the late Professor Alexander Kennedy for his help in the preparation of this paper.

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At a recent meeting of the medical advisory panel of the London Amateur Boxing Association Dr. J. L. BLONSTEIN gave an account of the medical arrangements at the Olympic Games boxing contests in Rome. There had been 293 competitors and 274 contests. The boxing contests had lasted for 12 days and some boxers had five or six contests during this period. Boxing sessions were held at 3 p.m. and 9 p.m. Some boxers went into the ring between 1 and 2 a.m. and did not get back to the Olympic village until 3 a.m. Boxers with cuts of the head and face were allowed to box on and go forward to the next heat. In 274 bouts only once did a referee consult the doctor about a cut eye. There were other cases of cut eyes and overt injuries which the referees ignored. A member of the medical jury gave an opinion on his own compatriot and allowed him to box on with a cut eye. Doctors were not always available in the treatment rooms. Many boxers drank out of the same cups and flasks, and the same sponge soaking in a bucket of water was passed from boxer to boxer. Many of the boxers were novices and might have received serious injuries if they had met the very experienced boxers taking part. It was a mistake, in Dr. Blonstein's view, to hold the Games in Rome in August. The heat was a great handicap to the British boxers, who did well to win three bronze medals.