Treatment of HPV with Hypnosis—Psychodynamic Considerations of Psychoneuroimmunology: A Brief Communication

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TREATMENT OF HPV WITH HYPNOSIS—PSYCHODYNAMIC CONSIDERATIONS OF PSYCHONEUROIMMUNOLOGY: A Brief Communication

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Abstract: There is increasing evidence that the hypnotic cure of warts (infection by the human papilloma virus or HPV) results from activation of an immune response, but whether this is cellular or systemic is unknown. The hypnosis can be by direct suggestion or analytical hypnotherapy when indicated. The evidence is reviewed, and 4 clinical cases suggesting cellular immune response are presented.

The theory that the hypnotic cure of warts (infection by the human papillomavirus or HPV) is due to an immune response has been furthered by the recently published study by Barabasz, Higley, Christensen, and Barabasz (2010). This is a propitious time to review the evidence, to identify what might be added, and to make suggestions for future experimental studies from the point of view of a clinician who is also a member of the Board of Editorial Consultants of this journal.

General Information

HPV infection produces benign tumors (warts, called condylomas in the anogenital region) that may become malignant in the uterine cervix, perianal regions, and occasionally the uncircumcised penis, all areas where low-grade chronic bacterial infection may add to the change from benign to malignant.

HPV is the most common sexually transmitted disease with an estimated 24 million Americans infected (Gunter, 2003). We know now that HPV infection is the accepted cause of cervical cancer, especially HPV types 16 and 18 (Trofatter, 1997). In medical school in 1950, before the
viral etiology was known, our Ob/Gyn professor taught us that the epidemiology of cancer of the cervix was that of an infectious disease. It did not occur in virgins, was fairly common in women who became sexually active with multiple partners in their teens and was highly prevalent in prostitutes by age 40.

HPV causes no generalized illness to incite a systemic immune response, as seen with influenza, chickenpox, measles, hepatitis, etc., where the body either succumbs to the infection or it overcomes the virus with a systemic immune response usually lasting through a lifetime. The infection is ordinarily so innocuous that warts have been known to persist quietly for as long as 28 years (Horsfall & Tamm, 1965).

Squamous epithelium is most vulnerable, but there are cases of infection of mucous membranes, particularly in the oropharynx. The skin, uterine cervix, vaginal labia, and vocal cords are covered with squamous epithelium. HPV infection is confined to the outer layers of squamous epithelium, which has no vascular blood supply and lives on tissue juice. This lack of deep penetration fits with the evidence that, unlike other viral infections, HPV infection does not cause a systemic illness. Hypnotic cure of a wart is like the skin peeling after a sunburn and leaves no scar if there has been no other scar-forming treatment, such as surgical excision, chemical extirpation, cauterization, freezing, or local interferon treatment.

Vocal cord warts are serious because they can interfere with breathing and speech. They are responsive to hypnotherapy.

This author has seen a single case of biopsy proven warts on the mucous membranes of the mouth of an immuno-compromised patient. There was no change with direct suggestive hypnosis, and he declined hypnoanalysis.

**Clinical Thoughts and Observations**

It appears that the virus and the tumor that it causes are separate entities. If the virus is destroyed by the immune system, then any residual tumor tissue is no different from a benign skin tag, which will persist until excised surgically. Skin tags do not regress spontaneously and do not recur when surgically removed. Thus, while partial regression of the tumor signifies that the viral infection is being suppressed, incomplete regression of the tumor does not prove failure of eradication of the infection and is not a good experimental test of cure. **The test of cure of the infection is to remove any residual tumor and to see if there is a recurrence within 3 months.** When traditional treatments are followed by recurrence (30%–40% of the time), the virus has survived and recurrence occurs early, usually within weeks and at least in 3 months. If the
virus is hypnotically eliminated (presumably by an immune response), whether or not there is residual tumor is insignificant in terms of a cure. My clinical experience has been that if there is some tumor regression, and I get an ideomotor signal that there is no more subconscious need for it, then surgical removal of residual tumor completes the cure and there is no recurrence.

Barabasz et al. (2010) had 7 patients who clearly showed partial regression and later had traditional removal of remaining tumor, but no follow-up after removal of the residual tumor. If the immune response was complete, they should have no recurrence at 3-month follow-up and should be considered to be hypnotic cures. The reasoning is that, if there were still live virus in the residual tumor, there would be ordinary recurrences (at least 30%–40%) that we see with traditional surgical excision. It is hoped that a search for those patients will provide a long-term follow-up. The number is small enough to make it feasible, and if, as I predict, there is no recurrence, Barabasz and colleagues will have hypnotically cured 12 of 13 patients with venereal warts. That would be statistically powerful, even with a small number of subjects.

**Some Clinical Observations and Speculations**

Special attention should be given to the Barabasz et al. (2010) report of patient Ms. A, who had an abnormal Pap smear graded as CIN I (Cervical Intraepithelial Neoplasia Grade 1) that reversed to normal and maintained normalcy at 12-month follow-up. I believe this is the first reported case of such a reversal and may have averted progression to Grade 2 or 3 changes requiring a surgical procedure. Since an abnormal Pap smear presages cancer of the cervix, the possibility of reversing this to normal by hypnotically curing the HPV infection has significant health implications, particularly in poor and underdeveloped nations. Based on this single-case example, it might reasonably be possible to get a grant for a controlled pilot study of hypnotherapy for women with abnormal Pap smears.

I have some clinical thoughts about patient Ms. D, the only one who had no change in her warts at 12 weeks. This was presumably due to her having the lowest score (4) on the Stanford Hypnotic Susceptibility Scale: Form C (Weitzenhoffer & Hilgard, 1962). Two other possible explanations of the failure exist, both of which involve the therapists. First, she had a bad referral. Her treating physician, who had the best rapport, gave her the waking suggestion to “try” hypnosis, an invitation to failure. I only use the word “try” when I don’t want something to happen (Ewin, 2009, Thing 5). Second, it is not clear whether the hypnotist was aware of the low score, but the hypnotizability test was
administered before the hypnotic treatment, and if the low score was known it would make it difficult to give sincere encouragement when she said she wished she could go deeper in her self-hypnosis at home (Ewin, 2009, Thing 78). She was trying too hard, and in an ordinary clinical situation she would be told that it came without effort, and she should let it go without effort. Emile Coué’s Law of Reversed Effect says: “If a person fears that he cannot do something, the harder he tries, the less he is able” (Ewin, 2009, Thing 62).

The nature of the longstanding immunity to HPV after hypnotic cure is unknown. Is it cellular immunity or circulating antibodies? Many viral infections (e.g., polio, measles, hepatitis) can be prevented by vaccination, but once infected vaccination is of no help in treatment. HPV vaccination with Gardasil (Merck & Co.) is essentially 100% preventive against Types 16, 18, 6, and 11 and is recommended for girls and boys beginning at age 10. Cervarix (GlaxoSmithKline) vaccine protects against Type 16 and 18 with higher antibody titers than Gardasil. It was once postulated that following ablative therapy of anogenital warts, vaccination would prevent recurrence, but a large controlled study showed this was not so (Vandepapelière et al., 2005). Polio vaccine does not cure polio, and HPV vaccine does not cure condylomas. There is evidence that cell-mediated immune responses appear to play a major role in regression of anogenital warts (Tagami, Ogino, Takigawa, Imamura, & Ofuji, 1974). The fact that the virus is ubiquitous, and most warts that do not heal with direct suggestion in hypnosis will respond to ideomotor hypnoanalysis (Ewin, 1974, 1992) leads me to favor a natural general cellular immunity, which was somehow locally diminished at the time of onset and somehow served a psychological purpose.

I (Ewin, 1989) reported a case of a teen with ugly warts under the fingernails (periungual) that he used to remind himself not to bite his nails. He was terrified of his alcoholic longshoreman father who had threatened to beat him if he put his fingers in his mouth again. He was seen in September of his senior year in high school. He twice produced ideomotor signals that since he could keep his fingers out of his mouth with warts, he could also keep them out without warts, and no longer needed them. But they persisted unchanged. The following July this author received an unsolicited note from him saying that they all cleared two weeks after he (safely) left home for the Merchant Marine Academy.

In a previous article (Ewin, 1992), I reported a large plantar wart in a young man who said, “Aw, Doc, I’m in love, and I ought to walk away from it” (p. 6). Ideomotor analysis revealed an obvious conflict and indecision about marriage, and I told him I would help him whether he chose to stay or walk. He made a decision to walk, and the wart cleared rapidly.
Another case was a 43-year-old vice president of a large chemical company who presented with 43 warts on the shaft and glans of his penis. (Ewin, 1974). There was no response to direct suggestion in hypnosis. In ideomotor hypnoanalysis, he said he wanted to break up with his mistress and be more attentive to his wife. Neither of them would have intercourse with him, wisely fearing infection. I pointed out to him in trance that problem solvers are the ones who get promoted to vice president, and most men in a similar position would solve it by seeing that the mistress got some money, a job, fur coat, etc., and said, “Can’t you solve this without hiding behind a bunch of warts?” He gave a big sigh and said, “Yes.” Three weeks later there was no sign he ever had a wart. I got so engrossed in getting a follow-up photo that I forgot to inquire if she got money, a job, or a fur coat.

A homosexual patient developed hepatitis A. Shortly after being told by his physician that it is contagious and is carried in the G-I tract, he developed perianal warts and altruistically discontinued anal intercourse with his lover. This author asked for an ideomotor answer to the question: “If you can say ‘no’ with warts, is there any reason why you can’t say ‘no’ without warts?” His negative answer was followed by rapid clearing of the warts.

These cases remind us that secondary gain implies that the symptom is a solution. In each case, the specific location of the infection was necessary for it to be a solution to the problem at issue and would seem to be a form of local cellular activity. On the other hand, the known protective antibody response to vaccination and the fact that immunity after hypnotic cure appears to be lifelong give more credence to a systemic immunity. We need to know which of these, or both, is the mechanism of hypnotic healing.

This author’s patients paid for medical services out-of-pocket, which tends to concentrate the mind on efficient healing. None of them required more than three 1-hour visits. How that variable could be incorporated into a controlled experiment remains a mystery.

References


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**HPV-Behandlung mit Hypnose: Psychodynamische Betrachtungen zur Psychoneuroimmunologie: Eine Kurzmitteilung:**

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**Le traitement du papillomavirus à l’aide de l’hypnose: considérations psychodynamiques de la psycho-neuro-immunologie – Une brève communication**

**Dabney M. Ewin**

Résumé: Les études de plus en plus nombreuses publiées sur ce sujet indiquent que le traitement des verrues (infection par le virus du papillome humain) à l’aide de l’hypnose résulte d’une activation de la réponse immunitaire, mais on ignore si cette réaction est cellulaire ou systémique. L’hypnose pourrait être administrée soit par suggestion directe, soit par une hypnothérapie analytique, si indiqué. Les auteurs ont examiné les études en cause et quatre (4) cas cliniques laissent supposer la présence d’une réaction immunitaire.

**Johanne Reynault**

*C. Tr. (STIBC)*
Tratamiento de VPH con hipnosis: Consideraciones psicodinámicas de la psiconeuroinmunología: Una comunicación breve

Dabney M. Ewin

Resumen: Hay cada vez mayor evidencia de que la cura hipnótica de verrugas (infección por el virus de papiloma humano o VPH) resulta de la activación de una respuesta inmune, pero se desconoce si la respuesta es celular o sistémica. La hipnosis puede hacerse con sugerencias directas o hipnoterapia cuando está indicada. Se revisa la evidencia y cuatro casos clínicos que sugieren la presencia de una respuesta inmune celular.

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