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SINGLE-VISIT HYPNOTIC CURE OF STENTORIAN SNORING: A Brief Communication

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Abstract: This is a report of a single-visit hypnotic cure of a woman who snored so loudly that she had to sleep in a back room at home. Her snoring recurred a year later when her orthopedist prescribed a muscle relaxant drug, and it again responded to a suggestion to “let it be impossible” to make that sound. There was no recurrence in a 4-year follow-up.

Laugh and the world laughs with you, snore and you sleep alone.

Anthony Burgess

Snoring is a common problem, vexing to anyone nearby, and sometimes even to the snorer. The incidence is about 20% in adults (Lugaresi, Cirignotta, Coccagna, & Piana, 1980) and 10% in preschool children (Lu, Peat, & Sullivan, 2003). It occurs when the collapsible part of the oropharyngeal airway (base of the tongue, soft palate, and pharyngeal walls) incurs the negative pressure of inspiration without opposition from the muscles of these parts, which exert counterpressure in the waking state. In the supine position, the relaxed tongue falls backward, causing snoring to be more common in this position (Leung & Robson, 1992).

In a recent review article on treatment options for snoring, Kotecha and Shneerson (2003) listed some 10 surgical procedures or devices presently in use and concluded, “Although a wide range of treatments is now available for snoring and sleep apnoeas, objective evidence of outcome benefits is sparse.” They do not mention hypnosis as an option. In their review article, Trotter, D’Souza, and Morgan (2003) make no comment on hypnosis but note that the long-term success of any surgical procedure “is likely to be no more than 50 per cent.” Kraft (2003) has reported a case cured with hypnosis in 10 sessions by having the patient turn on his side to sleep, a position in which he snored less.
The patient was also helped to lose weight. A search of the Hypnosis and Related States Research Database (http://www.hypnosis-research.org/hypnosis/index.html) found no posted articles regarding hypnosis and snoring.

The following is a case report of a successful single-visit hypnotic treatment. The patient was a petite, artistic lady in her late 50's who snored so loudly that when her family went on holiday she had to stay in a separate hotel room, and at home she had a separate bedroom in the back of the house. I had successfully treated one of her children with hypnosis, and she asked if hypnosis would help her snoring. With essentially nothing in the literature, I had to tell her we would need to consider it experimental but that no harm should be expected from the effort. She went easily into a deep trance using a rapid eye-roll induction, and I gave the suggestion "From now on you will find that you can let it be impossible to make that sound, no matter how hard you try. Try to do it. ... try again." She took several breaths through her nose with her mouth open, then with it closed, with no snoring sound. After alerting, I asked her to try again, and there was no sound. She completely stopped snoring and moved back into the bedroom with her husband. She returned a year later in January and told me she had started snoring again in early December. She insisted that nothing upsetting had occurred in December, but when I asked for details of the first week in December she said she had strained her back carrying a heavy Christmas gift, and her orthopedist had prescribed a muscle relaxant. The snoring returned when she started taking the medicine! We repeated the previous hypnotic session, and she stopped snoring. She died 4 years later, and her daughter, who lived at home, told me that the snoring never recurred.

I think the positive suggestion "let it be impossible" is better than a negative "won't be able to" and that the verb "try" implies failure, so I only use it when I don't want something to happen. I also think this introduces some confusion, because she has been trying not to snore, and it has never occurred to her to try to do it. Although I didn't do it with this patient, I believe it might be good to also teach self-hypnosis with a self-suggestion at bedtime that "All night long the tip of my tongue will touch my teeth."

My induction is a simple eyes-closed eye roll accompanied by a deep inspiration to hold for 5 seconds, then a progressive relaxation for deepening (Ewin, 1992). This takes only 3 to 5 minutes.

The oropharyngeal muscle relaxation that occurs in sleep seems to be the major problem in snoring. These people do not snore when awake and in conscious control of their musculature. I think the recurrence with muscle relaxing medication in my patient is a significant clue to the mechanism of the cure. We know that hypnosis is often very effective in treating various muscular disorders, including dystonias.

Sleep apnea occurs when there is enough obstruction to build up carbon dioxide during sleep, interfering with restful sleep and causing daytime drowsiness due to sleep deprivation. This patient did not complain of daytime drowsiness, and none of her family had noticed any change in her respiratory rate during the night. Although patients with sleep apnea snore, most snorers do not have sleep apnea.

My patient was slender, open to hypnosis (she requested it), and a deep trance subject. Although she was not specifically tested, my clinical observations would put her at about a 10 on a Stanford C scale. She was also highly motivated to change on account of her family’s ostracism. Would it work with a fat, resistant, low hypnotizable patient who was sent for treatment by an exasperated spouse? Nobody knows, but there are plenty of potential subjects available for a good controlled study by someone associated with a sleep lab. Logically, anyone taking muscle-relaxing drugs should be excluded from such a study, and if success occurs, they should be advised to avoid such medicines. One also wonders how much help hypnosis has to offer the sufferer from sleep apnea.

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Behandlung überlauten Schnarchens innerhalb einer Sitzung: Eine kurze Mitteilung

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Guérison en une seule session d’hypnose d’un ronflement de Stentor: communication brève

Dabney M. Ewin

Résumé: il s’agit du traitement en une seule session d’hypnose d’une femme qui ronflait si fort qu’elle devait dormir dans une pièce isolée de sa maison. Son ronflement est réapparu une année après lorsque son orthopédiste lui prescrivit un décontracturant musculaire et, cette fois encore, son ronflement a répondu à la suggestion de ‘rendre impossible’ l’émission d’un tel son. Lors d’un suivi 4 ans plus tard, il n’y avait pas eu d’épisode récurrent.

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Curación hipnótica de ronquidos estentóreos en una sola visita: Una comunicación breve

Dabney M. Ewin

Resumen: Este es un informe de la curación hipnótica en una sola visita de una mujer que roncaba tan fuertemente que tenía que dormir en un cuarto lejano de la casa. Sus ronquidos volvieron a ocurrir un año después cuando su ortopedista le recetó un relajante muscular, y de nuevo respondió a una sugestión de “permitir que fuera imposible” hacer ese sonido. No hubo recaída en un seguimiento a los cuatro años.

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