OPEN ACCESS
Global Journal of Research in Dental Sciences
ISSN: 2583-2840 (Online)
Volume 05 | Issue 04 | July – Aug. | 2025
Journal homepage: https://gjrpublication.com/gjrds/
Review Article

Hypnodontics: Role of Hypnosis in Oral Health – A Review

Abirami G Sekar[1], *Dr. Ganesh Chakkarai[2], Dr. Divya Vinayachandran[3], Dr. Shanthi Mathialagan[4]

[1] Undergraduate Student, Department of Oral Medicine and Radiology, SRM Kattankulathur Dental College and Hospital, Tamil Nadu, India.
[2,3] Associate Professor, Department of Oral Medicine and Radiology, SRM Kattankulathur Dental College and Hospital, Tamil Nadu, India.
[4] Assistant Professor, Department of Oral Medicine and Radiology, SRM Kattankulathur Dental College and Hospital, Tamil Nadu, India.

DOI: 10.5281/zenodo.17001769 **Submission Date: 16 July 2025 | Published Date: 30 Aug. 2025**

Corresponding author:** ***Dr. Ganesh Chakkarai
Associate Professor, Department of Oral Medicine and Radiology, SRM Kattankulathur Dental College and Hospital, SRM Institute of Science and Technology, SRM Nagar, Kattankulathur, Kanchipuram District, Tamil Nadu- 603203.
***Orcid ID:** 0000-0002-5286-2775*

Abstract
The phobia for dental treatments has been one of the most known universal phenomenon due to which there is an augment in psychology and the behavioural sciences for training dentist for clinical practice. The method of pharmacological sedation has been under use for around a vicinnial now. This helps the patient's to overcome their consternation over dental treatments and lets them undergo treatment at tranquil. Unlike pharmacological sedation, Hypnosis (Hypnodontics) is an underutilized yet a potent non - pharmacological tool in this field. It provides the patient a very effectual sedation while maintaining patient collaboration, it helps patients to recuperate from dental anxiety and dental phobia. While pharmacological sedation imparts a temporary lull and helps the patient to subsist with a single procedure, hypnosis can efficaciously allow for both an excellent sedation in a physiological way and the treatment of patient's anxiety. Hence this review paper on the whole is about how hypnosis is used in dentistry.

Keywords: *Hypnosis, Hypnodontics, Dental phobia, Non-Pharmacological, Dental Anxiety.*

INTRODUCTION
There are many misconceptions in the field of hypnotism. The term "hypnosis" is commonly associated with magicians, swaying pendulums, deep sleep, and theatrical performances. Many people are unaware that hypnosis has important therapeutic benefits in the fields of medicine, psychology, and dentistry.[1] "A procedure where a medical professional or researcher encourages a patient or healthy person to notice changes in sensations, perceptions, thoughts, or behavior, usually involving relaxation" is how hypnosis is defined. Treatment with hypnosis reduces discomfort associated with a number of chronic pain illnesses and eases pain during and after surgical procedures.[2]The Greek word "hypnos," which means sleep, is where the word "hypnosis" originates. Interestingly, another common misunderstanding is that it refers to a condition of slumber.[3]The altered state of consciousness known as hypnosis, which occurs between sleep and wakefulness, is known to demonstrate heightened sensitivity to outside stimuli. Although this state is characterized by an increased emphasis on ideas, the person is always able to make their own decisions and retains intense focus even in deeply hypnotic states.

HISTORY OF HYPONOSIS AND HYPNODONTIA
Hypnosis has a long and complicated history. There is evidence that hypnosis has been practiced for ages under many titles. Various forms of hypnotism were used to treat patients by Indian yogis, Greek prophets, Egyptian seers, tribal healers, witch doctors, and Hindu Fakirs. The Austrian physicist Franz Anton Mesmer (1734–1815), who engaged in "animal magnetism" in the late 1700s, is thought to have been the first person to use hypnosis in modern times. By connecting groups of people with cables and "magnetizing" them with his touch of a glass rod, Mesmer was able to

induce a "crisis" that included convulsions, hysteria, laughing, and tears. Mesmer gained a sizable following as a result of this phenomena, which was dubbed mesmerism, until a commission in 1784 found that the cures were actually the product of imagination rather than magnetism.

Many dentists believed that hypnotic suggestion was the primary technique for patient management and control by the early 20th century. However, Mesmer's contribution to the development of hypnosis as a therapeutic technique cannot be denied. The scientist Dr. James Braid, who coined the term "hypnosis," is regarded as the "father of modern hypnotism." Dr. Braid introduced the concepts of suggestion and monoideism (focusing on a single idea) in his 1843 and 1860 books Neurohypnology and On Hypnosis. He emphasized the operator/patient connection and admitted that a person cannot operate outside of their desires. After Hyppolyte Bernheim published De La Suggestion in 1884, hypnosis began to be recognized as a legitimate discipline. He developed Braid's theories alongside Ambroise-Auguste Liébeault and founded the Nancy Medical Faculty, the first academic treatment facility that used hypnosis to treat patients. There, they treated over 12,000 patients.

The use of hypnosis in dental treatments, known as hypnodontia, was initially documented in 1829 to aid with tooth extraction. Many dentists believed that hypnotic suggestion was the primary technique for patient management and control by the early 1900s. Street 'professors' who enthralled audiences with hypnotic inductions and lectures on the wonders of chemistry were the first to link it to inhalation analgesia; they would end a performance by demonstrating the effects of nitrous oxide. Horace Wells, a dentist, saw a performance one night in 1844 in which a volunteer had consumed nitrous gas and stumbled, severely bruised. The volunteer claimed that he didn't feel any pain until the gas faded when Mr. Wells questioned him later. The following day, Wells allowed a colleague to extract his teeth while he was under nitrous oxide inhalation anesthesia, which he later hailed as "the greatest discovery ever made.[1]

INDICATIONS

1. Dental Anxiety

It is estimated that about 36% of people suffer with dental anxiety, often known as dental dread, and another 12% have severe dental fear.[4] First coined by Coriat, the phrase "dental anxiety" refers to "an overwhelming fear of any dental procedures," which can cause people to put off getting treatment for even small dental problems or preventive care, which eventually allows diseases to impact the entire oral system. On the other hand, dental phobia is often considered a separate problem; Lautch defined it as "an irrational fear that is disproportionate to the actual situation, which is not influenced by rational thought, is often beyond one's conscious control, and results in the avoidance of necessary dental treatment.[1] A more precise definition was given by Oxford Medicine. A person's conscious state of worry about an unfavorable future event or fear of an actual circumstance are examples of the many mental and bodily illnesses that fall under the umbrella of anxiety.[5] On the other hand, dental anxiety is a generalized, ill-defined discomfort.[5]The anxiety predict pain experience and is related to post -shrew recovery; If the psychotheraputic interventions can reduce anxiety before surgery, patients feel less pain after surgery.

Light hypnosis can help soothe and influence a scared dental patient whose pain threshold has been lowered by negative emotions, according to up to 80% of the population. Controlling a prominent gag reflex, which can be viewed as a form of panic attack triggered by severe dental anxiety, follows a similar logic. Simple moderate hypnosis can potentially provide short-term effects. A patient who experiences persistent gagging while wearing dentures requires more extensive therapy. This is especially important for hygienic oral habits or behavioral change applications like thumb sucking and bruxism.[1]

2. Analgesia

Compared to pharmacological anesthesia, hypnotic techniques for analgesia in dental practice provide a number of advantages.[6] Pharmaceutical sedation and general medication have essentially supplanted the use of hypnosis for analgesia; nonetheless, hypnosis combined with local anesthesia provides effective sedation, enhancing patient wellbeing and enabling complete autonomy and quick surgical release without the need for recovery. Hypnosis for analgesia requires the patient to enter deep hypnosis, which takes time, and to be in a distraction-free, interruption-free setting.

"Hypnotic-focused analgesia" raised pain thresholds by up to 220% in a trial on hypnosis for third molar extraction, allowing patients to have surgery using hypnosis as the only anesthesia. Patients can tolerate local anesthesia better, even if they can only get partial hypnotic-focused analgesia. 93% of hypnosis patients had a reduction in postoperative pain and hemorrhage, according to the study, which also looked into the impact of hypnosis on postoperative recovery. By reducing the cardiovascular effects of dental treatments and the amount of sedative medicine required, hypnosis combined with pharmaceutical sedation or anesthesia improves patient safety.[1] Own teeth the following day while under anesthesia from nitrous oxide inhalation.[1]

3. Pediatric Dental Hypnosis

To alleviate children's anxiety and enhance compliance with dental procedures, various methods have been suggested, including both pharmacological and non-pharmacological approaches.[7] Hypnosis is one of the non-pharmacological techniques. The many ways children display spontaneous trance or behaviors that could be regarded as self-hypnosis skills are a good place for a clinician to start when trying to successfully integrate hypnosis into clinical interactions. A clinician aiming to purposefully incorporate hypnosis into clinical interactions can start by observing the various ways in which children exhibit spontaneous trance or show behaviors that could be interpreted as spontaneous self-hypnosis skills.

Although these behaviors may not be entirely conscious or intentional, they are still frequently observed in the context of routine clinical encounters. These naturally occurring moods can show up as strong focus or concentration on an activity, game, book, or puzzle, as well as inventive language or fun behaviors during a clinical session. They can also manifest as a distracted daydreaming that serves as adaptive dissociation for the child in an otherwise upsetting circumstance, or as an increased (and occasionally frightening) focus on a physical sensation or injury. Given how frequently children experience natural trance states in medical settings, it is inevitable that all clinicians regardless of their hypnosis training—must be extremely careful about the language they use when speaking with children.

Even inadvertent suggestions or words that are misconstrued developmentally can have a bigger effect on a youngster than expected. People are much more likely to accept suggestions as true (and to act on them) during any trance state. Conversely, natural trance states give doctors the opportunity to decide when and how to use the child's shown strengths to promote good expectations and results through the deliberate use of language. The thoughtful use of hypnotic language includes thoughtful listening, tone of voice, and word choice. Children's spontaneous and unconscious attempts to organize their experiences especially those that are unfamiliar and possibly frightening—and create new connections between the four areas of self-regulation cognitive, affective/emotional, physiological, and behavioral—can be explained by the natural trance states they exhibit.

When healthcare professionals are observant and well-prepared, they can identify and support a child's emerging self-regulatory abilities by engaging in a hypnotic manner during clinical discussions. For instance, a keen clinician working with a child experiencing delayed sleep onset may be attentive to the child's efforts at emotional self-regulation and may learn how the child manages anxiety symptoms through self-soothing. Regardless of whether they are actively practicing hypnosis or simply being observant and hypnotic, clinicians must understand that in this framework, patients—particularly children unconsciously bring a state of trance into the clinical environment. Trance is a natural response of the brain when it encounters something novel, focusing on new experiences: "I've never seen that before," "I've never considered it that way before," "I've never met someone quite like you before," or even "I've never felt pain like this before." Trance can be uplifting and energizing (like a six-month-old reaching for a cardboard picture book), or it can be distressing, akin to the fight or flight reaction of someone facing a phobic stimulus. Within this trance state, there is frequently a willingness to change and an openness to perceiving and experiencing the world in new ways, which facilitates learning.

This can happen whether or not the patient has developed any self-hypnosis techniques, but an observant clinician will often discover that children and adolescents come to their appointments with some self-acquired skills in this domain.[8] In cases of trauma and malignant conditions that produce pain in children of any age, as well as during and after surgical and medical procedures, the FLACC (Face, Legs, Activity, Cry, Consolability) scale for measuring pain exhibits a high degree of validity and reliability.[9] Hypnotic suggestion is frequently employed in the management of pediatric patients, utilizing techniques such as distraction, reframing, and imagery suggestions, which are all considered forms of hypnosis. Hypnotic methods can be especially beneficial for pediatric or anxious patients when used alongside inhalation sedation. While pharmacological sedation provides a temporary relief for a single procedure, hypnosis can deliver both excellent physiological sedation and address anxiety and phobias, leading to a decrease in the required doses of sedatives and analgesics. Hypnosis proves to be particularly effective for children aged 8 to 12 years, although even children as young as 4 years can show responsiveness.[10]

HYPNOSIS IN THIS DAY AND AGE

In dentistry, hypnosis can be used both therapeutically and surgically. The therapeutic uses include treating temporomandibular joint dysfunction, severe gag reflex, benign chronic orofacial pain, trigeminal neuralgia pain, dental fear and anxiety, behavior modification (such as thumb sucking or bruxism), denture adaption, and as an adjunct to inhalation sedation.[11] Operative applications include pain relief during surgery, control of bleeding and saliva, and pain relief and accelerated healing following surgery. In each case, hypnosis modulates mental states and improves cognitive performance, changes how pain is perceived, reduces tension, and controls neurovegetative reactions including heart rate, blood pressure changes, and the gag reflex, among other things.[12]

Light and profound hypnosis have been described by some authors, and they have different uses. Deep hypnosis is necessary for analgesia and behavior modification, but it takes time to achieve and is not suitable for ordinary dental procedures. Because it is easier and faster to achieve a "light" state, it is used more often in hypnodontia on a daily basis, such as to calm a nervous patient. Clinical hypnosis works especially well in the dental area. Fross noted in 1966: "All dentists have been employing a form of hypnosis for years. It is referred to as 'chairside manner', which they use to alleviate fears and anxieties." This implies that hypnosis need not involve a trance state; merely directing your patient's focus and suggesting a calm and pleasant atmosphere can be regarded as a form of hypnosis.[13] Hypnotic language', by reframing negative language positively, can be employed to foster a relaxed environment.[14]

DRAWBACKS

The fact that not everyone responds to hypnosis equally is one of its drawbacks. According to Peretz et al. suggestibility is the degree to which an individual is prone to accepting ideas and suggestions without question. It describes how receptive a person is to hypnosis. A person's level of suggestibility is determined by a number of factors, including their age (both chronological and mental), emotional equilibrium, and social setting. According to research, the great majority of people at least 80% can be somewhat hypnotized. High-motivation and educated people are often good subjects because they can focus; similarly, people who like attention (exhibitionists) are usually easier to hypnotize. On the other hand, those who are less intelligent, have trouble focusing, are very young or old, or have a strong scientific worldview are typically more resistive. Hypnosis is also not advised in some circumstances, particularly for people who suffer from specific psychological problems, as they may be more susceptible to the dissociative effects of hypnosis, which could exacerbate their condition. Substance abuse (drugs or alcohol) and patients who are uncooperative or doubtful are other contraindications.[1]

CONCLUSION

Dental offices are prepared to use clinical hypnosis to treat apprehensive and fearful patients.[15] Professional expertise and clinical experience are necessary for effective use, and working with a psychologist is advised for individualized treatment.[16] Even though hypnosis is a non-pharmacological, safe adjuvant, its use in dentistry is still somewhat limited.[17] It provides analgesia during treatments, lowers dental anxiety, and provides conscious sedation. It's a useful tool when utilized either by itself or in conjunction with local anesthesia or sedation, particularly for patients who are not candidates for traditional techniques.[18] The main obstacle to the wider use of hypnosis in dentistry is a lack of knowledge and instruction. It is possible to encourage the broader use of clinical hypnosis in dentistry by highlighting its benefits, ease of usage, and the introduction of modest hypnotic treatments for patient relaxation. The progress of hypnodontics depends on expanding practitioner expertise through targeted continuing education courses.[19] Dentistry evolves to prioritize both surgical care and patient behavior management, hypnosis is a helpful technique to enhance chairside confidence and patient outcomes.[1]

ACKOWNLODGEMENT

Nil.

REFERENCES

1. Allison, N. (2015). Hypnosis in modern dentistry: Challenging misconceptions. *Faculty Dental Journal, 6*(4), 172–175.
2. Beaton, L., Freeman, R., & Humphris, G. (2014). Why are people afraid of the dentist? Observations and explanations. *Medical Principles and Practice, 23*(4), 295–301.
3. Ramírez-Carrasco, A., Butrón-Téllez Girón, C., Sanchez-Armass, O., & Pierdant-Pérez, M. (2017). Effectiveness of hypnosis in combination with conventional techniques of behavior management in anxiety/pain reduction during dental anesthetic infiltration. *Pain Research and Management, 2017*, Article 1434015.
4. Holden, A. (2012). The art of suggestion: The use of hypnosis in dentistry. *British Dental Journal, 212*(11), 549–551.
5. Al-Harasi, S., Ashley, P. F., Moles, D. R., Parekh, S., & Walters, V. (2010). Hypnosis for children undergoing dental treatment. *Cochrane Database of Systematic Reviews, 2010*(8), CD007154.
6. Anthonappa, R. P., Ashley, P. F., Bonetti, D. L., Lombardo, G., & Riley, P. (2017). Non-pharmacological interventions for managing dental anxiety in children. *Cochrane Database of Systematic Reviews, 2017*(6), CD012676.
7. Pendergrast, R. A., Jr. (2017). Incorporating hypnosis into pediatric clinical encounters. *Children, 4*(3), 18.
8. Cianetti, S., Paglia, L., Gatto, R., Montedori, A., & Lupatelli, E. (2017). Evidence of pharmacological and non-pharmacological interventions for the management of dental fear in paediatric dentistry: A systematic review protocol. *BMJ Open, 7*(8), e016043.
9. Facco, E., & Zanette, G. (2017). The odyssey of dental anxiety: From prehistory to the present. A narrative review. *Frontiers in Psychology, 8*, 1155.

10. Johar, S. Q. (2012). A case of sleep bruxism treated through behavioural change using hypnosis. *Medical Journal of Dr. D. Y. Patil University, 5*(2), 154–157.
11. Montenegro, G., Alves, L., Zaninotto, A. L., Falcão, D. P., & de Amorim, R. F. (2017). Hypnosis as a valuable tool for surgical procedures in the oral and maxillofacial area. *American Journal of Clinical Hypnosis, 59*(4), 414–421.
12. Easton, R. D., & Shor, R. E. (1976). An experimental analysis of the Chevreul pendulum illusion. *The Journal of General Psychology, 95*(1), 111–125.
13. Hilgard, E. R. (1973). A neodissociation interpretation of pain reduction in hypnosis. *Psychological Review, 80*(5), 396–411.
14. Freeman, R. (1999). Barriers to accessing dental care: Patient factors. *British Dental Journal, 187*(3), 141–144.
15. Boyle, C. A., Newton, T., & Milgrom, P. (2009). Who is referred for sedation for dentistry and why? *British Dental Journal, 206*(6), E12.
16. Eli, I. (2020). *Oral psychophysiology: Stress, pain, and behavior in dental care*. CRC Press.
17. Fross, G. H. (1966). *Handbook of hypnotic techniques: With special reference to dentistry*. Charles C. Thomas.
18. Armfield, J. M., & Heaton, L. J. (2013). Management of fear and anxiety in the dental clinic: A review. *Australian Dental Journal, 58*(4), 390–407.
19. Diercke, K., Bürger, G. D., Bermejo, J. L., Lux, C. J., & Brunner, M. (2013). The management of dental anxiety and impact of psychosomatic factors on dentistry: Is recent scientific research translated into German dental practices? *Journal of Health Psychology, 18*(12), 1519–1528.

CITATION

Sekar, A. G., Chakkarai, G., Vinayachandran, D., & Mathialagan, S. (2025). Hypnodontics: Role of Hypnosis in Oral Health – A Review. In Global Journal of Research in Dental Sciences (Vol. 5, Number 4, pp. 42–46). https://doi.org/10.5281/zenodo.17001769