



COVID-19: Hypnosis for the New Flu

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Everybody's Doing It

As far as I can tell, the COVID-19 virus is like a bad flu against which we have no resistance. (See [“How does the new coronavirus compare with the flu?”](#)) Every year, variants of the influenza virus sweep the world and half a million die. No one makes a big deal about it. It's just a fact of life.

It should also be noted that now, in March of 2020, we're at the height of a relatively average flu season in the US, according to the CDC. Not everyone is susceptible to the flu; some of us have resistance.

It should also be noted that COVID-19, while pulmonary, is not the flu. Symptoms of pulmonary distress are our body's immune response, not the action of the disease itself. We don't have many different immune responses so these various diseases manifest the same symptoms in us. Nevertheless, it's largely our own immune response that is the most threatening to us. Ironic, isn't it?

The magazine *The Atlantic* is freely creating and broadcasting information pertaining to the pandemic. It's already got a lot of interesting material. I consider some of better than others, and some of it is alarming while attempting not to be. You can [find that information HERE](#).

COVID-19 is sufficiently new that no one is immune and everyone is susceptible. This, it seems, is what makes it qualitatively different from the flu, from our point of view. Aside from that, the differences seem to be quantitative: better on one count, worse on another. The consequence of this is that more people will get it.

It was pointed out that COVID-19 is less contagious than influenza, but this is being debated. The reason we never attempt to contain the flu is that it's too contagious, and we couldn't. No one seems to be sure just how to contain COVID-19, but the idea seems to be that if it can be limited in spread, then it will die out before it infects everyone.

This idea of it dying out seems suspect. The flu doesn't die out. Maybe one strain does, but others follow. And the reason the flu dies out may have more to do with the weather than anything we're doing. Contrary to what I had always thought—which was that cold weather makes humans more susceptible to disease—it turns out that it's warm weather that makes the flu virus more susceptible to dying out. So, if it was always cold we might always have the flu; just one strain after another.

What makes anyone think we're not going to have one corona virus after another? After all, there appear to be dozens of them. Perhaps the idea is that corona viruses don't mutate as fast as influenza so that once this one passes, the next one won't be right on its heels.

Maybe once this first corona variant sweeps the world, enough people will have developed immunity that subsequent variants won't reach epidemic proportions. They'll just flare up and go out. If that's what someone is thinking, no one is saying it.

Exposure

It has always been my impression that one can get a greater or lesser case of something, and which you get depends on:

1. The nature of the disease.
2. The quantity to which you're exposed.
3. The strength of your immunity.

The nature of the disease is fixed at whatever it is, and, being a virus, Western medicine is largely in the dark. Perhaps the worst advice I've heard about what to do if you feel ill is to see your doctor. No one has indicated that seeing your doctor will result in anything other than some reassuring words or a ticket to the hospital for an IV drip, stress, contagion, co-infection, general chaos, and emergency intervention.

I suppose the wisdom in calling the doctor—that is calling as in *phoning*, not seeing them in person—is that they'll have up-to-date information and, if they know your history, they may know your risks better than you do. Nevertheless, the first thing one should do is prevention and education, and you should do that now, not when you feel ill!

Shouldn't getting yourself set up for recovery at home be a first, proactive response? Shouldn't responsible stockpiling of necessities be a first step, so that you don't have to go milling about in public when you're ill? See "[How canceled events and self-quarantines save lives.](#)"

Then there is the issue of the quantity to which you're exposed. I wonder about this. No one talks about it. For all I can tell, it's implied that you either get a full dose or you don't catch it at all. No one is asking if there is a possibility of having a limited infection if you have a limited exposure. There is no test for the quantity to which you've been exposed.

On the one hand, pathogens multiply exponential, so that whether you start with two or two hundred thousand it only takes a handful of doubling cycles before you're overwhelmed. But things are not so simple. The rate at which the pathogen invades is balanced by the rate at which your system responds. And while you cannot control the pathogen's reproductive rate, you can give it a less hospitable home and present it with stronger resistance.

We're told that infection in the upper respiratory tract is far milder than infection lower down in the lungs. We're told that wearing a face mask will offer no immunity. How about breathing through your nose? Limiting infections to your upper respiratory tract is [the reason you have a nose](#), yet many people are mouth-breathers.

In my town of Victoria, BC, mouth-breathing is a fashion—I think it's Canadian. I regularly count mouth-breathers when I'm in public and the rates appears to be over fifty percent. How about advising people to shut their mouths? Which brings me to my third item: your immunity. (See "[6 Immune System Busters & Boosters.](#)")

Immunity

The second worst piece of advice I'm hearing is what I'm not hearing: no one is talking about how to build, maintain, or support your immunity. All the talk is about contagion and none of the talk is about resistance. This strikes me as so abysmally stupid that it almost makes me want to root for the disease. Perhaps the real molecular receptor site of the COVID-19 virus is the stupid molecule.

The Western approach to increasing immunity is taking a pill. Unfortunately, Western pharmacists have not settled the question of what pills are the best immune boosters, so we'll have to go with folk medicine.

Linus Pauling endorsed Vitamin C and won two Nobel Prizes for his work—one was the Peace Prize—but he was such a contentious character that Vitamin C remains bush medicine to most doctors. Even so—because of Pauling—everyone believes it works at what Pauling would consider a minimal dose. Incidentally, Walmart is now entirely sold out of Vitamin C.

You can't overdose on Vitamin C, so it can't hurt. 1 gram a day is pretty standard. Pauling took 3, and there are alternative therapies that advocate taking much more. Vitamin C is ascorbic acid. It costs almost nothing and no one in the mainstream press has mentioned it, or any other immune boosters, for that matter.

There are many herbal remedies; we've all got our favorites. Herbals can be just as powerful as prescription medicines, they can be dangerous, and they have side effect. I'll talk about mine in another post since they deserve scrutiny. I'll only mention elderberries. They're cheap, powerful, relatively safe, and normally they're widely available. However, now that there's an inflated demand, they're hard to find. They're an ingredient in all sorts of herbals, from tinctures to throat lozenges.

I've just gotten a cup of the dried berries which I'll boil into a thick decoction. Then, I'll put 10 drops at a time into my tea—or into anything. I go by what feels right. You can find recipes on the web.

What about avoiding sugar? It's an immune suppressant in animal studies, causes negative gut bacteria to flourish, and is added to almost everything. How about telling everyone to stop eating sugar? Is that politically incorrect? See "[Does Sugar Really Suppress the Immune System?](#)"

The other interesting immune booster you'll never hear about is sleep. See "[How sleep can boost your body's immune response.](#)" I'll bet that if you stopped what you are doing, avoided stress and got 10 hours of sleep every day, then your immunity would go way up. I have so much vitriol on that topic that I'll save it for another post. Let's move on to hypnosis.

Hypnosis and Illness

The connection between hypnosis and illness lies in the realm of field of psycho-neuro-immunology. I'm not sure if I love or hate this word. On the good side, it's self explanatory, at least if you're somewhat familiar with the field. On the bad side, it's another highbrow denial of service attack on our individual autonomy. Granted, this could be a big study but it has a large do-it-yourself aspect which Western medicine should keeps its grubby paws off.

Psycho-neuro-immunology is the interface between your mind, your nervous system, and your immune system. It's a potentially huge field because it includes all three, but it could also remain marginal if no one is able to make sense of it.

It's now well established that your mental state affects your chemical balance, and your chemical balance influences your immune system. The most general mechanism is stress, so it's somewhat odd that few practitioners have recognized how little they know about stress, or made any effort to learn. Hypnotists are the exception because relaxation has always been the key ingredient.

Stress flips your nervous system in to a contracted, focused, and vigilant state. The opposite of stress—which we can call relaxation only if you recognize just how broadly it can apply—returns a system to its balanced and recuperative state. Hypnosis works in medicine by deepening and broadening one's resting state.

Actually, there's more to the resting state than rest. Everything you do that isn't fighting, freezing, or fainting is done in your resting state. That includes reasoning, thinking, learning, digesting, reproducing, growing, healing, and enjoying yourself. Each of these activities involves a balanced dynamic that's only possible when certain aspects of your system can be put on the front burner of your attention. This is what hypnosis does: it helps you put into direct focus things you may only be marginally conscious of.

The result could be improved performance in almost anything from thinking to feeling to being. But what's relevant here is your immune system.

Unfortunately for the curious, your immune system operates almost entirely on a molecular level. There are few gross measurements we can make. In addition, it's involved throughout your body and, like the Men In Black—if you know about those movies—it keeps a low profile. It's the NSA of your system, a central intelligence agency whose main task is collecting information and stimulating your immune response.

I think about the immune system as having receptive and active parts. There's more to it, but I think this is where a hypnotherapy program should start. The receptive part involves the collection of information about what's happening in your body. In this respect your immune system is benign and the issue is how to heighten sensitivity.

The active part of the immune system involves its immune response, and your immune response is anything but benign. Your immune response can kill you.

The immune response is biological, neurological, and chemical. It enlists white blood cells to attack invaders, chemicals to trigger inflammation and perfusion, and neural signals to trigger a wide-area sympathetic (tensing) response.

It seems possible that relaxation—in some deep sense—could benefit both the receptive and active aspects of the immune system. For the moment, however, I will focus on the receptive aspect.

Who Nose About Interoception?

I'm writing a book of hypnotic inductions directed toward improving sensitivity to one's internal functions. This is called interoception. I began this project when I made the connection between hypnosis, brainwave training, and heart rate variability: hypnosis-brainwave-rheumatology. This is too big a topic to start on, so let me give you the elevator pitch.

Hypnosis can change your brainwaves. It can also equilibrate the neuronal control of your cardio-pulmonary system. This system has been found to be an indicator of the tone of your sympathetic nervous system which, in turn, is connected to your immune response. My idea is to cut to the chase: use hypnosis to potentiate the immune sensitivity and response.

At first, people looked at brainwaves as a signature of the hypnotic state. Then, someone noticed that one's brainwave state can be guided by directive hypnosis. That was me. Now, there are maybe two people in the field: me and [Ron Pekala](#), who's at the VA Medical Center in Coatsville, Pennsylvania.

The lack of interest is almost a joke, but there you have it: very few of us have the right combination of skills. I publish articles about neurofeedback in the hypnosis trade journals, and I see psychologists publishing on the same topic in psychological trade journals. We both admonish our colleagues that establishing neural correlates with our work in hypnosis and psychology will be essential. So far, we've gotten about as much response as the epidemiologists have in warning about virus preparedness.

I've been creating hypnotic inductions for various body systems. I aim to create a comprehensive library covering our basic functions. At the moment, for a few dollars each I'm selling the inductions for [liver function](#), [peripheral circulation](#), [small intestine](#), [body polarity](#), [body frequencies](#), [body resonances](#), and [heart and lung](#). Here, I'm offering a free induction pertaining to your nose and throat.

The induction **Nose and Throat** is a sensory exploration, a combination of imagination and heightened awareness. The object is to be mindful about your breath and responsive to the sensations in your throat and maxillary sinuses. Beyond that, my hope is that through creative visualization you will gain some control over the autonomic functions of blood flow, mucus production, and immune response in the sinus and throat tissues.

This is an extrapolation of the observation that hypnotized patients can exsanguinate the blood supply to warts and diminish internal bleeding during surgery, abilities that are only explainable if there is a greater measure of control than is consciously available.

I'm offering this as a proactive tool for your armamentarium of defenses against COVID-19. Listen to this induction repeatedly with the aim of becoming more sensitive of what your throat and sinuses are telling you. It's my hope that with heightened sensitivity will come a stronger immune response in these tissues.

Let's Have Fun

How many times do you get a chance to live through a pandemic?

I don't care what anyone says, COVID-19 is no Spanish Flu and certainly no Black Plague. The Spanish Flu was two diseases that traveled together: a pulmonary virus and a bronchial bacterium. With a mortality rate of 2.5% this one-two punch killed some people within hours of the first symptoms. It was somewhat akin to being poisoned; a strong immune system did not guarantee survival.

The black plague—which we really should not feel is such a chapter of distant history as to be forgotten—had a mortality rate of between 50 and 100%. It wiped out one third the population of Europe. Imagine where it would have gone if they had airplanes. Outbreaks of plague continue today. You develop only a weak immunity to it, and as recently as 2005, it killed half of the 100 people it infected!

Here's a statistic: seven people die in car accidents per billion kilometers driven. If you drive 20,000 km each year for 50 years, then your lifetime chance of dying in a car accident is 0.7%. Mortality for COVID-19 is estimated at 3.5%. That's five times this lifetime driving risk. Of course, careful drivers have less risk driving, but so do healthy people in recovering from this disease.

My good friend [Fred Beckey](#) said, "Some people may think it's an adventure to go on a cruise ship to the Mediterranean... To me, it's no adventure at all unless somebody bombs the ship." Knowing Fred, he was serious: if somebody bombed his insufferable cruise I'm sure his eyes would light up! You can hear him in the [trailer of the movie *Dirtbag*](#), which is about his life.

What I'm going to do—and what I tell others they should do, too—is self-quarantine now, as infectious-disease expert Helen Chu **[is advising for the immunocompromised population](#)**. If you can't go into isolation, then you can start going into isolation.

Stockpile enough supplies so that you don't need to be in contact with others. The purpose of stockpiling is not to survive the apocalypse, it's to extend the duration of your self-quarantine. If you have three weeks of supplies, then you won't have to breath public air for another three weeks.

It may be that we'll have another chance to experience a pandemic. If we do, it will probably be because we failed to learn the lessons we should learn from this one. But assuming we do learn, and there isn't another any time soon, make the most of it!

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