

Recent Cure for Childhood Asthma

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Abstract

Much research has revealed that childhood asthma is related to disruptions in maternal-infant bonding [1]. Interferences in bonding are usually caused by one of two events:

A. Separation at birth, e.g., when the baby is removed to a Neonatal Intensive Care Unit because the baby has medical problems; or

B. The mother is bothered by something in her life, such as marital problems, a death in the family, medical issues, an unwanted pregnancy, or something that has happened to the mother that troubles her [2].

When either one of these conditions are present, the chances of bonding with her baby are lowered. Previous research fits with this thesis. For example, Klinnert noticed that parenting problems were observed with mothers of asthmatic babies at three weeks of age, and parenting problems are signs of bonding disruptions [3]. Rosalind Wright and associates (2009) at Harvard found that Maternal lifetime trauma exposure and traumatic stress during the perinatal period were associated with disrupted infant cardiorespiratory regulation and behavioral distress during a stressor protocol. Kozyrskyj and associates [4] found that maternal distress in early life plays a role in the development of childhood asthma, especially if it continues beyond the postpartum period.

Three studies looked at the incidence of bonding disruptions in a pediatric asthma population and compared it to a well-baby group [5-7]. Over 80% of the asthmatic group had histories of bonding disruptions as compared to 25% of the well-baby population. Most of the disruptions were caused by separation at birth and by maternal grief during the perinatal period. Following this discovery, the therapists at the Redwood Psychology Center in California tried connecting the mothers of asthmatic children to their children. They used a type of treatment called Bonding Therapy [8-10]. It consists in healing the wounds of the original birth through EMDR, hypnosis, guided imagery, or any other modality that is effective in healing. Then the mother is guided to imagine a new birth from the first knowledge that she is pregnant to the birth and to taking the baby home.

The complete therapy typically takes two visits: one for finding out the pregnancy and birth history and the second for doing bonding therapy. Eighty-two percent (82%) of the children improved according to several measures including days absent from school, incidence of asthma attacks, playing without wheezing, and general health. Most children were able to stop their medication. The therapy worked best with younger children and did not work with adolescents who are in the process of breaking away from their families.

Example 1

A seven-year-old boy with severe asthma missed several days each month because of his health. He could not play any sports. He had one or two ER visits each month. He had two hospitalizations in the past year. And he was on a full spectrum of medications including two courses of steroids in the last year. The birth history was filled with Non-Bonding Events (NBEs): his father left the family four months before he was born; it was a difficult delivery, and he was rushed to the Neonatal Intensive Care Unit immediately afterwards. His mother was sent home while he remained in the NICU for three more days. When she finally received her son, she thought, "This doesn't feel like my son."

She was hypnotized to heel all the NBEs. That took four minutes because most of the disruptions had already been healed with time. Then she was guided through all the stages of pregnancy and birth without the NBEs present to interrupt her full attention to her baby. That took 15 minutes. She reported that her son's asthma vanished within two days and improved so dramatically that his doctor took him off all medications [11].

Example 2

A 16-year-old mother brought her 11-month-old daughter to a high school that had a section for young mothers and their children. Her pregnancy history was a clear indication of a disruption in bonding. She was 14 when she got pregnant, and her parents were so embarrassed that they sent her to live with an aunt who was also ashamed of this girl. She delivered her baby and went back home. Within a couple of months, her daughter was diagnosed with asthma. In two sessions, she was treated with Bonding Therapy and her son's condition remitted: no more asthma attacks, no more wheezing at night, and no more medication. The essential part of treatment was



going through a new birth without the shame. She cried when she did the new birth.

Conclusion

It seems that childhood asthma in certain cases can be linked to bonding disruptions. In those cases, Bonding Therapy improves the child's condition. It is quick and inexpensive, and it does not require additional medication.

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