

New Treatment for Childhood Asthma

Antonio Madrid

Redwood Psychology Center, PO Box 519 Monte Rio, CA 95462, USA

Corresponding author

Antonio Madrid, Redwood Psychology Center, PO Box 519 Monte Rio, CA 95462, USA.

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ABSTRACT

The Redwood Psychology Center in Western Sonoma County discovered a new cure for childhood asthma. This article describes how it happened and the research involved.

New Finding, First Cases

A college student wanted therapy for her 7-year-old asthmatic daughter. The daughter was severely asthmatic, missing several days of school each month, having frequent emergency room visits, and taking the standard asthma medications, including frequent courses of steroids. She was a sick little girl. The mother had heard that hypnosis could help.

Therapists at the clinic tried hypnosis, following the protocol of several authors, but nothing worked. She would feel better during the hypnosis, but the symptoms would return soon after leaving the office.

The mother, however, continued counseling about her life as a student and single mom. Then one day she said that she had just spent the night in the ER with her daughter and added that she did all of this for her without any feelings of love. This announcement awakened the therapists to similar statements frequently made by mothers who did not bond with their babies.

So, the therapist asked what happened around the child's birth. There were several events that were classical interferences in maternal-infant bonding. The father left the family during the pregnancy. The baby was born jaundiced and rushed to the Neonatal Intensive Care Unit. The mother was not allowed to hold the baby for several hours. And after two days, the baby was kept in the hospital while the mother was sent home. When the mother finally received her baby, she thought, "Are you sure

this is my baby? This doesn't feel right." All of these events caused a disruption in maternal-infant bonding.

The therapist then hypnotized the mother and did two things. First, all of the grief that was there at the birth was cleared out. Secondly, the mother was asked to imagine the birth the way that she wanted it. All of this took less than 20 minutes.

A few weeks afterwards, the mother announced that her daughter's asthma was gone: no more wheezing, no more shortness of breath, no more asthma attacks when having a cold, and no more medication. Completely cured.

The clinic found three other mothers in the clinic who had asthmatic children. The therapists seeing those mothers tried the same intervention with them; and to their amazement, these children were also cured.

One infant was born to a 14-year-old mother whose parents were ashamed of her. She was sent to live with her aunt in the Midwest, who was no less shaming. The therapist at the clinic healed the shame with hypnosis and asked her to experience the birth the way she had wanted. To everyone's amazement, including the baby's doctor, the child was cured of asthma.

Another child was born to a mother whose baby died of Sudden Infant Death a year before he was conceived. The mother's grief prevented her from bonding with her new baby boy. She was

treated with Bonding Therapy. The remaining grief from the death of her first child was cleared, and she imagined the birth of her son with joy. Her son's asthma was healed in two days.

How often does this occur?

This startling discovery about asthmatic children sparked three studies which investigated how often asthmatic children are "unbonded" to their mothers. These studies were done following the findings of Drs. Marshall Klaus and John Kennell that a mother will automatically bond (fall in love) with her baby unless she is separated from it right after the birth or if she is suffering something significant at the time of pregnancy or birth (such as a death in the family or separation from her husband) [1]. The studies done at the Psychology Center showed that over 80% of asthmatic children had birth histories of bonding disturbances. This was in comparison to 25% of non-asthmatic children. The Maternal-Infant Bonding Survey was used to assess if a bonding disruption existed (see attachment).

Does this concur with previous research about bonding and asthma?

There is a long history of research about events related to childhood asthma; however, few of the studies identify "bonding" as the intermediating variable. I will list some of them.

Mrazek et al. at the National Jewish Center for Immunology and Respiratory Medicine in Denver found a link between early problems in coping/parenting and the development of asthma [2]. Klinnert noted that parental stress in caregiving was associated with asthma. Both of these events are signs of non-bonding [3].

A Finnish study of 60,000 births found that mothers who delivered by Cesarean sections were 50% more likely to have a child who later developed asthma [4]. Annesi-Maesano found that childhood asthma was more frequently reported by mothers when there had been health complications during pregnancy, labor, or delivery, or when the child was ill during the first week of life [5]. They concluded that there is evidence that in utero and perinatal factors may increase the risk of developing asthma. Those are events which can interfere with bonding.

Similarly, a Norwegian study of over 1.5 million mothers and 5,938 asthmatic children found that many types of pregnancy complications represented a risk factor for the development of asthma in the offspring [6]. Again, these complications often interrupt bonding.

Kozyrskyj studied healthcare records of 13,907 children and their mothers from Manitoba databases [7]. They found that risk for childhood asthma was increased among children who were exposed to continued maternal distress from birth until age 7 years. Similarly, a Puerto Rican study concluded that maternal depressive symptoms were associated with an increased risk of asthma hospitalizations at age 1 year [8]. Both of these studies identified events which often cause disruptions in bonding.

Mantymaa et al., showed that psychological stress (a non-bonding event) is associated with physical illnesses like asthma or infection [9]. Wright at Brigham and Women's Hospital at Harvard found that greater levels of caregiver-perceived stress at 2 to 3 months was associated with an increased risk of subsequent

repeated wheeze among children during the first 14 months of life [10]. Subsequently, they found that prenatal stress was associated with altered innate and adaptive immune responses, concluding that stress-induced perinatal immunomodulation may impact the expression of allergic disease in these children [11].

Cassibba et al. found that children affected by asthmatic bronchitis were less securely attached than healthy comparisons [12]. These children showed less harmonious and comfort seeking behaviors than healthy children, indicating insecure attachment, signs of an unbonded child.

Yatsenko did an extensive review of the research surrounding asthma and accompanying factors and wrote: "Modern research suggests that multiple asthma risk factors are also possible results of poor maternal-infant bonding, supporting the theory that a poor maternal-infant bond may make a child vulnerable to the development of later asthma [13]."

In summary, most of the early research about childhood asthma and maternal factors reveal events which are classic causes of disruptions in bonding. This led the researchers at the Redwood Psychology Center to ask the question: "Was the cure of these three children an accident? Or does bonding the mother to the asthmatic child really cure the asthma?" So, they conducted several studies to test the hypothesis that Bonding Therapy cures asthma.

Does Bonding Therapy Cure Childhood Asthma?

Four studies were conducted, using Bonding Therapy.

Bonding Therapy is a three-step process that can be done in a very short time. The first step is to find the Non-Bonding Event (NBE). This is often obvious. It's usually that the baby was separated from its mother at birth or that the mother was suffering from something difficult in her life. It could be as simple as the mother finding out that her husband was cheating on her.

The second step is to heal that NBE. Often it is already healed, like when the mother's dad died four years before and she is now over the grief. But when the NBE is not already healed, it needs to be processed and healed. This can be done quickly through hypnosis, EMDR, or any other intervention that maximizes the mother's imagination.

The final step is to have the mother create in her mind a new birth, the way she wanted it. She can imagine that her brother had not died two months before she delivered, or that her husband returned to the family, or that the baby was not taken to the Neonatal Intensive Care Nursery.

When these steps are taken, the asthmatic child's condition will most likely improve.

The first study involved six mother-child pairs. Five of the six children, including two infants, experienced complete or nearly complete remission from asthma symptoms as measured across 18 variables.

In the second study, asthma symptoms improved in 12 of 15 children. Eight of the 10 children who were taking medication

no longer needed to continue them. The two children who did not improve were teenagers, which led the researchers to surmise that Bonding Therapy does not work for teenagers, who are trying to separate themselves from their mothers.

In the third study, 16 asthmatic children were evaluated before and after their mothers were treated with Bonding Therapy. Fourteen improved on 11 measures, including reduction in the STEP classification system. Thirteen children were able to stop all medications. Surprisingly, all mothers improved on the Beck Depression Inventory scores.

Combining the three studies, 37 mothers of asthmatic children were treated with Bonding Therapy, and 31 children's respiratory problems showed significant improvement (84%). Of the 32 who were on medication, 26 no longer needed medication (81%).

Conclusion

Early studies about the antecedents of childhood asthma have one thing in common: they all cause bonding disruptions or they are the signs of a bonding disruption. C-Section deliveries, separation at birth, emotional problems in the mother, and observed parenting difficulties are all causes or the result of bonding disruptions. The vast majority of asthmatic children have histories of non-bonding.

When the disruption in bonding is mended with a therapy that heals the event or events that interfered with bonding and when it is followed by the mother creating the birth that she preferred, it appears that the child's asthmatic condition improves.

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