

New Cure for Childhood Asthma

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Abstract

A new cure for many children with asthma has been discovered by the Redwood Psychology Center in Santa Rosa, CA. It works for nearly 80% of children who fit into one of two categories.

The first category is children who were sick at birth and removed from their mothers. The second category is children whose mothers were grieving at the time of their pregnancy or birth. This category includes mothers who just lost a parent or who were suffering serious marital problems or who had some other traumatic event happening to them.

When an asthmatic child fits into one of these categories, there is a very good chance that a cure is available.

These two categories describe a disruption in maternal-infant bonding during the perinatal period. That bonding disruption can be mended simply and effectively; and when it is mended, the child's asthma improves.

There is research surrounding this new cure. Over 80% of asthmatic children had births described above as compared to 25% of non-asthmatic children. And when those children with interrupted bonding have it repaired, everything changes. [1-6]

Yatsenko [7] reviewed most of the literature around childhood asthma and precipitating factors and concludes that all of these factors are variants of bonding disruptions. She also states that Bonding Therapy seems to help asthmatic children.

Bonding Therapy:

Bonding Therapy is a three-step treatment:

1. The event which caused the bonding disruption must be discovered. The causes are usually very apparent. If the child was hurried off to a Neonatal Intensive Care Unit (NICU), there most likely will be a bonding problem. Or if the mother was greatly upset by something going on in her life, the cause for the bonding problem is apparent.

Even if the upsetting event is long-gone and healed, nevertheless, the mother was upset at the time of the pregnancy or birth. Her father may have died during the second trimester, and she may be completely healing from her father's death. But at the time of the birth, she was bothered and could not bond with her baby. It was not her fault.

2. If the event is not healed, it must be healed through some means: EMDR, guided imagery, hypnosis, or some other method of healing traumatic events. This usually takes very little time.
3. Next, the mother needs to imagine a new birth, from the time of conception, through the three trimesters, to birth. The baby remains with the mother, throughout the stay at the hospital, and goes home with the mother.

Three cases will help illuminate this treatment. (The names and other identifying information have been changed.)

Case 1:

Eight-year-old Marilyn was severely asthmatic, with all the usual medications, maximum days absent from school, and frequent emergency room visits. She was sickly looking, weak, and noticeably not very happy.

The things which interrupted the bonding were apparent:

the child's father left the family during the second trimester; Marilyn was sick at birth and rushed to the NICU; and the baby was kept in the hospital for three days after the mother was sent home. When the mother received her daughter from the hospital, she remembers thinking: "Is this the right baby? She doesn't feel right."

The sadness about the father's leaving the family was already healed. The mother had harmful feelings about the NICU and being sent home without her baby, and these were quickly healed. Then she was brought through the entire pregnancy without any grief, and she kept the baby as soon as it was born. She cried when she saw and felt this new birth.

A week later, mom said that her daughter's asthma was gone. No more attacks, no more wheezing, no more medication of any sort. Cured.

Case 2:

Six-month-old Lenny went with his 15-year-old mother to a high school in a special program that allowed teenage mothers to bring their babies to school. Mom brought Lenny's nebulizer to school every day, and you could hear it operating throughout the school day.

Here is the non-bonding event (NBE). When mom got pregnant at 14, her parents were embarrassed and ashamed. They shipped her off to live with an aunt in the Midwest. The aunt was equally ashamed of her and let her know it. When Lenny was born, mom was shipped back to California to her parents' home. Lenny was diagnosed with asthma within the first three months of his life.

Bonding Therapy was easy. She was cleared of all the shame she carried around since she got pregnant, and then she could know what it was like to be pregnant without guilt. She was brought through a joyful pregnancy and delivery. Within a week, Little Lenny's asthma disappeared.

Case 3:

Juanita's son was severely asthmatic. He lived with his mother and father in a farmworkers' camp. The NBE was readily apparent: dad was drinking and womanizing during mom's pregnancy. Her son, Mario, got asthma before he was five; and even though he was back with the family, sober and hard-working, Mario still remained asthmatic.

Mom was questioned about any remaining feelings about dad's behavior while she was pregnant, and the leftover grief was quickly removed so that she could imagine a pregnancy without grief. Within two weeks Mario was all better.

Conclusion:

A major factor that seems related to the development of asthma is a disruption in maternal-infant bonding caused by separation at birth or severe maternal stress. Eighty years of research leads to the conclusion that a disturbance of this sort brings about respiratory problems for some children. From the limited research done in line with this thinking, over 80% of asthmatic children have histories

compatible with bonding problems. And further studies have shown that when these children are treated with a type of therapy that restores maternal-infant bonding seems to help asthmatic children in a significant way: reduction in asthma attacks and even less need for medication.

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