LETTERS TO THE EDITOR

Disruptions in Maternal-Infant Bonding and Children’s Respiratory Systems

To the Editor:

As described in the article by Madrid (2005/06) published in the American Journal of Clinical Hypnosis in Oct 2005/Jan 2006, some investigators have suggested that disruptions in maternal-infant bonding are correlated with the development of asthma in the child. Based on clinical experience, Madrid proposes that clinical hypnosis applied to a mother of a child with asthma can be associated with an improvement in the child’s asthma.

In order to evaluate the plausibility of this assertion, it is important to verify whether the children studied suffered primarily from asthma. In the Madrid article three patients with a diagnosis of asthma are presented: A 9-month-old with wheezing, a 10-year-old with exercise limitations, and a 7-year-old who had on-going respiratory symptoms despite aggressive asthma therapy.

In each of the cases described by Madrid, without presentation of further data such as pulmonary function testing results, the diagnosis of asthma should be called into question. Most infants who wheeze have transient conditions that are not related to a predisposition for asthma (Martinez, et al., 1995). Thus, the 9-month-old may not have had asthma. Seear, Wensley, & West (2005) demonstrated that of children who presented with a diagnosis of exercise induced asthma, only 15% had asthma, 14% had habit cough, and 27% had vocal cord dysfunction or sighing. Anbar & Geisler (2005) demonstrated that of children 6 years of age or older referred to a Pediatric Pulmonary Center with a diagnosis of asthma, 23% had anxiety, habit cough, or vocal cord dysfunction.

A diagnosis of asthma often is made in patients who suffer from other conditions, especially among patients who do not respond well to asthma therapy (Anbar, 2003). Anxiety, shortness of breath associated with normal pulmonary function, habit cough, sighing, and vocal cord dysfunction frequently improve with use of self-hypnosis (Anbar, 2002). It is possible that the patients reported by Madrid suffered primarily from one of these diagnoses that often are confused with asthma or complicate its management, and are known to be amenable to psychological therapy, rather than from asthma.

Ran D. Anbar, MD

References


Letters to the Editor


**RESPONSE TO DR. ANBAR**

To the Editor,

Dr. Anbar’s concern about reaching an accurate diagnosis of asthma in early childhood represents a legitimate issue. In an effort to employ the diagnosis conservatively, the criteria in our studies were similar to those developed by the National Jewish Center for Immunology and Respiratory Medicine (Klinnert, Nelson, Price, Adinoff, Leung, & Mrazek, 2001). In their studies, children were designated as having asthma when there was documentation in the medical records of physician-diagnosed asthma, observed wheezing, and/or prescription of asthma medications during the study period. In addition, we excluded from our studies children who only wheezed during respiratory infections and children who only had one episode of an asthma attack. All of our children, with the exception of infants, were under the care of a physician for at least one year.

While the medical community has historically struggled with how best to diagnose and categorize childhood asthma, the incidence of childhood asthma continues to rise at an astronomical rate. In our community, the Sonoma County Asthma Coalition (consisting of the American Lung Association, the Asthma and Allergy Medical Group, the Respiratory Care Department of Kaiser Permanente, all of the local hospitals, the Department of Health Services, and many practitioners including Russian River Counselors) has documented that 12% of our children suffers from asthma, and the highest hospitalization rate for asthma is for children under the age of 5. An estimated 14 million school days are missed each year in the United States due to asthma, making it the number one cause of school absenteeism due to chronic illness. Any and all treatments that can lower the incidence of these debilitating symptoms, regardless of their nomenclature, should be considered a useful addition to our collective knowledge.

The author welcomes the opportunity to extend the study to further evaluate the implications of disrupted maternal infant bonding in relationship to asthma and the effectiveness of the described treatment. A proposal for further research, using a larger sample size and strict criteria, is under review at a local hospital. Only through vigorous research and conservative inclusion of the diagnosis of “asthma” can Dr. Anbar’s reasonable concerns be thoroughly addressed.

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**References**