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Case Report

A New Method for Treating Childhood Asthma

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Abstract

Cancer happens when cells grow uncontrollably, forming tumors that can spread and affect other organs and body functions. It's one of the deadliest diseases today, claiming millions of lives each year. Treating cancer effectively is challenging due to differences in the disease's behavior, access to healthcare, and other social and economic factors. This review aims to highlight recent progress in cancer drug research, drawing from studies. Information was gathered from trusted sources like PubMed Central, Google Scholar, and ScienceDirect. The review covers a wide range of developments, including new drug targets, plant-based therapies, chemical compounds tested in labs or living systems, and drugs originally developed for other conditions that have shown potential against cancer.Overall, this article brings together key findings from recent studies to provide a clear overview of emerging strategies and treatments in the fight against cancer, focusing on effective drug targets, plant-derived compounds, drug repurposing, and innovative chemical agents

Key Words: oncology therapeutics; novel drug targets; drug repositioning; anticancer agents cytotoxic compounds

Introduction

The connection between childhood asthma and birth stressors has been studied since the 1930s. There has been special focus on maternal grief arising from various sources such as a death in the family, maternal depression, marital problems, C-Section deliveries, separation from her baby at birth, traumatic events, and other trials which most likely interrupt the maternal-infant bond.

The term "maternal-infant bond" was first used by Klaus and Kennel (1976), who wrote that this strong connection could be disrupted mainly by two events: (1) separation at birth or (2) maternal grief. Yatsenko (2016) found that almost all of the studies that looked at risk factors associated with childhood asthma were variations of those events that interrupt maternal-infant bonding. She concluded: poor initial maternal–infant bonding may be a risk factor for future asthma onset. Although empirical research connecting the two is lacking, a review of the history of this relationship provided evidence that factors associated with a poor maternal–infant bond . . . have consistently been associated with increased risk of or prevalence in asthma.

Researchers at the Redwood Psychology Center conducted six studies about the relationship between bonding disruptions and childhood asthma. The first studies (Feinberg, 1988; Schwartz, 1988; Pennington, 1991) found that over 80% of children with asthma had birth histories where non-bonding events were present. This was compared to 25% of non-asthmatic children. Furthermore, the most common factors that interrupted the maternal-infant bond were a death in the family, separation at birth, and the mother's emotional problems during the pregnancy and first year.

This team then studied what would happen if the maternal-infant bond were repaired. Combining three small studies (Madrid, et al., 2000, 2004, & 2011) they discovered that 31 of 37 children (83%) improved from asthma once their mothers were treated with Bonding Therapy. The recovery included fewer missed school days, a reduction in wheezing, fewer or absence of asthma attacks, fewer emergency doctor visits, and a reduction or elimination in medication.

The Bonding Therapy used with these mothers is a straightforward three-step process. First, the non-bonding event was identified. There often was more than one event. Secondly, that event was rapidly healed through hypnosis, EMDR, or other trauma therapy. Frequently, the non-bonding event was already healed, such as the death of someone close. Thirdly, the mother was guided through a new birth, without the non-bonding event present. Once the mother was treated with Bonding Therapy, her child's condition rapidly improved.

Three cases are presented.

Case #1: Separation at birth

A seven-year-old child was seriously asthmatic. His mother said that he typically had two ER visits a month and was on the full spectrum of asthma medication. The non-bonding events were: (1) marital separation during the second trimester; (2) the baby was taken to the Neonatal Intensive Care Unit immediately after he was born, without any time spent with the mother; (3) the mother had to leave the baby in the hospital for four days when she was discharged. When she picked up her baby, she thought, "I don't think this is

my baby. He doesn't feel right." The mother also said that she did not have any emotional connection with her child, though he was a perfect child.

With hypnosis, the mother healed those three wounds. Then she was taken through a new pregnancy and birth the way that she wanted. Within a week, her child's symptoms improved to the point where he no longer needed medication. Once, when visiting his father, he became symptomatic and his mother was called who said, "Bring him home immediately." When he arrived home, his symptoms dissolved.

She also reported that she now "loved" her son.

Case #2: Crib Death

The mother of a seven-year-old son said that she conceived him six months after her first child died of crib death. He was diagnosed at two years of age, and he was now on several medications. He was sickly and was frequently seen by his pediatrician or visited the ER when his asthma worsened. He missed many school days because of his asthma, and he could not play sports.

In one session, the mother cleared out any remaining grief about her first son's death and then was guided through a new pregnancy and birth. Three days later she phoned the office to report that she was watching her son play soccer for the first time in his life.

Case #3: The Family Embarrassment

The 15-year-old mother of a one-year-old daughter embarrassed her family when she became pregnant. They shipped her off to live with an older aunt in the Midwest. This aunt was very religious and made her young niece feel even more guilty ashamed about being pregnant.

When she was first seen, after she returned home, she was attending a high school for young mothers. The mothers could bring their babies to school with them if they chose. This mother brought her baby to school along with a heavy portable nebulizer, which she packed to school every day.

In one session, this mother was able to clear out all the shame that was thrust upon her, and she was able to imagine being happy about being pregnant and giving birth. Within a week, the baby was no longer symptomatic. The mother was delighted to drop the nebulizer off at Goodwill Industries.

Conclusion

As Yatsenko concluded in her summary article about asthma and bonding disruptions, a poor maternal–infant bond may make a child vulnerable to the later development of asthma. This is supported by years of research that connects childhood asthma with many events that are associated with bonding disruptions, such as C-section deliveries, maternal distress, and separation at birth.

Early research indicates that once the disrupted bond is repaired, a child's asthma will be cured. For additional information about Bonding Therapy and asthma, one can check out: www.mibsonoma.weebly.com.

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