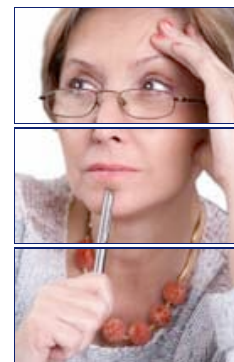


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PUBLISHED RESEARCH ON HYPNOTHERAPY FOR ASTHMA, CRITICAL REVIEWS & LETTERS

FOR INFORMATION ON ASTHMA HYPNOTHERAPY – [CLICK HERE](#)

The following list is in chronological order of publication rather than in alphabetical order of authors. This is intended to provide an indication of the development of research over more than six decades.

Suggestions for additional published papers for inclusion would be welcomed and can be emailed to: info@therapypartnership.com

PLEASE NOTE: In the listing below, where type is **coloured greyish-blue**, it indicates a link to an outside reference

1941

Psychosom. Med. Monog. Ser., 1941 2 34

Psychogenic factors in bronchial asthma.

French, T. and Alexander, F.

Psychosomatic Medicine 1941 3 349

The emotional settings of some attacks of urticaria.

Saul, L.J., and Bernstein, G., Jr.

1949

B J Med Hypnotism. 1 (2), 14-18.

The hypnotic treatment of bronchial asthma.

Marchesi C. [Citation](#)

1957

J. Psychosomatic Medicine 1957 19

Sources of tension in bronchial asthma

Knapp, P.H. & Nemetz, S.J.

1959

Am. J. Clin. Hypn. 1959; 1 124-29

Hypnosis in Children: The Complete Cure of 40 Cases of Asthma.

Diamond, H.H.

This paper was originally presented by the physician, an instructor at George Washington University Medical School, at the First Annual Meeting of the American Society of Clinical Hypnosis in 1958. He treated 55 cases, beginning in 1954, with 40 having complete remission. He gives 3 case histories where early childhood experiences gave rise to the asthma, and the symptoms were quickly relieved when the repressed material was reviewed by the patient.

1960

May 5, 1960 Paper read before the Pan American Medical Association

Hypnosis in the treatment of asthma

MacLaren, W.R., and Eisenberg, B.C.

British Medical Journal 1960 Aug 13; 5197:492-7

Hypnotic treatment of asthma

Edwards, G. [Citation](#)

Int. J. Clin. Exp. Hypn. 1960 8(2) 121-8

Hypnosis in asthma.

Magonet, A.P.

Author's Conclusion: "Asthma is a symptom in which personality disturbances are due to psychogenic factors, therefore there must be a return to the treatment of the sick patient instead of the symptoms from which he suffers. If we are to carry out treatment efficiently, we cannot afford to neglect any aspect of the patient's personality. The patient has a mind and the patient has a body, but we must also think of him as a social being in relation to this personal and material environment"

British Medical Journal 1960 2 1651-2

Treatment of status asthmaticus by hypnosis.Sinclair-Gieben, A.H.C. Citation | [Link to full text](#)

SUMMARY: A case is described of severe status asthmaticus in a man of 60 who was apparently dying. His condition responded dramatically to hypnosis. Theoretical implications are discussed.

Final Note.-A few days after discharge the patient died suddenly of acute heart failure. At the time there was no wheezing or bronchospasm, and his asthma had been minimal since discharge. Permission for postmortem examination was not obtained, and the cause of death was not firmly established.

*Br. J. Dis. Chest. 1960 54 78***The treatment of asthmatic children by hypnotic suggestion.**

Smith, J.M. and Burns, C.L. Citation

1962*British Medical Journal 1962 Aug 11; 2(5301) 371-6***Controlled trial of hypnosis in the symptomatic treatment of asthma.**

Maher-Loughnan GP, Mason AA, MacDonald N, Lionel Fry

This controlled study was conducted at three centres over a 12 month period and the results showed a great symptomatic improvement in the hypnotherapy group in that the wheezing was reduced on an average by about half within three months while there was very little alteration in the condition of the control group. The study concluded: "Despite the many questions yet to be answered, hypnosis is of value in the symptomatic treatment of asthma as assessed by the reduction in wheezing and in the use of drugs."

1964*British Medical Journal 1964 May 2; 1(5391): 1145-1148.6***Effect of Hypnosis on Allergic Skin Responses in Asthma and Hay-fever.**

Lionel Fry, A. A. Mason, and R. S. Bruce Pearson. Citation

Summary: Forty-seven subjects with known skin sensitivity to pollen and/or house-dust were divided into five groups and tested with four strengths of allergen. The prick-test method was employed.

In the first part of the investigation a group of un hypnotized subjects were compared with a group who had suggestions made under hypnosis that their skin reactions to the allergen would not occur when tested a second time. A significant diminution in the size of the weal was obtained in the hypnosis group at the lower two strengths of allergen. In the second part of the investigation the subjects were divided into three groups. All were hypnotized, no suggestions regarding skin reactions were given to one group, the second group were given suggestions that only on one arm would the skin reactions be less or not recur, and in the third group the suggestion was made about the reactions on both arms. There was found to be a similar decrease in the response to prick-tests after hypnosis in all three groups.

1965*Med. J. Malaya 1965 18 232***Treatment of asthma by hypnotherapy**

Chong, T.M. Citation

1967*Am. J. Clin. Hypn. 1967 10 30***A general practitioner approach to the asthmatic patient**

Rose, S.

[No abstract included; link to first paragraph from the paper.] "Of all the conditions which present themselves for treatment under hypnosis, the treatment of asthma, to my mind, yields the most gratifying results, particularly with children, and I believe that were hypnosis in general practice to be restricted to the treatment of the asthmatic patient alone, its use would be more than justified."

1968*Am. J. Clin. Hypn. 1968; 11 6***Hypnotherapy in the management of asthma**

Collison, D.R.

ABSTRACT: Following a brief history of the use of hypnosis in the management of asthma, hypnotherapy with 20 ambulant non-hospitalised patients is described. Of 7 females and 13 males, 11 had an excellent response, 5 a good response, and 4 a poor response.

*British Medical Journal 1968 Oct; 4(623) 71-6***Hypnosis for asthma - a controlled trial.**

No authors listed Abstract

*Can Med Assoc J 1968 Dec 21; 99(24): 1212***Hypnosis for asthma**

Gilder SS Citation

1969*Psychosomatic Medicine 1969 Mar-Apr; 31(2): 134-143***The mechanism of action of suggestion in the induction of acute asthma attacks**

McFadden, Luparello, Lyons, & Bleeker. Citation

*Singapore Med J. 1969 Sep; 10(3) 182-6***The value of hypnotherapy as an adjunct in the treatment of**

bronchial asthmaChong, T.M. [LINK TO FULL TEXT](#)

"Hypnotherapy is of value as an adjunct in the prevention of future attacks of asthma. It has also been shown to be a useful adjunct in other branches of medicine by the author elsewhere."

Japan J. Hypn. 1969; 12 33

Use and abuse of hypnotherapy for bronchial asthma

Kusano, T., et al.

Br. J. Clin. Hypn., 1969 1 11-14

A trial of group hypnosis and auto-hypnosis in asthmatic children

Sutton, P.H. Citation

1970

Int. J. Clin. Exp. Hypn. 1970 Jan; 18(1) 1-14

Hypnosis and autohypnosis for the treatment of asthma

Maher-Loughnan, G.P.

ABSTRACT: Conducted two controlled studies into the use of hypnosis in 252 asthma patients. Several different control procedures were used. Methods and results were summarized, and the same conclusion was reached: That hypnosis supplemented by autohypnosis was significantly more effective than control procedures. An outline is given of details of treatment methods. A current analysis of Ss involving up to 6 yr. of follow-up, is presented to provide a working guide to the regime in regular practice. To be fully effective hypnosis should be employed before steroids are started. Steroid-dependent asthma is rarely totally relieved by hypnotherapy.

Journal of Asthma, Volume 37, Issue 1 February 2000, pages 1 - 15

Hypnosis and Asthma: A Critical Review

Robert M. Hackman; Judith S. Stern; M. Eric Gershwin

ABSTRACT: Asthma is among the most common chronic diseases of the western world and has significant effects on patients' health and quality of life. Asthma is typically treated with pharmaceutical products, but there is interest in finding nonpharmaceutical therapies for this condition. Hypnosis has been used clinically to treat a variety of disorders that are refractive to pharmaceutical-based therapies, including asthma, but relatively little attention has been given recently to the use of clinical hypnosis as a standard treatment for asthma. Significant data suggest that hypnosis may be an effective treatment for asthma, but it is premature to conclude that hypnosis is unequivocally effective. Studies conducted to date have consistently demonstrated an effect of hypnosis with asthma. More and larger randomized, controlled studies are needed. Existing data suggest that hypnosis efficacy is enhanced in subjects who are susceptible to the treatment modality, with experienced investigators, when administered over several sessions, and when reinforced by patient autohypnosis. Children in particular appear to respond well to hypnosis as a tool for improving asthma symptoms.

Psychosomatic Medicine 1970 Sep-Oct; 32(5):509-13.

The interaction of psychologic stimuli and pharmacologic agents on airway reactivity in asthmatic subjects

Luparello, Leist, Lourie, & Sweet.

ABSTRACT: Two bronchoactive substances, isoproterenol and carbachol were presented by inhalation to 20 asthmatic subjects in a double blind study. Each drug was given under two conditions: in one case, the subject was told the drug was a bronchodilator; in the other, he was told it was a bronchoconstrictor. The bronchodilator effect of isoproterenol was greater when the subject was told it was a bronchodilator than when told it was a bronchoconstrictor. Similarly, the bronchoconstricting effect of carbachol was greater when the subject was told it was a bronchoconstrictor than when told it was a bronchodilator.

1971

Am. J. Clin. Hypn. 1971 13(3) 162-8

The use of hypnosis and behavior therapy in asthma

Moorefield, C.W.

ABSTRACT: Nine patients with asthma were treated with hypnosis and behavior therapy. All of these patients showed subjective improvement to a rather marked degree, except for one patient who has had three slight attacks of asthma since the onset of her treatment. These patients have been followed from eight to approximately 24 months. The results so far have been rather encouraging and the author believes this form of treatment will prove to be of benefit in the treatment of asthma and possibly many other related conditions.

1972

Psychosomatic Medicine 1972 Sep-Oct; 34(5):388-94.

The immediate effects of systematic relaxation training on peak expiratory flow rates in asthmatic children

Alexander, Miklich, & Hershikoff.

ABSTRACT: Clinical experience has often suggested that having asthmatic patients sit quietly and/or relax during asthma attacks is helpful. The present study was an attempt to provide a controlled experimental demonstration of the effect of systematic relaxation on peak expiratory flow rate in asthmatic children. Eighteen male and 18 female asthmatic children were divided into two groups matched for mean age, sex composition and asthma severity. One group of subjects underwent three sessions of modified Jacobsonian systematic relaxation training, while the second group sat quietly for three sessions. Peak expiratory flow rate measures were obtained prior to and following each session. It was found that relaxation subjects manifested a significant mean increase in peak expiratory flow rate over sessions compared to a nonsignificant mean peak expiratory flow decrease for control subjects. It was suggested that these results have important implications both for the clinical treatment and the understanding of bronchial

asthma.

1974

Am. J. Clin. Hypn. 1974 16(4): 275

Individualized hypnotherapy of asthma

Hanley, F.W. Citation

1975

Annals of Allergy 1975 Jun; 34(6) 356-62

Hypnotherapy in the treatment of bronchial asthma.

Aronoff, G.M., Aronoff, S. & Peck, L.

ABSTRACT: The efficacy of hypnotherapy in aborting acute asthmatic attacks was studied in 17 children ranging in age from six to 17. All had as their primary diagnosis bronchial asthma. Prior to hypnotic induction pulmonary function was assessed, then monitored in the immediate post hypnotic period and at two intervals thereafter. The average improvement for all subjects was greater than 50% above the baseline measurement as documented by spirometry, monitored dyspnea, wheezing and subjective ratings by the subjects. It is suggested that hypnotherapy may be an important tool in ameliorating asthma, improving ventilatory capacity and promoting relaxation without recourse to pharmacologic agents. One explanation offered is that hypnosis affects an autonomic response, thereby diminishing bronchospasm.

Med J Aust. 1975 Jun 21; 1(25): 776-81.

Which asthmatic patients should be treated by hypnotherapy?

Collison, D.R.

ABSTRACT: Certain patients with bronchial asthma can benefit, often greatly, from hypnotherapy. This report is based on a retrospective analysis of 121 asthmatic patients who were treated by hypnotherapy. Hypnotic techniques and treatment procedure are described. Of the total number, 21% had an excellent response to treatment, becoming completely free from asthma and requiring no drug therapy. A further 33% had a good response, with worthwhile decrease in frequency and severity of the attacks of asthma, or a decrease in drug requirements. About half of the 46% who had a poor response had a marked subjective improvement in general well-being. Statistical evaluation of the six variables (age, sex, result, trance depth, psychological factors and severity of the asthma) confirmed the clinical impression that the ability to go into a deep trance (closely associated with the youthfulness of the subject) gives the best possibility of improvement, especially if there are significant aetiological psychological factors present and the asthma is not severe. Subjective improvement in well-being and outlook is a potential outcome at all age levels, independent of severity of the illness or entranceability of the patient.

1979

Journal of Abnormal Psychology, Volume 88, issue 5 (October 1979), p. 490-505.

Stress, disease, psychotherapy, and hypnosis.

Bowers, Kenneth S.1; Kelly, Paul

ISSN: 0021-843X DOI: 10.1037/0021-843X.88.5.490

American Psychological Association

Refers to growing appreciation of how psychologically produced stress reactions can increase vulnerability to disease, especially via imbalances engendered in immune responsiveness. Also refers to reports in research literature of success in reducing symptoms of asthma by hypnosis.

1982

American review of respiratory disease. 1982 Apr;125(4):392-5

Hypnosis for exercise-induced asthma.

Ben-Zvi Z, Spohn WA, Young SH, Kattan M.

Hypnosis has been used for many years in the treatment of asthma, but studies of its usefulness have been controversial. We assessed the efficacy of hypnosis in attenuating exercise-induced asthma (EIA) in 10 stable asthmatics. The subjects ran on a treadmill while mouth breathing for 6 min on 5 different days. Pulmonary mechanics were measured before and after each challenge. Two control exercise challenges resulted in a reproducible decrease in forced expiratory volume in one second (FEV1). On 2 other days, saline or cromolyn by nebulization was given in a double-blind manner with the suggestion that these agents would prevent EIA. Hypnosis prior to exercise resulted in a 15.9% decrease in FEV1 compared with a 31.8% decrease on the control days (p less than 0.001). Pretreatment with cromolyn resulted in a 7.6% decrease in FEV1. We conclude that hypnosis can alter the magnitude of a pathophysiologic process, namely, the bronchospasm after exercise in patients with asthma.

Journal of adolescent health care 1982 Aug;3(1):45-8.

Hypnosis as an adjunct therapy for asthma: case report.

Neinstein LS, Dash J.

ABSTRACT: This study reports the effect of hypnotherapy in an asthmatic. The patient had moderately severe asthma with frequent attacks despite multiple medications. He received four weekly hypnosis sessions, and was then followed bimonthly for a year. The patient's course was followed by subjective daily scoring of wheezing severity, daily recording of peak expiratory flow rate by a Wright minispirometer, and once a month recording of his Forced Vital Capacity (FVC), Forced Expiratory Volume in one second/Forced Rate (MMRF). The severity rating showed improvement at one year when the start of therapy was compared to pretherapy (P less than .005). The daily peak flow rate averaged 486 liter/min before starting hypnotherapy and 502 liter/min after one year. There was no change in the FEV1/FVC and MMFR before and after therapy. School attendance and academic performance may be a helpful adjunct in asthma therapy during adolescence.

1984

Psychotherapy, 1984 21, 452-455.

Resolving intractable medical problems through psychological intervention: A clinical report

Brown, Erick L.; Kinsman, Robert A.

ABSTRACT: Treatment of chronic physical illness is often complicated by psychological factors that maintain and exacerbate the illness. Hypnotic techniques, coupled with insight-oriented psychotherapy comprised an effective strategy for favorably influencing medical outcome. A clinical report illustrates how psychological intervention initiated the resolution of severe medical problems in an asthmatic patient.

J Dev Behav Pediatr 1984 Feb; 5(1): 21-5.

The use of relaxation-mental imagery (self-hypnosis) in the management of 505 pediatric behavioral encounters.

Kohen DP, Olness KN, Colwell SO, Heibel A.

This report assessed outcomes of hypnotherapeutic interventions for 505 children and adolescents seen by four pediatricians over a period of one year and followed from four months to two years. Presenting problems included enuresis, acute pain, chronic pain, asthma, habit disorders, obesity, encopresis, and anxiety. Using strict criteria for determination of problem resolution (e.g., all beds dry) and recognizing that some conditions were intrinsically chronic, the authors found that 51% of these children and adolescents achieved complete resolution of the presenting problem; an additional 32% achieved significant improvement, 9% showed initial or some improvement; and 7% demonstrated no apparent change or improvement. Children as young as three years of age effectively applied self-hypnosis techniques. In general, facility in self-hypnosis increased with age. There was an inverse correlation (p less than 0.001) between clinical success and number of visits, suggesting that prediction of responsivity is possible after four visits or less.

1986

Br Med J (Clin Res Ed). 1986 Nov 1;293(6555):1129-32.

Improvement in bronchial hyper-responsiveness in patients with moderate asthma after treatment with a hypnotic technique: a randomised controlled trial.

Ewer TC, Stewart DE. [LINK TO ABSTRACT](#)

A prospective, randomised, single blind, and controlled trial of a hypnotic technique was undertaken in 39 adults with mild to moderate asthma graded for low and high susceptibility to hypnosis. After a six week course of hypnotherapy 12 patients with a high susceptibility score showed a 74.9% improvement (p less than 0.01) in the degree of bronchial hyper-responsiveness to a standardised methacholine challenge test. Daily home recordings of symptoms improved by 41% (p less than 0.01), peak expiratory flow rates improved by 5.5% (p less than 0.01), and use of bronchodilators decreased by 26.2% (p less than 0.05). The improvement in bronchial hyper-reactivity occurred without a change in subjective appreciation of the degree of bronchoconstriction. A control group 17 patients and 10 patients undergoing treatment with low susceptibility to hypnosis had no change in either bronchial hyper-responsiveness or any of the symptoms recorded at home. This study shows the efficacy of a hypnotic technique in adult asthmatics who are moderately to highly susceptible to hypnosis.

1988

J R Soc Med. 1988 Dec; 81(12) 701-4

Chronic asthma and improvement with relaxation induced by hypnotherapy

Morrison JB

Sixteen chronic asthmatic patients inadequately controlled by drugs had, after one year of hypnotherapy at Southport General Infirmary, Merseyside, a fall in admissions from 44 in the year before starting therapy to 13 in the year after. Duration of stay was reduced for 13 patients by 249 days; prednisolone was withdrawn in 6, reduced in 8 and increased in none. Side effects of drugs were reduced. Although 62% reported improvement on a visual analogue scale, observations of air flow gave variable results.

1989

Psychological Reports. 1989 Oct; 65(2): 691-8.

Hypnotic susceptibility and its relationship to outcome in the behavioral treatment

Murphy AI, Lehrer PM, Karlin R, Swartzman L, Hochron S, McCann B.

Twelve subjects from an experiment on relaxation therapy for asthma were given the Harvard Group Scale of Hypnotic Susceptibility, Form A. Full scale hypnotic susceptibility scores were positively correlated, at a borderline significance, with improvement in the methacholine challenge test, a measure of asthma severity. Performance on the amnesia item of the Harvard Group Scale was correlated with improvement in self-reported symptoms of asthma.

Journal of the Royal Society of Medicine. 1989 November; 82(11): 694-695.

Chronic asthma and hypnotherapy.

J B Wilkinson

Letter to Journal. [Link to text](#)

1996

Applied Psychophysiology and Biofeedback.

Relaxation/mental imagery (self-hypnosis) for childhood asthma: behavioural outcomes in a prospective, controlled study

Kohen, D. P.

Findings included (a) fewer emergency room visits in the experimental group; (b) less school missed in the experimental group compared to the traditional control group and to the waking suggestion group; (c) no difference in psychological evaluations between groups; and (d) surprising findings regarding hypnotic and hypnotic-like experiences among subjects.

Allergy 1996; 51: 761-769

Unconventional therapies in asthma: an overview

an overview: behavioural outcomes in a prospective, controlled study

Lewith GT, Watkins AD.

ABSTRACT: Acupuncture, homoeopathy, mind-body therapies, and nutritional, herbal, and environmental medicine have all been used in the management of patients with asthma. This paper reviews the evidence base for the use of these unconventional or complementary therapies. Although there is a paucity of large randomized, controlled trials in this area, there is sufficient evidence to suggest that many of these therapies can produce objective and subjective benefit in selected groups of patients. In view of the increasing popularity of complementary medicine among patients and general practitioners, there is now an urgent need for high-quality research to determine how, or whether, these therapies may be interwoven with the more orthodox treatments currently available.

1997

American Journal of Clinical Hypnosis. 1997 Jan;39(3):169-81.

Applying hypnosis in a preschool family asthma education program: uses of storytelling, imagery, and relaxation

Kohen DP, Wynne E. Dept of Pediatrics, University of Minnesota, Minneapolis, USA..

SUMMARY: A Preschool Asthma Program was conducted 4 times for children 2 to 5 years of age and their parent(s). Twenty-five (25) child-parent(s) participated in the 7-session program. Data were collected prior to participation and again one year after completion of classes. Following participation, physician visits for asthma were reduced ($p = 0.0013$) and parents reported increased confidence in self-management skills. Symptom severity scores improved significantly after participation ($p < 0.001$). A possible association was noted between participation in the program and parental expectations or projections of future outcome ($0.05 < p < 0.1$). No changes were observed in the frequency of asthma episodes or in pulmonary function tests before and after the program. With the hypnotherapeutic approach of imagery, preschoolers developed new cooperation in asthma-care skills, including cooperative and consistent performance of peakflow measurements.

1998

Australian Journal of Clinical and Experimental Hypnosis. 24(1). 12-28.

Emotionally Triggered Asthma: A Review of Research Literature and Some Hypotheses for Self-Regulation Therapies

Paul M. Lehrer.

ABSTRACT: Asthma is a common disease whose morbidity and mortality are rapidly increasing. Panic disorder is common in asthma. Panic, other negative emotions, and a passive coping orientation may affect asthma by producing hyperventilation, increased general autonomic lability, a specific pattern of autonomic arousal that may cause bronchoconstriction, and/or detrimental effects on health care behaviors. Generalized panic is a risk factor for increased asthma morbidity. A repressive coping style also appears to be a risk factor for asthma morbidity because it is accompanied by an impaired ability to perceive symptoms, a necessary prerequisite for taking appropriate remediation. Several self-regulation strategies are hypothesized to be useful adjuncts to asthma treatment. Preliminary research has been done on relaxation therapy, EMG biofeedback, biofeedback for improved sensitivity in perceiving respiratory sensations, and biofeedback training for increasing respiratory sinus arrhythmia. It is hypothesized that finger temperature biofeedback also may be a promising treatment method, and that relaxation-oriented methods will have their greatest effect among asthmatics who experience panic symptoms, while improved perceptual sensitivity will be helpful both for patients who panic and those with repressive coping styles.

1991

Am. J. Clin. Hypn. 1991 Oct; 34(2) 122-8

A hypnotic protocol for eliciting physical changes through suggestions of biochemical responses

Madrid AD, Barnes SH

Brief hypnotherapy was used at the Erickson Institute, Santa Rosa, California to effect physical changes in patients suffering from medical disorders including allergies, rectal bleeding, systemic lupus, hyperemesis, headache, asthma, and chronic pain. In language appropriate to the individual patient, considerations and suggestions were presented to effect the release of healing biochemicals. Ideomotor signals indicated the patient's awareness of the healing. The authors hypothesize that the technique triggered novel state-dependent memory, learning and behavior.

1992

Thorax 1992;47:762; doi:10.1136/thx.47.9.762-b

Alternative and complementary medicine for asthma

A F Kalyoncu, Z T Selçuk, A Iskendarani, L Cöplü, S Emri, A A Sahin, and Y I Baris

[Link to correspondence](#) (Requires registration on-line).

1996

Aus. J. Clin. Exp. Hypn 1996 24(1) 12-28

Relaxation/mental imagery (self-hypnosis) for childhood asthma: Behavioural outcomes in a prospective, controlled study

Kohen DP

ABSTRACT: Twenty-eight 7-12-year-old children entered a controlled study of the effects of self-hypnosis on asthma. Asthma belief and behavioural inventories were collected before, and at one and two years after intervention. Asthma diaries were kept daily and mailed monthly. Subjects were randomly assigned to (a) experimental (self-hypnosis), (b) waking suggestion (no hypnosis), (c) attention placebo (no hypnosis or asthma discussion), or (d) traditional control groups. Twenty-four completed one-month follow-up, 16 completed six months, and 13 completed two years. Results included: (a) fewer emergency room visits in the experimental group ($p < 0.05$); (b) less school missed in the experimental group compared to the traditional control group ($p < 0.001$) and to the waking suggestion group ($p < 0.005$); (c) no differences in psychological evaluations between groups; and (d) surprising findings regarding hypnotic and hypnotic-like experiences among subjects.

1998

Appl Psychophysiol Biofeedback 1998 Mar; 23(1): 13-41**Emotionally triggered asthma: a review of research literature and some hypotheses for self-regulation therapies**

Lehrer PM

UMDNJ-Robert Wood Johnson Medical School, Piscataway, New Jersey 08854, USA. Asthma is a common disease whose morbidity and mortality are rapidly increasing. Panic disorder is common in asthma. Panic, other negative emotions, and a passive coping orientation may affect asthma by producing hyperventilation, increased general autonomic lability, a specific pattern of autonomic arousal that may cause bronchoconstriction, and/or detrimental effects on health care behaviors. Generalized panic is a risk factor for increased asthma morbidity. A repressive coping style also appears to be a risk factor for asthma morbidity because it is accompanied by an impaired ability to perceive symptoms, a necessary prerequisite for taking appropriate remediation. Several self-regulation strategies are hypothesized to be useful adjuncts to asthma treatment. Preliminary research has been done on relaxation therapy, EMG biofeedback, biofeedback for improved sensitivity in perceiving respiratory sensations, and biofeedback training for increasing respiratory sinus arrhythmia. It is hypothesized that finger temperature biofeedback also may be a promising treatment method, and that relaxation-oriented methods will have their greatest effect among asthmatics who experience panic symptoms, while improved perceptual sensitivity will be helpful both for patients who panic and those with repressive coping styles.

J Sch Nurs 1998, Oct 14(4) 44-8**A holistic approach to meeting students' needs: using hypnotherapy techniques to assist students in managing their health**

Watters KH

Woodside High School, California, USA. Nursing education has long been holistic in its approach to aiding the client or family. Further, most nurses, especially school nurses, are holistic by nature. That is, school nurses see a person as a whole being, physical, emotional, mental, and spiritual. The more conscious nurses become of their holistic nature and the more they expand their knowledge and skills in holistic methods, the more they can assist students and families in having greater control over their health. Examples of selected holistic techniques and their positive effects when used by students with diabetes and asthma are illustrated in case studies.

2000

J Asthma. 2000 Feb; 37(1): 1-15**Hypnosis and asthma: a critical review**

Hackman RM, Stern JS, Gershwin ME

University of California, Davis 95616, USA. Asthma is among the most common chronic diseases of the western world and has significant effects on patients' health and quality of life. Asthma is typically treated with pharmaceutical products, but there is interest in finding nonpharmaceutical therapies for this condition. Hypnosis has been used clinically to treat a variety of disorders that are refractive to pharmaceutical-based therapies, including asthma, but relatively little attention has been given recently to the use of clinical hypnosis as a standard treatment for asthma. Significant data suggest that hypnosis may be an effective treatment for asthma, but it is premature to conclude that hypnosis is unequivocally effective. Studies conducted to date have consistently demonstrated an effect of hypnosis with asthma. More and larger randomized, controlled studies are needed. Existing data suggest that hypnosis efficacy is enhanced in subjects who are susceptible to the treatment modality, with experienced investigators, when administered over several sessions, and when reinforced by patient autohypnosis. Children in particular appear to respond well to hypnosis as a tool for improving asthma symptoms.

Journal of Prenatal & Perinatal Psychology & Health, October 2000**Does Maternal-Infant Bonding Therapy Improve Breathing in Asthmatic Children**

Antonio Madrid, Ralph Ames, Susan Skolek

Full Text ([click here](#))

ABSTRACT: Six mothers of asthmatic children with histories of non-bonding were treated with a therapy aimed at repairing the bond between them and their children. Four of the children were then briefly treated to repair the bond and two infants were not treated. Eighteen variables were studied before treatment, after the mother's treatment, and after the children's treatment. There was improvement in all 18 variables. Five children experienced complete or nearly total improvement in their breathing. The two infants had total remission of symptom. Hypnosis used o resolved the competing emotion and help mothers reconnect with their children.

2001

Pediatrics 2001 Feb; 107(2) E21**Self-hypnosis for management of chronic dyspnea in pediatric patients**

Ran D. Anbar, MD

Full Text ([click here](#))

Department of Pediatrics, State University of New York Upstate Medical University, Syracuse, New York 13210, USA. anbar@mail.upstate.edu

INTRODUCTION: Hypnotherapy can be useful in the management of anxiety, discomfort, and psychosomatic symptoms, all of which may contribute to a complaint of dyspnea. Therefore, instruction in self-hypnosis was offered to 17 children and adolescents with chronic dyspnea, which had not resolved despite medical therapy, and who were documented to have normal lung function at rest. The report documents the result of this intervention.

2002

BMC Pediatr. 2002 Dec 3; 2(1): 11**Hypnosis in pediatrics: applications at a pediatric pulmonary**

center

Ran D. Anbar, MD

[| Full Text \(click here\)](#)

ABSTRACT: Department of Pediatrics, Upstate Medical University, 750 E. Adams Street, Syracuse, NY 13210, USA. Anbarr@mail.upstate.edu **BACKGROUND:** This report describes the utility of hypnosis for patients who presented to a Pediatric Pulmonary Center over a 30 month period. **METHODS:** Hypnotherapy was offered to 303 patients from May 1, 1998 - October 31, 2000. Patients offered hypnotherapy included those thought to have pulmonary symptoms due to psychological issues, discomfort due to medications, or fear of procedures. Improvement in symptoms following hypnosis was observed by the pulmonologist for most patients with habit cough and conversion reaction. Improvement of other conditions for which hypnosis was used was gauged based on patients' subjective evaluations. **RESULTS:** Hypnotherapy was associated with improvement in 80% of patients with persistent asthma, chest pain/pressure, habit cough, hyperventilation, shortness of breath, sighing, and vocal cord dysfunction. When improvement was reported, in some cases symptoms resolved immediately after hypnotherapy was first employed. For the others improvement was achieved after hypnosis was used for a few weeks. No patients' symptoms worsened and no new symptoms emerged following hypnotherapy. **CONCLUSIONS:** Patients described in this report were unlikely to have achieved rapid improvement in their symptoms without the use of hypnotherapy. Therefore, hypnotherapy can be an important complementary therapy for patients in a pediatric practice.

*Journal of Paediatrics & Child Health. 38(3):252-257, June 2002***Survey of the use of complementary medicines and therapies in children with asthma**

Shenfield, G 1; Lim, E 1; Allen, H2

[Full Text \(click here\)](#)

ABSTRACT: Objective: To survey the frequency of use of complementary medicines (CM) and complementary therapies (CT) in asthmatic children.

Methodology: A 3-month survey of asthmatic inpatients and outpatients of a teaching hospital respiratory paediatrician was undertaken. Parents answered a structured questionnaire about their past and present usage and opinions of CM and CT. Parents and the physician independently assessed overall asthma control. 'Users' and 'non-users' of CM and CT were compared for characteristics of asthma, usage of conventional medications and parental demographics.

Results: One hundred and seventy-four children with 331 parents were enrolled in the study. All of the children were on bronchodilators and 150 (86.2%) were on disodium cromoglycate or inhaled steroids. Control was assessed by a physician as good in 95 children (54.6%), fair in 65 (37.4%) and poor or very poor in 13 (7.5%). Ninety (51.7%) of the children had used at least one CM in their lifetime. Out of the 145 preparations used, 90 (62.1%) were in current use. Vitamins and minerals (53.2%) and herbal preparations (29%) were used most commonly. Only 47.8% of parents had told their doctors about the use of CM. Costs ranged from \$A2-\$A200 (median \$A10) per month. Forty-three (24.7%) of the children had been taken to an alternative practitioner at a cost of \$A25-\$A400 (median \$A40) per month. Users of CM and CT were significantly more likely than non-users to have persistent asthma ($P < 0.02$), be on high-dose inhaled or oral steroids ($P < 0.05$), to have poor or very poor control of symptoms ($P < 0.04$), and more frequent doctor visits ($P < 0.05$). They also had more adverse reactions to relieving bronchodilators ($P < 0.02$) and were significantly older than non-users ($P < 0.02$). The most common reasons for using CM and CT were dissatisfaction with conventional therapies and concerns about steroid side-effects.

Conclusions: Health professionals should be aware of the high rates of usage of CM and CT in asthmatic children and of parental attitudes to conventional and alternative therapies.

2003*BMC Pediatrics 2003, 3:7doi:10.1186/1471-2431-3-7***Self-hypnosis for anxiety associated with severe asthma: a case report**

Ran D. Anbar, MD

[Full Text \(click here\)](#)

ABSTRACT: Background: Management of asthma can be complicated by both medical and psychiatric conditions, such as gastroesophageal reflux, chronic sinusitis, and anxiety. When symptoms of asthma are interpreted without regard to such conditions treatment may yield a suboptimal outcome. For example, anxiety-associated dyspnea, tachypnea, and chest tightness can be mistakenly interpreted as resulting from an exacerbation of asthma. Medical treatment directed only for asthma may thus lead to overuse of asthma medications and increased hospitalizations.

Case Presentation: The described case illustrates how a systemic steroid-dependent patient with asthma benefited from receiving care from a pediatric pulmonologist who also was well versed in the diagnosis and treatment of anxiety. By using self-hypnosis, the patient was able to reduce her dependence on bronchodilators. Following modification of her medical therapy under supervision of the pulmonologist, and regular use of hypnosis, the patient ultimately was weaned off her systemic steroid therapy.

Conclusions: This report emphasizes that anxiety must be considered as a comorbid condition in the treatment of asthma. Self-hypnosis can be a useful skill in the treatment of a patient with anxiety and asthma.

2005*BMC Pediatr. 2005 Apr 25; 5(1): 6***Identification of children who may benefit from self-hypnosis at a pediatric pulmonary center**

Anbar RD, Geisler SC.

[Full Text \(click here\)](#)

Department of Pediatrics, University Hospital, State University of New York Upstate Medical University, Syracuse, NY, USA. anbarr@upstate.edu **BACKGROUND:** Emotional difficulties can trigger respiratory symptoms. Thus, children presenting with respiratory complaints may benefit from a psychological intervention. The purpose of this study was to define the proportion of patients referred to a Pediatric Pulmonary Center who may benefit from instruction in self-hypnosis, as a psychological intervention. **METHODS:** A retrospective chart review was conducted for all newly

referred patients to the SUNY Upstate Medical University Pediatric Pulmonary Center during an 18 month period beginning January 1, 2000. Patients were offered hypnosis if they presented with symptoms or signs suggestive of psychological difficulties. Hypnosis was taught in one or two 15-45 minute sessions by a pediatric pulmonologist. RESULTS: Of 725 new referrals, 424 were 0-5 years old, 193 were 6-11 years old, and 108 were 12-18 years old. Diagnoses of anxiety, habit cough, or vocal cord dysfunction accounted for 1% of the 0-5 year olds, 20% of the 6-11 year olds, and 31% of the 12-18 year olds. Hypnotherapy was offered to 1% of 0-5 year olds, 36% of 6-11 year olds, and 55% of 12-18 year olds. Of 81 patients who received instruction in self-hypnosis for anxiety, cough, chest pain, dyspnea, or inspiratory difficulties, 75% returned for follow-up, and among the returning patients 95% reported improvement or resolution of their symptoms. CONCLUSION: A large number of patients referred to a Pediatric Pulmonary Center appeared to benefit from instruction in self-hypnosis, which can be taught easily as a psychological intervention.

Am J Clin Hypn. 2005 Oct-2006 Jan; 48(2-3): 199-211.

Helping children with asthma by repairing maternal-infant bonding problems

Madrid, Antonio.

[Full Text \(click here\)](#)

Studies about the psychology of childhood asthma have revealed that parenting difficulties are related to the development of asthma in some children. Disruptions in maternal-infant bonding are highly correlated with pediatric asthma and are presented as a cause for these parenting problems. Bonding problems are known to be caused most often by physical separation at birth or by some recent trauma in the mother's life. By using hypnosis to remove the pain of the separation or trauma in the mother, and by creating a new birth history in her imagination, some children's asthmatic symptoms have been shown to remit or greatly improve. The hypnotic method for this treatment is described

Am J Clin Hypn. 2005 Jul; 48(1): 45-9.

Teamwork approach to clinical hypnosis at a pediatric pulmonary center

Anbar RD, Hummell KE.

Department of Pediatrics, SUNY Upstate Medical University, 750 E Adams St., Syracuse, NY 13210, USA. anbar@upstate.edu The aim of this report is to demonstrate the success of a teamwork approach for providing instruction in self-hypnosis at a Pediatric Pulmonary Center. In order to add to the hypnosis service provided by a pulmonologist at the Center, the Center social worker learned how to use clinical hypnosis. During a 3-year period, she instructed 72 patients (average age 11.6 years) in self-hypnosis. Eighty-two percent of the patients reported improvement or resolution of the primary symptoms, which included anxiety, asthma, chest pain, dyspnea, habit cough, hyperventilation, sighing, and vocal cord dysfunction. The social worker and pulmonologist consulted with each other on a regular basis regarding their hypnosis work, and achieved similar successful results following their hypnosis interventions. Thus, clinical hypnosis at a Pediatric Pulmonary Center can be provided by a team of varied professionals. As a team, these professionals can support each other in their on-going development of hypnosis skills.

2007

International Journal of Clinical & Experimental Hypnosis. 2007 Apr;55(2):220-49.

Evidence-based hypnotherapy for asthma: a critical review

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Asthma is a chronic disease with intermittent acute exacerbations, characterized by obstructed airways, hyper-responsiveness, and sometimes by chronic airway inflammation. Critically reviewing evidence primarily from controlled outcome studies on hypnosis for asthma shows that hypnosis is possibly efficacious for treatment of symptom severity and illness-related behaviors and is efficacious for managing emotional states that exacerbate airway obstruction. Hypnosis is also possibly efficacious for decreasing airway obstruction and stabilizing airway hyper-responsiveness in some individuals, but there is insufficient evidence that hypnosis affects asthma's inflammatory process. Promising research needs to be replicated with larger samples and better designs with careful attention paid to the types of hypnotic suggestions given. The critical issue is not so much whether it is used but how it is used. Future outcome research must address the relative contribution of expectancies, hypnotizability, hypnotic induction, and specific suggestions.

2010

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Why Should Hypnosis Be Used for Pediatric Patients With Respiratory Problems?

Anbar RD.

SUMMARY: Utilization of hypnosis as part of the care of children with respiratory disorders helps them achieve symptomatic relief, improves the clinician's ability to diagnose and treat patients with complicated clinical presentations, and saves some patients from undergoing costly investigations or receiving nonessential treatments. Hypnosis can be defined as a state of inward attention during which the mind is focused on ideas of therapeutic value that can potentiate physiologic change. There are few published randomized trials demonstrating the effectiveness of hypnosis in the management of asthma. Published case series suggest that hypnosis is of benefit for children with cystic fibrosis, dyspnea, habit cough, insomnia, or vocal cord dysfunction. Hypnosis helps patients control their response to discomfort, which may allow reduction in the amount of pharmacologic analgesia during medical procedures such as phlebotomy or bronchoscopy. Once children decide to learn hypnosis, initial instruction time can require 5-30 min with older children and even less time with younger children. This training can be incorporated within regular medical office appointments. Clinical hypnosis for use by various staff members at a respiratory specialty center is learned best through active participation in 20-h experiential hypnosis workshops endorsed by medical hypnosis organizations. While acquiring the skills required for incorporating hypnosis into clinical practice may take relatively few hours, it is the clinician's years of professional training that permits its appropriate use.

CONCLUSION: Clinical hypnosis is an efficient and effective tool for addressing the mind/body connection for children with respiratory disorders.

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