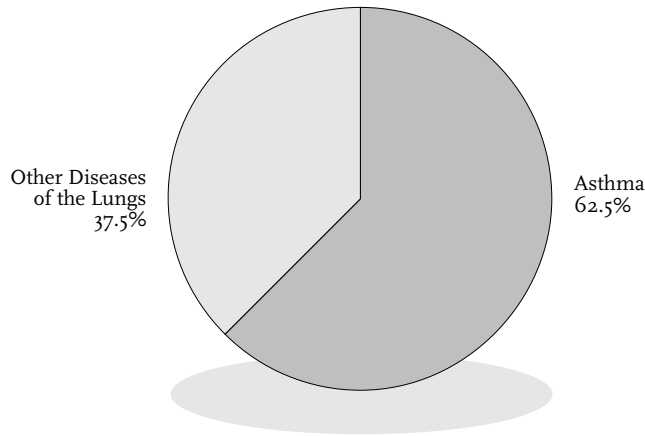


15. Remission of Respiratory System Diseases



Remission of Respiratory System Diseases

Relative Distribution by Disease



References in Chapter Fifteen = 7
References in Part Two = 334

Respiratory system diseases (ICD•9•CM* code numbers 460-519) include diseases that affect the nasal cavities, middle ear, sinuses, larynx, trachea, pharynx, diaphragm, lungs and bronchus. These can include acute and chronic respiratory infections such as sinusitis, tonsillitis, bronchitis, laryngitis, influenzas, and pneumonias; chronic obstructive pulmonary diseases such as emphysema and asthma; occupational lung diseases such as silicosis, Coal Worker's pneumoconiosis, and asbestosis. Respiratory failure, pleuisy, pneumothorax, lung abscesses, nasal polyps, pulmonary nodules, and mediastinitis are also included in this category.

All of the 7 references in Chapter 15 (2.1% of the 334 references in Part Two) are annotated. Full text of 5 case reports is included. Table One summarizes the contents of Chapter 15.

Table One: References and Case Reports in Chapter Fifteen †

Disease/Disorder	References (number)	Cases (number)	Cases (%)
Asthma	5	3	2.5%
Other Respiratory Diseases	2	2	1.7%
Totals	7	5	4.2%

† Total number of case reports in Part Two is 120.

* The International Classification of Diseases 9th Revision (ICD•9•CM) is a volume that provides an international standard for the classification of diseases. It was prepared by the Commission on Professional and Hospital Activities [Ann Arbor, Michigan: Edwards Brothers, Inc.], April

Asthma

Hypnosis in Children: The Complete Cure of Forty Cases of Asthma

DIAMOND HH

American Journal of Clinical Hypnosis 1: 1958; 124-129

Extracted Summary

Hypnotherapy is not necessarily a replacement for vaccine therapy in the treatment of asthma. But in those cases where vaccine therapy has poor results, hypnosis can be a very effective adjunct to our medical armamentarium in the treatment of childhood asthma. Moreover, never is it to be used simply to suppress the asthmatic attacks without thoroughly explaining the causation of the asthma.

In some cases removal of the emotional or environmental factor alone is enough to drop "down the mountain" far enough to fall below the "asthma level." Asthma might be the visible manifestation of some well-hidden deep-rooted psychosis which if not handled properly could very well cause some much more serious symptom than asthma. Thorough understanding of this fact is vital, and sympathetic and competent handling is necessary.

SELECTED CASE REPORTS

My oldest patient was 13 years of age, with asthmatic symptoms since the age of three. She had been tested for allergens three times by three different allergists, had received vaccine therapy over a period of ten years, with asthmatic attacks as often as ten times a month, year round in duration with some seasonal increase in the spring and also in the ragweed season. She came from a family in which her parents had been divorced, and she lived with her mother. Her mother had never remarried, but the father had married again, apparently happily, and had two other children by the second marriage. By hypnoanalysis, after three sessions varying from 30 to 45 minutes in length, she was regressed to her first asthmatic attack at the age of three, which occurred in the home of her father with his new wife and their new baby. In a jealous rage she threw herself on the floor, held her breath, and received such satisfactory attention that this episode, completely forgotten by her conscious mind, was the basis of a great deal of her asthmatic syndrome. When it was explained to her, immediate improvement was noted. After two more sessions for reinforcement of the therapy, she has now been symptom-free for the past four years.

My youngest case was a five-year-old white boy who had a history of allergy starting almost from birth. He was allergic to milk, egg, and vitamins of all kinds but had done well on a limited diet until the age of three, at which time his history of asthma started, which occurred at irregular intervals two to three times a week all the year round with no seasonal exacerbations. Skin testing revealed nothing significant other than various

food sensitivities, but even on an elimination diet the child continued with his asthma. He proved to be an excellent subject for hypnosis, entering into a deep state on the second treatment. He was regressed, and he was able to tell of his first asthmatic attack on his third birthday, when his new baby sister came home from the hospital and became the focus of attention for all the family, and he became so upset that he had his first asthmatic attack. In four subsequent sessions the reason for his asthma was explained to him, that he had been jealous of his baby sister because he thought everyone loved her more than him. He was told that of course he knew now that this was not true, that everyone loved him just as much, so that hereafter he did not need his asthmatic attacks to focus attention on himself. He readily agreed to this and, after a total of six sessions varying from 30 to 45 minutes in length, ceased his asthmatic attacks except for an occasional food indiscretion. He has been symptom-free now for three years.

A third case is a white female, eight years old, with numerous allergies by skin testing to grasses, trees, house dust, mixed bacteria, and ragweed. Vaccine therapy the year round gave poor results, as her asthma continued unrelentingly, and the parents, desperate for help, asked that I try hypnotherapy. After several sessions the child was deep enough in hypnosis for hypnoanalysis to be tried, and she regressed by this method to her fourth birthday, at which time she pictured vividly a fire which she had inadvertently started in her parents' garage, which had burned this structure to the ground. Horror-stricken and remorseful at the holocaust caused by her

act, she had never told her parents that she had caused the fire. She did not even recall the fire in her conscious mind, since when brought out of her hypnotic state she could not remember having told me of the event. Her asthma started about ten days after this accident

occurred, and under hypnosis this was explained to her and reinforced at several sessions. The asthma stopped abruptly, and she had been symptom-free for two and a half years.

Hypnotic Treatment of Asthma

Real and Illusory Results

EDWARDS G

British Medical Journal 2: Aug 13 1960; 492-497

Extracted Summary

Six patients admitted to hospital with severe asthma were treated by hypnotic suggestion. Five were subsequently followed for not less than one year. Patients were assessed both by their subjective testament and objectively by spirometry: It was found that an adequate assessment could be based only on a combination of these methods. With this double assessment it was apparent that hypnosis benefited a patient in one of two entirely different ways, either by effecting physiological improvement (decrease of airways resistance) or by producing psychological improvement (decreased awareness of airways resistance). The distinction between these two responses has not often been adequately stressed. The implications of these findings for psychosomatic theory are discussed.

While in hospital one patient failed completely to respond to hypnosis, and one responded poorly. Four had subjectively complete remissions, but in only two of these was remission objectively complete. Immediate response to hypnosis (before and after sessions) was usually poor, but this could be explained by the content of the suggestion. Speed of remission could be as fast with hypnosis as with physical methods. Three patients relapsed within days of going home, but two of these again went quickly into remission. Of the four patients originally responding well, two thought that their condition during the year after was much better than in previous years. Two out of these four patients were readmitted because of asthma.

These results cannot be interpreted as valid evidence for or against the value of hypnosis: An uncontrolled series of six patients can be regarded only as a pilot study. The results do, however, strongly suggest that a controlled clinical trial of hypnosis would repay the effort. The particular value of hypnosis may be as an alternative to steroid treatment.

Remission of Intractable Asthma in a Child During Psychotherapy of the Mother

BIEN RF

Journal of Asthma Research 7(1): Sep 1969; 47-51

Extracted Summary

A detailed case report is presented of a 29-year-old woman who participated in 41 psychotherapy sessions in 8 months in order to help her son who suffered from severe asthma. It was thought that if the emotional atmosphere around the child could be improved then, perhaps, his asthmatic attacks could be reduced. As the sessions progressed, the boy's asthma attacks became less frequent and also less severe.

On follow-up four years after the end of the psychotherapy sessions the woman reported that her son still gets allergy shots once a week but rarely misses a day of school because of asthma.

Bronchial Reactivities to Acetylcholine and IgE Levels in Asthmatic Subjects after Long-Term Remissions

MURANAKA M; SUZUKI S; MIYAMOTO T; TAKEDA K; OKUMURA H; MAKINO S
Journal of Allergy and Clinical Immunology 54(1): July 1974; 32-40

Extracted Summary

Serum IgE concentrations, IgE antibody titers to mite allergen, the number of blood eosinophils, the number of positive scratch tests, and the bronchial reactivity to acetylcholine were examined on the following 3 groups: (1) asthmatic subjects who had been in remission for 3 years or more; (2) asthmatics currently having asthma attacks; (3) normal healthy control subjects. Mean values were all higher in the asthmatic groups than in the controls. Differences between the 2 asthmatic groups were insignificant except for the acetylcholine inhalation tests, in which asthmatics in remission had lower bronchial reactivity than active asthmatics. In the former group, decreases in bronchial reactivity to acetylcholine after remission were observed in 7 of the 9 subjects. No correlation was obtained between bronchial reactivity and serum IgE. Of 7 asthmatics in remission having high serum IgE levels, 6 showed low bronchial responsiveness to acetylcholine, while the remaining one retained marked bronchial hyperreactivity. These results indicated that the atopic disposition of asthmatic subjects persisted but the bronchial reactivity to acetylcholine might decrease after long-term remission.

The Treatment of Asthma in Children Through Acupuncture Massage

HOSSRI CM
American Society of Psychosomatic Dentistry and Medicine. Journal 23: 1976; 3-16

Extracted Summary

Asthmatic crises in children have been successfully treated by manual stimulation of the acupuncture points in combination with hypnosis. With this treatment, it is possible to alleviate respiratory distress; nasal breathing returns and the bodily defenses against disease are restored.

Detailed descriptions of the relaxation techniques used to induce hypnosis and the location and methods of stimulation of the acupuncture and reflex points are presented.

The author advocates the use of hypnosis and manipulation of the acupuncture points as complementary techniques for the treatment of asthmatic crises, and reports that with the use of these techniques, elimination of asthmatic crises was achieved in 95% of the cases studied.

Other Diseases of the Lungs

Spontaneous Disappearance of a Calcified Solitary Pulmonary Nodule

ROSENOW EC III; FONTANA RS; ANDERSEN HA
Chest 59(3): March 1971; 338-340

Extracted Summary

Two patients are presented who had spontaneous disappearance of a calcified solitary pulmonary nodule. The mechanism of this uncommon event is unknown, but various theories are discussed.

SELECTED CASE REPORT

Case 1: An asymptomatic 28-year-old man was first seen at the Mayo Clinic in 1959 for evaluation of a 2 centimeter nodule situated in the peripheral and posterior portion of the left midlung field. The nodule had been discovered on routine x-ray examination of the chest. Tomography demonstrated calcification typical of granuloma. The histoplasmin skin test gave positive result and the tuberculin test a negative result. The patient returned in 1969 after left pleural effusion developed. The effusion

was minimal and did not recur after thoracentesis. No explanation could be offered for the disappearance of the nodule, noted at this time, and unfortunately no interim roentgenograms of the chest were available. Bronchoscopic examination performed because of the remote possibility that the nodule might be obscured by an atelectatic left lower lobe gave negative results. The patient could not recall coughing up anything resembling a broncholith.

Spontaneous Disappearance of a Chronic Mediastinal Mass

CHAPMAN KR; REBUCK AS
Chest 87(2): Feb 1985; 235-236

Extracted Summary

The benign clinical course, lack of roentgenographic change over several years, and the sudden disappearance of the mass after expulsion of its contents into the tracheobronchial tree are most compatible with the diagnosis of bronchogenic cyst.

In this report a case of spontaneous disappearance of a chronic mediastinal mass is described.

SELECTED CASE REPORT

A 78-year-old woman was referred for assessment of a non-productive cough and abnormal findings on chest roentgenogram. Physical examination showed a healthy-looking elderly woman with no abnormal chest findings. A PA chest film showed a 4 centimeter rounded mass just below the right hilum. A lateral film identified a prominent mediastinal mass. Review of old films confirmed that this lesion had been present and unchanged for five years. Tomograms and a CAT scan of the thorax

outlined a noncalcified mass in the retrocardiac space. At fluoroscopy, this mass was nonpulsatile. The patient declined further investigation. Two years following initial presentation, she experienced a sudden paroxysm of coughing and produced a large amount of mucoid sputum. A subsequent chest x-ray film showed that the lesion had disappeared. The patient remains clinically well with no further roentgenographic changes two years following this episode.