**Commentary Addressing Concerns Raised by Dr. Slovarp and her Esteemed Colleagues**

The passionate obtuse commentary by Dr. Laurie Slovarp and her colleagues[[1]](#endnote-1) about our previous publication[[2]](#endnote-2) appears to find fault with terminology, clinical diagnosis criteria, and treatment of children. While we will address the concerns expressed, our purpose in that commentary was to place the interesting data of Fujiki and colleagues into perspective. Dr. Fujiki and colleagues retrospectively examined children with nonspecific cough seen at an otolaryngology clinic between 2010 and 2022. The unique contribution of the publication was the comorbid behavioral health diagnoses of the children. Treatment in the form of behavioral cough suppression therapy required multiple sessions for half of the 151 children. Reduction of symptoms but not cough cessation was described in most children.

By the time Fujiki and colleagues published their data, cough cessation had been described by “the art of suggestion” in 1966 by an astute allergist who described 6 children seen in his practice over 6 years. He cured them of their chronic coughs by what he called, “the art of suggestion.”[[3]](#endnote-3) Dr. Berman further stated that the children remained free of cough during an extended follow-up. In 1991, Dr. Weinberger and his colleagues published the identification, treatment, and outcome of 9 children with habit cough and arrived at the conclusion that “*the classical habit cough syndrome is amenable to immediate relief and long-term cure for most children with a single session of appropriate suggestion therapy.”**[[4]](#endnote-4)*

Suggestion therapy had been the standard of care at the University of Iowa Pediatric Allergy and Pulmonary clinic since the clinic’s inception in 1975. In 1996, the electronic record was utilized to identify 140 patients diagnosed from 1995 to 2014 with habit cough based on their clinical presentation.[[5]](#endnote-5) Normal spirometry and sometimes a chest x-ray was sufficient to eliminate the likelihood of a pulmonary disease. Four other major referral centers, SUNY, Upstate Medical University, Rainbow Children’s Hospital in Cleveland, and Brompton Hospital in London[[6]](#endnote-6) also had been diagnosing habit cough based on the unique clinical presentation without extensive evaluation.[[7]](#endnote-7)

Following retirement from the University of Iowa, Dr. Weinberger received a phone call on February 5, 2019, from Dennis Buettner, a desperate father. He described his twelve-year-old daughter was having a chronic cough consistent with habit cough for 3 months. Suggestion therapy by teleconference provided cessation of cough. Dennis placed a video of that procedure on YouTube.**[[8]](#footnote-1)** Emails from over 100 parents (and some adults) who had seen the video described that their child with habit cough stopped coughing as a result of viewing the video. This was suggestion therapy by proxy.[[9]](#endnote-8)

The above narrative provides a scenario outlining the identification and treatment of habit cough. Dr, Slovarp and her colleagues express concern about terminology. In his 1966 publication, Dr. Berman related that he carefully considered the terminology to apply to this unique type of cough. The terms habit cough and treatment by suggestion used by Dr. Berman were continued by us because of the same convincing rationale discussed in his article.3

Dr. Slovarp and her colleagues admonished us for not being in accordance with Guidelines when we referred to the disorder as “habit cough.” Before acting as if the Chest Guideline publication[[10]](#endnote-9) had been handed down from Mount Sainai, they should have first read the published letter that addressed the Guideline.[[11]](#endnote-10) That letter stated that habit cough “*is described in seven published observational studies that cover a 52-year period from 1966 to 2018. In all seven publications, the observations were of children with chronic repetitive dry daily cough that was absent once the child (or adult) was asleep.”* That was also the basis for the diagnosis among 140 children who were diagnosed at the University of Iowa over a 20-year period. The same criteria were used to diagnosis 55 children over 6 years at the Brompton Hospital in London.6 The Chest Guideline committee neither had word from a higher authority nor data to support a rationale for a change in established terminology.3,4,5,[[12]](#endnote-11)

Dr. Weinberger had been on that Chest Guideline committee, invited by the Chair of the Committee, Dr. Richard Irwin. When he saw that the committee was making unsupported recommendations, he provided the whole committee with data regarding habit cough and suggestion therapy in children. Dr. Irwin objected to providing the committee with what was essentially a minority opinion. Dr. Weinberger was perfunctorily discharged by Dr. Irwin from the committee. Dr. Bruce Rubin, who had also been on the committee, resigned from the committee in protest. There is an old saying about committees, *“a horse designed by a committee is likely to end up a camel”* or worse.

Expert Panel repeatedly errored by indiscriminately reporting bubba meises as if they were factual. For example, the Guideline9 stated that diagnostic and therapeutic trials be performed to exclude all other causes of cough. That recommendation, when followed, substantially increases the duration of the cough, and the multiple ineffective medication trials iatrogenically create further morbidity. A major bubba meis by the Expert Panel was *“that school phobia and fear of rejection were common precipitating or perpetuating factors for the cough.”*9Their reference for that statement was an irrelevant study of 32 young adults with chronic cough, 20 of them had a psychiatric disorder.10The mean age of children with habit cough was 10 years in Iowa, London, and the archives of the Mayo clinic (Rochester MN).5,[[13]](#endnote-12)

So, let’s not be silly and call a habit cough a tic or somatic cough. A tic is an uncontrolled sudden, repetitive movement or sound. Tics involving movements are called motor tics. Tics involving sounds are called vocal tics. A cough is readily recognized as a cough, not a vocal tic. What about calling it a somatic cough? That term simply has no specific meaning. Habit cough, in fact, is a habit disorder in that it is a repetitive, unwanted behavior that persists due to underlying problems with inhibitory executive neurocognitive control. Suggestion therapy, by direct contact, by teleconference, or by proxy results in habit reversal and has provided cough cessation for hundreds of children.

Let’s stick to facts based on the available information. If a speech and language professional can provide cough cessation with a single visit, as demonstrated with suggestion therapy, that indeed provides a potential resource for physicians diagnosing habit cough. Pediatric pulmonologists should be able to diagnose habit cough based on clinical presentation as many already do, and many are effectively treating habit cough in their practice with suggestion therapy. Let’s stop the nonsense of authoritative committee decisions creating fatuous comments not based on facts. Our patients deserve nothing less than the cough cessation that is attainable for most with suggestion therapy.

**Addendum:** Publications are available at Dr. Weinberger’s web site [www.milesweinberger.com](http://www.milesweinberger.com)

An uberfan web site [www.habitcough.com](http://www.habitcough.com) created by Dennis and Bethany Buettner contains their documentary and interviews.

Miles Weinberger MD and Dennis Buettner

**References**

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