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DON'T PANIC!

HOMOEOPATHIC MEDICINES TO THE RESCUE
by Sarah Saunders & Alastair Gray

Panic attacks are marked by a distinct period of intense fear or discomfort in which a group of four or more symptoms happen quickly and reach a peak within 10 minutes. Anxiety is probably the most basic of all emotions and most people have felt some form of anxiety during their life. Anxiety experiences can vary tremendously in their severity, from mild uneasiness to extreme terror and panic.

Anxiety is a response to perceived danger. Scientifically, immediate anxiety is termed the "fight/flight" response because all its effects are aimed at either fighting or fleeing danger. Anxiety manifests itself through three separate systems. The mental system includes all feelings such as anxiety, nervousness and panic. The physical system includes physiological symptoms such as sweating, palpitations, dizziness and breathlessness. The behavioural system includes activities such as pacing, foot tapping and avoiding situations that may make you nervous, such as public speaking.

When danger is perceived or anticipated the brain sends messages to the autonomic nervous system (ANS). The ANS has two subsections: the sympathetic nervous system (SNS) and the parasympathetic nervous system (PNS). The SNS is the fight-or-flight system that gets the body ready for action and the PNS restores the body back to its normal state. Neuro imaging techniques have provided evidence that the limbic system in the SNS governs emotional aspects of behaviour, and that anticipation of emotional anxiety may stimulate the limbic system which in turn sends excitatory input to the inspiratory area to increase the rate and depth of breathing.

The two areas of the limbic system in the brain most actively involved in stress and fear are the amygdala and the hippocampus.¹ The amygdala is directly connected to the visual cortex and allows us to jump out of the way when we see something dangerous. The hippocampus allows us to learn and remember. As a response to danger the amygdala immediately signals the adrenal glands to pump

adrenaline into the blood, triggering the release of the stress hormone cortisol. The hippocampus is hypersensitive to cortisol, and puts all of our cognitive functions on the alert. Cortisol and other chemicals remain in the body until they are destroyed by chemicals from the PNS; we are then restored to a relaxed state. However, adrenaline and noradrenaline take some time to be destroyed, so even after the anxiety has subsided we can be left feeling jittery and anxious.

Panic attacks

One theory on the cause of panic attacks is that they are due to the buildup of stress hormones in the body. If there is a buildup of stress in the person's life, and the stress has resulted in increased cortisol that has been chemically maintained in the body even after the stressor has gone, panic attacks can occur. High levels of cortisol in the body keep you hyper-alert. The long-term impact of increased cortisol affects the sensitive hippocampal neurons in the brain, which start to shut down, causing the interlinking dendrites to start shrinking, meaning they are unable to make the necessary connections. A consequence of sustained cortisol is that you may start to forget things. It is believed that in some cases mental processes can become "frozen".

Another theory is that for some people the pain or trauma of a past event may be too great, and the memory of it is disconnected from normal emotional processing which takes place in the hippocampus. The pain or trauma of the event is pushed from consciousness, but the emotions return in the form of a panic attack or post-traumatic stress syndrome. This theory explains why some sufferers can wake in the night with a panic attack or an attack can come on suddenly without the person being aware of having experienced any resurgence of their previous trauma.

High levels of cortisol also affect serotonin levels. High serotonin levels are directly associated with depression, which explains why



depression is a very common symptom in people suffering from stress or panic attacks, with one-third of people with panic disorder having previously experienced depression.

Panic attacks are a combination of any of the following symptoms. You may have one or all of them. See your healthcare practitioner to rule out any other complaint:

- Palpitations, pounding heart, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, light-headed or faint
- Feelings of unreality or being detached from oneself
- Fear of losing control or going crazy
- Fear of dying
- Paraesthesia (numbness or tingling sensation)
- Chills or hot flushes
- Rushes of energy shaking the body

Why me?

There are three main theories about the cause of anxiety disorders. These are biological, behavioural and psychodynamic. The biological theory says there is a genetic predisposition to panic disorder, and that if any members of your family are sufferers there is a one in four chance of inheriting the tendency. It is believed that a chemical imbalance may exist in the brain, and this can be triggered by a buildup of stress, physical illness or the use of illicit drugs such as ecstasy, marijuana or LSD. Drugs are known to increase the action of “neurotransmitters” in the brain, particularly serotonin. They also affect the hippocampus, causing reactions such as dizziness, nausea and so on. Taking drugs can alter the fine chemical balance of

neurotransmitters in the brain, which can lead to panic attacks in some people.

In many of our cases (35 per cent), patients have experienced their symptoms after the use of some contraceptive pills. The contraceptive pill is mediated through the pituitary gland in the brain. The hormones in the pill confuse the gland, preventing the release of hormones (FSH and LH) and, although not clinically proven, the change in these hormone levels has been known to trigger panic attacks. Panic attacks also often occur after childbirth, brought about by nutritional deficiencies of minerals such as calcium and magnesium.

The behavioural theory holds that once a patient has suffered from an attack, they build up a fear of having another one. Hence a vicious circle ensues: the patient is fearful of having an attack, becomes anxious, their breathing becomes more rapid/shallow and this triggers the fight-or-flight response, which can set off another attack.

The psychodynamic theory looks towards childhood issues as being the cause. In some patients the parents have been overly dominant and have had rigid views of who their children should be. The child tries hard to be a “good”, “nice” person and attempts to live up to their parents’ expectations instead of who they really are. The end result can be low self-esteem and an enormous amount of personal stress. One of the interesting things we have noticed in many of our patients is they internalise their anger and rather than verbalise their emotions, they suffer from a panic attack instead.

Homoeopathy

Homoeopathy is a natural and safe system of medicine that works with your body’s own healing processes. It is a drug-free, hypo-allergenic form of treatment and in 150 years not one homoeopathic medicine has been recalled from the market. Founded by Samuel Hahnemann (1755-1843), homoeopathy has been used as a system of medicine worldwide for more than 200 years. After 15 years of experimentation, Hahnemann found that a remedy that could ▶