



Your Anxiety

May Not Be “All in Your Head”

Sharon Heller

Are you tense, nervous, irritable, and explosive? Do you constantly worry and find it hard to sleep? Do you sometimes feel intensely apprehensive or even terrified? Are you hypersensitive to noise, bright lights, touch and odors? Do you sometimes feel spacey, disoriented and head fog? Do you fear heights or enclosed spaces?

If you answered yes to any of these questions, you may have been diagnosed with an anxiety disorder, the number one mental health problem in this country. At some point in their lifetime, one fourth of the population will become incapacitated by panic,

anxiety or abnormal fears. Some 13 percent of the general population has reported at least one phobic reaction, the most common anxiety disorder, while 10 percent will experience panic attack symptoms during their lifetime. Two and a half million Americans develop obsessive/compulsive disorder, a complicated form of anxiety disorder.

Yet, *you may not have any mental illness*. Anxiety symptoms are not specific to anxiety disorders. Any anxiety symptom can indicate a biological problem: illness; a neurological insult to the brain; sensory processing problems; misaligned skull;

something in the food you've eaten, the water you drank or the air you breathed. Biological problems from sugar imbalance to heart problems to vitamin deficiencies can produce symptoms identical to a panic attack. Head injuries, brain tumors, strep throat or encephalitis can create obsessive-compulsive disorder. Sensory defensiveness – hypersensitivity to ordinary sensation like a tap on the shoulder – can create symptoms that mimic psychiatric conditions from generalized anxiety to obsessive-compulsive disorder to depersonalization. Environmental pollutants and allergens can produce panic like symptoms.

Consider some common “mimickers” of anxiety symptoms:

- Hypoglycemia can create irritability, a fast heart beat, fatigue, lightheadedness, shakiness and panic attack
- Hyperthyroidism can cause a pounding heart, sweats, tremors and panic attack
- Hyperventilation can create muscle tension, lightheadedness, a rapid heartbeat and panic attack
- Mitral valve prolapse, a minor heart condition in which the left valve doesn't close completely, can create chest pain, palpitations, fatigue, difficulty breathing, anxiety. One out of every three panic attack victims has mitral valve prolapse.

Yet, if you're like most people, your physician or psychiatrist will assume your anxiety to be psychogenic in origin – a result of stress, sensitivity, low self-esteem, a learned fear, poor coping, dependency or negative thinking. In fact, a recent survey found that primary care physicians believe that some form of anxiety prompts at least one-third of all office visits. Rarely investigating further, most physicians and psychiatrists will dish out Xanax or Zoloft. Over 50 million prescriptions for anti-anxiety medications alone are written each year.

This is of concern. Not only do psychotropic drugs cause side effects, including increased anxiety in some and dependency, but in some cases psychotropic medication may be entirely unnecessary! Take two common anxiety and panic attack mimickers: inner-ear dysfunction and hypoglycemia (low blood sugar). Dr. Harold Levinson, clinical associate professor of psychiatry at New York University Medical Center has found in his practice that 90 percent of phobia and panic patients actually suffer from inner-ear balance system dysfunction. Medical treatment alone eliminates the phobia and panic symptoms. Hypoglycemia can be regulated through proper diet and quickly alleviate symptoms such as accelerated heart rate, sweaty palms and nocturnal panic attacks that you may have experienced helplessly for years!

Imagine the consequences of misdiagnosis and mistreatment of anxiety symptoms. A serious organic condition, such as hyperthyroidism, Lyme disease or a brain tumor can progress undetected when the solution in some cases may be simple, as with hypoglycemia. You may suffer drug side effects and possibly addiction, struggle for years in psychotherapy that is expensive, time consuming and misses the mark, and endlessly pursue self-help techniques and stress reduction strategies that barely make a dent, while your symptoms progressively worsen. In the meantime, you feel invalidated, confused, frustrated and at a loss. How do you dismantle hurdles if you don't know what they are? You assume you must be at blame – you are weird, neurotic, weak or a bad person. Unable to cope successfully with ordinary situations, you may watch your career and personal life

fall apart without knowing how to stop the downfall. Despairing of getting better, you become depressed as well as anxious.

Take Maya. Since childhood, she had suffered from anxiety and panic attacks that restricted her social and work abilities. At times, her heart beat so fast that she would run to the emergency room, certain she was having a heart attack. After a lifetime of taking various psychiatric drugs and participating in personal and group therapy, Maya was in her 40s when a doctor considered the possibility of an overactive thyroid. When this condition was verified with blood work and treated, she became a functional individual for the first time in her life and her panic attacks ceased.

Stories like Maya's are alarmingly common. Dr. Mark Gold, a psychiatrist at the University of Florida in Gainesville estimates that about 20 percent of the patients of the average psychiatrist are suffering from physical conditions that mimic symptoms resembling those of purely psychiatric disorders, like panic disorder. One research study found that out of 100 patients at a psychiatric center diagnosed by psychiatrists as suffering mental problems, 46 percent of these patients were suffering from medical problems, which either caused or contributed to their psychiatric symptoms. When properly diagnosed and treated, 61 percent showed a dramatic clearing of

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psychiatric symptoms. Had the misdiagnosis not been caught, the authors concluded that all these patients would have been committed to state mental institutions. After reviewing studies such as the above, Joan Rittenhouse of the National Institute of Mental Health concluded that up to 81 percent of all psychiatric patients, both in-patient and out-patient, probably have misdiagnosed physical disorders, including potentially lethal misdiagnosed cancers. She noted an increase in lawsuits against therapists who failed to investigate a possible physical disorder among patients that they had been seeing for more than a year.

And this research only covered medical causes of anxiety. If you include other anxiety mimickers, such as sensory processing problems which may afflict as much as 30 percent of the population, learning disabilities, minor head injury, food allergies, inner-ear dysfunction and others, the incidents of misdiagnosis are far higher.

How do you know if the primary trigger of your anxiety symptoms is psychological or biological? Here are some guide-

lines for biologically-induced anxiety or panic. You experience:

- Sudden, unexplainable and random panic
- Irritation or even panic to bright lights, loud or piercing noises, odors others don't notice, light touch, certain textures or crowds
- Sickness or light-headedness from chemicals in the environment that others find innocuous



- Giddiness when confronted with heights or vast space, easy loss of balance, vertigo
- Disorientation, confusion or spaciness
- Sudden change in behavior or feelings radically different from usual
- Anxiety or panic in absence of obvious psychological markers: relationship problems, low self-esteem, unstable emotions, moodiness, non-productivity
- Anxiety predictably at certain times of the day – following a meal, or after consuming too much sugar, carbohydrates or caffeine
- Anxiety predictably in response to: smoking cigarettes, exercising, feeling uncomfortably hot or cold, feeling overwhelmed by an overstimulating environment, being under the influence of drugs or alcohol or when trying to stop consumption, being ill, menstruation, childbirth or menopause
- Heightened agitation, tension, anxiety or panic that has not responded effectively to psychotropic drugs or therapy

If you suspect your anxiety may be biologically triggered, what can you do? To start, if you suffer any disorder that is “managed” with psychiatric drugs, you need to learn to acquire knowledge and have a collaborative rather than authoritative relationship with your doctor. Next, you need to explore natural treatments that, without side effects, help to get integrity back into the nervous, immune and hormonal systems. And you will need to sift through the many possible non-psychological triggers of anxiety symptoms: sensory, medical, nutritional, neurological, neurocranial, musculoskeletal or environmental. Once you know the cause of your symptoms, you can begin to determine your treatment protocol: medication, psychotherapy, stress reduction, nutritional changes, herbs, surgery, exercise, body work, sensorimotor activities, detoxification, environmental modifications.

Many of you will find your anxiety and panic to have multiple determinants, as mine did, and you will need to take a holistic diagnostic and treatment approach. After 20 years of having symptoms such as head pressure, dizziness, head fog, unsteadiness, weakness, hypersensitivity and nervousness misdiagnosed as *only* stress, I became my own detective and discovered the core of my problems: minor head trauma, sensory processing problems, candida overgrowth, food sensitivities, leaky gut syndrome, sugar sensitivity, chronic fatigue, chemical sensitivities and poor detoxifying. It was not until I began treating these symptoms through a raw food diet, nutritional supplements, neurocranial restructuring, yoga, meditation tapes and a sensory diet that my “anxiety” started to dissipate.

Sharon Heller, Ph.D. is a developmental psychologist and author of four popular psychology books, including “Too Loud, Too Bright, Too Fast, Too Tight, What to do if you are sensory defensive in an overstimulating world” (HarperCollins, 2002). She lives in Delray Beach, Florida. Her personal health journey led her to research and discover the many different conditions that produce symptoms of anxiety and panic, culminating in the writing of “The Anxiety Myth: Why Your Anxiety May Not Be All in Your Head But from Something Physical.”

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