

Integrative Treatment of Anxiety with Panic Attack and Agoraphobia in no Responder Patients to Conventional Treatments: A Role of Physical and Rehabilitation Medicine in Psychiatric Contexts

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Description

This short communication explores the results of integrated treatments in patients suffering of panic attacks with agoraphobia with the aim of proposing integration with these approaches with the conventional pharmacological and psychological therapy mainly employed. The idea of finding an integrated approach for the treatment of anxiety with agoraphobia rises considering the fact that a lot of patients suffering of this condition do not find a good result with a conventional approach. Although the main conventional treatments of this condition are constituted of pharmaceutical therapy and psychological intervention these approaches present some limits [1].

"Medication treatment of anxiety is not a panacea and is associated with significant long-term risks, not the least of which is drug dependency and dementia also cost benefit limits." The same author claims "One of the biggest challenges with psychological interventions, is that many people are resistant to doing them, preferring the anonymity and the assumed effectiveness (without considering the risk) of medications."

Recent studies underscored an evidence of integrative treatment in patients with psychological disorders. Magnetotherapy stimulation represent for example a non invasive method reliable and safe for the treatment of these [2,3]. "Recent studies have provided evidence that Non-Invasive Brain Stimulation (NBS) targeting the Prefrontal Cortex (PFC) can affect the regulation of stress-related emotional responses." Magnetic field can evoke a resonance system with the alterations of some brain frequencies detected with Electroencephalogram such as alpha waves.

For example past study shows that PEMF to the top of the head at 10 Hz alpha also decreases higher anxiety-associated frequencies, adding to the anxiety treatment benefit. Also acupuncture is commonly recognised such a valid option [4,5]. The stimulation of specific points acts on peculiar bio-neuro-endocrine pathways producing a rebalance of serotonin and dopamine and resulting also in a miorelaxation process. Low level laser therapy is a promising field of application for these patients. Even literature explores the role of photobiostimulation related to red lights it is also possible to treat acupoints with a low level laser therapy in order to stimulate the spine thalamic pathways [6].

Homeopathy it is nowadays a controversial topic [7]. Some studies showed not differences of its action versus placebo but studying the methods of prescription of the same homeopathic remedies it appears a possible lack of knowledge of the same *Materia Medica* the gold standard

for using this therapy. Infact the main goal of homeopathy is a patient centred prescription using different remedies with different dilutions depending on the patient. There are good results in a personalized approach. Mainly the remedies that can work on anxiety are Gelsemium, Argentum Nitricum and Ignatia Amara. Furthermore Homeopathy presents no side effect so it is a safe therapy also integrated with conventional therapies with no interactions with the pharmacological approach.

In my experience i found a strong improvement treating patients with ah high degree of anxiety with agoraphobia evaluated with recognised tools [8] such as evaluation scales, Panic Attack and Anticipatory Anxiety Scale ((PAAAS) by Sheehan in 1984 and Hamilton Rating Scale for Anxiety (HRSA) by Hamilton in 1959. The integrative approach did not present any side effect or integration with conventional approaches and allowed these patients to a reincorporation in pharmacological and/or psychological therapy. The role of physical and rehabilitation medicine it could be a valid help to the specialist in psychiatry and to the psychologist due to the knowledge on behalf of the physiatrist of physic means therapy and of an interpretation of the disease in a patient centered way [9].

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