

Solving Panic Attacks and Anger Attacks

Surprisingly, these “diseases” are often caused by the same basic sugar phenomenon, called hypoglycemia. You may add adult onset phobias and perhaps some compulsions to that list as well. In spite of Big Pharma's advertising, drugs cannot help and often make these "non-diseases" worse.

How can simple sugar handling" or "excess sugar" do all this? Let's explain this mechanism a bit to make it simpler. If you eat an apple, you first chew it up into small pieces in the mouth. This allows a very small portion to be “sampled” directly into the bloodstream while in the mouth. This sample allows the body to adjust insulin release according to this sample – sort of a “sugarstat”.

One apple contains about 3 teaspoons of sugar, along with fiber, vitamins, minerals, water, etc.

The body releases enough insulin for this much sugar. It will take about 3 hours for the digestion and extraction of all these nutrients and the released insulin will last about this long as well.

In this case, there is an immediate jump in glucose in the bloodstream, but this quickly goes back to normal as the insulin is released and it stays fairly close to normal for the three hours.

If you drink a glass of cider that has the same amount of sugar as one apple, the story is quite different. Here, the input is direct and the sugarstat thinks that you have eaten many apples and releases much more insulin. However, because this digestion takes only a few minutes instead of 3 hours, there is way too much insulin released. It's the speed of digestion that fools the sugarstat. When we primates were evolved, there weren't any cider presses, just apples.

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The brain operates on oxygen and insulin and there are several different mechanisms that try to keep both going to the brain thru the bloodstream. First, stored glucose is released by a surge of adrenalin. This stored energy is released in case a “flight or flight” response is needed. However, this stored sugar doesn’t last too long and the body starts to convert fats into sugar. At about 3-4 hours, this and other systems fail and there is a “hypoglycemic dip”, where glucose becomes very short in the blood. At this point, hormones are released which can be converted quickly to glucose. Fainting and near fainting is not uncommon here.

These are the sex hormones, primarily, testosterone in men and estrogen in women. What happens when these sex hormones are mixed with adrenaline?

In many men, this mixture can cause anger. In many women it can cause anxiety. In others, either men or women, it can cause panic, anxiety, or even fainting. In 1981, I was the first to write about adult onset phobias being caused by this hypoglycemic dip in the Behaviorist Journal. If you are driving a car and this “dip” causes you to almost faint, you may become phobic while driving. If you are going over a bridge, your mind may associate “a bridge” with the fainting and you become phobic about driving over a bridge. (I’ve actually had two such cases.)

For men or boys, this anger is probably the cause of much “road rage”, bar fights and spousal abuse. Show me a man who changes personality when drinking and I am sure that he has hypoglycemic problems! There's even an MMPI (Minnesota Multiple Personality Profile Inventory) for this type of pseudo schizophrenia in men.

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How do you diagnose this problem? Not easy, since MD's ignore it. The first clue is when do you get anxious, angry, or panicky? How long after a high carb and sugary meal? If it's in the 3-4 hour range, that's a good clue. One definite problem is that very few MD's or even hospitals are very knowledgeable about giving the Glucose Tolerance Test (GTT).

This test is more often done wrong than perhaps any other medical test used. These are the common mistakes made by medical practitioners and hospitals found in a survey in Orlando Florida in 1982:

1. They just give the standard 10 oz bottle of ultra-sweet dextrose to anyone and it's way too much for a child or a small person. There is a weight/volume slide rule that should be used, but usually isn't. At 6' tall and 195 pounds, I should take only 7 ounces!
2. They do not test all the way to 5-6 hours. Sometimes, the dip comes later with individuals.
3. The measurements are too mechanical. I (and most other knowledgeable practitioners) believe that the patient should be advised strongly to let the person (usually a nurse) giving the glucose test know if and when they experience any symptoms at all from yawning to headaches, etc.
4. Between 3 and 4 hours of the test is the most likely time for most persons to experience severe hypoglycemia, even passing out in some cases. It is a good idea to test at the 3 1/2 hour mark, if no other symptoms are noted.
5. Never let the patient leave immediately after concluding the test. Have them eat some fast digesting food. I often used a few ounces of freshly squeezed orange juice, in season and out of season, or a handful of peanuts and raisins. Many people have left an MD's or a clinic/office and passed out on the street, or even perhaps had an auto accident.

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Now, if you know, or at least suspect that you may be hypoglycemic - what can you do? The obvious answer is to eat less high carb and sugary foods.

If you, like me, are addicted to such, then another possibility is to carry around a zip lock bag with a mix of about 5 peanuts to one raisin. Every 2 hours after meals, take a small mouthful and eat that. The raisins quickly raise blood sugar and the peanuts provide long term sugar.

A couple came to me in the late 80's for marriage counseling. It seems that she worked for him building boats and every afternoon, around 3:30, he inspected her work and got angry and called her names. She wanted a divorce. After questioning him about his lunch and finding that it was a sugary soft drink, a white bread sandwich and a candy bar, I suggested the wife make up a ZIP bag of peanuts and raisins and every day 2 hours after his lunch, make sure that he ate a handful of this mix. The following week, they returned a completely different couple. His "undifferentiated" anger directed at her was gone. I gave them more advice about this form of hypoglycemia and they left. How many psychologists or psychiatrists even know about hypoglycemia?



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