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Western Historical Perspectives Of Panic Disorder – An Overview

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Abstract

This article deals about essential parts of the history of an idea of the panic disorder and show how vital its opinion is for clinical and research progress. Several stories and works of fiction have talked about panic disorder, an ancient examples is the Greek God Pan, from whom we derive the word "panic." The medical approach reached its peak in the first half of the 19th century and in the second half of the 19th century, anxiety symptoms began to change slowly but steadily. In the 20th century it was stated by Mayer-Gross (1954) that panic disorder was caused by genetic, biological, and psychological factors. Anxiety was divided into phobic and straightforward nervous states. In 1964, Donald Klein stated that tricyclic antidepressants like imipramine helped people with these disorders. There was also therapeutic growth in the fields of psychopharmacology and psychotherapy.

"The Diagnostic and Statistical Manual of Mental Disorders" was changed by what he observed and said. For the first time ever, a list published by the officials used the phrase "panic disorder." During the most recent few decades of the 20th century, there was a lot of discussion about some biological theories about etiology. Some of them like The "False Suffocation Alarm Theory," written by Donald Klein in 1993, and the Fear Network. These theories are accepted based on studies in cognitive, breathing, thinking, physiology, biochemistry, and lab work tests. In the last 80 years, basic and clinical research has helped us figure out panic disorders that have changed over time and how resultant treatments have changed.

Keyword: Panic Disorder, Panic Attacks, Anxiety Disorder, Agoraphobia, Anxiety.

Introduction

We want to trace many important things about the history of panic disorder and how important it is to have this diagnosis in the official classifications. The history of panic disorder is fascinating because it shows how symptoms have changed over time in the history of medicine. Berrios (1996) opined that, it might be because it is relatively new or because of the historical model used to account for traditional mental disorders isn't good enough for new conditions, like autism. The word anxiety comes from the root word 'Anshein', which means to strangle, suffocate or oppress, the root comes from Latin words like angustus, which refers to uneasiness, angor means oppression, constriction, lack of air angere, suffering, and panic (Berrios, 1996). There is an Indo-Germanic root that means "constriction or narrowness." this article deals with the antiquity of the clinical concept called panic disorder (First et al., 2002) in its many different explanations and vocabulary. Further, it also focuses on clinical studies that helped build the idea of panic disorder.

History of Panic Disorder

The Era of the Classics

There are a lot of literary and folk stories that show how anxious symptoms in the past were similar to what we now call panic disorder. People, who read Greek mythology might have heard about the Pan God, who may have been one of the first person to show signs of panic attacks. He came up with the term "panic attack" to describe when someone has an anxiety attack (Merivale, n.d.).

People alos believe that Pan was the God of sheep and shepherds. He looked scary because he had horns and half goat with a pair of legs and half man. Though, he was a very active and energetic person, but he was also very irritable. He was a big fan of

music, and he played the Syrinx, a small reed pipe that he played. In many different stories, Pan causes horror, fears, screams, terror, and pain. Pan is similar to other gods, pursued nymphs who ran away from him, whether as of how he looked or how often and quickly he showed up (Merivale, n.d.). People who had to go through the forest were afraid of him like they were other woodland Gods. If you meet one of these deities, you might have panic attacks or panic terrors because you don't know why you are afraid. Hence, people were afraid of going outside because they thought they might see Pan again and get scared. They stopped going to the market (in Greek, ágora) because they feared big, open, or public places.

Plato speaks of a person who was nervous about traveling in ancient Greece's Timaeus (Plato, 1997). Even though this depiction is usually linked to hysteria, the original text depicts a female with extreme anxiety, like panic disorder(Nardi & Balon, 2020). An animal called the uterus wanted babies. It gets angry and frustrating ,when it doesn't conceive for a long time after puberty. It moves through the body and clogs the airways, making it hard to breathe, causing pain, and causing many illnesses. Plato said that women of childbearing age are more likely to have panic disorder. He also said that trouble breathing, which is called dyspnea, is common and that pregnancy makes it go away (Plato, 1997).

Since Hippocrates and up until the 17th century, people used the theory of body fluids and he wrote about in the Corpus Hippocraticum to explain and analyze the signs and symptoms of worry (Berrios, 1996). The Corpus Hippocraticum, a group of seventy medical treatises said to have been authored by Hippocrates and his students in the fifth century AD. According to Egyptian tradition, the four primary senses of humor or fluids are blood, black bile, yellow bile, and phlegm. These senses are linked to specific things about each person, such as diseases. Hippocrates said that depression was caused by too much black bile (Berrios, 1996).

Symptoms were similar to 'Da Costa's syndrome and 'soldier's heart'. Most panic patients were referred to cardiologists, but recognizing that many of these symptoms had no physical basis took decades to develop.

Medieval and Renaissance times

Between the Middle Ages and the Renaissance, the signs and symptoms of what we now call severe anxiety syndrome were linked to those of depression. In his book, Robert Burton, an English doctor (Burton, 2012) wrote about an episode of acute anxiety, which he thought was a type of fear. "The Essential Anatomy of Melancholy" in the seventeenth century: This fear makes a person red, pale, tremble, sweat. It also causes sudden changes in body temperature like cold and heat, heart palpitations, fainting or syncope, etc (Nardi, 2006). This is what he thought of as a type of fear. Many people, who seek or exhibit themselves in public meetings were astounded. They are so terrified that they have no idea where they are or what they are doing. It has tortured them for days with constant frights and suspicions…."

Burton outlined numerous varieties of pathological anxiety in a way that is very distinct from the present scientific publications, combining philosophy and ideas from the period. He reported that delirium-induced anxiety is linked to depersonalization, hypochondria, hyperventilation, and even anticipatory anxiety, agoraphobia, and a variety of phobias, including acrophobia, public speaking, and claustrophobia. The dread of dying, loss of a loved one is a big worry, and paranoid anxiousness were among the fears he cited (Burton, 2012).

The Renaissance wasn't just a time when art helped people figure out who they were again. Still, it was also a period defined by the growth in prestige of science, and alchemy was given scientific benchmarks. Paracelsus (1493–1541) was a forerunner in the new art of questioning Hippocrates' humor rule (Stone, 2010).

Nineteenth Century

The current medical definition of panic disorder (PD) predated the eighteenth century, when psychiatry became a separate field of study. Berrios stated that individuals who have cared for patients have been aware of anxiety symptoms and disorders since dawn(Berrios, 1996). On the other hand, each symptom was treated like a different medical problem, even though they were all related to the same physical situation. People took symptoms at face value and thought they were signs of organ disease. For example, palpitations were felt to signify a heart problem. When these worries were brought up, mental illness was not brought up. These anxiety symptoms, such as tachycardia, precordial discomfort, nausea, perspiration, paresthesia, and so on, were found and categorized by clinical doctors, not psychiatrists, based on how they made the body feel (Berrios, 1996).

Since the nineteenth century, French psychiatry has studied panic disorder as acute times of trouble. It has been used to talk about a number of nosological entities, such as “Benedict Morel's emotional delirium (delireémotif), Henri Le Grand Du

Saulle's fear of spaces (peur des espaces) based on Karl Westphal's texts on agoraphobia, Doyen's morbid terrors (terreursmorbides), and From Henry Ey's severe anxiety (grandeanxiété) through Brissaud's paroxy"(Magalhães, 1997).

At the turn of the nineteenth century, Landré-Beauvais, the French doctor defined distress as "a certain uneasiness, restlessness, andextreme physical activity," and the symptoms could be linked to severe or chronic diseases(Magalhães, 1997). The phrase "cerebral-cardiac neurosis" was coined by Maurice Krishaber (1836–1883), a Paris-based otorhino-laryngologist, who related symptoms including tachycardia, dizziness, and restlessness to a single neuro-circulatory illness. Neurosis was a term used to describe a biological, somatic disorder that had nothing to do with psychiatric illness (Berrios, 1996; Merivale, n.d.).

In his Psychiatry book (1812), Benjamin Rush (1745–1813), renowned as the "Father of American Psychiatry" discovered the link between physical reasons and phobias, making connections between depression (tristimania) to hypochondriasis (Magalhães, 1997).

Anxiety's indications and symptoms were often confused with those of melancholy before 1850.

In 1858, Littré and Robin made a definition of distress as "a sense of heaviness or weight in the epigastrium, related to a considerable deal of exertion in breathing or profound mourning, this being the most advanced degree of worry." Anxiety was also defined as a "problematic and agitated situation, with breathing difficulty and precordial pressure: distress, restlessness, and anxiety are three stages of the same phenomenon, in order of intensity."(Berrios, 1996; Magalhães, 1997)

In the second half of the 1800s, there was a steady change in how people with anxiety were treated. (Magalhães, 1997; Stone, 2010). Somatic aspects began to compete for attention with potential psychological explanations, which had previously been wholly ignored. The term agoraphobia was coined in 1872 by Karl Friedrich Otto West phal (1833–1890) to describe the fear of big, open spaces. He discovered three male patients who voiced fear in large streets and open areas and were sometimes forced to approach passers-by for help (Berrios, 1996; Magalhães, 1997; Stone, 2010).

During the second half of the nineteenth century, agoraphobia and anxiety classificationsgrew more detailed and thorough (Magalhães, 1997; Stone, 2010). Benedict Morel's (1809 - 1873) research was essential while this time(Morel, 1857). Emotional delirium is a category that includes both physical and morally sensitive symptoms of the body. These symptoms have nothing to do with the signs and symptoms that are currently called psychotic.

Morel's physical complaints included hyperesthesia, perspiration, paresthesia, discomfort, hot and cold flushes, and other physiological sensations. Phobias were one of the moral symptoms. Morel's hypothesis of comprehensive degeneration included an explanation for emotional delirium. In some of Morel's cases, we may find what is currently known as Panic Disorder and generalized anxiety disorder. Physical and moral motives would be pooled with genetic elements to manifest as a sickness if the decisive circumstances – moral and physical – were present. The functional fragility of the ganglionary, visceral and neurological systems would be the starting point (Morel, 1857). Henry Maudsley (1835–1918) was the first psychiatrist to use the word "panic" (Freud, 1992) when he talked about the melancholic panic in 1879 (Berrios, 1996). In nineteenth-century psychiatry, the idea that all of the symptoms may be representations of a single construct – anxiety – was met with skepticism. The first was about neurasthenia, and Sigmund Freud included it in his studies on anxiety neurosis. Near the end of the 19th century, the two American doctors, George M. Beard, and Jacob Mendes DaCosta, played a crucial role in developing Freud's postulated anxiety neurosis (Berrios, 1996; Magalhães, 1997; Stone, 2010). Beard's book "Neurasthenia," published in 1869, was the start of a sequence of papers demonstrating the uniqueness of neurasthenia in terms of clinical description and explanatory theory. Neurasthenia is defined as physical fatigue that comes from nerves. It is a neurological concept that has to do with nerves. According to Beard, it is a sexual energy drains, like masturbation done too much, can cause the brain to lose its ability to work properly. It causes tingling, pain, digestive problems, depression, low libido, apathy, and a lack of interest in things. Beard's detailed talk about neurasthenia, which included acute anxiety as a significant component, was crucial from the perspective of anxiety. Agoraphobia, anthropo-phobia (societal horror), and the fear of traveling alone are morbid fears. As a result of Freud's criticism of Beard's work, he coined "anxiety neurosis.(Freud, 1992)"

Military doctor Jacob DaCosta (1833–1900) (Stone, 2010) described it as "the irritable heart, a functional cardiac illness" during the American Civil War. Acute symptoms for men with this illness included palpitations of various strengths that lasted from minutes to few hours, thoracic discomfort, and general discomfort. Because he couldn't find an organic heart defect or subjective circumstances associated with war, Da Costa

concluded that this was a sympathetic nervous system functional disorder. Da Costa conducted a thorough clinical evaluation for more than 300 patients. The heart becomes physiologically "irritable" when subjected to extreme exertion and tension, resulting in palpitations.

Sigmund Freud (1856 to 1939), was very interested in the symptoms and fears of what is now called panic disorder. In 1894, he coined anxiety neurosis (Angstneurose). The occurrence of anxious moods in neurasthenia was proven by E. Hecker's investigations published in 1893 and gave rise to the term. Sigmund Freud's contribution was to tell the difference between anxiety neurosis and neurasthenia and give it a clear clinical look.

Freud refers to heart activity issues, dizziness, sweating, shock, tremors, diarrhea, and pavornocturnus, among other acute symptoms, as "anxiety comparable." "These patients' symptoms must be recognized as direct harmful outcomes of disturbed sexual chemical processes," remarked Freud (Freud, 1992), "rather than being intellectually determined or eradicated by analysis."

Since Freud's early works (Freud, 1992) on anxiety neurosis, people have known that an anxiety attack is one of two basic ways that distress shows up in the clinic. The other is a chronic illness. Sigmund Freud also said that anxiety neurosis was similar to agoraphobia. A patient's desire to avoid being affected by anxiety episodes in unexpected scenarios where he wasn't sure he'd be able to receive care was referred to as agoraphobia to him. Freud also addressed the link between agoraphobia and panic episodes in his writings on neurotic anxiety, which is now thoroughly researched.

Psychiatry in the United States has long thought almost always, agoraphobia is a side effect of panic disorder. This idea is shown in the DSM-IV-TR(First et al., 2002). A different view, more in line with European psychiatry, is that agoraphobia is a separate disorder that may not start with panic attacks. This is what the 10th amendment of the "International Classification of Diseases (ICD-10)" says (World Health Organization, 1992). If the primary diagnosis of agoraphobia can't be found, a second diagnosis of panic disorder with agoraphobia is made.

Twentieth Century – First Half

Even though some ideas about how psychological factors might cause anxiety were studied in the twentieth century, anxiety symptoms were still caused mainly by inherited and biological factors.

When Pierre Janet wrote about psychasthenia in 1903, he said it was an anxiety disorder with physical and compulsive symptoms. He said that these signs were caused by a breakdown in feelings and a return to more basic actions. Janet thought that there were five types of psychological performance: The harmonious reality function would be at the top of the list, followed by automatic and habitual activities, imaginative functions, emotional and visceral reactions, and muscle movements.

Anxiety is one of many mental illnesses that the word and its definition would be able to cover. Anxiety and anxiety were side effects of the breakup, but they were not the leading cause. When Janet wrote his book in 1926 (Nardi & Freire, 2016), he talked about a woman named Madelaine who was 40 years old and had acute anxiety symptoms and could have panic attacks because of her constitution.

Emil Kraepelin(Kraepelin, 1990) wrote about the terror neurosis (Schreckneurose) in 1907. Kraepelin says that panic attacks are caused by how the person is feeling, which is why they happen. His best-known book, Psychiatrie, is now in its sixth edition. This is what Kraepelin said about agoraphobia in his 1899 book, EinLehrbuchfürStudiend und Arzte. He said that anxiety attacks with many physical symptoms were linked to agoraphobia. He said that reducing symptoms doesn't always mean a decrease in agoraphobia, which could last for a long time.

When Ernest Kretschmer discussed about panic in his book, "Medical Psychology," he called it "an outpouring of attempted impulsive actions" meant to get the person away from what was making them scared or excited in the fastest way possible.

If you look at the fear of space that Legrand Du Salle's, you can see that he was afraid to be afraid. If you're a person, you're a psychobiological person, says psychiatrist Adolf Meyer (Brodsky, 2004), who helped write the DSM-I and DSM II (Horwitz, 2014). He says that any mental illness responds to how the person is living in the world.

Psychosis and neurosis are two separate parts of the identical mental spectrum that runs from one extreme.

It was 1946, a Brazilian psychiatrist named Henrique Roxo broke down neurasthenia into psychasthenia and anxiety. It was all part of psychasthenic. Obsessions, fears, and impulses were all there. Nervousness was a sign of anxiety, and the patient felt a sense of discomfort that was hard to explain. Kinesthesia problems played a big part.

When Roxo talked about the symptoms of the two groups of neurasthenia, which are now called syndromes of depression and long-term and short-term anxiety, he said that anxiety attacks are linked

to the symptoms of both groups. A mix of environmental, psychological and genetical factors led to the problem. The treatment was a mix of new drugs that were supposed to work differently for each type (Nardi, 2006).

The Later part of the Twentieth Century

Throughout the latter part of the 20th century, there were many changes to how psychiatry was done. Psychiatric diagnoses were also changing and changed in the name of accuracy. Psycho-pharmacological substances also played a big part in therapy. In the 1950s, mono-amino-oxidase inhibitors and tricyclic antidepressants were found to help people. In 1954 that Mayer-Gross (1889–1961) divided anxiety into two types: basic anxiety and phobic anxiety. This was based on genetic, biological, and psychological factors. Agoraphobia, as well as physical symptoms, were some of the other things. After that, the benzodiazepines were added. Imipramine, a tricyclic antidepressant, worked well for people with depression and anxiety, says a New York psychiatrist, Donald Klein (Klein, 1964) and his patients were not happy with the paraphernalia of imipramine after a few weeks. They were about to stop the study when nurses told them that the patients were less worried. Klein found that imipramine worked well for panic attacks but not long-term stress (Klein, 1964). A better way to treat panic attacks has now been opened up. People didn't go to the nursing station as they were more independent, going around the hospital on their own.

Because of panic attacks, he also thought agoraphobia was caused by not being able to go outside. At first, people who didn't like bridges or closed places didn't like the idea of having a panic attack that made getting out or getting help difficult or impossible. This is called agoraphobia.

Klein has recently developed three different types of panic attacks: situational, spontaneous, and those caused by persistent phobic stimuli (animals, height, darkness, etc.). This led to the DSM-III, or "Diagnostic and Statistical Manual of Mental Disorders", released in 1980 (Spitzer et al., 1980). It was the first time that "panic disorder" was used to describe a medical condition.Panic disorder quickly became the most studied mental condition for diagnosing and treating, and it quickly took over.

Anxiety neurosis was broken down into two types by the DSM-III (Mayes & Horwitz, 2005): panic disorder (acute anxiety) and generalized anxiety disorder (long-term stress), which had operational criteria for each. DSM-III changed over seven years, ending with the updated version – DSM-III-R (1987) (Widiger et al., 1988). People who have panic disorder and agoraphobia are now called panic disorders with and without agoraphobia. The study also looked at simple phobia, social phobia, and agoraphobia when it came to phobic neurosis, and each one had its name (with or without panic attack). What constitutes a panic disorder have been simplified and brought more rapidly to what happens in the real world. For example, only one panic attack with phobic consequences in the last month was enough to make a valid diagnosis. If you had a panic attack, it was given more weight than the actual symptoms of the episode.

The DSM-IV (Bell, 1994) kept almost the same definitions of panic attacks, but it made clear that they can happen with other illnesses and not have all panic disorder symptoms. It also made clear that panic attacks can happen without having all of the symptoms of panic disorder (more closely related to specific phobias). In 2000, a new version of DSM-IV, called DSMIV-TR (First et al., 2002), came out. It had some ideas improved, but the standards for panic disorder didn't change. It didn't change in 2013, but the DSM-5 (American Psychiatric Association & American Psychiatric Association, 2013) once again split of panic disorder from agoraphobia. Panic disorder with the agoraphobia is listed as a second diagnosis in ICD-10 if a main diagnosis of agoraphobia has been ruled out (23). The "International Classification of Diseases (ICD-10)" 10th revision states this (12).

In the past few years, a lot of changes in the field of psychiatry because of psychopharmacology. The development of psychopharmacology in panic disorder can be broken down into three main events: First, Donald Klein (1964) found that tricyclic antidepressants worked well for him (Klein, 1964). In the second stage, benzodiazepines worked well. Finally, in 1990, the "selective serotonin reuptake inhibitors (SSRI)" (Boyer, 1995), which were used, worked. This way of looking at things is based on how things evolved.

In the "Expression of Emotions in Man and Animals" (Darwin, 2015) set the stage for researchers to look for the adaptive value of behavioural and psychological processes, like how people and animals act and think. Anxiety and dread come from animals' instincts to protect them from the dangers they face in their daily lives. The type of thinking that is done affects how a situation or stimulus is seen as dangerous. A socially coded system of symbols, whether verbal or nonverbal, makes it more important for humans to think about how things work inside their heads. People who act in a way linked to fear to have a lot of physical and emotional changes.

This is what Jack Gorman and Van Den Hout found when they did their research in the 1980s. A

combination of 35 percent carbon dioxide caused panic symptoms (Gorman et al., 2000). The development of specific ligands allows us to see and study the many types of 5-HT receptors and how they work in both health and disease (Graeff, 1991). This discovery led to a better understanding of what caused panic attacks. Donald Klein came up with the term "False Suffocation Alarm Theory" in 1993, and he came up with the name for it. This idea says that panic attacks are caused by a problem with the physiological suffocation alarm. When a suffocation scenario was not happening, the regulating monitor would tell the brain. This idea has been widely accepted because of lab tests of respiratory, cognitive, and metabolic testing. Tone (2005) discussed the development of biological psychiatry and the history of psychiatry. He said that studying history can help us understand how psychiatry works now (Tone, 2005).

According to research, panic attacks are brought on by a more sensitive fear network. The insula, prefrontal cortex, thalamus, amygdala, and projections from amygdala to the brain stem and the hypothalamus are all parts of this network (26). Giving a medication that induces panic immediately activates the entire neural fear network, not just the autonomic portion of the brain stem.

People who have panic disorder often have an unpleasant physical symptoms. When a panic-inducing substance is injected, it causes a general activation of the body. Because all of these substances cause undesirable, quick physical reactions, the theory is that they activate a brain system trained to react to toxic things. A person's central nucleus may become more or less sensitive as time goes on. This could happen with the locus ceruleus, the periaqueductal grey region, and the hypothalamus. Also, there may be differences in the strong point of these projections between people. So, the neuro-endocrine and autonomic responses during a panic attack might differas of person to person and over time.

Conclusion

Through elementary and clinical research, the vagueness of panic disorder have been solved. People who have this scary condition can rest easy knowing that proper diagnosis and treatment are now standard practice in the medical field. However, we must keep improving these procedures to improve patient outcomes.

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