

*This article originally appeared in the Canadian Association of Naturopathic Doctors' Vital Link Journal, Summer 2014 Issue. Opinions expressed in this article are not necessarily those of the editors, the CAND nor its board of directors.*



# Psychological States Associated with Cancer

Dr. Iva Lloyd, BScH, BCPP, ND

“Your beliefs become your thoughts,  
Your thoughts become your words,  
Your words become your actions,  
Your actions become your habits,  
Your habits become your values,  
Your values become your destiny.”  
~ Mahatma Gandhi

For those of us that see an individual as an integrated whole, with the psychological, functional and structural aspects interacting as one with the personal essence, the question as to whether mental or emotional states can result in disease seems naïve. Of course they can. Specific psychological states have been linked to virtually every disease. Why then does western medicine find it so hard to believe that thoughts and emotions can cause cancer? There is an acceptance that the emotional states such as depression and hopelessness can impact survival and recovery, but still there is a reluctance to accept that thoughts and emotions can be causal factors.<sup>1</sup> In exploring this topic we will look at how the eastern systems of medicine that have been around for thousands of years such as traditional Chinese medicine and ayurvedic medicine link the mind and cancer. We will then explore some of the current views and ways to incorporate the psychological aspects of health in the pursuit of cancer prevention.

## Traditional Chinese Medicine

Chinese medicine texts, as far back as 200 B.C. list specific psychological states as one of the known causes of cancer. They recognized that specific emotions, especially those that were suppressed or extreme, could result directly in cancer or alter the physiology of the individual and indirectly contribute to cancer. Some references taken from the book, *Management of Cancer with Chinese Medicine* include:<sup>2</sup>

- The Nei Jing mentions that tumor formation is due to the inhibited movement of Ying Qi (Nutritive Qi) and Wei Qi (Defensive Qi), inappropriate joy or anger, and unseasonable cold or warmth.
- In Confucians' Duties to Their Parents, Zhang states that the formation of cancerous tumors is due to accumulations, or to

violent changes brought about by anger, joy, sorrow, pensiveness and fear.

- Ge Zhi Yu Lun [On Inquiring into the Properties of Things], published in 1347, indicates that tumors form when Spleen Qi is dispersed and Liver Qi is forced into transverse counterflow due to the accumulation of sorrow, anger and depression.

The internal damage caused by emotions can contribute to the formation of cancerous tumors<sup>2</sup> as follows:

- Sorrow, anxiety and excessive thought and preoccupation damage the spleen and stomach, consume the blood and body fluids and cause Qi to stagnate, thus generating phlegm. Once phlegm is formed, it obstructs the passages.
- Depression and anger deplete and damage the Qi and blood in the liver and spleen.
- Sorrow and depression damage the liver.
- Unfulfilled wishes or desires accumulate in the heart and disrupt the movement of Qi.

## Ayurvedic Medicine

Ayurvedic medicine, similar to naturopathic medicine understands that most diseases are a result of many factors in varying degrees of influence (one of the key factors being a person's psychological state); there is the understanding that psychological experiences are somatised or experienced within the body.<sup>3</sup> The emotions that are considered to be the most troublesome are extreme passion, hopelessness and lethargy.<sup>3,4</sup> Any emotion that blocks the flow of energy, is experienced in extremes, or is suppressed causes a blockage in one of the doshas (Vatta, Pitta or Kapha) and can contribute to disease. Excesses in Pitta (fire and water) and Kapha (water and earth) are generally associated with the formation of tumors. Kapha is responsible for the increase in cell mass and stagnation, whereas Pitta in nutrient imbalances.<sup>4</sup> An excess in Vatta (which often manifests as worry or anxiety) is associated with disrupting the natural flow of energy throughout the body and is associated with increased proliferation of cancer cells.<sup>3,4</sup>

According to ayurvedic writings, the power of hopelessness is extreme. Brief periods of hopelessness in a weakened system may be sufficient to initiate cancer forming cells. Long-standing hopelessness or an intense shock or loss in a well-integrated individual may be

sufficient to cause cancer, especially if the emotions are not dealt with and resolved.<sup>4</sup> Hopelessness is considered to be a form of mental encouragement for cancer cells, regardless of the physical or environmental carcinogen that initiated the cancer.<sup>4</sup> In ayurvedic medicine the health of emotions is linked to the health of blood. Red blood cells are needed to nourish the seven body tissues and to provide the individual with prana (life force). An increase in white blood cells indicates that the body has shifted from supporting health to eliminating toxins and protecting itself from external pathogens. Low red blood cell counts and high white blood cell counts weaken the body and provide a breeding ground for cancer cells. High white blood cell counts are also associated with a sense of hopelessness at a cellular level.<sup>4</sup>

Other ayurvedic links between psychological states and cancer formation include:<sup>4</sup>

- Physical or mental experiences which a person cannot “digest”. The experience will find a host cell that matches emotionally.
- Strong relationships and bonds with others are viewed to be protective against cancer.
- Loneliness and a sense of separation from others tends to be associated with increased cancer risk.
- Giving too much and receiving too little generally results in disappointment. Extreme or chronic disappointment often leads to anger or envy, which causes an imbalance that permeates all aspects of an individual.
- Any powerful dissatisfaction can affect a person’s desire for life.

## Western Thinking

The great philosopher Galen was one of the first to link cancer and mental state. In his dissertation over 2,000 years ago he noted that women were more susceptible to cancer if they were melancholic.<sup>5</sup> The ancient Greeks believed that the mind and body were one and that disease was often due to emotional distress. In the 1700s British physicians noted the link between psychological states and the onset of cancer. Gendron emphasized that causations of cancer included “disasters of life and grief” and Burrows associated the link to “the uneasy passions of the mind with which the patient is strongly affected for a long time.”<sup>5</sup> Yet, as beliefs about cancer causes shifted to physiological mechanisms and physical assaults on the body, the idea of psychology contributing to cancer was largely discounted (until recent times, that is).

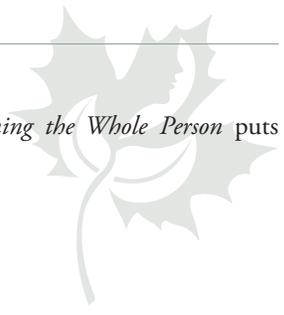
Hans Selye, a Canadian researcher, coined the term “stress” in the 1930s. His research proved that both noxious emotional stimuli and physical stimuli produced dramatic physiological changes including gastric ulcerations and renal enlargement. These physiological changes were associated with increased cortisone-like secretions. Selye believed that cancer was an adaptive response to stress over a prolonged period of time and that positive emotional relationships

and mental states could retard or reverse cancer growth.<sup>5</sup> As a follow up to Selye’s adaptation theory, cancer has often been proposed to be a disease of civilization. This idea was first proposed in 1843 by a physician and one of Napoleon’s surgeons, Stanislas Tanchou, who was of the opinion that “cancer, like insanity, increases in direction ratio to the civilization of the country and of the people.”<sup>5</sup> In 1957 Dr. Alexander Berglas wrote a paper, entitled, “Cancer: Its Nature, Cause and Cure”. This paper states that primitive people are relatively free of cancer and that those that are unable to adapt to present daily living conditions will be at increased risk of death from cancer.<sup>5</sup>

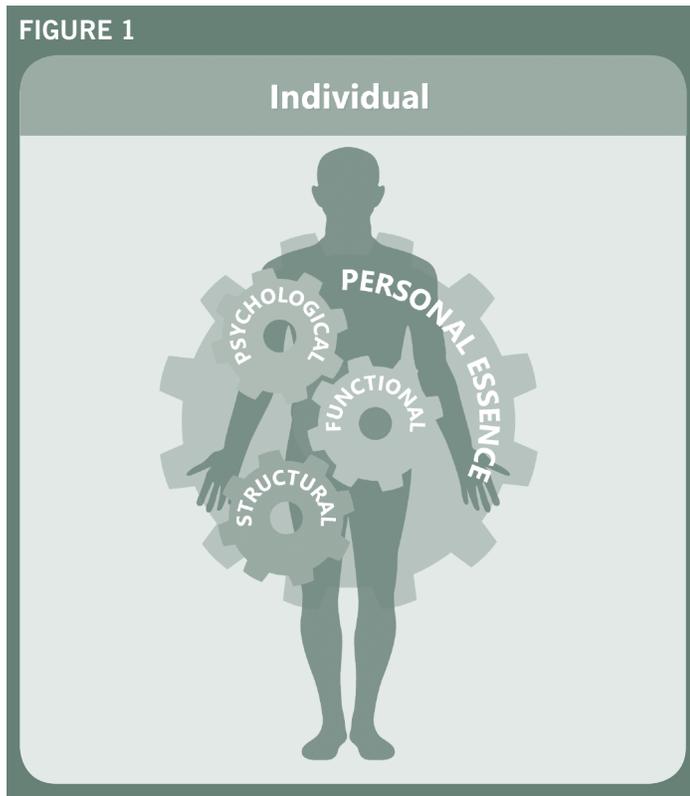
In the 1970s and 1980s the physicist Fritz-Albert Popp was doing experiments looking at the electromagnetic radiation or light that was emitted off human beings and individual cells. He found that the light that healthy individuals emitted, demonstrated a strong degree of coherence and seemed to follow the natural biorhythms. When the same study was conducted on individuals with cancer it was found that cancer patients had lost these natural periodic rhythms and also their coherence. They “had lost their connection with the world. Their internal communications were scrambled and their light was going out.”<sup>6</sup> In the realm of energetic medicine (polarity therapy for example), a consistent belief is that cancer is associated with of an aspect of a person’s life being out-of-sync. The aim of polarity therapy is to find the factor(s) that are causing a person to shut-down, i.e., turn out their own light.<sup>7</sup>

Although there is a tremendous amount of research linking diseases to emotional states, Western medicine is reluctant to acknowledge a causal link between thoughts, emotions and the onset of cancer.<sup>1</sup> As a result, much of the research has involved epidemiological studies linking psychosocial factors to disease progression and recovery. Stress, chronic depression and lack of social support or social isolation are seen as risk factors<sup>8</sup> and depression and hopelessness are considered more predictive of cancer progression than stressful events. Strong social support has been shown to be buffer psychological and biological stress and is linked to increased survival rates.<sup>8</sup> Psycho-spiritual well-being is negatively affected by emotional distress, anxiety, helplessness, hopelessness and fear of death. The emotional states that improve psycho-spiritual well-being and hence, quality of life and ability to handle a terminal illness such as cancer, include prognostic awareness, family and social support, autonomy, hope and meaning in life.<sup>9</sup> Understanding the direct physiological link between stress and cancer is getting closer as current research finds that stress may actually fuel cancer by activating transcription factor 3 (ATF3), a member of the cyclic AMP response. The activation of this adaptive-response gene may affect apoptosis, resulting in increased susceptibility and progression of cancer.<sup>10</sup>

I find it curious that the majority of Western thinking makes a distinction between the emotional states that cause cancer and the emotions that are associated with recovery from cancer. No such distinction exists in Eastern thinking; from an Eastern perspective feelings of hopelessness, sorrow or anger and fear are considered contributing factors to both the initiation of cancer and to the progression of cancer. From a naturopathic perspective



the integration of all aspects of the individual is more in line with Eastern thinking (see Figure 1).



There are many myths and stigmas to a cancer diagnosis. Table 1 illustrates the primary myths and perceptions that people generally hold with respect to cancer. These myths and perceptions have been shown to impede every aspect of early cancer-detection, treatment, recovery and survival. It is interesting to consider that while these perceptions are merely thoughts, they have been shown to have a direct physiological impact and contribute to symptoms and conditions.

**TABLE 1: The myths and perceptions of cancer.<sup>11</sup>**

- Death
- Fear
- Pain and suffering
- Loss of control and independence
- Helplessness
- Isolation

Two emotional states that are commonly studied with respect to cancer are depression and hopelessness. A PubMed research search yields 15,730 articles relating to depression and cancer and 354 relating to hopelessness and cancer. Research shows that both depression and hopelessness are associated with decreased quality-of-life, decreased recovery and an increased desire to end life.<sup>12,13</sup> High levels of emotional distress, depression, anxiety, uncertainty and hopelessness are associated with increased levels of cancer pain.<sup>14</sup> Psychological and cognitive behavioural treatments have been linked to decreasing cancer pain.<sup>14</sup> Dr. Jeremy Geffen, the well-respected medical oncologist and author of the book, entitled, *The Journey*

*through Cancer: Healing and Transforming the Whole Person* puts forward the seven levels of healing:<sup>15</sup>

1. Education and Information
2. Connection with Others
3. The Body as a Garden
4. Emotional Healing
5. The Nature of the Mind
6. Life Assessment
7. The Nature of Spirit

Through his experience in working with those with cancer he strongly connects a positive psychological state with decreased mortality, faster recovery and overall better quality of life. The main emotional states linked to increased recovery and survival include feeling supported, letting go of fear and anger, finding meaning, purpose and love in your life.<sup>15</sup>

Some of the challenges that I see with addressing the link between psychological states and the onset of cancer include avoiding blame and having compensatory health beliefs (see section, below).

### Avoiding Blame

For some reason western medicine is quite okay with blaming the onset of cancer with smoking, drinking too much alcohol, a poor diet, and environmental toxins that we may or may not choose to expose ourselves to. However, it is felt that associating cancer on the mind or on unresolved emotions is cruel and will result in undue suffering and blame. I have too often seen patients die of cancer and other diseases after spending countless hours and dollars addressing factors that are socially acceptable, but avoiding the emotional factors which may have contributed significantly to their disease. Cancer, like most diseases, is multi-factorial and mental/emotional states are highly relevant factors. I have also found that patients are generally aware of their internal turmoil, of their feelings of isolation or hopelessness and they are able to recognize when they have unresolved emotions and unfulfilled desires. My experience is that patients are looking for guidance on how to work through their emotion struggles or sense of hopelessness. When patients are told that their thoughts and emotions are not a relevant part of the disease process, it is dishonoring and can be destructive and add to the progression of the disease itself.

### Compensatory Health Beliefs

The hedonic principle explains the search for ideal balance between maximum pleasure and minimal disadvantage. The search for this elusive balance often results in motivational conflict and cognitive dissonance. In an attempt to resolve these issues, individuals often

employ compensatory health beliefs (CHBs). CHBs are beliefs that healthy behaviours can neutralize or compensate for the negative effects of an unhealthy (but pleasurable) behaviour.<sup>16</sup> For example, individuals convince themselves that having that forbidden food or dessert today will be balanced out by the exercise they are planning tomorrow.

In some ways CHBs can be beneficial as individuals recognize the need to balance out harmful behaviours, such as putting a greater emphasis on healthy nutrition or by taking herbs to compensate for heavy alcohol consumption. CHBs are used and actually encouraged by many people, physicians and self-help organizations some of whom seem to believe that a person can safely avoid addressing something that is “disease forming” by putting a greater emphasis on something else that is “health enhancing”. The research indicates that CHBs undermine a person’s intentions and their ability to change or address unwanted behaviours.<sup>16</sup> Although most of the research focus on CHBs has been on behaviours such as quitting smoking or food avoidance, it offers a valid model for how individuals handle emotional states and for the belief that they hold with respect to the need to address them.

I often convey to patients that “addressing any factor will only affect the outcome to the degree that it is part of the problem.” That statement follows the naturopathic principle, “treat the cause”. If a person has been diagnosed with cancer and through the assessment it is deduced that the causal factors include a sense of hopelessness in one’s life and environmental toxins, it is unlikely that they will achieve health by putting the emphasis of treatment on improving diet and taking supplements to enhance immune health. A health-promoting treatment plan will often improve quality of life and may decrease mortality, but only by addressing the causal factors will a full recovery be possible.

## Assessment Considerations

How a naturopathic doctor screens a patient for cancer risk or treats a patient with cancer is strongly dependant on their beliefs about the causes of cancer. If a functional approach to health and disease is taken it is likely that the assessment will be pared down and will omit many potential causes, including the psychological factors. For those NDs that truly include “treating the whole person” as part of their approach it would involve an in-depth look at a person’s psychological state and the impact that their emotions are having on their state of health and quality of life.

## The Intake

In your intake or as part of your intake questionnaire ask questions about a person’s psychological state, their level of satisfaction with their life, the impact of traumatic events, how they handle stress, what gives them pleasure and what regrets they have.<sup>7</sup>

- Listen for the key emotions that are linked to cancer – hopelessness, isolation, depression, indecision and suppressed

anger or fear. The type of situations that I find have a tremendous impact on health and that I listen for include: being on the fence, feeling trapped, not feeling supported and emotionally charged secrets. Explore in detail feelings of hopelessness and depression or others that are relevant for the patient to understand if the feelings are acute or chronic, and how those feelings have affected a person’s life.

- Listen for the “energy” that a person conveys. How easily are they triggered when they discuss significant events in their life?
- Is a person existing or are they living? Is there a balance between what they do for others and what they receive from others? Does a person seem to make decisions for their own life or are they taking direction from others?
- To what degree is their focus on the past, on the present or the future? If too much of their focus or story is on the past it is likely that a person is hanging onto charged emotions.
- Listen for the somatic metaphors and the way that the physical symptoms match the language of the patient.

The only way to assess the psychological aspect of a person is by listening to them. By letting them tell their story. By asking relevant, open-ended questions and then truly listening to what they say, how they say it and how it links to their symptoms and state of health. There are many different tools to assist individuals in addressing and shifting their mindset, such as: mindfulness, meditation, gentle yoga, Tai Chi, Qi Gong and other forms of exercise that encourage stillness. Sat Dharam Kaur explores a number of options in her book, *The Complete Natural Medicine Guide to Breast Cancer*.<sup>17</sup> The following are strategies that I find are helpful in treating patients.

## Beliefs

As part of any assessment I encourage you to ask a patient about their beliefs about health and disease. What emphasis do they put on the impact of emotions? What a person believes will strongly impact the outcome. As all disappointment in life comes from unfulfilled expectations and expectations are set by our beliefs, helping patients uncover their true beliefs, both the rational and irrational, is important. Bruce Lipton in his book, *Biology and Belief* tells the story of a retired shoe salesman who was told that he had an incurable cancer of the esophagus. Within two weeks of the diagnosis he died. The autopsy found very little cancer in his body, definitely not enough to kill him, and there was no sign of esophageal cancer. It is believed that the man died because he believed that he was going to die, not from cancer.<sup>18</sup> The longer a naturopathic doctor is in practice the more they come across similar stories. The notion that beliefs shape a person’s reality has been shown repeatedly in research.<sup>19</sup> There are a number of books written on exploring and changing beliefs. I encourage you to incorporate addressing beliefs as part of your work with patients.

## Free-Form Writing and Journaling

We generally associate emotions with being stored in the right side of the brain. Everyday mind-chatter and anxiety are often viewed as being part of the left-side of the brain. The purpose of journaling and free-form writing is to get past the “noise” of the mind-chatter and the logical thoughts and understand the deeper emotions. Free-form writing and journaling are effective tools for helping people detox old emotions and to release current habits and expressions. The general rules for journaling and free-form writing include:

- If the goal is to dissipate emotions or to detox emotionally you want to journal and shred (or burn). Do not keep the writings nor share them with others.
- Most people need to write without stopping for at least 1 to 2 hours. When initially writing what will come up are logical thoughts. You need to continue to write until you get past the logical thoughts to truly uncover the deeper emotions.
- Keep in mind that stored emotions don't age with a person. If an emotional trauma was stored at the age of eight, when you write, the emotion the eight year-old felt will come up. People are often taken aback by a “childish” emotion they may experience unless they know to expect it.
- Emotional traumas are stored because at the time of the situation a person was overwhelmed. When writing it is helpful to imagine the situation as a movie with the emotional trauma as the climax. It is important to write past the point of being triggered in order for the nervous system to reset and for the body to release the charge. Stopping at the point of the emotional charge could re-traumatize a person.

## Avoid “Icing on the Cake” Strategies

We have all heard that it is more healthy to be positive than negative. I would like to challenge that idea. It is true that being positive is associated with better outcomes, but that is true long-term only if the “positive” words are true. Saying the “right thing”, but thinking something else is a form of suppression. It is like icing on a cake; many current books on health focus on the top layer (what a person says and how they project themselves), but true psychological health is achieved when the spoken word matches the conscious thought and matches a person's unconscious beliefs.<sup>7</sup> Using positive thoughts and words as a form of affirmation as you work on specific goals and behaviours can be very effective. However, when the positive words become a mask for deeper troubling waters underneath they can impede expression, be a form of suppression and can contribute to disease itself. It is contentment and stillness at the core that breeds health.

## Dissipate Before You Distract

In polarity therapy the health of an emotion is linked to its “truth”. Emotions are not positive or negative, they are either truthful or false. They either reflect what a person is truly feeling or they don't. For example, the expression of anger is much healthier than the false

expression of acceptance with an underlying feeling of anger.<sup>7</sup> In our society it is more acceptable to be positive, loving, accepting of everything and everyone, but that is neither realistic nor truthful.

The goal is to feel the emotion that you have and find acceptable ways to dissipate those emotions that you don't want to feel or hold. Some use short bursts of activity, breathing exercises, journaling, while others prefer to yell or talk it out. It doesn't matter, as long as the emotion that is on the surface is truly felt and expressed. Once you have released the emotion then you can distract yourself. An important question to ask a patient is what they do when they are triggered or upset. What you are looking for is whether or not they know how to release unwanted emotions. Moving to distraction without dissipation is a form of suppression. The second phase is to make the necessary changes in your life so that you experience more of the emotions that you desire.

## Conclusion

A person's state of mind is as integral to their health as their nutritional status or their ability to breathe. Giving the same level of credence to the psychological aspect of a person as you do their functional and structural aspects is the basis of treating whole person. Emotions can create a susceptibility to cancer that is fed by other carcinogenic factors and conversely, the cancer can feed an underlying susceptibility. Emotions may be the primary cause of disease or one of many; each individual is unique and for some people addressing psychological factors is their way to good health.

Naturopathic medicine is unique in that, at its core, it acknowledges the profound effect a person's psychological state can have on their health. This link has always been integral to naturopathic medicine and in the last few decades has been consistently proven through systems theory and disease network research. Naturopathic doctors who provide a safe space for patients to address their underlying thoughts and emotions, and assist patients in working through these issues, can have a tremendous impact on their patients' state of health and quality of life. 🌱

## About the Author

**Dr. Lloyd** is the founder of Naturopathic Foundations Health Clinic, a multi-disciplinary clinic in Markham, Ontario that focuses on the naturopathic and energetic aspects of assessment and treatment. She is also founder and Editor in Chief of the website [www.ndhealthfacts.org](http://www.ndhealthfacts.org) which is designed as a hub for naturopathic information. She is part-time professor at the Canadian College of Naturopathic Medicine and past-Chair of the Canadian Association of Naturopathic Doctors (CAND).

Dr. Lloyd is the Naturopathic Editor in Chief of the *Vital Link*, the journal of the CAND and sits on various other editorial boards. She has written many articles on health related topics for *Energy Currents*, *International Energy*, for the *Healthy Living* magazine and

for *Naturopathic Doctor News and Review* journal, as well as other journals. She has been featured in *Chatelaine*, *Glow* and other magazines.

She has done various seminars both nationally and internationally that focus on the energetic of health and naturopathic medicine. Dr. Lloyd is a consultant on preventive medicine, causal factors of disease and on promoting health strategies.

She is the author of four books: *Building a Successful Naturopathic Practice*, *Messages From The Body – a Guide to the Energetics of Health*, *The Energetics of Health, a Naturopathic Assessment* and *The History of Naturopathic Medicine, a Canadian perspective*.

## References

1. <http://www.cancer.ca/en/cancer-information/cancer-101/what-is-a-risk-factor/stress/?region=on> referenced on June 1<sup>st</sup>, 2014.
2. Peiwen Li. *Management of Cancer with Chinese Medicine*. 2003 Donica Publishing
3. Pole Sebastian. *Ayurvedic Medicine, The Principles of Traditional Practice*. 2006 Elsevier.
4. Svoboda Robert. *Prakruti, Your Ayurvedic Constitution*. 1989 Geocom, New Mexico
5. Rosch Paul. Can Mental Stress Cause Cancer. *The Newsletter of the American Institute of Stress*. 1999 10:1-8. <http://www.stress.org/stress-and-cancer/#sthash.2WEDhFAD.dpuf> referenced on June 1<sup>st</sup>, 2014.
6. Popp, F.A. and Change, Jiin-Ju. Mechanism of interaction between electromagnetic fields and living systems.' *Science in China (Series C)*, 2000;43:507-518 in McTaggart Lynne. *The Field, The Quest for the Secret Force of the Universe*. 2002 Harper Perennial.
7. Lloyd Iva. *Energetics of Health, a Naturopathic Assessment*. 2009 Elsevier.
8. Moreno-Smith Myrthala, Lutgendorf Susan K, Sood Anil K. Impact of stress on cancer metastasis. *Future Oncol*. Dec 2010;6(12):1863-1881. PMID: PMC3037818
9. Lin HR, Bauer-Wu SM. Psycho-spiritual well-being in patients with advanced cancer: an integrative review of the literature. *J Adv Nurs*. 2003 Oct;44(1):69-80.
10. Thompson MR, Xu D, Williams BR. ATF3 transcription factor and its emerging roles in immunity and cancer. *J Mol Med (Berl)*. 2009 Nov;87(11):1053-60.
11. Daber M. Cultural beliefs and values in cancer patients. *Annals of Oncology*. June 2012;23(3):66-69.
12. Breitbart W, Rosenfeld B, Pessin H, Kaim M, Funesti-Esch J, Galiotta M, Nelson CJ, Brescia R. Depression, hopelessness, and desire for hastened death in terminally ill patients with cancer. *JAMA*. 2000 Dec 13;284(22):2907-11.
13. van Laarhoven HW, Schildermand J, Bleijenberg G, Donders R, Vissers KC, Verhagen CA, Prins JB. Coping, quality of life, depression, and hopelessness in cancer patients in a curative and palliative, end-of-life care setting. *Cancer Nurs*. 2011 Jul-Aug;34(4):302-14.
14. Syriala KL, Jensen MP, Mendoza ME, Yi JC, Fisher HM, Keefe FJ. Psychological and Behavioral Approaches to Cancer Pain Management. *J Clinic Oncol*. 2014 Jun 1;32(16):1703-1711.
15. Geffen Jeffemey *The Journey through Cancer: Healing and Transforming the Whole Person*. 2006 Three Rivers Press, as in Alschuler Lise, Gazella Karolyn. *The Definitive Guide to Cancer, An Integrated Approach to Prevention, Treatment and Healing* 3<sup>rd</sup> Edition. 2010 Celestial Arts.
16. Radtke Theda, Scholz Urte. 'Enjoy a delicious cake today and eat healthily tomorrow': Compensatory Health Beliefs and their impact on health. *The European Health Psychologist*. June 2012;14(2):37-40.
17. Dharam Kaur Sat. *The Complete Natural Medicine Guide to Breast Cancer, a Practical Manual for Understanding Prevention & Cure*. 2003 Robert Rose.
18. Lipton Bruce H. *The Biology of Belief, Unleashing the Power of Consciousness, Matter and Miracles*. 2005 Hay House, USA.
19. Russel A, Bergeman CS, Deboeck P, Baird B, Montpetit M, Ong A. Emotion control during later life: The relationship between global perceptions and daily experience. *Pers Individ Dif*. 2011 May 1;50(7):1084-1088.

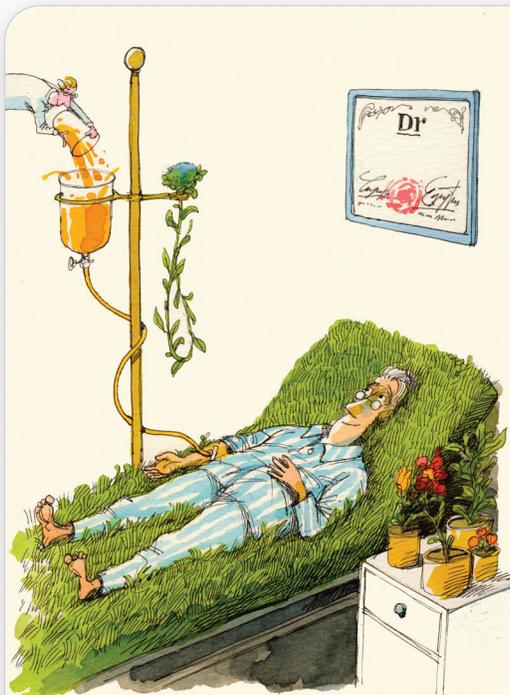
UPDATE

EDITORIAL

CASE REVIEW

PRACTICE

RESEARCH



# York Downs Chemists

## Compounding With Integrity

Tel: 416. 633. 3273 | 3910 Bathurst St.  
 Toll Free: 1. 888. 993. 3666 | Suite 304,  
 info@yorkdownspro.com | Toronto, Ontario  
 M3H 5Z3