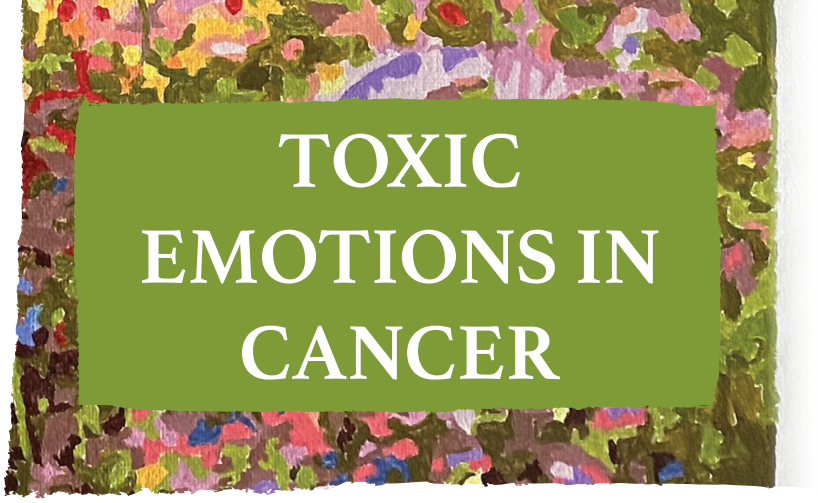
Cleveland's Center for Healing
HYPERION™
Functional Medicine



TOXIC EMOTIONS IN CANCER

Stress management is becoming a very important part of cancer patient care. Chronic stressors lead to boosts in tumor formation and promote cancer development, recurrence, and drug resistance leading to poor health and decreased healing ability. A diagnosis of cancer, at any stage, can and likely does increase a person's daily baseline stress levels. This undoubtedly plays a role in many of the decisions and conscious thought made in the day-to-day activities of a newly diagnosed cancer patient, from activity level, to diet, to self-education looking towards more ways to overcome their disease. The capability of stress to cause cancer has not been identified but what has been identified through research is that chronic stress can create a physiological environment conducive to the increased proliferation, migration, invasion, drug resistance, and recurrence of existing cancer cells[1].

Emotions become "toxic "when they become the root of physical symptoms and biological changes related to chronic stress. Chronic stress can disrupt the body's hormone balance (disrupted hormones are covered more deeply in the Hormone Imbalance Cancer Root, and the HPA Axis Dysfunction Cancer Root), deplete the brain of essential chemicals needed for normal functions, and damage the immune system increasing the risk of infection and decreasing healing from cancer. Physical symptoms that typically arise can include chronic headaches, recurrent chest pain, chronic muscle pain in the neck and back, an overall feeling of tension, nausea, gastrointestinal distress and stomach aches. In many cases, emotional pain can contribute to or worsen physical pain already occurring in many areas of the body.

Most people associate posttraumatic stress (PTS) and posttraumatic stress disorder (PTSD) symptoms with traumatic events such as physical trauma, emotional trauma, severe injury or illness. In patients with cancer, the full syndrome of post-traumatic stress disorder (PTSD) (meeting all Diagnostic and Statistical Manual of Mental Disorders [DSM] diagnostic criteria) ranges from 3% to 4% in patients recently diagnosed with early-stage cancer to 35% in patients evaluated after treatment[2].

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PTSD Causes and Triggering Events

The American Cancer Society has made available in-depth information on cancer related PTSD, summarized below[3]. Like other types of mental distress, there is usually not one single cause of cancer-related PTS and PTSD.

There are certain times or events during cancer or cancer treatment that might be more traumatizing or triggering for you:

- When you are first diagnosed and told that you have cancer.
- When you get tests, labs, or have procedures related to cancer.
- When you experience physical changes or side effects related to your cancer treatments.
- If you get very sick or stay in the hospital, especially when in the intensive care unit (or ICU).
- Before you attend follow-up appointments, tests, or scans (sometimes called "scanxiety").

You might be at greater risk of developing cancer-related PTS or PTSD if you:

- Have a history of anxiety or depression that you required treatment for.
- Have a history of trauma, PTS, or PTSD before your cancer diagnosis.
- Were diagnosed with a posttraumatic stress disorder at a younger age, especially in childhood.
- Have advanced and progressive cancer at the time of your diagnosis.
- You don't have a good support system.

You can lower your risk of developing PTS or PTSD by:

- Understanding what your cancer diagnosis means. If you're not sure, ask your oncology team questions.
- Being able to talk honestly and openly with your doctor or cancer care team is important and needed to develop a trustful relationship during cancer treatment.
- Having a strong support system outside of your oncology team that can include family members, relationships with friends, and support through church or other spiritual venues.
- Studies show that people who use avoidance to cope with their thoughts, feelings, and emotions are at greater risk of developing PTS and PTSD. It's common for all of us to try to avoid stressors, but it's important to build your support system and, if you need to, ask for resources to help you manage stressors of cancer related posttraumatic stress.

What are the symptoms of PTS and PTSD?

PTS and PTSD have similar signs and symptoms. If you have these symptoms, you might assume this is a normal response to cancer that can't be helped. But, if these feelings never go away, get worse, or get in the way of your daily life, you might be experiencing PTS or PTSD.

Common signs and symptoms of PTS and PTSD:

- Nightmares, flashbacks, or intrusive thoughts
- Avoiding certain people, places, or things
- Hypervigilance (extreme caution, attention, or sensitivity to something)
- Feeling depressed or as though you can't connect with anyone
- Not feeling interested in doing things or seeing people (or self-isolating)
- Guilt, shame, or blame about your trauma
- Trouble sleeping or sleeping too much

Having these symptoms doesn't mean you have PTS or PTSD. But if these symptoms happen every day for more than a month, you should talk to your doctor or cancer care team. Ask them if there are resources or if they can offer a referral for help.

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Hyperion Functional Medicine encourages patients who are in the phase 1 functional oncology program to identify stressors from childhood that may be impacting their disease now. In addition to a lifetime medical history review, The ACE (Adverse Childhood Experience) test is offered to all patients as they are onboarding into the program. Trauma and Adverse Childhood Experiences are important to identify in any patient with cancer as earlier trauma and emotional abuse experiences can be cumulative and contribute to symptoms of chronic stress later in life.

Hyperion functional medicine includes a platform for stress management utilizing a functional medicine. certified health coach and encourages patients to connect with holistic psychotherapist on our team or make an appointment with a therapist on their own to manage the stress associated with their cancer diagnosis, passed life stressors and trauma, and cancer treatment related stressors over the long-term.

In partnership with healingstrong

1 -Wendel J, Verma A, Dhevan V, Chauhan SC, Tripathi MK. Stress and Molecular Drivers for Cancer Progression: A Longstanding Hypothesis. Biomed J Sci Tech Res. 2021 Jul;37(1):29134-29138. doi: 10.26717/bjstr.2021.37.005953. Epub 2021 Jul 12. PMID: 35071995; PMCID: PMC8782052.
2 -PDQ Supportive and Palliative Care Editorial Board. Cancer-Related Post-Traumatic Stress (PDQ®): Health Professional Version. 2023 Jun 20. In: PDQ Cancer Information Summaries [Internet]. Bethesda (MD): National Cancer Institute (US); 2002-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK65728/
3 -https://www.cancer.org/cancer/survivorship/long-term-health-concerns/post-traumatic-stress-disorder-and-cancer.html