Mammograms Vs. Thermograms

October is **Breast Health Awareness month.** Let's change the words from cancer to HEALTH and start thinking what we can do to be proactive in prevention. We have awareness about breast cancer. There is no need to support the pink ribbons and tons of products that are often pushed by chemical companies. Many women feel if they support these big companies they are doing their part. Heck no! That is not the answer. There is a lot more we can do. The World health Organization says that 70% of cancers can be avoided but many scientists believe it is more like 90 % and only 5-10% is genetic.

We all have cancer cells in our bodies. Why do they grow and develop in some people and not in others? It is accumulation of factors. All disease grows in an acidic, congested environment. Mental, emotional stress as well as physical bodily function stress all contributes to an unhealthy immune system. Stress acidifies the body, contributes to shallow breathing and low oxygen in the body. We need to take time to rest, exercise, meditate and get quality sleep every day to help eliminate, mind and body stress. And don't forget gratitude. My chiropractor told me that I could be grateful for stress? How's that? She said it stimulates us to move, to get things done that we would never do otherwise. And with a mind-set of gratitude it all changes. The stress melts away!

Food that is full of pesticides, hormones, antibiotics, sugar and simple carbohydrates, all contribute to an unhealthy body, providing a place for dis-ease to grow. Other factors that contribute to an unhealthy situation are GMO and radiated foods, EMF's from our electronics, harmful ingredients in personal care and household products. All of these environmental toxins contribute to an unhealthy immune system. The good news is **we can make small changes every day that add up to a healthy lifestyle.**

Mammograms vs.Thermograms

Breast cancer screening methods aimed at "early detection", whether they are orthodox tests such as mammography or alternative modalities such as **thermography**, have been marketed as procedures of "preventive medicine", supposedly helping to decrease mortality from breast cancer.

A mammogram uses radiation to detect the internal anatomical structure of the breast. It is still considered the 'Gold Standard' for early detection of breast cancer. Thermography detects the infrared emitted from the body surface to measure the physiological changes occurring within the breasts. **Thermography has the advantage of detecting physiological changes which may be associated with future cancer growth up to ten years earlier than what can be detected with a mammogram**. **This is a huge advantage**.

Premium research studies, including large randomized trials, on mammography reported no (significant) reduction in breast cancer mortality. A number of studies demonstrated that mammography increases total mortality.

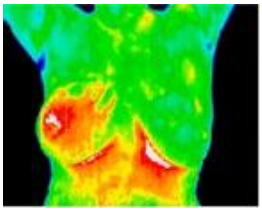
As early as 1928, Dr. D.T. Quigley warned physicians about the **dangers of spreading cancer cells through the compression of the mammogram.** It is only logical that if there are any small, undetected tumors already developing in the breast, that painful compression could easily spread malignant cells through the circulatory and lymphatic system. The majority of breast cancers are found in the upper outer quadrant of the breast – an area that often does not get scanned by mammography.

There is concern that low doses of irradiation can cause breast cancer. Since when is radiation safe? We are warned about the dangers of radiation. A mammogram is X-ray radiation delivered to very sensitive tissue. A typical mammogram delivers **1000 times more radiation than a chest x-ray**. How many people would be willing to stand in front of an x-ray machine for 1000 chest x-rays?

Approximately 15% of all breast cancers occur in women under 45. Breast cancer is the most common cancer in younger women. It usually is **more aggressive** and there are poorer survival rates. Breast thermography offers younger women a valuable imaging tool that they can add to their regular breast health check-ups beginning with baseline imaging at age 20.

Often screening for early forms of breast cancer leads to overdiagnosis. That is, the detection of pseudo-cancers or non-cancers -"cancers" that would not cause harm, during her lifetime, if not detected and treated. These "cancers" tend to get treated aggressively such as repeated mammography scans, undue biopsies for thousands of women and often both breast mastectomies. The suggestion being that the healthy breast may be affected some day as well. Out of fear, and without more information, women who have one healthy breast choose to go that route.

Some cancers will not be discovered with mammography, such as inflammatory cancer. There is no structure. Reading mammograms can become difficult for women who are on hormone replacement, nursing, or have fibrocystic, large, dense, or enhanced breasts. These types of breast differences are not a problem with reading a thermogram.



A breast ultrasound uses sound waves to make a picture of the tissues inside the breast. It can show all areas of the breast, including the area closest to the chest wall, which is hard to study with a mammogram. Breast ultrasound does not use X rays or other potentially harmful types of radiation. **A breast ultrasound** is used to see whether a breast lump is filled with fluid (a cyst) or if it is a solid lump. A lump that has no fluid or that has fluid with floating particles may need more tests. An ultrasound is often used to check abnormal results from a thermogram or mammogram.

For a breast ultrasound, a small handheld unit called a transducer is gently passed back and forth over the breast. A computer turns the sound waves into a picture on a TV screen. The picture is called a sonogram or ultrasound scan. Breast ultrasound can add important information to the results of other tests It also may provide information that is not found with a mammogram: such as:

1. Find the cause of breast symptoms, such as pain, swelling, and redness.
2. Check a breast lump found on breast self-examination or physical exam.
3. Look at the breasts in younger women because their breast tissue is often more dense, with connective tissue) and a mammogram may be difficult to read because cancer can look like a "snow ball in a snow storm"
4. Check your breasts if you have silicone breast implants or dense breasts. In these situations, a mammogram may not be able to see breast lumps.

Dr. Samuel S. Epstein, MD, an internationally recognized authority on avoidable causes of cancer, He says, "Contrary to popular belief and assurances by the U.S. media and the cancer establishment-the National Cancer Institute (NCI) and American Cancer Society (ACS) mammography is not a technique for early diagnosis. In fact, breast cancer has usually been present for about eight years before it can finally be detected."

We know when thermograms and mammograms are used together the detection of breast cancer increases by 10%. Ideally thermography would be used to monitor physiological changes in women's breasts allowing for preventative treatment and resort to mammography or ulta sound to confirm findings and guide diagnosis of significant disease.

What's Not Being Said

Dr.Thomas Hudson, a physician, radiologist, and breast imaging specialist, says he has closely watched the debate of screening with Mammography for some time. He says it's fairly predictable; when a study is published claiming to show screening mammography isn't helpful or even may be

harmful, rebuttals from the other side explain in great detail why the study is flawed, and therefore not valid. He says**, "I'm struck more by what's *not* being said in this debate than what *is* being said."**

He continues,"The first important point is that medical research is not the final word on reality. Like medicine itself, it's as much an art as it is a science, and the science is based largely on statistics. Relying too heavily on statistics is dangerous because they can be mathematically correct and grossly misleading at the same time. A perfect example is a recent study from Europe showing no decrease in breast cancer mortality in those women undergoing screening mammography—a seemingly straightforward study and a "victory" for the antimammography forces. But a rebuttal from the other side claimed that if the data were analyzed differently, the study would have shown a 20% decrease in mortality, thus proving mammography's benefit.

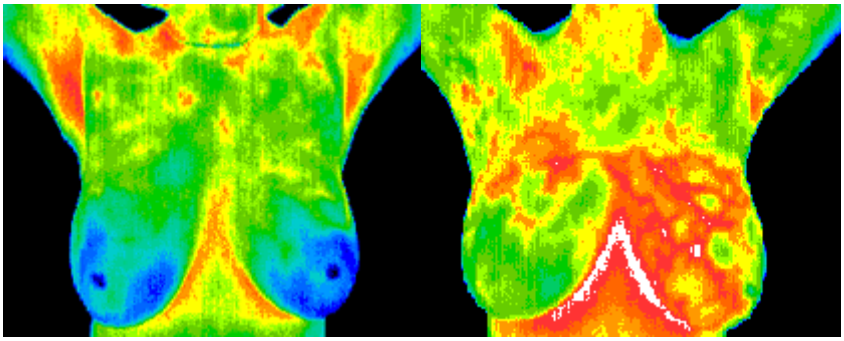
Dr. Hudson says to be careful about any single research study. Research is an approximation of reality—it isn't reality itself. Reality has too many variables. No research study can control them all. Concerning screening mammography, about two-thirds of the studies show a benefit in terms of decreased mortality, and about a third don't. Additionally, *direct* data show that there has been a 30% decrease in breast cancer mortality in the U.S. since the advent of screening mammography. The broadest indication is that screening mammography, though imperfect, saves lives. Not everyone agrees.

A term that's become a catch phrase in this debate is "overdiagnosis," meaning that screening mammography finds cancers that **if left alone would never grow enough to kill the patient**. Dr. Hudson says it isn't over diagnosis, it's overtreatment. Many non-aggressive cancers are over treated. He believes there are cancers that will never grow enough to kill the patient, but he doesn't believe that anyone can know which ones they are. Once a tumor in an individual is treated, it's treated, and we can never know what would have happened had it been left alone. Once again we're dealing with statistics, which can sometimes override common sense.

The logic behind the overdiagnosis argument seems to be, "we're treating some cancers too aggressively—so let's stop looking for them altogether." If you don't screen at all, you don't find the non-aggressive cancers, true enough—but you don't find the aggressive ones either.

What about breast thermography? Before recommending that we not screen for breast cancer at all, **shouldn't women be told about this option?** Thermography is a lesser known, but increasingly popular screening test that works by imaging thermal patterns on the skin. A thermogram doesn't do the same thing as a mammogram. It doesn't "see" tumors. It is a physiology test measuring subtle differences in skin temperature that can be *associated* with an underlying tumor (as well as other pathology).

Definition of Breast Thermography



Breast thermography is a 15 minute non invasive test of physiology. It is a valuable procedure for alerting your doctor to changes that can indicate early stage breast disease.

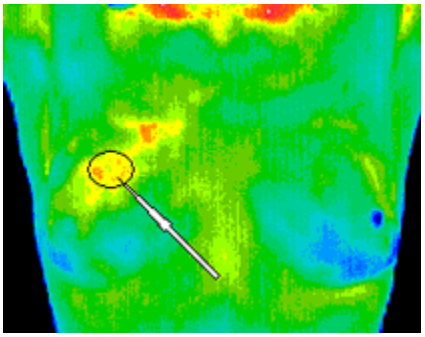
Thermography demonstrates heat patterns that are strongly indicative of breast abnormality. Canadian researchers recently found that infrared imaging of breast cancers could detect minute temperature variations related to blood flow and demonstrate abnormal patterns associated with the progression of tumors.

The **benefit of breast thermography is that it offers the opportunity of earlier detection of breast disease than has been possible through breast self examination, doctor examination or mammography alone.**

Thermography can detect the subtle physiologic changes that accompany breast pathology, whether it is cancer, fibrocystic disease, an infection or a vascular disease. Then your doctor can plan accordingly and lay out a careful program to further diagnose and /or MONITOR you during and after any treatment… **Because with life style changes you can see the improvement on a follow- up thermography scan.**

The picture on the left is a normal breast scan. The one on the right has very significant vascular activity in the left breast, a fibrocystic breast issue, sometimes misdiagnosed with a mammogram and repeated mammograms to check it again. An ultrasound may be suggested to see better what the tissue looks like. My experience with my daughter:

With this significant vascular activity justified clinical correlation and close monitoring is suggested which will show fibrocystic changes taking place. These changes can be monitored thermographically at regular intervals until a stable baseline is established and is reliable enough for annual comparison.



This picture indicates a specific area of a small DCIS. We can see the vascular feed and the discreet area of hypothermia that is displacing the surrounding hyperthermia

For many reasons, thermography isn't recommended as a replacement for mammography. But a thermogram has some advantages that a mammogram doesn't, including the ability to detect physiology changes in a cancer while it's still in the cellular phase—sometimes ***years*** **before it is detectable with a mammogram.**

Thermography can detect lymphatic congestion and hormonal imbalances as well as monitor dietary changes. It can assess breast cancer risk, which is also something mammography cannot do. In short, **thermography is a tool to monitor *breast health*, not just a way to find disease.** *And* there is no radiation or breast compression involved. It's not a replacement for mammography because mammography has some important advantages that thermography doesn't, but it's a useful adjunct. And in women who don't wish to have mammograms it's a great option.

Thermography provides a practical benefit to the general public and to the medical profession. It is certainly an adjunct to the appropriate usage of mammography and not a competitor. In fact, thermography has the ability to identify patients at the highest risk and actually increase the effective usage of mammography imaging procedures.

Thermography, with its non-radiation, non-contact and low-cost basis has clearly been demonstrated to be a valuable and safe early risk marker of breast pathology. It can be an excellent case management tool for the ongoing monitoring and treatment of breast disease when used under carefully controlled clinical protocols.

If your body was heading in the direction of developing breast cancer **wouldn't you want to know** that before the tumor formed? Or would you rather find out after the fact? Conventional thought with is to find it early but **how about not getting it in the first place by being proactive in taking responsibility for your well being.**

Thermography, with its ability to assess risk and monitor breast health, leads to perhaps the most important point that's never mentioned in this debate, which is that **breast cancer risk is largely modifiable**. Only 10-15 % of breast cancer cases have any genetic component**,** which means that 85-90% of risk has to do with other factors; diet, stress, and environmental factors being among the most important. Dr. Tom Hudson has written a book ***Journey to Hope*** that discusses all of these factors in detail along with other ways to decrease your breast cancer risk.

The point of all of this is that screening tests, though important, are imperfect. It may make sense to have them, but **it doesn't make sense to rely on them completely.** Let's have the debate, but let's not get lost in it. It's all too easy to forget about the forest when you're busy examining the trees.

I encourage you to do the research for the information you are looking for. Each of you has the ability and responsibility to make an informed decision.

I'd like to suggest loving your girls with a loving lymphatic self breast massage using Healthy Girls Breast Oil.

www.aromatherapynaturesway.com/shop/

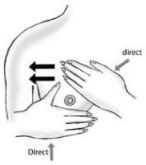
Lymphatic Self Massage

Focus on creating gentle movement of stretching and releasing (pumping action).

1. Gently stroke downward from the top of neck to the top of collar bone.

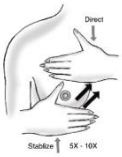
2. Feel the hollow spot above collarbone. Gently stretch the skin from the shoulder toward the neck. This opens the lymph passages before it empties into the circulatory system.

3. Gently stretch the skin under your arm toward your armpit or simply hold it until the tenderness disappears.

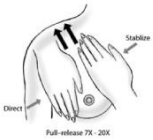


4. Support breast and with a gentle stretch and release pumping action move toward underarm.

5. Support breast and with a gentle stretch and release pumping action move breast toward the center of body.



6. Focus on a flat palm and with an upward stretch and release the breast upward toward the neck.



7. Gently stretch the skin away from the nipples all around the breast. Then beep the horn! Press the nipple flat a few times to move the lymph there.

Repeat each step 10-15 times.
Repeat steps 3-7 with the other breast.
Illustrations courtesty of www.breasthealthproject.com
www.HeathyGirlsBreastOil.com 715-878-4474