

Mammography vs. Breast Thermography

"Mammograms are safe." Because mammograms are taken with X-rays, they expose your body to radiation that can cause cancer. Screening mammography may pose significant and cumulative risks of breast cancer for premenopausal women. The routine practice of taking four films of each breast annually results in approximately 1 rad (radiation absorbed dose) exposure, about 1,000 times greater than that from a chest x-ray. On June 28, 2005, a report by a National Academy of Sciences Panel on Biological Effects of Ionizing Radiation stated that the preponderance of scientific evidence shows that even very low doses of radiation pose a risk of cancer or other health problems and there is NO threshold below which exposure can be viewed as harmless. This is critical because it addresses radiation amounts commonly used in medical treatment and scans [i.e. mammograms, chest x-rays and CT scans]. In addition to radiation exposure, compression of the breast from a mammogram may prompt existing cancer to spread. The compression required for mammograms can actually break down cancer tissue and rupture small blood vessels that support the cancer, causing it to spread. This is known as the "compression contradiction". In the January 2002 issue of his *Real Health Breakthroughs Newsletter*, William Campbell Douglass II, M.D., said: *"I find it... contradictory that medical students are taught to examine breasts gently to keep any possible cancer from spreading, yet radiologists are allowed to manhandle them for a mammogram."* Since 1928, physicians have been warned to handle "cancerous breasts with care -- for fear of accidentally disseminating cells and spreading the cancer. Nevertheless, mammography entails tight and sometimes painful breast compression, which could theoretically lead to distant and lethal spread of malignant cells by rupturing small blood vessels in or around small-undetected breast cancers.

"Mammograms catch cancer at an early stage." If a tumor is large enough to be detected by a mammogram it may already be in an advanced state. As proven by a unique large-scale screening study by University of Toronto epidemiologists, monthly breast self-examination (BSE) following brief training, coupled with annual clinical breast examination (CBE) by a trained health care professional, is at least as effective as mammography in detecting early tumors, and is also safe [without radiation].

"Mammograms save lives." Early detection does not necessarily translate into increased survival rates. Studies from the National Cancer Institute have shown that women who have mammograms suffer about the same rate of death due to breast cancer as women who do not have mammograms. [*Journal of the National Cancer Institute* September 20, 2000; 92:1490-1499]

So why do most physicians still recommend them? Despite the risks, mammography is considered the standard of care in the U.S. There is a huge financial infrastructure within most hospitals and in many clinics which are invested in promoting this diagnostic procedure. Also, in terms of law suits, some health care professionals may recommend mammograms for fear of being sued by a woman who developed breast cancer in which a routine mammogram was not recommended.

Breast Thermography:

Breast thermograms are an option for initial breast evaluations with many women. Breast thermography has been available for decades, is FDA approved, is 100% safe, does not use compression, is completely painless and does not use radiation. Breast thermography uses a highly sensitive infrared camera that can detect small variations in the temperature of the body. Unlike mammography, it is non-invasive and can detect changes in physiology and pre-cancerous conditions years before a malignant tumor may appear. This may enable a woman to take preventive and pro-active steps in optimizing the health of her breasts. The cost ranges from \$300-\$400 and it is not yet covered by health insurance companies.

Mammography looks for structural breast abnormalities such as a lump, whereas breast thermography looks for physiological abnormalities such as inflamed regions, vascular patterns & asymmetries and regional hypo/hyperthermia. Mammography may have difficulty or may not be able to image young women with dense breasts, women with small breasts, women with implants and women with fibrocystic breasts since mammography examines breast density. In contrast, breast thermography may detect in these women physiological abnormalities that show cancerous activity years before the cancer has turned itself into the form of a lump detectable by mammography.

Blood testing may also detect certain cancers that are metastasized or growing rapidly. Very small or early tumors are often enclosed in a membrane and all of the cancer cells are inside this membrane. This is why tumor markers will often be normal. Biopsy or anything that ruptures the membrane may spread the cancer or allow a few cancer cells to migrate. If a woman finds a lump in her breast, she may consider the option of monitoring it with a health professional or surgically removing it completely rather than taking a biopsy of it.

If a breast lump is found, it is very important to monitor it with a health professional and optimize one's immune system. Comprehensive lab testing is important for determining imbalances that could affect the immune system and lower the body's natural ability to eradicate cancer.

Blackbird Clinic PLLC has permission from the author, Dr. V. Merkle, to edit and reprint this article. Some of the documentation in this newsletter is taken from Samuel S. Epstein, M.D., Professor Emeritus Environmental and Occupational Medicine Chairman, Cancer Prevention Coalition, University of Illinois at Chicago School of Public Health 312-996-2297; Web site: <http://www.preventcancer.com> For further details and supporting documentation, see "Dangers and Unreliability of Mammography: Breast Examination is a Safe, Effective and Practical Alternative," by Samuel S. Epstein, Barbara Seaman and Rosalie Bertell, International Journal of Health Services, volume 31(3):605-615, 2001.

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