

# Mammograms Are Not Early Detection

## There Are Other Alternatives to Natural Best Breast Health



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, 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.**

Mammogram 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.

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. We are warned about the dangers of radiation. A mammogram is X-ray radiation delivered to very sensitive tissue. **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. Often screening for early forms of breast cancer leads to over diagnosis. That is, the detection of pseudo-cancers or non-cancers -"cancers" that **would not** cause harm, during her lifetime, if they were left alone. 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 to detect. 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 may provide information that is not found with a mammogram: such as:

1. **The cause of breast symptoms**, such as pain, swelling, and redness

2. **Check a breast lump found on breast self-examination or physical exam.** (Fluid filled or solid) Do you really need a mammogram if you found a lump?
3. **Breast tissue in younger women is often more dense**, with connective tissue, making a mammogram difficult to read because cancer can look like a “snow ball in a snow storm”. Mammograms can miss 40-50% of breast cancers in women with dense breasts.
4. **With silicone breast implants or dense breasts** a mammogram may not be able to see breast lumps.
5. **Mammograms are not early enough detection even though we are told it is.** According to the Journal of Surgical Oncology a breast cancer growth has 4-10 billion cells before a mammogram can detect it. Cancer cells may double approximately every 90 days, so often a cancer is already growing for 7-10 years before it is detected by a mammogram and by then it may have spread to other parts of the body. Breast Research Awareness and Support was created to educate women about these limitations.

#### 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, 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. He says to be careful about any single research study. Research is not reality. Reality has too many variables. No research study can control them all.

Dr. Hudson says 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. The logic behind the over diagnosis argument seems to be we’re treating some cancers too aggressively.

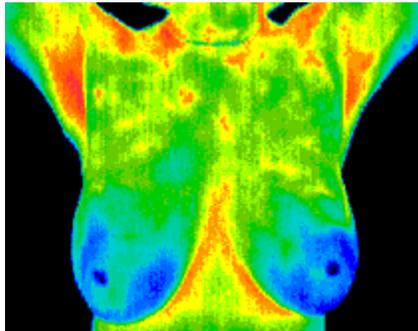
#### What about breast thermography?

**Shouldn’t women be told about the option of thermography?** 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).

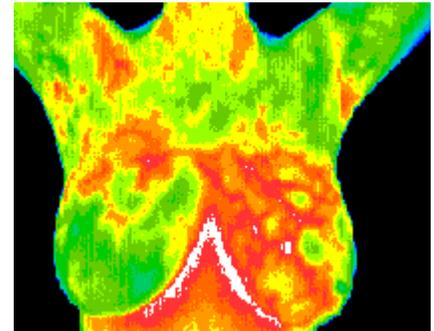
Breast thermography is a 15minute noninvasive test of physiology. It is a valuable procedure for alerting your doctor to changes that can indicate early stage breast disease. Thermography

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.**



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.

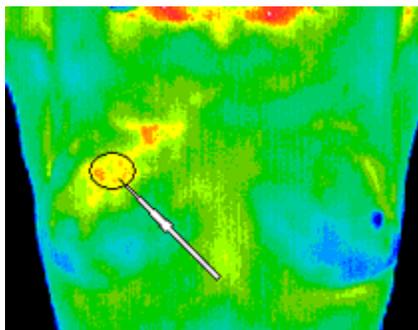


Thermography can detect the subtle physiological changes

that accompany breast pathology, whether it is cancer, fibrocystic disease, an infection or a vascular disease. **With life style changes you can see the improvement on a follow- up thermogram.** Or your doctor can plan accordingly and lay out a careful program to further diagnose and /or *MONITOR you during and after any treatment.*

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 and again. An ultrasound may be suggested to see better what the tissue looks like.

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 with non invasive, safe thermograms 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 discrete area of hypothermia that is displacing the surrounding hyperthermia.

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. But for women who don't wish to have mammograms it's a great

option. 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 you have a tumor?

**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.**

Thermography, with its non-radiation, non-contact and low-cost basis is clearly 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. A list of Certified Clinical Technicians in your area, [click here](#)

Dr. Hudson concludes, "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."

**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. Hudson, who is an expert in the field of breast cancer diagnosis, explains in his book, *Journey to Hope*, what you eat, how you feel, and even how you think affects your health more than you might expect. He explains what every woman needs to know in a warm, conversational style—a rare find in a medical book.

I recommend Dr. V of Breast Cancer Conqueror, and her Best Seller Book *Heal Breast Cancer Naturally*. She says most women she talks to are confused, frustrated and overwhelmed by all the mis-information about preventing or healing Breast Cancer Naturally.



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

[www.aromatherapynaturesway.com/shop/](http://www.aromatherapynaturesway.com/shop/) If you are already using Healthy Girls Breast Oil, who would you like to share it with? We all know someone who would benefit from using the lymphatic self breast massage and Healthy Girls.

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