

Breast Thermography: A Safer, More Reliable Option

Posted By Dr. Mercola | August 07 2010

Most physicians continue to recommend mammograms for fear of being sued by a woman who develops breast cancer after he did not advise her to get one. But I encourage you to think for yourself and consider safer, more effective alternatives to mammograms.

The option for breast screening that I firmly believe makes the most sense and should not only radically reduce misdiagnosis but find cancers earlier is called thermographic breast screening.

Thermographic screening measures the radiation of infrared heat from your body and translates this information into anatomical images. Your normal blood circulation is under the control of your autonomic nervous system, which governs your body functions.

Thermography uses no mechanical pressure or ionizing radiation, and can detect signs of breast cancer as much as 10 years earlier than either mammography or a physical exam.

Whereas mammography cannot detect a tumor until after it has been growing for years and reaches a certain size, thermography is able to detect the possibility of breast cancer much earlier.

It can even detect the potential for cancer before any tumors have formed because it can image the early stages of angiogenesis — the formation of a direct supply of blood to cancer cells, which is a necessary step before they can grow into tumors of size.

If you are a woman, breast cancer is the type of cancer you are most likely to get, which is why you need to take your breast health seriously.

However, rather than subjecting yourself to mammograms for unreliable, and dangerous breast screening, thermography offers you the opportunity of earlier detection of breast disease than has been possible through breast self-examination, doctor examination, or mammography alone.

Annual thermograms allow you to map changes in your body's heat patterns over time. They can alert you to any deviations from your norm. Mapping your health annually helps you detect changes, often before disease develops.

Thermograms benefit all women. They may be particularly useful for young women who want to monitor their breast health before the recommended age of 40 or 50. Actually, your breast cancer prevention should start as early as possible, which is why I recommend making thermography part of your annual health prevention regimen.

What If You Went through a Mastectomy, Only to Discover Your Diagnosis Was False?

In 2006, Susan G. Komen for the Cure, an influential breast cancer survivors' organization, released a study, which estimated that in 90,000 cases, women who received a diagnosis of ductal carcinoma in situ (D.C.I.S.) or invasive breast cancer either did not have the disease or received incorrect treatment.



Advances in imaging technology over the past 30 years have meant that pathologists must render opinions on ever smaller breast lesions. Discerning the difference between benign lesions and early stage breast cancer is a particularly challenging area of pathology.

Diagnoses of D.C.I.S. have a history of confusion, differences of opinion, undertreatment, and overtreatment.

According to the *New York Times*:

"There is an increasing recognition of the problems, and the federal government is now financing a nationwide study of variations in breast pathology, based on concerns that 17 percent of D.C.I.S. cases identified by a commonly used needle biopsy may be misdiagnosed.

Despite this, there are no mandated diagnostic standards or requirements that pathologists performing the work have any specialized expertise, meaning that the chances of getting an accurate diagnosis vary from hospital to hospital."

Sources:

» [New York Times July 19, 2010](#)

Dr.Mercola's Comments

Upon receiving a breast cancer diagnosis, most women are afraid and even frantic to do whatever it takes to fight and remove the cancer. In the conventional medical arena, typically this means full or partial mastectomy, drugs and radiation.

Imagine going through a surgery, having one or both of your breasts removed along with receiving debilitating radiation treatments and toxic drugs, only to be told that you never had cancer. The diagnosis was a mistake.

In the *New York Times* article above, you can read the stories of several women who had this very scenario happen to them ... and they are far from alone.

Mammograms Often Lead to Unnecessary Biopsies and False Positives

In the conventional medical community the long-held advice was for women to get a mammogram every year or two after age 40. This was recently updated by the U.S. Preventive Services Task Force to starting at age 50, which caused an uproar among many women who feared a decrease in mammograms would put their lives at risk from breast cancer, or that insurance companies would stop covering the procedure until a woman reaches age 50.

What was overlooked, however, was the reason WHY the Task Force decided to trim their mammogram recommendation. The prior advice was given in 2002, before a host of new research came out showing the problems of overdiagnosis, including false positives.

If a mammogram detects an abnormal spot in a woman's breast, the next step is typically a biopsy. This involves taking a small amount of tissue from the breast, which is then looked at by a pathologist under a microscope to determine if cancer is present.

The problem is that early stage cancer like ductal carcinoma in situ, or D.C.I.S., can be very hard to diagnose, and pathologists have a wide range of experience and expertise. There are no diagnostic standards for D.C.I.S., and there are no requirements that the pathologists doing the readings have specialized expertise.

Dr. Shahla Masood, the head of pathology at the University of Florida College of Medicine in Jacksonville, told the *New York Times*:

"There are studies that show that diagnosing these borderline breast lesions occasionally comes down to the flip of a coin."

Just How Often are Early Breast Cancer Diagnoses Wrong?

A federal government study is now trying to determine just that, but estimates suggest that 17 percent of D.C.I.S. cases found through needle biopsy are misdiagnosed. [The New York Times](#) also reported on several other concerning findings about the frequency of misdiagnosis:

- A 2006 study by Susan G. Komen for the Cure estimated that in 90,000 cases when women were diagnosed with D.C.I.S. or invasive breast cancer, they either did not have the disease or they got incorrect treatment due to a pathologist error.
- A 2002 study at Northwestern University Medical Center found that nearly 8 percent of 340 breast cancer cases " had errors serious enough to change plans for surgery."
- Dr. Lagios, a pathologist at St. Mary's Medical Center in San Francisco, reviewed nearly 600 breast cases in 2007 and 2008 and found discrepancies in 141 of them.

The Times states, "Dr. Lagios says that based on his experience, microscopic core needle biopsies of low-grade D.C.I.S. and benign lesions, called atypical ductal hyperplasia, or A.D.H., may be misread 20 percent of the time."

That so many women have unnecessarily undergone mastectomies, radiation and chemotherapy after receiving false positives on a mammogram or biopsy is a sad testimony to the state of cancer diagnosis and treatment in conventional medicine today.

More Reasons Why You Might Think Twice About Mammography and Biopsies

False positives aside, a mammogram uses ionizing radiation at a relatively high dose, which in and of itself can contribute to the development of breast cancer. Mammograms expose your body to radiation that can be 1,000 times greater than that from a chest x-ray, which we know poses a cancer risk. Mammography also compresses your breasts tightly, which could lead to a dangerous spread of cancerous cells, should they exist.

And, should you end up getting a breast biopsy, that too can have detrimental consequences.

Needle biopsies, which are widely used, may accidentally cause malignant cells to break away from a tumor, allowing it to spread to other areas of your body. And according to a study from the John Wayne Cancer Institute, it appears that a needle biopsy may increase the spread of cancer by 50 percent compared to patients who received excisional biopsies, also known as lumpectomies.

Mammograms also carry a first-time false positive rate of up to 6 percent. False positives can lead to expensive repeat screenings, exposing you to even more radiation, and, as discussed earlier, can sometimes result in unnecessary invasive procedures including biopsies, unnecessary surgery, radiation, chemotherapy and more.

Just thinking you may have breast cancer, when you really do not, focuses your mind on fear and disease, and the extreme stress is actually enough to trigger an illness in your body. So a false positive on a mammogram, or worse, a false diagnosis, can really be damaging.

Optimizing Your Vitamin D: Cancer Fighter #1

Vitamin D, a steroid hormone that influences virtually every cell in your body, is easily one of nature's most potent cancer fighters. Receptors that respond to vitamin D have been found in nearly every type of human cell, from your bones to your brain.

Your liver, kidney and other tissues can convert the vitamin D in your bloodstream into calcitriol, which is the hormonal or activated version of vitamin D. Your organs then use it to repair damage, including that from cancer cells.

Vitamin D is actually able to enter cancer cells and trigger apoptosis or cancer cell death. When JoEllen Welsh, a researcher with the State University of New York at Albany, injected a potent form of vitamin D into human breast cancer cells, half of them shriveled up and died within days!

The vitamin D worked as well at killing cancer cells as the toxic breast cancer drug Tamoxifen, without any of the detrimental side effects and at a tiny fraction of the cost.

It is my impression that it is criminal malpractice not to recommend vitamin D and aggressively monitor a breast cancer patient's vitamin D level to get it between 70 and 100 ng/ml. Vitamin D works synergistically with every cancer treatment I am aware of and has no adverse effects.

According to one landmark study, some 600,000 cases of breast and colorectal cancers could be prevented each year if vitamin D levels among populations worldwide were increased. And that's just counting the death toll for two types of cancer (it actually works against at least 16 different types!)

So please do watch my one-hour free lecture on vitamin D to find out what your optimal vitamin D levels should be ... and how to get them there. This is one of the most important steps you can take to protect yourself from cancer.

Breast Cancer Prevention Musts

A healthy diet, regular physical exercise, appropriate sun exposure and an effective way to manage your emotional health are the cornerstones of just about any cancer prevention program, including breast cancer.

But for breast cancer, specifically, you can take it a step further by also watching out for excessive iron levels. This is actually very common once women stop menstruating. The extra iron actually works as a powerful oxidant, increasing free radicals and raising your risk of cancer.

So if you are a post menopausal woman or have breast cancer you will certainly want to have your Ferritin level drawn. Ferritin is the iron transport protein and should not be above 80. So if it is elevated you can simply donate your blood to reduce it.

Further, the following lifestyle strategies will help to further lower your risk:

- Improve Your Insulin Receptor Sensitivity. The best way to do this is make sure you have an optimized exercise program. Most of us need about five to eight hours of exercise every week to optimize our insulin receptors. Make sure you just don't do cardio. You can get some ideas from reviewing my video on exercise. Although I did not mention stretching and flexibility work, such as yoga, in the video, it is a very important part of your exercise program. It will not affect insulin receptors but it will help prevent you from getting injured and stopping your other exercise.
- Maintain a healthy body weight. This will come naturally when you begin eating right for your nutritional type and exercising. It's important to lose excess weight because estrogen, a hormone produced in fat tissue, may trigger breast cancer.
- Get plenty of high quality animal-based omega-3 fats, such as those from krill oil. Omega-3 deficiency is a common underlying factor for cancer.
- Avoid drinking alcohol, or limit your drinks to one a day for women.
- Breastfeed exclusively for up to six months. Research shows this will reduce your breast cancer risk.

If You're Diagnosed With Early Stage Breast Cancer ...

In the event you do receive a mammogram and a biopsy and are diagnosed with D.C.I.S. or another form of early stage breast cancer, always get a second, and possibly third and fourth, opinion. I cannot stress this enough, as the false positive rates are just too high and the diagnostic criteria too subjective.

Before you make any decision on treatment, and definitely before you decide to have surgery or chemotherapy, make sure your biopsy results have been reviewed by a breast specialist who is knowledgeable and experienced in the field.