

ATYPICAL BREAST THERMOLOGY

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Abstract

I will be presenting 5 cases of patients who have received an atypical breast thermology. These five patients, along with 20 others, have participated in a nutritional protocol that has normalized their subsequent readings. After receiving an atypical Thermology report, each patient is evaluated and a protocol is designed according to the patient's medical history, lifestyle and nutritional status. Three primary nutritional products are used in the protocol. Calcium d-Glucarate to boost phase II of the liver's function and help to eliminate excessive estrogen. Indoplex to help the pathways of estrogen from converting to estrone, which causes neo-angeogenesis. And finally Recancostat with reduced L-Glutathione to help the natural cell apoptosis (self destruct mechanism), so the dysfunctional cells don't reproduce. The results are normalized Thermology readings after 3 to 6 months following their individualized protocol.

Key words:

Thermology, atypical features, abnormal features, neo-angeogenesis, infrared imaging, nutritional protocols, Indoplex, Recancostat, Calcium D-Glucarate, reduced L-Glutathione, Ductal Carcinoma in Situ or DCIS.

Introduction

My clinical practice is in Marin County, California, where the rate of breast cancer is 40% above the national average. I have been practicing there as a clinical nutritionist, specifically working with immune support and cellular detoxification, for over 20 years. Seven years ago I added Thermography for breast screening to my practice. I am using an infrared camera AGA, model 680 with a 125-millimeter lens. This long-wave instrument has the sensitivity of a 9-12 micrometers and a scan converter to store images on a j-peg format. The patient is requested to consume no caffeine for 5 hours before the Thermography images are taken, to not be near her menstrual cycle and to use no deodorants or lotions on the upper body. The patient is introduced into a room and normalized to a room temperature of 68 degrees Celsius, unclothed, for five minutes, from the waist up. Three images are taken, a left, right and frontal view of the thorax featuring the breasts, before and after the patient held her hands in ice water for one minute. Response to this autonomic challenge rules out the specific vascular features called neo-angeogenesis (specific blood supply to a malignancy) from normal vascular features. Dr. Philip P. Hoekstra interprets the images and provides a written report.

We use the Marseilles Classification, which places each reading into one of 5 categories - TH-1, TH-2, TH-3, TH-4 and TH-5. A random selection of patients with a TH-3 reading or atypical features was tracked. The success rates of normalizing these atypical features after compliance with our specific nutritional protocols are supplied in this report. It is important to note here that the TH-3 category indicates an early sign of atypical

hyperthermic features that responds to the autonomic challenge (hands in cold water) indication that there is not neo-angiogenesis present.

Patients and Methods

Out of 1200 patients in our clinic, we chose 25 patients who met the criteria for this study. They had a Thermography reading resulting in a TH-3, an atypical reading rated at a 10% risk for confirming malignancy and were in compliance with the specific protocols described for them. These individualized nutritional protocols address the patient's history, specifically synthetic hormonal prescriptions, interrupted hormonal flow with abortions and/or miscarriages, or a history of immune deficiency diseases. We also recommend decompressing from stress with lifestyle changes, including Yoga, deep breathing and exercise. A complete nutritional protocol is outlined recommending a balanced organic diet avoiding animal products which have been raised with synthetic hormones, a basic multiple vitamin and omega fatty acids. In addition the three primary nutritional products are included. These are: Calcium D-Glucarate to boost phase II of the liver's function and help to eliminate excessive estrogen. This is given in the dosage of 500 mg TID for those with no history of excessive hormone intake including HRT, birth control pills, fertility drugs or interrupted hormonal flow. If there is a history of the above mentioned hormone exposure, then the recommended dosage is 1 gram TID if not then 500 mg TID. Indoplex to help the pathways of estrogen from converting to estrone, which causes neo-angiogenesis, is taken 60 mg BID. If the patient has been exposed to an unusual amount of xeno-estrogens from plastics (drinking or eating out of plastic containers that have been heated) or petroleum products, then 120 mg BID is recommended. Recancostat with reduced L-Glutathione to help the natural cell apoptosis (self destruct mechanism). The recommended dosage is 100 mg TID unless the patient shows signs of a very compromised immune system and/or adrenal exhaustion, then the dose of 400 mg BID is recommended. This product must be taken on an empty stomach with 10oz of water for maximum effectiveness. Each time a patient's comes in for a follow up Thermography after 3 months of the protocol and their new report is compared to their previous reports to see their progress. If there is no improvement the protocol dosage should be increased and if there is an improvement the protocol is continued at that the current dosage until there is a benign reading. Patient should keep up with Thermography screenings to monitor every 4 to 6 months until consistently receiving a benign reading for one year.

Results

Out of 25 patients with TH-3 readings who participated in this study, the results are as follows: 4 stayed the same, 1 received a significant increase in the atypical feature and 20 improved. Out of the 20 that improved 10 received subsequent readings of TH-1 and 10 received subsequent readings of TH-2. This shows an 80% improvement in the patients who complied with the protocols.

Discussion

The current methods of screening and treatment for women with DCIS had been as follows: Mammography as a screening technique noting micro-calcifications, of which 20% are in fact and indication of DCIS but the remaining 80% of the time are only calcified cholesterol deposits. The suggested treatment may vary depending on the surgeon. A biopsy is always

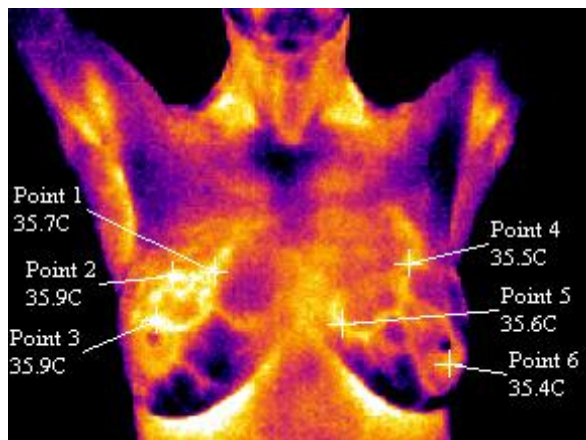
Reversing DCIS

recommended, which breaches the encapsulation within the duct. This spreads the DCIS outside of the duct, exposing it to a blood supply. In addition, some surgeons recommend a lumpectomy and follow-up radiation. However, other surgeons recommend a mastectomy as a prophylactic procedure. The current rate of breast cancer being diagnosed in the US is one out of eight. The current rate of DCIS being diagnosed is one out of three women. Additionally only 2% of those who have DCIS actually develop breast cancer or Invasive Ductal Carcinoma. If we keep up this current trend in diagnosing (biopsy) and treating DCIS, it is clear that the rate of breast cancer diagnosis could eventually increase to reach one in three. When reviewing all 1,200 Thermography patients at our clinic it is clear that a large portion of those who received a TH-3 reading did not follow the recommended protocol and some have gone on to a TH-4, with a 65% to 85 % risk of confirming malignancy. We now have completed research-showing evidence about the percentage of improvement from the following prescribed protocol to hopefully prevent DCIS from becoming invasive.

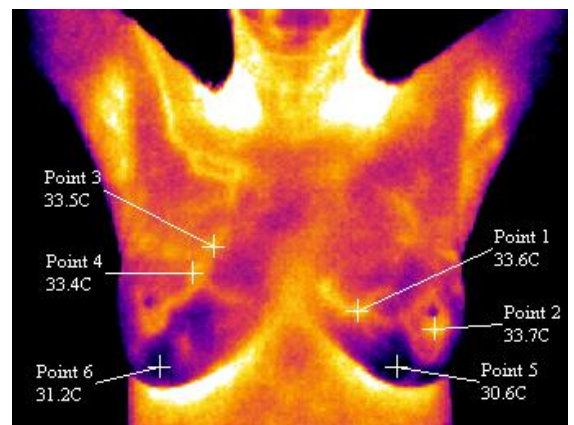
Conclusion

When we compare the national statistic of women with Ductal Carcinoma in Situ (DCIS), which is 35% of the population, to the percentage of our over 1,200 patients who had atypical Thermography reports of TH-3, we find them to be exactly the same. If we were to consider the likelihood that a good portion of these patients with atypical Thermography reports in fact have DCIS, then this report shows that these nutritional protocols when designed specific to the individual can, in fact, reverse early signs of breast cancer or DCIS. Although this study has a limited number of participants the positive statistics do indicate the need for further research.

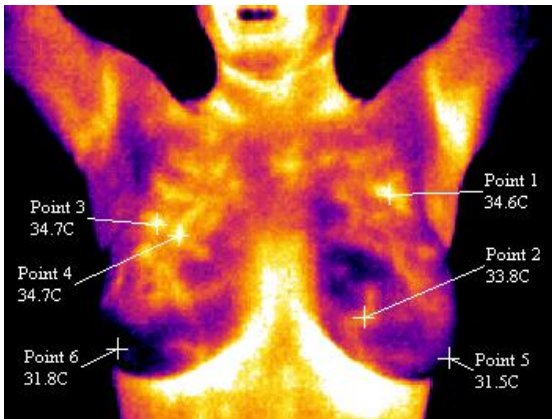
The following are Thermal-Images of women before and then after following the protocol for 3 to 6 months. Atypical features are hot and show up white or yellow like a spider web of veins.



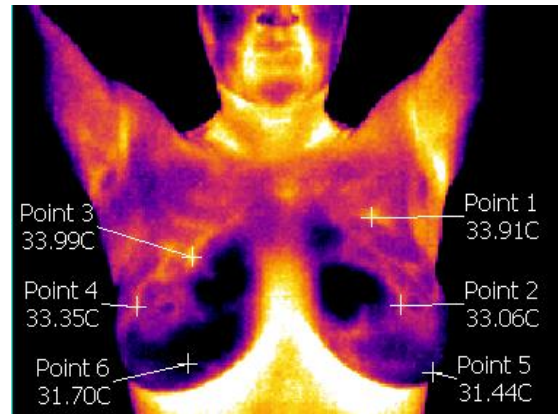
Before Image Pt. 1&2 Atypical Feature



After Image Pt. 1&2 Atypical Feature gone



Before Image Pt. 3&4 Atypical Feature



After Image Pt. 3&4 Atypical Feature gone

Nutritional Protocol

The complete nutritional protocol includes supplementation of the nutritional products mentioned earlier additionally support for thyroid function using trace minerals including iodine found in wild sea food and sea vegetables or taken as a supplement. Progesterone cream applied topically or taken orally can help to balance out estrogen dominance. It can support thyroid function and increases metabolism. Organic magnesium, B complex, folic acid, B6 choline and methionine along with a multiple vitamin and mineral are suggested. Vitamin A, E and the essential fatty acids found in borage or evening primrose oils should also be taken with meals along with a digestive enzyme that includes lipase to assure absorption of these fat soluble vitamins. These support hormonal balance, nervous system and skin. Keep all oils and fat-soluble vitamins in the refrigerator to prevent rancidity.

Diet

High fiber and low fat diet is preferred. Lots of fresh organic fruits and vegetables and their juices area essential with live antioxidant enzymes is needed to build the immune system. Eat organic whole grains, nuts, seeds, beans and legumes (sprouted if possible). If you do feel the need to eat animal protein, it is important to eat vegetarian-fed meats and wild seafood that are not given hormones and antibiotics. Avoid excessive use of dairy as it can congest the lymphatic system. The fats in dairy store fat-soluble chemicals such as DDT, so if you do consume dairy, then make sure it is organic. Drink lots of purified water to flush the kidneys and hydrate the lymphatic system. Don't drink water stored in plastic containers, or exposed to heat (in hot cars) as it absorbs the estrogen mimicking toxins.

Support the Immune System

The liver is an essential part of the immune system. If it is overloaded with chemicals and a toxic dies of environmental pollution, then it cannot carry off malformed cells such as metaplasia or dysplasia. When you add xeno-estrogens, from the breaking down of dioxins and petro-chemicals in the environment, these malformed cells duplicate at a really fast rate making cancer grow. The liver, lungs, kidneys, skin and colon are all part of the eliminatory system so keeping them healthy relieves the burden on the immune system. The following products from Tyler Labs: Detoxification Factors activates Phase 1 and Phase 2 of the liver function, which helps to detoxify from chemicals exposure or substance abuse. Calcium D-Glucarate to boost phase II of the liver's function and help to eliminate

excessive estrogen. This is given in the dosage of 500 mg TID for those with no history of excessive hormone intake including HRT, birth control pills, fertility drugs or interrupted hormonal flow. If there is a history of the above then the recommended dosages is: 1 gram TID if not then 500 mg TID. Indoplex to help the pathways of estrogen from converting to estrone, which causes neo-angiogenesis, is taken 60 mg BID. If the patient has been exposed to an unusual amount of xeno-estrogens from plastics (drinking or eating out of plastic containers that have been heated) or petroleum products, then 120 mg BID is recommended. Recancostat with reduced L-Glutathione to help the natural cell apoptosis (self destruct mechanism). The recommended dosage is 100 mg TID unless the patient shows signs of a very compromised immune system and/or adrenal exhaustion, then the dose of 400 mg BID is recommended. This product must be taken on an empty stomach with 10oz of water for maximum effectiveness. Use only plant source HRT or bio-identical. For more recommendations on safer options for house hold cleaning products or cosmetic products I recommend the *Safe Shoppers Bible* by Samuel Epstein.

Herbs and Treatment for Congested Lymphatic System:

Jason Winters or Essiac Tea help to clean the lymphatic system. Caster oil pack as described by Edgar Cayce is suggested to reduce fibrous tissue and lymphatic congestion. Using cotton flannel covered with castor oil, cover breasts or congested lymph nodes and apply heat so it is warm not hot for two hours each treatment. Repeat daily if possible. Daily lymphatic massage, dry brush massage or loofah in the shower is helpful to get the lymph fluid moving. Lymphatic light treatment is wonderful for moving congested lymphatic system and eliminating painful hard lumps in the breasts without any pain or discomfort.

Post Research Notation:

Dr. Gardner is currently conducting a case study of this protocol with over 2000 patients in the US and UK. For more information and further research on the specific products mentioned in this article contact the office number below.

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