

# THERMO-TECH INC.

## **The Truth About Calcification Finding With Mammography**

Micro-calcifications are a common finding with mammography and in as much as 80% of the cases they are benign. Laboratory analysis shows them to be made up of crystalline deposits of cholesterol as would be found in gall stones. The remaining 20% of calcifications are an indication of DCIS also known as Ductal Carcinoma in Situ a PRE-Cancerous condition which post-mortem statistics show 40% of the population have and don't even know. Finding calcifications in a mammography doesn't warrant a biopsy but noting an increase in cluster or a specific pattern developing over a period of time can be suspicious of the development of DCIS.

The important factor to consider before a biopsy of these potential 'suspicious calcifications' is that #1. Research shows that 80% of women with DCIS can be reversed with lifestyle improvement and nutritional support. #2. Once you biopsy these you breach the encapsulation and expose them to a blood supply which turns a pre-cancerous condition into Breast Cancer. #3. Most calcifications are scattered throughout the breast so a simple lumpectomy is not always feasible and in most cases a mastectomy is required once they start biopsying them. So you are looking at a mastectomy for a pre-cancerous condition that could be reversed with a holistic protocol.

Thermography is a safe and accurate diagnostic tool to monitor the breasts while receiving a preventative treatment as it has no carcinogenic radiation or painful compression that can damage soft, delicate breast tissue like a mammography. Although Thermography does not see calcifications themselves it does accurately see neo-angiogenesis (the blood supply that sets up to feed cancerous tissue), something that a mammography cannot. It is important to note here that Thermography has a 9% error rate in comparison to Mammography with a 40% error rate in postmenopausal women with soft breasts that can be smashed down between the glass plates of the mammography equipment but it has a 60% error rate for women with dense breasts that cannot be manipulated in this way-certainly not an accurate enough technique to warrant repeated exposure to carcinogenic radiation.

Although I would not advise against recommendations from any patient's doctor's advice, not having seen this patient history and having the information that their doctor has to justify his/her recommendations. I will however say that most allopathic MD and Breast Surgeons are not trained in prevention of disease and do not give patients a choice in their treatment plan. I have further research on the protocols reversing DCIS on my website. [www.HealthyBreasts.info](http://www.HealthyBreasts.info) under articles and research in the top menu.

One piece of information doctors should provide is that breast cancer is very slow in growing. In most cases it takes 10 years for a lump to reach the size of a pea. Investing a few months of holistic treatment is worth it to not lose a breast. I personally don't approve of using fear tactics to rush patients into a procedure that has such dire consequences when they have the right to explore other safe options.

I also offer free counseling to any women with breast health issues or needing support.

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