

Time for Women to have a Healthier Choice in Breast Screening

Are Mammograms failing us as a diagnostic tool? Many women are refusing to have an annual mammogram. The thought of smashing delicate breast tissue and exposing themselves to carcinogenic radiation (4) in order to see if their breasts are healthy, just doesn't seem sensible. This is especially true when considering the error rate of a 40% false negative in postmenopausal women, a 60% false negative rate in women with dense breast tissue and a 80% false positive rate. (1) Out of that 80% false positive, the result is that many women undergo unnecessary, invasive surgical procedures without being informed about far less damaging options. A biopsy of a pre-cancerous lump breaches the encapsulation, can spread it outside the duct, expose it to a blood supply which can turn it into invasive cancer. This is unnecessary when research has proven these pre-cancerous lumps or Ductal Carcinoma in Situ, in most cases, can be reversed with an immune supportive protocol. (3) When considering that post-mortem statistics show that 40% of the adult female population have DCIS or pre-cancerous cells in their breasts, and one out of every eight women will be diagnosed with cancer in her lifetime these invasive procedures are actually increasing the rate of breast cancer.

Thermography, using an infrared camera, is a safe, non-assaultive, and non-invasive diagnostic tool. Note: Only with a sophisticated Medical Grade Infrared Camera and Diagnostic Thermography Program can accurate reports be generated by a Certified Medical Thermologist. Thermography with a back up of a Targeted Ultrasound to locate and evaluate suspicious lumps, has been proven to give an accurate and much less invasive breast screening and monitoring regimen. (5)

How Accurate is Thermography and Can it Be Trusted as a Breast Screening Tool?

Thermography is not just a way to find disease, but it is a tool to monitor breast health, without breast compression or radiation. Using the strict procedures outlined in the Marseilles Classification Study, the accuracy rate for both false positive and false negative for *Standardized Medical Thermography*© is 9%. (2) This accuracy rate came from a study in 1976, at the Pasteur Institute, in Marseilles France. In this study, top medical doctors in their respective fields, followed 3,000 women for five years using the results of the thermography readings: and additionally to histology reports to classify the different ratings of: TH-1 through TH-5 with related risk factors for malignancy. It should be noted that only a biopsy with a histology report can give a 100% positive diagnosis of malignant cells. Unlike Mammography, research has shown that with a Comprehensive Immune Support Protocol© using Thermography as a monitoring tool, 80% of women with Atypical ratings reverse within three to six months. (3) Using this method has saved hundreds of women from unnecessary invasive procedures.

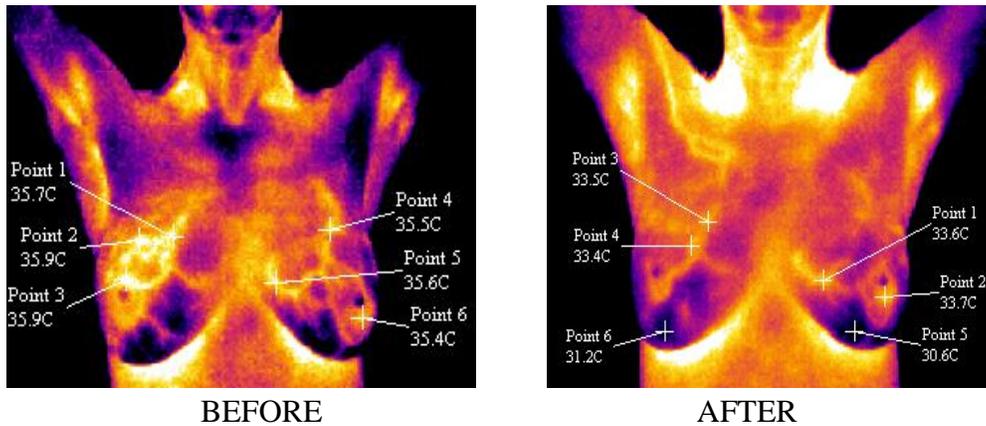
How to Choose a Thermography Clinic that Follows These Procedures

Here are the factors to establish if a clinic is following *Comprehensive Breast Screening*© with *Standardized Medical Thermography*© criteria:

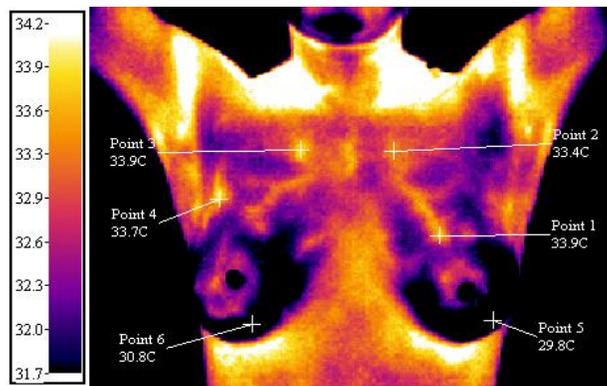
1. Does the clinic take a comprehensive reproductive history in addition to the details about any critical health issue?
2. Is the technician qualified to conduct a manual breast exam and recognize palpation of a suspicious lump, dimpling, or inverted nipple: Paget's Disease (breast cancer of the nipple) or inflammatory breast cancer (that doesn't have a lump)? The technician should note the details about their findings on patient intake forms so changes can be monitored.
3. Does the clinic take images before and after performing the autonomic challenge as outlined in the Marseilles Procedures? This is important to distinguish neo-angiogenic blood vessels (that set up to feed a tumor), from normal blood vessels. The autonomic challenge is acquired by placing the patient's hands on ice for one minute. A full set of images, frontal and side views at 45 and 90 degrees on both sides, are taken before and after the autonomic challenge. Results of the comparison are then noted in the report.
4. Does the clinic provide the patient with a comprehensive report that notes the difference in specific features on the thermal images that need to be monitored when compared to those of the 'normal' breast? This is essential for monitoring improvements in these features. [See the images below for an example of an abnormal reading that has improved with the necessary details noted on the images for comparison.]
5. Does the clinic include a comprehensive consultation with each report, to explain the content to the patient? It is important to go over the report in detail with the patient to answer questions, address concerns about specific features, symptoms or complaints, or the patient's health in general. By also including stress factors, the clinic be able to provide a Comprehensive Individualize Immune Support Protocol© to improve the patient's health. The clinic could recommend nutritional supplements to build the immune system or to address hormone imbalances; or could encourage making lifestyle changes to aid in a better sleep or to cope with stress.
6. With follow-up thermography sessions and reports, do the findings provide a visual comparison with the previous report so the patient can see if the specific feature of concern has improved or not?
7. Last but certainly not least, if the patient needs investigative and/or surgical procedures, professional staff should offer support so patients feel comfortable and safe and can make informed decisions rather than fear based ones. As professionals, they can only give accurate statistical information and never medical advice like a physician can.

Example of Thermal Images

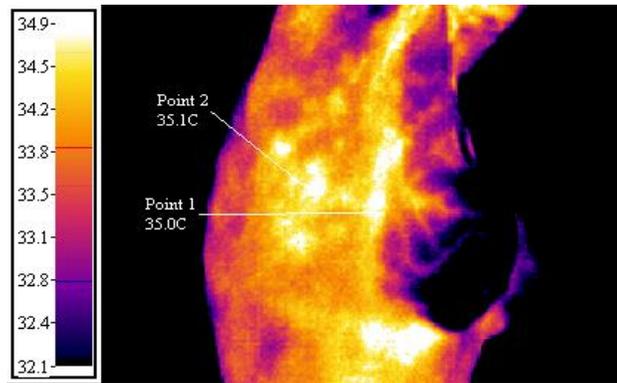
Below are images of a patient with Ductal Carcinoma in Situ (DCIS) before and after following an *Comprehensive Individualize Immune Support Protocol*®. (3) Pictured below are the proper notations of temperatures on the BEFORE image, comparing the atypical feature (Points 1-3) in the right breast with the left or 'normal' features in the left breast. In the AFTER image the atypical feature is gone.



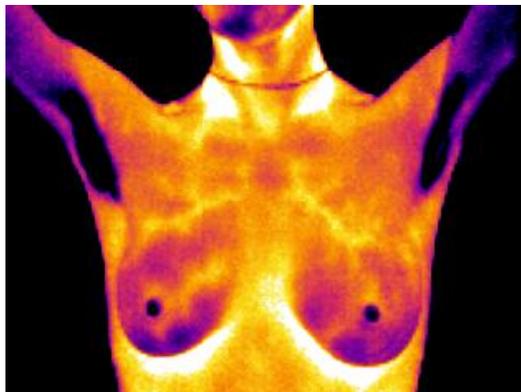
The image below is of a patient with a bilateral mammary duct infection, seen as diffuse hyperthermic patterns in the peri-areolar (nipple) region bilaterally. This atypical but benign condition can be addressed with the Healing a Mammary Duct Infection Protocol.



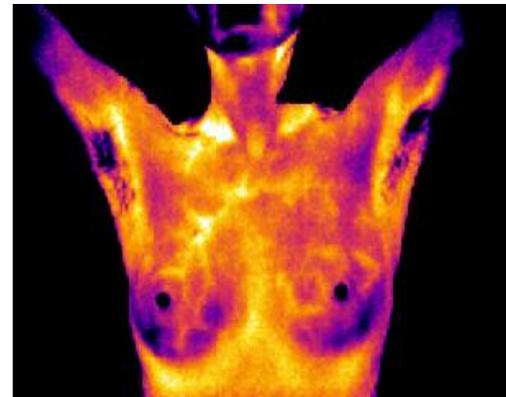
The image below is of a patient with 30-year-old augmentation implants that are decomposing and leaking into the lymphatic nodes and inflaming the liver. Thermography can help to reveal other reasons a patient is not feeling well. Not all health issues can be alleviated with nutritional protocols, but may need surgical procedures in addition, as in this case.



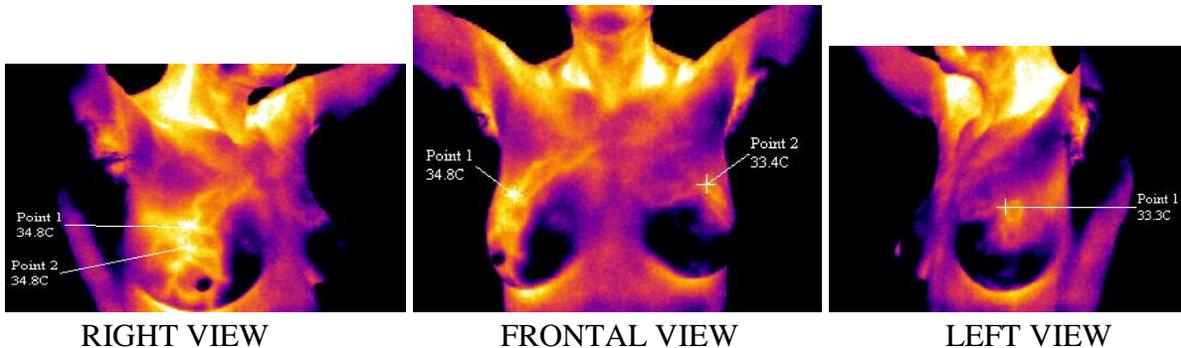
Thermography Images Shows Benign, Atypical and Abnormal Ratings of Breasts



Benign Thermography - TH-2 with Symmetric Vascular-like Features.



Atypical Thermography - TH-3 with one Asymmetric Vascular-like Feature.



Abnormal Thermography - TH-5 of the right breast with a complex vascular-like feature (Points 1&2 in the right view) indicating neo-angiogenesis, a blood supply associated with malignancy.

A TH-5 rating has three criteria: 1. A complex vascular feature 2. This feature is seen in 2 quadrants, cranial lateral and caudal lateral and 3. It is 1.4°C above of base emission levels which is considered an anarchy sign (a specific Thermography criterion). The left breast is rated: TH-2 or benign with no thermal features of concern, the hottest point noted for comparison.

Conclusion

Comprehensive Breast Screening® with Standardized Medical Thermography®, using Target Ultrasound for follow-up investigation when needed, is a far more accurate and less harmful technique for breast screening and monitoring women's breast health; and needs to be made available to all women.

It is time to stand up for our right to choose a more accurate and less harmful tool to screen and improve the health of our breasts.

Acknowledgements

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ABOUT THE AUTHOR



Article by Nancy Gardner-Heaven, Technician of Medical Thermology, Certified at Auburn University by the American Academy of Thermology. Nancy is a pioneer in the field of Medical Thermology offering *Comprehensive Breast Screenings®* using *Standardized Medical Thermography ©* for 25 years. Research from her immune boosting protocols has proven to reverse DCIS and other Atypical Features in 80% of her patients. This study was presented at Auburn University at the American Academy of Thermology's Medical Conference⁽³⁾ in 2003 and published in the Townsend Letter in 2004. Her published research has been instrumental in saving thousands of women from unnecessary surgical procedures. Nancy continues to improve this protocol as more substantial research surfaces. She is the founder of *Comprehensive Breast Screening®* with *Standardized Medical Thermography®* and has been using this technique since 1999. Comprehensive Breast and Full Body Screening is available in the greater San Francisco Bay Area as well as the Big Island and Kauai. See website: www.HealthyBreasts.Info

- (1) American Cancer Society Annual Statistics of Mammography Accuracy Rate.
- (2) Marseilles Classification Study at the Pasteur Institute in Marseilles, France 1976.
- (3) Abstract on Research of Immune Support Protocols Reversing Atypical Features presented at Auburn University, Published in the Townsend Letter.
- (4) Preventing Breast Cancer - The Story of a Major, Proven, Preventable Cause of This Disease

by John W. Goffman, MD, Ph.D. Second Edition 1996 C.N.R. Book Division Published by:
Committee for Nuclear Responsibility, Inc.

(5) Article: Accuracy and Value of Breast Ultrasound for Primary Imaging Evaluation of
Symptomatic Women 30-39 Years of Age Published in: American Journal of Roentgenology
Diagnostic Imaging Related Sciences by November 2012, Volume 199, #5.

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