

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 (5)



How Accurate is Thermography 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.

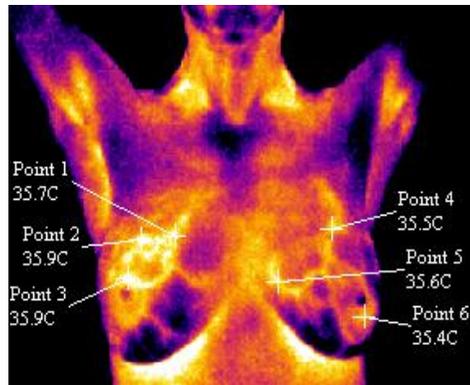
Choose a Clinic that Follows Standardize Medical Thermology Procedures for Superior Accuracy.

1. The clinic should take a comprehensive reproductive history in addition to the details about any critical health issue.
2. The technician should be qualified to not only take images but conduct a manual breast exam and recognize palpation of a suspicious lump, dimpling, or inverted nipple or a rash and make notes on the history form.
3. An essential part of the accuracy rate is noting the results of the autonomic challenge (taking images before and after holding ice for 1 minute), which is important to distinguish neo-angeogenic blood vessels (that feed a tumor), from normal blood vessels.
4. The Thermography report should show left right and frontal thermal images noting the temperature difference of the specific features on the images so they can be monitored for improvements. [See the images below for an example of an abnormal reading that has improved with the necessary detailed temperatures noted on the images for comparison].
5. A phone consultation should be provided to go over the report as well as provide a Comprehensive Individualize Immune Support Protocol© to improve patient's health.
6. With follow-up thermography sessions and report, the findings should provide a visual comparison with the previous images so the patient can see if the specific features 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.

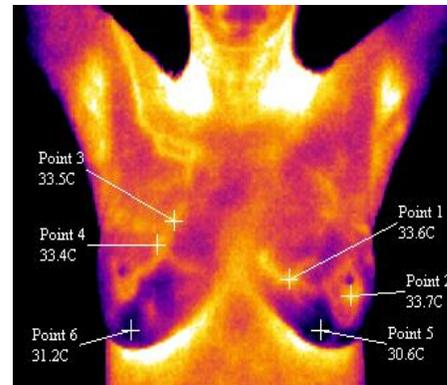
If the clinic/technician doesn't follow these procedures the accuracy rate is significantly diminished and not in compliance with Standardized Medical Thermology as outlined in the research finding of the Marseilles Classification Study.

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.



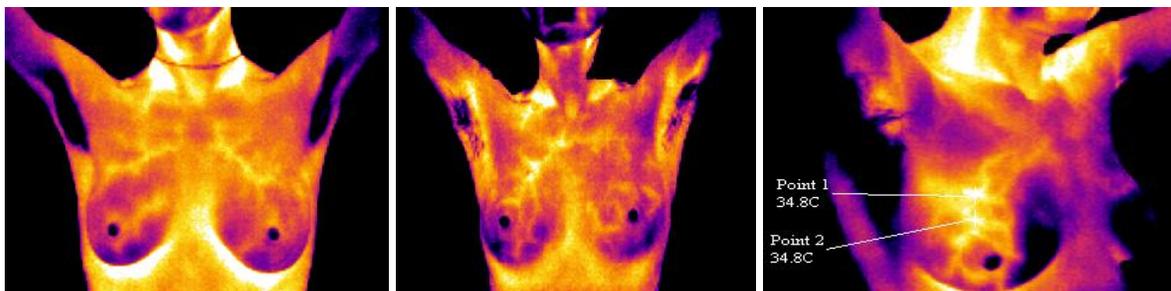
BEFORE



AFTER

Marseilles Classification Standard, rates the breasts on a scale with risk factors for breast cancer: TH-1 and TH-2 = Benign, TH-3 = Atypical (10 to 35% risk for malignancy), TH-4 and TH-5 = Abnormal (35% to 96% risk for malignancy).

Thermography Images Shows Benign, Atypical and Abnormal Ratings of Breasts



Benign Thermography-TH-2 Atypical Thermography-TH-3 Abnormal Thermography-TH-5

Conclusion

Comprehensive Breast Screening© with Standardized Medical Thermography©, with Target Ultrasound for follow-up investigation as needed, is a far more accurate and less harmful 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

The author would like acknowledge two prominent Bay Area Surgeons: Dr. Ann Verecoutere and Dr. William Small. Thank you for the kindness and respect you have shown my patients. Somehow thank you is not enough for the patience and willingness to answer numerous questions in order to expand my knowledge. This service has been instrumental in giving an indepth understanding of the scope of investigative tools, surgical procedures, and breast oncology in general. Also invaluable to me is my friendship with and the professional support of Dr. Lauren Eskanazi, author of *Reconstructing Aphroditie* and a phenominal Plastic Surgeon as well as artist in breast reconstruction.

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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