

appalling record of environmental destruction and inevitable health hazards which follow it.

So what a triumph of commerce. I make the poison, I sell the antidote (not quite, but you know what I mean) and around and around we go.

What, if anything, is this 'breast screening' teaching us? Most news media reports avidly support and advertise the programme. It becomes patently obvious that a little digging reveals a rather deceitful record of misinformation.

For instance, Professor of US Public Health Sciences Cornelia Baines said, "The bottom line is that the addition of annual mammography screening to physical examination has no impact on breast cancer survival."<sup>(4)</sup>

Let me give you a shocking statistic from the highly prestigious journal, *The Lancet*, "Since mammogram screening was introduced in 1983, the incidence of ductal carcinoma in situ (DCIS) which represents 12 per cent of all breast cancer cases, has increased by 328 per cent ... and 200 per cent of this increase is due to the use of mammography. This increase is for all women. Since the inception of widespread mammographic screening, the increase for women under the age of 40 has gone up 3000 per cent."<sup>(5)</sup>

Have we missed something here? Anyone having a healthy air of cynicism will rapidly become aware that an incomprehensible disregard for women's health is occurring.

The mammography deceit actually began in the 1970s and was concocted by insiders at the American Cancer Society aided by their friends at the NCI. The number of women who have died or have been put 'at risk' by this disreputable scheme is enormous. What makes it even more shocking is the fact that a more efficient and gentle diagnostic technique exists. It is an option which is both non-invasive, cheaper and also a better 'first line' alternative.

One of the most valuable - but neglected diagnostic tools in the detection of breast pathology is **Thermal Imaging**. Thermal imaging in the evaluation of breast disease has been, for the past two decades, a highly effective form of screening for breast pathology.

The basis of breast thermography is the detection of abnormal heat generated by (angiogenesis) new blood vessel growth in the area of tumours, as well as heat generated from the metabolic activity of the tumour. Abnormal thermographic scans of the breast clearly demonstrate abnormal areas of heat. (See fig 1.) This tells the operator that something might be wrong with the physiology of the breast. It need not be cancer. It could be an infection or fibrocystic disease. Once these abnormal patterns of heat are detected, a high resolution thermographic scan is performed in a grey scale image instead of colour. This test is also used to determine if a malignancy is present during routine breast thermography.

A malignant tumour produces chemicals which interfere with

the normal 'vasomotor' control of the blood vessel. This causes it to lose tone and dilate (become larger), thus providing more blood to the area which is indicated on the thermogram by increased heat. Furthermore, angiogenesis, or the development of a new blood vessel supplying the tumour, do not have nerve receptors to allow the vessel to constrict. Therefore they stay larger in diameter, and as such, appear hotter on a thermogram. The advantage of this technique is much wider than the X-ray mammogram. For instance, a patient with fibromyalgia or vascular problems can also be accurately scanned.

Let's look at the considerable advantages to this valuable diagnostic tool.

1. Thermography of the breast can detect abnormality **from 8-10 years** before mammography can detect a mass.
2. Thermography is non-invasive. It does absolutely nothing to the body, it only measures the heat coming from the surface of the skin.
3. Thermography is painless.
4. Thermography is completely safe, even for pregnant women and nursing staff.<sup>(6)</sup>
5. Thermography allows for the earliest risk marker for hidden breast pathology, and due to its non-invasive characteristics, it can be utilised to monitor the treatment approach used by the doctor.

So why are we not using this wonderful tool? There are numerous reasons why thermography is not more used today.

Besides the intractability of our bureaucracy, the huge vested interest in mammography and its associated 'cancer industry' ensures the continuation of the status quo. If we are to overcome this *pink ribbon set*, we must pressurise our government into funding thermography at a national level. Surely our women deserve at least this.

Instead of allowing huge pharmaceutical corporations to define the agendas, we must awaken and empower women to the real cause, detection and truly successful cures for breast cancer.

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Refs.

- (1) I.D.Bross et al, "Screening Random Asymptomatic Women Under 50 by Annual Mammographies: Does it make sense?" *Journal of Surgical Oncology* 8, No 5 (1976) 437-445.
- (2) Consensus Development Meeting on Breast Cancer Screening, Sept 14-16 1977 I.D.Bross, Written Statement Submitted for the NIH/NCI meeting page 1 by invitation of Dr D. Frederickson.
- (3) <http://ehis.niehs.nih.gov/roc/ninth/known/tamoxifen.pdf>
- (4) *Journal of the National Cancer Institute*. <http://jnci.oupjournals.org>
- (5) Wright CJ., and Mueller CB. Screening mammography and public health policy: the need for perspective" *Lancet* 1 July 1995 346(8966) 29-32.
- (6) See Professor William Cockburn's website for a full explanation: [www.breastthermography.org](http://www.breastthermography.org)

\* Taken from Sherrill Sellman's informative article [www.ssellman.com](http://www.ssellman.com)



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