



October Raises Awareness of Breast Cancer Prevention

What is breast thermography?

BY WENDY SELLENS L.AC

Breast thermography is an incredible breast health, risk-screening method with the potential of detecting possible issues years before other forms of imaging. The process is painless, non-contact and non-radiation, which makes it ideal for nursing mothers, pregnant women, and women with implants. Screening with thermography is suggested to begin with women in their 20's for potential early detection or for those who have a family history, as they will benefit from this safe screening early on.

However, thermography is not regulated, meaning anyone can open a clinic. Currently, the majority of clinics are influenced by camera salespersons rather than qualified thermologists/physicians. Misinformation is fueling false claims leading to a reluctance of acceptance in the medical community. Educating physicians and the consumer is essential in order to find qualified clinics and interpreters, which are quite rare in the U.S.

Thermography measures the skin temperature; therefore, it is not diagnostic and does not replace a mammogram. Breast thermography was FDA approved

in 1982 as an adjunct to mammography. Thermography is not a new technique, but was researched around the same time as mammography with the first article printed in 1956. Thermography cannot directly measure temperature of the tissue, fat, muscle, organs or bones as they are too deep. Don't be duped by clinics offering such claims. Thermography is used successfully for pain diagnosis and a powerful tool at assessing breast health risk.

First and foremost, interpretation is done in reverse grayscale with color secondary. In grayscale, the blood vessels are visible which is vital for interpretation. Vascularity (stimulation of the existing blood vessels) determines early risk assessment by looking for specific patterns. Chronic vascularity has the potential to become neoangiogenesis, which may cause a cancer to become invasive.

Interpretation is key to risk assessment. Most interpreters only take a weekend course and aren't required to be a physician. Look for primary care physicians with years of thermographic study.

Camera optical line is fundamental for interpretation and a minimum of 480 is recommended. Be aware, if a clinic states

their camera has a resolution of 320 by 240, their camera is actually 240 optical line.

A qualified thermography report should also contain a TH (thermographic) score for each breast; temperature measurement of nipples/periareola, entire breast and any specific vascular patterns that are outside of normal limits.

Being educated is the cornerstone of your health. Learn more about the benefits of breast thermography in next week's article and at www.womensacademyofbreastthermography.com

Wendy Sellens L.Ac is President of The Pink Bow Breast Thermography Research & Education, President of the Women's Academy of Breast Thermography, lead physician and researcher at Pink Image Integrative Breast Health Clinic, owner of The Naked Bath Organics, director of The Boob Tube and author of Breast Cancer Boot Camp-Dr. Hobbins's Breast Thermography Revolution. Wendy Sellens thermographic research uncovers the truth about the estrogen deception that has increased breast cancer numbers and hormonal disorders in men and children.

BREAST CANCER AWARENESS

Breast Cancer Myths & Truths

Myth

Finding a lump in your breast means you have breast cancer.

Truth

If you discover a persistent lump in your breast or any changes in breast tissue, it is very important that you see a physician immediately. However, 8 out of 10 breast lumps are benign, or not cancerous. Sometimes women stay away from medical care because they fear what they might find. Take charge of your health by performing routine breast self-exams, establishing ongoing communication with your doctor, and scheduling regular mammograms.

Myth

Men do not get breast cancer.

Truth

Quite the contrary. Each year, it is estimated that approximately 1,700 men will be diagnosed with breast cancer and 450 will die. While this percentage is still small, men should also give themselves regular breast self-exams and note any changes to their physicians.

Myth

Having a family history of breast cancer means you will get it.

Truth

While women who have a family history of breast cancer are in a higher risk group, most women who have breast cancer have no family history. If you have a mother, daughter, sister, or grandmother who had breast cancer, you should have a mammogram five years before the age of their diagnosis, or starting at age 35.

Myth

A mammogram can cause breast cancer to spread.

Truth

A mammogram, or X-ray of the breast, is one of the best tools available for the early detection of breast cancer. It CANNOT cause cancer to spread, nor can the pressure put on the breast from the mammogram. Do not let tales of other people's experiences keep you from having a mammogram. Base your decision on your physician's recommendation and be sure to discuss any questions or concerns with your doctor.

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Editor's note: With October national Breast Cancer Awareness Month, the Grand Rapids Herald-Review is helping to provide more aware-

ness of this serious public health issue that is expected to affect approximately 3,300 women in Minnesota this year, according to The

American Cancer Society. For the five Wednesdays of the month, the front page of the Herald-Review will feature a pink ribbon. The color

pink represents hope for the future among breast cancer patients, survivors and their families.

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