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The Safe Breast Cancer Screening Test Your Doctor Isn't Telling You About

DR. MERCOLA



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“The Safe Breast Cancer Screening Test Your Doctor Isn’t Telling You About”

You may not know it, but there’s a tool available right now – today -- to help you identify the conditions and diseases that could be growing inside you, symptomless and seemingly harmless ... for the moment.



If you’re a woman concerned about breast cancer -- and what woman isn’t? -- this technology could quite literally save your breasts, and your life.

Your body has an amazing capacity for self-healing.

When something goes awry with the normal functioning of your body, it will try to heal itself through natural processes. If those processes fail, symptoms will develop. This is the point at which most people realize they need help – when symptoms appear which affect their lives, or even threaten them.

But what if you could get a heads-up that your body was going through some abnormal changes an entire decade before discernible symptoms develop – well before your life is in potential danger?

Unfortunately, conventional medicine is stubbornly holding on to old ideas of cancer detection and treatment, no matter how ineffective it’s been proven to be. Breast cancer detection methods used by the mainstream medical community include mammography, ultrasound, magnetic resonance imaging (MRIs), and PET scans.

Education and awareness of better, less risky and more effective options for detecting breast cancer are woefully deficient, but as you will learn, they do exist.

The Case Against Conventional Breast Cancer Screening

Health officials recommend that all women over 40 get a mammogram every one to two years, yet there is no solid evidence that mammograms save lives, and the benefits of mammograms are controversial at best.

Meanwhile, the health hazards of mammography have been well established.

The routine practice of taking four films of each breast annually results in approximately 1 rad (radiation absorbed dose) exposure, which is about **1,000 times greater than that from a chest x-ray.**

John Gofman, M.D., Ph.D. – a nuclear physicist and a medical doctor, and one of the leading experts in the world on the dangers of radiation – presents compelling evidence in his book, *Radiation from Medical Procedures in the Pathogenesis of Cancer and Ischemic Heart Disease*,¹ that over 50 percent of the death-rate from cancer is in fact *induced* by x-rays.

X-rays and other classes of ionizing radiation have been, for decades, a proven cause of virtually all types of biological mutations. When such mutations are not cell-lethal, they endure and accumulate with each additional exposure to x-rays or other ionizing radiation.

X-rays are also an established cause of genomic instability, often a characteristic of the most aggressive cancers.

Additionally, radiation risks are about four times greater for the 1 to 2 percent of women who are silent carriers of the A-T (ataxia-telangiectasia) gene, which by some estimates accounts for up to 20 percent of all breast cancers diagnosed annually.

When everything is taken into account, **reducing exposure to medical radiation such as unnecessary mammograms would likely reduce mortality rates.**

The practice of screening mammography itself poses significant and cumulative risks of breast cancer, especially for premenopausal women.

Making matters even worse, **false diagnoses of breast cancer are very common – as high as 89 percent² – leading many women to be unnecessarily and harmfully treated by mastectomy, more radiation, or chemotherapy.**



There are instances where mammography may be warranted. But the fact remains that there are other technologies that are proven to be more effective, less expensive, and completely harmless, that can save far more lives.

Now, imagine being able to look inside yourself and be able to get as much as 10 years warning that something is *about* to develop.

What would you do with that information? How would it change your life?

Breast Thermography: An Invaluable Tool in Early Breast Cancer Detection

The best researched use of thermal imaging to date has been in breast cancer detection. For three decades, over 250,000 women have been studied, some of them for up to 12 years.³

A critical difference between thermography versus mammography is the ability to detect problems early enough to use *preventive measures*, rather than detecting disease at a stage where treatment is imminently required.

Thermography for breast abnormalities has an average sensitivity and specificity of 90 percent. The thermal map of a woman's breast is as individual as her fingerprint.



Confirmed results of multi-year studies show that:

- A suspicious finding via thermography is the **single most important indicator** of high risk for breast cancer – it is **eight times** more indicative than a first order family history of the disease.
- A consistently abnormal thermogram translates to a **22 times higher risk** of developing breast cancer.
- An over **60 percent increased survival rate** is attained when thermography is used with other breast health monitoring methods (self-exam, physician visits, and mammography).
- An astounding **95 percent** of early stage breast cancers are diagnosed when thermography is used in a multi-modal approach to detection and treatment.

Thermography can also detect inflammatory breast cancer, a type of cancer that does not develop as lumps or masses in your breast. IBC is a rare but aggressive form of the disease that accounts for one to five percent of all breast cancers in the U.S.⁴ Inflammatory breast cancer cells block lymph vessels in the skin of your breast. This type of cancer grows rapidly and often spreads to other organs in your body.

In addition to lumps and breast cancer, thermal imaging can detect other breast abnormalities like fibrocystic breast disease and mastitis.

In order to make optimal use of thermal imaging, a woman initially receives two scans, about three to four months apart. The reason for this is because active cancerous masses typically double in size and heat at 100 day intervals.

If no abnormalities are suspected with the first two scans, thereafter, an annual scan is considered sufficient to reveal ongoing changes in heat patterns, alerting to possible areas of concern.

Thermograms can be especially useful for younger women, since 23 percent of all breast cancers occur in women under the age of 49.⁵ Breast cancer in younger women is more aggressive and has lower survival rates, so an annual thermogram – starting with a baseline scan at around age 20 – coupled with regular self-exams and breast health checkups is a very smart way to go.

Thermograms are ideal for all women and particularly those who:⁶

- ☑ cannot tolerate radiation
- ☑ are under age 40
- ☑ have dense, fibrocystic or large breasts
- ☑ have had implants or reduction surgery
- ☑ are on hormone replacement therapy
- ☑ are pre-menopausal, pregnant or nursing

So, Why the Push for Screening Mammograms?

It's important to make the distinction between screening and diagnostic mammograms. Diagnostic mammograms are given in situations in which a breast mass or other suspicious symptom has been detected and requires further investigation.

Screening mammograms are those given to presumably healthy women in order to check for changes or lumps in the breast that have not been found through manual examination.

According to Barbara Brenner, Executive Director of the San Francisco-based Breast Cancer Action advocacy group and herself a breast cancer survivor:

“The United States’ public campaign to eradicate breast cancer has not focused on prevention, but largely on efforts that promote mammography screening.”⁷

Pink Profiteering

The push for women over 40 to have regular mammogram screenings has taken on a life of its own (think pink ribbon campaigns). It is on some level simply *the thing to do* – it's in vogue, in other words.

Everyone can get behind a movement



purporting to help women detect breast cancer, right?

It's a worthy cause and an image enhancer, no matter the product or business. In fact, everything from vacuum cleaners to yogurt is promoted with pink ribbons each October, the official 'Breast Cancer Awareness Month.'

And in another twist on the pink ribbon marketing phenomenon, certain major cosmetic companies slap pink ribbon replicas on products that contain toxic chemicals suspected of **causing cancer**, among other illnesses.

A loose estimate of the money the medical establishment rakes in on mammograms:

$$\begin{aligned} & \$100 \text{ average cost per screening} \\ & \times 65 \text{ million U.S. women age 40 and over} \\ & = \text{\$6.5 billion dollars per year} \end{aligned}$$

Add to that a few million \$1,000+ biopsies and it becomes clear that annual mammography screenings for women 40 and older is *at least* a **\$10 billion dollar per year industry**.

Mammography – What Every Woman Must Know⁸

1. Mammograms do not prevent breast cancer – they detect it once you have it (and not 100 percent of the time).
2. Contrary to what you've been led to believe by PR campaigns promoting yearly mammograms, screening mammography has not been proven to increase breast cancer survival rates to a degree sufficient to outweigh the risks associated with the procedure. This is especially true for women 40-49 years of age.



In fact, in 2007 the American College of Physicians produced a set of detailed guidelines for screening mammography among younger women which encourages doctors toward a careful assessment of each woman's breast cancer risks, as well as discussion with patients about the risks and benefits of screening mammography.⁹

3. Mammography uses ionizing radiation, a known cancer-causing agent which has a cumulative effect on your body. The practice of annual mammograms, which involves taking four films of each breast, delivers about one rad (radiation absorbed dose) exposure.¹⁰

If you're premenopausal your breast is more sensitive to radiation, and each one rad exposure can increase your breast cancer risk by about one percent. In 10 years of screening, you can accumulate a 10 percent increased risk for each breast.

4. Mechanical compression of your breast – as well as biopsy – can dislocate and spread existing malignant cells.¹¹ This occurs when the small blood vessels that support a cancer are ruptured. Think about it: medical students are taught to handle breasts gently during examination so as not to spread a possible existing cancer. Now contrast that with what happens to your breast during a mammogram.
5. The quality of a mammography screening depends on several factors: the age and condition of the equipment, the skill of the technician who performs the exam and the radiologist who reads the images.
6. A percentage of mammogram results present false negatives, meaning that cancer is present but goes undetected.
7. A percentage of mammogram results also present false positives – the mammogram detects something in your breast, a biopsy is performed, and there is no cancer present.

In fact, up to 75 percent of biopsies performed as a result of a mammogram finding reveal benign conditions.



And while biopsies are a relatively simple procedure, they are frightening and stressful, and can result in scarring and disfigurement. In the U.S. alone, it is estimated that the cumulative risk for a false positive result after 10 mammograms is nearly 50 percent. And the risk of enduring an unnecessary biopsy is approximately 20 percent.¹²

8. Many women under the age of 50 have dense breast tissue, which makes mammogram images especially difficult to read. The combination of exposure to radiation and false positives due to dense breast tissue in women in this age group (from about 40 years of age to 50) indicates that mammography can do more harm than good.
9. In women over 69, the benefit of screening mammography is essentially non-existent.¹³ According to the AMA:

"Women's preferences for a small gain in life expectancy and the potential harms of screening should play an important role when elderly women are deciding about screening."

10. Your best defense against both the harmful effects of routine screening mammograms and the disease of breast cancer is literally in your hands. If you perform regular breast-self exams, combined with a yearly professional manual exam and thermography screening, you can stay on top of your breast health.

If you notice something suspicious between yearly visits to your doctor, you'll want to make an appointment right away. If your physician feels it's warranted, you may need to undergo a *diagnostic* mammogram and additional tests to investigate a suspicious lump or other finding.

Given the risk-benefit analysis of the advisability of screening mammograms, it's wise to question the motives of the traditional medical establishment and organizations like the American Cancer Society in promoting mammography to the exclusion of most other screening devices, including breast thermography.

Ignoring the value of thermography as part of a multi-modal approach to early breast cancer detection – **and prevention** -- is nothing short of negligent.

Cancer is the Number One Killer in the U.S.

Heart disease used to be the leading cause of death in the U.S., but in 2002, the tide turned. Cancer became the number one killer of Americans under the age of 85. This trend is expected to continue, and in another ten years – by 2018 – cancer will be the number one killer of **all** Americans, young and old alike.

The American Cancer Society estimates that over 270,000 women will die of cancer in 2008 – 40,000 from breast cancer alone.¹⁴

The ACS also estimates that in 2008, 745,000 men and 692,000 women will be diagnosed with cancer. Of the women diagnosed, over a quarter will be found to have breast cancer.

If you're female, you have a **one in eight chance** of developing breast cancer during your lifetime.

Detecting the Beginnings of Disease

Fact: Inflammation (which generates heat) is the first sign – the earliest stage -- of serious diseases like arthritis, cancer, diabetes, heart disease, high blood pressure, stroke, and others.

Unfortunately, the majority of diagnostic tests are intended to find the most recent, most critical stage of a disease process. Mammography, for example, can only tell you whether something has already developed, not whether you're on the path toward developing cancer or some other disease at a later stage in life.

The good news is ...

- ➔ If inflammation is discovered through thermography, and treated early – as opposed to the norm, which is years later when anatomical damage has occurred -- it may prevent or inhibit the development of further illness.
- ➔ Most serious illness is lifestyle related, not hereditary.¹⁵
- ➔ Inflammation can be addressed through lifestyle changes such as diet, supplements, exercise, and stress management.

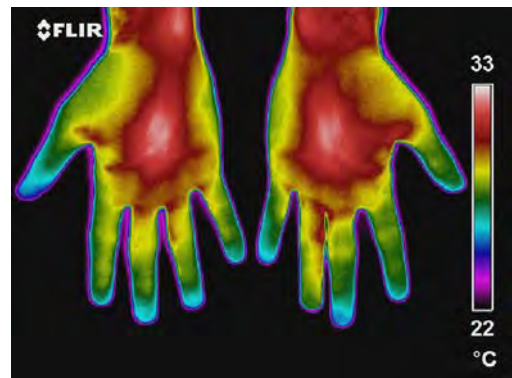
The Red Hot Core of Cancer

Since the technology of thermography is perfectly suited to the early detection of breast cancer in particular, let's begin our exploration there.

Long before you or your doctor are able to feel a suspicious lump in your breast, and long before a mass is detectable by traditional screening methods, there are very likely other indicators that something is wrong.

Your body, when healthy, is thermally symmetrical. This means that when, for example, both your breasts are equally healthy, their blood flow and heat patterns are nearly identical.

However, if something is going awry inside one of your breasts, the vascular patterns between the two will be different – in other words, asymmetrical. Thermal asymmetry can be an indicator of disease in the making.



Another sign of a potential problem is a relatively high level of chemical and blood vessel activity in breast tissue.

Breast masses, both pre-cancerous and cancerous, require large amounts of nutrients to sustain growth. *Angiogenesis* is the scientific term used to describe the process by which your body forms a direct supply of blood to feed cancer cells the nutrients they demand. This happens as a necessary step before cancer cells can grow into tumors of size.

As your body feeds the cancerous tissue, the surface temperature of your breast rises.

Heat-Seeking Technology Gives You a TEN YEAR Warning!

Thermography, also known as digital infrared thermal imaging, easily detects and exposes thermal asymmetry and the irregular heat patterns which precede a conspicuous breast lump.

The enormous benefit of breast thermography is that it can **detect the beginnings of possible cancer cells up to 10 years before they would be detected by any other screening method.**

In stark contrast to mammography, thermal imaging is non-invasive, painless, and utterly risk-free.

Thermography: Old 'New' Technology

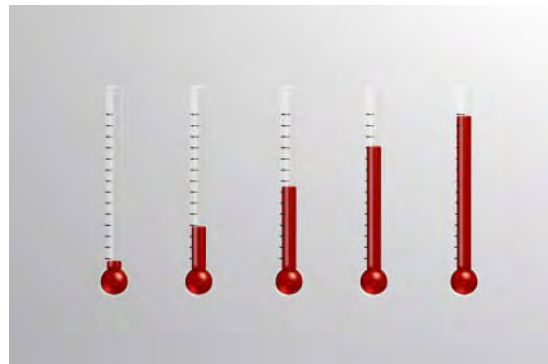
While you may have heard of medical thermography only recently, the principle on which it's based – heat differentiation within your body as an indicator of disease – is centuries old.

It was first noted by Hippocrates in 480 B.C.¹⁶ It was common practice during that time for physicians to paint a patient's body with mud or wet clay, and then watch for which areas dried first. Those areas were considered 'hot,' and were thought to be indicators of underlying disease.

Hot Bodies Are the Key to Early Disease Detection

Hippocrates explained it this way: "Should one part of the body be colder or hotter than the other, disease is present in that part."¹⁷

In the 1800's, Sir Frederick William Herschel, a British astronomer and composer, discovered infrared radiation. He established that 'dark heat' is emitted and that it behaves like light, meaning it can be reflected and refracted under certain conditions.



In the 1950's, the military adopted the use of infrared monitoring systems. During the same decade, Dr. Ray Lawson began using a thermocouple device to look for possible breast cancer in his patients. He discovered increased temperature patterns in patients who later were diagnosed with breast cancer.

During early clinical use of the technology, the only method for detecting potential health problems was by informal observation of the images produced by the equipment. Protocols and controls either didn't exist, or weren't carefully followed by clinicians.

Simple and Easy to Understand

And when, for example, a thermal image showed positive for inflammation but no tumor was immediately found, the test result was deemed inaccurate rather than as an early detection device for potential cancer. The result was that thermography received an initial bad rap by the medical establishment.

What early thermal imaging clinicians failed to realize was:

- ✓ Thermography is a functional test which measures heat patterns created by increased vascularity – this may be due to cancer, or it may be inflammation without cancer.
- ✓ The only way to diagnose a cancerous tumor is through biopsy of the suspicious tissue – **no** screening test can diagnose cancer, it can only point to the possibility that it exists.
- ✓ The main advantage of thermography over other screening tests is that it can measure and monitor inflammation at an early stage, potentially **before cancer or other life-threatening disease gets a foothold.**

Conventional Medicine Views on Thermography

Recognition by the medical establishment of the benefits of thermal imaging has been a series of stops and starts – and more stops. In the early 1970's, the Department of Health, Education and Welfare declared that thermography was viable as a diagnostic procedure to detect breast cancer.

In the early 80's, the FDA gave thermography the thumbs up as another option in breast cancer screening.

However, for six years in the mid-1970's, a study was conducted (the Breast Cancer Detection and Demonstration Project) that was so poorly executed it exacerbated lingering doubts among clinicians about the viability of thermal imaging as a diagnostic tool.

Insurance companies, some of which initially paid for the procedure, have since decided en masse to refuse coverage. This in spite of a unanimous New Jersey Supreme Court Ruling that thermography is a valid diagnostic test and should be a reimbursable claim.¹⁸ Also in spite of the fact that the U.S. legal system allows thermal images as evidence in court cases.

Use of the technology by both traditional and alternative healthcare practitioners is directly proportional to insurance reimbursement.

Unholy Trinity: The AMA, Lobbyists, and the American Cancer Society

The AMA has successfully lobbied against thermography, choosing to view it as **competitive** to mammography rather than as a viable alternative -- or even as a vital tool in a multi-modal approach to early breast cancer detection.

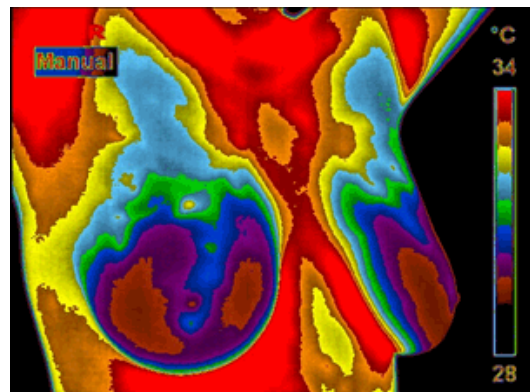
At this writing, the American Cancer Society continues to promote only mammography, despite ample evidence *against* the advisability of frequent mammograms, especially for younger women.

The fact is that in order to find objective information about the very real risks – and often debatable benefits – of regular mammography screening, it's necessary to search beyond the traditional U.S. medical establishment for unbiased reporting.

Thermography Explained

Thermography uses an infrared camera to graphically illustrate skin temperature by way of a color image. On the image, degrees of heat appear as different colors. Your skin temperature is affected primarily by blood flow.¹⁹

Standard diagnostic tests such as mammograms, x-rays, MRI's, ultrasounds and CAT scans are designed to test your **anatomy**. By contrast, thermography tests for **physiological change** and **metabolic processes**.²⁰ It measures the amount of body heat delivered to your skin through cellular metabolism and your nervous system.²¹



From the Outside In: Your Skin Temperature As a Measure of Your Health

Each area of your skin is connected to internal organs through a neural reflex arc via the spinal cord.²² That's how serious underlying disease often signals its presence -- in the form of skin tenderness and sensitivity to touch.

For example, if you have heart disease, you're apt to feel sensitivity on the skin of your neck, left arm and left chest wall.

If your appendix is inflamed or diseased, you'll feel skin tenderness over the site of that organ, among other symptoms. The regulatory pattern of your skin reflects the condition of the corresponding internal organ.

Your skin temperature patterns are indicators of metabolic activity in different parts of your body. Disturbances in your body's metabolic processes appear via thermal imaging as areas of inflammation, degeneration and/or blockage. Left untreated, these metabolic and cellular stresses often show up in the form of anatomical damage years later.²³

What Thermal Images Can Reveal

Thermography detects patterns of blood flow, vascular changes, inflammation and asymmetries. Some very practical areas of application include:

- **Early breast cancer detection.** (More on this later.)
- **Back.** Thermal imaging detects and illustrates nerve root involvement and soft tissue damage often associated with back problems.
- **Thyroid.** Warm or cold patterns can indicate a problem with thyroid gland function.
- **Dental (TMJ, cavities, gum disease).** Thermography can detect inflammation of your gums as well as certain drainage patterns. It can point to potential problems with an infected tooth and also the condition known as TMJ.
- **Carotid artery.** Inflammation (occlusion) in this artery may indicate an upcoming problem with blood clots or stroke. Thermal imaging quickly detects an inflammatory condition.
- **Arthritis (osteo and rheumatoid).** The inflammation of arthritis appears as a 'hot' area when imaged.
- **Muscular-skeletal.** Thermography can detect and differentiate among conditions such as pinched nerves, muscle spasms, hairline fractures, inflammations, radiculopathy, referred pain, etc.
- **Sinus.** Thermal imaging reveals drainage patterns in the ethmoid sinuses into lymphatic pathways.
- **Nerve irritation or damage.** Shows up on thermal imaging as an abnormal cold pattern.
- **Asymmetric densities.** Densities in your body (growths, masses, lumps, cysts, etc.) tend to have cold rather than hot patterns. Thermal imaging is able to detect asymmetrical cold patterns, and the colder the image, the bigger the density is likely to be.

Thermography, or thermal imaging, creates images called thermograms. These images are what illustrate the unique heat patterns in your body.

Pain Free, Risk Free Testing

Thermography scans are absolutely painless and risk-free. They involve no compression of tissue, are non-invasive, and emit no radiation. The technology is cost effective (prices range from about \$150 for a region of interest scan up to approximately \$500 for a full-body scan) and provides instant images of scanned areas of your body. A scan of a targeted region takes about 15 minutes and a full body scan runs about 30 minutes.

A yearly full-body scan will show alterations in your body's heat patterns over time, alert you to deviations, and best of all -- give you time to pursue natural, conservative treatment options to slow or halt potential disease processes.

Think of thermography as **preventive medicine** which can be used to detect, control and even prevent serious illness or disease that otherwise would not be diagnosed until it is well-advanced.

Also think of thermography as **biological medicine**. Biologic = the logic of nature.²⁴ Thermographic images reveal clues about your body's ability to balance and normalize the state of your well-being. Your body in its natural state is self-healing and self-regulating.

When your health is compromised, thermography can provide clues to what is standing in the way of your body's ability to heal.



What to Expect During a Thermal Imaging Session

1. You will be placed in a climate-controlled room to allow your body to cool from any external conditions.
2. Next you'll be placed in front of a thermal imaging camera while the technician takes digital pictures. (You'll be able to see your body – in living color – on the computer screen during this part of the session.)
3. Your pictures will be read by a certified thermography clinician who will analyze both the amount of heat and the symmetry of the heat patterns your body generates. (This process will take a few days or weeks.)
4. Your doctor or other healthcare specialist will sit down with you to review the report of findings resulting from your thermography scan. Together you will determine next steps, which may include a personal consultation about ways in which to reduce inflammation.

Thermal imaging sessions are quick, non-invasive, entirely painless, and risk free. There is no need for 'test anxiety' at any point leading up to or during your thermography session.

The Future of Thermography

To date, clinical thermography has been used primarily to detect and assess breast cancer, Reflex Sympathetic Dystrophy, and pain syndromes.

Obviously, there are many other health-related situations and conditions in which thermal imaging can be extremely valuable. And in fact, as the use of thermal imaging continues to gain momentum, it holds infinite promise for the detection and prevention of serious disease.

Mainstream Acknowledgement

Thermal imaging technology has been researched for 40 years. Thousands of papers have appeared in a wide range of medical journals supporting the use of thermography as a valid diagnostic tool. The vast majority of papers have been presented in peer review journals, including:

- ✓ Anesthesia
- ✓ Journal of the American Dental Association
- ✓ Journal of the American Medical Association
- ✓ Pain Journal
- ✓ Spine Journal

Medical associations have issued statements confirming the usefulness of thermography as a diagnostic tool. A few of those include the American Academy of Medical Imaging, the American Academy of Pain Management, the American Academy of Head, Neck and Facial Pain, and the ACA Council on Diagnostic Imaging.

Thermography screening is being used across the U.S. in a number of well-known medical settings such as the Cedars-Sinai Medical Center, Georgetown University, Johns Hopkins, and Tulane University.

It is also being used in countries outside the U.S., at well-respected institutions like the University of Copenhagen, Italy's Verona University Hospital, the Louis Pasteur Institute in Paris, and Israel's Yeshiva University Medical School.

The Future of Your Health Is In Your Hands

The human race is growing sicker by the year from environmental and lifestyle-related causes. The cost of traditional healthcare continues to soar, both in terms of dollars and quality of life issues that arise from treatment – rather than prevention -- of serious, debilitating, life-threatening illness.

The real advantage of thermography resides in its potential as preventive medicine.

Where most diagnostic screening technology can be thought of as life preserving, thermal imaging stands apart in its potential to **preserve wellness**.

It's the difference between overturning your boat in shark-infested waters, life preserver in hand, outcome unknown ... and learning how to keep your boat upright so that you never need a life preserver in the first place.

References

- ¹ Radiation from Medical Procedures in the Pathogenesis of Cancer and Ischemic Heart Disease, John Gofman, M.D., Ph.D, <http://www.ratical.org/radiation/CNR/RMP/index.html> (Accessed September 4, 2008)
- ² Beyond Mammography, Dr. Len Saputo, MD, <http://mercola.fileburst.com/PDF/Beyond.Mammography.pdf> (Accessed September 4, 2008)
- ³ IACT-Org.org, What Is Breast Thermography, <http://www.iact-org.org/patients/breastthermography/what-is-breast-therm.html>, (Accessed June 11, 2008)
- ⁴ Cancer.gov, Inflammatory Breast Cancer: Questions and Answers, <http://www.cancer.gov/cancertopics/factsheet/sites-types/ibc>, (Accessed June 12, 2008)
- ⁵ BreastThermography.com, Sensitive Non-invasive Screening for Younger Women, <http://www.breastthermography.com/>, (Accessed June 30, 2008)
- ⁶ ThermogramCenter.com, Who is a candidate for thermal imaging?, <http://www.thermogramcenter.com/Therapy.htm>, (Accessed June 30, 2008)
- ⁷ NaturalSolutionsMag.com, Vonalda M. Utterback, CN, Breast Check: Do mandatory mammograms do more harm than good?, <http://www.naturalsolutionsmag.com/index.cfm/fuseaction/articleSearch.article/articleID/14581/keyword/mammography/pageID/1/headline/BreastCheckDomandatorymammograms/fontSize/13>, (Accessed June 11, 2008)
- ⁸ BCAction.org, Mammography Screening and New Technologies, <http://www.bcaction.org/PDF/MammoScrnNewTech.pdf>, (Accessed June 10, 2008)
- ⁹ Annals of Internal Medicine, 2007 Apr 3;146(7):511-5, Qaseem A, Snow V, Sherif K, Aronson M, Weiss KB, Owens DK, Screening mammography for women 40-49 years of age: a clinical practice guideline from the American College of Physicians, http://www.ncbi.nlm.nih.gov/pubmed/17404353?ordinalpos=4&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum, (Accessed July 21, 2008)
- ¹⁰ Mercola.com, More on the Dangers of Mammography, <http://articles.mercola.com/sites/articles/archive/2002/02/23/mammography-part-two.aspx>, (Accessed July 21, 2008)
- ¹¹ Mercola.com, Thermography for Breast Cancer, <http://articles.mercola.com/sites/articles/archive/2000/10/29/thermography.aspx>, (Accessed June 11, 2008)
- ¹² New England Journal of Medicine, 1998 Apr 16;338(16):1089-96, Elmore JG, Barton MB, Moceri VM, Polk S., Arena PJ, Fletcher SW, Ten-year risk of false positive screening mammograms and clinical breast exams, http://www.ncbi.nlm.nih.gov/sites/entrez?orig_db=PubMed&db=pubmed&cmd=Search&term=%22The%20New%20England%20journal%20of%20medicine%22%5BJour%5D%20AND%201998%2F04%2F16%5Bpdat%5D%20AND%20Elmore%5Bauthor%5D, (Accessed July 21, 2008)
- ¹³ Mercola.com, Mammograms After Age 69 Offer Little Benefit, <http://articles.mercola.com/sites/articles/archive/2008/01/02/mammograms-for-seniors.aspx>, (Accessed July 31, 2008)
- ¹⁴ Cancer.org, 2008 Statistics, http://www.cancer.org/downloads/STT/Cancer_Statistics_2008.ppt, (Accessed July 17, 2008)
- ¹⁵ MyNaturalMedicineClinic.com, Digital Infrared Thermal Imaging, <http://www.mynaturalmedicineclinic.com/Infrared%20Thermal%20Imaging.html>, (Accessed June 9, 2008)
- ¹⁶ CrossroadsClinic.net, Martha M. Grout, M.D., M.D.(H) (USA), Thermography for Breast Cancer Screening, <http://www.crossroadsclinic.net/articles/thermography.html>, (Accessed June 9, 2008)
- ¹⁷ VisionMagazine.com, Sydney L. Murray, Change Your Life With One Simple Test, http://www.visionmagazine.com/archives/0801/holistic_health_thermography.html, (Accessed June 9, 2008)
- ¹⁸ Chiroweb.com, Keith Knowitz, DC, DABCO, Dynamic Chiropractic, June 12, 2000, Volume 18, Issue 13, Thermography: A New Perspective on an Old Test: Its Value in the Clinical Chiropractic Practice, <http://www.chiroweb.com/archives/18/13/14.html>, (Accessed June 12, 2008)
- ¹⁹ IUMC.DiscoveryHospital.com, Headache, <http://uimc.discoveryhospital.com/main.php?p=headache&t=symptom> (Accessed June 16, 2008)

-
- ²⁰ Meditherm.com, Overview of Digital Infrared Thermal Imaging, http://www.meditherm.com/thermography_page1.htm, (Accessed June 9, 2008)
- ²¹ HartCenter.com, Thermography, <http://www.hartcenter.com/webThermography.htm>, (Accessed June 10, 2008)
- ²² Alive.com, Garrett Swetlikoff, ND, Computer Regulation Thermography, http://www.alive.com/1495a4a2.php?subject_bread_cramb=4, (Accessed June 30, 2008)
- ²³ Med-Hot.com, Intro – Human Dynamics Thermography, http://www.med-hot.com/intro_medical_thermography.php, (Accessed June 10, 2008)
- ²⁴ NaturalBell.com, Regulation Thermography, <http://www.naturalbell.com/reg3.html#bm> (Accessed June 15, 2008)