

# Thermography: A Safe, Powerful Tool for Beating Breast Cancer



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*Breast thermography is a pain-free, radiation-free tool for detecting a potentially cancerous process long before the appearance of a breast tumor.*

The risk of getting breast cancer has tripled over the last half-century. For most women, breast cancer probably begins very early in life, long before they have been educated about prevention strategies. One way we can beat breast cancer is through early detection, which translates into a much greater likelihood of a cure. For decades, breast self-examination and mammography have been touted as the screening techniques of choice. However, the recently revised federal guidelines for mammograms—waiting until age 50 to get the first one and then only getting one every two years—have caused many people to question the safety and efficacy of this technology.

Several recent studies do indicate that mammography could be doing more harm than good for women who are under age 50, who have dense breasts, and who have BRCA1 and BRCA2 mutations (which increase vulnerability to the cancer-causing effects of ionizing radiation). As stated in a 2004 *Radiation Research* report, “[T]he risks associated with mammography screening may be approximately five times higher than previously assumed.” Moreover, the physical pressure of mammography could rupture an existing tumor, thereby causing metastasis.

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## RADIATION-FREE

Such risks are avoided entirely with the radiation-free, contact-free technology called breast thermography, or Thermascan. Breast thermography works on the principle that factors involved in the genesis of tumors generate a tiny amount of heat or inflammation. The body’s infrared emissions can be accurately measured to tiny fractions of a degree using a specialized infrared camera and then displayed as a spectrum of colors representing temperature—the so-called “thermogram.”

Cancer researchers observed in the 1960s that women with breast cancer showed an elevation of breast skin temperature of 1°C to 3°C in areas overlying malignant tumors. This led to the proposal that thermographic breast imaging could boost diagnostic accuracy, helping to identify patients with hidden tumors or those at risk for developing cancer. From the mid-1950s to the mid-1970s, it was widely believed that thermography would hold the key to breast cancer detection, but then a clinical study in 1977 found thermography to lag behind mammography. Because of this one study—which we now know had numerous flaws—the medical profession dismissed thermography and embraced mammography as the primary screening tool.

We now know, however, that an abnormal thermogram is at least ten times as important a risk indicator as family history of breast cancer, according to a 2001 report in the *International Journal of Fertility and Women’s Medicine*. In 2002, researchers offered the following conclusion in *IEEE Engineering in Medicine and Biology*: “Several studies have shown that infrared imaging [thermography] is a good, and perhaps the best, method for risk assessment in breast cancer. . . the presence of an abnormal asymmetric infrared heat pattern of the breasts probably increases a woman’s risk of getting breast cancer at least ten-fold.”

## EARLY DETECTION

Breast thermography can help women detect a potentially cancerous process long before a breast tumor actually develops and becomes a threat. With a normal thermogram, you can rule out breast cancer in the great majority of cases. The sensitivity of thermography appears to exceed that of mammography, meaning that a normal thermogram has a smaller chance of missing cancer when compared to a normal mammogram. On the other hand, although an abnormal thermogram could indicate cancer, it lacks the specificity to show whether cancer actually exists. This would require further testing, such as the use of ultrasound, MRI, and perhaps ultimately a tissue biopsy.

As noted in a 2009 review published in *Integrative Cancer Therapies*, “No single tool provides excellent predictability; however, a combination that incorporates thermography may boost both sensitivity and specific-

ity.” Epidemiologic research has found that thermography alone had an average sensitivity of 83 percent in detecting breast cancer versus 66 percent sensitivity for mammography; however, the combination of mammography and thermography had a 95 percent sensitivity for all breast types, whether fatty or dense. This combination would be the best strategy for women over 50. For these older women, breast thermography cannot replace mammography, as there are some tumors that do not generate much heat and may be missed.

Thermography may also prove to be an excellent way to monitor women who have already been diagnosed with breast cancer. Breast cancer patients with abnormal thermograms have faster-growing tumors that are more likely to have metastasized, according to a report in the *Annals of the New York Academy of Sciences*. Therefore, for breast cancer survivors, thermography seems to make more sense than mammography as a way to ward off a recurrence far ahead of time.

With an abnormal thermogram, you would then get an ultrasound in order to determine whether you have a cyst or mass of some kind. We use several effective, non-invasive strategies to eliminate cysts and prevent future cysts from forming. If it’s a mass, then a biopsy may be indicated. If there is no cyst or mass, you can still adopt an anti-cancer nutrition and botanical program on a precautionary basis.

As you can see, thermography enables you to be highly proactive about long-term breast health. It can help you put a stop to the growth and progression of breast cancer long before it becomes a reality, or to treat cancer at an early stage, when it is most curable. With thermography, you can take steps to ward off a problem that would only be picked up much later by mammography. By using anti-cancer nutrition, herbal therapy, and other integrative medicine strategies, you can then turn this situation around and get your body back “in the clear.”

With the new mammography guidelines now stated, I believe a good overall strategy for monitoring breast health would be as follows:

1. **Start thermascan screening at age 25** and screen every two years.
2. **Beginning at age 35, increase thermascan screening to every year** until age 50.
3. **After age 50, return to every-other-year thermascan screening, alternating with mammograms**, so that one or the other procedure is done annually. **hkl**

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