

Best Cases In Biological Medicine Series #13

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Because of its tremendous emotional and physical impact, breast cancer is probably the most feared malady in modern health care. The fact of its frequent prevalence makes it even more so. Traditional medicine embraces mammography as the best method for breast cancer screening and detection. However this technology has several very important drawbacks which make it less than ideal for this purpose. These include: mammography is poor at diagnosing early disease; it has a high false positive rate which leads to many unneeded surgical procedures; it gives the patient a significant radiation risk, especially with repeated annual testing; it may put the patient at risk of disseminating the encapsulated cancerous mass by the extreme compression of the breast needed to get a good image.

Breast cancer, like all cancers, is a progressive disease. The early changes in the tissue probably occur at least ten years before the diagnosis is ultimately made. Then National Cancer Institute estimates that in approximately 85% of cases, it is the toxic environmental factors that are the causative promoters of the disease. The average woman has a daily exposure to an array of chemicals like Dioxins, PCB's, pesticides, petrochemicals, and toxic metals like aluminum, arsenic, mercury, etc which enter her tissues and ultimately damage the DNA and lead to malignant change. We also recognize that stomach meridian foci, as in patients with root canals in the stomach teeth (upper molars and lower premolars) have a higher prevalence of breast cancer.

The pressing problem is how to change the typical viewpoint of the average female patient from feeling

confused or apathetic as to what she should do regarding breast cancer, i.e., "I know that 1 in 8 will get breast cancer and I hope it's not me. So I will do what my doctor says and enter the mammogram roulette spin each year to see if I am afflicted or not."

"We need to educate patients to take a more causative attitude such as "I am going to do everything in my power to maintain a healthy lifestyle and take advantage of safe breast screening technology that is far more sensitive than mammography to detect early changes, so that I can know when things are going wrong in time to do something about them."

In my opinion the best early predictive technology is infrared thermography of the breast. While not perfect, in many patients, early vascular changes associated with local toxicity or inflammation, as pre-cancer conditions, can be discovered in time to implement the nutritional and detoxification protocols necessary to reverse the condition. This would be Biological Medicine at its best.

To illustrate the point, here is a case submitted by Carol Chandler, Certified Clinical Thermographer and Acupuncture Physician practicing in Lakeland, Florida.

The patient is a 45 year old female in good health who was receiving regular acupuncture care on twice a month basis for right shoulder pain. She had no root canal teeth, had multiple amalgam fillings, and denied occupational exposure to chemicals and pesticides. She regularly used a commercial deodorant/antiperspirant. She was taking a multivitamin and extra vitamin C and had daily bowel movements.

She had undergone fertility treatments, 99 injections 15 years ago and had two children by in vitro fertilization. She had used birth control pills for a short period prior to becoming pregnant. She also had a history of endometriosis treated with laser ablation 18 and 7 years ago. She has not had a period in two years. She did not use caffeine.

Her acupuncture physician suggested she get a breast thermography screening at one of her routine visits. The patient had a history of intermittent bilateral breast tenderness, but denied lumps, skin changes or nipple discharge. She had done monthly self breast examinations and had annual breast exams by her family physician. She was on no prescription medicine and ate a non organic diet with fish twice weekly.

The original thermogram shows a very suspicious vascular pattern in the left outer breast along with left axillary lymphatic congestion. (See the images on the final page of this article. For color images, go to www.medhot.net). She was referred to her gynecologist who ordered a mammogram and ultrasound. The mammogram was non-diagnostic, but the ultrasound was suspicious for breast cancer. A needle biopsy was done and was negative for cancer.

After the negative needle biopsy, she returned to Dr. Chandler and was treated with a comprehensive program including nutrition, supplements and Chinese medicine herbal remedies aimed at reducing neovascularlity and improved liver detoxification. A repeat thermogram was done three months after beginning the program that showed resolution of the abnormal changes in the breast.

This is good medicine! The vascular changes that were seen in the thermogram (and abnormal ultrasound) were present before abnormalities were seen in the mammogram and prior to cancerous changes were seen in the biopsy. This allows the practitioner to intervene at an early enough point to change the mileau and heal the tissue.

The ideal screening test is the one that can show regulation tissue changes before nuclear damage occurs. We know that from the work of Dr. Hans Reckeweg M.D., and from current cancer research, that for most cancers, it is the progressive toxicity combined with a deficiency of essential nutrients, that leads to the pathology in the DNA and resulting malignancy.

Long before active malignancy occurs, and before tissue calcification is present that can be viewed by mammogram, the body has altered regulation, with vascular changes that can be seen on infra red thermography.

Infrared thermography is an excellent method of picking up this alteration at an early stage when non invasive remedies, as demonstrated by this case, can be effective. Since infrared thermography is non

toxic, painless, and inexpensive, it is my opinion, that it should be utilized by every physician to screen all female patients on an annual basis.

In contrast, the problems of mammography in screening for breast cancer are well documented and include a high false positive rate leading to unneeded biopsies, radiation exposure, lateness in disease process before detection, and potential for tumor spread by the trauma of breast compression needed to get a good study.

Several recent studies in the traditional literature have proven the high sensitivity of infrared thermography in picking up these tissue changes prior to seeing them on mammogram and in distinguishing malignant verses non malignant disease. (*1-4)

When the thermogram is abnormal, it is important for the practitioner to search for causes of the condition. One should look for heavy metal toxicity, chemicals, pesticides, and occult infections. Stomach meridian issues such as scars, or root canals in the stomach teeth should be carefully searched for and treated. Also one should consider hormone imbalances, dysbiosis, and genetic (SNP's) variations that cause impairment in detoxification, methylation, and immune response. We also screen for deficiencies in minerals, amino acids, fatty acids, and vitamins.

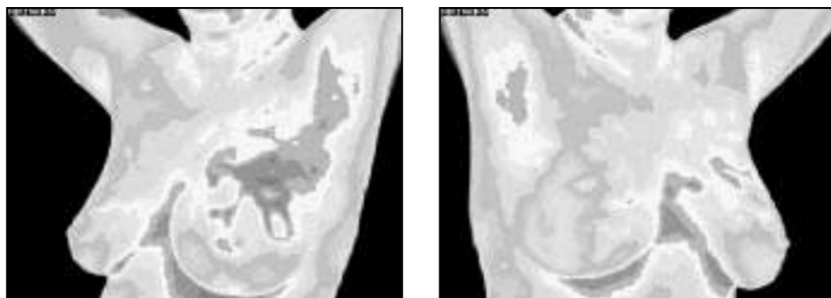
Currently, infrared thermography is being underutilized both for its screening value and its follow up value in picking up cases like this. Without the data gained from this test, most likely this patient would never have had this effective intervention, and perhaps would have in the years to come, developed irreversible pathology that required more drastic treatments. How well she was served by this simple test. I encourage all practitioners to look into it as an in office diagnostic mode to offer your patients or seek out practitioners in your area who offer this service.

Biological Medicine is the science of working with the laws of nature and life to heal the body. When these principles are followed, and the patient is compliant, and providing we are not too late, we can be successful. 🌸

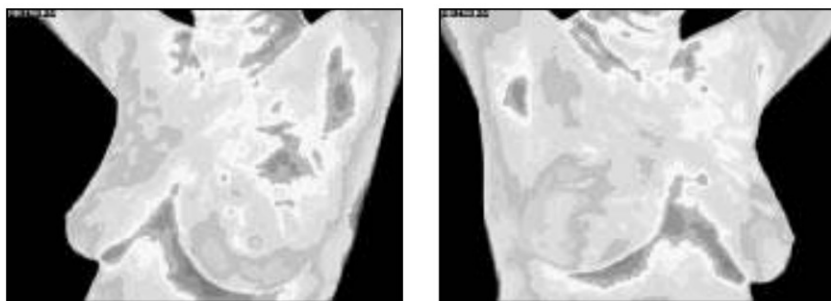
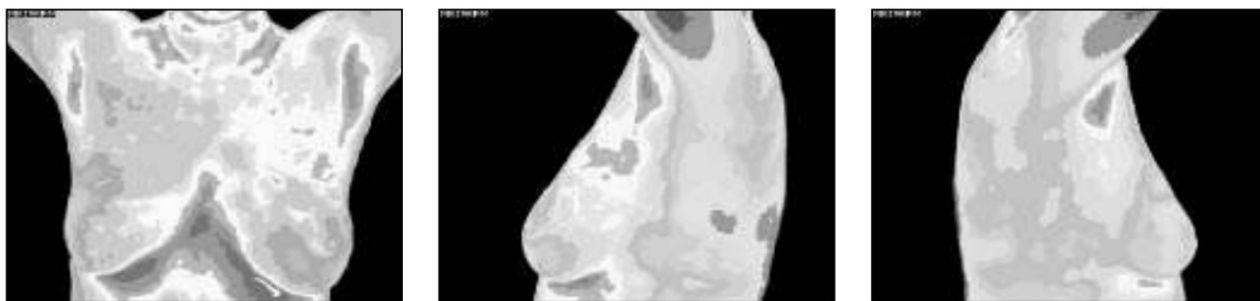
Biological medicine works. The purpose of this series is to present illustrative cases from different practitioners in order to demonstrate the highly effective principles and practice of Biologic Medicine. If you have cases that have educational value for others using Biological Medicine in practice, please email them in Word format to Dr. David I. Minkoff M.D. at drminkoff@bodyhealt.com. They will be presented each month as part of the Best Cases in Biological Medicine series.

Thanks to Carol Chandler A.P. for sending in this case. She can be reached at www.medhot.net

¹ Y.R. Parisky, A. Sardi, R. Hamm, K. Hughes, L. Esserman, S. Rust, K.Callahan, *Efficacy of Computerized Infrared Imaging Analysis to Evaluate Mammographically Suspicious Lesions. AJR:180, January 2003* ² Samuel Epstein, Rosalie Bertell, Ph.D., GNSH and Barbara Seaman, *Danger and Unreliability of Mammography Int'l J. of Health Services, Vol 31, no 3, 605-625, 2001* ³ Peter C. Gtzsche, Ole Olsen, *Is Screening for Breast Cancer with Mommography Justifiable?* Summary from ⁴ Len Saputo, MD.; *Beyond Mammography The Townsend Letter for Doctors and Patients, June 2004* Thanks to Carol Chandler A.P. for sending in this case. She can be reached at www.infra-rent.com.



This patient was examined on 4/11/05. Imaging revealed a thermographical suspicious vascular asymmetry, best observed in the left oblique and lateral views. The pattern demonstrates a pattern highly suspicious for probable angiogenic activity tracing from the left axilla to the primary area of concern at 2 o'clock



The second examination on 6/28/05 revealed a marked resolution of the suspicious pattern in the left lateral breast.