



# Thermography: A Holistic Approach to Breast Screening

by JANICE ANDERSON RN, HNB-BC, CCT, ACHt, RMT

Since 2005, I have been privileged to offer a service to women (and those they love) for health screening, especially of the breast, using Digital Infrared Thermal Imaging (DITI), also referred to as thermography. What began as a personal quest to avoid the pain and radiation of current structural screening methods has turned into a passion to educate my family, friends, community, and the population at large on what their options currently are to best take control of their screenings...and their wellness.

Emphasizing the importance of screening for early detection of abnormalities is critical for all women and men. For breast health, monthly breast self exams (BSE) have been the recommended first step for many years. BSE is supported by clinical breast examinations annually to further assess for changes. As a formal screening method, mammography has been recommended, although the age at which this should begin has become controversial; so, too, is the frequency. Radiation, contact and compression, and the value versus risk of screening mammograms are among the issues being raised. DITI offers a no risk screening alternative.

The decision as to which type of screening (mammography or thermography) to choose and at what age to begin, should be established in concert with a medical professional. Screening, especially for high risk individuals, is an essential part of a breast health plan and should start with BSE as a young adult. If screenings are consistently and routinely done, it is reasonable to expect better outcomes, should an issue be identified.

While the ancient Egyptians used their hands moving over the body to detect heat (which sounds close to Reiki or Therapeutic Touch), Hippocrates was the first practitioner documented to use heat as a diagnostic when he applied a mud "slurry" over the body and observed that the areas which dried first were those of possible physiologic dysfunction/disease (Adams, 1939).

The first thermal image was done in 1948 and took 40 minutes to scan. Today, a digital infrared thermal image requires less than 30 minutes, and most often half that. Medical thermography, or DITI, is non-invasive, radiation-free, safe, painless and without compression. In January of 1982, the Food and Drug Administration published its approval and classification of thermography as an adjunctive diagnostic screening procedure for the detection of breast cancer (Saputo, 2004).

More than 8,000 studies on thermography are listed in the Index

Medicus with 800 peer-reviewed studies on breast thermography. Of the latter, five are of particular interest, especially given the often contradictory and confusing guidelines for breast screening. These studies document that, in the identification of breast cancer, thermography evidences greater sensitivity and specificity, and early detection, than any other scientifically tested medical technology (Saputo, 2004; Amalu, 2002).

DITI involves the detection and recording of cutaneous thermal patterns using a single plane focal array bolometer which functions like a camera. The imaging can provide information about acute, as well as chronic, conditions. DITI is useful in distinguishing aggravated from residual tissue injury and it supplies information on vascular dysfunction, myofascial trauma, and local inflammatory processes.

While breast screening is the most frequently requested thermogram at my practice, thermography has many uses. DITI is used to define the extent of a lesion of which a diagnosis has previously been made. It also can localize an abnormal area not previously identified, so further diagnostics can be performed; also, DITI can detect early lesions/conditions before they are clinically evident. DITI is useful in identifying risk factors in the development or existence of disease states, as well as in monitoring the healing process before returning to work.

DITI can benefit all women over 18 years old as a screening/early detection tool. It is especially appropriate for premenopausal women (18-50+), women with dense breast tissue, women who are unable or unwilling to have a

mammogram, and women with augmented or surgically removed breasts. Men can also benefit from thermographic screening when there is a question of breast pathology.

Thermography, although it is not covered by most insurance plans, is becoming more widely accepted, and it is being requested and sought out by many holistically minded individuals. I would recommend thermography as a clinical addition to any holistic nurse/practitioner. This modality should be universally available and, hopefully, will be within the next decade.

**References:**

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 Saputo, L. (2004). Beyond mammography. *Townsend Letter for Doctors and Patients*, June, 2004, 65-68.

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