

BREASTS

What Every Woman Needs to Know

By Christiane Northrup, MD

Recently, my daughter and I took a friend, Dana, out to celebrate her 40th birthday, which included some well-earned reveling about her wise and gorgeous approach to turning 40. In between the toasts and the birthday intentions, Dana asked me if she needed to care for her health differently, now that she'd reached the Big 4-0. Specifically, her doctor suggested she start yearly mammograms. This didn't feel right to Dana, so she asked me what I thought. Believe me, I have plenty to say!

First, I realized that if Dana—who I know well, and who knows my work and follows a healthy lifestyle—is confused about mammograms, chances are good that just about all women are. If you are one, don't beat yourself up about it! That only makes deciding what is right for you more difficult. This is a complex and controversial subject. So here are some facts and insights that I want you to consider before getting your next mammogram.

Recent Controversy

There's little to no evidence that getting a yearly mammogram starting at age 40 saves lives. This is why, back in 2009, the U.S. Preventive Services Taskforce (USPSTF) published new guidelines, recommending less frequent mammograms for breast cancer screening. (See Note.) Whereas their previous guidelines had called for screening every 1-2 years, starting at age 40, the USPSTF's new guidelines called for screening every other year for women ages 50-74.

The American Cancer Society did not update their recommendations. So despite the USPSTF's findings, most women still follow the American Cancer Society's guidelines and get a mammogram annually, beginning at age 40.

Mammography Is Not Without Risk

Screening mammography is not benign. In a ground breaking study published in the *New England Journal of Medicine* in 2012, Gilbert Welch, MD, a renowned medical authority on the risks of cancer screening, pointed out that routine mammography screening over the last 30 years has resulted in 1.3 million women being diagnosed with "cancer" because their mammograms picked up ductal carcinoma in situ (DCIS).¹

DCIS is not cancer, and in the vast majority of cases will never progress to actual breast cancer. (DCIS is sometimes called stage 0 cancer.) Actually, DCIS is a type of cellular anomaly that women are more likely to die *with* than *from*. In fact, autopsy studies of healthy women in their 40s who died in car accidents have shown that as many as 40% have evidence of DCIS in their breasts.

The newer high-resolution mammography can pick up very early instances of DCIS. And the problem with *that* is once you find it, there is tremendous pressure to do something about it. Hence scores of women are having radiation, surgery, mastectomies, and chemotherapy treatments that are not necessary. Again, these are hardly benign. Plus, a recent study showed that having radiation of the breast increases your risk of heart disease down the road.²

Built-in Fail Safes

The body heals itself! A study published in the November 2008 edition of the *Archives of Internal Medicine* followed more than 200,000 Norwegian women between the ages of 50 and 64 for two consecutive years. Half received regular mammograms and breast exams while the other half had no regular screening. The women who underwent screening had 22% more breast cancer than the unscreened group. The researchers concluded that: *The non-screened women probably had the same number of cancers but their bodies had corrected the abnormalities on their own.*³

Screen With a Thermogram Instead

Thermography and mammography are very different modalities. One is static—an x-ray. The other, thermography, is a functional measure of heat. This modality has been in use since the 1970's to pick up heat in the tissues. Excess heat is associated with cellular inflammation. And cellular inflammation is the root cause of all chronic degenerative disease, including cancer. What that means is that a thermogram (which measures and records heat patterns) is able to tell women and their healthcare providers where the “hot spots” are in tissue. And then address these with lifestyle change. Yes—it's possible to actually *prevent* problems down the line! Good thermographers always refer patients for a mammogram if there is any doubt. You always have the option to do both, until you become comfortable with your thermography results.

My Final Answer

You can't always count on medical science—it's limited and always changing! This is why when there are conflicting recommendations from equally astute scientific bodies—such as the American Cancer Society and the U.S. Preventive Task Force—it can be hard to figure out what's right to do. All you have to go on are the latest facts and recommendations by the reigning “authorities.”

What you *can* count on is your inner wisdom—it is always with you. And this inner wisdom includes your body's ability to heal itself. I have spent a lifetime giving women the information and guidance they need to listen to and heed their inner wisdom. This is that “still small voice” that will unerringly let you know whether or how frequently you should get a mammogram. Or anything else. This voice grows stronger the more you trust it.

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Christiane Northrup, M.D., a board-certified ob/gyn, is a visionary pioneer, beloved authority in women's health and wellness, and the author of the ground breaking *New York Times* bestsellers [*Women's Bodies*](#), [*Women's Wisdom*](#) and [*The Wisdom of Menopause*](#). Her third book, *Mother-Daughter Wisdom*, was voted Amazon's #1 book of 2005 (in two categories). In *The Secret Pleasures of Menopause* and *The Secret Pleasures of Menopause Playbook*, Dr. Northrup teaches how to experience joy, pleasure, prosperity, fulfillment, and vibrant health. Her children's book, [*Beautiful Girl*](#), brings her positive message to the youngest of girls. Her books have been translated into 24 languages.

Following a 25-year career in both academic medicine and private practice, Dr. Northrup devotes her time to helping women truly flourish. Follow Dr. Christiane Northrup on [Facebook](#), [Twitter](#), at www.drnorthrup.com, and by listening to her weekly Hay House Internet radio show [*Flourish!*](#)

Note: From the USPSTF website: “The USPSTF is an independent panel of non-Federal experts in prevention and evidence-based medicine and is composed of primary care providers (such as internists, pediatricians, family physicians, gynecologists/obstetricians, nurses, and health behavior specialists).

“The USPSTF conducts scientific evidence reviews of a broad range of clinical preventive health care services (such as screening, counseling, and preventive medications) and develops recommendations for primary care clinicians and health systems. These recommendations are published in the form of ‘Recommendation Statements.’”

For more information, go to <http://www.uspreventiveservicestaskforce.org>
(Endnotes)

- 1 Bleyer, A. and Welch, H.G., Effect of three decades of screening mammography on breast-cancer incidence, *N Engl J Med*, 2012; 367: 1998-2005, November 22, 2012, DOI: 10.1056/NEJMoa1206809.
- 2 Darby, C., et al., Risk of ischemic heart disease in women after radiotherapy for breast cancer, *N Engl J Med* 2013; 368:987-998, March 14, 2013, DOI: 10.1056/NEJMoa1209825.
- 3 Zahl, P., Maehlen, J., and Welch, H.G., The natural history of invasive breast cancers detected by screening mammography; *Arch Internal Med* (2008) 168, 21, pages 2311-2316.