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New Research Suggests Benefits of Mammography May Be Overstated While Risks Are Underestimated

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By Dr. Mercola

Mammograms are in the news again. Former "Good Morning America" host Joan Lunden recently announced she was diagnosed with a particularly aggressive form of breast cancer – two weeks *after* a mammogram gave her a clean bill of health.¹ The diagnosis was made via ultrasound, which revealed a lump the mammogram had missed.

Two studies about the effectiveness of mammogram screening, released just weeks apart, also cast further doubt on the wisdom of subjecting yourself to the risk of routine mammography.

The first study, featured in the above news report, relates to an extensive review of research conducted by Harvard Medical School and Brigham and Women's Hospital and published in the April 2014 issue of *Journal of the American Medical Association*.²

The analysis covered more than five decades of data and examined mortality benefits and harms of mammography screening, with results that were far from glowing.

The study found that while mammograms decreased a woman's risk of dying from breast cancer by an average of 19 percent, the same amount—19 percent—of the cancers found and treated are actually not life-threatening and do not need to be treated.

The study did not take into account whether mammograms reduced (or increased) a woman's risk of dying from *other causes*, such as from heart muscle damage related to the use of chemotherapy drugs and other cancer treatments.

There's No One-Size-Fits-All Breast Cancer Screening Recommendation

The researchers wisely suggest that what we really need is a more personalized approach³ to breast cancer screening. Younger women get the least benefit, and therefore need to think more carefully about their choice. As reported by *USA Today*:⁴

"They estimate that for every 10,000 women in their 40s who undergo annual mammograms for 10 years, 190 will be diagnosed with breast cancer. But only five of those women would avoid dying of breast cancer as a result of the screening. Of the remainder, about 25 would die despite being treated, and 36 would be treated unnecessarily because the cancer wouldn't have become life-threatening."

For women in their 50s, 10 breast-cancer deaths would be averted for every 10,000 women screened annually for 10 years. For women in their 60s, 42 breast-cancer deaths would be averted. But as many as 137 women in their 50s, and 194 in their 60s would be diagnosed and treated unnecessarily."

With routine mammogram screenings, cancer is frequently overdiagnosed and therefore overtreated and/or mistreated, significantly increasing women's health risk. In fact, researchers concluded that when it comes to mammography screening, the harm might outweigh the benefit, stating, "Better breast cancer screening tests are needed."⁵ There is also the fact that mammography misses 20 to 40 percent of cancers.

And if you aren't confused enough about whether or not you should get a mammogram, the findings of yet another new study—curiously absent from mainstream media coverage—are even more disturbing.

Mammogram Screening Raises 'Lethal' Breast Cancer Incidence

The second new study involved 1.8 million Norwegian women diagnosed with breast cancer between 1987 and 2010, and was published in the March 2014 issue of *The European Journal of Public Health*.⁶

Researchers found that among women 50 to 69 years of age, breast cancer screening is associated with a significantly higher incidence of early stage, lower lethality cancer (221 percent) and HIGHER rates of late-stage, more advanced breast cancer (35 percent) when compared with women who did not receive mammogram screenings.

This is exactly the opposite of what you would expect to see if mammograms were actually catching malignant tumors earlier—*late stage cancers would be lower and not higher*. Sayer Ji of GreenMedInfo explains the risks of increased early-stage breast cancer diagnoses in light of what we now know about DCIS (Ductal Carcinoma in Situ):⁷

"One of the most dramatic revelations of our time occurred last year when a National Cancer Institute commissioned expert panel concluded that so-called 'early stage cancers' such as DCIS are not cancer at all, but benign or indolent growths.⁸ This implies that millions of women were wrongly diagnosed with 'breast cancer' over the past 30 years, who would have been better off left undiagnosed and untreated."

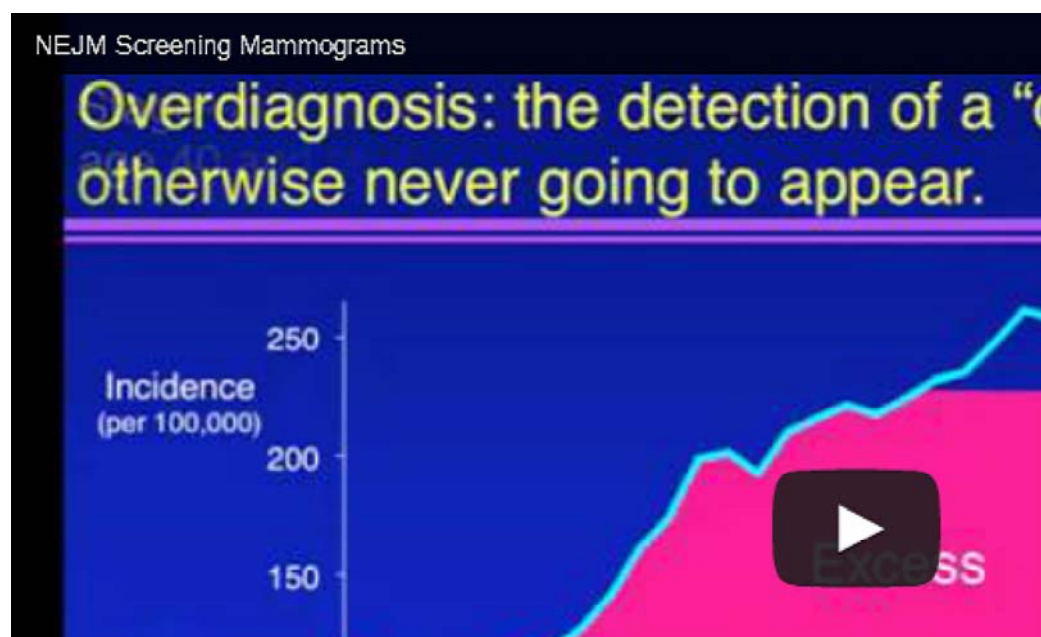
All of this comes on the heels of a Canadian study that concluded annual mammography does not reduce your risk of dying from breast cancer if you're a woman between the ages of 40 and 59. That study was published in the February 2014 issue of the *British Journal of Medicine* and caused quite a media stir.⁹

But this is not the only research to suggest mammography screening has been oversold. A 2013 British report from the University of Oxford came to the same conclusion, based on an analysis of 40 years of data.^{10, 11}

All of this spells bad news for the cancer industry, for which mammograms are a major profit center. Breast cancer is big business. The lion's share of mammography profits come from routine annual screenings—effective or not. You can count on hefty pushback from the medical industry if public skepticism begins to threaten the bottom line.

With all of these studies intersecting at the same general point, it can no longer be argued that mammograms are a safe and effective screening tool, or that these contradictory findings are due to research anomalies or "poor study design," which is a favorite criticism by mammography proponents.

How Mammography Screening Has Failed



The short presentation in the video above provides an excellent visual illustration of what has happened in terms of breast cancer detection, overdiagnosis, and overtreatment since the advent of screening mammography. Dr. Gilbert Welch, co-author of *Effect of Three Decades of Screening Mammography on Breast-Cancer Incidence*,¹² explains how screening mammography has failed. This study was published in the most prestigious medical journal in the world, the *New England Journal of Medicine*. According to Dr. Welch, since the advent of screening, we have witnessed the following:

- The number of women diagnosed with early breast cancer has approximately doubled. These diagnoses are roughly equally divided between two types of early stage breast cancer: DCIS and "localized invasive." Prior to mammography, DCIS was never seen.
- There has been little compensatory decrease in the number of women presenting with late-stage breast cancer, which is much more lethal. There has been less than a 10 percent decline in breast cancer mortality. However, *overdiagnosis harm is substantial*—half of all screen-detected breast cancers now represent overdiagnosis and false-positives.
- There has been very little change in breast cancer rates among younger women (under age 40), suggesting there has NOT been a dramatic change in the underlying amount of breast cancer. Therefore, the logical conclusion is that the extra cancers we see today result from the screening itself.

Other important facts have emerged from this data, according to Dr. Welch. Mammograms are detecting "cancers" that are never going to appear, and these are all being treated as if they are lethal forms of cancer.¹³ Even the National Cancer Institute itself has suggested narrowing the definition of "cancer," as mounting research shows that many harmless tumors are being overtreated, causing more harm than good.

The rate of metastatic breast cancer has not changed at all—*mammograms are not finding these dangerous cancers earlier*. The decline in breast cancer mortality is a result of improved treatments, *not* earlier detection of the more lethal types of breast cancer, and survival rates are improving regardless of whether or not the cancer was found by mammogram screenings.

Mammography May Harm 10 Times More Women Than It Helps

The risks of mammography screening are significant and should not be ignored, including those associated with radiation, chemotherapy, and surgeries such as lumpectomies and mastectomies, as well as the stress of receiving a cancer diagnosis and having to undergo invasive medical procedures.¹⁴ The Nordic Cochrane Center determined that only ONE out of 2,000 women screened regularly for 10 years will benefit from early

cancer detection. Meanwhile, out of the same 2,000 women, 10 healthy women will be misdiagnosed, turned into cancer patients and unnecessarily treated.

All in all, mammography screening results in 30 percent overdiagnosis and overtreatment, which equates to an absolute risk *increase* of 0.5 percent. What these statistics clearly tell us is that just because you were treated for cancer does not mean you're a cancer survivor. If you really didn't have cancer to begin with, then you're really just a "cancer *treatment* survivor."

Yet all women *treated* for cancer who survive become part of the official "cancer survivor" statistic that is then used to justify the effectiveness of the current system of diagnosis and treatment! GreenMedInfo has compiled a list of dozens of studies about the risks of mammography screening, as well as those documenting the lack of any measurable benefit to offset the risk.¹⁵ And screening may be even more risky if you are a woman under age 50, according to a 2007 meta-analysis published in the *Annals of Internal Medicine*.¹⁶

Their Solution Is to TRIPLE Your Radiation Exposure by Adding 3D Tomosynthesis

Unfortunately, instead of admitting the flaws and inherent dangers of routine mammography, in 2011 the industry unveiled a "new and improved" type of mammogram called 3D tomosynthesis, which actually exposes you to even HIGHER doses of radiation than a standard mammogram. According to surgeon Dr. Susan Love, tomosynthesis exposes you to about twice the amount of radiation of a standard mammogram.

What's worse, they also recommend you continue receiving your traditional 2D mammogram when you get tomosynthesis, thereby compounding your radiation exposure even further. According to a 2010 study, for women between the ages of 40 and 80, annual screening using standard digital or screen-film mammography is associated with—and is likely a direct cause of—20 to 25 cases of fatal cancer for every 100,000 women getting the test. Using a cancer screening method that *causes* the very disease it's supposed to be *preventing* can hardly be considered progress!

Deodorant and Underwire Bras: Possible Breast Cancer Causes?

Research published in the journal of the *European Institute of Oncology*¹⁷ has lent some credence to long-held concerns that chemicals in deodorant, and even underwire bras, could be contributing to breast cancer risk. The paper analyzed health records of Scottish women diagnosed with breast cancer three decades apart (between 1957-1959 and 1997-1999). Breast cancer in the upper outer quadrant (UOQ) of the breast, in particular, was found to be on the rise.

The upper outer quadrant is the area between your armpit and your breast. It's been suggested that the increased cancers in this area could be due to the higher amount of breast tissue found there, but this doesn't explain why incidence has changed over time. The paper suggested several other reasons that may account for the shift in the location of tumors to the upper outer quadrant. Among them:¹⁸

- Repetitive trauma, including blocked sweat ducts from antiperspirants and deodorants, and skin damage from shaving. This could lead to blocked ducts in your breast and the formation of cysts, which is linked to an increased cancer risk.
- Chemicals and additives in antiperspirants and deodorants, including parabens and aluminum salts, mimic the actions of the hormone estrogen, which may drive cancer
- Wearing underwire bras, which may constrict breast tissue and the lymphatic system

The researchers explained:

"Explanations for an increase of tumors in the UOQ include the possibility that agents administered topically... might gain access to the breast and be responsible for the initiation/promotion of tumors at that site. Interestingly compounds in deodorants, such as parabens, have been reported to have the

ability to penetrate the skin and have estrogenic activity... Since antiperspirants act by blocking sweat ducts, and breast cysts result from blocked breast ducts, it is possible that breast cysts could also arise from repetitive trauma to the ducts in this area... Some studies showed women with breast cysts are at an increased risk of breast cancer, especially at younger ages.

...The constant use of bras (particularly of under-wired which constricts breast tissue and lymphatics mostly in the outer quadrants by the very nature of its design) for long periods might influence lymphatic flow from the breast, this might be a cofactor with other factors in traumatizing tissues in the UOQ of the breast where the wire has the most pressure point. Axillary hair is now frequently removed by different means and is currently performed more frequently than was done four decades ago. This potentially causes repetitive trauma to the axilla and neighboring outer quadrants."

Lowering Your Cancer Risk Begins with Wise Lifestyle Choices

Mammograms are portrayed as the best form of "prevention" a woman can get. But early diagnosis is *not* the same as prevention. I believe the vast majority of all cancers can be prevented by applying basic, common sense lifestyle strategies, such as the following:

- **Avoid refined sugar, especially fructose, and processed foods.** All forms of sugar are detrimental to health in general and promote cancer. Refined, highly processed fructose, however, is clearly one of the most harmful and should be avoided as much as possible. This means avoiding processed foods, most of which are loaded with fructose, typically in the form of high fructose corn syrup.
- **Optimize your vitamin D levels.** Vitamin D influences virtually every cell in your body and is one of nature's most potent cancer fighters. Vitamin D is actually able to enter cancer cells and trigger apoptosis (cell death). If you have cancer, your vitamin D level should probably be between 70 and 100 ng/ml. Vitamin D works synergistically with every cancer treatment I'm aware of, with no adverse effects. Ideally, your levels should reach this point by exposure to the sun or a safe tanning bed, not oral vitamin D. For more information on this, please watch my interview with Carole Baggerly.
- **Limit your protein.** Newer research has emphasized the importance of the mTOR pathways. When these are active, cancer growth is accelerated. One way to quiet this pathway is by limiting your protein, so that your body has enough protein for cellular turnover and muscle maintenance, but not more. Experts like Dr. Ron Rosedale believe an ideal amount for many would be around one gram of protein per kilogram of lean body mass, or roughly a bit less than half a gram of protein per every pound of lean body weight. For most people, this ranges between 40 and 70 grams of protein a day, which is typically about two-thirds to half of what they are currently consuming.
- **Avoid unfermented soy products.** Unfermented soy is high in plant estrogens, or phytoestrogens, also known as isoflavones. In some studies, soy appears to work in concert with human estrogen to increase breast cell proliferation, which increases the chances for mutations and cancerous cells.
- **Improve your insulin and leptin receptor sensitivity.** The best way to do this is by avoiding sugar and grains and restricting carbs to mostly fiber vegetables. Exercise is also an important factor in insulin and leptin regulation.
- **Exercise regularly.** One of the primary reasons exercise works to lower your cancer risk is because it drives your insulin levels down, and controlling your insulin levels is one of the most powerful ways to reduce your cancer risks. It's also been suggested that apoptosis is triggered by exercise, causing cancer cells to die. Studies have also found that the number of tumors decrease along with body fat, which may be an additional factor. This is because exercise helps lower your estrogen levels and improve insulin/leptin sensitivity, which explains why exercise appears to be particularly potent against breast cancer. For more about exercise, please check out my Peak Fitness program.
- **Maintain an optimal body weight.** This will come naturally when you begin eating wisely and exercising. It's important to lose excess body fat because fat produces estrogen.
- **Drink a pint to a quart of organic green vegetable juice daily.** Please review my juicing instructions for more detailed information.

- **Get plenty of high-quality, animal-based omega-3 fats, such as krill oil.** Omega-3 deficiency is a common underlying factor for cancer.
- **Curcumin.** This is the active ingredient in turmeric and in high concentrations can be a very useful adjunct in the treatment of cancer. Curcumin actually has the most evidence-based literature supporting its use against cancer of any nutrient, including vitamin D.¹⁹ For example, it has demonstrated major therapeutic potential in preventing breast cancer metastasis.²⁰ It's important to know that curcumin is generally not absorbed that well. In a recent interview, Dr. William LaValley discusses strategies to help you get around this problem. Fortunately, newer preparations have started to emerge, offering better absorption. For best results, you'll want to use a sustained release preparation.
- **Avoid drinking alcohol**, or at least limit your alcoholic drinks to one per day.
- **Avoid electromagnetic fields as much as possible.** Even electric blankets can increase your cancer risk.
- **Avoid synthetic hormone replacement therapy, especially if you have risk factors for breast cancer.** Breast cancer is an estrogen-related cancer, and according to a study published in the *Journal of the National Cancer Institute*, breast cancer rates for women dropped in tandem with decreased use of hormone replacement therapy. (There are similar risks for younger women who use oral contraceptives. Birth control pills, which are also comprised of synthetic hormones, have been linked to cervical and breast cancers.)

If you are experiencing excessive menopausal symptoms, you may want to consider bioidentical hormone replacement therapy instead, which uses hormones that are molecularly identical to the ones your body produces and do not wreak havoc on your system. This is a much safer alternative.

- **Avoid BPA, phthalates, and other xenoestrogens.** These are estrogen-like compounds that have been linked to increased breast cancer risk.
- **Make sure you're not iodine deficient**, as there's compelling evidence linking iodine deficiency with certain forms of cancer. Dr. David Brownstein, author of the book *Iodine: Why You Need It, Why You Can't Live Without It*, is a proponent of iodine for breast cancer. It actually has potent anticancer properties and has been shown to cause cell death in breast and thyroid cancer cells. For more information, I recommend reading Dr. Brownstein's book.²¹

I have been researching iodine ever since I interviewed Dr. Brownstein and I believe that most of what he states is spot on. The caveat here—I am not convinced his dosage recommendations are correct, I believe they are much too high.

- **Avoid charring your meats.** Charcoal or flame-broiled meat is linked with increased breast cancer risk. Acrylamide—a carcinogen created when starchy foods are baked, roasted, or fried—has been found to increase cancer risk as well.

This is not an exhaustive list—there are many other strategies that can be useful as well. One excellent resource is Dr. Christine Horner's book, *Waking the Warrior Goddess: Dr. Christine Horner's Program to Protect Against and Fight Breast Cancer*, which contains research-based all-natural approaches for preventing and treating breast cancer.

What to Do if You Already Have Cancer

One of the most powerful strategies I know of for treating cancer is to starve cancer cells by depriving them of their primary food source, namely sugar. Unlike normal cells that can burn either carbohydrates or fat for fuel, cancer cells have lost that metabolic flexibility, and can only burn sugar. Dr. Otto Warburg was awarded a Nobel Prize more than 75 years ago for figuring this out, but virtually no oncologist actually uses this information.

You can review my recent interview with Dr. D'Agostino for more details, but if I had a family member diagnosed with cancer, my recommendation would be to implement a ketogenic diet combined with hyperbaric oxygen therapy, which is essentially a double whammy to cut off the cancer from its fuel source.

Intermittent fasting can also be invaluable here, as it helps jumpstart your body to start burning fat instead of carbs as its primary fuel. By employing these strategies, along with the guidelines already discussed, your odds of beating cancer will shift significantly in your favor.

[+] Sources and References

[-] Comments (30)

shickey · Joined On 11/5/2009 1:56:58 PM

Stupid doctors, stupid xrays, stupid people, treating cancer with a cancer causer. stupid is as stupid does. How about all you docs & radiologists go buy stock in Ultrasound, which is non invasive and doesn't CAUSE cancer. That might NOT be stupid. That might save lives but doesn't make money on the back end. If you cure cancer our whole economy goes poof. Many a nice home, car is bought w/money given to "cure" cancer. There are no cures being researched. Only drugs to make \$\$ and hopefully keep people alive long enough to buy their drugs and be radiated over and over and over....

seg · Joined On 11/21/2006 1:49:23 PM

Right on ! Now how about adding one more "stupid" for good measure LOL...

stanleybecker · Joined On 11/12/2012 3:21:48 AM

Seg - "only one more" stupid! - how about at least three more - at least

UnicycleGranny · Joined On 3/29/2008 8:08:55 AM

Also of interest. An oncologist announced to my then 90 yr old Mom that she had breast cancer and would need a "simple mastectomy." He stated that "100% of oncologists would agree that she must have this surgery."

I respectfully asked if, in moving forward, she and I might see the mamm's and MRI's. He couldn't pull it up on any of 3 computers, but handed me a print out with the evaluation of the images.. When I asked yet again before leaving the office, he became, it seemed, a bit terse and told me, "Looking at your Mom's breast should be all you need."

I didn't feel good about it at all. I prayed. I read the pages and felt even more sure that the recommendation was wrong. The pages stated that the cancer was attached to interstitial muscle and likely had reached her bone. There was no way in my mind that this was a "simple" mastectomy. It seemed it would be total.

I am looking at Mom, knowing her independence and that she has no desire to become bound to a bed as a means of surviving cancer, if they could get it all.

Having been dispensed to a surgeon, I was so relieved to hear him say that he in no way thought it good to open up our Mom and attempt this surgery. He said, "I am afraid that once I get in there, there will not be enough of her left to stitch back up." Contrary to being afraid, I was quite thankful. The words he spoke resonated as true and right.

Mom took that news well, began taking a pill to block estrogen since the cancer was diagnosed as being estrogen receptive, and is headed toward her 92nd birthday this November. She is not in pain, at least she assures me of this and never seems to be, She is still driving (daytime) and remains completely independent, even recently undergoing a successful cataract surgery

UnicycleGranny · Joined On 3/29/2008 8:08:55 AM

Sidenote:

Right after we left the oncology office after the news was given that she had breast cancer, some sweet and very well-meaning ladies called us to their table, giving out plastic cups, pens, stickers, brochures and telling us all about the many ways they would support Mom after her surgery...where to get a wig when her hair was gone, what kind of little boutique was there to help her look the same in her clothes. Granted, when these things are needed, they are a blessing, I am sure. Yet when you have JUST been diagnosed and are still trying to absorb it, these things can serve up a whopping helping of fear!.

UnicycleGranny · Joined On 3/29/2008 8:08:55 AM

Recommend? No. More like, tried to force on me even though I had already said I did not think that was something I wanted. I was in my forty's. The Doc's Mom had had breast cancer so the doc had been undergoing mammograms since her twenty's. Even though I said I would CONSIDER it, they went ahead and made an appointment with the mammography center on the spot! I took the slip, considered it all, and cancelled.

LNLNLN · Joined On 2/15/2012 2:35:48 PM

Women know it feels dreadful to clamp their breast hard between two plates (so it's nice and flat for the camera) and then blast it with x ray. It's a brutal procedure and unlikely to be beneficial. How they persuaded us that we need it done is through fear mongering, and since we had all this screening we have become sicker and sicker, on the whole.

I'm sure there are anecdotal stories of the wonders of screening, but there is no need to diagnose everything, and many of the tests we can have when we feel well just channel us into becoming customers for big pharma. Once you spot this, and compare our health now with health before all this testing, you see it everywhere.

lovemywesties · Joined On 8/10/2011 9:44:52 AM

Women seem to be particularly vulnerable to the scare tactics perpetrated by the medical profession, for whatever reason. I don't do routine screenings of any kind and have never done them. Too invasive, too much room for error and other types of damage, and way too much radiation, which is cumulative BTW. Have I developed cancer or died as a result of my no-screening policy? Not even close.

A much better idea is to maximize one's health and immune system, as per many of the suggestions in the article. Take the bra off whenever possible, ladies, and don't worry about how you will look. Even bras without underwires are necessarily restrictive since their sole purpose is to lift and mold the breasts into a configuration they wouldn't naturally have.

smc7960 · Joined On 8/24/2013 8:37:17 AM

Ok, so my Mother's 85 year old friend has her mammogram done every year, like they tell you. They found a lump a couple of weeks ago, most likely caused by twenty years of radiation to her smashed breasts. Now she is having surgery today to remove both breasts and will begin chemo treatments shortly after that. Hmm, she is 85 and has no symptoms of being sick. Best case now is her breasts will be cut off, very painful I am guessing, and she will at the very least die deformed and having gone through the trauma of the whole thing. But, my understanding is that the chemo is the real killer, far more so than the actual cancer. She is being frightened into the treatment so that in her late eighties her obituary can read "she lost a courageous battle with cancer", and everyone can wear pink ribbons. What is the point? My Mother of the same age commented that she needs to get her mammogram soon as she has not had one in a year. This is pure madness to me. Likely if they just left her alone she could live out her life without all the worry and battles with cancer and die of something completely unrelated to a lump in her breast.

Cathyjw · Joined On 11/30/2013 4:50:12 PM

My sympathies to this poor woman and to her family and friends. My mother was diagnosed with esophageal cancer at the age of 85 and she chose to not get treatment for it, a decision supported by us and by her doctor. At that age and already in a weakened condition, the chemotherapy and radiation would only have made her last days with us more traumatic and she would have gained nothing. I am surprised that any doctors would recommend chemo or radiation to a person of such advanced age.

My mother ultimately died from a massive stroke, not the actual cancer and she was relatively comfortable up till then. I have never once regretted the decision that she made to not have treatment and I admire the courage and grace she showed in the end. She was an amazing woman who we loved dearly and we respected her choice to live her last days without the added pain and sickness from cancer treatment (only toxic treatments were offered to her). At the time, I did not know about the alternatives such as those suggested above or the Gerson clinic or Rick Simpson oil ... Honestly, in her weakened state it is possible that nothing would have helped her, but at least she did not suffer the administrations of cancer care industry so prevalent in our hospitals today.

UnicycleGranny · Joined On 3/29/2008 8:08:55 AM

Please see my posts above regarding my Mom , who is nearly 92 now and was 90 when they wanted an Oncology doc told her she needed surgery. Consider speaking of it to your Mom.

Tortolita · Joined On 6/3/2008 2:43:42 PM

Seems so reckless and careless to put anybody through the harshness of chemotherapy chemicals and radiation let alone someone of advanced age. I agree with you-it's pure madness.

gardendog · Joined On 4/21/2009 12:21:29 PM

my mom was 93 when we discovered a very large(golf ball size) lump in her breast.(she will be 96 in a month) It was cancer, but 2 surgeons(different cities) said a mastectomy was highly recommended because of the size. If it broke thru the skin, things would be worse. both also said no other treatments were recommended because of her age. she had no pain and it was done on an outpatient basis. had her in at 8:30 and back home in time for dinner at 6!. she wanted to stay up and play cards, whereas I was exhausted. she is now taking tomoxifen, otherwise in excellent health. just spent a 12 hr day at Epcot (disney) with her grand and great grand kids last week.

jud547 · Joined On 7/1/2011 10:29:31 AM

My naturopath told me 30 years ago to stop using antiperspirant and to only wear cotton bras. I rarely wear a bra, but I do shave, not so sure that is harmful, men have been shaving their faces for centuries. I had a mammogram about 15 years ago and they said I had to have a biopsy because I had calcification. I decided enough was enough having read about it on the internet, much of which Dr Mercola is saying to day. The Doctor thought I was mad, but I am still here, 68 years and pretty fit

seq · Joined On 11/21/2006 1:49:23 PM

You had a very WISE Naturopath jud547..

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And it is not YOU that is mad , that honor goes to the other ill informed Doctor...

DirtDiva · Joined On 4/15/2010 7:39:22 AM

This was me! My very first mammography was at 37 years of age. My then doctor (I fired him) said it was important to create a baseline. So I listened to him, went for that smash and flash test, and the nurse came in and said we need to do another one. After that second one was done, it was recommended that I have a biopsy because of calcification spots.

Two weeks later I was face down on a table having a needle biopsy which was the most painful thing I have ever endured (that includes my drug free child birth of a 9 pound baby). The needle hit a nerve against my chest and sent me sky high, not once but twice. I was screaming to be let off that table, enough so that my husband heard me in the waiting room. They removed 7 calcifications and sent them to a lab. I went home in a mess of sweat and shock.

Upon coming home, my little daughter made a joke which was funny enough to make me bust out laughing, and suddenly I felt this warm gushing flow. I was wearing a heavy cotton sweater and lifted up the hem and realized I was squirting blood 5 feet across the kitchen. My poor little girl was horrified and I felt myself fall. My husband saved my life. He applied immediate pressure and called 911. Not 30 minutes later I was off to the hospital again, yup...I would have been one of those statistics. One week later I was told all the biopsied calcifications were clear of cancer.

Since that horror, I am constantly pressured to get another mammogram. I was even told by one gyn that I needed psychological treatment for refusing mammograms. I fired her too.

I don't want to be an ostrich with my head in the sand, I get yearly physical breast exams by my current doctor and he is fine with me not getting mammograms. I'm not saying this is for everyone, I just know my own antenna is telling me I'm right.

visioneer29 · Joined On 10/17/2007 5:12:17 AM

The scare tactics used on women are appalling. My mother (RIP, it's been almost ten years), who was bullied by doctors into having THREE mammograms every year because she had all the risk factors, eventually developed iatrogenic breast cancer (from all the radiation), had a lumpectomy, and some "targeted" radiation (no chemo). She was still in her 60s when pronounced cancer free. When she died at 85 (she didn't want to live to be 86, her attitude was "86 86!"), unbeknownst to me, her death certificate was filled out by a doctor who didn't know her (they "met" in the ICU). Apparently, because of her medical history, the cause of death was written as breast cancer. It most assuredly was not; she had a UTI that was both bacterial and fungal, and she had lost her will to live after being admitted to a nursing home because elder sister, who lived with her, could no longer lift her from the bed (bad back from morbid obesity). Once in the nursing home, she refused therapy (physical, occupational) and would only talk to staff -- not to fellow inmates, I mean patients. A month later, when I received my copy of the death certificate, I was outraged. According to her doctors, she hadn't had breast cancer for at least 17 years, but there was 'breast cancer' on her death certificate! I decided against engaging the bureaucracy in a state in which I did not live, and let it be. I had enough to deal with.

When I found a lump while showering 30 years ago, I visited a surgeon who told me "you have fibrous cysts, like your mother," and was advised to get a mammogram. I saw my GP and got a prescription. When the X-ray technician started squeezing my left breast between the metal plates, I screamed for her to let me out. She said, "but you have to have the test." I said, "No, I don't! It's MY breast, it's MY money, and it's MY decision. If you don't get me out of here, I'll sue." She let me out, and I was not irradiated. The "lump" disappeared when I had an emotional breakthrough.

Tortolita · Joined On 6/3/2008 2:43:42 PM

"Breast Cancer is Big Business" says it all. Excellent information in Dr. Mercola's article and I wish everyone would read it instead of blindly following their doctor's orders. If you have not seen the documentary "Pink Ribbons Inc," it is a must-see. Indeed, breast cancer is big business.

When I was less wise, I foolishly allowed myself to be nagged into running in one of those silly pink ribbon 5K's. Guess what my reward at the finish line was: aspartame-laden diet soda, low-fat, aspartame filled yogurt, and some sort of sugary "energy" bar. I turned to my husband and said, "How strange that they're giving us these artificial foods that cause cancer at the end of a race that's supposed to be about "curing" cancer!" Where were the organic, fresh fruits and pure water as our "prize." Yet, everyday people blissfully and blindly participate in these silly pink ribbon causes that promote cancer and make the Susan G. Komen Foundation and other corporations rich.

When I turned 40 my OBGYN (the same one who told me I would most likely be on prozac for PMS until I go through menopause) ordered a mammogram for me. I didn't go. Nothing about having a mammogram done on myself seemed right. The next time I was at my OBGYN's office, her PA literally berated and scolded me for not getting a mammogram, trying to scare me by relating a story of how a mammogram "saved" her mother's life. I've never been back to that OBGYN or any other since.

Dr. Mercola's info and advice throughout this article are so important. This is a must read for all women and men who have women in their lives whom they love.

stargazer30 · Joined On 3/4/2014 8:23:13 AM

Interesting--very interesting, that Joan Lunden's mammogram missed a lump. Ultrasound is the safer method, I believe. But the medical community will continue promoting the "importance" of mammograms.

realrose · Joined On 11/10/2011 8:59:01 AM

@stargazer30

No secret here: follow the money! Massive investments in equipment take at least 7 years of business tax depreciation, trained personnel need to be retrained for newer equipment, this represents about 30 plus years of vested interests. Overcoming this strong grasp on the status quo is a challenge - at least for a time. Women need to ask for and demand better care, not more pink washing...

UnicycleGranny · Joined On 3/29/2008 8:08:55 AM

Sidenote:

Right after we left the oncology office after the news was given that she had breast cancer, some sweet and very well-meaning ladies called us to their table, giving out plastic cups, pens, stickers, brochures and telling us all about the many ways they would support Mom after her surgery...where to get a wig when her hair was gone, what kind of little boutique was there to help her look the same in her clothes. Granted, when these things are needed, they are a blessing, I am sure. Yet when you have JUST been diagnosed and are still trying to absorb it, these things can serve up a whopping helping of fear!.

pugdog52 · Joined On 3/28/2012 10:42:36 PM

When I had fibrocystic breasts, the doctors and technicians would always flip out when I had breast exams and mammograms, wanting more views, follow-up views, ultrasounds, etc. When they wanted to do a needle biopsy, I researched and found frightening stories of women covered in biopsy scars, that were, in the end, all negative. I never went back.

No one ever discussed diet with me concerning the cysts on my breasts, but when I stopped eating grains all the cysts disappeared. My last exam and mammogram (since the last one 5 years ago) were completely normal.

holdfasthope · Joined On 1/14/2013 7:54:27 PM

just another "cashcow" test of our corrupt medical system

beulah4 · Joined On 1/1/2013 8:13:19 PM

Thank God for Dr. Mercola.....

love2garden · Joined On 1/22/2010 10:09:30 AM

Hmm, the video is raw footage of the of the earthquake; not on anything related to mammograms.

RandyUrb · Joined On 2/14/2011 12:43:28 AM

I found the underwire connection interesting as it is my own opinion that EMF may play a role in breast cancer. The wire may well act as a receiver and the fact that it is curved may be focusing energy that it picks-up to a point in the breast. Also, the fact that bras are often of a synthetic fabric may also play a role in unhealthy energies being created. As outer clothing of a dissimilar material brushes against the bra can not only accumulate this energy on the bra itself, but also focus it inside the breast. Imbalances in natural energy usually spell trouble.

Goylea · Joined On 7/7/2014 12:39:28 PM

If you look at the details you will find that practically very little, or no, sound scientific data supports the value of mass mammography but it does a lot of serious harm to a lot of women (sources: "Mammography Screening: Truth, Lies and Controversy" by Peter Gøtzsche, and "The Mammogram Myth" by Rolf Hefti - more at TheMammogramMyth.com). The official pro-mammogram story ignores or dismisses the harms and plays up the alleged benefits.

TurnThePage · Joined On 11/10/2009 11:16:47 AM

After a few scares (funny mammograms) and some awful scare tactics from a surgeon, I've decided that 1) we're all going to die, we might as well do it the way we choose, 2) I would never do chemotherapy, 3) I refuse to get a

mammogram unless they find a lump, and 4) I refuse to be terrified by Big Cancer Business. That's no way to live your life. I wear underwire bras (they make me look great), use deodorant (smell great), and try to pursue happiness in life, not longevity. What's the point of longevity if you're going to be miserable and scared?

Bradroon · Joined On 8/19/2011 8:54:14 AM

There is so much evidence and proof of these facts, one may as well do the sister study:

"Breathing believed to provide benefits regarding life extension."

irm111155 · Joined On 1/8/2014 9:51:24 AM

Every time you recommend reading Dr. David Brownsteins book , Iodine: Why You Need It, Why You Can't Live Without It, in one of your articles, you always say he is spot on with his information but then you always say his doses are too high. In Dr. Brownsteins book he gives over a Decade of clinical results from his own patients in his clinic with his 2 partners and their patients and the information of the Iodine pioneer Dr. Guy Abraham using the doses you keep saying are too high. My question for you Dr. Mercola is what clinical evidence are you quoting and can prove his doses are too high? I know if there was any evidence for you to quote, you would have quoted it, so why don't you either stop using Dr. Brownsteins name at all or keep your unproven OPINIONS to yourself. Yes, Dr. Brownstein IS spot on and has the evidence to prove it and his doses.

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