

American radiologists, with the encouragement of the National Cancer Institute and the American Cancer Society, have spent the last ten years convincing women that they should get a mammogram after the age of forty. We have been urging our female readers not to get mammograms at any age. Our reasoning has been that early treatment with surgery, radiation, and chemotherapy does not prolong life and may actually shorten it. Breast cancer therapy is a failure, but no one wants to own up to it.

Some years ago a British surgeon blasted American doctors as "immoral" for screening women under 50 for breast cancer. On a visit to the Long Island Jewish Hospital Medical Center Dr. Baum said the screening was "opportunistic" and did more harm than good. "Over 99 percent of premenopausal women will have no benefit from screening. Even for women over 50, there has been only a one percent biopsy rate as a result of screening in the United Kingdom. The density of the breast in younger women make mammography a highly unreliable procedure." (*Medical Tribune*, 3/26/92)

A yet unpublished Canadian study even suggests, the rumor goes, that younger women are more likely to die if they expose themselves to mammograms instead of just relying on physical breast exams. The investigators say this earlier finding has not proven to be true but Dr. Cornelia Barnes of the University of Toronto said: "We will not say that mammography kills. The conclusion that will be reached is that younger women do not benefit [by having a reduced mortality]." (Emphasis added.)

Dr. Barnes said the danger of early mammograms is not from radiation but from false-positive results that can lead to unnecessary biopsies, resulting in scar tissue that can make subsequent mammograms more difficult to read.

American doctors hit the ceiling when the information on the study was leaked to the press. Dr. Gerald Dodd of the University of Texas said: "The doses (of radiation) are so small as to be insignificant. . . . The biggest problem is cost."

The "biggest problem" is not radiation or cost-the biggest problem is the ineffectiveness of treatment for cancer of the breast. (*Medical World News*, 6/92)

## Pressing Dangers

The dangers of new technologies apply to testing methods, as well as surgical procedures and drugs. Ironically, we are now beginning to see examples of tests for cancer actually increasing

the incidence of cancer. Women are constantly reassured that mammography is safe "because the amount of radiation is very small." But this reassurance completely overlooks a serious problem with mammography. Sometimes it's not an "overlook" but a complete disregard for the danger involved when the procedure is not performed carefully.

Although widely used for early cancer-detection screening, remarkably little attention has been paid to the techniques of breast compression used in the mammography procedure. It is generally accepted that a cancer should be handled as carefully as possible, with very gentle palpation, in order to avoid accidental spread of the disease. As long ago as 1928, Dr. D.T. Quigley warned of the dangers of rough treatment of breast cancers. (Quigley would have been horrified to see doctors sticking needles into cancer tumors: "Yep, it's cancer alright - too bad I just spread it by cutting into it with a needle.")

Although the principle of gentle handling of cancer is widely accepted, when it comes to testing for the disease, all logic seems to go out the window and the handling of tissues, such as the female breast, gets very rough indeed. We're not talking Lothario here, but doctors who see breasts as sacks of money to be milked, rather than fountains of nourishment for the nation's babies and lovely symbols of the female gender.

Techniques used are designed for maximum detection of cancerous tissue without regard to the possible disastrous consequences. One survey found that the mammographers used "as much compression as the patient could tolerate" and had no idea how much compression they were actually using. As the guidelines state, for proper mammography, "adequacy of the compression device is crucial to good quality mammography." In other words, squeeze the hell out of the breast for clear pictures and just forget about the Hippocratic admonition to do the patient no harm. As a mammographer, you must have good pictures. If you miss a cancer, you'll get sued. So the patient isn't the only one who can get squeezed.

The recommended force to be used in order to compress the breast tissue enough for a proper mammogram is 300 newtons. That's the equivalent of stacking 50 one-pound bags of sugar on the breast.

## Malignant Manipulation

As so often happens in clinical medicine, the practice of the art is often not consistent with the findings of science. One animal study found that the number of metastases will increase by 80 percent if the tumor is manipulated. A human study reported in the *British Medical Journal* confirms these ominous findings. They discovered there were 29 percent more deaths from breast cancer in women who had had mammography.

A report from the National Cancer Institute of Canada was interesting in that it completely missed the point on why cancer seems to be higher in women who take their doctor's advice and get mammograms. They reported, as in the above study, that women who have regular mammograms are more likely to die of breast cancer than women who eschew this test. But the investigators didn't blame the mammography procedure itself for the bad results they found and

instead blamed "modern treatment."

Professor Anthony Miller, Toronto University Medical School, who was director of the study, said, "You may find the cancer earlier but the women are still going to die. Modern treatment does not work for these early cancers." While we agree completely with Dr. Miller's assessment of modern cancer therapy, it is unfortunate that their study was blind to the danger of the mammography procedure itself.

### What About Self-Examination?

Even self-examination of the breast as a cancer preventive is worthless and builds a false sense of security. Breasts are naturally lumpy; it's called glandular tissue and it's what the breast is all about. Even the experts in this field can't pick up early cancer by palpating the breast. I emphasized "early" because, in this sense, early would mean a lump the size of a pea, and that's not early. A lump that size contains many millions of cells.

It is misleading to tell women that self-examination will lead to earlier detection of breast cancer. Tumors found by breast self-examination are, by definition, big enough to feel. Early detection means to find a tumor that is too small to feel, even by the experts. If the cancer is the extremely malignant "eating" kind, the patient is already doomed. If it is a slow-growing tumor, then finding it early will make no difference, except it will usually lead to unnecessary armpit surgery as well as removal of the breast. The armpit surgery (removal of the lymph nodes) is likely to spread the cancer if the armpit has already been invaded by cancer cells; if it hasn't been invaded, then the surgery is unnecessary.

Defenders of the procedure say it makes sense to promote self-examination "because it costs nothing and has no risks." Both of these assumptions are false. It costs a lot of money to go to the doctor every time you think you have found a lump and, if the doctor finds something he calls "suspicious," then you face surgery, which is always a risk (and expensive).

Women in America have been whipped into a state of near-hysteria by the American Cancer Society. So much so that they have an exaggerated idea of the risk they face of contracting cancer of the breast, especially women under 40. A study by Dr. William Black from the Dartmouth-Hitchcock Medical Center indicated that a high percentage of women think they are merely sitting ducks waiting to be carried away by breast cancer within 10 years. Whereas the women interviewed thought their chance of contracting the Big C was one in 10, the likelihood of their getting cancer of the breast is actually one in 500. Older women, of course, have a higher probability.

I had a friend in Chicago, an executive with an insurance company, who lived in a state of constant anxiety, bordering on terror, because she had lumpy breasts and was always examining them. She had suffered through five operations, all negative. She would have been better off examining her thumbs.

So women fearing breast cancer are in a difficult position: detection methods have not

increased the survival rate and surgery also has not increased the rate of survival. Breast cancer treatment is big business, but it is an abysmal failure from the standpoint of the patients, as any expert in the field will admit if he is honest.

American women have been sold a bill of goods on early detection of breast cancer - the old "checkup and a check" routine. The latest propaganda from the American Cancer Society proclaims that self-examination "could save your breast - and save your life." The ACS is not being honest with women, as even the experts at the ACS agree that the practice of self-examination is worthless.

### Action to Take

1. Don't get a mammogram and don't bother with self-examination.
2. Be serious about your diet.
3. Take 500 mg of thiamin (B1) twice daily. It does wonders for lumpy breasts and may help prevent breast cancer (I have no proof of that), unnecessary visits to the doctor, and unnecessary surgery.
4. Take one drop of Lugol's solution (iodine) daily in a glass of water. Iodine is excellent for breast health. A few people are allergic to iodine-observe closely for rash after the first dose. An even more effective treatment with Lugol's solution is to paint the cervix with it. Often the lumps will disappear before the patient leaves the doctor's office!
5. Take flaxseed oil, two capsules twice a day.
6. Avoid *trans* fatty acids in margarine and vegetable shortenings, used in most processed foods.
7. If you are a potential mother, remember to breast-feed your babies. Women who breast-feed are much less likely to get breast cancer.
8. Get plenty of sunshine. Breast cancer is less frequent in areas where there is ample sunlight unobscured by smog or fog. As added insurance, eat oily fish and take cod liver oil as sources of vitamin D.
9. Drink water free of chlorine and fluorine.
10. Get plenty of calcium from raw milk and bone broths.
11. If you develop a large lump in the breast, do not submit to more surgery than a simple lump removal and do not allow them to cut into the lymph nodes in your arm pit.
12. Pass on the radiation and chemotherapy. Radiation is highly destructive of not only tissues, but the immune system, which then makes you more susceptible to all diseases. It is usually a terrible price to pay for a temporary shrinkage of a tumor.

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