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**Dr. Len Saputo Interview**

**The Biggest Crime Against Women May  
Be Coming From Your Doctor:  
Is Your Mammogram Killing You?**



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**Expert Interviews On Mind Body & Spirit**

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## Dr. Len Saputo Interview

# The Biggest Crime Against Women May Be Coming From Your Doctor: Is Your Mammogram Killing You?

According to Dr. Len Saputo, physician and author of Return To Healing, doctors have to conduct 1,900 mammograms in order to save one life. But, they will cause two cancers from the mammogram's radiation in the process. And they will misdiagnose 30% of the people, meaning many women will receive unnecessary and costly surgeries, radiation and chemotherapy. So, even more will die from those. But here's the hardest pill to swallow.

For women under age 50, mammograms aren't necessary. And in this audio, you'll get the real facts from Dr. Saputo, who says you probably won't hear them anywhere else – especially not from fat-cat organizations like the FDA, the pharmaceutical industry, or even your doctor.

You'll also hear about a low-cost, no-side-effects alternative you can use at any age – that gets safer, better, and more accurate results.

And You'll Also Get...

- A quick “follow-the-dollar” look at why mammograms are so readily offered as the only way to accurately diagnose breast cancer
- The real truth behind the statistic that 1 in 8 women will get breast cancer – and why members of the medical community are inflating those numbers
- A clear and straight-forward look at the environmental exposures and health risks that cause breast cancer – and simple lifestyle choices you can make to prevent it
- How much you can expect to pay for alternative treatments to mammograms (if your insurance won't pay) – Hint: It's probably lower than you think
- A shocking study that shows some breast cancers go away on their own – without any treatment at all -- and what tests doctors can use to determine which cancers fall into that category

Mammograms are still being debated in the medical community, but you don't have to wait for a conclusion. Learn as much as you can about medical findings and safe alternatives. And this audio is a great place to start.

Hi. This is Chris Costello, and I've teamed up with Michael Senoff to bring you the world's best health-related interviews. So if you anyone struggling with their weight, with cancer, diabetes, ADHD, autism, heart disease, or other health

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issues, send them over to Michael Senoff's [hardtfindseminars.com](http://www.hardtfindseminars.com). Today we're talking with Dr. Len Saputo, who is a physician and author of *Return to Healing*, and Vickie Saputo, co-founder of the health medicine forum and health medicine center up in Northern California. Thank you guys so much for joining us today.

Vickie: Thank you for having us.

Len: Great to be on your show, Chris.

Chris: One of the things that's come up recently, the whole controversy with mammograms. What's going on with that?

Len: Well it's an interesting story because it's a very good test for women who are over the age of 50 or 55 and actually maybe 15% of lives are extended because of that. But for women under the age of 55 or 50, it's very debatable, and actually I don't think there's any saving of lives at all when you look at all the factors that are involved.

Chris: I thought it was pretty exciting when the U.S. Preventive Task Force started recommending delaying the mammograms between 40 and 50, but boy is that an emotional thing. A lot of people are really charged over that debate.

Len: You know really the whole thing started a few weeks ago when the American Cancer Society doctor, who is chief oncologist there, came out without a statement that mammograms for women under the age of 50 probably weren't that good a test. He mentioned a couple other tests for cancer screening that weren't very good as well. Within two hours of the time that Dr. Otis Brawley made these statements, the American Cancer Society had made him recant and change things on the web site to reflect that. He is now taking the position that it's important to do mammograms for women under the age of 50 because it saves lives, about 15%. What they're referring to is the overall saving of lives about 15%, and all those lives for the most part are women who are post menopausal, who are over the age of 50. So a lot of those numbers get distorted. They are not used properly. They are used to make arguments that aren't correct. There's a whole story behind it that actually just follow the dollars and you'll get the answer. The whole business of mammography is one that is being re-evaluated, but it's been re-evaluated a number of times. The American College of Physicians just a couple of years ago with about 150,000 members made the statement that they thought that mammography for women under the age of 50 should be under the supervision of each

individual doctor and each individual patient. Maybe you should do it and maybe you shouldn't.

Chris: Because we also need to be really aware of the fact that mammograms are giving us low-dose radiation, which after a while can actually cause breast cancer.

Len: Right. Here are some of the numbers. Okay. You have to do over 1,900 mammograms to save one life. That saves one life. You will cause two cancers by the radiation. You will also over diagnose about 30% of people who don't need to be treated, and they will be given surgery, radiation, and chemotherapy. There will be deaths from that. When the people in Scandinavia did a study maybe about 10 years ago, they came up with a shocking result that showed that there was actually an increase in the death rate in women who were premenopausal who had mammogram. That stunned the world. Everybody said "Oh, it must be a mistake. How could it increase the death rate because it's supposed to save lives?" So they basically threw that study out. But when we look at the stuff that Otis Brawley is talking about and other people now, American Cancer Society is not, but the America College of Physicians is, you're looking at a really startling situation that is changing the way a lot of women are looking at things.

Chris: Then also what about when Kathleen Sebelius got in on this, you know our secretary of health and human services. She went along with the American Cancer Society and told women to go ahead and get those mammograms if they ever were between 40 and 50 anyway.

Len: Well that was a political move. Okay so what we've got there is a situation that is not based on fact. I mean who is Kathleen Sebelius. She's not a doctor. She doesn't have the training that physicians do or people who know this field. She's getting information from a staff.

Chris: I bet most people assume she's an MD.

Len: No way is she an MD. So she can say anything she wants to try and make the right statement politically. But when you look at this Chris, this is something that's gotten out of hand.

Chris: You know just, I don't know the last week or so on the show The View that's on every morning, they interviewed this doctor. I can't think of his name, but he was from Sloan-Kettering, and he was recommending how women get yearly mammogram and how they decrease the risk of

dying from breast cancer 15%, but like Len said that was per overall, not just that group of women between 40 and 50, but he made it sound like it was that. Now Elizabeth Hasselbeck that's on that show, her mother had breast cancer, so she's really, really into anything that has to do with screening for breast cancer, and she's just like up and arms. Talk about being emotionally charged. She just thinks it's terribly that they're trying to kill us by telling us not to get mammograms.

Len: Well. These women are feminists and they're radicals. They're not looking at the facts. They're looking at the politics of what's going on. If you want to know what's going on Chris, you've got to follow the dollar. I mean what does Sloan-Kettering get in the way of reimbursements from big pharma? What does the American Cancer Society get in the way of reimbursements from big pharma? That's where the rubber meets the road. Those are huge amounts of income. Would you expect them to bit the hand that feeds them?

Chris: Well the other thing too I think to go back for a little bit is that we've all been just brain washed and pushed to get mammograms for years. All the shows. We're always hearing it. All the time. It always sounds like it's coming from such an authoritative good place, and sometimes it comes from talk show hosts and people on the news because everybody just is following the band wagon. They're just assuming that's what we should be doing.

Len: Well it's coming from the people who have the most to gain from it economically. It's not about doing what's right. If they're doing what's right, they wouldn't be doing routine mammograms as no other country in the world does by the way with women under the age of 50. They'd be doing the right thing. They wouldn't just be following the dollars that are coming out of big pharma and for example going to the American Cancer Society. The money that goes to the American Cancer Society a lot of time has funneled right through to facilities that are made to enable people that live more than 40 miles away from a place where they could get the chemotherapy treatment possible. So they donate a lot of money, probably six, seven billion dollars for each facility that goes up to the American Cancer Society. Then the American Cancer Society bills what it wants. What that enables big pharma to do is to make sure these women get treated with chemotherapy whether they need it or not based on all the tests that had been done. Even though are 23 facilities and they spent 150 million dollars building them all, the return on investment that they get over a 30-year period is over 100 billion dollars. So the American Cancer Society, they're smelling like a rose. They get money. Big pharma looks like they're doing a good thing

because they give money to the American Cancer Society. Now all of these women, who might have not got treatment, now will get it. Of course that means big return on investment.

Chris: What about the physicians that are recommending it?

Len: To have it. A lot of them are in the mammography industry. I mean who are the people who are complaining. It's the plastic surgeons doing the reconstruction. It's the surgeons doing the surgery. It's the oncologist. It's the radiologists who are doing the business. They all have something to gain from it. There's a conflict of interest. In a society like ours where you follow the dollars and then you see where they go, you find out why people take the positions that they do that don't seem to make sense from a scientific point of view.

Vickie: Because also the only things that are legal to do in California anyway are chemo, radiation, and surgery if you have breast cancer. They don't talk anything about doing alternatives.

Len: But the point is if you follow the dollars you'll see that people who are really making the money first is big pharma. Then you're looking at some of the adjunctive therapies. I mean the mammography industry doesn't want to go away, so they're blowing their horn too. Then everybody who's getting money along the side doesn't want to bite the hand that feeds it. That's probably what's happening at this cancer center in New York as well. They get lots of money for their research; lots of money for a lot of things that they'd like to build and educate that are all pro pharma.

Vickie: One of the things that happens is that often times breast cancer is over diagnosed with a mammogram because many times there are false positives as well as false negatives.

Len: That is such a good point. In fact, that's one of the points that Dr. Brawley made from the American Cancer Society at the start. A lot of these so-called cancers that are diagnosed on a mammogram turn out to be cancers that are never going to do anything to you. They're called ductal carcinoma in situ. Another interesting fact that feeds into that as well is if you do autopsies on women over the age of 50, about 30% of them will turn out to have invasive cancers that were undetected, that weren't doing anything, that might have gone away.

Vickie: They've also done studies that have shown that many times cancers disappear on their own.

- Len: Well that's the radiology study. If you take, and they did, 20,000 women, you follow them for a period of five years, and you do mammograms at the beginning, at year 3, and year 5, you will diagnose about 2,000 cancers. If you study another 20,000 women, which they did, and you only do a mammogram at the end of 5 years, you only find 1,500 cancers. That means 500 cancers went away by themselves. That's a very important number because it tells you that many cancers are getting treated with chemotherapy because we're doing these tests so often. They can over diagnose, over treat it, tremendous expenses, higher death rate, and something that women just don't want.
- Chris: For more interviews with the world's top health and medical experts go to Michael Senoff's [hardtofindseminars.com](http://hardtofindseminars.com). Now Vickie, what are some of the alternatives to mammograms? I know there's other things out there. What else can people look at?
- Vickie: A couple of the things that people have been talking about lately since this controversy has come up is about MRIs and also about ultrasound. But the one that we really prefer and it has been proven and shown to be much more sensitive than mammogram, it has no side effects or anything, and that's breast thermography or mammotherm. We call it that sometimes. Basically what happens when a woman is put in a room that's kind of cool like 68 degrees and we put a fan on the breast to cool the breast down because cancer has something has something that we call angiogenesis, which means that there's a lot of blood supply that goes to the tumor. So when you cool the breast down if there is something that's malignant, it will show up as heat when you do the thermogram.
- Len: It's like a stress test. The normal tissue of the breast will vasoconstrict, meaning all the blood vessels get smaller, there's less blood flow to the normal tissue, but breast cancer has a lot of blood vessels (inaudible)11:11. Those blood vessels stay hot and then they jump at you. It's hard to miss them. In fact that's why we may miss one or two percent of cancers as opposed to 15 or 20% from a mammogram.
- Vickie: See when they do a mammogram on women that you know are under 50 or under 55, many times they have dense breasts. When you do a mammogram it's like looking for a polar bear in the snow. When you do a breast thermography, it pops out at you.

Chris: What are the problems with doing mammograms? What are the risks for women?

Len: Well first of all about one per 1,000 will get a breast cancer. It's not very pleasant to go through.

Vickie: It's very traumatic, and this is one of the reasons why we're talking about this negative side to it, and other people are saying well it's worth it to have a false positive because we're preventing cancer. It's not preventing anyway. It's screening for breast cancer.

Len: Well it gets over diagnosed. That's the real issue. If you're over diagnosing 20 or 30% of cancers, and they go on and have surgeries, radiation, and chemotherapy, now you're talking about a serious imposition on a woman's life. That's a big deal. Not to mention the cost. See what happens is about two percent of people who have this so called ductal carcinoma in situ, about two percent will die from that disease. The other 98% will die with it and not from it. Once you find out that you have that, who is going to not want to treat it so it gets treated. Of course big pharma likes that, the surgeons like it, the people who do the radiation therapy like it. Everybody who's doing anything that's involved because they have something to gain from it is thinking you know we've got to prevent and save every life. But you figure that you have to do close to 2,000 mammograms in women under the age of 50 to save one life, you're spending about \$300,000 okay to make one diagnosis. That's okay. We can afford that. But when you figure that an awful lot of women are also being treated with chemotherapy, radiation, and surgery, now that cost goes up enormously.

Vickie: Plus hormone therapy.

Len: Well that too. Then you look at the fact that these women are sometimes dying from this because of the treatment, there are more deaths in women under 50 in my opinion than there are lives saved. So that's kind of a brash statement, but nobody has put those numbers out there except that we know that it takes 1,904 mammograms to find one cancer and to save one life. It's no big panacea as a great thing to do. Now women over that age, I'm all for it. I think we do save lives. I think it's a good test for older women because it's more frequent there, even though I have to say that women between the age of 40 and 44 it's the leading cause of death and it's where we have the most serious loss of life.

Vickie: The older women don't have the dense breasts.

Len: No. Their cancers are less aggressive and they kill fewer people relatively, even though the overall number of deaths would be higher because of the rate of cancer at age 25, maybe one in 20,000 women can have breast cancer. You get the age of about 70, you're looking at one in maybe 200, or even less. The numbers are different.

Vickie: The thing to me that's upsetting is that we don't hear about it. I keep waiting for them to talk about it when they bring this up on the TV shows and on the radio, besides us, that it should be all over the place. Everybody should be talking about breast thermography.

Len: Well here's the problem. Okay first of all, nobody much spends enough time to learn about mammography, ultrasounds, MRIs, breast thermography, the PET scans, and all the other approaches that could be taken to evaluate people who might have cancer. Nobody takes the time. If you want to take a bold statement like we are, you better read a lot of papers and know what you're talking about, particularly when you're presenting this to the public and a lot of doctors out there listening. I'd like to hear from those doctors, I wish that we could have a call in, that it would be from them, and I'd like to hear the arguments they have. Because the ones that I talk with don't have much to say. They haven't studied it that well. Then when it comes to a new technology like breast thermography, they don't even know what it is.

Vickie: If people are interested and want to learn more about it, they can go to our web site to learn about breast thermography. In fact, you wrote an article called beyond mammography. Is that on the web site also?

Len: Yeah. You can go to [areturntohealing.com](http://areturntohealing.com) and go to the blog. There's lots of interesting articles.

Vickie: But you had more on the [healthmedicinecenter.net](http://healthmedicinecenter.net) web site.

Len: Either one.

Vickie: On breast thermography.

Chris: So what are the benefits of breast thermography?

Len: Well it's accurate. It hardly every misses the cancer, and if it tells you have a cancer, it's right about 90% of the time, much better than what you have with any other test in medicine. It's noninvasive. It is a test of

physiology, meaning it's looking at the heat that's emitted from the breast cancer, which is more than what the surrounding tissues are like, instead of looking at differences in tissue density, which is all the other tests in medicine pretty much do. So it's safe. It's noninvasive. It's accurate. It hardly ever makes a mistake. It doesn't miss cancer as much.

Vickie: The price is competitive with mammograms where as MRIs are extremely expensive. They're in the thousands.

Len: Well not only that. They make many, many over diagnoses. I think the MRI is the best test after you've done a screening test. So if you do a breast thermography on somebody and it shows an abnormality, one of the next things I often think of is an MRI because it's not going to miss anything. You just look at the area that's involved on the breast thermogram. Then you can zero in on what's there. That will give you a good idea what's going on, but if you just screen people with MRIs, you'd have way more false positives than you do with a mammogram, so it would be a good test to use with that. I suggest that women with a family history are at a higher risk of breast cancer, start with a screening at age 25, and you can do that because the test is so good on women that age. But we know the mammogram is so inaccurate and makes so many mistakes in women under the age of 40 that it's not even suggested then unless you really have something like the BRCA gene defect, which is something that is a big problem. But if you do something that gives radiation, like even a chest x-ray, to a woman who has the genetic predisposition or the BRCA gene defect, the risk of cancer goes up 250%. So the mammogram becomes a poor test to do. You can't even do a chest x-ray, which is far less, without increasing that risk of making those genetic defects turn into cancer.

Vickie: Some women even go so far as to get mastectomies ahead of time.

Len: So we've got a test here that is the cat's meow, the way I see it, in many ways compared to the other tests out there. It was approved by the FDA in 1982 as an adjust to mammography, and in the year 2004 it went before the FDA. It got to the last committee for approval, and it was voted down five to four. You think okay four people thought it as good. That's a pretty good start. Five people thought it wasn't. Then you look back at the people who voted against it, and three of them were connected to who? The mammography industry. So what you have there is a collusion, a corruption that is very deep in the FDA. We know about the inadequacies and conflicts of interest between the FDA, the medical industry, and big pharma. This is just another case,

but I mean who would think that would be a fair thing to do when you stack the deck against you with three votes already out of 9, it's any wonder there was only five to four. To me that's a crime. That should be a serious, serious crime against women. Because there are all these women who could be getting this tests that are noninvasive, don't cause cancer, hardly ever make a mistake if they're read by competent people, and we're not. So it needs to be brought forth. There's good data to support it. I did write an article on it that's called beyond mammography, and I'd be happy to send that to anybody who would like to have it.

Vickie: One of the problems was back in 1960 it wasn't as good then as it is now. It's been perfected. I think it got a reputation. I think a lot of doctors have not realized how it's improved since 1960.

Len: Yeah. They reflexively throw it out thinking it's been studied, it was no good at that time, and so why do it. But I mean you can go back to the mammograms in the 1960s when the risk for getting cancer was increased like 30% because they were using such big doses of radiation. I mean things change, and you have to adapt to that. Breast thermography and the breast imaging scanners have improved tremendously too. They measured to better than 1/20th or 1/50th of a degree centigrade. Talk about sensitivity. The patterns that you see are like a thermal finger print. They're very accurate, give you good information, and give you reliable results if you have somebody who knows how to read it. There's a lot of training that needs to go into that. I will admit that. We need the radiologists to learn this technology, and I think they're the best ones to do it. I would like to incorporate that into what they do as one more tool, one more way to look at women who might have something as a serious cancer in their breast and maybe differentiate those cancers that are benign from those are really malignant. The reason I say that is because the cancers that are hot, the ones that have a lot of vascularity in them, a lot of circulation, a lot of vessels, those are the ones that the mammogram misses a lot of the time, but the breast thermogram never hardly ever misses. The ones that aren't vascular, that are not dangerous, that are slow growing, very often the breast thermography won't pick those up. So you've got a selective tool here. It's beautiful for trying to pick up those that you want to pick up and not picking up the ones that you don't want. You can't say that about any other test in medicine that screens for breast cancer.

Chris: I'm Chris Costello reporting for Michael Senoff's [hardtofindseminars.com](http://www.hardtofindseminars.com). And there's no side effects?

Len: Zero. Nobody touches you. We measure the infrared light that your breasts emit, and we pick that up. The only thing that we do is cool the breast down to 68 degrees with fans that blow cool air on the breasts.

Vickie: Nothing hurts. Nobody touches you.

Len: It's private. It's an easy, affordable, simple, reliable accurate test.

Chris: Now you've brought up this thermography, which is really interesting. Sounds like technology that isn't being used that much to diagnose breast cancer.

Len: That's right. We use the standard things that everybody assumes are fine and we're comfortable with. So we did the mammogram or sometimes the ultrasound. If it gets really complicated an MRI with dye. Those are tests that can work pretty darn well for women over the age of 50 or 55. For women under the age of 50 there's a lot of controversy about it and a lot of reason to think that we need a new test. That's why this whole idea of breast thermography is one that we're pushing forward.

Vickie: I think that it's great when people listen to shows like this so that they can learn outside the box because so often we're just taught a certain way to do things. Knowledge is power. The more we know and the more we learn we can take care of ourselves, be responsible for ourselves, and ask our doctors about things like this. Educate them about it, send them to web sites to learn about it, or tell them to just do a Google search.

Chris: So Vickie with thermography what is the process like? Have you experienced it yourself?

Vickie: It's just in a cool room that's 68 degrees and they put these fans on you.

Len: On your breasts.

Vickie: Cool them down a bit. Pretty private. You know it doesn't hurt. There's no radiation involved or anything. Then they just take these thermal images of it.

Len: It's just a thermogram, which is heat pattern.

Vickie: There's like a computer screen in the room. The technician she has her back to you and she's just reading the images.

Len: Well it's a pretty sophisticated technology. I don't think a physician would just do that. You can have somebody take them, a technician do it, but they should be sent out to somebody who's well trained in reading them. That's one of the problems that we have to admit are there. We need people like radiologists that are well trained to do this technology. If they just pick it up because it is an FDA-approved process and start using it in their practices, a lot of women would appreciate that because it gives you more information that what you get with just the standard tests that are done. It just happens to be better for women who have very dense breasts, particularly those that have fibrocystic breasts, under the age of 50. Yeah. It doesn't cause cancers, it doesn't hurt, it's a safe thing to do, and it's accurate.

Chris: So everybody should be talking about it.

Len: There are probably a few hundred places across the U.S. that are starting to do it, and it's starting to grow because women in particular don't want to do mammogram, and they know that women in other countries don't even start doing this test until they're age 50. If you have any reason to be suspicious that something's wrong, the thermogram, the breast thermography can be started at any age, at age 20 or 25. You get a thermal fingerprint of what that breast is like. Then you follow it over time. As you do follow it over time, you can see what's changing and things that you should worry about or not worry about. Then integrate it with the things that are in the main stream. You may choose to do a mammogram at some point in time depending on the situation, or an ultrasound, or an MRI. We should be working together as teams in an integrative way, supporting all the technologies that we have, and then using the ones that are the smartest depending on what every given situation is. That's what complete doctors do. Well it hardly ever makes a mistake. If you have a cancer, it's going to find it 95 to 98% of the time. If the breast thermography says you don't have a cancer, you don't have one except on rare occasion, so it's pretty accurate. Ninety percent of the time, you're going to have a very accurate result that is not going to be a false negative for a false positive. That's a pretty good track record compared to every other test in medicine with the exception of the biopsy, which is a little too invasive.

- Vickie: So again I think it's really wonderful for women to know that it's a good idea to get like the first one maybe when they're about 25 and then maybe not have to start up again until they're around in their 30s.
- Len: It depends on what it shows. If you find that there's some hot spots there, you may want to repeat it in three to six months. If it's just a normal-looking breast thermogram, you may want to check it again in two, three, or four years.
- Vickie: Because people need to be aware that when they're young, like around 40 years of age, that type of cancer can be very aggressive, although many of them are just the ductal carcinoma in situ. But many of the worst cancers are in younger women.
- Len: That's where the most devastating loss of life is.
- Chris: Do you guys do thermography at the Health Medicine Center?
- Len: We've been doing it for probably six or seven years now, and we haven't had any complaints. Of course we have really good people reading them. I think that's the trick. That's one of the things that the radiologists would have a legitimate complaint about is a lot of people aren't qualified to read them, and they're reading them in ways where they're getting results that are not so good. I think if we turn that responsibility over to the radiologists that would be a great way to start bringing the technology forward. They can do it integratively. Because see the person that reads the breast thermogram, very often that's all they do. They don't know anything about mammograms, ultrasounds, or MRIs really.
- Vickie: That's the problem; I think a lot of times when doctors aren't familiar with something, they tend to negate it.
- Len: That too. If it's new, if they have to change their ways, if they have to spend money, if it's not necessarily as profitable...
- Vickie: More training.
- Len: All those factors come into play. They're busy putting out fires. I mean the doctors are good guys trying to do the right thing. I mean I'm a doctor too, and I think that a lot of our technology and a lot of the things that we do are fantastic. It's just that in this particular case we've come across the technology that's excellent that's being missed by so many doctors because of the old reputation that it had. But things

move along and we have to keep up with that. We have to keep in mind that there are changes that should make us change our mind about it.

Vickie: You know sometimes there's something like breast thermography that's like right in front of your face and you don't see it. It's like they want to spend more money on research to find other ways to detect it, and it's right there.

Len: You're getting back again to big pharma again. Who's the one that profits the most when you over diagnose or you make mistakes.

Vickie: Also, does insurance cover breast thermography?

Len: Some do, but not very many. I think that we'll be seeing changes as people start to look at this more analytically and use a more scientific approach.

Vickie: They'll get stuck thinking that they can only do what their insurance covers, and they're afraid to go outside and go somewhere else to get something done.

Len: There's no question this field needs to grow, and it needs to grow within the medical profession in my opinion. I think we've got the best people there. The radiologists would be perfect to do this. We ought to just see that they get the training, get the equipment, start getting experience, and above all start looking at some of the research that's been published in their mainstream radiology journals because there's a lot of it in their journals that talk about this technology that's very position.

Vickie: Also you know if the lay person learns about this and asks their doctor about it, maybe eventually they'll catch on. Look what happened with directed consumer ads for medications, prescription drugs. People started going to their doctors and asking for these drugs.

Chris: For more interviews on health, mind, body, and spirit go to Michael Senoff's [hardtofindseminars.com](http://www.hardtofindseminars.com). What are the standard fees for thermography?

Len: The average price is between \$150 and \$200. It depends on the facility that's doing it. We don't make a whole lot of profit doing them because the machinery is fairly expensive. You have to send them out to be read. It's almost like it's a public service. But I think it's important to

bring the technology forward so that other people start to hear the words that women realize that this is available to them and the radiologist starts seeing some of them so that they can get the idea "Well how does a thermogram really work? What does it look like? What kinds of patterns should you try and learn about so you know when there's a breast cancer likely to be there or not?" I think it's on the move. I think we're going to see a lot of doctors I think in the near future turning to this because there's a void. What I've noticed as this whole breast thermography scandal has been exposed is that we don't have an answer. There is no substitute. People don't have a way of doing some kind of screening test that will replace the mammogram and really give you any better answers except for this, but it's been like there's dead silence. So we need to talk about it. We need to talk to our radiologists about it. They ought to be reading the article that I wrote that's called Beyond Mammography that I wrote a few years ago that's still totally accurate, that has the references in it that will show the doctors. Yes the studies have been done. Yes it is this accurate. Yes you can include that in your practice. It's going to be one more tool as you can bring this whole industry forward in a way that will be good for everybody.

Chris: Two things I want to talk about really. One is what is going on with the rates of breast cancer?

Len: Well you've got to be careful about how that's interpreted. They're saying that one woman in eight will get breast cancer. That's one woman in eight who lives to age 90. One woman in about 20,000 at age 20 or 25 will get breast cancer. Then it gradually increases as you get older. A lot of that is because we have so many environmental toxins that are causing estrogen levels to be higher; we're exposed to pesticides and different kinds of plastic in the environment that caused estrogen levels to rise. When the absorbs these plastics and pesticides into the human body, it turns them into what are called the xenoestrogen, which are very power estrogens. We know that when you put extra estrogen into a woman that the risk of breast cancer goes way up. That's why all this business on HRT was such a surprise to people a few years ago when they found that was there. So their environmental exposures, their lifestyle in general approaches that are not really respected much. Americans need to learn to take care of themselves. We need to eat right. We need to get enough sleep. You don't get enough sleep; that will cause cancer.

Chris: So Vickie what about lifestyle?

Vickie: Lifestyle is so important in preventing breast cancer or any type of cancer. We've got so much pollution now in our environment and people need to exercise more to help to get rid of some of the toxins, eat healthy food, try to avoid the pesticides, go for organic, whole foods, and not processed foods. Eating the healthy fats and staying away from Trans fats and the unhealthy ones. To get enough sleep is really, really important. Even ingredients in our skin care products are important. So many of those are toxic and they're not even regulated by the FDA. Our skin absorbs things right into the blood stream. It works like if you think about like a patch for example. Think about a birth control patch, a nicotine patch, or you know a blood pressure, pain patch. The reason we use those patches is because it goes through our skin into our blood stream. Another thing that's really important in avoiding breast cancer or any type of cancer really is vitamin D because we need sunlight. We've been trained so much to stay out of the sun because we don't want to wrinkles and we're afraid of getting skin cancer. Then we use these toxic sunscreens that actually when the sun hits them they become carcinogenic.

Len: Yeah. Low levels of vitamin D are a huge problem. There's an epidemic of that. We know that increases the risk of breast, colon cancer, and prostate cancer substantially. There's an epidemic of vitamin D deficiency because we're never in the sun between 10 and 2, which is the only time that UVB rays are there, which is what we need to make vitamin D. It doesn't go through clothes. It won't go through sunscreen. It won't go through glass, fog, smog, or cloud. Take your lunch break in your bikini.

Chris: Yeah, and stress. Stress is a biggie right.

Len: Huge. I mean that changes around a lot of the hormone in our body in a way that's really a problem. So stress is a big thing.

Vickie: That's why you know I think it is one of the biggest causes of disease. That's why the word disease.

Len: Well after being under stress for a couple of weeks your immune system goes south. Natural killer cells that are important in preventing cancer and keeping us well, the levels go way down. The same thing with the loss of just four or five hours of sleep one night. Those natural killer cell levels go down about 30%. So we do have to take responsibility for the way we live our lives and do it in a way that it builds our immunity and it keeps our bodies as healthy as they can be.

Because the strongest defense against getting sick is a strong offense in the way you live your life.

- Vickie: I think another thing too is fighting inflammation. That's another big cause of disease. It sounds weird to say this, but taking care of our teeth, flossing, and having healthy gums has a lot to do with inflammation.
- Len: It's that inflammation that causes all the chronic diseases that we're seeing. It's the final common pathway of hypertension, diabetes, heart attacks, strokes, cancer.
- Chris: Right. Isn't there a fairly easy test that people can take for inflammation?
- Len: Oh yeah. There's several. You can do what's called a sedimentation rate, a fibrinogen level, you can do a C reactive protein, and then there a whole bunch of sophisticated tests that measure things that are called cytokines, but they start getting a little more expensive. Those are just rough screen. The best test that you can take is the practical one where you taken an inventory of what you're doing. Do you exercise every day? Do you eat a lot of fruits and vegetables? Do you get eight hours of sleep? Are you stress free? Do you weigh what you should? Do you have a purpose in your life?
- Vickie: You know the other thing that we didn't mention is alcohol. Alcohol increases the risk of breast cancer.
- Len: As does smoking.
- Chris: So there's a lot of things that you can do to prevent it. We've been talking about thermography. One of the questions I had also is does that also diagnose other cancers?
- Len: It can, but it's not popular, and it's not well studied in this country. There are studies in China that are pretty good that way, but they haven't made it to the mainstream here. I think that it would be overly aggressive to try and do that now.
- Chris: I want to remind people they can check out [areturntohealing.com](http://areturntohealing.com) if they want to find out more about the Saputos' work in the Health Medicine Forum and the Health Medicine Center. Thank you guys so much for being with us.

Vickie: Thank you.

Len: Thanks, Chris.

Chris: That's the end of our interview, and I hope you've enjoyed it. For more great health-related interviews, go to Michael Senoff's [hardtofindseminars.com](http://hardtofindseminars.com).