

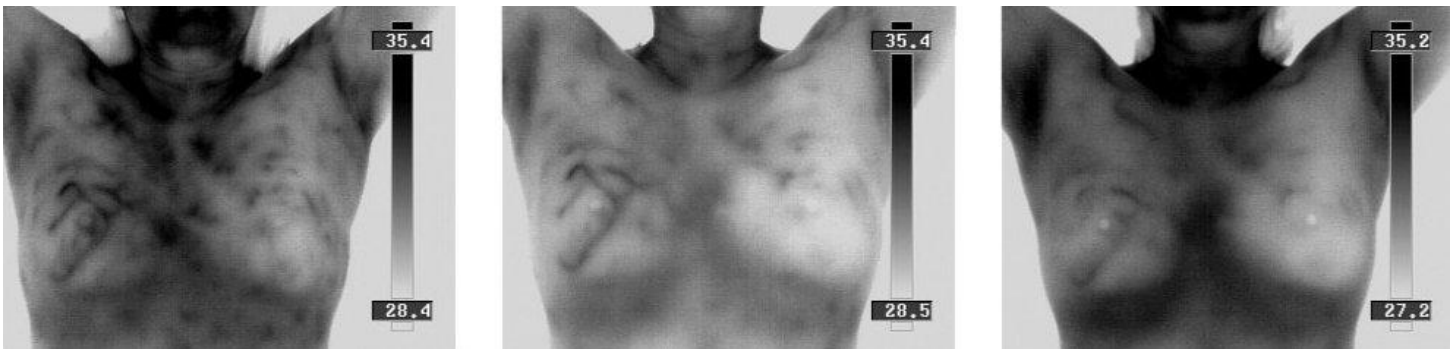
## BREAST THERMOGRAM CASE STUDIES

The following 11 pages of case studies were done by Tirza L. Derflinger, MBA, CTT  
of the Thermogram Center of Colorado

Tirza is a trailblazing pioneer and breast health expert

### Examples of Improvement for a High-Risk Client

This 43 year old client had no breast complaints and had recently had a normal mammogram. Her initial breast series included the thermogram at left, which includes an assymetrical vascularity in the right breast. The thermal findings associated with this vascularity contributed to a right breast rating of TH 5. (For more information on Thermobiological risk ratings, please visit the "[Understanding Thermobiological Risk](#)" page.)



As a result, she obtained further evaluation by ultrasound and MRI; both exams were normal.\* Pro-actively supporting her health opting to improve and alkalize her diet, do emotional cleansing, clear lymphathic congestion, cleanse parasites, etc. She lost 15 pounds in 3 months. The thermogram in the middle resulted. Note that there are no signs of new blood vessels in the assymetrical vascularity in the right breast, and decreased vascular dilation overall.

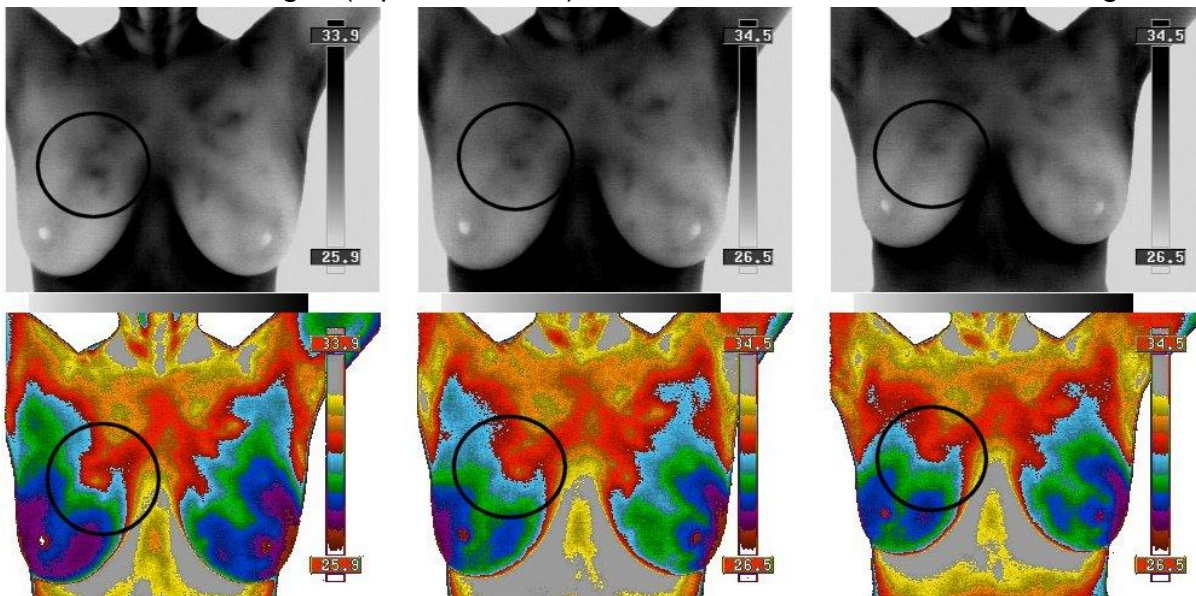
Continuing to focus on optimizing her breast health, **the thermogram at right resulted after another 6 months, indicating continued decrease in vascular dilation.**

## Signs of Improvement for a DCIS Client

This 65 year old client felt a palm-sized lump in her right breast. Following an abnormal mammogram and ultrasound, she underwent biopsy and was diagnosed with DCIS (Ductile Carcinoma In-Situ).

Three months after diagnosis, the client obtained thermal imaging. Her initial breast series includes the leftmost set of images (top and bottom). The thermal finding circled may have been caused by an inflammatory reaction to the cancer. The thermal findings associated with this breast contributed to a right breast rating of TH 3. (For more information on Thermobiological risk ratings, please visit the "[Understanding Thermobiological Risk](#)" page.)

The middle set of images (top and bottom) resulted four months later, and the rightmost



images resulted six months after that. Each set of images indicates less thermal activity at the cancer site. The rightmost images were a part of a breast series that resulted in a right breast rating of TH 1, suggesting improvement.

After her diagnosis, this client reports that she worked aggressively on health and lifestyle to address her DCIS: she detoxified her body across four levels, including emotional and physical; she became alkaline (versus acidic); she increased sleep and exercise; she cleared her lymphatics; and she mediated and prayed.

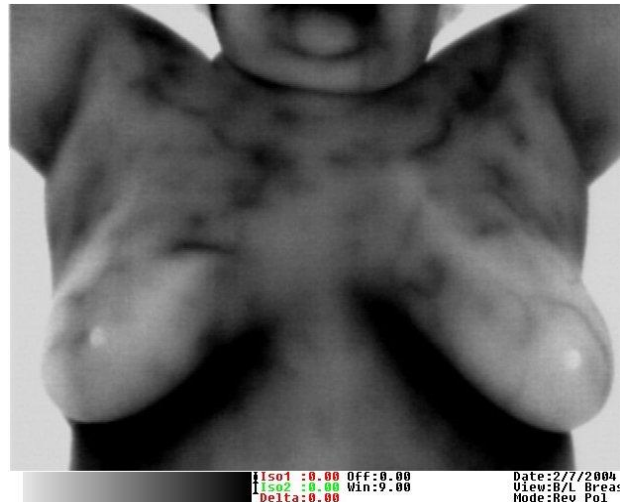
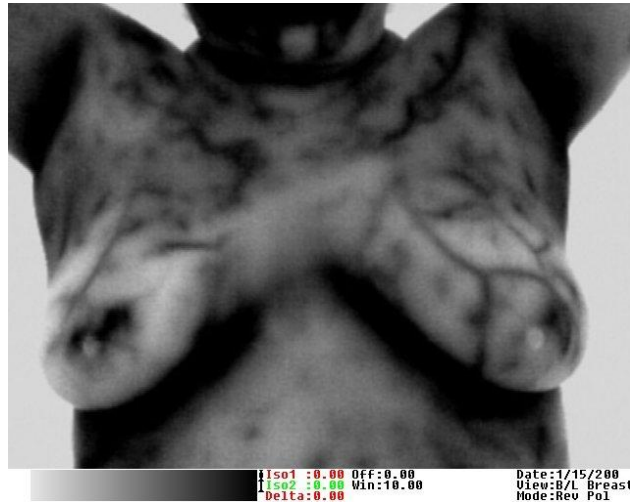
By way of subsequent mammogram, MRI, and Body Scan (bio feedback), she learned she had successfully eliminated the DCIS.

**Her success inspired her to record her journey for the benefit of others and is available in the form of a book through Amazon.com: "A Story of Grace".**

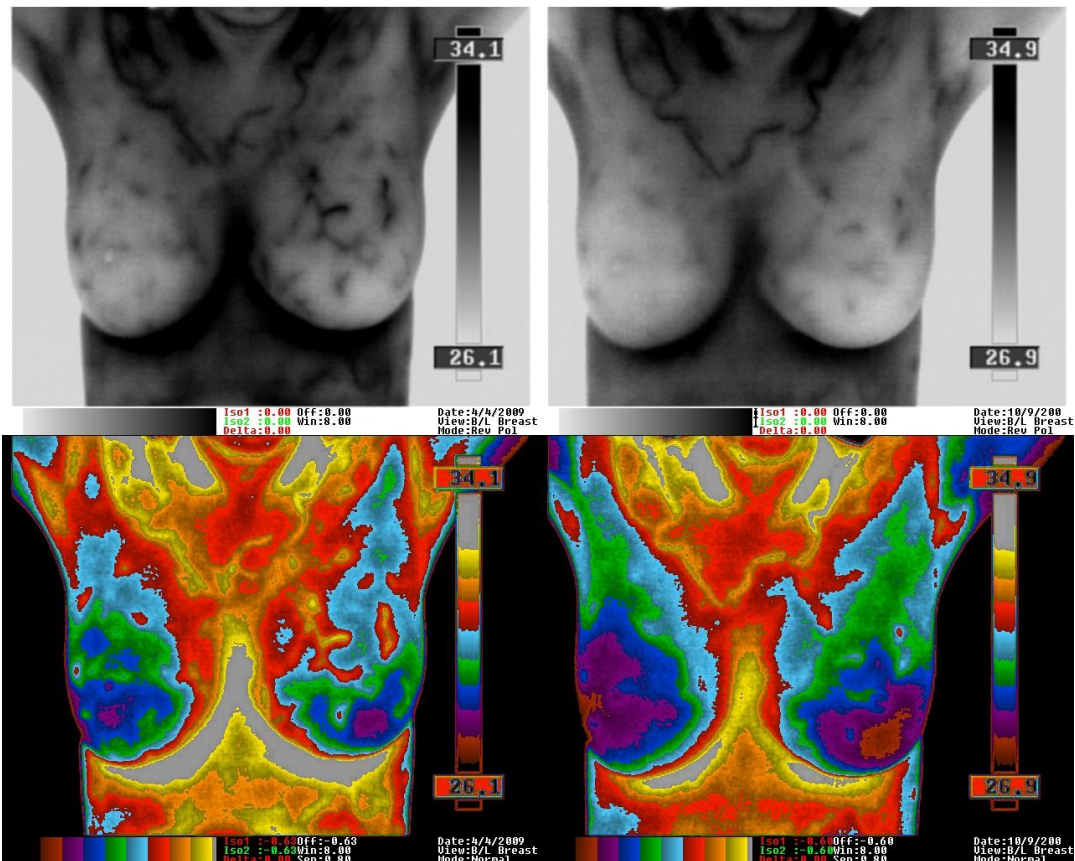
## Conspicuous Vascularity and Estrogen Stimulation

Note the extensive vasodilation in the left image. **The right image followed 3 months of nutritionally-based estrogen metabolism support.\*** Note the significant reduction in vasodilation, suggesting a decrease in estrogen stimulation. Her Hormonal Grade decreased from 3 to 1. For more information on this subject, please visit the "[Understanding Estrogen Stimulation and Hormonal Grades](#)" page.

Your interpretive report includes a thermobiological risk rating for each breast (For more information on this subject, please visit the "[Understanding Thermobiological Risk](#)" page.) and a Hormonal grade to assess the level of vascular dilation, which increases with estrogen stimulation in the breasts. This information may be important given that excess estrogen stimulation creates more favorable conditions for tumor development and because breast tissue can hold many times more estrogen than levels revealed in typical blood tests.



## Significant Improvement after 6 Months



This 54 year old obtained breast thermography, mammography, and ultrasound in April 2009. While her mammogram and ultrasound were normal, the leftmost images resulted from thermography and indicate asymmetrical findings in the upper left breast i.e. localized inflammation.

Her thermobiological risk assessment resulted in **Right: TH2 and Left: TH4**.

In addition, the mottling (conspicuous findings distributed throughout the image) suggest the possibility of systemic inflammation. (See below for more examples consistent with systemic inflammation.)

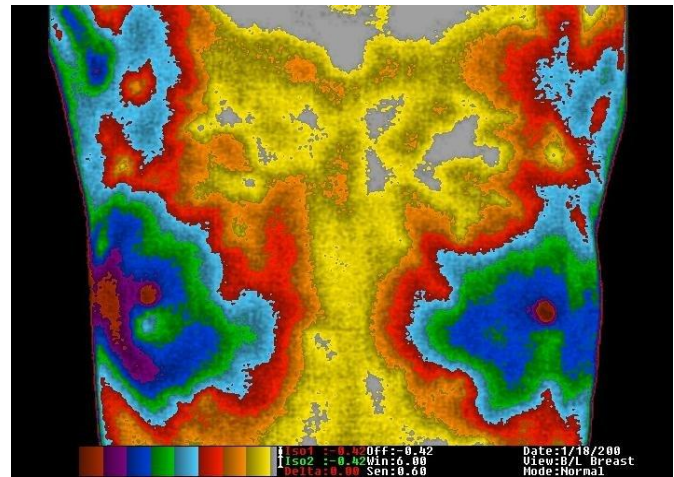
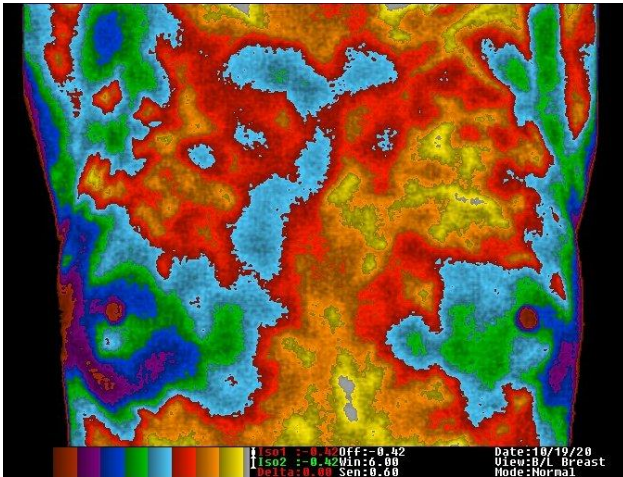
The rightmost images resulted 6 months later. In between her exams, she made lifestyle and dietary changes.

Can you see the significant improvement in the symmetry of thermal patterns between the breasts ?

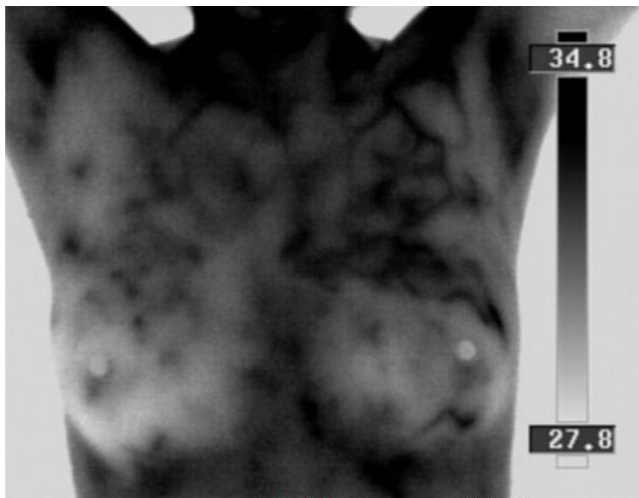
Can you see the significant reduction of thermal findings in these images, particularly in the upper left breast?

Her thermobiological risk assessment resulted in **Right: TH2 and Left: TH2**.

This means that her left breast thermobiological risk decreased from a level of "high risk", to a level of "low risk".



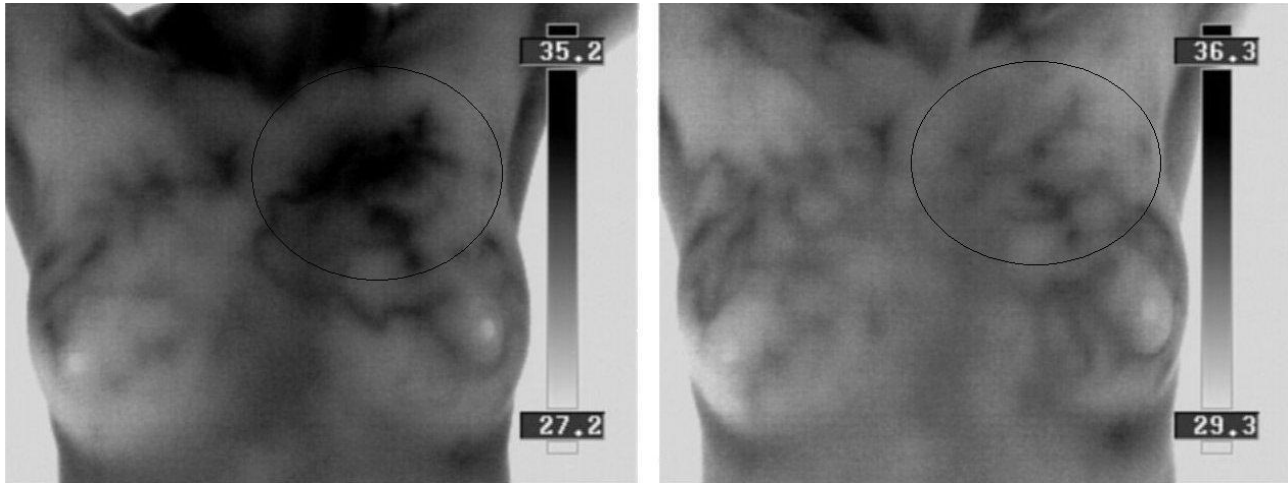
This 40 year old female experienced swollen and painful breasts with several large fibrocysts. After 2 months of treatment involving nutritional support for hormonal balance and optimal estrogen metabolism, her fibrocysts and symptoms drastically diminished.\* Note the improved symmetry in colors and thermal patterns from the left to right image.



These images are from the same female, above. The left image was acquired in 2005. Note the intensity of the color black, representing heat, and greater intensity of heat in the left breast (on the right side of the image). The right image was acquired in 2009. Note the reduction in overall heat intensity and the increased symmetry in thermal patterns between the breasts.

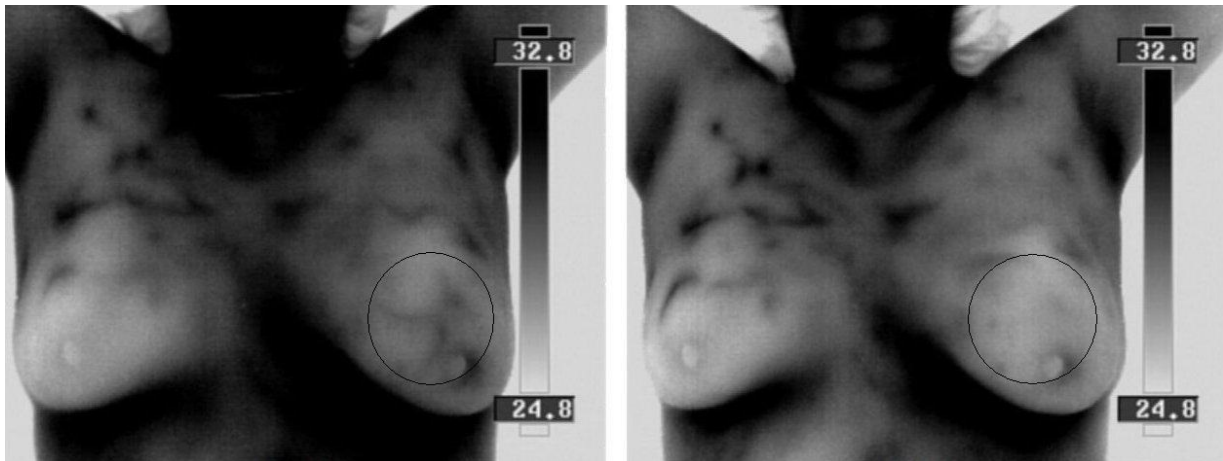
**In the four year period in between these images**, this client emphasized cleansing/detoxing of the body, particularly the liver and colon, while emphasizing a nutrient-rich vs. calorie-rich organic diet. She reports that she has lost weight, feels great, and believes she has less systemic inflammation.

## Localized Vasculature and Lymphatic Congestion



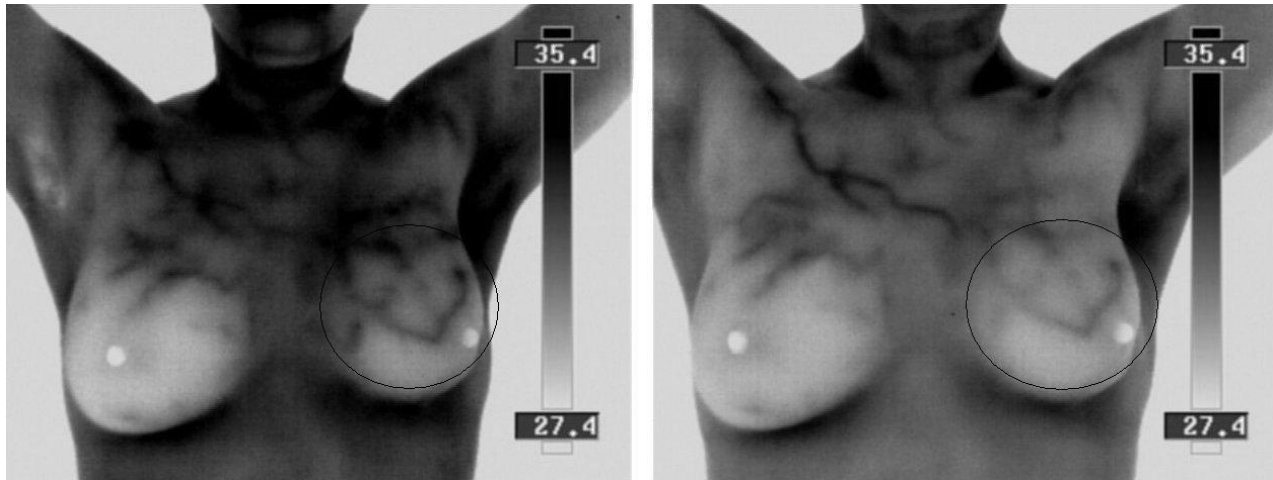
This 54 year old client had no breast complaints, and was post menopausal. Her initial breast series included the thermogram at left, which includes an assymetrical vasculature in the left breast, circled. The thermal findings associated with this vasculature contributed to a left breast rating of TH 4.

Because the client was already working with an acupuncturist and suspected lymphatic congestion, she asked her acupuncturist to focus on clearing the left breast.\* **The thermogram at right resulted 5 months later.**



This 41 year old client had no breast complaints. Her initial breast series included the thermogram at left, which includes a vasculature in the left breast, circled. The thermal findings associated with this vasculature contributed to a left breast rating of TH 3+.

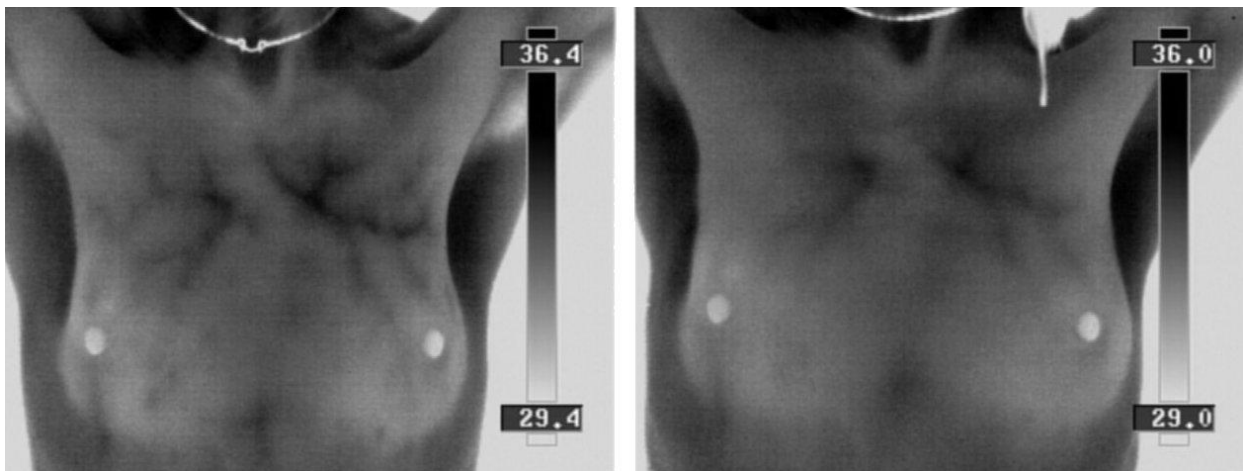
The client focused her massage therapist and acupuncturist on the left breast, and an exercise regimen was initiated - all to address possible lymphatic congestion.\* **The thermogram at right resulted 3 months later.**



This 50 year old client had cancer surgery/treatment in the left breast in 1998. She had no current breast complaints. Her initial breast series included the thermogram at left, which includes asymmetrical vascularity in the left breast, circled.

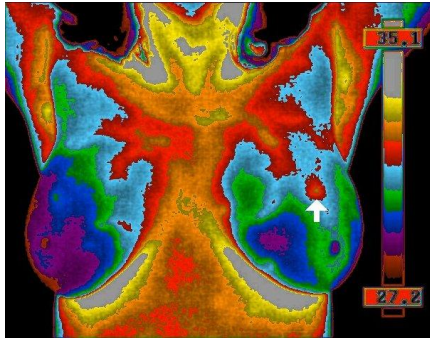
The client initiated a mini-trampoline bouncing regimen to address possible lymphatic congestion.\* The thermogram at right resulted 7 months later.

### Conspicuous Vascularity and Systemic/Chronic Inflammation



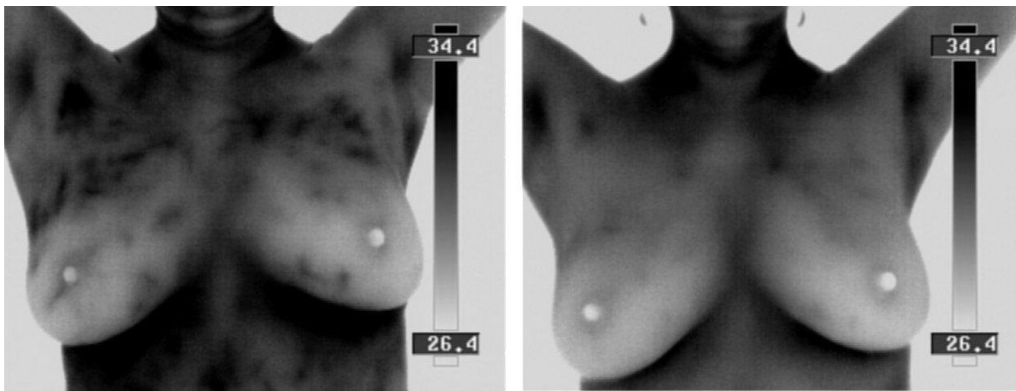
This 57 year old client reported being fibrocystic with calcifications in the right breast. Her initial breast series included the thermogram at left, which includes conspicuous vascularity throughout the image.

The client removed gluten, white flour, and most non-organics from her diet to address dietary sensitivities and any resulting chronic inflammation.\* **The thermogram at right resulted 14 months later.**

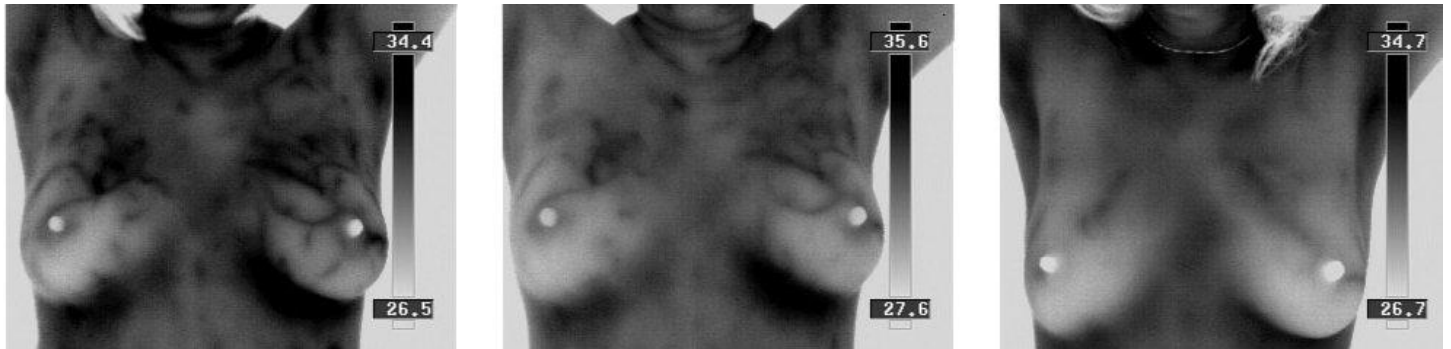


### Breast Fibrocyst Example

This thermogram is of a 47 year old client already diagnosed with a simple fibrocyst in the upper left breast. The thermal finding at left (as indicated by the white arrow) is consistent with inflammation that can be associated with such a cyst. Note the absence of "hypervascularity" which typically accompanies active breast cancers.



This 58 year old client had no breast complaints. Her initial breast series included the thermogram at left, which includes conspicuous vascularity throughout the image. The client removed white flour and white sugar from a "strict" diet, in part to address dietary sensitivities and any resulting chronic inflammation.\* **The thermogram at right resulted 6 months later.**



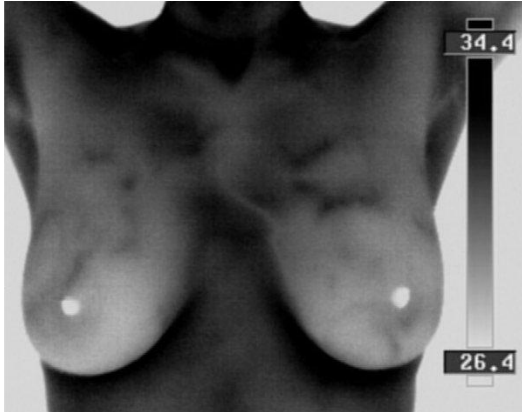
This 47 year old client had no breast complaints. Her initial breast series included the thermogram at left, which includes conspicuous vascularity throughout the image. The client initiated a gluten-free diet to address dietary sensitivities.\* The middle thermogram resulted 5 months later. Continuing to optimize her diet, the thermogram at right resulted after another 18 months.

**Her Thermobiological Risk Ratings improved from R -TH 2, L -TH 3+ to R -TH 1, L -TH 1.**

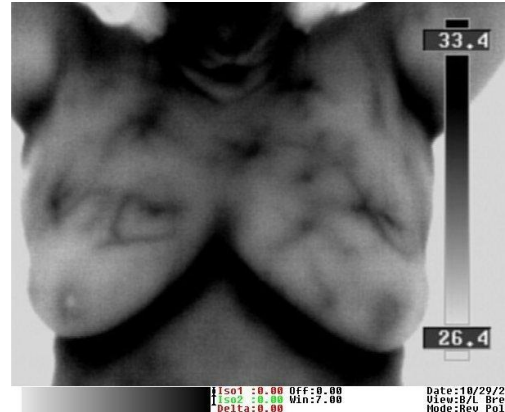


## Hormonal Grades

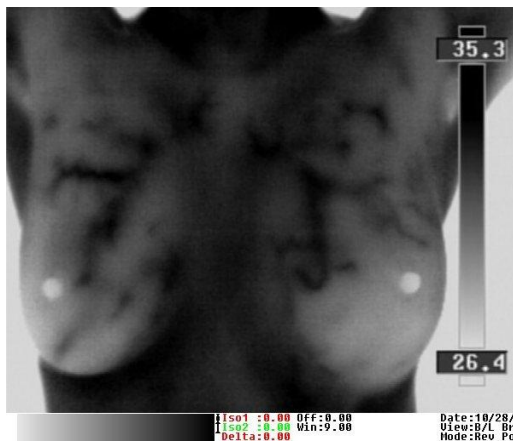
The Thermogram Center uses Hormonal Grades (formerly Vascular Display Grades) to assess the level of vascular dilation in the breasts, which increases with estrogen stimulation:



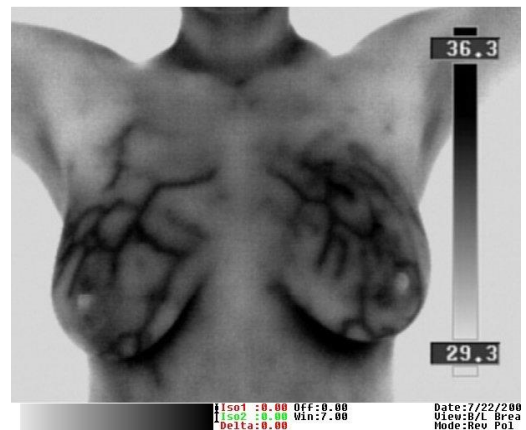
Grade 1



Grade 2



Grade 3



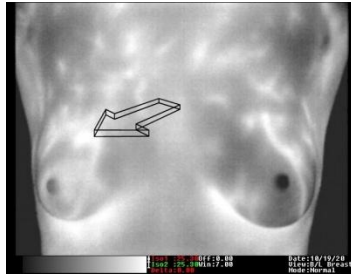
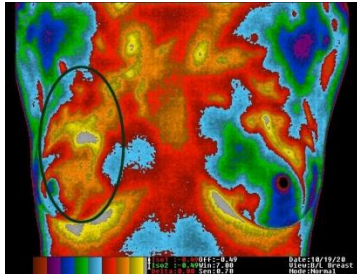
Grade 4

**Grade 1** is commonly seen in postmenopausal women, while **Grade 2** is commonly seen between puberty and menopause. **Grade 3** is commonly seen with HRT, birth control pill use, hormone imbalance, and large breast size. **Grade 4** is commonly seen in lactation, pregnancy, and exogenous estrogen usage.

***Since there are many factors that can contribute to increased blood flow to the breasts, it is important that clients consult with an informed and qualified health provider to correlate thermal findings with the client's particular situation before deciding on any course of action.***

**The Following Images Indication the Importance of Utilizing Breast Thermography beginning in your 20's**

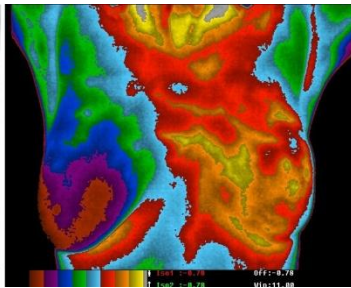
**Breast Thermography could have alerted these patients to physiological changes years before they were diagnosed with cancer.**



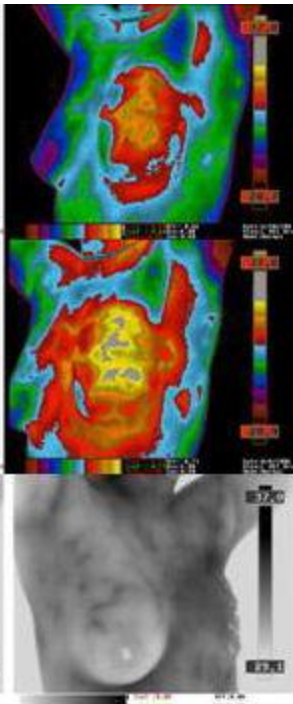
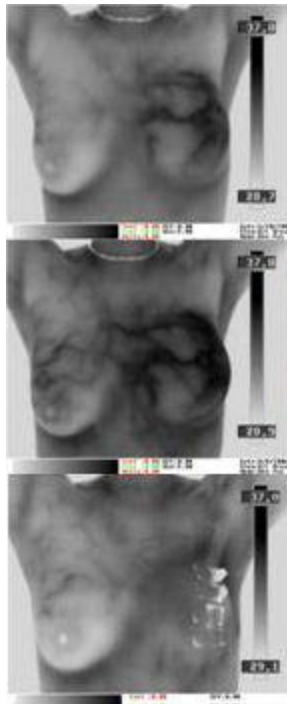
**Thermal Imaging Helps Clients Obtain Breast Cancer Diagnoses in Spite of Normal Mammograms**

This 35 year-old client had a normal mammogram the month prior to thermal imaging. With a thermal imaging report including high thermobiological risk in the

right breast, the client requested a biopsy and discovered Stage I cancer with a 1cm lump, a second smaller lump, and lymph node involvement. Chemotherapy was initiated.\*



While this client's mammogram was normal, her thermogram indicated highest thermobiological risk, TH5, in the left breast. While initial follow-up by her breast doctor revealed nothing abnormal, her doctor diagnosed breast cancer many months later - after an MRI.\*



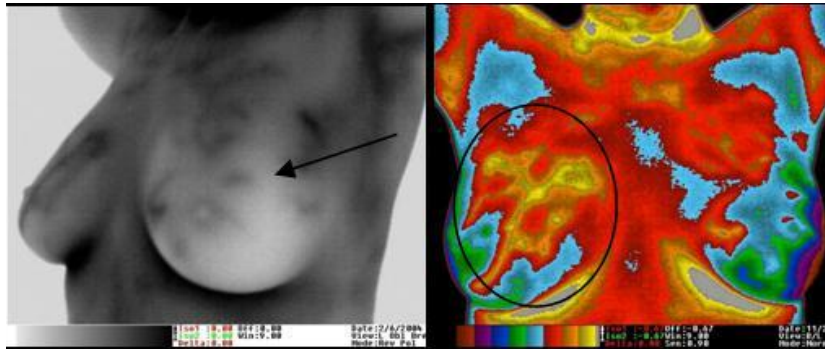
**Thermal Imaging Helps Client Decide on Course of Action**

After being diagnosed with breast cancer\*, this 31 year old opted for non-surgical treatment. The top images reveal the blood supply supporting the cancer shortly after diagnosis by biopsy.

The middle images reveal the blood supply supporting the cancer less than 6 weeks later. Because the client suspected the tumor was growing and because of the obvious increase in its blood supply, she decided to follow the advice of her breast doctor and obtain a mastectomy.

After her mastectomy, she continues to use thermal imaging to monitor the remaining chest wall and breast.

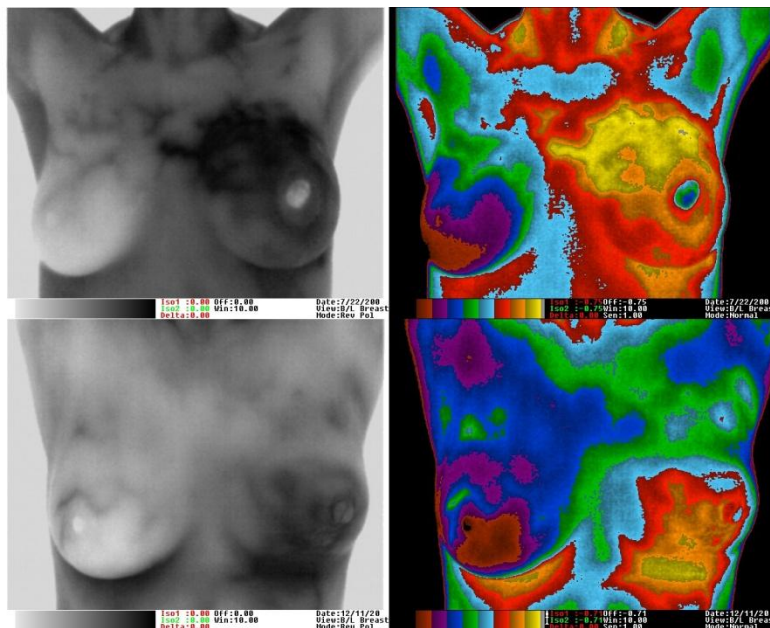
## Other Breast Cancer Examples



This client and her doctor were considering biopsy of a suspicious mammographic finding in the location of the arrow at left. The TH rating for this left breast was TH 2 (low risk) while the right breast was TH 4+ (between high and highest risk). They decided not to conduct the biopsy and have shifted their focus to the

right breast. Since there are no mammographic findings in the right breast, they have initiated intervention strategies and are monitoring this breast for change with the hope that early intervention may reverse her risk.

Below are Thermograms of clients already diagnosed with breast cancer. The left images indicate the highest temperatures in black, while the right images indicate the highest temperatures in orange, yellow, and white.



The top images are of a client with inflammatory breast cancer in the upper left breast. The bottom images are of a client with a 2mm cancer in the lower left breast. Do you see the extensive blood supply to these areas?

**\*NOTE:** While these clients may have been imaged at The Thermogram Center with the images analyzed/interpreted by its interpretive service provider, any treatment and/or diagnoses obtained by the client were through his/her health provider(s).