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## Computer Regulation Thermography

by author Garrett Swetikoff, ND

*Thermography* simply means measuring heat. Even in former times, physicians used the back of their hands to feel particularly hot or cold regions of a patient's skin and to determine the health of the organs beneath.

Today, we are in a position to use this ancient experience with the help of modern technology.

The use of thermography for medical imaging began in 1962. Detection of early breast cancer was its first medical use. In fact, between 1974 and 1976, the National Institutes of Health (NIH) required the use of thermography in their large-scale, breast cancer detection project. But, as complete diagnostic criteria were undeveloped at that time, the NIH dropped thermography from its program and shifted all attention to mammography.

Although there are other methods of thermographic imaging, computerized regulation thermography—the focus of this article—has the advantage of assessing multiple organ systems, not just the breasts. As with any diagnostic tool, follow-up evaluations using other techniques may be needed to obtain the highest diagnostic precision and accuracy.

Thermography measures body heat in targeted areas as delivered to the skin. Each area of the skin is connected with internal organs through a neural reflex arc via the spinal cord. This is why, for example, heart diseases will produce superficial sensations on the skin of the neck region, left arm and left chest wall. Therefore, the regulatory pattern of the skin represents the functional state of the corresponding organ.

The thermography device converts heat energy on the skin into electronic data signals displayed on a computer monitor. Unlike the X-ray, it does not send out rays to penetrate body tissue to produce an image. It simply registers skin-surface temperature. By studying skin temperature patterns, a doctor gains a direct index of metabolic activity in various body parts. Responses to stress stimulus show up in a CRT scan as normal, inflammatory (over-reactive), degenerative (under-reactive) or blocked (no response). Subsequent scans can monitor and demonstrate the progress of treatments as blocked areas become un-blocked or degenerative/inflammatory areas become normal.

### The Procedure

You will sit in a fairly cool but not uncomfortable room for 20 to 30 minutes. The technician will then take the first measurements using the gentle touch of a temperature probe on particular points on the face and neck. You will be asked to remove your clothes with the exception of underwear, which will induce a physiological response by the whole body to the "stress" of the cool room air. The technician quickly takes the remainder of measurements on your chest, breasts, abdomen and back. You will be asked to sit as you are, exposed to the room air for an additional 10 minutes.

According to clinical research, it takes about 10 minutes for the body to stabilize and acclimate the regulatory changes from the internal organs onto the skin. The measurements are then repeated and the test is concluded. A computerized readout of the regulatory effects before and after the cool stress is printed out. This details how your internal organs and their neurological control systems reacted.

In difficult cases, we often find information about as yet undetected diseases that may later produce dangerous consequences. These thermal changes are often the first signs of functional disturbances. Even young people feeling perfectly well can be informed about weak spots in their bodies on the basis of their thermogram.

Thermography represents a true "preventive medicine" that helps avert disease and also provides a valuable aid in monitoring the progress of ongoing therapy and recovery.

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