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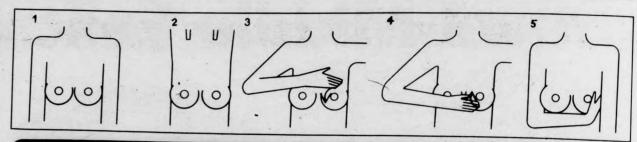
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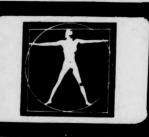
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Harbinger's Column by Sue Kaiser



Harbinger is York University's peer counselling and referral service. Drop in at 214 Vanier residence, or phone 667-3059 — 3632.

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Tits. Knockers. Boobs. Chest. Known by many names and euphemisms, breasts are one of our most powerful sexual symbols. And with all the cultural preoccupation with size, shape, proportion and display (of our own breasts or someone elses) come strong taboos which help define our relationship with these breasts (our own or someone elses).

Prevailing norms confine touching breasts to the bedroom. It's okay within the context of sexual encounters. Lovers touch and caress your breasts, and once a year doctor gets to do it (which makes lots of women uncomfortable).

The upshot of years of cultural conditioning is that most women don't fel right about touching their own breasts. It's as if breasts have status only as sexual symbols, and are disassociated from the rest of your body.

But breasts are functioning parts of our bodies that need health care attention. They are composed of different types of tissues, mostly fatty tissue and milk ducts. The muscles around the breast are their main support — breasts have no muscle structure themselves. Breasts are affected by hormone changes in the body, most noticably building up fluid and fibrous tissue each month in preparation for possible pregnancy.

When conception does not occur, the escess fluid is drained through the lymph system, and reabsorbed by the body. Often, these fluids are not drained completely, and lumps may form. 80 per cent of lumps noticed in the breast are caused by this retention of fluids. These lumps called cysts or fibroadenomas are usually round and move fairly freely under the skin. They are not cancerous. Quite often, they disappear after a month of so. If, when doing regular breast self-examination (BSE) you noticed a lump which stays around for more than a month, you should get your doctor to check it.

At first, BSE should be done every few days for the first two months, so that you get to know how the structure of your breast feels at all parts of its cycle.

Later, it should be done once a month, about a week after your period. Below is a list of steps to follow for complete self-examination.

When you go to a doctor, be sure to get both a breast examination and instruction in BSE if you don't already do it regularly. Once a physician has examined your breasts, don't assume that you are protected until your next visit. To be effective BSE must be done monthly. You are the only one who can keep track of the changes in your breast tissue. Most breast cancers are discovered by women themselves, rather than by doctors.

Men are affected by breast cancer also, and should make a habit of noticing any changes that occur in the nipple, or in the skin around the nipple. If lumps or changes in skin texture or any discharge from the nipple occurs, get a doctor to investigate.

1. Sit or stand in front or mirror, with your arms relaxed at your sides. Check your breasts carefully for any changes in shape, for puckering of the skin, for a flattening or bulging, or any discharge from the nipples.

2. Raise your arms over your head, and check for the same things.

3&4. Lie down. (On a bed or couch, or in the tub with soapy fingers.) Raise your right arm above your head, or put your right hand under your head, with the elbow lying flat. Feel your right breast gently and firmly with the fingers of your left hand held together flat. Press with small circular motions, covering the whole area. The most common location of tumors is between the nipple and the armpit, so give special attention to this area. Any lumps or thickening of the tissue should be noticed. On the lower part of your breast, there is a ridge of firm tissue. This is normal.

5. Now bring your left arm down to your side, and still using the flat part of your fingers, feel under your armoit

6. Use the same procedure on your left side. Remember to go slowly, covering one section at a time.



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