



## THE BABY & THE BATH WATER – some thoughts on

### Aspirin.

by Lynn Hinderliter CN, LNC

As a young woman, I went to a wonderful revue called “At the Drop of a Hat”, with a lot of very English Humor. I never forgot Michael Flanders’ remark “all I know about babies is, that if you put one in a bath and it turns red, the water is too hot for your elbow”.

So what? Well, I always remember this when I hear people being warned not to take **Garlic, Tomatoes, Fish Liver Oil, or Ginkgo, Chamomile, or Vitamin E, or Bromelain, or Nattokinase** (or whichever of the other natural remedies that also has blood thinning properties), along with their aspirin or coumadin/warfarin.

I’ll say one thing, at least ceasing to take the nutrients on the list above will not CAUSE a heart attack, whereas recent French studies (Dr. Emile Ferrari, of University Hospital Pasteur in Nice, France) have found that of 1236 patients who were in hospital for cardiovascular related conditions, 51 had heart attacks or other severe events within one week or less of stopping the aspirin. If you start taking aspirin, prepare to take it for life, and just hope that you don’t need surgery or dental work in the meantime!

Before we consider that warning, first, let us also consider the fact that science is no longer the pillar of disinterested research it once was: to quote the New York Times—“*rare is the disinterested researcher.*” Quoting again (Krimsky of Tufts University according to Creedon of the Utne Reader) “*a private company will probably buy an entire university some day; in the meantime, it’s one professor at a time.*” He’s not far off, considering that **Harvard Medical School** is considering loosening its regulations governing the financial ties between faculty researchers and private drug companies, a process whose outcome could help set the tenor and pace of medical research here and around the country for years to come. Strangely enough, this policy review comes at a time when three of the big drug makers are moving significant portions of their research operations to the Boston area, hoping proximity to Harvard’s world-leading medical school will result in new, profit-making drugs.

Next, let's take into account the fact that, according to a 1999 study from the Inst. of Medicine, National Academy of Sciences, the number of patients who die annually from medical errors ranges from 44 to 98 thousand. Thirdly, bear in mind that *"much, if not most, of contemporary medical practice still lacks a scientific foundation"* (Dr. Grimes, San Francisco School of Medicine) Incidentally, we don't hear the aspirin manufacturers warning us that aspirin blocks the entry of Vitamin C into cells which could potentially mean a deficiency of Vitamin C at the cellular level – in my opinion a serious problem.

To recapitulate, much of the advice we are receiving from the medical world is the result of questionably honorable research results, riddled with errors, perhaps not supported by irrefutable evidence, and muddled further by profit motives.

Consider also the research suggesting an increase in pancreatic cancer (<http://www.medicinenet.com/script/main/art.asp?articlekey=24993>) with aspirin use, and Dr. William's claim that it increases the risk of macular degeneration. [http://www.drdauidwilliams.com/order/new\\_health\\_breakthroughs/page\\_7.asp](http://www.drdauidwilliams.com/order/new_health_breakthroughs/page_7.asp)

I recently came across some facts about the original research done on aspirin which reinforces these facts. The authors of the 1988 report concluded by saying that the public should **not** start taking aspirin to prevent heart disease. Anybody hear about that conclusion? I don't think so! Why? Because the results were incompletely reported in the Press, and the large manufacturers of aspirin began immediately to capitalize on them.

#### their reports:

*... had a heart attack or stroke or cancer were excluded from the study, as were those already taking aspirin, or intolerant to it. ... representative of the average American male: for example, 29% of American men smoke, but only 11% of those in the study did. ... claiming that **more strokes** occurred in the treatment group. Only 2 news stories in all warned readers of the consequences of aspirin use, i.e. ... re did they mention a New England Journal of Medicine article where British Doctors found that aspirin had **no** effect on heart attacks, bu*

**In fact, you might say, don't take aspirin, drink cocoa! Or dark beer!**

– <http://news.bbc.co.uk/2/hi/health/3266819.stm>

Dr. Norman K. Hollenberg, of Harvard Medical School in Boston, reported that Kuna Amerinds, an indigenous group residing in isolated islands off the coast of Central America, have a high salt intake but do not experience increasingly high BP with age. However, when Kuna natives migrate to urban areas, they develop hypertension that is unrelated to obesity.

It turns out that indigenous Kuna consume an average of **5 cups of relatively unprocessed cocoa per day**. The renal plasma flow and GFR, as well as urinary nitrate-to-nitrite ratio, are higher in indigenous Kuna than in their counterparts who move to urban areas, a pattern consistent with nitric oxide synthase action.

Dr. Hollenberg's team tested cocoa levels in residents of Boston and found that renal plasma flow and GFR increased following consumption of the flavonol-rich cocoa.

Further supporting the vascular effect of a nitric oxide mechanism were the findings reported by Dr. Carl L. Keen of the University of California at Davis. His team's research, presented for the first time here at

the AAAS, compared the effects of low-dose aspirin and a flavonol-rich cocoa drink. The reduced platelet aggregation was similar in both test arms.

“We saw lower concentrations of lipid peroxides and malonaldehyde after subjects drank the cocoa,” Dr. Keen told Reuters Health. “These findings suggest that flavonol increases the body’s oxidative defense, and does so with a mechanism different from that of aspirin.”

*Or consider the research on an extract of fermented soy called **nattokinase**. It would appear that persistent inflammation (triggered by viruses, bacteria and even toxins) causes the formation of a protein called **FIBRIN**, which is implicated in blood clots. A Dr. Sumi, in Japan, has recently made the discovery that an enzyme in a food called **NATTO** can block this process, and actually resolve thrombi. It also decreases the viscosity of the blood, and of course, thicker blood means higher blood pressure and more work for the heart. It goes without saying that this **cannot be used by people with bleeding problems, and only under the care of a health professional if you are already on blood thinners.***

[More information about Nattokinase](#)

Now let’s look at a study funded by the manufacturers of the drug **Celebrex** (Celecoxib). This study is designed to prove that Cox2 inhibitors are safer than NSAIDS, and it appears to do just that. The 8000 odd patients who were taking part in the trial were allowed to continue using aspirin for cardiovascular protection.

**The result? Patients using Celebrex + aspirin had a 450% INCREASE in gastrointestinal complications. Patients using NSAIDS + aspirin had a 335% increase.**

The kicker? The authors of the study noted “no difference was noted in the incidence of cardiovascular events between Celecoxib and NSAIDS, *irrespective of aspirin use.*” (Lynn: my italics). I am grateful to Dr. Mercola for this information, and would like to add his comment: “*although this study seems to show that Cox-2 inhibitors cause less GI complications, even more clinically important is that fact that this study shows both the dangers of aspirin use AND its ineffectiveness in preventing heart disease.*” Dr. Mercola’s newsletter can be found at [www.mercola.com](http://www.mercola.com).

Since then, it has been discovered that the data in this study was misleadingly presented, and Celebrex is no safer than aspirin as far as stomach bleeding and ulcers are concerned. Dr. Mercola’s comments about greed are particularly apt.

**Researchers in England ( the Royal Hallamshire Hospital in Sheffield) analyzed 4 international trial involving 48,000 subjects, and concluded the following**

**While taking aspirin reduced the risk of a first time heart attack by one third, it raised the risk of gastrointestinal bleeding and hemorrhage by 70%. They recommend analyzing a person’s risk for heart attack, and if it falls in the 5 to 15% range over a 10 year period, aspirin therapy might be worthwhile. But for those whose risk is below 5%, aspirin is not only not recommended, but might do more harm than good. It is more effective for such people to avoid smoking and adjust their diet to include more fresh fruits and vegetables.**

Sounds startlingly like common sense!

Consider also the problem of aspirin resistance .Anywhere from 5 to 40% of those using aspirin are “resistant” to its effects in blood clotting. This is not tested for by most Doctors, and it should be – because the consequences of using it when you shouldn’t are pretty dire. Studies show that resistant people using aspirin have a HIGHER RATE of heart attacks and strokes than non-aspirin users.

So, which would you rather have? A heart attack or a stroke?

A researcher at Duke University finished a study of 51,000 + women and 44,000+ men in 2005, none of which had previously had a heart attack. They were given either aspirin or a placebo.

- Men – less heart attacks but more strokes
- Women – fewer strokes but more heart attacks.
- PLUS – aspirin increased the risk of “major bleeding” – from potentially life-threatening stomach or intestinal ulcers — by 70% for both men and women.

**Conclusion?** (Theirs, not mine ) At the cost of a small but potentially life-threatening risk of “major bleeding events” — mostly stomach or intestinal ulcers — men and women each get a small but potentially life-saving benefit from daily aspirin.

Back to where we started: for those of us who are disinclined to fool around with the stuff that turns the baby red, why not take care of the elbow with **Natto, Garlic, tomatoe\*\*s or Fish Liver Oil, or Ginkgo**— all natural substances that have additional benefits, rather than risks.