

OPTIMAL HEALTH UNIVERSITY™

Presented by Dr. Joseph Baker

Is an Aspirin a Day Really a Good Idea?

Does an aspirin a day actually keep a heart attack away? Is it possible to take too much aspirin? Will I develop any complications if I take aspirin on a daily basis?

These are just some of the questions that patients ask Dr. Baker about aspirin (acetylsalicylic acid) therapy.



Dr. Baker believes that drugs merely mask symptoms — as opposed to addressing the source of pain, illness and disease — and that they all have inherent dangers. Even the seemingly innocent aspirin tablet has side effects, as you'll discover in this issue of *Optimal Health University*®.

The Heart of the Matter

In its early years, aspirin was viewed solely as an across-the-board pain reliever. But then it was discovered that it could also thin the blood: keeping platelets from sticking together and forming heart-attack inducing clots.

Suddenly everyone was jumping on the aspirin bandwagon, taking “preventive” doses whether they needed them or not. A massive media campaign further fueled this aspirin-popping frenzy.

Then some researchers began to wonder aloud if this was really such a good idea after all. “The issue of aspi-

rin use in the primary prevention of cardiovascular disease is still debated because of conflicting opinions on risks versus benefits,” admit representatives from a Pennsylvania pharmaceutical company (*Pharmacotherapy* 2005;25:847-61).

Even the Food and Drug Administration (FDA) sounded a cautionary note in 2003, when its Center for Drug Evaluation and Research launched a public education campaign to remind consumers that aspirin is not without risk (*FDA Consum* 2003;37:36).

Because the benefits of aspirin therapy are less than conclusive — and the practice has worrisome side effects — Dr. Baker urges patients to reconsider reliance on aspirin and other “elective” drugs in favor of all-natural methods of prevention.

Not for the Healthy

The FDA says that “most health professionals agree that long-term aspirin use to prevent a heart attack or stroke in healthy people is unnecessary.” (*FDA Consum* 2003;37:36.)

That's why it's vital to avoid self-diagnosing and self-treatment. An aspirin may appear tiny and harmless, but it can have serious side effects if abused. “The same properties that make aspirin work in stopping blood from clotting may also cause unwanted side effects, such as stomach bleeding, bleeding in the brain, kidney

failure and other kinds of strokes.” (*FDA Consum* 2003;37:36.)

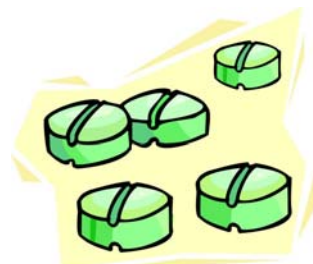
Another report in the *British Medical Journal* cautions that “the benefits clearly do not exceed the risks in younger people without vascular disease” and that “the balance of benefits and risks of aspirin in people 70 or over has not been clearly defined in randomized trials.” (*BMJ* 2005;330:1440-43.)

In addition, investigators point to a lack of information supporting daily aspirin use in younger people, even those, such as diabetics, at a higher risk of developing cardiovascular disease. “Because aspirin therapy has not been studied in people with diabetes who are under 30, it is uncertain whether it would provide any benefit to them.” (*Diabetes Forecast* 2003;56:31.)

Risk-Free Alternatives

Exercise dilates your body's blood vessels, which increases circulation and eases the strain on your heart. And, unlike aspirin, there are no side effects.

Regular exercise and a well-balanced diet of whole grains, fruits, vegetables, minimal fat and lean meats can also reduce the likelihood of developing coronary heart disease (CHD) — as well as lowering the risk of diabetes and other diseases linked to obesity.



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Why do American men have such a substantially higher rate of CHD than Japanese men? Diet. If American men adopted the traditional Japanese diet high in soy and vegetables and lower in meat and fat, they might possibly lower their risk of CHD to the extent that aspirin therapy would do more harm than good.

Aspirin May Up Risk of the 'Other' Type of Stroke

Unlike ischemic strokes, which may be caused by blood clots, hemorrhagic strokes can occur when people have problems forming blood clots. Since aspirin works as a blood thinner, you can see why chronic use could trigger this other form of stroke.

Digestive Disease

Nonsteroidal anti-inflammatory drugs (NSAIDs), including aspirin, produce digestive problems in 50 percent of those who turn to them. Another 20 percent of the population develops peptic ulcers from the same drugs (*Am J Med* 2004;117:63-71).

Gastrointestinal tract disorders (GIT) are also a side effect of NSAIDs. When researchers in India analyzed the records of 101 patients diagnosed with drug-induced upper GIT disorders, the conclusion was that "NSAIDs, especially aspirin, were implicated in a maximum number of patients." (*Pharmacoepidemiol Drug Saf* 2004;13:859-62.)

Aspirin is similarly linked to the development of irritable bowel syndrome (IBS). After surveying 643 people, researchers noted that 12 percent reported IBS symptoms and that the disorder "was significantly associated with the use of analgesics (acetaminophen, aspirin or nonaspirin nonsteroidal anti-inflammatory drugs)." (*Am J Gastroenterol* 2000;95:157-65.)

Aspirin Increases Surgery Risk ...

When investigators reviewed the results of 31 clinical trials involving 192,036 patients, they found that low-dose aspirin therapy — which they defined as less than 100 mg per day —

posed the lowest surgical risk from excess blood loss. However, "moderate doses [described as between 100 mg and 200 mg] caused a relatively high hemorrhagic event rate." (*Am J Cardiol* 2005;95:1218.)

But the authors of the study noted that in Europe, 150 mg of aspirin per day is considered a low dosage. Consequently, a low-dose aspirin regimen in Europe would have the same ill effects as a moderate-dose regimen in the United States.

... And Asthma

After reviewing 21 studies concerning aspirin sensitivity in patients with asthma symptoms, researchers noted that adverse reactions "typically begin 30 minutes to three hours after ingestion of aspirin. These patients usually are sensitive to all nonsteroidal anti-inflammatory drugs (NSAIDs)." (*Am Fam Physician* 2004;70:1586.)

Just how big of a problem is this? According to the same researchers, "21 percent of adults and 5 percent of children with asthma have significant aspirin sensitivity and high rates of cross-sensitivity to other common NSAIDs."

Natural but Perhaps Still Risky

Some of the herbs known to thin the blood naturally include angelica root, anise, celery, chamomile, fenugreek, horse chestnut, licorice root, lovage root, parsley, passionflower herb, sweet clover, meadowsweet, poplar and willow bark. Natural remedies that include anti-platelet properties include bromelain, clove, onion and turmeric.

However, just because they are "all natural" doesn't mean they can't spark the same negative side effects as aspirin and prescription blood thinners. That's why it's vital to talk with a doctor of chiropractic before adding any supplements to your diet.

Global Guidelines Differ

In the United States, middle-aged men have a higher risk of developing coronary heart disease than they do of suf-

fering a hemorrhagic stroke. But in Japan, the odds are reversed, according to researchers from Kyoto University Hospital and Kyoto University Graduate School of Medicine.

Therefore, establishing global aspirin therapy guidelines would be impractical and dangerous. A Japanese man taking elevated levels of aspirin, to prevent a disease he's unlikely to develop, would increase his odds of hemorrhagic stroke: something he's statistically more likely to experience.

Only 1.57 middle-aged Japanese men per 1,000 — vs. 6.0 American men — are diagnosed with CHD each year. Meanwhile, the annual Japanese rate for hemorrhagic stroke is 1.14 per 1,000 men vs. 0.37 for American men. Due to this discrepancy, the researchers involved in this study concluded that "the assumptions and implications of U.S. guidelines [regarding aspirin therapy] should be evaluated before use in other countries." (*Am J Med* 2004;117:459-68.)

Talk With Your Doctor

If you are already taking daily aspirin, don't discontinue your regimen without talking with your primary health-care provider first. Studies show that "patients with coronary artery disease who cease aspirin therapy may increase their risk of withdrawal-related coronary events." (*AORN J* 2004;79:108.)

But do talk with your doctor of chiropractic now about all-natural alternatives for lowering your risk of developing CHD. Together, you can make a smooth transition from drug dependence to a healthier, all-natural way of life.

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