



An Aspirin a Day... Keeps Good Health Away

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Although aspirin is often claimed to be an anti-heart attack solution for all, this is factually incorrect. Please don't fall victim to this fallacy. I'm going to give you lots of science directly quoted so you can see the truth for yourself and show it to your physician.

The following article appearing in the August 8, 2008 edition of the excellent publication, *Pharmacist's Letter* on page 46:

- "People are asking whether they should take TWO aspirin daily. This started with Dr. Oz, best-selling author and Oprah guest. He's telling men and women over 40 to take 162 mg of aspirin a day ... to prevent heart disease and cancer and slow aging. He says some people might be resistant to 81 mg/day [1 baby aspirin]..."

The editors of this pharmacy newsletter then immediately state the following response their pharmacist readership should tell their patient:

- **"There's NO proof that the higher dose is better."** [Note: also, people at minimal risk for cardiovascular disease likely will not get enough benefit from aspirin to outweigh the risk of bleeding.]
- "[G]iving aspirin to 2000 women age 55 to 64 for 10 years will prevent one [1] cardiovascular event...**but one [1] in 200 women will be harmed by bleeding.** [Translation: The physician recommendation is completely worthless in preventing disease and can instead cause great harm.1]
- "And there's not enough evidence that LOW-dose aspirin prevents cancer...or that any dose slows aging. **Don't recommend aspirin to most healthy men under age 50 or women under age 65.**" [Emphasis added.]

Here, the pharmacists are much closer to the truth than the so-called "America's Doctor!" His worthless and harmful recommendation can cause horrific harm and gives many fine physicians who know better a bad rap!

Because heart disease is such an important topic, here is the science that you need to know. Much of it comes from the medical textbook, *Prostaglandins in the Cardiovascular System*. This superb textbook contains the proceedings of the 5th International Symposium on *Prostaglandins in the Cardiovascular System 2*, held in Vienna, Austria, September 22-26, 1991. I am referencing in particular pages 273-281. The book offers state-of-the-art science that many physicians and researchers aren't aware of even today. I published most of the following information in my own book, *Peak Performance: Radiant Health — Moving Beyond the Zone* in 2001 (out of print).

- At the conference it was suggested that "... [a] combination of omega-3 and omega-6 is best [*to prevent atherosclerosis*]."
- "Antiplatelet and anticoagulant drugs are currently used as the standard treatment to prevent and treat thrombosis [blood clots]. **While this approach is beneficial, it is NOT optimal** 3.

Buchanan, et al. state that constituents such as prostaglandin PGI2 [prostacyclin], tissue plasminogen activator, thrombomodulin, and the Lipoxygenase fatty acid **metabolites derived from linoleic acid [parent omega-6] 13-HODE directly affect the vessel wall**. Normally platelets circulate as discoid-shaped inert cell bodies which do not interact either with other blood cells or the vessel wall.

- "**Aspirin** prevents the metabolism of arachadonic acid into thromboxane A2 (TxA2). As a result, **platelet function is impaired**. It is well-documented that inhibition of platelet function by any 'antiplatelet' agent renders the platelets 'haemostatically defective,' thereby increasing the risk of bleeding side-effects.
- "Once you have arterial blockage, anticlotting (antiplatelet) drugs don't help, as evidenced in peripheral (*involving legs and arms*) vascular disease.⁴ "Little attention is given to the importance of this metabolite when developing 'antiplatelet' drugs for antithrombotic activity.
- "In fact, low-dose aspirin, which enhances platelet adhesivity, increases thrombosis (*clotting*) when platelet adhesion dominates as the response to injury.⁵ (**This is the exact OPPOSITE of what we desire.**)
- "...[W]hen platelets are exposed to low-dose aspirin and their ability to aggregate to a collagen stimulus is impaired, they had an increased ability to adhere to a collagen coated surface. These results suggest that low dose aspirin will enhance thrombosis [*a bad outcome*] in some clinical settings in which platelet adhesion per se, dominates as the platelet response to injury. This, in fact, has been confirmed experimentally.

"Low-dose aspirin which enhances platelet adhesivity ... increases thrombus formation [clotting] in vivo [inside the body]."

This is an awful effect in the bloodstream and vascular system because collagen and protein are combined with the lipids allowing this very condition.

- "Thus a battery of evidence supports the concept that adhesion molecule expression necessary for cell adhesion, be it the endothelia cells [*lining of the arteries*], platelets or other circulating blood cells, can be manipulated by altering the fatty acid [*parent omega-6 and their derivatives*] milieu, in particular by altering the relative amounts of lipoxygenase products derived from linoleic [*parent omega-6*] and arachidonic acids [*parent omega-6 derivative*]."

In this experiment, the researchers found the vessel subwall to not be thrombotic — contradicting other studies suggesting that wall was highly thrombotic (clotted). **In PEO deficient people, we should expect problems.**

You now have plenty of science — in fact, significantly more science than most physicians will remember, if they ever learned it — to conclude that *unadulterated* parent omega-6 is the key to staying heart-healthy.

How did aspirin ever become an “approved” anti-heart disease treatment when it is even less effective than statins with their 99% failure rates? **They use an artificial “end-point” method which violates all normally used statistical analysis because sample size is eliminated. Everyone, including physicians has been misled because pharmaceutical companies are allowed by law to do this.** Here are the results of the aspirin study as published in the *New England Journal of Medicine* (321:129; 1987): There were about 255 heart attacks per 100,000 people TAKING the aspirin and 440 per 100,000 people NOT TAKING the drug.

***** The absolute difference (the true measure of effectiveness) in the drug/non-drug effectiveness (in percentages) is calculated as 0.44 %–0.255% = 0.185%, which is insignificant because it is significantly less than 1%!**

However, the reported effectiveness was $(0.44 - 0.255) / 0.44 = 42\%$ reduction in heart attacks. What is wrong with that analysis? You **never** take a percentage of a percentage under these conditions. The calculation $(440-255) / 440 = 42\%$ reduction DOESN'T take sample size into account. If we could use their method then 440 deaths out of 440 people would be no different than 440 deaths out of 1,000,000 people. Of course, it is much different. Aspirin also causes the awful side-effecting of significant internal bleeding. Do you still want to take aspirin knowing that it helps less than 1 in every 500 people avoid a heart attack?

Once again, we see **the key is plenty of unadulterated parent omega-6.** With a combination of both biochemistry and physiology we can address all three phases of heart disease: improper plasma platelet or other blood cell adhesion, aggregation, and problems in the vessel wall itself like plaque and elasticity. Platelet adhesion can be altered independently of platelet aggregation.

WARNING: If you have arterial blockage because of inflammation, aspirin MAKES IT WORSE!

You need to know that the platelets and blood cells that are harmed by low dose aspirin remain defective until they are replaced by new ones – platelets last about 10 days and red blood cells have at least a 90-day lifespan. You don't want your red blood cells defective and functioning poorly for over a month!

Wouldn't it be delightful if a highly publicized medical “authority” got it “really” right based on science, not opinion? Instead of causing great harm with their supposed “solution,” maybe if less time was spent on Oprah and more time studying the science that was already known some 15 years ago, America and then the rest of the world would be much, much healthier. The anti-heart-disease solution is now

known and it has nothing to do with aspirin or anticoagulant drugs; PEOs in the proper ratios are "THE ANSWER to preventing heart disease."

Newsflash 2008: Aspirin does not prevent heart disease in diabetic patients.

That's right. Here are quotes from *Medical News Today* taken from *British Medical Journal* (2008;337:a1840 doi:10.1136/bmj.a1840.)

- **"Taking regular aspirin** and antioxidant supplements **does not prevent heart attacks** even in high risk groups with diabetes and asymptomatic arterial disease...
- "Patients with diabetes are two to five times more likely to suffer heart disease than the general population and heart disease is a major cause of death in patients with type 1 and 2 diabetes..."
- **"Overall, the researchers found no benefit from either aspirin or antioxidant treatment in the prevention of heart attack or death...."**

Once again, we see the failure of aspirin therapy in preventing heart disease. If aspirin worked to prevent heart disease like most people, including many physicians, mistakenly think it should, then at the very least it should slow down the rate of heart disease in diabetic patients. It doesn't work. You now know what really **does** work.

In the near future we will be presenting a major report on the Jupiter Study (statins) showing all of its failures and negative, harmful effects should we allow the pharmaceutical companies to implement their incorrect and insane conclusions regarding the "benefits" of cholesterol-lowering drugs. You NEED to read this before pharmaceutical "big-business" marketing takes hold and destroys the world's health.

1 Hannia Campos, PhD; Ana Baylin, MD, Dsc; Walter C. Willett, MD, DrPh, Circulation. 2008; 118:339-345.

2. Prostaglandins in the Cardiovascular System, Edited by HF Sinzinger, MD and K Schr_r, MD, Birkh_user Verlag, Basel, Switzerland, 1992.

3. "Eicosanoids, Other Fatty Acid Metabolites and the Cardiovascular System: Are the Present Antithrombotic Approaches Rational?," Buchanan, MR, et al., McMaster University, Dept. of Pathology and Surgery, Hamilton Hospital, Hamilton, Canada.

4. 12-HTET, an omega-6 derivative from arachadonic acid, is produced in at least a 10-fold greater amount than TxA2, but the drug companies have NOT concentrated on the 12-HETE pathway.

5. "Enhanced platelet accumulation onto injured carotid arteries in rabbits after aspirin treatment," Buchanan, MR and Jejana, E, Journal of Clinical Investigation, 67503-508.

If you have any questions or comments about this month's newsletter please e-mail the professor at: info@brianpeskin.com

This Month's Low-Carb Recipe: Fantastic Fall Salmon Quiche (no crust)

INGREDIENTS

6 eggs

1 7.5 oz can of pink salmon

4 oz cream cheese

Generous amount of mixed baby greens salad (pre-washed pack)

2 chopped scallions

salt & pepper to taste

ghee (refined butter) or coconut oil

PREPARATION

1. Preheat oven to 425°

2. Whisk all 6 whole eggs until fluffy.

3. Remove Salmon from can and break up (mush with a fork) before adding to mixture.

4. Soften cream cheese in microwave for about 50 seconds before adding to mixture.

5. Rip up mixed baby green salad to preferred size and amount.

6. Add Salmon, cream cheese, mixed baby greens, chopped scallions, and salt and pepper to eggs and blend lightly.

7. Line flat quiche pan with ghee or coconut oil. Pour in mixture and smooth out evenly.

8. Bake for 20 minutes or until center is fluffy.

9. Cut and serve.

Makes up to 8 servings.

Enjoy!