



If You Take Aspirin As A Blood Thinner

Please Read This!



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The most recent study on the uselessness of aspirin taken for cardiovascular disease is published in no less than the Journal of the American Medical Association. The study found no benefit at all in giving aspirin to people at risk for heart disease. Not only does aspirin not prevent heart attacks but patients who take daily aspirin and take ibuprofen regularly actually double their risk of a fatal heart attack. Furthermore, thousands of people each year die of side effects of aspirin, including upper GI bleeding. Aspirin also increases the incidence of hemorrhagic strokes (which constitute about 20% of all strokes), and taking daily aspirin can actually cause the formation of a blood clot, rather than preventing it. Another side effect of regular aspirin use is hearing loss.

Fowkes, et al. Aspirin for prevention of cardiovascular events. **JAMA**. March 2010.

This study looked at the effectiveness of aspirin in preventing cardiovascular events in people with atherosclerosis, indicating an increased risk of cardiovascular and cerebrovascular events, but who had never experienced such an event. The results were:

- Aspirin gave zero protection against initial fatal/ non-fatal coronary event
- Aspirin gave zero protection against initial stroke
- Aspirin gave zero protection against the development of angina
- Aspirin gave zero protection against the development of intermittent claudication
- Aspirin gave zero protection against transient ischemic attack (mini strokes)
- Aspirin gave zero protection against all-cause mortality

However—the aspirin group was 70% more likely to be hospitalized for an initial event of major hemorrhage.

Ogawah, et al. Low-dose aspirin for primary prevention of atherosclerotic events in patients with Type II diabetes. **JAMA**. November 2008.

This study looked specifically at low-dose aspirin for prevention of cardiovascular events in those with Type II diabetes.

This study concluded that in patients with Type II diabetes, low-dose aspirin does not reduce the risk of cardiovascular events, either heart attack or stroke.

Ridkerpm, et al. A randomized trial of low-dose aspirin in the primary prevention of cardiovascular disease in women. **N Engl J Med**. March 2015.

This study looked specifically at the use of aspirin to prevent heart attacks and strokes in women. The study found absolutely no benefit in preventing heart attacks.

It did show a slight decrease in the incidence of ischemic stroke in women who took aspirin, but an increase in hemorrhagic stroke.

Curhan, et al. Analgesic use and the risk of hearing loss in men. Am J Med. March 2010.

Chronic use of painkillers such as aspirin, Tylenol and ibuprofen cause hearing loss. Those who use Tylenol only twice weekly have double the risk of hearing loss; ibuprofen increased hearing loss by two-thirds and aspirin by one-third.

The truth regarding aspirin's failure to prevent heart attacks and strokes has been known for 20 years.

A study done at the University of Sydney in Australia reported in the Medical Tribune, on June 25, 1992, showed that patients with some degree of blockage of arteries to the brain are three times more likely to have a stroke if they are taking aspirin, and that increased incidences of stroke was from as little as half a tablet a day.

The original study purporting to show that aspirin decreases the risk of a second heart attack did not use pure aspirin but aspirin combined with magnesium supplementation and had nothing whatsoever to do with the aspirin. This study was done by the AMA and was called the Physicians Health Study. What the study also showed was that even though the incidence of heart attacks was reduced in these people taking the aspirin accompanied by magnesium, the incidence of strokes increased in an amount almost exactly equal to the decrease in heart attacks- so, the overall mortality rate of the group taking the buffered aspirin was unchanged from the control group. In summary, the incidence of heart attacks was reduced slightly but was entirely due to the magnesium and the incidence of strokes increased.

Shortly, after the Physicians Health Study a British study was done to confirm it and was completely unable to do so. The British study used only aspirin (with no magnesium) and proved conclusively that aspirin had absolutely nothing to do with lowering the incidences of heart attacks. Furthermore, the people in the British study suffered so severely from stomach and intestinal bleeding that many subjects had to drop out of the study.

Research done at the University of California reported in the British Medical Journal that elderly men and women who take aspirin every day almost double their chances of developing ischemic heart disease. This study also showed that there was an increased incidence of both kidney and colon cancer in those taking aspirin on a daily basis. The study also showed that there was an increased death rate in the

aspirin users from hemorrhagic stroke, along with morbidity from bleeding ulcers and other intestinal bleeding.

If you are taking aspirin because you thought it was a good idea or read it was a good idea, you should stop immediately. If you are taking it because you read on a website or a friend mentioned it to you, you should stop taking it immediately. If you are taking it because a physician suggested it, you should stop immediately and ask them if it is necessary based on the studied you have just read.