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Dr. David G. Williams

An Aspirin a Day Keeps Health at Bay

Since the beginning, natural health pioneers have focused on prevention, whereas conventional medicine and the pharmaceutical industry appear to have concentrated on crisis treatment. In the past, these different philosophies could be partly explained by the fact that there was far less or even very little money to be made in prevention. Selling prescription drugs provided enormous profits, but promoting organic, unprocessed foods, clean water, exercise, and unpatented remedies yielded few, if any, profits. Obviously, times have changed.

We now pay more for bottled water than for gasoline. Organic foods demand a premium. The price of high-quality vitamin and mineral supplements has gone up. We're conditioned to believe that the only way we can exercise is by buying and using machinery. And, the pharmaceutical companies have become some of the largest vitamin producers. And if that wasn't enough to make the natural-health pioneers turn in their graves, slick marketing campaigns by the pharmaceutical industry have convinced most of the public that daily use of drugs is the preferred method of preventing disease.

The Gateway Drug

The majority of the public acts as though it has fallen for the premise that many diseases are the result of a drug deficiency. Every year, it seems, we learn about another drug that can be used to "prevent" all kinds of problems. We have hormones and other drugs to prevent menopause, short stature, aging, headaches, constipation, cancer, and a long list of others. The drug that undoubtedly opened the door was aspirin.

Aspirin has been around for a long time. Sometime around 400 B.C., Hippocrates reportedly prescribed the bark and leaves of the willow tree for pain and fevers. Apparently the Romans also utilized this natural plant remedy. In the early 1800s a German chemist created salicylic acid from the natural compound salicin, and in 1897 a Bayer chemist synthesized a stable form of acetylsalicylic acid, the active ingredient in aspirin. The product was launched in 1899 to doctors, and it quickly became the No. 1–selling drug in the world. In 1915 it became available without a prescription. (As an interesting side note, at about the same time Bayer had some success with another prescription drug—heroin. The company lost control of both trademarks as part of the settlements after World War I.)

Over the last hundred years, aspirin has received so much publicity that everyone seems to assume it is harmless. This notion has been fueled by its routine recommendation as a heart attack and cancer preventive. Unfortunately, universal "acceptance and endorsement" in the medical field and by government agencies doesn't necessarily make it harmless. Nor does the fact that 40 million pounds of aspirin (200 tablets for every man, woman, and child) are produced in the U.S. alone each year. Like many of the drugs becoming accepted as necessary to deal with the problems of modern life, aspirin has been blindly accepted, and this despite the known risks associated with its routine use.

In This Issue

You will observe with concern how long a useful truth may be known and exist, before it is generally received and practiced on.—Benjamin Franklin

Aspirin Is the Problem, Not the Solution

Do you remember just a few years ago when there was a huge outcry condemning the use of drugs such as Ritalin to tranquilize young children? That outcry has diminished to a whimper. Addressing childhood behavior problems with drugs as a first line of treatment has become accepted and been praised by most parents, teachers, and doctors. Taking care of causative factors like poor diet and a lack of exercise and discipline has fallen out of favor and been replaced with doses of mind- and mood-altering drugs. Unfortunately, it will take a generation or two before the public begins to see the detrimental effects of such thinking. We're already seeing higher rates of obesity, heart disease, diabetes, and illegal drug use in the generation of children treated this way. And while the pharmaceutical companies and the media continue to promote the advantages of long-term, routine aspirin use, a closer look at long-term studies indicates that it benefits only a select few, and that most people would be safer avoiding it in favor of natural alternatives.

Before we go on, I should make clear that the synthetic active compound in aspirin, acetylsalicylic acid, is not the same compound found in white willow bark. The compound in white willow bark is salicin. Salicin provides many of the same analgesic and anti-inflammatory benefits that the synthetic chemical acetylsalicylic acid does, but it does so without producing bleeding in the stomach or other side effects associated with aspirin use. (Penn Herb sells white willow bark in capsules and as a bulk powder. Contact them by calling 800-523-9971 or by visiting *www.pennherb.com*. It's also sold in most health food stores.)

The primary benefit attributed to routine aspirin use has been the prevention of heart attacks. There are secondary claims that it can also help prevent certain cancers.

Regardless of what you may have been led to believe, the overall effectiveness of using aspirin to prevent heart attacks (primary or secondary) is questionable. While some data suggest that long-term, routine aspirin use may lower the risk of second heart attacks or strokes caused by blood vessel blockages, it doesn't appear to reduce the risk of dying from these problems. In other words, it may reduce non-fatal heart attacks but not fatal ones. *(BMJ 00;321:569)* Also, any possible benefits seem to be experienced more by men than women. And those benefits appear to be limited to men with previous heart problems *who have low or normal blood pressure, not high blood pressure.* Those with high blood pressure not only fail to experience the benefits, they also have a higher incidence of serious bleeding problems. And in one study involving 5,499 men age 45 to 69, it wasn't even clear if the benefits of taking aspirin by those with lower blood pressure outweighed the potential hazards. *(BMJ 00:321(7252):13-17) (BMJ 00;320(7240):1009-10)*

The more the data on aspirin use are analyzed, the more it seems that the group of individuals who might actually benefit from long-term aspirin use gets smaller and smaller. Despite this, it is estimated that 20 million people in the United States are taking low-dose aspirin daily in an effort to prevent heart attack. The U.S. Food and Drug Administration (FDA) has already given Bayer permission to advertise that aspirin can be used to prevent a second heart attack. In December 2003, Bayer petitioned the FDA to allow it to advertise that aspirin could be used to reduce the risk of first heart attack, but that claim was denied by an FDA advisory committee. It's not hard to see why.

The study they reviewed analyzed 55,000 participants in five different trials lasting from four to seven years. After sifting through all the smoke and mirrors, the cardiologists and committee experts concluded that 3 percent of all moderate-risk individuals will experience a heart attack in the next five-year period. If the entire group routinely took low-dose aspirin, that number could be reduced to about 2 percent. However, as previous studies have shown, aspirin wouldn't have any effect on reducing the death rate, nor would it reduce the incidence of ischemic stroke (caused by blockage of an artery supplying blood to the brain), and it would actually *increase* the risk of a hemorrhagic stroke (one caused from the rupture of a blood vessel in the brain). Overall, the committee members were concerned that daily aspirin intake could cause more harm than good.

While numerous problems are associated with long-term, regular aspirin use, two of the most publicized are gastrointestinal bleeding and stroke. Many authorities feel that the risk of these and other problems have been grossly understated. Bayer even acknowledges that they are problems. In 2002, when the U.S. Preventive Services Task Force looked at the same five studies the FDA

did, it estimated that if a group of 1,000 men and women with moderate risk of heart attack took aspirin daily for a five-year period, eight non-fatal heart attacks might be prevented, but at least one stroke and three cases of major gastrointestinal bleeding would be caused. And it wouldn't have any effect on the mortality rate. At the time, the task force used an assessment technique that has since become outdated, and eventually concluded that patients with a lower risk of heart disease may even be harmed by aspirin use because the risk of adverse events could exceed the benefits. *(Ann Intern Med 02:136(2):157-60,161-72,I55)*

I'm not naïve enough to believe that the findings of this advisory committee will change many people's minds about aspirin use. Far too much money is involved, and too many people in the medical field would have to admit they might have been hoodwinked by the pharmaceutical companies, and have been wrong all these years. Just as we've seen with the overuse of antibiotics, hormones, and other drugs, long-term studies always seem to reveal the inherent dangers of continuously subjecting the body to synthetic chemicals and drugs. In a very surprising turn of events, this just recently happened with aspirin.

Sticking to the Party Line

Aspirin's anti-inflammatory effects have been hailed as one of the possible reasons it has been shown to help reduce the incidence of certain cancers. So, researchers were practically in shock when a recent study revealed that the regular use of aspirin was linked to pancreatic cancer.

In a long-running U.S. health study, the health and habits of 88,378 female nurses have been documented since 1980. An epidemiologist with Harvard Medical School recently analyzed the use of aspirin and the incidence of pancreatic cancer among these individuals. Although the researcher expected to find that aspirin use lowered the risk of pancreatic cancer, that wasn't what was reported at the American Association for Cancer Research meeting in Phoenix last October.

At the start of the study, all the nurses were free of cancer, but by 1998, 161 had developed pancreatic cancer. It was discovered that those who were taking two or more aspirin tablets weekly for 20 years increased their risk of developing pancreatic cancer by 58 percent, compared with those taking no aspirin. Women taking 14 or more tablets per week had an increased risk of 86 percent. *(J Natl Cancer Inst 04:96(1):22-8)*

The reactions to this finding have been mixed. Bayer called the findings inconclusive. Others have called for additional studies but are holding fast to the party line that the benefits of routine aspirin use still outweigh any side effects. I expected these reactions; what I didn't expect was just how little publicity this study has received. Apparently, even when you add the possibility that aspirin use may increase the risk of pancreatic cancer to all of aspirin's other side effects, it still isn't enough to justify putting the public on notice. I'm shocked.

Pancreatic cancer is a very serious condition. Although it ranks as only the fifth leading cause of cancer death in the U.S., the survival rate of those with pancreatic cancer is the lowest of all major cancers. The five-year survival rate is less than 5 percent. The American Cancer Society estimates that 30,700 individuals will develop the cancer this year, and 30,000 of those will die from the disease. Anyone who insists on taking regular doses of aspirin should at least be aware of the above findings.

Secondary But Still Serious Side Effects

Historically, the only dangers of aspirin use that seemed significant enough to report were an increased risk of stroke and serious gastrointestinal bleeding. And although we may now need to add pancreatic cancer to that category, there's

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still a long list of other serious side effects that, for some reason, never seem to make the headlines.

- As I've reported before, regular aspirin use has been linked to an increase in the leading cause of blindness in the elderly—macular degeneration. The long-term use of aspirin (10 years or longer) is also associated with a 44-percent increase in the most disabling form of cataract, known as posterior subcapsular cataract. *(Ophthalmology 98;105:1751-1758)*
- One of the most popular interventions for heart disease is angioplasty. This is the procedure that involves using a catheter to open clogged arteries supplying the heart. Following the procedure, patients are routinely told to take aspirin daily for the r**est of their lives. If a patient has blood pressure problem**s, which is often the case, he is also prescribed one of the ACE inhibitors, a common class of blood pressure–lowering medication. In a study involving 2,600 angioplasty patients, the Cleveland Clinic Foundation found that the mortality rate among those taking both an ACE inhibitor and aspirin after angioplasty was 3.7 percent compared with only 1.2 percent of those given aspirin alone. Mixing aspirin and ACE inhibitors *more than tripled the death rate.*
- A common problem among the elderly is gastroesophageal reflux disease (GERD). Also known as acid reflux, GERD occurs when stomach acid, bile, and other digestive juices leak up from the stomach into the esophagus. This results in severe heartburn, chest pain, or burning, and can eventually lead to ulcerations and changes in the esophagus, which can lead to cancer. Aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) have been found to be a major cause of acid reflux. *(Am Assoc Pharmaceutical Scientists Nov. 5, 1999)*

  GERD isn't a problem limited to the elderly. Reports from the annual meeting of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition found that GERD was a growing problem in children, especially teenagers. NSAIDs, which include aspirin, showed up as one of the primary factors leading to reflux problems. To make matters worse, a survey of 2,765 students found that more than half of those with reflux problems reported associated respiratory problems related to asthma. NSAID-caused reflux problems are now thought to be strongly correlated with asthma. With the dramatic rise in worldwide asthma rates, some doctors worry that many patients who are labeled asthmatic are not truly asthmatic but suffering from acid reflux, which triggers the attacks.
- Aspirin has also been shown to directly trigger asthma attacks. One report states that as many as 20 percent of all asthma attacks may be aspirin-induced. Within 20 minutes to three hours of ingesting aspirin or other NSAIDs, these individuals begin to experience nasal and upper airway congestion, lower airway inflammation, runny nose, and even skin eruptions. Nasal polyps may also develop over time. Dr. K. Suresh Babu reports that 50 percent of those who have aspirin-induced asthma have chronic, severe, corticosteroid-dependent asthma. *(Chest 00; 118(5): 1420-1476)* Other studies have reported an additional symptom, facial swelling, and the fact that individuals with chronic sinusitis seem to be more susceptible to aspirin-induced asthma. With millions of individuals now suffering from asthma, the aspirin connection should definitely be explored. If you suffer from asthma, simply eliminating aspirin and other NSAIDs would be an easy step to take to see if these drugs might be triggers.
- Researchers at Tel Aviv Medical Center found that aspirin at daily doses of 75 to 325 mg could have a significant, adverse effect on renal (kidney) function in elderly adults. In only two weeks after a group of 100 elderly patients was placed on aspirin, the researchers began to document decreased kidney function. In 72 percent of the patients, the urinary excretion of creatinine decreased, and in 65 percent of the patients, uric acid excretion decreased. Both decreases are known signs of kidney impairment. Although kidney function began to improve once the aspirin was discontinued, 48 percent of the patients experienced some residual impairment as much as three weeks later. *(Am J Med, 03; 115(6): 462-466)* Although renal impairment is one of the many known, possible side effects of aspirin use, it is rarely monitored.

- The detrimental effects of aspirin and other NSAIDs on the liver are well-documented. Look for warning labels stating that three or more alcoholic drinks per day in combination with aspirin and other NSAIDs significantly increases the risk of gastrointestinal bleeding and liver damage. There are numerous reports of individuals using NSAIDs in an attempt to prevent hangovers and ending up with liver failure. Even more prevalent, yet less-publicized, are cases where liver enzyme tests are elevated in seemingly healthy individuals. Diagnosing the problem can be perplexing for both the patient and doctor. After subjecting the patient to months of tests and mental torture to rule out hepatitis, alcoholism, gallbladder problems, fatty liver, and other causes, very often it is discovered that the elevated enzymes are a result of long-term aspirin or NSAID use.

As widespread as regular aspirin use has become, it would be impossible to determine just how many gastrointestinal problems, ulcerations, anemias, and abnormal blood counts are related to its use. It can also cause ringing in the ears, hearing loss, allergic reactions, vomiting, diarrhea, vertigo, and hallucinations.

People seem to have forgotten that aspirin is a poison. *(BMJ 00;321:1170-1171)* Ingesting between 10 and 30 grams can actually be fatal. Accurate reporting procedures aren't in place that can tell us the exact number of deaths caused directly by aspirin use. I've seen figures ranging from 7,600 to almost 14,000 a year. There's also no telling how many additional deaths and disabilities are caused indirectly by aspirin use, such as severe gastrointestinal bleeding or stroke. True to form, the FDA has shown little, if any, interest in this matter. Its agents seem to be more focused on restricting or banning natural products.

Their latest ban involved the herb ephedra, which was being used in numerous weight-loss products. During its 20 years on the market, ephedra reportedly had 155 deaths linked to its use. Acetaminophen (brand name, Tylenol) overdoses kill more in a single year, and acetaminophen has also become the leading cause of liver failure in American children. As I've said before, our FDA operates according to the Golden Rule—"He who has the most gold makes the rule."

From the information in this and past issues, it's probably apparent that I'm not a big fan of routine aspirin use as a method of preventing disease. To me, the benefits don't outweigh the dangers. From the feedback I receive each time I discuss this topic, it's obvious that my stance isn't a popular one. Many doctors are now advocating that everyone should start taking aspirin once they turn 40 to help prevent heart attacks. Others have gone so far as to recommend a "PolyPill," which would combine a statin drug with several blood pressure–lowering medications, folic acid, and aspirin. I can only imagine the long-term consequences if drug companies decide to unleash this "tool of prevention."

Getting to the Heart of the Matter

Having exposed many of the negative effects associated with aspirin use, I think it's important to recognize that the natural salicylic acids and compounds from which aspirin was modeled can provide some amazing benefits. As with many other natural compounds, the problems and side effects begin to surface once they are isolated, synthesized, purified, and concentrated into drugs.

Salicylic acid is the component of aspirin credited with reducing the risk of heart disease and various cancers of the colon, lung, and breast. It is also thought to help prevent Alzheimer's disease. What most people don't realize is that salicylic acid is naturally present in many foods, and aspirin isn't the only, or even the preferred, method of increasing its tissue levels in the body. Studies have shown that increasing our fruit and vegetable intake is not only safer but also has the greatest impact on cardiovascular disease.

Katherine Tucker, a professor of nutritional epidemiology at Tufts University has said, "The relationship between cardiovascular disease and prevention in epidemiological studies is stronger for the intake of fruits and vegetables than for any kind of mineral or vitamin supplement. Fruits and vegetables contain phytochemicals, and salicylic acid may therefore be another phytochemical."

Recent research from Scotland has now provided a missing link that helps further substantiate the fact that, when it comes to disease prevention, food can be our best medicine.

Drs. James Lawrence and John Paterson speculated that vegetarians might have higher levels of salicylic acid in their blood than non-vegetarians because they eat more fruits and vegetables. Blood samples were taken from 37 vegetarian

Buddhist monks and 39 non-vegetarians, none of whom were taking aspirin or any other salicylic acid–containing drugs. Blood samples were also taken from 14 people who were regularly taking 75 mg of aspirin a day.

Higher concentrations of salicylic acid were found in the vegetarians when compared with the non-vegetarians. The highest levels of salicylic acid were found in those taking aspirin, however some of the vegetarians' levels were as high as those on aspirin. *(J Clin Pathol 01;54:553-555) (J Clin Pathol 98;51:502-505)*

It is now thought that the increase in salicylic acid in vegetarians could be a major contributor to their better cardiovascular health and lower rates of various cancers. When I examined past studies, I found that when one naturally increased blood salicylic-acid levels with foods instead of aspirin, the anti-clotting effects responsible for many of aspirin's serious side effects (stroke, gastrointestinal bleeding) didn't occur. In simple terms, if you get your salicylic acid from food, you get the anti-inflammatory benefits, which help prevent arteriosclerosis, but none of the bleeding problems caused by aspirin. *(J Lab Clin Med 84;103:869-877) (Lancet 68 (April 13):779-783) (Prostaglandins 73;3:141-145)*

The variation in the amount of salicylic acid we naturally get in our diets also helps explain phenomena like the "French Paradox," where people in France consume far more fat and other rich foods, yet don't have anywhere near the cardiovascular disease that we do. Both red and white wine have been shown to be excellent sources of salicylic acid. *(Lancet 94;343:1427-1428)* An increase in natural salicylic acid also helps explain the beneficial effects seen from following the Mediterranean diet. *(Am J Public Health 97;87:1554-1557)*

Studies have shown that following the Mediterranean-style diet, rich in vegetables and fruit, can reduce the risk of cardiovascular disease by 30 percent. The underlying mechanism isn't fully understood, but part of the answer may be that the diet lowers plasma levels of C-reactive protein (CRP). CRP, an inflammatory mediator, has recently come to the forefront as a primary marker for cardiovascular disease risk.

CRP is a very sensitive, non-specific indicator of inflammation in the body. When the walls of your arteries are inflamed during the acute stages of arteriosclerosis, CRP levels will be elevated 200–300 times their normal amount. Infection is signaled by CRP levels ranging from 10 to more than 200 mcg per milliliter. When the inflammation subsides or is resolved, the CRP levels in the blood will drop.

The effectiveness of statin drugs has been linked to their ability to reduce CRP levels. Not surprisingly, however, any initial cardiovascular benefits they might provide can be accompanied by a long list of undesirable side effects (depleting coenzyme Q10, etc.) that can actually make problems worse.

Dr. Panagiotakos, with the University of Athens in Greece, has recently reported that the magic of the Mediterranean diet is in part due to the diet's ability to lower plasma levels of CRP. The increased salicylic acid levels from the higher vegetable and fruit intake is most likely a major contributing factor.

About a month ago, it was reported that CRP is associated with not only heart disease, but colon cancer as well. The health profiles of 22,887 individuals were evaluated and followed for 11 years. When the CRP levels of those who developed colorectal cancer were compared with a matched set of controls, it was clear that elevated CRP levels indicate a significant increase in risk for colon cancer. These findings concur with earlier studies showing that aspirin and other anti-inflammatory drugs can lower colon cancer risk. What makes this study different is that it is the first to link elevated blood concentrations of CRP with cancer. *(JAMA 04;291:585-590)*

(A few side notes: New research also indicates that heavily cooked foods tend to increase CRP levels. Those that are lightly cooked or raw tend to decrease CRP levels. This is another of many studies supporting the idea that much of our diet should be raw, particularly our fruits and vegetables. *(Proc Natl Acad Sci 02;99:15596-15601)* Other research found that high saturated-fat intake also increases CRP levels, while a high-fiber diet lowers CRP levels. *(Am J Cardiol 03;92(11):1335-9)*. Omega-3 oils like those from flaxseed and fish lower CRP levels, and those along with extra-virgin olive oil may be some of the more powerful anti-inflammatory foods available.)

Ditch the Drugs and Adopt a Better Diet

Heart disease and many of the cancers we suffer from today were not common in the past.

There are obviously several reasons for this, but the studies on aspirin have shown that at one time our natural salicylic acid levels might have been higher and provided a much higher degree of protection. Based on what I've uncovered, this certainly appears to be the case.

Study after study has shown that our consumption of vegetables and fruits continues to decline. This alone has decreased our natural salicylic-acid plasma levels dramatically. I've written about this problem in the past, and the figures are truly shocking. To make matters worse the salicylic-acid content of fruits and vegetables has probably also declined significantly. Plants produce salicylic acid and other compounds as a way of protecting themselves from pests and disease. In earlier times, most people grew their own food or purchased it from local producers. Pesticides were not used, and so only the hardiest plants survived. This doesn't mean they would have been the prettiest or the biggest plants. Those that developed the ability to produce higher levels of salicylic acid and other protective compounds were the ones that made it to the table.

Today, things are far different. For the most part, fruits and vegetables are not grown organically. Through the use of pesticides and practices such as the precise control of temperature, water, and sunlight exposure, most commercial plants don't experience the stress they used to. As a result, they aren't forced to produce the level of protective compounds like salicylic acid that were once required for survival or self-defense. The aforementioned researchers from Scotland found that the differences in a plant's salicylic-acid content could vary dramatically depending on how it was grown. When evaluated for salicylic acid content, researchers found that commercial soups from organic vegetables contained six times as much salicylic acid as non-organic commercial soups. *(European J of Nutr Vol. 40:289-292)*

Most of the so-called health authorities and scientists overlook studies like this. To them, any difference in the salicylic acid content of plants can easily and inexpensively be compensated for by just taking a little aspirin. But they're missing the bigger picture here. Plants have their own type of immune system, which produces what is called "systemic acquired resistance." Salicylic acid forms a crucial pathway for developing this resistance. The higher the salicylic-acid content, the more potent other complex compounds important to human health become. A good example is grapes. The compound resveratrol, known for its strong antioxidant properties and heart-protection ability, is reduced by 70 percent when grapes are sprayed with fungicides. *(J Agric Food Chem 03; 51(5): 1464-1468)*

Salicylic acid, as potent as it appears to be, is just one of many components present in whole food. From a chemical standpoint, it may be easy to justify separating out the "active" components and selling them as supplements or drugs, but in reality, things are much more complex. Marketers would like nothing more than to separate and sell you every compound, vitamin, and mineral, as well as educate you on the health benefits of each. Today, it might be that lycopene from tomatoes helps prevent prostate cancer, and tomorrow it might be a component of turmeric that boosts your immune system. You'll be way ahead of the game if you simply increase both the quantity and variety of spices, fruits, and vegetables in your diet—now. Eating those from your own or a local organic garden would be even better.

I doubt you'll be seeing much research on the salicylic-acid content in fruits and vegetables. Most people think it's easier to take a baby aspirin than make dietary changes. They're the type who believes modern medicine will discover the "silver bullet" that will compensate for all their poor health habits. You and I know it won't happen.

On page 80 is a list of salicylic acid–rich fruits, vegetables, and spices. You'll notice that many of these plants have been in the news for their other beneficial compounds. Remember, their ability to produce most of these compounds is directly related to their salicylic-acid levels.

Given all the dirt on aspirin, it might surprise you that I believe it can, in a few circumstances, be a relatively safe and helpful substance. Applied topically, I still think it is one of the best ways to remove warts. And it can be an effective pain reliever, but I don't think it should be used routinely or on a long-term basis.

Coincidentally, in the last ten days I've received two calls from friends with problems I suspect are related to aspirin usage. The first call was in regard to an insurance physical. The man's earlier laboratory tests showed elevated liver enzymes, but further testing ruled out liver problems and the other factors normally involved. When I questioned him,

Fruits

Raisins
Prunes
Raspberries
Apricots
Blackberries
Blueberries
Boysenberries
Cantaloupe
Cherries
Cranberries
Currants
Dates
Guava
Grapes
Loganberries
Oranges
Pineapples
Plums
Strawberries

Vegetables

Broccoli
Chili peppers
Cucumbers
Okra
Spinach
Squash
Sweet potatoes
Canned tomatoes
Tomato paste/sauce
Green peppers
Radishes
Zucchini

Spices

Aniseed
Cayenne
Celery powder
Cinnamon (canella powder)
Curry
Dill
Fenugreek powder
Garam masala
(a blend of spices used in India and southern Asia)
Mustard powder
Ginger root
Rosemary
Sage
Tarragon
Turmeric
Thyme
Mint
Black pepper
Bay leaves
Basil
Caraway
Oregano
Paprika
Nutmeg

(Other items that have significant salicylic-acid content include honey and Worcestershire sauce.)

he admitted he used aspirin and NSAIDs on a very regular basis for headache relief. He is currently seeing a chiropractor to stop the headaches, and I'm sure his liver enzyme tests will normalize once he stops the aspirin.

The other call came from an older gentleman I have known for years. Although he has been in relatively good health and never had any signs or indications of cardiovascular problems, he insisted on taking aspirin daily. He recently suffered a hemorrhagic stroke—the kind associated with routine aspirin use. He's gradually working his way back toward normal, but his situation probably wouldn't have occurred if he'd avoided the use of aspirin. For him, like millions of others, the risk of dangerous side effects far outweighed any possible benefits.

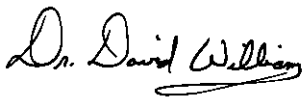
Based on the research presented, it should be obvious that aspirin isn't for everyone. The risks are so varied and spread across all age groups that I don't see how anyone, in good conscience, could recommend aspirin as a panacea for everyone. If you decide to implement routine aspirin therapy, at least know the risks involved. Also, keep in mind that there are dietary changes you can make, as well as inexpensive nutritional supplements, such as bromelain, that can relieve pain.

Bromelain is an enzyme extracted from the pineapple plant. It has been shown to be very effective in treating inflammation without the side effects of aspirin or other NSAIDs. In fact, it is even an effective treatment for rheumatoid arthritis when 2,250 mg are taken twice daily between meals. Other studies have recommended between 2,000 and 4,000 mg daily.

The least-expensive way to buy bromelain is in powdered bulk form. Vitamin Research Products, phone 800-877-2447 or visit *www.vrp.com*, sells 100 grams of bromelain powder for $38.95. (*Note:* An eighth of a teaspoon of powder equals 560 mg, so the standard dose for arthritis is approximately ½ teaspoon twice daily.) Several companies offer high-potency bromelain in capsules, but you'll pay for the convenience.

When used in combination with a sound diet, bromelain can provide all the benefits of aspirin without the serious side effects.

Take Care,



If you have questions or comments for Dr. Williams, please send them to the mail or e-mail addresses listed to the right. Of course, practical and ethical constraints prevent him from answering personal medical questions by mail or e-mail, but he'll answer as many as he can in the Mailbox section of *Alternatives*. For our part, we'll do our best to direct you to his issues, reports, and products related to the subject of your interest.

Here's how you can reach us:

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