



Important Newsflash: Nov. 2009

WARNING: Once again we have been misled about aspirin in preventing cardiovascular disease!

Diabetics have a much higher risk of cardiovascular disease than the non-diabetics. Many physicians recommend aspirin; in particular the smaller dose “baby aspirin.” If you have read my Special Report, “Aspirin is Awful” you’d already know this idea was silly at best and extremely hazardous to your health at worst. Here’s what was just published in November 2009 on Heartwire Medical News:

From Heartwire

No Benefits of Aspirin for Primary Prevention in Diabetics, Meta-Analysis Suggests

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[heartwire]

November 11, 2009 (London, United Kingdom) — Another meta-analysis—this one focused on diabetics—is questioning the role of aspirin for the primary prevention of cardiovascular events [1]. Writing in a paper published online November 6, 2009 in *BMJ*, Dr Giorgia De Berardis (Consorzio Mario Negri Sud, Maria Imbaro, Italy) and colleagues conclude that “a clear benefit of aspirin in the primary prevention of major cardiovascular events in people with diabetes remains unproved.”

De Berardis and colleagues point out that almost all of the major society guidelines recommend aspirin for primary prevention of cardiovascular events in people with diabetes, based on the evidence extrapolated from trials of high-risk patients. “Patients with diabetes have high cardiovascular risk, so it was supposed that aspirin was also effective in patients with diabetes,” senior author Dr Antonio Nicolucci (Consorzio Mario Negri Sud) told heartwire. “But if we look at specific data coming from trials conducted in individuals with diabetes, quickly we realize that the evidence is not so strong.”

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Nicolucci, De Berardis, and their coinvestigators reviewed the literature for trials comparing aspirin with placebo or no aspirin in patients with diabetes and no known diagnosis of cardiovascular disease, ultimately identifying six eligible trials. When all of the data were combined, the authors found no statistically significant differences in the risk of major cardiovascular events, cardiovascular mortality, all-cause mortality, MI, or stroke, and “inconsistent” evidence of harm from aspirin use. In an analysis by sex, aspirin in men appeared to significantly reduce the risk of MI by 43%, but no significant reduction in MI was seen in women.

Once again, the medical community gave us a recommendation based on *opinion* — *NOT science (this should really annoy you)* — and contrary to known human physiology. Aspirin does not help a diabetic reduce their risk of heart disease. As the article states, aspirin was “supposed to” help but it doesn’t.

Statistical significance is critical to understand how aspirin proponents went entirely off the tracks. Please understand, if there is not at least a 50% improvement, then the drug simply doesn’t work. With respect to aspirin, as many as 68% of the studies are suspect.

"It seems that not only in individuals with diabetes, but also in all other high-risk groups, the efficacy of aspirin for primary prevention is lower than expected. It doesn't mean that aspirin is not effective, it means that the efficacy is lower than expected, and that means we need to select very carefully the patients who are more likely to benefit."

Asked whether he thought guidelines should change, Nicolucci pointed out that guideline-writing committees are already softening their blanket recommendations.

Aspirin is awful, period. Aspirin's failure was published back in 2008, too, if anyone would care to look. Whenever a study's conclusion "p-value" is above 0.05 in the conclusion, there is a real problem. 0.05 means that you'd expect this same result in 95% of all the studies done; i.e. a relatively small 5% error rate that the Study's conclusion is wrong. In this result they use up to a p-value 0.68 meaning that 68% of the studies would be expected to mislead you in its effectiveness (a ridiculously high error rate)!

Diabetics have the worst risk of heart disease and aspirin does nothing to help (but a lot to harm). The authors try to make the case that somehow being diabetic ruins the alleged "benefit" of aspirin. If aspirin lived up to the hype, it would always work – there cannot be exceptions. For those that have heard me lecture I frequently use the gravity analogy, when does gravity work?--always, try stepping off the roof of a 10 story building and see what happens-every time! Wouldn't it be refreshing if the medical community was held to the same standards as those in physics?

While aspirin holds little promise in protecting you against heart disease, my recommendation for daily supplementation of Parent Essential Oils (PEOs) should remain at the top of your list in your efforts to protect your heart. Please read my Special Report about aspirin so you can arm yourself with the best, most scientifically accurate information available. You can find this free report, plus many more, as well as videos and audio on my website, brianpeskin.com.

Please mail your questions to Brian at prof-nutrition@sbcglobal.net.

Here's a great low-carb recipe: Festive Chicken Salad

Ingredients:

- 1 chicken, roasted, boned, cut into chunks
- 3 tomatoes, cubed
- 1 cup sliced celery
- 1/2 red bell pepper, chopped
- 1/2 green bell pepper, chopped
- 1/2 yellow bell pepper, chopped
- 3 Tablespoons green onions, chopped
- 1 teaspoon salt

1/2 - 1 teaspoon black pepper

1/4 teaspoon dried oregano leaves. crushed

1 cup chicken broth

1 clove garlic, minced

1/4 cup white wine vinegar

Preparation:

1. Combine chicken, tomatoes, celery, bell pepper, and onions in a large bowl
2. Sprinkle salt, black pepper, and oregano.
3. Place chicken broth and garlic in a small saucepan then bring to a boil over high heat for about 10 minutes or until broth is reduced to about 1/2 cup.
4. Add white wine vinegar then pour over salad. Mix well and refrigerate until cold.

Serves 6, Enjoy!