

Wellness Research and Consulting

# Does an Aspirin a Day Make Your Brain Bleed?

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## **Does an Aspirin a Day Make Your Brain Bleed?**

If you or someone you love are one of the 50 million Americans that take aspirin daily in an effort to prevent a heart attack, you're at risk of getting tiny leaks from blood vessels in your brain.

These cerebral microbleeds are linked to memory and language problems, difficulty reasoning and intracranial hemorrhages – full-scale bleeding inside the skull.<sup>1</sup>

I've never been a fan of using daily doses of drugs to prevent disease. Especially when there are safe, natural alternatives.

Microbleeds are just one of several reasons that taking a daily aspirin may not be the best choice for preventing heart attack or stroke. In the next few minutes, you'll discover what some of the risks are... and how you can protect your heart without resorting to dangerous drugs.

But first, let's look at why so many people are taking so much aspirin.

### **An Ounce of the Wrong Kind of Prevention**

Most of us think of aspirin primarily as a pain reliever. And it works very well against pain. It's especially effective against the pain of inflammation, as with arthritis. But aspirin also fights fever, reduces swelling and keeps blood clots from forming.

Aspirin can do all this because it prevents the production of something called prostaglandins. These are substances in your body that work a lot like hormones.

Some prostaglandins raise your body temperature when you're sick. Some trigger swelling and inflammation when you're injured. And others signal the platelets in your blood to form clots. Regardless of their job, aspirin blocks them.

Conventional medicine has latched on to aspirin's ability to prevent blood clots as a way to prevent stroke and heart attack. And there is evidence that aspirin can be effective. But what most of the medical community ignores are aspirin's dangers. And there are several.

Microbleeds are just the latest item on the list of aspirin's problems.

### **Aspirin Therapy May Promote the Very Problem It's Designed to Stop**

Imagine if you developed trouble concentrating, became forgetful, weren't able to think things through logically and couldn't even develop ideas any more. That would be a pretty serious situation, wouldn't it? With those problems, you'd lose your independence.

Well, those are some of the symptoms of cognitive impairment. And for too many people, they're the result of daily aspirin therapy.

That's because daily aspirin therapy can cause microbleeds... and microbleeds can lead to cognitive impairment. In fact, a study published in the journal *Brain*, found that aspirin doubles your risk of microbleeds.<sup>2</sup>

But aspirin-induced microbleeds can cause an even bigger problem. And it has to do with stroke.

Aspirin therapy can lower the risk of a second stroke. But for those with microbleeds, it can spell big trouble. For them, it can actually make a stroke *worse*. Here's how:

There are two kinds of stroke. One kind is caused when the blood supply to an area of the brain is restricted (called ischemic). The other kind is when blood leaks into the brain (called hemorrhagic).

Doctors routinely prescribe aspirin therapy for patients who've had a stroke. But a study headed by UCLA Medical Center showed that this is a bad move for people who've experienced microbleeds. Those people are at higher risk for "hemorrhagic transformation" – bleeding inside the skull at a site where an ischemic stroke occurred.<sup>3</sup>

In other words, it's like having one kind of stroke on top of the other!

That's why these researchers say doctors shouldn't automatically prescribe daily aspirin therapy, as many do now.

If microbleeds were the only reason to question the heavy use of aspirin, it would be reason enough. But aspirin presents other dangers. Probably the best known is gastric upset. And the problem is more dangerous than a simple stomachache.

### **An Aspirin a Day Keeps the Doctor Busy**

There are two problems with trying to prevent disease with long-term drug use. First, the drugs usually just suppress symptoms, but don't deal with the cause. And, second, virtually all drugs have side effects.

Both these problems apply to daily aspirin therapy. The aspirin doesn't deal with the underlying health problem. And taking aspirin daily can come with a heavy price.

Studies have shown that all aspirin therapies increase the risk of gastrointestinal (GI) bleeding.<sup>4</sup> And researchers at Oxford University found that lowering the dose – and even coating the aspirin – didn't reduce the risk at all.<sup>5</sup>

But the news gets even worse.

Over a third of the population is infected with a bacteria called *H. pylori*. This bacteria has been clearly linked to ulcers. But most people with *H. pylori* infections don't have a problem. That changes if you take aspirin.

Several studies have shown that *H. pylori* and aspirin don't mix. A research team in Hong Kong found a clear rise in upper GI bleeding among low-dose aspirin users.<sup>6</sup> An English study was even more specific. These researchers found the combination of aspirin and *H. pylori* *doubled* the risk of GI bleeding.<sup>7</sup>

To lower this risk, conventional doctors often put their patients on a second drug. And that second drug is usually a proton pump inhibitor (PPI).

PPIs work by lowering your body's production of stomach acid. "No acid, no ulcer," is the common thinking. But that only leads to a host of new problems.

For one, if you don't have enough stomach acid, you can't properly digest your food. And that can eventually lead to nutrient deficiencies. These problems, of course, will mean you'll have to take even more drugs.

Plus, PPIs have been linked to an increase in bone fractures and interfere with calcium absorption.<sup>8</sup> And that could lead to osteoporosis – and even more drugs.

With aspirin therapy, you could wind up taking three, four, five or more drugs on a daily basis. All that, and your underlying health problem would still be there!

If you think living like that is crazy, you're right. But there's one other issue we should cover. And it's because aspirin therapy may be completely useless for a lot of people...

### **When Aspirin Simply Doesn't Work**

Millions of people take aspirin daily to prevent heart attack or stroke. But there wouldn't be much point in taking it if aspirin didn't work, right?

Well, for quite a few people, that's exactly the case!

Researchers at the Cleveland Clinic Foundation found that up to 9.5% of the people in one study were "aspirin resistant."<sup>9</sup> That is, aspirin didn't prevent clotting for them, as it does for most people. Still others in this study were "aspirin semi-responders." For these folks, aspirin worked... but only somewhat.

Even worse news is that this study found that your chances of being aspirin resistant increase with age. But doctors prescribe aspirin therapy mostly for mature adults. So, the people most likely to be taking a daily aspirin are also those mostly likely to see no benefit from it.

If you're diabetic, you should be especially concerned. A German study found that diabetics were more than twice as likely (21.5%) to be aspirin resistant than the general population. And another 16.9% of diabetics were aspirin semi-responders.<sup>10</sup>

A 6-year Japanese study goes even further. These researches determined that low-dose aspirin simply doesn't provide cardiovascular protection for people with type II diabetes.<sup>11</sup>

The bottom line? Aspirin therapy simply doesn't work for a lot of people.

Does this mean there's nothing you can do to protect your heart? Absolutely not! In fact, there are many steps you can take to lower your risk of heart attack. And, unlike aspirin therapy, these steps actually address the underlying problem.

## 4 Simple Ways to Protect Your Heart

There are plenty of ways to lower your risk of heart attack without taking aspirin.

**Follow a low glycemic diet.** Avoiding sugars, starchy foods and unhealthy fats will help you lose weight. Since obesity is a risk factor for heart disease, this simple step is a good way to start.

Plus, sugars and starches spike your blood sugar levels. And when there's a rush of sugar in your blood, your body produces insulin to deal with it.

Since elevated insulin levels have been linked to greater risk of heart disease,<sup>12</sup> cutting out sugary and starchy foods helps protect your heart two ways.

The best method I've found for keeping your blood sugars level is to follow a low glycemic index diet. You can find a list of foods with a low glycemic index here: <http://www.alsearsmd.com/signup/dl/glycemic/>.

**Get moving.** Adding exercise to your daily routine is a great way to build heart health. But not with typical aerobic exercises. I recommend my PACE program instead. PACE workouts help you build a stronger heart in as little as 10 – 12 minutes a day.

You see, heart attacks usually occur when people are at rest or when they make a sudden high demand on their heart. PACE trains your heart to handle these sudden increases in demand. That's something aerobic training doesn't do.

PACE training is quick and easy to do. And it's a great way to get rid of any extra fat, because PACE trains your body that fat isn't an efficient fuel. To learn more about the many health benefits of PACE training, [click here](#).

**Lower your homocysteine level.** Elevated homocysteine levels triple your risk of heart attack.<sup>13</sup>

A simple blood test can measure your homocysteine level. If it's above 8, you can bring it down safely with B vitamins. I recommend taking a supplement of vitamin B2 (25 mg), B6 (25 mg), B12 (500 mcg) and folate (800 mcg).

**Take CoQ10.** CoQ10 lowers blood pressure. A team at the University of Texas found that CoQ10 is so effective, it enabled them to safely take patients off blood pressure medications.<sup>14</sup> I've had the same experience in my own practice.

CoQ10 supports heart-health in other ways, too. For instance an Italian study showed that CoQ10 is so powerful, it improves virtually every health issue associated with heart failure.<sup>15</sup>

A blood test can measure your CoQ10 levels. If your CoQ10 levels are below 3 to 4 mcg/ml, you'll want to take a supplement.

I recommend anyone with low CoQ10 levels take 100 mg of the ubiquinol form per day.

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<sup>4</sup> J. Weil, et. al. Prophylactic aspirin and risk of peptic ulcer bleeding. *BMJ.* 1995 April 1; 310(6983): 827-830.

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<sup>7</sup> Hawkey CJ. Risk of ulcer bleeding in patients infected with *Helicobacter pylori* taking non-steroidal anti-inflammatory drugs. *Gut.* 2000 Mar;46(3):310-1.

<sup>8</sup> de Vries F, et. al. Fracture risk in patients receiving acid-suppressant medication alone and in combination with bisphosphonates. *Osteoporos Int.* 2009 Mar 31. [Epub ahead of print]

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<sup>10</sup> Fateh-Moghadam S, et. al. Prevalence of aspirin resistance in patients with type 2 diabetes. *Acta Diabetol.* 2005 Jun;42(2):99-103.

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<sup>13</sup> Stamper M., et al. A prospective study of plasma homocysteine and the risk of myocardial infarction in U.S. physicians. *JAMA* 1992 Aug 19; 268 (7): 877-881.

<sup>14</sup> P. Langsjoena, et. al. Treatment of essential hypertension with Coenzyme Q10. *Molecular Aspects of Medicine.* Volume 15, Supplement 1, 1994, Pages s265-s272.

<sup>15</sup> E. Baggioni, et. al. "...safety and efficacy of coenzyme Q10 as adjunctive therapy in heart failure," *Molecular Aspects of Medicine.* Volume 15, Supplement 1, 1994, Pages s287-s294.