

DOES ASPIRIN PREVENT SKIN CANCER?



In June 2018, a meta-study was published under the direction of researcher Lenard M. Lichtenberger, which should show that a low amount of aspirin intake does not increase the risk of melanoma or skin cancer. The research states that low aspirin use is not a risk factor for getting skin cancer. In fact, research would show that using aspirin in small doses protects against skin cancer. However, this conclusion is challenged by other scientists.

Lichtenberger describes that there are other scientists who see a relationship between aspirin use and skin cancer. But rejects this relationship as credible, for example by saying that it has not been investigated whether this relationship is dose-dependent. In other words: there is no scientific-based indication, yet, of the dose of aspirin which gives 100% certainty that the risk of melanoma has increased.

Scientific answer

Striking to the Lichtenberger research is that a newspaper article has been taken as a source. Another research team, led by Kelsey A. Orell, responded in August 2018 by stating that newspaper articles fall outside the scope of scientific research. This same research team certainly sees a possible connection between aspirin use and developing skin cancer. These researchers state that the studies carried out up to now, show conflicting results. This is partly due to the fact that every research uses a different set-up and research methods. The research method itself is of great importance for the results of a study.

In addition, in the answer to the Lichtenberger study, it is stated in the studies that have been used, that aspirin and other NSAID drugs (anti-inflammatory painkillers) can not be used to prevent skin cancer.

The Patient Information Leaflet of aspirin

Maybe we can learn something from the patient information leaflet(PIL). If we read the PIL of aspirin, we see that one of the side effects is that it may cause skin problems such as skin rash, hives, fluid build up and itching.

Fluid retention such as edema is caused by less well functioning kidneys. Another side effect of aspirin mentioned in the PIL is: acute kidney failure and reduced kidney function. It is a fact that aspirin affects the kidneys negatively, so that less toxic substances can leave the body. That is an annoying disadvantage of aspirin, because these toxic substances are disease-causing agents. This is why aspirin use is responsible for an increased risk of various diseases, including cancer. In conventional medicine, the fact that toxins cause diseases is not widely accepted yet. On the other hand, there are hundreds of studies that tell that cancer is linked to cell-level inflammatory mechanisms caused by, among other things, toxins. In nature medicine and phytotherapy the emphasis is placed on detoxifying the body. That is an important condition for combating cancer. Aspirin does the opposite: it causes more toxins in your body.



Furthermore, this is stated in the PIL(translated from Dutch version):

Do not use Aspirin 500 mg in combination with:
methotrexate (a medicine prescribed for cancer, severe psoriasis and rheumatoid arthritis)
if you use more than 15 mg per week (if you use less than 15 mg per week, you may use
Aspirin 500 mg, but only on advice of your doctor)

More skin problems due to aspirin

Methotrexate is a medicine used in cancer, psoriasis and arthritis. There is no further information about what kind of scary things happen when you combine this drug with aspirin. Of course there are other sites. There is a whole list of possible diseases that you can get from an interaction of this combination, including spontaneous bleeding, white skin and skin rash. Here too we see that, albeit in combination with another agent, aspirin causes skin problems. But, researchers say: “Given that NSAIDs in general and now aspirin, inhibit acute inflammation, it is tempting to speculate that perhaps one of the anticancer properties of aspirin may simply be the inhibition of inflammation that causes cancer.”

In other words, researchers do not see any inflammatory problems with aspirin because it is an anti-inflammatory analgesic. And then it is speculated that the anti-inflammatory effect can also be effective against cancer. In any case, that means recognizing that inflammatory mechanisms are seen as a cancer cause.

Should we make a distinction between stopping inflammation on the short term and promoting them on the long term?

<https://www.drugs.com/drug-interactions/aspirin-with-methotrexate-243-0-1590-0.html>

Speculation or science

It is speculated that aspirin can sometimes fight the inflammations that cause cancer. Let's look at this in the light of thousands of studies showing that medicinal plants have anticancer effects. Considered this, aspirin is not a special medicine, there are thousands of plants that can do the same or that have more anti-inflammatory effect.

What is special is that a group of scientists in the Western countries are looking for evidence for the anti-cancer effect of aspirin. That while the majority of scientists from South America, Asia, Arabia and Africa are looking for medicines without side effects in the form of medicinal plants. In non-western areas, it is much more common to study anti-inflammatory effects of plants, vegetables and fruit and to recommend these to combat cancer. The scientific literature on the healing power of plants has been greatly expanded. So far, 11 scientific studies have been done that give aspirin the benefit of the doubt and elevate this synthetic drug to a potential agent that prevents cancer.

Difference between small and large doses

At least it is fair to say that not all scientists agree on views. This happens during a paradigm shift. But some things are measurable.

It is always stated that a small dose of aspirin works skin-protecting, but a big one does not. Large doses are not healthy and everyone agrees in the scientific world. A small dose is 75mg or 200mg. 500Mg is a large dose. The most sold doses in the Netherlands are 500mg and 400mg. In any case, they offer no protection because the doses are too high.

Ignoring research

And then there are the investigations that are ignored. In total there are 597 studies on aspirin and skin cancer, but according to Lichtenberger and his followers, only 11 studies have been carried out well enough to conclude that aspirin protects against skin cancer.

Aspirin increases the risk of skin cancer

There are countless studies showing that aspirin actually increases the risk of melanoma. there is a study of 200,000 people. The research shows that men are twice as likely to develop skin cancer as they take aspirin. The dose you use is: 81 grams to 350 grams. 81 grams is seen as a low dose. This one research therefore overturns the entire proposition of Lichtenberger. <https://www.futurity.org/aspirin-cancer-melanoma-1763002-2/>

The road to a preventive drug

Is this serious research into skin cancer prevention? Are scientists seriously looking for a remedy that prevents skin cancer? If the latter is the case, it is much more logical to compare the effect of aspirin with medicinal plants that have been proven to have anticancer effects. There are hundreds of plants known, which show much more healing power against different types of cancer and melanoma than aspirin. The question is whether all attention should be given to aspirin as a possible skin cancer preventive, since scientists are still very far from proof of this.

Since willow bark is the original natural source for salix acid, which is the main active component in aspirin, research should be done to willow bark tea instead of the synthetic substances.



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