

Toxic vs. Natural Blood Thinners

Toxic Side Effects of Coumadin (a common rat poison, warfarin) and Aspirin vs. Proven, Natural Blood Thinners: Cod Liver Oil & Protease Enzymes

The Need for Blood Thinners. If the surface of your arteries has plaque buildup, this rough surface can trigger platelets to form fibrin and begin forming a clot. Clots can be quite dangerous in your arteries – if they break loose, they can cause a stroke if lodged in the brain, a heart attack, if lodged in an artery near the heart, or lung problems, if lodged in an artery that feeds the lung tissue. Natural agents are available to both protect against clots and dissolve clots once formed. In contrast, conventional medicine often recommends two drugs, warfarin and aspirin, both which have many potential, toxic side effects.

Warfarin and Side Effects. Warfarin is a common rat poison that is also used as an anticoagulant drug (such as Coumadin) to decrease the clotting ability of the blood and to help prevent clots from forming in the blood vessels or heart. This drug is sometimes called a “blood thinner”, but it does not actually thin the blood. It actually degrades the blood, causing abnormal blood compounds. Warfarin will not dissolve clots that already have formed, but is used to help prevent the clots from becoming larger. Warfarin is often prescribed to help “thin the blood” in certain medical conditions such as with venous thrombosis (blood clots in the veins), pulmonary embolism (blood clots in the lungs), atrial fibrillation (an irregularity in heartbeat) and to prevent stroke.

What are the possible side effects of warfarin? Potential adverse reactions to sodium warfarin may include fatal or nonfatal hemorrhage from any tissue or organ: This is a consequence of the anticoagulant effect. The signs, symptoms, and severity will vary according to the location and degree or extent of the bleeding. Hemorrhagic complications may present as paralysis; paresthesia; headache, chest, abdomen, joint, muscle, or other pain; dizziness, shortness of breath, difficult breathing or swallowing; unexplained swelling; weakness; hypotension; or unexplained shock. Therefore, the possibility of hemorrhage should be considered in evaluating the condition of any anti-coagulated patient with complaints which do not indicate an obvious diagnosis. That’s a pretty scary drug.

Warfarin and Vitamin K. When warfarin is prescribed, the patient is typically asked to avoid consuming vitamin K or foods with vitamin K. Among the foods that the patient is typically recommended to stop eating are leafy greens, avocado, broccoli, sprouts, cabbage, peas, lettuce, liver, spinach, etc. However, vitamin K is contained in virtually all plant sources, such as fruits, vegetables, nuts and seeds, as well as many other foods. Rich sources of vitamin K are beef kidney, beef liver, pork, cabbage, soybeans and spinach. Medium sources of vitamin K are strawberries, tomatoes, alfalfa and wheat. It would be virtually impossible to stop consuming food sources with vitamin K and to still eat a healthy diet. In fact, eating an abundance of fruits and vegetables is part of the essential foundation for good health.

Research shows that warfarin can severely disturb the anticoagulation properties of the body and thus create abnormal bleeding tendencies (hemorrhage), resulting in the inability for the body to heal properly, such as after surgery. In fact, new research now **recommends giving low doses of vitamin K** to help counteract the negative side effects of warfarin. (Please see research study at end of this article.)

Will other drugs affect warfarin? Yes! Warfarin interacts with many other drugs, and these interactions can be dangerous, even fatal.

Is aspirin a good blood thinner? No! Aspirin is another common drug prescribed to “thin the blood” or to prevent clots. Aspirin, in whatever formulation, and even at low doses, can cause gastric irritation, increased blood loss and occasionally, serious gastric bleeding.

Aspirin’s Side Effects. Aspirin disrupts protein synthesis and can cause fragile blood vessels that leads to internal bleeding from broken

blood vessels. This means that aspirin which is used to prevent strokes (caused by clots) may in effect, actually help **cause strokes or heart attacks** due its well known role in causing blood vessel leaking and damage.

We have seen many people over the years with impaired and degenerated body functions from taking aspirin. Many people tell us they’ve been told to take a “baby aspirin” daily to keep their blood “thin” — not realizing that this is inhibiting the healing processes of the body and contributing to weakened blood vessels. Also please recognize that these drug-based blood thinners do not act upon an established blood clot that is already formed – but only on preventing new ones. However, at the same time, they are altering the body’s physiology with potentially worse consequences. Let’s turn to a safer, nontoxic approach.

Natural, Nontoxic Blood Thinning Agents

Are there any natural blood thinners? Of course! Natural, highly effective remedies from nature are all around us. If you learn that you have plaque buildup in your arteries and want to protect yourself from possible blood clot formation, then a natural blood thinner agent can be important.

Norwegian Cod Liver Oil. One world-renowned, excellent nutritional agent for optimizing the blood and making it more “slippery” (i.e. naturally less viscous) is Norwegian cod liver oil. This simple, yet highly effective remedy promotes clean, healthy blood as well as strong arteries. Literally thousands of research studies have been done on cod liver oil proving its healthy benefits for blood and health.

Protease Enzymes. Another highly effective, excellent agent for naturally dissolving clots and keeping arteries clear are protein-digesting enzymes called proteases. These are highly purified, plant-based enzymes that are safe and effective. They help digest the fibrin protein in the blood that creates a blood clot. Generally, one to two 500 mg Vcaps are taken between meals, one to 3 times daily. When taken between meals, they help clear the blood and keep abnormal clots from forming. If taken directly with a meal, they tend to only digest the food that has been eaten, rather than working on the blood. Protease enzymes are a real winner and may help you avoid toxic blood thinners.

Maximize Your Nutritional Status

In addition to natural blood thinning agents, be sure to begin re-building your nutritional status with high quality, therapeutic-grade nutrients, including **Super Food Concentrates** which have an abundance of naturally occurring vitamins, minerals and antioxidants.

Super Nutrients. Boost your health by consuming a broad variety of well researched health and immune-supporting nutrients such as **CoQ-10, NADH, colostrum** and **essential fatty acids**. When your body is fortified with an abundance of nutrients, it is much easier for the body to detoxify and heal itself – something simply not possible with poor or inferior nutrition.

Detoxify Your Body. Get rid of the toxic residues and contaminants that may have caused the problem in the first place. It is critical to use both internal and external nutritional detoxification agents to clear stagnant, toxic pathways so the body’s immune system can begin to heal itself once again. Internally, we recommend you begin a cleansing program which includes therapeutic quality, botanical **intestinal cleansers, liver cleansers** and **kidney cleansers**.

Detoxifying Mud Packs and Castor Oil Packs. What did the ancient cultures do to create and keep their own super health? They routinely used powerful external detoxifying agents. For external detoxification,

we recommend the use of therapeutic-grade “mud packs” such as **moor magna detoxification packs** (powerful toxin-chelating agents applied to the body externally which are later washed off) and **castor oil packs** (also applied externally). These highly effective (completely nontoxic) agents have been used for centuries in many cultures with outstanding success in chemical detoxification – thus, promoting a rapid return to health. They are easy to use, safe, inexpensive, and can be applied in the comfort of your own home.

Natural Anti-Infective Agents. In diseases of the cardiovascular system and blood (including heart attacks, strokes, high blood pressure and other diseases), stunning worldwide research is now finding that many of these diseases are linked to disease agents previously overlooked. Highly sophisticated PCR (polymerase chain reactive) technology now shows the tiny footprints of disease agents (virus, bacteria, etc.) in the body’s organs and glands, including the heart and cardiovascular system that lead to disease.

Plaque Formation: The Link to Infectious Pathogens. Recent scientific studies show that **plaque formation is due in large part to INFECTIOUS ORGANISMS** that create the plaque buildup – and later,

cause clot formations. Therefore, it is critical to take a **natural anti-infective agent, such as olive leaf extract**, to provide a broad spectrum anti-infective action to eradicate the infectious microbe attackers. Olive leaf extract has been used for centuries as a highly effective, nontoxic, natural anti-infective agent.

Life-Saving Detoxification. We have found that these simple yet elegant external detoxification and anti-infective agents can be a great, life-saving help in re-establishing adequate arterial flow and immune system function to the affected areas so that once again, the body can be strengthened and repair the damage in those areas. Thousands of people have used olive leaf extract with highly successful outcomes.

Get started today

Begin to road back to great health by detoxifying your body, boosting your immune system and to maximizing your nutrient levels for the body’s most rapid healing progress.

The human body is indeed a self-healing, self-regenerating machine – but only if you give it the nutrients it needs in order for this to occur. Don’t delay – start *today*.

So don’t delay – start today.

Get started on the road to natural healing and great health.

**Enjoy life at its very best –
feeling really great!**

Warfarin- Vitamin K Research Study

COMMENT: The following was a case control study conducted at the Mass. General Hospital in Boston. The study was conducted in patients attending the anticoagulant therapy unit (2,000 patients) over a single year who had been on warfarin for at least one month. Administering low-dose vitamin K proved to be an effective way to maintain INR values in the target range.

For those on warfarin, the target INR is 2.0 to 3.0. When the INR is above 6, there is an increased risk of major hemorrhage. However, trying to maintain INR values in target ranges can be a big challenge. In fact, not all patients on warfarin are even elevated on a regular basis to ensure that the INR values are within range. When taking warfarin drugs, popular textbooks warn about using aspirin as analgesics, and often NSAIDs, and suggest paracetamol as a safe alternative. However, other studies show that paracetamol can interfere with warfarin and can excessively raise the INR.(2)

Evaluation of Very Low-Dose Subcutaneous Vitamin K During Postoperative Warfarin Therapy

From *Pharmacotherapy*, 03/01/2001; Carl J. Possidente, Pharm.D., James G. Howe, M.D., and Mary Cushman, M.D.

Abstract

Study Objective. To determine the effect of very low-dose subcutaneous vitamin K (SCVK) compared with withholding warfarin for above-target international normalized ratio (INR) values after joint surgery.

Design. Historical controlled study.

Setting. University hospital.

Subjects. One hundred thirty-nine patients beginning warfarin after total joint surgery.

Intervention. For a high INR, warfarin was either withheld or SCVK 100, 300, or 400 µg was administered, depending on INR value.

Measurements and Main Results. The primary outcome was change in INR from the day of intervention (day 1) to the next day (day 2). Adjusting for day 1 INR, the mean day 2 INR was 2.10 (95% confidence interval [CI] 1.86-2.33) after SCVK, compared with 2.73 (95% CI 2.50-2.96) in controls. This corresponded to declines of -0.72 and -0.08, respectively (p=0.001).

Conclusion. In orthopedic patients starting warfarin therapy, very low-dose SCVK was more effective than withholding warfarin in reducing high INRs. Investigations

in other populations and assessment of the effect of low-dose SCVK on postoperative bleeding are indicated. Introduction.

Warfarin is an important agent for primary and secondary prevention of thromboembolic disease; however, concerns about drug-induced bleeding may limit prescriptions of the drug.^[1] One of several risk factors for hemorrhage is the intensity of anticoagulation.^[2-6] Several methods have been suggested for managing patients with a high international normalized ratio (INR), such as withholding warfarin until the INR is reduced, administering fresh-frozen plasma, or giving vitamin K.^[7,8]

Vitamin K is an essential cofactor for hepatic production of coagulation factors II, VII, IX, and X.^[9,10] Biologic activity of these clotting factors requires vitamin K-dependent conversion of glutamic acid residues to γ -carboxyglutamic acid on the N-terminal region of the proteins.^[9-12] Warfarin exerts its anticoagulant activity by inhibiting vitamin K epoxide reductase and vitamin K reductase, important enzymes of the vitamin K metabolic cycle.^[12] Inhibition of these enzymes causes a decrease in γ -carboxylation of coagulation factors, resulting in limited ability for vitamin K-dependent coagulation proteins to bind calcium and form a clot.^[10,13] Administering vitamin K reverses warfarin’s anticoagulant effect because conversion to the activated form of vitamin K may occur by a warfarin-resistant enzyme pathway.^[10,12,13]

Studies evaluated the effectiveness of vitamin K to reduce warfarin-induced anticoagulation in patients with an elevated INR.^[14,15-27] The vitamin was administered intravenously^[15,19,21,24] and subcutaneously,^[18,19,24,26] with evidence also supporting the oral route.^[7,16,17,20,22-25] The optimum dose and most effective route of administration for this indication are not known.^[12,28]

Warfarin often is administered to prevent venous thromboembolism (VTE) after hip or knee replacement surgery.^[29] In this setting, during which dietary consumption of vitamin K is low, vitamin K deficiency may cause a rapid rise in INR at the start of warfarin therapy. For these patients, an elevated INR is undesirable because of the increased risk of postoperative bleeding complications or wound hematoma. Complete reversal of anticoagulation is also undesirable due to the high risk of VTE after orthopedic surgery.^[29] We hypothesized that very low-dose vitamin K would be effective in these patients by reducing the risk of bleeding while balancing the need for effective anticoagulation.

Published studies on this subject are not available. The objective of this study was to determine if very low-dose subcutaneous vitamin K (SCVK) was effective in reversing INRs above target range during start of warfarin therapy in postoperative patients with no active signs or symptoms of bleeding.

1. EM Hylek et al. Acetaminophen and other risk factors for excessive warfarin anticoagulation. *JAMA* 1998 279: 657-662.
2. WR Bell. Acetaminophen and warfarin. Undesirable synergy. *JAMA* 1998 279: 702-703.