EDITORIAL COMMENT

Theriac Found? Nitric Oxide-Aspirin and the Search for the Universal Cure*

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In the second century of this era, a consul of Rome introduced his doctor, Claudius Galenus of Pergamum, to emperor Marcus Aurelius. They got along famously, and Galen became the court physician. Renowned for his public vivisections, which allowed startling advances in the fields of anatomy and physiology, Galen joined a band of both notable and notorious doctors on a 4,000-year-old quest for the universal cure. Galen's theriac (loosely from the Greek for animal flesh), or antidote, was a grand version of the universal cure. Galen became the court physician. Renowned for his public vivisections, which allowed startling advances in the fields of anatomy and physiology, Galen joined a band of both notable and notorious doctors on a 4,000-year-old quest for the universal cure. Galen's theriac (loosely from the Greek for animal flesh), or antidote, was a grand version of the universal cure. Galen became the court physician. 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points on the continuum of vascular inflammation, it is reasonable to speculate that long-term trials of NO-aspirin would best the parent compound in the primary and secondary prevention of vascular events.

The study leaves us with many questions, such as whether an agent with such broad biologic properties, taken daily for life after the age of 45, might not have unexpected and undesirable effects. An equally important question relates to the ideal dose of aspirin against which to compare this theriac of nitrate. We still do not know (6, 22). When the anti-platelet trialists published their first article in 1988 (10), they made it clear that nothing was to be gained from high doses of aspirin. Indeed, a dose of approximately 25 mg, perhaps even lower, may be sufficient for prevention of vascular events, and such a dose might lower gastrointestinal and hemorrhagic complications (6, 10, 22, 23). We still do not know. However, most of the large, modern, multicenter cardiovascular trials have used doses of 325 to 650 mg; so the evidence favors standard doses, and before we rush to reduce the dose to nanograms as the homeopaths would have recommended, there also is the unexplored issue of aspirin resistance to resolve (24).

After six millennia of brewing and searching for a universal cure, the compounded pharmaceutical described as NO-aspirin may be nearly a theriac. But we must wait; the drug is in Phase II clinical trials, and we will not know for some time whether it is an antidote to that which kills us. And who can say that the next versions, with a pinch of statin and eye of newt, will not be even better?

REFERENCE


