

The intellectual lineage of paradoxical pharmacology strategy

Dear Dr. Charlton

With respect to our recent paper on paradoxical strategies for treatment of disease [1], we would like to acknowledge and honor Dr. Richard Bond at the University of Houston for his pioneering insights [2]. Although some disparities exist with respect to mechanism and application of the theory [2,3], it is the overlapping views directed towards a common core thesis that are noteworthy. Before our postulations were even published, Dr. Bond had already independently initiated a clinical trial to test the use of beta blockers for asthma, one of the specific examples cited in our paper [4]. Our groups have marched towards a common thesis from disparate scientific disciplines (pharmacology versus physiology). Untoward consequences of smoking or taking drugs such as cox-2 inhibitors may exemplify yet another dimension of the paradox thesis [5,6].

We are grateful for Dr. Bond's early and ongoing contributions to this emerging scientific perspective. In nature, convergent evolution from disparate starting points can signal the Darwinian value of a particular trait. We believe that the epistemological convergence observed here reinforces the potential value of the thesis, which awaits further empiric validation.

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Anthony J. Yun

*Stanford University, Radiology
470 University Avenue, Palo Alto
CA 94301, United States*

*Tel.: +1 650 387 6667; fax: +1 650 325 5028
E-mail address: ayun@stanford.edu*

Tamoxifen may increase insulin requirement in breast cancer patients with type 1 diabetes mellitus through its agonistic activity on splenic endothelial cells and inhibitory effect on pancreatic beta cells

To the Editor,

Lymphocyte-mediated autoimmune diseases are more prevalent in females. Manifestation of many autoimmune diseases correlates with the time frame of increased estrogen in women [1]. Sex hor-

mones alone are not responsible for the development of autoimmune diseases. However, their influence on the immune system appears to result in enhanced immune responsiveness leading to increased disease severity [2]. The spleen, a major secondary lymphoid organ participating in the