



Fig. 4.—The results of ascorbic acid therapy in the case of xanthoma tuberosum described in the text. The pictures were taken (A) before and (B) after 5 months of therapy.

Fig. 4 illustrates the results of ascorbic acid therapy in a male of 30 suffering from xanthoma tuberosum and a myocardial infarction. No study was made of this patient's arteries because of technical difficulties. Successful therapy of xanthomatosis has been reported in a case of myxedema after administration of thyroid and a low cholesterol diet²⁷ and is said to follow heparin therapy.²⁸

SUMMARY AND CONCLUSIONS

1. The problem and the importance of studying atherosclerosis objectively during life are outlined and serial arteriography is suggested as a method of study.

2. Evidence is set forth to indicate that femoral and popliteal arteriography is a useful means of estimating the degree of atherosclerosis likely to be present throughout the body.

3. The method of serial arteriography is described.

4. The development of thrombosis, collateral vessels, recanalization of thrombi and post-stenotic dilatation distal to a plaque is discussed.

5. Both progression and regression of plaques are observed to occur over relatively short periods of time. Progression and regression did not co-exist in the same cases during one period of observation.

6. Various forms of therapy in atherosclerosis are mentioned and some of them discussed. Serial arteriography is suggested as a means of assessing therapy.

7. The rationale for ascorbic acid therapy is

briefly outlined as based upon previous studies of the pathogenesis of atherosclerosis.

8. Preliminary results of ascorbic acid therapy in human atherosclerosis are encouraging.

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