



Editorial

More Platon and Less Prozac: The Arrival of ASTHMA-ZUMAB[☆]Más Platón y menos Prozac[®]: llega el ASMA-ZUMABPere Casan,^{*} Ana Fernández Tena, Cristina Martínez

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The human dichotomy of physical vs spiritual, material vs ethereal, action vs thought are eternal issues that are periodically revisited. Lou Marinoff's "Plato, Not Prozac"¹ rekindled this dilemma and led to calls to fill our daily life with "philosophy", instead of resorting to the more common antidepressant drugs. This more humane perspective on life challenges the widely held opinion that Marx and Freud are dead: magical thinking has finally succumbed to science and all our problems can be solved with the right pill. Asthma, one of the most common diseases in daily medical practice, is not immune from this duality.

Although oral cortisone had been available for many years, a turning point came in the treatment of asthma when, in 1972, Dr. H. Morrow Brown introduced inhaled corticosteroids.² Since then, the asthma therapies have steadily improved. Corticosteroids acted in a similar way to Prozac[®], suppressing and neutralizing the biological effects of the chemical mediators involved in the disease process. More corticosteroids and less talk, was the message. We had finally found a way to neutralize eosinophils and interleukins and to restore inflammatory damage in the bronchial epithelium. This heralded the end of asthma; and we were not entirely wrong, as the appearance of these drugs represented a significant change in the natural history of the disease.

And then, after several years of progress in the formulation, presentation, and administration of corticosteroids, came the qualitative leap forward: "zumabs". This suffix is reserved for primary humanized monoclonal antibodies used in the treatment of certain diseases, such as asthma. The first of these compounds to be used worldwide with significant success was omalizumab.³ Since then, a steady stream of new asthma biologics has been added to the respiratory pharmaceutical arsenal: mepolizumab, reslizumab, benralizumab, pascolizumab, lebrikizumab, etc.: the start of a real ASTHMA-ZUMAB.

What is the theoretical outlook on this new situation? In a recent editorial, Wenzel et al.⁴ argue that in the immediate future we will

classify all asthma patients into 2 large groups: standard and severe. For the former, conventional treatment (inhaled corticosteroids) will be the solution; for the latter, a whole range of personalized treatments will be designed, in which ASTHMA-ZUMABs will have an important role.

But the world of asthma is not restricted to biological treatment alone. There is ample room for talk (the co-authors of Dr. Wenkel's editorial were her own patients, who comment on the particularities of their disease), and we will grasp the importance of understanding the personal characteristics of each individual, their idiosyncrasies, motivations, suggestions, points of view, and their relationship with their doctor. There will be no need to call for "more Plato", because Plato will be involved in the personalized biological treatment of each patient and each asthma endotype. Plato, Aristotle, Kant, Wittgenstein, and Onfray will always be at the pulmonologist's side.

We should also mention the comments made by Bush and Pavord in another recent editorial.⁵ These authors also draw attention to the need to focus on the prevention and cure of asthma. Echoing the Lancet Commission,⁶ of which they themselves are co-authors, they propose 7 key points to redefine airway diseases, ranging from precision medicine to research into new biological models, with zero tolerance for exacerbations. Achieving these aims, according to Robinson et al.,⁷ in another editorial, involves conducting phase III clinical trials with the new ASTHMA-ZUMABs, and defining cell predominance, intercellular signaling messengers, etc., in order to determine the best drug for each specific individual.

And so the debate goes on. Plato and ZUMAB, always together, always in the right balance minds united to the same end, body and spirit as one, a human being asking for help and another prepared to offer it. Welcome, personalized biology, and long live the talking.

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