INTRODUCTION
Acute ischemic stroke occurs most commonly due to atherosclerotic thrombosis although it can be due to embolism or thrombosis. Atherothrombotic stroke is one of the manifestations of target organ damage of generalized vascular atherosclerotic process. So the patient of acute ischemic stroke is at higher risk of cerebrovascular, cardiovascular and peripheral vascular disease than the general population. Acute manifestations (stroke, myocardial infarction or limb ischemia) of atherosclerosis occur due to plaque rupture and thrombus formation.

Atherosclerotic plaque in artery
\[ \downarrow \]
Plaque Rupture
\[ \downarrow \]
Platelet adhesion
\[ \downarrow \]
Platelet activation & aggregation
\[ \downarrow \]
Thrombosis & embolism
\[ \downarrow \]
Ischemic heart disease/stroke/peripheral vascular disease.

This thrombus formation can be prevented by the use of agents which prevent the platelet thrombus formation which in turn
long term. The drug should be most effective and least toxic with favorable cost benefit ratio for long-term use for prevention of atherothrombosis. Aspirin (acetylsalicylic acid), most widely used cyclooxygenase inhibitor and Clopidogrel, a recently introduced ADP receptor antagonist, are the two antiplatelet drugs, which are used to prevent the ischemic events\(^1\).

As a result of medical progress each year numerous new therapies are introduced to the medical community, and each of them must prove its usefulness in 2 arenas. Firstly, does the new therapy improve outcomes relative to conventional therapy? If this test is passed, the second question is: are the improved outcomes worth the extra costs. Controlled clinical trials answer the first question and economic analysis, the second.

It has been shown that Long-term administration of clopidogrel to patients with atherosclerotic vascular disease is more effective than aspirin in reducing the combined risk of ischemic stroke, myocardial infarction, or vascular death and the overall safety profile of clopidogrel is at least as good as that of medium-dose aspirin\(^2\). In the light of above mentioned facts this randomized, single blinded, clinical trial was planned to
compare the relative efficacy of aspirin (325 mg once daily) versus clopidogrel (75 mg once daily) in reducing the risk of a composite outcome cluster of ischemic stroke, myocardial infarction, or vascular death in patients of acute ischemic stroke; their relative safety was also assessed. This study included 60 patients of acute ischemic stroke who were followed for one year for primary outcome or adverse reactions of both the drugs.