

COVID-19 SYNDROME & RECOVERY

Acute COVID

“LONG HAUL”



Kathleen O'Neil-Smith, MD



TREAT WELLNESS™

Prototypical Disease:

A **Golden** Opportunity for
Regenerative Medicine



My journey Going Full Circle!

Physiology and Nutrition B.S.

USARIEM Research

US National Rowing Team, member f/b coach

H.S & College Science, Math and Wellness

Med school

Pathology Internship @ MGH x 1 year

Internal Medicine 3 years @ BWH

Palliative Care → Geriatrics → IM/PCP ---> AARM

COVID-19 & “Long Haul”

What can we learn? A LOT!

- C-19 pandemic still affecting communities globally
- Multiple variants continue to be found
- Chronic multi-symptom health issues emerging
- Requires a unique approach to treatment; beyond simply managing symptoms: brain fog, SOB, chronic cough, muscle/joint pain, fatigue

Healthy Immune System vs Immunopathology

- How do we optimize immune system health?
 - How do we minimize immunopathology?
 - Are there biomarkers can we use to assess
immune health vs. immunopathology?
-

IMMUNOPATHOLOGY: LESSONS FROM THE PAST

- ▶ 1985: Incline Village , Nevada— bad flu season
“The Chronic Fatigue Syndrome”;Cheney and Lapp —> alteration in immune system function and state of chronic Inflammation
- ▶ Maes and Pall: “CFS” associated with functional mitochondriopathy, immune dysfunction, oxidation stress with sustained tissue-specific inflammation, —> and complex multi-organ symptoms
- ▶ 1990’s: “Gulf War Syndrome”(GWS) —> fatigue, myalgia, cognitive deficits —> associated with mitochondria defects with a lasting deleterious impact on immune function
- ▶ Long-haul post COVID-19 -->similarities w/ CFS and GWS: is there a shared putative immune mechanism or **IMMUNOPATHOLOGY** ?

Understanding “IMMUNOPATHOLOGY”

- ▶ **Immunosenescence** = aging of the immune system
- ▶ COVID-19 infection damages immune cells and accelerates immunosenescence
- ▶ It is imperative that for **CDPM(C)**, we examine the underlying and baseline status of the immune system as the immune system is involved in all disease processes.
- ▶ If immune system status is unknown, **NON-SPECIFIC** immune “boosting” activity may result in adverse outcomes for those with pre-existing altered immune system function



Recipe For Immune Mediated Diseases

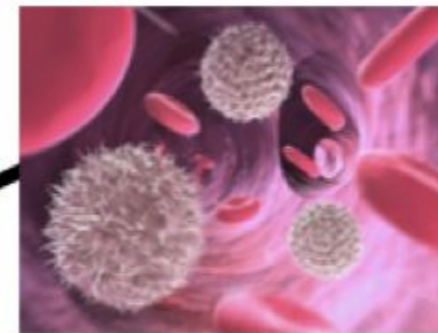
Which Ingredients Are Necessary?



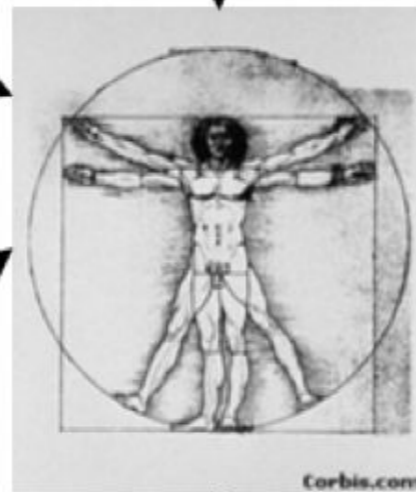
Human Genome



Increased Gut Permeability



Immune Response



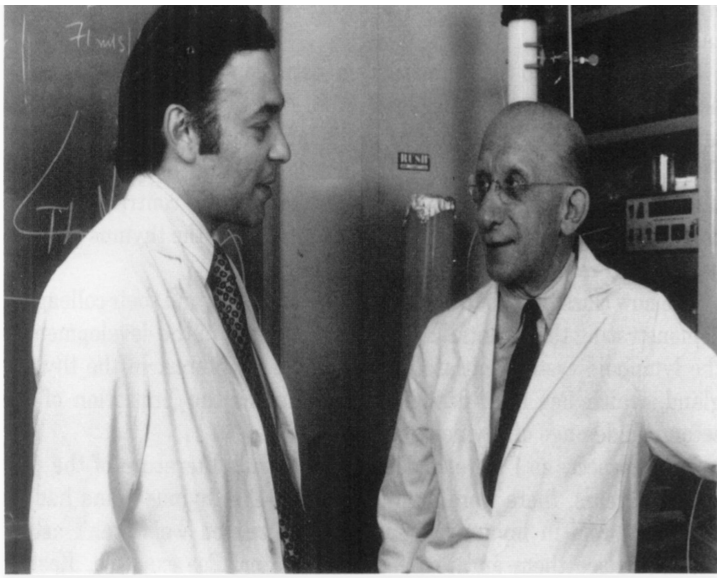
Environmental Factors



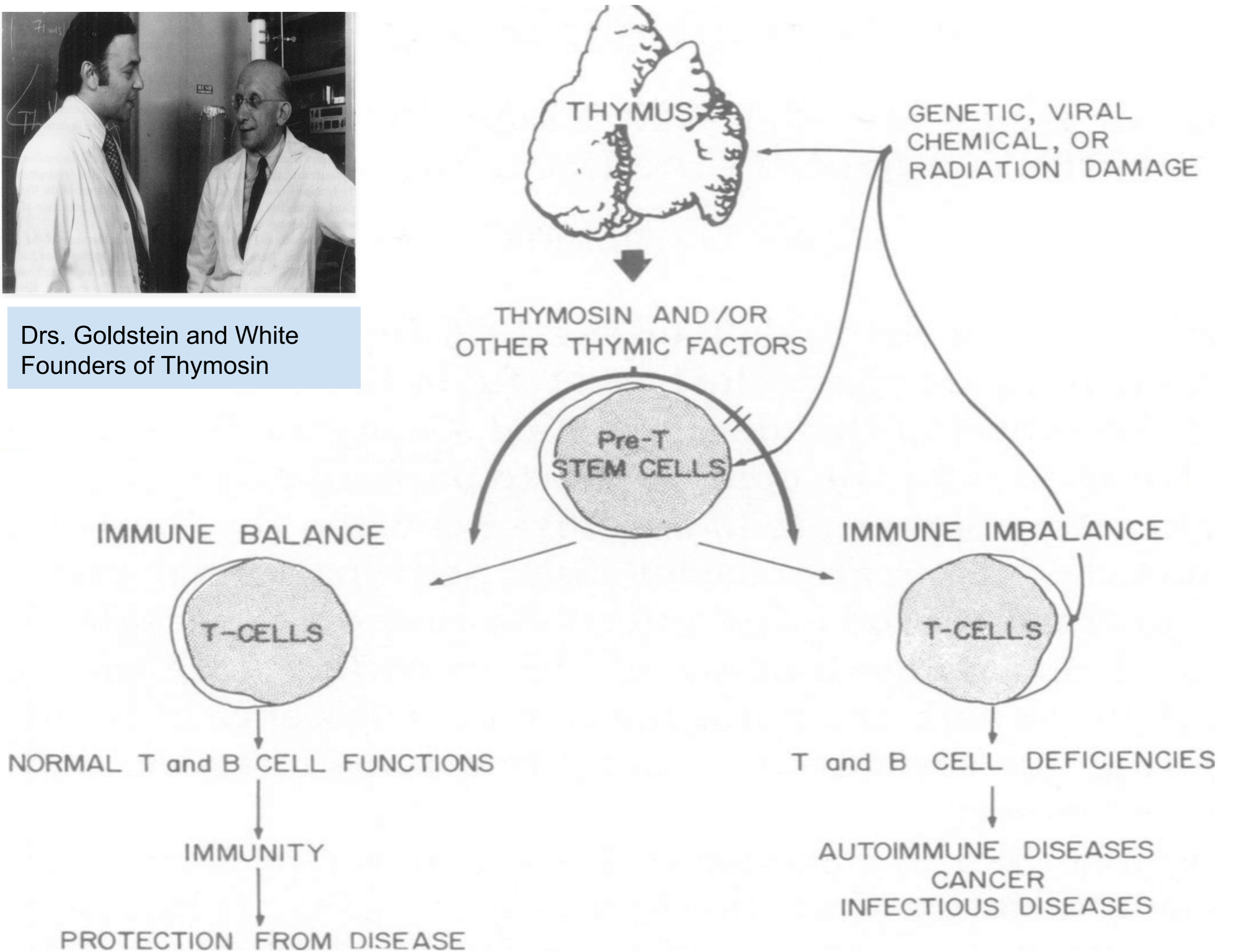
Microbiome

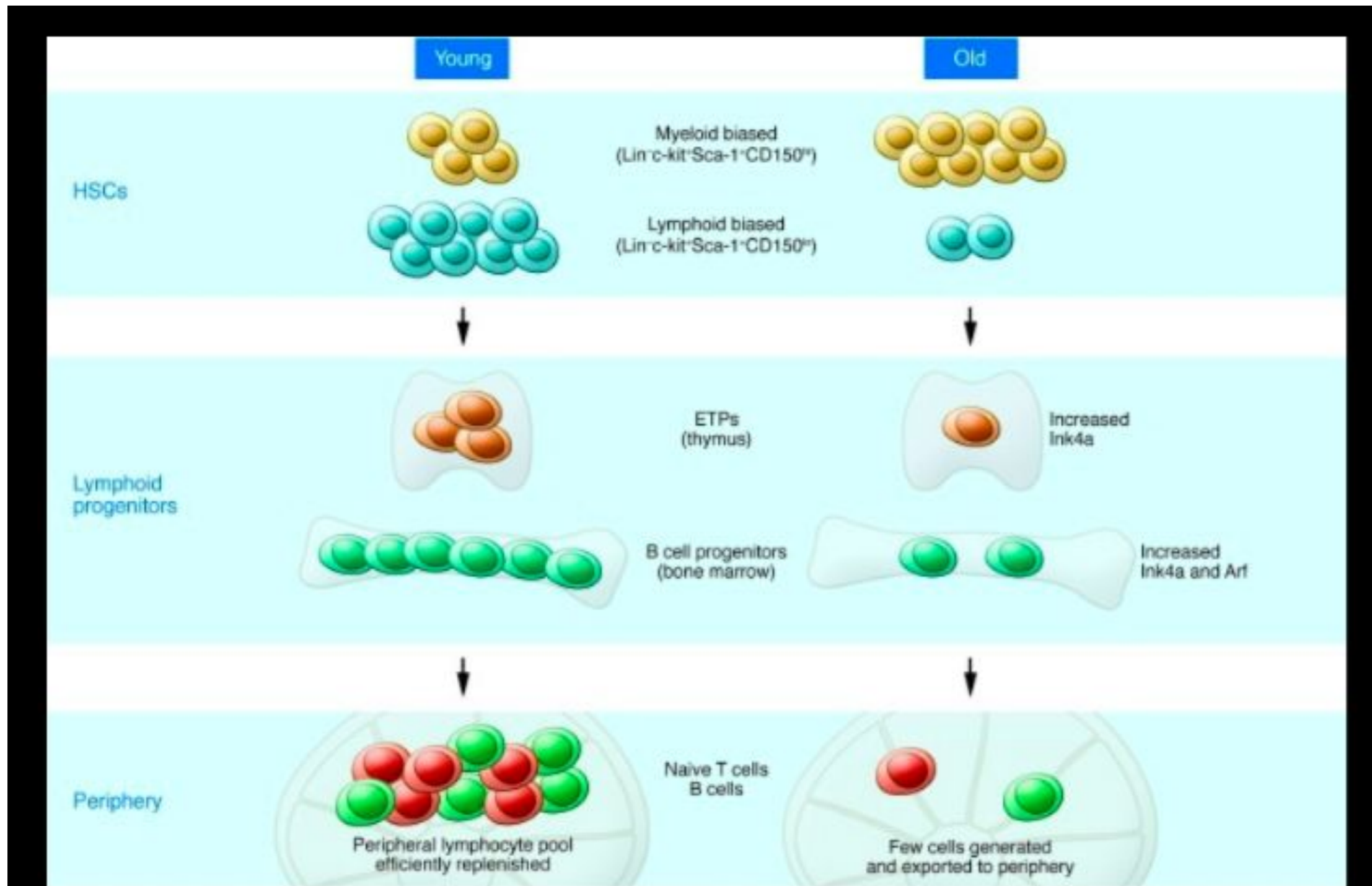
Reference Box





Drs. Goldstein and White
Founders of Thymosin





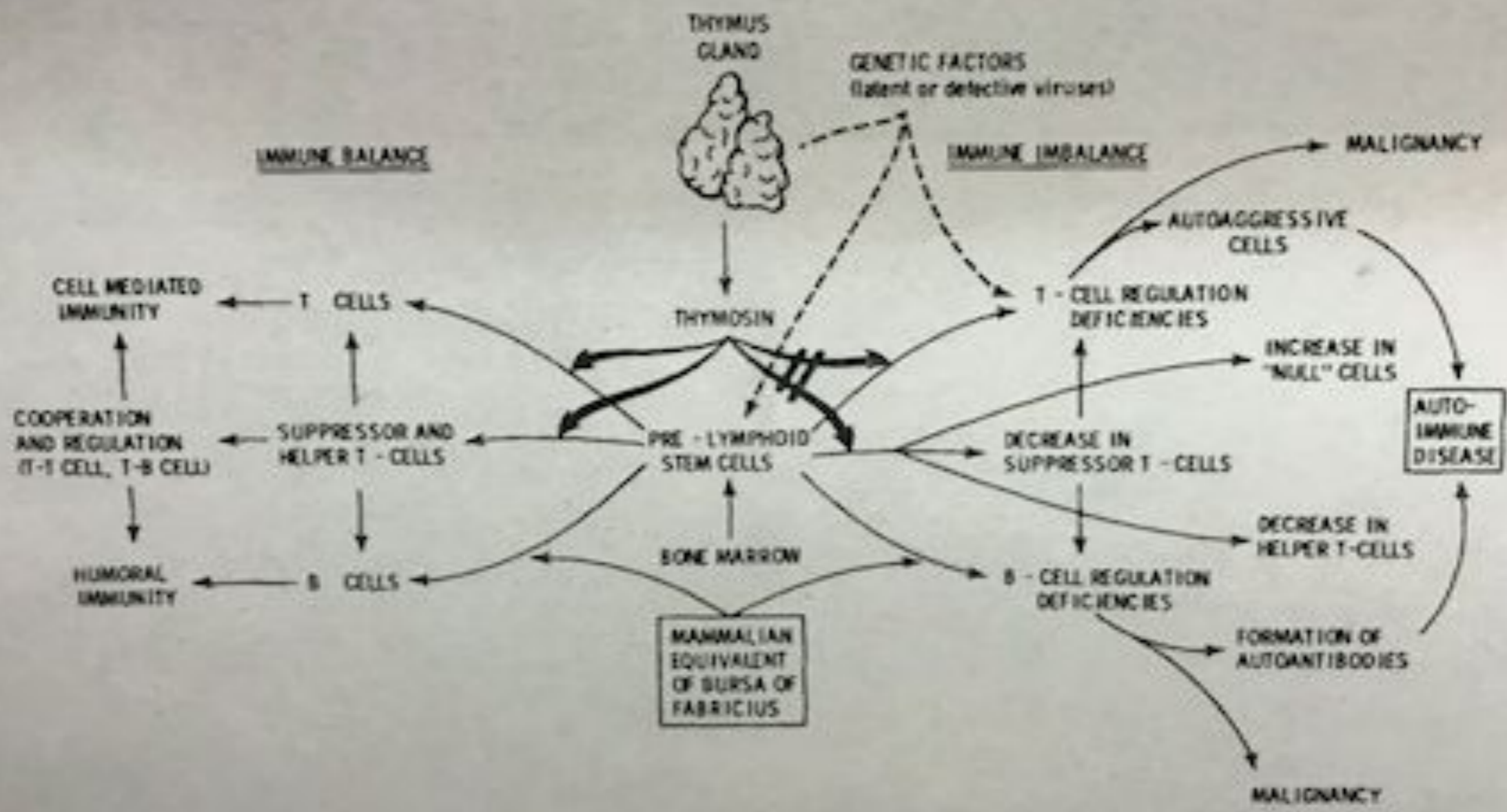


FIGURE 3. Proposed role of thymosin in the etiology of autoimmune disease.

Factors impacting IMMUNOPATHOLOGY

- ▶ **Optimal nutrition status** is essential for a well-functioning immune system to protect one from illness (healthy microenvironment)
- ▶ Studies of C-19 patients indicate that **co-morbidities** and **aging** linked to changes in immune system function are associated with increased severity of C-19 dx, ie increased CK storm
- ▶ The type of immune system imbalance prior to exposure to C-19, **AND pre-existing activities in certain immune cells** are two additional factors that affect disease severity if infected with COVID-19

COVID 19 & “Long Haul”

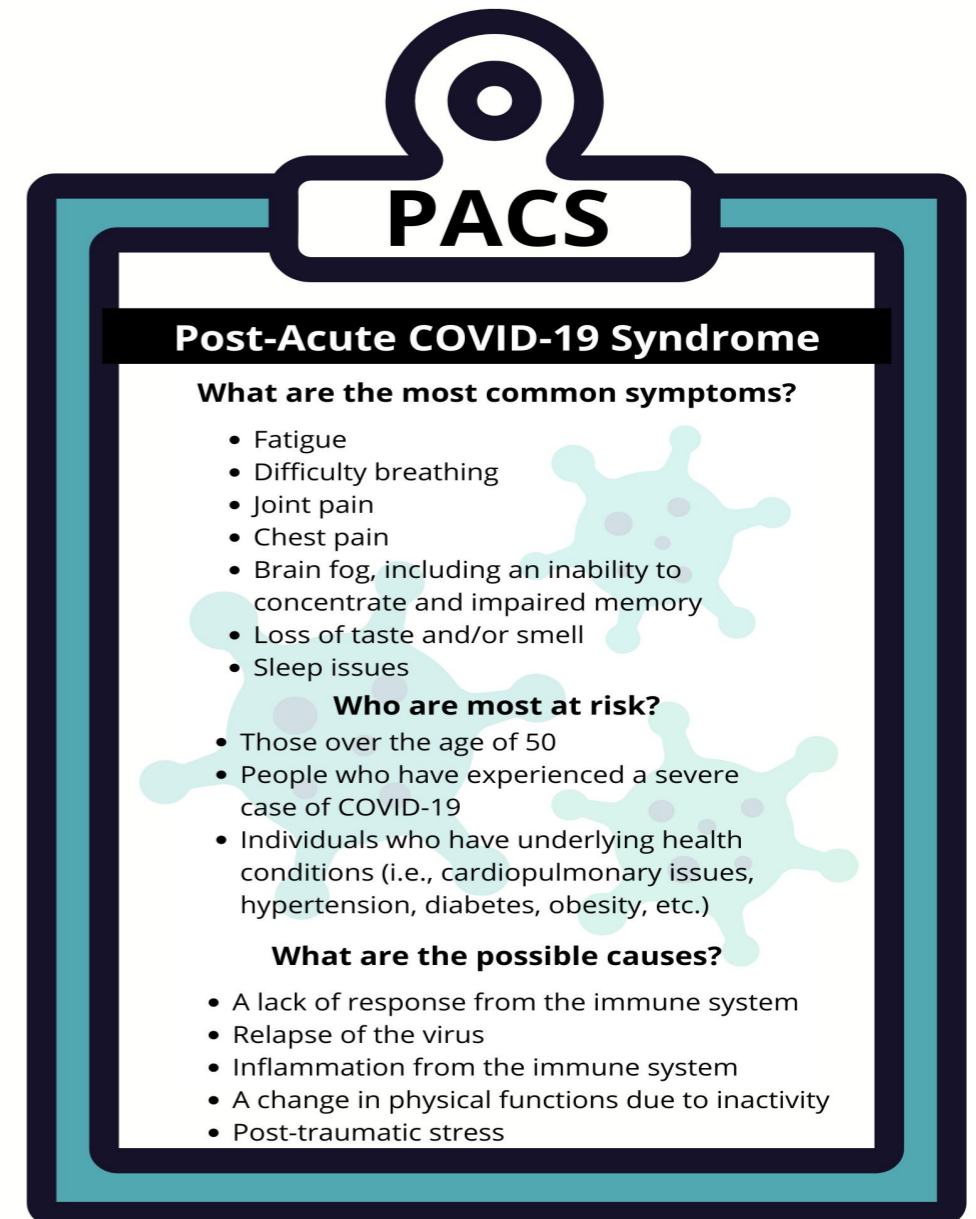
Aging→ immunosenescence

Immune system imbalance
prior to exposure to C-19

Comorbidities

Pre-existing activities in
immune cells

Optimal nutrition status



IMMUNOPATHOLOGY:

The influence of DIET AND LIFESTYLE (Non-heritable FACTORS) on the immune system

VARIATION IN THE HUMAN IMMUNE SYSTEM IS LARGELY DRIVEN BY
NON-HERITABLE INFLUENCES: CELL 2015 JAN 15, BRODIN

VARIATION IN THE HUMAN IMMUNE SYSTEM IS LARGELY DRIVEN BY NON-HERITABLE INFLUENCES

- ▶ A large collaborative study (Karolinska, UNC, Stanford) demonstrated that there is considerable variation in immune system status and function among healthy populations
- ▶ The differences were not genetically determined
- ▶ The differences were driven by lifestyle factors: the exposome, including diet and environmental factors to which the immune system had been exposed!



**CELL 2015
JAN 15, BRODIN**

VARIATION IN THE HUMAN IMMUNE SYSTEM IS LARGELY DRIVEN BY NON-HERITABLE INFLUENCES

- ▶ Researchers-> 204 different immune parameters, including immune cell types, cytokine responses, serum proteins derived from the immune system
- ▶ 77% dominated by and 58% were almost completely determined by non-heritable factors
- ▶ Some of these factors became variable and accumulated at different rates with age
- ▶ This supports understanding the importance of the EXPOSOME: the cumulative influence of environmental exposures

Variation in the human immune system is largely driven by non-heritable influences

Petter Brodin ¹, Vladimir Jojic ², Tianxiang Gao ², Sanchita Bhattacharya ³, Cesar J Lopez Angel ⁴, David Furman ⁴, Shai Shen-Orr ⁵, Cornelia L Dekker ⁶, Gary E Swan ⁷, Atul J Butte ⁸, Holden T Maecker ⁹, Mark M Davis ¹⁰

Abstract

There is considerable heterogeneity in immunological parameters between individuals, but its sources are largely unknown. To assess the relative contribution of heritable versus non-heritable factors, we have performed a systems-level analysis of 210 healthy twins between 8 and 82 years of age. We measured 204 different parameters, including cell population frequencies, cytokine responses, and serum proteins, and found that 77% of these are dominated (>50% of variance) and 58% almost completely determined (>80% of variance) by non-heritable influences. In addition, some of these parameters become more variable with age, suggesting the cumulative influence of environmental exposure.



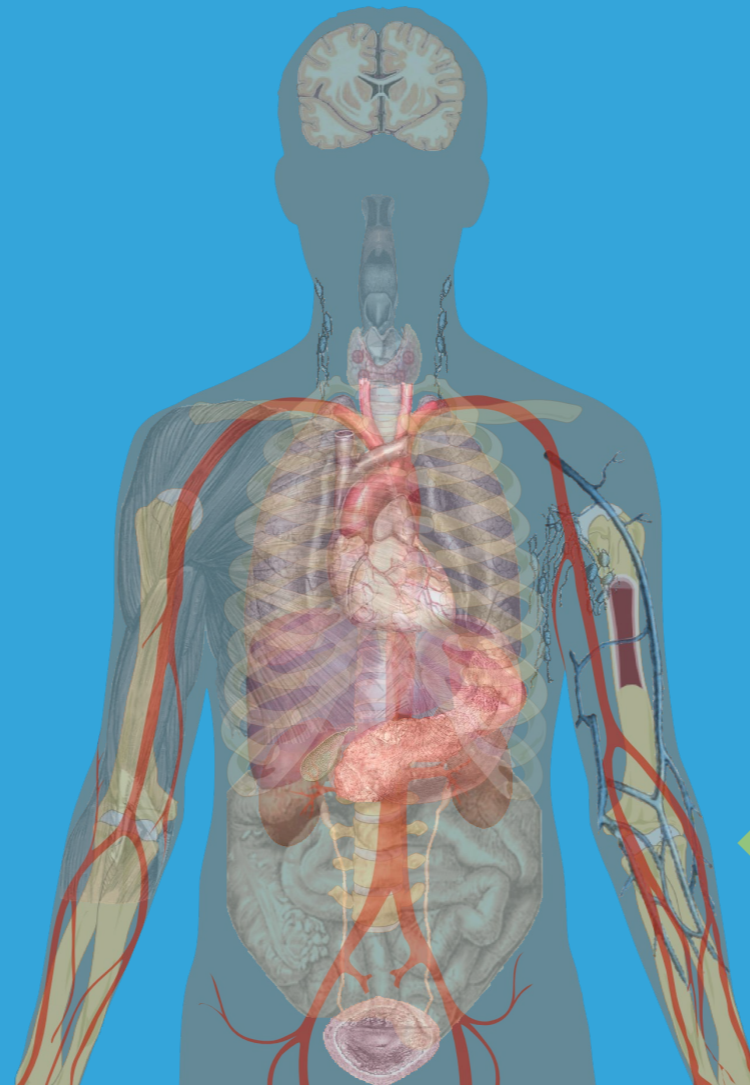
- PMID: 25594173
- PMCID: [PMC4302727](#)
- DOI: [10.1016/j.cell.2014.12.020](#)

IMPORTANCE OF THE EXPOSOME

- ▶ The EXPOSOME: the cumulative influence of environmental, diet and lifestyle exposures can lead to differing “immune identities”.
- ▶ The accumulation of immune cells that have had mutational injury and epigenetic changes as a result of lifestyle and environmental factors may increase the inflammatory state of the individual and thus the severity of COVID-19 disease if infected

External Environment:

- ❑ Diet
 - ❑ industrialized foods
- ❑ Lifestyle
 - ❑ excess stress
 - ❑ lack of movement
 - ❑ excess sympathetic tone
 - ❑ low parasympathetic tone
- ❑ Pollution
- ❑ Radiation
- ❑ Drugs



Exposome:

- ❑ Adjuvants
 - ❑ metals
 - ❑ immune modulators
 - ❑ endocrine disruptors
- ❑ Receptor binding proteins
- ❑ Reactive electrophiles



TREAT WELLNESS™



HOW DO WE ADDRESS IMMUNOPATHOLOGY?

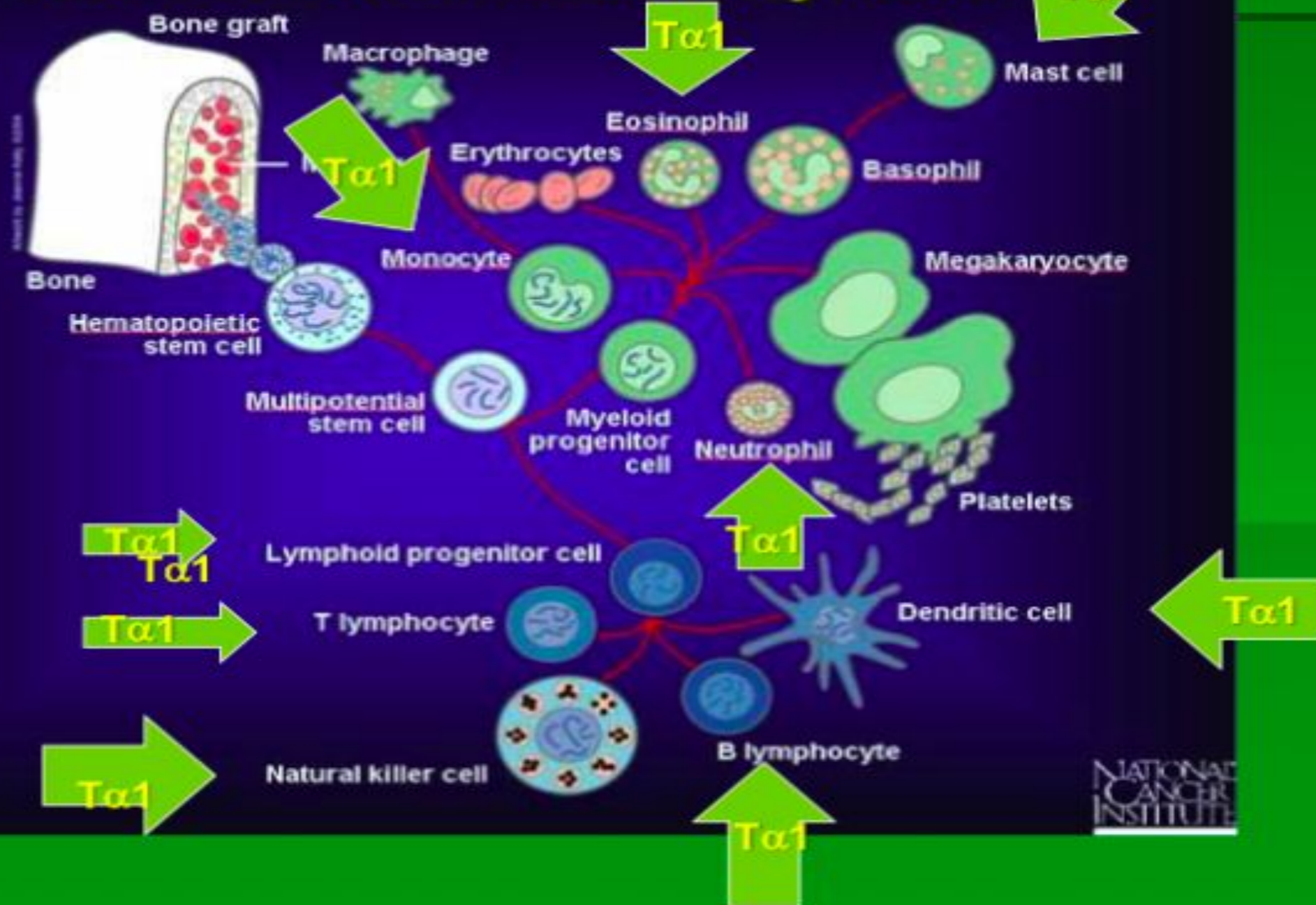
- ▶ Reduce the production rate of damaged immune cells
- ▶ Eliminate immune cells that carry messages from past exposures
- ▶ Replace immunosenescent cells with new immune cells not imprinted with prior memories

Exfoliation of facial skin



Thymosin-alpha-1

Cells of the Immune System



Immune Dysregulation

- Studies show that immune dysregulation and immunosenescence results in an increase in $T_H 2$ relative to $T_H 1$
- This $T_H 2 / T_H 1$ imbalance is assoc. w/ many common chronic illnesses, including:
 - Chronic fatigue syndrome/fibromyalgia
 - Autoimmune disease
 - Chronic infections (including CMV, Lyme, viral, parasites)
 - Oxidative Stress: GSH depletion → TH1 — TH2 shift
 - Glucose, tobacco, alcohol
 - Dysbiosis
 - Hormones (estrogens stimulate TH2; progesterone and testosterone TH1)
 - Depression
 - Zinc and other mineral deficiencies

CHRONIC DISEASE PREVENTION AND MANAGEMENT CLINICS

- ▶ Address the exposome, including diet and lifestyle factors
- ▶ GOAL of CDPMC's:
 - Recognize that prior immune system health is an important factor that we need to measure
- ▶ → Address the 'health of the microenvironment', aka the ECM
- ▶ → Practice Immune Rejuvenation !

BMJ NUTRITION PREVENTION & HEALTH: MAY 2020; PHILIP CALDER, PHD," NUTRITION, IMMUNITY AND COVID-19"

- ▶ Daily dietary nutrients that support immune system function:
- ▶ Vitamin A, C, D, E, Zinc, Omega 3, Probiotics
- ▶ If previous immune injury 2/2 infection (eg.,EBV,CMV) or adjuvant exposure with sustained chronic immune dysfunction, and a residual memory of past exposures,
- ▶ Are these dietary nutrients sufficient to meet the needs of a patient who now experiences *additional immune injury* as a consequence of COVID-19 infection?



COVID-19 INFECTION (mod-sev) does not happen in isolation!

- ▶ Injury with COVID to a previously injured immune system worsens the imbalanced immune system state.....resulting in
- ▶ Over-activation of the NLRP3 inflammasome
- ▶ Heightened activation of inflammatory CK's
- ▶ Creation of "bystander" damage to hematopoietic stem cells as..mutational and epigenetic changes to the progenitor immune cells

Why do people have varying infection when exposed to COVID-19 (COV-2)?

- No infection (90%)
- Mild Infection (9%)
- Severe Infection (1%)

Variation in immune response is due to age, chronic disease, exposome.....



	<u>No Infection</u>	<u>Mild Infection</u>	<u>Severe Infection</u>
<u>Exposome</u>	Mild	Moderate	Severe
<u>Mucosal Immunity, Increase Permeability</u>	Strong	Good	Compromised
<u>Antibody Production</u>	Good/Rapid	Good/Delayed	Compromised
<u>Immune System NK cells, etc...</u>	Strong	Moderate	Compromised

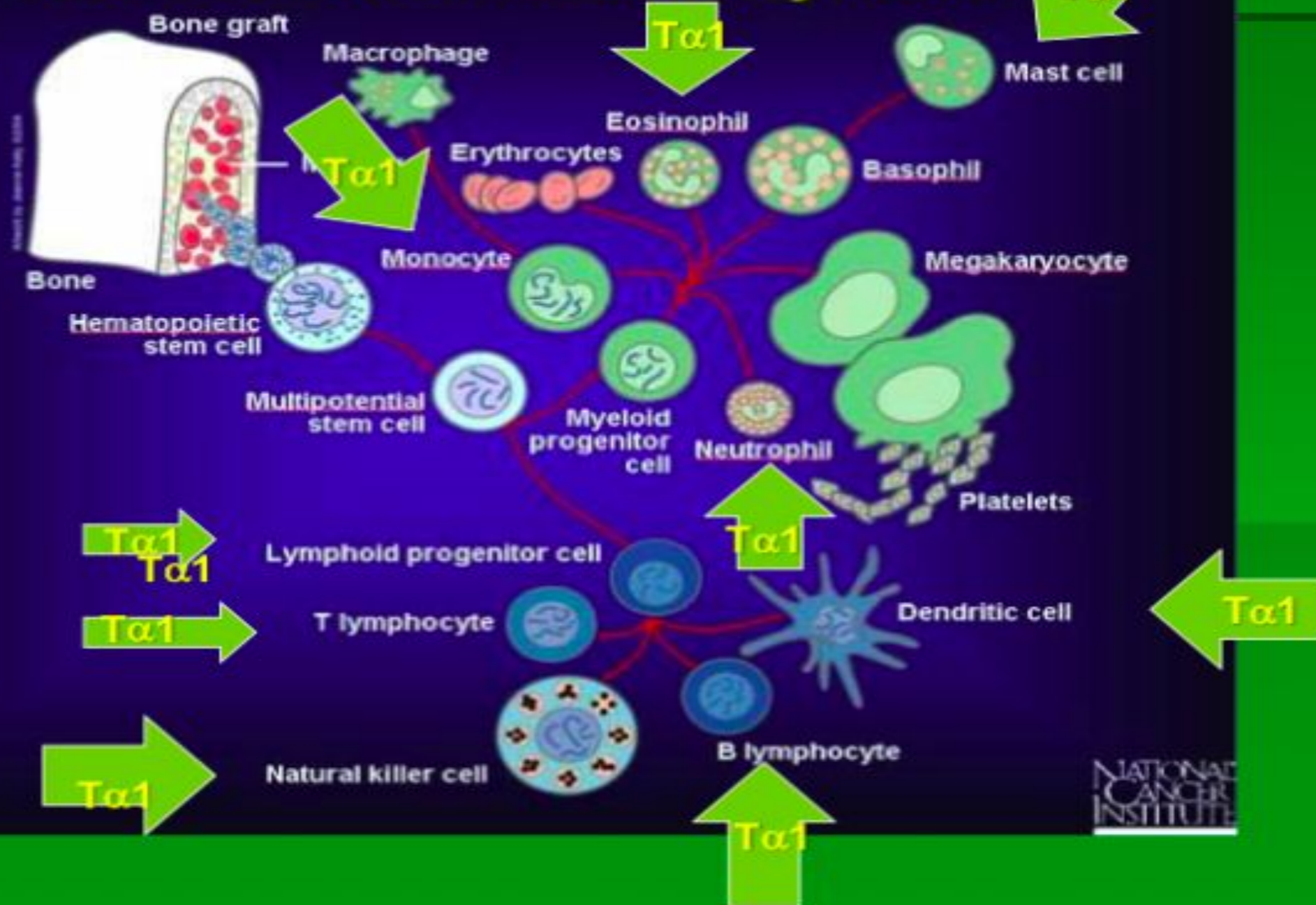


POST VIRAL INFECTION MUTATIONAL INJURY

- ▶ Resembles “CHIP” - *clonal hematopoiesis of indeterminate potential.*
- ▶ During COVID-19 infection, *alteration of genes in the CHIP-driver sequence in hematopoietic stem cells*, may create a *long-term inflammatory phenotype* associated with *mitochondrial and immune system dysfunction*
- ▶ These gene alterations impact the complex symptom profile in the long haul C-19 patients

Thymosin-alpha-1

Cells of the Immune System



PREVENTION OF ANY CHRONIC DISEASE

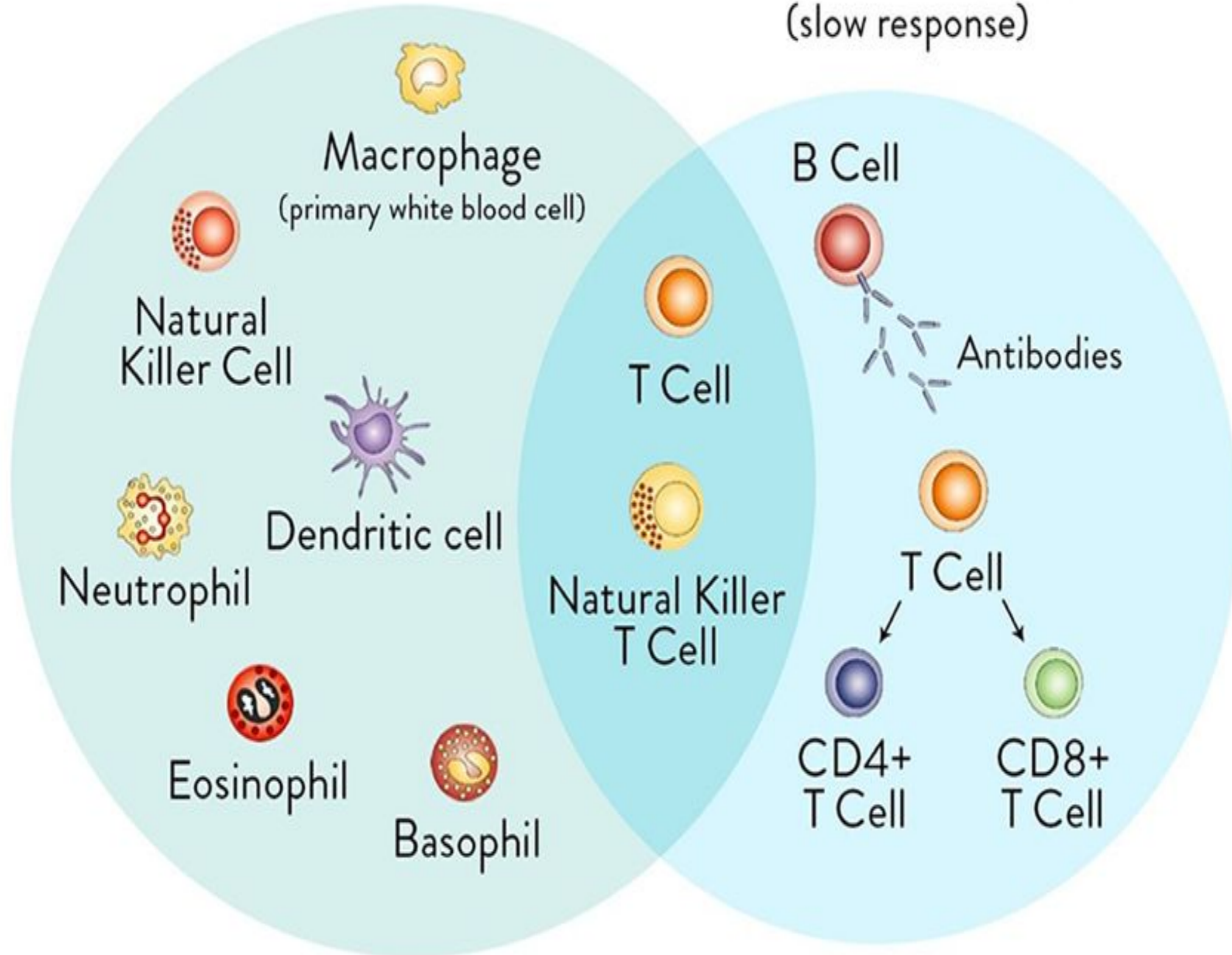
- ▶ Identify immune “identity” of your patient at baseline; immunopathology, previously injured immune system?
- ▶ Rejuvenate the immune system through selective activation of autophagy and mitophagy in immune cells
- ▶ Understand how various lifestyle, dietary factors and the exposome can influence the autophagy process, positively and negatively

INNATE IMMUNITY

(rapid response)

ADAPTIVE IMMUNITY

(slow response)



GOAL: ADDRESS IMMUNOPATHOLOGY?

- ▶ Reduce the production rate of damaged immune cells, including damage to hematopoietic stem cells, the progenitor cells that produce new immune cells and improve immune function
- ▶ Eliminate immune cells that carry messages from past exposures
- ▶ Replace immunosenescent cells with new more resilient immune cells not imprinted with prior memories

COVID -19:TREATMENT CONSIDERATIONS

- ▶ Prevention — ideally is personalized lifestyle medicine with immune system rejuvenation
- ▶ Post-exposure Prophylaxis
- ▶ Acute COVID-19 Treatment options
- ▶ Long Haul C-19: long term management to optimize immune health and to restore aberrant immune system function—
Immune Support vs Immune-Rejuvenation

A SAMPLING OF BIOMARKERS ASSESSING IMMUNE SYSTEM FUNCTION

- ▶ CBC with diff : Monocyte, basophils, eosinophils, immature granulocytes, etc...
- ▶ Assess the TH1. Vs TH2 balance
- ▶ NK cell function, CD4, CD8....
- ▶ IgA, IgM, IgG, IgE, secretory and plasma levels
- ▶ IGF-1, EndoPat test and sudomotor testing, etc
- ▶ Cytokine biomarkers: IL-6, Complement, TNF-alpha
- ▶ Complete stool analysis: PCR, Culture of Microbiota



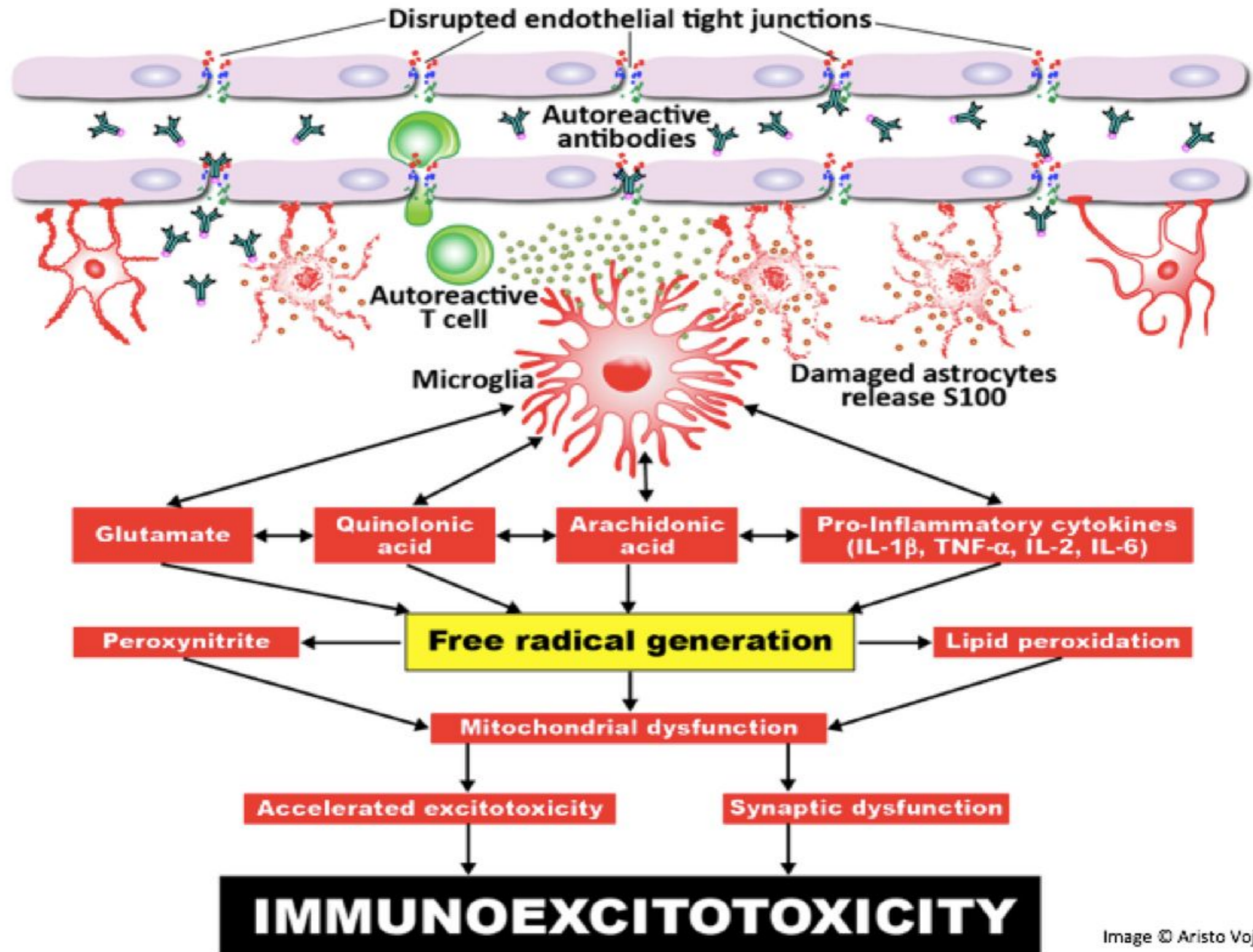


Image © Aristo Vojdani, L

Permission Dr Vojdani

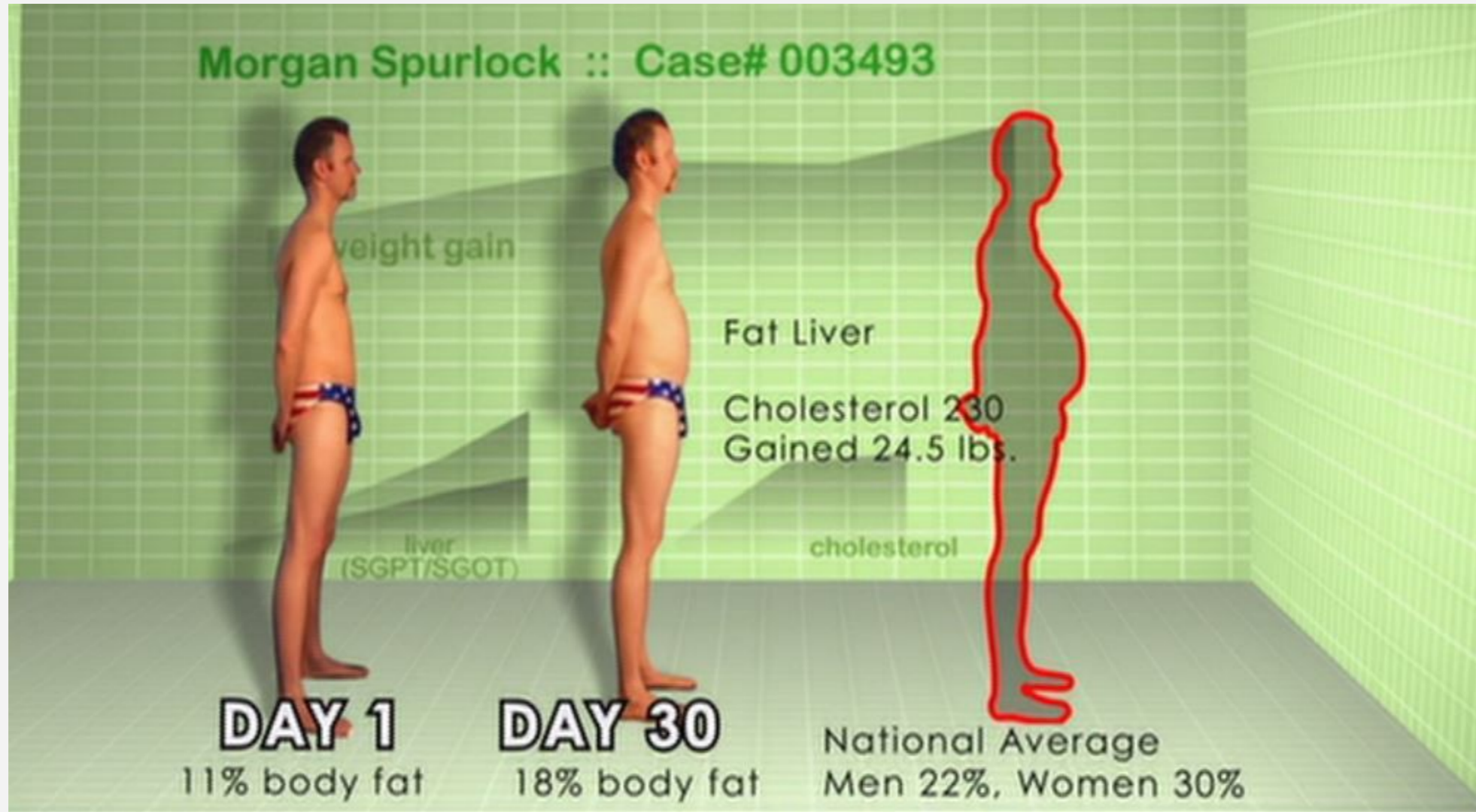
Causes, consequences, and reversal of immune system aging

Encarnacion Montecino-Rodriguez, Beata Berent-Maoz, and

Kenneth Dorshkind

Approaches to inhibit or reverse aging should be widely available and applicable to a large cohort. In addition to pharmacologic interventions, caloric restriction (CR) may also meet these criteria. CR has been reported to have multiple beneficial effects on the immune system of both rodents and non-human primates that include a delay in the accumulation of senescent T cells (112) and a stimulation of thymopoiesis (113). This latter effect is at first puzzling, because CR reportedly reduces IGF-1 secretion (114), and low levels of IGF-1 have, as discussed above, been associated with thymic involution. However, CR may also increase GH levels (114), which could be thymopoietic, or may work through IGF-1-independent pathways. For example, CR has been reported to block the age-related elevation of the thymic proadipogenic master regulator, PPAR γ (113)

Supersize Me!



Source: Google Images

Causes, consequences, and reversal of immune system aging

Encarnacion Montecino-Rodriguez, Beata Berent-Maoz, and Kenneth Dorshkind

Correcting age-related deficiencies in lymphocyte progenitors or mature T and B cells may result in significant restoration of immune function in the elderly. However, these cells would still reside in an aged microenvironment that could eventually dampen their potential to mature or function. Consistent with this view, Haynes and colleagues (111) found that CD4⁺ T cells generated from old HSCs were functional in young but not old hosts, implying that the aged thymic or peripheral microenvironments critically influence the degree to which immune system rejuvenation can occur. In view of this point, optimal interventions may need to address the effects of aging on multiple cellular targets.

Regenology



LIFESTYLE FACTORS FOR PREVENTION & IMMUNE SYSTEM AUTOPHAGY

- ▶ The USUAL suspects: REDUCE refined starch, sugar
INCREASE PUFA's-->Omega 3 fatty acids, polyphenols and flavonoids
- ▶ Application of Calorie Restriction→ fasting physiology
- ▶ Promote a healthy microbiota composition with prebiotics and probiotics
- ▶ Promote a personalized healthy microenvironment to “nourish” cells

Immunomodulatory Therapies

- Goal: to Increase TH1 and decrease TH2... restore homeostasis
- Boosting NK cell and lowering inflammatory cytokines
 - Peptides (Thymosin alpha-1/Thymosin B4)
 - IVIG
 - Allergy elimination: IgE, IgA, IgG (gluten, nuts,etc)
 - Antivirals (Disease progression in EBV/HIV is directly correlated to the TH1/TH2 balance)
 - Transfer factors
 - Mushroom extracts
 - High dose B12
 - GcMAF/Neupogen
 - Probiotics
 - Silver
 - Antioxidants/Glutathione (low glutathione decreases TH1 and increases TH2)
 - Chelation (heavy metals stimulate TH2 and lower TH1)

Immune Support vs Immune Rejuvenation

Test→ please don't guess

Basic labs --quest, labcorp, empire, boston heart etc

Specialty labs: Stool testing(GIFx GI MAP, IgE,G,A food testing (Cyrex etc), Nutreval, Spectracell, ION test, Methylation Panel, Precision Point (MCAS- Intestinal Barrier Assessment , Sanesco (Adrenal testing), and others

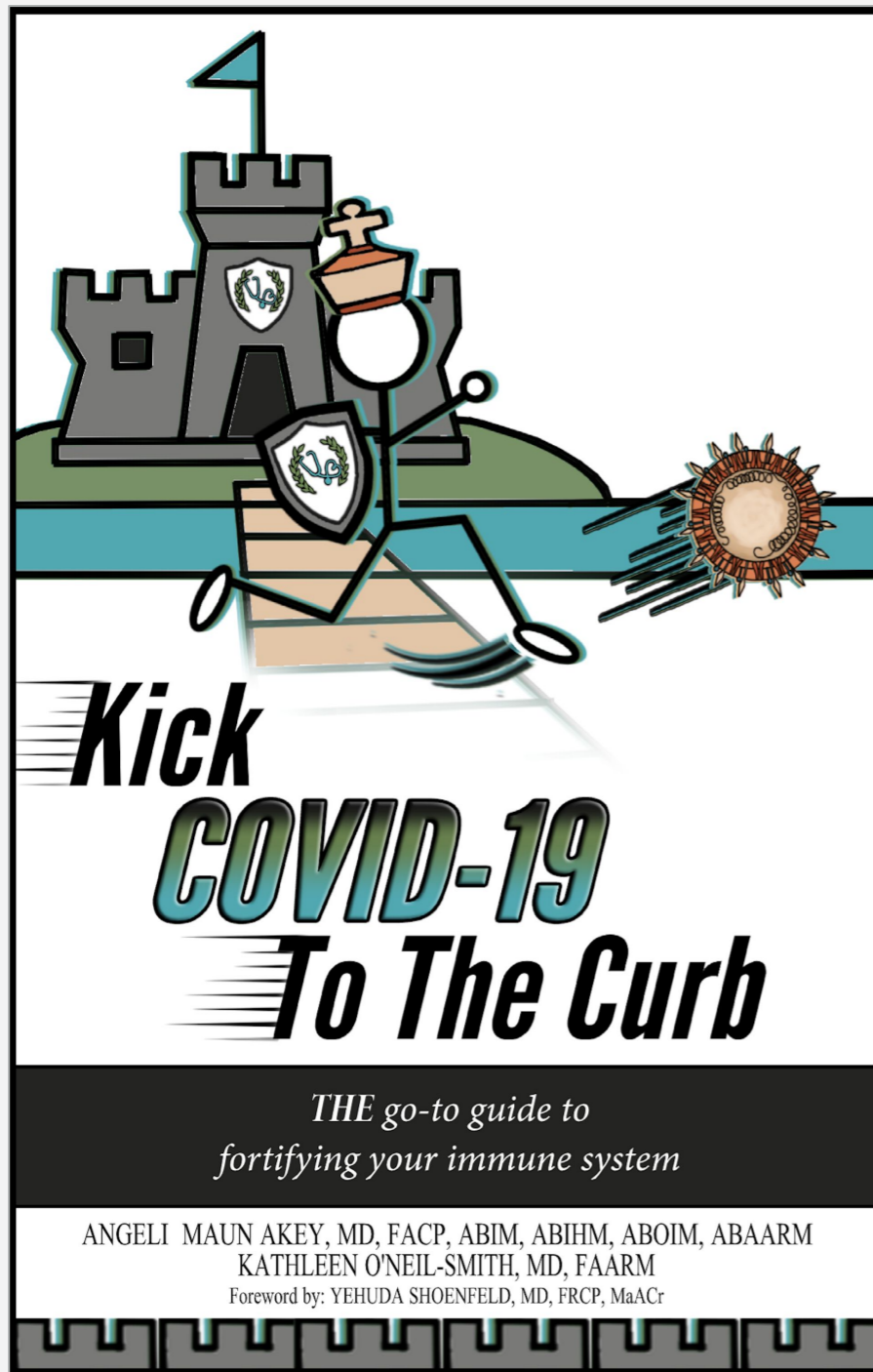
IMMUNE SUPPORT

- ▶ Generalized boosting of existing compromised immune system
- ▶ Could amplify pre-existing immune issues
- ▶ Does not address a broken or dysfunctional immune system
- ▶ Addresses immune function as a stand alone system
- ▶ A quick fix vs focus on long-term immune health
- ▶ Focus on protecting patient vs exposome: dangers of the world

IMMUNO-REJUVENATION

- ▶ Reprograms immune system for balance & resilience
- ▶ Improve immune function from the molecular to the global ecosystem
- ▶ Addresses and reverses damaged and aging immune systems
- ▶ An integrative approach to addressing the causes of immune dysfunction via holistic healing over time
- ▶ Integrates the role of immunity across multi-systems: metabolic, cognitive , behavioral etc
- ▶ Embraces the interconnected nature of the immunity of the you, the we and the planet





Ebook is available for \$9.99 on Amazon Kindle, Google Play, and Barnes and Noble!
&
\$14.95 on Audible



FOREWARD

The COVID (Corona) Virus: WHAT WE HAVE TO KNOW!

This new pandemic is characterized by an avalanche of clinical and scientific publications, a PHENOMENON OF NO PRECEDENCE. This book, written by Dr. Angeli Maun Akey and Dr. Kathleen O'Neil-Smith, is a successful effort to encompass all the knowledge accumulated thus far in a simple way. They should be blessed for their efforts. It entails details about this peculiar virus, its infectivity, sensitivities, and pathogenicity.



Supplement	Why?	Dosage	*Hyperlink to references
Tier I (Basic)			
Vitamin C (ascorbic acid)	Different studies showed that ascorbic acid (vitamin C) positively affects the development and maturation of T-lymphocytes, in particular NK (natural killer) cells involved in the immune response to viral agents. It also decreases oxidative stress and balances communication between the white blood cells and modulates the cytokine network favorably typical of the body's inflammatory responses. Modulates meaning 'not too much, not too little' inflammation to destroy the virus.	500 mg to 4000 mg daily based on GI tolerance	https://doi.org/10.1016/j.explore.2020.03.007 http://orthomolecular.org/resources/omn/s/v16n21.shtml https://doi.org/10.3390/nu9040339

Zinc	Studies show "Zinc may prevent coronavirus entry into cells and appears to reduce coronavirus virulence." It is found to inhibit RNA polymerase activity; Zinc + Zinc ionophores have been shown to block SARS-CoV2 multiplication.	15 mg to 30 mg daily, acutely sick up to 100 mg per day for short term use	https://doi.org/10.1016/j.explore.2020.03.007 https://jvi.asm.org/content/91/8/e01564-16 https://doi.org/10.3399/fnut.2014.00014
Omega-3 Fatty Acid	Omega-3 fatty acids have anti-inflammatory properties and promote immune function in cell types such as macrophages and neutrophils.	4000 mg per day but consult your healthcare professional, as can thin blood	https://doi.org/10.3390/ijms20205028
Vitamin D3	Shown in studies to neutralize respiratory viruses in the lung. There is additional evidence that Vitamin D3 decreases inflammasome activation and reduces cytokine IL-1b secretion.	5000 IUs a day Discuss with your physician	https://doi.org/10.4158/EP09101.0RR https://doi.org/10.1136/bmj.i6583 https://doi.org/10.1016/j.explore.2020.03.007 https://www.medrxiv.org/content/10.1101/2020.04.08.20058578v4

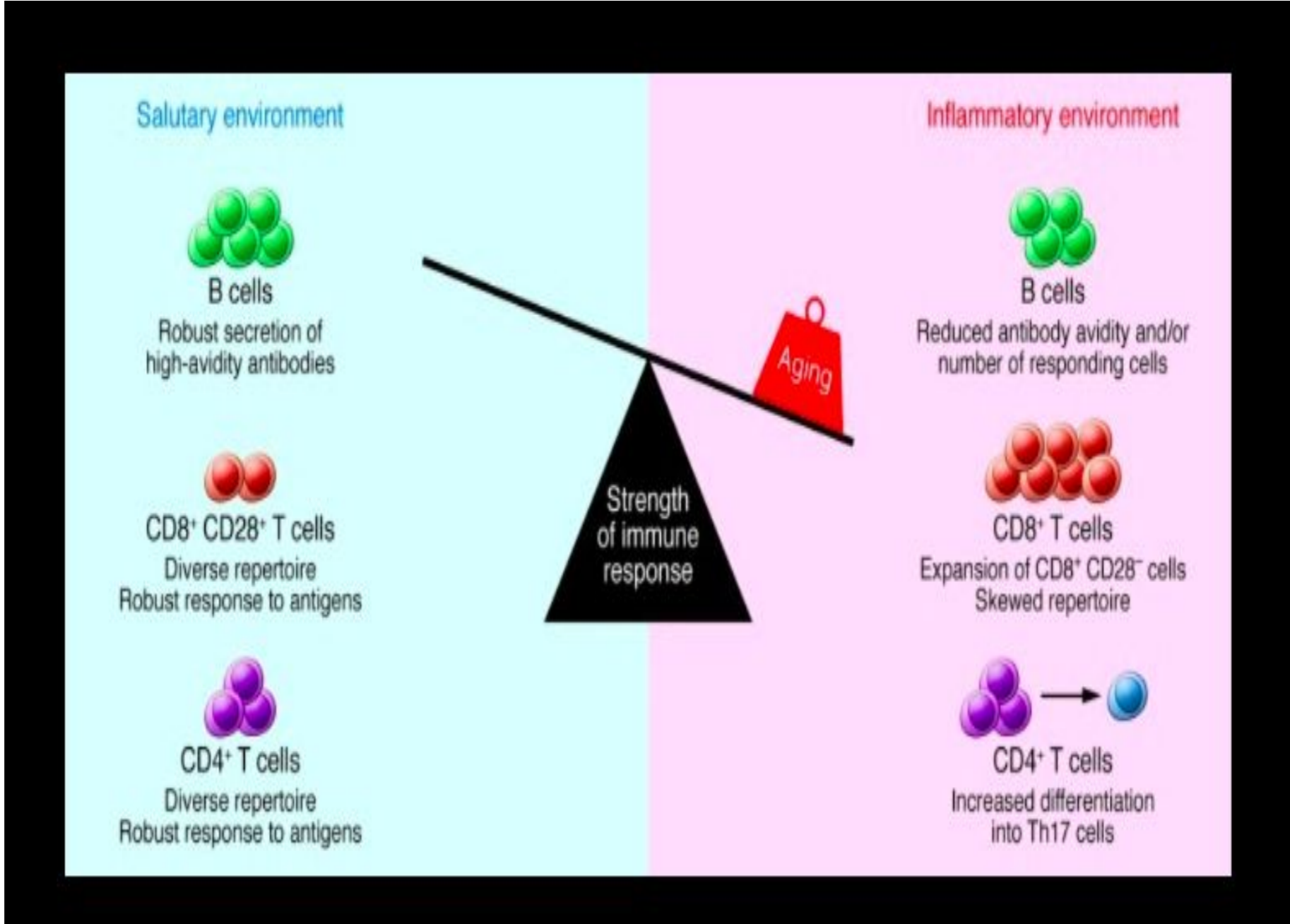


Tier III (Advanced)

<p>Quercetin</p>	<p>Quercetin reduces inflammasome signaling — a complex that activates inflammatory response and cell death. Also found to have Zinc-ionophore activity and may be useful when combined with Zinc (see Zinc above).</p>	<p>Found in onions and apples 250 to 500 mg BID</p>	<p>https://link.springer.com/article/10.1007%2Fs10753-017-0542-4 https://pubmed.ncbi.nlm.nih.gov/15668926/ https://www.evms.edu/media/evms_public/departments/internal_medicine/EVMS_Critical_Care_COVID-19_Protocol.pdf</p>
<p>EGCG</p>	<p>EGCG has antiviral activity for a range of viruses by preventing the attachment, entry, and membrane fusion. It is also found to have Zinc-ionophore activity and may be useful when combined with Zinc (see Zinc above).</p>	<p>Derived from green tea</p>	<p>https://doi.org/10.1016/j.explore.2020.03.007 https://pubs.acs.org/doi/pdf/10.1021/jf5014633</p>

<p>Astragalus</p>	<p>This reduces the expressions of cytokines and may restore immune homeostasis by regulating the functions of immune cells. It also is involved in increasing the activity of antioxidant enzymes and reducing lipid peroxidation.</p>	<p>Consult your healthcare professional (Integrative medicine doctors or Traditional Chinese Medicine doctors)</p>	<p>https://doi.org/10.1080/08923973.2019.1637890 https://www.mdpi.com/1420-3049/17/3/3155</p>
<p>Melatonin</p>	<p>Reduces oxidative lung injury and inflammatory cell recruitment during some viral infections, including respiratory syncytial and arboviruses; this supports the immune system. This makes adequate sleep especially important as this is the period of time melatonin is primarily secreted.</p>	<p>0.3 mg to 20 mg</p>	<p>https://www.sciencedirect.com/science/article/pii/S1550830720301130?via%3Dihub https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3850896/</p>





ACUTE COVID-19 TREATMENT

- ▶ Ivermectin 12 mg SL qd x 3-5 days
- ▶ Methylene Blue (MB) 10mg po qd
- ▶ MB oral rinse with PDT qid
- ▶ TA1 30 units sq qd
- ▶ Famotidine 40-80mg bid -tid (decrease if Renal dx)
- ▶ To consider: Enoxaparin 60mg qd, Dexamethasone 6 mg qd, Doxycycline 100mg bid vs Azithromycin 250 mg bid

ACUTE COVID-19 TREATMENT

- ▶ Supplements:
- ▶ Vit C 2500-5000 mg bid, Quercetin 600 tid -1000 mg bid
- ▶ Zn 100 mg qd, D3 10,000-50,000 iu qd
- ▶ Melatonin 12 mg @HS, ASA 81-325 mg qd (unless CI)
- ▶ Omega 3 + DGLA
- ▶ Probiotic w/ Lactobacillus and Bifidobacter species

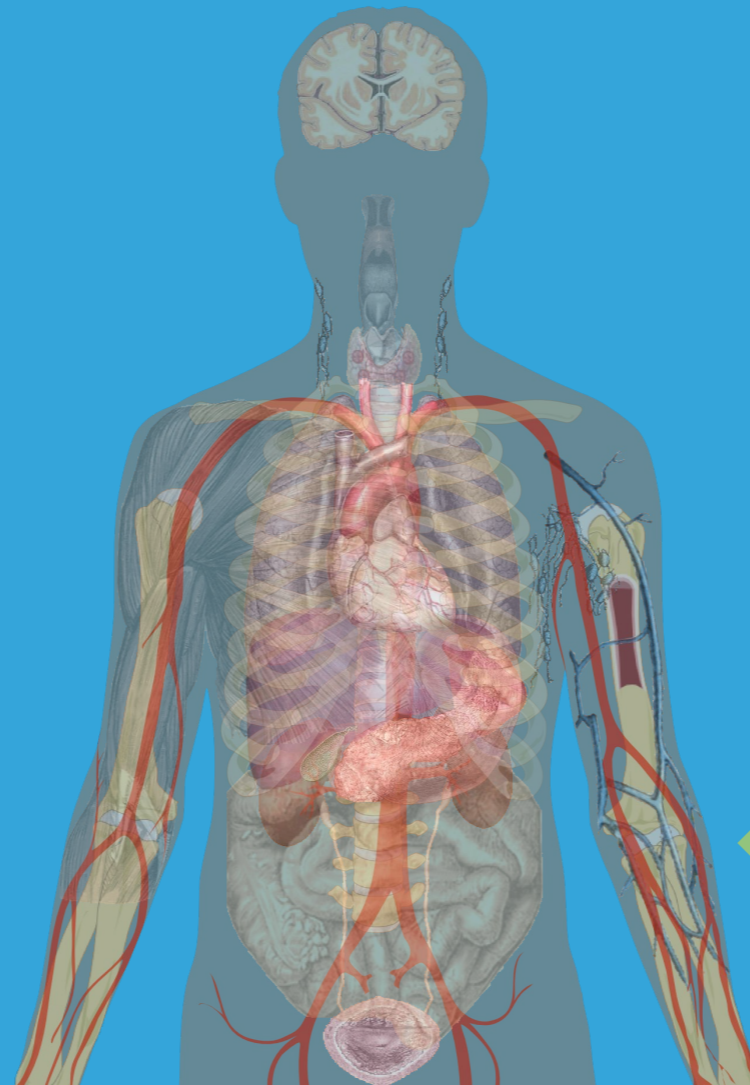
PREVENTION, POST-EXPOSURE PROPHYLAXIS & TREATMENT

- ▶ For any Immuno-Rejuvenation Program
- ▶ 1.) Remove exposures
- ▶ 2.) Replace nutrients, etc
- ▶ 3.) Re-inoculate microbiota
- ▶ 4.) Rejuvenate the Immune System and Function



External Environment:

- ❑ Diet
 - ❑ industrialized foods
- ❑ Lifestyle
 - ❑ excess stress
 - ❑ lack of movement
 - ❑ excess sympathetic tone
 - ❑ low parasympathetic tone
- ❑ Pollution
- ❑ Radiation
- ❑ Drugs



Exposome:

- ❑ Adjuvants
 - ❑ metals
 - ❑ immune modulators
 - ❑ endocrine disruptors
- ❑ Receptor binding proteins
- ❑ Reactive electrophiles



PREVENTION & POST-EXPOSURE PROPHYLAXIS

- ▶ Vit C 500 mg bid, Vit D3 3000 iu qd,
- ▶ Quercetin 250 bid, Zn 75 mg qd,
- ▶ Melatonin SR 0.3-2.0 mg @ HS, Famotidine 40 mg qd,
- ▶ Consider Methylene Blue mouthwash qHS w/PDT

LONG HAUL COVID-19 TREATMENT CONSIDERATIONS

- ▶ Reduce chronic inflammation at its source
- ▶ Support selective immune cell autophagy/mitophagy
- ▶ Improve immune cell mitochondrial activity
- ▶ Address the sustained tissue-specific inflammation
- ▶ Remodel the immune epigenome
- ▶ Reset immune function



THYMOSIN ALPHA 1

- ▶ 28 aa; homologous aa sequence in bovine, porcine, ovine & humans
- ▶ Modulates immune system function
- ▶ Pleiotropic mechanisms of action on immune cells; has increase number of intracellular cell signaling pathways associated with adaptogenic immune system stimulation
- ▶ Endogenous serum levels via immunoassay: 0.1-1.0 ng/ml

Thymosins: 1960's

- ▶ “The physiological processes that these peptides affect include stimulation or suppression of immune responses, regulation of actin dynamics and cell motility, neuroplasticity, repair and remodeling of vessels of the heart and other injured tissues, angiogenesis, and stem cell differentiation. ”

THYMOSIN ALPHA 1

- ▶ Used in immunosuppression secondary to ...
- ▶ Age
- ▶ Infection
- ▶ Cancer
- ▶ End Stage Renal Disease
- ▶ Other

THYMOSIN ALPHA 1

- ▶ Pre-clinical Studies with TA1 in immunosuppressed animals, in animal models of cancer, in animal models for improved vaccine response
- ▶ Clinical studies with TA1 — primary Rx for acute infection, severe sepsis (ARDS), chronic infections (HBV, HCV, HIV), severe acute pancreatitis , COPD with infection, cancer (increase effectiveness of CTX, decrease adverse effects of RX), as vaccine adjuvant
- ▶ Cancers studied: HCC, NSCLCa, Melanoma,

THYMOSIN ALPHA 1

- ▶ Zadaxin. First licensed in Italy (1993) as vaccine enhancer
- ▶ Greater than 20 million doses used clinically in greater than 500,000 individuals
- ▶ Excellent safety profile

THYMOSIN ALPHA 1: TLR AGONIST (TLR-9, TLR-2)

- ▶ TLR's family of proteins found in myeloid lines and plasmacytoid dendritic cells
- ▶ Mediates innate immunity
- ▶ Enhances adaptive immune response to viruses, fungi, bacteria and cancer
- ▶ Stimulates humoral immunity to increase vaccine effectiveness

THYMOSIN ALPHA 1

- ▶ Wide ranging effects include:
- ▶ Increase macrophages—> increase phagocytosis of pathogens
- ▶ Increase NK cells to fight infection
- ▶ Increase differentiation and expansion of stem cells in IC mice
- ▶ Increases p38 MAPK pathways
- ▶ Increases IC Glutathione

THYMOSIN ALPHA 1: EFFECTS ON T CELLS

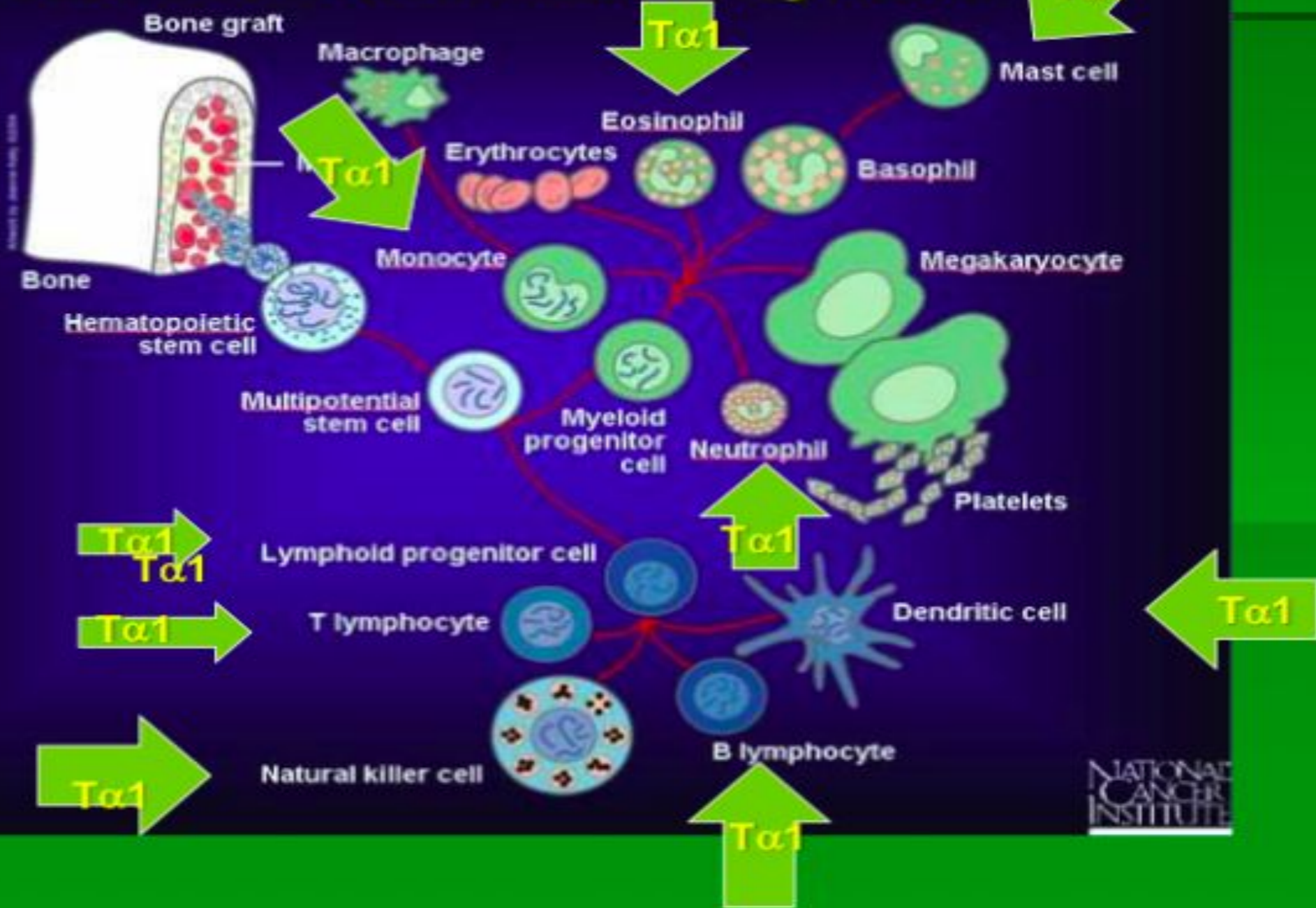
- ▶ Increase T helper cells
- ▶ Increase CD 4 cells
- ▶ Increase cytotoxic CD 8 cells
- ▶ Increase NK cells
- ▶ Increase shift toward TH1 subclass with increased expression of TH1 cytokines— IL 2, IL 7, IL 12, IFN gamma, IL 15

THYMOSIN ALPHA 1

- ▶ Activates dendritic cells and macrophages to increase APC's to stimulate B cell differentiation for antibody production
- ▶ Increase IDO (indoleamine 2,3 dioxygenase in DC's, which increases FOXP3—> increases IL 10 production, Treg cells, decreasing pro inflammatory cytokines

Thymosin-alpha-1

Cells of the Immune System



TAT is “ADAPTOGENIC”
and MODULATES
INNATE and ADAPTIVE immune systems ”

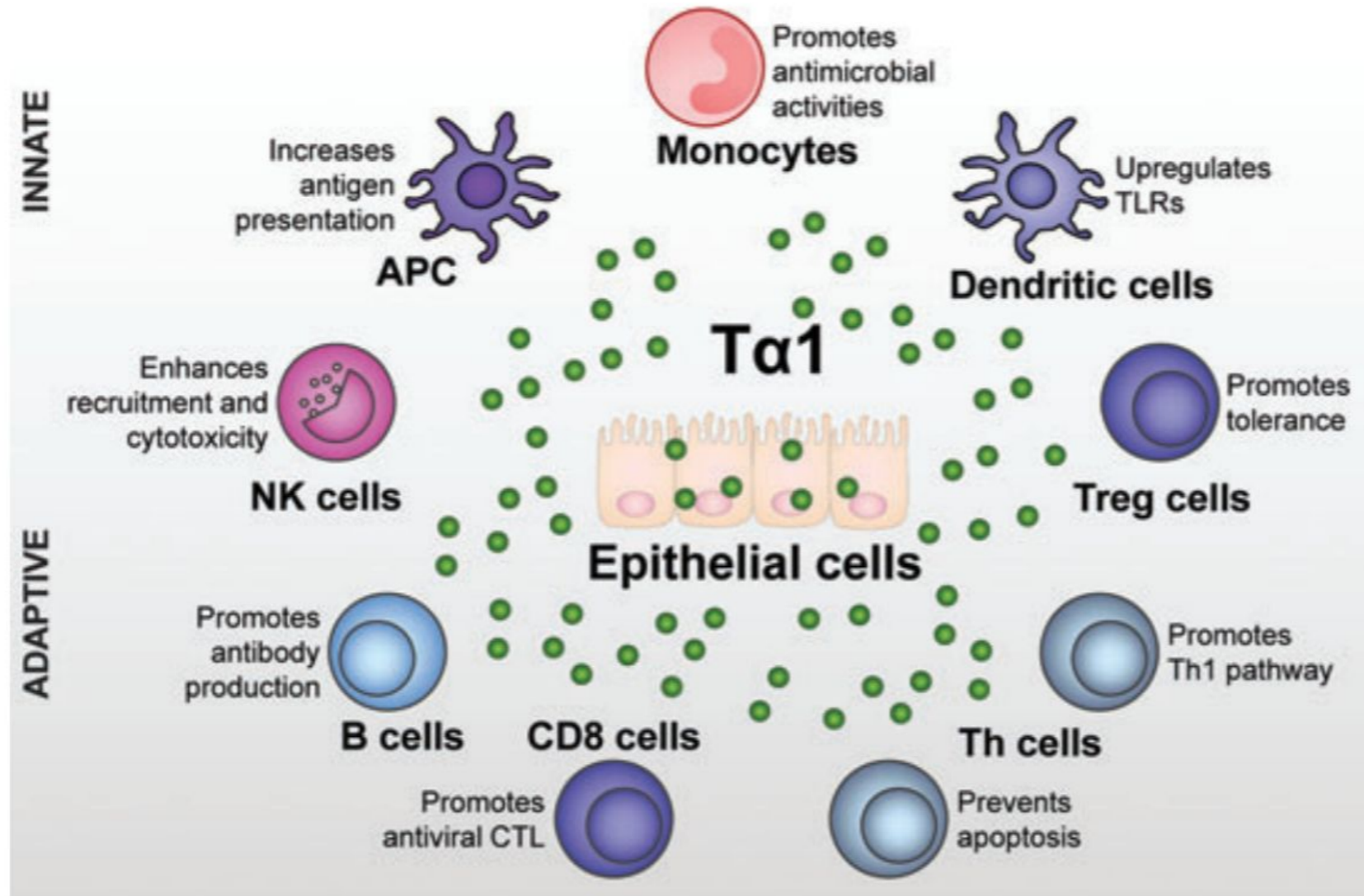


Figure 1. Pleiotropic immune activation by Tα. The drug actions of Tα1 on cells of the innate and adaptive immune system. This is a pictorial representation of all literature-supported actions of Tα1 on immune cells. APC, antigen presenting cells; CTL, cytotoxic T lymphocytes; NK cells, natural killer cells; Th cells, T helper cells; T_{reg} cells, regulatory T cells; TLRs, Toll-like receptors.

Thymosin Alpha 1

Approved in over 35 countries; no documented adverse effects; used sq

- Vaccine adjunct
- Treatment of HIV, HBV and HCV
- Very low incidence of adverse effects
- FDA approved under Orphan Drug Program in US

Thymosin Alpha 1

Dose and Side effects

Thymosin A1: 3000 mcg/ml -> 300-1000 mcg sq qd

Very safe and well-tolerated

Summary: Peptide Therapy

- ▶ A new therapeutic paradigm
- ▶ Understood since the 1960's
- ▶ Peptides are gene switches and bioregulators

CASE STUDIES

CASE #1: first seen Jan 13, 2021
15 yof w/ PMS,
insomnia (4 hrs /noc),
headaches,
anxiety with "panic attacks",
depression with exhaustion and
parents would like to rule out hypothyroidism

15 yo f with multiple symptoms

Labs:

General (Empire), Lab corp (NK cell absolute/%),
Nutreval (mitochondria function),
Cyrex (@ mother's request),
Adrenal testing with urinary NT

15 yof with multiple symptoms

POA at 1st Follow up visit: 2/10/21 (4 wks later)

Omega 3/6

PRP spray + chewables

Tri-salts

B5/B6

ATP 360 (trial of her dad's)

Snacks in pocket for hypoglycemia

IgG
D3

15 yo f with multiple symptoms

At 2nd follow-up, 3 weeks later 3/3/21

Pt feeling "much better" -- a bit more sleep, less nausea, less panic attacks, energy a bit better → still fatigue → family considering changing schools

Review NT and Adrenal tests: Adrenal insufficiency

Rx: GABA support in AM/PM and Serotonin support every other day; 1 week later adding Adaptogens (adrenal cortex, adaptogens and vitamin cofactors)

Follow up in 3 weeks Pending

CASE #2 14 yof with insomnia, hives, forehead acne

Telehealth Feb 1, 2021

Labs drawn Feb 3, 2021

1st review 2/22/2021

2nd

review 3/9/2021

Labs:

Empire,

Advanced Intestinal Barrier Assessment (DAO, Histamine)

Methylation Panel

CASE #2 14 yof with insomnia, hives, forehead acne

First Follow up: 2/22/21

Histamine containing & releasing foods - internet -- avocados, spinach, vinegar, aged cheese, tomato soup etc

DeHist

Omega 3 + 6

B12

Intranasal Glutathione

Vit C

CASE #2 14 yof with insomnia, hives, forehead acne

Second follow up: 3/9/21: No hives except anoche with BBQ Sauce: Review Cyrex, Methylation Panel

Gluten/Dairy free, no sauces, (actually doing Keto at present)

Plan: keto-GREEN, inositol, eggs (choline), Zinc, Iron, Potassium, B vitamin support (B2, B3, B6, B9, B12)

Follow up in 4 weeks, sooner PRN

Case #3: 19 yo m college athlete with fatigue

CC: unable to finish his workouts and poor recovery index

Labs: Empire
Stool testing
Nutreval

Thank YOU!

Kathleen O'Neil-Smith, MD, ABAARM

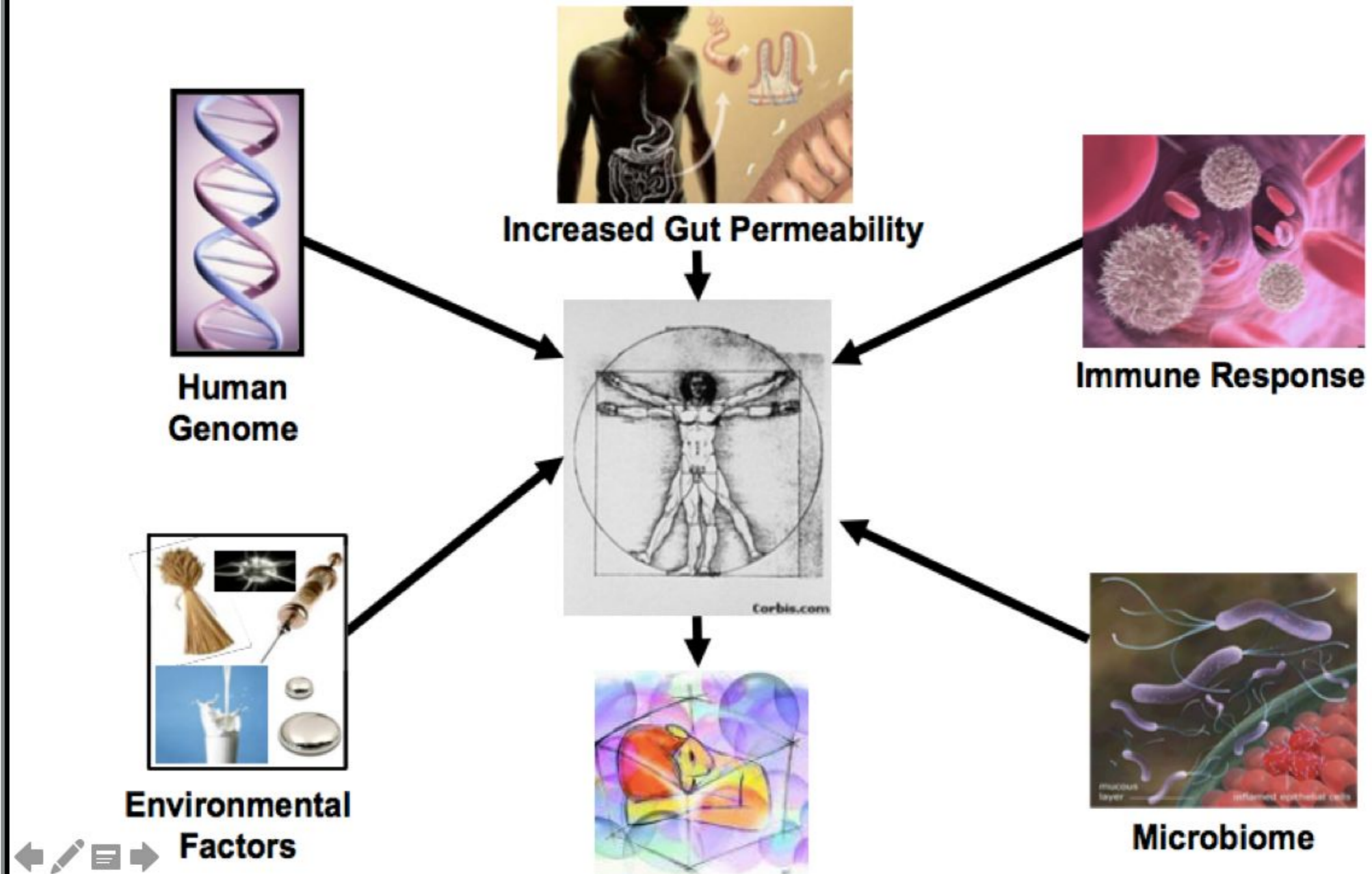
Treat Wellness, LLC
MA

treat-wellness-llc.com



Recipe For Immune Mediated Diseases

Which Ingredients Are Necessary?



Regenology



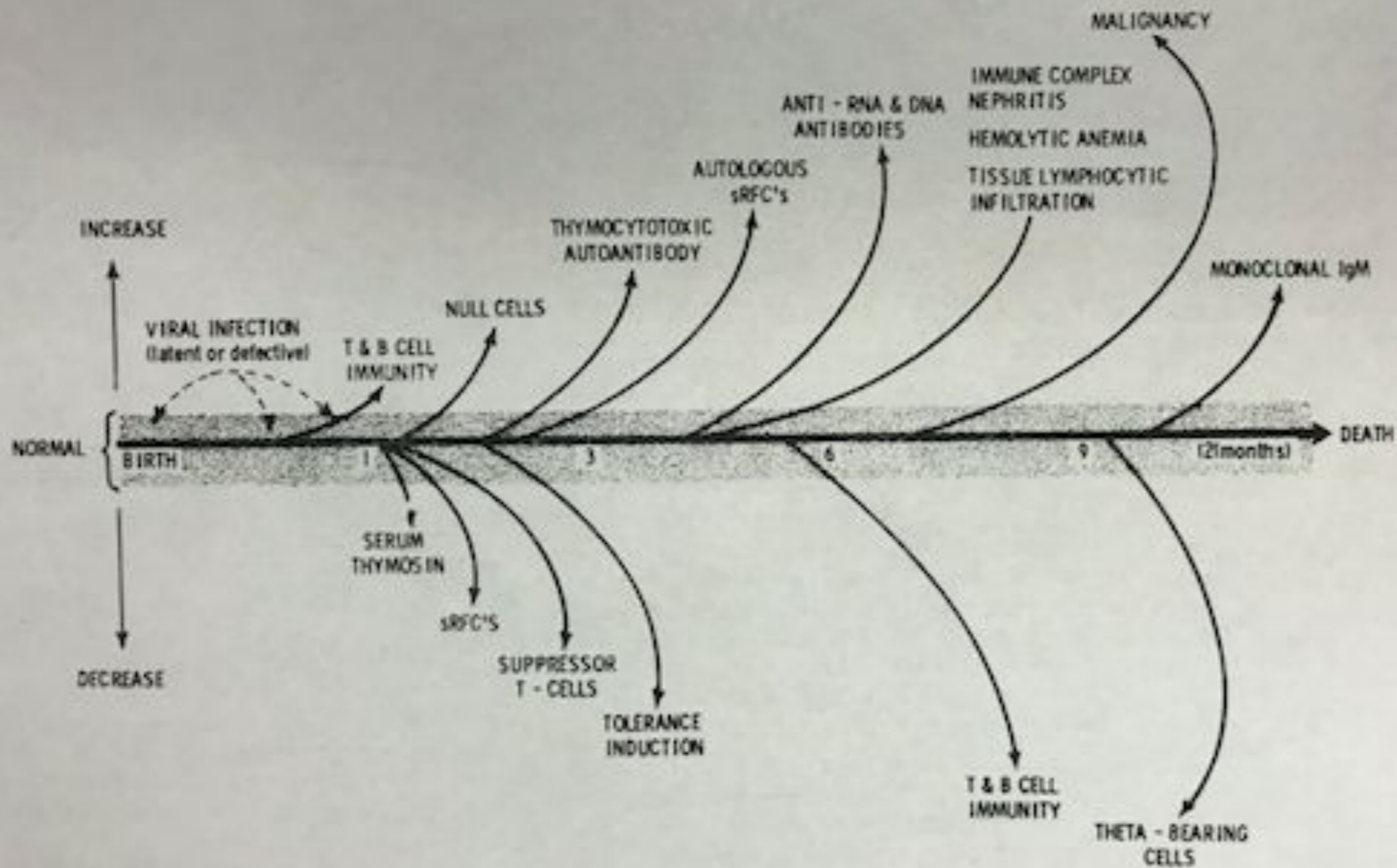


FIGURE 1. Immunological events during the development of autoimmune disease in NZB mice.

PACS: Post Acute COVID Syndrome

