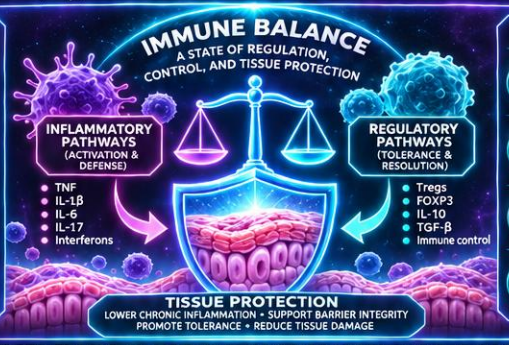
PEPTIDE PERSPECTIVES

THE IMMUNE BALANCE STACK

Peptides, Supplements & Chronic Inflammation / Autoimmune Health

A RESEARCH-FOCUSED APPROACH TO IMMUNE BALANCE

- Chronic inflammation and autoimmune disease involve multiple, interconnected immune pathways—not a single on/off switch.
- Immune-balance strategies aim to reduce harmful, chronic immune activation while supporting regulation, tolerance, and tissue health.
- Peptides, supplements, and lifestyle factors may influence key immune pathways, but evidence varies and is often preliminary.



KEY TAKEAWAY

- Goal is immune balance, not maximum immune stimulation.
- Autoimmune disease control, symptom relief, and tissue protection are different outcomes.
- Overlapping immune-active peptides may conflict rather than synergize.
- Best-supported care still depends on diagnosis-specific treatment and monitoring.

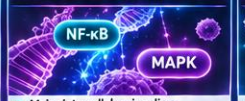
THE BIOLOGY OF IMMUNE BALANCE

CYTOKINES & INFLAMMATORY SIGNALING



- Immune messengers that drive inflammation, cell recruitment, and tissue damage.
- Key examples: TNF, IL-1 beta, IL-6, IL-17, and interferons (e.g., IFN-α, IFN-γ).

NF-KAPPA B / MAPK PATHWAYS



- Major intracellular signaling pathways (NF-κB and MAPK) that act as cellular "inflammatory switches."
- Drive the production of inflammatory cytokines, immune cell activation, and chronic immune signaling.

REGULATORY T CELLS (TREGS)



- A specialized T-cell population that helps maintain immune tolerance and prevent excessive immune activation.
- Regulated by FOXP3, a key transcription factor essential for Treg function and stability.

TISSUE PROTECTION & GUT-IMMUNE SIGNALING



- Interaction between the epithelial barrier, nervous system, microbiome, and immune system.
- Supports barrier integrity, regulates immune responses, and helps protect organs and tissues from ongoing immune damage.

FOUR EXPERIMENTAL STACKS + COMMUNITY DOSING CONTEXT *(NOT VALIDATED)*

STACK 1
KPV + VIP



- **KPV:** 250–500 mcg once or twice daily (community reports).
- **VIP:** 100–250 mcg once or twice daily, often nasal or subcutaneous in community use.
- **Note:** Proposed local anti-inflammatory plus neuroimmune signaling; vasoactive effects matter (e.g., blood pressure, flushing, headache, or other autonomic effects).

STACK 2
KPV + ARA-290 (CIBINETIDE)



- **KPV:** 250–500 mcg once or twice daily (community reports).
- **ARA-290:** 2–4 mg daily or 2–4 mg several times weekly in anecdotal use.
- **Note:** Signaling reduction plus tissue-protection concept (e.g., nerve, vascular, and anti-inflammatory effects); no validated autoimmune combination data.

STACK 3
THYMOSIN ALPHA-1 + THYMOGEN (THYMAGEN)



- **Thymosin Alpha-1:** 1.0–1.6 mg 2–3 times weekly (community / research-style use).
- **Thymogen:** 100–200 mcg daily or in short cycles (community-reported).
- **Note:** Overlapping thymic signaling (e.g., T-cell maturation and immune modulation); more immune activity is not the same as tolerance.

STACK 4
KPV + THYMOSIN ALPHA-1



- **KPV:** 250–500 mcg once or twice daily (community reports).
- **Thymosin Alpha-1:** 1.0–1.6 mg 2–3 times weekly.
- **Note:** Potentially conflicting goals (anti-inflammatory vs. immune-activating); caution with immunosuppressants, DMARDs, biologics, or JAK inhibitors.

Community dose does not equal established safe or effective regimen; none of these four combinations has controlled human efficacy or dosing trials for autoimmune disease.

SUPPORTING SUPPLEMENTS (ADJUNCTS)

- **Omega-3s (EPA + DHA):** 1–3 g/day combined, depending on product and context.
- **Curcumin:** 500–1,000 mg/day of a bioavailable form; formulation matters (e.g., phytosome, BCM-95®, or similar).
- **Vitamin D:** Test-guided correction of deficiency (e.g., to reach an appropriate, individual target range); avoid blanket high-dose use for everyone.
- **Zinc:** 15–30 mg/day short-term if deficient (e.g., ~8–12 weeks), with follow-up; avoid long-term excess (e.g., >40 mg/day).
- **PEA (Palmitoylethanolamide):** 600 mg once or twice daily in selected symptom-support use (e.g., pain, neuroinflammation, or general discomfort).
- **Plus:** Food-first, Mediterranean-style eating pattern (e.g., vegetables, fruits, olive oil, fish, whole foods), adequate sleep, and regular physical activity.

BETTER-PROVEN FOUNDATION

- Accurate diagnosis and disease-specific monitoring (e.g., labs, imaging, validated scores).
- Evidence-based treatment plans with clinician oversight (e.g., DMARDs, biologics, targeted therapies as appropriate for the condition).
- Nutrition, sleep, physical activity, and smoking cessation (all support immune and overall health).
- Identification and correction of deficiencies (e.g., vitamin D, iron, B12, zinc) based on testing and clinical context.
- Careful review of drug-supplement interactions (including peptides, supplements, and prescription therapies).

STUDY ENDPOINTS (WHAT RESEARCH SHOULD MEASURE)

- **Disease activity scores** (e.g., SLEDAI, DAS28, or other validated disease-specific tools).
- **Flare frequency and severity** (e.g., number of flares, duration, and impact).
- **Patient symptoms, fatigue, pain, and function** (e.g., validated symptom and function scales).
- **Quality of life** (e.g., SF-36, PROMIS, or disease-specific quality-of-life measures).
- **Infection risk and steroid-sparing effects** (e.g., ability to reduce or avoid steroid use, with safety monitoring).
- **Organ/tissue outcomes and safety** (e.g., disease-related organ function, imaging or biomarker changes, and adverse events).

FEELING BETTER IS NOT THE SAME AS CONTROLLING AUTOIMMUNE DISEASE. EXPERIMENTAL STACKS ARE NOT FDA-APPROVED IMMUNE-BALANCE THERAPIES.