

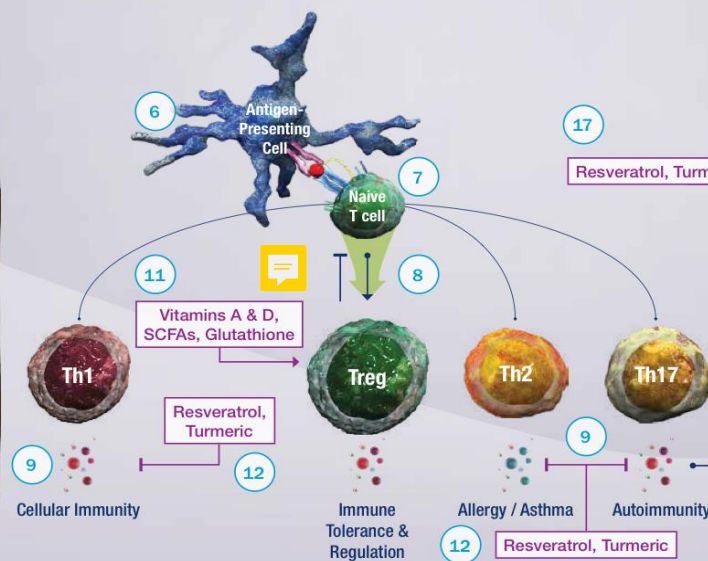
Intestinal Inflammation

Reduce inflammatory signaling and support barrier function



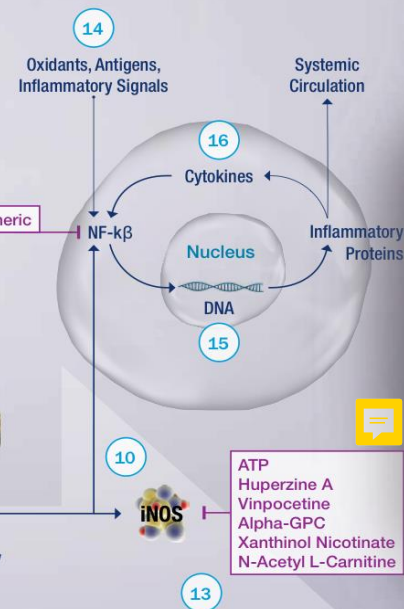
Immune Dysregulation

Support immune regulation by promoting T-regulatory (Treg) cell activity and reducing pro-inflammatory cytokine production



NF-κB Self-Amplifying Loop

Dampen NF-κB activity



Tissue Damage

The complexes and signals released through these three intertwined pathways: 1) intestinal inflammation and permeability, 2) immune dysregulation, and 3) sustained NF-κB activity travel throughout the body via the bloodstream, lymphatic system, and portal circulation enabling them to cause localized tissue damage and pain.

INFLAMMATORY CYTOKINES

iNOS

ANTIGEN-IMMUNE COMPLEXES

LPS

MOLECULAR MIMICRY

Inflammation-Immune Signaling Infographic

apexenergetics™

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This illustration is conceptual and not literal. It's meant to serve as an educational tool for major concepts; as such, many details are left out for simplicity. Nothing to scale.

* This statement has not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.

Intestinal Inflammation

1. Dietary and environmental triggers (proteins, stress, toxins, pathogens, etc) can increase intestinal inflammation through mucosal damage, barrier dysfunction, or mucosal immune activation.^{1,2,3}
2. The resulting inflammatory cytokines activate nuclear factor kappa beta (NF- κ B), which increases the production of inflammatory proteins, contributes to disruption of intestinal tight junctions, and activates T cells.^{4,5,6,7}
3. Lipopolysaccharides (LPS), pathogens, toxins, dietary proteins, etc that breach the intestinal barrier can be picked up by antigen-presenting cells or directly circulate to cause an immune reaction in other tissues.^{2,8,9,10}
4. Short chain fatty acids (SCFAs) and glutathione support mucosal health and are important in tight junction synthesis.^{11,12,13,14} SCFAs also have anti-inflammatory effects through interaction with G protein-coupled receptors (GPRs) and histone deacetylases (HDACs), which influence NF- κ B and T-cell proliferation, respectively.¹⁵
5. Turmeric/curcumin reduces inflammatory signaling in the gut and NF- κ B activation.^{16,17,18} Resveratrol positively influences the microbiota and decreases oxidative stress to reduce intestinal inflammation.^{19,20}

Immune Dysregulation

6. Continued exposure to triggers may result in a dysregulated immune system.¹⁰
7. Dysregulation can negatively affect both innate and adaptive immunity including naive T-cell differentiation, such as upregulating humoral (Th2, Th17) and cellular (Th1) immunity and downregulating T-regulatory cells (Tregs).^{21,22,23,24,25}
8. Tregs play an important role in modulating Th1-, Th2-, and Th17-mediated responses and maintaining immune tolerance and immune homeostasis.^{26,27,28}
9. The persistently imbalanced activity of T-effector cells (Th1, Th2, and Th17) and their cytokines is associated with chronic illness related to inflammation, allergy, reduced oral tolerance, and autoimmunity.^{29,30}
10. Proinflammatory cytokines, such as IL-17 (a product of Th17), are involved in the upregulation of inducible nitric oxide synthase (iNOS) expression.^{31,32,33}
11. Certain nutrients, including vitamins A and D and SCFAs, support differentiation of naive T cells to Tregs, the activity of Tregs, and anti-inflammatory IL-10 production.^{34,35,36,37} Glutathione may support equilibrium between ROS and antioxidants in tissue microenvironments and intracellular compartments, thus allowing normal T-cell responses.³⁸
12. Turmeric and resveratrol positively modulate inflammatory cytokines, such as those produced by dysregulated T cells.^{39,40,41}
13. Nutrients, such as huperzine A, adenosine triphosphate (ATP), and acetyl L-carnitine, show some evidence to support the nitric oxide synthase (NOS) system by modulating levels of inducible, endothelial, and neuronal NOS.^{42,43,44}

NF- κ B Amplifying Loop

14. Oxidants, antigens, and inflammatory signals and cytokines increase systemic NF- κ B activity.⁴⁵
15. NF- κ B transcribes DNA to express an inflammatory state and synthesize inflammatory proteins.
16. *Even once triggers are removed*, NF- κ B can be chronically activated through its feed-forward, self-amplifying loop.⁴⁵
17. Resveratrol and turmeric/curcumin dampen NF- κ B in a synergistic manner.^{46,47,48}

Tissue Damage

18. The complexes and signals released through these three intertwined pathways:
1) intestinal inflammation, 2) immune dysregulation, and 3) sustained NF- κ B activity travel throughout the body via the bloodstream, lymphatic system, and portal circulation, enabling them to cause localized tissue damage.

1. Buret AG. How stress induces intestinal hypersensitivity. *Am J Pathol*. 2006;168(1):3–5.
2. Mu Q, Kirby J, Reilly CM, Luo XM. Leaky gut as a danger signal for autoimmune diseases. *Front Immunol*. 2017;8:598.
3. Ploger S, Stumpf F, Penner GB, et al. Microbial butyrate and its role for barrier function in the gastrointestinal tract. *Ann N Y Acad Sci*. 2012;1258:52–59.
4. Ma TY, Iwamoto GK, Hoa NT, et al. TNF- α -induced increase in intestinal epithelial tight junction permeability requires NF- κ B activation. *Am J Physiol Gastrointest Liver Physiol*. 2004 Mar;286(3):G367–76.
5. Al-Sadi RM, Ma TY. IL-1 β causes an increase in intestinal epithelial tight junction permeability. *J Immunol*. 2007;178(7):4641–49.
6. Al-Sadi R, Ye D, Said HM, Ma TY. IL-1 β -induced increase in intestinal epithelial tight junction permeability is mediated by MEK-1 activation of canonical NF- κ B pathway. *Am J Pathol*. 2010 Nov;177(5):2310–22.
7. Liu T, Zhang L, Joo D, Sun SC. NF- κ B signaling in inflammation. *Signal Transduct Target Ther*. 2017; e17023:1–9.
8. Huang Z, Kraus VB. Does lipopolysaccharide-mediated inflammation have a role in OA? *Nat Rev Rheumatol*. 2016;12(2):123–129.
9. Bischoff SC, Barbara G, Buurman W, et al. Intestinal permeability—a new target for disease prevention and therapy. *BMC Gastroenterol*. 2014;14:189.
10. Vesser J, Rosing J, Sapone A, Lammers K, Fasano A. Tight junctions, intestinal permeability, and autoimmunity: celiac disease and type 1 diabetes paradigms. *Ann N Y Acad Sci*. 2009;1165:195–205.
11. Zheng L, Kelly CJ, Battista KD, et al. Microbial-derived butyrate promotes epithelial barrier function through IL-10 receptor-dependent repression of claudin-2. *J Immunol*. 2017;199(8):2976–2984.
12. Scheppach W. Effects of short chain fatty acids on gut morphology and function. *Gut*. 1994 Jan;35(1 Suppl):S35–38.
13. Loguercio C, Di Piero M. The role of glutathione in the gastrointestinal tract: a review. *Ital J Gastroenterol Hepatol*. 1999 Jun-Jul;31(5):401–07.
14. Sido B, Hack V, Hochlehnert A, Lipps H, Herfarth C, Dröge W. Impairment of intestinal glutathione synthesis in patients with inflammatory bowel disease. *Gut*. 1998 Apr;42(4):485–92.
15. Parada Venegas D, De la Fuente MK, Landskron G, et al. Short chain fatty acids (SCFAs)-mediated gut epithelial and immune regulation and its relevance for inflammatory bowel diseases. *Front Immunol*. 2019;10:277.
16. Hana H, Sugimoto K. Curcumin has bright prospects for the treatment of inflammatory bowel disease. *Curr Pharm Des*. 2009;15(18):2087–94.
17. Wang Y, Tang D, Duan P, Yang L. Curcumin as a therapeutic agent for blocking NF- κ B activation in ulcerative colitis. *Immunopharmacol Immunotoxicol*. 2018 Dec;40(6):476–82.
18. Mathias C, Xing Wei, Kinney S, Massamuro J, Carlson L, Schneider S. Curcumin inhibits the development of food allergy by suppressing mast cell function in an NF- κ B-dependent manner (HYP7P308). *J Immunol*. 2014;192 (1 Supplement) 119.23.
19. Gonzales AM, Orlando RA. Curcumin and resveratrol inhibit nuclear factor-kappaB-mediated cytokine expression in adipocytes. *Nutr Metab (Lond)*. 2008;5:17.
20. Hu Y, Chen D, Zheng P, Yu J, He J, Mao X, Yu B. The bidirectional interactions between resveratrol and gut microbiota: an insight into oxidative stress and inflammatory bowel disease therapy. *Biomed Res Int*. 2019 Apr 24;2019:5403761.
21. Chen J, Li J, Gao H, et al. Comprehensive evaluation of different T-helper cell subsets differentiation and function in rheumatoid arthritis. *J Biomed Biotechnol*. 2012(11):535361.
22. Torres-Aguilar H, Sosa-Luis SA, Aguilar-Ruiz SR. Infections as triggers of flares in systemic autoimmune diseases: novel innate immunity mechanisms. *Curr Opin Rheumatol*. 2019 May 22.
23. Lee GR. The balance of Th17 versus Treg cells in autoimmunity. *Int J Mol Sci*. 2018;19(3):730.
24. Dollf S, Bijl M, Hultema MG, Limburg PC, Kallenberg CG, Abdulahad WH. Disturbed Th1, Th2, Th17 and T(reg) balance in patients with systemic lupus erythematosus. *Clin Immunol*. 2011 Nov;141(2):197–204.
25. Kuchroo VK, Ohashi PS, Sartor RB, Vinuesa CG. Dysregulation of immune homeostasis in autoimmune diseases. *Nat Med*. 2012 Jan 6;18(1):42–47.
26. Tian L, Altin JA, Makaroff LE, et al. Foxp3⁺ regulatory T cells exert asymmetric control over murine helper responses by inducing Th2 cell apoptosis. *Blood*. 2011 Aug 18;118(7):1845–53.
27. Xu D, Liu H, Komai-Koma M, et al. CD4⁺CD25⁺ regulatory T cells suppress differentiation and functions of Th1 and Th2 cells. *Leishmania major* infection, and colitis in mice. *J Immunol*. 2003 Jan 1;170(1):394–99.
28. Crome SQ, Clive B, Wang AY, et al. Inflammatory effects of ex vivo human Th17 cells are suppressed by regulatory T cells. *J Immunol*. 2010 Sep 15;185(6):3199–208.
29. Raphael I, Nalawade S, Eagar TN, Forsthuber TG. T cell subsets and their signature cytokines in autoimmune and inflammatory diseases. *Cytokine*. 2015;74(1):5–17.
30. Leung S, Liu X, Fang L, Chen X, Guo T, Zhang J. The cytokine milieu in the interplay of pathogenic Th1/Th17 cells and regulatory T cells in autoimmune disease. *Cell Mol Immunol*. 2010 May;7(3):182–89.
31. Soufil I, Tourni R, Rata H, Touil-Boukoffa C. Overview of cytokines and nitric oxide involvement in immunopathogenesis of inflammatory bowel diseases. *World J Gastrointest Pharmacol Ther*. 2016 Aug 6;7(3):353–60.
32. Milkovic D, Trajkovic V. Inducible nitric oxide synthase activation by interleukin-17. *Cytokine Growth Factor Rev*. 2004 Feb;15(1):21–32.
33. Milkovic D, Cvetkovic I, Momcilovic M, Maksimovic-Ivanic D, Stosic-Grujicic S, Trajkovic V. Interleukin-17 stimulates inducible nitric oxide synthase-dependent toxicity in mouse beta cells. *Cell Mol Life Sci*. 2005 Nov;62(2):2658–68.
34. Ross AC. Vitamin A and retinoic acid in T cell-related immunity. *Am J Clin Nutr*. 2012;96(5):1166S–72S.
35. Priett B, Pilz S, Wolf M, et al. Vitamin D supplementation and regulatory T cells in apparently healthy subjects: vitamin D treatment for autoimmune diseases? *Isr Med Assoc J*. 2010 Mar;12(3):136–39.
36. Leiqi Xu, Churyan Ma, Xiangsheng Huang, et al. Microbiota metabolites short-chain fatty acid butyrate conditions intestinal epithelial cells to promote development of Treg cells and T cell IL-10 production. *J Immunol*. 2018;200 (1 Supplement) 53.16.
37. Meijer K, de Vos P, Priebe MG. Butyrate and other short-chain fatty acids as modulators of immunity: what relevance for health? *Curr Opin Clin Nutr Metab Care*. 2010 Nov;13(6):715–21.
38. Belkova A, Schraven B, Simeoni L. T cells and reactive oxygen species. *J Biomed Sci*. 2015;22:852–11.
39. Kang BY, Song YJ, Kim KM, Choe YK, Hwang SY, Kim TS. Curcumin inhibits Th1 cytokine profile in CD4⁺ T cells by suppressing interleukin-12 production in macrophages. *Br J Pharmacol*. 1999 Sep;128(2):380–84.
40. Zhao G, Liu Y, Yi X, et al. Curcumin inhibiting Th1 cell differentiation by regulating the metabotropic glutamate receptor-4 expression on dendritic cells. *Int Immunopharmacol*. 2017 May;46:80–86.
41. Malaguerma L. Influence of resveratrol on the immune response. *Nutrients*. 2019 Apr 26;11(5).
42. Wang ZF, Tang XC. Huperzine A protects C6 rat glioma cells against oxygen-glucose deprivation induced injury. *FEBS Lett*. 2007 Feb 20;581(4):596–602.
43. Bogle RG, Coade SB, Moncada S, Pearson JD, Mann GE. Bradykinin and ATP stimulate L-arginine uptake and nitric oxide release in vascular endothelial cells. *Biochem Biophys Res Commun*. 1991 Oct 31;180(2):926–32.
44. Bigford GE, Del Rossi G. Supplemental substances derived from foods as adjunctive therapeutic agents for treatment of neurodegenerative diseases and disorders. *Adv Nutr*. 2014 Jul 14;5(4):394–403.
45. Barnes PJ, Karin M. Nuclear factor-kappaB: a pivotal transcription factor in chronic inflammatory diseases. *N Engl J Med*. 1997 Apr 10;336(15):1066–71.
46. Ceaki C, Mobasheri A, Shakibaei M. Synergistic chondroprotective effects of curcumin and resveratrol in human articular chondrocytes: inhibition of IL-1 β -induced NF- κ B-mediated inflammation and apoptosis. *Arthritis Res Ther*. 2009;11(6):R165.
47. Kumar A, Sharma SS. NF- κ B-inhibitory action of resveratrol: a probable mechanism of neuroprotection in experimental diabetic neuropathy. *Biochem Biophys Res Commun*. 2010 Apr 2;394(2):360–65.
48. Singh S, Aggarwal BB. Activation of transcription factor NF- κ B is suppressed by curcumin (diferuloylmethane). *J Biol Chem*. 1995 Oct 20;270(42):24995–5000.

Inflammation-Immune Signaling Infographic