ABSTRACT 1- IMMUNE BIOTECHNOLOGY (NEW FRONTIERS IN IMMUNOLOGY)

Dr Tariq Jagmag

The immune system is involved in both the elimination of infections as well as removal of dead cells. It is controlled not only by the signaling coming from the cells of the immune system itself such as dendritic cells or epithelial cells, but also the molecules on the infections such as lipopolysaccharides or cell membrane molecules. It is also controlled by the endocrine system consisting of sex hormones (steroid hormones), protein hormones (like vasopressin),amine hormones (like melatonin), the neurological system such as the sympathetic and parasympathetic system as well as by the patients mental stress levels which are controlled by an interplay of a variety of signaling molecules such as serotonin, dopamine, GABA, endorphins, etc. It is also affected by gut health and the nutritional health of the patient. The immune system in turn can also control all the above; chronic depression may not be coming from a dysfunction in the neurohormones but a dysfunction in the immune system!

When we see patients with chronic or acute inflammation or infection we need to not just fix the immune system of these cases but also correct any abnormal activity across all other systems which can cause poor functioning of the immune system. For example the blockade of just tnf alpha may well help a case of psoriasis or arthritis but it won't completely solve the case if we don't solve other factors which were causing the high tnf in the first place.

The other issue faced when we just target the immune system with strong inhibitors is that the blockade may cause immune suppression which leads to even further complications, such as the chronic use of steroids in a case of asthma or allergy will lead to diabetes, osteopenia, etc. Or the use of a tnf blocker may flare up T.B.

We needed to find a way to control the immune system which was gentle, more regulatory, rather than strongly inhibitory or stimulatory in nature and hence high in safety, figure out a way to understand the abnormal immune mechanisms without expensive testing and lastly figure out the other abnormal systems which could be affecting the immune function and then devise a quick cheap way to solve all these problems.

What we did to fix the above issues is we made low dose cytokines (made with recombinant technology) which could be given orally to patients, they are so safe that even new born babies with covid have

healed with them. In order to figure out the abnormal immune system defects for a disease we use simple routine lab testing and patients clinical features (for example a patient with gout and diabetes will have il 1 causing both the diseases and hence blockade of il 1 will help both the diseases).The third part was the most challenging to achieve, in order to figure out the other system failures or errors in other controlling systems we investigated homeopathic history taking. We used rat studies and other cell line research to understand what these low dose medicines do and why and how they work. By using case history taking we can figure out the system errors and then by using the correct low dose medicines we fix these problems.

We will be hearing several complex cases solved by doctors using low dose cytokines and medications which would not have been possible using classical allopathic methods.

ABSTRACT 2- UNDERSTANDING VIROLOGY, VIRAL ESCAPE AND MANAGING ACUTE VIRAL INFECTIONS IN PRACTISE.

Viral infections like covid, dengue, influenza, rotaviruses etc are common, they usually can be managed with just supportive care but more often than not they can turn deadly. Our immune system tries to mount a strong immune attack using the innate and adaptive immune system against these viruses but if it fails, the virus spreads. Our classical method is we try to identify the virus by testing for the common culprits and then we mount an attack using antibiotics, vit c, ivermectin, steroids and any other method we find at hand. These treatments sometimes work and sometimes don't, if they work in a few patients the doctor develops a bias for them and then uses the same method for all his future cases, he soon finds that the same medicine doesn't always work and hence keeps adding different medications until a massively toxic needless cocktail is given to the patient.

Take the example of covid where everything from anti hiv drugs to low dose radiation has been tried without any evidence of its efficacy, however since these and many more myriad methods worked for a few cases, doctors started to pile the treatments one over the other creating dangerous cocktails calling them protocols. Large scale clinical trials on these drugs either showed no effects like in the case of ivermectin or even detrimental effects like in the case of fabiflu, remdesevir, corticosteroids. Doctors unhappy with the trial results have usually questioned the trials methodology and have continued to use the medications in even higher doses because they have felt that some of their patient in fact have improved with these medications. The fact is that some patients have benefitted with these drugs and

yet in large scale trials the drugs don't seem to work. So what should a doctor really do? Should the doctor trust what he has seen in a few of his patients and keep giving these cocktails hoping that the drugs will work in all, or not use them because large trials have shown either no effects or potentially hazardous effects?

Every patient who doesn't recover using simple standard of care in covid (consisting of just paracetamol and hydration) has some unique immune dysfunction causing the virus to grow and spread. By understanding these unique immune dysfunctions we can in fact use custom made treatments for each patient which are perfectly tailor made for them, we will thus not need to use dangerous cocktails in patients, rather treat them in a very gentle but exact manner with 100 percent efficacy while being fully aware or what we are doing. The time to randomly throw drugs at patients expecting them to maybe work is coming to the end.

How do we know what's going on in the patient? To understand this we need to know what immune mechanics are at play for these viruses and how to correlate these mechanisms to the patient's lab reports and their unique symptoms, once we know and understand these things, treatment is simple and easy.

This talk will cover the basics of viral escape, the host's response to these viruses and a few case sharing's done by the doctors who have been trained in these methods. We will cover our patented molecule Imusil for COVID using its published paper and human clinical trials to understand these mechanisms, we will however go far beyond just this data and look into some unique covid cases.