VIP

Purity: >98% (HPLC on request) | Molecular Formula: C147H237N43O43S Molecular Weight: 3326.831 g/mol | Sequence: HSDAVFTDNYTRLRKQMAVKKYLN SILN-NH2

DESCRIPTION:

Vasoactive intestinal polypeptide (VIP) is a naturally produced neuropeptide that functions as a neuromodulator and neurotransmitter. It is apotent vasodilator, regulates smooth muscle activity, epithelial cell secretion, and blood flow in the gastrointestinal tract. As a chemical messenger, it functions as a neurohormone and paracrine mediator. Therapeutically, it is often dosed nasally in patients with mold toxicity and other biotoxin illnesses. In these patients, exogenous administration can help support healthy hormone levels, works to limit inflammation, regulates the immune system, and help in the healing activity of the brain.

PROTOCOL:

Content & Potency: 50mcg/0.1ml/spray in nasal spray provided as a 6 ml bottle
Suggested dosage: 1 spray in alternating nostril 1-4 times daily

CLINICAL RESEARCH:

Vasoactive intestinal polypeptide (VIP) corrects chronic inflammatory response syndrome (CIRS) acquiredfollowing exposure to water-damaged buildings

Exposure in water-damaged buildings (WDB) to airborne bioaerosols including metabolic products of toxigenic fungi, bacteria and actinomycetes; and inflammagens, can lead to a persistent innate immune inflammatory illness.
This illness, termed a chronic inflammatory response syndrome (CIRS-WDB), is systemic with symptoms acquired from multiple organ systems. Treatment of CIRS-WDB has progressed rapidly as a better understanding of the inflammatory pathophysiology has led to targeted, sequential therapies. The fundamental basis of uncontrolled innate immune responses, the humoral deficiency of regulatory neuropeptides melanocyte stimulating hormone (MSH) or vasoactive intestinal polypeptide (VIP), seen in over 98% of patients, has not consistently responded to any treatment modality. Use of replacement VIP has been attempted anecdotally; VIP replacement therapies show promise in short term studies but longer therapies have not been attempted. Here we report an open label trial of 20 patients with refractory CIRS-WDB illness who took replacement VIP in a nasal spray for at least 18 months with confirmation of durable efficacy and absence of significant side effects. These 20 patients were similar in symptoms and lab findings to three previously published cohorts involving 1829 patients and 169 controls. Dosage of VIP was titrated downwards from four to zero doses a day to determine minimum effective dose, and re-titrated upwards for maximum improvement over time. The trial showed that VIP therapy safely 1) reduced refractory symptoms to equal controls; 2) corrected inflammatory parameters C4a, TGF beta-1, VEGF, MMP9; 3) corrected estradiol, testosterone and 25-OH Vitamin D; 4) returned pulmonary artery systolic pressure (PASP) during exercise to normal; and 5) enhanced quality of life in 100% of trial patients. Subsequent identification of correction of T-regulatory cell levels supports the potential role of VIP in both innate and adaptive immune function.

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