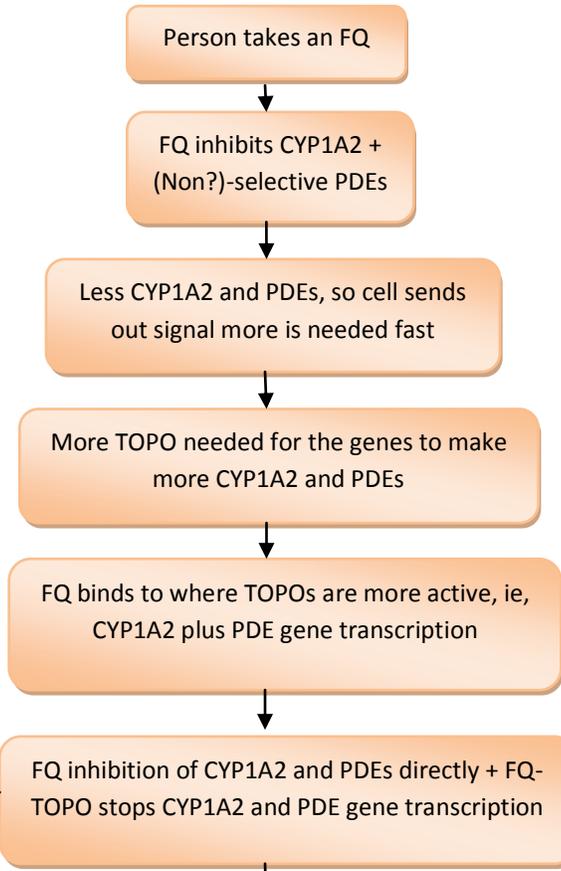


CYP1A2 and PDE Suppression in FQT/FQAD: Potential Mechanisms to Consider

website: JMR, <http://fluoroquinolonethyroid.com>

See website: search "CYP1A2/PDE Flowchart" for more detailed description



- Rapidly dividing cells: may die if insult is great enough

- Possible CYP1A2 + PDE "rebound" effect when drug is stopped

- Drastically depleted CYP1A2 and PDE(s) while on the drug
- Possible de novo mutations in CYP1A2 and PDE(s) due to high TOPO activity while on the drug → functionality CYP1A2 and PDE(s) compromised once drug stopped
- Demethylases also inhibited by FQs resulting in long term or permanent epigenetic modifications → muting or suppression of CYP1A2 and PDE(s) post antibiotic.
- Autoimmunity to CYP1A2 and/or PDE(s)? → decrease/eliminate CYP1A2 and/or PDE function

CYP1A2

PDE

- Long term or permanent suppression of CYP1A2
- Decreased ability to metabolize endogenous and exogenous substances: food metabolites, steroids, hormones, supplements, fatty acids, products of exercise
- Decreased ability to metabolize methylated xanthines and derivatives, which are potent inhibitors of PDE
- Build up of above substrates → "Invisible Line" or threshold I can't cross for food, steroids, hormones, supplements, fatty acids, or exercise
- Leads to FQT/FQAD symptoms of CYP1A2 inhibition and PDE inhibition ("xanthine" toxicity? → additional PDE inhibitor)

- Long term or permanent non-selective suppression of PDE effect similar to methylated xanthines and derivatives (theophylline, aminophylline, caffeine, theobromine, paraxathine)
- Increase intracellular cAMP and adenosine antagonist
- FQT/FQAD symptoms: nausea, vomiting, diarrhea, increase in heart rate, abnormal heart rhythms (heart palps, tachycardia), CNS excitation (headaches, insomnia, irritability, dizziness and lightheadedness), seizures, anxiety, jitters, restlessness, nervousness, sweating, vasodilation, increased urination
- ACHE / BCHE inhibition as well?