

# The Resolution Zone



# Causes of Inflammation

- Infection
- Injury
- Diet
- Aging



# Inflammation Does Not Burn Out On Its Own



# Resolution Is An Active Process

- Final journey back to inflammatory equilibrium
- Does not cause immunosuppression as do steroids

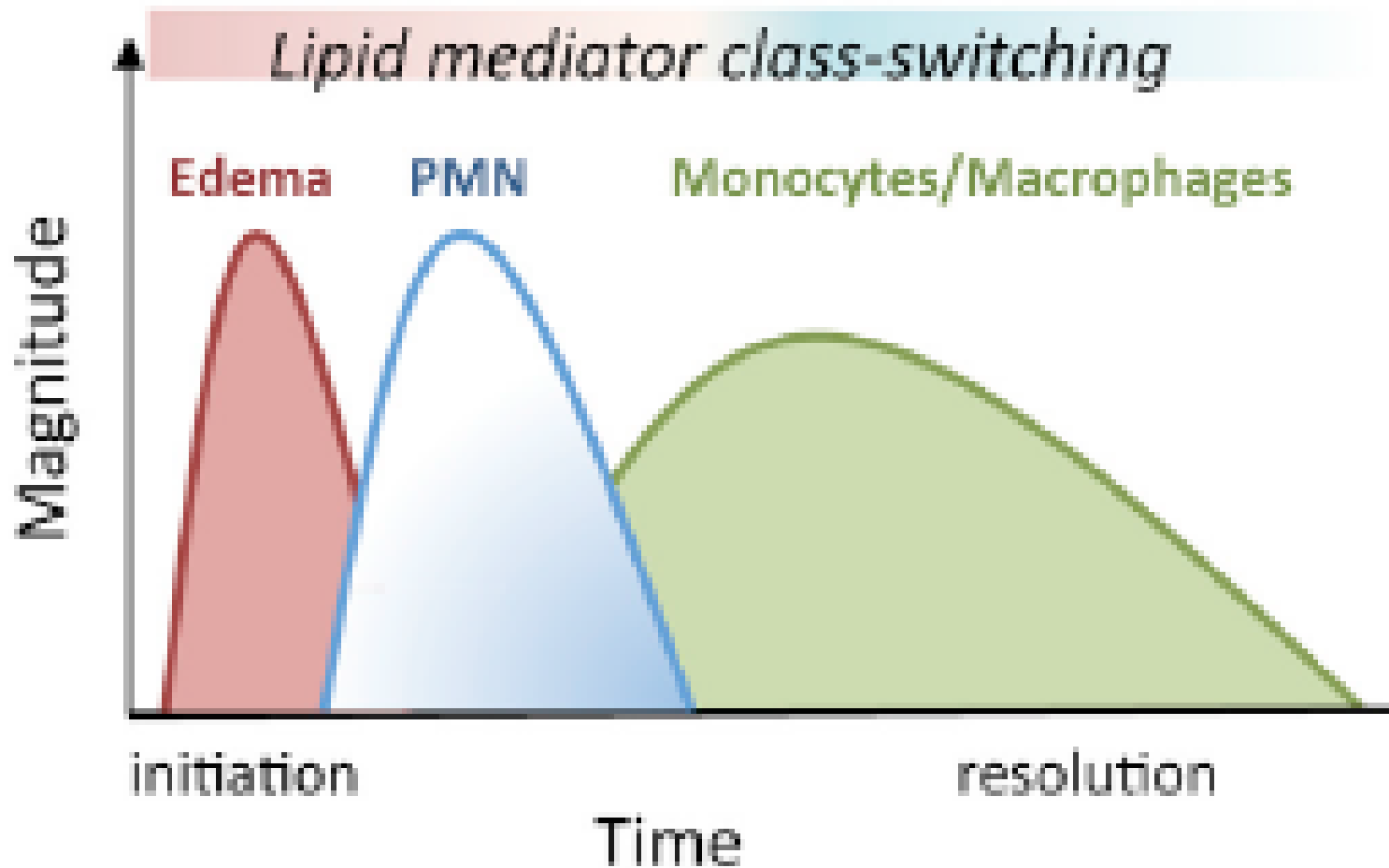


# Cutting-Edge Science Today Is An Old Concept

- First used in 11<sup>th</sup> century in the Canon of Medicine
- Taken 1,000 years to understand the science of resolution



# Time Course of Inflammation

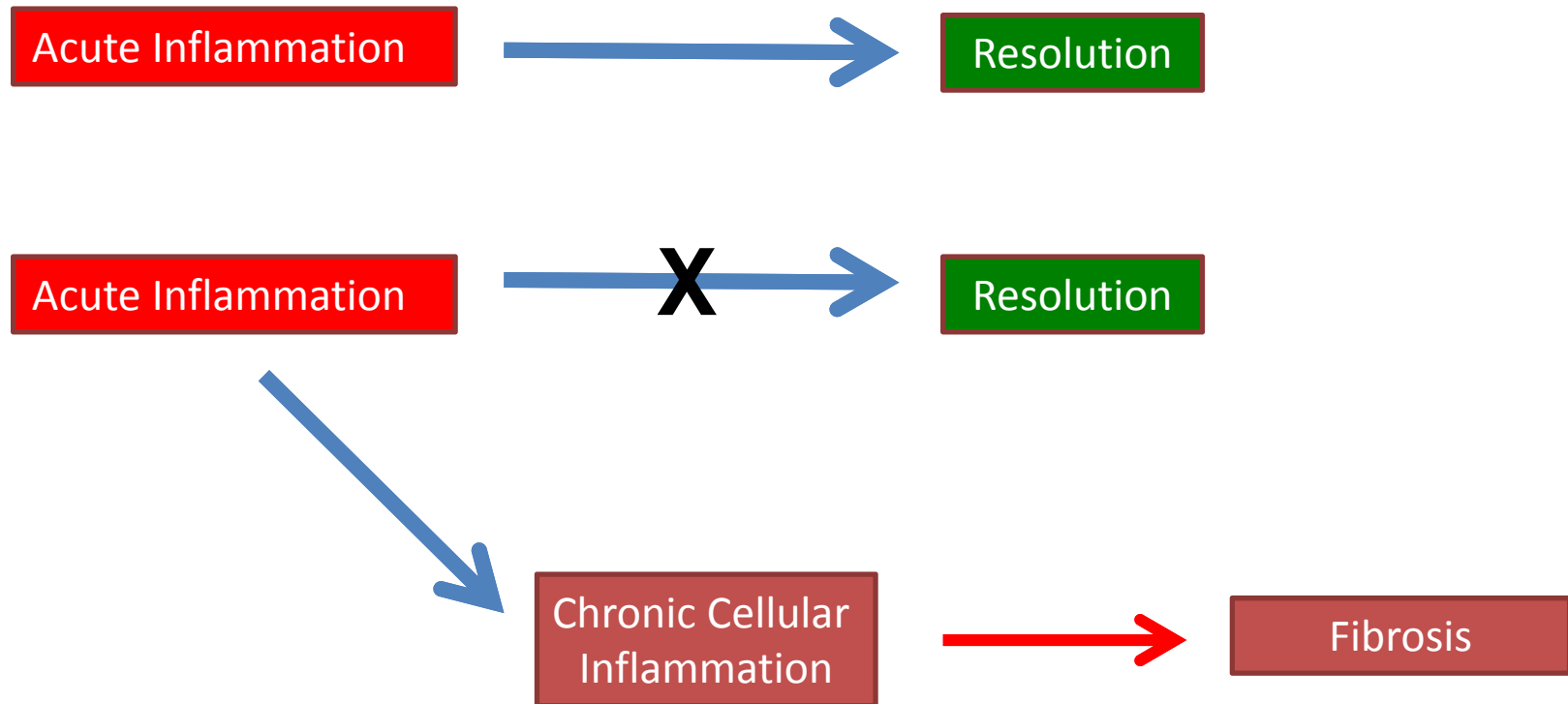


# Resolution Terminology

- *Anti-inflammation*
  - Leukotrienes attract neutrophils
  - Acting as molecular flares
  - Steroids are most powerful anti-leukotriene drugs
- *Pro-resolution*
  - Increased clearing of the macrophages
  - Macrophage switch from M1 to M2
  - Reducing cytokine formation
  - Final removal debris



# What Happens When Inflammation Is Not Resolved?



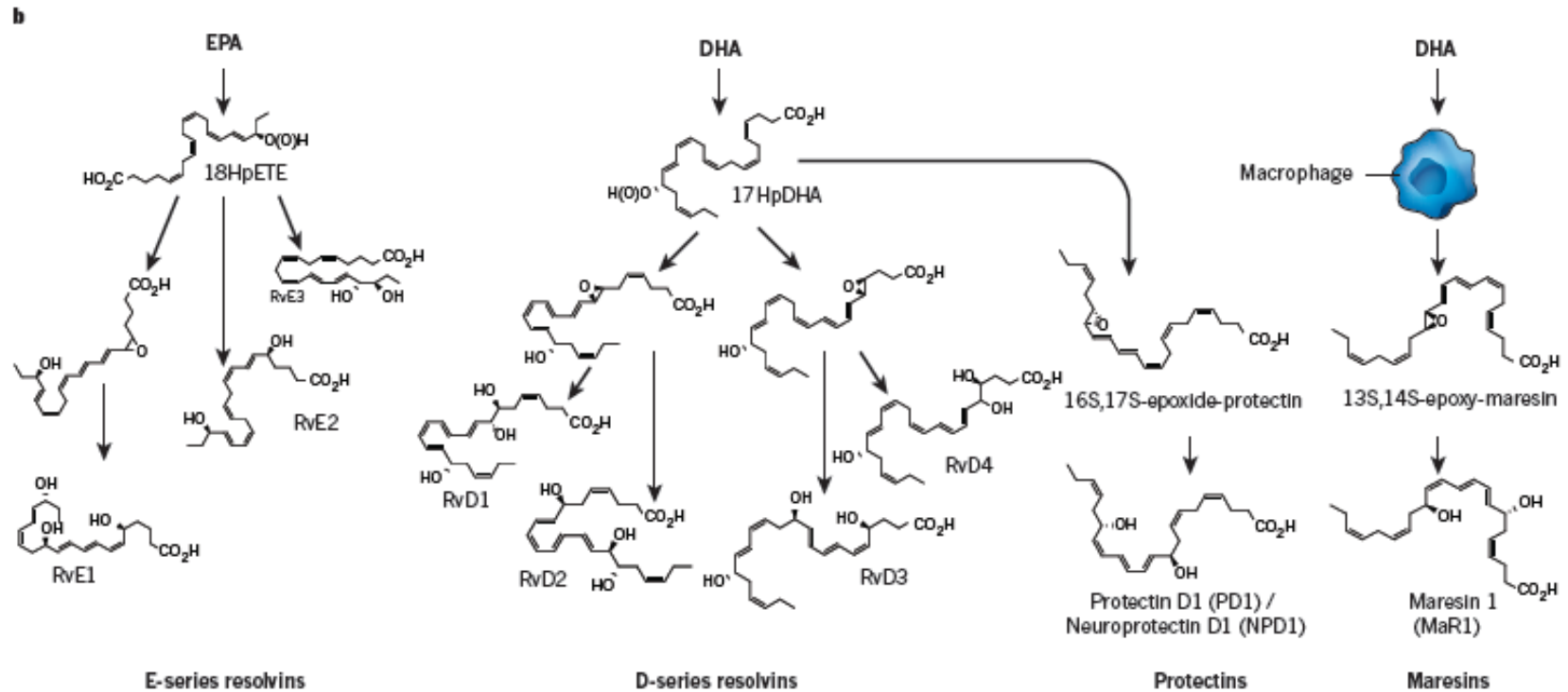


# Chronic Diseases Characterized By Fibrosis

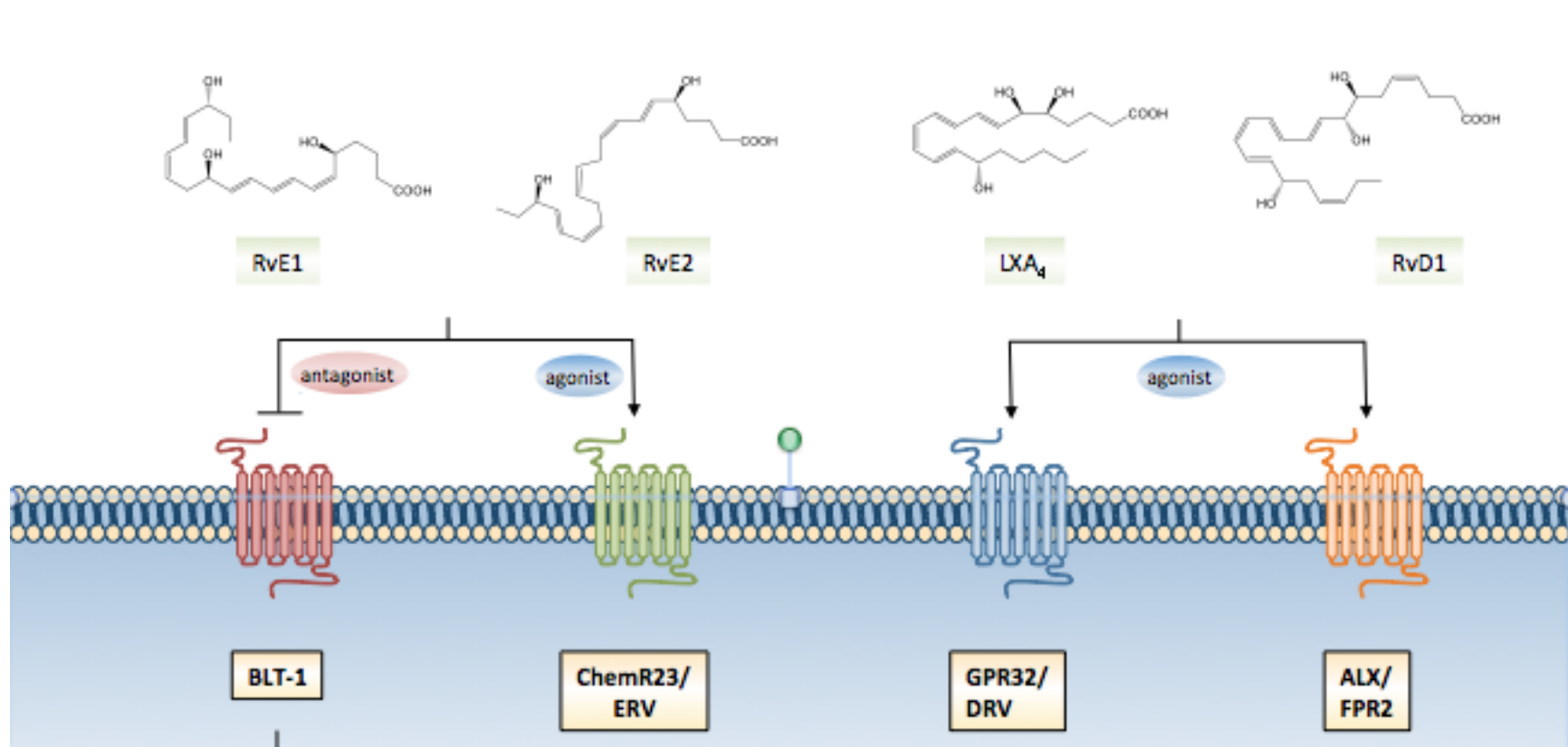
- Heart disease
- Kidney disease
- Lung disease
- Liver disease



# Resolvins: Agents of Resolution




# Receptors for Resolvins



Spite et al. Cell Metabolism 19:21 (2014)

# Anti-Inflammatory Drugs Can Also Be Anti-Resolution Drugs

- PGE<sub>2</sub> and PGD<sub>2</sub> required to initiate resolution
  - Aspirin can either enhance or inhibit resolution
    - Low-dose enhances
    - High-dose inhibits
- 

# Resolvin Facts

- 1,000 times more powerful than EPA and DHA
- Million times more expensive
- Not immunosuppressive
- Must be injected
- Short life time in the body
- Regulated by microRNA
- Cause tissue regeneration



# Resolvins and CHD

- Inhibit adhesion formation
  - 30-50% vascular scarring as consequence of surgery
- Resolvins decrease MMP activity
  - Collagen cap stability increases



# Resolvins and Alzheimer's

- Can be viewed as auto-immune disorder
- First indication of plaques appears in retina



# Resolvins and Cancer

- Most tumors are dormant
- Cancer as loss of resolution
- Tumor debris from radiation and chemotherapy stimulates cancer growth
  - Awakens dormant tumors
  - Chemotherapy doesn't work on these debris-activated tumors





# **FAT-1 Transgenic Mice**



# Fat-1 Mice Studies

- Obesity
  - Li et al. Mol Endocrinol 28:1316 (2014)
- Fatty liver
  - Kim et al Biochem Pharmacol 84: 1359 (2012)
- Diabetes
  - Smith et al. Appl Physiol Nutr Metab 35: 699 (2010)
  - Wei et al. Diabetes 59: 471 (2010)
  - Bellenger et al. Diabetes 60: 1090 (2011)
  - Rommanatto et al. Biochim Biophys Acta 1842: 186 (2014)

# Fat-1 Mice Studies

- Osteoporosis
  - Rahman et al. J Cell Mol Med 13:1833 (2009)
- Ocular
  - Connor et al. Nature Med 7: 868 (2007)
- Alzheimer's
  - Lebbadi et al. J Alzheimers Dis 20: 854 (2011)
- Cancer
  - Lu et al. Mol Cancer Ther 7: 3203 (2008)
  - Taguchi et al. PLoS One 9:e89605

# Fat-1 Mice Studies

- Heart Disease
  - Wan et al. Arterioscler Thromb Vasc Biol 30: 2487 (2010)
- Colitis
  - Monk et al. J Nutr 142: 117 (2012)
- Asthma
  - Bilai et al. Biochim Biophys Acta 1812: 1164 (2011)
- Aging
  - Rahman et al. Oxid Med Cell 2: 307 (2009)



**You Can Achieve Same  
Levels of Omega-3 Fatty  
Acids in Fat-1 Mice With  
High-dose Fish Oil**



# Auto-Immune Diseases That Respond to High-Dose Fish Oil

- Rheumatoid arthritis
- Lupus
- Type 1 Diabetes
- Multiple Sclerosis



# Rheumatoid Arthritis

- *Royal Transactions of the Philosophical Society* (1786)
  - About 15 grams EPA and DHA per day
- Kremer. *Del Med J* 60:679 (1988)
- Kremer et al. *Arthritis and Rheum* 33:810 (1990)
  - 3 to 6 grams EPA and DHA per day
- Lee et al. *Arch Med Res* 43:356 (2012)
  - > 2.7 grams of EPA and DHA is effective



# First Use of High-Dose Fish Oil To Lower The AA/EPA Ratio

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### **THE EFFECT OF DIETARY SUPPLEMENTATION WITH $n-3$ POLYUNSATURATED FATTY ACIDS ON THE SYNTHESIS OF INTERLEUKIN-1 AND TUMOR NECROSIS FACTOR BY MONONUCLEAR CELLS**

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GERHARD LONNEMANN, M.D., JOS W. M. VAN DER MEER, M.D., JOSEPH G. CANNON, PH.D.,  
TINA S. ROGERS, PH.D., MARK S. KLEMPNER, M.D., PETER C. WEBER, M.D., ERNST J. SCHAEFER, M.D.,  
SHELDON M. WOLFF, M.D., AND CHARLES A. DINARELLO, M.D.





# Effect On Fatty Acid Composition

Table 1. Fatty Acid Composition of Mononuclear-Cell Membranes as a Percentage of Total Fatty Acid Content.\*

FATTY ACID	BEFORE n-3 SUPPLEMENT	AFTER n-3 SUPPLEMENT	TIME AFTER END OF n-3 SUPPLEMENT	
			10 WEEKS	30 WEEKS
			<i>mean percentage ±SEM</i>	
AA (n-6)	13.8±1.3	8.6±0.7†	9.5±1.8‡	13.8±2.6‡
EPA (n-3)	0.7±0.1	3.8±0.7§	1.0±0.3‡	0.6±0.1‡
DHA (n-3)	2.3±0.2	3.3±0.4‡	2.0±0.4‡	2.5±0.7‡
AA/EPA ratio	20.9±2.2	2.4±0.2¶	12.0±2.1	23.9±4.3‡

\*Mononuclear cells were obtained from five subjects receiving dietary supplementation of n-3 fatty acids. AA denotes arachidonic acid, EPA eicosapentaenoic acid, and DHA docosahexaenoic acid.

†Decreased from presupplement levels (P<0.04).

‡No significant change from presupplement levels.

§Increased from presupplement levels (P<0.03).

¶Decreased from presupplement levels (P<0.003).

||Decreased from presupplement levels (P<0.03).

# Effect On Cytokines

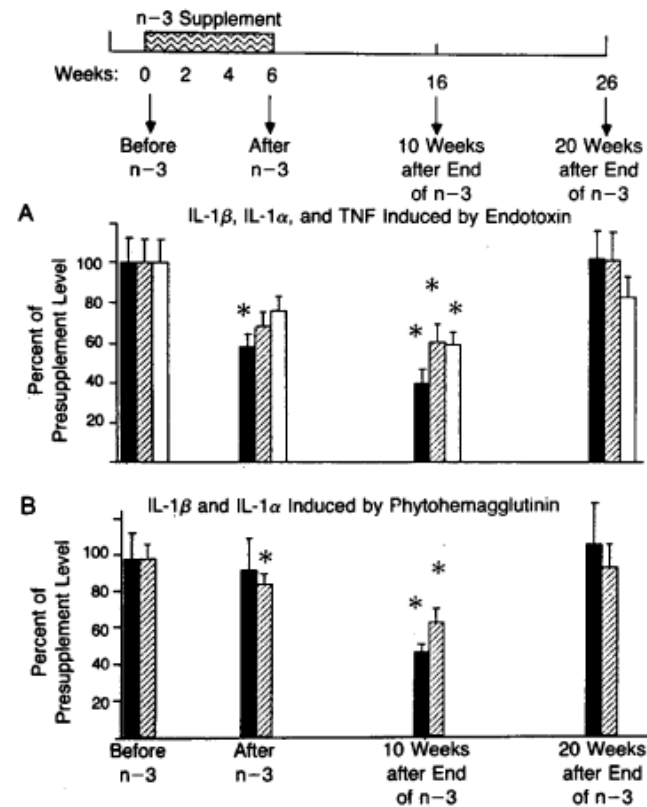


Figure 2. Synthesis of IL-1 $\beta$  (Solid Bars), IL-1 $\alpha$  (Hatched Bars), and Tumor Necrosis Factor (TNF; Open Bars) by Mononuclear Cells Stimulated with 1 ng of Endotoxin per Milliliter (Panel A) or 3  $\mu$ g of Phytohemagglutinin per Milliliter (Panel B).

# 2012 Sales of Injectable Drugs To Reduce TNF

- Humira  
– \$9.3 B
- Enbrel  
– \$7.8 B
- Remicade  
– \$6.8 B



**These TNF-Reduction Drugs  
Are 3 Of The Top 10 Selling  
Drugs Of All-Time**



# Lupus

- Westberg and Tarkowski. *Scan J Rheum* 19:137 (1990)
  - Short-term benefit
- Wright et al. *Ann Rheum Dis* 67:841 (2008)
  - 3 g EPA and DHA per day
- Halade et al. *Exp Bio Med* 238:610 (2013)
  - Strong dose-response (1 vs. 4%) in NZBxNZF mice

# Type 1 Diabetes

- Stene et al. *Am J Clin Nutr* 78:1128 (2003)
  - 1.7 grams of EPA and DHA per day for first year 26% decrease in type 1 in case-controlled studies
- Norris et al. *JAMA* 298:1420 (2007)
  - 27% decrease of appearance of anti-bodies or diabetes in those with higher omega-3 in RBC
- Mayer-Davis et al. *Diabetes Care* 36:1842 (2013)
  - C-peptide preservation in recently diagnosed Type 1 with higher levels of EPA and DHA



# Multiple Sclerosis

	Start	2 Year
AA/EPA	6	1.5
Disability Status	2.2	1.6*

\*  $p < 0.005$

*Nordvik et al Acta Neurol Scand 102:143 (2000)*

# **Are We Missing The Real Cause Of Chronic Inflammation?**





# Conditions That May Be Due to Lack of Resolution

- Obesity
- Diabetes
- Cardiovascular disease
- Auto-immune disease
- COPD
- Liver failure
- Kidney failure
- Asthma
- Ocular
- Cancer
- Alzheimer's
- Aging



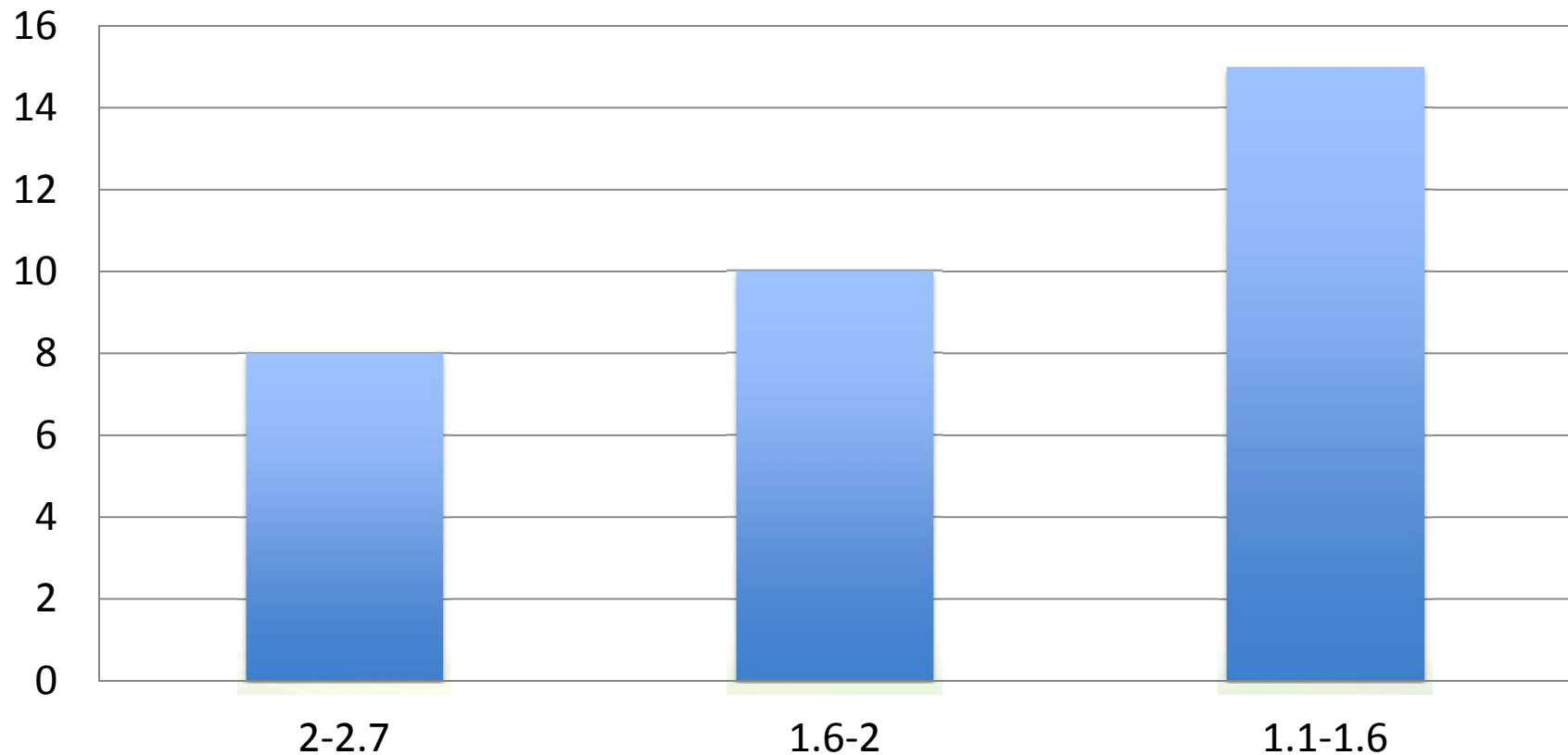
# AA/EPA Ratio Can Be A Surrogate Marker For Resolvins

Subject	AA/EPA	% EPA	%DHA	RvD1 (pg/ml)	Low-dose Aspirin
1	1.5	4.8	4.3	44	No
2	2.1	5.1	5.4	74	Yes
3	2.3	3.9	5.4	110	Yes



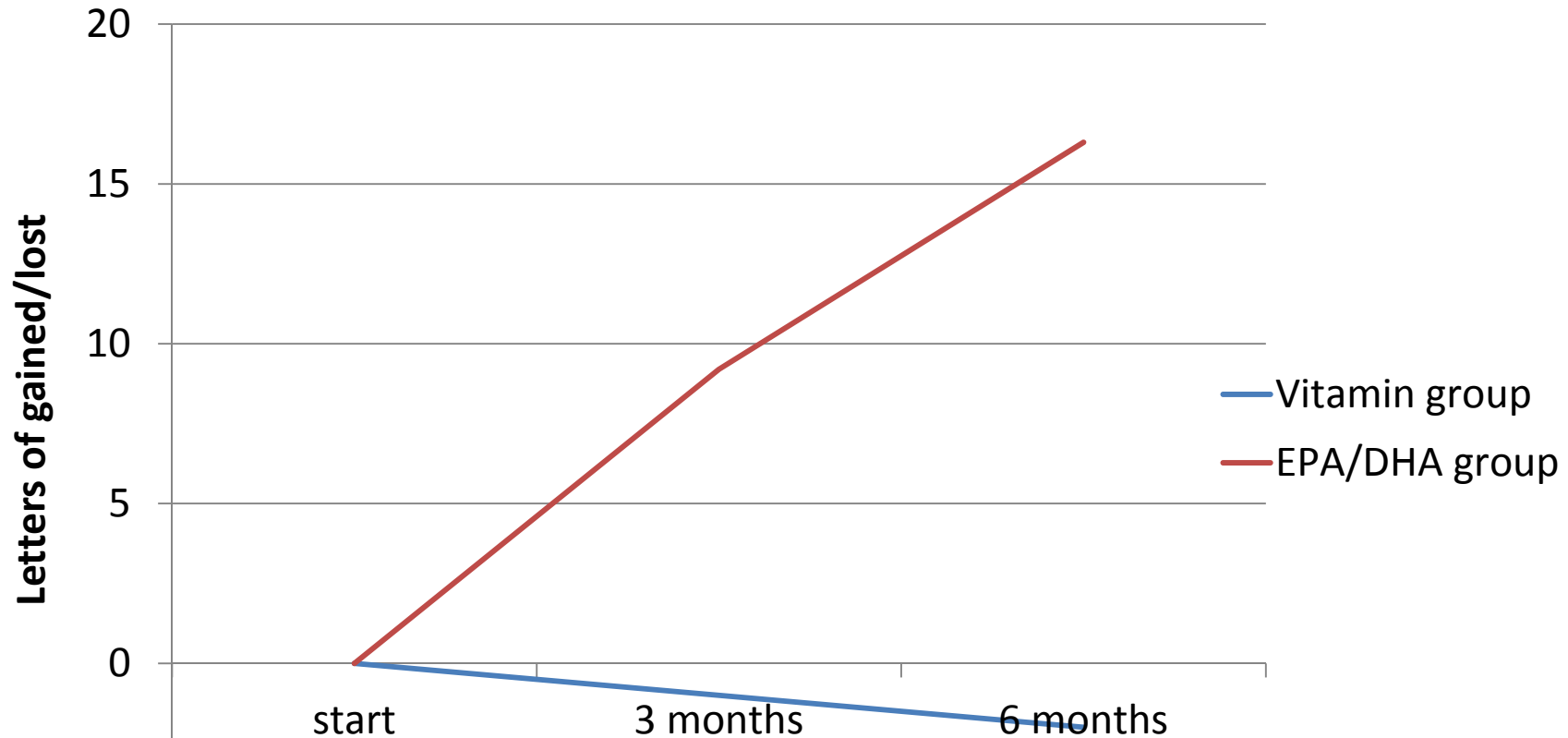
# Sight Improvement Depends on Final AA/EPA Ratio

Letters Improvement



Final AA/EPA Ratio

# Dry AMD Results-Moderate Starting Vision Loss



Mean gain of letters 9.2 at 3 months and 16.3 at 6 months in the EPA group

Mean lost of letters 2 at 6 months in the vitamin group

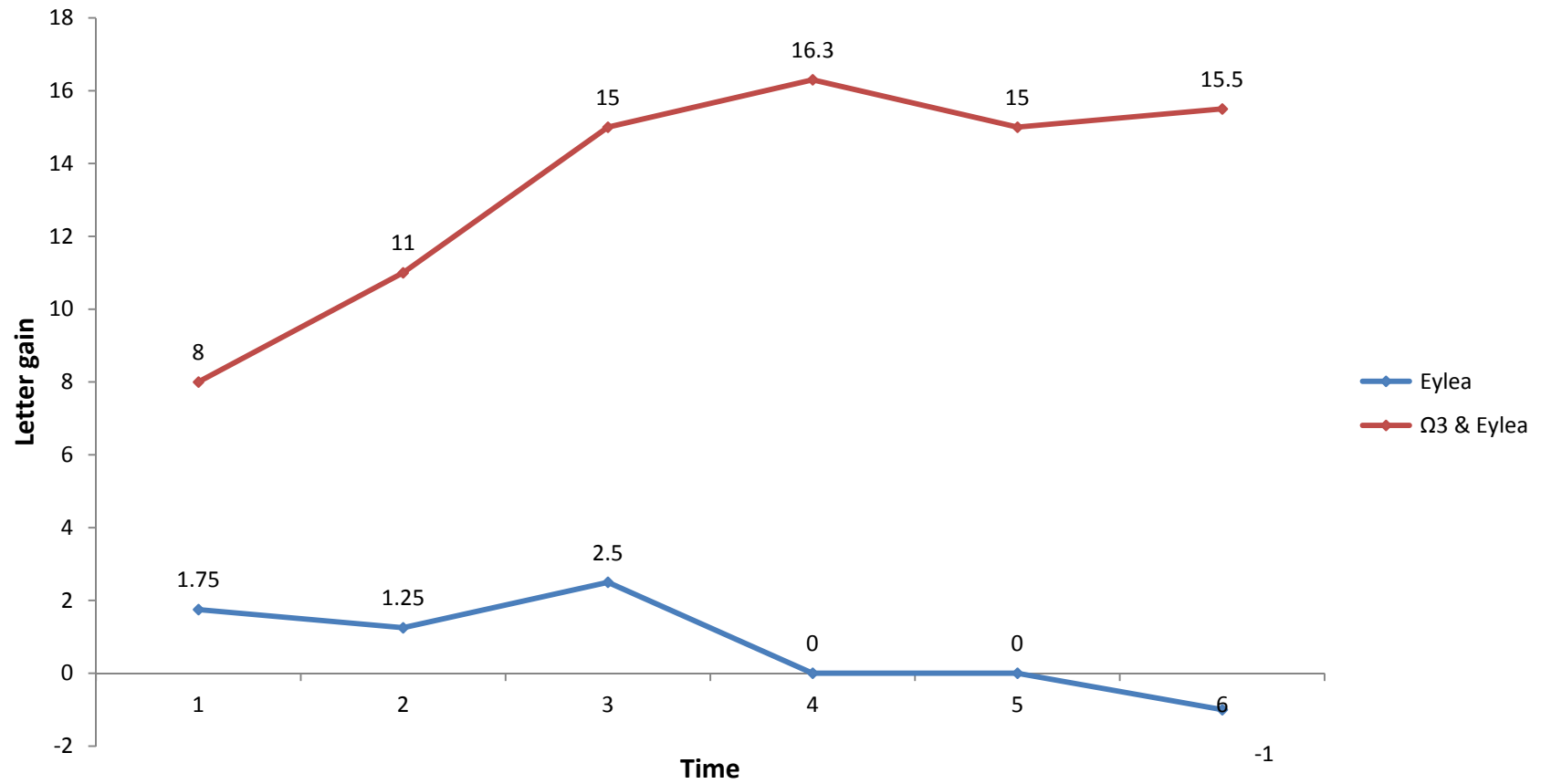
Vision improved from 31% to 44% at 3 months to 65% at 6 months in the EPA group

And the mean AA/EPA ratio was 1.6

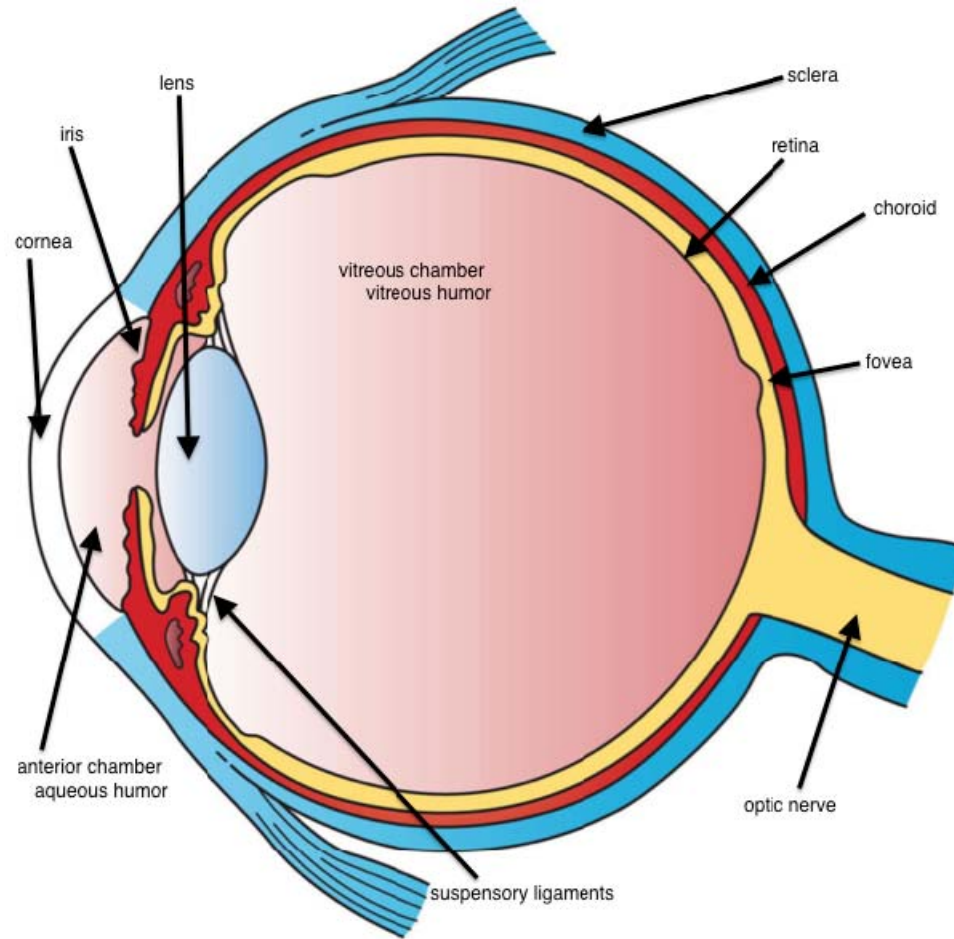
# Dry AMD Results-Severe Starting Vision Loss

Time (months)	Vision (% normal)
Start	4
1.5	10
3	16
4.5	20
6	25

# Wet AMD Results



# Optic Nerve



# Optical Nerve Atrophy

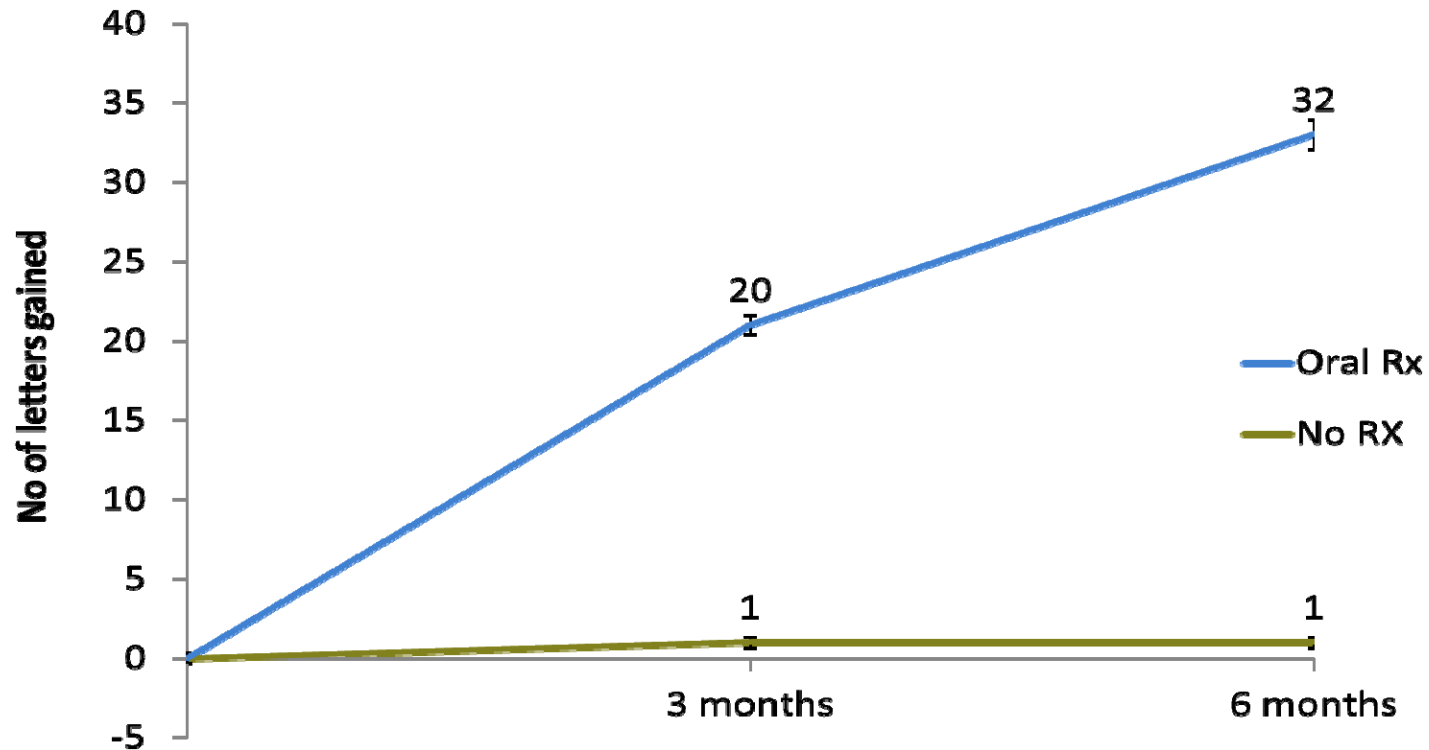
- Causes
  - Glaucoma
  - Neuritis
  - Multiple sclerosis
- Vision cannot be restored once optic nerve is damaged





# Optic Nerve Atrophy Results

- Mean letters gained



Mean VA 

	42%	74%
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Mean vision improved from 18% to 42% at 3 months and to 74% at 6 months in the oral group

# Telomeres

- Can be increased by high-dose omega-3 fatty acids
- AA/EPA ratio is best indication of increasing telomere length



# Summary

- Resolvins are key to tissue regeneration
- Anti-aging medicine can be best understood as resolution pharmacology
- Without adequate levels of omega-3 fatty acids, resolvins can't be made

