

Please see below response received from Dr. Bastidas from our clinical research team:

To answer your question allow me to take some time and explain a little bit about enzymes. Some are hydrolytic/digestive in function which we could supplement and most are metabolic and cellular which for the most part can't be supplemented because of either their physical characteristics or the amount of barriers to overcome in order to get to where they are needed. Initially, serum CD26 was detected by DPP IV enzyme activity because they are identical hence the name DPP IV / CD 26. It is now known that Adenosine Deaminase (ADA) binds to CD 26 as does the Corona Virus. ADA binding assays are clearly specific for CD26 and show that at least 90% of the serum DPP IV activity is derived from CD26. DPP4 is a member of the serine peptidase/prolyl oligopeptidase gene family, often sub-classified partly by structure and function, which includes: the membrane-bound peptidases, fibroblast activation protein (FAP)/seprase; the resident cytoplasmic enzymes, DPP8 and DPP9; and the non-enzymatic members, DPP6 and DPP10, which are present in neuronal membranes, and prolyl endopeptidase (these are more like the DPP IV in our Carbo G). Having said that let me try to address the issue at hand.

Should we administer DPP-IV (CD26) in the event of an outbreak of Coronavirus or should we avoid it? DPP IV (CD 26) in these studies are referring to systemic CD26 receptor (which the corona virus has affinity to) and soluble CD26 protein which are identical to DPP IV enzyme hence the name "DPP IV / CD 26" but are not the same thing in regards to where they are functioning. The DPP IV in our product will work mostly to digest dietary proteins rich in proline residues such as the gluten and casein proteins in the GI tract.

One study says it is a binding protein to bring corona into the host. Yes the corona virus binds to CD 26 but inside the system where the receptor is found.

The other says that there is more DPP-IV / CD26 expression during corona infection, which would mean that we should administer more DPP-IV, so that the receptor is saturated and can no longer bind corona. Isn't? No. DPP IV does not bind to CD 26, they are proteins that are identical and have enzymatic function and is why they share the name but do not bind to each other.

(I am not a scientist and therefore cannot interpret the studies correctly).

Note:

Would administering DPP-IV together with lysozyme and Serra peptidase and antioxidants could be the solution against the Corona virus? Anytime you administer enzymes that have hydrolytic/digestive and systemic function you will support the immune system in fighting infection, improving blood rheology, scavenging free radicals, and cleaning up toxicity which will result in overall wellness. It is important to maintain optimal levels of nutrients; particularly vitamins A, C, and D. These nutrients have antiviral abilities and are able to support the immune system when it is under viral attack. If you are not ill, take 3-5,000 mg/day of vitamin C. At the first sign of an illness, take 1,000 mg/hour until diarrhea develops, then back off for a time period. For vitamin A, use 5,000 Units/day if you are not sick and 100,000 Units/day for four days at the first sign of an illness. Pregnant women cannot take these doses. (Note: Take vitamin A, not beta carotene.) Also, vitamin D is very important for fighting infections. At the onset of an illness, take 50,000 IU of vitamin D3/day for four days.

Hope this helps in clearing things up a bit. Let me know if we need to clarify further.