

**59 year old white male, 6'4" tall, 100kg. Mildly deconditioned; residing at 5000' elevation for many years. Accountant, married with 2 adult children, 1 dog, 6 chickens, suburban home**

**HISTORY:** Healthy, fairly active. R knee replacement 2007/L hip 2020. Appendectomy 2019  
2010 H1N1 virus left with tinnitus x 2 yrs and continued worsening peripheral neuropathy (full neuro workup → idiopathic (2016))

**August 2021:** contracted Covid during week-long 400-mile bike ride with wife.  
Initial TX: Ivermectin, daily vitamins...4 days later: 5 days prednisone  
+monoclonal antibody infusion. Slow to recover. **NO HX of COVID VAX.**

**8/21-4/23-** mildly ↑ SOB— mostly unnoticed until April 2023

labs : HCT 20.5/Hgb 60.1 – blood donation worsened symptoms

Pt started lumbrokinase/nattokinase/ASA (clotting)

**6/23**



SOB while walking dog— SPO2 drops to 78% + SOB standing 85% +

↑ HR. NO CP/palpitations/dizziness/n/v

**\*\*\* Pt taken to ED by wife\*\*\***



## TESTING DONE

**6/21 (ED):** labs/EKG/CXR/CTPA  
SPO2 80% w/exertion. Home with O2  
f/u with Pulm

**7/23: PULM:** walk test 6 lpm >90%  
DLCO 40% (rep 10/23: 42%)

**8/23:** VQ Scan – no acute findings.  
Cardiac Stress no concerns. Cardiac  
echo + bubble echo w/o concerns. 2 x  
sleep studies– O2 drops w/o noted  
apnea.

**10/23:** HRCT: mild mosaic on exp + ↑  
main pulm artery.

**11/23: R Heart Cath:** pre-capillary pulm  
HTN, low normal CO/CI, non sig  
response to NO

↑ **Hgb/HCT:** EPO-wnl JAK2V617F no  
mut. Polycythemia ruled out.

**DX: PRE-CAPILLARY PULM HTN**

**ADD TESTs:** **WNL:** Gen Thyroid/ESR/CRP/D-dimer/cortisol/EPO  
**Out of range:** RT3: 28.3 // B12: 1289 //PSA: 6.2//SHBG: 101

Insulin: 42

Homocysteine: 18.8%

CD4 pos Lymph 30.6

Abs CD8 suppressor: 950

%CD8 Pos Lymph 39.6

CD4/CD8 ratio 0.77 (low)

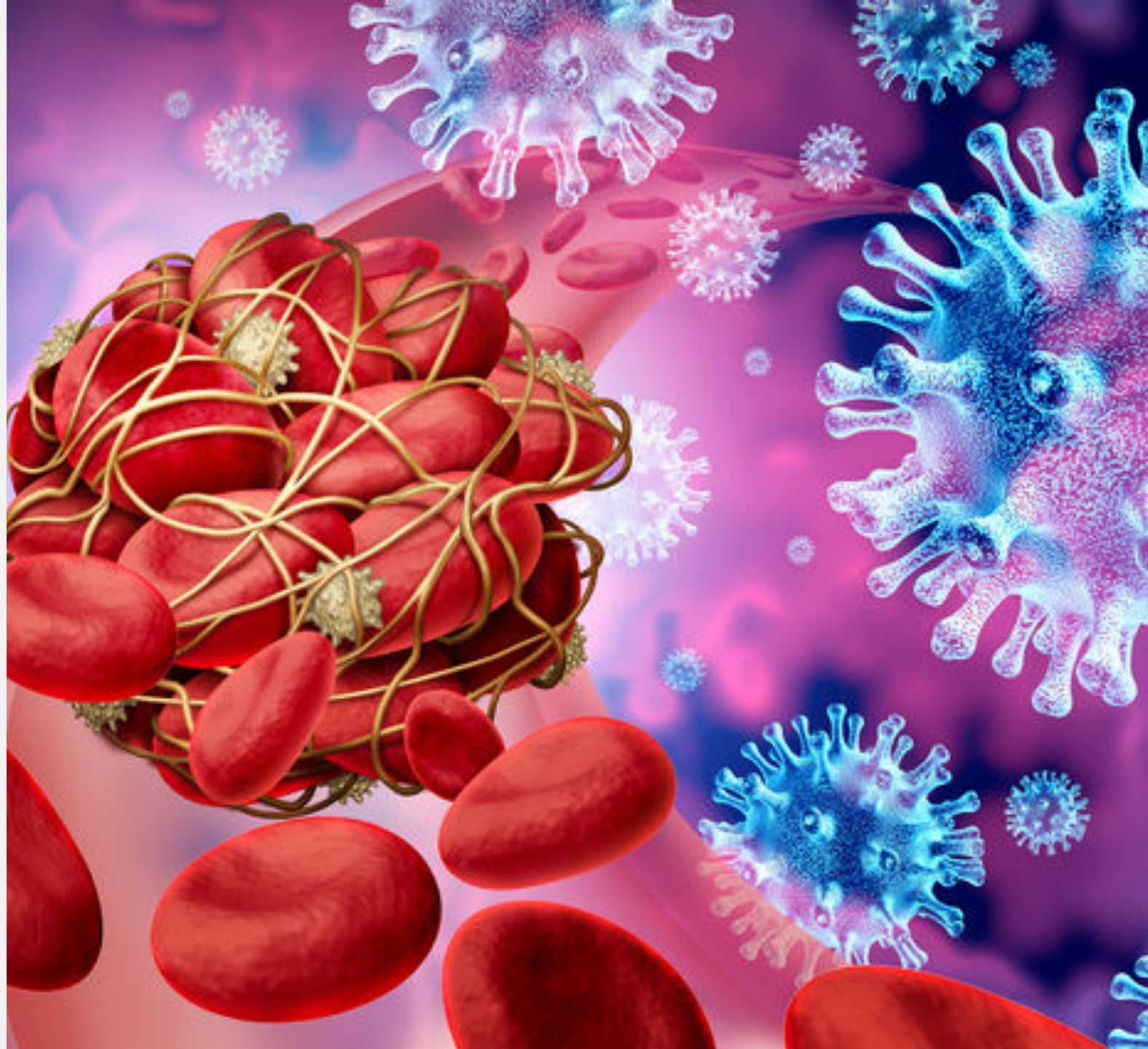
RBC: 6.77 //Hgb 18.5//HCT 57

\*\*\* Pt continually monitors with OURA ring and Pulse oximeter



# TREATMENT

- **Initial:** 4/23: lumbrokinase, nattokinase, streptokinase. Blood donation
- **6/23:** home oxygen/ NAD/Regen, resveratrol, spermidine, bromantane, TA-I, NO, daily Vit.
- **8/23:** Bioregulators: Lungs: Chonluten, Taxorest x 2 months ↑ DLCO 40-42%?
- **11/23:** sildenafil 20 mg TID /metformin 500mg BID
- **1/24 to present:** Bioregulator: Venapept: vessels, circ, and endothelial healing
- Home oxygen concent: 1-2 lpm HS and when exerting during day
- <https://e-peptide.com/pe-shop/lingual-cytomaxes/peptide-therapy/venapept-policosan-ol-blood-vessels-peptide-iph-avn-detail>





## CURRENT STATUS

- Pt continues with SOB on exertion
- Utilizes O<sub>2</sub> with NC 1-2 lpm HS and when walking longer distance and exerting--Lawn mowing, etc
- Sildenafil 20 mg TID /Metformin 500 mg BID
- Plan with PH Dr is to start on Ambrisentan in combo with Sildenafil --pt denied Opsumit by insurance
- **OF NOTE:** ONE MONTH into use of VENAPEPT Bioregulator-- pt is noticing increased endurance upon exertion, increased SP<sub>O2</sub> readings at night, and less overall fatigue.

## CITATIONS

- McNair BD, Polson SM, Shorthill SK, Yusifov A, Walker LA, Weiser-Evans MCM, Kovacs EJ, Bruns DR. Metformin protects against pulmonary hypertension-induced right ventricular dysfunction in an age- and sex-specific manner independent of cardiac AMPK. *Am J Physiol Heart Circ Physiol*. 2023 Aug 1;325(2):H278-H292. doi: 10.1152/ajpheart.00124.2023. Epub 2023 Jun 30. PMID: 37389952; PMCID: PMC10393374.