

IL12B Report

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Introduction to IL12Beta

Interleukin-12 Beta (IL12B) is a gene that encodes the p40 protein subunit. This particular subunit is biochemically unique and clinically critical because it is a shared component of two major pro-inflammatory cytokines: Interleukin-12 (IL-12) and Interleukin-23 (IL-23). IL-12 primarily drives the differentiation of naive T cells into Th1 cells, while IL-23 is essential for the survival and expansion of Th17 cells. Because IL12B sits at the intersection of these two powerful immune pathways, genetic variations (SNPs) or pathological overexpression of IL12B acts as a master switch, unleashing profound autoimmune and autoinflammatory cascades. In functional medicine, evaluating IL12B via panels like the MaxGen Comprehensive Cytokine DRP Panel is crucial for understanding chronic mucosal and systemic inflammation.

Signs, Symptoms, and Associated Diseases

Dysregulation of the IL12B pathway drives some of the most visibly distressing and physically agonizing autoimmune conditions known. Patients hypersecreting the p40 subunit frequently suffer from severe, treatment-resistant psoriasis. This presents as thick, intensely pruritic (itchy), and painful erythematous plaques with silvery scales that can crack and bleed, causing immense psychological and physical suffering. Beyond the skin, this inflammation frequently invades the joints, resulting in Psoriatic Arthritis (PsA)—a condition characterized by debilitating joint stiffness, dactylitis ("sausage digits"), and irreversible structural joint destruction.

Furthermore, IL12B hyperactivation is deeply implicated in Inflammatory Bowel Disease (IBD), most notably Crohn's disease and Ulcerative Colitis. In the gastrointestinal tract, the Th1/Th17 storm driven by IL-12/23 causes transmural inflammation. Patients endure excruciating abdominal cramping, chronic bloody diarrhea, severe weight loss, and the devastating formation of strictures and fistulas. The systemic nature of this cytokine dysfunction also heavily contributes to chronic, crushing fatigue and a dramatically reduced quality of life across all affected patient populations.

Conventional Treatments, Biologicals, and Considerations

Standard allopathic protocols for managing IL12B-mediated diseases conventionally begin with broad systemic immunosuppressants such as oral corticosteroids, methotrexate, or cyclosporine. While temporarily effective, these medications possess horrific long-term side effect profiles, including profound hepatotoxicity, bone marrow

suppression, and severe gastrointestinal intolerance, failing to specifically target the cytokine origin.

Modern rheumatology and gastroenterology have shifted toward targeted biologicals that directly neutralize the IL12B (p40) subunit. Ustekinumab (Stelara) is a highly effective, widely prescribed human monoclonal antibody designed to bind directly to the p40 subunit, simultaneously neutralizing both IL-12 and IL-23. While Stelara is remarkably effective at inducing clinical remission in severe psoriasis and Crohn's disease, the barriers to entry are staggering. The financial cost is extreme, frequently exceeding \$100,000 to \$130,000 per year, making it inaccessible for many without aggressive insurance subsidies. Moreover, blocking this critical immune pathway exposes patients to severe risks, including dangerous opportunistic infections, reactivation of latent tuberculosis, potential malignancies, severe upper respiratory tract infections, and intense post-injection fatigue.

The VARS Triad: A Natural Adjuvant and Stand-Alone Therapy

For patients suffering from these agonizing conditions who cannot tolerate biologicals, cannot afford them, or strictly desire natural, holistic interventions, the VARS Triad (REDOX Triad) offers a highly rational, root-cause approach. The massive Th1 and Th17 polarization driven by IL12B is tightly correlated with, and exacerbated by, severe intracellular oxidative stress and mitochondrial dysfunction. The VARS Triad—consisting of Validated, Absorbable, Reduced, and Stable forms of Glutathione, Superoxide Dismutase (SOD), and Catalase—is engineered to directly intercept this oxidative burden.

By delivering high-potency, bioavailable antioxidants directly to the cellular level, the VARS Triad neutralizes the reactive oxygen species (ROS) that serve as secondary messengers in the inflammatory cascade. As a stand-alone therapy for mild to moderate cases, or as a powerful adjuvant for patients tapering off harsh medications, replenishing Glutathione, SOD, and Catalase naturally downregulates the transcription factors (like NF- κ B) responsible for overproducing the IL12B p40 subunit. This protocol helps to naturally quiet the aggressive Th1/Th17 immune response, dramatically reducing skin scaling, easing destructive joint pain, and soothing intestinal mucosal inflammation without crippling the patient's baseline immune defenses against pathogens.

Diagrams

Diagram 1 – Disease Overview & Attack on Key Body Parts

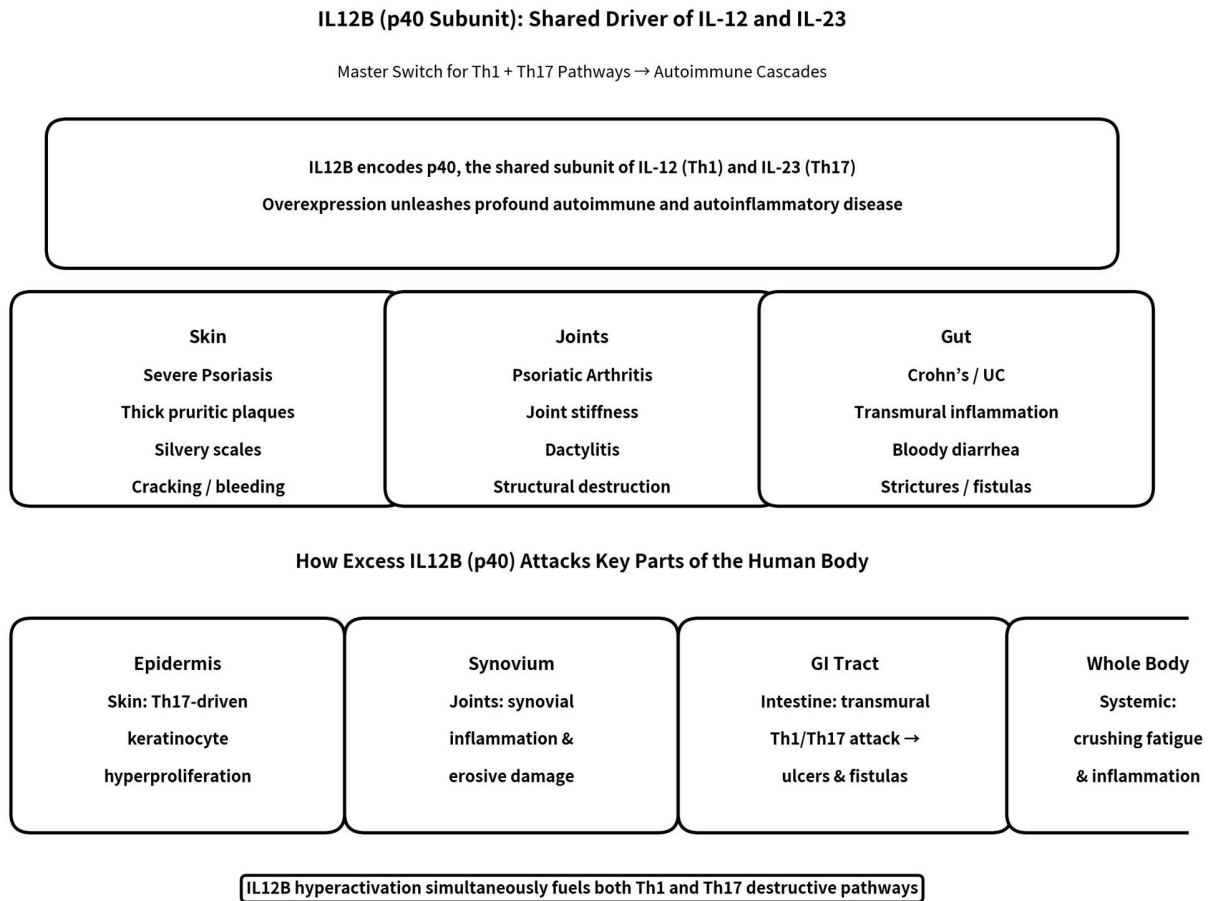
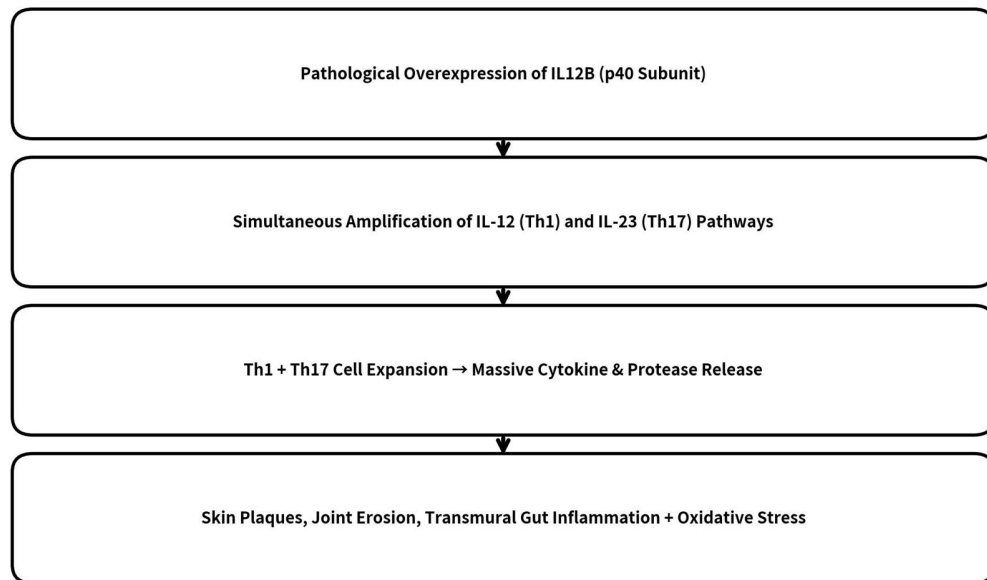


Diagram 2 – How IL12B (p40) Drives Th1 / Th17 Autoimmune Cascades

How IL12B (p40) Drives Th1 / Th17 Autoimmune Cascades

Shared Subunit Powers Both IL-12 and IL-23 → Tissue Destruction



ROOT DRIVER

IL12B sits at the intersection of two powerful destructive immune axes

ROS further amplifies NF- κ B transcription of the p40 subunit, sustaining the cycle

Diagram 3 – Treatment Options + VARS Triad Mechanism

Treatment Options for IL12B (p40)–Driven Pathology

Downstream p40 Blockade vs Upstream Redox Control of Th1/Th17 Drive

STANDARD THERAPIES	COMBINED APPROACH	VARS TRIAD
Corticosteroids / Methotrexate / Cyclosporine Ustekinumab (Stelara) Neutralizes shared p40 subunit (IL-12 + IL-23)	Biologic + VARS Triad Block p40 signaling + quench ROS that fuels Th1 / Th17 expansion Best of both worlds	VARS Glutathione VARS SOD + Catalase Quench ROS → lower NF-κB / p40 drive Quiet Th1 + Th17 No immunosuppression
100,000-130,000 / year Infection & TB risk Malignancy concerns Post-injection fatigue	Lower residual disease Better skin & joint recovery Improved gut healing Comprehensive control	Only \$529 / month No side effects Root-cause support Safe long-term

How VARS Triad Helps Suppress Pathological IL12B Effects

1. SOD clears Superoxide that fuels p40 drive	2. Catalase clears H2O2 safely	3. GSH restores redox → reduces Th1 / Th17 activity
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Upstream redox control dampens the oxidative amplification of IL12B-driven autoimmunity — safely & affordably

References

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10-Word Description (MaxGen Comprehensive Cytokine DRP Panel)

Relentless driver of agonizing psoriasis, destructive arthritis, and severe Crohn's.