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Physician-requested Guide

The Doctor's Guide to Working with Transfer Factor

What is transfer factor?
Transfer factors, which exist naturally in the human body, are low weight molecular proteins which act as chemical messengers to inform the naïve T-cells that a pathogen is in the body. The immune system then mounts its attack. Transfer factors work within the cellular immune system, as opposed to humoral --- so there is no concern about over-stimulation.

What types of transfer factors are available?
Transfer Factors are classified as *non-specific* or *antigen specific*.

Non-specific transfer factor – this product is called Transfer Factor Multi-Immune™, and it contains pure transfer factor plus other key researched nutrients to promote healthy natural kill cell function. This product is used to fortify the front line of our immune system. Research presented at a recent medical conference demonstrated a 235% increase in the NK cell function of immune compromised patients; doubling the dose to two capsules bid increased NK cell function by over 600%.

Antigen-specific transfer factors – these transfer factors have been developed as stand-alones and/or to augment your existing protocol. Please refer to the Transfer Factor Comparison Grid to determine which product is best suited for each patient.

How do I incorporate transfer factor into my protocol?
Most immune compromised patients need at least the non-specific transfer factor, Transfer Factor Multi-Immune™. This product will bulk up the immune system's front line (natural killer cells and macrophages). Many doctors use this product while also including the antigen specific products.

What is the typical protocol used by other doctors?
Doctors first assess the patient to determine which viral loads are impacting the patient. These are assessed through lab tests and/or energy testing. Many (but not all doctors) also check for hypercoagulation. If a patient is not in a state of "hypercoagulation", the patient will be administered transfer factor accordingly:

- Transfer Factor Multi-Immune™ (natural killer cells/macrophage support)
  - Standard dose: 2 caps once per day (one hour before eating or two hours after eating)
  - Acute dose: 2 caps bid or tid for the first thirty days

- Appropriate antigen specific transfer factor(s)
  - One gelcap per day for Week 1. Increase to 2 gelcaps per day for Week 2 and beyond. Many doctors start sensitive patients on a lower dose (i.e. start with one gelcap on Day 1 but possibly refrain from taking another dose for 2-3 days, followed by increasing the dose as it suits the patient). Doctors who are putting a patient on multiple antigen-specific transfer factors normally introduce one product at a time. Assuming there is no Herxheimer reaction, the next product is usually added after one or two weeks.
  - Please refer to the Transfer Factor Comparison Grid to determine which product is best suited for each patient. All transfer factors should be taken one hour before eating or two hours after eating.

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If a patient is tested and deemed to be in a "hypercoagulation" state, many doctors work with Arizona Coag Consultants (the coagulation research leaders) on developing a protocol using a combination of Heparin SubQ, Boluoke™ Lumbrokinase (Non-acute dose: 1 cap one to three times per day between meals; Acute dose: 2 caps three times per day for six to eight weeks), Transfer Factor Multi-Immune™ (Standard dose: 2 caps once per day; Acute dose: 2-3 caps TID for the first 30 days), and appropriate antigen specific transfer factor (one gelcap per day for Week 1, and increase to 2 gelcaps per day for Week 2 and beyond).

To reduce the possibility and/or severity of a Herxheimer reaction, please be sure to employ the gradual dosing listed in Suggested Use section on the respective product information sheet.

What time of day should patients take transfer factor?
All transfer factors are best absorbed away from food. Good times to take the products are before bed or upon awakening --- one hour before eating or two hours after eating.

How long are patients on transfer factor?
Patients are generally on the antigen specific products for at least six months, but more often are on them for nine to twelve months. The determination as to when the patient stops these products is either through lab testing, energy testing or qualitative measures such as the patient's improved quality of life. Some doctors remove the patients completely while others have the patients take the product one week per month to keep the immune memory active.

Patients generally remain on the Transfer Factor Multi-Immune™ to keep the immune system in top shape --- especially those doctors who pull the patients completely off the antigen specific transfer factors.

What should my patients expect?
With the Transfer Factor Multi-Immune™, most patients should not feel any adverse reaction to this product. In very rare circumstances, patients who have CMV (cytomegalovirus) could have a slight Herxheimer. As natural killer cell function improves, patients should be less vulnerable to other viral attacks. With antigen specific transfer factors, it is estimated that approximately one-third to one-half of patients experience Herxheimer reactions. That is why it is important to start slowly on these products. For very sensitive patients, you may have to start even slower. In all cases, if a patient is experiencing a Herxheimer, please have them stop taking the product until they are feeling better. Then begin administering again but at a slower rate.

Many patients report an improved health and sense of well-being, once they begin a transfer factor regimen.