

## RESEARCH MONOGRAPH . COMPOUND PROFILE

# Thymogen

*A synthetic dipeptide (Glu-Trp) developed in Russia as an immunomodulator for infectious and post-surgical immune support.*

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| AUTHOR         | Kodiac bioLabs Research             |
| COMPOUND CLASS | Synthetic dipeptide immunomodulator |

## ABSTRACT

Thymogen is the dipeptide L-glutamyl-L-tryptophan, developed in Russia at the Institute of Bioregulation and Gerontology. The compound was identified through fractionation of thymalin (bovine thymus extract) as one of the active components.

Thymogen is approved in Russia and several former Soviet states for infectious diseases, post-surgical immune support, and hematopoietic recovery after chemotherapy. Mechanism includes modest T-cell maturation effects and cytokine modulation.

Administered intranasally or intramuscularly. Doses are 100 micrograms per day in 3 to 10 day courses.

# 1. 1. Compound Identification

**Thymogen** is described as synthetic dipeptide immunomodulator. A synthetic dipeptide (Glu-Trp) developed in Russia as an immunomodulator for infectious and post-surgical immune support.

## 1.1. 1.1 Class summary

Synthetic dipeptide immunomodulator

## 1.2. 1.2 Subtitle

A synthetic dipeptide (Glu-Trp) developed in Russia as an immunomodulator for infectious and post-surgical immune support.

## 2. 2. Abstract

Thymogen is the dipeptide L-glutamyl-L-tryptophan, developed in Russia at the Institute of Bioregulation and Gerontology. The compound was identified through fractionation of thymalin (bovine thymus extract) as one of the active components. Thymogen is approved in Russia and several former Soviet states for infectious diseases, post-surgical immune support, and hematopoietic recovery after chemotherapy. Mechanism includes modest T-cell maturation effects and cytokine modulation. Administered intranasally or intramuscularly. Doses are 100 micrograms per day in 3 to 10 day courses.

## 3. Mechanism of Action

Glu-Trp dipeptide; T-cell maturation and cytokine modulation.

The mechanistic profile described above represents the consensus position from peer-reviewed literature where available; for compounds with sparse formal characterization, this section reflects vendor-grade reports and structurally-related class pharmacology and should be interpreted with appropriate caution.

## 4. 4. Pharmacokinetics and Routes of Administration

Pharmacokinetic data are summarized within the abstract for compounds with formal Phase 1 records. Compounds without published human pharmacokinetic studies are noted as such; investigators should treat the absence of data as a research limitation.

## 5. 5. Reported Research Dose Ranges

100 mcg per day intranasal or IM for 3-10 day courses.

Doses are scaled from clinical use where the compound is approved as a medicine, from Phase 2/3 trials where development advanced, or from rodent dose-response data scaled by allometric assumptions where the compound has no human clinical record. Investigators should treat dose ranges from research-chemical-grade vendors as starting points for their own pharmacokinetic and tolerability characterization rather than validated dosing recommendations.

## 6. Sourcing and Quality Verification

Investigators should obtain analytical confirmation of identity (mass spectrometry; for peptides, additionally amino acid analysis or N-terminal sequencing) and purity (HPLC area-percent, ideally greater than 95 percent) on every lot. Vendor certificates of analysis vary in quality; third-party analytical confirmation through independent laboratories (e.g., Janoshik Analytical, Anabolic Lab) is the gold standard for research-grade peptides and small molecules.

For compounds with established pharmaceutical-grade marketing in any jurisdiction, sourcing from the marketed product (where legal and accessible) provides the highest quality assurance.

## 7. 7. Reconstitution and Handling

Peptides should be reconstituted in bacteriostatic water or sterile water for injection in the volume appropriate to the desired concentration; lyophilized peptides should be allowed to come to room temperature before reconstitution to minimize precipitation. Reconstituted peptides should be stored refrigerated and used within the timeframe specified by the manufacturer (typically 14 to 30 days for bacteriostatic water reconstitutions, shorter for sterile water).

Small molecules: storage conditions vary by compound; consult the certificate of analysis for the specific product. Most are stable at room temperature in dry, dark conditions; oxidation-sensitive compounds (e.g., catecholamine precursors) require cool storage and protection from light.

## 8. 8. Stack Interaction Considerations

Investigators combining this compound with other research substances should consider receptor-level interactions (additive effects at shared targets), enzyme-level interactions (CYP-mediated drug-drug interactions where applicable), and pharmacodynamic interactions (additive sedation, additive serotonergic activity, additive hemodynamic effects).

The stack interaction section in published monographs of well-characterized compounds is necessarily incomplete for any specific combination; investigators should treat novel combinations with elevated caution and titrate gradually.

## 9. 9. References

1. Khavinson VK. Synthetic peptide bioregulators. Russian Academy of Medical Sciences.

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