

The Biochemistry of Autoimmune Diseases: Why the Immune System Attacks the Body and How Treatments Work

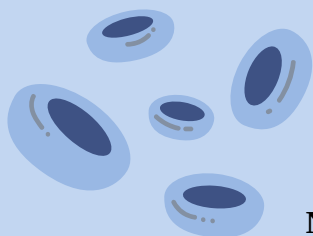
Autoimmune diseases are some of the most baffling and intensely personal battles someone could confront. In these conditions, the immune system, our body's defense force, gets confused. It starts attacking parts it's supposed to keep safe. From aching joints in rheumatoid arthritis to fatigue and rashes in lupus, the symptoms can be relentless and life-altering. But always there lurks a subtle biochemical narrative, and researchers are piecing that narrative together more and more, especially as far as treatment goes.

The Immune System Misfire

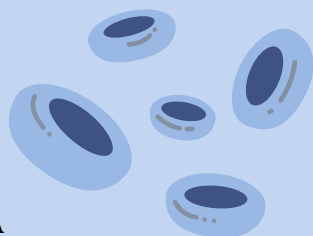
In autoimmune diseases, the immune system loses its ability to distinguish between "self" and "non-self." Genetic factors, environmental triggers, and infections can all contribute. This confusion leads to the activation of immune cells, particularly T cells and B cells, that wrongly identify healthy tissues as threats. They release cytokines like TNF-alpha, IL-1, and IL-6, which signal inflammation and trigger painful immune attacks. But even amid this storm of biology, there's a glimmer of hope. Because of spectacular advances in medicine and biochemistry, all is not bleak and uncertain.

From Broad Suppression to Precision Medicine

For many years, the only option for managing autoimmune diseases was to suppress the immune system. Drugs like corticosteroids (e.g., prednisone) and methotrexate remain frontline treatments. They work by really dialing back that whole immune response system to reduce inflammation and slow down any damage that might be happening. While these medications are effective, they can also leave people vulnerable to infections, and long-term use comes with side effects like weight gain, high blood pressure, or bone thinning. Still, for many, they are essential tools that really help to ensure they live a steadier life.



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The real revolution in autoimmune treatment came with the rise of biologics, advanced therapies that target specific molecules in the immune system rather than shutting it all down.

Anti-TNF drugs like infliximab, adalimumab, and etanercept are commonly used in rheumatoid arthritis, Crohn's disease, and psoriasis. They block TNF-alpha, a big player behind inflammation. IL-6 inhibitors like tocilizumab are used when TNF blockers aren't enough. By blocking the interleukin-6 receptor, they slow down another major inflammatory pathway. Rituximab is like a special laser that targets and zeroes in on B cells that have CD20 on them. These B cells are like little factories that make antibodies, which the immune system can get confused about and make the wrong types. It's often used in lupus and vasculitis when other treatments have failed.

These drugs have changed lives. Patients who once struggled to walk now run marathons. Kids who lag behind because of their aches and fatigue can once again play and have fun. Sure, they work for some, but there are risks too; they really can offer true lasting relief to a lot of people.

There's also a new class of drugs called JAK inhibitors that work inside immune cells to block messages causing inflammation right at the source. Drugs like tofacitinib and baricitinib interfere with JAK-STAT pathways, which handle various inflammation-related processes and gene regulation. Unlike biologics, which are typically injections, these treatments come in pill form and are increasingly used for conditions like rheumatoid arthritis, ulcerative colitis, and alopecia areata.

What if, instead of constantly fighting the immune system, we could re-educate it? That's the future researchers are dreaming of and working toward.

Tolerance-inducing therapies aim to teach the immune system to recognize its own cells as safe again. Researchers are experimenting with special T cells called Tregs that can regulate reactions, developing vaccine therapies that target specific antigens to generate a controlled response, and even exploring gene editing, a cutting-edge tool with tremendous potential.

While these approaches are still in development, they hold exciting prospects for achieving both long-term remission and actual cures. It's a tricky road, but one of progress and compassion, driven by the fierce commitment of patients, doctors, and researchers. Understanding the biochemistry behind autoimmune diseases is just one part of the story. The other is the resilience of those living with them and the hope that better treatments, and even cures, are on the horizon.

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CITATIONS

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