

Hope on the horizon: New frontiers in immune therapy for type 1 diabetes.

Ronald Kuagny*

Department of Biochemistry, Faculty of Science, University of Yaoundé I, Cameroon

Introduction

Type 1 diabetes (T1D) is a chronic autoimmune condition where the immune system mistakenly attacks and destroys insulin-producing beta cells in the pancreas. This destruction leads to a lifelong dependency on insulin therapy for blood sugar management. Despite significant advances in diabetes care, there has been no cure for T1D—until now. Researchers are increasingly optimistic about immune therapies that target the root cause of the disease, offering a potential pathway to halt or even reverse its progression. In this article, we explore some of the most promising immune therapies for Type 1 diabetes and the breakthroughs that may change the future of treatment [1].

Type 1 diabetes occurs when the body's immune system targets and destroys the insulin-producing beta cells in the pancreas. This leads to insulin deficiency, a hormone essential for regulating blood sugar levels. Although the exact cause of this immune attack is still not fully understood, genetic and environmental factors play a significant role. Unlike Type 2 diabetes, which is related to insulin resistance, T1D is an autoimmune disease where the body's immune system turns against itself [2].

Currently, the treatment for T1D involves lifelong insulin therapy, blood sugar monitoring, and lifestyle adjustments. Insulin is critical for survival, but it does not address the underlying cause—the immune system's attack on beta cells. This is where immune-based therapies come into play, with the potential to alter the course of the disease [3].

Recent advances in immune therapies for Type 1 diabetes focus on modulating the immune system to stop the autoimmune attack, protect the remaining beta cells, and possibly regenerate insulin production. Several novel strategies are being explored, including immune system reprogramming, immune cell depletion, and the use of biologic drugs that can stop or slow the disease's progression [4].

Immunomodulatory treatments aim to adjust the immune system's response without completely suppressing it. One such approach is the use of monoclonal antibodies, which target specific immune cells involved in the autoimmune attack. These antibodies, such as teplizumab, have shown promising results in early-stage clinical trials. Teplizumab works by selectively targeting and deactivating T-cells that

attack the insulin-producing beta cells, thus preventing the progression of the disease. Clinical studies have demonstrated that patients treated with teplizumab could delay the onset of insulin dependence by several years [5].

In 2022, teplizumab received breakthrough status from the U.S. FDA, marking a significant step forward. It's still undergoing more extensive clinical trials to understand its long-term effects and safety profile, but its success could change the trajectory of Type 1 diabetes treatment [6].

Another area of focus is the regeneration of insulin-producing beta cells. In people with T1D, once the beta cells are destroyed, the body can no longer produce insulin naturally. However, researchers are now investigating ways to stimulate beta cell regeneration or transplant new cells into the body. One promising avenue is the use of stem cell therapy, where stem cells can be coaxed into becoming functional beta cells [7].

Recent studies have shown that stem cell-derived beta cells, when implanted into animal models, can restore insulin production and improve blood sugar control. While these results are still in the early stages, they offer hope that stem cell therapies could eventually lead to a cure. Several biotech companies are working on clinical trials exploring the use of stem cells in T1D treatment, with early results showing potential for long-term insulin independence in some patients [8].

Vaccines are another exciting prospect for treating Type 1 diabetes. The concept of a T1D vaccine focuses on "re-educating" the immune system to stop attacking the pancreas without causing widespread immune suppression. Early-phase trials have already begun for vaccines that aim to restore immune tolerance to beta cells, preventing the autoimmune response that leads to diabetes. These vaccines may work by using peptides (small proteins) or other immune-modulating substances to train the immune system to recognize and leave beta cells alone [9].

Another promising approach to immune therapy for Type 1 diabetes involves using targeted drug therapies to suppress the immune response selectively. Some drugs can block the specific immune cells responsible for beta cell destruction, thus slowing the progression of the disease. One such therapy is abatacept, which has been tested in clinical trials for its ability to prevent the loss of beta cells and preserve insulin function. Early results from studies have suggested that abatacept could

*Correspondence to : **Ronald Kuagny**, Department of Biochemistry, Faculty of Science, University of Yaoundé I, Cameroon. E-mail: nald@kagny

Received: 30-Aug-2024, **Manuscript No.** AADY-25-158377; **Editor assigned:** 02-Sep-2024, **PreQC No.** AADY-25-158377 (PQ); **Reviewed:** 11-Sep-2024, **QC No.** AADY-25-168377; **Revised:** 16-Sep-2024, **Manuscript No.** AADY-25-158377; **Published:** 25-Sep-2024, **DOI:** 10.36841/aady-8.5.223

help slow the progression of the disease, though more research is needed before it becomes widely available [10].

Conclusion

As research continues, the ultimate goal is clear: to stop the immune system's assault on the pancreas, preserve or regenerate beta cells, and ultimately cure Type 1 diabetes. With advances in immunology, biotechnology, and stem cell research, the dream of a world without Type 1 diabetes is becoming increasingly plausible. The road to a cure may still be long, but the horizon is brighter than ever before.

References

1. Nathan DM. Diabetes: advances in diagnosis and treatment. *Jama*. 2015;314(10):1052-62.
2. Rother KI. Diabetes treatment—bridging the divide. *The New England journal of medicine*. 2007;356(15):1499.
3. Bastaki S. Diabetes mellitus and its treatment. *International journal of Diabetes and Metabolism*. 2005;13(3):111-34.
4. Skyler JS. Diabetes mellitus: pathogenesis and treatment strategies. *Journal of medicinal chemistry*. 2004;47(17):4113-7.
5. Asche, C., LaFleur, J., & Conner, C. (2011). A review of diabetes treatment adherence and the association with clinical and economic outcomes. *Clinical therapeutics*, 33(1), 74-109.
6. Suryasa IW, Rodríguez-Gómez M, Koldoris T. Health and treatment of diabetes mellitus. *International journal of health sciences*. 2021;5(1):1-5.
7. Petrak F, Baumeister H, Skinner TC, Brown A, Holt RI. Depression and diabetes: treatment and health-care delivery. *The Lancet Diabetes & Endocrinology*. 2015;3(6):472-85.
8. Golbidi S, Alireza Ebadi S, Laher I. Antioxidants in the treatment of diabetes. *Current diabetes reviews*. 2011;7(2):106-25.
9. Chao EC, Henry RR. SGLT2 inhibition—a novel strategy for diabetes treatment. *Nature reviews drug discovery*. 2010 ;9(7):551-9.
10. Arauz-Pacheco C, Parrott MA, Raskin P. The treatment of hypertension in adult patients with diabetes. *Diabetes care*. 2002;25(1):134-47.