



The Original Magic Bullet

Methylene Blue: History, Mechanisms, Dosing, and Clinical Applications

Dr. Scott Sherr, MD



Lecture Outline

- Methylene Blue (MB) History
- MB → Mitochondria
- MB → Inflammation
- MB → Antioxidant / Capacity
- MB → Ischemia
- MB → Infections & Biofilms
- MB → Alzheimer's Disease
- MB → Mental Illness
- MB → Cognitive Optimization
- Dosing
- Quality
- Contraindications



Methylene Blue History

- Synthesized in late 1800's at a textile dye
- First medical indication: Malaria
- Used extensively as an **antifungal, antibacterial, and antiviral** agent before prescription antimicrobials became available in the 1950's
- In the mid 20th century, MB was discovered to have antipsychotic and mood enhancing properties (as an MAO-I). It was also added to other drugs to ensure medication compliance. **Blue urine?** You've been taking your drugs!
- The first antipsychotic chlorpromazine was derived from it
- Since the early 20th century, MB has been regularly used as a **bacteriologic stain, a cellular stain, as an indicator dye, and for surgical and medical marking.**



Methylene Blue History (Cont.)

- Remains on the World Health Organizations list of Essential Medications
- It is used **methemoglobinemia** and **cyanide poisoning**
- Re-emerging use as a Malaria treatment as drugs are becoming more resistant
- Prescribed PO at compounding pharmacies
- Available DTC via online retailers
- USP is key for human consumption and additional testing also recommended, even on USP.
- And yes, it's used in **fish tank cleaner** (but impurities abound)



MB: Hormetic Dose Response Curve

- Low dose Methylene Blue (<3 mg/kg) is an electron cyler both donating and accepting electrons.
- High dose MB (>3mg/kg) becomes pro-oxidant
- After absorption in the buccal mucosa (e.g. in a troche), oral ingestion, or IV administration, MB concentrates in tissues with the most mitochondria (e.g. the brain, heart, liver, kidneys, and muscle).
- It is just about 100% bioavailable, no matter the delivery method, but concentrations in various tissues depends on the delivery method e.g. IV gets to the brain the fastest.



Methylene Blue “Low” Dosing (Proposed)

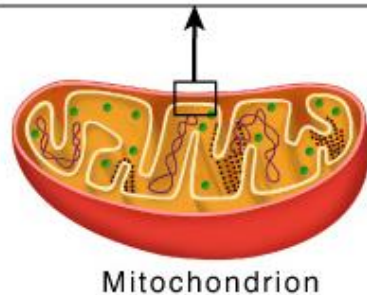
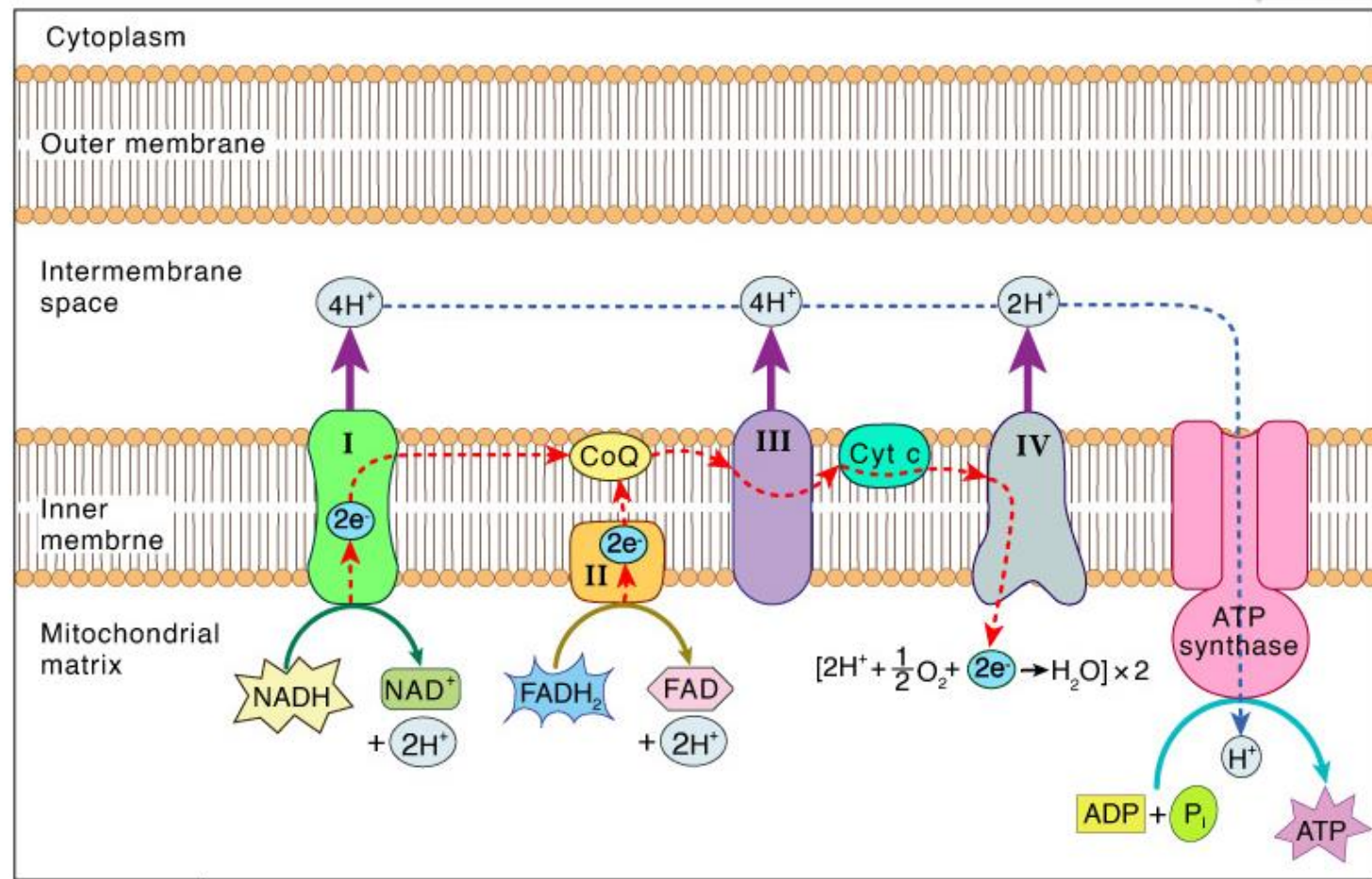
Acute & Severe
Conditions: 0.5mg to
3mg/kg

- Acute/severe mitochondrial complex dysfunction, trauma, ischemia, acute/severe inflammation, infection
- Short term dosing or close monitoring for LT dosing

Chronic Brain
Condition/Health
Optimization Dosing:
< 0.5mg/kg to 1mg/kg

- Gently enhancing mitochondrial function, nootropic benefit, post-infectious recovery
- Neurodegeneration, Mental Health d/o
- Low dose for daily / regular dosing

ETC



I - Complex I: (NADH-CoQ oxidoreductase)

II - Complex II: (Succinate dehydrogenase)

CoQ - Coenzyme Q (Ubiquinone)

III - Complex III: (Cytochrome bc1 complex)

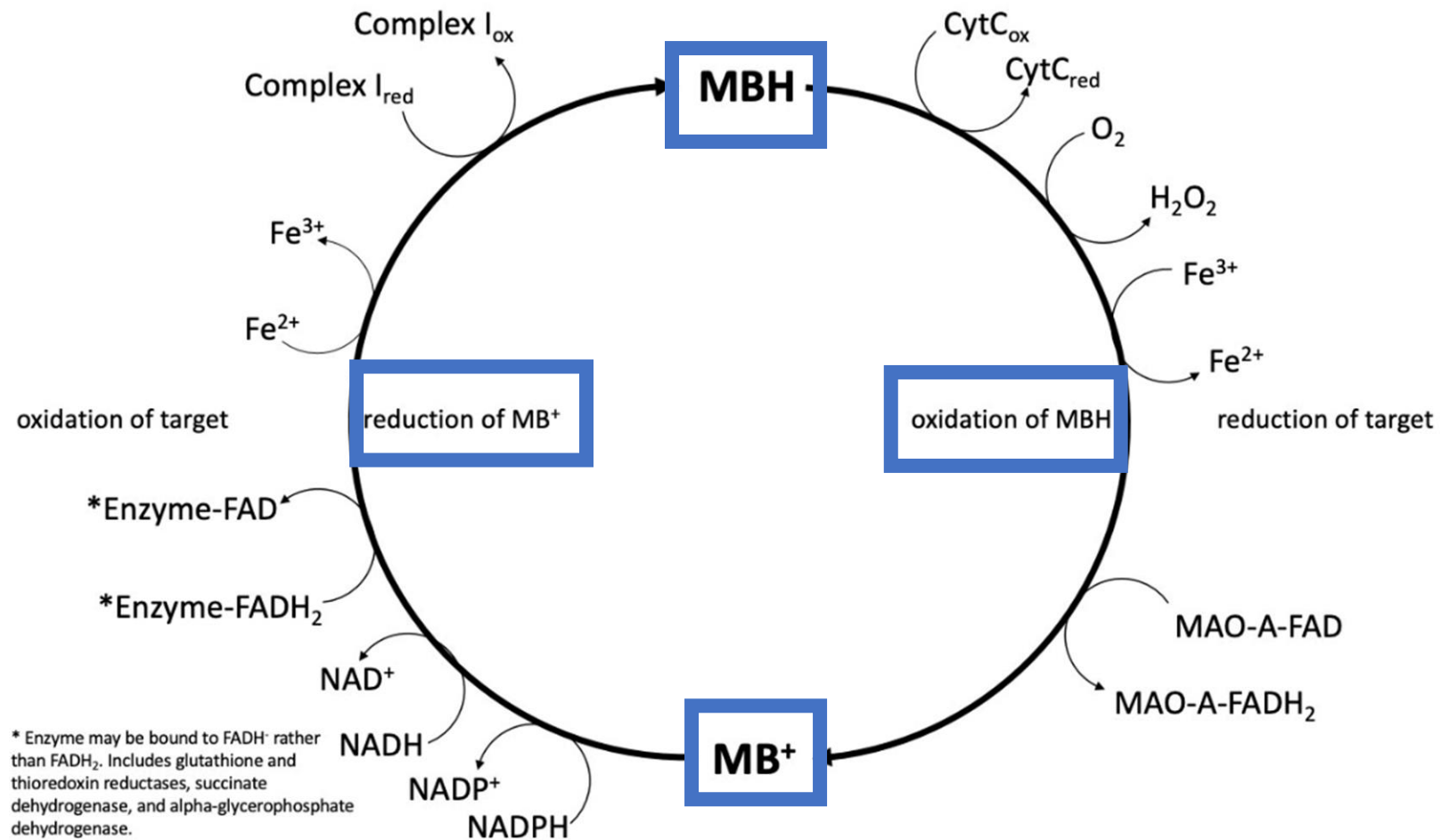
IV - Complex IV: (Cytochrome c oxidase)

Cyt c - Cytochrome c



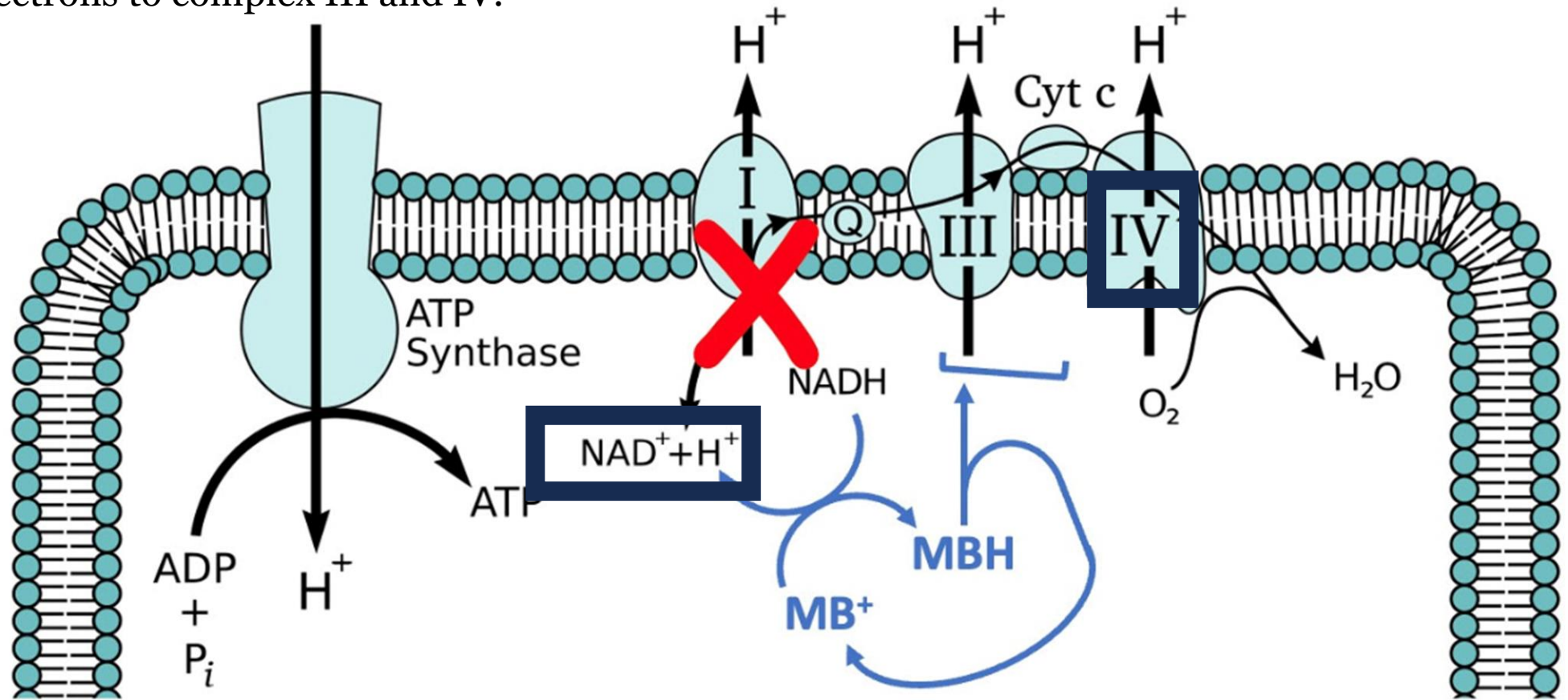
Mitochondrial Dysfunction

- Mitochondrial Diseases, rare
- Mitochondrial Dysfunction, very common
- 6% of the US population metabolically healthy
- Metabolic dysfunction due to: Infection, drugs, toxins, metabolic syndrome/insulin resistance, and more
- Metabolic dysfunction → Mitochondrial dysfunction
- Methylene Blue to support and/or potentially rescue (+)

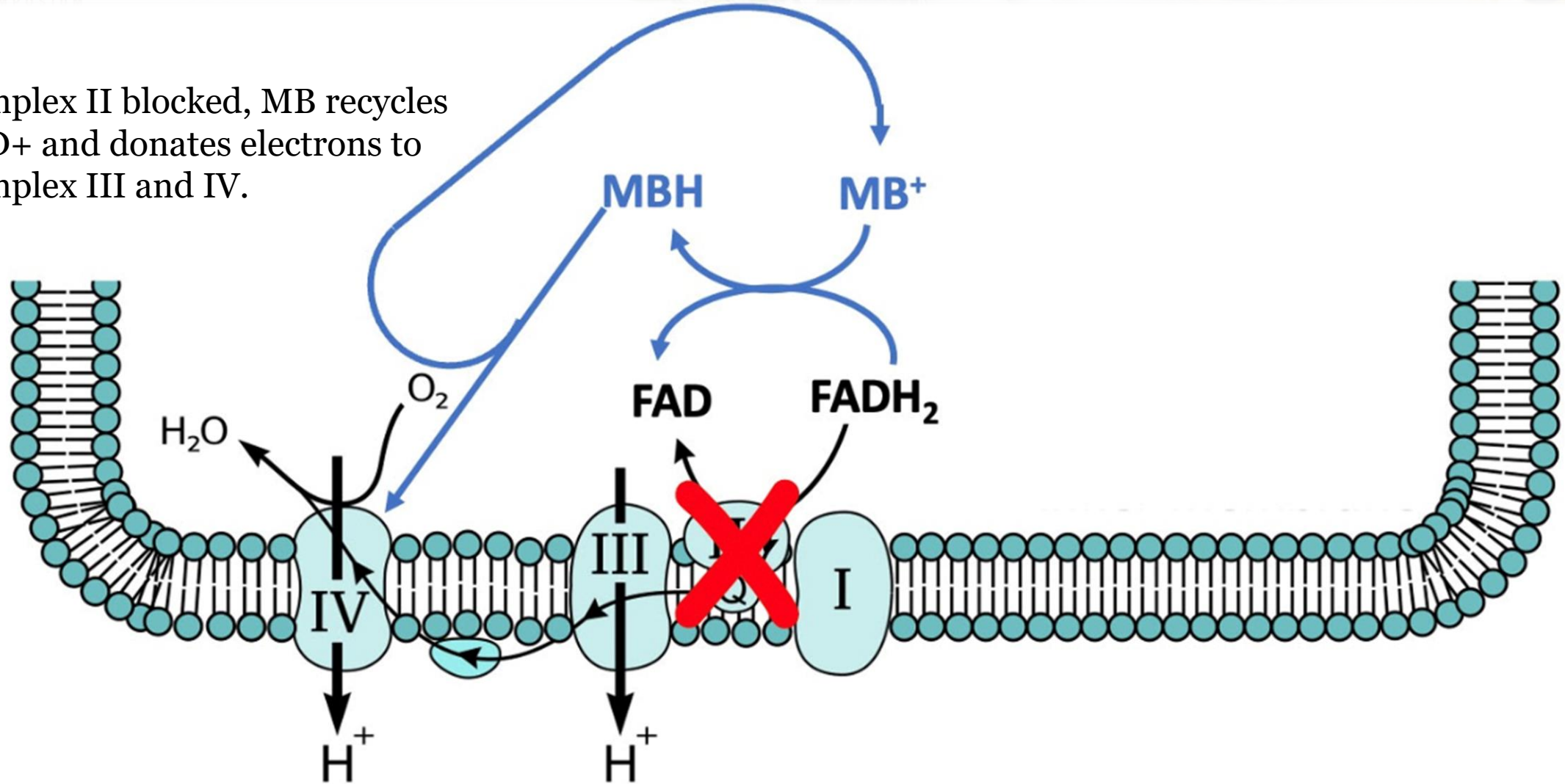


red, reduced; ox, oxidized; CytC, cytochrome C, MAO-A, monoamine oxidase-A

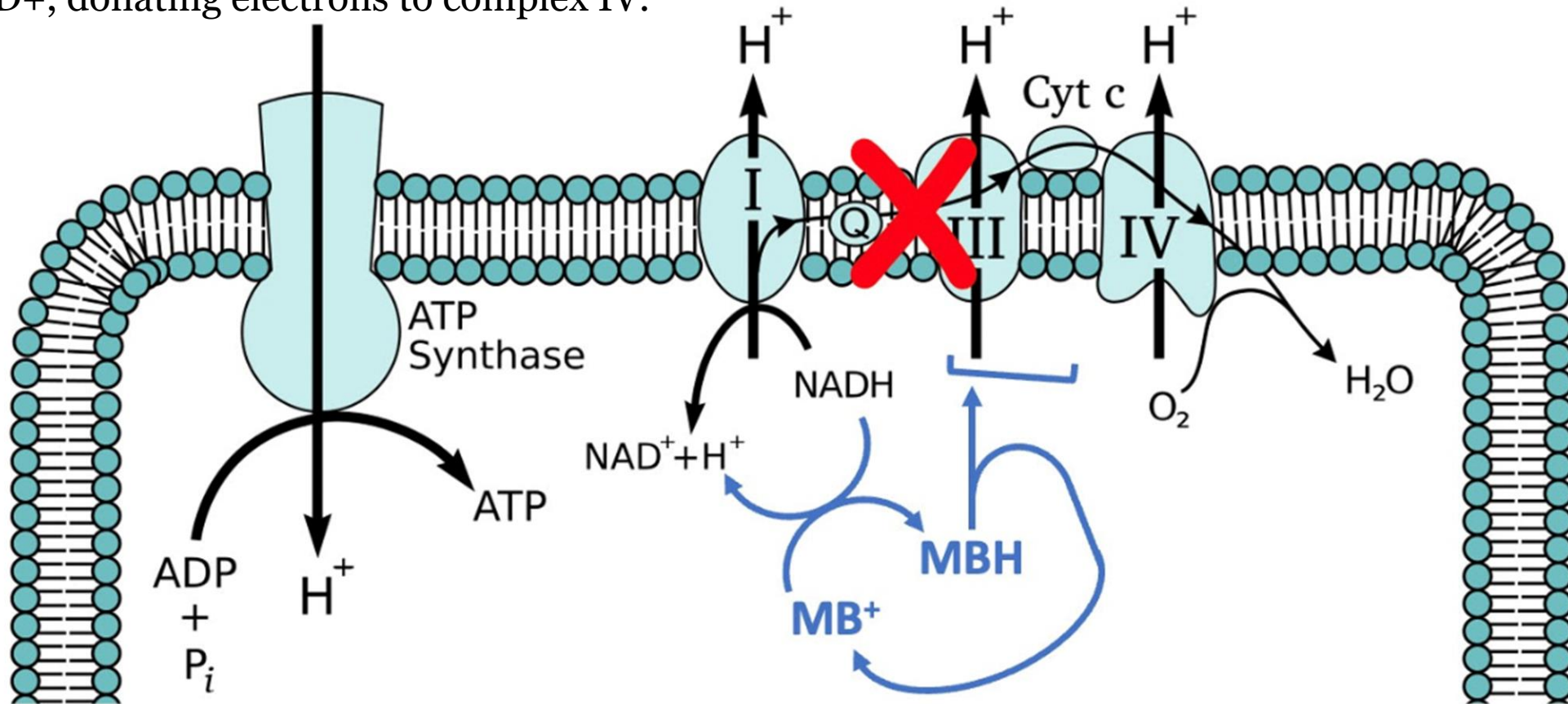
Complex I blocked, MB recycles NAD^+ and donates electrons to complex III and IV.



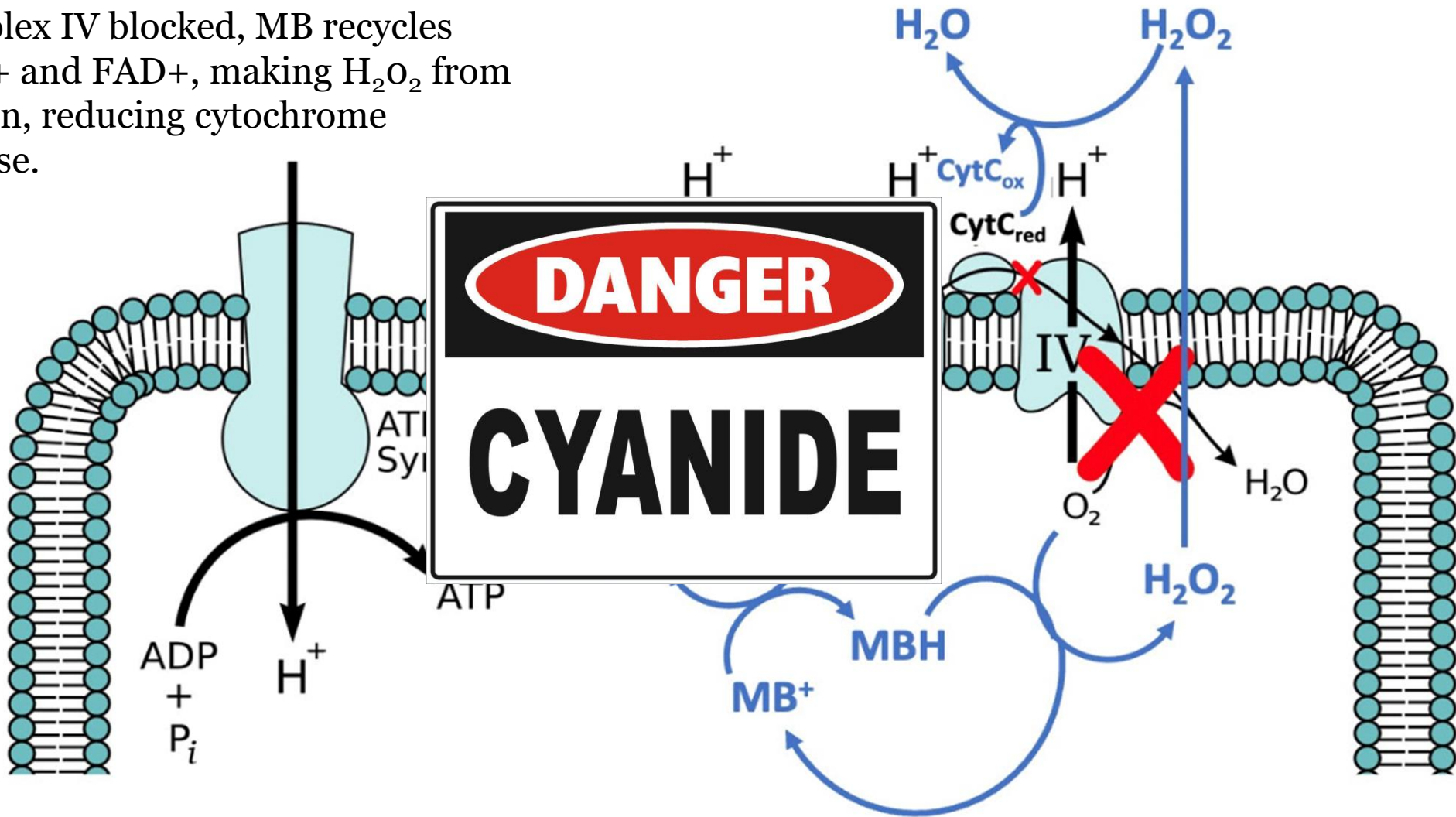
Complex II blocked, MB recycles FAD^+ and donates electrons to Complex III and IV.



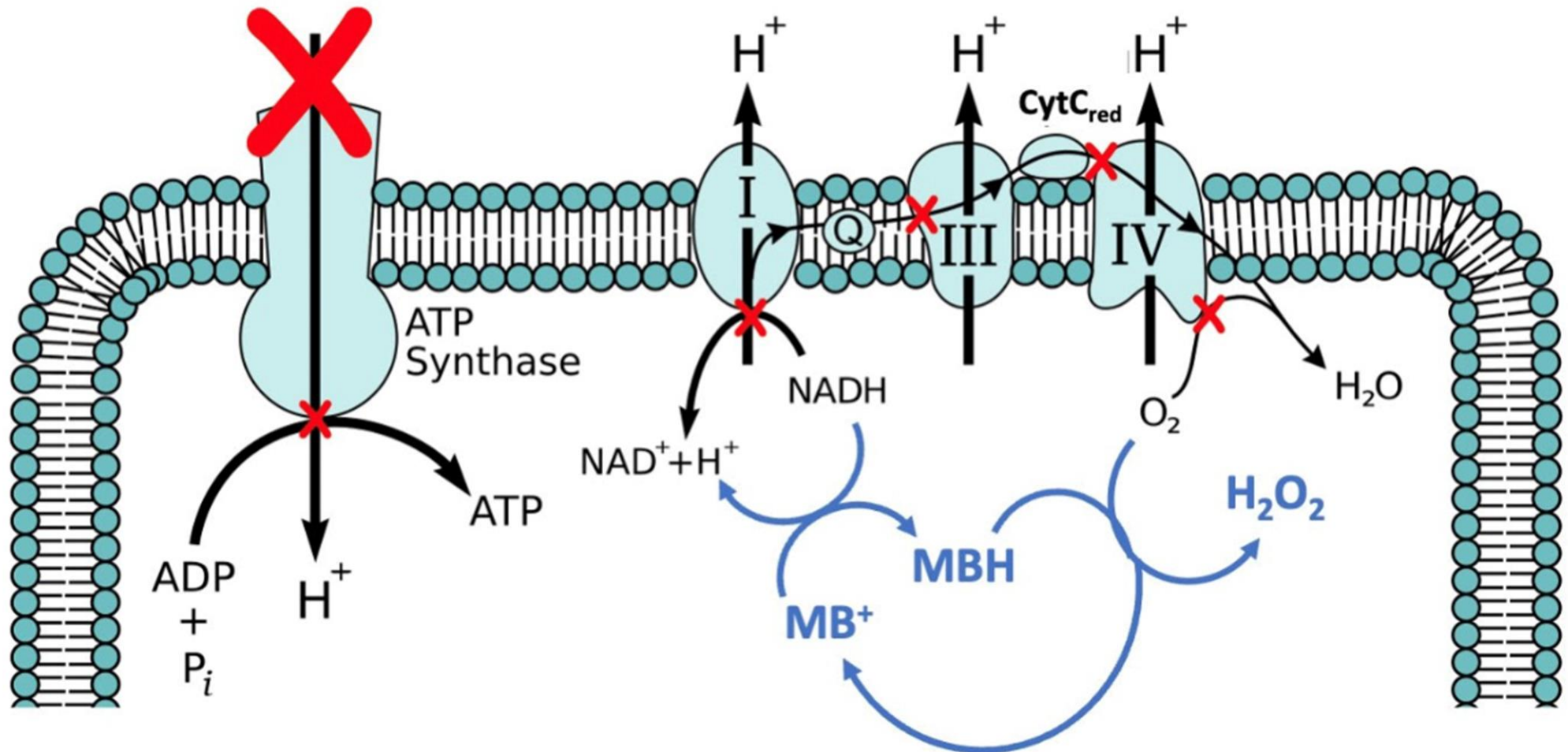
Complex III blocked, MB recycles NAD^+ and FAD^+ , donating electrons to complex IV.



Complex IV blocked, MB recycles
NAD⁺ and FAD⁺, making H₂O₂ from
oxygen, reducing cytochrome
oxidase.



Complex V blocked, MB recycles NAD^+ and FAD^+ , making H_2O_2 , leaving some ATP production possible via glycolysis only. MB can also act as a final electron acceptor at complex IV if needed.



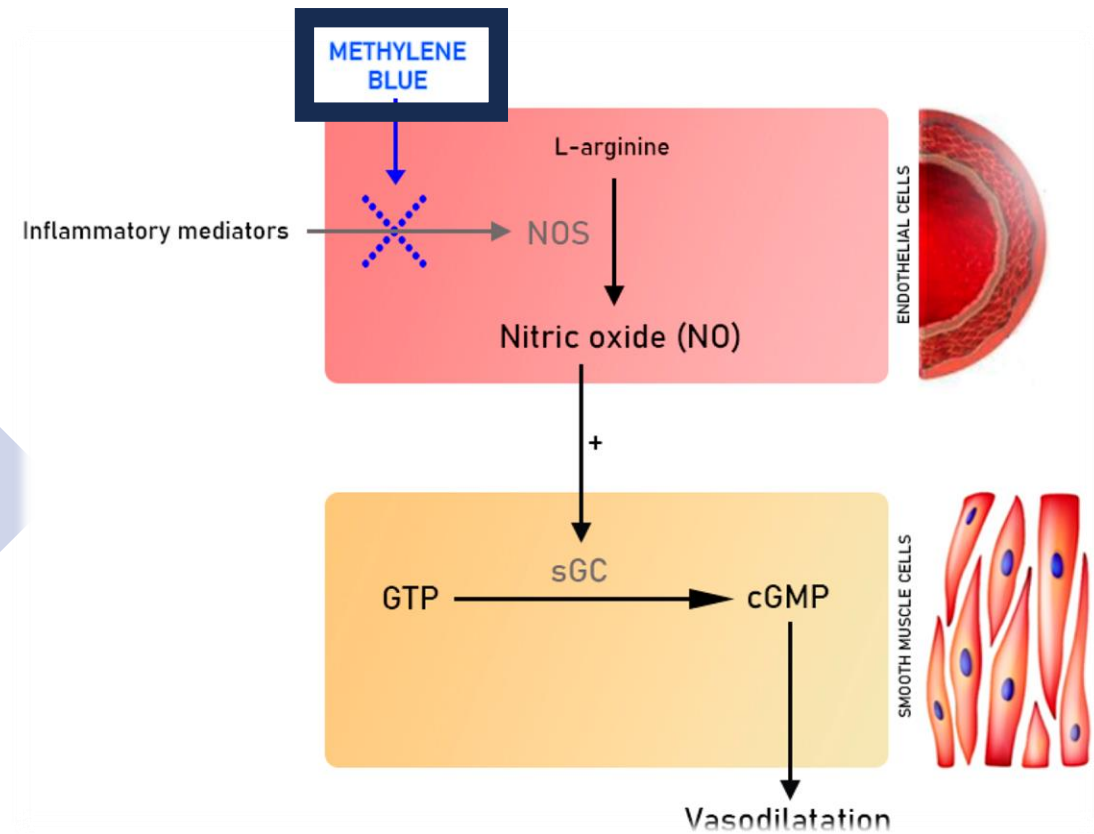
Methylene Blue → Inflammation: iNO

MB at doses of >1mg/kg inhibit inducible nitric oxide that occurs due to stress

This can be stress related to trauma, ischemia, toxicity, infection, or just about any etiology that causes acute inflammation.

Our basal supply of nitric oxide synthase is in cell membranes and thus protected from MB.

Decreased iNO also associated with decreased pain

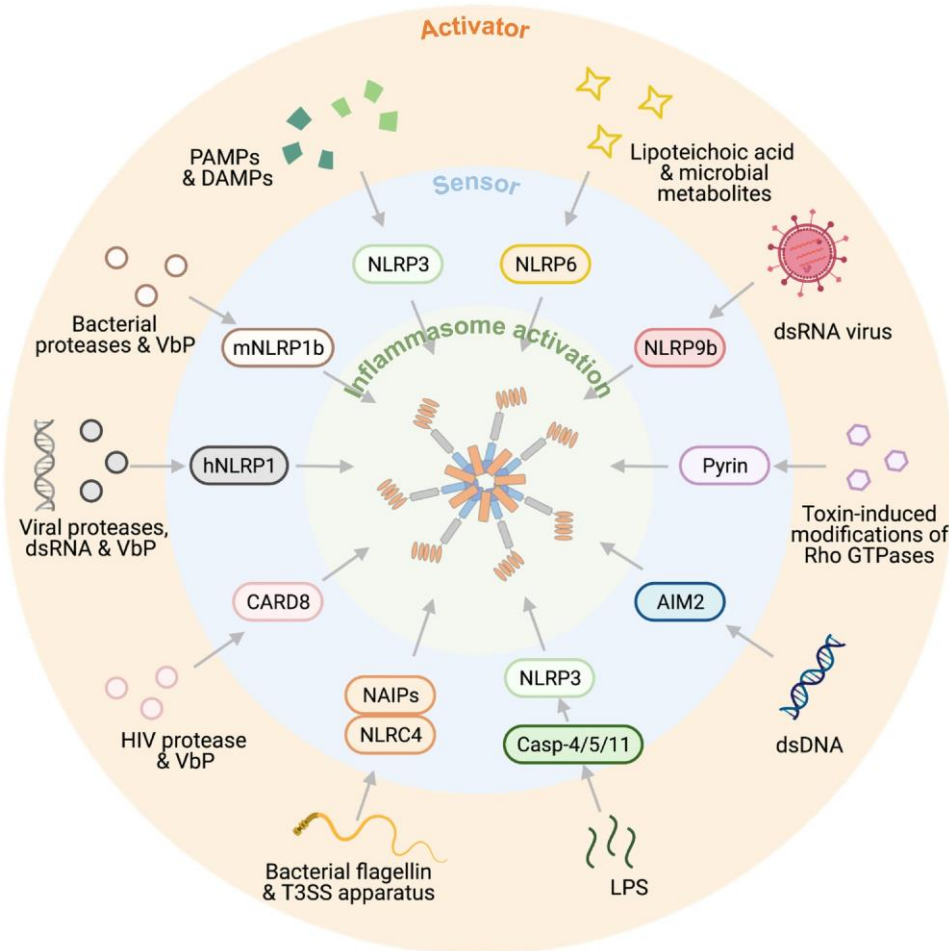


Pluta, M.P.; Putowski, Z.; Czempik, P.F.; Krzych, Ł.J. Successful Use of Methylene Blue in Catecholamine-Resistant Septic Shock: A Case Report and Short Literature Review. *Int. J. Mol. Sci.* **2023**, *24*, 10772.

<https://doi.org/10.3390/ijms241310772>

Methylene Blue → Inflammation

- MB doses 0.5mg to 3mg/kg downregulates the production of inflammatory cytokines including IL6 and STAT3
- Downregulates Inflammasome activation and NFKb activation
- MB rescues dysfunctional ETC complexes and maintains ATP production
- Induction of a robust antioxidant response, especially via the NFRF2 pathway and glutathione production



Trends in Cell Biology

Li Y, Ying W. Methylene blue reduces the serum levels of interleukin-6 and inhibits STAT3 activation in the brain and the skin of lipopolysaccharide-administered mice. *Front Immunol.* 2023 May 30;14:1181932. doi: 10.3389/fimmu.2023.1181932. PMID: 37325623; PMCID: PMC10266349.

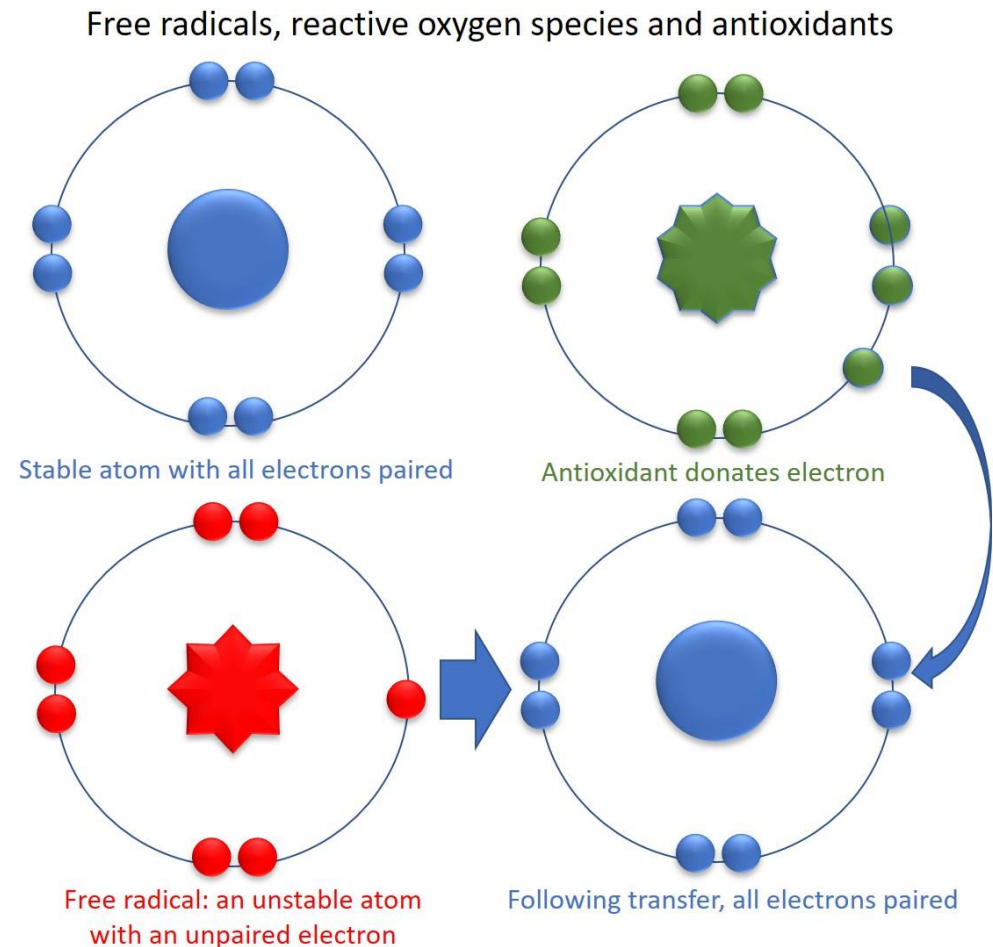
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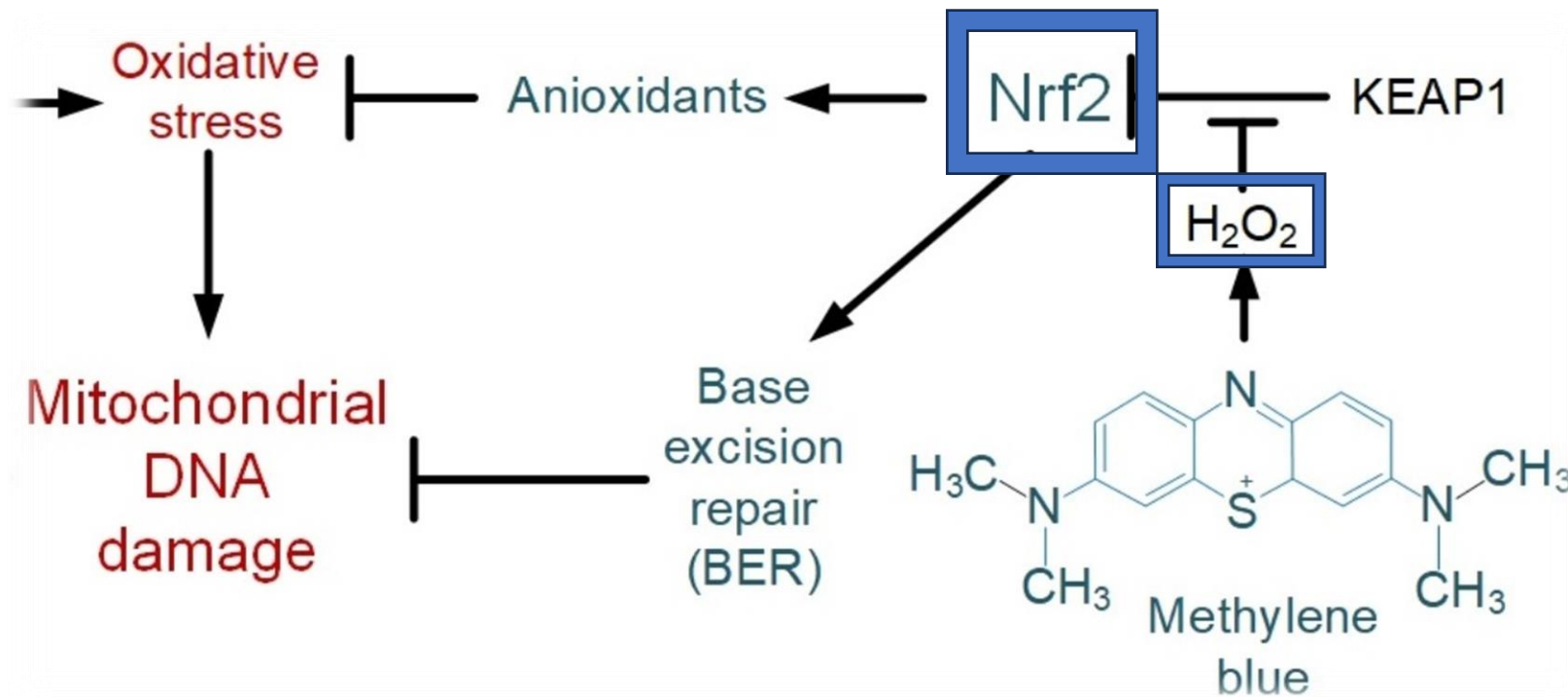
Scigliano G, Scigliano GA. Methylene blue in covid-19. *Med Hypotheses.* 2021 Jan;146:110455. doi: 10.1016/j.mehy.2020.110455. Epub 2020 Dec 10. PMID: 33341032; PMCID: PMC7728423.

Methylene Blue → Antioxidant (Direct)

MB scavenges free electrons in the mitochondria and the cytosol, reducing (i.e. neutralizing) them > or = NAC, MitoQ, and Vitamin A at doses between 50 to 100mg in several studies.

https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.cellgs.com%2Fblog%2Ffree-radicals-vs-reactive-oxygen-species-whats-the-difference.html&psig=AOvVaw3tMTaex8xYKw7yzlp49m_L&ust=1695174155728000&source=images&cd=vfe&opi=89978449&ved=0CA8QjRxqFwoTCOD81v3FtYEDFQAAAAAAdAAAAABAN



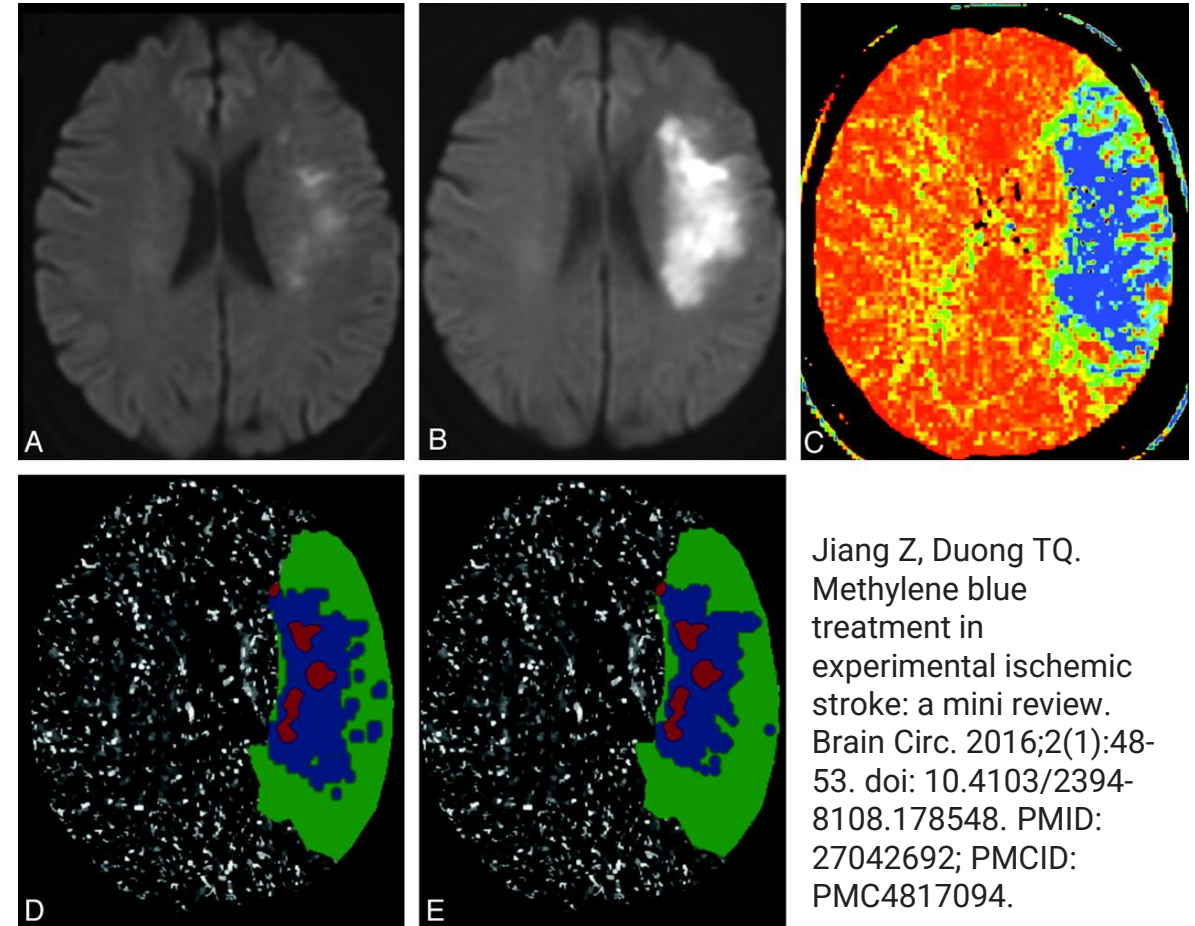


Methylene Blue as Antioxidant Booster (Indirect)

MB upregulates the NRF2 pathway via Hydrogen Peroxide (H₂O₂) production.

Methylene Blue → Ischemia

- MB has been studied in various models of stroke, TBI, and other ischemic insults using doses of 0.5mg/kg to 3mg/kg with significant benefits.
- In stroke models, MB improves cerebral blood flow, decreases mitochondrial destruction, decreases infarct size, and decreases reperfusion injury.
- Although there have been very few studies done in humans, **there is very likely a role of MB as an abortive at the first signs of an ischemic episode** (stroke, especially), of course alongside treatments that are well known to improve outcomes, like antiplatelet therapy.



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Methylene blue
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stroke: a mini review.
Brain Circ. 2016;2(1):48-
53. doi: 10.4103/2394-
8108.178548. PMID:
27042692; PMCID:
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Methylene Blue → Powerful Anti-infective

At doses of >0.5 mg/kg MB: production of hydrogen peroxide (donation of electrons to oxygen making superoxide and hydrogen peroxide free radicals). **No evidence that low dose MB (<0.5 mg) makes significant H_2O_2 .**

H_2O_2 kills organisms directly, especially enveloped viruses such as COVID and Zika, parasites like Malaria, and cell-wall-containing bacteria such as staph, strep, enterococcus, E. coli plus other gram-negative bacteria, and many others that do not have inherent protection. **No resistance patterns for MB have ever been described.**

MB is also immunomodulatory due to H_2O_2 production → enhancing the activity of macrophages and neutrophils, reducing excessive inflammation via stress-induced nitric oxide synthase production (iNOs), cytokine downregulation, and antioxidant production.

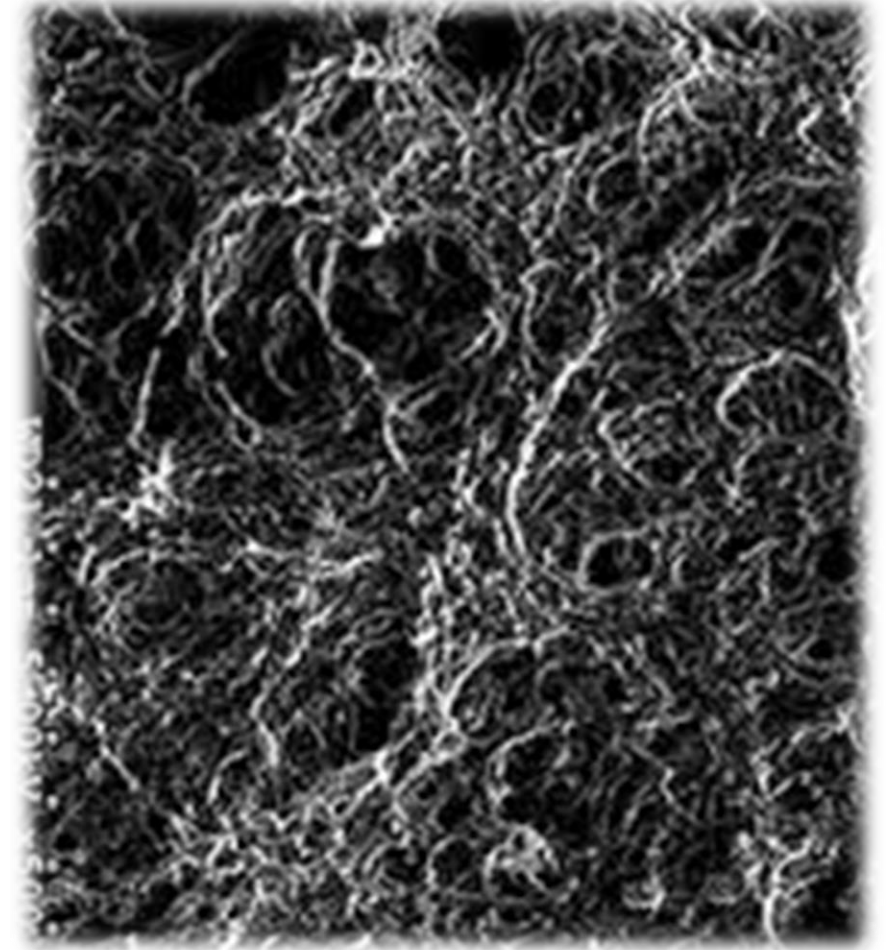


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Methylene Blue → Biofilm Buster

- A biofilm is a complex and organized community of microorganisms, primarily bacteria, that adhere to surfaces and are encased in a self-produced matrix of extracellular polymeric substances (EPS).
- This matrix is composed of various molecules such as polysaccharides, proteins, DNA, and other organic and inorganic materials. Biofilms can form on a wide range of surfaces, including medical devices, natural and industrial surfaces, pipes, and living tissues like the GI tract and teeth.





MB → Biofilm Buster (cont.)

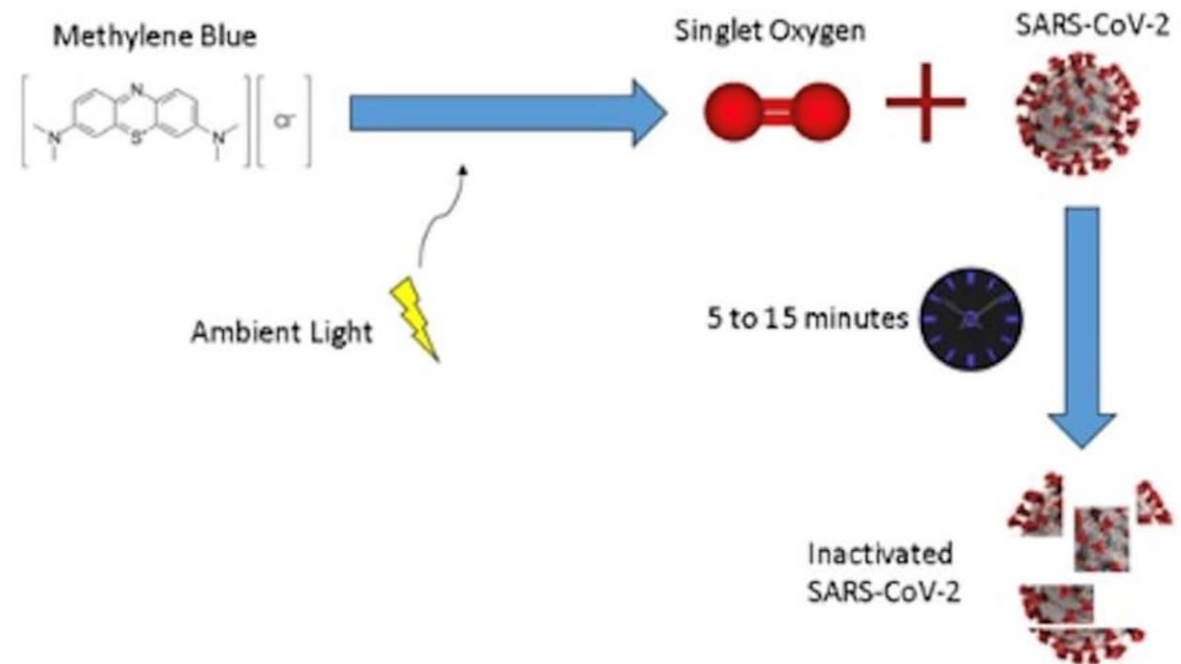
- Via H_2O_2 production, and at doses between 0.5 to 3mg/kg, MB works in several ways.
- 1. MB disrupts the extracellular matrix, a key component of biofilms, which provides structural support and protection to the microorganisms within
- 2. MB interferes with the ability of microorganisms to adhere to surfaces and form biofilms. By preventing initial adhesion, it reduces the formation of biofilms and limits their growth.
- 3. MB penetrates the biofilm and directly targets microorganisms, inhibiting their growth and causing their death.

Prinz, J.; Wink, M.; Neuhaus, S.; Grob, M.C.; Walt, H.; Bosshard, P.P.; Achermann, Y. Effective Biofilm Eradication on Orthopedic Implants with Methylene Blue Based Antimicrobial Photodynamic Therapy In Vitro. *Antibiotics* **2023**, *12*, 118. <https://doi.org/10.3390/antibiotics12010118>

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MB + Photodynamic Therapy (high dose/high intensity)

Light in the 600 to 690 nm spectrum reacts with H_2O_2 creating singlet oxygen radicals which are highly reactive and can more easily kill microorganisms.



MB + Photodynamic Therapy (low dose/low intensity)

OPINION article

Front. Cell. Neurosci., 12 May 2015

Sec. Cellular Neuropathology

Volume 9 - 2015 | <https://doi.org/10.3389/fncel.2015.00179>

This article is part of the Research Topic
Neurodegeneration: from genetics to molecules

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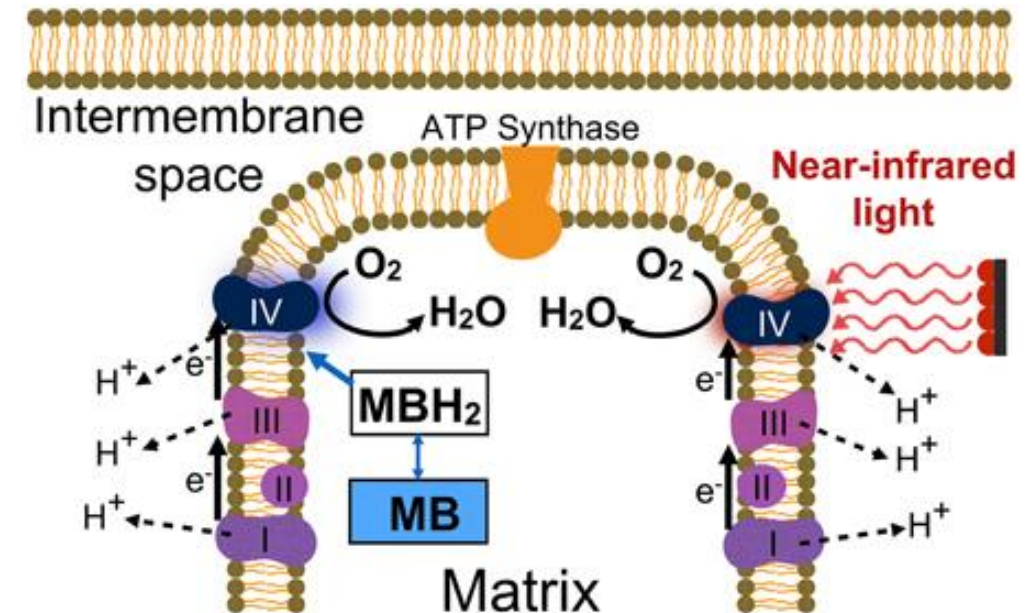
Protection against neurodegeneration with low-dose methylene blue and near-infrared light



F. Gonzalez-Lima*

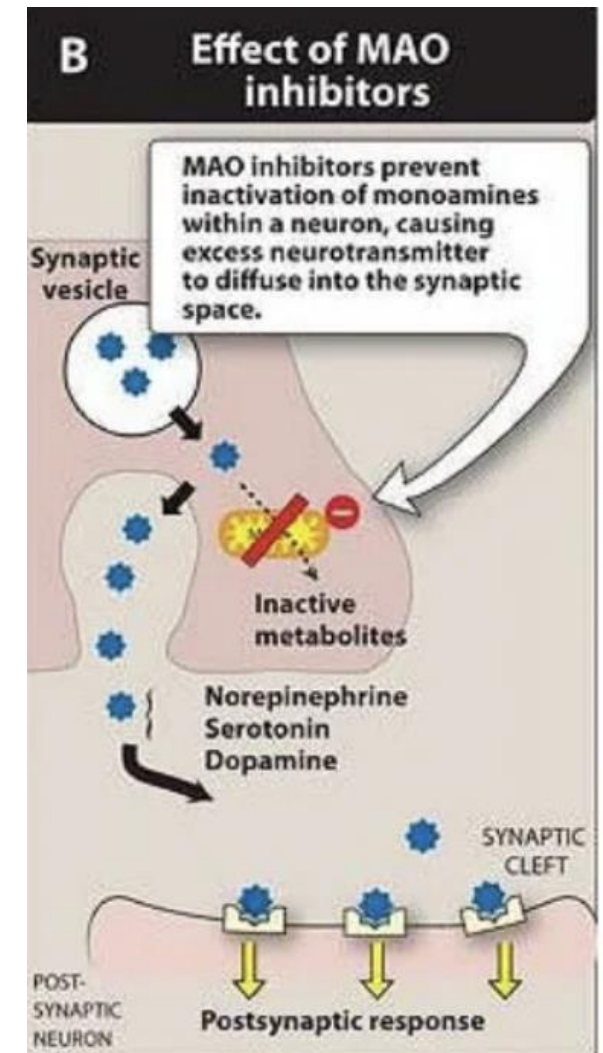


Allison Auchter



MB → MAO-I Inhibition + Ach

- MB prevents monoamine neurotransmitter breakdown (dopamine, melatonin, norepinephrine, and serotonin) which leads directly to increases in these neurotransmitters
- The higher dose, the more the MAO Inhibition
- MB may also function as a **cholinesterase inhibitor**, increasing the amount of acetylcholine available, a neurotransmitter in the brain responsible for arousal, attention, memory, and motivation



Delpont A, Harvey BH, Petzer A, Petzer JP. The monoamine oxidase inhibition properties of selected structural analogues of methylene blue. *Toxicol Appl Pharmacol.* 2017 Jun 15;325:1-8. doi: 10.1016/j.taap.2017.03.026. Epub 2017 Apr 1. PMID: 28377303.

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MB → Alzheimer's

EXPERT OPINION ON PHARMACOTHERAPY
<https://doi.org/10.1080/14656566.2020.1719066>



DRUG EVALUATION



An evaluation of hydromethylthionine as a treatment option for Alzheimer's disease

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^aDepartment of Psychiatry and Behavioral Neuroscience, Saint Louis University School of Medicine, Saint Louis, MO, USA; ^bDepartment of Psychiatry & Clinical Psychology, St. George Hospital University Medical Center, Balamand University, Faculty of Medicine, Beirut, Lebanon; ^cInstitute for Development, Research, Advocacy & Applied Care (IDRAAC), Beirut, Lebanon

ABSTRACT

Introduction: Alzheimer's disease (AD) is a major cause of morbidity worldwide and its prevalence is expected to rise. Previous studies involving compounds that target the accumulation of amyloid β protein have been unsuccessful, renewing interest in therapies directed against intracellular deposits of tau proteins. Derived from methylene blue, hydromethylthionine is a tau aggregation inhibitor that recently emerged as a promising disease-modifying treatment for AD.

Areas covered: Herein, the authors cover the chemistry, pharmacodynamics and pharmacokinetics of hydromethylthionine and its oxidized form methylthionine chloride (MTC) that was first studied, as well as clinical efficacy and safety of hydromethylthionine in the treatment of mild to moderate AD.

Expert opinion: Randomized clinical trials with hydromethylthionine failed to show any impact of the doses used on the disease course. Data analysis from a non-randomized cohort showed that a smaller dose of the drug previously thought to be ineffective and used as placebo, prescribed as monotherapy rather than as add-on to AD approved symptomatic therapies may slow cognitive decline. This finding was further confirmed by a pharmacokinetic analysis study showing a dose/response relationship with doses around 16 mg daily. Future trials need to study the pharmacological properties of hydromethylthionine and ascertain the optimal safe and effective dose to be used.

ARTICLE HISTORY

Received 30 August 2019
Accepted 17 January 2020

KEYWORDS

Alzheimer's disease; tau aggregation inhibitor; methylene blue; leuco-methylthionine; hydromethylthionine; disease-modifying therapy

Hashweh NN, Bartochowski Z, Khoury R, Grossberg GT. An evaluation of hydromethylthionine as a treatment option for Alzheimer's disease. Expert Opin Pharmacother. 2020 Apr;21(6):619-627. doi: 10.1080/14656566.2020.1719066. Epub 2020 Feb 8. PMID: 32037892.

MB → Alzheimer's

COMPLETED ⓘ

Safety and Efficacy of TRx0237 in Subjects With Alzheimer's Disease Followed by Open-Label Treatment

ClinicalTrials.gov ID ⓘ NCT03446001

Sponsor ⓘ TauRx Therapeutics Ltd

Information provided by ⓘ TauRx Therapeutics Ltd (Responsible Party)

Last Update Posted ⓘ 2023-05-24

Study Arms ICMJE

- Experimental: TRx0237 16 mg/day
Intervention: Drug: TRx0237 16 mg/day
- Placebo Comparator: Placebo
Intervention: Drug: Placebo
- Experimental: TRx0237 8 mg/day
Intervention: Drug: TRx0237 8 mg/day



MB → Depression

A controlled trial of methylene blue in severe depressive illness

G J Naylor, A H Smith, P Connelly

PMID: 3555627 DOI: [10.1016/0006-3223\(87\)90194-6](https://doi.org/10.1016/0006-3223(87)90194-6)

Abstract

Methylene blue, 15 mg/day, was compared with placebo in treatment of severe depressive illness. The 3-week trial was designed to avoid bias by placebo response and also to avoid observer bias. Improvement in patients receiving methylene blue was significantly greater than in those receiving placebo. Methylene blue at a dose of 15 mg/day appears to be a potent antidepressant, and further clinical evaluation is essential.




MB → “Healthy Adults”

Home > Radiology > VOL. 281, NO. 2

Original Research



Multimodal Randomized Functional MR Imaging of the Effects of Methylene Blue in the Human Brain

Pavel Rodriguez, Wei Zhou, Douglas W. Barrett, Wilson Altmeyer, Juan E. Gutierrez, Jinqi Li, Jack L. Lancaster, Francisco Gonzalez-Lima, Timothy Q. Duong 

✓ **Author Affiliations**

Published Online: Jun 28 2016 | <https://doi.org/10.1148/radiol.2016152893>



MB Dosing Strategies (high dose)

- **Always use synergistic therapies. MB not a standalone treatment and still investigational.**
- Severe, Chronic conditions:
 - Start at 25mg QOD (every other day) for the first week, then increasing to daily, titrating up weekly from there to a max dose of up to 200mg per day. Most common dose: 25 to 50mg daily but may need to start lower
- Viral, bacterial, fungal illness:
 - Acute: 25 to 100mg BID X 5 days, consider photodynamic therapy. Higher dosing may be needed for some infections
 - Chronic: See above
- Acute Ischemia/Severe Acute Mitochondrial dysfunction:
 - 100 to 200mg X1 dose, repeat in 4 to 6 hours depending on severity, post event 25 to 50mg BID X 5 to 7 days



MB dosing Strategies (low dose)

- **Always use synergistic therapies. MB not a standalone treatment and still investigational.**
- Neurocognitive disorders
- Mental Health Disorders
- Possible in mild to moderate mitochondrial dysfunction (post infectious, medications, toxins, etc.)
- Dosing:
 - 4mg to 16mg daily, QOD, other? titrated dose.
 - If no improvements, increase to higher dose strategy
 - If mitochondrial function can be optimized, may not need it long term



MB Safety & Precautions (all doses)

- Pregnancy and breastfeeding
- MB contamination: Industrial-grade and chemical-grade MB sold as a dye or stain can consist of more than 8% or 11% of various contaminants. Even USP MB can have impurities.
- HTN
- Headaches
- Allergies to Thiazine dyes
- Blue Urine
- "Detox Symptoms"



MB Precautions (higher doses)

Previous slide +

- Disruption of normal gut biofilms
- Build up of methylene blue due to $1/2$ life
- Gastric ulceration
- Serotonin Syndrome (Unlikely, never demonstrated w/PO MB)
- G6PD deficiency (Unlikely, never demonstrated w/PO MB)
- $>3\text{mg/kg}$
 - Methemoglobinemia
 - Definite risk of SS, Hemolytic Anemia w/G6PD



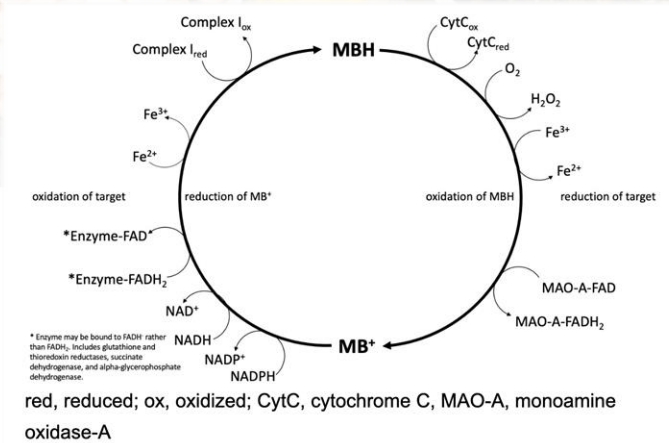
GABAergic Alternatives

- Drugs
 - Zuranolone
- Supplements
 - Muscimol
 - Kava Kava
 - Valerian Root
 - Honokiol



Conclusion

- Methylene Blue is an extremely versatile compound and one of the few known to electron cycle.
- In the mitochondria, this means both energy *and* resilience with a wide range of dosing possible depending on severity and acuity.
- It is antimicrobial without known resistance patterns
- Consider use as a synergistic tool within a framework that optimizes health, rather than treats disease.
- Most data, although extremely compelling, is in animal models so it is still investigational (except for allopathic indications)





Thank you!

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Thursday 1:30pm – 2:30pm

The Original Magic Bullet: Methylene Blue. History, Mechanisms, Dosing, and Clinical Applications

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The Original Magic Bullet: Methylene Blue.
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