Acute treatment with valproic acid and l-thyroxine ameliorates clinical signs of experimental autoimmune encephalomyelitis and prevents brain pathology in DA rats.

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Supplementary Figure 1 - Flow cytometry counts on IFNg+/IL-17- cells in T3, VPA, VPA/T3 and vehicle treated T cells (n=3 per group) prior to injection to naïve DA recipients (Figure 2). Differences in cell frequencies were calculated with 1-way ANOVA with Kruskal-Wallis test for multiple comparisons (p<0.05 = *).
**Supplementary Figure 2** - qRT-PCR analysis of IL-17, IFN-gamma, IL-10, CXCR4, CD62L, S1P1, CCR7, RORc and FOXP3 in T3, VPA, VPA/T3 and vehicle-treated T cells (n=2 per group). Cells were treated at 3 consecutive time points (0h, 46h and 94h) and cell extracts were collected at 6h, 48hs and 96hs).
Supplementary Figure 3 - Flow cytometry analysis of proliferating (Ki67+) Th1 (CD4+Foxp3-IFN-γ+IL-17-) cells in (A) the spinal cord and (B) the brain of VPA/T4 and vehicle treated animals 12h after the last treatment (15 days p.i.). Each circle represents cells from a different animal. Error bars represent SEM. Differences between VPA/T4 and vehicle treated groups were calculated with Mann-Whitney test (p<0.05 = *, p<0.01 = **).
Supplementary Figure 4 - Flow cytometry analysis of percentages of effector CD4+ and CD8+ T cells, regulatory T cells and their proliferation in the lymph node of VPA/T4 and vehicle treated animals 12h after the last treatment (15 days p.i.). Each circle represents cells from a different animal. Error bars represent SEM. Differences between VPA/T4 and vehicle treated groups were calculated with Mann-Whitney test (p<0.05 = *, p<0.01 = **, p<0.001 = ***).