



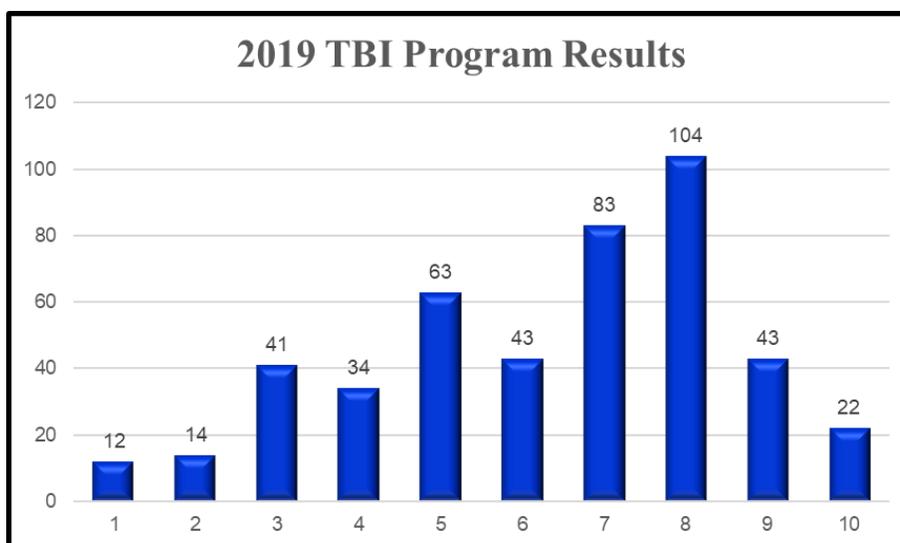
Millennium-WAF TBI Project



The following report is the result of our internal monitoring of our patient population with neuroinflammation, precipitated by a number of traumatic and non-traumatic brain injuries or physical and non-physical insults. Future reports will also include correlation between improvement in neuropsychological conditions and medication use in PTSS, depression, anxiety, bi-polar, and OCD, as well as cognitive improvement.

The data points for each participant are generated by use of a subjective, self-assessment tool called a Monthly Program Questionnaire (MPQ). The MPQ asks the participant to grade 25 conditional symptoms on a scale of 1 to 10 (1 being the lowest) as to the amount of improvement while on their treatment protocol. The assessment is based upon a comparison of symptomatic relief from pre-treatment to the date they fill out their MPQ. These numbers represent the highest level achieved during their reporting interval of every 30 days. This preliminary report represents the results of MPQs generated by **459 participants** since they began treatment.

Based upon the MPQs, **78% of the participants achieved a 50% or greater improvement.**



Graph 1: The lowest responders, 1 (10%) and 2 (20%), were on the highest number of medications.

On the Y-axis is the number of participants and on the X-axis is the MPQ scoring. Each vertical column has a number above it representing the actual number of individuals who scored at that specific MPQ rating. What we have observed in those individuals attaining scores consistently above 40-50% improvement, is a reduction in the number of medications that they were on at the time of entry into the Millennium-TBI Program. Nearly, 100% of those that achieved a level of 80-90% improvement, are off all psychotropic medications.



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Conditions that respond to treatment

We have a list of injuries that are being monitored as precipitating the symptomatology associated with TBI. Blast wave trauma and combat trauma syndrome (CTS) are the primary insults/injuries that we monitor in our veterans' and active military communities. We started looking at Basic Training (CTS) related exposures and injuries as being causative when we were unable to identify causation when an individual was subsequently deployed. Many of our brothers and sisters returned without bodily injury but still developed symptomatic TBI and were placed on medication. Many of those on anti-depressants, neuroleptics, antipsychotic, and pain medication did not respond well enough to mitigate their suffering. Frequently, it was high doses of medication in combination that obtunded the individual and diminished their complains while increasing the number of suicides. (Table 2).

Traumatic Condition												
BT	CTS	MVA	MCA	BCA	CVA	Tum	LOC	SPTS	BHT	MMA	Fall	PFS
120	177	188	63	54	0	3	165	185	191	76	134	9

Table 2: Blast trauma (BT), Combat Trauma Syndrome (CTS), Motor Vehicle Accident (MVA), Motorcycle Accident (MCA), Bicycle Accident (BCA), Cardiovascular Accidents/-strokes (CVA), Tumor (Tum), Loss of Consciousness (LOC), Sports related concussions (SPTS), Blunt Head Trauma (BHT), Mixed Martial Arts (MMA), Slip and Fall (Fall), and Post-Finasteride Syndrome (PFS).

Age as an influencer to outcome

In review of a number of outcome studies in the conventional medical literature, age appeared to be an important factor. When we looked at our age distribution relative to MPQ improvement, age did not appear to be a factor. In fact, we have 14 males who range in age from 70 to 84 years (ave. age is 74.82) with an average MPQ score of 60.71% within 12 months.

Improvement versus Age									
10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
38.92	46.21	40.07	43.06	40.75	41.07	41.35	41.65	42.09	39.41

Table 3: Age as a factor in the ability of these individuals to recover from their condition did not appear to be a positive or negative influencer. In conventional medical literature reviewing age and recovery, it was reported that older aged individuals with TBI fared less well than those younger. On the Millennium protocol we do not see age disparaging results.

As we move forward into 2020, we are in need of more healthcare providers to learn our program protocols and to become a TBI-center for the care of not only our military heroes but those civilians that are in need of Functional Medicine that helps to heal the traumatized brain. Consider this as one of your New Years resolutions and join us.

Best of Health and Happiness in 2020.

Mark L. Gordon, M.D.



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