



Millennium-WAF TBI Project

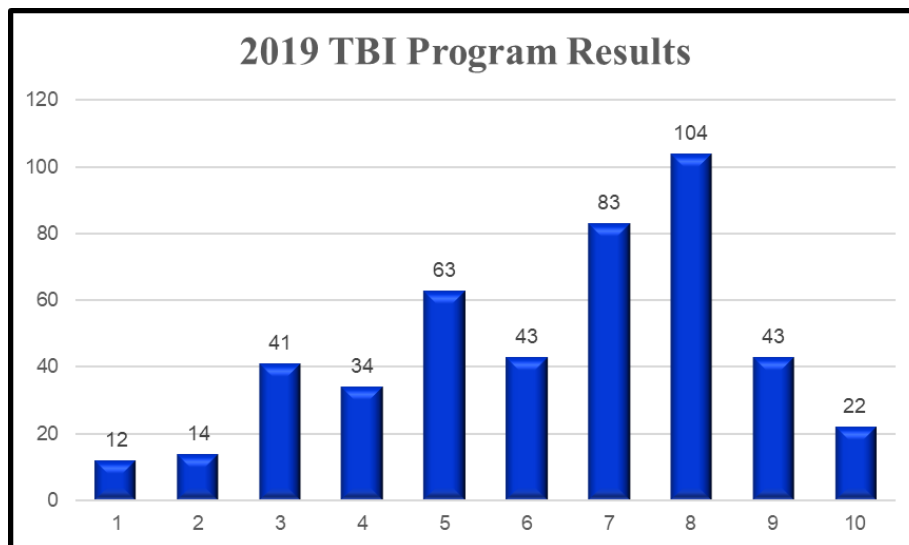


2019 Summary Report.^{rev1}

The following summary report is a compilation of the results obtained from our client population with neuroinflammation, precipitated by traumatic and non-traumatic brain injuries. Each client enrolled filling-out an extensive medical history questionnaire, then blood was drawn for the Millennium-TBI Biomarker panel. The Biomarker results and the client’s medical history were interpreted by an Expert-AI system for TBI, producing diagnoses and ultimately suggesting a treatment protocol. Each client was placed on a core protocol of three nano-liposomal products that address optimal neurological support.

Data points for the determination of each participant’s progress was obtained by the 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 each MPQ and are collected every 30 days. This summary report represents the results of these MPQ determinations generated on **459 participants** over the year.

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.

Each column is labeled from 1-10 or 10% to 100% improvement over the course of treatment. Atop each column is a number representing the actual number of clients who scored at that specific MPQ percentage. What we have observed is that those clients attaining a score consistently above 40-50% improvement, were able to reduce the number of medications with which they entered the program. Nearly, 100% of those that achieved a level of 80-100% improvement, were off all psychotropic medications. (10 = 4.79%, 9 = 9.36%, 8 = 22.65%, 7 = 18.08%, 6 = 9.36%, 5 = 13.72% improvement)



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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 (PTS) 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 of outcome

In review of a number of outcome studies in the conventional medical literature, age appeared to be an important factor for morbidity and mortality. When we looked at our age distribution relative to MPQ improvement, age did not appear to affect outcomes. 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 have all experienced, 2020 is not a usual year. Nonetheless, not one of our clients developed Covid-19 while on their treatment protocol. We have continued to provide services to both the military communities and civilians. The number of new cases has decreased for the moment, but the results have improved with the implementation of our new core treatment product the **Tri-Pak**.

Best of Health and Happiness from now until 2021 and beyond.

Mark L. Gordon, M.D.



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