A Multimodal, Regenerative Approach to Traumatic Brain Injury Dr. John C. Hughes, D.O. ROME 2019 – Keystone, CO February 8th, 2019

Disclosure

The content of this presentation has been peer reviewed for fair balance and evidence based medicine.

Learning Objectives



Clinical Symptoms from TBI



Physical Headache Fatigue Sleep disorders Vertigo or dizziness Tinnitus or hyperacusis Photosensitivity Anomia Reduced tolerance to psychotropic medications Disorientation Loss of mobility Seizures Loss of smell

Cognitive Memory decline / loss Slow reaction time Inability to pay attention Executive dysfunction Slow learning Interrupted speech **Difficulty understanding** Unable to concentrate Confusion Difficulty communicating thoughts Unable to plan, reason, problem-solve

Psychological Irritability Easy frustration Tension Anxiety Affective lability Personality changes Disinhibition Apathy Suspiciousness Suicidality Depression PTSD

Biochemical and Physiological Responses from TBI Disproportional proinflammatory cytokine production and release

Increased counterregulatory hormones work against the action of insulin Biochemical and Physiological Responses from TBI Hypermetabolic and catabolic states

Severely impaired nitrogen homeostasis

Oxidative Stress

Oxidative Stress From TBI Impairs cerebral vascular function

Impairs circulation

Impairs the energy metabolism

Damages mitochondria and DNA

What Happens Metabolically with a TBI?

"The brain is in a metabolic crisis with concussion... potassium ion from inside the cell going extracellularly, calcium ions going intracellularly, neurotransmitters widely released in a chaotic manner.

It takes energy to pump that potassium back, put the neurotransmitters back on so the cell can function."

Dr Robert Cantu, MD, 2013

What Happens Metabolically with a TBI?



An Energy Crisis

Mainstream Treatments

- Occupational and physical rehabilitation
- Speech therapy
- Pharmaceutical drugs
- Cognitive maintenance exercises
- Patients simply cope with their condition

Alternative Treatments

 Do not seek to regenerate but rather simply treat symptoms

Do not combine
regenerative treatments in
a multimodal manner in
order to maximize patient
benefit

A Multimodal, Regenerative Approach to TBI It is hypothesized that the practical, effective combination of multiple regenerative TBI therapies can produce synergistic benefits to the patient that exceed the use of one particular TBI treatment.

A Multimodal, Regenerative Approach to TBI

I. Hyperbaric Oxygen Therapy

II. Intranasal Therapies

III. IV Nutrition

IV. Cranial Osteopathy

V. Ketogenic Diet and MCT Oil



Hyperbaric Oxygen Therapy (HBOT) for TBI

 Allows the body to absorb about 10-15 times its normal supply of oxygen

 Stimulates the growth of tissue, bone and blood vessels, and reduces inflammation Hyperbaric Oxygen Therapy (HBOT)

Thom, et al., 2006



Volume rendered Brain SPECT perfusion maps of a 51-year-old woman suffering from mTBI that had occurred 2 years prior to inclusion in the study

Boussi-Gross et al., 2013

- Induces neuroplasticity
- Increases tissue oxygenation
- Generates new capillary networks
- Restores blood supply
- Increases stem cells in the blood

HBOT for TBI

HBOT and Stem Cells

 2 hours of HBOT triples the patients own circulating stem cells

 20 sessions of HBOT increases circulating stem cells to 8 fold (800%)

Thom, et al., 2006

Mean CD34+ population in blood of humans before and after HBO2 treatments.



Data are the fraction of CD34+ cells within the gated population using leukocytes obtained from 26 patients before and after their 1st, 10th, and 20th HBO2 treatment.

Thom, et al., 2006



STEPHEN THOM, MD, PH.D. (2006)

"[Hyperbaric oxygen therapy] is the safest way clinically to increase stem cell circulation, far safer than any of the pharmaceutical options."



Part II

Intranasal Therapies (Insulin, PRP, and Stem Cells) for TBI

Journey Through the Nose

Through the olfactory nerves

Bypasses the blood-brain barrier

Into the CSF within 10 minutes



Mouse Brain

Solid arrows represent the paths of migration of cells into the brain, dashed arrows reflect possible hypothetical routes of cell delivery



Intranasal Insulin for TBI

- Improves brain ATP production
- Decreases CSF cortisol
- Improves neuronal viability in the hippocampus
- Increases the expression of antiinflammatory microglia
- Reduces beta-amyloid and tau protein deposition

Improved neuronal viability in the hippocampus of the insulin treated rats.

Intranasal insulin increases the expression of antiinflammatory microglia in the hippocampus









Brabazon, Khayrullina, Frey, & Byrnes, 2014



Platelet Rich Plasma (PRP)

- Autologous plasma contains growth factors and cytokines to aid the injured brain:
 - VEGF, EGF increases angiogenesis
 - PDGF, TGF-p enhance collagen growth
 - IGF-1 stimulates protein synthesis



Platelet Rich Plasma (PRP)



The infusion of concentratedPlasma cyplatelets results in an exponentialinflammaincrease in numerous growthcox1, cox2factors at the sight of infusioncells to



Intranasal Platelet Rich Plasma (PRP) for TBI

- "Basic fibroblast growth factor infusion enhances injuryinduced cell proliferation in the dentate gyrus and improves cognitive function in rats following fluid percussive injury."
- "Other studies have found that infusion of S100β or VEGF can also enhance neurogenesis in the hippocampus and improve the functional recovery of animals following TBI."



Peripheral Blood Based Adult Stem Cells



Intranasal Peripheral Blood Stem Cells for TBI

- Have regenerative and reparative properties
- Have been used to treat ischemic brain damage by reducing gray and white matter loss
- Downregulate neuroinflammatory cytokines



Intranasal Nutrients for TBI

- IN glutathione has been used to reduce oxidative stress and enhance cellular detoxification in Parkinson's disease patients.
- IN methylcobalamin has been shown to improve QEEG Theta activity in ADHD and autism patients.

Part III

Intravenous Nutrition for TBI

IV Nutrition for TBI

PRP

- Adult peripheral blood stem cells
- NAD+
- Myer's cocktail with potassium, magnesium, calcium, B-complex, B5, B6, and B12, ascorbate, and glutathione





Part IV Cranial Osteopathy for TBI

- Manual manipulation of the cranial bones and membranes to allow the cerebral spinal fluid to flow properly
- The central nervous system, including the brain and spinal cord, has a subtle, rhythmic pulsation

Cranial Osteopathy for TBI

- This rhythmic pulsation can be blocked in brain injuries - impedes
 CSF and blood flow
- Effective at treating vertigo and headaches associated with TBIs

Cranial Osteopathy for TBI



Time shift between peaks of TCD and B-Imp is determined by the replacement of some portion of CSF out from (or into) zone of B-Imp electrodes.

 This time interval represents the mobility of CSF inside the cranium during the pulse cycle.

Moskalenko, Frymann, Kravchenko, & Weinstein, 2003



Part V

MCT Oils and the Ketogenic Diet for TBI

Ketogenic Diet for TBI



DO NOT EAT

DO

EAT

Ketogenic Diet for TBI

- Grains wheat, corn, rice, cereal, etc.
- Sugar honey, agave, maple syrup, etc.
- Fruit apples, bananas, oranges, etc.
- Tubers potato, yams, etc.

- Meats (organic, pasture-raised, sustainable)
- Above ground vegetables and leafy greens
- High fat dairy
- Nuts and seeds
- Avocado and berries
- Other fats avocado oil, coconut oil, grassfed ghee, high-fat salad dressing, saturated fats, etc.

Which burns more even?



Glucose/Carbohydrates = Kindling



Ketones are like diesel fuel (Glucose is like gasoline)

- Diesel fuel has a high flash point than gasoline
- Harder to oxidize Less flammable (excitable)
 - The brain works like a diesel engine
 - Burns more efficiently lasts longer

Increases Neuroprotection

Increases GABA

Increases Calming



What else do ketones do?



Decreases Glutamate

Decreases Depression, Fear, Anxiety

Decreases Oxidative Stress



 Possible anticonvulsant effects of ketone bodies on the brain

Increased GABA synthesis

 Decreased glutamate release by competitive inhibition of vesicular glutamate transporters.



 Increased membrane potential hyperpolarization via KATP channels

 Decreased reactive oxygen species production from glutamate exposure

 Electron transport chain subunit transcription

McNally & Hartman, 2012

Neuroprotective Actions of the Ketogenic Diet Increases resistance to metabolic stress

Increases resilience to neuronal loss

Upregulates energy metabolism genes

Stimulates of mitochondrial biogenesis

Neuroprotective Actions of the Ketogenic Diet Enhances alternative energy substratesPromotes synthesis of ATP

Interferes with glutamate toxicity

Bypasses the inhibition of complex I in the mitochondrial respiratory chain



The TBI Therapy Protocol



TBI Therapy HBOT Protocol



TBI Therapy 2-Day Program

Day 1:	Consultation HBOT Cranial therapy IV therapy Intranasal (IN) PRP and insulin
Day 2:	IV and IN NAD+ IV and IN pluripotent stem cells (VESLs) from the blood HBOT

TBI Therapy
3-Day
Program

Day 1:	Consultation HBOT Cranial therapy IV therapy Intranasal (IN) PRP and insulin
Day 2:	IV and IN NAD+ IV and IN pluripotent stem cells (VESLs) from the blood HBOT
Day 3:	IV and IN pluripotent stem cells (VESLs) from the blood HBOT

Case Report: 46 year-old male

Before Treatment:

- Memory loss
- Depression and anxiety
- Emotionally unstable
- Headaches daily
- Inability to carry on conversation
- Inability to do math or read
- Light and sound sensitivity
- Could not drive
- Insomnia

After Treatment:

- "Memory download"
- "An awakening"
- Mood and personality improvements
- Improvements intellectually, physiologically, and psychologically
- Improved ability to read
- Able to turn on lights /electronics
- Able to drive
- Sleep normalized

TBI Therapy: Case Report

"It was like a stream of information had been let loose... I felt for the first time in a year that I had some clarity. I was excited and able to read more than 2-3 sentences without triggering a migraine. I was able to get back on the computer and learn more about my trauma and recent treatments. Within the following days it was like an awakening. It seemed like a light switch was turned back on. The ability to think and plan returned."

TBI Therapy: Case Report

"I felt well enough that I started saying yes again. I also experienced relief from anxiety. TBI Therapy has turned me into a TBI THRIVER, not just a survivor. I'm happy. I enjoy life again, can travel and am doing work in the world that's more aligned with myself than ever."

TBI Therapy: Case Report

"The results for me have been are nothing short of MIRACULOUS! Popeye may have his spinach but I have stem cells and PRP! Yes, my brain is strong!"

Out of 100 patients treated, nearly every patient reports:

More mental clarity Improved memory Improved executive function/decision making More stable emotions and less stress Better ability to cope with pain More physical and mental energy

Out of 100 patients treated, some patients report:

Less sound and light sensitivity Improved eyesight Improved sleep and libido Improved motor function (ability to open a clenched fist, ability to walk) Less muscle spasticity

Conclusion: The Multimodal, Regenerative Approach is a Superior Way to Treat TBI

The practical, effective combination of multiple regenerative TBI therapies can produce synergistic benefits to the patient superior to mainstream TBI or single modality TBI treatments Boussi-Gross, R., Golan, H., Fishlev, G., Bechor, Y., Volkov, O., et al. (2013) Hyperbaric Oxygen Therapy Can Improve Post Concussion Syndrome Years after Mild Traumatic Brain Injury – Randomized Prospective Trial. PLoS ONE 8(11): e79995. doi: 10.1371/journal.pone.0079995.

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Treats TBI patients by combining regenerative therapies: HBOT, stem cells, PRP, and nutritional therapies. tbitherapy.com



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