

Janet Raty
Contributor, Editor
MP 2005-Present
Sarcoidosis/RA free

WELCOME!

This is volume 1, number 1 of TH1NK MP, newsletter of The Autoimmunity Research Foundation for MP members.

Those familiar with the Marshall Protocol® and Marshall Pathogenesis will find topics chosen just for them with important insights and helpful links in every issue. We plan on publishing a printable PDF each quarter, roughly six pages, with contents similar to this issue:

Page 1

Welcome, index, article, and timely reviews of literature or important events.

Page 2

General overview search results from cohort data, often with surprising correlations.

Page 3 and 4

Continued article and inserts that may include graphics and photos or examples of an MPers' progress over time.

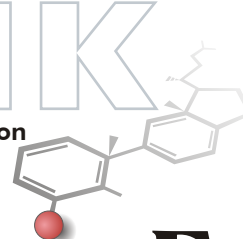
Page 5

"Patient Posts" is a play on words. MPers know *patience* is required in a process of recovery, and it is helpful to see real people share their notes on important milestones. Links may also point to information at MP websites, videos, Wiki, or other MP data.

Page 6

Dr Trevor Marshall offers insights on this page, with print and mail formatting on the back when newsletter is folded. Just print, address, fold, tape opposite side of fold, adhere postage stamp and mail.

Each issue will focus on a specific problem or symptom common to MPers, from both the commonly-held belief and the MP perspective, and attempt to bring the comorbidity out into the open. For this issue, we plan to discuss, what was it, what were we talking about? Oh yes, (a little mp humor here)... Brain Fog!



Brain Fog
By Chris Benediktsson and Janet Raty

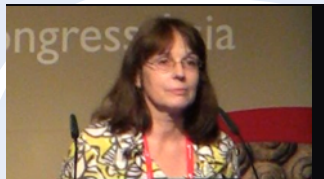
Whether you call it a senior moment, mild cognitive impairment, cognitive dysfunction, or Brain Fog (BF), this symptom is hard to ignore.

MPers have become very adept at minimizing and managing this problem. After all, if you admit to it, you risk scrutiny by doc's favorite Psychiatrist (and/or thought police) while trying to explain that your BF is associated with your (eg) Hashimoto's. Doc might even want to write a script for SSRIs. Even if you do not admit to Brain Fog, you still worry about what is going on, and must be careful not to "lose it" completely.

Building on the 2010 poster at Ljubljana and presentation at NeuroTalk, Prof Marshall's 2011 Singapore 'surprise' drove home the message that psychiatric comorbidities are intertwined with systemic inflammatory disease. Video can be seen at: <http://vimeo.com/32641708>

Marshall's colleague, German Psychiatrist Dr Roswitha Goetze-Pelka, also spoke at Singapore, "Redefining psychiatric and neurologic comorbidities as systemic dysfunction." See video at: <http://vimeo.com/33118843>
(Continued on page 3.)

2011 IN REVIEW



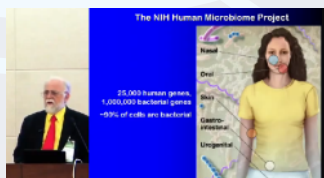
5th Autoimmunity Congress Asia, Singapore
Nov 2011 • Dr Roswitha Goetze-Pelka
"Redefining psychiatric and neurologic comorbidities as systemic dysfunction"
Video of Presentation: <http://vimeo.com/33118843>



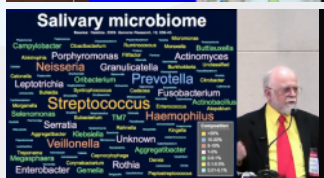
5th Autoimmunity Congress Asia, Singapore
Nov 2011 • Dr Trevor Marshall
Presentation: "Why vitamin D is more effective in early stage than in late-stage disease"
Video of Presentation: <http://vimeo.com/32641708>



EPMA - World Congress 2011, Bonn, Germany
Sept 2011 • Trevor Marshall
"Interplay between Microbiome and the Host's Immunity as a Factor to be used for Prediction"



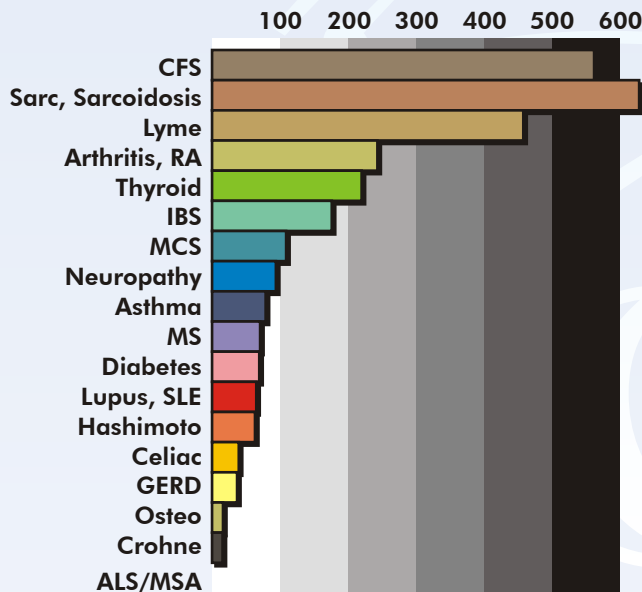
NeuroTalk 2011, Dalian, China
May 2011 • Dr Trevor Marshall
Session Chair: "Neurodegenerative Drug Discovery"
<http://www.youtube.com/watch?v=OAwxzQCjXM4>



2nd World DNA and Genome Day, Dalian, China
April 2011 • Dr Trevor Marshall
Session Chairman, Track 9: "Metagenomics"
"The Human Microbiome lies at the Heart of Human Autoimmune Disease"
<http://www.youtube.com/watch?v=pBeKbUB1eDE>

2011 BRAIN FOG SEARCH RESULTS

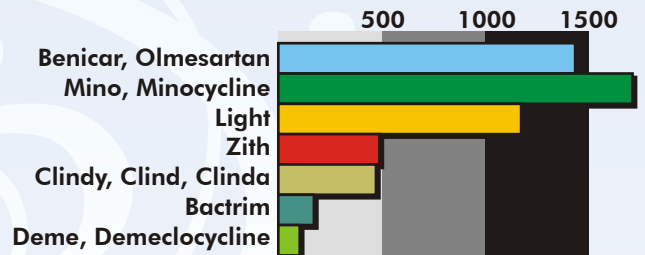
MarshallProtocol.com study site



search results for: fog [disease]

Marshallprotocol.com site posts are predominantly cohort self-reports mentioning one or more disease diagnoses.

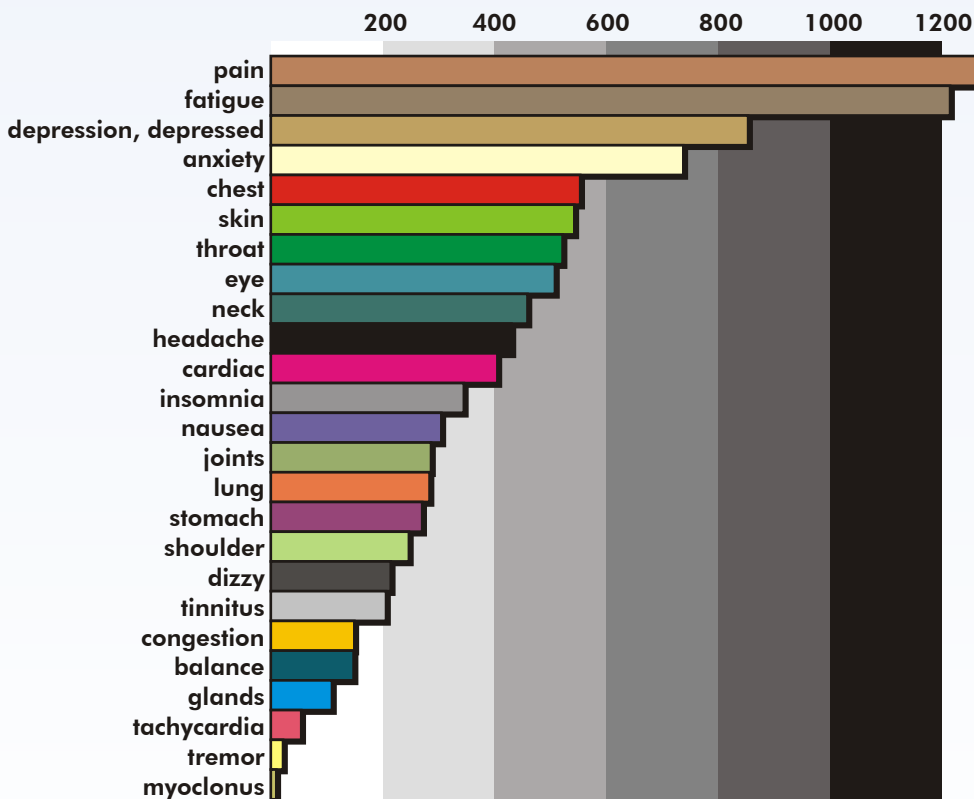
November 2011 searches for “fog [disease]” suggests some brain-fog-associated symptoms (immunopathology) with each disease.



search results for: fog [choice]

Marshallprotocol.com self-reports mention protocol medication choices during immunopathology (IP) symptoms. Because light returned a significant percentage relationship to fog and it wasn't a symptom or a disease but a choice during treatment, it is included in the set of choices one might consider when managing brain fog IP.

November 2011 searches for “fog [choice]” suggests a brain-fog-associated relationship. Olmesartan is the foundation medication to define Protocol compliance and shown as a comparison to other choices that also return results when paired with “fog”.



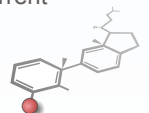
search results for: fog [symptom]

Marshallprotocol.com posts often mention immunopathology (IP) symptoms on the same thread brain fog is discussed.

November 2011 searches for “fog [symptom]” suggests a brain-fog-associated relationship to some of the symptoms often seen in self-reports.

Pain is the obvious symptom in reports that also list fog, and that is expected for a curative treatment that partners with the immune system inflammatory processes.

Intriguingly, **fatigue, depression and anxiety topped the list of specific symptoms also associated with fog.** This is consistent with cognitive dysfunction descriptions in current literature.



Without a specific syndrome, disease or diagnosis in mind, “Brain Fog” is predominantly a patient-described symptom that is bothersome.

Whether noticed recently or over a long time line, MPers see it as an unwanted or downgraded change in attention,

thinking, memory, or capacity or desire to process previously-routine cognitive tasks. MarshallProtocol.com reports of BF are common and span a variety of chronic diagnoses.

First, let’s look at what others are saying about BF on the web.

Wikipedia.org redirects a search for **BF** to “Cognitive Dysfunction” (CD) and defines CD as **unusually poor mental function, associated with confusion, forgetfulness and difficulty concentrating.**

Google search results suggest BF is not a medically-recognized term for a symptom. However, CD is associated with human mood or behavioral psychological disorders and linked to depression.

CD is also a term used by veterinarians to describe pet dementia.

Mild Cognitive Impairment (MCI) also is found and considered a progression step to dementia or Alzheimer's and categorized with the diseases of aging.

CD and MCI symptom descriptions overlap. MPers know similar symptoms are common in many chronic diseases.

So, is BF real? Is it psychological CD or physical MCI? From a Marshall Pathogenesis perspective and mounting research evidence, unchecked pathogens are involved in all the above and BF is very real.

IS THERE AN EASY FIX?

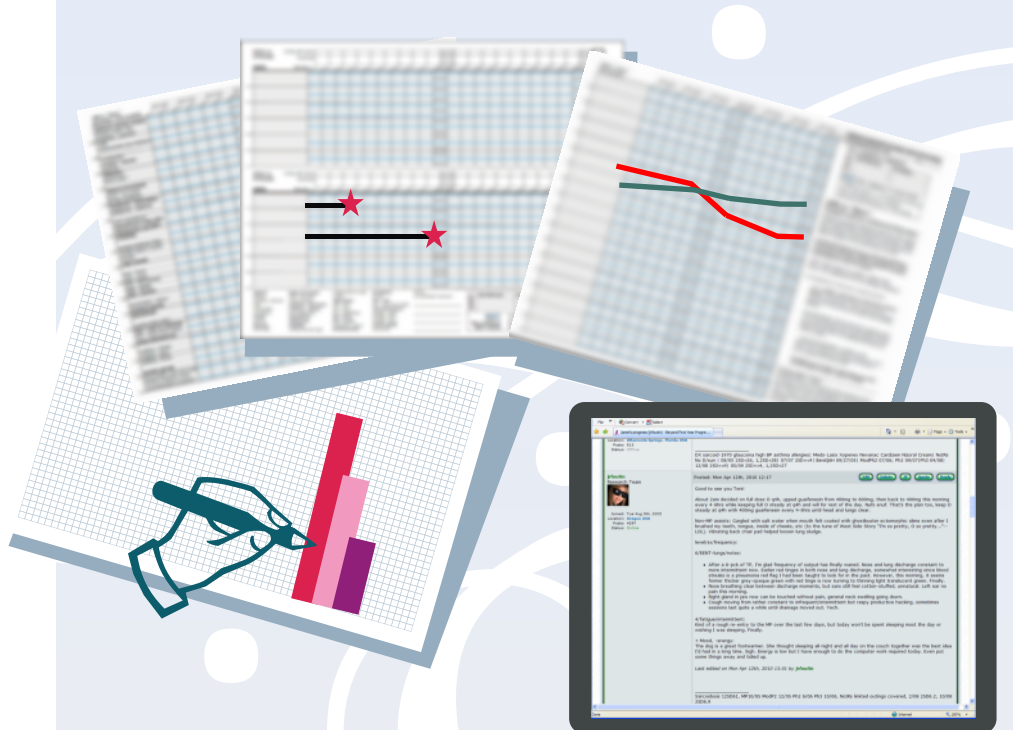
Unfortunately, the inability to restore cognitive function with simple, quick changes in behavior, activity, rest, diet, supplements, or Rx is seen in millions of internet offerings in nutraceutical, psychological or physical medical marketplaces. One Google search for “cognitive products and services” returned 6,320,000 results, with “cognitive nutraceutical” returning about 1,210,000 results.

DIAGNOSIS

Some tests can determine if BF is from delirium or a lack of sleep, oxygen, or essential dietary nutrients. If not on the MP, standard-of-care tests may be part of a diagnosis process before a therapy or prescription is given.

MPers already know chronic conditions and diseases have symptoms that are often comorbid, or found together. IP may include BF or other cognitive symptoms.

YOUR PROGRESS IS IMPORTANT



One of the expected outcomes of the Marshall Protocol is the generally steady but lengthy recovery process.

But that is not a bad thing. Decisions do not always need to be quick! But you do want to see your patterns so you can make better decisions to support steady progress. If you do need a quick decision, knowing your own patterns will inform a better decision short term, too.

For some, it is difficult to see progress beyond a day or week or two at most even if posting frequently. That is because your own report thread is not limited to any style of reporting, and you can post with your own style.

There are advantages to posting consistently with a simple notation style to help you scan quickly over long periods of time, though.

You can also keep any at-home notation process or software program that is easy for you if you happen to have more BF, or a busy schedule.

Reporting online consistently also helps others to help you if you have an acute need. Your reports also help individuals with similar IP or symptom constellations to learn from your insights. Finally, your reports enable small case studies as well as large group comparisons to guide further research.

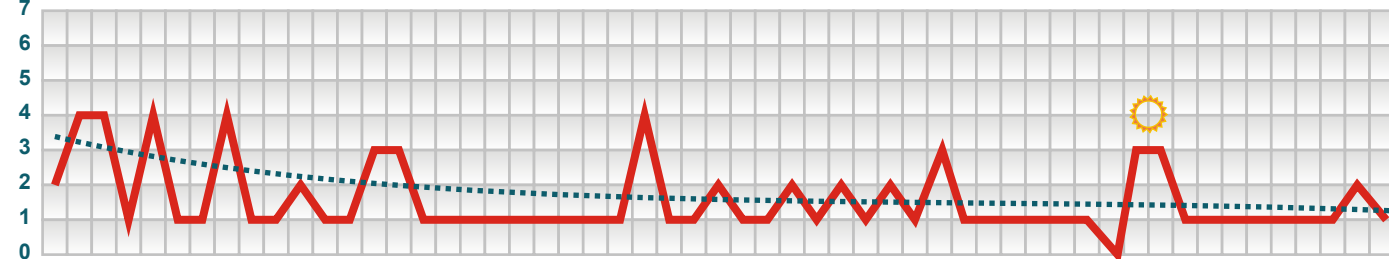
Also see:

<http://mpkb.org/home/mp/immunopathology>
http://mpkb.org/home/patients/mp_duration

Below is a 10 month charted detail of "brain fog" listed as a symptom in a report by one person, using their self-reporting scale of 1-10, with 10 as worst case and 0 no symptom.

Brain fog was never reported above 4, and MPer palliated with immunomodulatory coffee, something many not on the MP also do to stimulate vigilance but without a hoped-for permanent symptom resolution.

The dotted line suggests an averaged slope direction over time on the MP. The sun icon notes brief change in environment (travel) chosen by the MPer at that time.



Many non-MP patients like to feel fog is associated only with their condition, but there are too many other diseases with a BF symptom in their mix to ignore.

Women report "baby brain" during or just following pregnancy or "menopause fog" later in life. Lupus claims "lupus fog" and Fibromyalgia "fibro fog." Other examples of terms associated with chronic diseases exist. In addition to dementias and mood or behavioral disorders, BF is also associated with:

- MS
- chronic fatigue syndrome (CFS)
- myotonic dystrophy
- spastic cerebral palsy
- Parkinson's
- Lyme

BF symptoms are a major component of ADD, Adult ADD and different Depression descriptions.

PRESCRIPTION Rx

In non-MP circles, when BF is a side effect of Rx for a life-threatening condition, it is often accepted as less of a problem than what is being treated (ie, "chemo fog" or "chemo brain").

Not surprisingly, many non-MP medications are widely available. Medications scripted to manage a variety of conditions, including those for psychological disorders, add to the complexity of problem solving to cut through the fog. Palliating Rx often associated with BF can be a problem on the MP too, so palliation is not encouraged.

MARSHALL PROTOCOL

The Marshall Protocol study site databases house thousands of self-reports with frequent individual posts by those actively working with a licensed medical provider toward recovery from chronic inflammatory disease.

The protocol for recovery is informed by recent technology advances that describe complex interactions of pathogens and the immune system. Many different microbes often work together to corrupt immune processes. This creates an ideal environment for diseases that once defied cure.

The goal of the Marshall Protocol is to enable the immune system with the angiotensin II receptor blocker olmesartan. Recovery requires MPers learn what symptoms really mean in a larger picture of immune function so they can effectively manage immunopathology (IP).

IP is an expected increase in symptoms as the immune system regains competency.

THE VALUE OF REPORTING

MPers share their IP experience by reporting online. These reports are written from a patient perspective and describe both symptoms and choices made in response to those symptoms during recovery.

The figure above is an example of how one MPer's series of reports

translated to chart format for easy long-term review of BF progression. The single IP symptom of BF was pulled from a fuller listing of other symptoms also reported each time this MPer posted a report.

It is typical to see an up and down zig-zag with an overall reduction in a symptom over time.

This MPer never reported extremely severe BF symptoms. But it was interesting to see how a brief travel choice changed the pattern during a period of time.

MPers know that some short and long term choices they make can help support a tolerable recovery. For example, if BF was the only symptom or one of very few non-severe symptoms for this person, then this much of a change for a little travel might not be a concern.

But if there were many symptoms that increased or some IP increased much more than others during or after travel, this MPer might see a pattern they can use in the future.

Either way, when the choice to travel comes again, they can then look at their own patterns over time for insights on how to better support their recovery process.

Additionally, others who have similar symptom constellations might notice the experience of this MPer as they consider their own travel plans.

Patient Posts



In my 20s, I started 'losing the nouns' although I could describe the thing I could not name. Then, I started mixing up 3s with 8s and Es with Is when typing or using a calculator. And my reading speed slowed even more and I noticed that I was transposing not only letters but also words....

When considering a legal issue [she was a corporate attorney], it was like I was standing at the edge of a vast city neighborhood that I used to know like the back of my hand. "Before I lost my ability to problem solve, I could see in my mind's eye many ways to get from one side of the neighborhood. After that skill slipped away, I would stand there helplessly on the edge of the neighborhood while remembering that I used to know the way. Making any decision became increasingly difficult....

Sometimes when people are talking, it is as if with some words they are speaking in a foreign language. I hear the words, but they don't make sense. It feels like a form of age-related deafness, having to do with the inability to comprehend due to the loss of stereophonic sound (if that's what it is called—I really can't remember), but seems to be mainly word specific.

On the MP, my brain has been steadily healing over the past 26 months. My parents (academics) see me every 6 months or so and are able to describe the changes for me, which is great. I can read books again, although if they're too intense or convoluted, it takes me time to understand them fully. My reasoning abilities are far improved as well, my math skills have returned (although I'm not sure I could teach it now), word recall is far better and I find myself at times uttering words I haven't used for years.



After 18 months I find my memory returning, I am able to do housework, organise and tidy up. DH who thought I should be with a psychiatrist, not a GP, is apparently changing his mind about MP and suggests his daughter could see my doctor!



Because most my problems are mentally based it is hard for me to recognize improvement at times but I can tell when I'm better when things just seem easier to me, like I'll be thinking about something and realize, "Hey, that's not so hard after all."



After two years on the MP, I would say that any episodes of brainfog that I have are comparable to the occasional "vagueness" that any normal person has.

MPKB.ORG

The **Marshall Protocol Knowledge Base** at <http://www.mpkb.org> is a relatively new addition to freely available web access of MP research, experience, data, and insightful medical consumer knowledge for anyone. It is useful as a medical consumer Rosetta Stone to decode current medical myths and work to a better solution with medical providers.

For MPers, MPKB.org contains the most recent information sets for "must know now" MP decisions. If you need the best quotes and information right now, MPKB.org is the fastest first place to check.

Essential MP information links are provided on the home page for those interested in learning about the MP.

Like any other Wiki, access to the information you want to know is available through the search dialog. Type in one or two words and click the red "Search" button. A list of informational links will be displayed with a little snippet of related information to help you narrow down your choice quickly.

Links take you to specific, well written info with research references the MP team have found already. Your contributions may also be sent to Paul Albert or Joyful for possible inclusion.

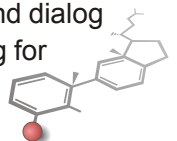
If you want an answer in minutes, you do not need ask or wait for a peer opinion on one of the other MP sites (but you can still ask there, too). Chances are, someone will still give you a link to the Wiki MPKB.org for clearly described, fuller answers to questions.

Try search words from this newsletter:

Brain Fog	Cognitive Dysfunction
ADD or ADHD	Marshall Protocol
immunopathology	Marshall Pathogenesis
MS	Menopause
Depression	Alzheimers
Managing mental symptoms	

Or use your own search terms.

As MPers recover, many learn enough from the Wiki to ask advanced questions and dialog further with Dr Marshall on his blog for members.





Dr Trevor Marshall
MP 2002-Present

The short-term consequences of not wearing adequate eye protection will be an increase in neurological symptoms caused by hyper-stimulation of the brain.

These neurological symptoms include fatigue, irritability, aggressiveness, lack of concentration, brain fog, photosensitivity, transient loss of memory, mood swings, confusion, anxiety, anger, neurosis and even psychosis.



Nobody has dropped out of our study because of kidney failure or because their heart muscle has weakened or their lung capacity has diminished.

By all means, ask doc to measure these for you, but the real reason that you are having trouble, and that others drop out of the study, is that their brain starts playing tricks on them... The difficulties you are experiencing are as a result of the disease process.

You need to **cut back your immunopathology, but primarily to allow your brain the ability to reason again. To get a grip on reality again.**

To plan about walking your daughter down the aisle at some time in the future. To plan what you want to do with your life when these bacteria have been defeated and you get your life back again.

Dr Trevor Marshall



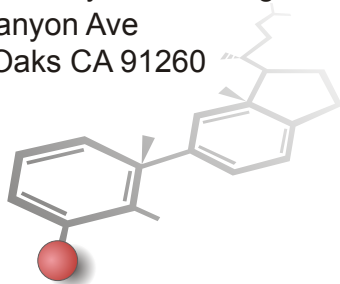
Doctors should understand is that **in the case of nearly every patient, immunopathology occurs in the brain.** This means that during much of the treatment, patients are not thinking properly and have psychological issues. These mental reactions should not cause doctors to question the stability of the patient, but instead it should be understood that every patient will experience a certain level of confusion, anxiety and neurological symptoms while on the MP.

Greg Blaney, MD



V111212-B

www.autoimmunityresearch.org
3423 Hill Canyon Ave
Thousand Oaks CA 91260



Four horizontal lines for writing.