The human brain can repair neuronal damage after injury from a wide variety of common traumas (physical, emotional, inflammatory, and toxic). 14-16 Traumatic brain injury (TBI) commonly disrupts autonomic function 17 and is the source of many TBI-related symptoms (light-headedness, headaches, anxiety, poor cognition).

The ability to recover from TBI is inconsistent. 17,18,19 TBI may result in temporary symptoms that fully resolve within weeks to months while another individual in similar condition may never recover.

Primary and secondary insults in aging, and Traumatic CNS injury, and Neurodegeneration can Grade into a Chronic Neuroinflammatory Condition. 20-24

Brain injury can occur from physical, emotional and inflammatory injuries. 25-29

The Nemechek Protocol may prove effective for many other chronic medical conditions (Parkinson’s, MS, diabetic neuropathy, essential tremors generated anxiety, IBS, autoimmunity, and autoimmune diseases such as diabetes) that are associated with limited neuroinflammation and are responsive to anti-inflammatory cytokines.

Brain injury occurs when neuroinflammatory cytokines overpower the natural regulatory controls of the microglia. Microglia become primed-m1 cytokines that are associated with neuroinflammation and are responsive to anti-inflammatory cytokines.

Utilizing transcutaneous vagus nerve stimulation, the Nemechek Protocol reverse chronic autonomic dysfunction within 3-months. 60-65

Improved resting heart rate variability and dynamic parasympathetic function during Valsalva and 5-minute orthostatic challenge were observed.

Improvement of symptoms such as light-headedness or dizziness, headaches, chronic fatigue, anxiety and poor memory or concentration improved in parallel with autonomic recovery (data not shown).

Complete recovery of ANS function and symptom resolution was seen in some patients after 8-12 months of treatment with the Nemechek Protocol.

Complete recovery of ANS function and symptom resolution was seen in some patients after 8-12 months of treatment with the Nemechek Protocol.

All subjects were enrolled in the Nemechek Protocol, a regime designed to normalize brain recovery mechanism through VNS: 1.2.4-6 treatment 2.2.4-6 of VNS in 3-months 3-3 treatment 4-6 and 4-6 of VNS in 3-months 5-6. 

The Nemechek Protocol consists of: 

VNS protocol: (20-30 days), treatment; 2-4 hours (cumulative time on device), patient administered via the tragus or earlobe daily. 

- Electrodes, 150 microamps daily is “Low” 
- Fast-Q containing 0.50 mg of DH and 1.00 mg of DPA daily 
- 30 ul of VNS cream on an estimated 3 cm site on scalp daily
- 1 cm of spot, 1 drip of gel on a 1.0 cm wide, 0.5 cm scalp daily

Autoimmune assessments were performed 1 and 2 special laboratory tests: 1. ANA and 2. ACPA in 2 controls as part of routine management of the patient.

**REFERENCES:**


