



# BRAIN HEALTH

---

A GUIDE TO TREATING  
COGNITIVE IMPAIRMENT

April 2024

FLCCC<sup>®</sup>  
ALLIANCE

# TABLE OF CONTENTS

About this document .....	3
Overview .....	3
COVID and cognitive impairment .....	3
Prevalence and severity .....	3
Impacts of cognitive impairment .....	4
Lifestyle modifications to help with brain health.....	5
Dietary changes.....	5
Intermittent fasting .....	5
Optimize gut healing .....	6
Exercise .....	7
Outdoor activities .....	8
Sleep.....	8
Address hearing loss .....	9
Early morning light.....	9
Stress reduction .....	9
Social connections .....	10
Key supplements to help with brain health .....	11
Multivitamins .....	11
B vitamins.....	12
Resveratrol .....	12
Omega-3 fatty acids .....	12
Methylene Blue.....	12
Melatonin.....	13
Berberine .....	13
Green Tea/EGCG.....	13
Luteolin .....	13
N-acetyl cysteine (NAC) .....	13
CDP Choline.....	14
Fisetin.....	14
Nicotinamide adenine dinucleotide (NAD).....	15
Vitamin D .....	15
Taurine .....	15
Magnesium Threonate.....	15
Acetyl-L-carnitine (ALCAR) .....	15
Low dose Naltrexone (LDN) .....	16
Ashwagandha.....	16
Lion's Mane.....	16
Lithium Orotate.....	16
Other interventions to improve brain health.....	18
Address vascular issues.....	18
Retrain or stimulate vagal nerve .....	18
Neuroplasticity training .....	18
Mindfulness and meditation.....	19
Breath Work.....	19
Photobiomodulation.....	20
Nutrition.....	20
REFERENCES .....	22

## About this document

The information in this document is our recommended approach to treating COVID-related cognitive impairment in adults. The guide was prepared by Dr. Suzanne Gazda, founder of the Neurology Institute of San Antonio.

Patients should always consult with a trusted healthcare provider before starting any medical treatment, as these suggestions may need to be personalized based on the patient's age, demographics, and co-morbidities.

## Overview

### COVID and cognitive impairment

Research has shown that lingering viral fragments after a COVID infection and lingering spike protein after a COVID injection can provoke many downstream effects that damage the brain. In some patients, this results in ongoing brain injury.

As demonstrated in Figure 1, multiple cognitive domains can be affected including memory, concentration, processing speed, mood, and behavior.

### Prevalence and severity

Rising amounts of data indicate disturbing trends showing COVID-19 can lead to lasting cognitive impairment and even a risk of Alzheimer's and other neurodegenerative diseases. Cognitive impairment is regarded as one of the most burdensome long-term consequences of COVID-19 and very well may become a burgeoning problem over time, even in younger people.

The prevalence of cognitive sequelae, also known as cognitive COVID, ranges from 12% to 80% across studies. These are daunting statistics.

Fatigue, headache, and brain fog are the most common neurologic symptoms of long COVID. According to a study from the University of California, San Diego, 68.8% of patients experienced memory impairment six months after being enrolled in the study. (1) Meanwhile, 61.5% experienced decreased ability to concentrate.

Data from React19, a nonprofit working with vaccine-injured patients, shows brain fog and cognitive impairment in over 70% of patients. Half of these patients struggled with the same symptoms at a one-year follow up. (2)

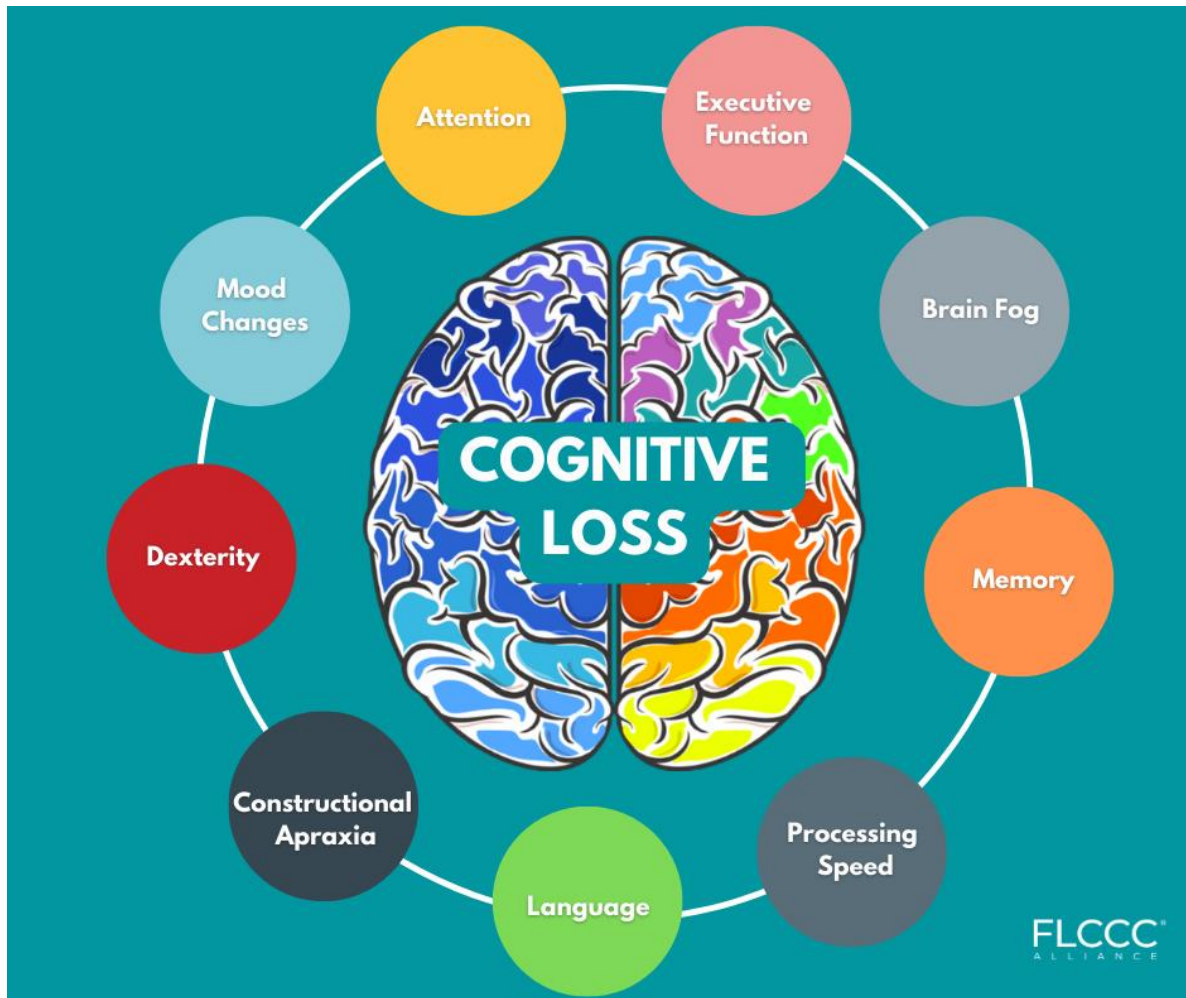


Figure 1: Multiple domains of cognitive loss (Source: FLCCC)

### Impacts of cognitive impairment

These symptoms can significantly impact a person's quality of life, their ability to perform daily activities, and sometimes even their ability to work. Issues with visuo-spatial function and/or constructional apraxia (the inability to build, assemble, or draw three-dimensional objects) can have relatively subtle presentations with serious day-to-day consequences, including driving safely.

In a study published in *The Lancet* in January 2024, significant psychomotor slowing was found in individuals diagnosed with post-COVID conditions. These patients had slower reaction times and were 'less vigilant.' (3)

It is important to recognize that these symptoms can be attributed to many health conditions, and we ask that patients please discuss any concerns with their functional medicine or healthcare provider.

All patients with cognitive impairment need a thorough evaluation as part of general health screening. A recent study by Golderisi et al showed an astounding 45% of patients 11 months post COVID had cognitive impairment on testing. (4)

## Lifestyle modifications to help with brain health

If neurological symptoms are secondary to long COVID and/or long vax (post-vaccine syndrome) it is important for patients and providers to also follow the FLCCC [I-RECOVER treatment guide](#). (5)

The following are some lifestyle modifications that are beneficial for brain health. These should be used in conjunction with the nutritional supplements described below.

### Dietary changes

A large study published in 2022 showed that higher consumption of ultra-processed foods was related to a higher risk of dementia. (6) These common foods — including soft drinks, potato chips and other salty snacks, deep-fried or packaged meats, bottled condiments, prepackaged sweets and breads, and flavored breakfast cereals — are high in added sugar, fat, and salt, and low in protein and fiber.

Participants were divided into four groups based on how much ultra-processed food they ate and they were tracked for a decade. While none had dementia at the start of the study, the risk for Alzheimer's rose 14% for every 10% increase in ultra-processed foods consumed; for dementia overall, the risk increased by 25%. (7)

Patients should start with adjusting their food intake and opt for a low-inflammatory/non-GMO diet. Some patients may also consider eliminating gluten from their diet, as gluten has been linked to neurological problems for decades. (8) In a 2023 study, (8, 9) mice fed a diet with gluten had profoundly more brain inflammation in the hypothalamus, which is a key brain region for metabolic control. (9)

The FLCCC [Eat Well Guide to Fasting and Healthy Eating](#) is a good place to start. Also see the section at the end of this document on nutrition.

### Intermittent fasting

Intermittent fasting (10) has many brain benefits, including upregulating and increasing brain-derived neurotrophic factor (BDNF, see section of BDNF below), lowering inflammation, reducing cortisol, and lowering insulin resistance. Fasting can trigger a cell-recycling process called autophagy, which helps our body remove damaged cells, including senescent cells. (10)

Please note that fasting is contraindicated in patients younger than 18 (because it impairs growth) and during pregnancy and breastfeeding. Patients with diabetes, as well as those with endocrine disorders, hormonal imbalances, or any serious underlying medical conditions, should consult their primary care provider before starting a fasting regime, as changes in medications and close monitoring may be required.

### **What is brain-derived neurotrophic factor (BDNF) and why it is important?**

Brain-derived neurotrophic factor, or BDNF, is a growth factor and peptide (long-chain protein). The term is derived from the Greek words *neuro* "nerve" and *trophis* "pertaining to food, nourishment, or growth."

In a nutshell, BDNF supports the survival of neurons and brain cells, enhances synaptic connections between neurons, and is required for learning and long-term memory preservation. (11-13) For adults, BDNF is also important in neurogenesis (the development of new neurons from stem cells). (14)

BDNF can be found in the kidneys, blood plasma, and saliva, but its primary activities are in the brain and central nervous system. (15, 16)

#### **Additional facts regarding BDNF:**

- Aging causes decreasing levels of BDNF, which appears to cause gray matter shrinkage and fewer synapses, making learning and memory formation more difficult. (17)
- Antidepressants might function by boosting BDNF levels. (18) Depression and anxiety are associated with reduced BDNF levels; nevertheless, medications may enhance BDNF expression and reverse hippocampal atrophy. (18)
- Cannabinoids like THC raise BDNF levels in those who don't consume cannabis often, but not in chronic smokers, which could explain why smoking cannabinoids regularly can damage your memory. (19)
- People with low BDNF levels may be more prone to anxiety and binge drinking, according to a 2020 study. (20)
- Alzheimer's and dementia patients have extremely low BDNF levels. (21, 22) Some scientists believe that increasing BDNF levels can help people maintain their brain function. (23) Other research suggests that the higher your BDNF levels, the lower your risk of Alzheimer's and dementia. (24)

To summarize, BDNF has an active involvement in the hippocampus, prefrontal cortex, and other brain regions. (25) Because these areas are involved with memory and cognition, BDNF appears to be important for both higher brain functioning and brain cell health.

### **Optimize gut healing**

The gut-brain axis is a fascinating and increasingly studied area in both neuroscience and gastroenterology. It refers to the bidirectional communication network that links the central nervous system (which includes the brain and spinal cord) with the enteric nervous system (the nervous system of the gastrointestinal tract). This relationship involves complex interactions through neural, endocrine (hormonal), immune, and metabolic pathways.

Optimal gut health is important because it helps balance the relationship between these systems:

- **Neural Communication:** The gut and brain are connected through the vagus nerve, one of the largest nerves connecting the gut and brain. It sends signals in both directions. For example, stress can lead to gastrointestinal issues, and conversely, gut issues can lead to anxiety or depression.
- **Hormonal and Neurotransmitter Pathways:** The gut produces a wide range of hormones and neurotransmitters that are critical for brain function. For instance, the majority of the body's serotonin (a key neurotransmitter that affects mood and social behavior) is produced in the gut.
- **Immune System Regulation:** The gut is a key part of the immune system. An imbalanced gut microbiome can lead to chronic inflammation, which is implicated in many brain disorders including depression and Alzheimer's disease.
- **Metabolic Contributions:** The gut microbiome influences the body's metabolism, including the production of short-chain fatty acids (SCFAs) like butyrate, propionate, and acetate. These SCFAs have various beneficial effects on brain health, including neuroprotection and reducing inflammation.

These dietary components can lead to a range of gut health issues, including:

- **Dysbiosis:** An imbalance in the gut microbiota, which can lead to gastrointestinal disorders, inflammation, and increased susceptibility to infections.
- **Increased Gut Permeability:** the intestinal barrier becomes compromised, allowing bacteria and toxins to pass into the bloodstream.
- **Inflammation:** Chronic low-grade inflammation in the gut can contribute to various health issues, including inflammatory bowel diseases, obesity, and metabolic disorders.
- **Reduced Diversity of Gut Microbiota:** A less diverse gut microbiome is associated with poorer health and increased risk of chronic diseases.

Emerging research also suggests a strong gut-brain link in mental health and that an imbalanced gut microbiome has been associated with cognitive decline. Conditions like anxiety, depression, and even autism spectrum disorder have been linked to imbalanced gut health.

The pursuit of optimal gut health is much more than a dietary trend; it's a fundamental aspect of holistic health and wellbeing. By nurturing our gut health through a balanced diet rich in fiber, probiotics, and prebiotics, along with mindful lifestyle practices, we can support our mental and physical health in profound ways.

## **Exercise**

Regular exercise has positive effects on the brain, including increasing BDNF, restoring neurotransmission and remyelination, refining the integrity of the blood-brain-barrier, and improving immune responses. Exercise can also mitigate the effects of chronic inflammation and auto-immunity.

Exercise does not have to be extreme. In fact, it can be as simple as increasing the amount of movement you get throughout the day and avoiding sitting for extended periods. Incorporate a daily walk, preferably outdoors, and work up to walking for a minimum of 30 minutes. A study published in JAMA Neurology found that as little as 3,800 steps a day reduced the risk of dementia by 25%. (26) Increasing

that amount and increasing the intensity reduces the risk even further. Walk with a purpose, as if you were late to an appointment. Vary your speed and add periods of running as you're able.

Resistance or strength training brings about an increase in muscle mass. (27) This helps improve insulin sensitivity, which is important to reduce the risk of Alzheimer's disease. It also prevents the sarcopenia (muscle loss) often associated with aging.

Aerobic exercise training can increase the size of the anterior hippocampus, a section of the brain involved in cognitive functions such as memory, navigation, and perception. In a 2011 randomized controlled trial with 120 older adults, exercise training led to improvements in spatial memory. Participants started by walking for 10 minutes and increased the walking duration weekly by 5-minute increments until they were walking 40 minutes at a targeted heart rate (50–60% of the maximum heart rate reserve for weeks 1 to 7 and 60–75% for the remainder of the program.) Results showed an increased hippocampal volume of 2%, effectively reversing age-related loss in volume by 1 to 2 years. The researchers also demonstrated that increased hippocampal volume is associated with greater serum levels of BDNF, a mediator of neurogenesis in the dentate gyrus. (28)

Also, consider adding a mind-body practice such as yoga, tai chi, or even ballroom dancing. Some experts believe that the act of going upside down in a 'downward dog' or headstand can help clear the fog in our minds. When you attend a yoga class, you may also get a chance to work on your mindful breath work, which is sometimes referred to as *pranayama*.

## **Outdoor activities**

A large body of research points at nature as a positive promoter of mental health. (29) Nature-based activities can mean things like skiing, hiking, snowmobiling, horseback riding, or fishing, but can also include viewing, photographing, and studying nature. Even visiting a garden or taking part in gardening activities can have positive effects on well-being.

## **Sleep**

Growing evidence shows that getting quality sleep is correlated with improved brain health. The glymphatic system — a waste clearance system active in the central nervous system during the first half of the night, in slow wave sleep — is a major 'power wash,' for the brain, clearing it of all the toxins from a day of activity.

Past research has demonstrated the role of the immune system in clearing up toxins that can contribute to Parkinson's disease and Alzheimer's disease. (30) New research from neurologists presenting at the Annual Meeting of the American Neurological Association (ANA) looks at how getting good sleep can decrease the risk of neurological disorders like Alzheimer's disease and Parkinson's disease. (31)

According to the results of a February 2024 survey published in *Frontiers in Public Health*, 76% of people who reported mild COVID-19 infections in the six months prior to the survey said they now experience insomnia, with 22.8% of those respondents saying their insomnia is severe. (32)

Poor sleep affects our ability to make decisions, solve problems, and control our emotions. Sleep deprivation can increase the risk of chronic health problems such as high blood pressure, obesity, and heart disease.



Prioritize sleep by making these simple lifestyle changes:

- Try to go to bed and get up around the same time every day, even on weekends.
- Minimize the number of non-sleep-related things in your bedroom (e.g., a TV or desktop computer) and avoiding intellectual activity or social media in your bedroom.
- Maintain a cool bedroom temperature (65-68°) to improve sleep. Adjust your thermostat for your personal comfort level.
- Find a relaxing pre-bedtime routine that does not include screens (perhaps reading or a warm bath, gentle stretching, or applying lavender essential oil).
- Wind down at least one hour before bed by shutting off your electronics, which are associated with a higher incidence of insomnia and shorter sleep duration, per 2018 research. (33)
- Avoid caffeine and nicotine patches in the afternoon, as they are stimulants that can interfere with sleep.
- Keep your room dark (use blackout shades, if necessary) and consider running a sleep sound machine to mask street or household noises.

### **Address hearing loss**

Improved hearing seems tied to better brain outcomes, and hearing loss appears to cause structural changes in the brain. (34) As Medical News Today reported, “A landmark 2020 study found that people with hearing loss are more likely to develop dementia. Though an association between the two conditions is clear, their exact relationship is less so.”

### **Early morning light**

A study in the *Journal of Sleep Research* demonstrates that exposure to bright light in the morning can notably increase alertness. (35) The research on college students found that just 1.5 hours of bright light early in the day not only improved sleep quality but also significantly reduced morning sleepiness, emphasizing the role of morning light in enhancing daily alertness. Incorporating morning light into daily routines is like using a natural medicine.

### **Stress reduction**

Stress can also impact how the brain functions: when you're in 'fight-or-flight' mode, more energy, nutrients, and resources are funneled to parts of the brain associated with survival and threat mitigation. Meanwhile, other areas, including those responsible for creating memories and high-level cognitive processing, get the bare minimum.

A study published in the journal *Neurology* helps shed new light on just how damaging chronic stress can be to the brain. (36) Researchers examined cortisol levels, brain size, and structure — plus memory and cognitive functioning — in more than 2,000 people in their 40s and 50s. Those with higher levels of cortisol in their systems had smaller brains and scored worse on memory and cognitive tests — even though none of the participants exhibited noticeable symptoms of cognitive decline or memory problems. More specifically, changes and damage were seen in parts of the brain that move information between the right and left hemispheres, plus areas associated with thought, speech, emotions, and muscle function. (36)

## **Social connections**

Loneliness leaves us anxious and depressed. It also changes our biochemistry, contributing to inflammation and reduced immunity. (37) Social isolation is also linked to a higher risk of stroke, obesity, and neurodegenerative diseases such as Alzheimer's. (38)

Look for ways to foster real, in-person social connections. Ideas include spending more time with family and friends — think about how you can share activities you already do as a matter of course (exercising or eating, for example) with someone else. Look to join a group, club, or class based on an interest or hobby you may have, volunteer with a local organization that has a mission you care about, or get involved in your community. As much as possible, look for ways to interact face to face. Television, phone calls, and online platforms are weak substitutes

## Key supplements to help with brain health

### Multivitamins

Far too often, whether because of a lack of access or a lack of time, we turn to convenience foods that are highly processed and contain excess salt, fat, refined sugar, and numerous additives. This Standard American Diet (SAD) nutritional approach tends to provide very few vitamins.

Even if you try to follow a healthy dietary regimen (i.e., non-GMO, organic, grass-fed and free-range products), there is mounting evidence that many whole foods simply do not contain the same levels of vitamins and nutrients as they did decades ago. Over time, this can potentially impact our health.

Therefore, a daily multivitamin is recommended. Micronutrients provide critical building blocks of neurotransmitters, which enable the brain to produce and transmit signals. Consuming adequate micronutrients may prevent and potentially help treat neurological diseases like Alzheimer's and Parkinson's Disease, according to research published in *Nutrients*. (39)

In the third COcoa Supplement and Multivitamin Outcomes Study (COSMOS), researchers looked at the effects on cognitive health in 573 participants who took a daily multivitamin containing 20+ micronutrients; study methods included close examination of all participants through direct visits. In conjunction with the research, a meta-analysis of more than 5,000 individuals was also conducted across three cognition studies within the trial. (40)

The findings showed adults taking the multivitamin supplement exhibited a statistically significant reduction in memory loss and cognitive aging compared to those on a placebo.

The mineral manganese is essential for proper utilization of the neurotransmitter acetylcholine, which transmits signals from the brain to cells throughout the body. Acetylcholine is a neurotransmitter that plays a role in memory, learning, attention, and arousal.

The minerals selenium, copper, and zinc help reduce elevated homocysteine levels associated with cognitive impairment. (41-43) High levels of this homocysteine have been linked to vascular damage, reduced blood flow to the brain, and heightened susceptibility to neurodegenerative disorders. Vitamins A, B, C, D, and E can also help prevent high homocysteine levels, according to the study.

Micronutrient deficiency is associated with increased Parkinson's disease risk, according to the research. For example, low vitamin B6 (Riboflavin) levels have been linked to a high risk for the disease. Additionally, Parkinson's patients with impaired sense of smell had low dietary vitamin B1 (thiamine) and folate intake for about two years before symptom onset.

For more information on vitamins and nutraceuticals, please refer to the [Tools and Guides](#) section of the FLCCC website and, specifically, the FLCCC [From A to Zinc Nutrient Guide](#).

## **B vitamins**

The eight types of B vitamins include Vitamin B1 (thiamin), Vitamin B2 (riboflavin), Vitamin B3 (niacin), B5 (pantothenic acid), B6 (pyridoxine), B7 (biotin), B9 (folate), and B12 (cobalamin). (44) While the B vitamins all have a similar molecular structure, they each have very different roles within the body.

B-complex vitamins will supply at least 100% of the daily value for each B vitamins needed (*niacin, folate and riboflavin*) to fuel the mitochondria.

Riboflavin ameliorates oxidative stress, mitochondrial dysfunction, neuroinflammation and glutamate excitotoxicity, all of which take part in the pathogenesis of Parkinson's disease, migraine headaches, and other neurological disorders. (45, 46, 47)

Follow dosage recommendations for the particular product you are using.

Note: Vitamins such as B vitamins need to be converted in the body into their active or methylated form to be used. Depending on one's genetics (e.g., presence or absence of MTHFR mutation) there can be great benefit from a methylated option of B vitamins.

## **Resveratrol**

Resveratrol (500-1000 mg daily) increases cerebral blood flow, boosts BDNF, protects mitochondria, and prevents the release of toxic glutamate during a stroke. Resveratrol is associated with the removal of  $\beta$ -amyloid peptides from the Alzheimer's brain and neurons. It increases nitric oxide bioavailability and thereby facilitates the endothelium-dependent vasodilatation necessary for adequate cerebral perfusion. (48-51)

## **Omega-3 fatty acids**

Omega-3 fatty acids promote cognition, neuronal preservation, protection against neurodegeneration, and synaptic plasticity. It is needed to help make cell membranes and upregulates autophagy. Omega-3s also enhance the glymphatic system. (52-55)

A combination of EPA/DHA with an initial dose of 1 g/day (combined EPA and DHA) and increasing up to 4 g/day (of the active omega-3 fatty acids) is recommended. (52-55)

## **Methylene Blue**

Methylene Blue helps lower neuroinflammation, supports mitochondria, upregulates autophagy, restores important neurotransmitters like acetylcholine and serotonin, and has been shown to help reduce prions. It is also able to help spike-infected cells remove spike protein by degrading and recycling cellular and mitochondrial materials. (56-59)

Refer to the [FLCCC I-RECOVER: Post-vaccine syndrome](#) guide for detailed information on sourcing, dosing, and mixing methylene blue, as well as important safety precautions and contraindications. Note that the optimal dose is highly individualized to each patient.

## **Melatonin**

This multifunctional molecule has been shown to have antioxidant, anti-inflammatory, and immunomodulatory properties. It also has antithrombotic effects and can upregulate autophagy. (60-62) In a study published in NeuroReport, melatonin promoted long-term memory by modulating protein phosphorylation. (60)

As we age, our melatonin levels decrease. Low melatonin levels are associated with an acceleration of biological aging. (63) Normal brain aging is linked to cellular senescence, in which aging cells linger in the body, causing accelerated free-radical, or oxidative, damage.

The neuroprotective effects of melatonin can be attributed to many factors. It easily crosses the blood-brain barrier. It appears to cushion the brain from the effects of “stress” hormones such as epinephrine, cortisol, and norepinephrine, which can impair memory. It also increases levels of a protein known as a brain-derived neurotrophic factor (BDNF), which increases the formation of neurons. (64)

Take 1-5 mg, ideally of a slow-release formulation, before bedtime. Increase as tolerated. Patients who are slow metabolizers may have very unpleasant and vivid dreams with higher doses.

## **Berberine**

Berberine raises neurotransmitters in the brain like acetylcholine, norepinephrine, and serotonin. Berberine downregulates four enzymes (monoamine oxidase A, monoamine oxidase B, acetylcholinesterase, and butyrylcholinesterase) that play key roles in the development of Alzheimer’s disease. (65-74)

Dose is usually 500-1500 mg daily.

## **Green Tea/EGCG**

EGCG, a type of polyphenol antioxidant found in a variety of tea leaves including green tea, can prevent or delay the amyloidogenic process. There is evidence for EGCG’s ability to inhibit the aggregation of  $\alpha$ -synuclein, amyloid- $\beta$ , and huntingtin proteins, respectively associated with Parkinson’s, Alzheimer’s, and Huntington’s diseases. EGCG also has anti-platelet effects, which can prevent micro-clotting. (75, 76)

Suggested dosing is 500-1000 mg daily.

## **Luteolin**

Luteolin is a flavonoid that is more potent than quercetin and can enter the brain. It has neuroprotective properties and, according to a 2012 research publication, has antioxidant, anti-inflammatory, anti-allergy, and neuroprotective properties. (77)

## **N-acetyl cysteine (NAC)**

NAC comes from the amino acid L-cysteine and is a powerful antioxidant. NAC can also increase levels of glutathione, which is vital in cellular antioxidant pathways. Glutathione levels in the brain decline as we

age and decline further in patients with neurodegenerative disease. (81) NAC easily crosses the blood-brain barrier, can help modulate glutamate, can boost neurogenesis, and is neuroprotective. NAC's ability to replenish glutathione and regulate brain glutamate levels can boost brain health. The neurotransmitter glutamate is involved in a broad range of learning, behavior, and memory functions, while the antioxidant glutathione helps reduce brain cell oxidative damage associated with aging.

Recommended dose of NAC is 600-1200 mg daily.

#### ***More on GABA, glutamate, and brain health:***

GABA is synthesized from glutamate via the enzyme glutamic acid decarboxylase. GABA and glutamate operate as "on" and "off" switches. They operate in opposing ways. GABA is the brain's primary inhibitory neurotransmitter, preventing chemical messages from traveling from nerve cell to nerve cell. Glutamate, on the other hand, is the primary excitatory neurotransmitter in the brain, allowing chemical messages to be transmitted from nerve cell to neuron cell. (79, 80)

To have a fully functioning brain, a delicate equilibrium must be maintained between GABA's inhibitory and glutamate's excitatory actions. (79, 80) A disturbance in the excitatory/inhibitory balance, can cause faulty signaling, which can result in reduced cognitive and motor performance or neurological disorders/diseases, in some cases, significant neuronal injury. (80) GABA also interacts with another neurotransmitter, serotonin. In fact, numerous neurotransmitters interact with and against one another, and a specific relationship must be maintained for the body and brain to function effectively. (79, 80)

#### **CDP Choline**

CDP choline is a naturally occurring choline source for the synthesis of acetylcholine. CDP choline enhances the release of dopamine, norepinephrine, and serotonin in the brain. CDP choline provides uridine once it enters in the brain. Uridine repairs, rebuilds, and re-supplies the components needed for neuron repair to keep signaling between neurons optimized for memory, learning, cognition, and recall.

CDP choline also increases Adenosine triphosphate (ATP) in brain cells. There is evidence that CDP choline may be neuroprotective. (82-84)

Recommended dose is 250-500 mg twice daily, but daily doses up to 2000 mg have been used.

#### **Fisetin**

Fisetin has been shown in preclinical models to be effective at preventing the development and/or progression of multiple neurological disorders including Alzheimer's disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, stroke (both ischemic and hemorrhagic) and traumatic brain injury, as well as to reduce age-associated changes in the brain. (85) Other research has found that fisetin supports the aging brain by inducing autophagy. (86)

The recommended dosage of fisetin varies depending on the individual's health status and the specific health goal. For general health maintenance, a daily dosage of 100-500 mg is often suggested. However, for those seeking to leverage fisetin's potential anti-ageing benefits, a higher dosage of up to 1000 mg per day may be recommended.

## **Nicotinamide adenine dinucleotide (NAD)**

Nicotinamide adenine dinucleotide (NAD) is an essential cofactor in all living cells and it is involved in fundamental biological processes. NAD levels decline with age, which has been linked to age-related conditions. NAD depletion has been associated with hallmarks of aging and may underlie a wide range of age-related diseases, such as metabolic disorders, cancer, and neurodegenerative diseases. (87, 88)

NAD-boosting precursors replenish this essential molecule, enabling the transfer of energy from the foods we eat to vital cell functions, especially in the brain. (89, 90)

Follow dosage instructions on package.

## **Vitamin D**

Low vitamin D affects astrocytes and the blood-brain barrier. Vitamin D deficiency is linked to brain volume loss. (91) Recommended Vitamin D blood levels are between 60 and 100 IU.

Vitamin D can inhibit TLR-4, which drives microglial activation. TLR4 is activated by spike protein. (92) A recent study found that vitamin D supplementation is linked to lower incidence of dementia (93) and may help clear amyloid. (94)

## **Taurine**

Taurine, which is critical for health brain function, reduces as we age, and supplementation has been shown to improve mitochondrial function and lifespan in animals. (95) Taurine may be the key to a longer healthier life. (95)

## **Magnesium Threonate**

Magnesium protects against high levels of glutamate excitotoxicity and helps to raise GABA, the calming neurotransmitter. Most people are deficient in magnesium, therefore supplementation is recommended in some form.

Its functions include helping with muscle and nerve function, regulating blood pressure, and supporting the immune system. Magnesium improves mitochondrial ATP synthesis, and thus provides greater ATP availability (energy source). It has been shown to be the activator of ATP synthesis.

Magnesium is not only a required cofactor but also an ATP chelate for all SAME methylations, which occur in the mitochondria. Numerous clinical studies have found that magnesium has beneficial effects in patients suffering from neuropathic pain.

## **Acetyl-L-carnitine (ALCAR)**

Acetyl-L-Carnitine (ALCAR) is a derivative of L-Carnitine, an amino acid naturally produced in the body. (96) ALCAR promotes memory and cognitive function and mitochondrial support, and can stimulate acetylcholine receptors in the brain. (97, 98)

## **Low dose Naltrexone (LDN)**

Naltrexone is an opiate receptor antagonist at doses of 50 mg, but at lower doses of 1-4.5 mg it appears to have unique immunomodulation activity. At these doses, it is known as LDN. LDN reduces the production of inflammatory cytokines.

LDN dosage varies from .5-4.5 mg daily. Begin with 1 mg daily and increase to 4.5 mg daily, as required. It may take 2 to 3 months to see the full effect.

## **Ashwagandha**

Ashwagandha likely enhances GABA receptors (the receptors that calm your anxiety response) and boosts serotonin in the brain, inhibiting an overactive fight-or-flight reaction. (99, 100) It works as an antioxidant, an anti-inflammatory, blocks A $\beta$  production, inhibits neural cell death, promotes dendrite extension, neurite outgrowth and restores synaptic function, neural regeneration, reverses mitochondrial dysfunction, improves auditory–verbal working memory, executive function, processing speed, and cognition in patients. A recent study published in the journal Cytokine found that an isolated extract from ashwagandha improved cognitive skill, and reduced inflammation. Ashwagandha can also be helpful for adrenal fatigue. (99, 100)

Recommended dose is 500-1000 mg daily with food. (99)

## **Lion's Mane**

Lion's Mane is an ancient Chinese medicinal mushroom. It has proven neuroprotective qualities, an ability to stimulate the production of nerve growth factor (NGF), and potential for cognitive enhancement and relief of depression and anxiety. NGF is a specific type of brain protein that plays an essential role in brain plasticity, learning, and memory and it may help reduce amyloid. (101, 102))

Other benefits of lion's mane may include: (103)

- antioxidant and anti-inflammatory properties
- supporting immune function
- relieving anxiety and depression
- lowering cholesterol
- cancer prevention or treatment
- controlling blood sugar
- cognitive benefits

Recommended dose is 500 to 3000 mg daily.

## **Lithium Orotate**

The accumulating evidence from epidemiological and cellular investigations suggests that lithium is an essential trace element for optimal brain function. (104) Lithium appears to be neuroprotective, but insufficient lithium consumption (particularly in sensitive individuals) may predispose to and/or exacerbate a variety of mental and neurological diseases. (105) Lithium regulates the function of



glutamate, dopamine, serotonin, gamma-aminobutyric acid, acetylcholine, and glycine. (106) Lithium inhibits the activity of glycogen synthase kinases (GSK3), associated with cell proliferation, metabolism, inflammation, and apoptosis. Furthermore, lithium increases the expression of protective substances such as the brain-derived neurotrophic factor (BDNF) and its receptor. Lithium can resynchronize circadian cycles by altering clock gene expression. Lithium therapy has been proven to improve gray matter density as well as the size of the amygdala and hippocampus. Lithium has also been shown to boost the development of brain stem cells and protect against the effects of oxidative stress. (106, 107)

Lithium carbonate has been used for decades to treat bipolar depression. Lithium carbonate has a very narrow therapeutic index and a large spectrum of adverse effects, therefore its application is limited. (108) Lithium orotate (LO) has a broad therapeutic index and is linked with little toxicity even at high doses. Due to variations in pharmacokinetics, LO is more effective with fewer side effects than lithium carbonate. (109, 110) Orotic acid is a mineral transporter that easily transports inorganic ions like lithium, magnesium, and calcium across biological membranes. (109, 110)

It has been shown that microdose lithium (300 ug LO) can stabilize cognitive deterioration in Alzheimer's patients. (111) Long-term low-dose lithium exposure appears to exert antiaging properties and unambiguously reduces mortality in evolutionary diverse animals. (112) There are no established guidelines for the daily dose of LO. However, the standard dose prescribed by alternative health practitioners is a dose equivalent to 5 mg of elemental lithium. (105) The dosage of LO (elemental lithium) can be increased to 10-15 mg per day. Given the extended half-life of LO, it is recommended to administer it once daily. (109, 110)

## Other interventions to improve brain health

### Address vascular issues

These may include cerebral blood flow and micro-clotting in long COVID and long vax (post-vaccine injury). See the FLCCC I-RECOVER guide for more information.

### Retrain or stimulate vagal nerve

Stimulating the vagal nerve can inhibit inflammation, promote neuroprotection, help maintain the integrity of the blood-brain barrier, and have multisystemic modulatory effects. It can even transmit signals from the gut flora to the brain. Vagal nerve stimulation helps the body switch back and forth between flight-or-fight response and a more relaxed, parasympathetic mode. (113) Stress or age can cause the vagal nerve to lose its ability to switch back to parasympathetic mode. (113) This dysfunction can lead to many different chronic health issues. (113)

Vagal function can also be restored through grounding and mindfulness, as well self-biofeedback such as breathwork, meditation, yoga, singing, humming, or listening to music. Research also shows that cold-water immersion may help with stress by slowing the heart rate and directing blood flow to the brain. Try placing an ice pack on your face or neck or taking a cold shower. (114, 115)

### Neuroplasticity training

Neuroplastic healing is truly one of the life-changing breakthroughs of modern science. It involves the reshaping of our brain's neural connections as we learn and grow. By allowing us to rewire our brains — structurally and functionally — neuroplasticity allows us to return to a healthy state with subsequent effects on our bodies. (116) Neuroplasticity allows us to replace old negative neural pathways with new positive ones. (117)

There are many benefits of brain neuroplasticity. Allowing your brain to adapt and change helps promote the ability to learn new things. (118) Some ways to encourage neuroplasticity:

- Exercise
- Hiking
- Hyperbaric oxygen therapy
- Handwriting (The intricate movements involved in handwriting activate more regions of the brain associated with learning than typing does.) (119).
- Reading, listening to music, dance, or learning a new language.
- Travel (120)
- Having a pet (121)
- Continuous learning (122)
- Gratitude (123, 124) (Try keeping a daily gratitude journal, listening to positive affirmations, and offering gratitude to others. (i.e., "I am grateful for your help."))

## **Mindfulness and meditation**

Mindfulness meditation can help reduce stress (and thus brain fog) by focusing attention on the present moment. It teaches how to observe the fluctuations of the mind without emotionally engaging in them, which can help to step back from powerful emotions like anxiety and stress. It teaches how to observe the world “as it is”, resulting in a calmer, less reactive headspace overall — and a less foggy one. (125)

Meditation has been shown to lower serum levels of A $\beta$ 40, which implies increased autophagy in brain nerve cells and a reduced risk of dementia. It has been discovered that the gray matter volume of the meditators did not shrink with age, but even increase, suggesting that meditation reverses the aging of, and damage to, the brain. (126)

In one 2016 study, 64 healthy women were followed, half of whom were given a vacation, while the other half meditated. (127) After one week, researchers found that the meditators had significantly lower serum levels of A $\beta$ 40 (a 40-amino-acid proteolytic product from the amyloid precursor protein), which implies the potential effects of meditation in reducing amyloid-like substances. (127) A 2017 review published in the journal *Frontiers in Immunology* found that meditation and other mind-body interventions can actually “reverse” the molecular reactions in our DNA that cause illness. (128, 129)

Dr. Dharma Singh Khalsa and Dr. Andrew Newberg found that a specific kind of meditation, known as Kirtan Kiyra, is a crucial component in the development of enhanced cognition and well-being. (130) Kirtan Kirya impacts the frontal lobes that regulate emotional responses and the thalamus, which helps regulate information flow in the nervous system. This may help prevent and reverse cognitive decline. (130) Another study published in the *Journal of Alzheimer’s Disease* found that Kirtan Kirya meditation not only improved memory, cognitive function, quality of life, sleep, stress, and mood, but also affected the blood biomarker of Beta-amyloid 40 that is linked as a potential predictor of Alzheimer’s disease. (131, 132)

## **Breath Work**

One study found that diaphragmatic breathing (another term for deep, belly breathing) lowered cortisol levels and improved attention and mood, while a control group saw no effects.

Breathing exercises or breathwork is another practice backed by research for its benefits on cognitive function. “We know the sympathetic [fight-or-flight] and parasympathetic systems [rest-and-digest] influence the production and clearance of Alzheimer’s related peptides and proteins,” said USC Leonard Davis School of Gerontology Professor Mara Mather in an article by the University of Southern California on breathing exercises and Alzheimer’s risk. (133)

Deep and slow breathing improved all measurements of retention and attention, working memory, and spatial perception in participants aged 65 and older according to a study published just last year. (134) Another study found that daily breathing exercises may help release peptides in the bloodstream, which could lower the risk of Alzheimer’s disease according to this study. (135, 136)

To practice deep belly breathing, inhale through your nose and exhale through either your mouth or nose (whichever is more comfortable for you). Place a hand on your belly and inhale so that it expands like a balloon. On your exhale, let your belly contract fully. Over time, try to lengthen your exhalation; the slower the exhalation, the more you will stimulate the vagus nerve. (137)

## Photobiomodulation

Photobiomodulation (PBM) is defined as the use of light energy to trigger photochemical changes within cellular structures (mitochondria) that are receptive to red and near infrared (NIR) light. The mitochondria produce cellular energy by producing a molecule called adenosine triphosphate (ATP). The energy from ATP enables us to carry out all physiological activities and provides energy to the brain cells. In addition, application of light energy leads to greater blood flow to the brain – allowing delivery of nutrients and removal of waste products. This is a new way of ‘charging’ the brain and now research is starting to show significant benefit of this therapy for brain health. (138)

Recent research has investigated the potential of PBM to enhance cognitive function, and one promising approach involves using gamma light flicker. An investigation, featured in the journal *Neuron*, has shown that boosting gamma oscillations can improve the connection between nerve cells, reduce inflammation, and preserve against cell death in mouse models of Alzheimer’s. (139, 140) Researchers believe this therapy potentially activates cells in the brain to eliminate beta-amyloid plaques that are common in Alzheimer’s disease.

## Nutrition

The Western diet, characterized by its high intake of processed and unhealthy foods, can have a significant adverse impact on gut health and therefore on brain health. Here’s a list of common components of the Western diet that are detrimental to the gut microbiome:

- **Processed and Packaged Foods:** Often high in additives, preservatives, and artificial ingredients that can disrupt the balance of gut bacteria.
- **High Sugar Intake:** Excessive sugar, especially high-fructose corn syrup, can lead to an overgrowth of harmful bacteria and yeast in the gut, disrupting the microbiome balance.
- **Refined Carbohydrates:** Foods like white bread, pastries, and other processed grains are quickly digested, leading to rapid spikes in blood sugar and feeding undesirable bacteria in the gut.
- **Trans Fats and Hydrogenated Oils:** Found in many processed and fried foods, trans fats can promote inflammation and negatively impact gut health.
- **Processed Meats:** High consumption of red meat, especially processed meats like sausages, bacon, and deli meats, is associated with an increased risk of colon cancer and may negatively impact gut flora.
- **Artificial Sweeteners:** Some studies suggest that artificial sweeteners like aspartame, sucralose, and saccharin may disrupt the gut microbiome and potentially lead to glucose intolerance.
- **Excessive Alcohol Consumption:** While moderate alcohol consumption might have some health benefits, excessive drinking can damage the gut lining, alter the gut microbiome, and impair liver function, which is closely linked to gut health.
- **Fast Food:** Typically high in calories, fat, and sodium but low in fiber and nutrients, fast food can contribute to poor gut health.
- **Low Fiber Intake:** The Western diet is often low in fiber, which is essential for a healthy gut. Fiber feeds beneficial gut bacteria and is crucial for regular bowel movements.
- **Saturated Fats:** High levels of saturated fats, found in many fast foods and processed products, can contribute to inflammation and an imbalance in gut bacteria.

## Diet for a Healthy Microbiome

- Whole, Fiber-Rich Foods:
  - High-fiber foods like fruits, vegetables, legumes, and whole grains are crucial for a healthy gut.
  - Fiber serves as a prebiotic, providing nourishment for beneficial gut bacteria and promoting their growth.
  - A diet rich in fiber can also help prevent constipation and maintain regular bowel movements.
- Anti-Inflammatory Diet:
  - Focus on foods that reduce inflammation in the body, such as leafy greens, berries, nuts, and seeds.
  - Incorporate omega-3 fatty acids found in fish like salmon, mackerel, and sardines.
  - Include spices known for their anti-inflammatory properties like turmeric and ginger.
- Variety of Vegetables and Fruits:
  - Aim for a colorful array of vegetables and fruits, as different colors often indicate various beneficial nutrients and antioxidants.
  - The variety ensures a diverse range of fibers and nutrients, supporting different types of beneficial gut bacteria.
- Lean Proteins:
  - Choose lean protein sources like poultry, fish, tofu, and legumes.
  - Reducing red meat and processed meats can also be beneficial for gut health.
- Healthy Fats:
  - Include healthy fats such as avocados, olive oil, nuts, and seeds. These fats are not only good for overall health but also help in the absorption of fat-soluble vitamins.
- Fermented Foods:
  - Fermented foods like yogurt, kefir, sauerkraut, kimchi, and kombucha are rich in probiotics, which can enhance the gut microbiome.
- Prebiotic Foods:
  - Foods like garlic, onions, leeks, asparagus, and bananas are excellent prebiotics.
  - Prebiotics provide the necessary fuel for beneficial bacteria to thrive in the gut.

## REFERENCES

1. Shanley JE, Valenciano AF, Timmons G, Miner AE, Kakarla V, Rempe T, et al. Longitudinal evaluation of neurologic-post acute sequelae SARS-CoV-2 infection symptoms. *Annals of Clinical and Translational Neurology*. 2022;9(7):995-1010.
2. React19. React19 Research: Persistent Symptoms Survey #2. 2024.
3. Zhao S, Martin EM, Reuken PA, Scholcz A, Ganse-Dumrath A, Srowig A, et al. Long COVID is associated with severe cognitive slowing: a multicentre cross-sectional study. *eClinicalMedicine*. 2024;68:102434.
4. Galderisi S, Perrottelli A, Giuliani L, Pisaturo MA, Monteleone P, Pagliano P, et al. Cognitive impairment after recovery from COVID-19: Frequency, profile, and relationships with clinical and laboratory indices. *European Neuropsychopharmacology*. 2024;79:22-31.
5. FLCCC. Recovery Protocols. 2024.
6. Li H, Li S, Yang H, Zhang Y, Zhang S, Ma Y, et al. Association of Ultraprocessed Food Consumption With Risk of Dementia. *Neurology*. 2022;99(10):e1056-e66.
7. Neurology AAo. Eating Ultra-Processed Foods May Increase Risk of Dementia. *Nutrition*; 2023.
8. Jackson JR, Eaton WW, Cascella NG, Fasano A, Kelly DL. Neurologic and psychiatric manifestations of celiac disease and gluten sensitivity. *Psychiatr Q*. 2012;83(1):91-102.
9. Rizwan MZ, Kerbus R, Kamstra K, Keerthisinghe P, Tups A. Dietary wheat gluten induces astro- and microgliosis in the hypothalamus of male mice. *Journal of Neuroendocrinology*. 2023;35(8).
10. FLCCC. Tools & Guides: FLCCC's Complete Guide to Intermittent Fasting. 2023.
11. Kowiański P, Lietzau G, Czuba E, Waśkow M, Steliga A, Moryś J. BDNF: A Key Factor with Multipotent Impact on Brain Signaling and Synaptic Plasticity. *Cellular and Molecular Neurobiology*. 2018;38(3):579-93.
12. Hu B, Nikolakopoulou AM, Cohen-Cory S. BDNF stabilizes synapses and maintains the structural complexity of optic axons in vivo. *Development*. 2005;132(19):4285-98.
13. Bekinschtein P, Cammarota M, Katche C, Slipczuk L, Rossato JI, Goldin A, et al. BDNF is essential to promote persistence of long-term memory storage. *Proceedings of the National Academy of Sciences*. 2008;105(7):2711-6.
14. Numakawa T, Odaka H, Adachi N. Actions of Brain-Derived Neurotrophic Factor and Glucocorticoid Stress in Neurogenesis. *International Journal of Molecular Sciences*. 2017;18(11):2312.
15. Kurajoh M, Kadoya M, Morimoto A, Miyoshi A, Kanzaki A, Kakutani-Hatayama M, et al. Plasma brain-derived neurotrophic factor concentration is a predictor of chronic kidney disease in patients with cardiovascular risk factors – Hyogo Sleep Cardio-Autonomic Atherosclerosis study. *PLOS ONE*. 2017;12(6):e0178686.
16. Mandel AL, Ozdener H, Utermohlen V. BRAIN-DERIVED NEUROTROPHIC FACTOR IN HUMAN SALIVA: ELISA OPTIMIZATION AND BIOLOGICAL CORRELATES. *Journal of Immunoassay and Immunochemistry*. 2011;32(1):18-30.

17. Miranda M, Morici JF, Zanoni MB, Bekinschtein P. Brain-Derived Neurotrophic Factor: A Key Molecule for Memory in the Healthy and the Pathological Brain. *Frontiers in Cellular Neuroscience*. 2019;13.
18. Björkholm C, Monteggia LM. BDNF – a key transducer of antidepressant effects. *Neuropharmacology*. 2016;102:72-9.
19. Ferreira FF, Ribeiro FF, Rodrigues RS, Sebastião AM, Xapelli S. Brain-Derived Neurotrophic Factor (BDNF) Role in Cannabinoid-Mediated Neurogenesis. *Frontiers in Cellular Neuroscience*. 2018;12.
20. Gorka SM, Teppen T, Radoman M, Phan KL, Pandey SC. Human Plasma BDNF Is Associated With Amygdala-Prefrontal Cortex Functional Connectivity and Problem Drinking Behaviors. *Int J Neuropsychopharmacol*. 2020;23(1):1-11.
21. Ng T, Ho C, Tam W, Kua E, Ho R. Decreased Serum Brain-Derived Neurotrophic Factor (BDNF) Levels in Patients with Alzheimer’s Disease (AD): A Systematic Review and Meta-Analysis. *International Journal of Molecular Sciences*. 2019;20(2):257.
22. Budni J, Bellettini-Santos T, Mina F, Garcez ML, Zugno AI. The involvement of BDNF, NGF and GDNF in aging and Alzheimer's disease. *Aging Dis*. 2015;6(5):331-41.
23. Nagahara AH, Tuszynski MH. Potential therapeutic uses of BDNF in neurological and psychiatric disorders. *Nature Reviews Drug Discovery*. 2011;10(3):209-19.
24. Weinstein G, Beiser AS, Choi SH, Preis SR, Chen TC, Vorges D, et al. Serum brain-derived neurotrophic factor and the risk for dementia: the Framingham Heart Study. *JAMA Neurol*. 2014;71(1):55-61.
25. Bathina S, Das UN. Brain-derived neurotrophic factor and its clinical implications. *Arch Med Sci*. 2015;11(6):1164-78.
26. Del Pozo Cruz B, Ahmadi M, Naismith SL, Stamatakis E. Association of Daily Step Count and Intensity With Incident Dementia in 78 430 Adults Living in the UK. *JAMA Neurology*. 2022;79(10):1059.
27. Miller K. Strength Training for 30 Minutes a Week Could Help You Live Longer. *Prevention/ Health*. 2022.
28. Erickson KI, Voss MW, Prakash RS, Basak C, Szabo A, Chaddock L, et al. Exercise training increases size of hippocampus and improves memory. *Proceedings of the National Academy of Sciences*. 2011;108(7):3017-22.
29. Lackey NQ, Tysor DA, McNay GD, Joyner L, Baker KH, Hodge C. Mental health benefits of nature-based recreation: a systematic review. *Annals of Leisure Research*. 2021;24(3):379-93.
30. Le Guen Y, Luo G, Ambati A, Damotte V, Jansen I, Yu E, et al. Multiancestry analysis of the HLA locus in Alzheimer’s and Parkinson’s diseases uncovers a shared adaptive immune response mediated by HLA-DRB1\*04 subtypes. *Proceedings of the National Academy of Sciences*. 2023;120(36).
31. (ANA) ANA. Sleep Plays a Major Role in Neurological Disorders: Getting Good Sleep May Help Reduce Risk. *ANA Sleep Symposium*; 2023.
32. Hoang HTX, Yeung WF, Truong QTM, Le CT, Bui ATM, Bui QV, et al. Sleep quality among non-hospitalized COVID-19 survivors: a national cross-sectional study. *Frontiers in Public Health*. 2024;11.

33. Bhat S, Pinto-Zipp G, Upadhyay H, Polos PG. "To sleep, perchance to tweet": in-bed electronic social media use and its associations with insomnia, daytime sleepiness, mood, and sleep duration in adults. *Sleep Health*. 2018;4(2):166-73.
34. Today MN. How hearing loss could contribute to dementia by affecting the brain. In: Berman R, ed; 2023.
35. He M, Ru T, Li S, Li Y, Zhou G. Shine light on sleep: Morning bright light improves nocturnal sleep and next morning alertness among college students. *Journal of Sleep Research*. 2023;32(2):e13724.
36. Echouffo-Tcheugui JB, Conner SC, Himali JJ, Maillard P, DeCarli CS, Beiser AS, et al. Circulating cortisol and cognitive and structural brain measures. *Neurology*. 2018;91(21):e1961-e70.
37. Meyeroff W. Coping With Loneliness. Epoch Health. 2023.
38. Milner C. The Impact of Loneliness. Epoch Health. 2022.
39. Lahoda Brodská H, Klempir J, Zavora J, Kohout P. The Role of Micronutrients in Neurological Disorders. *Nutrients*. 2023;15(19):4129.
40. Vyas CM, Manson JE, Sesso HD, Cook NR, Rist PM, Weinberg A, et al. Effect of multivitamin-mineral supplementation versus placebo on cognitive function: results from the clinic subcohort of the COcoa Supplement and Multivitamin Outcomes Study (COSMOS) randomized clinical trial and meta-analysis of 3 cognitive studies within COSMOS. *The American Journal of Clinical Nutrition*. 2024;119(3):692-701.
41. Ren H, Mu J, Ma J, Gong J, Li J, Wang J, et al. Selenium Inhibits Homocysteine-Induced Endothelial Dysfunction and Apoptosis via Activation of AKT. *Cellular Physiology and Biochemistry*. 2016;38(3):871-82.
42. Hughes WM, Rodriguez WE, Rosenberger D, Chen J, Sen U, Tyagi N, et al. Role of Copper and Homocysteine in Pressure Overload Heart Failure. *Cardiovascular Toxicology*. 2008;8(3):137-44.
43. Jing M, Rech L, Wu Y, Goltz D, Taylor CG, House JD. Effects of zinc deficiency and zinc supplementation on homocysteine levels and related enzyme expression in rats. *Journal of Trace Elements in Medicine and Biology*. 2015;30:77-82.
44. Berry J. A complete guide to B vitamins. *Medical News Today*. 2024.
45. Marshly ET, Bohlega SA. Riboflavin Has Neuroprotective Potential: Focus on Parkinson's Disease and Migraine. *Frontiers in Neurology*. 2017;8.
46. Mauskop A, Altura BM. Role of magnesium in the pathogenesis and treatment of migraines. *Clinical neuroscience (New York, N.Y.)*. 1998;5(1):24-7.
47. Mazza GR, Solorio C, Stek A, Kalayjian L, Gordon BJ. Assessing the efficacy of magnesium oxide and riboflavin as preventative treatment of migraines in pregnancy. *American Journal of Obstetrics and Gynecology*. 2022;226(1):S689.
48. Wang D, Li S-P, Fu J-S, Zhang S, Bai L, Guo L. Resveratrol defends blood-brain barrier integrity in experimental autoimmune encephalomyelitis mice. *Journal of Neurophysiology*. 2016;116(5):2173-9.
49. Kou X, Chen N. Resveratrol as a Natural Autophagy Regulator for Prevention and Treatment of Alzheimer's Disease. *Nutrients*. 2017;9(9):927.



50. Evans H, Howe P, Wong R. Effects of Resveratrol on Cognitive Performance, Mood and Cerebrovascular Function in Post-Menopausal Women; A 14-Week Randomised Placebo-Controlled Intervention Trial. *Nutrients*. 2017;9(1):27.
51. Thaug Zaw JJ, Howe PRC, Wong RHX. Long-term effects of resveratrol on cognition, cerebrovascular function and cardio-metabolic markers in postmenopausal women: A 24-month randomised, double-blind, placebo-controlled, crossover study. *Clinical Nutrition*. 2021;40(3):820-9.
52. Freund-Levi Y, Eriksdotter-Jönhagen M, Cederholm T, Basun H, Faxén-Irving G, Garlind A, et al.  $\omega$ -3 Fatty Acid Treatment in 174 Patients With Mild to Moderate Alzheimer Disease: OmegAD Study: A Randomized Double-blind Trial. *Archives of Neurology*. 2006;63(10):1402-8.
53. AlAmmar WA, Albeesh FH, Ibrahim LM, Algindan YY, Yamani LZ, Khattab RY. Effect of omega-3 fatty acids and fish oil supplementation on multiple sclerosis: a systematic review. *Nutritional Neuroscience*. 2021;24(7):569-79.
54. Watts E. Omega-3 may provide a brain boost for people in midlife. *Medical News Today*; 2022.
55. Pearson K. How Omega-3 Fish Oil Affects Your Brain and Mental Health. *halthline*. 2023.
56. Jiang Z, Watts LT, Huang S, Shen Q, Rodriguez P, Chen C, et al. The Effects of Methylene Blue on Autophagy and Apoptosis in MRI-Defined Normal Tissue, Ischemic Penumbra and Ischemic Core. *PLOS ONE*. 2015;10(6):e0131929.
57. Di Y, He Y-L, Zhao T, Huang X, Wu K-W, Liu S-H, et al. Methylene Blue Reduces Acute Cerebral Ischemic Injury via the Induction of Mitophagy. *Molecular Medicine*. 2015;21(1):420-9.
58. Lee BI, Suh YS, Chung YJ, Yu K, Park CB. Shedding Light on Alzheimer's  $\beta$ -Amyloidosis: Photosensitized Methylene Blue Inhibits Self-Assembly of  $\beta$ -Amyloid Peptides and Disintegrates Their Aggregates. *Scientific Reports*. 2017;7(1).
59. Tucker D, Lu Y, Zhang Q. From Mitochondrial Function to Neuroprotection—an Emerging Role for Methylene Blue. *Molecular Neurobiology*. 2018;55(6):5137-53.
60. Gunata M, Parlakpınar H, Acet HA. Melatonin: A review of its potential functions and effects on neurological diseases. *Revue Neurologique*. 2020;176(3):148-65.
61. Vincent B. Protective roles of melatonin against the amyloid-dependent development of Alzheimer's disease: A critical review. *Pharmacological Research*. 2018;134:223-37.
62. Lee JG, Woo YS, Park SW, Seog D-H, Seo MK, Bahk W-M. The Neuroprotective Effects of Melatonin: Possible Role in the Pathophysiology of Neuropsychiatric Disease. *Brain Sciences*. 2019;9(10):285.
63. Sharma M, Palacios-Bois J, Schwartz G, Iskandar H, Thakur M, Quirion R, Nair NPV. Circadian rhythms of melatonin and cortisol in aging. *Biological Psychiatry*. 1989;25(3):305-19.
64. Sano M, Iwashita H, Suzuki C, Kawaguchi M, Chiba A. Effects of melatonin on phosphorylation of memory-related proteins in the hippocampus and the perirhinal cortex in male mice. *NeuroReport*. 2023;34(9):457-62.
65. Shen J-d, Ma L-g, Hu C-y, Pei Y-y, Jin S-l, Fang X-y, Li Y-c. Berberine up-regulates the BDNF expression in hippocampus and attenuates corticosterone-induced depressive-like behavior in mice. *Neuroscience Letters*. 2016;614:77-82.

66. Sutherland L. Berberine and Neurological Health. *Restorative Medicine Digest*. 2023;1(1).
67. Huang M, Jiang X, Liang Y, Liu Q, Chen S, Guo Y. Berberine improves cognitive impairment by promoting autophagic clearance and inhibiting production of  $\beta$ -amyloid in APP/tau/PS1 mouse model of Alzheimer's disease. *Experimental Gerontology*. 2017;91:25-33.
68. Chen Y, Chen Y, Liang Y, Chen H, Ji X, Huang M. Berberine mitigates cognitive decline in an Alzheimer's Disease Mouse Model by targeting both tau hyperphosphorylation and autophagic clearance. *Biomedicine & Pharmacotherapy*. 2020;121:109670.
69. Shou J-W, Shaw P-C. Therapeutic Efficacies of Berberine against Neurological Disorders: An Update of Pharmacological Effects and Mechanisms. *Cells*. 2022;11(5):796.
70. Cheng Z, Kang C, Che S, Su J, Sun Q, Ge T, et al. Berberine: A Promising Treatment for Neurodegenerative Diseases. *Frontiers in Pharmacology*. 2022;13.
71. Qin Z, Shi D-D, Li W, Cheng D, Zhang Y-D, Zhang S, et al. Berberine ameliorates depression-like behaviors in mice via inhibiting NLRP3 inflammasome-mediated neuroinflammation and preventing neuroplasticity disruption. *Journal of Neuroinflammation*. 2023;20(1).
72. Ji H-F, Shen L. Berberine: A Potential Multipotent Natural Product to Combat Alzheimer's Disease. *Molecules*. 2011;16(8):6732-40.
73. Tavaf MJ, Soltanmohammadi A, Zargarani S, Yazdanpanah E, Sadighimoghaddam B, Yousefi B, et al. Berberine promotes immunological outcomes and decreases neuroinflammation in the experimental model of multiple sclerosis through the expansion of Treg and Th2 cells. *Immunity, Inflammation and Disease*. 2023;11(1).
74. Dadgostar E, Moghanlou M, Parvaresh M, Mohammadi S, Khandan M, Aschner M, et al. Can Berberine Serve as a New Therapy for Parkinson's Disease? *Neurotoxicity Research*. 2022;40(4):1096-102.
75. Wang Y, Wu S, Li Q, Lang W, Li W, Jiang X, et al. Epigallocatechin-3-gallate: A phytochemical as a promising drug candidate for the treatment of Parkinson's disease. *Frontiers in Pharmacology*. 2022;13.
76. Fernandes L, Cardim-Pires TR, Foguel D, Palhano FL. Green Tea Polyphenol Epigallocatechin-Gallate in Amyloid Aggregation and Neurodegenerative Diseases. *Frontiers in Neuroscience*. 2021;15.
77. Theoharides TC, Asadi S, Panagiotidou S. A Case Series of a Luteolin Formulation (Neuroprotek®) in Children with Autism Spectrum Disorders. *International Journal of Immunopathology and Pharmacology*. 2012;25(2):317-23.
78. Algot. NeuroProtek. 2024.
79. Clinic C. Gamma-Aminobutyric Acid (GABA). 2024.
80. Sears SM, Hewett SJ. Influence of glutamate and GABA transport on brain excitatory/inhibitory balance. *Experimental Biology and Medicine*. 2021;246(9):1069-83.
81. Gazda S. Is it time to bring NAC back as an approach in treating neurodegenerative disease? ; 2023.
82. Tomen D. CDP-Choline. 2021.
83. Secades JJ, Frontera G. CDP-choline: pharmacological and clinical review. *Methods Find Exp Clin Pharmacol*. 1995;17 Suppl B:1-54.

84. Hurtado O, Hernández-Jiménez M, Zarruk JG, Cuartero MI, Ballesteros I, Camarero G, et al. Citicoline (CDP-choline) increases Sirtuin1 expression concomitant to neuroprotection in experimental stroke. *Journal of Neurochemistry*. 2013;126(6):819-26.
85. Maher P. Preventing and Treating Neurological Disorders with the Flavonol Fisetin. *Brain Plasticity*. 2021;6(2):155-66.
86. Kim S, Choi KJ, Cho S-J, Yun S-M, Jeon J-P, Koh YH, et al. Fisetin stimulates autophagic degradation of phosphorylated tau via the activation of TFEB and Nrf2 transcription factors. *Scientific Reports*. 2016;6(1):24933.
87. Young RJ, Haque SS, Lyo JK. Chapter 10 - Metabolic Disorders. In: Law M, Som PM, Naidich TP, eds. *Problem Solving in Neuroradiology*. Philadelphia: W.B. Saunders; 2011:383-411.
88. Jones CM, Coleman S. Chapter 6 - Neurodegenerative Diseases. In: Emanuel LL, Librach SL, eds. *Palliative Care*. Philadelphia: W.B. Saunders; 2007:382-95.
89. Birkisdóttir MB, Van Galen I, Brandt RMC, Barnhoorn S, Van Vliet N, Van Dijk C, et al. Corrigendum: The use of progeroid DNA repair-deficient mice for assessing anti-aging compounds, illustrating the benefits of nicotinamide riboside. *Frontiers in Aging*. 2022;3.
90. Aman Y, Qiu Y, Tao J, Fang EF. Therapeutic potential of boosting NAD<sup>+</sup> in aging and age-related diseases. *Translational Medicine of Aging*. 2018;2:30-7.
91. Terock J, Bonk S, Frenzel S, Wittfeld K, Garvert L, Hosten N, et al. Vitamin D deficit is associated with accelerated brain aging in the general population. *Psychiatry Research: Neuroimaging*. 2022;327:111558.
92. Fontes-Dantas FL, Fernandes GG, Gutman EG, De Lima EV, Antonio LS, Hammerle MB, et al. SARS-CoV-2 Spike protein induces TLR4-mediated long-term cognitive dysfunction recapitulating post-COVID-19 syndrome in mice. *Cell Rep*. 2023;42(3):112189.
93. Ghahremani M, Smith EE, Chen HY, Creese B, Goodarzi Z, Ismail Z. Vitamin D supplementation and incident dementia: Effects of sex, APOE, and baseline cognitive status. *Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring*. 2023;15(1).
94. Patel P, Shah J. Role of Vitamin D in Amyloid clearance via LRP-1 upregulation in Alzheimer's disease: A potential therapeutic target? *Journal of Chemical Neuroanatomy*. 2017;85:36-42.
95. Singh P, Gollapalli K, Mangiola S, Schraner D, Yusuf MA, Chamoli M, et al. Taurine deficiency as a driver of aging. *Science*. 2023;380(6649):eabn9257.
96. Fallis J 2024;Pages<https://www.optimallivingdynamics.com/blog/the-best-amino-acid-for-depression-anxiety-and-pain-dlpa-phenylalanine-supplement-brain-mental-health-benefits-dosage-foods-buy-adhd-tyrosine-uses-opiate-addiction-withdrawal-dopa-mucuna>.
97. Inano A, Sai Y, Nikaido H, Hasimoto N, Asano M, Tsuji A, Tamai I. Acetyl-L-carnitine permeability across the blood-brain barrier and involvement of carnitine transporter OCTN2. *Biopharmaceutics & Drug Disposition*. 2003;24(8):357-65.
98. Hudson SA, Tabet N. Acetyl-L-carnitine for dementia. *Cochrane Database of Systematic Reviews*. 2003.
99. Douillard J 2021;Pages<https://lifspa.com/health-topics/brain/ashwagandha-ayurvedic-herb-alzheimers-dementia/>.

100. Gregory J, Vengalasetti YV, Bredesen DE, Rao RV. Neuroprotective Herbs for the Management of Alzheimer's Disease. *Biomolecules*. 2021;11(4):543.
101. Docherty S, Doughty FL, Smith EF. The Acute and Chronic Effects of Lion's Mane Mushroom Supplementation on Cognitive Function, Stress and Mood in Young Adults: A Double-Blind, Parallel Groups, Pilot Study. *Nutrients*. 2023;15(22):4842.
102. Li I-C, Lee L-Y, Tzeng T-T, Chen W-P, Chen Y-P, Shiao Y-J, Chen C-C. Neurohealth Properties of *Hericium erinaceus* Mycelia Enriched with Erinacines. *Behavioural Neurology*. 2018;2018:1-10.
103. Today MN. What are the benefits of lion's mane mushrooms? In: Leonard J, ed; 2018.
104. Carmassi C, Del Grande C, Gesi C, Musetti L, Dell'Osso L. A new look at an old drug: neuroprotective effects and therapeutic potentials of lithium salts. *Neuropsychiatric Disease and Treatment*. 2016;Volume 12:1687-703.
105. Devadason P. Is there a role for lithium orotate in psychiatry? *Aust N Z J Psychiatry*. 2018;52(12):1107-8.
106. Szklarska D, Rzymiski P. Is Lithium a Micronutrient? From Biological Activity and Epidemiological Observation to Food Fortification. *Biol Trace Elem Res*. 2019;189(1):18-27.
107. Marmol F. Lithium: bipolar disorder and neurodegenerative diseases Possible cellular mechanisms of the therapeutic effects of lithium. *Prog Neuropsychopharmacol Biol Psychiatry*. 2008;32(8):1761-71.
108. Young W. Review of lithium effects on brain and blood. *Cell Transplant*. 2009;18(9):951-75.
109. Pacholko AG, Bekar LK. Different pharmacokinetics of lithium orotate inform why it is more potent, effective, and less toxic than lithium carbonate in a mouse model of mania. *J Psychiatr Res*. 2023;164:192-201.
110. Pacholko AG, Bekar LK. Lithium orotate: A superior option for lithium therapy? *Brain Behav*. 2021;11(8):e2262.
111. Nunes MA, Viel TA, Buck HS. Microdose lithium treatment stabilized cognitive impairment in patients with Alzheimer's disease. *Curr Alzheimer Res*. 2013;10(1):104-7.
112. Zarse K, Terao T, Tian J, Iwata N, Ishii N, Ristow M. Low-dose lithium uptake promotes longevity in humans and metazoans. *Eur J Nutr*. 2011;50(5):387-9.
113. Jin Z, Dong J, Wang Y, Liu Y. Exploring the potential of vagus nerve stimulation in treating brain diseases: a review of immunologic benefits and neuroprotective efficacy. *European Journal of Medical Research*. 2023;28(1).
114. Jungmann M, Vencatachellum S, Van Ryckeghem D, Vögele C. Effects of Cold Stimulation on Cardiac-Vagal Activation in Healthy Participants: Randomized Controlled Trial. *JMIR Formative Research*. 2018;2(2):e10257.
115. Clinic C. Are Cold Showers Good for You? ; 2021.
116. Health E. Understand Your Feelings and How to Deal With Them. In: Garton J, ed; 2020.
117. Health E. The Neuroscience of Compassion. In: Bun S, ed; 2022.
118. verywellmind. How to Learn More Effectively. In: Cherry K, ed; 2023.
119. Van Der Weel FRR, Van Der Meer ALH. Handwriting but not typewriting leads to widespread brain connectivity: a high-density EEG study with implications for the classroom. *Frontiers in Psychology*. 2024;14.

120. brainHQ. Why travel is good for your brain. 2024.
121. brainHQ. The surprising health perks of having a pet. 2024.
122. Gazda S. Novelty as a neuroplasticity tool.; 2021.
123. Gazda S. Your brain on gratitude... more reasons to be grateful.; 2021.
124. Fox GR, Kaplan J, Damasio H, Damasio A. Neural correlates of gratitude. *Frontiers in Psychology*. 2015;6.
125. InsightTimer. Mindfulness Meditation. 2021.
126. Hölzel BK, Carmody J, Vangel M, Congleton C, Yerramsetti SM, Gard T, Lazar SW. Mindfulness practice leads to increases in regional brain gray matter density. *Psychiatry Research: Neuroimaging*. 2011;191(1):36-43.
127. Epel ES, Puterman E, Lin J, Blackburn EH, Lum PY, Beckmann ND, et al. Meditation and vacation effects have an impact on disease-associated molecular phenotypes. *Translational Psychiatry*. 2016;6(8):e880-e.
128. ScienceDaily. Meditation and yoga can ‘reverse’ DNA reactions which cause stress, new study suggested. 2017.
129. Buric I, Farias M, Jong J, Mee C, Brazil IA. What Is the Molecular Signature of Mind–Body Interventions? A Systematic Review of Gene Expression Changes Induced by Meditation and Related Practices. *Frontiers in Immunology*. 2017;8.
130. Khalsa DS, Newberg AB. Spiritual Fitness: A New Dimension in Alzheimer’s Disease Prevention. *Journal of Alzheimer's Disease*. 2021;80(2):505-19.
131. Today MN. A simple type of daily meditation may alter the course of Alzheimer’s. 2018.
132. Innes KE, Selfe TK, Brundage K, Montgomery C, Wen S, Kandati S, et al. Effects of Meditation and Music-Listening on Blood Biomarkers of Cellular Aging and Alzheimer’s Disease in Adults with Subjective Cognitive Decline: An Exploratory Randomized Clinical Trial. *Journal of Alzheimer's Disease*. 2018;66(3):947-70.
133. Gerontology ULDSO. Can breathing exercise reduce Alzheimer’s risk? In: Sommer C, ed; 2023.
134. Lee S-H, Park D-S, Song C-H. The Effect of Deep and Slow Breathing on Retention and Cognitive Function in the Elderly Population. *Healthcare*. 2023;11(6):896.
135. Today MN. How daily breathing exercise may help lower Alzheimer’s disease risk. In: Baily E, ed; 2023.
136. Min J, Rouanet J, Martini AC, Nashiro K, Yoo HJ, Porat S, et al. Modulating heart rate oscillation affects plasma amyloid beta and tau levels in younger and older adults. *Scientific Reports*. 2023;13(1).
137. REI. YouTube. In: Elena C, ed. YouTube; 2022.
138. Forbes-Hernandez TY. Light And Sound May Help Treat Alzheimer’s Disease, Here’s How. 2024.
139. Adaikkan C, Middleton SJ, Marco A, Pao P-C, Mathys H, Kim DN-W, et al. Gamma Entrainment Binds Higher-Order Brain Regions and Offers Neuroprotection. *Neuron*. 2019;102(5):929-43.e8.
140. Today MN. Everything you need to know about inflammation. In: Felman A, ed; 2023.