

The Washington Times

CITIZEN JOURNALISM: Brain recovery making strides

DoD grant to help fund research of foundation

By Aaron Marcus SPECIAL TO THE WASHINGTON TIMES

The Department of Defense will provide a nongovernmental grant of \$6.4 million to the International Brain Research Foundation Inc., in Edison, N.J., in light of its remarkable achievements. Dr. Philip DeFina, a veteran of the first Gulf War and IBRF chief executive officer and chief scientific officer, uses a plethora of methods in conducting diagnoses and treatment of the injured brain, leading even to the recovery of patients in a vegetative state.

The activities of IBRF have until recently been funded by private investors. Yet in September, the Defense Department awarded millions in the hopes that the promising research will benefit warriors and civilians suffering from brain injuries. The funds are still three to six months away from delivery and will be distributed in installments throughout the duration of the 18-month advanced research study.

"We use a combination of pharmaceutical agents, electrical and magnetic tools, and nutraceutical supplements," Dr. DeFina said in an exclusive interview with The Washington Times. "We are helping the brain reorganize itself in such a way that we are able to bring about consciousness, emotional function and cognition so that patients are able to interact." IBRF is doing what has never been done before - and at fascinating rates.

"Most scientific studies claim that approximately 10 percent or less of individuals who are in a vegetative state recover; our recovery rate is around 76 percent to 86 percent," Dr. Rosemarie Scolaro Moser, research program director of IBRF, told The Times.

"Our mission is to do brain research. We have developed protocols over the years which were designed to help bring people out of coma," said Dr. DeFina. "In the last four years, we partnered with clinical facilities in order to make them operational. In 2005 and 2006, we were partnered with NYU Medical Center and Bellevue Hospital in New York City, and we developed the Neuropsychiatric Advance Care Unit."

"The NACU was basically two beds that were set aside for coma and vegetative-state patients. They gave us the opportunity to implement this advanced treatment protocol, and during that time we were able to awaken six people, who had all passed the time frame that the American Academy of Neurology would say is past the point in which a person in their condition could recover," said Dr. DeFina. "It was true that our patients were well beyond the time frame in which they should recover. They hailed us as a fluke: Now we have 43 'flukes.'"

Dr. DeFina and Dr. Moser are now optimistic about the impact of this on wounded members of the armed forces. "This is the forgotten population: those severely brain-injured from Iraq and Afghanistan. We are trying to wake them up and improve the quality of their lives," said Dr. Moser.

The main difference between Dr. DeFina's foundation and other traumatic brain-injury centers, is that he and his team do not subject their patients to only palliative care. "IBRF is offering hope to traumatic brain patients, and currently our recovery rate is better and higher than what is documented in the scientific literature," said Dr. Moser. "IBRF is really challenging the standard of care that is currently utilized for individuals in a coma, vegetative state and with severe disorders of consciousness."

IBRF has patients from all different levels of coma and vegetative states; some have been in comas for one month, five months, and in once case, nine years. Recovery in these serious cases is varied. Yet many who are aroused are able to speak, joke, socialize, and improve their lives dramatically.

The IBRF advanced care treatment program is currently being implemented at the Kessler Institute for Rehabilitation in West Orange, N.J., one of the nation's top acute rehabilitation hospitals, under the leadership of Dr. Jonathan Fellus, director of the brain-injury program.

"There are two parts of the treatment protocol: The first phase is to bring people from unconscious states back to consciousness, and the second level is to help their cognitive thinking, basically make them functioning individuals and family members again," Dr. DeFina said. "We have individuals who have returned to work and individuals who have returned to school. This is a new area for everyone. We want to make these people as functional as possible and bring them back to normal activities of daily living."

"While our treatment is groundbreaking, we are looking at additional methods and research," said Dr. Moser. "The healthy skepticism of the medical community means that all novel techniques must undergo considerable scrutiny before they are easily accepted."

It is also likely that IBRF will need additional funding, beyond the appropriated \$6.4 million, in order to produce the most effective results possible. Both doctors expressed their concerns that a universal or socialized medicine system would more than likely thwart their medical breakthroughs. This would likely entangle funding in red tape, causing delay.

"In this field of work, time restraints are like the kiss of death," Dr. DeFina said. "Patients need ongoing and expensive care. A lot of people in the medical community are concerned about a socialized system because it is going to restrict the access and ability to maintain high-level care with severely disabled individuals."

"In the medical community, there is no current standardized cure for a coma or vegetative state of mind," said Dr. Moser. "We know very little about the brain. All we can say is that ... we are going to be doing more research in this area and improving our findings."

For more information about the International Brain Research Foundation, see www.ibrfinc.org. To make a donation, go to www.martialartxtremechallenge.com.