

The Messenger



Volume 9 Issue 3

September 2013

September 2013

Where did the summer go? It is September all ready and almost time for those that celebrate Christmas to start planning, which leads me nicely to point out we have a great selection of Christmas cards where ALL profits go to the LDN Research Trust. Price range from £2. All cards come in 10's all are assorted cards apart from Santa and Friends and Snowdrops. [Shop Link](#) for full details



It is only a few weeks to until the 2013 LDN conference in Chicago which is very exciting. These things always take a lot of planning, time and money but always worth while. I look forward to meeting those of you that are going. We have people travelling from many Countries.

LDN is advancing years on year!

Our members favourites were for Santa and Friends - Snowdrops Cards. Thank you to all of you that voted!

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LDN 2013 Survey,
please spare 5 minute to take
the survey if you haven't al-
ready done so, thank you!
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LDN and Cancer - Dr Tom Gilhooly

Low Dose Naltrexone (LDN) has been studied in relation to a wide range of immune related conditions but perhaps the most intriguing of all is the potential to use this low cost, safe drug in the treatment of cancer. The prospect of such a treatment is coming closer with the news that the American company TNI Biotech are actively seeking a license for LDN in cancer. This will result in an increase in interest and the prospect of some high quality trials on the subject which will hopefully answer the question as to whether the drugs anti-cancer potential can be used in clinical practice.

Dr Ian Zagon of Penn

State University is the real trail blazer for LDN and cancer. He was the first to spot the potential of the drug and has carried out numerous animal studies on the subject with promising results. In one study the course of pancreatic cancer was markedly reduced by the use of LDN (1) and there have been several studies showing improvements in ovarian cancer in rats (2,3).

Dr Zagon is a research scientist, so his invaluable work on cancer has been done almost exclusively on animal subjects. Using LDN in clinical practice is the next logical step and although to date there have been no human trials, Dr Burt Berkson has published several interesting case studies where LDN has been combined with the anti oxidant alpha lipoic acid with some remarkable results (4,5). One of the most interesting aspects of these studies is the use of PET scans to assess the response to treatment. PET scans are one of the most advanced methods of assessing cancer, using a radioactive label to pick up cellular activity which is greater in cancer cells. In the LDN case studies Dr Berkson was able to show reductions in the size of the lesions in several cases of pancreatic cancer (6).

While it remains to be seen if LDN is an effective treatment for cancer, there are some very promising signs. How LDN works in cancer is not yet known and indeed the mode of action of the drug is still not entirely established. Cancer thrives in an inflammatory environment and one characteristic of cancer activity is the production of chemicals to increase inflammation and disable the immune system's attempt to destroy



cancer cells. Reducing inflammation by immune modulation is a viable mode of action for LDN, and there is some evidence that this is how it works.

The drug naltrexone has two parts; it's right handed element interacts with opiate receptors and causes a rebound increase in endorphin production. This increase in the specific endorphin known as metenkephalin has been shown to have immune-modulating activity and in an elegant study by Dr

Zagon, the action of a hormone, also known as opiate growth factor (OGF), was found to be a key factor in controlling tumour growth (7). The left handed element of LDN reduces cellular inflammation by another mechanism; it reduces the production of the signalling molecule NF Kappa B in the cells. This signalling molecule results in an increase in the production of inflammatory proteins known as cytokines. Reducing cytokines is thought by many to be the dominant effect of LDN. Until we have more research on the subject the debate about how LDN works will continue, but it does appear that it may have two anti inflammatory mechanisms which can have a beneficial effect on cancer.

Combining LDN with an anti-inflammatory diet high in fruit, vegetables and oily fish will enhance the effect of the drug as these also reduce cellular inflammation by silencing the NF Kappa B signal.

Vitamin D works by a similar mechanism, and each of these effects on inflammation are cumulative.

The battle at cellular level between the pro- and anti-inflammatory factors can literally be one of life and death. Any factor that can reduce inflammation could contribute to longer survival. In many cases the cancer cannot be "cured" in the conventional sense, but keeping inflammation at bay may be enough to keep the cancer controlled and allow for prolonged survival.

The next few years will be an exciting time for those studying the effects of LDN on cancer and we await the results of this research with great anticipation.

Continues on page 4

Continued....LDN and Cancer - Dr Tom Gilhooly

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Integr Cancer Ther. 2009 Dec;8 (4):416-22.

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Written for Cancer Option - www.canceroptions.co.uk

LDN Research Trust Links Where to find us!

LDN RT Main website:

<http://ldnurl.info/ldnrt>

LDN RT Forum:

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LDN RT YouTube Play List:

<http://www.youtube.com/user/TheLDNresearchtrust/videos?view=1>

LDN RT Shop:

<http://ldnurl.info/ldnshop>

To Donate:

<http://ldnurl.info/donate>

LDN Aware Website:

<http://www.ldnaware.org/>

All ideas and suggestions are welcome to raise awareness and funds for LDN.

The Big Give Charities Raffle 2013

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helping your donations go further

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RUNNERS UP PRIZES

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Dear Supporter,

The LDN Research Trust is proud to be taking part in the very first Big Give Charities Raffle and we hope you will be keen to support us. For full details of the raffle, and the great prizes on offer please [click here](#).

As we are registered on the Big Give Campaign, we are asking our supporters to support us, as the charity selling the most tickets will be awarded £500!

This £500 would be monumental to us and truly benefit our efforts to provide, support to those with complex and rare conditions.

So how can **you** help us secure this valuable financial support? The answer is simple please buy 10 Tickets (minimum) at £1 each. Then you will have 10 chances to win one of these great prizes.

- ◆ 1st prize - £2,000 cash, or a luxury holiday for two
- ◆ 2nd prize - £1,000 cash
- ◆ 3rd prize - £500 cash

10 x runners' up prizes of £50

Not only that but you will be helping us as well as we will receive 96p for each ticket bought, with the other 4p going towards the administration costs. What a great way to support us and to win big!

So buy your tickets on behalf of the LDN Research Trust now, please click

<https://secure.thebiggive.org.uk/charity/view/490>
and select 'Buy Raffle Tickets', it's that easy.

Please, remember your support is vital to us and we truly are grateful for every penny we receive, and so are the people we continue to help every day.

So please remember, "**Click to Win**" as soon as you can.

Thank you so much for your support...it makes a difference, and that's what we're here to do.

A Small Grain Can Cause A Lot Of Pain - Ray Schilling

Introduction:

Some of you may not like to hear what Dr. William Davis, a cardiologist has published in two books: Wheat Belly and Wheat Belly Cookbook (Ref.1 and 2). In the following I will explain why many people have problems with aches and pains, with excessive weight, with joint aches, autoimmune diseases and with managing stress. When things in our diet change rapidly, our system reacts to this. Non-organic foods, toxins and lifestyle factors are all converging to a "perfect storm" that makes us sick. But when you peel the onion layers of causes and change what causes misery you have a chance to live a pain-free, healthy life.



Wheat can cause havoc in your system:

Lately there has been a lot of attention to wheat related allergies. According to Dr. William Davis (Ref.1) wheat has undergone significant chromosomal changes in the 1960's and 1970's so that today's dwarf variety of Clearfield wheat, which is the main wheat grown around the world is completely different from your parent's and grandparent's wheat variety. Lectin in wheat causes your gut cells to separate, which creates a leaky gut. Gliadin, the main gluten protein to which celiac patients react gets absorbed unaltered, enters your brain and attaches to your opiate receptors to bring you a feeling of satisfaction as you consume bagels, bread, pasta etc. However, at the same time gliadin makes you as addicted to wheat as drug seekers can be addicted to heroin. Amylopectin A is the main component of the starchy part of wheat, which gets broken down to a vicious sugar load causing your pancreas to pour out insulin until insulin resistance sets in. This causes your body to react by a general inflammatory reaction, which in turn causes arthritis, inflammatory bowel diseases (Crohn's disease, ulcerative colitis), and autoimmune diseases like lupus and rheumatic arthritis. With chronic use of wheat products you develop a chronic inflammatory process in your body that can affect any organ. Eventually this leads to heart disease, strokes, allergies, inflammatory bowel disease, rheumatic illnesses and cancer (particularly pancreatic and colon cancer).

Other causes of disruption of your system:

Milk is another common allergen for sensitive people, particularly, if your immune system has already been sensitized to wheat before. Whey and casein protein, when absorbed through a leaky gut (caused by wheat consumption) can mount IgE antibody responses similar to the ones that occur in celiac patients from sensitivity

to wheat. Once the immune system is inflamed it can create allergies to many more foods. In addition toxins from the environment, particularly xenoestrogens, heavy metals like mercury and lead can inflame the immune system as well and cause organs to malfunction.

Solutions:

Immune diseases like rheumatoid arthritis, osteoarthritis, MS, lupus erythematosus, but also Crohn's disease, celiac disease and ulcerative colitis have all been implicated to have been aggravated and perhaps even be caused by wheat allergies. It is not surprising then that all these diseases improve significantly and often get cured by strictly avoiding wheat and wheat products.

I suggest to integrate the following six points into a treatment plan.

1. Dr. William Davis has described how to cut out wheat from your diet in detail in Ref.2. Here are other tools you can use to help your system.
2. Only eating organic foods is a powerful tool to get rid of toxins in food and to avoid antibiotic traces from meat of animals raised in feed lots and being exposed to bovine growth hormone from milk and milk products. The 10 or 15% of the population who are dairy protein sensitive will have to switch to goat milk or avoid milk as well.
3. Exercising regularly (1 hour per day) will improve your circulation, lungs, heart and muscles. It has been shown to cut the major diseases in half.
4. Hormone tests through a knowledgeable physician or naturopath can spot underfunctions, which can be rectified with bioidentical hormone replacement. Often hypothyroidism and adrenal fatigue, but also sex hormone deficiencies are the cause of muscle aches, lack of energy and sleep disturbances. Who would not like to be energetic and pain free?
5. Detoxification methods like colonics or intravenous chelation treatments can get rid of toxins. Lead, mercury and other heavy metals could plug up the energy pathways located in the mitochondria of your body cells; they can be removed with intravenous chelation.
6. Electro acupuncture is a powerful tool that helps to treat aches and pains that would otherwise be difficult to control (Ref. 3). As I explained in this blog, naloxone, a morphine and endorphin blocker can block the effects of electro acupuncture; on the other hand endorphins that are more powerful than morphine, but non-addicting have been shown to be the underlying chemical mediator in the brain with this type of treatment.

Continues on page 7

Continue ...A Small Grain Can Cause A Lot Of Pain - Ray Schilling

Fibromyalgia as an example of a painful condition:

I like to illustrate what I discussed above with an example of fibromyalgia, a painful condition with multiple causes that vary from patient to patient. However, the common denominator seems that patients suffer from chronic pain and sleep disturbances. Often depression and anxiety are part of the condition as well (Ref. 4). Because of the multifactorial nature of this condition it makes sense to start with Ref.2 and follow this wheat free diet. Many patients with this condition are sensitive to wheat and possibly cow's milk. The body aches because it is reacting to something. So, it is no mistake to buy only organic food to avoid toxins and also to avoid wheat and cow's milk products. For those patients that improve on this step alone the cause of their fibromyalgia would have been from hidden food sensitivities. Add detoxification methods such as intermittent intravenous chelation with Glutathione and pH balanced vitamin C and another group of patients with fibromyalgia will improve (those where toxins played a role in causation). Hormone tests will detect some patients who were hypothyroid, lacked testosterone, estrogens and/or progesterone or DHEA. Some will be growth hormone deficient. When all these hormone deficiencies are taken care of with bioidentical hormone replacement, those who still have symptoms will likely improve with electro acupuncture. As people recover from their muscle aches and pains they will also be able to start an exercise program, which would otherwise not have been tolerated. As long as exercise is not overdone, it will help to contribute to the overall health of the patient. Those who are still left with symptoms will hopefully respond to the last step, LDN.



receptor. LDN can help with the withdrawal reaction, which in turn can be abandoned after a few days when all the wheat metabolites have left the body. Other patients whose cause of aches and pains are unknown will benefit from ongoing LDN.

Conclusion:

Despite the USDA recommendations to the contrary wheat and milk are common causes of allergies in sensitive people, but can also cause a lot of diseases without any overt evidence of underlying allergies. Wheat and milk elimination are powerful tools to improve your health, so are the other steps mentioned above. When all else fails, LDN is a reasonable approach to relieving aches, pains and addiction.

References:

1. William Davis, MD: "Wheat Belly. Lose the Wheat, Lose the Weight, and Find Your Path Back to Health". HarperCollins Publishers LTD., Toronto, Canada, 2011.
2. William Davis, MD: "Wheat Belly Cookbook. 150 Recipes to Help You Lose the Wheat, Lose the Weight, and Find Your Path Back to Health". HarperCollins Publishers LTD., Toronto, Canada, 2012.
3. <http://www.askdray.com/electro-acupuncture-twice-as-effective-as-conventional-acupuncture/>
4. <http://www.nethealthbook.com/articles/treatmentoffibromyalgia.php>
5. http://en.wikipedia.org/wiki/Low-dose_naltrexone

Dr. Ray Schilling's CV.

- * Born 1945 in the university town of Tübingen, Germany.
- * Studied medicine at the Eberhard-Karls-University Medical School, Tübingen from 1965 to 1971.
- * Rotating internship from 1971 to 1972 at Tübingen University Hospitals.
- * Immigrated into Canada in 1972
- * Cancer research at the Ontario Cancer Institute in Toronto from 1972 until the end of 1975.
- * 2 1/2 year family medicine program equivalent (mixed internship program) at McMaster University in Hamilton, Ontario Canadian licensing examination (called LMCC) 1978 and move to western Canada to practice family medicine for 16 years in a suburb of Vancouver, B.C.
- * Worked at Worker's Compensation Board of British Columbia as a medical advisor in occupational health from 1994 until his retirement in 2010.

Dr. Schilling maintains two medical websites: www.nethealthbook.com, a medical database; and his weekly blog at www.askdray.com

LDN Research Trust YouTube Channel

<http://www.youtube.com/user/TheLDNresearchtrust/videos?view=1>

Listen to LDN prescribing doctors, compounding pharmacists and LDN users for many conditions around the world.

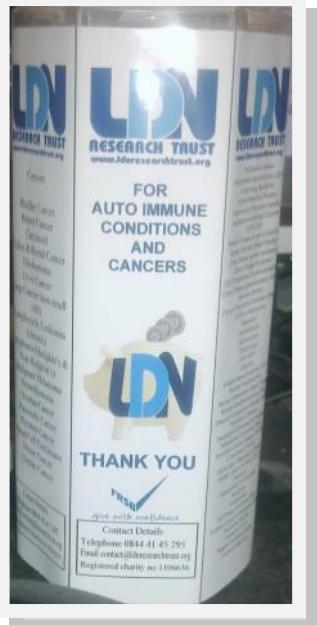
Plat list can be found at this [Link](#)

Would you like to share your LDN experience? If you would please email linda@ldnrt.org for further information.

Together we can achieve so much!



LDN COLLECTION BOXES PLEASE CAN YOU HELP?



We are proud to announce our new collection boxes.

We would like help placing the boxes in Post Offices, shops, pubs, Doctors waiting room in fact anywhere that gives permission for a box to be displayed.

We are looking for people who are willing to take control of displaying boxes, collecting them and banking the money into the LDN Research Trust's Barclay's Bank Account.

Small change adds up and we have managed to purchase 500 of these boxes at a very special rate and if we could find homes for all of them that would be great.

Are you able to help?

Please email contact@ldnresearchtrust.org with your name, address and how many boxes you require.

Thank you in advance. Simon



Linda Elsegood

Are you or have you taken LDN for any condition?

We would love to hear your story, please email contact@ldnresearchtrust.org

We would not use your name without your permission.

Thanks to Cris Kerr from Case Health - Health Success Stories, for all her help, support, sharing stories with us and for compiling the eBooks below.

Those That Suffer Much, Know Much 2010 eBook

<http://ldnurl.info/ebook2010>

201 Reasons Why You Should Know About LDN eBook

<http://ldnurl.info/thosewhosuffermuchknowmuch2010>



Cris Kerr

Choices in Cancer Treatment - Patricia Peat

It is becoming a very challenging time for oncology staff as the developments in information technology has led to increasing knowledge of both the nature of cancer and the wider thinking of ways to help people deal with it. When I was first working in oncology more than 20 years ago people were pretty oblivious to anything other than it's a frightening and serious condition and the doctor will treat you, you needed to know little more. Now people take time to research their cancer and their options and want their team to have knowledge of and be open to them using a range of supportive treatments to help them both through treatment and their body fight cancer after treatment.

Unfortunately in the UK that is not always what they encounter, the situation with LDN is similar to what we see with mistletoe. When diagnosed in Germany 60% and France 40% of people use mistletoe as a supportive treatment. It is usually prescribed by their G.P and its value is recognised, studies show it supports the immune system and in some cases helps chemotherapy work. In England few doctors have any knowledge of it, it is viewed with suspicion and there are constant campaigns to have it unavailable on the NHS from even the few healthcare trusts that would fund it. I always find it interesting to observe the different attitudes to different complementary therapies in practice around the world. In Europe and eastern countries there has always been an easy integration where the value of natural compounds and holistic programmes is accepted as a sensible approach to dealing with cancer. In America they have the best case series where they can use off-licence and present their finding without having to have randomised double blind trials of many hundreds to prove effectiveness.

If anyone gets the opportunity to hear the brilliant Dr Steve Hickey lecture of the effectiveness of large randomised trials and how they are not necessarily the best way to develop treatments don't miss it, powerful stuff!



The common claim about anything not coming through the drug companies is that it doesn't bring about measurable tumour shrinkage, and this is the crux of the problem we face in trying to make integrative medicine more widely accepted. The orthodox world largely fails to see that what complementary medicine is trying to achieve is to support the body and help the DNA repair of cells so the transformation of normal cells into malignant ones stops taking place.

When we stop to consider the approach we have formulated to dealing with cancer thus far, to any reasonable assessment it must be considered lacking on many fronts. Chemotherapy and radiotherapy achieve a bashing over the head approach to the cancer cells. No problems with that, particularly with aggressive cancers it is a necessary first step but I consider it to only the first step that needs to take place.

We are on the road to the promised land of more targeted therapies that do not suppress the immune system as much and which have a greater chance of working. One of the great tragedies of modern oncology is the arduous treatments which upon completion have achieved little or nothing at the expense of the person's quality of life. Unfortunately there is a likelihood what without a sea change in how drugs are charged for, we will find when we get to the promised land that we just can't afford to provide the drugs for the massively increasing number of people who will develop cancer. Professor Karol Sikora has called this the perfect storm and we seem to be sailing towards it without stopping to consider is there any other road we can navigate to help people with cancer.

Continued .. Choices in Cancer Treatment - Patricia Peat

So when something comes along which shows promise, is cheap, lacking in side effects and potentially helpful to the person dealing with cancer why is it not grabbed with great enthusiasm? Why indeed, I have many clients who go to Europe for integrative treatment, when they are successful and sometimes in very difficult circumstances there is often a lack of interest by their doctors here to find out more about what they have done and how it has worked.

What fails to be understood is that no one modality is likely to help someone turn cancer round, there needs to be many elements coming together to form a supportive programme where the programme becomes bigger than the sum of its parts. It must incorporate nutritional, psychological, holistic immune support as well as drugs if anyone has the chance to recover. Across America hospitals are opening integrative departments, doing research and launching multi-dimensional survivorship programmes. I never thought I would admire the Americans thinking about



cancer the way I do the Europeans but they are embracing the research that is being produced on the use of natural compounds, nutrition and the importance of the person forming their own programme.

I know many people who are surviving cancer well. They are surviving beyond prognosis; they are surviving on their own terms.

Many are using LDN in their programmes; can I prove that is working? No. We don't know how much each element contributes and these people do not have time to wait for each element to be measured in isolation, they put the best programmes together for themselves and measure the method. It's about time we took a more experimental approach to support and survivorship and recognise that the body can play a part in controlling cancer if we just give it the opportunity.

Patricia Peat

Cancer Options Consultancy

Consultations in Nottingham, London and by Phone and Skype

Tel 0845 009 2041
International 00441623438733
Fax 0871 425 2041

enq@canceroptions.co.uk www.canceroptions.co.uk

To see a video of Patricia Peat speaking about integrative cancer care go to <http://youtu.be/nheMI4vfyaU>

HCG for Weight Loss

Dr. Mark H. Mandel Pharm D, IACP

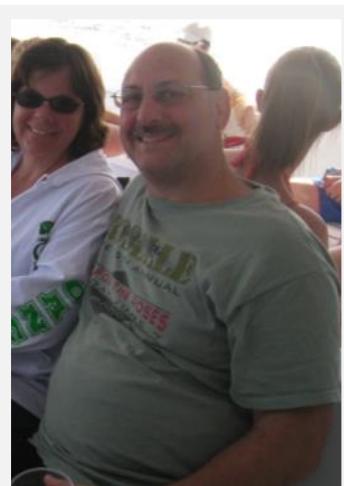
Human Chorionic Gonadotropin, also known as HCG is a remarkable product. It has been both lauded and vilified by the greater medical community. Made primarily by women when they are pregnant, HCG is largely responsible for accessing a mother's fat stores to be utilized by the developing fetus for its brain, nerves and general neurological development during pregnancy.

HCG has been found useful for a wide range of conditions. It has gained significant notoriety over the years as an adjunct to weight loss while incorporating a Very Low calorie Diet (VLCD) and more recently as a means to combat chronic Metabolic Syndrome that includes high blood pressure (hypertension), diabetes and cholesterol problems (dyslipidemia). HCG has been used for many years in both men and women for infertility. It is used to induce ovulation in women and increases spermatogenesis in men. In several studies on chronic non-malignant pain it has been shown to significantly reduce the need for opiate analgesics. Finally, patients with Multiple Sclerosis (MS) have used the product and have described an increased ability to walk longer distances resulting in less overall fatigue and a greater sense of well-being.

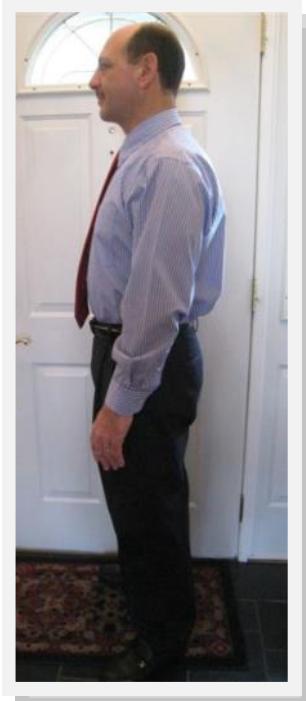
Perhaps the most popular use of this drug in recent years has been its unique ability to help people lose large amounts of weight in a relatively short period of time. In the 1950's, Dr A.T.W. Simeons, M.D was practicing in Rome Italy and was catering to a wealthy population who would come to his clinic and reside there for 6 weeks. The purpose of their visit was to simply lose weight. His patients were young, old, healthy or otherwise. He would give them a daily Intramuscular (IM) injection of HCG and restrict them to a very specific diet of only 500 calories daily. This diet consisted of a protein, a vegetable and a fruit from a limited list twice daily along with large volumes of fluids daily. The results were nothing short of spectacular and he was sought after by clinicians from all over the world to shadow him at his clinic and learn about his protocol. Some of the unique aspects of this protocol is that patients would typically lose from 0.5-0.75 lbs daily over 30-40 days, would predominantly lose fat (60-80% of total weight loss) rather than muscle (5-10% of total weight loss); would not be exceptionally hungry and would tend to not gain the majority of the weight back in

the following 6-12 months. Compared to other weight loss protocols, this was unique since when eating less than 1200 calories daily, people tend to predominantly lose muscle and will gain all the weight back and then some in a very short time after achieving their weight loss goals.

Dr Mark Mandel



Before



After

HCG for Weight Loss - Dr. Mark H. Mandel Pharm D, IACP

In the 1970's practitioners brought Dr. Simeons' HCG weight loss protocol to the U.S.A. and promoted it aggressively. They modified the foods, the calories and other aspects of the diet. They made claims of great weight loss and body sculpting. Irrespective of whether the majority of their patients saw these results or not, it was not legal for them to make these claims relative to a prescription product without first going through the FDA. The FDA responded by forcing these claims to be retracted and further forcing all manufacturers of HCG to have a statement within their literature that the product has not been shown to improve weight loss more than dieting alone nor does it have any effect on sculpting the body.

It is unfortunate that HCG has had all this bad press and has been so highly criticized as there are tens of thousands of patients worldwide who have used the product with the VLCD and claimed success. In recent years the HCG protocol has seen resurgence and there are many people who attest to its benefits but there still remain a significant number of retractors, various government agencies and institutions being in their vanguard. More research will be done and more studies will be conducted examining the many potential uses and benefits of HCG. With the worldwide problems of obesity and metabolic syndrome that exist, we can only hope that a solution will be found that is not solely dependent upon pharmaceuticals and suggested lifestyle changes since these modes have been a dismal failure to date. Perhaps the HCG Weight Loss

and Metabolic Syndrome Protocol will be a part of that solution.

For full details on HCG and the diet please visit Dr Mark Mandel's website [Link](#)



Contact

Dr. Mark H. Mandel Pharm D, IACP
Compounding Pharmacist

info@MarkDrugs.com
www.markdrugs.com

Tel: 800-776-4378
Fax: 630-529-3429 Cell: 847-373-1399

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HCG in the UK

The HCG Diet requires a private prescription. It is not available on the NHS and is only available in the UK via GP consultation and is not suitable for everyone.

Currently Clinic158 in Glasgow provide a consultation service.

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New Shopping Online Fundraising For Our UK Supporters



Did you know that if you shop online, you can raise money for the LDN Research Trust at no extra cost to you!

We have registered with www.givingabit.com who have partnered with **over 1,200 shops** that will pay us a donation every time a purchase is made. It will not cost you a penny more and it is free to sign up. In fact you could even save money as there are thousands of discount codes too! You still buy directly from your favourite shops, including Amazon, Play.com, Sainsbury's, John Lewis, Vodafone and many more – you just visit them through the givingabit.com website to create a donation for us!

How can they do this? It is entirely funded by the retailers that are on givingabit.com. They're happy to make a donation, as it is their way of thanking you for making a purchase from their online shop when you visit them from givingabit.com

On average, 3% of whatever you spend is given to us as a donation, but remember, this is at no extra cost to you. Also, they are partnered with many home & car insurers, as well as

mobile phone companies, which could create up to a £50 donation for the LDN Research Trust at no extra cost to you! Booking a holiday? They are partnered with holiday specialists such as Kuoni, Walt Disney World, Butlins & Expedia to name but a few.

There are daily Voucher codes, sales and offers!

All you need to do is go to Giveabit and sign up. Once you have signed up, click on 'Find a Charity or Community' from your Quick links box, and choose the LDN Research Trust. It's a free way of donating to us! Once you have signed up, every time you shop we will get a donation and you can keep track of how much you have spent and how much you we receive by clicking the quick link Your Giveabit History . Giveabit will also send you a confirmation email after you shopped online.

Thank you for your continued support! Oh, and happy shopping!

Linda

LDN: Approved? One Small Step Forward - Ray Bagshaw

Some of you reading this will have seen my story, [Link](#) for others briefly...I have suffered with Hailey-Hailey Disease for well over 10 years. I have been rebuffed and found no help from my Doctors, until in October 2012 I eventually managed to see a Consultant in Birmingham UK. It was she who showed compassion and understanding and listened to my request to follow the research of Dr Bihari and treat my condition with LDN.



Sadly, although I had my Dermatologist's support, requests were continually denied by the Department of Health and my Local Health Authority. Eventually, I had no option but to risk my health and buy LDN from abroad. The first batch showed exceptional benefits, so much so that my Dermatologist sought my permission to write a medical paper on my progress.

Unfortunately, my second batch saw an equally dramatic decline; my drugs were tested and found to contain no trace of naltrexone. Since February when I commenced LDN and saw improvements, I have been in a continual battle with the authorities for a medical trial, under supervision of my Consultant. The e-mails, letters and telephone conversations were numerous in the extreme, however all my requests were rejected or ignored.

I was often tempted to stop my campaign as I felt that one man could not "take on" the bureaucrats and the establishment. I drew strength from the work of Dr Bihari, reading research and listening to interviews, thinking, "How many times did he face the same brick wall as I do?" It is hard to continue battles for care especially with the suffering we have to endure, but I looked at my research and drew inspiration. Every time I felt like throwing in the towel, my mind was telling me "why should you, what right have the decision makers to deny you, and prevent you from achieving treatment?" The answer was simple "None whatsoever".

My final assault to the Commissioning Group was harsh. I told my story once again to the authorities, naming names, giving full evidence and quoting the inhumane treatment I had received. I placed blame where it should be with no room for excuses or manoeuvre.

Well after a seven-month battle, I can finally reveal, the first trial of treating Hailey-Hailey Disease has been

agreed in the UK. Eventually, my Regional Health Authority is to fund a trial under supervision of my Dermatologist. She will then be able to publish her results and her findings so there will be physical and academic evidence to support LDN as a first-line treatment of my condition.

I know how tempting it is to take matters in your own hands, and seek alternative sources of medication promoted over the Internet. I was lucky, very lucky to have placebo capsules, but I remind all of you over 80% of these medications are found to be counterfeit, and when we take these measures of desperation we are playing Russian roulette with our lives. Within the LDNRT there is a wealth of professionalism and support; I am personally indebted to the help received from Linda, Dr Norman Poole and Stephen Dickson. These people literally rescued me. Do not ever feel alone. If there is anyone, who wants my advice or help with HHD please contact me. I know that there are others suffering from many conditions who are equally ready to support anyone.

My friends, this is not the end. I will continue to support the work of the Trust in the promotion of LDN for all that it can benefit. It may be one small step, but at least all the effort was worth it. Our voice has been heard, and hopefully will continue to be until others listen worldwide and they accept that LDN can benefit many other conditions and the lives of patients can be sustainably improved. Bureaucracy and "old school" attitudes do not help people, we need to embrace what can be, and not dismiss advancement for lack of monetary profits.

New Formulation of LDN - Sublingual Drops - Dr Tom Gilhooly

Over the past decade of prescribing LDN, it has become clear that this drug not only has some special qualities but is prone to marked individual variation in response. This variation is presumably due to differences in metabolism of the drug which can make the same dose ineffective in one case and effective in another. At the Essential Health Clinic we have chosen to use the liquid formulation of LDN for the past 8 years which allows dose titration and individual dosing of the drug. We use a wide range of doses depending on the individual response which can be from 0.5 mg daily to over 20 mg.

In the past few months we have been working with Dickson's pharmacy on developing a new formulation of LDN which will hopefully improve the outcomes for patients. This new formulation is a more concentrated liquid in the form of drops which are administered under the tongue and absorbed directly from the mucosal lining of the mouth. This sub lingual route produces a more rapid absorption bypassing the liver and digestive tract. There are several potential advantages to this, the drug may be more effective and will not be affected by the presence of food stuffs or the hostile environment of the gut. Each drop contains 0.5 mg of LDN so the dose is easy to calculate and avoids the use of a syringe to draw up the dose which can be problematic. The bottle is not being repeatedly opened and closed so there is less of a chance that the liquid will oxidise from contact with the air which can cause it to become bitter and "go off". Also there is much reduced chance of infection being inadvertently introduced into the mixture from contact with the syringe.

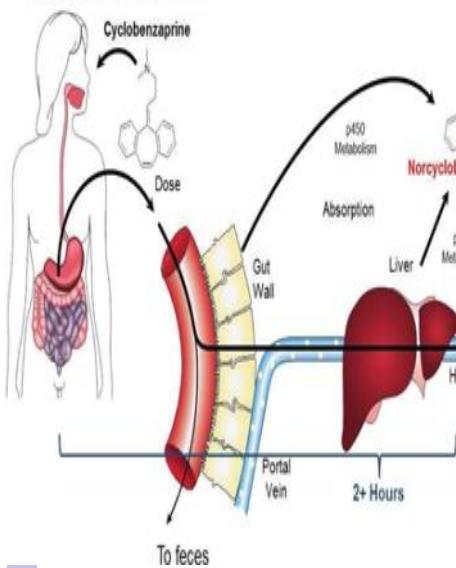


One of the potential advantages of sublingual drops is in patients whose dose is limited by nausea. One such patient was the first to be tried on sublingual LDN, a 33 year old male with severe fibromyalgia. This patient was forced to give up work due to the severity of his pain and walks with the aid of a walking stick. His symptoms have been very difficult to treat and it has been a source of frustration to both doctor and patient that we could not maximise his LDN dose due to

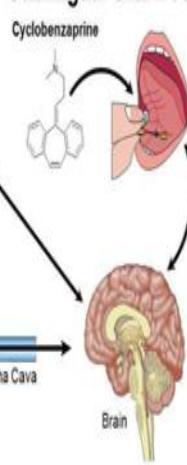
nausea. His dose of LDN had reached 10mg twice daily and still we were not improving his pain or fatigue. I suggested that we try this new formulation of LDN and he readily agreed.

After one month on the same dose he reported that his nausea was virtually gone and surprisingly that his pain and fatigue was improved. This was a pleasant surprise as my aim was primarily to reduce his nausea to enable further dose increases in an effort to improve his symptoms. The symptomatic improvement suggested that this route of administration was producing better absorption with a greater bioavailability. Effectively more drug was reaching the blood stream when absorbed from under the tongue rather than from the stomach. Drugs absorbed from the digestive system are subsequently metabolised in the liver in what is known as "first pass metabolism" which can alter and degrade the drug. Absorption from the mucous membranes of the mouth avoids this type of metabolism and so more drug will get directly into the blood stream. Drugs in the stomach can also be degraded by the stomach acid, bile and several enzymes so the sublingual route is more likely to deliver the pure drug to the system.

Swallowed Oral Dose



Sublingual Oral Dose



The picture on the right shows the difference between a swallowed oral dose and a sublingual dose for another drug which mirrors the situation with this new formulation of LDN.

Regardless of the theory, this patient was delighted with the effect which he described as "one hundred times better". We have been able to increase his dose to 11mg twice daily and can see some light at the end of a very dark tunnel. Beyond this case this new form of the drug means we could be at the beginning of another exciting new chapter for LDN.

Sublingual LDN costs the same as LDN capsules and is available from The Essential Health Clinic via LDN International or by calling 08000274969



PLEASE can you help?



Times are tough for all of us and raising funds is very difficult. Everyone one at the LDN Research Trust works as a volunteer, no one gets paid and we receive no funding from anyone. We do however have running costs which have to be paid for and we really could use YOUR help!

**Can you spare £1, \$1 or 1 Euro a month
or an annual donation.**

To help support the LDN Research Trust?



Many people said they are embarrassed to make such a small donation, please don't.
Every little really does help!

If you would like to make a donation please visit: <http://ldnurl.info/donate>

Most people could afford £1, \$1 or 1 Euro a month, please consider helping us today.

**Your help will make a difference.
Thank you for your support**

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Now is a good time to have a good clean and get rid of all your unwanted items and you can donate a percentage of what you raise to the LDN Research Trust.

We are very grateful to all of you that have made donations already via eBay, your help and support is truly appreciated



If you have free time and would like to help please get in touch with us regardless where in the world you live, even if you can only spare an hour a week it would help.

We are looking for people who can: search the internet, help host the chat room (if talking to other people is your thing, this would be fun!) help with marketing, press releases and contacting the media.

If you have any free time and would like to get involved in someway please email contact@ldnresearchtrust.org



LDN used in pain management

Dr Samyadev Datta

Naltrexone was researched and introduced in the 1980s for treatment of heroin addiction. Since then the medication has been extensively researched for treatment of different disease processes. More recently naltrexone has been introduced for treatment of alcohol and opiate addiction. It can be administered as a monthly injection. Earlier naltrexone was available only as a tablet that needed to be taken daily.

Naltrexone is a primary mu receptor antagonist and may also have an effect on delta and kappa receptors. The recommended dose for treatment of opiate and alcohol addiction is between 50 and 100 mg per day. It is available as naltrexone hydrochloride, a 50 mg tablet and is administered on a daily basis.

About 5 years ago, injectable methyl naltrexone was introduced for treatment of opiate-induced constipation. Methyl-naltrexone does not cross the blood brain barrier and has an effect only on the GI receptors. It reverses constipation without causing reversal of pain-relieving effects of opiates.

Low-dose naltrexone (LDN) has been researched almost immediately since naltrexone was introduced in the 1980s. It has been studied extensively for multiple disease processes and there appears to be increasing literature indicating that it may be very beneficial in some disease states. More recently naltrexone has been used for treatment of various chronic pain processes primarily neuropathic in nature.



The other use of naltrexone has been in the form of ultra low-dose naltrexone to attenuate chronic morphine-induced tolerance.

Administration of opiates results in tolerance. Administration of morphine has a biphasic action. The initial action is stimulatory, and the second action is inhibitory. Use of ultra low-dose naltrexone at about 100-200mcg/day may block the stimulatory response. It is postulated that this will reduce tolerance and improve analgesic effects of opiates.

Low-dose naltrexone appears to work quite differently from the regular dose of naltrexone. Low-dose naltrexone also works by blocking the opiate receptors. The main difference is that as the dosage is very low, about 50 times less than the regular dose, receptor occupancy is significantly reduced and the duration of action is shorter. It is postulated that when the drug decouples from receptors there is a rebound increase release of met 5-enkephalin (opioid growth factor, OGF) that is metabolized to endorphins and encephalin, our endogenous pain killers. These compounds then produce pain relief similar to opiates. The body responds to these compounds by inhibition of cell growth, promoting healing, and reducing inflammation, all in an effort to restore homeostasis. LDN also causes increase in OGF receptor density.

Continued LDN used in pain management

Dr Samyadev Datta

Complex regional pain syndrome is considered to be an inflammatory response. Many treatment options have been tried for this disease state. Most recently Chopra has reported that the use of low-dose naltrexone may benefit in this situation. Low-dose naltrexone is a known blocker of neuroinflammation and the TLR 4 receptors in microglial cells. TLR 4 receptors may be responsible for increased production of pro-inflammatory neurokinines. Blocking these receptors help to reduce the production of neurokinines. It is postulated that this may be an additional mechanism of action for low-dose naltrexone in complex regional pain syndrome. LDN would be expected to act more slowly and indirectly by suppressing the neuroinflammatory activities of activated glia. Ketamine, an NMDA antagonist, would be expected to act rapidly and directly on NMDA receptors at glutamatergic synapses.

It should be emphasized that naltrexone cannot be administered in the presence of opioids. If administered simultaneously, patients will go into withdrawal. All opioids should be stopped for at least 2 or 3 days before administration of naltrexone. In the case of methadone, it may be necessary to stop this medication longer, as methadone is an extremely fat-soluble drug and may take longer to be eliminated.

It is recommended that naltrexone is administered at night. It should be done on an empty stomach and



patients are NPO for 1 hour after administration of medication. This allows for better absorption and best results. Administration at night allows synchronization with the diurnal rhythm. Maximum endorphin and enkephalins and then released early in the morning. In addition low-dose naltrexone may need to be titrated to higher doses. This is necessary before the effect of naltrexone can be evaluated. The recommended dose for low-dose naltrexone is from 1.5 mg up to a maximum of 10 mg.

During the transition from opioids to naltrexone, the use of clonidine is suggested to help with symptoms of withdrawal. In addition the use of oral ketamine may be beneficial for breakthrough pain.

In the personal experience of doctors Chopra and Datta, we have been able to use low-dose naltrexone on over 150 patients with complex regional pain syndrome. The results are being analyzed but the initial analysis does indicate that patients have been able to stop opioids and have responded very well. In addition most patients have clearly expressed that they do not wish to return to opioids in situations where they have increased pain. It is hoped that a double-blind study with placebo will clearly show that low-dose naltrexone is beneficial in patients with complex regional pain syndrome.

Resveratrol - Pharmacist Stephen Dickson



Recently published data, showing positive effects on autoimmune diseases – and specifically a very positive effect on animal Optic Neuritis - the animal model of MS used to test potential drug therapies against.

We have links on <http://www.dicksonchemist.co.uk/Home/Default.aspx> - follow the tab on the top to RESVERATROL.

Who should try resveratrol? Anyone with:

1. CogFog or diagnosed with CCSVI could potentially benefit from Resveratrol - as it has been shown to increase brain blood flow significantly.
2. Autoimmune disease, especially MS - due to the positive study in animals with Optic Neuritis.
3. Anyone who has a family history of diabetes - as prevention.
4. Anyone with coronary heart disease.
5. Anyone who wants to take something that has been shown to make animals live a bit longer :-) (It is being investigated by Glaxo as a life-extension drug - with amazing results in animals - see video on our website!) Potentially anyone with metastatic cancer may benefit - but you must contact us first to let us do the relevant research for your specific indication.

Warnings:

Do not use if you have breast, prostate or hormonal responsive cancer - it may stop your cancer medications from working properly. (However, it has been shown to be effective in hormone treatment resistant prostate cancer)

Call 0141 647 8032 or email homedeliverypharmacy@yahoo.co.uk with your requirements, phone number, and we will call you back. Please note, our telephone can be quite busy, but we have added a helpful messaging service - you can press * and leave us a voicemail, which we check regularly and will call you back.

The price is £17.99 - including P&P. We will donate £1 to the LDN Research Trust for every pack sold.

Thanks to John Donnelly for his help and support, John has a world database where you can add your LDN story and read what others have to say.

<http://www.ldndatabase.com/>



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Do you shop online?

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If you think that other supporters of LDN Research Trust would be interested in shopping online to raise funds for the cause, please forward this email on by clicking this link: <http://awin.sendloop.com/f/cnQvdDQvdHlv>

Help fundraise with Everyclick, search engine.

When searching the internet you can help earn us money at no charge to you, regardless where you live in the world.

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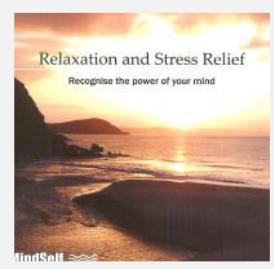
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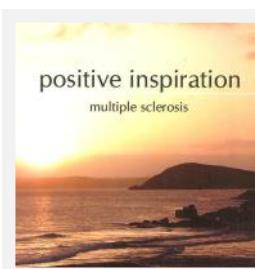


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will help people to stay relaxed, calm and focussed, and can also help with the following:

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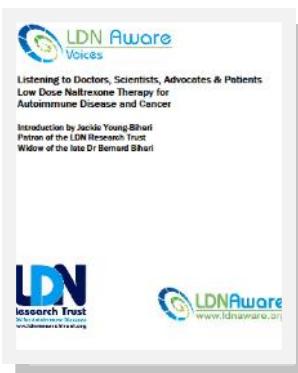


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100% goes to the LDN Research Trust

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For information how to obtain LDN in the UK or for general LDN information call:

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Local rate number

International Number

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LDN Research Trust

PO BOX 1083, Buxton, NORWICH , NR10 5WY UK

Email: contact@ldnresearchtrust.org
Web Site: www.ldnresearchtrust.org

Trustees: Linda Elsegood, Alex Parker, Neil Lucas

Medical Advisers:

Dr Bob Lawrence MRCS; LRCP
Dr Tom Gilhooly MBChB; MRCGP

Pharmaceutical Advisor:

Stephen Dickson BSC(hons) MRPharmS

Newsletter Editor Linda Elsegood - Sub Editor Sophie Marrion

Web Master - Lee Reynolds

Forum Manager - Alan Browne Senior Moderator - Derek

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However, we are no different from other charities, in that there are unfunded elements which do ultimately cost us money to maintain and operate.

To help us continue our work we would appreciate help with fund-raising, either in cash or in kind.
You can be sure that all contributions are greatly appreciated, however small.

How to make a Donation

To Make a Donation from anywhere in the world using MyCharityPage.com. This is our preferred method as there are no fees plus if you are a UK tax payer they claim the gift aid back for us!!

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