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Welcome to the LDN 2016 AIIC Conference

We are pleased to have those able to travel to Orlando here with us today and all of those around the world watching the interactive live stream.

The LDN 2016 AIIC Conference is the only LDN focused event in the world and the premier chronic disease and cancer conference of its kind. Here is where the LDN community come to meet, share ideas and learn from each other. You have the unique opportunity to present your questions to the experts.

This is a time of great promise. Numerous research studies as well as reports from patients, their physicians and pharmacists are showing tremendous

breakthroughs and success using LDN for the autoimmune disease, pain and cancers. But our optimism must be backed by action and drive if we are to see LDN reach its full potential.

We would like to thank all the speakers for giving up their time to be with us, without them there would be no conference!

I hope you have a rewarding time at our event.



Linda Elsegood
Founder & Trustee
LDN Research Trust

The conference is a charity event organised by the LDN Research Trust, a registered charity in the UK dedicated to enhancing awareness of Low Dose Naltrexone (LDN). The charity is non-profit-making, and no salaries or wages whatsoever are taken from funds.

Special Thanks to Dr Mark Mandel and Jim Warner



Dr Mark Mandel



Jim Warner

LDN Conference Content and Speakers

Paul Battle, PA-C, Grossman Wellness Center in Golden, CO.

Low Dose Naltrexone Treatment for Crohn's Disease



Following a detailed discussion of the pathology and etiology of Crohn's disease and traditional therapies, Battle makes the case for LDN therapy for Crohn's disease.

Citing several previous studies and his clinic's experience, he notes favorable results of greater than 80 percent, and remission in as many as 30 percent of study subjects.

Battle shares stories from his clinical experience, and explains how LDN can be used as an inexpensive, effective alternative or adjunct treatment, and in conjunction with dietary changes and the use of gut-healing and nourishing supplements such as glutamine.

Pradeep Chopra, MD, Assistant Clinical Professor, Brown Medical School and director of the Pain Management Center of Rhode Island.

Mechanism of Action of Low Dose Naltrexone



Dr. Chopra, a pain medicine specialist, provides a technical introduction to how LDN works. He explains the metabolism of the medication, and what happens when LDN blocks opioid receptors, both directly, and indirectly.

He discusses Opioid Growth Factor, which is produced by the body, and how LDN creates a positive biofeedback mechanism within the body.

Dr. Chopra explains the role of Glial cells (found in the central nervous system), how they affect inflammation and the immune system, and how opioids and opioid antagonists such as LDN affect Glial cells and inflammatory processes.

He also explains how LDN affects cell growth, specifically with respect to cancer cells.

Chronic Pain, Opioids and LDN

Dr. Chopra distinguishes between different types of pain, and identifies the hallmarks of the disease known as chronic pain, and what is happening within the nervous system when a patient experiences chronic pain.

He then discusses problems with using opioids to treat chronic pain, and how naltrexone can affect the efficacy of opioids. Dr. Chopra explains how LDN can calm glial cells, which would otherwise cause neuroinflammation.

He also answers audience questions about chronic pain, the use of LDN to manage chronic pain, and other topics.

Management of Chronic Pain with LDN

Dr. Chopra discusses his successful use of LDN with a handful of patients who deal with chronic low back pain, neuropathic pain, complex regional pain syndrome and Ehlers Danlos syndrome, which involves diverse muscle, tendon, nerve and joint pain.

All of them reported significant relief while using LDN, and return of pain when forced to stop the therapy temporarily because of injuries and/or surgeries.

Claudia Christian, Founder and CEO of the C Three Foundation. Claudia. Christian@cthreefoundation.org

Naltrexone and the Pharmacological Extinction of Addiction: Treating Alcohol Use Disorder with the Sinclair Method



Beginning with a description of her own experience seeking treatment for alcohol addiction, Christian discusses the use of Naltrexone as a treatment for addiction.

She explains how Naltrexone works to treat addiction through pharmacological, targeted extinction, and contrasts the Sinclair Method (which allows patients to continue drinking while on naltrexone) with more

widely used, less effective approaches.

According to Christian, a dosage of 25 to 100 mg naltrexone (NOT low dose naltrexone) has proven more effective than other drugs and abstinence-based rehab programs.

She discusses reasons why naltrexone has fallen out of favor in the United States, in contrast to how it is used successfully in countries like Finland.

Jill Cottel, MD, Poway Integrative Medicine Center www.pimchealth.com

LDN in Primary Care



Dr. Cottel shares promising results with LDN, using case histories of nearly a dozen patients, all with debilitating autoimmune or skeletal diseases.

For example, she notes one 75-year-old woman with rheumatoid arthritis, who felt so well after a week on LDN that she was up and about and fell, necessitating a visit to an orthopedic specialist. The patient's case from that point on is promising for the use of LDN in pain resulting from hip fractures.

Lachlan Cox, Clinical Hypnotist

Clinical Hypnosis and Pain Control: Truths and Myths



Mr. Cox begins with an example of acute pain, and how the body can dissociate itself from intense pain. He notes that chronic pain affects 20% of the world's population.

He describes how painful experiences turn into chronic pain. Using case studies based on experiences with his chronic pain patients as well as recent studies by other practitioners, he explores how emotions and the patient's state of mind can either intensify or relieve chronic pain.

He also describes how clinical hypnotherapy works to assist chronic pain patients.

Martin Dayton, MD, Board-certified in Family Medicine

LDN Case Studies



Dr. Dayton has used LDN in practice for over 15 years. He focuses on the use of LDN to treat Follicular B-Cell Non-Hodgkins Lymphoma (Follicular Lymphoma) in his presentation.

He discusses conventional treatments for Follicular Lymphoma, including the option of watchful waiting. That period of watchful waiting provides an opening for trial of LDN and other alternative treatments, without impairing survival rates.

He then presents three cases of patients with Follicular Lymphoma, who were treated solely with LDN, and discusses his practice of using LDN to treat a variety of cancers.

He notes areas where additional studies are needed to determine whether LDN can be safely used to maintain remission.

J Stephen Dickson MRPharmS, Superintendent Pharmacist www.dicksonchemist.co.uk

History and Pharmacology of LDN



Dickson reviews the history of not just LDN, but opiates and their many uses/abuses. He describes how opiates came to be commonly prescribed for a variety of reasons, which ultimately led to a wave of addiction. Enter naltrexone in the 1980s as a promising new treatment.

Dickson explains how naltrexone works to block opioid receptors in the brain, and how lower doses of the same drug actually tricks the brain into producing more of its own opioids and making better use of them. He then explains how this process can have positive effects on pain and a variety of chronic conditions and diseases.

Dickson's is a presentation all doctors and potential patients should see, despite some information that may be too technical for some patients to understand. But their doctors can, and should be exposed to the potential of LDN.

Dr Phil Doyle

Low Dose Naltrexone in Pregnancy



Dr. Doyle explores the uses of LDN for women undergoing fertility treatment and in pregnancy. While acknowledging that no drug should be used indiscriminately during pregnancy, he discusses circumstances under which LDN might be considered for pregnant patients.

Dr. Doyle also reviewed the results of an in-depth patient survey that he and his clinic performed over the past two years, of patients who became pregnant while on LDN for other conditions, and who continued using LDN for at least part of their pregnancy.

Galyn Forster, M.S., L.P.C. Eugene Oregon, galynlg@hotmail.com

Emotional Dysregulation, PMS, Anxiety, Hypervigilance and Sleep Issues



Mr. Forster notes both the shortcomings of current pharmaceutical mental health treatments, and the potential benefits of using LDN for mental health problems. Although he is not a prescriber, as a Licensed Professional Counselor, he has seen many patients already using LDN for other issues.

He reviews several case studies from his practice, including patients suffering from PTSD, hypervigilance, sleep issues, and excessive anger, and many other mental health issues.

Mr. Forster discusses how LDN works to treat mental health issues. He reviews the one study on treating mental health issues with LDN, as well as studies researching high dose naltrexone for mental health issues.

He explains how childhood trauma affects patients, and how LDN can help mitigate those effects.

He reviews dosage, timing for the effective administration of LDN, and cautions for those who prescribe LDN.

Kent Holtorf, MD, Holtorf Medical Group, National Academy of Hypothyroidism

LDN and Thyroid Disorders



Dr. Holtorf explains how LDN can be used to address Hashimoto's autoimmune thyroiditis, whether the patient is Th1 or Th2 dominant, as well as how LDN works in Grave's disease. He explores how LDN can help modulate the immune system in a way that helps not only patients who suffer from full-blown thyroid disease, but also patients who are symptomatic and clearly have thyroid dysfunction, but don't meet diagnostic criteria.

He discusses reasons why many Hashimoto's patients aren't diagnosed, as well as what is required for accurate thyroid function assessment in the context of a variety of conditions, including fibromyalgia, chronic fatigue, PMS, obesity, diabetes, and insulin resistance.

New Evidence Based Treatments of Chronic Fatigue Syndrome and Fibromyalgia

Dr. Holtorf explains how CFS and fibromyalgia often are overlapping conditions, and why both are poorly understood and poorly treated in the mainstream medical system. He discusses in detail how these conditions can be accurately diagnosed, the signs and symptoms that suggest CFS, fibromyalgia, or associated infections (including Lyme and other common co-infections), and why they are often misdiagnosed.

He notes that both conditions are highly treatable, and LDN can be a key treatment for both, as well as the many "side" issues associated with both. He explains in detail why the outlook for patients is bleak in both conditions with "standard" treatment, how a variety of infections and physiological dysfunctions cause or affect other dysfunctions, and

discusses a remarkably effective approach that uses LDN as well as other modalities.

Dr. Holtorf also discusses several published studies that support an integrated approach to addressing these illnesses, as well as the latest information regarding tests to accurately diagnose immune dysfunction, CFS, and fibromyalgia.

Low Dose Naltrexone for Cancer Treatment – Dr Akbar Khan, medical director of Medicor

Cancer Centres Inc., where LDN is prescribed and dispensed at cost.



Dr. Kahn reviews many of the earliest and more recent studies of LDN in cancer treatment, including some that were abandoned. He also reviews voluminous anecdotal evidence

regarding a variety of cancers, including pancreatic and brain tumors.

Dr. Kahn then shares case studies of several Medicor patients and their protocols, noting the lack of adverse interactions with drugs other than opiates.

Dr. Kahn's takeaway for cancer specialists was that LDN is one of the gentlest and safest non-toxic treatments available. He encourages physicians to consider using LDN, and advises those who have used it to submit their experiences for publication.

Ulrich Lanius Ph.D., author of Neurobiology and Treatment of Traumatic Dissociation

Low Dose Naltrexone: Traumatic Stress, Dissociative Symptoms and Consciousness



Dr. Lanius explains how trauma (especially in childhood) can impact the brain's endogenous opioid receptors, and how stress can further dysregulate the brain's natural opioid system, with various psychological results.

He discusses his studies and others that have proven that LDN can modulate and increase the production and use of endogenous opioids and aid in the

recovery of patients with PTSD and other disorders related to chronic stress or trauma.

Dr. Lanius also discusses dosage, timing, and other considerations for the use of LDN to minimize side effects and maximize positive effects, and he shares the many positive effects LDN has had on his patients. He also discusses the importance of medical supervision for patients using LDN, as LDN can lead to a reduced need for certain other medications the patient may be taking concurrently.

Pharmacist Skip Lenz and Sarah Rudnik A Survey on the Effectiveness of Low Dose Naltrexone



This presentation covers results of a three-year study of LDN in 3,329 patients with rheumatoid arthritis, fibromyalgia, irritable bowel syndrome, ALS, and multiple sclerosis.

Patients in all disease categories reported significant improvement in pain and other symptoms at the end of the study.

Tom O'Bryan, DC, CCN, DACBN, adjunct faculty for the Institute of Functional Medicine, www.theDr.com

Dietary Triggers of Pain and Inflammation Thwarting LDN Effectiveness



Dr. O'Bryan, who teaches and advises on functional nutrition, explores how gut dysbiosis often is the trigger to immune dysfunction and autoimmune disease.

He uses a complex patient history as an example – a three-year old girl who had celiac disease and a supposed “tumor” in her eye that healed after she went on a gluten-free diet and was put on other dietary restrictions that helped her gut begin to heal.

He discusses how gluten and other foods to which some patients are particularly sensitive can prevent LDN and other treatments from working, as well as the critical need for doctors to assess patients for dietary sensitivities and reactions during the diagnostic phase, and include nutrition and

supplement therapy along with all other approaches from the beginning.

Armin Schwarzbach MD PhD, Specialist for laboratory medicine at ArminLabs, specializing in tick-borne diseases.
info@arminlabs.com ,
www.arminlabs.com

Symptoms and Laboratory Tests in Chronic Lyme Disease and Co-infections



Dr. Schwarzbach presents a detailed overview of Lyme disease, its clever ways of avoiding detection and eluding treatment (think biofilms), and the many co-infections that can occur in immunocompromised patients, either soon after the initial Lyme infection or years later.

In addition to detailing some of the common co-infections as well as risks of untreated Lyme disease and co-infections, he discusses common treatments, including LDN.

Mark Shukhman, MD.

Low Dose Naltrexone and Sexual Functioning –



Many patients with autoimmune diseases experience sexual dysfunction—erectile dysfunction, reduced libido, inability to ejaculate or reach orgasm, and other issues.

Dr. Shukhman acknowledges the common belief that this is because AI diseases cause hormonal imbalances, but he explores the possibility that those imbalances, instead, cause some AI diseases.

Dr. Shukhman believes sexual dysfunction likely is very common in most autoimmune diseases, but most doctors don't ask about it and patients don't volunteer information. Too often, symptoms of hormonal imbalance are blamed on the primary diagnosis rather than the imbalance itself.

Dr. Shukhman discusses how identifying and resolving sexual dysfunction—by improving hormonal balance—can dramatically improve the physical and mental health of AI patients, and notes the growing evidence that, alongside alleviating AI

symptoms and inflammation, LDN in many cases improves hormonal health.

So far, the best results have come with the longest duration of treatment. Dr. Shukhman recommends further study in this area, and he's looking for volunteer study participants of both genders.

For more information, contact him at Dr. Mark Shukhman@gmail.com.

Brian D. Udell, MD,
www.theautismdoctor.com

Low Dose Naltrexone and Autism Spectrum Disorder

After an explanation of autism, diagnostic



criteria and traditional, medical and biomedical treatments, Dr. Udell discusses how LDN is being used by some professionals as an adjunct to all three. He explores how LDN can enhance the effects of other treatments, and explains how specifically LDN can help to address a variety of symptoms common in autistic patients. Dr. Udell reviews studies that show promising results for the use of LDN for autism. He also suggests considerations for future studies.

Leonard Weinstock, MD, Associate Professor of Clinical Medicine, Washington University School of Medicine; President, Specialists in Gastroenterology

New Use for LDN: Sarcoidosis

Dr. Weinstock notes that 176 diseases and conditions have been identified that can benefit from LDN treatment, but there are few publications offering information related to each.



He personally has used it successfully for alopecia areata, chronic fatigue syndrome, complex regional pain, constipation, Crohn's disease, fibromyalgia, eczema, MS and other autoimmune diseases, prostatitis Type III, irritable bowel syndrome, interstitial cystitis, AIDS, SIBO, ulcerative colitis and a few others.

However, the focus of Dr. Weinstock's presentation is his use of LDN in the treatment of sarcoidosis, specifically in cases with pulmonary and bowel involvement, illustrated by three patient histories.

Dr. Weinstock describes typical sarcoidosis treatment, and explains how LDN can be helpful. His patients on LDN—two with pulmonary sarcoidosis and one with primary bowel involvement - experienced decreased fatigue and either stopped using steroids altogether or drastically reduced dosage.

He encourages physicians to consider LDN as a companion therapy and to track anti-inflammatory markers and pulmonary function, and share their results with colleagues.

Is Restless Legs Syndrome an Inflammatory Disease?

Dr. Weinstock offers a thorough review of the diagnostic criteria and symptoms of restless leg syndrome, and the various classifications – idiopathic, familial (known genomic markers) and secondary.

He also explains the suspected role of SIBO in RLS, reviewed rifaximin studies and the role of inflammation and endorphins in the disease. He also reviews as well treatment with immuno-modulating drugs such as Rifaximin and, of course, LDN.

Weinstock summarizes that LDN can be a valuable companion treatment for RLS itself, as well as for many of the companion conditions – especially SIBO, IBS and other digestive conditions involving inflammation and/or immune dysfunction – that often occur alongside RLS.

Ulcerative Colitis: LDN Rx

Dr. Weinstock begins by explaining how ulcerative colitis generally involves a bacterial trigger that causes gut dysbiosis and altered mucosal health, autoimmune changes and recurring or constant inflammation.

He explains in depth the most common triggers for autoimmunity and the resulting impact on the gut microbiome and mucosal lining and its function.

He notes how LDN can be helpful in colitis and other

immune or autoimmune related digestive conditions because of the various ways its interacts with or impacts specific immune cells, as well as endorphin receptors.

He compares LDN to traditional UC treatments, and discusses the drawbacks of traditional UC treatments as compared to LDN. He cites recent studies of LDN in Crohn's disease and UC that show proven promise alongside traditional treatments, with its effectiveness instead of those treatments yet to be determined. Several studies are ongoing.

Jarred Younger, PhD, University of Alabama at Birmingham

Calming Microglia: A Future Method for Treating Multiple Sclerosis



After going over the pathophysiology of MS and previous trials and studies of LDN use in MS, Dr. Younger discusses current trials and studies, and potential future research and LDN applicability in treating multiple sclerosis.

He explains why many previous trials are flawed, and how despite the flaws, those studies still show promise for LDN as a treatment for multiple sclerosis. Dr. Younger also discusses specific elements that would make future trials more useful in assessing the potential role for LDN in treating all types of MS.

PDF PowerPoints for each presentation are available.

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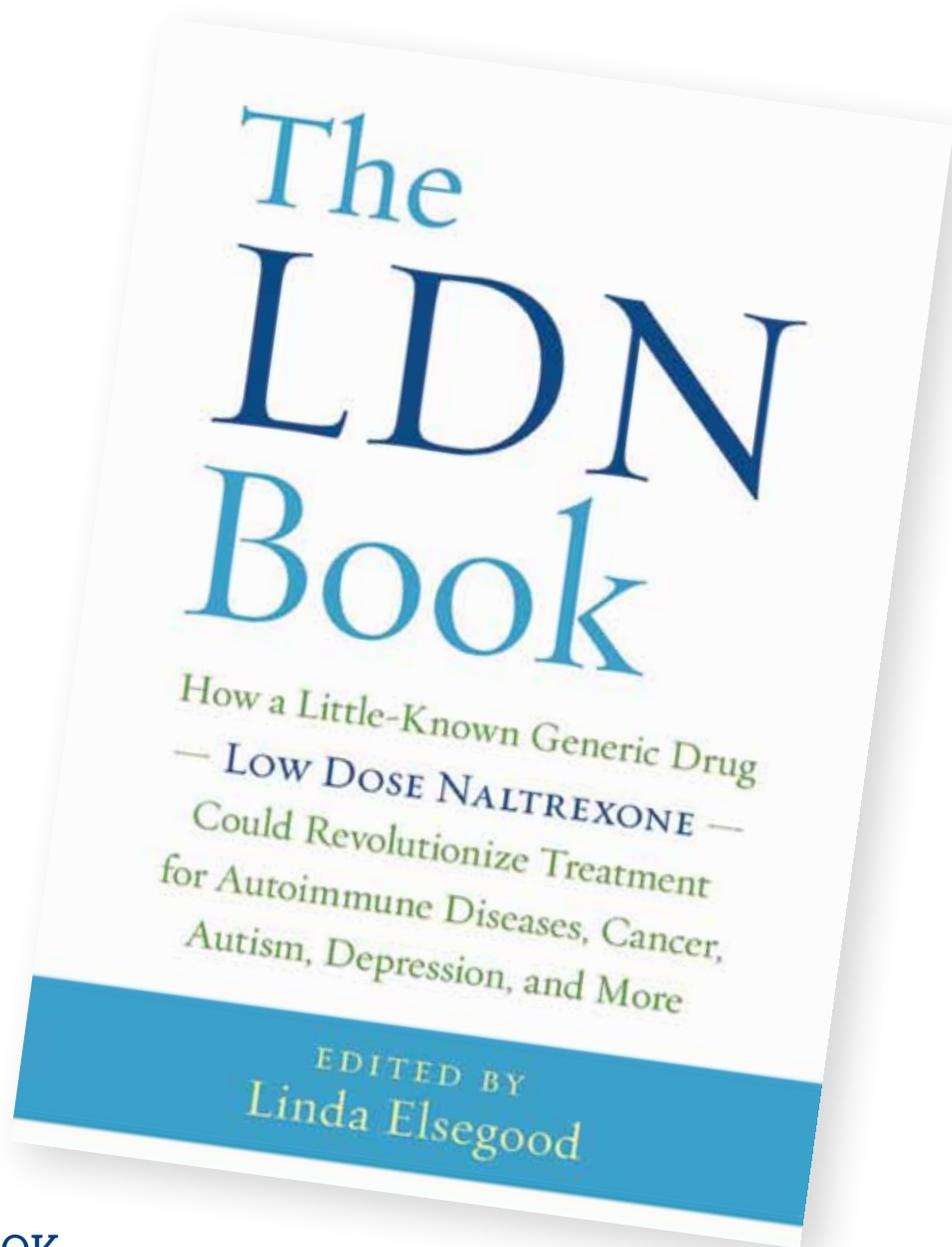
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THE LDN BOOK

Low Dose Naltrexone (LDN) holds the potential to help millions of people suffering from various autoimmune diseases and cancers, and even autism, chronic fatigue, and depression, find relief. Administered off-label in small daily doses (0.5 to 4.5 mg), this generic drug is extremely affordable and presents few known side effects. Why has it languished in relative medical obscurity?

The LDN Book explains the drug's origins, its primary mechanism, and the latest research from practicing physicians and pharmacists as compiled by Linda Elsegood of The LDN Research Trust, the world's largest LDN charity organization with over 19,000 members worldwide. Featuring ten chapters contributed by medical professionals on LDN's efficacy and two patient friendly appendices, The LDN Book is a comprehensive resource for doctors, pharmacists, and patients who want to learn more about how LDN is helping people now, and a clarion call for further research that could help millions more.

The LDN Book launch is at the LDN 2016 conference, we are offering attendees in Orlando the chance to purchase the book at \$20 instead of the RRP of \$27.99



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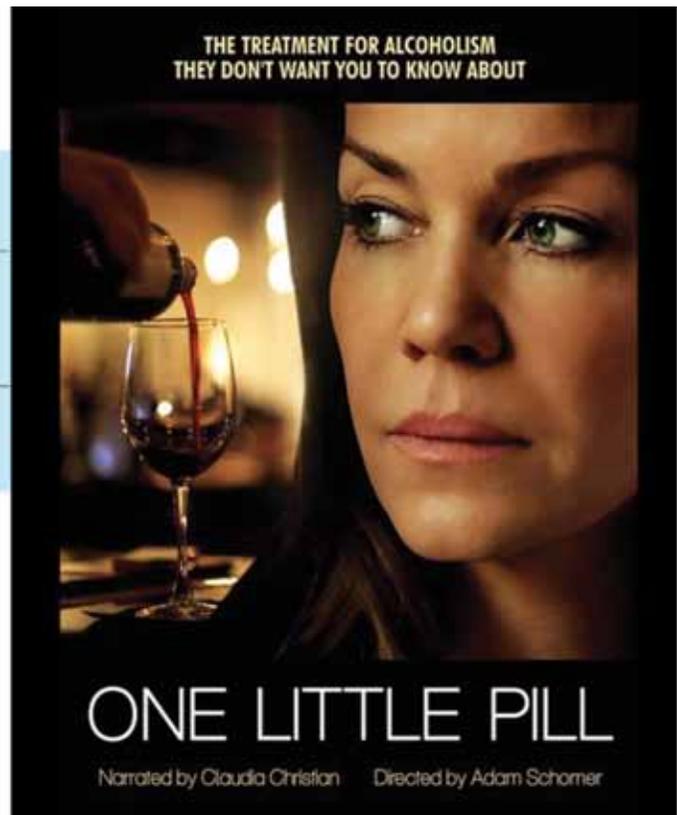
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Lachlan is a highly experienced hypnotherapist, certified by the International Association of Professional Conversational Hypnotherapists - (IAPCH). Over the last years, Lachlan has been working with and helping several people suffering from chronic diseases, especially in the control of chronic pains, negative emotions or states of mind caused by such conditions.

During the conference Lachlan will be available for private consultations.
Contact him for more information

Lachlan will be available to give 20 minute Clinical Hypnosis Tester Sessions on:
Saturday 20th from 8.30 am - 8.30pm and Sunday 21st from 8.30am - 3pm (Est time zone)
He is available either in person or Via Skype, regardless of where you live in the world.

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myLDN App keeps track of the changes to your LDN dosage and keeps a record of how this affects you in these key life markers:

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- **Sleep patterns**
- **Pain**
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You can also add any other medications or supplements you take to myLDN and track their dosage and frequency taken.

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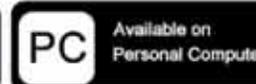
myLDN App is available on Window Phone, iPhone, Android devices, PC's/Laptops and Amazon Kindle.

We are making exciting headway in regards to research and with your help, now more than ever before, LDN users can make a huge difference and impact.

The collage displays several key features of the myLDN app:

- Home Dashboard:** Shows the next LDN dose (Mon at 19:26), a mood tracker for the day (Today is Great), and a Quality of Life report due on Jan 16.
- Medications:** A list of medications with a table for tracking doses.

Medication	Dec 13	Dec 25	Dec 22	Dec 3
LDN (Liquid 3mg Night Dosing)	11:22 PM 3.0mg	7:03 PM 12.0mg	10:53 PM 12.0mg	10:22 PM 12.0mg
- Quality of Life History:** A timeline showing quality of life scores from Dec 8, 2013, to Jul 30, 2014.
- Exercise:** A list of activities such as Aqua Therapy, Badminton, Cardiovascular Aerobics, Cricket, Cycling, Dance Classes, Football, Golf, and Jogging.
- Charts & Graphs:** A pie chart for Pain Symptoms and a line graph for Quality of Life over time.



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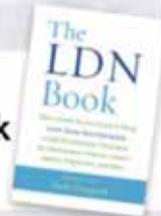
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1. Journal of Chronic Fatigue Syndrome - Volume 14.3 (July) 2008