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# LDN IN PRESS!



## LDN in the Press: The Start of Recognition?

'Can we move the articles around?' reads the email in my inbox, 'This is a BIG DEAL!' The message is from Linda Elsegood, one of the main trustees for the LDN Research Trust. Initially jolted by the sudden layout change to the newsletter, I click the link she's included. 'Wonder drug that eases multiple sclerosis side effects' reads the article headline, 'Christine Fieldhouse asks if a medicine to treat addictions can relieve symptoms of the autoimmune condition.'

The article was powerful in its simplicity: "'Since being diagnosed with multiple sclerosis (MS) in 2003 [*sic*] there have been times when Linda Elsegood has felt her life so hopeless that she seriously considered ending it. "Looking at the tub of pills, I knew my family would understand why I'd taken my life," she adds. "The only thing that stopped me was that my husband Marcus, a sound engineer, was working and I knew it would be my daughter Laura who'd be first home.

Since I'd been ill she'd looked after me. I couldn't let her be the one to find me. My only option was to try to live again so

*Words: Aisha Clarke / Christine Fieldhouse / Linda Elsegood*

*Written for the LDN Research Trust, based on an article in the Daily Express*



I started searching on the internet to find out what other sufferers were doing."

My hesitation over the newsletter layout evaporates. Linda is right; this is a big deal. The Press as a whole seem unaware of LDN, especially the daily papers. Without a doubt, even Fieldhouse sticks close to the facts; 'Low-dose naltrexone (LDN) is unlicensed to treat MS because it hasn't undergone full clinical trials for the condition and is prescribed only by doctors', but allows the sufferers to speak for her: 'MS sufferers were reporting amazing results from taking amounts as low as 1.5mg a day.'

Possibly the best news is hidden towards the end of the article: 'Now US company TNI Biotech plans to run clinical trials on

LDN and MS as soon as funding is secure.' Clinical trials are one of the only things preventing more widespread use of LDN. With this and other articles slowly appearing in the national newspapers, it can only be hoped that more and more UK-based companies begin to take note of the benefits of LDN for the range of conditions it can help.

Ms Fieldhouse's article may focus a little too much on symptoms rather than support, but it is a major step for the UK press in recognising LDN. 'LDN isn't a cure for MS', the article finishes, quoting Linda, 'but it's given me a life rather than an existence'.

The LDN Research Trust actively campaigns for the clinical trials this article mentions, so people suffering as Linda did can start living, rather than existing. We have contacted the Daily Express for permission to reprint Ms Fieldhouse's article and will publish it in full when possible. Until then, you can read the full article here:

[Daily Express Article](#) (Tue, July 8, 2014)

*Trustee Linda Elsegood would like to correct the article's incorrectly printed diagnosis date of 2000. She was diagnosed in 2003.*

**dickson**  
chemist

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## Understanding Low Dose Naltrexone / LDN for Autoimmune Disease

As a physician who regularly prescribes a medication known as "Low Dose Naltrexone" -- or LDN for short - for patients with autoimmune diseases, I wanted to touch on my use of LDN in my medical practice.

First, a bit of background. The drug naltrexone was originally used to help patients who were struggling with addiction to drugs like heroin and opium. The drug blocks the body's receptors for the opioids in these drugs, and was approved in 1984 by the FDA, at a 50 mg per day dosage.

Other uses for naltrexone were discovered and came into use by a pioneering New York City physician, the late Bernard Bihari, MD. Dr. Bihari found that a very low dose of naltrexone -- he was prescribing 3 mg per day -- could modulate the immune system, and help with the response to infections such as HIV, certain cancers, and autoimmune diseases.

How does naltrexone modulate the immune system? It's a fairly complicated process, and even scientists don't completely understand how and why LDN works for autoimmune diseases, cancer, infections and inflammation. But here's a basic explanation: The body produces natural opioids - known as endorphins. In addition to affecting mood and energy, endorphins affect the immune system and cell growth. Naltrexone binds to the body's receptors for opioids. When LDN is taken in low doses, the bound receptors become temporarily more active and sensitive, and the body naturally produces more endorphins, which helps support and rebalance the immune system.

After becoming aware of Dr. Bihari's research and findings, as well as the increasing body of information regarding LDN, I began to incorporate use of LDN into my medical practice during the past decade.

When a patient with autoimmune thyroid disease (Hashimoto's disease, or Graves' disease), has significantly elevated antibodies and symptoms. I've found that some of these patients respond well to LDN at a dosage of approximately 4.5 mg a day. Over time, in some patients LDN helps significantly relieve symptoms. For some patients, there is a measurable drop in antibodies along with the symptom relief. In a few cases, patients' antibody levels have returned to the normal reference range, and they achieved a complete remission from their symptoms.

I do need to mention however, that for Hashimoto's patients, I consider LDN an effective adjuvant treatment. The drug does not substitute for what I consider an essential part of Hashimoto's treatment: making important and necessary dietary changes such as going gluten-and dairy-free, as well as following other anti-inflammatory dietary guidelines.

I also prescribe LDN to a number of multiple sclerosis (MS) patients, who typically are treated with powerful immunotherapeutic drugs. Some patients have had

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significant improvement in symptoms, and were able to lower doses of these costly and side-effect laden medications. Because MS patients who receive LDN at levels above 3.0 mg may experience increased spasticity, I am careful to work with lower doses of LDN in this patient group.

I've also seen significant symptom relief, and the ability to lower other medications, for my patients with digestive diseases, including Crohn's disease, ulcerative colitis, and irritable bowel syndrome. In those patients, I recommend that the is delivered LDN transdermally, to bypass the gastrointestinal tract and help ensure improved absorption.

For a detailed overview of LDN, I recommend reading the LDN Research Trust's [Information Pack](#), a PDF file that includes background information, research citations, and a lengthy list of conditions that LDN has helped.

It all sounds promising, but there are some challenges involved in LDN treatment. First, it's important to understand that while LDN is an FDA-approved drug, the use of LDN for treatment of anything other than addiction is considered "off-label." Off-label means that while prescribing the drug is legal, it has not been approved by the Food and Drug Administration (FDA) as a treatment for the diagnosed condition. This does not suggest that use of LDN for autoimmune diseases is not safe or effective. It is a reflection of the economics involved in going through the FDA approval process. LDN is a generic and unbranded drug -- not owned or marketed by a big pharmaceutical company. Because the FDA approval process is time-consuming and costly, it's not likely that any companies would be in a position to finance the FDA approvals process for use with the many diseases LDN is being used..

The challenge is that many doctors are not aware of the off-label treatment potential of LDN, so LDN may never be suggested. Some physicians also routinely refuse to prescribe any medications for off-label use. This is even more likely with physicians who participate in insurance, or who are part of Health Maintenance Organizations (HMOs), which typically have strict rules regarding off-label prescriptions.

Second, while it is considered safe, LDN does occasionally have side effects. While many patients experience no side effects from LDN, in some cases, patients experience fatigue, sleep disturbances, insomnia, vivid dreams or nightmares while adjusting to their dosages. If patients are given too much LDN, these symptoms can be more problematic.

Third, it can be a challenge to find a physician with experience prescribing LDN. Physicians frequently learn about cutting-edge treatments from drug company marketing materials, educational programs, and company representatives. Since LDN is a generic drug, there are no educational materials being distributed on a wide scale to physicians to explain the off-label use of LDN for autoimmune and other conditions. are unfamiliar with the drug's use, and do not prescribe it.

This means that many physicians are unfamiliar with the drug's use, and do not prescribe it. In some cases, physicians will prescribe it, but if they are not familiar with the precise dosing protocols for different conditions, they can underdose -- and patient and practitioner will feel that the LDN is ineffective and stop the therapy prematurely. Or, they may prescribe too much, causing more of the side effects. This can often also lead to a patient stopping the drug, rather than changing the dosage. I have seen many patients who have gotten prescriptions for LDN from physicians who were not familiar with the proper treatment protocols for LDN, and both patient and practitioner considered the LDN therapy a failure. When put on the appropriate dosage, the patients did not experience side effects, and had success with their LDN treatments.

Medication dosages may need to be lowered as antibody levels drop or as symptoms improve on LDN therapy. But some physicians do not realize the importance of carefully monitoring patient response to LDN. A good example of this is in treating autoimmune Hashimoto's thyroiditis patients. Typically, these patients are taking some form of thyroid hormone replacement -- natural desiccated thyroid (Armour, Nature-throid), synthetic T3 (Cytomel), or levothyroxine (Synthroid, Levoxyl, Tirosint.) If the patient has a positive response to the LDN, I retest their Free T4, Free T3 and TSH thyroid levels, because, as in some cases, they require a drop in their thyroid medication dosage. If their levels aren't tested, and medication adjusted as a result, these patients run the risk of becoming overmedicated on their thyroid drugs, and suffering from hyperthyroid symptoms.

A fourth challenge is quality control of LDN. LDN is often obtained from compounding pharmacies, and not all compounders are equal. Unfortunately, some are selling LDN that has little active ingredient, making it ineffective. I almost exclusively recommend that my patients get LDN prescriptions filled by Skip's Pharmacy. Pharmacist Skip

Lenz is an expert compounder, and has worked with LDN patients for years.

A fifth challenge is self-treatment. Some patients take it upon themselves to purchase LDN off-shore -- meaning they are buying it without a prescription from pharmacies outside the United States, and having it shipped to them. This approach can cause a variety of problems, because:

(1) the legitimacy, quality, potency, and safety of the drug can not be ensured; (2) It's easy for patients to improperly dose themselves; and (3) in some cases, if there is a positive response to the LDN, as symptoms improve, dosages of other medications need to be reduced, as I

### About David Borenstein, MD

David Borenstein MD is one of New York City's premier integrative physicians. His focus is combining the best of traditional and holistic medicine - including hormone balance, acupuncture, pain management, nutritional approaches, and supplements -- offering comprehensive and personalized medical and health care service.

Dr. Borenstein is board-certified by multiple medical associations, including the American College for Advancement in Medicine and the American Academy of Anti-Aging Medicine. He is board certified in Physical Medicine and Rehabilitation, and certified in Medical Acupuncture. Dr. Borenstein offers full-service integrative medical care at his New York City-based Manhattan Integrative Medicine. Dr. Borenstein also offers telephone consultations regarding LDN therapy.

<http://www.davidborensteinmd.com>



<https://www.facebook.com/ManhattanIntegrativeMedicine>

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**For More information on LDN:**

[LDN Research Trust Website](#)

[LDN Research Trust Forum](#)

[YouTube Channel](#)

[LDN Research Trust Facebook Group](#)

[LDN 2014 Conference](#)

[LDN Conference on Facebook](#)

[The LDNRT on Twitter](#)

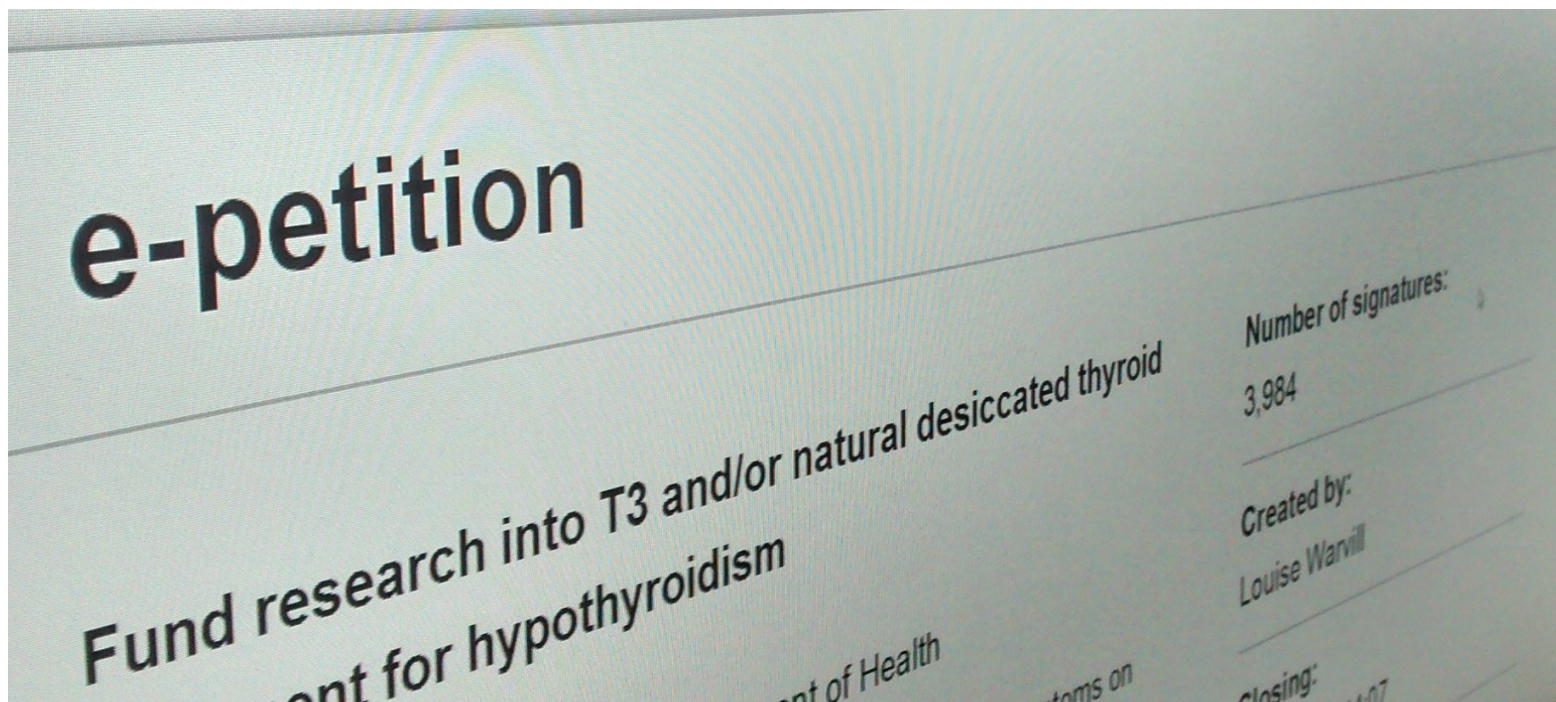
[LDN App Facebook Page](#)

[Health Unlocked](#)

[Google+](#)



## Sign the Petition for better funding from the Department of Health



Mary Foord-Brown, calling on the government to better fund alternative testing options for those with thyroid and autoimmune diseases.

One size does not fit all when it comes to autoimmune disease. Autoimmune

diseases can come along like buses all at once, if we are unfortunate to gain one disease after another.

Many patients and indeed medical practitioners feel let down by the narrow banding of the Thyroid tests and also their lack of efficiency.

Arming Patient and GP's/consultants with choice, i.e. with a variety of tools in the box. can help patients return to some sort of normality. This works on many levels, rather than just possible customer satisfaction. Economically speaking regarding less days off work and less state assistance if severely unwell.

For instance I myself decided to take up using LDN, as other drugs sent my obviously over active immune system into orbit. LDN would also give GP's and consultants something else to offer to a patient plagued with autoimmune symptoms, some difficult to live with.

This brings me to choices in other areas of medicine. Many people with autoimmune disease, end up with some sort of Thyroid problem alongside their other autoimmune diseases although of course some will just have a stand alone Thyroid problem.

Whichever one of these it is noticeable that Thyroid treatments themselves appear to stand alone, i.e. no choice whatsoever, and if there is a look into the other viable and cheap option, it is often fought for by the patients or even bought at their own expense. This timely petition is a call to action.

Patients and medical practitioners need more scope and confidence to look at alternatives to enable the best outcome for people unlucky enough to suffer with any form of Thyroid problem.

I wish to consult doctors and consultants about my own health who have been adequately trained at medical school having been thoroughly brought up to speed on all treatments that could work regarding Thyroid issues.

Please consider signing and sharing the petition below. Thankyou.



GOV.UK

## Sign the e-petition

<http://epetitions.direct.gov.uk/petitions/64191>



## Naltrexone à faibles doses Groupe Francophone



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Find us on  
**facebook.**



*Alex Overton is the moderator for the French section of the LDN forum and admin for the French LDN Facebook page.*

**About the author:** I suffer from Psoriatic Arthritis and other related autoimmune diseases.

I started taking my prescribed autoimmune drugs, 3 weeks later I ended up in hospital with a suspected TIA. I have since found out that the same medicine only offers a 20% chance of helping, but with some very serious side effects.

For me LDN has given me my life back and a choice that I did not think I had. My tiredness has virtually subsided and I am now able to work again. I have the odd vivid dream but apart from that I have no side effects. I am off all prescription medicine. I have changed my diet and removed some problem foods but I rarely take painkillers now.

My disease has not disappeared but I feel so much better than I did

before.

After searching many hours for information on LDN online I have found very little information available in French.

This group welcomes all French speaking people interested in finding out more about LDN and how to get hold of it. I am English so fortunately can understand and listen to the hundreds of positive testimonials of LDN. This is not the case for the French, the information is just not available.

This really needs to change. It is my hope that the French speaking community shares and tells their story and experience with LDN. Please help us help those who may be suffering unnecessarily, LDN gave me my life back now I want to pass this on. If you can write in French and are willing to share your experience with LDN please connect with us on Facebook and tell us your story.

### À propos de l'auteur:

Je souffre d'arthrite psoriasique et d'autres maladies auto-immunes liées. J'ai commencé à prendre les médicaments prescrits auto-immunes et 3 semaines plus tard, je me suis retrouvé à l'hôpital avec un AIT Accident ischémique transitoire suspecté. Depuis, j'ai découvert que le même médicament offre seulement 20% de chance que ça fonctionne, mais avec des effets secondaires très graves.

Pour moi LDN m'a redonné de la vie et un choix que je ne pense plus avoir. Ma fatigue a ratiquement disparue et je suis maintenant en mesure de travailler à nouveau. Parfois je fais un rêve étrange, mais à part ça, je n'ai pas d'effets secondaires. Je j'ai arrêté tous les médicaments prescrits. J'ai changé mon alimentation et supprimé certains aliments à problème, je prends rarement des analgésiques maintenant! Ma maladie

n'a pas disparue, mais je me sens beaucoup mieux qu'avant.

Après de nombreuses heures de recherche pour obtenir des informations sur LDN en ligne, j'ai trouvé très peu d'informations disponibles en français. Ce groupe accueille toutes les personnes francophones qui veulent en savoir plus sur LDN et comment se le procurer. Je suis anglais, donc j'ai la chance de pouvoir comprendre et écouter les milliers de témoignages positifs sur LDN. Ce n'est pas le cas pour tous les français, l'information n'est tout simplement pas disponible.

Cela doit vraiment changer. J'espère que la communauté francophone raconte leur histoire et leur expérience avec LDN. S'il vous plaît aidez-nous à aider ceux qui souffrent inutilement, LDN m'a redonné ma vie, maintenant, je veux le transmettre. votre expérience avec LDN s'il vous plaît communiquer avec nous sur Facebook et dites-nous votre histoire.

## Support the LDN Trust and WIN up to £25,000 every week!



*This post is an advert and fundraising appeal from the LDN Research Trust.*

The LDN Research Trust is a small UK-based not-for-profit charity committed to initiating clinical trials of Low Dosage Naltrexone (LDN) and supporting anyone with diseases like cancers, Multiple Sclerosis, Crohn's Disease, fibromyalgia and many others. We work closely with worldwide medical professionals to further research and work into LDN and its benefits for multiple conditions. To assist us in our work, we have a growing member base of doctors, pharmacists and current LDN users.

If you are reading this, you will already be aware of the case for LDN usage. Our latest fundraising campaign lets you donate *and* potentially win up to £250,000 every week! The LDN Research Trust has partnered with The Weather Lottery, a UK-based lotto run by Prize Provision Services Ltd on behalf of local charities. With an average chance of one in 63 chances of winning a prize of up to £25,000, your £1 ticket price will go towards helping us help others in the LDN community.

As a small charity, we appreciate every donation we receive, no matter how small. We receive around 37 pence out of every pound, with the rest of the money covering The Weather Lottery's prize fund and administration costs. Every penny we receive goes back into helping us help others and lets get the word out about LDN.

How it works: When you sign up to the Weather Lottery, you will be assigned six numbers. Your numbers will then be checked against the last six digits of temperatures in Fahrenheit as published by the Daily Mail on the day of the draw, from six places around Europe.

Match 3 numbers and you win £2, match 4 you win £20, 5 numbers wins £250 and all six will win you the full £250,000 jackpot! The Weather Lottery jackpot is not shared between winners, so your jackpot will be 100% yours if you win.

- The weekly Weather Lottery Draw costs just £1.00 per entry.
- Win up to £25,000 every week!
- The Weather Lottery has so far paid out over £4,800,000 in prizes, to over 800,000 winners. Will you win one of the next jackpots?
- Sign up here and help support the future work of the LDN Research Trust:

[Play Now >](#)

### Example results:

Corfu	Istanbul	Tenerife	Innsbruck	Edinburgh	Stockholm
83°F	96°F	81°F	77°F	62°F	64°F

Match your numbers to win! The jackpot winning numbers in the example above would be 3, 6, 1, 7, 2 and 4.

This lottery is limited to UK players only. Terms and Conditions may apply.





## The LDN AIIC conference 2014: What Happens in Vegas... *is live streamed worldwide!*

Behind the scenes of the LDN 2014 conference, there is a palpable sense of excitement. There are meals to organise (exactly how many danishes do you need to feed that many guests?), networking parties to book at the inimitable Oscars bar and restaurant in the heart of downtown Las Vegas, and a maze of logistics in co-ordinating high profile LDN specialist speakers with expert panels and Q&A sessions.

The forum admins remain remarkably calm about the whole thing as they create conference threads in the main LDN forum. 'More Information On Our LDNRT Website!' posts moderator ckhurts. 'The schedule may change without prior notice', they remind underneath the Conference Schedule.

With 18 speakers from around the world, ranging from celebrity supporter and actress Claudia Christian to medical professionals such as Dr. Pradeep Chopra and representatives from the LDN Research Trust, the LDN Conference is undoubtedly the LDN event of the year.

Full of technological promise, the conference venue often looks like something decidedly Sci-Fi (this writer is strongly reminded of Ten Forward from Star Trek), with the odd wall full of television screens and impressive light displays. The sheen Las Vegas puts over everything is evident in buckets, from the glittering worktops in the kitchens to the huge coloured ostrich feathers (straight out of a dancing girls' costume) in vases in the seating areas.

The actual conference stages are minimalist and much

more sensible, with flexible seating, a huge presentation screen and reasonable lighting. With completely accessible entrance to the venue, MEET Las Vegas looks to be the ideal setting for the LDN AIIC 2014 Conference for everyone who can make the trip.

Of course, there are many people who are unable to simply hop on a flight to Nevada, USA for whatever reason, from medical conditions to finances to simple scheduling conflicts. 'This is hardly fair', I hear you say, 'I really want to see Speaker 12!' Fear not, you can. The 2014 Conference will be the first to be live streamed worldwide.

With a dedicated streaming site, the Conference will be available live on any device with an Internet connection, from your tablet to your xBox to your home PC. If that wasn't convenient enough, your live streaming ticket will give you infinite replay value after the conference has finished in the form of an edited recording, giving you all the best bits as many times as you want.

We will be providing the streaming service for a reduced rate depending on donations, with our ideal fundraising goal of £12,450 (\$20988 US) making your ticket free – see the table on page X for further details.

Tickets for the conference (in person or over a stream) including up-to-date prices and information is available at the [LDN Conference site](#). We know this is going to be the event of the year for our LDN community. We hope you can join us.





**Dr. Laurie Marzell, N.D., N.C.M.P.**  
**NATUROPATHIC PHYSICIAN**  
**NAMS CERTIFIED MENOPAUSE PRACTITIONER**

## Low Dosage Naltrexone: Case Studies by Dr. Marzell

**Case #1** My interest in low dose naltrexone had a resurgence when a patient of mine returned to Portland with a diagnosis of inoperable gall bladder cancer. She had been biopsied all over her abdomen and metastases were present in virtually every sample of tissue. She was expected to die within a few months, and although the prognosis was grim, I wanted to do everything possible to help minimize pain, suffering and extend her life as much as possible. I reviewed the research regarding LDN treatment, with particular interest in the mechanisms of how it works and how it effects the immune system. I was amazed to learn the many systems endorphins affect. What fascinated me the most was how endorphins stimulated cells to hook into cancer cells and "tell the cells" to kill themselves (autolysis). Wow! I reviewed the work of Burt Berkson, M.D. and was amazed at the cancer cases he had published. Life was extended way beyond expectations and in some cases the patients were still alive and functioning well. I wanted to present the information to the patient's very worried children, who, of course wanted the best for their mother.

The patient was started on LDN and within a few days, she had more energy, and felt better in general. She lived about nine months; long enough to have time with her children, brothers, mother and fiancé; long enough to say good bye. I felt she had minimal pain and discomfort, she was alert and slowly became more fatigued until the time came. I realize that the naltrexone given at this stage did not save her, but I believe it helped to minimize discomfort and pain.

As I continued to increase my understanding of LDN, I was fortunate enough to attend a few conference

devoted to its widespread use, including an excellent one last year with the LDN Research Trust. I became more aware of how naltrexone can be used to treat autoimmune disorders, pain syndromes, depression and even to prevent cancer in individuals with strong family histories.

### **Case #2** Depression/Anxiety Post Breast Cancer

This case was a woman about 60 years old who had had breast cancer, four years ago. The cancer had been treated early, but was aggressive and hormone replacement was not advised. The loss of hormones can cause not only problems such as heart disease, bone loss, and vaginal atrophy, but can be associated with anxiety, fatigue and depression.

This patient had all the psychological consequences. I considered the options for treating an anxious/depressed patient such as this. The usual antidepressants are famous for decreasing sexual interest, which was already a problem with her drop in hormones. Many of the natural alternatives are just not strong enough to treat anxiety.

Low dose naltrexone not only would help with energy and a positive attitude, but the effect on the immune system, would increase the strength of immune surveillance against the development and spread of further cancer cells. Therefore, it would not only be preventive against recurrence of breast cancer, it would help with depression, anxiety and fatigue without adversely affecting sex drive; two benefits with one drug!

She started the LDN, and within one week, her daughter noted to me that she saw a difference in her

, her daughter noted to me that she saw a difference in her mother's attitude. She noted that her mother was more tolerant, got less angry and judgmental and was fun to be with. She said to me, "I have my mother back!"

### **Case #3** Fibromyalgia

This case involved a woman in her early 60's. She had muscle aches and pain for about 15 years. Although I treated her by eliminating food allergies, gave a variety of nutritional supplements and vitamin injections, she continued to ache.

She was treated with Vicodin, which she became dependent on. I suggested that LDN might help her to eliminate the Vicodin, and may help brighten her mood, decrease her fatigue, as well as help eliminate the pain and aching she had with fibromyalgia for years. She decided to try it.

I received a call from her after three days. She was in tears, saying that the fibromyalgia pain was gone. Those are the types of calls every doctor cherishes.

### **Case #4** Multiple Sclerosis

This case involved a 53 year old female who had been diagnosed with MS. Her energy improved with the LDN, and some of her MS symptoms, such as tingling down her leg have resolved.

This patient frequently "forgets" her medication, and has seen some of her symptoms resolve and return, depending on whether she is taking the LDN or not. She is also greatly helped with oestrogen therapy.

### **Case #5** Psoriatic Arthritis

This case involved a female 60 years old who developed joint pain in her second toe only. She was quite physically active, and concerned about the possibility of limiting her activity due to joint pain and potential deformity. She consulted with a rheumatologist who diagnosed her with psoriatic arthritis, recommending injection of the joint with steroids.

She advised the doctor she would like to try another therapy, but would return for his evaluation, and then, if needed, have the joint injected. She started on LDN, and within 10 days, the joint pain was gone. Not only that, but continuing on the LDN, the small amount of psoriasis she had started to heal, returning to normal skin, and her mood elevated. She reported more energy and a brighter attitude than before.

She did return to the rheumatologist for evaluation of her toe joint; was advised that it was better; the procedure was no longer warranted.

I am now using low dose naltrexone for any autoimmune disease, and any disease where excessive inflammation is a problem. I consider it for pain relief, protection of patients who have very strong family histories of cancer, as well as patients who have had or currently have cancer. I am usually impressed with the results of each case.

I have found using LDN for depression remarkably effective. Considering the unfortunate side effects of the current medications for depression, I feel LDN a better alternative. My patients are sometimes reluctant to try the naltrexone.

I am a physician specializing in natural treatments, so a red flag usually arises when I discuss a drug therapy. I remind my patients that the drug is really not doing the work, it is their own hormone production which is stimulating their own immune system to perform all these wonders.

I believe that LDN use is an absolutely superior therapy for pain management and chronic inflammation. LDN is capable of not only stopping the pain, but also suppressing the inflammation.

The results I am seeing are usually noted very quickly. Some patients only need a small dose of LDN, such as 1.5 mg. Some need to start with an even smaller dose. I tell all my patients that they may experience vivid dreams. Some do well with taking the medicine prior to bed; and some simply cannot sleep well with that regiment. They usually do well with the morning dose.

LDN can do so much by stimulating endorphins and enkephalins. I believe the body's own hormones are much safer than most drugs.

I encourage anyone considering this therapy to find a physician knowledgeable in its use.

Please feel free to contact Dr. Marzell for more information, or to sign up for her clinic newsletter at [www.drmarzell.com](http://www.drmarzell.com)

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# The LDN RESEARCH TRUST Survey 2014

Are you currently taking LDN? If so, you can help worldwide research into LDN and its users. You can help inform the medical profession, other LDN users and potential users alike. All we ask is ten minutes of your time, and your insights into your experiences of LDN.

What experiences have you had on LDN, and how has it affected you? Every single survey response counts. Every response will go towards providing better information for the entire LDN community, from pharmacists to new users.

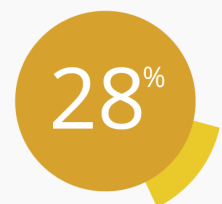
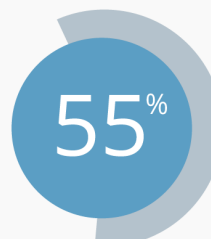
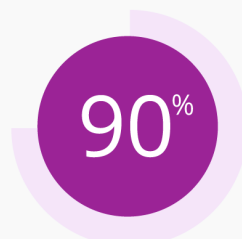
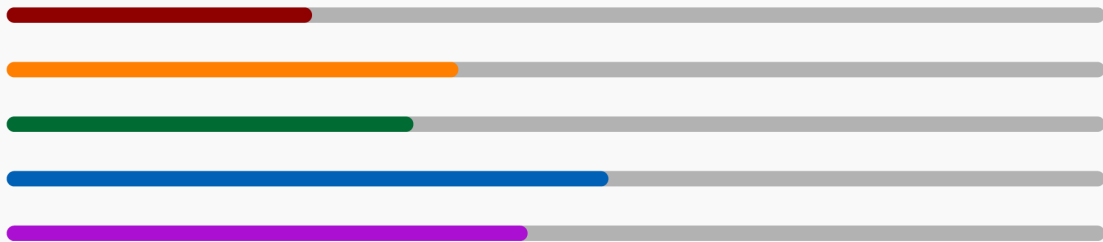
The survey is brief, and your results will be anonymous. If you do give us a contact email address, it will not be given out to any third parties.

Take part here:

[Start the survey >](#)

Questions? You can get in contact here:

[View the contact LDN Contact Page >](#)





## Embracing the Cure for Alcoholism - My Experience with The Sinclair Method



*Gary Bell is a moderator for the Sinclair Method sub-forum at the LDN forums.*

Hi there. My name is Gary Bell and I'm an ex-alcoholic (yes, ex-alcoholic). Here's my story:

Once upon a time I had a very promising future ahead of myself in the commercial art field (from as young as when he was five years old, my teachers said that I was artistically gifted). However, from my mid-twenties onwards a combination of alcoholism and bipolar disorder would wreak devastation upon my burgeoning career as a freelance illustrator and would cause a serious decline in both my health and my career opportunities (not many employers want to hire a manic-depressive drunk, it seems).

My alcoholism, in particular, would be a source of so much distress and frustration. You see, whilst medication would go a long way towards improving my bipolar condition considerably, my constant craving for alcohol would remain undiminished. Over the better part of two decades I tried everything from Alcoholics Anonymous to acupuncture and always the same result: relapse and self-recrimination.

Then, after years of fruitless searching, in late 2012 I read about a revolutionary treatment for alcoholism called The Sinclair Method (or "TSM" for short) – a treatment that involves the use of a prescription medication called naltrexone. Being no fool, I was naturally sceptical of the near 80% success rate that this treatment boasts. Nevertheless, I found both the number of clinical studies that back up the efficacy of this treatment (well over a hundred at the last count, with many of these being double-blind placebo controlled – "the gold ribbon standard") and Roy Eskapa's seminal book *The Cure for Alcoholism* to be so persuasive that I decided to take my fate into his own hands and "take a punt". The result was, in a word, astonishing. Having commenced treatment at the beginning of April 2013, after just thirteen weeks I was no longer addicted to alcohol. More than that - thanks to The Sinclair Method, I was now able to do something that he for many years found impossible: for the first time since my twenties I could actually moderate (something that any alcoholic will tell you is impossible, but there we are – that's what this treatment can do). And I've been shouting from the rooftops about it ever since.

You see, Dr. David Sinclair's theory of addiction and de-addiction works around a system of Pavlovian reinforcement and extinction. (See: <http://naltrexoneconfidential.com/about/>) Here's a brief summary

of how it works: put quite simply, The Sinclair Method uses the body's own physiological learning shortcut – the endogenous opiodergic system (AKA the endorphin system) – to "unlearn" the behaviour of alcoholism.

A person takes an opiate blocker such as naltrexone (or nalmefene – naltrexone's sister drug) an hour before drinking alcohol and what happens is that this blocks a person's endorphin receptors. This causes, over time, a gradual process of pharmacological extinction (i.e. "unlearning") to take place in order to correct the brain's own addictive "wiring" - and thus control is gradually regained. It's kind of like using nature's own eraser

Using this treatment, I effectively "drank my way sober" (See here for an article that I wrote that shows my going through the process: <http://bit.ly/nalttextinction> - Incredible, I know – and completely counter-intuitive... but there we are! Since then I've founded a successful TSM-themed website (<http://naltrexoneconfidential.com/>), I've appeared as a guest interviewee in the exciting upcoming documentary about TSM, *One Little Pill*, and I've started to get back into drawing and painting again with a vengeance.

To say that I'm immensely grateful for what this treatment has done for me is an understatement. It's given me my life back. Oh sure, life still isn't always perfect – I still have to monitor my bipolar disorder and take care with my blood pressure... but it feels more like an even playing field now. Without the monstrous burden of alcohol addiction, I feel like I now have a fair chance... and that I can get my life back on track and take care of "unfinished business". More than anything, I want to give something back. And if this account of my own nightmare with alcoholism and the treatment method that subsequently saved my life is of any help to anyone reading this, then I'm extremely grateful.

For an expanded three-part account of my journey with The Sinclair Method over the last year, please be sure to check out the following links on the new LDN Sinclair Method:

[Gary's Story Part One: Discovering the Cure](#)

[Gary's Story Part Two: Confessions of a TSM Guinea Pig](#)

[Gary's Story Part Three: A Door To The Silence Within](#)

YouTube interview: Naltrexone—The Sinclair Method for Alcoholism—Gary Bell from England: [Naltrexone - The Sinclair Method for Alcoholism - Gary Bell from England](#)



### **There's still time to sign up for the LDN 2014 AIIC Conference!**

The LDN 2014 AIIC Conference is now taking bookings! Our first ever live streamed conference, every LDN AIIC 2014 talk will be available on your favourite device, from your phone to your home PC.

Featuring 16 speakers with vast specialist knowledge of LDN over two days, the conference will be packed with information and an invaluable resource for everyone from medical professionals to potential and current LDN users.

This would only normally be possible at a cost of £60 (US \$101) per person, but if we can raise

donations totalling £12,450 (US \$20988) we can stream the event live and allow infinite online replays in the future.

Any donation you can make towards the total will bring the ticket cost down for everyone. Can you help us bring the conference to as many people as possible?

It will be a great resource for doctors and potential users for over 174 autoimmune conditions!



[View our fundraising video](#)

Donation Level	Ticket Price
£6,225.00	£30.00
£9,337.00	£15.00
£10,500.00	£5.00
£12,450.00	FREE

**Donations accepted via CharityChoice, Paypal, Online Banking, MyCharityPage and Cheque!**



# LDN RESEARCH TRUST

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### The new LDN online shop is now open!

Featuring a range of merchandise from charity wristbands to clothing and event tickets, you can now show your support for the LDN Research Trust in a whole new way.

All proceeds from every sale go towards the LDN Research Trust to support new and existing LDN users and medical professionals both in the UK and worldwide.

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## Direct donations and Gift aid: Make it worth more

Though the LDN Trust runs various fundraising events and schemes, we are able to take donations directly via the [MyCharityPage](#) site or directly via Instant Bank Transfer.

### All direct donations can be sent to:

**Barclay's Bank PLC**

**Sort Code: 20-03-26**

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Gift aid is the best way to make your direct donation worth even more. If you are a UK taxpayer, your donation will be increased by HMRC by up to a third (that's about 28p in the pound). MyCharityPage automatically claims Gift Aid on behalf of the LDN Research Trust. To claim Gift Aid on Instant Bank Transfers, there is one quick declaration form here:

[Fill out the Gift Aid form here](#)

All donations are appreciated; will you make yours even better?

### Volunteer with the LDN Research Trust.

As a not-for-profit, the LDN Research Trust relies not only on monetary donations, but people power too. Our volunteers to carry out vital campaigning and support work using skills and experience from all walks of life. We always have openings for fundraising volunteers from marketing and PR assistants to forum moderators and general fundraising volunteers.

Volunteering with the LDN Trust can provide you not only with the knowledge that you are actively helping other people, it will provide invaluable experience and expand your skills in a rewarding and challenging role. Wherever your special talent lies, we want to hear from you!

For more information on volunteering your skills and time with the LDN Research Trust, get in touch here: <http://www.ldnresearchtrust.org/> or using the contact details to the right.

## Contact Us

For more information, to make a donation or for volunteering opportunities, please contact us:

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