

Lyme and LDN - my experience
Anita

The Advantages Of Aquatherapy
Carole Bullinger

LDN 2014 Conference overview

My journey with LDN in Finland -
Kristiina

The 2014 LDN Survey

Lachlan Cox: New Year Resolutions

In this issue...



Happy New Year to everyone.

May 2015 be the BEST year ever for us all!

I have started interviewing LDN Doctors, Pharmacists, Scientist and users again for our Vimeo Channel, where you can find over 350 interviews, [link](#). If you have a story you wish to share please [email me](#). It doesn't matter where in the world you live and we only use first names.

Donations

We would like to ask all our member if they could make a £12 donation to help us cover the running costs of the Charity which grow every year. We do not pay any salaries and every penny goes to the charity. We have helped over 17,000 people around the world so far! [Donate Link](#)

Volunteers

Do you have any spare time? We really need help with.....

1. Writing press releases and contacting the media.
- 2..Admins for your FaceBook Group.
3. Fundraisers.
4. People with skills for managing our Forum.
5. Making phone calls.
6. Write your story for the newsletter. Please [email me](#).

LDN 2014 Conference

Presentations now available to watch online for just \$25 and certificates for 10 CME's are available.

The LDN 2014 AIIC conference was held in LAS VEGAS, NOV 7-8th! It was a huge success and was live streamed around the world. [Full Details here.](#)

Coming up in 2015

LDN pilot Trial for Multiple Sclerosis

We have the pleasure of working with Professor Dr Jarred Younger on a LDN/MS pilot trial, we hope to have the trial proposal ready very soon and the amount we will need to raise to fund it. We would like anyone who is able to fundraise around the world to [email me](#).

Diary Date for 2016

LDN 2016 Conference in Orlando 19/20/21st February

Full details to follow

All the very best from Linda and everyone at the LDN Research Trust!

Your New Year's resolution is going to fail!



Lachlan Cox is a professional clinical hypnotist working with the LDNRT.

That's a bold statement I know, but hear me out, there is a solution to it after all!

You've made a New Year's resolution in the past, right? Did you stick to it? Or did you start it and then it drifted away, or did it just kind of never get started in the first place?

- Creating too many goals
- Negative emotions

Not Making Clear, Realistic Goals

If this has happened to you, don't worry, you're not alone!

There have been various studies on new year's resolutions. One such study in the late 1980's demonstrated, with more than 200 people, the difficulty of sticking to resolutions. The results showed that after 1 week, around 77% of people were able to stay with their resolution, but after 24 months, only 19% actually kept theirs – and more than half of those slipped up an average of 14 times along the way because of “lack of personal control, excessive stress, and negative emotion”.

Then in 2007, a study by Richard Wiseman from the University of Bristol, involving 3,000 people, showed that a massive 88% of those that set a New Year's resolution, failed.

So why does something so simple in our heads end up being so hard to do?

People generally make resolutions in a way to recreate and to motivate themselves for the future. The problem is that there are various factors of negative influence occurring that need to be changed so that our resolutions become real; the most common of which are:

Not making clear, realistic goals

- Not creating a plan to reach the goals

Psychology professor Peter Herman identifies this factor as the “false hope syndrome”. In his own words: “Generally, we argue that people fail because the resolutions that they make are unrealistic. They're overly ambitious in that they try to accomplish more than they realistically can. They also try to accomplish more things more quickly than is realistically possible and they underestimate the difficulty of the task.” [1]

In addition, that goal might not be in line with how we view ourselves internally.

We create our goals consciously; for instance, “I want to go to the gym more often”. Unfortunately, we only imagine the end result of being fit and healthy, with a great looking body. We don't think of the time and effort that is involved in achieving the outcome though. We overestimate our abilities and underestimate what it takes to get there. This is where a problem can arise: if we don't see any changes in our body we can become discouraged, lose or damage our self esteem and eventually quit.

We can even lead ourselves to an internal conflict when we don't create goals specifically and realistically for us. On one hand we want to go to the gym, but on the other hand we really enjoy being relaxed and don't want the hard work attached with lifting weights. This conflict may actually cause us to fail.

New Year's Resolution - Lachlan Cox continued

On top of this, if we propose ourselves to an overly vague goal; we are one step closer to failure.

We generally create goals that are not specific enough; "I want to lose weight", "I want to stop smoking", "I want to go to the gym more".

Specific would be, "I want to lose 5kg in the next 3 weeks", "I will make an appointment to see an hypnotherapist on Thursday to stop smoking", or, "I'm going to go spinning class every Tuesday evening for the next 12 weeks".

Write the goal down as well, get it onto paper and out of your head, this will help to organise your thoughts better as well.

"The more clear the goal, the more clearly the path will show up."

Gail Lynne Goodwin

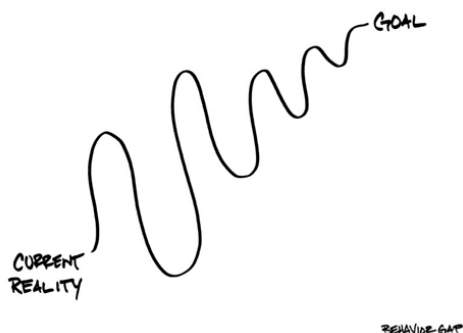
Not Creating A Plan To Reach The Goals

It's not only about having just a clear, specific goal in your mind or on paper, it's also about preparing ourselves as well. Why? Because one thing is having the right goal, but if you don't prepare anything to make it possible, then your goal is practically useless.

What happens if we don't prepare or plan anything to meet that goal? We actually create stress, anxiety and nervousness in ourselves. We end up either having a bad time doing it, failing at it, or we just don't achieve the goal at all.

For instance, if "I want to lose 5kg in the next 3 weeks" I will have to prepare myself a strict plan for those 3 weeks in what concerns my diet or my physical preparation. Anything that suits me and serves the purpose.

By the way, your path to your goal won't be a straight line, it will look something more like this:



Creating Too Many Goals

We've understood why we need clear, realistic goals and planning, but why do we need less goals?

Well, we need to be focussed and concentrated to bring the first two together. If we have too many goals to prepare for, then our ability to set clear ideas and to prioritise for all those goals is going to be hard. We need to choose which goals are the most important to us and stick to them, otherwise we will become easily distracted, feel overwhelmed and less motivated, lose interest and eventually give up.

The formula should be: Create **SMART Goals**.



Negative Emotions

You're probably wondering what emotions have to do with this. Well, they're actually a pretty BIG factor in why we don't start or reach our goals. The biggest emotions that can wreak havoc on our goals (and daily lives) are:

- **Fear**
- **Doubt**
- **Uncertainty**

These, along with many other negative emotions, affect us along the way causing us stress, anxiety, nervousness. If you were able to control these emotions, you would actually find that your goals are much simpler to achieve than you first imagined.

New Year's Resolution

Lachlan Cox continued

What If I Could Teach You A Way To Control Your Emotions?

So, what you've read so far are some tools to help you keep your mind going in the right direction for your new year's resolution; setting clear goals, creating a plan, setting a smaller number of goals to follow through with, and controlling your negative emotions. These are great to get you on the right path.

However, in my experience, the greatest difficulty I have found for the majority of people is being able to control or change their negative emotions. You can set clear goals. You can make a plan and set smaller goals. However, choosing your emotions at the right time is never easy to do. One negative thought is all it can take to derail us and create a chain of negative emotions that will undermine our attempts to reach our objective.

At the beginning of this text I did mention that there is a solution. And I can teach you a technique that will allow you to be in the frame of mind needed to achieve a specific goal, any time you wanted. With this method, you will learn how to create the right emotion for a specific goal or project (and it's easier to do than you think). If you become stressed in a certain situation you can learn to become relaxed instead. If you have a fear of something or someone this technique will allow you to be a confident person.

This is a very powerful technique to learn and I have used it on a number of occasions to help me and others. If you feel you want to achieve more with your goals and for your new year resolution for 2015, contact me for more details. I will be teaching this technique online in February, and exclusively to a limited number of LDN Members.

Contacts:

Lachlan Cox

lc@focusperformance.pt

info@focusperformance.pt

www.focusperformance.pt

[1] University of Toronto – Why can't I keep my New Year's resolution? [in](#)

dickson
chemist

"RESVERATROL has shown positive effects on the animal Optic Neuritis—the animal model of MS."

"If you suffer from CogFog or diagnosed with CCSVI, RESVERATROL has been shown to increase brain blood flow"



Resveratrol can also benefit those with:

- Autoimmune disease, especially MS, due to the positive study in animals with Optic Neuritis.
- Anyone who has a family history of diabetes - as prevention.
- Anyone with coronary heart disease.

Price per bottle is
£17.99.

£1 from the sale of every
bottle goes to the LDN
Research Trust.



Contact us for more information:

0141 531 9412 / homedeliverypharmacy@yahoo.co.uk

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).

LDN Health Tracker App now available for FREE! - Join the worlds largest LDN Survey



The new LDN app has arrived!

Available on all platforms including Android, iOS, Windows Phone and Kindle, the LDN Trust is helping you take back control of monitoring things like medication alarms, pain levels and even your own personal LDN journal from the comfort of a single app: myLDN. Development is never easy, especially when working on such a massive project but all that hard work has finally paid off. Want to have a sneak peek? Check out the LDN app [Facebook page](#) for more information or just head to your

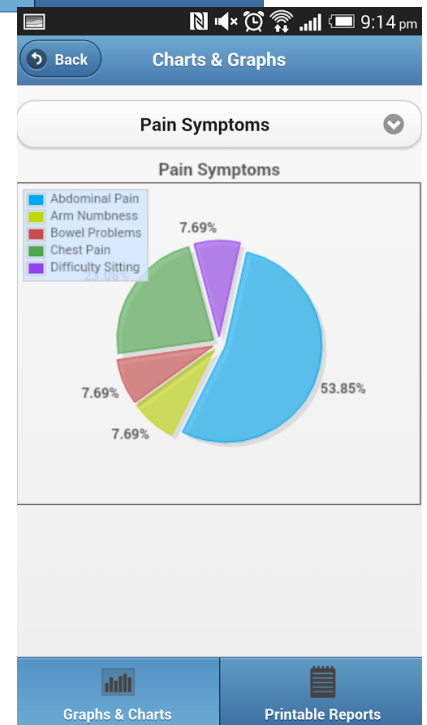
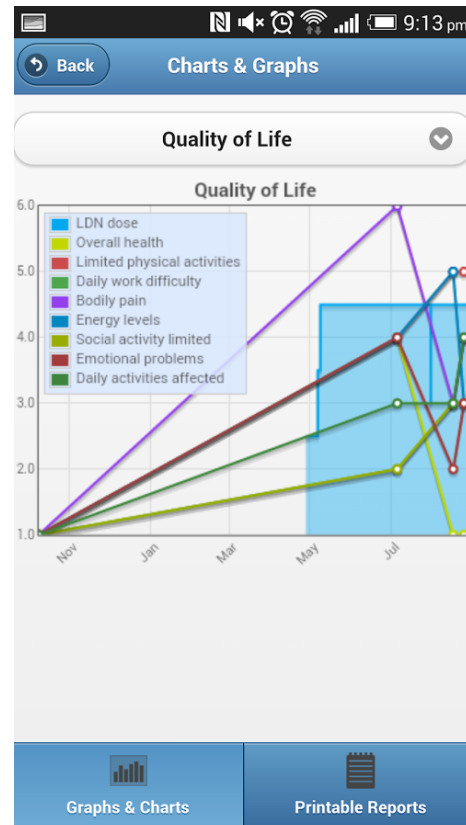
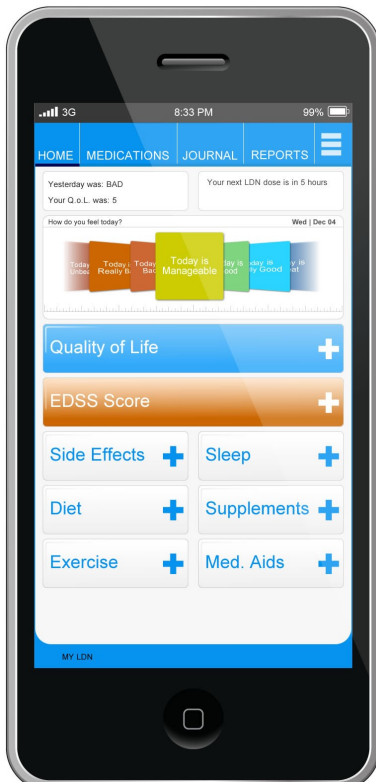
app store of choice (Android, iOS, or Kindle Fire and HD) to jump straight in!

We really love to hear from other LDN users and we appreciate all feedback when it comes to our new app. With myLDN you can keep track of the changes to your LDN dosage and keep a record of how this affects you in these key life markers:

- Quality of Life
- Sleep patterns
- Pain
- Mood
- Energy
- You can also add any other Medications or Supplements you take to myLDN and track their dosage and frequency taken
- Set alarms to remind you when to take your LDN and other medications
- Track Diet items which might have affected you
- Keep track of any exercise you have done
- Keep track of any Medical Aids you might have used
- Specific questionnaires for Multiple Sclerosis, Fibromyalgia, Chronic Fatigue Syndrome and Spinal Cord Diseases
- Keep a Journal of how you are getting on
- View Graphs of the data entered

- Create PDF reports of your data for printing and taking to your GP
- Receive Notifications from LDN Research Trust direct to the app

The best bit? It's all free. We are generously supported by donors just like you. We hope you can get on board.





Your chance to win fantastic prizes and help the organisation of your choice.

WIN £25,000

Play for just £1

[Play Now ▶](#)



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 get the word out about LDN and the benefits it can provide.

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 and support LDN Research Trust!

[Play Now >](#)

Corfu	Istanbul	Tenerife	Innsbruck	Edinburgh	Stockholm
83°F	96°F	81°F	77°F	62°F	64°F
3	6	1	7	2	4

Example results:

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



The Advantages Of Aquatherapy



Aqua therapy uses the water as a resistant obstacle;

Did you know that water is 12 times more resistant than air?

Did you realise that gravity doesn't 'work' in water?

Did you think that you would ever be able to enjoy getting fit or rehabilitating from injury or operation ?

No to all three? Well, please read on.....

Straightforward swimming is the ability to get through the water as quickly as possible. Swimming is great for flexibility. Swimming can burn calories - as long as you can swim as fast as a triathlete! But I know that this type of endurance swim is beyond my personal ability and probably also beyond the ability of most others' too - especially if incapacitated by injury or disease.

Aquatherapy however, is completely different. Aquatherapy uses the water as a resistant obstacle;

by working diagonally and vertically and in combination with various forms of flotation devices, Aquatherapy makes the pathway through the water as difficult as the user wishes it to be.

Aquatherapy is totally different to other aerobic activities. The object of this form of movement in

water is not only to use the water as a force to overcome, but to also use the waters' therapeutic benefit to help improve fitness and/or to assist in the accomplishment of rehabilitation from any physical incapacity or disease.

"Aquatherapy makes the pathway through the water as difficult as the user wishes it to be"


Anyone can take part - of any age, fitness or disability level and you don't even have to like the deep end of the pool or be able to swim! In fact, swimmers have to 'forget' how to swim in an Aquatherapy class, as it would be very dangerous to swim whilst wearing a flotation device.

The Advantages Of Aquatherapy

Everyone works to their own level of ability which is achieved by adaptation to the very many different positions and movements which will aid your progression at each session you take part in. For example when you raise your arm in the air, it's gravity you are working against as it raises - and as it's lowered, your arm moves down with the assistance of gravity. However, if you stood in water up to your shoulders and raised your arm to just below shoulder level, you would be working against the force of the water on the way up AND against the force of the water on the way down. So immediately, you are working twice as hard as each of your four limbs move in any direction. If you combine this resistance with non-horizontal positioning in the water and then also add flotation equipment, you will be working very differently indeed to land-based movement.

The extra good point is that because water has a 'massaging' effect you are not always aware of how hard you are working, which is why your teacher needs to be made aware of your medical situation so that you can be monitored throughout and remain safe. Apart from open wounds or contagious skin diseases, there are very few conditions which do not respond to Aquatherapy.

Since beginning to teach Aquatherapy, I have had the privilege to help rehabilitate many folks with replacement joints of all descriptions, degenerative disorders and sporting injuries. Even the super-fit can



"Even the super-fit
can benefit from
Aquatherapy"

benefit from Aquatherapy as it can be tailored to complement the toughest of training routines. It may just give you the competitive edge you're looking for!

Even mums-to-be can get relief from the strain on their back by taking part in Aquatherapy! Indeed, everyone can benefit from the mental and physical stimulus provided by this enjoyable and social activity. Aquatherapy provides an opportunity to achieve a level of health (without the hazards of impact) and to maintain good fitness health, meet like-minded people, make new friends and most importantly, to have fun!

I seriously believe that this form of exercise in water is the answer to many of the very difficult health problems which are common today and, with a national health service (which appears to be totally overlaid, especially for the older generation) - gives an opportunity for folks to help themselves pursue a path back to normality with regard to their health and well-being.

We all have a dream of what we would do if we won an extortionate and obscene amount of money! If I were lucky enough my dream would be to provide the location and access for those who needed Aquatherapy assistance to live an improved life and regain the quality of their existence.

Carole Bullinger
Personal Trainer

Do you take LDN? Can you help me? Please read on!



Can you help me? Monica Bolton

Has LDN worked well for you – well enough that you'd want others to know about it? Do you know which group of people don't know about LDN? Doctors! Why? Because there's very little written about LDN in the medical journals. There are very few clinical trials of LDN in any disease and there isn't a single case report in a medical journal of someone with CFS improving when they take LDN. (Doctors only believe what's written in medical journals – not what's in books or on the web!) And until that changes, we'll all have real difficulties getting prescriptions for LDN from our doctors.

I have just started a Masters in Research degree at Manchester University, England, with the sole purpose of learning how to organize a clinical trial of LDN in CFS. It will take me several years. But before I can set up a clinical trial, I have to convince the local Medical Ethics Committee that LDN is safe to use in CFS, otherwise they won't allow me to do the trial. So I must be able to show them some published work in a medical journal about LDN in people with CFS. The first stage is to get some case reports published –

that's just an account of what happened to some people when they started LDN – how they improved, any side effects, what dose they now take etc.

I'm an ex-doctor and I'm one of the lucky people who has responded well to LDN. I was mainly house bound before I started LDN and I now have a full life – not quite 100% but not far off. I want to write my story up as a case report, but I need others to join me. The more people I write up in one go, the more likely it is to be accepted for publication. So, would you consider volunteering? If so, please get in touch. I particularly want to hear from you if you have CFS and your health has improved a lot on LDN. That may not be you, but it may be someone you know who is now back at work or has found a new hobby so they are not as likely to read this – please ask them.

So please – if you think you could help – do get in touch!

Thanks,
Monica Bolton
mjbtd8@phonecoop.coop

My journey with LDN in Finland - Kristiina



Kristina has multiple health issues!

Kristiina, is a 47-year-old data systems designer/MSSc. She is on permanent disability, though occasionally does gigs as a gospel singer.

I'm writing my story because I wish that as many people as possible could benefit from LDN. I am a 47-year-old woman and LDN has given me my life back.

My list of diagnoses is lengthy: I developed type I diabetes at the age of 10 in 1977. In 2001 I was diagnosed with MS (RRMS) after which I ended up first on sick leave and then straight on disability because of debilitating fatigue. A diagnosis of fibromyalgia came in 2003 and asthma in 2004 and in 2012 I noticed vitiligo spots. At the end of 2013 I was diagnosed with subclinical hypothyroidism and CFS/ME.

In the first year after my diagnosis of MS I tried both Avonex (interferon beta-1a) and Copaxone (glatiramer acetate) but because of severe side effects I had to discontinue both treatments. After these treatment trials I started to feel better. Excluding the first year, after my diagnosis I was relatively symptom-free for

almost 10 years. I didn't even need any symptomatic treatments.

In 2011 I suffered a serious human error in my diabetes treatment. I accidentally loaded a cartridge of short-acting insulin (Humalog) into my insulin pen which was meant for long-acting insulin (Lantus). These different cartridges are the exact same size which made this horrible error possible. For almost a month I lived without long-acting insulin, causing severe fluctuations in my blood glucose, malaise and weakness especially in my legs. These symptoms were interpreted as an MS relapse. The steroids I was given, and especially the Aredia (pamidronate) I received with it (to reduce the risk of osteoporosis, probably needlessly), made me almost non-functional for months.

After this "therapy" I didn't even recover back to my old self, I just kept getting worse. In early 2013 I compiled a list of my symptoms for my doctors visits and according to this I was then completely incapacitated by fatigue. I suffered from lack of initiative, limb stiffness and brain fog, especially in the mornings when I was also plagued by weakness in my legs which would even collapse under me.

My journey with LDN in Finland - Kristiina

I had to use a walker to get around and at times I couldn't leave the house because of trouble moving and the fatigue. I also often felt nauseated. I had trouble regulating blood pressure and heartbeat, getting up and standing in place. In verbal contact I suffered from poor concentration, problems with auditory processing and memory and I had trouble finding the right words. Social situations tired me quickly and severely. I had problems with short-term memory and couldn't even do simple math without a calculator. Recovery from physical and mental exertion was slow and any attempts at exercise made me feel worse. My performance was clumsy and I suffered from balance problems. I was also sensitive to temperature changes, always uncomfortably hot or freezing cold. My senses were oversensitive and seemed to work on overdrive. I suffered from joint and muscle pains and neuropathy-like prickles all over my body and I had frequent headaches. It was hard to find proper eyeglasses, when I seemed to need different prescriptions on different days.

Overall I was doing very poorly. I was a heap of worsening symptoms without explanation - and worst of all, without help. My diabetes doctor thought my problems were caused by my long-standing diabetes. On the other hand, she was quick to put symptoms, other than blood sugar fluctuations, as being the responsibility of my neurologist! When I told my neurologist that I was so fatigued that I didn't know how long I could hold on, he just said that there was no choice but to cope. The only symptomatic relief I got was from the muscle relaxant baclofen, which I could only tolerate at a minuscule dose (2 x 2.5 mg a day). In addition I was in therapy, which helped to keep me alive. I didn't want to try antidepressants, as they (like numerous other medications) have caused me nasty side effects.

I first heard about LDN (for CFS/ME) on TV in early 2013 - thanks to Maija Haavisto. When I researched the subject online I found that it was also being successfully used in MS. I became hopeful and started to look for a doctor in my home town who would prescribe it, but I found it impossible. For example a university hospital neurologist I met in the fall of 2013 told me that he wouldn't prescribe me a "junkie medication". He hadn't even heard of low dose naltrexone.

I had been seeking help from a private GP (Ville

Pöntynen) for about a year when in December 2013 I was in such a bad shape he gave me a diagnosis of CFS/ME. Luckily he had been collaborating with the Finnish CFS/ME doctor Olli Polo and had started prescribing LDN for his CFS/ME patients. In January 2014 I started LDN. Unfortunately I was prescribed a low dose three times a day, the way it is usually prescribed for CFS/ME in Finland. At most I was taking 3 mg a day. I was very disappointed that I didn't benefit like the people I read about online. In April 2014 I decided to change my dosing into a single 3 mg dose at bedtime, a tip I read on Maija Haavisto's website CFS-verkko. It turned out that the problem had been in the dosing schedule. Taken as a single dose at night LDN quickly started to benefit me dramatically. The only side effect I got was that at first the spasticity in my legs got worse and my dreams turned more vibrant. On the other hand LDN helped me sleep better than in years and to wake up more refreshed after less sleep.

The effects were quickly noticeable. A few weeks after I changed my dosing schedule the instructor of my weekly MS rehabilitation asked me curiously what had happened. He thought I looked strangely well. My head quickly started to work better and my overall energy levels improved quickly and markedly. According to my instructor my whole presence was more alert than before. I moved more easily and was more agile. The pains and neuropathy prickles have lessened. My mood is more even, as if my body is no longer in an alarm mode. I cope with social situations and other exertion much better. In the mornings I'm no more a shambling, blundering ghost. Exercise no longer makes me feel worse, like it did at the end of 2013 and I can now jog daily for 20-30 minutes without malaise and total exhaustion. I am in better physical shape. A while ago I noticed that my muscles are getting nerve input again. I used to train at the gym and a few years ago I was sad to realize I couldn't utilize the strength in my arms. So I have had major help in my overall condition from LDN. I am still not healthy, e.g. heat continues to wear me out, but every symptom I listed in 2013 has benefited from LDN.

I have only taken 3 mg of LDN at night for less than four months. I can't yet judge the effects on my vitiligo, asthma and hypothyroidism. The thyroid tests taken in June didn't yet suggest a reduction in my small dose of thyroxine (75 mcg).

My journey with LDN in Finland - Kristiina

On the other hand, I haven't developed new vitiligo spots this summer. My asthma didn't cause many problems even before LDN.

Even before starting LDN I was wondering if it might also help my diabetes. My insulin treatment has been complicated by a high level of insulin antibodies. In May 2013 they were tested at 47%. At the time I was using Humalog insulin, which usually is the least prone to developing antibodies. I was forced to switch to NovoRapid, because Humalog was causing severe skin irritation. After the switch the antibody levels went up and in September 2013 were already 56%. The levels were high - and made it very difficult to treat my diabetes. My life was reduced to a constant state of alarm.

Soon after I moved my LDN dosing to bedtime I started to feel my problematic blood sugar fluctuations easing. Insulin started working better in the morning and the afternoon blood sugar crashes disappeared. In June 2014 I got the surprising news that my antibody levels were down to 12% which is almost normal! It still isn't easy to treat my labile diabetes, but the lowering of the insulin antibodies has helped a lot. In 2012 I moved to an insulin pump and constant glucose monitoring (CGMS), which has improved my HbA1C. LDN has provided additional help and in June I tested my lowest number ever, 7.2% (55 mmol/ml).

My antibody levels have intrigued the few diabetes specialists whom I've told about them. It hasn't been very long since the test, so no concrete additional study or practical utilisation has happened yet.

I am happy about my own situation. LDN has given me a measurable chunk of my health back. My life is still challenging, but in many ways is better than before LDN. My happiness is hindered by the knowledge that many people suffer in vain because they don't know about LDN or doctors refuse to prescribe it. I hope that by sharing my own experience I can do my part in improving LDN awareness and availability.


Janne Kemppainen, MD, from Finland
Specialist in internal medicine and endocrinology

(Translated by Maija Haavisto)

The use of insulin injections as a treatment for diabetes often results in the development of insulin antibodies in the blood. The level of these antibodies is indicated as percentages. A small amount of 5-10% is relatively common and usually of no practical significance. Occasionally however, much higher levels develop, which may be behind poorly controlled diabetes. In such a case the injected insulin binds to these antibodies in the blood, preventing the insulin from taking action and resulting in the blood sugar remaining elevated. Only free insulin can lower blood glucose. There may also be an additional problem, when later the insulin breaks free from the antibodies, resulting in an unpredictable and unwanted insulin effect, which leads to hypoglycaemia (low blood sugar). These issues sometimes respond to a change in the insulin dosage and injection schedule, though often it is necessary to switch to another brand of insulin.

The antibodies have developed against a particular insulin product and changing the product often helps. If a patient treated with insulin has unexplained fluctuations in blood sugar, which cannot be brought under control, it is a good idea to check the level of insulin antibodies.

Generally no other solutions for these problems are thought to exist. With this particular patient it is suggested that diabetes control has improved and insulin antibodies have decreased with low dose naltrexone. This result is interesting to say the least



"This result is interesting to say the least"

Lyme and LDN - my experience Anita



"was it just in my head?"



I spent the last sunny day of September 2011 in a nearby park and the following week I become extremely ill. I had horrible muscle pain and could hardly walk. I also had vertigo, headache, sweating and 'flu like symptoms. I was sure that the underlying cause of my illness was the tick bite I had suffered in that park but the doctors rejected my self diagnosis: 'Impossible' they said, to have Lyme disease without a RASH! The official name of the rash is Erythema Migrans (EM) and it usually looks like a 'Bull's Eye' in shape. If you have the 'Bull's Eye' rash you have Lyme disease!

Approximately 50% of patients who contract Lyme disease will remember having a rash. Somehow I ended up in the other group - the 50 % who don't

have a rash, therefore no-one was willing to believe me. More and more symptoms followed including tremors, seizures, extreme fatigue, extreme pain and memory loss. My husband had to take care of me when I became bedridden for 6 months and housebound for 18 months.

The doctors I met often asked me what I am doing during the day at home and wasn't I bored? No I was not! Every single day I was looking for the solution. I knew the answer was out there somewhere. The only difficulties I faced were the various diagnoses they gave me, like MS, chronic pain or chronic fatigue? Or was it just in my head?

Continued on page 13 >

Lyme and LDN - my experience

I was lucky. I found a Belgian doctor in Brussels who actually cared. Dr Boucher listened, listened and listened; our first appointment took over two hours. My husband did the talking, I was way too exhausted. Finally the doctor said, "You have chronic Lyme disease".

One tick may carry more than one disease and sometimes people get more than one co-infection from the bite of a single tick and I had also managed to catch some of these as well, including Bartonella, mycoplasma, anaplasma.

I received treatment for over two years, improving greatly since the beginning but always relapsing. My fingers moved on their own, my hands were shaky. I continued to lose weight and muscles. I was on sick leave for at least a week in each month because I was unable to leave the bed being too weak and too tired.

Dr Boucher had suggested LDN but I had refused believing 'enough is enough' and that I did not want to see or try yet another medication. Later another

relapse forced me to rethink. I had to make a choice: a lifetime in bed or LDN. I still remember how frightened I was before the first dose - I kept looking at it for three full days until finally I made up my mind and jumped!

What came as a surprise to me was the return of my strength. I was not only back in full time work the next week, but I also managed to climb the stairs in the Metro, at work and up to my office on the 4th floor. On the other hand my symptoms became more intense, like a huge flare up. Pain, pain and more pain! Panic attacks at night! The dose of 2 mg was too much. I tried again with 1 mg but I again reacted badly until I skipped every other day.

It is now a full year since I began LDN and I've never reached more than 2 mg. This dose is working very well for me. My muscles came back and I work out several times a week after spending a full day in the office. In fact, I have just enrolled at a second gym

For more information on other conditions where LDN may be of benefit, please see the [LDN Trust website](#).

The Doctor's Information Pack 2015



The LDN Reserch Trust is a registered charity committed to clinical trials of Low Dose Naltrexone (LDN) We have an annual information pack for medical professionals detailing current research trends, potential side effects, forms of LDN and, for patients who choose to, how to obtain a prescription for LDN.

This information pack is ideal for medical professionals who have been asked by their patient about LDN, or for patients who would like to broach the idea of a new treatment but are unsure how to talk to their doctor about it.

Further information at [the LDN Research Trust website](#)

[Download Now >](#)



The LDN 2014 AIIC Conference Review

On November 7-8, 2014, attendees and exhibitors joined together in Las Vegas, Nevada and worldwide via Live Stream for the LDN 2014 AIIC Conference. They were privileged to hear from expert speakers about the benefits of Low Dose Naltrexone (LDN).

What others are saying about LDN:

"LDN benefits are due to the temporary inhibition of brain endorphins (a natural pain-killer, produced in the brain). This results in an increase in the production of endorphins, resulting in the reduction of painful symptoms and an increased sense of well-being." [what is LDN?](#)

Dr. Joseph Mercola: Low-Dose Naltrexone (LDN): One of the RARE Drugs that Actually Helps Your Body to Heal Itself

Dr. Ronald Hoffman: My experience with LDN has been very positive, especially in patients with MS and Crohn's disease.

Dr. David Gluck: LDN "tricks the body" by forcing the immune system to function correctly. – www.autoimmunemom.com, 11/2014

"LDN is **Dr. Klimas'** first-line treatment for the pain associated with fibromyalgia and chronic fatigue syndrome. She has found the drug to be effective and safe." [link](#) 11/2014

"According to **Dr. De Meirleir**, the doses in ME/CFS may be as low as 0.5 mgs and up to 5 mgs or more. The 4-6 hours or so the drug remains in your system is sufficient to boost endogenous opioid levels for 18-24 hours." [link](#) 11/2014

"Dr. Neil Beck reported "I have been treating people with Naltrexone for 18 years, first with High Dose 10 to 80mg for heroin blocking and Alcoholism, then with Micro Dose 3/4mg for heroin withdrawals and LDN 1.5 to 6mg for the usual disorders and addictions." – [link](#) 11/2014

"Most conventional doctors do not know about Low Dose Naltrexone for autoimmune diseases, and those that have heard of LDN aren't interested in learning more about how it can help their patients. Luckily, tens of thousands of patients have found it for themselves and are advocating for it all over the world. Thanks to LDN patient advocates, it is relatively easy for patients to find doctors who will prescribe it and compounding pharmacists who compound it correctly." – [Link](#) 11/2014

And thankfully, **LDN Research Trust** hosted this outstanding conference to gather the experts together in order to help clinicians worldwide realize the scientific and clinical research behind LDN.

The LDN 2014 AIIC Conference Review

Conference Presentation Highlights



Dr. Michael Arata with OC Regenerative Medicine in California presented on Small Intestinal Bacteria Overgrowth (SIBO). Dr. Arata explains that “bacteria may be species normally encountered in gut however presence and amount are not normal for small intestines.”

Associated conditions of SIBO include IBS, IBD, Celiac, Liver Disease, Fibromyalgia, Parkinson's, Muscular Dystrophy, Dysautonomia, RA, Scleroderma, and Lyme. One of the predisposing factors for SIBO is “long term antibiotic use” as seen in “Lyme treatment.”

Symptoms for SIBO may include “bloating, cramps, constipation/diarrhea, malabsorption, leaky gut, weight loss, fatigue, joint pain, rashes, mood disorders, cognition, headaches, and *sensitivities*.”

Dr. Arata has seen improvement in SIBO when LDN was used. In his conclusion:

- LDN has interactions with immune system, permeability, secretion and bacterial translocation which may also play a role in treatment of SIBO
- Randomized trials with LDN and SIBO would be helpful
- Patient awareness of SIBO may further interest into support of these studies
-



Paul Battle, PA-C from Grossman Wellness Center in Colorado gave an outstanding presentation on LDN as a treatment for Crohn's Disease. He began by explaining what Crohn's Disease is and that it should not be confused with Ulcerative Colitis. The statistics are 1.3 million people have Crohn's Disease in the United States

and 50,000 are children.

The symptoms with Crohn's Disease are “tender abdominal pain, fever, weight loss, childhood stunting of growth, diarrhea, and fatigue.” Laboratory finding include “anemia low Hgb/Hct (blood loss), low protein due to poor absorption, high C-reactive protein, high Sedimentation Rate, positive hemoccult (blood in stool), and upper and lower endoscopy changes.

One reason for the development of Crohn's Disease stands out – low endorphins. “Beta endorphins downregulate IL6,

IL12,” according to Dr. Gironi in Milan. LDN increases endorphins 2-3 fold in AIDS patients, according to Dr. Bihari's research (1999).

Battle cited studies by Jill Smith that showed much improvement and high rate of remission. In his summary, “Crohn's has significant disability and suffering that can affect anywhere in the GI tract; Many therapies: steroids, 6MP, azathioprine, ASA, biologics but have inherent risks and can be costly; LDN may be just as effective but \$40/mo, no serious side effects; May be considered primary or after initial failure.



Dr. Phil Boyle from Dublin presented on LDN use in Fertility. He states that a fertility care physician can predict couples at risk for infertility, miscarriages, and abnormal pregnancy outcomes, and the fertility care chart can let us know if the plan is effective...or not.

Dr. Boyle began prescribing LDN in 2004. In his clinical experience, he has used LDN to treat Clinical Endorphin Deficiency, about 50% of his fertility patients and finds it safe during pregnancy and during breast feeding.

Boyle gave a clear overview of Clinical Endorphin Deficiency and the mild side effects of LDN in his practice, which included “dry mouth, headache, nausea, sleep disturbance and vivid dreams.” He also was able to speak about drug interactions and was quick to point out reasons doctors use to not prescribe LDN – “unlicensed for autoimmune disorders, experimental treatment, not ‘evidence-based’ medicine, doctors not covered by medical insurance, and too risky!”

Dr. Boyle claims “over 200 pregnancies with Naltrexone.”

Endometriosis - LDN gave a 27 year old female her life back. She no longer has brown bleeding, pain, depression, fatigue, joint pain, anxiety, etc. The transformation was physical, mental and emotional.

Bipolar – LDN gave a 28 year old female the opportunity to conceive and deliver a baby. After Lithium for over 10 years, she was able to wean off the drug and LDN being part of her therapy, she is now a mother.

Pre-Treatment – Dr. Boyle was able to solve an infertility problem even before it “officially existed.” A woman presented with PMS, abnormal bleeding, and low energy. She was making wedding plans – in a nutshell, LDN and NaProTechnology paved the way for a honeymoon baby!

The LDN 2014 AIIC Conference Review



Dr. Boyle, in closing, states that LDN is safe and doctors need to consider the mounting clinical and published evidence in favor of LDN.

Dr. Pradeep Chopra, Assistant Clinical Professor at Brown Medical School, offered a slide presentation on Mechanism of Action of Low Dose

Naltrexone (LDN).

"Naltrexone is a reversible competitive antagonist at μ and κ receptors; δ receptor antagonist to a lesser extent; its active metabolite 6- β – naltrexol is also reversible competitive antagonist at the μ and κ receptors."

LDN increases levels of endogenous opioid peptides, which:

- Promote healing
- Inhibit cell growth
- Reduce inflammation

The slides included information on Opioid Growth Factor (OGF), which is also known as Metkephalin (Met5), Glia cells, Toll Like Receptors (TLR), LDN and cell growth, LDN and immunity, cytokines, T & B Lymphocyte production, and more.

His LDN summary included:

"Reversible antagonism of the opioid receptors results in an increased production of endogenous opioids; upregulates the OGF-OGFr axis, blocks TLR signaling which decreases glia cell activation, decreases cytokines, decreases neuroinflammation; modulates T & B lymphocyte production; blocks release of pro-inflammatory cytokines including Interleukins (IL6 and IL12), TNFa, NF-kB (nuclear factor kappa light chain) enhancer of activated B cells); and regulates cell proliferation through the p16 and p21 cyclin dependent inhibitory kinases."



Claudia Christian, a television and film actress, described Naltrexone as a "life-saving treatment of higher dose" for the treatment of "Alcohol Use

Disorder (AUD)." This use of a higher dose of Naltrexone is better known as the *Sinclair Method*. In her documentary, *One Little Pill*, scientific evidence is provided to show the effectiveness of Naltrexone and offers that 22% who have little results is due to non-compliance (forgetting to take their Naltrexone). Claudia's organization, CThree Foundation.org, strives to remove the stigma that addicts bear, to make treatment readily available, and to, as in South America and other countries, have Naltrexone available as an over-the-counter remedy.

Ms. Christian shared her addiction journey – in her 20's she described herself as a "light drinker" and in her 30's, she was a "social drinker." It was in her late 30's that she became an addict of alcohol and suffered with AUD. She

tried various, costly traditional treatments, all to no avail. She explained that one person dies from AUD every 10 seconds and while only 10% seek treatment, there is a 90-95% relapse rate in the first four years with traditional therapies. In 120 world clinics, the statistics show that Naltrexone safely works in the treatment of addiction – chronic treatment for a chronic medical condition.

Christian states that "we are all built with an eraser. With Naltrexone, we can unlearn this addiction." Using the Sinclair Method, there is a "78% long term success rate." It's cheap, safe and effective and finding Naltrexone put her back in the driver's seat of her own life.



Dr. Pat Crowley, from Kilkenny, Ireland presented on cases where LDN was used as part of the therapy for Multiple Sclerosis (MS), Parkinson's, Fibromyalgia, and Lupus.

In 2004, Dr. Crowley describes his meeting with world renowned neurologist, Dr. Bernard Bihari. In 1985, Dr. Bihari administered LDN to an AIDS patient suffering from non-Hodgkin's lymphoma and was surprised to find that the patient achieved a complete remission. Meeting Dr. Bihari would formally introduce Dr. Crowley to the benefits of LDN.

Crowley began using LDN with his MS patients who were not doing well on traditional therapies. He learned that LDN worked in the treatment of autoimmune diseases because it increased the endorphins – Dr. Crowley described an autoimmune disease as a "deficiency in endorphins." And he is saddened that only four clinicians in Ireland are aware of the benefits of LDN.

Crowley describes his case studies and in all, he has had much success. He combines LDN with other treatments as needed, and finds the greater improvement when gluten and dairy are removed from the patient's diet.



Pharmacist Stephen Dickson from Scotland gave an outstanding presentation on the Pharmacokinetics, Pharmacodynamics, and Interactions & Cautions in Common Practice.

Dickson walked the attendees through the process of:

- Liberation of drugs from pharmaceutical formulation
- Absorption of the drug into the bloodstream
- Distribution of the drug in the body
- Metabolism of the drug
- Excretion of the drug from the body

We learned that the "most common formulation" of a drug is a tablet.

The LDN 2014 AIIC Conference Review

Great considerations must be made in making a tablet for patients – how hard the tablet is, design for absorption, fillers and friability. He went on to explain liquid forms of drugs, creams, sublingual, and infusion.

This well-rounded presentation concluded with an explanation of receptors involved, biological outcomes, and common cautions.

Dr. Kent Holtorf introduced the attendees to the world of Chronic Fatigue Syndrome (CFS) and Fibromyalgia (FM). We learned that “LDN is potentially beneficial in CFS/ FM through increased tissue T3 levels.” From this presentation, we know that CFS and FM are real conditions, but grossly undiagnosed and treatment is often based on symptoms instead of underlying causes. He walked the clinicians through diagnosis, dysfunctions, and associated conditions. The studies reveals that the current standard treatments show low improvement rate.



Next, Dr. Holtorf spoke about thyroid conditions – Autoimmune Thyroiditis, Hashimoto's, Antithyroglobulin, Anti-TPO AB, Grave's disease, and Thyroid stimulating immunoglobulin.

Hashimoto's is described as TH1 dominant and Grave's is TH2 dominant. “LDN can potentially be useful for both.”

Holtorf elaborated more on LDN and Thyroid Disorders:

- *Hashimoto's and Graves often associated with or initiated or driven by chronic infections or gut dysbiosis*
- *Modern diet plays a role with food allergies or sensitivities (gluten) or driven by ingestion of trans - fatty acids and/or GMO.*
- *Different intestinal bacteria can stimulate differing Th1/TH2 responses*
Streptococcus thermophilus, lactobacillus bulgaris and B. bifidum which are widely used in the making of commercial yogurt, stimulate Th2
- *Toxic metals*
- *Hormones*
Estrogen, progesterone and cortisol generally decrease TH1/TH2 ratio (conflicting data)
Testosterone generally increase Th1/TH2 ratio

Dr. Holtorf described the required steps for cellular thyroid activity and explained how to diagnose low thyroid, chronic non-thyroidal illness, and showed the attendees why the TSH is unreliable.

Studies revealed that all Fibromyalgia patients are

hypothyroid “despite the fact that standard thyroid function tests, including TSH, T4, and T3, were in the normal range.” Another “study published the *The Lancet* performed thyroid biopsies on patients with chronic fatigue and found that 40% of these patients had lymphocytic thyroiditis.” And yet another “study published in the *American Journal of Psychiatry*” investigating thyroid function in women with PMS found that “70% showed thyroid dysfunction despite having normal TSH levels.” LDN was beneficial in treating thyroid conditions. – Holtorf Medical Group

Dr. Akbar Khan, Medical Director of Medicor Cancer Centres, Inc. in Canada lectured on the use of LDN in the treatment of cancers.



The first case presented was a breast cancer patient. In one month after LDN he introduced to her natural therapy, there were no new metastases and the tumor had shrunk. In one year, still no new metastases, circulating tumor cell count (CTC) equals zero (less than 10 live cancer cells per 1m of whole blood).

In another case, a cancer patient started and stopped LDN therapy. In this case, the CTCs rose and fell accordingly. Patient is now on LDN indefinitely.

In Dr. Kahn's practice, the use of natural therapies are utilized in combination with LDN – almost as unheard of as a doctor prescribing LDN.

Dr. Andrey Lev-Weissberg a professor of medicine at the *University of Illinois College of Medicine* starts his presentation with “basic tenets of LDN.” These tents include: LDN increases natural endorphins from pituitary; likely increases dopamine; interaction between endorphins and dopamine are complex; it is likely that LDN modulates natural activity and produces ‘healthy’ levels; low-dose can have a ‘tonic’ influence, and cellular effects are produced by dopamine and endorphins.



“LDN is a successful approach.” LDN has a “low incidence of side effects, physiologic approach takes into account natural sleep wake cycle, restores the natural state of affairs, targets the mastergland.”

Dr Lev-Weissberg also spoke about Opiate Delta Receptor, Nociceptin Receptor: OLR-1, Kappa Receptor, and approved and non-FDA approved drugs for weight loss. The case studies offered were supportive of the choice to use LDN for weight loss – and the patients had other improvements in their health, as well.

The LDN 2014 AIIC Conference Review



Dr. Tom O'Bryan gave one of the best lectures on dietary influences we have ever had the pleasure to hear. This was a no-nonsense, common sense well researched presentation on food sensitivities.

First off, "gluten affects the brain." He explained that even a small amount of gluten is harmful and compared it to like being a "little bit pregnant" – you either suffer from gluten or you are not ingesting gluten.

"Celiac is the most common life-long disorder in the United States."

The mechanism of action of LDN was fascinating. LDN increase endogenous enkephalin and endorphin, thereby enhancing the immune function; LDN inhibited proinflammatory cytokines and thereby improved inflammatory reaction; interaction of the nuclear opioid growth factor receptor which leads to promotion of DNA synthesis and thereby aids in healing of corneal ulcers; blockade of opiate in GI tract leads to effect on number of liquid bowel movements which leads to healing and repair of mucosal tissue which results in improvement in Crohn's disease activity; and regulation of TReg and production of IL-10 and TGF-B leads to down regulation of TH-17.

Another profound piece of information is referred to as gluten exorphins, these peptides have shown to have potent opioid-like properties and to have effect on hormonal balance, behavior and learning in animal models. Dr. O'Bryan points to a research article, *J Nutr Biochem*, 2014 Oct; 25(10):1011-8, and states "dietary interventions like gluten-free and casein-free diets have been reported to improve intestinal, autoimmune and neurological symptoms in patients with a variety of conditions – however, the underlying mechanism of benefit for such diets remains unclear."

"The inhibitory action of the exorphins in wheat has a specific opiate effect. This morphine - like psychoactive nature of the peptides results from the incomplete digestion of these dietary proteins binding to the opiate receptors in the brain, and offers a possible explanation for some of the reported psychiatric reactions to these gluten proteins, including the sense of 'brain fog' that often accompanies immune reactions to these foods and which may follow with panic attacks, depression, or other neurological complaints."

"Collectively Auto - immune Diseases have been identified in about 24 million people in the US, and only 1/3rd are diagnosed. That means about 72 million people have an AI Disease. It's not looked for. Our system waits until the signs and symptoms are severe enough with organ failure and

irreversible damage before we identify it." – *Jeffrey Bland, PhD*, Dr. O'Bryan quotes. He continues with information from *The Journal of Immunology*, 2005, 175: 4119-4126, "Autoimmune diseases are the third leading cause of morbidity and mortality in the industrialized world, surpassed only by cancer and heart disease.

Dr. O'Bryan had only just begun with the above. He continued on with gene expression, inflammation, CVD, antibodies, psychosis, pregnancy, insulin signaling, apoptosis, and so much more. He expertly tied food sensitivities together with conditions and pointed out triggers that may be inhibiting optimal function of LDN and other medications.



Dr. Armin Schwarzbach from Germany did a fabulous job on presenting Lyme disease to the attendees.

His slides explained how the infection is worldwide and that the various forms that this infection can take include biofilms and cyst.

Dr. Schwarzbach relayed that transmission of *Borrelia* can be up to 10 weeks before a bulls-eye rash may occur; 20% develop a "feverish reaction" or better known as a "summer flu," and only 30-40% of chronic Lyme patients remember a tick bite.

The Stage III symptom list was very helpful for those clinicians who have a patient presenting with yet unexplained reasons for their array of symptoms. The statistics on Lyme (the great imitator) was staggering. Autistic disorders in 20-30% of patients could be caused by *Borrelia* and 58% by *Mycoplasma*. Schwarzbach states that "90% of chronic fatigue patients are Lyme positive" and that "most fibromyalgia are Lyme positive." Interestingly, many patients are often misdiagnosed with Multiple Sclerosis, Lupus, etc.

Dr. Schwarzbach explained the "game changer" Elispot-LTT testing that has high sensitivity (84%) and specificity (82-100%).

The co-infections were listed and explained – babesia, Bartonella, ehrlichia/anaplasma, Chlamydia, rickettsia/coxiella, and mycoplasma viruses (EBV, CMV, HSV). The co-infection check list provided by Dr. Schwarzbach is an exceptional tool to have when dealing with suspected Lyme disease.

Therapies range from antibiotics (only with probiotics), minerals, and LDN for pain.

The LDN 2014 AIIC Conference Review



Dr. Mark Shukhman with Associates in Psychiatric Wellness in Illinois presented an eye-opening lecture.

His overview of how LDN is used in psychiatry included:

Psycho-motor activity, fatigue
 Medical conditions with psychiatric overlay
 Fibromyalgia, etc
 Depression, anxiety, OCD, psychosis
 PTSD, Depersonalization Disorder
 autism, pervasive developmental disorders
 Addiction - substances: alcohol, opioids
 processes addictions: eating, sex, gambling, internet
 weight management
 sex drive; fertility
 LDN assisted modification of behavior
 (modified SinClair method)

Low endorphins or "endorphin deficiency" symptoms include:

- crying easily (TV commercials)
- avoiding dealing with painful issues
- hard to get over losses
- physical or emotional pain
- overly sensitive (" physical or emotional pain really gets you")
- craving pleasures, comfort, reward
- numbing from chocolate, wine, romance novels, marijuana, tobacco

Dr. Roth; moodcure.com

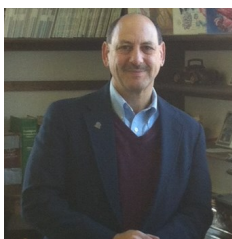
To boost endorphins, use LDN with:

- high-protein food
- vitamins: B, C, Omega-3 with vit D, E, Zinc;
- avoiding sugar, flour, coffee – ("exorphins")
- exercise, massage, acupuncture, sunlight
- guided imagery, music, romance, nature

And avoid:

- stress
- pain
- sedentary lifestyle

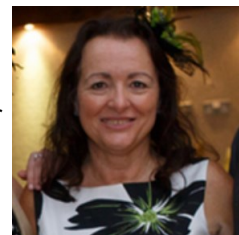
Dr. Shukhman explained how inflammation leads to depression and provided expert advice for LDN prescribing physicians. And the chart of "reactions to illness" was priceless. We sometimes forget that patients with an illness may react differently to their pain and loss.



The emcee, **Dr. Mark Mandel** owner of Mark Drugs in Illinois, did an exceptional job. He held that winning smile, kept everything running smoothly and expertly handled questions for the Q & A panelists.

Linda Elsegood,

Founder of the LDN Research Trust put together one of the finest conferences I have ever had the honor to attend. It was well thought out, executed with precision and the response has been amazing.



Well done to all and I would attend again.

Attendee Comments:

I so appreciate the LDN Research Trust's efforts in bringing this information to the forefront in order for physicians to learn the science (clinical and laboratory) behind LDN so that they might better prescribe this amazing drug for their patients' benefit. – CSV, Florida

BTW, great job on the conference. It was an formidable feat to not only make the CMEs available but also to roll it out as an online conference. It's a lot of work and, I'm sure, has not gone unnoticed - CJ, US

Thank you for a wonderful conference, I have started using LDN in my patient population already. Too soon to see results yet but I am very excited and hopeful. Dr JP

The conference was amazing!! I took copious notes; thanks for the powerpoint slides!! Incredibly great job!!! LM

I'm lost for words the conference was full of very informative information, I was please to be a part of it and can't wait to start prescribing it. Thank You! ML

The LDN Research Trust has done it again, well done in spreading the word and helping educate doctors. TC

I can't wait to attend again next year, what an amazing conference. Fantastic job! MB

BIG CONGRATULATIONS for this fabulous

conference. TK

Article written by Sue Vogan PNM

Direct donations and Gift aid: Make it worth more

Though the LDN Trust runs various fundraising events and projects, 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

Bank Account No: 60515213

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 carry out vital campaigning 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 via [the website](#) or using the contact details to the right.

Contact Us

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

LDN Research Trust

PO Box 1083,

Buxton,

Norwich,

NR10 5WY

UK:

01603 279 014

International:

00 44 1603 279 014

[Visit our website](#)

Registered Charity Number:
1106636

Trustees: Linda Elsegood, Alex Parker, Neil Lucas
Medical Advisers: Dr David Borenstein, Dr Phil Boyle,
Dr Pradeep Chopra, Dr Akbar Khan, Dr Bob Lawrence
Pharmaceutical Advisor: Stephen Dickson
Newsletter Editor & Design: Linda Elsegood
Proof reader: Phyllis and Gill
HealthUnlocked Manager: Denny Johnson
Pinterest Manager: Chris Hughes
Researcher: Allysa Savage
App Developer: David Savage
Web Masters: Alex, Brian and Rob

Forum Manager: Alex
Senior Moderators: Derek, Moderators Linda & Phyllis
Facebook Administrators: Alex, Alf, Brenda, Chris, Denny, Helen,
Kristin and Linda
Head Facebook Admin: Phyllis

Sound Editing: Guy
Admin: Emma and Sereice

**A big thank you to all our many volunteers,
their help and support is greatly appreciated.**