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FREE LDN Health Tracker App

Julie shares her experience of LDN as a treatment for MS

[Vimeo Link](#)



[YouTube Link](#)

**The LDN Research Trust Documentary**

It seems a long time since the LDN Research Trust started to raise funds in order to fund the making of a documentary. It was no mean feat and thanks go to Linda and her team for the efforts they put in and for getting over the line. Using crowd sourcing websites can mean amazing projects become a reality but there is always a risk that the tipping point is not reached and the project is halted in its tracks.

Once underway there were a series of planning meetings to agree schedule and content. This didn't always go to plan and changes were made along the way as opportunities arose and some times disappeared. Myself and Linda set out to tour the UK and Ireland in the first instance to try and uncover a case studies and to hear from those whose lives have been positively changed by LDN.

I don't think either of us were prepared for the sheer volume of people who were prepared to step forward. We went to Norwich, Glasgow, Swansea, Carlisle and Dublin as people travelled hundreds of miles in some cases to tell their story to us. Many of these case histories were documented and will feature in a separate short film in due course.

This was enlightening for me. Possibly one of the most interesting elements is just how much LDN has touched people and geography doesn't alter the story. Time and again i set up my camera in a room and was told how lives have been made worth living due to discovering and using LDN.

One story that came to light was of particular interest. Sarah Morton in Carlisle has suffered incredibly from Fibromyalgia. At one stage she even considered taking her own life before her own research led her to a drug that has transformed her life and consequently her family's too. Sarah invited me to her home in Carlisle in Northern England to find out more about her "LDN Story". Her

beautiful home is testament to not only her artistic skills but the new found energy she has since discovering what LDN can do for her.

Next in November 2014 it was off to Las Vegas in Nevada for the annual LDN conference. It was at the conference that i was able to capture several interviews, not all for the documentary but for future use. This was an incredible networking experience and provided countless leads should there have been the budget to follow them up (more of that later).

After the conference i regarded the filming as pretty much complete. With nearly 30 hours of footage in hand i had the job of condensing the story and making it coherent. I can't say this was easy and I had many sleepless nights questioning myself and wondering how i was going to do justice to the project. It was now February and with the launch deadline looking I took a call from Linda Elsegood at the trust. "hi Rob, i know its a big ask but it would magnificent if you could include Jacob Velazquez in the documentary, is it too late?"

What she failed to mention in the question was that Jacob was 4349 miles away in Miami, Florida. Just 9 nine days later after some hasty arrangement making I set off to find Jacob and his family. The major bonus of this was I also got to meet and interview Dr Brian Udell, a man who so clearly believes in his work and who spoke so well on camera.

On the plane home I knew filming was now complete. There was no more budget and no more time. After 6 weeks of replaying footage, chopping and changing I settled on the final cut.

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## The LDN Research Trust Documentary

continued

As I prepared to encode the final piece I sat in my chair looking out at the high street of the small Yorkshire village in which I live and I reflected on how privileged I had been to meet so many people who had so many valid contributions to make. Perhaps I sat in a unique position in the LDN community?

I am the first to admit the film is not perfect, far from it. However I do hope that it will make a small difference. I truly hope that someone will watch it and ask their doctor for LDN or a doctor may be given the stimulation to ask more questions about this drug. Then those that gave their time so readily to assist me will know it was time well spent.

There are other LDN documentary stories that evolved from my research and travels so who knows, I may go through it all again. I would ask that if you are reading this and you know of any particular remarkable LDN success stories and you may like to appear in a future documentary about the drug, that you drop me a line at [rob@noovo-creative.co.uk](mailto:rob@noovo-creative.co.uk)



## Why Bother Attending the LDN 2016 AIIC Conference?

The Internet has forever changed the way we learn. And in the process, has made traditional sources of information such as journals and other printed material almost irrelevant. The healthcare field in particular is awash with thousands of sites on every conceivable topic for doctors, researchers, pharmacists and patients to discover the latest advances.

Why get on a plane or drive several hours to the LDN 2016 AIIC conference when you can click your way to knowledge? One word - people! Only conferences present a unique opportunity to interact with others in ways that deliver profound understanding while building valuable relationships.

And In the absence of wide-scale clinical testing, the [LDN 2016 AIIC Conference](#) is the de-facto cornerstone of the global LDN community.

Conferences inspire you to connect the dots in new ways that a screen and keyboard simply cannot. The nuances of face-to-face debate, the Q&A and the after session gatherings at the podium create an unmatched experience. And nothing beats a hallway discussion between colleagues as they delve beyond the slideware to

uncover those precious “aha” moments. This is especially true of LDN where most of the knowledge comes from practitioners discussing how they have applied LDN in the real world.

Google the names of the ‘movers and shakers’ in the LDN universe and then compare that to the conference’s speaker list. Read some of what they’ve written or watch their interviews. Now imagine hearing and seeing them discuss their findings in great detail; being able to ask them your questions and having a give and take discussion over coffee or a nice glass of wine. The difference is incomparable.

Now add in the ability to see some of the latest products and services from key suppliers and all the other social aspects you can’t get online and the difference between “live” vs. online becomes an unfair comparison.

### So why bother to attend the LDN 2016 AIIC conference?

Unless you don’t want to be at the cutting edge of LDN knowledge, develop lasting relationships and have a profoundly deep experience I can’t think of one.

**Jim Warner**



## Jill Cattel MD - LDN Prescribing Doctor

### Alyssa's Lupus Story

I smiled when I saw Alyssa's name on my schedule, because it meant that it would be a good day. Although she was one of my most complicated patients, it was always good to see her, and she had a way of brightening my day. The hours slowly passed by, and finally she was waiting for me. We greeted each other and made small talk as usual.

"How are the boys?" I asked.

"They're getting to be so big now," she said. She'd been my patient for about eight years, so our kids had grown and changed over the same period of time.

"So how are you doing?" I asked. I didn't really need to ask the question, because I could already see the answer in her eyes.

"I don't know. I just feel so awful." It was a true enough statement. I could honestly say she looked the worst that I'd ever seen her. She was at her highest weight, had sores all over her body, and looked exhausted. It continued to amaze me that she had kept me as her doctor, through the years, given my complete inability to bring healing to her--Alyssa had systemic lupus.

Alyssa came to me back in 2008. She had been diagnosed with lupus several years prior and had already been through the wringer. She had a lot of chronic pain, but it would show up suddenly in a very specific place, causing alarm to her and everyone involved in her care. The year before she became my patient, she had an exploratory surgery of her abdomen. The very next year, as my new patient, she ended up in the cardiac lab having an angiogram done for chest pain. Needless to say, she had already had a lot of invasive procedures.

After hearing how she was doing, I returned my attention to the immediate situation. I asked Alyssa to tell me more about how she was feeling. "All these sores won't go away. I've been to three different dermatologists and had biopsies now and cultures. No one knows what's wrong. They can't even tell me for sure where the sores are coming from." Personally, I didn't think there was any mystery about that, as lupus often affects the skin, and I told her as much. "I'm tired all the time, I can't do my job at work, and I just keep gaining weight. All these medications they've had me on... they only seem to make me worse." She put her hand to her right side. "I still have this pain, here, where they took out my gallbladder, and I still have this pain around the back. Ever since the last course of prednisone, my ankles have stayed swollen." She didn't need to remind me about her hands. That summer she had to have her wedding ring cut off her finger due to the swelling.

There didn't seem to be any good answer for her. She had been under the care of four separate rheumatologists over the years and had been treated with at least four different immunosuppressants. The last two medications were especially expensive; one of them required regular injections. She had systemic symptoms, meaning every system of her body had been affected at one point or another. Each time she would be referred to the appropriate specialists, who would conduct their own tests, their own procedures, and come up with the same diagnosis—lupus. I looked down at her chart, tallying all the specialists she'd seen.

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It now included doctors in rheumatology, gastroenterology, endocrine, pulmonary, otolaryngology, neurology, urology, cardiology, dermatology, pain management, and infectious disease. Then, there was the time she had been seen by the “neuro-oto-vertigo” specialist (who knew there was such a thing?). That was the year Alyssa suddenly lost hearing in her right ear and developed dizziness at the same time. She saw several specialists before finally being seen at the local medical university. After a thorough work-up and consultation with the leading minds in the field, she was diagnosed with “autoimmune ear disease.” I remember how the two of us just stared at each other when we saw that diagnosis. If it hadn’t been so awful we would have laughed. She and I could have come up with that diagnosis on our own!

I looked down at her medication list. At one point she had been on ten different pills at once for all her symptoms. Currently she was down to only one prescription medication with vitamins and supplements. It seemed like an ideal time to try something new. “You know,” Alyssa said, “I’m not going on another immunosuppressant. And I’m not going back on prednisone.” She had a look in her eyes that meant she was serious.

I took a deep breath and said, “Well, there’s something that I’ve been using recently with some of my patients. It’s called low dose naltrexone, LDN for short.” I went on to explain to her what it was and how it worked. “It’s a prescription medication. And I can’t say for sure how much it would help you. Also, you’re still on one immunosuppressant, and I don’t know if that would make a difference or not on how well it might work.” As you can imagine, Alyssa didn’t particularly care how well it might or might not work. Anything that could possibly help her without making her worse was at the top of her list,

especially if it didn’t involve another one of her organs being removed. “Why don’t you look into it and do some reading, and if you decide you’re interested in it...” I said before she interrupted me. “Please just call it in,” she said. So we decided to start her on it, and she made a follow-up appointment for one month later.

I took my time deciding at what dosage she should be started on. I didn’t want to do anything to make her worse, since her immune system was in such a delicate balance. I read about patients who sometimes got worse on LDN before they got better, and I didn’t know if already being on an immunosuppressant would predispose her one way or another. I finally settled on the lowest dose and on taking a conservative approach.

When I didn’t hear from her before her next appointment, I figured that was a good sign. Finally the day of her appointment came, and I was excited to see her and hear about her progress. The excitement was short lived. “Your skin...” I said, as I looked at her.

“Yes, I know,” she said.

We both sat down at the same time and stared at each other. I was absolutely horrified. She didn’t seem as upset as me, strangely enough. The skin on her face had these strange red spots on it. They were completely different from the sores on the rest of her body. As I examined her, I noted that they were a bright shiny red, not raised, and slightly dry. It looked as if she had been burned, only over and over again since they were scattered across her face. The largest one was right in the centre of her forehead and was about the size of a fingerprint. It was clear that she couldn’t go to work looking this way.

As if she was reading my thoughts, she said, “I’ve already called work and told them I won’t be in.”

“Tell me what happened,” I asked.



## Poway, California

She said that about a week before her appointment with me, she had started getting these new spots on her face. They seemed different to her, and they were itchy and painful. “Well then we’ll stop the LDN right away,” I said. To my surprise, she didn’t agree. She said that almost immediately after starting the LDN she started sleeping through the night, and it was pain free sleep, which was a big deal for her. Over the next few weeks she had also noticed that her other skin lesions seemed to be healing up. Still, it didn’t seem to be worth the risk to stay on the LDN. “I’d really like to stay on it,” Alyssa said.

Normally I don’t like my patients to watch me when I’m thinking, especially when I’m struggling with making a treatment decision. In this case, I knew Alyssa well enough to feel comfortable, and plus I couldn’t take my eyes off of her skin. We must have sat quietly like that for a few minutes, but it seemed like an eternity. I’m not accustomed to prescribing a treatment plan to my patients that makes them worse, and I didn’t know how I felt about continuing hers. “You’re still taking the other medication twice a day?” I asked.

“No,” she said. “I’ve been down to one a day on that since the summertime. It’s never done me any good anyway.” That was true enough; in fact one of her earliest rheumatologists had thought that that particular medication had caused her some side effects. It occurred to me that we could try stopping the one altogether and see if the LDN would work better on its own. This approach was a leap of faith though, because it went against all traditional thought

about immunosuppressants. Her rheumatologist would surely believe I’d lost my mind. But at the end of the day, it was Alyssa’s choice, and she chose to go with that strategy. I increased her dose on the LDN to the next dose up, as I’d planned. She scheduled a follow-up visit for one month.

Over that period of time I had a lot of anxiety. I kept seeing her rash in my mind, and I wondered if I’d made the right choice. I prayed for her intermittently, almost every time I thought of it. The two weeks passed slowly.

The day of her appointment finally arrived. I think I’d been holding my breath. When I saw her I smiled really big, and she returned it. “I feel so good,” she said. “My skin is so much better, my stomach ache is gone, and the nausea is gone too.” As I looked over her face I sent up a prayer of thanks. The spots were fading and much less noticeable. “I think I’m ready to go back to work part time.” Since she still had some fatigue we agreed that was for the best. I continued her on the LDN at the same dose.

Over the next six months I saw her several times. She looked better at every visit. The swelling went away and her weight started going down. At her last visit, a few weeks ago, she was down to the weight when I first met her. In fact, you’d never know she had any medical problems. As I checked her in she said, “I’m a little bit concerned because I’m still losing weight and I’m not even trying.” I laughed. “Well you’re the only one of my patients with that problem,” I said. After she left that day I returned to my office, relaxed back in my chair, and took a deep cleansing breath in and out. It was a very good day indeed.





## Mystery or Miracle? Susie from Wales



My experience of LDN for Multiple Sclerosis and Breast Cancer

My name is Susie; I am 54 and live in Swansea with my husband and 16 year old daughter. I started taking LDN for multiple sclerosis 13 years ago, at the suggestion of Dr Bob Lawrence. He performed my most detailed medical history of any doctor I have ever encountered and then made a few suggestions. This was to be utterly life changing for me.

My MS had gone from 'relapsing and remitting' prior to child birth to 'secondary progressive'. I did, of course, combine the LDN with the appropriate diet in order to achieve maximum success. I began the diet first and then a few weeks later introduced the LDN. The first night that I took it I found I was able to read fluently and easily. This was the first time in two years; I celebrated by reading a book cover to cover!

My background in health care meant that this sudden improvement made not an iota of sense and I wouldn't have even reported it, fearing a possible reduction in credibility, if it wasn't for the fact that many others have recounted the same strange experience. It appears to be a scientific mystery, but let us not forget that mysteries are fun, exciting and can inspire us to enquire further. Mystery often seduces us to follow the road less travelled. Wonderful pioneering scientists and doctors have made great strides in terms of unravelling and explaining how LDN works. The

explanations are still evolving and the relatively greater understanding of LDN's role in inhibiting cell proliferation is undeniably exciting. This is especially true for those of us who are dealing with cancer.

Over the next few months, my health improved dramatically. I could lift my left leg again, hold a pen to write and go to bed without the constant fear of waking screaming with pain and spasm. I had more energy, could think more clearly, peed less often (and in the right place!) and regained my sense of smell and taste. I love food and cooking, so this was a great bonus.

Headaches - which had previously lasted over three weeks at a time - reduced to a couple of days. My nystagmus disappeared and has not come back. Am I cured? Well, not yet! However, my symptoms are so sufficiently reduced that it would be criminally negligent not to shout it from the roof tops.

This stuff works. It is cheap, safe and simple. How do I know it is the LDN and not some massive coincidence or a highly fortuitous placebo effect? Well, of course, there are no certainties in life - well beyond the sure knowledge that odd socks and teaspoons will always disappear - but there are probabilities.



## Continued.....Mystery or Miracle? Susie from Wales

I was unfortunate enough to be unable to get LDN for a few months, about two years into taking it. I thought maybe it wouldn't matter as I was doing so well at that time. It did matter; my health deteriorated gradually over a couple of months, sliding back to as bad as before I took it. I was becoming a prisoner in my own home again and my mind was shutting down. I had less energy and was more brain fogged than a stoned sloth. The walls were closing in and I was desperate. At the time I was a single parent so could ill afford the painful decline into familiar and frustrating incompetence. I eventually managed to get some LDN from New York having failed to persuade either a neurologist or GP to prescribe on the NHS. My GP, who although fantastic, was forbidden to prescribe it - she showed me the actual letter. The neurologist, who was also really helpful and thorough, thought it was "homeopathic"! Anyway, I restarted the LDN and my health began to improve again. However, I never got quite as well as before I stopped it the first time.

A few years later, I developed a very aggressive and fast growing stage 4 breast cancer. Oh joy of joys! I got this chopped off as quickly as possible. Following correspondence with the wonderful Dr Burt Berkson and then Prof Ian Zagon, I was firstly advised to combine the

LDN with Alpha Lipoic Acid and Vit B complex. Then Prof Zagon - who is also one of the leading lights in LDN research - suggested that I reduce my dose from 4.5mgs to 3mgs in order to maximise the inhibition of cell proliferation. It is four years on, and no relapse so far.

My story is not unusual. All the MS'ers I have met or spoken to, that have combined the diet and LDN, have experienced significant life affirming health improvements. Is it still not enough to be scientifically significant? No, of course not! However, when do 'anecdotes' become evidence? Is it hundreds of people? Is it thousands of people? When will it be enough? Well, there are tens of thousands of us, all over the world, spanning over 30 years. Would it not be an idea to use cheap, safe, tried and tested methods that would dramatically improve lives and save billions of pounds for the NHS and DWP?

What on earth have we to lose? Or should we ask who *would* lose out? Possibly, or rather probably, the companies supplying the often more expensive, highly toxic drugs - and the subsequently then required (and again expensive) drugs needed to combat the first expensive drug's damaging side effects. I maintain that the cheap and safe options should be the first line of treatment rather than the last. It makes sense both morally and financially.





## Enjoying the sunshine - Vera from USA



My experience of LDN for Multiple Skin Conditions plus.....

I developed a horrible, itchy red rash after the birth of my first child, a boy, at age 30. I had taken three rounds of antibiotics, virtually back-to-back for mastitis. I had also had an amalgam dental filling replaced shortly after I delivered. The rash covered my back, hips and buttocks, and I had a sun-sensitive malar rash across my face. I was positive for ANA, ASMA and Rheumatoid Factor autoantibodies. A rheumatologist suggested it might turn into Lupus or RA, diagnosed me with Undifferentiated Connective Tissue Disease, and offered me an anti-malarial for treatment. I declined because I was breastfeeding and went on to have a spontaneous remission of the rash after a year when I weaned.

I had a normal pregnancy two years later and successfully breastfed without incident. Three years later I developed sudden colitis symptoms and was diagnosed with Lymphocytic Colitis via colonoscopy with biopsies. Lymphocytic colitis (LC) is a form of microscopic colitis, a type of inflammatory bowel disease that can only be diagnosed with a microscope. LC is diagnosed when there is an increase in the number of lymphocytes, a type of white blood cell, in the epithelium —the layer of cells that lines the colon. I was offered prescription medications, but I opted for a Pepto-Bismol regimen, and eventually figured

out that diet was a major contributing factor, so I went gluten/dairy/soy free.

Three years later, after completing a major renovation of a 1950's home and living five months in a rental house with a mouldy basement, the rash returned. It was also a busy, stressful period at work. The rash slowly advanced from January to March, affecting my shoulders ("shawl sign"), chest ("V sign"), hips and outer thighs ("holster sign"), knuckles ("Gottron's Papules"), scalp, forehead, and eyelids ("Heliotrope"). I was diagnosed with Amyopathic Dermatomyositis in April via skin biopsy. Dermatomyositis (Dur-mat-oh-my-oh-sigh-tis), "DM," is an uncommon autoimmune inflammatory disease marked by proximal muscle weakness (shoulders, upper legs and neck) and a distinctive itchy skin rash. It is classified as a chronic inflammatory myopathy, along with Polymyositis (PM) and Inclusion Body Myositis (IBM). The disease can range from mild skin rash to severe muscle damage and interstitial lung disease. The estimated incidence of DM is 9.63 cases per million population. The estimated incidence of Amyopathic DM (skin only manifestations, normal muscles) is 2.08 cases per million. Dermatomyositis can occur in people of any age, but two peak ages of onset exist: in adults, the peak age is approximately 50 years, whereas in children, the peak age is approximately 5-10 years. Dermatomyositis and polymyositis are twice as common in women as in men. Neither condition shows any racial predilection. DM can be associated with cancer, so I went through a battery of cancer screenings, from mammograms to blood tests and a CT scan.

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## Continue.....Enjoying the sunshine - Vera from USA

Before LDN



After LDN



I was prescribed Clobetasol steroid cream and applied it for weeks, but it caused my skin to redden and get painfully sore. Instead I applied a homemade mixture of coconut oil, jojoba oil and castor oil in large quantities, as my skin was incredibly dry and insanely itchy. I avoided the sun over the summer, but by fall my rash was out of control, covering 70% of my body, ulcerating in areas where clothing caused any friction, and I was losing my hair. My rheumatologist put me on 40 mgs prednisone and 400 mg Hydroxychloroquine (Plaquenil). I was also seeing a Chinese medicine doctor who performed acupuncture twice a month and prescribed reishi mushroom extract to minimally help with the side effects of prednisone. Within two months the rash had faded considerably and I was comfortable again, so I started tapering the prednisone, 5 mg at a time. My major side effects of prednisone were insomnia, irritability, extreme tooth sensitivity from receding gums, and muscle atrophy (steroid myopathy) in my legs. By summer I was down to 12.5 mg prednisone and still doing well... I thought I was home free.

Then, my kids and I developed a 24-stomach stomach bug, and the rash came roaring back. My rheumatologist wanted me to add Methotrexate or Cellcept to my regimen, saying I would never be able to get off Prednisone, but I refused and tried to buy more time. I was not ready to need a "permanent form of birth control" which would mean adding hormones to the mix. I was desperate for relief and decided to try the Autoimmune Paleo Protocol, a paleo diet with all potential allergens and inflammatory

foods eliminated -- no grains, legumes, nuts, seeds, or nightshades. Nothing processed, only naturally raised meat when possible, etc. Within eight weeks of starting this very difficult diet my rash had improved 60%, but it wasn't enough. I was still suffering, and my doctors really wanted me to start another drug.

I had been a research fanatic throughout all of this, and eventually came across LDN. I had been seeing an integrative medicine doctor for a couple of years, Dr. Gary Kaplan in Northern Virginia. He had referred me to a rheumatologist when things turned for the worst – but now I was back in his office looking for alternatives. I asked him about LDN and he exclaimed, "I think that is a GREAT idea!! Most of my patients take LDN!!" I couldn't understand why he never suggested it sooner, but in retrospect, it was because it's off-label use, so I guess you only prescribe if a patient asks.

Dr. Kaplan wanted me to start at the full dose of 4.5 mg. I had read otherwise online, and he disagreed, saying you get side effects with every increase, so why suffer through multiple increases? We agreed to split the difference and I started on 2.25 mg pills, and would double the dose within 10 days or whenever I felt ready. Luckily there was a reliable compounding pharmacy across the street from his office that supplies most of his patients. At first I had lactose as the filler, and later I switched to Avicel (cellulose) because I am lactose intolerant. Nevertheless, I tolerated them both without issue.



## Continue.....Enjoying the sunshine - Vera from USA

The first few days on LDN were difficult. I took the pill right before bed, and woke up very groggy, like a hangover, and had a mild headache and brain fog all day for 3-4 days. Then the fog lifted and I felt amazing! My energy levels went up and my mood was better than it had been in years. I was happy for no good reason! The doubling of the dose at day 10 resulted in similar symptoms – grogginess, headache and brain fog for a few days. But soon I was feeling great, waking up earlier and easier, and going to bed at more reasonable hours (I was a night owl). I don't recall any vivid dreams, although I did wake more easily during the night. I noticed more muscle twitches, a worsening of my benign hand tremor, more bathroom trips to urinate, and slight worsening of my low blood pressure. I also lost 6 lbs without trying (I think I was less hungry and losing water weight).

Within three weeks, I noticed my rash was starting to respond. The rash would be very faint when I woke up in the morning, but by evening it would be red and itchy again. Each day it would fade more and be less angry. I participated in two research studies on Dermatomyositis at the National Institutes of Health (NIH) during my first month on LDN. They confirmed my diagnosis and informed me that I had some mild muscle involvement, despite my relatively normal strength. I was not surprised given my chronically weak shoulders and achy hips. My diagnosis was now "Hypomyopathic Dermatomyositis."

By two months, I started tapering prednisone again, first to 10 mg, then 7.5 after three weeks, then 5 mg a month later. I also cut my Plaquenil dose in half to 200 mg/day, against the advice of my rheumatologist. The prednisone tapers were easy, with only noticeable fatigue in the first week. My Lymphocytic Colitis was also under reasonable control, with LDN seeming to lessen the severity

of reactions to offending foods. By 12 weeks my rash was 95% gone -- my hands had continued redness on the knuckles, portions of my scalp still itched, and my eyelids would swell and get red/purple if I accidentally got cross-contaminated with gluten or got too much sun. But otherwise, I considered myself in remission, and my rheumatologist agreed. No need to add Cellcept or Methotrexate! Yay!! The tremor and muscle twitches resolved, and to my amazement, my almost lifelong orthostatic hypotension completely resolved! Years of 90/50 blood pressure jumped 10 points and I didn't have to constantly hydrate and eat salt!

Over the past year on LDN, I have been able to skip up to three days without any noticeable symptoms. I usually skip one or two pills a week when I fall asleep before remembering to take it at bedtime, or if I drink an alcoholic beverage near bedtime. I'm down to 1 mg prednisone (lowest dose available), with none every other day. I'm also down to 100 mg Plaquenil (half of the lowest dose available). My doctor also added a tiny 5 mcg dose of T3 thyroid replacement hormone in the last month, which promptly normalized my low temperature and heart rate. I can get short-lived skin flares and aching hips if I'm accidentally glutened, or if my family members come down with a virus like the flu, but overall I'm feeling good and able to manage the aspects of my life that keep me well (clean eating, sleep, mild exercise). I'm also experimenting with fermented foods and soil-based probiotics to normalize my intestines and address the mild colitis. Spring has arrived in the USA and I've been getting way more sun than I should. To my amazement, I'm now able to tolerate up to an hour of sun with no skin flares - I'm even tanned now! Before, a mere five minutes would leave me red and itchy. I am hopeful I am now entering a period of complete remission from Dermatomyositis thanks to LDN, my miracle pill.





**Crushed tomato, fennel and yellow pepper with avocado and sweet onion, thin julienne of cucumber with herbs, arugula and germinated fennel seeds.**



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Here is an example of midsummer recipe, based on, more or less, acidic foods and very aqueous; the ideal profile to give freshness to our bodies and allow them an important cell cleaning. Indeed, only the water, thanks to its wealth and trace elements as well as minerals, is able to penetrate the cells to clean and oxygenate them. Relative acidity of the tomatoes and the unpasteurized vinegar is enhancing the digestibility of fats and the absorption of minerals such as calcium for example.

Summer heat and light physical exercise permit the acidity to evaporate through the skin; leaving us with most of their richness in vitamins, enzymes, phytonutrients, minerals and trace elements. Do not forget the benefits of chlorophyll in greens, herbs and cucumbers green skins; highly regenerating, deodorizing and antiseptic, it strengthens the immune system by oxygenating cells, alkalizing and detoxifying the ground the body.

#### Equipment:

Blender

Chinese knives

Mandolin

Board

#### Ingredients for 4 people:

##### For the crush:

2-4 beautiful tomatoes (cleared of vegetation water if too watery!)

2 small yellow peppers

1 small fennel

2 ripe avocados

1 large red onion into small cubes or 1 bunch green onions, chopped

Some olive oil

2 tablespoons of unpasteurized apple vinegar

Flower of alt and lemon juice, depending on your taste

Red pepper depending on your taste

##### For the julienne:

2 small cucumbers cut into a julienne with the mandolin grid 2 or 3

1 pinch of flower of salt

Some olive oil

1 tablespoon of unpasteurized apple vinegar

1 tablespoon of finely chopped lemon zest

4 tablespoons of finely chopped mint and coriander

1/2 tbsp of Corinthe grapes or finely chopped dried tomatoes

##### For the greens:

2 rocket boots

Germinated seeds of fennel

Some black and green olives in brine

##### Method:

Put all the ingredients crushed in the blender with the exception of onions and mix all once or twice the speed 1 to make a coarse mince. Then add the onions and mix well. Assemble and mix the ingredients for the cucumber spear. Make a rocket up into a ball and plates, lay crushed in the middle, add the julienne in the centre and garnish with sprouts fennel.



**Lean fillet with skin, zucchini saffron cream aroma of shrimp, and vegetable steam**

Lean (*Argyrosomus regius*), or growler, or croaker, is a marine fish of the Atlantic and the Mediterranean, the family of croakers. Corvina corbina or Spain, it is also the Fish ceviche. Its average size is 50 centimetres to 1 meter, but it can reach 2 meters to 100 kilograms. Its fine flesh is appreciated, this fish is high in several European countries, make sure procure the wild. The species is subject to some protection, fisheries topics under 30 centimetres is prohibited.

I was inspired by a classic recipe of Southern cuisine, summer is approaching and it is difficult to resist the taste of tomatoes and zucchini even if it is the very beginning of the season.

I like to serve this dish in bowls with chopsticks, but you can very well serve on soup plates with cutlery, it is here between the dish and the fish soup.

#### **Equipment:**

Steamer

Chinese knives

Blender

#### **Ingredients for 4 people:**

400 to 600 grams of lean fillet with skin, ask the fishmonger to scrape

200g unshelled shrimp, washed

8 small zucchini cut diagonally

2 tomatoes diced into large pieces

1 bunch green onions cut diagonally

#### **For the cooked sauce:**

2 zucchini coarsely chopped

1 pinch of saffron

1 celery stalk white

2 ripe tomatoes

1 young clove of garlic in the cooking

1 raw clove of garlic in the blender

1 strand of thyme

1 tea spoon fennel seeds

1 laurel leaf

1 orange slice

4-6 tea spoons olive oil

Flower of salt depending on your taste

#### **For raw sauce:**

4-6 tablespoons olive oil

Some lemon juice,

Some garlic,

1 tablespoon finely chopped fresh thyme

Orange and lemon zest

Sea salt depending on taste

#### **Method:**

Deshell the shrimp, putting the carcasses in the steamer for recovering the juices. Bake the ingredients of the cooked sauce in the steamer for 18 mins and then blend in a blender with oil, juice cooking carcasses filtered shrimp, one of the raw garlic cloves and sea salt until smooth and creamy. Keep warm. Cook the zucchini, tomatoes and fish pieces steaming for 10-12 mins, add the onion wedges 4 mins before the end of cooking. Assemble all the ingredients of the raw sauce. Mix well. Arrange the zucchini cream in large preheated bowls, centre the fish into the plate with vegetables, pour over sauce and divide raw peeled shrimp.





## From Long Distance Runner to the Couch - and Back Again!

### Julie from the US



Julie shares her experience of LDN for Multiple Sclerosis

We all have those before and after moments in our lives. It may be that some of these times are memorable for the joy they bring, but there are times when we have to suffer the reverse: when things take a turn for the worse. While I am not exempt from these bad before and after moments, my story is more memorable for being a life-saving moment.

I was diagnosed with multiple sclerosis in 2009. When I was first diagnosed I did not feel at all terrible, mentally or physically. However, naturally, as this monster of a disease took its course; the nightmare began. I had such fatigue that at times it took my breath away; I could not speak; it was exhausting just to get from the couch to the bathroom. I used to be a distance runner and now I could no longer run. I was so fatigued that any other form of exercise that I tried I could never finish.

When I woke, every single morning, I felt like I had drunk a couple of bottles of wine the night before, to the point where I had to question myself if I had been drinking. It took everything - and I mean everything - to drag myself out of bed. Mind you, this would now be at noon, so different from before when I was always an early riser.

I suddenly felt like I had a constant urinary tract infection: I was going to the E.R., only to find out I didn't have one; I was having bladder spasms, was referred to an urologist. I got to the point where I didn't want to go and see yet another M.D., nor did I want to add any more medications to my large list of 'symptom management' medications.

I became depressed. Not just the run-of-the-mill blues... but depressed - heightened by losing my ability to run and being too fatigued to even finish a fitness class. I had bladder spasms and had to use the bathroom every 10-15 minutes; my bladder hurt; and I had mind numbing fatigue. I lay on my couch for months: praying; crying; wishing I could commit suicide.



## Continued - From Long Distance Runner to the Couch - and Back

It was then that I heard of a 'Blueprint for MS' presentation being put on; I decided I would drag myself there and see what I could learn. At the presentation, there were vendors peddling their wheelchairs, walkers, and canes. It was while I was browsing the products being promoted that I needed to sit down. Seeing a spare chair next to one of these vendors' booths, I rested myself. I sparked up a conversation with one of the vendors and it turned out she also had multiple sclerosis. I was perplexed that she was able to stand all day at her booth, not only without a rest or nap, but with a smile upon her face! I told her my thoughts, and she, in turn, asked me if I had ever heard of low dose naltrexone. Of course, I hadn't. She began to educate me on this medication; who in the area prescribes it; why my current neurologist cannot prescribe it and gave me the phone number of a neurologist who had walked away from the corporate hospital setting and opened up his own practice. I was by this point too tired to even go into the presentation, and was also anxious to get my hands on this new medication, so I left, went home, called this neurologist, and made an appointment.

Upon receiving my prescription, the neurologist made the point to tell me: LDN was not a cure. But, I was not looking for a cure; I was looking for my quality of life to change in order to keep myself alive!

I will never, ever forget the morning I woke after the first night of taking LDN. *This was my life-saving before and after moment.* Firstly, I woke up in the morning. I actually woke up before noon and I felt refreshed. I popped out of bed – no feeling of having a hangover. I got out of

bed like a normal person! I did what normal people do in the morning: have a cup of coffee, read the paper - I was not assessing how bad I felt. I felt so 'normal' that I decided to go try a Pilates class. Yes, you heard me... that same morning, after I had started taking LDN, I tried the Pilates class – and, guess what, I sailed through it. It suddenly hit me: I was not having the dreaded bladder spasms; I could walk further than usual before some spasticity kicked in. Notice, I say some? That's because, before LDN, I had constant spasticity in my shins when I walked, it often caused pain in my hip flexors, my lower back and my thighs. After taking LDN, the spasticity that did occur did not cause any of these symptoms.

I have been on LDN for almost 3 years now and I have not had one bladder spasm since. I take Pilates or ballet bar classes daily since LDN. I still pop out of bed, like a 'normal' person, since being on LDN. LDN did not cure my multiple sclerosis; I would say that, more importantly, it saved my life. While I still have symptoms of multiple sclerosis, and I probably always will, I have a life now. LDN saved my life because it saved me from myself.

Julie's Vimeo Interview



## 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 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. This information pack is ideal 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.

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

[Download Now >](#)

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

**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.

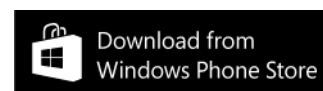
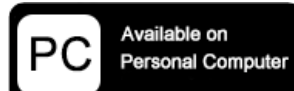


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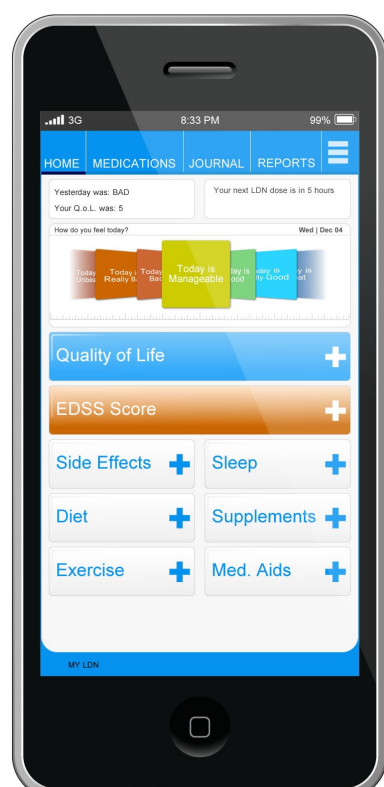
Warnings: Do not use if you have breast, prostate or hormonal responsive cancer - it may stop your cancer medications from working properly. (However, it has been shown to be effective in hormone treatment resistant prostate cancer).

# 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



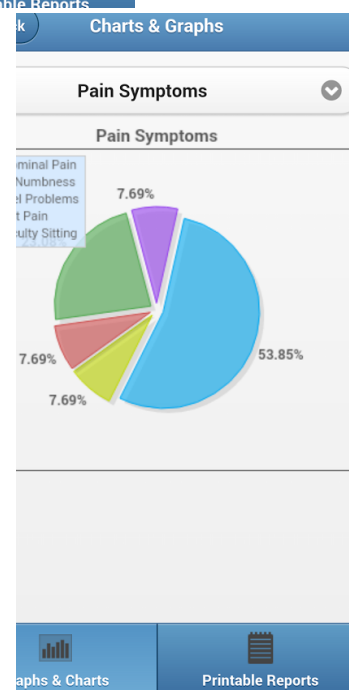
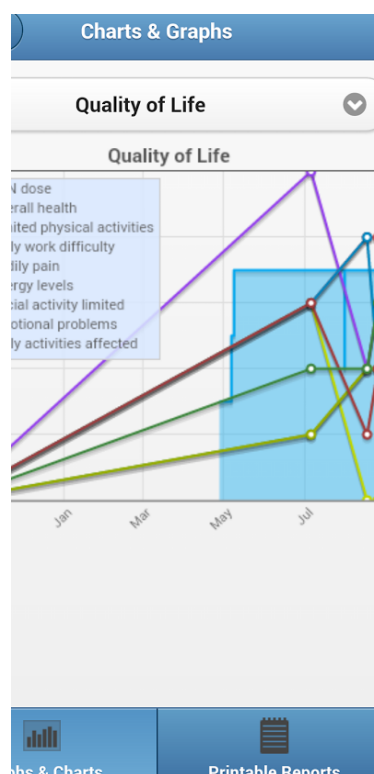
app store of choice (Android, iOS, or Kindle Fire and HD) to jump straight in!

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.



MyLDN Health Tracker app  
on the NHS Choices  
[website.](#)



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*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 &gt;

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.

# Watch the 2014 LDN Conference as it happened.

- Gain cutting edge knowledge of Low Dose Naltrexone + receive 10 CME credits at the same time.
- ALL 10 HOURS FOR \$25.00
- Sign up on our website now - instant access



**Did you miss the LDN 2014 Conference?**

**Would you live to watch the presentations?**

**Get instant access to the talks + receive 10 CME Credits for just \$25 (approx 25 Euro or £16)**



That's right, get yourself a front row seat to all 10 hours of presentations given by doctors and pharmacists who spoke so well and offered inspirational new information as to how they use LDN to treat conditions like **MS** and **Cancer** as well as:

Lyme Disease \* Thyroid Conditions \* Fibromyalgia  
\* Crohn's \* SIBO \* Fertility Issues

Those that attended came away feeling inspired and educated with a wealth of knowledge that they can put into practice.

\* Don't forget the huge bonus - medical professionals will receive 10 CME Credits for their virtual attendance of the conference simply by subscribing for only \$25.00.

CME's Awarded by Oregon Board of Naturopathic Medicine.

Approval number 14-356, Total of 10 general CE broken down, 3 pharmacy hours and 2 pain hours.

**Who were the speakers? - [Click](#)**

**The Conference Schedule - [Click](#)**

**Conference Brochure - [Click](#)**

**Conference Review - [Click](#)**

**CME Credit still valid for 2015 on the Live Stream!**



### 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:

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This is a US Skype number

### International:

00 44 1603 279 014

[Visit our website](#)

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1106636

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Admin: Emma. Jeanne

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