Book Review – *The LDN Book*, edited by Linda Elsegood

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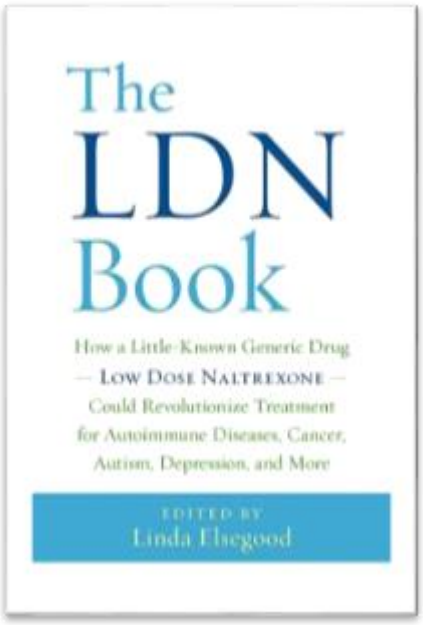

Linda Elsegood's personal success story tells how using low-dose naltrexone (LDN) to treat her multiple sclerosis restored her quality of life and gave her hope for the future. Now she is a woman on a mission to help others learn about LDN and to promote further research into how it may be used to treat a variety of diseases. In *The LDN Book: How a Little-Known Generic Drug—Low Dose Naltrexone—Could Revolutionize Treatment for Autoimmune Diseases, Cancer, Autism, Depression, and More*, Elsegood has compiled chapters written by practitioners who have become experts in the use of LDN.

History

Pharmacist Stephen Dickson provides a comprehensive history of the opium poppy and the subsequent creation of synthetic drug compounds called opiates, which are all active at the opioid receptor sites. Opioid receptors are meant to be activated by hormones produced in the body called endorphins and enkephalins, which can relieve pain and contribute to wellbeing. However, these receptors can also be stimulated by opiates. Naltrexone was originally developed to block these receptor sites in order to assist people addicted to opiates. The developers of naltrexone reasoned that when opioid receptors were blocked, there would be no need to use or abuse opiate drugs. While a logical theory, in actual practice they had little success.

However, in low doses, naltrexone acts to temporarily block opioid receptors. The body responds by producing increased amounts of endorphins and enkephalins. The opioid receptors also increase in sensitivity and number.

Multiple Sclerosis and Lupus

Dr. Deanna Windham begins with a thorough explanation of multiple sclerosis and lupus. While she recognizes that we do not currently have drugs that treat the complexity of these diseases, LDN has been shown in a number of studies to stabilize and stop their progression. The use of LDN is a pillar in Dr. Windham's treatment plans, though she maintains that each patient must be treated individually for their toxic load, hormone imbalances, nutrient deficiencies, and sleep issues.

Inflammatory Bowel Diseases

Dr. Jill Smith was the first to publish a study on LDN and inflammatory bowel diseases. There are opioid receptors in the gut and on immune system cells. There are a number of different types of opioid receptors and naltrexone may target different opioid receptors depending on the dose.

Dr. Smith provides case studies of remissions of inflammatory bowel diseases, Crohn's disease and ulcerative colitis with the use of LDN, both alone and with other commonly-used drugs. LDN blocks opioid receptors for about six hours, during which the body increases its endorphin and encephalin production. After about six hours, the LDN is removed from the opioid receptors by the body and the elevated endorphins and enkephalins can act at the receptor to block cell proliferation or reverse inflammation. LDN also sensitizes and increases the number of receptors. Remission may be confirmed with radiology showing healing of the intestinal tract.

Few of Dr. Smith's patients have experienced side effects, however, one possible side effect is sleep disturbances, which can be alleviated by changing to a morning dose or using a lower strength.

Thyroid

Dr. Kent Holtorf, president of the National Academy of Hypothyroidism, explores LDN treatment with thyroid disorders. He explains how LDN can be used effectively in both Grave's Disease (hyperthyroidism) and Hashimoto's Disease (hypothyroidism). He believes LDN can potentially improve abnormal inflammation and immune dysfunction seen with thyroid disorders, and thus, improve the reduced tissue T3 (active thyroid hormone) levels inside the cells that these conditions can cause. Normal thyroid tests cannot predict the activity of thyroid inside the cell, and so this can go unidentified and untreated.

Chronic Fatigue and Fibromyalgia

Dr. Holtorf also addresses chronic fatigue and fibromyalgia. He writes about phases of treatment with LDN:

1. Stabilize the patient. This stage is where pain and sleep disturbances are addressed.
2. Enhance mitochondrial energy production with nutrients.
3. Balance hormones as these patients typically have deficiencies.
4. Enhance the immune system function and treat the infectious components. LDN is often part of this stage of treatment.
5. Address issues like heavy metals, leaky gut, mold toxicity, and coagulation problems.
6. Maintain health and balance.

An integrative approach has shown success, with treatment plans adjusted to the individual needs of each patient.

Restless Leg Syndrome

Dr. Leonard Weinstock is a gastroenterologist and internist, with a special interest in restless legs syndrome (RLS) and has identified an association between RLS and small intestine bacterial overgrowth (SIBO) and other inflammatory conditions in the gut. He used LDN to treat patients with and without antibiotics for infection. In each case he found some positive results, and has used LDN for long-term remission.

Depression

Endorphins are very psychoactive, and account for the warm feelings of falling in love, coping with stress, and bringing joy and contentment. Dr. Mark Shukhman describes the symptoms of endorphin deficiency as including:

- Discomfort with disturbances such as changes in sound, light, temperature, or touch
- Immune system problems such as frequent infections, allergies, and autoimmune disease
- Crying easily, and have difficulty with painful situations
- Craving chocolate, wine, marijuana, and alcohol

LDN helps in these conditions by increasing the levels of endorphins. Many people who have turned to opiates describe that it is the first time that they have felt normal. Although his chapter focuses on depression, psychiatrist Dr. Shukhman has also used LDN in his practice for treatment of autism, post-traumatic stress disorder, multiple personality disorder, anxiety, obsessive compulsive disorder, psychosis, and even sexual dysfunctions.

Autism

Dr. Brian Udell has a special needs pediatric practice and has found a common theme with autism to be inflammation and gut disturbances. He cites Dr. Jacquelyn McCandless' work with children using LDN as a cream, rather than tablets, because of its bitter taste. He has seen LDN increase speech and communication, decrease aggression, and improve social development. Beta endorphin levels can be measured to confirm LDN activity.

Cancer

Dr. Angus Dalgleish, an oncology practitioner in the UK, writes that, while there is very little in the published literature, LDN seems to be universally useful across all tumor types. He writes of his personal experience treating patients with metastases, achieving stability and long–term, disease-free status. He finds that LDN affects more receptor sites than just the opioid receptors. Naltrexone in large doses actually promotes tumor growth in the laboratory, so the best effects occur when it is used in low doses and used intermittently rather than continuously. Its anti-inflammatory action can be helpful in cancer. Dr. Dalgleish reports that the use of LDN also increases the production of natural killer cells. Finally, LDN can produce positive effects on mood that help in combatting the disease. He writes that failure with LDN may be linked to low vitamin D levels.

Conclusion

The LDN Book is just a part of Linda Elsegood's work. Under her direction, the LDN Research Trust has an incredible number of accomplishments, including organized conferences, LDN radio, and crowdfunded documentaries. This outreach has stimulated investigation into endocrine and immune system activity that was hardly known before. This book is a window into the large body of knowledge we have gained in the last ten years.