

March News

The First European LDN Conference



Where

Glasgow University
Western Lecture Theatre

When

Saturday 25th April 2009

Time

9.30am for a 10am start
finishing at 4 pm

Who is the conference for
Patients and Doctors

Admission

Free

Refreshments and light lunch

Free

Disabled Facilities

Parking, toilets, level access, ramp
access and lifts

The aim of the conference

To increase awareness of LDN in
Europe, to highlight the existing
research and to give a platform to
those who have experienced the
value of the treatment.

After the conference

You are all invited to join us for an
informal gathering at;
City Inn Glasgow
Finnieston Quay
Glasgow G3 8HN

The number of people registered for
the conference as of 27th February is
132, leaving less than half the place
available. If you wish to attend please
register now to avoid disappointment.

Dr Chris Steele, from
ITV's This Mornings
will be attending the
conference.

Accommodation in Glasgow

A special rate has been agreed by Shirlene
Fawkes Reservations Manager at:

City Inn Glasgow

Finnieston Quay

Glasgow G3 8HN

Tel: +44 (0)14 1227 1026

Fax: +44 (0)14 1227 1036

www.cityinn.com

The rate per night is £95 single occupancy
and £105 double occupancy which includes a
full cooked breakfast. The rate is valid for the
24th, 25th and 26th April 2009, this offer ends
on the 10th April subject to availability.
Please quote group code WES240409 to get
this offer.

There are many hotels in Glasgow that might
be cheaper but all, even City Inn are a short
taxi or car journey from the venue.

The conference will become an annual event
that will act as a focus for LDN research and
clinical activity in the UK and beyond. The
2010 conference is already being planned.

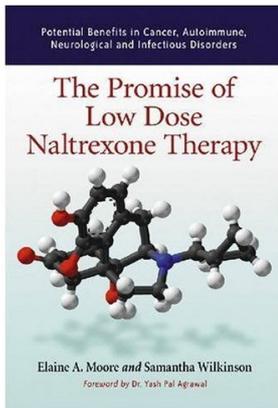
Dr Tom Gilhooly is organising the conference
and has a website where you can register if
you would like to attend: www.glasgowldn2009.com
if you are interested in financially supporting
the conference you can make a donation via
us at: www.ldnresearchtrust.org/default.asp?page_id=69
please add "conference" as a reference.

All donations intended for the conference will
be given to Dr Tom Gilhooly to help cover the
cost, which includes venue rental, catering,
speaker travel and accommodation expenses.
These costs are hoped to be covered by
donations and sponsorship.

The Promise of Low Dose Naltrexone Therapy

Potential Benefits in Cancer, Autoimmune, Neurological and Infectious Disorders

Elaine A. Moore and Samantha Wilkinson Foreword by Yash Pal Agrawal, M.D., Ph.D.



The Promise of Low Dose Naltrexone Therapy

Elaine A. Moore and Samantha Wilkinson
Foreword by Dr. Yash Pal Agrawal



Elaine A. Moore



SammyJo Wilkinson

In 2004, Elaine Moore and SammyJo Wilkinson heard that, used in low doses, naltrexone had a remarkable ability to stop disease progression in multiple sclerosis (MS). SammyJo did her homework and eventually began using low dose naltrexone (LDN) for her MS. She experienced remarkable improvement and began to spread the word of LDN through her website, www.ldners.org. As a medical writer with a special interest in autoimmune diseases, and a laboratory scientist, Elaine began to determine exactly how LDN worked and in what conditions it offered benefits.

By 2007, Elaine was ready to write a book on LDN. Having visited SammyJo's website and impressed with Sammy's personal experiences, Elaine invited SammyJo to collaborate with her on her book. 'The Promise of Low Dose Naltrexone Therapy' which was published by McFarland and Company Incorporated, in December 2008.

"I was thrilled with Elaine's offer to collaborate on the book", says SammyJo. "I knew this was our chance to pull together all the exciting LDN research that was finally catching up with the positive results patients like me have been experi-

encing for years."

To gain a better understanding of LDN's effects they consulted with Dr. Yash Agrawal, a pathologist at Cornell University; Dr. Ian Zagon from Pennsylvania State University, the world's leading LDN researcher who is known for his animal studies of LDN in MS and cancer; Dr. Bernard Bihari, a pioneer in the use of LDN; Dr. David Gluck, known for his excellent informational website, www.ldninfo.com; Dr. Jill Smith from Pennsylvania State University, who published the first study of LDN, which she trialed in patients with Crohn's disease; Italy's Dr. Mairi Gironi who conducted a trial to determine the safety of LDN in MS; Dr. Bruce Cree from the University of California, San Francisco, who conducted the first patient trial of MS in the United States, Germany's Dr. Zvonko Mir who conducted an early trial of LDN in MS patients; Dr. Jarred Younger from Stanford, who is conducting a clinical trial of MS in fibromyalgia; Dr. Jaquelyn McCandless, who has conducted studies of LDN in autism and is currently working on the Mali trial using LDN in patients with HIV and AIDS; and Dr. Skip Lenz, a compounding pharmacist well known for his surveys of the benefits of LDN in MS patients. Also

numerous patients with MS, Parkinson's Disease, autoimmune thyroid diseases and other conditions were interviewed.

Many patients report that when they seek a prescription for LDN, their physician says that they have never heard of this application, or seen any journal articles. A primary goal of the authors was to bring together all the research that has been published over the years on LDN as well as the newly emerging research, into one reference manual.

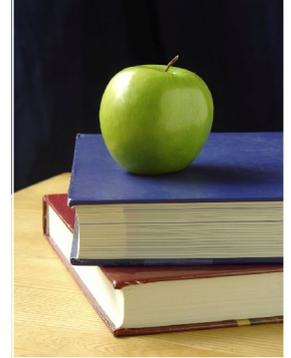
'The Promise of Low Dose Naltrexone Therapy' is intended as a resource for patients as well as physicians. With practical information on dosing and side effects, a concise history of naltrexone and its physiological effects, and specific information on its use in various conditions, this book serves as both an immediate resource for specific questions and as a reference book to be consulted when other questions arise. The book contains information on clinical trials, resources, endnotes, a glossary of terms and an index.

LDN and Parkinsons – Professor Bob Self

What can I say about LDN? I am not a physician and know little about pharmacology. I was first directed towards LDN three years ago, shortly after being diagnosed with Parkinson's Disease at the age of 52 by a nurse who was also a close relative of a MS sufferer. She had read of its value as a therapy for MS and thought it was well worth my investigating its potential value for Parkinson's Disease sufferers. Having done some research on the internet with the support of a sympathetic consultant I obtained a prescription for LDN and I have taken it ever since.

As to the effects, again I am not able to provide a definitive answer. As we all know, PD is a highly individual complaint, which affects each sufferer in a different manner with a varying spectrum of symptoms. As I have not experimented with a period of abstinence from LDN I have no way of knowing its effect on the progress of my tremor - my main symptom

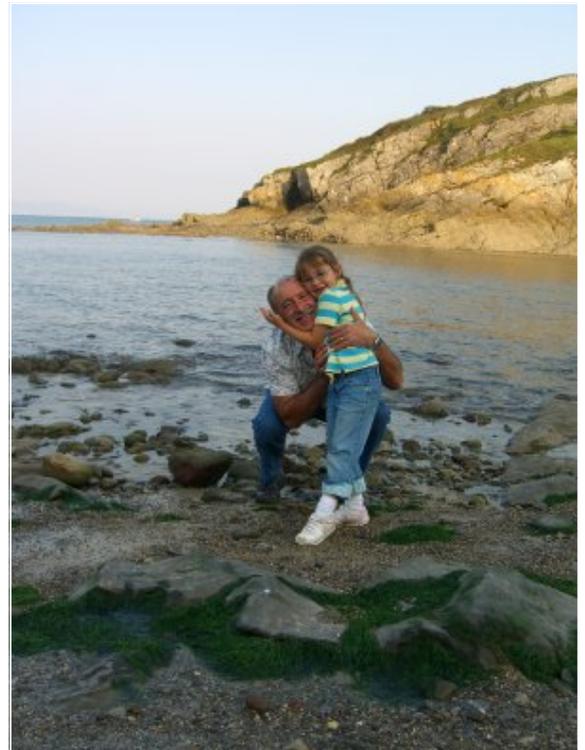
or whether indeed it has delayed the onset of any other symptoms. But having said that, what I can say with absolute confidence is that I have never experienced any adverse side effects from the medication, and on the principle that what does not harm me might well be beneficial I fully intend to continue taking it. Perhaps this might not sound like the most extravagant endorsement of LDN, but it is an honest assessment - and I suspect that for most of us with PD this is in itself a welcome ray of comfort.



LDN has helped me - Steve Bagnulo

Hello to all readers of the story of my progress since starting to take LDN under the supervision of Dr Bob Lawrence. I was diagnosed with Primary Progressive Multiple Sclerosis nearly 4 years ago. In May 2007 I was told about LDN and contacted Dr Lawrence, who was very helpful and gave me a lot of information about Naltrexone. I started taking LDN and tried different strengths until 3mg nightly was deemed the right dosage for me. In recent months, after a period of nearly 4 yrs, I have returned to my singing career & been able to manage one weekly performance as a

solo vocalist at various venues (pubs & clubs locally). This has been accomplished with assistance from friends and family, and I must stress that I am seated for much of the performance. The LDN has certainly seemed to stabilise my condition and helped motivate me to stay active; my condition is nevertheless sometimes badly affected by the occasional nasty virus that is going around. I feel optimistic nevertheless that further improvements may well be just around the corner, and would encourage others with the condition to try LDN for themselves.



Steve Bagnulo

Are you or have you taken LDN for any condition?
We would love to hear your story.

Low Dose Naltrexone

Treatment of Endorphin Deficiency

Dr Phil Boyle



Dr Phil Boyle

Low Dose Naltrexone (LDN)

Doctors who have trained in NaProTECHNOLOGY fertility treatment often recommend Low Dose Naltrexone (LDN) as part of the overall treatment programme to help couples with infertility or recurrent miscarriage. Patients that are most likely to benefit from treatment are those with

1. **Premenstrual symptoms lasting for 4 or more days each cycle**
2. **Endometriosis or PCOD**
3. **Persistent Brown menstrual bleeding**
4. **Persistent fatigue**
5. **Sleep disturbance**
6. **Low mood**
7. **Excessive Anxiety**
8. **Personal or Family history of:**
Autoimmunity – MS, Rheumatoid Arthritis, Insulin dependent Diabetes, Underactive Thyroid, etc...

Side Effects

The majority of people taking LDN have few or no side effects. About 5% of patients cannot tolerate LDN at all and it must be discontinued. If you do experience mild side effects they usually subside after 2 weeks of treatment.

Typical side effects include

- Sleep disturbance
- Vivid Dreams
- Nausea
- Headache
- Dry mouth

LDN Not Suitable

LDN can not be taken with **CODEINE, TRAMADOL or MORPHINE**. If you mix LDN with these OPOID based pain relieving medications you can become acutely ill with persistent vomiting lasting up to 48 hours.

You should stop LDN 2 days before **any surgery** and recommence 24 hours after discontinuing pain relieving medication after surgery. If you have poor liver or Kidney function you cannot take LDN.

Finally

Naltrexone is **not licensed** as a treatment for infertility or autoimmune conditions. Although some scientific papers have been published in peer reviewed medical journals, it is unlikely to be widely used until further clinical trials are conducted and published. Until that time the medical community must regard LDN as an **experimental treatment**.

- LDN 2mg – 1 st Week
- LDN 3mg – 2 nd Week
- LDN 4.5mg – 3 rd Week

REFERENCES:

1. Chapter 41, “The Medical and Surgical Practice of NaPro-TECHNOLOGY” Pope Paul VI Press, Omaha, NE, USA.
2. Natural Procreative Technology as explained in “The Medical and Surgical Practice of NaPro-TECHNOLOGY” Pope Paul VI Press
3. Is Endometriosis an Autoimmune Disease? Gleicher N, El-Roeiy A et al, Obstet Gynecol. 70: 115-121, 1987
4. Polycystic Ovary Syndrome as an Auto-immune Disease: A New Concept. Ali AFM, Fateen B, et al Obstet Gynecol 95:48S, 2000

www.fertilitycare.net
 “News” – conf. 2006 presentation

Low Dose Naltrexone

Treatment of Endorphin Deficiency

Dr Phil Boyle



Naltrexone Original Licensed use

Naltrexone is licensed as a treatment for alcoholics and drug addicts. It is an opioid receptor antagonist and blocks endorphin receptors to prevent them from working.

If somebody is addicted to alcohol, heroin or morphine it is because these substances stimulate the endorphin receptors to give a "Rush, Buzz or Kick".

This effect does not occur if a patient has taken Naltrexone because the receptors are blocked. In this way patients with addictions can be helped to break their habit.

New Unlicensed use – Endorphin Stimulation

Two doctors working independently of each other in the USA have been using Naltrexone as a treatment to stimulate the body's endorphin system and cause an increased endorphin surge to treat a number of different "Endorphin Deficiency states".

Dr. Thomas Hilgers, a Professor in Obstetrics and Gynaecology from Creighton University, Omaha, Nebraska has used Naltrexone since 1985 to enhance the natural Endorphin surge

and improve fertility rates in his Infertility Treatment programme. It has been known for some time that endorphin deficiency will result in reduced fertility and that improving endorphin levels can improve fertility 1 .

If you block the endorphin receptors at night the body responds by giving an increased natural endorphin surge the following day. Dr. Hilgers has shown through his research efforts that treatment with Naltrexone will increase endorphin levels the following day (See Below.).

Beta Endorphin levels following Naltrexone treatment Dr. Hilgers, Ch 29 Med & Surg Principles of NPT.

Naltrexone has been shown to dramatically improve severe premenstrual symptoms and increase fertility rates as well as reduce the likelihood of miscarriage, when used as part of a comprehensive Na ProTECHNOLOGY 2 fertility programme as in Dr. Hilgers practice. Naltrexone has also been given safely during pregnancy at a dose of 50mg daily without causing any adverse effect to either mother or baby.

Dr. Bernard Bahari, a retired Neurologist and Immunologist based in New York, had found that Naltrexone could also be used to treat patients with AUTOIMMUNE diseases such as: Multiple Sclerosis, Rheumatoid Arthritis, Crohns Disease, etc.

Dr. Bahari has a group of over 200 patients with MS that have not had any progression of their disease since commencing Naltrexone. Some patients have been on treatment for 20 years. Dr. Bahari uses a low dose of Naltrexone (LDN) – ranging from 1.5 to 4.5mg nightly and has found this to be very effective to improve endorphin levels and halt the autoimmune disease process.

The Common link

Interestingly a number of conditions that cause infertility have been shown to have a possible autoimmune 3,4 component. So the positive effect of treating endorphin deficiency related to infertility may be through improving immune function.

LDN and Psoriasis - Dr Tom Gilhooly



Dr Tom Gilhooly

Low dose naltrexone (LDN) is mainly useful against medical conditions where overactivity of the immune system is a major factor. With this in mind when I was discussing psoriasis with my practice manager it struck me that although this was not an autoimmune disease, it was one where the immune system was the main culprit. It was a bit like chronic fatigue syndrome, there was not a specific system singled out by the immune system for attack, unlike MS and Rheumatoid arthritis, but there was an overall increase in immune activity. A quick check on the LDN websites showed that it had been used before but not studied formally. The list of conditions that LDN may help is extensive so it would be interesting to get some first hand clinical experience of its action in psoriasis.

The initial results were very encouraging with an almost clearance of the skin lesions in three weeks. Unfortunately, while I was in America for the last LDN conference, there were some staff problems in the practice which were predictably stressful and this caused the disease to flare up. This is often the pattern with psoriasis, it waxes and wanes, flares up and down according to the stress levels of the patient. David Gluck at the LDN conference in LA warned me that it took about six months for this treatment to be effective and although this might be correct, every patient I

have treated has felt an almost instant response. It may not be a complete clearance of the skin lesions but all patients have reported that they feel their skin less inflamed and less itchy.

There are almost 120 million patients worldwide who are affected by Psoriasis and almost one million in the UK. The vast majority are unhappy with the treatment they are offered. At the less severe level the treatment is mainly based on topical creams which seldom work very effectively. Since the disease process is immune based, it is not surprising that creams do not work very well. At the other end of the spectrum are the "biological" treatments for severe psoriasis such as monoclonal antibodies which are effective but their use is limited by cost and toxicity. I have worked in Dermatology for nine years of my career and in the past ten years the options for patients with severe disease have increased dramatically. These top end treatments will help only a minority but at least there has been significant progress for those at the "Singing Detective" end of the spectrum other than hospital admission and copious topical treatment with tar.

The lack of effect of the topical treatments and the toxicity of the strongest treatments means there is huge gap in the treatment spectrum for psoriasis patients who are not happy with their psoriasis.

Having been a GP for 20 years and a member of the Scottish Dermatological Society for 10 years, I was well aware of the need for a good treatment for Psoriasis. The patients with psoriasis were the hardest to deal with in the clinics as they were bitter and disappointed with the lack of help for their condition. The problem is that treating a condition of the immune system with topical creams is that this does not aim at the root cause of the problem. If we could find a non toxic but effective treatment for psoriasis, this would be a major step forward for the disease.

LDN may well be this treatment but much more research is required before we can make a definitive statement. I have been in discussions with the leading psoriasis research centre in Glasgow and after some more work in the Essential Health Clinic to evaluate the clinical response to LDN, we may be in a position to push forward with some serious clinical research on this subject. I reviewed a patient with fairly severe psoriasis yesterday who has been on 1mg of LDN for one month and now has completed a second month on 2mg. She was delighted with the response proudly displaying fading lesions on the inside of her elbows. She still had visible lesions but was delighted with the smoothness of her skin and the lack of irritation she felt. " I was heading back into hospital" she declared if it had not been for the LDN. Could this be another chapter in the LDN story?

Crisis Last Christmas - John Mahoney

I hope very much your home was a crisis-free zone over Christmas. Happily that was the case for a large group of people who normally face a crisis most other days - and nights! - of the year as they search out a bit of comfort and security. They are the homeless rough sleepers, who once again abandoned the cold outdoors for the warm welcome of London's 10 Crisis at Christmas centres which were cheerfully open for business once again. It might not be home sweet home as we lucky ones know it, but it's a million reindeer miles better than enduring the so-called festive days on the streets.

Eight days and nights of warm bed, warm food and warm company with opportunities to see a volunteer doctor for a health check, get a once over from a dentist, a haircut and, if necessary, a fresh set of winter togs to last them into 2009. Oh, and a chiropodist too! Essential if you are pounding the pavements 24/7.

Our cheerful neighbour was one of around 8,000 volunteers who stepped up for the Christmas challenge and gave their services free of charge. All through December he drove a 7 tonne 'sleigh-truck' loaded with goodies and equip-

ment from the Bermondsey Crisis warehouse to the various frontline centres. A sort of Super Santa dedicated to giving the 'guests' a welcome, safe and secure interlude in their difficult and sometimes dangerous lives.

All told there were more than 2,000 homeless and rough sleepers who were guests in a variety of centres set up in empty buildings and schools. These included a quiet centre for those who didn't relish too much razzamatazz and a Women-Only centre at a discreet address. For those who had a serious alcohol problem there was a so called dependency centre where liquid intake was closely controlled. (Crisis don't do drugs!). There was also a Crisis kennel for canine companions with a voluntary vet on hand for advice and treatment.

Crisis run a fully-comprehensive, A-Z, top to bottom operation. If necessary, they install cooking, washing and toilet facilities. Toilet rolls by the thousand! We're also talking bed and blankets by the hundred; even duvets for the Womens' Centre. Milk 20,000 pints; teabags 70,000; soap bars 100,000. At the beginning the 5 storey Bermondsey warehouse is stacked from floor to ceiling. A veritable Santa's grotto with the whole range of Christmas comestibles. There's an

impressive fleet of trucks, transits, people carriers, refrigerated vans and cars. All loaned or donated at low cost. By Christmas Eve more than 90 vehicles are on the move. Each centre has big screen tv and audio gear; there's scrabble and monopoly aplenty as well.

It's all based on generosity and great goodwill to all men and women who are in need. It's not just the 8,000 frontline volunteers, it's also the many generous, often famous-name companies and organisations who donate food and all the necessities, sometimes in surprisingly large quantities. At the other end of the scale are equally welcome donations from individuals like the children who contributed gifts of tinned food first gathered in at their local church harvest festival.

Last year Crisis notched up another notable success story. How will they fare this Christmas with the current recession? They'll certainly cope alright, although I guess numbers will increase; so too problems for the donors, individual and company, whose generosity with gifts and goodies is so vital. Crisis will really only find out by Christmas Eve, when it sends its vehicles to the familiar pick up points like Waterloo and Victoria stations to collect many of those who are seriously down on their luck and looking for that all important Christmas lift.



The Role of Low Dose Naltrexone (LDN) in Cancer Treatment

Akbar Khan, MD, Medical Director, Medicor Cancer Centres Inc., Toronto © 2009
Feb 16, 2009



Dr Akbar Khan

Despite the advances in management of many serious diseases over the last decade, the main modality of cancer treatment is still chemotherapy. Chemo is often a harsh treatment associated with poor quality of life. Non-toxic “targeted” therapies are emerging (drugs like Tarceva for lung cancer or Herceptin for breast cancer), but are not yet available or approved for most types of cancer. It’s not surprising to note that an increasing number of patients are looking for alternative gentler treatment regimens.

Although it is not a replacement for proven cancer therapies, one of the drugs that may be considered is naltrexone. Naltrexone is a synthetic drug which blocks the effects of medications like morphine, codeine, heroin, methadone, fentanyl and oxycodone (the class of drugs called *opiates*¹). It also blocks the effects of natural opiates called *endorphins* which are made within the body. One of the functions of endorphins is generating pleasure sensations in the brain. For that reason, naltrexone is approved for treatment of alcoholism – it

reduces the pleasure resulting from endorphin release after drinking alcohol.

Dr. Bernard Bihari is an American neurologist who discovered that naltrexone may have a role in cancer treatment if used in low doses². Instead of completely blocking the effects of opiates in the body, low doses of naltrexone provide a partial block for a short time. This fools the body into increasing endorphin production, which can have an anti-cancer effect and an immune modulating effect. One of the endorphins shown to have significant anti-cancer activity is Opioid Growth Factor (OGF) or met-enkephalin. Extensively research by Zagon and his group has shown OGF can improve survival in pancreatic cancer³ and can enhance the effects of chemo in squamous cell carcinoma of the head and neck⁴.

Existing research on LDN use in cancer is very limited. LDN is currently being used mainly as a result of findings reported by Dr. Bihari from his own practice and indirect scientific evidence. A detailed review of the extensive literature on the

subject of opiates and cell growth / immune modulation was conducted by Tegeer and Geisslinger (2004)⁵. They found that the scientific evidence supports the theory that endorphin release inhibits exaggerated inflammation and boosts immune defense (by natural killer cells) against cancer and invading microorganisms. There is also new evidence that LDN can significantly improve quality of life in blood cancers⁶. Because of the reduction of inflammation by LDN, it is being used increasingly for “off-label” treatment of immune diseases like MS and inflammatory bowel disease.

Based on the supporting scientific literature and the work of Dr. Bihari, we began using LDN at Medicor Cancer Centres in 2007 for patients who had exhausted standard proven treatment options. To date we have treated about 50 cancer patients with LDN by itself and in combination with other drugs. Our experience indicates that LDN can be a useful part of a cancer treatment program in properly selected patients. Due to the small number of patients treated, we have not yet observed results comparable to Dr. Bihari’s (he has treated over 450 cancer patients).

The Role of Low Dose Naltrexone (LDN) in Cancer Treatment Continued

Akbar Khan, MD, Medical Director, Medicor Cancer Centres Inc., Toronto © 2009
Feb 16, 2009

One of the issues with LDN is that cancer patients frequently require opiate medication for pain control, and LDN will interfere with these medications resulting in uncontrolled pain. LDN may be considered for patients who do not use opiates or who infrequently use short-acting opiates. For patients taking any form of controlled-release opiate, opiate patch, pain pump or methadone, LDN should not be used. We are using direct treatment with OGF in this group of patients. The down side is that OGF requires daily subcutaneous injection, and is also significantly more expensive than LDN.

Our clinic is also using LDN in combination with chemotherapy in selected patients. Due to the benefits of LDN mentioned above, it is possible that LDN can enhance the effects of chemotherapy, and improve immune system function during this immune-suppressing treatment. This may translate into reduced infection risk and improved survival. In the near future, we are planning to offer combination therapy with LDN or OGF and an immune modulating drug called 1

miquimod which has now been shown to increase OGF receptors, potentially boosting the anti-cancer effect of LDN⁷. These ideas have yet to be proven by clinical trials, and in fact may never be proven since naltrexone is now off patent and therefore a financially unattractive target for research funding.

Since LDN is cost effective and safe⁸, we feel its use as a cancer treatment and as a supplement to conventional cancer treatment warrants careful consideration. Patients interested in using LDN should consult their own physician and provide references, since most physicians are unfamiliar

with LDN. Patients may also consult with one of our physicians. LDN requires a doctor's prescription, and is not routinely available at most pharmacies⁹ since it requires specialized preparation by a qualified compounding pharmacist.

For further information :

www.medicorcancer.com/promisingtherapies.html
and www.ldninfo.org.

1 Opiates are chemicals that are derived from, or related to the natural substance opium which is found in Papaver somniferum (the poppy plant). The main active ingredient in opium is morphine.

2 See www.ldninfo.org

3 Anti-Cancer Drugs 15:203-209 Lippincott Williams & Wilkins

4 International journal of oncology 2005;26(3):809-16 "Enhanced growth inhibition of squamous cell carcinoma of the head and neck by combination therapy of paclitaxel and opioid growth factor."

5 Pharmacol Rev 56:351-369, 2004 "Opioids As Modulators of Cell Death and Survival Unraveling Mechanisms and Revealing New Indications"

6 American Journal of Applied Sciences 5 (7): 872-875, 2008 "Quality of Life in Hematologic Cancer Patients: A Randomized Clinical Trial of Low Dose Naltrexone Versus Placebo"

7 Exp Biol Med (Maywood), 2008 Aug;233(8):968-79. "Imiquimod upregulates the opioid growth factor receptor to inhibit cell proliferation independent of immune function."

8 LDN side effects are essentially limited to insomnia and vivid dreams; liver toxicity with doses < 5mg per day is highly unlikely; low potential for allergic reaction exists

9 Standard dose naltrexone is readily available as a 50mg tablet; low dose naltrexone generally ranges from 3 - 4.5mg per day; Medicor has arrangements with a compounding pharmacy in Toronto to produce high quality LDN and www.ldninfo.org has compiled a list of pharmacies in USA where high quality LDN capsules are available.

Conflict of Interest Declaration: Medicor Cancer Centres profits from the provision of cancer medications and treatments, and is owned by a family member of Dr. Khan.

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Why not have a holiday at our lovely house, dating from the mid 19th century, near Cognac and the Charente valley.

This is the ideal location for a relaxing break, near the town of Cognac on the Charente river and the Grand Champagne Cognac vineyards.

For people with mobil-

ity scooters there are many miles of former railway lines which are tarmaced to suit cyclists. These paths give easy access to the lovely countryside that perhaps would not be possible on rough pathways.

There are two comfortable ensuite bedrooms, each with its own table and comfortable chairs. King size, twin or superking-size beds are available. A cot is available on request.

Although the bedrooms are upstairs, the staircase is not difficult. I have MS and though I use a wheelchair on the ground floor some of the time I am able to climb the stairs. The ground floor is completely flat and the use of a walker presents no problem.

There is a large garden with no steps set to lawn with seating

areas, tables, parasols and a barbecue.

The house is set in a small peaceful hamlet on the outskirts of the attractive village of Baignes St Radegonde. The ancient town of Barbezieux is within 10 minutes drive. We are also within an easy drive of the fortified towns of Angouleme, Jarnac and Bordeaux, St Emilion, La Rochelle, the Atlantic coast and the Dordogne.

We provide light lunches or evening meals by arrangement.

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Veronica



La Vieille Distillerie

*Bed & Breakfast,
South Charente,
France*



A warm welcome in the South Charente




Doncaster Fund Raising Carp Evening

Mark Watson

I've had ms for 3 years now and have been on LDN for two of those. The first year before I discovered LDN was a nightmare of uncertainty with 3 major relapses. I'm not one to take any ones word for anything and after disappointing meetings with my neurologist and the third relapse I started scouring the net for any info I could find. It was while reading other patients opinions on treatments on the MSRC forum I learned about LDN. At first I thought what I was reading was too good to be true but of course, it wasn't.

Before long I was in possession of some LDN from Dr Bob Lawrence and it was a turning point in my ms. Two years on from that moment I have no symptoms and lead a normal life which is ironically, a healthier one than before ms due my improved diet and fitness. To say LDN gave me my life back isn't an understatement at all. I was fortunate enough to get on LDN before ms had chance to do any permanent damage and I continue to pursue my passion which is big carp fishing.

It was this passion for fishing that helped my through the worst times and gave me the drive to deal with the problem before it dealt with me. LDN has given me so much it was only fair that I try to give a little back. Last year I organised the first Doncaster Carp Eve-

ning and despite a few mistakes, it went well. Winter is the time for these meetings to take place and this year there were quite a few in the Yorkshire area including one major one. The original date had to be put back in order not to clash with this.

Wednesday 25th of February saw the second Doncaster Charity Evening take place. My good friend Mark Hogg helped with the organising and I took on speaking duties for the night. I've been fortunate enough to catch some of the best carp in the land over the past few years so had plenty to talk about. Through these captures I've earned a sponsorship deal with Nash Tackle and Bait who were more than generous with donations for the raffle. With the current economic climate we had been struggling for prizes but when seven big boxes turned up at my house I knew we would have plenty to give away.

We'd advertised the event as much as possible but being in competition with other similar events in the area left us with a low attendance. It was a successful night regardless with £470 being raised for the LDN research Trust. Also as a result of a chat between three of us on the night it looks like we will be forming some sort of South Yorkshire Carp Group to run several winter meetings next winter with all proceeds going to chari-



ties which will include the LDN Research Trust.

On a final note I'd just like to say that I felt I had a duty to do my bit for LDN after all it has done for me. I'm sure I'm not alone in feeling that way so I hope what I have managed to do will inspire a few more people to hold their own events. Once things start coming together it can actually be fun and ultimately rewarding.

Special thanks for help on the night go to:

Mark Hogg
Dave Moore
Gary Bayes

The LDN Research Trust would like to thank Mark for his continued help and support, we really appreciate all the effort Mark and his friends put into fund raising.



Mark Watson with "Star" a 45lb 6oz mirror carp

Fund Raising News

Help fundraise with Everyclick, search engine.

Membership is free & easy and every search helps raise funds.

<http://charities.everyclick.com/info.xq?id=578&name=LDN-Research-Trust>



Welcome to the Potions & Possibilities collection, a superb collection of premium quality aromatherapy and natural health products; all developed and produced in England by trained and qualified aromatherapist, Julie Foster.

All of the range, whether essential oils, therapeutic bath & beauty products or exquisitely hand-packaged gift collections are a reflection of the energy Julie brings to her business.

By click the link <http://www.potions.co.uk/index.php?a=ldnrt> we get a commission on the goods you buy. Make sure to add it to your favourites.



LDN Research Trust Polo Shirts



These unisex loose fitting polo shirts are of a high quality and will stay in shape wash after wash, the colour will not run, smudge or fade.

Colour: White
Made from 100% polyester

Chest Sizes:
Small 38"
Medium 40"
Large 42"
XL 44"
XXL 48"

Price £12

Buy 2 and get Free P&P in the UK only, reduced price elsewhere

Postage and Packing:
UK £1.50 P&P Free if you buy 2
EU: £3
Non EU: £4.75

For Full details: www.ldnresearchtrust.org/default.asp?page_id=127

Selling Goods on ebay?

You can donate a percentage to the LDN Research Trust when listing your items.
Every little helps!



Help Raise Funds by Recycling your Old Mobile Phones

LDN Research trust has joined forces with Weee Recycle Mobiles to offer a new fund raising scheme. For every phone donated Weee Recycle Mobiles will pay us between £2 - £30, depending on the make and model.



Post your old mobile phones (no chargers please) to:

Freepost Weee Recycle Mobiles

Make sure you add LDN Research Trust on the envelope.

By recycling we will be helping the environment. The number of phones being dumped on landfill sites is becoming a huge problem in the UK and requires our immediate attention. The phones donated will be reused or recycled and then resold. Many will be shipped to developing countries where the price for mobile phones is still high. There are nearly 60 million unwanted phones in the UK alone, and we are hoping everyone can take part so that this will be a successful partnership.

Before you send your phone please ensure you remove your sim card, as you will not be able to get it back (sim cards are recycled too!)

Help Raise funds by Recycling your Old Ink Cartridges



Cash For Cartridges

Cartridges for recycling are:

Dell all makes
HP all makes
Lexmark all makes
Canon CL40, CL50, PG41, PG51



Please send your cartridges to:

Freepost, RLZL-EUJG-ZYEL
13 Main Street, Keyworth, Nottingham NG12 5AA

Putting our code: R01174, on the envelope.

Or you can print off the freepost address from:

<http://www.ldnresearchtrust.org/forums/index.php?act=attach&type=post&id=22>

Or email contact@ldnresearchtrust.org and we will send you pre printed envelope.

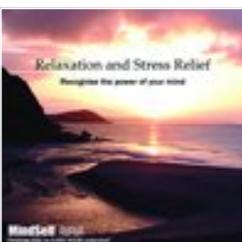
Shop online and we get a commission

Check out the High Sheet Shops and Major Retailers, for every sale we get a commission.

<http://www.buy.at/LDNResearchTrust?CTY=26&LID=24-07-2008>

Remember each time to use our link every time you shop online.

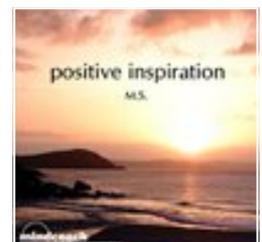
There are always Special Offers and often Free Deliver from some of the shops, not forgetting the Sales!!



LDN Research Hypnosis CD's

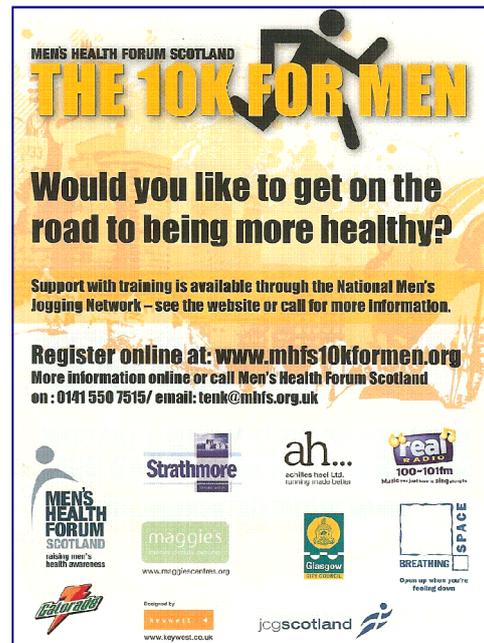
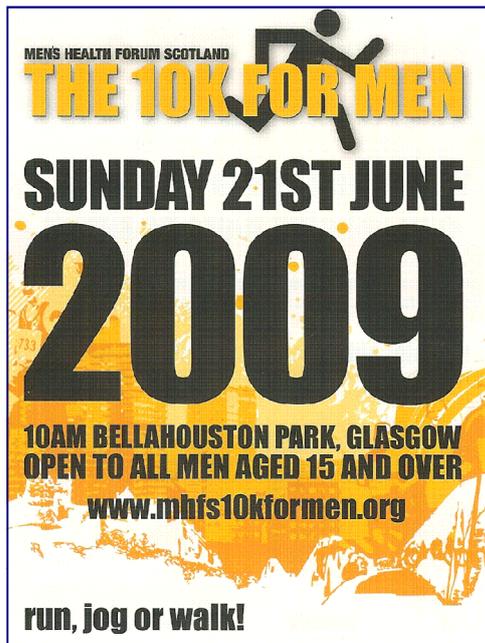
For full Details

www.ldnresearchtrust.org/ldnresearch/static/hypnosis_cd_s.asp



The 10k For men in Glasgow, Fund Raising

Do you live in Scotland? Do you know a male of 15 who would like to either walk, run or jog 10K and help raise funds for the LDN Research Trust? If so we would love to hear from you. We can help with sponsor forms and setting up a free online charity giving site MyCharityPage.com. For full details visit www.mhfs10Kformen.org or call Sarah McMillan on 0141 550 7515 or email sarah@mhfs.org.uk



FUNDRAISING CHALLENGE - Silly



The first weeks after my diagnosis I spent hour upon hour on the internet, trying to find some hope, some help. Then I came across LDN. As a "beginner" with this drug you obviously look into the side effects, of which there are very few. The most intriguing to me seemed to be the "bizarre and weird dreams" one can get in the first few weeks of taking LDN. Not everybody is experiencing this and many, like me, are wondering, what it would be like to dream funny things. Now I have a thought. Couldn't we actually share this phenomenon? How about collecting the

tales of these dreams and collate them into a booklet? Maybe we could sell them for fundraising?! I challenge you to send in fun, weird, bizarre dreams. No doubt, the team will decide, whether they can be put into print, but hey - let's collect them first.

Email your story to contact@ldnresearchtrust.org where your tale will be treated anonymously and in good taste and lets raise some funds for LDN Research. I hope you will participate, too.

Silly

Please can you support Silly by submitting your dreams to us? Don't worry about spelling, grammar or the length.

We will make sure all story's remain totally anonymous.

Silly has also asked a friend who is an illustrator to assist with the book.

We look forward to hearing from you soon.

Many Thank
Linda

SUDOKU

To solve a Sudoku puzzle, every number from 1 to 9 must appear in:

- Each of nine vertical columns
- Each of the nine horizontal rows
- Each of the 3 x 3 boxes

Remember no number can occur more than once in any row, column or box

Rating: ★ ★ ☆ ☆

Puzzle 1

			6					
4	8			5		3		7
		1				2	8	5
3				6		7	5	
	7		5	4	1		2	
	1	2		3				8
7	6	3				5		
1		8		9			3	6
					6			

© Lovatts Publications - For more puzzles play online at www.YouPlay.com

Puzzle 2

Rating: ★ ★ ★ ☆

						8		
			5	9			4	
		2			4			6
	7				5		8	9
3			7		6			1
4	1		3				7	
1			4			2		
	9			7	1			
		3						

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 Email: contact@ldnresearchtrust.org
 Web Site: www.ldnresearchtrust.org

For information how to obtain LDN in the UK or for general LDN information call:

0871 989 9666

Calls costs 10p per minute at all times, mobile costs may vary.

Outside of the UK please email, we have managed to help people worldwide obtain LDN

Trustees: Linda Elsegood, Alex Parker & Neil Lucas
Medical Advisers: Dr Bob Lawrence MRCS; LRCP
 Dr Tom Gilhooly MBChB; MRCGP
Fund Raising Director: Steven Blaikie

Newsletter Editor Linda Elsegood - Sub Editor Sophie Marrion

Facebook Administrator Laura Elsegood

Web Masters Tom Müller , Lee Reynolds & Mark Lane

Graphic Designer Graham Parker

The LDN Research Trust is a non-profit-making Registered Charity, and all helpers are volunteers.

However, we are no different from other charities, in that there are unfunded elements which do ultimately cost us money to maintain and operate.

To help us continue our work with people who have Multiple Sclerosis and other conditions that LDN helps with, we would appreciate help with fund-raising, either in cash or in kind. You can be sure that all contributions are greatly appreciated, however small.

How to make a Donation

PayPal

To make a PayPal Donation from anywhere in the world, click the link below.....
http://www.ldnresearchtrust.org/_ldnresearch/static/donate.asp and then the PayPal Button

To Make a Donation using MyCharitypage.com
<http://www.mycharitypage.com/LDNResearchTrust>

To Make a Donation Direct into our Bank Account
 Or
 To setup a regular monthly payment

Barclay's Bank PLC
 Sort Code: 20-03-26
 Bank Account No: 60515213

Sudoku Solution

Puzzle 1

2	5	7	6	8	3	1	9	4
4	8	9	1	5	2	3	6	7
6	3	1	4	7	9	2	8	5
3	9	4	2	6	8	7	5	1
8	7	6	5	4	1	9	2	3
5	1	2	9	3	7	6	4	8
7	6	3	8	2	4	5	1	9
1	2	8	7	9	5	4	3	6
9	4	5	3	1	6	8	7	2

Puzzle 2

9	4	1	6	3	7	8	2	5
6	3	8	5	9	2	1	4	7
7	5	2	8	1	4	9	3	6
2	7	6	1	4	5	3	8	9
3	8	9	7	2	6	4	5	1
4	1	5	3	8	9	6	7	2
1	6	7	4	5	3	2	9	8
8	9	4	2	7	1	5	6	3
5	2	3	9	6	8	7	1	4