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In this issue...

The LDN book

CRPS-New treatment Dr Leonard Weinstock

Still walking - Beate

Autism & LDN Dr Brian Udell

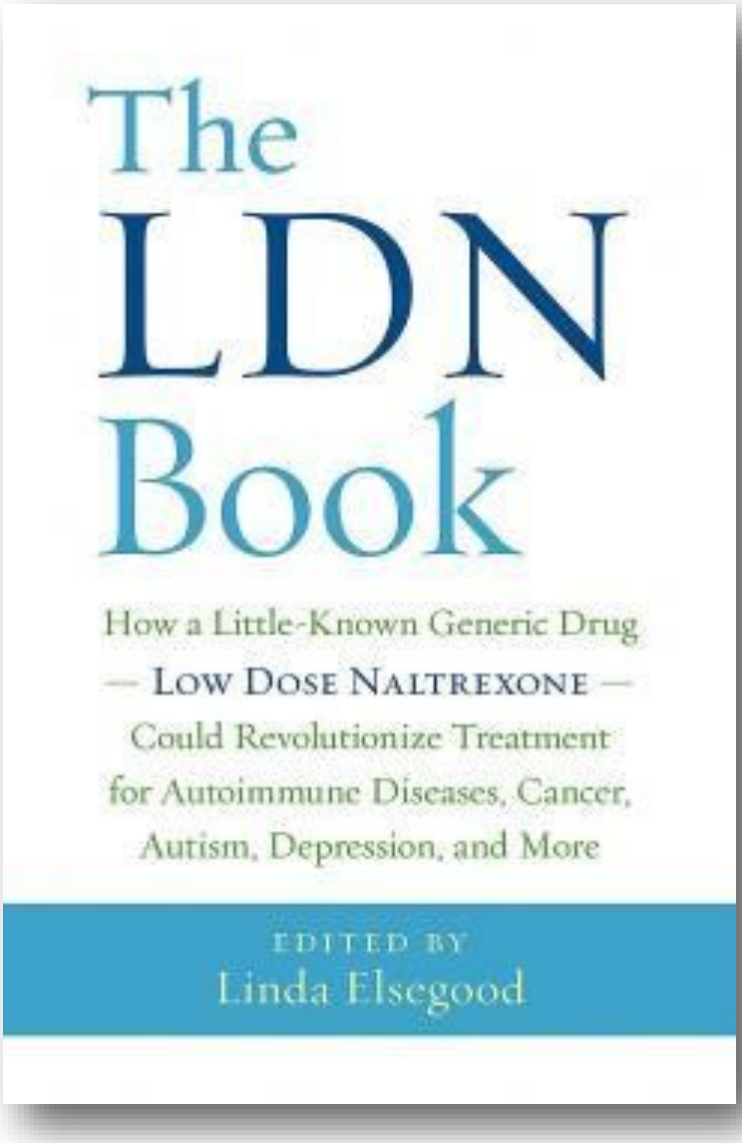
LDN conference 2016 Jim Warner

And more...

Jill Cottel MD - LDN Prescribing Doctor

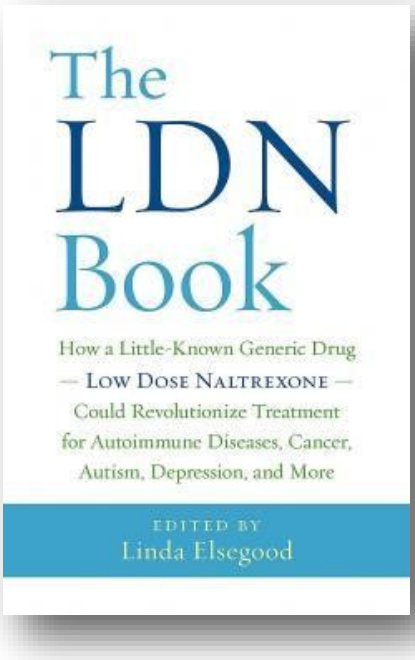
Recipes from Chef Pol Grégoire

LDN Health Tracker App



The LDN Book will be launched at the LDN 2016 Conference.

Continued on page 2 >



The LDN Book will be launched at the [LDN 2016 Conference.]

I personally would like to thank all the authors for their time and support with The LDN Book as well as the staff at Chelsea Green Publishing. All Royalties will generously be given to the LDN Research Trust.

Linda Elsegood

How a Little-Known Generic Drug — Low Dose Naltrexone — Could Revolutionize Treatment for Autoimmune Diseases, Cancer, Autism, Depression, and More

Edited by Linda Elsegood

Health & Wellness

Low Dose Naltrexone (LDN) holds the potential to help millions of people suffering from various autoimmune diseases and cancers, and even autism, chronic fatigue, and depression, find relief. Administered off-label in small daily doses (0.5 to 4.5 mg), this generic drug is extremely affordable and presents few known side effects.

So why has it languished in relative medical obscurity?

The LDN Book explains the drug's origins, its primary mechanism, and the latest research from practicing physicians and pharmacists as compiled by Linda Elsegood of The LDN Research Trust, the world's largest LDN charity organization with over 19,000 members worldwide.

Featuring ten chapters contributed by medical professionals on LDN's efficacy and two patient-friendly appendices, The LDN Book is a comprehensive resource for doctors, pharmacists, and patients who want to learn more about how LDN is helping people now, and a clarion call for further research that could help millions more.

Pages: 240 pages
Book Art: Black-and-white illustrations throughout
Size: 6 x 9 inch
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Price Paperback, 240 pages, $27.99

You can pre-order the book directly from the publishers in the US or from Amazon Globally.

For more info see [webpage].

Front page

LDN 2016 – Your Trusted Source

The Internet is awash in information – some good, some terrible and some well intentioned but unreliable. Even reputable sites can be shamefully out of date. Not a big deal if it's one of the diseases that receives millions in funding and support from the pharmaceutical and medical communities.

But what about the diseases where LDN is effective. How does one sift the wheat from the chaff with confidence? If your doctor is clueless about LDN and your pharmacist never heard of it, where can you turn for dependable answers?

Finding the truth is like a scavenger hunt.

This is the main reason why the LDN 2016 AIIC Conference is so valuable. It's the centerpiece of the worldwide LDN community and the only place where you can hear experts speak with authority. This is where you get the straight 'skinny' on where to get and how to use LDN as a treatment for your chronic condition.

Whether in person or on the LiveStream, you can listen and ask questions of the top people in their field. It doesn't get any better than this.

No rumors, no second-hand information. No wondering if the information is 2 years out-of-date.

The only way people get invited to speak is if they are presenting the latest research results, clinical studies or patient experiences.

There is absolutely no reason to miss this event whether it's in person or online.

Register now and gain peace of mind.

Discount for our members

$30 off a 3 day ticket using the code **conf30**

$15 off the live stream using the code **live15**

Jim Warner

Jill Cottel MD - LDN Prescribing Doctor

Laini's Story

"Doctor, you got a call from Laini at Dr. Turner's office." I walked around the corner where I could better hear my staff member. "She has something serious going on with her joints and wants to talk to you about LDN which she's heard about from Marla."

"Alright, I'll give her a call later," I said as I wandered back to my office. I was concerned about Laini and puzzled about Marla. I had just seen Marla, and I did not remember her saying anything about seeing Dr. Turner our local orthopaedic doctor. Marla had not had anything wrong with her joints since she starting taking low dose naltrexone 7 years ago. It was not until I pulled up Marla's chart that I remembered how they were connected; Laini was Marla's massage therapist.

It's curious the way some things happen. I met Laini many years ago when I was working in a local clinic. She was an assistant to one of the senior doctors, to the envy of the rest of us. Laini was energetic, positive, and incredibly efficient in all her work. She was a tiny little thing with a good sense of humour and always seemed to be smiling about something. Laini sped around the office like a whirlwind, and she was on her feet most of the time.

One day I found out that Laini had achieved her license in massage therapy. At the time I was having terrible shoulder and neck pain from bending over patient charts and writing notes late into the night. I decided to make an appointment with her for a massage, and in a short period of time my neck and shoulders were feeling fantastic. So I started carrying a few of her cards in my coat pocket and giving them out to patients who would ask for a referral to a good massage therapist.

As it happened, Marla was one of those patients. I did not know it at the time, but Marla would be the one who years later would introduce me to low dose naltrexone (LDN) and be the first patient for whom I would prescribe it.

After Marla's first massage with Laini she was so impressed that she set up a standing appointment to see her every month. By the time I received this phone call from Laini, she had been seeing Marla monthly for over seven years.

I called her back later that day. "Hi Laini, it's Jill Cottel calling."

"Hello Dr. Cottel, " Laini said.

"So what's going on?" I asked her.

Continued on page 5 >

Laini's story...

"Well, I seem to have some sort of arthritis. It's been going on for awhile and I've been seeing some specialists." There was something in her voice that was different. She did not sound like her usual self, and that alone was enough to worry me.

"Marla has been talking to me about low dose naltrexone. I'd like to come see you and give it a try."

"Of course, yes, whatever I can do to help," I said. "Do they know what type of arthritis it is?" There was a moment of silence on the phone.

"Well they think it might be ankylosing spondylitis," she said. "My nephew has it, and it turns out that I'm positive for HLA-B27."

This was the marker associated with ankylosing spondylitis (AS), so that was not a good thing. I promised I would see her soon, and then I transferred her to my front desk so she could schedule an appointment.

I hung up the phone and stared at the wall. I have a picture hanging near my desk of my kids when they were little. I look at it when I hear bad news, and it seems to help. Today it was not helping as much as usual. Ankylosing spondylitis was bad news. Back in medical school we had learned about the effects it could have on the spine. It would basically fuse itself together and end up looking like something called "bamboo spine." I could not imagine something like that happening to Laini as active as she was. No wonder her voice sounded so sombre.

I was not able to see Laini right away because she was having some issues with her insurance. But in the meantime her orthopaedic doctor had graciously agreed to write a prescription for her for enough low dose naltrexone to last until she saw me. By the time she came to see me she had already been on LDN for 4 weeks.

I greeted her with a hug in the waiting room. Even though she had just recently turned 50 years old, she did not look a day older than when I last saw her. She was smiling and seemed happy to see me. We made small talk as I checked her vitals, and then we walked down the hall to the exam room.

"So here they are," she said, looking at her feet. "They're pretty swollen. I'm still able to walk, but it's very painful." Both feet were swollen and tender to the touch, mainly at the top of the foot. Her toes had a reddish discoloration and a few were swollen, giving them the typical 'sausage digit' appearance that can be seen with certain autoimmune diseases.

"I've been on the LDN for about 4 weeks now. In the first two weeks the night time pain was gone and I was able to sleep better." I nodded, glad to hear that. "Since then I've changed my dose twice but have never really felt as good as the first two weeks."

Her current symptoms included morning stiffness in her back and joints, pain in her neck and upper back, pain in her left wrist and hand, pain in left knee, and pain in her feet. She had already seen a few specialists and had tried several treatments none of which had helped.

Continued on page 6 >

Laini's story...

Most recently one of her doctors had arranged for a virtual appointment called an "eConsult" with a rheumatologist at a prestigious national clinic. They diagnosed her with HLA-B27 associated inflammatory arthritis with dactylitis (the name for the foot problem), not necessarily ruling out ankylosing spondylitis. They recommended immunosuppressant treatment, regular use of anti-inflammatories, special footwear, and both occupational and physical therapy.

"I met the most wonderful man," she said, as her blue eyes lit up. "He loves to hike just like I do. We are getting married on July 5th, and I just want to be feeling better."

I looked at the calendar hanging on the wall next to us. It was June 5th. "Well, I have seen low dose naltrexone work quickly, but that doesn't give us much time," I said. "If you are able to rest some and stay off your feet for a few weeks that should help."

It turned out she had different plans for the next week. "We are leaving tomorrow for a backpacking trip. I'm a little concerned because I seem to get worse at high altitude."

"How high will you be going?" I asked, now more than a little concerned myself.

"We'll be going up to about 9,000 feet, and I'll be gone for six days." To make it even worse, she had just got back from a backpacking trip the week before her visit with me and had been started on a high dose prednisone taper for the flare-up that trip had caused.

As I sat in my chair I was counting days in my head. As far as I could tell, we had about 4 weeks to get her off the prednisone and up to a therapeutic dose of the low dose naltrexone. In that period of time she was going to be both hiking and going up to high altitudes, neither of which boded well for the success of my treatment plan.

"For our honeymoon we are planning a trip to Mount Kilamanjaro," she said. "It's our dream to hike it together."

I just looked at her, wondering if there was anything else that could possibly make my job harder.

"I wouldn't plan on it at this point," I said. "Hopefully you will be better by then though."

She left the office with instructions for starting several supplements, tapering off the prednisone over the next six days, and increasing the dose on the LDN. "When you are all better, then we'll talk about your long term maintenance plan with the LDN." She seemed surprised at that statement but did not say anything else.

About 3 weeks later Laini was back for her scheduled appointment. "It was no problem tapering off the prednisone. I still had the stiffness while we were at 9,000 feet. But overall I think I'm better in terms of being less stiff and swollen." She still had the fatigue in the afternoon, but the pain and swelling in her left thumb, left wrist and left foot was decreasing.

Continued on page 7 >

Laini's story...

On examination, her left hand appeared less swollen. Her right foot was still swollen, but her left foot looked almost back to normal.

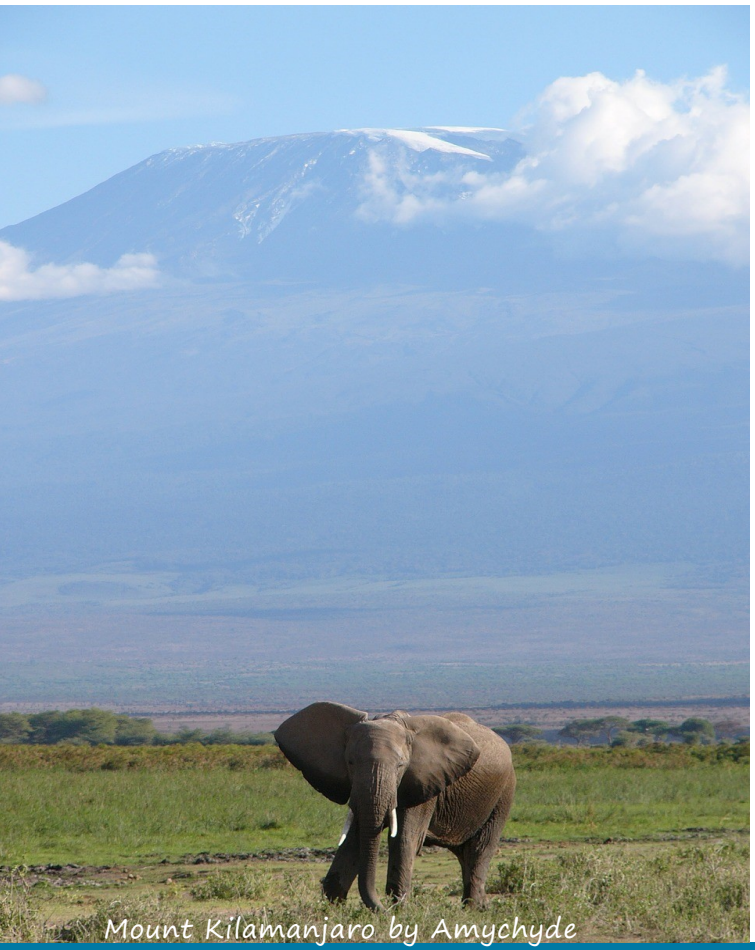
"Well, we'll just stay the course with everything you're doing since you seem to be making progress," I said. I snuck a peek at the calendar. July 5th was only 11 days away.

"Are you still planning the big trip for your honeymoon?" I asked.

"Yes," she replied. "We have already made all the arrangements with the hiking group to make the climb up Mount Kilamanjaro. We'll be at the base camp which is lower altitude, but then we'll ascend up to 19,300 feet. We leave on July 10th."

I was still counting days, and that was only 16 days away. I did not want to disappoint her, but there was no way she was possibly climbing to the top of Mount Kilamanjaro.

"Laini, " I said, "I want you to really think about just staying at the base camp if you're not feeling up to the climb. I know you really love this man, and if he loves you just as much, he will understand. You can wait there for him."



Mount Kilamanjaro by Amychyde

"I know, " she said. "I just really want this."

As she left the office I gave her another hug, wished her congratulations on her wedding and a happy honeymoon.

I thought about Laini as July rolled around. She had scheduled an appointment for July 31st after she got back from her honeymoon. When the day came, I went out to get her from the waiting room. She had a giant smile on her face. We sat down so I could take her blood pressure.

"I can't wait to tell you this," she said, "but I'll wait until we get into the room." With the suspense mounting, we went down to the examination room.

"I'm all better," she said excitedly. "None of my joints hurt anymore. Nothing is stiff, nothing is swollen. I'm completely back to normal." Her eyes started misting up. "Everything went away the week before my wedding. I got married wearing two inch heels, and my feet felt fine." She showed me the wedding picture of her and her husband. She looked beautiful in the long dress, and the two of them looked so happy.

"We were able to do everything we planned. We had 26 hours of travel. Then from the base camp we hiked 45 miles over 5 days and ascended about 13,000 feet to the top which was at 19,300 feet. I never once had any pain or any stiffness anywhere."

I looked over her joints. Her hands and wrists looked completely normal. Her knee was back to normal. Even her feet looked normal. There was still some discoloration left, but the swelling and tenderness was completely gone. I found myself grinning as well.

"Look," she said. "I can do a full squat." She stood up out of the chair and did a perfect squat down to the floor and up .

"No pain!," she said.

Continued on page 8 >

Laini's story...

"Do you have any pictures from the top of the mountain?" I asked. She proceeded to show me a picture of her whole group standing at the top. Everyone was in colourful snow jackets with hoods.

"That's me," she said as she pointed to herself. "And there's a picture of the sunrise from the top of the mountain," she said. I felt my eyes misting up. It was really beautiful.

"Would you mind sending me those pictures?" I asked. I wanted to remember this for a number of reasons.

She had more pictures after that. "Then we went on safari to Tanzania. We camped out and slept in sleeping bags." She showed me picture after picture of spectacular African landscapes with all kinds of majestic animals roaming free. "We rode around in the back of Jeeps. We had to stand barefoot on these wooden planks and hold on to the bars as the Jeeps bounced up and down. I could never have done that before."

She was back home now and had got back to her regular life. She was hiking regularly with her friends and with her new husband. She was looking forward to everything the future held for her.

"I have to tell you something," she said. "The day that you said to me, when I got all better, you said it as when and not if, like you expected that to happen. It had never occurred to me that it was a possibility, that I might actually get better."

She was misting again, and it was affecting me. I did not know what to say. "I'm so glad it happened for you," I said. She smiled.

Laini left the office that day, and I watched her as she went. I finally gave in to the misting and let my eyes water. It has been years since I have felt emotional about cases, but in the past few years using low dose naltrexone it seems to be happening more and more. I thought about all the circumstances that had happened in her life and in mine to intertwine our paths and lead to that day. Life is indeed very curious, and sometimes the paths we choose that seem so insignificant at the time can lead us to very significant places.

I still had the picture in my head of Laini at the top of Mount Kilamanjaro, something that was seemingly impossible. It made me smile, and I determined to fix that picture there permanently so that whenever I saw a new patient I would remember it.

The impossible can be made possible.

You just have to believe in it.

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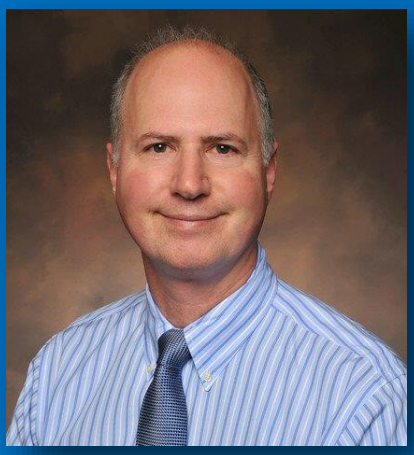
Complex regional pain syndrome: new theories and treatment

by

Dr Leonard Weinstock



Complex regional pain syndrome (CRPS), also known as reflex sympathetic dystrophy (RSD), is a chronic pain disorder that is difficult to treat. The pain is greater than would be expected to a particular injury owing to a neuropathic phenomenon. This can lead to contractions and skin and vascular changes. The effect can be devastating since it is uncommon to have remission or successful therapy.

A recent review article demonstrated that there are several underlying causes including cytokine release, microglia activation, central sensitization, and autonomic nervous system dysfunction. Microglia cells are immune and structural cells that attach to nerve and brain cells. These cells alter the activity central nervous cell and spinal sensory neuron excitability.

What triggers this terrible disease?

Events known to trigger CRPS include bone fractures, sprains, trauma, nerve injury, infection, stroke, heart attack, and pregnancy. One surprising commonality between these varied conditions is “inflammation”. It can be local in a sprain or systemic as with pregnancy. Parkitny and his colleagues analyzed all research studies of inflammation in the setting of CPRS. In the beginning, serum interleukin-8 and tumor necrosis factors are increased. Later on there are many inflammatory markers in serum, blister fluid, and the cerebral spinal fluid.

We saw a patient that made us consider that other conditions might trigger CRPS and that treatment of these conditions could reduce or eliminate a constant activator of the underlying inflammatory process.

A patient with Ehlers-Danlos where prolonged remission was attained by directing therapy towards: 1) concomitant small intestinal bacterial overgrowth with antibiotics; 2) obstructive sleep apnea with BiPAP machine; and 3) potential increased microglia activity using LDN. Dr. Chopra has reported 2 cases where LDN has worked in CRPS and subsequently has noted that many of his CRPS patients have Ehlers-Danlos syndrome.

We theorize that cytokine production produced by SIBO and obstructive sleep apnea act as stimuli for ongoing CRPS symptoms.

Continued on page 10 >

Complex regional pain syndrome...

Ehlers-Danlos syndrome is a dominant inherited systemic disorder. Mechanisms whereby Ehlers-Danlos syndrome contributes to CRPS are proposed.

It is known that Ehlers-Danlos syndrome causes obstructive sleep apnea owing to connective tissue laxity and thus subsequent chronic hypoxia -induced inflammation may contribute to CRPS activation. In Ehlers-Danlos syndrome, SIBO and small intestinal motility changes have been reported.

LDN was administered to attenuate microglia activation via blocking Toll-like receptors 2 and 4. LDN also causes rebound met-enkephelin production which regulates systemic inflammation by regulating T- and B-cell lymphocyte response and cytokine production which is important in CRPS.

Physicians may not be familiar with the SIBO link to irritable bowel syndrome and may be dismissed as an unrelated syndrome. Obstructive sleep apnea may go unrecognized since sleep disturbance is common in CRPS and is often blamed on pain.

We theorize that recognition and treatment of underlying causes of inflammation is likely to be an important future modality in CRPS.

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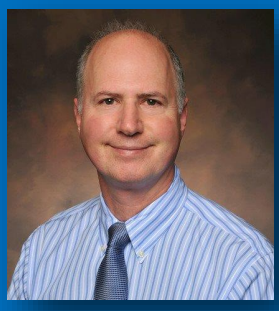

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Office consultation: 314-997-0554 x 102
Procedure scheduling: 314-997-0554 x123
Further information is available at website.

Autism and LDN

by
Dr Brian Udell

Some autism regimens are stalwarts that continue to demonstrate improvement (ABA). Some fade away – perhaps even to re-emerge (secretin?).

Others hang around until more testing is documented (Memantine). Many can cause harm (Zoloft). A few are useful for specific purposes and so they continue to have a biomedical following. Naltrexone treatment falls into the last category.

Nearly two decades ago, Italian researchers wrote:

"There is a growing body of evidence that the immune and the central nervous systems interact and reciprocally influence each other… Taken together the assumptions that… the opioid system plays a crucial role in cognitive and immunological functions… and opioid peptides are present in excess in autism; then pharmacological reduction… by treatment with an opiate antagonist might counteract some of the behavioral and immunological disturbances observed in autistic individuals."

With a slightly different 'low dose' protocol, improvement was demonstrated:

"in a subpopulation of autistic children by chronic blockade of opioid receptors with a potent opioid antagonist, supporting the concept of an opioid-immune link in autism."

In her 2006 report, Dr. Jaquelyn McCandless concluded,

"As an effective, non-toxic, non-addicting, and inexpensive behavioral and immunomodulating intervention, LDN is joining our biomedical arsenal to help more and more children recover from autism as well as helping anyone with autoimmune diseases and cancer."

Her paper was entitled, 'Low-Dose Naltrexone for Mood Regulation and Immunomodulation in ASD'.

Sound like anyone you know? Dr. McCandless' protocol calls for specific timing (9-11pm) with a naltrexone-compounded cream (in the 1-1/2 to 4-1/2 mg. range) applied to a sleeping patient's back or forearms.

Once, a dad asked if he should also dance around the bed and chant. Funny guy.

Continued on page 12 >

Front page

Autism and LDN ...

Which patients? What dose? What are the positive changes? The side effects?

For individual patients, in order to achieve the goal of enhanced communication, doctors sometimes vary formulations, frequencies, and timing based on responses.

In my clinical experience, there is one type of autism that clearly disrupts by affecting the patient's immune system. Also, some oppositional behaviours, similar perhaps to an externally chemically-altered state, appear to benefit from this intervention.

The major impediments preventing LDN from more common usage are:

1. It's complicated and so requires parent education and resources.

2. After starting, the therapy requires tailoring to the patient's responses and the family situation.

3. Patients don't usually show immediate improvement, it may take up to 8 weeks.

4. Not infrequently, an apparent deterioration in behaviour may occur in the early stages of treatment.

Of course, many biomedical interventions are subject to these same limitations.

That original naltrexone experience did prove significant and sustained improvement for a targeted, though small, population.

For parents who wish to learn more about this subject, the http://www.ldnresearchtrust.org is very informative and the Yahoo Group LDN is a great place to communicate with other users.

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View from the castle, the Pyrenees

My experience of LDN for Fibromyalgia and other things — Beate

I'm still walking

I'm not one for jumping from one treatment to another, trying out every new thing that comes along. I've lived this life of pain for too long, seen too many so called "miracle cures" and people getting very rich on others' misery and pain.

I've also tried different medications without success as I'm hypersensitive and allergic to many. 11 years after my accident I had come to a point where I'd accepted my life with its limitations but still having a good, albeit very different, life.

One evening watching television I came across a report on Norwegian TV about something called LDN. No promise of a cure but the down to earth information peaked my interest. I checked it out extensively on the internet, joined some groups on Facebook and 2 weeks later I asked my doctor about LDN, could it possibly be something for me? She said 'let's try it'.

LDN's effect on me

My journey with LDN started one evening in April of 2013. My expectations were not high as I'd seen it might take up to a year to show any results. To my great surprise I felt a positive effect on my muscles, joints, tendons and ligaments within 3 days and I could do more before becoming exhausted. I was flabbergasted! Of course I overdid it but it was so lovely to be able to do a little, like putting on socks without laying down. I stopped taking paracetamol and ibuprofen several times a day.

Just 3 months later I did something I had not done for years. We hiked up a rough trail to a magnificent castle, a climb of just 1 km but one I had been unable to do the previous years and a huge milestone as 3 years before I had been told the next step for me would be a wheelchair before reaching 50.

After the hike I spent some days in more pain but it was just amazing. I had hope that my future might be slightly different with a little less pain and a little more activity.

The last year has been challenging in many ways. It can be hard to move when you're young and healthy, so try being middle aged and not in the best shape or health! It's not ideal. Without LDN I have no idea where I would have been, well I have some idea and it would not have been pretty.

Continued on page 14 >

Beate's story...

In the summer of 2014 I knew that LDN was splendid for the inflammation and pain in my joints, ligaments and tendons. I'd also noticed fewer migraines and that the always present psoriasis on my right elbow and in the ears had disappeared.

I was very pleased that the general level of pain was lower but did not really think the LDN had much effect on my nerve pain, my menopausal symptoms or my troublesome back.

Oh was I wrong!

Menopause or to be precise pre menopause has not been kind to me. After bleeding for 10 weeks I had to have an operation. 5 days before the operation date I stopped taking LDN as I'd seen you should do before surgery. 3 days later I was a wreck. The pain level was sky high, as was my blood pressure, my nerves misfired all over the body,

I could not sit, stand or lay down, my mood was like a roller-coaster. I was a total pain wreck.

I had not expected that reaction at all. I thought I could manage a week or so, it would not make that much of a difference. But it did, oh it did. When discovering that the operation was not due for another 2 weeks I went straight back on LDN (same dose as before).

Again the transformation for the better. Pain level got back to where it had been before I stopped. I have to say I hope I never ever need to be off LDN for more than a day or 2 for the rest of my life. What a difference!

I've now used it for 2 1/2 years. While I'm far from being pain free and my working days are over, I do have a much better quality of life. I can enjoy more of our new life in France.

I have more energy and a little less pain - a very good combination.

On good days I can actually go up and down stairs almost normally. I take great pleasure in being able to do so as I was sure I would never do it again.

I'm now rather confident, not just hoping, that in a few years I will still be walking as I celebrate my 50th birthday.

I will still be walking after my 50th birthday

My LDN dosage – how I found it

I started on 1.5 mg and got a good response almost immediately and stayed on it for 6 weeks as recommended before going up to 3 mg. I had a good response to this dose and remained on it for 6 weeks. I then again increased to 4.5 mg, but that was not so good, I felt tired, had stomach problems etc. I stayed on this dose for one week to see if it would pass but it was not a very good week. I tried some days on 3.75mg with the same result so I went back to 3 mg and all good so I've stayed on that dose since.

Continued on page 15 >

Beate's story...

What time of the day is optimal for me to take LDN?

Trial and error! I started out taking LDN in the evening before going to bed as recommended. The result was a very heavy head and feeling groggy in the morning. I tried taking it in the morning, but this did not sit well with me. In a FB group someone said that she took it earlier in the evening and I thought let's try that. So I started taking it one hour earlier every week until I found a time that left me feeling good in the morning. For me that time is between 19.00-20.00 in the evening, 7 O'clock being optimal.

My experience with LDN and surgery

Surgery summer of 2014, full anaesthesia, polyclinic operation, time approximately 30 minutes.

Hope is green, my favorite colour

I talked it over with the anesthesiologist one week before the operation. He knew about LDN. As I don't take opiates due to hypersensitivity and will not take anything other than paracetamol after any operation, he saw no need for me to stop before the operation. He took that into consideration when deciding what kind of anesthetics he would use. He did use some form of opiates during the operation but much less than normal and another kind. He also gave me an anti nauseating medication before I woke up and I was monitored closely. I took my LDN 3 mg as normal the evening before and after the operation.

Doctors and LDN

Norway: I had 3 different GP's since starting LDN, all prescribed it without problem. I was the first patient on LDN. Doctors were curious and interested wondering if this might be something for more of their patients. I had the same reaction from specialists.

France: No need for new prescription yet but talked it over with my doctor and she will prescribe when I need it. Also very curious and interested.

My thoughts on how LDN has affected my health:

Generally my pain level has gone significantly down, same with my stress level. My mobility has gone significantly up, same with my mood. I react differently to stress and stressful situations and I worry less, it takes longer for me to snap etc. there is more stability in mood; all things which are very important when living in chronic pain and having your life totally changed.

I have had the 'flu since starting but not so strong as before. I have not had bronchitis or pneumonia since starting on LDN, something I usually had at the beginning of every year. Thinking about it I can't actually remember having been on penicillin since starting LDN either!

Continued on page 16 >

Beate's story...

This is not just my subjective feeling but also what my husband has noticed, his observations being that LDN has affected me more positively and strongly than I first thought.

- Muscles, tendons, ligaments and nerve damage: More mobility, less pain and able to have a higher activity level.
- Trigeminal neuralgia (type 1 &2): Less intensity and longer between attacks.
- Migraine: Longer between attacks and less intensity.
- Tinnitus: Not noticed any significant change.
- TMJ: Less overall pain.
- Asthma and allergy: No radical change but use less asthma spray.
- Pompholyx/ Dyshidrosis (eczema hands & feet): A radical change in intensity, how much and for how long. Much better.
- Psoriasis: Clear change as spots on arm, legs and shoulders are now gone. Same in ears. Still have a little in scalp but minimal.
- Fibromyalgia: Less pain, more energy, more mobility, positive mood.
- Lumbar and back pain (chronic): Less pain and more mobility.
- Trochanteric osteotendinitt/bursitis (chronic both hips): Less pain and more mobility and activity.
- Osteoarthritis right ankle and finger: Less pain and more mobility.
- Osteoarthritis chronic inflammation & outgrowth left ankle foot: Inflammation hasn't got worse and less pain, more mobility.
- Adenomyosis: Pain level lower, mood more stable. I see women with my menopausal problems struggle with anxiety, depression and great fatigue. So far I haven't. That is not conclusive of course but makes me wonder.

My diagnoses / injuries / afflictions

High current trauma injuries, muscles, tendons, ligaments and nerve damage. Right shoulder permanent damage. Some loss of hearing right ear.

Trigeminal neuralgia (type 1 &2), migraine, tinnitus, TMJ, asthma and allergy, pompholyx/ dyshidrosis (hands &feet), psoriasis, fibromyalgia, lumbar and back pain (chronic), trochanteric osteotendinitt/bursitis (chronic both hips), osteoarthritis right ankle and finger, osteoarthritis chronic inflammation & outgrowth left ankle foot and adenomyosis.

My Medication

Every day: LDN (low dosage naltrexone) 3 mg, progesterone, medication to fall asleep & for allergy. When needed: Paracetamol, ibuprofen, migraine-, allergy- and asthma medication. Don't use due to allergy/hypersensitivity: Opiates, nerve medication (tegretol etc).

Short about me:
Norwegian, end 40's, married, living in France.

Enjoying living!

• • •

Sunflowers in the South of France

Front page

Recipes from Chef Pol Grégoire

Steamed potato, leek, red cabbage & apple on a root parsley cream sauce with raw dulse seaweed and sage

What you need:
Steamer
Blender
Mandolin slicer
Chinese chef's knife
Chopping Board

Ingredients 4 servings:

Steamed vegetables:
4 to 6 large potatoes sliced, 2 to 3 mm thick
1 large leek, very thinly sliced
1-2 sour apples, thick strips
1-2 root parsley root, thin strips
1/4 red cabbage finely cut with mandolin

For the root parsley cream:
1-2 root parsley's cut into chunks
Boiling water for right consistency
Sea salt
Juice of 1 lemon
2 to 4 tablespoons of walnut oil

The seaweed sauce:
8 to 10 tablespoons olive oil
Sea salt to taste
Juice of 1 lemon and 1 tablespoon finely chopped lemon zest
Some finely chopped sage leaves
1/2 clove garlic, crushed and chopped
1 piece of green pepper, seeded and finely chopped
30g dulse seeweed soaked 5 minutes, then drained and coarsely chopped

For decoration:
2 cups arugula or watercress
Leek sprouts

Directions/method:
Steamed vegetables: Arrange the vegetables in steamer using a separation if necessary in the following order: potatoes, root parsley, red cabbage, leek, apple, root parsley, potato. Steam for 30 minutes. For root parsley cream: Steam the parsley root for 20 minutes then mix it in with the other ingredients in a blender. Keep warm. For seaweed caviar: Mix all ingredients well. Start with the parsley root cream as a base in the center on preheated plates. Follow with the steamed vegetables. Then the seaweed caviar mix and garnish with sprouts and/or sprouted seeds.

Continued on page 18 >

Comment:
A typical autumn dish, rich in carbohydrates, to help our body maintain heat. Nature is well made, it proposes the most suitable food for every season and its meteorological characteristics. Autumn gives us lots of high-fat foods such as nuts, hazelnuts, animal flesh making good reserves for the winter. It also brings food rich in starch such as chestnuts, potatoes and many vegetables; onions, carrots, parsnips, root parsley, celeriac, beetroot, turnip, leek. Further you have sweet winter squash such as pumpkins, Jack Be Little, baby boo, butternut, buttercup, patidou, sweet dumpling. To metabolize these foods you need raw sauce, shoots and sprouts, important here for their contributions rich in chlorophyll, enzymes, vitamins, minerals, anti-oxidants and anti-infectives.

Let the autumn and winter foods refresh you and leave summer foods behind. The food from summer gives us a cold and we have a tendency to demineralization; acidic fruits, tomatoes, lettuce. The fashion of "everything always" imposed by supermarkets as an asset of the modern world, does not respond to complex physiological requirements of a healthy body but rather to those of the market economy and globalization. This does not serve us well and make a great disadvantage in terms of ecology, employment, ethics, health, the beauty of landscapes and the quality of our environment. So to the greatest extent possible consume locally and seasonally!

Marinaded raw mackerel with finely sliced daikon, caviar arame, leek and shizo

What you need:
Chinese chef's knife
Sole/Fillet Knife *
Chopping Board
Mandolin slicer

Ingredients 4 servings:
360g Mackerel fillets, skinned, cleaned and cut into lengths of 4 cm

For the marinade:
1-2 tablespoons of Ume su (VINEGAR FROM UMEBOSHI)
1 tablespoon of Mirin (a type of rice wine)

For the filling:
1 daikon (winter radish) finely sliced, soaking 20 min in cold water and drained
1 bunch of shizo or chives finely chopped
Some sprouts of mustard or daikon
Some of green part of leek
Some nasturtium, pansy, borage or other flower

* Sole/Fillet Knife is a long-bladed knife, narrow and flexible, especially made to fillet fish.

Continued on page 19 >

Marinaded raw mackerel ...

For caviar:
1 cup Aramé seaweed soaked for 10 min and drained
Lemon to taste (little!)
4 tablespoons walnut or hazelnut oil
1-2 tablespoons Ume su
1 tablespoon mirin
1 chopped white leek
Red pepper to taste (optional)

Other:
1 dash of walnut oil
1 dash Ume su on the daikon

Directions/method:
Marinade the fish for a few minutes. Mix the ingredients for the seaweed caviar well.

Arrange the daikon and the caviar on half the plate. Arrange the fish on other half. Season the fish with walnut oil and Ume su. Garnish with sprouts, shoots and flowers.

Comment:
For this Japanese-inspired recipe, I use typical ingredients like Ume su, Mirin, the Arame, Daikon and Shizo. Ume su is a form on vinagre from the mébosi plums. It can be replace with some unpasteurized apple vinegar and salt. Mirin is a sweet rice wine which provides a slightly sweet taste. It can be replaced by a few drops of acacia honey or brown honey like chestnut for example. The Arame is a Japanese seaweed that is grown in a region that has been more or less spared by nuclear pollution and, hopefully still be in the future. The Japanese seaweed can be replaced by the Wakame Arame or Breton dulse. Daikon is cultivated most places and should be relatively easy to find, but you can substitute it with another root vegetable. As for shizo, it is very easy to grow and returns every year in the garden, you can also replace it with another herb like parsley, cilantro or mint green. Each ingredient may be replaced by another, the whole idea with the dish is to understand its spirit: A little bit salty, a little bit sweet. And to find balance, one alkalising food with another, a protein one by another lipid ... etc.

So briefly, this dish is interesting because of its ingredients: Omega-3 (fatty fish, walnut oil, shizo), minerals (seaweed, vegetables, herbs, oil), enzymes and vitamins (raw foods, sprouts, shoots, flowers, Ume su), antioxidants. Flower petals provide for their rare substances such as essential oils, pigments, hormones and very strong vibrating colours. In fact everything is strong in colour red, yellow, dark green.

I am convinced that the only possible flaw is acidosis. My gastronomic search will always take me in the direction of the best nutritional food and the most basic needs possible. This recipe is a good example.

L'Alimentation Vive - Pol Grégoire

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Email

Website 1
Website 2

The Doctor's Information Pack 2015

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

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

Free Download Now >

Support LDN Research Trust by ordering your Christmas cards with us. Go to our web shop ww.ldnresearchtrust.org/greeting-cards

For more information on other conditions where LDN may be of benefit, please see the LDN Trust website.

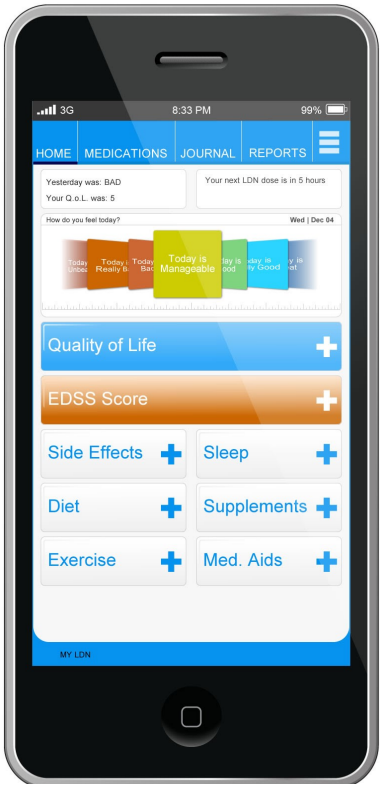
Front page

ANDROID APP ON Google play | Available on the App Store | amazon apps Available on kindle fire | PC Available on Personal Computer | Download from Windows Phone Store

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

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

MyLDN Health Tracker app on the NHS Choices website.

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

Front page

UK Members Only!

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 >

Example results:

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

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

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

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.

LDN RESEARCH TRUST | LDN 2014 AIIC CONFERENCE

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!

Front page

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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