LDN Research Trust

Committed to trials of LDN as a Treatment for Multiple Sclerosis

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What is LDN?

LDN (Low Dose Naltrexone) is a treatment for MS that has been used in the USA since 1985, but is relatively new to the United Kingdom. This method was devised and developed by Dr Bernard Bihari, a neuro-physician in New York, and he has described the beneficial effects of LDN on a variety of diseases:

Alzheimer's Disease	**Amyotrophic lateral sclerosis (ALS)**	**Ankylosing Spondylitis**	**Autism Spectrum Disorders**
Autoimmune Polyendocrinopathy-candidiasis-ectodermal dystrophy (APECED)	**Behcet's Disease**	**Bipolar Disorder**	**Cancers**
Celiac Disease	**Chronic Fatigue Syndrome**	**CREST Syndrome**	**Crohn's Disease**
Chronic Obstructive Pulmonary Disease (COPD)	**Depression**	**Endometriosis**	**Fibromyalgia**
HIV/AIDS	**Infertility**	**Irritable Bowel Syndrome**	**Multiple Sclerosis**
Murine Inflammatory Bowel Disease	**Myalgic Encephalomyelitis (ME)**	**Obsessive Compulsive Disorder (OCD)**	**Parkinson's Disease**
Pemphigoid	**Premenstrual Syndrome (PMS)**	**Polycystic Ovarian Disease (PCOD) or Syndrome (PCOS)**	**Polymyalgia Rheumatica (PMR)**
Primary Lateral Sclerosis (PLS)	**Psoriasis**	**Rheumatoid Arthritis (RA)**	**Sacoidosis**
Scleroderma	**Stiff Person Syndrome (SPS)**	**Systemic Lupus Erythematosis (SLE)**	**Transverse Myelitis**
Ulcerative Colitis	**Wegener's Granulomatosis**		

How Naltrexone Works:

Naltrexone is prescribed as an opiate blocker for heroin addicts in doses of 150mg a day.

Its benefits are due to the temporary inhibition of brain endorphins (a natural pain-killer, produced in the brain). This results in an increase in the production of endorphins, resulting in the reduction of painful symptoms and an increased sense of well-being. Usually, 3 mg of LDN is taken for the first month and 4.5 mg thereafter. It has been reported that after an initial dose of just 3 mg per day, people have experienced a range of benefits including a reduction in spasms and fatigue, improved bladder control and heat tolerance, as well as improvements in mobility, sleep, pain and tremor.

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In mainstream medicine it is only the symptoms of MS that are treated, and mainly with drugs that have not been clinically trialled for MS.

LDN can be of benefit at whatever stage of the MS, whereas the non-interferon drug Copaxone, and the interferon drugs Rebif, Avonex and Betaseron are available only to a few people that meet the strict criteria. These drugs are very toxic, have numerous side-effects, and work only for 30% of the people taking them. Of that 30%, the best that can be expected is a reduction in the severity and number of attacks of up to one third.

The cost of interferons range from £8,000 - £12,000 per person per year, whereas the cost of LDN can be from as little as £15 a month.

Anecdotal evidence from over 16,000 US users suggests that LDN has a 98% record at preventing further MS progression, and many users have experienced considerable improvements in their condition, often within days or weeks of beginning the treatment.

LDN is neither a miracle drug nor a cure; the aim of LDN is to stop progression by helping to improve symptoms (for most) and, as it is at such a low dosage, there are little to no side effects. Any that might appear are normally gone within the first few weeks. LDN is a drug that is working for thousands of people throughout the world. It greatly helps with MS at whatever its stage, but because it has not been trialled for MS, very few GPs are prepared to prescribe it.

Dr Bihari is qualified in Neurology, Psychiatry and Internal Medicine, but has recently retired from practice.