

**In this issue...**

Dr Leonard Weinstock's  
LDN experiences

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Digital Cable Network

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Lyme Testing

Plus much more!

Eric's Amazing Journey With LDN    LDN, Hashimoto's Autoimmune

My life with ME/CFS by Ahmo from  
Australia



## The LDN Research Trust was 11 years old in February!

### In the last year we have:

1. Raised funds and recorded a LDN documentary which will be available for the LDN Awareness week.
2. Helped over 18.000 people around the world to obtain LDN information and find an LDN prescribing doctor.
3. Reached over 9,500 members through our FaceBook Groups.
4. Launched the LDN APP.
5. Worked on having a paper on LDN published.
6. Worked with Dr Jarred Younger on a MS/LDN trial.
7. Organised a very successful LDN conference in Las Vegas which was live streamed around the world.
8. Begun to organise the LDN 2016 Conference in Orlando US.
9. Made preparations for the LDN Awareness week to be held during the last week in June.

[Check out the Doctors who are our Medical Advisers](#)

### New Skype Telephone Numbers for the UK and the US.

**UK - 01223 92 6933**

**US - (847) 794-8046** - This will be charged at a US call rate.

If I'm not at my PC when you call please leave a message and I will return your call.

### Can you help?

**We are looking for** LDN Prescribing Doctors, Pharmacists, Researchers, Users and Advocates to contact us as we need as much help as possible with the LDN Awareness Week in June 2015. We need to hear your experience, please reply to-day!

### A BIG thank you!

We would like to thank everyone who has supported us over the years financially as we rely totally on donations and without funds we wouldn't have survived. We also have had many volunteers who have helped in so many other ways and not one was taken for granted. **Thank You!**



specialists in gastroenterology



Dr Leonard Weinstock has joined the LDN Research Trust's Medical Advisory Team

The use of LDN is most often a therapeutic endeavour that “finds” a doctor and a disease and not vice versa. This medication is generally brought to the attention of the physician by sources other than the routine mechanisms of medical school, residency, CME courses, and pharmaceutical representatives. Desperate patients find LDN through friends, integrative practitioners (chiropractors and physicians), and pharmacists and, of course, the internet.

As a university trained gastroenterologist and internist the field of Integrative Medicine was a grey zone for me. A compounding pharmacist came to my office in 2005 and told me that LDN might be able to help my patients with gastrointestinal diseases. I have been seeing patients for second and third opinions for many refractory conditions and I was always looking for new medicines to help. I first used LDN in patients with small intestinal bacterial overgrowth (SIBO), irritable bowel syndrome (IBS) and refractory constipation. After understanding the potent anti-inflammatory properties of LDN, I applied the treatment to patients with Crohn's disease and ulcerative colitis. My patients with IBS with and without SIBO often have extra-intestinal disorders. Owing to my success with the aforementioned conditions, I have been giving LDN to patients with fibromyalgia, restless legs syndrome (RLS), rosacea, interstitial cystitis and chronic prostatitis. As a gastroenterologist, I have also been fortunate to be a physician to a few patients with MS, Dercum's disease and CRPS who also have responded to LDN. To illustrate some

of these experiences I thought it would be instructive to share a few case histories of my patients.

The first patient lives close to home – actually in the home – my wife. After my practice purchased the hydrogen and methane breath test machine to perform lactulose breath tests to diagnose SIBO in IBS patients we noted that there were so many positive tests that I was concerned about false positives. To counter this I enrolled healthy people (friends, relatives and employees) to take the test. My wife took the test and failed – high methane levels. We discussed the fact that she had a history of food poisoning (which can cause IBS and gastrointestinal nerve damage and which we know now is an autoimmune process) and that her bowel function was not regular. We also reflected that she had been suffering from 3 years of nightly pain in the legs at bedtime. She had 3 of the 4 criteria for restless legs syndrome (compelling urge to move usually associated with pain in the extremities, occurrence at night, worsening at bedtime and temporary relief by walking). Marty may have seen that getting out of bed and walking could have given her temporary relief but she suffered in silence. I had started to study patients earlier that year that were afflicted by both IBS and RLS and realised that my wife could have RLS and a methane induced constipation disorder. After her third dose of rifaximin (Xifaxan) she began to get relief from both problems. LDN was used after owing to the thoughts that we needed a promotility medicine that could prevent SIBO from returning and it could not interact with her statin cholesterol medication. Subsequent research has shown that RLS is frequently associated with SIBO, IBS, and inflammatory disorders. In addition

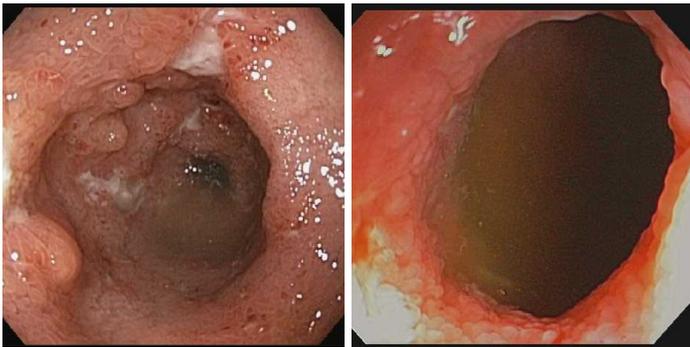


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## Dr Leonard Weinstock - continued

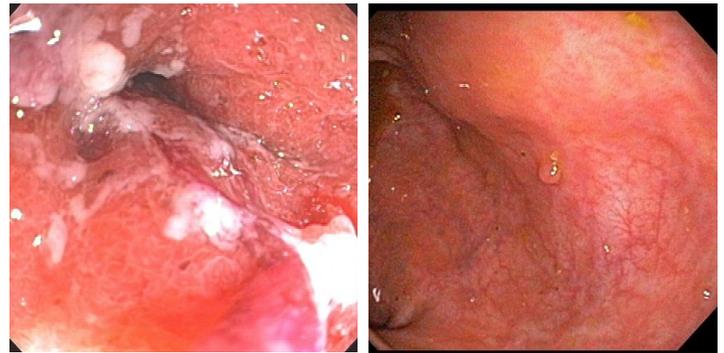
brains show that they are deficient in opioid cells. In general, LDN works in people who are “endorphin deficient”. These observations and theories have led to further treatment and research in the therapeutic role of LDN in RLS. My wife has had one flare in the last 5 years and needed another course of rifaximin but otherwise has had peaceful rest at bedtime.

As a gastroenterologist I rarely get to see MS patients. One such patient had a screening colonoscopy and was found to have Crohn’s disease of the ileum as shown in the photo below. He did not have any gastrointestinal symptoms which is not that uncommon with ileitis. He did however have severe multiple sclerosis with severe weakness requiring a cane and failure to respond to many medications. I offered him LDN to treat both conditions and scheduled him for a follow up one month later in the office and a year later to repeat the colonoscopy. He walked in without a cane and said that his strength and energy level was dramatically better. He also noted that he had been looking for 5 years to find a doctor in St. Louis who would prescribe LDN (and failed in this endeavour). A year later his ileum was normal and he has continued to be able to stay off the cane for 8 hours a day.



Dr. Jill Smith published a randomised, placebo controlled study of low dose naltrexone therapy for Crohn’s disease (1). Naltrexone was used as the only therapy in children with moderate to severe Crohn’s disease. Therapy was safe and clinical improvement was demonstrated as evidenced by statistically significant reduction in validated symptom response. Over 70% of these patients had failed infliximab an expensive biological agent. Two prior publications from her group focused on adults with Crohn’s disease and LDN was used as adjunctive therapy (2, 3). The double blind study showed statistically significant clinical and endoscopic healing (3). A fourth study in the literature was a case report showing success in a child with duodenal Crohn’s disease (4).

In light of the Crohn’s disease naltrexone literature and similar clinical experience, LDN was prescribed as adjunctive therapy to my adults with moderate to severe ulcerative colitis who failed or had partial response to mercaptopurine and/or infliximab. Twelve patients received naltrexone 4.5 mg/day. The average length of naltrexone treatment was 46 weeks (maximum 270 weeks). One patient withdrew after 8 weeks owing to insomnia. Positive clinical responses were reported in 6 of 12 patients. Two clinical responders had colonoscopy before and after naltrexone and each had complete mucosal healing. Adjunctive low dose naltrexone appears to be effective in some ulcerative colitis patients who are failing conventional therapy. Before and after colonoscopy photos from one of my UC patients are shown below. You do not need to be a specialist to see the improvement – the patient has been in remission for 5 years and was close to going for a total colon removal by surgery.



The third patient who illustrates the power of endorphins is a woman with a 12 year history of Chronic Regional Pain Syndrome (CRPS) with severe leg symptoms of flushing, shiny painful skin and significant fatigue. She also has had a long standing gastrointestinal disorder. I saw her as a GI doctor for an endoscopy for her heartburn in October 2013. When I reviewed her medical history I saw that she had CRPS and we talked more about this rare disease

CRPS also known as Reflex Sympathetic Dystrophy Syndrome (RSDS) starts with severe, burning pain, muscle spasm, joint stiffness, and skin color and temperature changes. It progresses to worsening pain, swelling, poor nails and hair health, stiff joints and weak muscles. Finally, patients suffer with continuous pain, atrophy and contractions of muscles and tendons and irreversible changes to skin and bone. The cause of this syndrome is not known (otherwise it would be called a “disease”). Over a third of CRPS patients do not know of a trigger for their syndrome. Some triggers for RSD that have been observed include trauma, surgery,

## Dr Leonard Weinstock - continued

degenerative arthritis, heart disease, stroke, diabetes, cancer, infection, brain diseases, thyroid disorders, carpal tunnel, shingles, and certain medications. There is no reported cure for CRPS or RSD. Current treatment focuses on relieving pain. My patient traveled to 4 pain centers across the country and was only helped with versed during sympathectomy. She found that narcotics made pain worse (we know that narcotics are pro-inflammatory). At one point she was on 2800 mg gabapentin (Neurontin) and 8 Vicodin per day. When I first saw her she was on alprazolam, Wellbutrin 450 mg and occasional Tramadol. I told her about the possible link between SIBO and inflammatory conditions of unknown cause and the value of LDN in inflammatory disorders. A lactulose breath test was abnormal. She took a 2 week course of rifaximin (Xifaxan) and was prescribed 4.5 mg of LDN. She wrote an email stating: "I am thrilled as I usually have more CRPS pain with weather changes. It snowed here in Indiana and I have minimal pain which is strangely wonderful". She had improvement in her gastrointestinal symptoms.

In January 2015 she returned and was depressed about a return of her IBS symptoms that she had suffered with for 40 years. She had bloating, alternating diarrhoea and constipation and cramping diffuse low pain. Associated symptoms include flatulence, foul gas and visible bloating. Her painful leg symptoms were much improved (see the before and after photographs below) which document less skin changes. Over the last few months she has noted intermittent attacks of CRPS in the nose and upper extremities. I explained the natural history of SIBO and that owing to an underlying neuromuscular problem of the small intestine that relapses were to be expected. We began another course of rifaximin and started nightly low dose erythromycin to act as a hormonal stimulant to the nightly sweeper waves of the small intestine to drive the bacteria out. She was also administered complementary treatment to help heal the gut lining with plans to add more if the antibiotic, promotility medicine and continued use of LDN were not enough to get her into a remission.



Dr. Leonard Weinstock is Board Certified in Gastroenterology and Internal Medicine. He is president of Specialists in Gastroenterology and the Advanced Endoscopy

Center. He teaches at Barnes-Jewish Hospital and is an Associate Professor of Clinical Medicine and Surgery at Washington University School of Medicine. He is a primary investigator at the Sundance Research Center. Dr. Weinstock received a BA Magna Cum Laude from University of Vermont and the medical degree from University of Rochester School of Medicine. He completed his postgraduate training and was chief resident in Internal Medicine at Rochester General Hospital. His Gastroenterology Fellowship was performed at Washington University School of Medicine.

Dr. Weinstock is an active lecturer and has published more than 70 articles, abstracts, editorials and book chapters. He is currently researching the role and treatment of small intestinal bacterial overgrowth in restless legs syndrome, irritable bowel syndrome and rosacea. He is very interested in colon cancer prevention and has expertise in colon cancer screening and advanced polypectomy techniques. A new method for easier colonoscope insertion in a tortuous colon was presented at the American College of Gastroenterology in May 2013.

Further information is available at [website](#).



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Office consultation: 314-997-0554 x 102

Procedure scheduling: 314-997-0554 x123

## 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 who have been asked by their patient about LDN, or for patients who would like to broach the idea of a new treatment but are unsure how to talk to their doctor about it. This information pack is ideal for medical professionals 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. Further information at [the LDN Research Trust website](http://www.ldn-trust.org)

[Download Now >](#)

**dickson**  
chemist

“RESVERATROL has shown positive effects on the animal Optic Neuritis—the animal model of MS.”

“If you suffer from CogFog or diagnosed with CCSVI, RESVERATROL has been shown to increase brain blood flow significantly.”



Resveratrol can also benefit those with:

- Autoimmune disease, especially MS, due to the positive study in animals with Optic Neuritis.
- Anyone who has a family history of diabetes - as prevention.
- Anyone with coronary heart disease.

Price per bottle is  
£17.99.

£1 from the sale of every  
bottle goes to the LDN  
Research Trust.

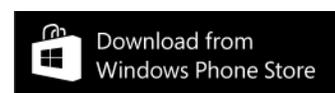


Contact us for more information:

0141 531 9412 / [email](#)

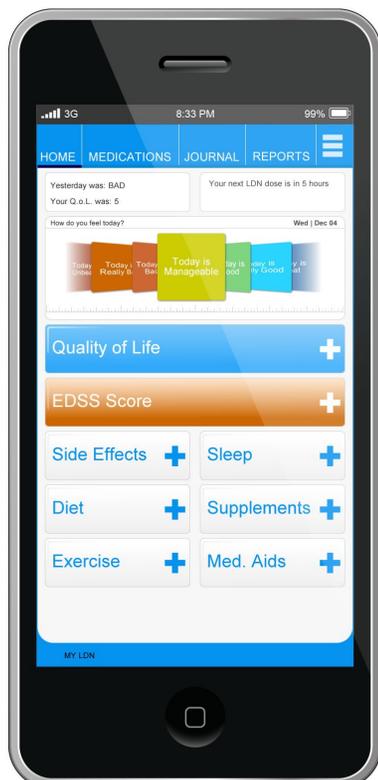
Warnings: Do not use if you have breast, prostate or hormonal responsive cancer - it may stop your cancer medications from working properly. (However, it has been shown to be effective in hormone treatment resistant prostate cancer).

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



## The new LDN app has arrived!

Available on all platforms including Android, iOS, Windows Phone and Kindle, the LDN Trust is helping you take back control of monitoring things like medication alarms, pain levels and even your own personal LDN journal from the comfort of a single app: myLDN. Development is never easy, especially when working on such a massive project but all that hard work has finally paid off. Want to have a sneak peek? Check out the LDN app [Facebook page](#) for more information or just head to your app



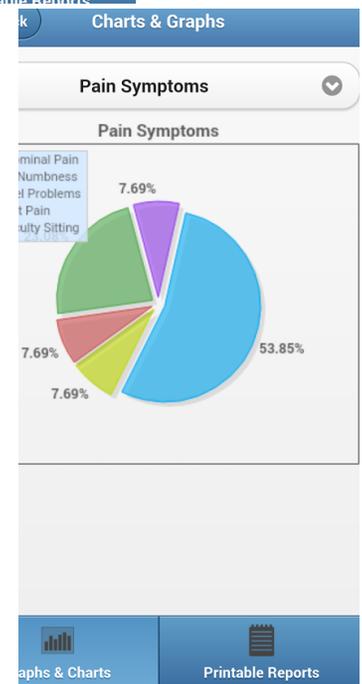
store of choice (Android, iOS, or Kindle Fire and HD) to jump straight in!

We really love to hear from other LDN users and we appreciate all feedback when it comes to our new app. With myLDN you can keep track of the changes to your LDN dosage and keep a record of how this affects you in these key life markers:

- Quality of Life
- Sleep patterns
- Pain
- Mood
- Energy
- You can also add any other Medications or Supplements you take to myLDN and track their dosage and frequency taken
- Set alarms to remind you when to take your LDN and other medications
- Track Diet items which might have affected you
- Keep track of any exercise you have done
- Keep track of any Medical Aids you might have used
- Specific questionnaires for Multiple Sclerosis, Fibromyalgia, Chronic Fatigue Syndrome and Spinal Cord Diseases
- Keep a Journal of how you are getting on
- View Graphs of the data entered
- Create PDF reports of your data for printing and taking to your GP

- Receive Notifications from LDN Research Trust direct to the app

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



UK Members Only!

Your chance to win fantastic prizes and help the organisation of your choice.

WIN  
£25,000

Play for just £1

Play Now ▶



*This post is an advert and fundraising appeal from the LDN Research Trust.*

The LDN Research Trust is a small UK-based not-for-profit charity committed to initiating clinical trials of Low Dosage Naltrexone (LDN) and supporting anyone with diseases like cancers, Multiple Sclerosis, Crohn's Disease, fibromyalgia and many others. We work closely with worldwide medical professionals to further research and work into LDN and its benefits for multiple conditions. To assist us in our work, we have a growing member base of doctors, pharmacists and current LDN users.

If you are reading this, you will already be aware of the case for LDN usage. Our latest fundraising campaign lets you donate *and* potentially win up to £250,000 every week! The LDN Research Trust has partnered with The Weather Lottery, a UK-based lotto run by Prize Provision Services Ltd on behalf of local charities. With an average chance of one in 63 chances of winning a prize of up to £25,000, your £1 ticket price will go towards helping us help others in the LDN community.

As a small charity, we appreciate every donation we receive, no matter how small. We receive around 37 pence out of every pound, with the rest of the money covering The Weather

Lottery's prize fund and administration costs. Every penny we receive goes back into helping us help others and get the word out about LDN and the benefits it can provide.

How it works: When you sign up to the Weather Lottery, you will be assigned six numbers. Your numbers will then be checked against the last six digits of temperatures in Fahrenheit as published by the Daily Mail on the day of the draw, from six places around Europe.

Match 3 numbers and you win £2, match 4 you win £20, 5 numbers wins £250 and all six will win you the full £250,000 jackpot! The Weather Lottery jackpot is not shared between winners, so your jackpot will be 100% yours if you win.

- The weekly Weather Lottery Draw costs just £1.00 per entry.
- Win up to £25,000 every week!
- The Weather Lottery has so far paid out over £4,800,000 in prizes, to over 800,000 winners. Will you win one of the next jackpots?
- Sign up and support LDN Research Trust!

Play Now &gt;

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

Example results:

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



## The Disability Network is proud and excited to announce the first ever Digital Cable Network by and for people with disabilities!



**Jay Stoyan** *Co-Founder*

The Disability Network (TDN) is a new specialty TV channel which aims to become a major source of information, education and support for people with disabilities in Canada. Currently 1 in 10 Canadians live with a disability and this could be as high as 4 in 10 by the year 2021.

TDN recently carried out an extensive survey and informed by this and other research, and together with the Live Streaming TV Channel, as well as other pathways The Disability Network will offer unique and diverse content with parameters at the first level being 100% disability, 75% disability at the 2nd level and 25% down to zero at the third level of service. This type of programming means that TDN will be able to respond to almost all levels of concerns and provide information and education about solutions the viewers need to assist them in day to day living. The Disability Network believes that they can fill the gap in programming for disabled people with positive and relevant information for a broad age range of people from the young through to the 'Baby Boomers!' Research has shown that there are over 3 million people in Canada living with health challenges who would welcome the opportunity to voice their concerns about and discuss healthcare issues; to hear about relevant products and therefore offer manufacturers branding opportunities and to provide a platform for informed policy making for involved community leaders.

The Disability Network believes that it will become the place for people living with disabilities to tune into for the answers that can help improve their lives.

### What are TDN's main goals?

- To be the place to go for people with disabilities to learn about government actions which will directly affect their lives.
- To produce inspirational shows and documentaries which will recount significant achievements for people with disabilities.
- To give a voice to community leaders and concerned individuals with ideas of how to better the life experience of those who face these daily challenges.
- To provide leadership and support to those who wish to contribute to the community.
- To entertain and provide innovative new programming for the viewers to help them cope with their world.
- To provide perspective for its friends by portraying moments that all viewers must face.
- To showcase abilities and be a proud member of this community.

[Website](#)

# Watch the 2014 LDN Conference as it happened.

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



**Did you miss the LDN 2014 Conference?**  
**Would you like to watch the presentations?**  
**Get instant access to the talks & receive 10 CME Credits for just \$25 (approx 25 Euro or £16)**



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

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

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

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

CME's Awarded by Oregon Board of Naturopathic Medicine.  
 Approval number 14-356, Total of 10 general CE broken down, 3 pharmacy hours and 2 pain hours.

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

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

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

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

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



# arminlabs

## DIAGNOSING TICK-BORNE DISEASES



**Dr. Armin Schwarzbach, MD, PhD**

### ELISPOT: ACTUAL ACTIVITY

Lyme Borreliosis (LB) does not only show humoral immune responses by antibodies, but can activate T-lymphocytes at the same time. Once *Borrelia burgdorferi* is not active anymore, the T-cellular immune response should cease.

It is not possible to test the treatment success by *Borrelia* antibodies, because the "titre" of antibodies can persist in the blood over years. Recent *Borrelia burgdorferi* infections (e.g. 'bulls-eye rash' or 'summer flu') can develop antibodies after weeks and sometimes do not show them at all.

The *Borrelia* EliSpot can eliminate some problems. The test reflects the actual *Borrelia burgdorferi* activity of chronic and recent *Borrelia burgdorferi* infections. The EliSpot is highly sensitive and can detect even one single *Borrelia burgdorferi*-reactive T-cell in the sample. With detection levels that can be as low as one cell in 100.000, the EliSpot is one of the most sensitive cellular assays available. The EliSpot is between 20 and 200 times more sensitive than a conventional ELISA. The EliSpot displays a similar sensitivity as a RT-PCR (Real Time PCR) analysis but detects the secreted protein instead of the mRNA (messenger RNA).

The EliSpot can be helpful when monitoring therapies. The EliSpot should usually be negative about 4 to 8 weeks after completion of an effective therapy.

The Enzyme Linked ImmunoSpot (EliSpot) belongs to the IGRA (Interferon-Gamma-Release Assay) test systems.

### The *Borrelia* EliSpot includes the following antigens:

*Borrelia burgdorferi* complete antigen: an antigen which stimulates the immune response and reacts with products, e.g. antibody, of that response, cf. haptén.

*Borrelia burgdorferi* B31-reference strain (*Borrelia*

*burgdorferi sensu stricto*)

*Borrelia burgdorferi* Peptide-Mix:

OspA from *Borrelia b. sensu stricto*, *Borrelia afzelii*, *Borrelia garinii* + OspC native + DbpA recombinant

Explanation: Native = cultured antigens / Recombinant: produced with genetic technology *Borrelia burgdorferi* LFA-1 (Lymphocyte Function Antigen 1):

Own body protein + *Borrelia burgdorferi sensu stricto* (shared epitope). Often associated with autoimmune diseases: collagenosis, Rheumatoid Arthritis, vasculitis (ANA, CCP-antibodies, ANCA)

### The EliSpot is reflecting the actual T-cellular activity of Lyme disease:

Indication of an actual active *Borrelia burgdorferi* infection in cases where there is a positive EliSpot post-treatment.

The T-Cell-Spot/IGRA has been approved by the FDA in May 2011 for *M. tuberculosis*:

... A positive result suggests that an infection is likely, a negative results suggests that an infection is unlikely..." "... Results can be available within 24 hours..."

ELISPOT: The new T-Cell Test is a "Game Changer" for Lyme disease

... The sensitivity of ELISPOT is estimated at 84%, and the specificity is 94%..... ELISPOT assays provide robust, highly reproducible data..... ELISPOT can be retested for the acquisition of additional information in follow-up assays..... the two assays systems (ELISPOT + CD57-cell count) compliment each other in the quest to understand T cell-mediated immunity in vivo....

(Lehman PV et al.: Unique Strengths of ELISPOT for T Cell Diagnostics in: Kalyuzhny AE. Handbook of ELISPOT: Methods and Protocols, Methods in Molecular Biology, Vol. 792. 2nd Ed: Springer; 2012: 3-23)

## Diagnosing Tick-Borne Diseases continued



**Dr. Armin Schwarzbach, MD, PhD**

Dr. Armin Schwarzbach, MD, PhD is an MD with a specialism in laboratory medicine. He is the founder and CEO of ArminLabs, located in Augsburg, Germany and has specialised in diagnostic tests and treatment options for patients with tick-borne diseases for the past 25 years.

### **EliSpot (www.elispot.com) is available for:**

1. Borrelia burgdorferi
2. Ehrlichia/Anaplasma
3. Chlamydia pneumoniae
4. Chlamydia trachomatis
5. Yersinia species
6. Epstein-Barr-Virus (EBV)
7. Cytomegalo Virus (CMV)

Material: 3 x 9 ml CPT-tubes (Keep at room temperature, do not cool or centrifuge)

### **Medical indications:**

- Diagnosis of LB in sero-negative or sero-ambiguous patients with clinical suspicion of LB
- Confirmation of LB in sero-positive patients lacking clinical suspicion of LB
- Identification of patients with chronic infections
- Early confirmation of therapeutic success

### **CD57: CHRONIC ACTIVITY**

The CD57+ cells document the extent of the immune suppression of chronic Lyme disease. Based on the current literature, CD57+ cells provide prognostic laboratory parameters during and after the treatment of chronic Lyme disease.

Clinical research studies and case studies have shown that chronic Lyme infections are often accompanied by changes in the cellular immune defense. Evidence for this is a

decreased number of the Natural Killer-cells (NK/CD3-CD56+), in particular, a decreased absolute number of activated NK-cells (CD3-CD56+CD57+). While acute Borrelia burgdorferi infections and other diseases show normal CD57-parameters, chronic Lyme patients often have less than 100 CD57-cells/ $\mu$ l.

According scientific studies a suppressed absolute number of CD57- cells has mainly been observed in patients whose nervous system had been affected, rather than in patients whose tissue or skeleton system had been affected. A decrease of CD57 cells persisted until an improvement in symptoms was achieved with the use antibiotic and other treatment forms. In reverse, a decreased CD57 parameter is seen as a measurable signal for an active chronic Borrelia infection and can be a possible indicator for a successful therapy.

Material: 1 x 3 ml EDTA-tube, 1 x 6 ml Heparin-tube

(Both kept at room temperature, do not refrigerate)

### **Medical indication:**

- Diagnosis of chronic LB
- Decision about the length of therapies
- Confirmation of therapeutic success

**To order our blood-kits, forms and information on shipping and blood-taking please contact:**

service@arminlabs.com

phone: 0049 821 218 2879

[Website](#)





## Eric's Amazing Journey With LDN

I was diagnosed in 1980 at age 17 with Type I Diabetes Mellitus. For those of you who don't know, Type 1 DM is an autoimmune disease caused by an immune system that fails to recognise the pancreas beta cells that produce insulin as part of your own body. The immune system attacks the beta cells until so many are destroyed that the symptoms of DM begin to appear.

When that diagnosis was delivered to me, I was told to prepare for a shortened lifespan and given specific instructions on how important it was for me to keep my blood glucose as close as possible to physiologically normal blood glucose. That of course, is almost a fulltime job but taking it seriously is essential to a healthy life. Now, 35 years later, I'm happy to report I'm still kicking with very few of the normal complications of being a Type I Diabetic.

However, I've recently come to find that as Type I DM is an autoimmune disease, there were all kinds of other autoimmune problems starting to affect me in the last decade or more. These are problems that aren't going to be life threatening but problems that can have a large impact on one's quality of life.

I recently switched physicians in advance of my past doctor's impending retirement. My new Doctor spoke to me at great length about the autoimmune nature of Type I DM and asked if I would like to try going on a low dose naltrexone regimen. Since the side effects were very small, it seemed like very low risk so I agreed.

My initial hope was that it would help reverse my very moderate hypothyroidism, something that I had acquired in the last 5 years. While it didn't have any impact on my hypothyroidism, it did have significant impact on the following illnesses:

### 1. Prurigo Nodularis

Prurigo Nodularis is a poorly understood skin disease which shows up as small crusty and very itchy nodules, usually on the extremities. If you research the literature online you will see that there are no effective treatments. My case was relatively mild with only a couple or three nodules on the back of my scalp but it was still annoying. This diagnosis was made by biopsy and a histopathology report.

Within one month of starting on LDN at 3.5 mg's/day the nodules had all disappeared.

### 2. Irritable Bowel Syndrome

Within the last year I had developed chronic diarrhoea that I attribute to IBS, although I never had the patience to have an official diagnosis.

Again, within two months of starting on LDN at 3.5 mg's/day my episodes of diarrhoea went from 4 days out of 7 to about 1 day out of 30. This was a vast improvement in the symptoms and a huge improvement in my quality of life.

### 3. Chronic Sinusitis

Ever since I was a child I've had problems with stuffed sinuses and recurring respiratory illnesses. I thought I had solved most of this a few years ago when I had sinus surgery to straighten out my septum and to shave down my sinus turbinates. It actually did improve things greatly but recurring sinus infections continued. That is until about 3 months into LDN therapy this time at 4.5 mg's /day.

I am now able to sleep on my back because I can breath through my nose completely. Which leads into the fourth illness, not exactly immune-mediated, but obviously caused by my chronic sinusitis.

### 4. Sleep Apnea

Now that I can breath, I can sleep.

I'm a firm believer that all Type I DM patients should be on Low Dose Naltrexone, preferably as soon after diagnosis as possible to preserve as much beta cell function as possible. However, even in my case where the beta cells were long gone and not likely to come back, there were enormous benefits for me on the LDN protocol.

I hope by sharing my story I can help others make the decision to donate funding for research and to take the leap to start treatment if their physician suggests it.

## Are you an LD Advocate?



# 2015 Video

Calling ALL LDN advocates, please can we ask for your help with the LDN Awareness 2015 Video?

We are collecting testimonials from LDN Users, Prescribing Doctors, Pharmacists and Advocates.

If you appeared in a previous video, we would still like you to take part.

The Video will be used during the LDN Awareness Week in June 2015.

To take part [email](#):

Your name or a false name

What condition you have, when diagnosed.  
(if Applicable)

Country

Up to 40 words of text, giving your experience (may be edited to fit)

A photograph (optional)

The Awareness week is the time we all need to stand up and be counted; we really need YOUR help!

Thank you in advance.

Linda and the LDN Team!

“LDN reduced my pain levels from a 9 to a 2 in only two weeks!”

“Mt fatigue has gone and I sleep better than I have in years”

“I can never thank my doctor enough for prescribing LDN for me, I can live again!”



To watch the LDN 2014 Video [click](#).

A BIG thank you to everyone that helped make it happen!

LDN Interviews can be found on our [Vimeo Channel](#), Should you like to add your "voice" to the LDN cause please reply to the email!

“LDN has give me my life back, I’m in remission”



## My life with ME/CFS by Ahmo from Australia



I've been living with ME for 12 years. For the first 8 and a half I floundered and lurched from crisis to crisis. When I fortuitously followed a link to something called Gut And Psychology Syndrome (GAPS), my healing began. My nervous system had been so overwrought for so long... and five days after eliminating gluten and dairy, things calmed. Not only that, but the connective tissue holdings in my hands (Dupuytren's Contractures), also melted within the first 2 weeks of gluten/dairy-free. This was the beginning of healing.

Over the next months and then years I followed the clues, uncovering histamine and sulphur intolerances, and later the genetic underpinnings. I've been hypothyroid since adolescence. My family is rife with rheumatoid arthritis, asthma, allergies, and a near relative with MS on each side of my family. I would come to understand my thyroid problem was Hashimoto's, an autoimmune disorder.

My next revelations were of pyroluria and methylation, B12 and folate deficiencies, as well as mast cell



issues. Supplementing with the correct vitamins and minerals for these conditions changed my life. And changed my temperament from the irritable, over-reactive person I'd been throughout my life. A year spent in ongoing detoxification further resolved what had seemed to be my temperament, as well as releasing the remaining connective tissue holdings.



About 6 months ago, having reached the end of what seemed to be the reasonable pathways to healing, I started LDN. I began very cautiously, match-head sized doses, as I'd read that it can push detox reactions. But I was already well prepared to deal with that, with a year of coffee enema detox practice. I experienced only very low level discomfort and I eventually increased to 4.5mg, but my body preferred to stay with 4mg.

I have experienced a significant increase in my stamina with LDN. There is nothing else to which I can attribute this. I can only assume that there has been a lowering of significant inflammatory processes, leaving that energy for getting on with life. I am still a home-bound person, getting out usually once a week but my level of comfort, my increased ease when I'm doing errands or interacting I owe to LDN.

## Starting next month

### How to eat healthily with renown Belgium Chef Pol

Pol says.....Live Food is more than just a diet. More than anything, Live Food means being curious about the world around us, taking advantage of the extraordinary richness that nature offers us, and living in harmony with our bodies and it's needs. There is something fun, adventurous and gourmet at the heart of this approach: exploring new culinary horizons, rediscovering forgotten flavours and experimenting with simple gourmet recipes.

**Pol Grégoire will share two easy to follow healthy, nutritious recipes in each issue of our newsletters.**



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**HoltraCeuticals is donating 10% of online sales  
in the month of March to the LDN Research Trust.**





## LDN's Helpful Role in Healing Hashimoto's Autoimmune Disease by Julie Diaz CHC

I was diagnosed with Hashimoto's disease early in 2012 after seeing a dozen different doctors over a period of about 10 years. I had visited numerous doctors over the years because I suspected that I had thyroid problems as I had the classic symptoms of hypothyroidism. I saw three primary care doctors, one internist, one naturopath, three gynecologists, a bio-identical hormone doctor and an integrative MD. I was also seeing an acupuncturist and doing a lot of self-treatment based on my own studies as an avid health researcher. I went with a list of symptoms in hand and my own hypothesis, asking for help. I gave them all the clues they needed, but I didn't receive a proper diagnosis until years later. Sound crazy? Yes, I think it does but sadly, this is not uncommon. Many people, the majority being women, suffer for years with Hashimoto's and other autoimmune diseases before getting diagnosed because the doctors simply neglect to run the antibody tests. I wish I had known then what I know now. As someone that has struggled through this process and who has now recovered, I am now assisting other people who are struggling with thyroid illness. My antibodies are now in the normal range, which indicates that I am in remission which I attribute largely to Low Dose Naltrexone (LDN).

I began taking 3mg of LDN early in 2013 after having learned about it from Dr. Mercola. I had followed Dr. Mercola for about 15 years and often researched using his website. About 8 months after being diagnosed, it suddenly occurred to me to search his website for Hashimoto's and LDN came right up! I exclaimed to myself, "Why didn't I think of him sooner? Of course he has the answer!" Once I read his article, I clicked right over to [lowdosenaltrexone.org](http://lowdosenaltrexone.org) and read the entire site and

immediately printed out the packet to share with my doctor. I was filled with hope and excitement as I read the list of all the various autoimmune diseases and forms of cancer that LDN has great success with. Of course I wondered why more people didn't know about this and why they were not shouting about it from the rooftops. I proceeded to tell everyone I knew about it and proclaimed that I was going to get a prescription. This, coming from someone that takes NO prescription medication at all (Miss Holistic Medicine), was shocking to my friends and some of them reacted with skepticism. This didn't bother me though because I knew I was on to something. A low dose of a medication that can raise your opiates? It just made sense to me.

Finding a doctor to prescribe LDN was not so easy however. I tried my endocrinologist first and I barely got past the staff who knew nothing about it. I insisted on speaking to the doctor and once I did, he was completely unaware of LDN and didn't express any interest in learning about it. I offered to email him the information but he refused. He told me to put it in the mail – snail mail. I am a busy mom and I was very disappointed by his close-minded response so I decided not to return to him and not to waste my time and money on the mailing that he probably would not even open. Next, I called my Primary Care Doctor, who I had recently switched to on my quest for a better doctor. He had no interest either and would not prescribe it because he didn't know enough about it and apparently didn't want to learn, even after I excitedly touted the benefits of it. I started searching online for LDN-prescribing doctors in NJ and found a neurologist that was within a 45 minute drive. I brought my printed packet of LDN material and he thoughtfully took a look at it. He explained that he was only prescribing LDN to people with Multiple Sclerosis (MS) and my hopes were dashed momentarily.



Julie Diaz is a Certified Holistic Health Coach and the owner of Your Wellness Champion.

[Website](#)

However, I was not ready to give up just yet and I convinced him to let me be his guinea pig and promised not to go public with our little experiment. He agreed and prescribed 3mg of LDN for me for one month. In the meantime I found a new Primary Care Doctor, an Osteopath that integrates holistic medicine in his practice and lo and behold, he prescribes LDN! I was thrilled! I initially filled my prescription at a compounding pharmacy in NJ. The prescription was \$45 for a one-month supply. Later, I called Skips pharmacy in Florida, which is recommended online and they had a much more reasonable price. I now receive a 3-month supply in the mail for less than \$20 per month.

I was not sure what to expect after starting the medication. I simply wanted to lower my thyroid antibodies (TPO). I took the very first pill before bed one night, and the very next morning, I immediately noticed that I woke up feeling perkier. As someone with thyroid disease, which is often accompanied by adrenal fatigue, it's common to wake up feeling groggy and fatigued. Soon after that I noticed that I was in a better mood and had more energy throughout the day. I also noticed that my cognitive abilities were a little sharper. I seemed to be more focused and accomplishing more throughout the day. I was thrilled! The real test however, would be the next time I had my antibodies tested. My antibodies had remained at about 112 since being diagnosed (officially) in April 2012. However, after taking LDN for approximately 5 months, my antibodies fell to 27. The lab range for the antibody test results indicates that a value of 0-35 is a negative result and is not flagged as abnormal. I presume this means I am in remission!

So, for those people that have no strength and feel emotional and discouraged, do not lose hope. You can overcome this disease and regain your energy, improve your mood, and prevent other autoimmune diseases from developing. I believe LDN is one key part of a healing regime that also includes dietary changes, nutritional support, supplements, lifestyle changes, exercise and stress management.

**Julie Diaz** is a Certified Holistic Health Coach and the owner of Your Wellness Champion. Julie works with individual clients and groups to support, educate, and encourage them to accomplish their health goals by making healthy changes in their diet and lifestyle. She is a Nutrametrix health professional and she works with physicians to provide science-based physician-grade supplements to their patients. She also offers the same physician grade supplements to her clients and customers.

Julie is a Citizen Journalist for Naturalnews.com, specialising in cancer prevention and natural cancer treatments. She is also a Tier 1 certified health care provider, by the Gluten Free Society. Julie is a graduate of the Institute for Integrative Nutrition and is Board Certified as a Holistic Health Practitioner by the American Association of Drugless Practitioners (AADP).

Visit [website](#) to schedule a consultation and/or coaching sessions and to learn more about the programs that are offered.

#### Find Julie on Social Media



[Store Website](#)

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