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FREE LDN Health Tracker App

"Mommy, I love you!" Tina Valazquez's share her son's exceptional experience of LDN for Autism



Dr Jarred Younger said “ Our clinical trial will examine 100 individuals to determine how well LDN reduces MS symptoms, improves functioning, and prevents disease progression”

[Here are details of the planned LDN/MS trial we have been working on.](#)

Details how you can help will follow.

Title of Project: Low-dose naltrexone for the treatment of multiple sclerosis

Total Amount Needed for Successful Completion of Study: £335,899

Project Timeframe: 3 years

Principal Investigator: Jarred Younger, PhD

Position Title:

Associate Professor: Department of Psychology

Associate Professor: Department of Anesthesiology and Perioperative Medicine

Associate Professor: Division of Clinical Immunology and Rheumatology

Director: Neuroinflammation, Pain and Fatigue Laboratory

Institute: University of Alabama at Birmingham

Abstract:

Low-dose naltrexone (LDN) is a promising treatment for multiple sclerosis (MS), but clinical trials are needed before the medication can be confidentially recommended for mainstream medical practice. LDN is a novel anti-inflammatory in the brain and spinal cord, and may reduce the abnormal immune activity that causes damage to neurons. Previous trials have suggested that LDN can help individuals with MS, but those studies had small sample sizes or tested LDN for a short amount of time. Our clinical trial will examine 100 individuals to determine how well LDN reduces MS symptoms, improves functioning, and prevents disease progression. LDN at a daily dosage of 4.5mg appears to have very few side-effects, and has a long history of safe use. The medication is also considerably cheaper than mainstream MS medications, is commonly-available, and has few interactions with other medications. The barrier to its widespread use is properly conducted trials demonstrating its efficacy and tolerability. This clinical trial will provide the information that physicians and policymakers need to determine if LDN should be prescribed in the UK, USA, and elsewhere. We will study multiple outcomes to determine how LDN improves pain, fatigue, cognitive function, and many other aspects of MS. We will also closely monitor any potential side-effects. The study will use a placebo-controlled, randomized, triple-blind, cross-over design to provide the most robust scientific controls possible. If the trial is successful, it will identify an effective, safe, and well-tolerated treatment for MS. This information would then make it easier for patients with MS to obtain LDN.

Alexis, mum of two, will tackle a 332 mile cycle ride to raise £1,000 for the LDN Research Trust

I recently suffered from a liver condition which turned out to be a four month episode of cholestasis – a condition where bile cannot flow from the liver to the duodenum. I was unable to digest any fats, and rapidly lost two stone over the first four weeks of the illness. My skin and the white of my eyes went bright yellow; I was unable to sleep at all - day or night - but the worst symptom of all was that there was no rest from scratching my severely itchy skin all over my body 24 hours a day.

The diagnosis took some time, in that time I prepared myself for the likely diagnosis of autoimmune hepatitis. Experiencing the symptoms of this condition for only a relatively short period of time made me think constantly of the very unfortunate individuals who have the full blown autoimmune hepatitis.

It was unthinkable to imagine anyone who could put up with the symptoms for a longer stretch of time – not being able to have clothes touch your skin due to the unbelievable itchiness, constant baths or showers with a two minute relief from the itching before it starts all over again, your body clock goes out the window. I had to give up work and move out of the family house; a nanny was hired to look after our two and three year old children and my husband had to cope juggling his time between work and the kids. I saw the children when I could but I couldn't even hold them because my skin hurt so much; it was a difficult time.

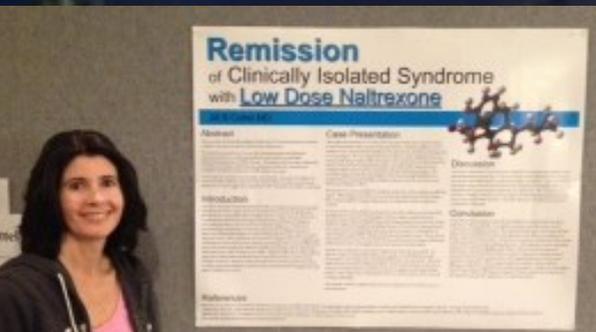
With the illness now behind me I am looking ahead with a very positive mind set. As a research doctor I wanted to see what research was currently underway regarding all forms of autoimmune disease such as Multiple sclerosis, Lupus, Type 1 diabetes and Crohn's. I came across LDN Research Trust which helps individuals with autoimmune disease. A major aim of the Trust is to initiate LDN (Low Dose Naltrexone) trials so that those suffering from a wide range of autoimmune diseases can benefit. I am absolutely behind trying to actively improve the quality of lives of those individuals who are suffering from these conditions and raising awareness of these illnesses.



I am going to cycle The 3 Cities Cycle Challenge in May: A 332 mile cycle, starting in London and finishing in Brussels, via Amsterdam. Please help me to raise money for LDN Research Trust to go towards helping those individuals who desperately need it.

To Sponsor Alexis click [here](#)

Donating via www.mycharitypage.com means that 100% of donations go directly to the charity.



Jill Cottel MD

LDN Prescribing Doctor

Dr Jill Cottel practices internal medicine with a focus on integrative medicine in Poway, California. She received her bachelor's degree with honours at University of California at San Diego in biochemistry and cell biology, and she received her medical degree from their School of Medicine in 1995. She is board certified in Internal Medicine and is a diplomat of the American Board of Holistic Integrative Medicine. She is also a member of the Academy of Integrative Health and Medicine.

My patient Marla was waiting patiently for me in the exam room at the end of the hall. As usual, she was her perky self, neatly dressed with her hair just right. At 70 years old, she was a whiz at the computer and always on top of the latest things. "I'd like to try this treatment for my asthma and allergies," she said. "I've brought you some information on it. It's called LDN for low dose naltrexone." I smiled and sighed silently looking at the stack of information she had printed out and picturing it on my desk with all of the other things already on it. However, I promised her I would look into it, and if there didn't seem to be a problem with it, I'd consider writing the prescription.

I did read through all the information she brought. It seemed like most of it had to do with multiple sclerosis,

which was a condition I'd never treated myself, being a general internal medicine doctor and having plenty of access to neurologists. I decided that it wouldn't do any harm for her to try it. So, I called in her prescription, and I didn't think much more about it until I saw her six months later.

At that visit, Marla seemed excited to see me. "Doctor, I've been taking that LDN and it's been wonderful. I'm off of all my medications." That came as a surprise. She was on multiple inhalers and all kinds of allergy pills. It was hard to believe she was off all of them, and I was concerned that she had stopped her medications without consulting me.

"What do you mean you're off everything?" I asked.

She went on to tell me how over the past several months, she had slowly gotten better and wasn't in need of any of the inhalers or pills anymore. In addition, she was pleased to report that there were a number of other issues such as her arthritis that had improved unexpectedly. We concluded our visit and arranged her next follow-up appointment. I was happy for her and slightly amazed at this thing called LDN. It was a busy day, and I moved on to my next patient.

Jill Cottel MD

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Three years went by. One day a pleasant young man of 32 years of age named Christian came to see me. “So, I had this episode of double vision, and I went to see my eye doctor,” he said. He went on to tell me how the optometrist had sent him to a neuro-ophthalmologist. He was diagnosed with a condition that had all the features of multiple sclerosis (MS), and the doctor thought he’d have a full blown case of it for sure within a short period of time. His brain MRI showed the typical lesions for MS and his spinal fluid contained the characteristic abnormal proteins. The doctor recommended one of two chemotherapy type medications, the standard of care for multiple sclerosis at the time. Christian asked if he could think about it, and after a while he came to see me instead. He had heard about LDN, did some research, and wanted to try it out. Christian’s vision was almost back to normal, but he was still having some symptoms intermittently.

“I have to be honest with you,” I said. “I’ve never treated multiple sclerosis before, and I’m not a neurologist, but I’m willing to support you however I can. If you’ve already decided you’re not going to take those other treatments, then trying LDN makes sense.” He was happy to hear this and was excited to start the treatment. I called in the prescription and made an appointment to see him again in a month’s time.

Not much had changed, but he remained very optimistic. It was the same the next few times I saw him. We repeated a brain MRI at three months, and it was slightly improved. Over the next few months his double vision resolved entirely. He continued to feel great and had no side effects at all from the medication. Over the next two years, I continued to see him regularly and we did periodic MRI’s.

Every so often I would have a moment of panic, worrying that his disease would progress while he was under my care. “Are you sure you don’t want to see another neurologist for another opinion?” I would ask. His answer was always the same—he felt great and he wasn’t interested.

At the two year mark I ordered another MRI of his brain. It had been a full year since his last one. I’ll never forget the day I heard the results, and I doubt he will either. To my complete astonishment the radiologist read it as normal. Assuming it was a mistake; I called the radiologist and had him review it with me on the phone. “Do you have the right guy?” I asked. “Do you have the previous films?”

The radiologist was patient with me. “Yes, it’s the right person, and I have the previous films right here. There’s absolutely no sign of any disease on the films. It’s normal.”

I hung up the phone and stared at it. I blinked and picked up my phone. I happened to have his cell phone number in his chart. *Your MRI is normal.* I texted.

He texted back: *You mean there’s no change.*

I texted him back again: *No. I mean it’s normal. Completely.*

I don’t even remember what happened after that. It was just all so surreal. At the time, I wasn’t sure if it was truly the LDN that was responsible for the change or if it was a miracle. He was on every prayer list known to man, so a miracle didn’t seem out of the realm of possibility. Now that I look back on it, as one of my patients would say, it may have been a little bit of both.

Jill Cottel MD - LDN Prescribing Doctor - continued

A year later, Christian was in for his yearly follow-up appointment. It had been a full three years then since his diagnosis, and he was still doing great. Finally, my curiosity got the better of me, and I started digging up all the information on low dose naltrexone that I could find. I read everything that I could get my hands on: from studies to doctor reports to patient testimonials. I watched the entire interview with Dr Bihari that was posted online, and I listened intently. As so many of you who are reading this will already know: the design, mechanism of action, and effects of low dose naltrexone are simply fascinating. I had no idea there was so much information available. I also had no idea that Dr Bihari was so well credentialed. As a medical student, I was taught to assume that if I'd never heard of a treatment, it couldn't possibly be legitimate. This changed all that. I slowly got up the courage to start talking to my other patients about it.

My next patient for whom I prescribed LDN was a sweet lady named Merilee. At just under 50 years of age she carried a diagnosis of psoriatic arthritis. She suffered daily from terrible pain in her joints but never complained.

"How have you been doing lately?" I asked.

She smiled shyly as she said, "Oh, I've been fine. The pain is about the same." She shifted uncomfortably in the chair. "The rheumatologist has me on another new medication." She paused for a second as if she was unsure she should continue. "I'm not sure it's helping me. I think I might be worse." Merilee had been to several rheumatologists over the years and was on her fourth immunosuppressant medication. This time it was a very expensive injectable medicine that made her sick when she took it. "I really wish I could stop taking it; I wish there was something else."

I didn't talk to her about LDN that day, but I thought about her case a lot after she left. After a few days I called her and told her a little bit about LDN. I asked her to look it up and do her own research, and to schedule another appointment with me to talk about it if she was interested in trying it.

As it happened, she was very interested. After her next visit, I called in the prescription.

I was surprised to hear from her very soon after. "You will not believe this," she said. "The first night I took it I only woke up in pain once. The second night I slept through the night without pain for the first time in as long as I can

remember." I was excited, but knowing that many treatments can have a placebo effect, I tried to reserve judgment for later. It turned out not to be that much later. After one week on LDN she was pain free during the day. She was so happy she was in tears. I thought I might join her.

Over the next several months many more patients of mine started taking LDN. There was story after story of success. There were a few patients where it didn't seem to be having an effect, but overall the reports were very positive.

My patient Cathy had been suffering from severe asthma and had had several close calls with it in the previous year. She called me when she was about a week into her LDN treatment to let me know that since her very first pill she hadn't needed to use her rescue inhaler even once (she had been previously using it several times a day).

Then there was Tori, who hadn't been able to get over her residual fatigue from acute mononucleosis a year prior. She had a dramatic improvement on LDN within several weeks.

Cherlyn had been suffering from a severe case of inflammatory arthritis affecting her joint and spine for years. She was within weeks of scheduling an appointment with a cervical spine surgeon to plan for an operation on her neck. Within one month of starting LDN she was pain free.

Bob had been on active surveillance for stage one prostate cancer, with no treatment so far. He decided to start LDN and was delighted to see his PSA (prostate cancer tumour marker) drop from 6.9 to 5.4 in two months. We're waiting to see if it will continue to decline.

As one might imagine, I could hardly contain myself at finding a treatment that could make such a big impact on the lives of my patients. Suddenly I was excited to get up in the morning and go to work. I had a whole new outlook on my role as a physician. Instead of managing my patients' symptoms, I was treating the underlying problems, and they were getting better. This made me wonder when my goal for a patient changed from controlling a disease rather than searching for a cure. In medicine we talk a lot about "getting to goal" for a patient's lab values, as if that's the only thing we should worry about.

Jill Cottel MD - LDN Prescribing Doctor - continued



Dr Jill Cottle's Awards

I have so many more patient stories that I could share, but it wouldn't be complete without telling you my mother's story. My mother is a wonderful woman, and she is terribly proud of me. That's not to say she always agrees with me. She can be quite stubborn, especially when it comes to her own care. In the year I researched and couldn't stop talking about LDN to anyone who would listen, my mother fell and hurt her hand. She was initially seen in urgent care where she had negative x-rays and was told not to worry, and that everything would be fine in a few days. When it wasn't, she started to worry. I had looked at her hand myself and it seemed like a minor injury, but she was in a lot of pain. She finally saw an orthopaedic hand surgeon at a prestigious local clinic. He ordered an MRI and found that she had several fractures, but they were so small that there was nothing to do but wait for them to heal.

As time went by, she still had pain, so he ordered hand therapy for her. She didn't seem to make any progress at all; it hurt her so much at every visit. Finally the doctor diagnosed her with chronic regional pain syndrome (CRPS) which is a rather rare neurologic pain syndrome that can happen after injuries or sometimes for no good reason at all. He sent her back to hand therapy, and we all hoped for the best. The hand therapist told my mother, "You are going to have to learn to live with this condition because it will never go away." My mother was so sad and believed what the therapist said was true. I'll never understand why anyone would say such a thing to a patient. It removes all hope, which is sometimes all a patient has to cling to while they wait to get better.

I talked to my mother about LDN. She thought the whole idea was nonsense. She wasn't going to get better, but she was determined not to let the pain get to her. She bravely

kept up on all of her usual activities but she was in a lot of pain most of the time. I found an article about using LDN for her condition and brought it to her, but she still refused to consider it.

Months went by and finally one day she called me and said she was going to try it. She was very reserved about the whole thing, and I definitely think she didn't expect the LDN to help. However, I was not surprised when she started getting better. Her progress was very slow but showed definite improvement. The hand therapist was impressed and so was her hand surgeon. He was excited to hear about her treatment and had heard of using low dose naltrexone but had never had a patient try it. Now, after months of treatment, my mother can't stop talking about LDN to anyone who will listen. Apparently, it's in the family.

I always counsel my patients that LDN doesn't work for everyone. I estimate about ten percent of patients for whom I have prescribed it have stopped LDN, some for side effects (mostly sleep or headache) and some for lack of benefit. Still, on the whole, I've witnessed approximately one third of patients who have continued to take LDN become much improved in their target symptoms. This is quite remarkable for a treatment that according to the experts shouldn't work at all.

To listen to Dr Jill Cottle's Interview click [here](#)



Do you live in or around Derbyshire?



Julie Calder.....

“I am looking for like-minded souls who take LDN and who live in the Derbyshire area. I am interested in setting up an 'LDN users in Derbyshire' group to meet up socially and to share information about LDN”

Is there anyone out there?

Would you like to be part of a new group?

Suggested topics of interest:

- Local GPs who will prescribe LDN
- What to do about going on holiday with LDN
- Supplements recommended for your condition

We can also:

- Arrange days out
- Coffee Morning
- Lunches
- Afternoon Teas

I am open to suggestions about venues, but it would be great to meet centrally for everyone, and preferably in a social setting; with Summer coming the idea's are endless.

If you would like to meet or make a suggestion, you can [email me](#).



Mommy, I love you! - Tina Valazquez's



Jacob Valazquez, piano prodigy who uses LDN for Autism.

Below is the story of piano prodigy Jacob Valazquez's autism journey told by his mother, Tina. A true mother warrior, Tina sought biomedical treatment for her son in the early stages of his diagnosis. Here is her tale of trial, error, and success.

Jacob was born a healthy 7lb 14oz baby boy on Sept 29, 2007. Everyone from family to hospital staff commented on what a good baby he was. I fell instantly in love with him. It was a love I had never felt before: a deep, protective love. A kind of love I had never experienced before becoming a mother.

After we brought him home from the hospital, Jacob started to become more and more difficult to comfort. He barely slept. It took everything I had to get him to stop crying. Then one night, a parent's worst nightmare happened. I had just finished feeding Jacob and laid him down in the bed with me. I could tell something was wrong by the look on his face. He started turning red and I realised he couldn't breathe. I called my husband and he called 911. They took us to the ER. By this time he was breathing again, thank God. The ER doctor said he was choking on his own acid reflux.

A series of tests confirmed that Jacob had GERD (Gastroesophageal reflux disease) and we started him on Zantac. Months later, when we began him on solids we

found that he could not tolerate textures of any sort. He would vomit violently; turning purple each time. At the age of 18 months, Jacob was diagnosed with a feeding disorder. This continued to get worse - despite the feeding therapy - with him vomiting up to 3 times a day. At the age of two, Jacob was still not speaking and was diagnosed with delayed speech. The therapists told us his delayed speech was due to his feeding disorder.

Around this time Jacob started showing other odd behaviours, such as insisting certain lights always be on; staring at our ceiling fan; banging his head on furniture, and constantly running (often in circles). When I mentioned these things to our paediatrician he said, "He's fine, he'll grow out of it."

But he didn't grow out of it - in fact the behaviours got worse as time went on. He could not tolerate noises such as toilets flushing or babies crying. He would totally lose it. He also became very angry and aggressive: throwing things at us and kicking and punching. He was also very sensitive to touch. I could not hug him or kiss him. When I told him I loved him he would say, "I don't love you."

Finally, at age four, my husband insisted we get Jacob evaluated. I didn't see the point. I thought they were going to tell me what one of his therapists had told me - it was my fault because he had never been made to do anything he didn't want to do; that I was too lenient and easy on him; that he lacked discipline. It was to my surprise when the developmental paediatrician said the words, "Your son has autism." ...Autism? How could that be? How could my baby boy - whom I loved with all my heart - have autism? My world fell apart at that moment. I was completely devastated.

Continued on page 9>

Mommy, I love you! - continued

One month later, our daughter Skylar was born. Jacob's symptoms became out of control at this point. Every time Skylar would cry Jacob would scream at the top of his lungs and throw things at her or try to kick her just to make her stop. We tried behavioural and occupational therapy but nothing was helping. I decided to get some books from the library on autism to help me understand Jacob better. I found two books on biomedical treatment for autism. After reading these books I convinced my husband to let me find a DAN (Defeat Autism Now) doctor. I mean it couldn't hurt to try, right? I found a few doctors in our area that practiced biomedical treatment and we finally decided on our current doctor, Dr Udell.

On our first visit, Dr Udell sent us home with a few supplements including oral glutathione (GSH), along with a whole slew of lab tests. After the first week I told my husband I didn't think the supplements were doing anything and that I was going to call the doctor. My husband convinced me to give it time. Then, to my surprise, about two weeks later I was driving Jacob home from a science class when I asked him, as I always did, "What did you do in class today?" Typically, Jacob would say, "I don't want to tell you" or simply say nothing at all. But on this particular day Jacob told me every single thing they did in class, from beginning to end. I couldn't believe it! Could the biomedical treatment be working? My husband then confirmed that he had also noticed an increase in Jacob's language.

During the next visit we learned that Jacob was allergic to wheat, casein and soy. Dr Udell advised us to put Jacob on a gluten, casein and soy-free diet. I didn't think that would be possible with a child with severe food aversions and a diet of only five foods. It wasn't easy but we just decided to replace the foods he was eating with GF/CF/SF alternatives. We moved very slowly with the diet because Jacob was so sensitive to new textures. We began noticing that the more foods we introduced the more new foods he was willing to try. A few months after starting the diet, Jacob's vomiting stopped and never came back.

While preparing for our third visit with Dr Udell I did a lot of research and decided that I wanted to try methyl B12 shots. I had read many stories from parents reporting that their children experienced huge gains following the injections. But Dr Udell had another idea. He felt that since

Jacob's biggest struggles were with anger and anxiety it might not be a good time for B12. Instead he suggested a medication called low-dose naltrexone. As he explained the medication I was fighting back tears. I did not want my son medicated. He assured me that this type of medication works with the

body's natural rhythm by blocking the endorphins for four hours while asleep, producing an up regulation of endorphins for the next 15-18 hours. He assured that me that LDN was nothing like Ritalin or Prozac. So, although I was disappointed about not getting the B12 shots, I decided to give the LDN a try. We filled the prescription that day and administered it that night. The very next morning (mornings were the worst time for Jacob) he came into my room and said, "Good morning, Mommy!" It had worked that fast! And it just got better from there: Jacob was pleasant and happy most of the time. He became so much calmer. We even started going to restaurants, something we had written off long before.

When the next visit with Dr Udell came, I decided it was time to try the B12 shots. I had done my research and was not surprised when Jacob became very hyper. What we weren't prepared for was the anger and aggression that came back in full force. Dr Udell advised to give it time, and so we did. It took about two months and a slight increase in the LDN before these side effects subsided. And then it happened... Jacob began not only allowing us to touch, hug, kiss, and hold him like I had longed to do for so long; he was now asking for it! I videotaped him telling me he loved me in fear that he would one day regress back. But that has not happened in almost one year now! His language comprehension exploded and he's become more aware of his surroundings. He started engaging in imaginative play and even making jokes.

During the following visits we tried different supplements, some that seemed to help and some not as much. We still continue to see Dr Udell every few months because there's always room for improvement, although most people would never guess that just less than two years ago, Jacob was diagnosed with autism. Jacob went from a preschool specifically for children with autism spectrum disorder to a typical kindergarten class in a typical public school. His teachers tell us that he has many friends and that he loves school. Although we have never had him re-evaluated and obviously not being a doctor myself, I still personally do not believe that Jacob would meet the criteria for an autism diagnosis today.

Article courtesy of Dr Brian Udell and Tina Valazquez

Tina Valazquez's Interview click [here](#)

Dr Brian Udell's Interview click [here](#)

[Watch Jacob playing the piano](#)





Chef Pol Grégoire

At 19 years old, I made my debut in a trendy bistro. I was a self-taught chef and from the beginning I felt that the quality and freshness of the products was vastly important. It became my signature style of cooking: I made sincere, classic cuisine which was inspired by the books of previous generations of cooks, from Michel Guérard to Pierre Gagnaire.

In 1983, aged 26, I opened my own business. I kept my penchant for classic cookery but added my own originality and personal touches. I began to create my own recipes. After numerous trips to Asia, my cuisine was to be strongly influenced by Asian cuisines: Chinese, Indian and Malaysian.

I opened my own restaurant which became listed in Michelin, Gault Millau, Henry Lemaire food guides. It was also listed within the 133 best restaurants in the Belgium magazine, *Le Vif-express*.

Ten years later, I closed to devote myself to another passion of mine: travelling. I travelled extensively around Quebec and the United States.

Then I opened a catering service that worked only with organic and label farming products. I also began to give cookery classes. *The classic kitchen*, I taught at that time, became gradually known as *Cross Cultural* cooking; influenced by my travels. Despite the commercial success of this way of cooking, I was still not satisfied.

It was in 1996 that I first began experimenting with different types of foods and cooking processes. I began working with Thai, vegetarian, and finally, macrobiotic cooking.

In 1998, following an insight regarding the deterioration of my health, I explored dietetics. After having had complete confidence in my style of cooking, I was shocked to realise that in actual fact, my way of cooking was

completely absurd! I discovered that it was toxic. I had begun to accumulate many dietary mistakes; I felt I was digging my own grave. My goal changed: I wanted to find a clear framework for a smart, balanced, hypo-toxic diet; in short, a way to eat that will take care of our wellbeing, holistically.

So, I read everything that could be relevant to the topic and I began to study the masters in that field: C.Kousmine & Medical Association Kousmine, C.Tal Schaller, E.Bordeaux Szekely, Ann Wigmore, Guy-Claude Burger & his followers, Dominique Cousens, Johanna Brandt, Christopher Vasey, etc.

At the same time, I experimented with these different diets on myself, my family and my friends. The area of dietetics is very complex: nutritionist's opinions are divergent and sometimes opposite to each other. People called me crazy because I turned my back on my previous, well-known methods of cooking and all my old recipes. However, despite the pressure from other people's beliefs, I have persevered and gotten encouraging results. The impact of this new way of eating has changed me completely. It was amazing: a real revolution.

I felt I must create recipes and spread the word of these improved methods of cooking. I felt the demand was there; the dioxin crisis in Europe confirms all this, and so the time has come to change our ways.

I created the concept of '*Alimentation Vive*' or 'Live Food' as well as creating a new set of cookery classes. The purpose of these new classes is to teach people a new way to feed themselves; to fully understand their needs and to cook what their body wants in such a way that they'll eat with pleasure, whilst staying in optimum health.

[Pol is sharing recipes with us for you to try!](#)

[See page 11](#)



Turbot On The Bone

Green Beans and PattyPan Squash Cream With Thai Sweet Basil

Ingredients for 4 People

600 g of turbot on the bone
 2 pattypan squashes
 5 handfuls of green beans
 1 bunch of Thai basil
 10 to 12 shallots
 1 lemon
 2 tbsp of coconut butter
 3 cloves of garlic
 ½ cinnamon stick
 1 star anise
 3 cardamom pods
 red chilli to taste
 olive oil
 fleur de sel (or tamari)

The Cooked Sauce

Steam the chopped squashes with the shallots, 2 cloves of garlic, the cinnamon, the star anise and the cardamom for 18 mins, then blend the mixture with a little tamari, a dash of lemon juice and the coconut butter until it forms a smooth cream.

The Turbot

Steam the pieces of fish for 20 mins and add the green beans (diagonally sliced) for the last 12 mins of cooking.

The Raw Sauce

Finely chop and mix the Thai basil, chilli and a clove of garlic with the olive oil, fleur de sel and a dash of lemon juice.

Serve

On plates with the beans and turbot laid on top of the cooked sauce, and coat the fish with the raw sauce.

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Vanilla avocado steamed with agave syrup

This simple avocado cream recipe can be used with all acidic or half acidic summer fruits such as: currants, raspberries, blueberries, cherries, strawberries, apricots, peaches, prunes or grapes.

All roses are edible. However, some varieties taste better than others. One must try them to know. Taste may vary depending on the time of day you're picking them and the quantity of sun they will have received recently. I prefer the old variety of roses such as: the four season rose; Abraham Darby; Radio Time; Félicité Parmentier; Fantin Latour; Stanwell Perpetual; Madame Plantier; and Madame Isaac Pereire. Remember to only use the petals.

Ingredients for 4 people:

4 ripe avocados
 1 vanilla pod
 2 soup spoons of agave syrup
 Spring water

For decoration, to garnish:

2 cups of strawberries cut into pieces
 2 cups of blueberries
 2 cups of cherries
 Some carved Damas rose petals

Method:

Mix all ingredients in the blender until you obtain a light cream with a fine texture.

Put the cream in the plates and set the garnish



Weighing up the options

Sarah from England shares her Ulcerative Colitis story

“Would you prefer the knacker’s yard or permanent ill health, madam?” I look at the NHS consultant in shock. I beg your pardon? Did he really just say that to me? I’ve heard two options and neither of them sounds very appealing.

Okay, I jest. My bowel specialist didn’t just say that to me, but he might as well have done.

It’s May 2013. I’ve had Ulcerative Colitis for nearly 2 years and my body is broken, ravaged and drained. I’ve gone through numerous amounts of steroids; I’ve been rushed into A&E on drips. I’ve been through pain, weakness, loss of bowel movements and I just want my life and health back. Please? “Afraid not” says the consultant. The actual options given to me are Azathioprine, or bowel surgery. Oh. Nice. Is that all the hope they can give me? Either a never ending cocktail of drugs, which will only make my body weaker and more prone to illness than it is already, or removing parts of my bowel?

Don’t get me wrong, everyone in the NHS has been kind, sympathetic and completely professional, but these can’t be the only solutions, surely?

The picture the consultant paints is not pretty: blood tests every few weeks, and an uncertain day-to-day quality

of health. I decline both options for the time being and search the internet again. What can I find? Healing specialists? Yep, I’ve looked into those. Stem cell transplants in the US? Too expensive. Fecal transplants? Well, they look like an option, but surely something else is out there before I have to take such drastic action? I’ve looked at them all. I even tried smoking for a week, as I’d read somewhere that it helped some people with Ulcerative Colitis! (It didn’t).

So, I trawl through the media again. Hmm, what’s this? “LDN”. I research some more. Wow. Could this help me? I research even further. Is this stuff actually true? Should I try it? Dare I try it? Well, right now I am desperate and the research and forums I find online all seem extremely positive and helpful.

Although the drug is not on the NHS, I find a UK doctor online who seems to already prescribe this. I email him. “Try this milligram, for starters,” he says “and let me know how you get on.” My family was worried and rightly so, but they can see how exhausted I am and just want my health to improve.

My medication arrives: a small bottle of cherry flavoured medicine. Bleeurgh! Tastes awful! But I have high hopes. Sadly, I am disappointed early on as my symptoms get worse, much worse. I feel horrendous, and



Weighing up the options - continued

I'm going to die!" running through my mind daily - if not hourly. But I calm myself down and persevere. I re-read the internet forums, the background material, the medical evidence and all the case studies point towards this medication working, just give it some time. So, I carry on and after approximately ten days, I feel better. 14 days in and there is no denying it is working. Slowly, but surely, I am improving. Four months later, I can travel. My life is changing. Something else happens: I'm looking and feeling stronger and becoming healthier. I am, in fact, recovering. Hope returns.

A full 10 months on from taking LDN and I am completely healed. Strong words aren't they? "I am healed". But I am.

In May 2014 I go back to the hospital for the scheduled checkup, and the consultants seem genuinely surprised at how well I am.

In August 2014 I have another appointment with a bowel specialist who, in less than a minute tells me I am now in remission with my Ulcerative Colitis and they don't need to see me for at least another year. How amazing is that? Even better news is that I no longer take any medication for UC and have not had to do so since around June of last year. If you want me to repeat it again I will do. I am not taking any medication, not even LDN, for the Ulcerative Colitis which had had me hospitalized,

housebound and feeling suicidal.

I may have started this testimony sounding slightly flippant, but believe me I am not. LDN was nothing short of a miracle cure and that's putting it mildly. So within less than one year of being told I had to either take immune suppressant drugs or face surgery, this little drug - which should be freely available on the NHS - put my Ulcerative Colitis into complete remission. It worked dramatically for me and if I were to offer my advice to anyone looking at taking LDN is to be aware that your symptoms will probably get a lot worse before they get better. It may well be a long, slow road to recovery. But don't give up! Give it some time to work. It did for me.

There is hope.

To listen to Sarah's Interview click [here](#)



Laurie share her experience of LDN for Raynaud's Disease and other issues

To Live Life!

My journey began when I was diagnosed with Raynaud's Disease at 12 years old. My physicians introduced me to several prescription drugs, but unfortunately, my body was not able to tolerate the side effects. I just learned to live with the disease; exercising as much caution as I was able to. This meant that I was unable to participate in many events that would cause my body stress or expose me to cold temperatures. I listened to my doctors - and to my loving mother's advice - in keeping my hands as busy as I possibly could in order to prevent any crippling effects. Unfortunately, within approximately 10 years of my first diagnosis, I began to show symptoms of what would eventually be diagnosed as Mixed Connective Tissue Disease.

When I was first diagnosed with Mixed Connective Tissue Disease (A combination of Raynaud's, Crest, Systemic Lupus, Rheumatoid Arthritis and Osteoarthritis), I presented with severe joint and muscle pain in my limbs, extreme fatigue, swollen fingers, Raynaud's phenomena, and oesophageal dysfunction - which was composed of acid reflux and severe heartburn. I was unable to care for my family; instead I had to have constant assistance until I was finally able to get my life under control by the use of many pharmaceutical drugs. The side effects of the drugs made it necessary to take additional drugs to combat the side effects. The depression was horrible which meant I needed a drug to combat the depression. The prolonged use of prednisone had made my bones brittle and

therefore resulted in broken bones, made worse by the fact that healing would take much longer than that of a healthy person. The weight gain was another side effect of the prednisone; which resulted in putting more stress on my joints, especially in my legs and feet. I sometimes felt that the side effects of the medicine were worse than the disease itself.

My journey continued by following the same procedure for almost 30 years: multiple hospitalisations for pericarditis, myocarditis, pneumonia, pleurisy, hemorrhaging, chronic migraines, and low blood sugar.

It was around this time that I began experiencing low core body temperature. At one point, it registered 94 degrees fahrenheit in the doctor's office. I would have uncontrollable shivering and my muscles would become so tense that after the low temperature attack I was unable to perform simple everyday tasks for about a week following. I was tested for thyroid problems, and although I exhibited symptoms, there was no new diagnosis. My body core temperature was a severe problem and there appeared to be no answer. The low temperature required me to wear a minimum of four layers of clothing just to stay warm enough to make it through the day - and sleeping under several blankets to keep warm at night - this was my routine even in summer weather.

In addition to the low core body temperature, I started having skin problems on my hands. The skin would grow so tight that I was unable to bend my fingers or even pinch the skin. Instead, it would peel off and bleed and my hands would not regrow new skin for a long period of time. I was tested for allergies, psoriasis, eczema, fungus and cancer. One of my physicians finally stated that he believed that it was a part of my Crest (Scleroderma).

To Live Life! - continued

I have had excellent physicians and hospitals throughout my journey, and while I would say that I was an excellent patient, my health continued to decline. In fact, one of my physicians had stated that I had been given enough medicines of such strong doses it was as if an atomic bomb had gone off in my body. And yet, my body continued to completely ignore the 'drug bomb'. I was not showing improvement; I was growing weaker and weaker. I lived in constant pain. My body required 20 minutes of stretching before I was able to get out of bed, this was followed by a very, very hot shower, ice packs most of the day, eventually ending with more stretching.

Sometimes the pain took my breath away: my husband had to dress and undress me; my grip strength was registered at 'two' - I could not grasp items because my hands would not open or close due to inflammation. I had to 'furniture walk' or crawl on my hands and knees due to lack of muscle strength in my legs. I suffered from chronic Plantar Fasciitis which made it difficult to even stand. I could not lift my arms, or carry even a tray, due to lack of muscle strength. Sadly, I could no longer play the piano, which had been my profession; and I also suffered from oesophageal problems that caused my voice to always sound very hoarse. I could no longer sing and it was quite an effort to be able to hold a conversation because I would be out of breath.

After consulting with my primary care physician, I sought the assistance of a chiropractor to see if he had any thoughts of how to proceed. After diagnostic x-rays, it was determined that I also had Degenerative Disc disease. It was so severe that my prognosis was not good. It was mentioned that I would most likely be in a wheelchair within a year. I knew that I needed to search for another way to combat these diseases and gain my life back so that I was actually living instead of simply existing.

It was around this time that I happened to meet someone who suffered from Multiple Sclerosis. She told me her story of how she was bed ridden until she began to take Low Dose Naltrexone (LDN). She encouraged me to research LDN on my own and to determine if it was a journey that I would consider taking.

I immediately approached my rheumatologist about taking LDN but he was not comfortable with prescribing it chiefly because he had no other patients on it. He then recommended another physician whom he believed would prescribe it for me and after securing a prescription my new journey began.

I immediately began taking 1.5 mg LDN complemented alongside with a new routine to help heal my body. My physician instructed me to follow a very strict autoimmune diet: I had no gluten, grains, dairy or sugar for 9 months; I began taking supplements to build up my worn down body; I began physical therapy and massages for several

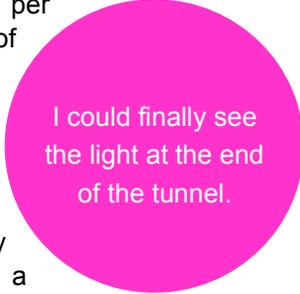
months. After 9 months, I was at 4 mg LDN and I was able to reduce my prednisone to 5 mg per day. I was able to get off most of my other medications.

Within one year there was notable improvement; my body was no longer required to have a strict autoimmune diet. Presently, I still eat very healthily - but it is alright if I cheat! I have become much more aware of what foods trigger inflammation for me. I no longer require the extensive physical therapy and massage. I, presently, go to therapy about once every six to eight weeks, or as needed. I am still at 4 mg LDN. The inflammation has been greatly reduced, and I am now able to walk without any problem, climb stairs, and dress and undress myself. My grip strength is excellent; I can grasp small items and open my hands easily. I can even play the piano. My skin has improved and I am able to pinch my skin now. My hoarse voice and acid reflux has improved, but not completely disappeared.

Although I still feel cold at times, my body core temperature has greatly improved. Since beginning LDN, I have had only two episodes where my temperature dropped to 94 degrees - compared to it dropping at least one day each week, prior to LDN.

I have more energy now than most of my healthy friends and family! I no longer suffer from depression. I would say that I am 90% pain free.

Looking back on my journey, I have come to the conclusion that I feel it was an important step to eat an autoimmune diet to 'heal my gut' - as they would say. LDN has sustained me. I feel better now than I have ever felt in over 30 years. Starting LDN was the best decision that I have made in my journey. I no longer exist but I live! My friends and family have been witness to the difference that LDN has made in my life. I am more than happy to share my experience and I would encourage anyone who is not improving after a considerable period of time to consider taking another route with LDN, so that they too can live their life to its fullest.



I could finally see the light at the end of the tunnel.

Listen to Laurie's Interview [here](#)

The Doctor's Information Pack 2015



The LDN Reserch 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 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](#)

[Download Now >](#)

For more information on other conditions where LDN may be of benefit, please see the [LDN Trust website](#).

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



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.

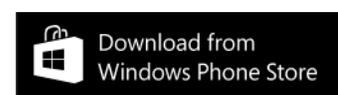
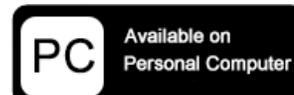


Contact us for more information:

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 Survey



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

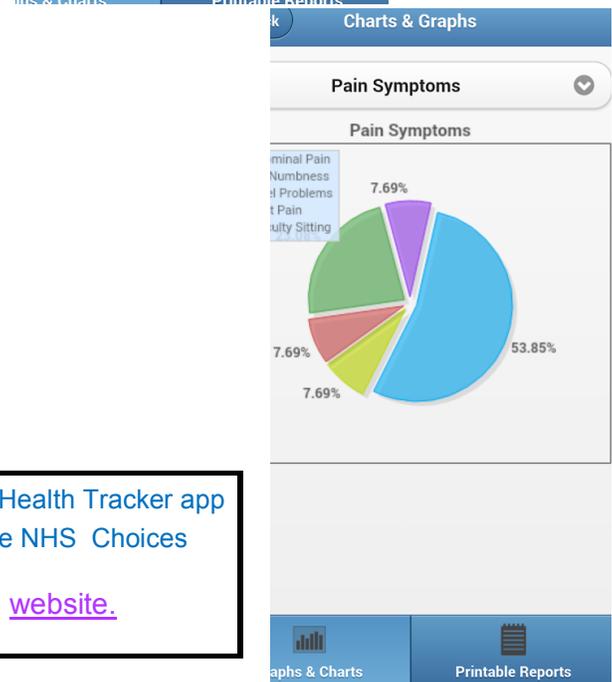
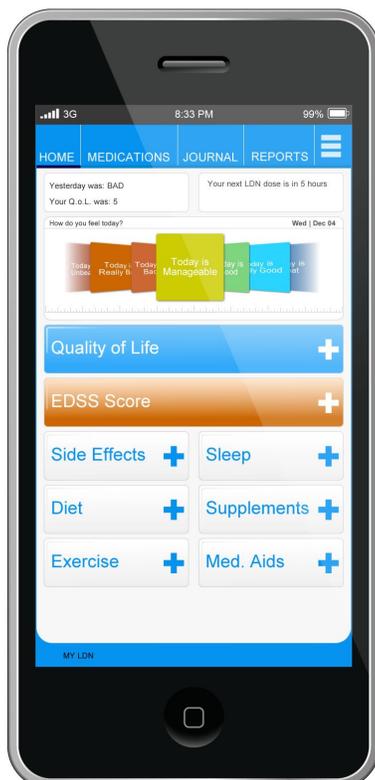
app store of choice (Android, iOS, or Kindle Fire and HD) to jump straight in!

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.



MyLDN Health Tracker app
on the NHS Choices
[website.](#)



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 >](#)

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.

Are you an LDN 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 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 2two weeks!"

"Mt fatgue 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](#).

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"

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 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.

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!

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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[Visit our website](#)

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1106636

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 Web Masters: Brian and Rob

Forum Manager: Daniel
 Forum Moderators Linda & Phyllis
 Facebook Administrators: Alex, Brenda, Chris, Denny, Helen, Kristin
 and Linda
 Head Facebook Admin: Phyllis
 Sound Editing: Guy & Daniel
 Admin: Emma

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