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LDN RESEARCH TRUST
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LDN 2016 -
Your Trusted Source

With the 2016 US presidential election already in full swing, I'm reminded of the old joke about how to tell if a politician is lying – his lips are moving. But when it comes to trustworthy information about chronic diseases, sorting the good from the bad isn't a time for comedy. Yet it's daily chore.

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 Even reputable sites can be shamefully out of date.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

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

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

Whether in person or on the LiveStream, you can listen and ask questions of the top people in their field. It doesn't get any better than this. No rumors, no second-hand information. No wondering if the information is 2 years out-of-date. The only way people get invited to speak is if they are presenting the latest research results, clinical studies or patient experiences.

There is absolutely no reason to miss this event whether it's in person or online. Register now and gain peace of mind.

Discount for our members

$30 off a 3 day ticket using the code conf30

$15 off the live stream using the code live15

Jim Warner

Discovering the Positives

My experience of LDN for Fibromyalgia - Martha

I had suffered from Fibromyalgia for several years. It was getting worse; I was pretty debilitated every day at about 1 pm. Years of playing "juggling meds" which included SSRI's, benzodiazepines, and opioids, I finally had had enough.

I went of all meds in March of 2013. I had decided I would learn to accommodate my illness, and try my best to have a decent life with the pain. The price I was paying by using these drugs wasn't worth it to me.

Within a few weeks of this cold turkey, I stumbled across an article about Dr. Bihari by Julia Schopick in Alternative Therapies1). After reading Bihari's use of LDN in HIV, I immediately saw a connection to using it to treat Fibromyalgia.

I searched PubMed for any studies of FMS and LDN. I found the two Stanford Studies using LDN (Mackey and Younger, 2009; Younger, Nore, McCue, & Mackey, 2013); and became convinced that LDN held hope for my symptoms.

The FMS pain—my primary symptom—had intensified after a total hip replacement late in 2012. In addition, since the surgery, I was having debilitating morning stiffness due to exacerbation of chronic osteoarthritis. I had seen my women's health physician in January 2013, and went on thyroid medicine to see if it could calm down the FMS. The thyroid med seemed to increase my energy, but did nothing to abate the pain.

I went to her with the Bihari article, citations from both LDN/FMS studies from Stanford, and other material and requested a prescription. I went on LDN at the end of April. Within a week, my pain had decreased significantly. Within a month my morning stiffness had almost disappeared.

1) Schopick, J. (2013). Bernard Bihari, MD: low-dose naltrexone for normalizing immune system function. Alternative Therapies. MAR/APR 2013, 19 (2) pp. 56-65.

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Front page

Discovering the Positives ... Martha

I have now been on LDN for 2 years. I consider myself healed from FMS, and have experienced significant reduction in arthritic symptoms. I sleep better than I have slept in years.

However, this was not the most surprising effect of LDN. Within two weeks of taking it, it seemed that my lifelong anxiety/depression constellation—which had been a constant in my life, and which had on several occasions flared into long and debilitating episodes of Major Depressive Disorder—had completely lifted. I felt calm, relaxed, and maybe for the first time in my life completely free of dread and fear.

This unexpected effect has not abated; I have been able to continue to weather my life (which includes an extremely stressful relationship with an adopted child who is profoundly mentally ill) with an equanimity that was heretofore unknown to me. I had been actively working on these problems for many years, with long standing self-care practices that included meditation, yoga, and exercise, in addition to regular psychotherapy. I am sure all of those modalities helped me (as did psychotherapy), but none had the dramatic effects of LDN.

It has now been over 2 years since taking LDN. I continue my 4.5 mg. dose daily. Occasionally if I am under a lot of stress (when my young healthy brother died of the flu a year ago) I will get some breakthrough pain like FMS. However, it does not stick around. I now work 8-10 hour days in my private counseling practice, and travel to other islands (I live in Hawaii) 20+ times a year for my consulting contracts.

When people see me now after an absence of a year or two, they say "OMG Martha, you look GREAT!" I walk 3-5 miles a day, swim and bike, and just last week hiked through our volcano (a 4.5 mile hike straight down and straight up) in 2.75 hours!

Even though I work in preschools (germ factories) I have not been ill since my brother died, which was I am sure stress related.

LDN saved my life, of that there is no doubt. I am so grateful to everyone who has helped get this treatment out there, and especially to the physicians in my small community, many of whom have embraced this treatment and been open to the possibilities of the LDN paradigm shift.

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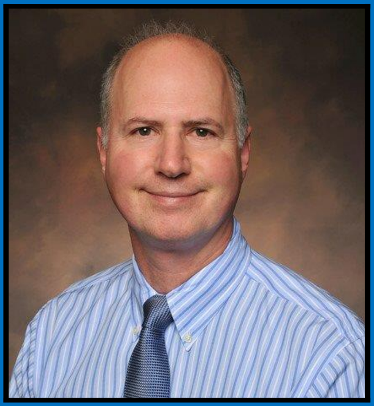
Sarcoidosis – treatment by LDN

Dr Leonard Weinstock



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The information that I will be sharing is from preliminary and limited experience. I recently gave a lecture to physicians about my 10 year experience with LDN therapy in 1,100 patients.

I added a case study of a patient with sarcoidosis at the end of the lecture that made two doctors come up and talk to me with excitement. One was a primary care doctor who had a sarcoidosis patient who he was really concerned about. She kept getting readmitted to the hospital for pulmonary infections or with difficulty breathing. He pleaded for me to see her and do a consultation in the morning.

Another physician was a nephrologist who sees many renal disease patients who suffer from sarcoidosis and he understood the potential mechanisms of action of LDN with the underlying T-cell inflammatory cell changes seen in sarcoidosis.

The patient that I presented in the lecture is a 70 year old African American with sarcoidosis for over 30 years.

She was referred to me as a gastroenterologist owing to having a CT scan showing enlargement of the liver, multiple lesions in the spleen and enlargement of the lymph nodes which had previously been biopsied showing sarcoidosis. The largest splenic lesion was increasing in size. The liver and spleen had multifocal hypo- attenuating lesions. The radiologist read the CT scan abnormality as most likely being due to the known history of sarcoidosis but cancer needed to be excluded. I received the notes and referral prior to seeing the patient in the office so I had a chance to really think what I was going to offer her when she came in for consultation. With the enlarged liver I could have her go through a liver biopsy but if the liver lesions were due to cancer no treatment would be curable.

Ever since learning about LDN and manipulation of uncontrolled inflammation, I became intrigued - basically starting with an open mind and thinking about diseases and syndromes of unknown causes was a thrilling situation to be in.

With many of the diseases and syndromes that been explored for LDN therapy, the common theme is taking control of unregulated inflammation.

The patient was treated with 4.5 mg naltrexone daily and she noted a decrease in her fatigue, improvement in breathing and she was able to stop antibiotic therapy for a chronic painful facial rash. A follow up CT scan 7 months after treatment showed a decrease in the size of splenic lesions and lymph nodes. The liver still had numerous tiny lesions but they were decreased in number.

My plan is to continue the LDN and observe her clinical course.

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Jill Cottel MD - LDN Prescribing Doctor

Rod’s story

I didn’t quite know what to make of my new patient Rod. He was a pleasant 55 year old man who stood about a foot taller than me and was over twice my weight. He appeared rough on the outside and seemed like someone who could be intimidating. But when he began to speak, he had a gentle way about him; he was soft spoken and thoughtful as he told me the story about his pain. He seemed very sincere, but then so do most patients who come to doctors looking for pain medication.

“Doctor Fredericks said that he knew you, and that you were the best,” Rod said looking hopeful. “I have a lot of specialists, but no one is really in charge. I’m diabetic and taking medication. I’m due to have my labs checked.” Rod had several red flags for someone who was drug-seeking. His referring doctor was someone I knew, not well, but mainly by reputation, being one of the leading vascular surgeons in the region. It was very flattering to think that he had sent him to me, but hard to believe, as he had never referred anyone to me before.

“How long have you been seeing Doctor Fredericks?” I asked. “Oh I’ve been a patient of his for a long time,” he said. “He’s been my surgeon ever since my surgery in 2003 when I had sepsis from perforated intestines." Rod leaned back in his chair. “He’s a really great guy, and we’ve gotten to be good friends now.” I smiled and nodded, but all the while I was thinking that they seemed like an unlikely pair. “What other medications are you taking?” I asked. “Well, lately I’ve been taking oxycodone but it barely helps at all,” he said, and then his countenance fell. I was fairly sure at this point that I was not going to be able to help him, since I wouldn't be prescribing oxycodone for him. I felt bad continuing with the appointment, but his story had an authenticity about it. I found myself drawn in, and so I prompted him to continue.

Rod’s medical history was very complicated and I took pages of notes as he talked. He had a genetic condition where part of his heart was enlarged; this had caused endless problems for him. I could tell immediately that talking about it was causing him some anxiety. He had already been through two procedures trying to fix the enlargement and the abnormal rhythm that had come with it. The second procedure was very complex and was done at a prestigious university in another state. Rod ended up having single vessel bypass surgery at the same time, which was unusual for someone his age. His heart seemed to be fixed for the moment, except for an occasional racing of his heart or a feeling like he might faint.

“It was after the bypass surgery that I started having the pain,” Rod said, “and no one could tell me why.”

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Front page

Rod's story...

At first it was just in his chest where his sternum had been sawed in half, which wasn't surprising to me since I'd seen those fresh scars first hand. "So the doctors figured it was the usual pain and would just go away, but it never did. Then I started getting pain everywhere."

Rod went on to describe what amounted to severe disabling total body joint pain, bad enough that it was completely interrupting all his usual daily activities. He had morning stiffness in his joints lasting up to two hours. This had been going on for about five months now, and his surgeon had recently drawn labs showing his inflammatory markers to be unusually high.

"Here are the test results," he said. Sure enough, his cardiac C-reactive protein (CRP) which shouldn't have been higher than 3 was 31.64. That was definitely a sign of something wrong.

I went on to take the rest of his history. He had fatigue, weakness, and some issues with his mood. He also had an extensive orthopedic history. As he rattled off all the joints that had been operated on, I was writing rapidly in attempt to keep up, but then I just gave up. "Multiple orthopedic surgeries," I wrote, "see patient's list." I set down my notes and examined him.


Doctor after
doctor after
doctor after...

He had the long scar on his chest that I had expected to find. He had an interesting heart murmur, and I found myself wishing I had a student with me that day to appreciate it with me. His joint exam was rather unremarkable except for very stiff hands.

As we both sat back down in the chairs, I took a deep breath and prepared to give him news that I was certain he wouldn't like. "It sounds to me like you have some sort of inflammatory arthritis, possible autoimmune," I said. "What you really need is a good rheumatologist and a pain management specialist. I don't prescribe narcotics for chronic pain." He sighed. "So that means that I'm going to have to see even more doctors," he said, looking more depressed than he had before. I felt bad for him. "But I can give you an order for your labs to be done, and I'm happy to manage your diabetes and other medical problems." He took the lab slip and appeared to be resigned to the situation. We shook hands, and I watched him walk out the office looking a bit defeated and somewhat worse for wear. I wasn't sure if I would see him again, and I was left hoping that he would at least have his diabetes testing done.

About three months later he returned to the office. "All my joints are really painful," he said. "The worst are my elbows and knees."

He had managed to set up an appointment with a rheumatologist, but with the long waiting time at the local clinic, it was still going to be weeks until he was seen.

He had done his labs just as requested, and his diabetes was under good control. I had added some autoimmune tests to his last lab slip as well, and not surprisingly they came back positive. "I'm almost certain you have an autoimmune arthritis," I said. "While you are waiting to see the rheumatologist there are a few natural things you can try," I added. I proceeded to write down instructions for him to get an omega-3 supplement and an herbal anti-inflammatory supplement over the counter. We also discussed an anti-inflammatory diet.

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Rod's story...

He left the office looking not too optimistic, and I didn't blame him. It didn't seem likely that fish oil and herbs were going to control pain better than his oxycodone.

A year went by and Rod was back in the office again, but looking like he had aged much more than just one year. "A lot has happened since I was here," he said. "I started getting chest pain and getting the racing heart again." He sighed. " So I had to have another surgery." I noted that he was on more prescription medications than last time, presumably started by his heart doctors. "Those symptoms are gone now, but my joint pain is actually worse than it was before the surgery." He had finally seen a rheumatologist, but he didn't have a firm diagnosis yet. "She thinks maybe I have osteoarthritis," he said. I didn't comment on that.

We chatted a bit more this visit than we had before. It turned out that he was a musician, and he regularly played bass guitar with a group at the local nightclubs. "Here's a picture of me at one of my gigs," he said, showing me a picture of himself on his phone. I did a double take. This didn't look anything like my quiet middle-aged patient. In the picture he had long hair, glasses, and was dressed like a rock star holding his guitar.

"This is you?" I asked, looking at my patient with interest. "Yep," he said. "I can't play as much as I used to. My hands and shoulders hurt so bad. I had to get a special strap made for my shoulders. I take some extra pain meds before I go on." His gaze dropped off and he looked into the distance.

"Been playing for 50 years now." I didn't really know what to say at that point. We chatted some more and then he left the office.

Another six months went by and Rod was back in my office again. "Doctor, there has got to be something out there that can take care of this pain," he said. "I tried the medication the rheumatologist prescribed and it raised my liver tests, so we had to stop it. I don't want to try another one of her treatments."

He was sitting on my exam table and looking down at me intently. Instead of desperation in his eyes, this time I saw resolve. "I also went to the pain management clinic," he said. "They told me they can't help me. They said that I have too much pain." As I sat in my chair looking at him, I could hear my pen tapping against my clipboard as I thought about the situation.

I was having good success at that point with low dose naltrexone (LDN) with many of my patients. But he wasn't a candidate at all.

He was on long-acting narcotics, at an outrageous dose by that time, and he couldn't take the LDN at the same time. I didn't see how LDN could possibly control pain that 100mg a day of oxycodone wasn't touching.

But as I sat there and looked at him, I kept hearing a voice in my head telling me that he deserved to know what LDN was and how it was being used to treat patients like him. "Rod, there is a treatment I've been using with my patients who have autoimmune joint disease," I began to say.

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Rod's story...

"Great," he said, "let's try it." I shook my head and put my pen down. "It can't be taken at the same time as long acting narcotics." He looked at me and said,

"Fine, I'll stop them." I picked my pen up and started tapping again. "Rod, you're on a pretty high dose. I don't see how this is going to work." "I can do it," he said.

I gave up. I went over all the possible side effects and risks, and ended with a stern warning of what could happen if he took it with his long acting narcotics. He was settled, and our office called in the medication for him later that day. He would start at the 1.5mg dose for one week and then go to 3mg per day. He would see me back in about six weeks.

Rod came back in five weeks. "You won't believe this," he said. "I'm pain free. It took about 3 weeks to work, and then I didn't need any more pain medication during the day at all." He smiled. "I still need an occasional pain pill during the night, but that's it." I looked at him.

"You're telling me that you went from 100mg of oxycodone per day to almost none in three weeks?" "Yes, that's exactly what happened," he replied.

He went on to tell me about all the symptoms he no longer had. The morning stiffness was gone, as well as the fatigue, the back pain, the joint pain, and even the restless legs symptoms he had been having. "You want to know something interesting?" he asked. I nodded wondering what could possibly be more interesting than what he had just described. "It turns out that I have this great sense of relief. I didn't realize how worried I was about running out of my pain meds," he said. "I didn't realize it until I no longer needed them, and then I was able to tell how much it was weighing me down."

I smiled. "That's wonderful. I suppose that makes sense," I said. He looked at me suddenly very serious. "You know doc, if this is the real deal, and if this is the way it's going to be from now on..." He searched for the right words. "Well, it'll just be incredible." I nodded. "I agree," I said. He got down off of the exam table and headed out the door. I watched, thinking I'd just witnessed a miracle of some sort.

It's been a long time now since Rod took his last pain pill. He is still pain free on 3mg of low dose naltrexone. I'm so thankful that I didn't pass up that opportunity to tell him about LDN, and that he was willing to try an alternative treatment. Neither of us knows what Rod's future holds, especially with his heart condition. But I do know one thing for sure.

Tonight he will be out there dressed like a rock star, enjoying his life and playing his guitar. And that makes my heart happy.

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Front page

Finding Focus

My experience of LDN for Multiple Sclerosis — Graham Walker

Let me introduce myself, my name is Graham and I'm 52 and was diagnosed with MS at about the age of 30.

It is subject to conjecture, but my MS was triggered by a car accident. I was involved in a head on collision and suffered whiplash. On the forth day in a new job, I was asked to bring the car I was provided with in early for a service. I had the misfortune to have someone lose control approaching me and he hit me head on at 40mph - ironically his name was Mr. Nice!

After the collision, I was unconscious for around five minutes and on regaining consciousness my eyes were pointing in different directions. I was referred to a neurologist who said if the symptoms pass it could be a one-time event.

My condition did improve but a few weeks later came back with a vengeance and I was sent for an MRI confirming MS with severe trauma to my cervical spine.

At the time I was working for an office equipment supplier and subsequently moved to the parent company, Xerox, as an analyst.

At the time, between exacerbations, my health was relatively good. I put this down to the fact I was extremely fit before the onset of my MS: I was a scuba instructor; fencer and ran about 12 miles a day followed by two hours weight training.

After a long protracted effort, I finally got onto early trials for Beta Interferon and it stopped my deterioration in its tracks.

Prior to this, I had lost the sight in one eye, hearing in one ear and the use of my legs. All of which recovered almost completely.

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Finding Focus.... Graham

After twelve years I developed resistance to the drug and changed to a different disease modifying drug. Unfortunately, this was also ineffective and it was determined that my MS had become secondary progressive, which is a decline without recovery.

I heard about Low Nose Naltrexone through a fellow MS sufferer and thought it worth investigating. I approached my GP and he referred the inquiry to my current neurologist who gave a sceptical go ahead.

I'm pleased to report, pretty much as soon as I started on the drug, my mobility improved. The benefits were confirmed when there was a supply issue and I was without LDN for a week and my condition deteriorated markedly. On resuming the drug my health returned to its previous state.

Unfortunately, my MS has progressed to the point where I regularly use a wheelchair but I'm convinced LDN has slowed the progression.

I remain a strong advocate for the drug as I'm convinced it has improved my quality of life.

Although I am unable to work, I have found a new distraction in photography specialising in model portfolios. A wheelchair makes a good platform for a camera!

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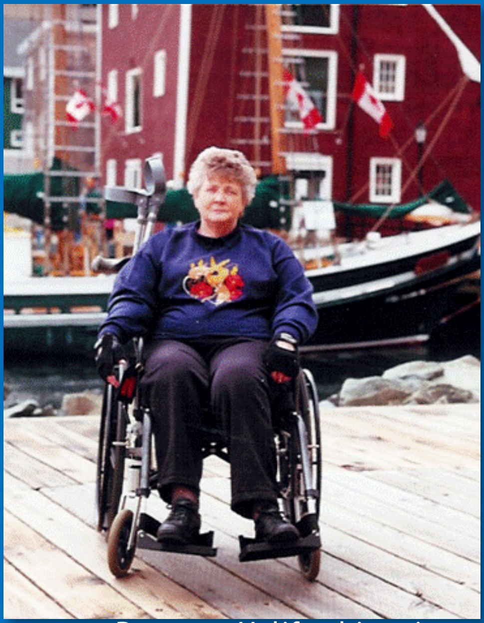
Planning your own Holiday

By John Killick
(Hon. Sec. Disabled Motorists Federation, editor The Way Ahead and Freelance writer on disabled travel)


Roma on Halifax historic queside, Nova Scotia, CANADA

My wife wheeled herself into Thomas Cooks in Gateshead's Metro centre a few years ago; I marched in behind and up to a desk and asked the girl if she could arrange a trip to Canada for us. 'Yes sir,' says the girl reaching for a glossy brochure and inviting us to sit down. 'What had you in mind?'

'Well I said, a flight into Halifax in Nova Scotia, then a train to Toronto, followed by another train to Vancouver.' While she starts looking through the glossy brochure for a suitable tour. 'We would wish to stay a day in Halifax before taking the train and would have a stop over with a friend in Toronto for a week before going on to Vancouver.' I say. The girl hesitates, her hand beginning to reach for the telephone to ring for the little men in white coats.

You see, in her experience, in the late 1990's, aging ladies in wheelchairs and elderly men only did conducted tours and it had by this time dawned on her that these two knew exactly what they wished to do, where they wished to go, and it didn't include a tour guide or regulated tour. Of course, in our inexperience at the time we had broken several rules. Now, I wouldn't want any of you to make our mistakes so what are the rules?

● ● ● **1.** Always go to an experienced travel agent who specialises in travel for disabled people. If we had, the first thing that travel agent would have done is to ask exactly what my wife's disability was, and what were her minimum requirements? It could for instance be that you need your carer to give you a hand in the toilet. Embarrassing thing to have to admit to a stranger but better that than arriving in your hotel to find that there is hardly enough room for one person in the loo much less a carer??

If you haven't told them that you need a hoist then you can't really complain if one isn't provided!

Finally on this topic, things are improving but the worlds hoteliers are only just waking up to fact that things called wet rooms actually exist. Specify at the time of booking should this be something you can't do without. We didn't know that so the only time Roma could get a shower on this trip was on the 'Maid of the Mist' under Niagara Falls!

● ● ● **2.** After making your minimum requirements available to the travel agent, if you are looking to take a fixed itinerary tour then make sure that you can actually get onto the train, coach or whatever, and that the venue for that particular visit is accessible; if not refuse to pay for that particular outing. (This mostly applies to cruises where shore excursions may be by launch from the ship as she lays at anchor off shore, but in our trans-Canada case included three coach tours none of which were accessible) These days most excursions are extras so this is not a problem as often as it used to be.

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Planning your own Holiday ...

● ● ● **3.** You should by now have sorted most of the problems but, suppose the travel agent had his attention taken half way though arranging your holiday and forgot to inform one of the hotels or worse, one of the railway stations?

Well you can always sue the company for a ruined holiday; but wait, you didn't book this holiday in order to sue the holiday company but to have a relaxing holiday.

A much better idea is to ring every hotel, airport, railway station, bus company and shipping line to ensure that they are fully informed.

Yes, that costs some more money and may annoy the travel agent, but better that than arrive at you hotel to find a flight of steps! Now, as your editor told me when she asked me to write this article, 'but things can still go wrong!' Yes Mam, but that is the time to do as you did and call on your solicitor, you have done all you can, they have still mucked up; they deserve what's coming to them! However, from my experience, this is now a lot less likely.

● ● ● **4.** Holiday Insurance:- Oops! You are disabled; now watch how much that is going to cost you with the average insurance company.

Forget the high street again, go instead to a specialist disability insurer.

We did this after we were quoted £1500 for three weeks in Canada. The specialist insurer said £200 for an annual travel insurance that covers us for all travel for a year not three weeks! Many specialist insurers today will talk over your requirements and write out anything that you are very unlikely to require.

For instance, cancer? Should it reoccur while you are on holiday would you report to the nearest A & E, say never mind ah, and wait until you get home, or head for the nearest airport in order to catch the first flight home in order to see your own specialist? I know what I would do and It wouldn't be to report to the nearest A & E! Fish and Adrian Flux who also advertise under Chartwell Insurance are two good companies to contact.

Ok, we have now explained the rules, now lets have a look at another trip my wife and I did to America about six years later.

It can be done! My wife and I on the viewing platform at the top of the cable car lift on Mount Robert in Alaska.

I had been asked to write an article on the bayou swamps around New Orleans and another on whale watching off Alaska.

My wife and I decided to make this a really nice holiday at the same time. We would fly into New Jersey and spend a few days in New York, then take the train to New Orleans for about a week to research the first article.

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Planning your own Holiday ...

Then it would be back on the train to San Francisco via an overnight stop in LA. Always, when travelling by train in America, assume that it will arrive several hours late, that at best there is only one train a day, and that if you miss it it could be a week before you can rebook a suitable cabin on another.

We had four great days in San Francisco before getting back on the train to Seattle. Now, Seattle is America's secret destination.

They never tell us about Seattle. It is a very beautiful city and you would need to be a very poor tourist if you couldn't spend a week or two here without wishing you had booked a bit longer.

On this occasion we spent a few days before heading of on arguably the best coastal railway journey in the world to my favourite city, Vancouver.

Vancouver is the only city that I know of on the American continent that has on call a fleet of wheelchair accessible cabs (Vancouver Blue Cabs).

In all other places you will have to transfer into a yellow cab. Should you be unable to do this then do not visit America unless you are thinking of leasing a self drive van, as they call a WAV (wheelchair accessible vehicle).

If you are thinking of doing this then remember that they drive on the opposite side of the road, that traffic in all major cities is at least as bad as central London, and make certain that however is driving will not be phased at driving through Paris in the rush hour, the nearest equivalent I can think of!

OK, having scared you all off ever travelling again, may I recommend that you take the bull by the horns, approach a specialist travel agents, have a good laugh at your mistakes, hope they are all small ones you can get over and enjoy your holiday.

Once home again you will feel a lot of satisfaction, you have done what they all said was impossible!!!!

Enjoy!

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Playing with a baby alligator. Bayou swamps outside New Orleans

Crawford Lake, Ontario Canada

Front page

Recipes from Chef Pol Grégoire

Creamy Andalusian tomato soup with Arame caviar, red onions and tarragon

What you need:
Chinese cleaver
Blender
Chopping board

Ingredients for 4 persons:
4 to 8 beautiful tomatoes grown in real earth
1 zucchini or yellow squash
1-2 red peppers
1 clove garlic
1 dash unpasteurized apple vinegar
1 dash of olive oil
Red pepper to taste

For caviar:
30g of Arame* rehydrated for 7 minutes and drained
1 red onion, finely diced
1/2 cup Chinese Chives (spring onion) with flower
1 dash unpasteurized apple vinegar
Olive oil and sea salt to taste
1/2 bunch chopped tarragon or mint
Red pepper to taste

In addition:
1 finely chopped salad (lettuce, iceberg...)

Directions/method:
Blend the main soup ingredients at high speed and set aside. Mix together the caviar and its ingredients. Dress the bottom of the bowl with salad, pour the soup and garnish with the caviar mix. For a more complete meal add Essene bread and alfalfa sprouts.

Comments:
This dish can be suitable as starter to a meat dish (fish, meat or eggs) because of its energy base. Adding Essene bread and alfalfa sprouts increases the energy of the dish with proteins and carbohydrates already pre-digested due to *germination* (sprouting); making them complimentary to the acidity of the tomato. Indeed, the tomato is a fruit acid, not normally mixed with starchy foods or vegetable. Non germinated, these complex seeds slow down the digestion in the stomach and the bolus ferment process creates toxins and alcohol.

Respecting good food associations is a way of guaranteeing optimal digestion, ensuring superior performance for minimal energy used. After eating a sandwich for instance made of white bread, mayonnaise, lettuce, tomato, cheese and/or meat, drowsiness sets in, a fact well known to students and their teachers. A perfect example of poor food association; Refined starch, common proteins with animal fat, topping it off with the acidity of the tomato, an explosive mixture!

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Chicken with lemon grass, steamed chard stems and a light cream romanesco sauce

What you need:

Chinese Meat cleaver
Steamer
Chopping Board
Blender

Ingredients for 4 persons:

4 boneless chicken thighs, cut into large cubes
8 beautiful chard leaves without the stems
Sea salt to taste
1 small clove garlic, crushed
4 shallot onions, coarsely chopped
1 thumb of crushed and finely chopped ginger
2-4 sticks of lemon-grass crushed and finely chopped
The juice of one lemon

Steamed vegetables:

The stems of 8 chard leaves chopped diagonally

For sauce, fresh:

Lemon juice

A little zest of the lemon

8 to 12 table spoons olive oil
Sea salt to taste
Finely chopped red pepper to taste
1 bunch finely chopped coriander

For sauce, cooked:

1 small cauliflower romanesco
4 shallot onions, cut into quarters
Some ginger slices
A bit of lemon juice
4 table spoons olive oil
Sea salt to taste

Directions/method:

Wrap the chicken thighs in the chard leaves and steam for 18 minutes. Cook the cauliflower and onion with the ginger (keep the water when finished). Steam the chard stems for 18 minutes. Blend all ingredient for the fresh sause and mix well.

Now take the cooked cauliflower ingredients and mix with the lemon juice, oil, sea salt. Add what is needed of the cooking water to get a thick but light consistency. Preheat plates and put the cooked sauce as a base on which you arrange the chicken/leaves bundle in middle. Put some chard stems over. Finish with a coat of fresh sauce.

Comments:

For this recipe, I prefer to use chicken thighs because the flesh is sweeter. Make sure the meat does not get dry. If you have a steam cooker that operates at 80 ° C, pre cook the bundles with chicken breasts for 5 minutes at 100 ° C and finish cooking for 20 minutes at 80 ° C (or pre heat for 10 minutes at 100 ° C for a precise cooking).

Regarding fat contained in meat, the major drawback is the imbalance omega3/omega6. Animals fed grain and high-protein foods such as oilseed meal and soy, develop fat rich in omega 6 and poor in omega 3 thus promoting cardiovascular disorders, inflammation, allergies. To balance this out you should consider having a diet where you eat small wild fatty fish from the ocean such as sardines, mackerel, anchovies, herring. And flax seed sprouts, oils rich in omega 3 such as nut oils, camelina, poppy, hemp, borage. And fatty greens such as summer and winter purslane, lamb's lettuce or dark green greens like kale, spinach, chard ...

The Doctor's Information Pack 2015

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

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

Free Download Now >

Support the **LDN Research Trust**

Christmas cards

For every 3 packs of cards you buy, you will receive 1 free pack of 10 cards (SKU 8) value £3! *

All cards are printed in the UK on high quality board, supplied in packs of 10 with white envelopes.

* Special offer as long as in stock

All proceeds go to the LDN Research Trust registered charity no 1106636.

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

LDN RESEARCH TRUST www.ldnresearchtrust.org

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 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.

£1 per bottle goes to the LDN Trust

£1

Contact us for more information:

0141 531 9412 / email

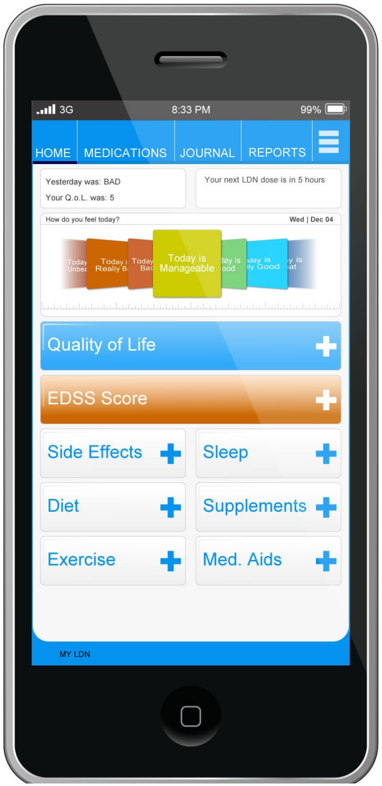
Warnings: Do not use if you have breast, prostate or hormonal responsive cancer - it may stop your cancer medications from working properly. (However, it has been shown to be effective in hormone treatment resistant prostate cancer).

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

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

The new LDN app has arrived!

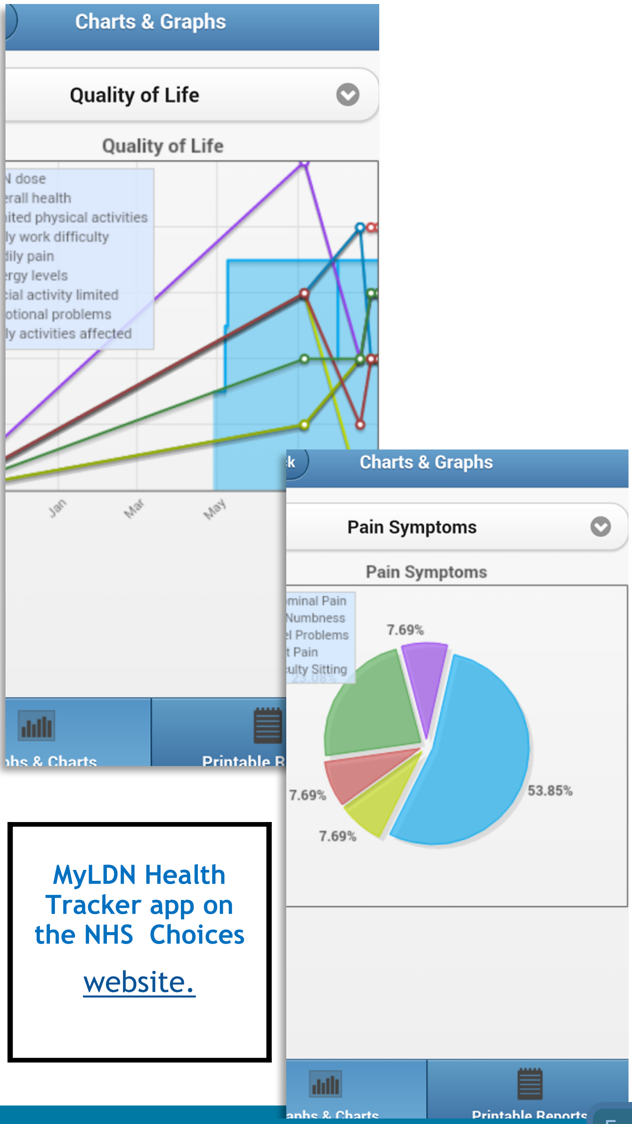
Available on all platforms including Android, iOS, Windows Phone and Kindle, the LDN Trust is helping you take back control of monitoring things like medication alarms, pain levels and even your own personal LDN journal from the comfort of a single app: myLDN. Development is never easy, especially when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



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

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

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.

Front page

UK Members Only!

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

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

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

As a small charity, we appreciate every donation we receive, no matter how small. We receive around 37 pence out of every pound, with the rest of the money covering The Weather Lottery's prize fund and administration costs. Every penny we receive goes back into helping us help others and get the word out about LDN and the benefits it can provide.

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

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

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

Play Now >

Example results:

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

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

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

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

Get Videos and Credits NOW

[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.

LDN RESEARCH TRUST | LDN 2014 AIIC CONFERENCE

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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International:
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Visit our website

Registered Charity Number: 1106636

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

Front page