

# The Faces of Low Dose Naltrexone



**A Special Ebook for  
The First International Low Dose Naltrexone Awareness  
Week**

**How One Inexpensive, Off-Label, Generic Drug,  
(FDA-Approved at a Much Higher Dose 25 Years Ago),**

**Has Healed Over 100,000 Patients**

**AND**

**Started a Movement!**

## The LDN Story: A Personal Introduction

By Julia Schopick

[www.HonestMedicine.com](http://www.HonestMedicine.com)

I want to welcome you to this **First International Low Dose Naltrexone Awareness Week (ILDNAW) Ebook**. I hope you will enjoy reading it. I have created it in order to give people from both the media and the public more information about LDN than we were able to pack into our ILDNAW Press Release.

I volunteered to write and put this ebook together, even though I am not one of the thousands of people with an autoimmune disease that has been helped by LDN. I have spoken with so many of them, and read and heard so many of their stories, that I felt compelled to use my writing and PR skills to try to do my part to tell both the media and the public the very impressive story of LDN.

I became involved with the LDN Advocates who created this educational week, because I have been researching treatments, like LDN, that are effective, low-cost and (most importantly) lifesaving – first, for [an article I wrote](#) for my website, HonestMedicine.com, and now, for a book I am writing about FOUR lifesaving treatments,. My book will be published in March, 2010; and one of the treatments I will cover in the book is LDN. All four are **treatments which patients are finding and using, but which most conventional doctors are very slow to accept and prescribe**. And it seems to me that the main reason why these doctors don't seem to favor these treatments, is because they are not yet "proven," which in today's parlance, really means that they are not produced by pharmaceutical companies.

However, these treatments all have such convincing track records to back them up that I have invented a new term for them, to replace the word "anecdotal," which naysayers so frequently use to describe them.

**This new term is "patient evidence based medicine," or PEBM.**

I had a [very personal experience](#) with a similar "non-proven," but lifesaving treatment, and because of my experience, and the fact that doctors weren't much interested in learning about that treatment, I decided to spend the next several years of my life getting the message out about lots of treatments like the one I found that are out there, saving lives, despite lack of acceptance by much of the medical community.

One of the treatments I found that fit the bill was LDN.

Of the 4 treatments I am writing about, **the LDN Story is particularly captivating** in that, while it is estimated that 100,000 patients are presently taking it for diseases affected by immune system dysfunctions, **thousands of them are so grateful that they found this inexpensive, off-label drug that they are now devoting their lives to educating the public about LDN, and advocating for funds for research:** people like SammyJo Wilkinson and Mary Boyle Bradley (both of whom have written books about LDN), Linda Elsegood, Vicki Finlayson, Sunny Sedlock, Malcolm West, and many others.

But, this part is even more exceptional: There are also several medical professionals – physicians and pharmacists – who give of their time to do research (often at their own expense), and speak publicly, both at LDN conferences and through the media. In this ebook, you'll also meet these devoted professionals – **first and foremost Dr. Bernard Bihari and Dr. Ian Zagon, who have been advocating for LDN since the 1980s;** as well as Dr. David Gluck, Dr. Phil Boyle, Dr. Skip Lenz, Dr. Tom Gilhooly, and Dr. Burt Berkson.

In this ebook, you will learn about these people – both the patient and physician advocates -- who have been telling the LDN Story for years. You will learn about their websites, blogs and radio programs, all of which have been set up specifically to educate both the media and the public about LDN. You will also learn about the clinical trials they are conducting – many at their own expense – and the articles that have appeared in both the medical journals and the media. In addition, you will learn about the surveys they have conducted that prove that LDN is effective and nearly side-effect-free, and the petitions they have submitted to government officials in their quests for governments to conduct LDN clinical trials. And finally, you will read transcriptions of interviews conducted by LDN patient advocate and author **Mary Boyle Bradley on her very ambitious internet interview program, which is dedicated entirely to promoting the use of LDN.**

So, here it is, an ebook dedicated to getting the more complete story out about Low Dose Naltrexone, in celebration of the first-ever International LDN Awareness Week.

For an overview of the information this ebook contains, please read our International LDN Awareness Week Press Release, which follows this introduction. It will give you a road map to the larger LDN Story.

I hope that you will find this ebook interesting, and that, if you want more information, you will contact me personally at [LDNebook@aol.com](mailto:LDNebook@aol.com), a special email address I have set up for this purpose, and I will route you to the correct person. (Also, if any of the hyperlinks don't work properly, please let me know.)

### **WHY THE EBOOK FORMAT?**

I have purposely chosen the ebook format for disseminating this important information about LDN during International LDN Awareness Week. My Reason: **because the ebook format allows for the use of HYPERLINKS.**

**Hyperlinks are, to my mind, one of the true miracles of online publishing.**

Through hyperlinks, you will be able to access for yourself, firsthand – and very easily – so much wonderful information about LDN.

**With a click of your mouse, you'll be able to:**

- Listen to the interviews about LDN (all are online) I refer to in this ebook
- Read first-hand the LDN studies I cite
- Go directly to the web pages that describe the information-filled conferences the LDN community (doctors and patient advocates together) have convened since 2005, both in the US and abroad.
  - At these LDN Conference sites, you will, in turn, find hyperlinks to audios, videos, and (in some cases) even slide presentations that were given by the conference presenters. I hope you will access as much (or as little) of the information you find interesting.

**Simply put:**

Hyperlinks are instant, “live footnotes,” allowing for instant access to very important information.

**NOW, TO THE INTERNATIONAL LOW DOSE NALTREXONE  
AWARENESS WEEK PRESS RELEASE:**

# **Press Release:**

## **International Low Dose Naltrexone Awareness Week**

**October 19-25th, 2009**

**An old drug  
a controversial treatment  
successful across a range of diseases linked  
by immune system dysfunction  
BUT  
YOU won't hear of it, and YOU won't be offered it**

On October 19th, patients, physicians and researchers alike will convene at the National Institutes of Health in Bethesda, MD, for the **Fifth Annual Conference on Low Dose Naltrexone**.

October 19th will also kick off the **First International LDN Awareness Week** – a concerted push to get the word out through the media, about thousands of patients with autoimmune diseases who are benefitting from the off-label use of one inexpensive generic drug protocol, low dose naltrexone (commonly referred to as LDN).

**It is estimated that thousands of patients worldwide are now enjoying improved health due to LDN.** Most learn about it through a combination of word of mouth, success stories, internet research, online forums, and an ever-growing number of doctors who are prescribing it for their patients with autoimmune diseases.

The LDN protocol employs approximately **1/10 the dose of naltrexone**, a drug that was approved in 1984 by the FDA to treat alcoholism and drug addiction. Today, thanks to the work of patient advocates, dedicated physicians and researchers, thousands of patients are taking LDN to successfully halt the progression of diseases that are compromised by an impaired immune system, such as Multiple Sclerosis, HIV, Rheumatoid Arthritis, Crohn's Disease, Lupus and Fibromyalgia.

**Low Dose Naltrexone (LDN) is literally changing their lives.**

**“Before I started taking LDN in 2003, I was an invalid,”** says **Linda Elsegood**, one of the founders of the [LDN Research Trust](#), a non-profit charity in England, which was formed in 2004 to raise both awareness of and research for LDN. “I had just about every symptom of Multiple Sclerosis that a person could have. I was constantly fatigued, I had numbness over much of my body, a loss of hearing, twitching muscles, vertigo. You name the symptom, and I had it.” **Now, thanks to LDN, Linda**

**is almost back to normal, and works tirelessly to raise money and awareness of LDN.** “This drug has saved my life,” she says. “Along with hundreds of other people, I am working hard to get the word out about LDN. Many patients, who don’t yet know about this drug, desperately need it.” Linda adds that LDN has virtually no side effects – unlike most of the much costlier, highly toxic medications doctors routinely prescribe to treat the disease.

**Vicki Finlayson, of Auburn, California, tells a story of a life that was filled with 9 years of side-effect-laden medications approved by the FDA for MS.** “I was on just about every one of these medications,” she says, “and often, I was on several at one time – along with medications for the pain. Yet, my MS was getting progressively worse, until I was virtually bedridden.” Happily, in 2005, she found LDN, and she hasn’t looked back. “I felt improvement in two days,” she says. She is now back to normal, and all of her symptoms are gone. In fact, in May, 2008, [she walked 53 miles to the State Capitol Building in Sacramento](#) to meet with state officials to raise awareness about LDN. She will be back on the Capitol steps this October 21st, as part of the ongoing effort to educate the public, doctors and government officials about the importance of this inexpensive, effective, patient-driven treatment. “LDN gave me my life back. I feel that it’s very important to spread the word about it.” Because low dose naltrexone treatment represents an inexpensive, off-label use for a drug approved long ago by the FDA, pharmaceutical companies -- who carry out most of today’s research on medications -- aren’t much interested in funding research on LDN.

But the incredible thing is that **hundreds of patients – and several doctors, too – who have experienced remarkable results in themselves and in their patients, are conducting research and raising money and awareness on their own.** In fact, one group of patients in the US raised enough money to help fund a successful trial at the University of California in San Francisco, and there are now trials being conducted in Mali, Africa, as well as in Milan, Italy.

In addition, **Dr. Ian Zagon and his colleagues at Penn State** are doing both animal and human trials for several disorders, including multiple sclerosis, Parkinson’s disease and various cancers; and **Stanford University is entering into a Phase II trial for fibromyalgia.** It is estimated that hundreds of doctors throughout the United States, the UK and Canada, as well as in countries as far-reaching as Italy, Israel, Australia, and even Nigeria, prescribe LDN for their patients.

**Books have been written about LDN; websites are dedicated to LDN; patient forums discuss LDN; and an internet radio show conducts interviews exclusively about LDN.**

**(These resources are below.)**

## **LDN’s HISTORY:**

The low dose naltrexone protocol has a long history of success treating autoimmune diseases. Over 20 years ago, naltrexone was approved by the FDA to treat addiction, at much higher doses. But in 1982 **Dr. Ian Zagon** and other researchers at Penn State University discovered its ability to normalize a dysfunctional immune system in mice, when used in very low doses. **Bernard Bihari, MD**, the Harvard trained neurologist in

New York City, observed positive clinical results using LDN for HIV, MS and other immune system disorders. His patients with HIV who were being treated with LDN did not develop full-blown AIDS, and his patients with MS did not suffer any more disease progression. Dr. Bihari's observations led to years of devoted work with patients, treating every kind of immune disease -- including HIV/AIDS – with extremely positive results, and virtually no side effects.

According to Dr. Bihari's friend and colleague, David Gluck, MD, who also works tirelessly to get the word out about LDN: ***“Low Dose Naltrexone may well be the most important therapeutic breakthrough in over fifty years. It provides a safe and inexpensive method of medical treatment by mobilizing the natural defenses of one's own immune system.”***

**The aim of International LDN Awareness Week is to bring LDN out of the shadows, so more disease sufferers might benefit.**

**LDN RESEOURCES: WEBSITES, BOOKS & RADIO SHOW:** There are several key websites devoted to LDN, including Dr. David Gluck's site, [www.lowdosenaltrexone.org](http://www.lowdosenaltrexone.org); and the websites of patient advocates, Linda Elsegood and Samantha Jo Wilkinson, [www.ldnresearchtrust.org](http://www.ldnresearchtrust.org) and [www.ldners.org](http://www.ldners.org). All three of these websites are dedicated to helping patients and funding research.

**In addition, books have been written on the topic of LDN, including:**

1. [The Promise of Low Dose Naltrexone](#), by Elaine Moore and SammyJo Wilkinson
2. [Up the Creek With a Paddle](#), by Mary Boyle Bradley
3. Cris Kerr's freely shared resource, [Those Who Suffer Much KNOW MUCH](#), featuring a large collection of LDN testimonials as case studies.
4. Cris Kerr's ebook for International LDN Awareness Week, [100 Reasons Why You Should Know About LDN](#), contains 100 LDN stories; was released by Linda Elsegood on September 15, 2009 to support the inaugural International LDN Awareness Week.

**An [Amazon.com search on "low dose naltrexone"](#) reveals **50 book titles** that include references or entire chapters devoted to LDN.**

In addition, [Mary Boyle Bradley hosts a radio program](#) on the very popular **Blog Talk Radio**, which is devoted solely to discussing low

**dose naltrexone.** Mary's guests include researchers, physicians and patient advocates, and the show gets thousands of downloads per month.

## **CONTACTS**

**For more information** on the USA Conference, go to [www.ProjectLDN.com](http://www.ProjectLDN.com).

**For more information** on International LDN Awareness Week and LDN, please contact the following patient advocates:

**Linda Elsegood**, Patient Advocate, and Founder LDN Research Trust in the UK at [contact@ldnresearchtrust.org](mailto:contact@ldnresearchtrust.org), 01603 279 014

**Cris Kerr**, Advocate for the value of Patient Testimony, in Australia at [casehealth@optusnet.com.au](mailto:casehealth@optusnet.com.au), 61 7 3356 1777

### **Patient Advocates in the USA:**

**SammyJo Wilkinson** at [SammyJo@LDNers.org](mailto:SammyJo@LDNers.org),  
(425) 361-2049

**Vicki Finlayson** at [vste@att.net](mailto:vste@att.net), (530) 268-8150

**Malcolm West** at [malcolmwest@comcast.net](mailto:malcolmwest@comcast.net),  
(484) 580-8564

**They will gladly put you in touch with physicians and patients who are eager to be interviewed about LDN.**

**Organization of the inaugural International LDN Awareness Week (October 19-25, 2009) has been spearheaded by:**

- **Linda Elsegood** of the [LDN Research Trust](http://LDNResearchTrust.org), in the UK

**And internationally supported by:**

- **SammyJo Wilkinson**, of [LDNers.org](http://LDNers.org)
- **Julia Schopick**, of [HonestMedicine.com](http://HonestMedicine.com)
- **Malcolm West**, of Practical Communications Group

## **EVENTS:**

**Vicki Finlayson** returns to the Capitol steps to talk about LDN, Wednesday 10/21/09, Sacramento, CA. [Read about Vicki's 53 mile LDN Awareness Walk in May, 2008.](#)

**Linda Elsegood** of [LDN Research Trust](#) to speak about LDN forward, Sunday 10/25/09, at Proventus, a UK charity. [Details here.](#)

# The Main LDN Awareness Websites

## (and their most important contributions)

*Much of the information I will be sharing in upcoming sections of this ebook will be taken from the following websites. I will always try to give proper credit, and hope that if I neglect to do so, people will write to me at [LDNebook@aol.com](mailto:LDNebook@aol.com), so that I can make the corrections.*

**[LOWDOSENALTREXONE.ORG](http://LOWDOSENALTREXONE.ORG)** is the website of David Gluck, MD and his son Joel. Dr. Gluck is a retired physician, board certified in both internal and preventative medicine, and also a close childhood friend of Dr. Bernard Bihari, the physician who discovered that LDN was useful for treating autoimmune diseases. He treated the most patients, and did most of the clinical work on LDN, and also worked so hard to get the word out about it as a treatment for autoimmune conditions, including HIV/AIDS and many cancers. When Dr. Bihari became ill, Dr. Gluck took over the job of physician advocate.

This website contains some of the most complete information about **clinical trials for LDN**, as well as **audios and videos** from the first FOUR US LDN Conferences, and the first international conference in Glasgow Scotland. This information will be contained in this ebook.

**[LDNERS.ORG](http://LDNERS.ORG)** is the website of Samantha Jo Wilkinson, MS Patient Advocate, who has been helped immeasurably by LDN, and who has also worked tirelessly to raise money for LDN research and awareness.

This website contains **patient stories**, **media stories** and information about **LDN surveys** that SammyJo and pharmacist, Dr. Skip Lenz, have conducted.

SammyJo is also **co-author, with Elaine Moore**, of the book, [\*The Promise of Low Dose Naltrexone: Potential Benefits in Cancer, Autoimmune, Neurological and Infectious Disorders.\*](#)

**[LDNResearchtrust.org](http://LDNResearchtrust.org)** is the website of LDN Patient Advocate, Linda Elsegood. Her organization, The LDN Research Trust, is a non-profit charity in

England, which was formed in 2004 to raise both awareness of and research for LDN. Linda's Multiple Sclerosis was helped immeasurably by LDN.

This website contains [some truly wonderful newsletters](#) (going back to 2006), filled with news about research studies, and patient successes.

**[LDN NOW](#)** – is the website of Andrew Barnett and Jayne Crocker in the UK. Together with their colleagues, they formed a political pressure group dedicated to getting Low Dose Naltrexone used as a first line of defense by the National Health System (NHS). They initiated the UK petition to the Prime Minister to use funds from the NHS budget to conduct trials for Low Dose Naltrexone for the myriad of uses it shows benefit for. UK citizens are invited and encouraged to sign the petition by November 23, 2009.

[This website](#) contains [the petition](#).

**[LDN World Database](#)** was created so that anyone using Low Dose Naltrexone can share their experience and help others make up their minds about trying it. It contains people's responses to LDN, in graph form, to their treatment for conditions, including autism, cancer, Chronic Fatigue, Hashimoto's, Hepatitis.

**[Accelerated Cure](#)**. This website was set up to explore all treatments for Multiple Sclerosis. It contains a great deal of information about LDN.

## **LDN BLOGS**

- <http://ldnforcrohns.blogspot.com/> -- LDN for Crohn's disease
- <http://www.ldnhilft.org/> -- LDN Awareness Site in Germany
- <http://ldn4cancer.com/> -- successes of LDN for cancer
- <http://www.googleldn.com/> -- Joseph Wouk's blog
- [Julie Stachowiak, Ph.D's](http://ms.about.com/b/2009/08/18/julies-low-dose-naltrexone-journal-month-4.htm) low dose naltrexone About.com blog site at <http://ms.about.com/b/2009/08/18/julies-low-dose-naltrexone-journal-month-4.htm> -
- <http://vinceslowdosenaltrexoneandablog.blogspot.com/> -- Vince's low dose naltrexone blog

- Crystal Nason's blog, <http://www.freewebs.com/crystalangel6267/index.htm>, about how LDN helped her Transverse Myelitis and Multiple Sclerosis

### **LDN YAHOO GROUPS**

- <http://health.groups.yahoo.com/group/LDNandIBD/> -- Irritable bowel disease
- <http://health.groups.yahoo.com/group/lowdosenaltrexone/>

In addition, there are many, many more websites and blogs devoted to low dose naltrexone. If you have knowledge of any that you think are especially noteworthy, please let me know, and I will add them to this ebook.

## **BOOKS ABOUT LDN**

- **[The Promise of Low Dose Naltrexone Therapy: Potential Benefits in Cancer, Autoimmune, Neurological and Infectious Disorders](#)** by Elaine Moore and SammyJo Wilkinson. McFarland Publishing. “Grounded in available clinical and scientific research, this new book describes the history of low dose naltrexone, its potential therapeutic uses, the results of animal and clinical studies, the drug's physiological effects, and its pharmacological properties. A section on practical usage information includes information on its administration, and compounding pharmacies. The resource section includes a list of doctors who prescribe LDN and links to all current studies. This book should be an invaluable reference for researchers, practitioners and patients who want to understand the therapeutic potential of LDN.”
- **[Those Who Suffer Much Know Much](#)** by Cris Kerr of the Case Health website. “Described are the personal reports in detail of LDN use in the treatment of a wide range of diseases. The 47 case studies in this book feature Multiple Sclerosis, HIV, Hepatitis B, Primary Lateral Sclerosis, Cancer, and Crohn’s Disease.” This excellent publication, now in a new 2009 edition, is available free of charge.
- **[Up the Creek with a Paddle: Beat MS and All Autoimmune Disorders with LDN](#)** by Mary Bradley. “A simple love story that successfully humanizes the implications of a simple, generic, out-of-patent drug. The book pulls directly at the heartstrings of every person, society and Government to take a leap of faith and help the LDN campaign. It is an easy, educational and enlightening read that has been compared to having coffee with a good friend.” The first edition was printed in May 2005. Revised Second Edition became available in February 2009. Contains a Note from Dr. Bernard Bihari and a Foreword by Dr. David Gluck. Mary writes: “If you are part of a charity organization and would like to help share my story, for every book you sell through your charity I will donate to your cause.”
- **[Google LDN!](#)** By Joseph Wouk. Forward by Dr. Bernard Bihari. A graphic personal account of Wouk's complete recovery from Progressive Relapsing Multiple Sclerosis as a result of LDN. Includes 100 page appendix with the latest LDN information. (Of note, Wouk’s father Herman Wouk won the Pulitzer Prize for *The Caine Mutiny*.)

- Cris Kerr's ebook for International LDN Awareness Week, [100 Reasons Why You Should Know About LDN](#)

**An [Amazon.com search on "low dose naltrexone"](#) reveals 50 book titles that include references or entire chapters devoted to LDN.**

**This is the most recent (and very informative) interview with LDN Pioneer Bernard Bihari, MD. It was aired in 2003 on National Public Radio.**

<http://www.lowdosenaltrexone.org/gazorpa/interview.html>

## **Dr. Kamau B. Kokayi Interviews Dr. Bihari September 23, 2003 WBAI in New York City**

### **"Global Medicine Review"**

Dr. Kokayi: ...the story about Low Dose Naltrexone is really fascinating. How did you get the idea?

Dr. Bihari: Well, we were treating heroin addicts, and in 1984 a new drug for the treatment of addiction came out. It was called Naltrexone, and it was designed to block the heroin "high" and it was a flop. I used it for a lot of patients, as did most addiction doctors across the country. At 50 milligrams a day, it made people feel terrible. Not that it blocked the heroin so much as it blocked their own endorphins, which is a source of our sense of well-being, so that people couldn't sleep.

Dr. Kokayi: Your own opium, basically.

Dr. Bihari: Right. Your own equivalent. That's what heroin is. And I knew from work that had been done by the National Institute on Drug Abuse in developing the drug that it had the ability to trigger the body into making more endorphins, but at the high 50 milligram dosage, the dose was too high. It blocks those endorphins.

About six months later our addicts began dying in large numbers of AIDS. I ran HIV tests on about a hundred addicts, and fifty percent were already HIV positive. This was in 1985; currently it's eighty-eighty-five percent around the country. And we began looking for some way to approach this new disease, with a view to the idea that this disease was likely to turn into a worldwide epidemic.

Dr. Kokayi: That was about the time where people were just being blasted with AZT with horrific results.

Dr. Bihari: Right. There was nothing else available. When I discovered that people with HIV had less than twenty percent of the normal levels of endorphins, that meant that the virus not only kills the immune system cells, it also weakens the whole immune system, so that it's not as able to fight the virus.

We began looking for ways to use this drug to raise endorphins without blocking

them. We hired a laboratory scientist to measure endorphin levels. We'd measure in the afternoon, then we'd give the first dose at bedtime that night. Then we'd measure again at the same time the next day; then again at one week, and again at one month.

We found that doses in the range of 1.75 to 4.5 milligrams (which is just a fraction of the recommended dosage to addicts) would trigger or jumpstart endorphin production during the night.

Except with exercise, endorphins are made only between two and four in the morning. The brain sends a message out to the adrenal and pituitary glands and tells them to make endorphins. Giving a dose three, four, five hours before that, at bedtime, is enough to make that message from the brain much stronger.

Dr. Kokayi: Were you able to document that the levels of endorphins were then actually raised?

Dr. Bihari: The level of endorphins went up by two hundred to three hundred percent. We then started a little foundation and did a placebo-controlled trial in which half the patients got the drug and half got sugar pills. A year later when we broke the code, we discovered that people with HIV who took the drug had only an eight percent death rate in the year, while people who were on the placebo had a thirty-three percent death rate. And of course they had many more infections and their immune system declined. That was a startling discovery.

Dr. Kokayi: Now let me jump ahead, because I'm always curious about why this therapy hasn't gotten the kind of publicity specifically for this disease.

Dr. Bihari: Well, at that time there was very little treatment. AZT came out about '87, and as you mentioned, it was not only a flop but made some people sicker. At the time we did the study, there was nothing available.

So I met with doctors in New York and in San Francisco (where the largest number of HIV doctors were at that time) and described this drug and how it worked, and about forty to fifty doctors on the east and west coast began using it. Unfortunately, they measured effectiveness by whether or not the numbers of the immune system cells that are crucial in AIDS -- the CD4 cells -- were rising. On this drug, CD4 cells don't rise in people with AIDS. As I knew from the study, and have known since, they simply stop dropping. That means you can freeze the disease wherever it is. And if somebody is only mildly immune-suppressed, they stay that way.

Dr. Kokayi: That's so important...

Dr. Bihari: It stops progression. It stops the count from growing. I have patients going back as much as seventeen years who haven't lost an immune system cell in that time. They're very healthy.

Dr. Kokayi: Wow, that needs to be on the evening news.

Dr. Bihari: The trouble was, we wrote a paper, but couldn't get it published. Nobody understood the concept.

Dr. Kokayi: You're using the dose homeopathically. You're using it not for the effect that the medicine has on the person, but for the body's reaction to the medicine.

Dr. Bihari: It strengthens the body's own defenses. Rather than directly attacking, the way antibiotics attack bacteria, or the way chemotherapy tries to attack cancer cells, or the way anti-viral drugs attack viruses, the purpose of this is to take a weak defense (which people with AIDS or cancer have), and strengthen it so that the body can fight the disease more effectively.

Dr. Kokayi: I've often made the point that therapies like acupuncture, therapies that are foreign to the cultural mindset of doctors and the American public, these therapies can be effective, but they won't be included or in mainstream medicine because the concept is so foreign.

Dr. Bihari: It's a different model of understanding the body -- how it works and how disease works. I think eventually there will be changes in the paradigm of the way we think about diseases, and it's going to be a struggle. But I think oncologists in particular are getting more and more frustrated with the failure of chemotherapy.

Dr. Kokayi: Well, about time.

Dr. Bihari: The people I talk to at the National Cancer Institute, and the Food and Drug Administration, are very negative. All they get from drug companies are proposals to test new, more toxic chemotherapies, and they're really looking very hard for non-toxic ways of modifying the behavior of the cancer cells so that they stop the cancer from growing.

Dr. Kokayi: Over the years have you had to modify what you were actually doing with Naltrexone? Or is the initial model impetus pretty much on point?

Dr. Bihari: The initial model was pretty much on point. A small dose at bedtime increases endorphin production during the night. In somebody who has a disease which is related to low endorphins, the endorphins go back up to normal by the next day.

Dr. Kokayi: ... can you tell us about some of the work with Naltrexone and cancer?

Dr. Bihari: During that year, when we were doing our first AIDS trial, an old friend of mine called. Five years earlier, she'd had Non-Hodgkin's Lymphoma. It had initially responded to chemotherapy, but it had grown back after her husband died. Her oncologist refused to treat her, saying it would be resistant to chemo the second time.

She knew what I'd been doing, and she called me and said, "Bernie, do you think your AIDS drug would help my cancer?"

So I dug around and I found a large body of literature showing that when you give endorphins, metenkephalins, beta endorphins and even low dose Naltrexone to mice that had human cancer transplanted, that there is about an 80 percent recovery rate. I gave her the drug in the same dose we were using in the AIDS trial. She had large masses in her groin, her neck, her chest, and her abdomen, and they all slowly shrank and disappeared over a (inaudible) period. (Inaudible) taking the drug every night.

Dr. Kokayi: Wow! You know, even if that's just an anecdote....

Dr. Bihari: Yes.

Dr. Kokayi: I mean, everyone who has that disease deserves a chance to see if they're going to be an anecdote as well.

Dr. Bihari: It was actually her idea. She stayed on the drug, and died about eight years later, in her late seventies, of her third heart attack, which was unrelated.

Then I was in Paris the following summer, presenting a paper at an AIDS conference, and I met a woman who had a cancer called malignant melanoma. It starts in the skin, and in her case it had spread to the brain. She had four large brain tumors. The oncologist told her family that she had perhaps three months to live. When I got back to New York, I shipped her the drug from a pharmacy that was making it for our study. She started on it, and her neurological symptoms from the tumors in her brain slowly disappeared. Seven or eight months later she went back to the oncologist, had a cat scan of the brain done, and the tumors were gone.

Dr. Kokayi: Fantastic.

Dr. Bihari: That was eighteen years ago, and she stayed on it.

Dr. Kokayi: This is such a non-toxic, simple [inaudible].

Dr. Bihari: There are absolutely no side effects. I continued doing a lot of the AIDS work, but the last four or five years I've gotten much more interested in other uses. We stumbled on the fact, also by chance, that the drug works very well for almost all, if not all, of the autoimmune diseases like multiple sclerosis, rheumatoid arthritis, lupus, sarcoidosis, and --

Dr. Kokayi: When you say "it works," what actually happens? What's been your experience?

Dr. Bihari: Well, what happens is that the disease activity stops, as long as people stay on it. If they have damage to the brain and spinal cord with multiple sclerosis, that doesn't disappear, because that's due to scarring, but they stop getting new

attacks.

I've had people on Low Dose Naltrexone for years. The longest is a friend of my daughter, who's been on it for eighteen years and has not had an attack as long as she stayed on it.

Dr. Kokayi: So it's almost as if it's up-regulating the endorphin production but somehow the endorphins actually block or inhibit the effect of the antibodies from attacking the tissue.

Dr. Bihari: Not directly. It's more that the autoimmune diseases are beginning to look more and more like they're diseases of endorphin deficiency. [Inaudible] models of all the diseases I mention that can be bred in mice, the endorphin levels are always fifteen to twenty percent of normal compared with normal mice.

[Female Voice] How can you naturally increase endorphin levels?

Dr. Bihari: There's only three or four ways that I know. First, Naltrexone increases them substantially, two to three hundred percent in people with low levels. Second, aerobic exercise increases them, but not as much. If you do an hour of exercise four or five times a week it will last three, four hours, and that's one of the reasons that exercise helps prevent cancer. A third way, oddly, is acupuncture. Acupuncture, especially when used in treating addicts, increases endorphin levels in the blood and the spinal fluid. And chocolate increases it.

Dr. Kokayi: [Inaudible] will be glad to hear that.

Female Voice: [inaudible] It actually works out, because you're going to eat your chocolate and then run to the gym.

Dr. Bihari: Chocolate has a substance in it called Phenylalanine, which slows endorphins from being broken down in the body.

Dr. Kokayi: And that's basically an amino acid that we find....

Dr. Bihari: Yes, that's the food that has it in the largest amount. And only people with a rare disease called [inaudible] can't eat chocolate.

Dr. Kokayi: So some people will run to the health food store and get Phenylalanine.

Dr. Bihari: Well, Phenylalanine is helpful if you're raising your endorphins by other means. Then it keeps them from decaying. They last much longer. But the crucial thing still seems to me to be the Naltrexone. Over the last five or six years, I've treated about 420 patients who have various kinds of cancer with low dose Naltrexone. Occasionally, for people who come to me with very advanced cancer, I add intravenous metenkephalin, which is an endorphin... intravenously, three times a week. It improved immune function substantially, and had no side effects, but that's

generally not needed.

Among the people I've treated with Naltrexone for various kinds of cancer, on the average the cancer stops growing in about two-thirds. For half of that group, it eventually -- after six, seven, eight months -- goes on to slowly shrink and disappear.

Dr. Kokayi: And that's about forty percent.

Dr. Bihari: Higher.

Dr. Kokayi: Well, it's about forty percent of the total number.

Dr. Bihari: Sixty-five percent actually benefit and don't go on to develop [inaudible]. Thirty percent go into remission.

Dr. Kokayi: That's phenomenal. I don't think there's any chemo or radiating oncologist with numbers like that.

Dr. Bihari: There's no downside. One of the reasons that the war on cancer failed is that the oncologists doing the research failed to take into account that chemotherapy really wipes out the immune system, which the body needs to fight cancer cells. So they are giving drugs that kill cancer cells, but at the same time weakening the body's defense against cancer. Naltrexone strengthens the body's defense, and the increased endorphins kill cancer cells directly. Also, the immune system when it's strengthened kills cancer cells through its natural killer cells.

Dr. Kokayi: What you're saying is, that a boost in endorphin levels also activates other components of the immune system.

Dr. Bihari: The endorphins are the hormones centrally involved in regulating the immune system. About 95% of the regulation or orchestration comes from endorphins. People with cancer -- especially adults -- have very low natural killer cells. They have a weakened immune system. I've discovered, after seeing such a large number of people, that the vast majority of them have experienced major life stresses lasting weeks, months to years -- anywhere from two to six years before they get the cancer.

Dr. Kokayi: That was one of my other questions. What really can keep those endorphin levels down in the body?

Dr. Bihari: If a child gets sick -- children are supposed to outlive us -- so if a child gets sick and dies, or if you have a very bad marital break-up, or if you discover a business partner is embezzling money and it takes a couple of years to straighten out... If you wake up every morning under stress -- really serious stress, not everyday stress -- really serious stress, this can lower your endorphin production, and it never returns to normal. So the person then walks around with low endorphins. The body makes cancer cells all the time, but usually the immune system kills them as

they are forming. But if your endorphin levels are low, then your immune system is weak, the cancers grow and you become much more vulnerable. The same thing with exposure to really toxic substances.

Dr. Kokayi: Right. I'm wondering, I'm sure the listening audience would like to get an idea. If you could just run down a list of some of the cancers that you have successfully treated, types of cancers that have seemed to respond where the opiate levels play a prominent role.

Dr. Bihari: Well, first one of the things we discovered was that almost all cancers have a lot of receptors for endorphins on the cell surface, and that seems to be necessary for it to work. Some of the cancers that respond most dramatically are Multiple Myeloma, Lymphoma, Hodgkin's disease, breast cancer, all the cancers of the gastrointestinal tract, like pancreatic cancer, non small-cell cancer of the lung, the kind associated with smoking. I've got several patients with tumors that have stopped growing; they have no symptoms, and then after a year, year and a half, in about half of that group, the tumors start shrinking and disappear.

Dr. Kokayi: This is lung cancer?

Dr. Bihari: These are lung cancers due to smoking.

Dr. Kokayi: Because there's really --

Dr. Bihari: Very common.

Dr. Kokayi: It's very common, but therapeutic effectiveness --

Dr. Bihari: There's nothing --

Dr. Kokayi: There's nothing, right --

Dr. Bihari: My own attitude about chemotherapy in patients I see with cancer, is if they have one of those rare cancers that's very sensitive to chemotherapy, like cancer of the testicle, I encourage them to do that, to take it, and take Naltrexone afterwards to prevent recurrence. These drugs are licensed to treat cancer. Naltrexone is not yet licensed to treat cancer, although it's a licensed drug. It's been on the market for nineteen years. Its use in these low doses is called an "off-label" use. Any doctor can prescribe it. And growing numbers of oncologists and neurologists in the country are prescribing it.

Dr. Kokayi: I think it would be interesting you know just to talk a little bit about the process ... a lot of physicians don't really know about it and it's not talked about. This is a big deal.

Dr. Bihari: Well, I think it could turn out to be a big deal when it's picked up, if it's picked up. We set up a web site, [www.ldninfo.org](http://www.ldninfo.org), which brings up about thirty

pages of written material describing all the diseases, and how they respond, and how many cases we have of them. There's some small trials going on, there's two trials in people with Crohn's Disease, which is an autoimmune disease of the small intestine, one in Jerusalem, and one in New York. There's a trial in Israel for multiple sclerosis. The national cancer institute has copies of twenty charts of my patients who have agreed to share their charts. These are people who have done well on Naltrexone when nothing else could explain how well they've done. They intend to present them to a committee for recommendations as to whether to invest and test it in the network of cancer research.

Dr. Kokayi: You know, when I think about Africa and AIDS, this is exactly the kind of medicine there needs to be there....

Dr. Bihari: This is perfect. In fact, we've been working with the largest pharmaceutical company in the developing world called (inaudible) in India to get a trial going, probably in Africa, in the Republic of South Africa, in which half the HIV patients get the drug, half get a placebo, and they should be able to show in about nine months, using two to three hundred patients, that this drug stops progression.

Once it does, it will be manufacturable at less than ten dollars per year per person. That's been the big problem -- the anti-HIV drugs are so expensive. The average income in Africa is about eighty dollars per year.

Dr. Kokayi: I can only imagine just the financial stress that you've had to go through just to keep this whole project alive. It's one thing to prescribe things as an individual doctor, but to get recognition within the scientific community is a bit difficult.

Dr. Bihari: It really bothers me when doctors say, "Oh, I can't prescribe that, because he hasn't done a placebo-controlled trial." That's a full-time job, for two, three years involving eight or nine centers around the country. I'm working with a number of diseases in my office, and a lot of money goes out paying for the website, for patents to cover low dose naltrexone, and (inaudible) things like that. It's very very expensive. But I can't stop doing it. My wife and I would love to do some traveling -- I think we've earned it -- but I really can't stop until the drug is out there. It's as much of a burden as it does a pleasure.

Dr. Kokayi: I really hope that at least your sharing with our listening audience today helps to make people more aware. People should be clamoring for it. We're running out of time, but I wanted to go back to the treatment of autoimmune diseases. I always pictured them as the body is attacking its own tissues. I pictured these antibodies actually honing in there. But you're saying that, in large measure it's an actual endorphin deficiency.

Dr. Bihari: It's an endorphin deficiency which weakens the immune system, so that certain cells in the body forget to distinguish between the body tissues and bacteria or viruses, so when these cells are activated by an infection they attack the bacteria and they attack you. Restoring the immune function to normal stops that. So far, the drug

works dramatically in all the diseases that are labeled autoimmune diseases.

Dr. Kokayi: And you've treated lupus with this.

Dr. Bihari: I've treated -- I have two dozen cases of lupus. I have about the same number of people with rheumatoid arthritis. I have about twenty people with Crohn's Disease. A number of rheumatologists who specialize in these diseases in New York are now beginning to use it, because we have cases in common, and they see.

Dr. Kokayi: Right

Dr. Bihari: Because they're using cancer drugs

Female Voice: Dr. Bihari, is this being used with children with ADD?

Dr. Bihari: I doubt that it would work, knowing the nature of ADD. I doubt that it would work. It doesn't do everything for everybody. I don't think it would.

Dr. Kokayi: Again, going back to the idea of giving a medicine that at a higher dose actually blocks the chemical system, but a lower dose actually augments it.

Dr. Bihari: And enhances the body's defenses -- that's essential.

Dr. Koyayi: This idea gives the pharmaceutical industry something to do, rather than giving people high doses of medication.

Dr. Bihari: It certainly would. It will take this drug to be licensed, picked up by a pharmaceutical company and tested, licensed, and once it's widely used, then this approach to medicine -- every medical researcher will start thinking about it. It's an entirely different approach to the body and illness.

Dr. Kokayi: What is the next step? Is there anything that the listening audience can do that might be helpful for to make this more -- not even make it more available, because it's just a prescription any doctor can write. I guess it's the information --

Dr. Bihari: The information, getting it from the website, getting doctors to prescribe it. I'm always happy to take calls from doctors and spend as much time as I need, because the more doctors prescribe it, the more widely used it will be. Currently, as far as we can calculate it, over eighty thousand people in the U.S. and western Europe are on the drug, and the numbers are increasing rapidly.

Dr. Kokayi: I'd like you to give your website one more time and the number where people can reach you ... Well with that, thank you again and I'm sure we will be talking to you again

## CONFERENCES – INTRODUCTION

The outstanding clinical (patient) successes of low dose naltrexone as a treatment for so many autoimmune conditions -- including MS, lupus, rheumatoid arthritis, Crohn's disease, fibromyalgia, HIV/AIDS and many cancers – has led several physician and patient advocates to both study and report on the successes they have experienced. They have done this by convening both national and international conferences on LDN. In addition, these advocates have worked tirelessly to convince researchers to study LDN.

This section of the ebook will give you a detailed snapshot of the four (so far) national LDN conferences (the fifth will take place this October 19<sup>th</sup> at the National Institutes of Health in Bethesda, MD), as well as the first (so far) international LDN conference, which took place in Glasgow, Scotland on April 25<sup>th</sup>, 2009.

Several of the LDN websites mentioned earlier in this ebook contain information about these conferences. The most complete information about the conferences, **including audios and videos of most of the speakers**, may be obtained on Dr. Gluck's site, [www.lowdosenaltrexone.org](http://www.lowdosenaltrexone.org)

## **First National LDN Conference – June 1, 2005, New York Academy of Sciences, New York City**

To access audios and videos of all the presentations, go to <http://lowdosenaltrexone.org/conf2005.htm>

### **Highlights**

- **Crohn's Study Successful; Large-Scale Trial Planned.** Dr. Jill Smith, Professor of Gastroenterology at Penn State's Hershey Medical Center, **recently completed an open-label, pilot feasibility study using low-dose naltrexone in Crohn's disease.** As reported previously on this website, her pilot study **began in November 2003.** With her permission, it was reported at the conference that she was **very pleased with the results** of the study, and has submitted an application to the NIH to conduct a larger placebo-controlled trial. This is wonderful news—if it were to happen, it would be the first scientific clinical trial using LDN to be accomplished at a US medical center.

Here is the [PubMed abstract](#) of the study results, as published in the Journal of Gastroenterology 2 years later, in 2007, Low-dose naltrexone therapy improves active Crohn's disease, Smith JP, Stock H, Bingaman S, Mauger D, Rogosnitzky M, Zagon IS.

- **Dr. Skip Lenz's Survey Demonstrates Marked Success Rates for LDN in MS.** Dr. Skip Lenz presented a study, conducted with the aid of several research interns, in which virtually all of the clients of his compounding pharmacy who have received prescriptions of LDN were surveyed. The preponderance of use was for multiple sclerosis, with a lesser percentage for other diseases. **Within the MS group, some 238 patients, over 90% reported definite improvement or no worsening while using LDN.** As Dr. Lenz put it: "These numbers are...beyond just maybe."
- **Gironi Plans Clinical Trial for LDN.** Dr. Maira Gironi, MD, PhD, a neurological researcher from Italy, discussed her published work that has demonstrated **reduced levels of beta-endorphins in all forms of MS, and, in addition, revealed that she is planning a clinical trial of LDN in the treatment of MS.**

*Here is the [abstract of the study, published in PubMed](#), 3 years later, in 2008, in the journal, Multiple Sclerosis.*

- **First Book on LDN Published.** Mary Anne Boyle Bradley spoke of her new book, [Up the Creek with a Paddle: Beat MS and Many Autoimmune Disorders with Low Dose Naltrexone \(LDN\)](#), which has the distinction of being the very first published book devoted to the subject of LDN. The book details Bradley's own story of how she stumbled across LDN as a treatment for her husband's MS, and her activities as an LDN activist since. Her book is available from [Amazon](#) and other major booksellers, and is already receiving excellent reviews.
- **Sedlock to Host Second Annual Conference.** Susan Sedlock announced at the end of the conference that she would like to host next year's conference (the Second Annual LDN Conference) in Washington, D.C.

## **Second Annual LDN Conference -- April 7, 2006, National Library of Medicine, Bethesda, MD**

To access audios and videos of all the presentations, go to <http://lowdosenaltrexone.org/conf2006.htm>

### **2006 Post-Conference Report**

The Second Annual Low Dose Naltrexone (LDN) Conference was held on Friday, April 7th, 2006 in the Lister Hill Center Auditorium of the National Library of Medicine at the National Institutes of Health in Bethesda, Maryland. The conference theme, "**The Future Is Now**," was selected because it **reflects the amazing strides that have been made in LDN research and clinical trials since our last gathering.**

During the course of the day, the attendees, **who came from the far corners of the United States as well as from Europe**, were treated to a series of expert presentations from a number of researchers, physicians, and LDN advocates.

The conference demonstrated that low dose naltrexone is a viable and potent form of therapy for a wide range of diseases. In addition, conference presenters described a number of new applications for LDN, including the remarkable power of the drug in treating childhood autism, and its potential in dealing with gynecological issues such as pre-menstrual symptoms, endometriosis, and polycystic ovaries.

Credit for the success of the conference goes to **Susan Sedlock**, who volunteered as the organizer and coordinator of the conference proceedings. In addition, many thanks are due to **Dr. Skip Lenz, his wife Cyndi, and his son Adam**, who graciously provided audio/visual support and other printing services for the conference.

Ms. Sedlock chose to designate the Second Annual Low Dose Naltrexone Conference as a fund raiser for **THE LDN FOR MS RESEARCH FUND**, and has contributed all registration fees to that cause. We continue to encourage all of our readers to support the Fund if at all possible—click [here](#) for donation information.

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## 2006 Conference Multimedia Notes:

- **Susan Sedlock**, the organizer and coordinator for the 2006 conference, greeted the attendees and emphasized the great improvement that LDN had provided for her father for the several years after he was diagnosed with multiple myeloma in his late 80s.
- **Dr. David Gluck**, editor of the website [www.ldninfo.org](http://www.ldninfo.org) and one of the organizers of last year's conference, discussed "**The Year in LDN.**" He highlighted major contributions since June 2005 to strengthening the belief in LDN's efficacy and in its probable mode of action. In the latter half of his talk, he read remarkable messages from two people with multiple sclerosis and one person with amyotrophic lateral sclerosis, all of whom were struck with the obvious benefits of their LDN treatment.
- **The Keynote Speaker, Dr. Jill Smith**, Professor of Gastroenterology at the Hershey Medical Center (Pennsylvania State University), described her two breakthrough trials that demonstrated the successful use of LDN both in Crohn's disease in humans as well as in induced inflammatory bowel disease in mice.

Dr. Smith's studies, to be published in a major gastroenterology journal, **represent the first reported human research on LDN at an American medical center.** Dr. Smith presented the detailed results at Digestive Disease Week in May 2006 in Los Angeles. This meeting attracts more than 20,000 gastroenterologists and is the largest such in the world.

**Here is the PubMed abstract of the study results, as published in the Journal of Gastroenterology in 2007 ([Am J Gastroenterol](http://www.ncbi.nlm.nih.gov/pubmed/17222320). 2007 Apr;102(4):820-8. Epub 2007 Jan 11) at <http://www.ncbi.nlm.nih.gov/pubmed/17222320>**

For further details on the Penn State studies, see the [Clinical Trials for LDN page](#), and [Penn State's online news](#), <http://live.psu.edu/story/17985> -- Penn State research shows withdrawal drug offers relief for Crohn's sufferers

- **Dr. Jaquelyn McCandless**, a **Board-certified specialist in Psychiatry and Neurology**, took up the cause of **childhood autism 10 years ago** when her granddaughter was diagnosed with that disorder. Dr. McCandless delivered a detailed discourse on the suspected causes of autism spectrum disorders and highlighted the role of LDN, which has impressed some 75% of affected parents as contributing to significant improvements in cognition and socialization in their children.

She also announced a current clinical study using LDN in autism involving 30 children and 70 adults, which will measure a panel of immune markers both before and after the sixteen weeks of the research, ending in June 2006.

Dr. McCandless said that, with LDN and other new treatment approaches, if she were given an autistic child by the age of three, she has grown much more optimistic about the child's being able to attend a mainstreamed kindergarten. Dr. McCandless is the author of the book *Children With Starving Brains*, and has written an [article](#) summarizing her work in using LDN to treat autism.

- **August 11 09 Progress Report**

Posted on August 11th, 2009 by admin

If patience is a virtue, then those of us involved with the Mali LDN Study must be becoming virtuous people! When we started the Initiative in Mali several years ago, we expected to be completed by the beginning of 2009 and certainly by now. However, as we have reported before, the stigma of being HIV positive in Mali and the stringent CD4 count requirements of our protocol have led to a very long enrollment process.

However, we have news to report!

Enrollment in all three groups—LDN only, LDN and HAARV meds, and HAARV meds only—was completed at the end of July (171 participants in all). With that milestone passed, the program will definitely complete in early March of 2010. The other piece of good news is that more than 80% of the testing has now been completed. That means 80% of the CD4 and hemoglobin tests that are done six times on each participant have been completed. For each participant, these tests are done at the start of the clinical period, after 15 days, and at the end of the first, third, sixth and ninth months. Most of the testing will be done by the end of this year with only the last few enrolled participants still undergoing testing in early 2010.

Meanwhile the GECP council groups have continued steadily with about 65 participants in the monthly meetings at any one time. As participants complete their nine-month clinical testing and leave the protocol, new participants have joined the councils. There are both men's, women's and mixed councils going, with attendance remarkably high in the majority of circles. The council discussions have dealt with the basic issues surrounding HIV/AIDS plus other issues of general importance. These topics include dealing with the

HIV/AIDS stigma (within and outside the family), how to convince partners to commit to protected sex, experiencing the freedom that comes from acceptance of the illness and the possibility of healing, the empowerment of women to protect their health and to express their feelings in intimate matters, whether it's better to marry someone who is also HIV positive, how to generate enough income to feed the family and so on. The groups have been lively and remarkably open for a society in which intimate communication between men and women is virtually non-existent. Obviously, at least many of the program participants were ready to break through long-standing Malian gender cultural barriers. We are now beginning to analyze the semi-quantitative evaluations of each council provided by the council facilitators. There are now six council leaders working in Bamako, all of whom have been trained by us and have been leading councils now for at least a year—some more than two! The success of the council work has been encouraging and gratifying.

The formal analysis of the CD4, hemoglobin and interferon-alpha data will have to wait until the testing is completed. However, a preliminary review of the CD4 data shows a few trends:

- Unavoidably, there are uncontrolled variables in the study, primarily because Mali is the second poorest country in sub-Saharan Africa—with a poverty rate that is currently increasing. This affects many issues including the dietary habits of participants, participant compliance with taking the meds, the prevalence of other infections and illnesses besides HIV/AIDS, etc. These factors may explain why, thus far, it appears that taking LDN alone is not sufficient to increase the CD4 levels for most of the HIV positive individuals in our study. However, the LDN does seem to prevent some participants from large drops in CD4 count and from developing AIDS symptoms over the short haul (nine months). Whether this is significant has yet to be determined. We plan to compare the change in CD4 count for the LDN-only group with the 80 count average yearly loss that the literature reports for HIV positive individuals who are not being treated at all to see if the change in CD4 levels in the group taking only LDN is significantly less than this level. We will have to wait until early 2010 to make this determination.
- The participants who are taking LDN and the standard HAART medication and those taking just the HAART meds are showing significant increases in CD4 count. How much of this increase is due to the LDN and how much to the

HAART medication cannot be fully determined until after all the testing is completed.

- We also plan to look at the CD4 percentage as a measure of the strength of the immune system rather than just the CD4 count alone. Recent studies indicate that the percentage of the CD4 cells to the total white count may be a more useful and stable measure of immune system strength than the CD4 count alone. We will also be looking into more complex measures of immune system strength that includes hemoglobin and other data available in the study.

Apart from whatever the final statistical results turn out to be, it is already clear that we have learned a lot about implementing an LDN protocol—the first such quantitative clinical study for HIV+ anywhere in the world, as far as we know. This in itself will contribute to LDN being accepted into the medical community and we trust will spur further LDN studies in other countries. Another significant plus to the study is that efforts are already underway to arrange for LDN to be available in Mali once the study is completed next spring. This will be a boon to the population—and not only for those who are HIV positive. From Mali, the availability can spread to other African countries.

On the financial front, the current monthly budget is running about \$5,000, so we have to raise about \$45,000 to cover the final nine months of the program. This will include all the analyses and writing of papers that will follow the end of the clinical study next spring. As always, we will greatly appreciate whatever support readers of this web site can provide, as our own funds are virtually tapped out.

We will keep you all informed as testing comes to a close and quantitative results become available. We want to thank all those who have supported this program, both financially and through their efforts to inform both the medical profession and potential users of LDN of the medication's enormous potential for strengthening the immune system.

- **William Way** spoke as one of five participants on the LDN Advocates Panel. He described having first tested positive for HIV 16 years ago—since that time he has used nothing stronger than nightly LDN to treat the HIV infection. During these many years he reports that his **CD4 cell count has, for the most part, remained in a favorable** zone, and he has been **symptom free**. In contrast to virtually any other person who has

carried an HIV infection for many years, Mr. Way has never had to use antiretroviral drugs, thus avoiding the attendant expense, annoying schedules, and risk of side-effects. **Mr. Way's entire talk can be viewed [here](#).**

The LDN Advocates Panel featured presentations by **Ann Brasher**, **Brenda Powell** (whose words were read by Joel Gluck), **William Way**, **Susan Sedlock**, and **Mary Boyle Bradley**.

- **Dr. Phil Boyle**, a specialist in fertility care in Galway, presented a talk entitled "LDN in Clinical Practice—a **Family Physician's Experience from Ireland**." Dr. Boyle's presentation provided a compelling window into his journey from being an LDN skeptic to achieving unambiguous results with the drug in his own clinical practice. He spoke with honesty and humor of his experiences with both physician specialists (most of whom refused to put his findings into practice) and a **wide range of patients troubled with rheumatoid arthritis, MS, gynecologic issues, and other disorders**.

Following the work of **Dr. Thomas Hilgers of Omaha, Nebraska, who has used naltrexone since 1990 in the treatment of infertility**, Dr. Boyle has begun to see the application of LDN in his own infertility practice for patients who appear to have an underlying problem with inadequate endorphins. He suggests that issues such as endometriosis, polycystic ovarian disease, and premenstrual disorders may all respond favorably to LDN. Dr. Boyle has written a [patient information leaflet](#) on the use of LDN for abnormal gynecologic health.

- **Dr. Skip Lenz** presented his **survey of 255 new patients** who received prescriptions for LDN. This was done to determine the incidence of side effects among those who had discontinued its use (80) and those still taking it (175). **Of the 255 patients surveyed, only 13% experienced side effects while taking LDN.** Half of the side effects were mild, temporary sleep disturbances; one-fourth of the side effects reported were related to muscle stiffness.
- **Dr. Pat Crowley** is currently working in County Kilkenny, Ireland in a two-man family practice. He participated in making a **half-hour documentary film** about LDN that features an extensive interview with Dr. Bernard Bihari and comments from two of Dr. Crowley's patients with MS.

## **Third Annual LDN Conference – October 20, 2007, Vanderbilt University, Nashville, TN**

To access audios and videos of all the presentations, go to  
<http://lowdosenaltrexone.org/conf2007.htm>

### **2007 Post-Conference Report**

**With a full-capacity attendance of 130**, the Third Annual Low Dose Naltrexone Conference was held on Saturday, October 20th in the Student Life Center of Vanderbilt University in Nashville, Tennessee. The conference theme, "**Breaking Down Barriers**", underscored the quantum leap in the number of research centers at which trials of LDN have been implemented within the past year.

Many thanks to all of the donors who supported the conference and enabled the forgoing of any registration fee. Major financial support was received from both **Victor Falah** of Irmat Pharmacy and **Skip Lenz** of Skip's Pharmacy. Sincere thanks also to Cyndi Lenz and Adam Lenz who videotaped and photographed the entire conference, providing the multimedia files accessed through this webpage.

Following are the speakers in the order of their presentations:

- **Coordinators Brenda Powell and Sunny Sedlock:** Welcome
- **David Gluck, MD:** Overview of a “tipping point” year, with updates on 6 current clinical trials of LDN.
- **Jill Smith, MD:** Progress report—the Phase II trial of LDN for Crohn's disease at Pennsylvania State University [*Editor's Note: Dr. Smith's presentation was not recorded at her request because the data in her presentation is pending publication.*]
  - **Here is the PubMed abstract of the study results, as published in the Journal of Gastroenterology in 2007**, [Am J Gastroenterol](#). 2007 Apr;102(4):820-8. Epub 2007 Jan 11. At <http://www.ncbi.nlm.nih.gov/pubmed/17222320>
- **Burt Berkson, MD:** Private practice experiences with LDN for cancers and autoimmune diseases – (see also)

**[The Alpha Lipoic Acid Breakthrough](#) – Dr. Berkson's book**

<http://www.scribd.com/doc/1811290/Berkson-et-al-2006> -- the longterm survival of a patient with pancreatic cancer with metastases to the liver after treatment with intravenous lipoic acid/low dose naltrexone protocol – integrative cancer therapies, 2006

<http://www.ldn4cancer.com/files/berkson-b-cell-lymphoma-paper.pdf> -- reversal of signs and symptoms of a B-Cell lymphoma in a patient using only low dose naltrexone— integrative cancer therapies, 2007

[Dr. Berkson's interview with HonestMedicine.com](#)

[Dr. Berkson's interview with Mary Boyle Bradley](#)

- **Terry Grossman, MD:** Medical approaches, including LDN, for stage IV renal cancer
- **Dr. Skip Lenz:** A pharmacy's survey of treatment outcomes in 248 patients using LDN for multiple sclerosis
- **Dr. Pat Crowley:** Practitioner in Ireland—50 patients on LDN for multiple sclerosis
- **Dr. Brendan Quinn:** Pharmacist from county Galway reports main local uses of LDN
- **Dr. Tom Gilhooly:** Planned trial in Scotland on urological effects of LDN in MS (*unable to attend; paper read*)
- **Dr. Jaquelyn McCandless:** LDN for Autism and details on the new study in Mali of LDN for HIV (*unable to attend; materials presented*)
- **Dr. David Gluck and Conference Attendees:** Attendee commentary, Q&A, and Dr. Gluck's closing remarks

## **Fourth National LDN Conference -- October 11, 2008, USC Health Sciences Campus, Los Angeles, CA**

To access audios and videos of all the presentations, go to <http://lowdosenaltrexone.org/conf2008.htm>

### **2008 Post-Conference Report**

The Fourth Annual Low Dose Naltrexone (LDN) Conference was held on Saturday, October 11th in the Mayer Auditorium on the USC Health Sciences Campus in Los Angeles, California. The conference theme, "**A Revolution in Research**", was selected because it reflected the striking increase in the amount of LDN research accomplished within the prior year.

In addition to hearing from the scheduled speakers (see below), attendees were treated to a presentation from Aristo Vojdani, Ph.D., who is an expert in tumor immunology and the CEO of Immunosciences Lab., Inc. of Beverly Hills, CA. Dr. Vojdani spoke on "Mechanisms Associated with LDN Therapy in Autism and HIV".

Credit for the success of the conference goes once again to **Sunny Sedlock** (a.k.a. Sunny S. O'Malley), the tireless organizer and coordinator of the conference proceedings. Not only did she achieve an increased number of sponsors—and we are deeply grateful to all of those donors\*—but she **designated this Conference as a fundraiser for Dr. Jaquelyn McCandless' LDN for HIV trial in Mali**, through the Ojai Foundation Africa Fund. Through this effort, attendees contributed a total of \$5,595 much-needed dollars to that vital study.

Following are the speakers in the order of their presentations:

- **Coordinator Sunny Sedlock:** Welcome featuring Sammy Jo Wilkinson, Deidre Alejo, Aletha Wittman, and Vicki Finlayson
- **SEDLOCK INTERVIEWS**
- **David Gluck, MD:** LDN Attracts Scientific Researchers—An Overview of the Past Year

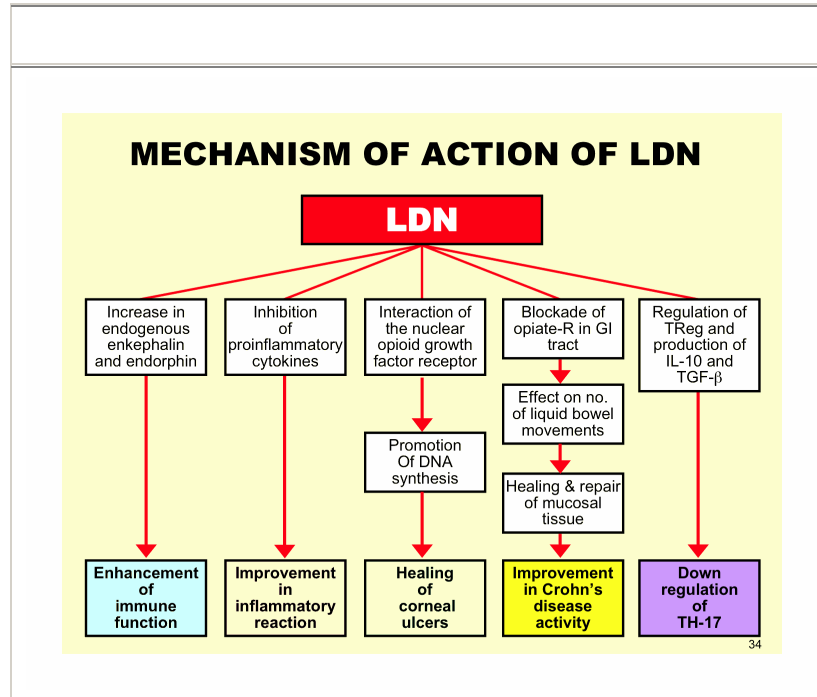
*Dr. David Gluck is Board Certified in two specialties: Internal Medicine and Preventive Medicine. After over 30 years in practice*

*and a long friendship with Dr. Bernard Bihari, who is the discoverer of the clinical effects of low dose naltrexone, Dr. Gluck retired and, along with his son Joel, has devoted himself over the past eight years to spreading information to the world through their web site, [www.ldninfo.org](http://www.ldninfo.org).*

- **Jaquelyn McCandless, MD:** LDN—Ongoing Clinical Trial for HIV/AIDS in Mali and Current Clinical Use in Autism Spectrum Disorder

*Jaquelyn McCandless, MD, is certified by the American Board of Psychiatry & Neurology, and practices alternative, anti-aging and autism medicine in Honokaa HI. Author of “Children with Starving Brains, A Medical Treatment Guide for Autism Spectrum Disorder,” she teaches and mentors clinicians and consults and writes on the bio-medical approach to autism. Applying immune benefits she learned for autism exploring LDN, **she and husband Dr. Jack Zimmerman are now researching this medication in Mali Africa for HIV/AIDS.***

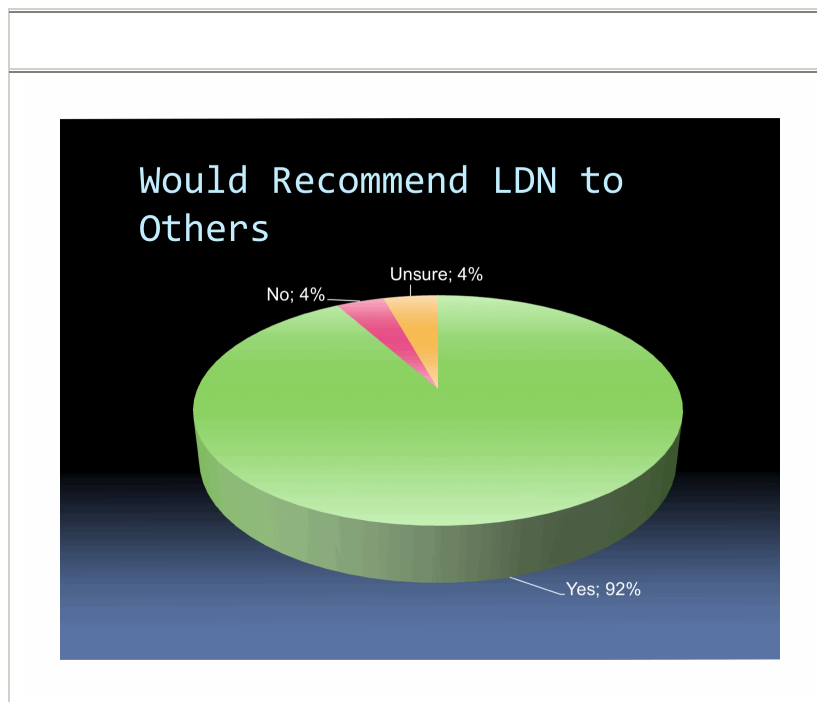
- **Aristo Vojdani, Ph.D.:** Mechanisms Associated with LDN Therapy in Autism and HIV



*Dr. Vojdani obtained his Ph.D. in the field of microbiology and clinical immunology with postdoctoral studies in tumor immunology. His area of expertise includes the role of environmental factors in immune*

*system disorders and the development of biomarkers for the early detection and prediction of autoimmune diseases and cancer. He is CEO and Technical Director of Immunosciences Lab., Inc. in Beverly Hills, CA; member of the editorial board of three scientific journals; and has published more than 110 articles in scientific journals. He is noted for his papers on immune function abnormalities in children with autism. Dr. Vojdani has had the privilege of testifying before the US Senate Committee on Veterans Affairs, providing crucial evidence in regards to the effect of chemical agents on veterans who developed neuroimmunological disorders acquired during service in the Persian Gulf. In 2006, Dr. Vojdani was given the prestigious Herbert J. Rinkel Award by the American Academy of Environmental Medicine (AAEM) for excellence in teaching the techniques of environmental medicine.*

- **Dr. Skip Lenz:** A Word From The Pharmacist



*Dr Skip Lenz originally graduated from Massachusetts College of Pharmacy. He received his doctorate with highest honors at the University of Florida after completing a rigorous Pharm. D. program. He has been practicing Pharmacy for 30 years in many different settings including retail, manufacturing, long term care, home health, and research and development.*

- **Dr. Tom Gilhooly: Clinical Trial on Urological Effects of LDN in Multiple Sclerosis.**

*Dr. Tom Gilhooly is involved in several ongoing research projects including The Chinese Illness Perception Study and a study into bladder dysfunction in Multiple Sclerosis. **He is also involved in fund raising for MS research.***

- **Burt Berkson, MD: LDN in Pancreatic Cancer and in Autoimmune Disease**

*Dr. Burt Berkson practices medicine in New Mexico and is an adjunct professor at New Mexico State University. He has authored, or co-authored 4 books; *The Alpha-Lipoic Acid Breakthrough* (Random House-Crown, 98), *All About the B Vitamins* (Avery, 98), *Syndrome X* (John Wiley, 2001, with co-authors) and *A Users Guide to the B Vitamins* (Basic Health Publications).*

- **Joseph Wouk: Personal Experience with MS & LDN**

*Joseph Wouk is a writer who has become an ardent advocate of LDN. He is currently working on a book about the topic.*

## **Glasgow LDN Conference 2009**

**The first European Low Dose Naltrexone Conference, Glasgow University, 25th April, 2009** -- <http://glasgowldn2009.com/2009/04/first-european-ldn-conference-report/>

**To access audios and videos of all the presentations, go to <http://glasgowldn2009.com/category/conference-sessions/>**

The following report summaries the proceedings of the First European LDN Conference held in Glasgow, Scotland on the 25th of April 2009. The conference sessions were also recorded and videos will be available soon.

### **LDN Conference Report**

The conference was opened by **Linda Elsegood from the LDN research Trust** who outlined her own experience with MS and the great response she had to LDN. This very positive response led to her setting up the charity dedicated to supporting and encouraging research into LDN in the UK. Linda announced that the **charity has raised £22,000 to date** although has yet to find a research project to support.

**Dr Tom Gilhooly gave a summary of the research on LDN published to date, including animal and human studies.**

The first publication on low dose naltrexone was an animal study by Prof Ian Zagon from Penn State University in 1981. He is still active in LDN research and is currently preparing for publication some very exciting animal research on MS which confirms the efficacy of LDN in the animal model for MS. Significantly, this study was funded by the MS Society of America giving a clear message to the only accredited funders in the UK.

**Five disease areas have been subject to publications on LDN in human studies.** The most recent was a ten patient pilot study on **Fibromyalgia** published in Pain Medicine in April 2009. This showed significant improvements in pain and mental health in six out of ten patients.

- The PubMed Abstract of this study, “Fibromyalgia symptoms are reduced by low-dose naltrexone: a pilot study,” is here: [http://www.ncbi.nlm.nih.gov/pubmed/19453963?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_DefaultReportPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/pubmed/19453963?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum) -- *Pain Med.* 2009 May-Jun;10(4):663-72. Epub 2009 Apr 22. **Younger J, Mackey S.**



- The study of **primary progressive multiple sclerosis** by **Maira Gironi** from Milan was **published in 2008 showing a reduction in spasticity and minimal side effects**. **The PubMed Abstract** is published here:  
[http://www.ncbi.nlm.nih.gov/pubmed/18728058?ordinalpos=5&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_DefaultReportPanel.Pubmed\\_RVDocSum, Mult Scler. 2008 Sep;14\(8\):1076-83](http://www.ncbi.nlm.nih.gov/pubmed/18728058?ordinalpos=5&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum, Mult Scler. 2008 Sep;14(8):1076-83)

**A pilot trial of low-dose naltrexone in primary progressive multiple sclerosis.**

[Gironi M](#), [Martinelli-Boneschi F](#), [Sacerdote P](#), [Solaro C](#), [Zaffaroni M](#), [Cavarretta R](#), [Moiola L](#), [Bucello S](#), [Radaelli M](#), [Pilato V](#), [Rodegher M](#), [Cursi M](#), [Franchi S](#), [Martinelli V](#), [Nemni R](#), [Comi G](#), [Martino G](#).

Institute of Experimental Neurology (INSPE) and Department of Neurology, San Raffaele Scientific Institute, Via Olgettina 58, Milan, Italy.



- The patient funded MS study from **University of California on Dr Bruce Cree** showed improvements in quality of life but has not yet been published.

[http://painsandiego.files.wordpress.com/2009/05/ldn-in-ms-bruce-cree-md\\_-2008-ucsf-poster.pdf](http://painsandiego.files.wordpress.com/2009/05/ldn-in-ms-bruce-cree-md_-2008-ucsf-poster.pdf) -- Poster for “**A Single Center, Randomized, Placebo-Controlled, Double-Crossover Study of the Effects of Low Dose Naltrexone on Multiple Sclerosis Quality of Life**”

### **Conclusions**

- 8 weeks of treatment with LDN significantly improved quality of life indices for mental health, pain, and self-reported cognitive function of MS patients as measured by the MSQLI

- An impact on physical quality of life indices including fatigue, bowel and bladder control, sexual satisfaction, and visual function was not observed
- The benefits of LDN were not affected by disease course, age, treatment order, or treatment with either interferon beta or glatiramer acetate
- The only treatment related adverse event reported was vivid dreaming during the first week of the study drug in some patients
- Potential effects of LDN beyond 8 weeks of treatment were not addressed in this study
- Multicenter RCTs of LDN in MS are warranted



- The very impressive **Crohn's disease pilot study from Penn State** was outlined (**results reported in following conferences**) as well a study showing improvements in quality of life among patients with **haematological cancers**. A study in **irritable bowel syndrome has also been published showing positive effects of LDN**.

Pharmacist Stephen Dickson gave a very interesting outline of the challenges he has faced in trying to supply LDN to patients in the UK. The saga of LDN capsules being impounded and then destroyed by Customs, as the MHRA decided that foreign imports were no longer allowed, was shared with a very interested audience. Despite the difficulties with dealing with the various regulatory bodies, he is committed to continuing to deliver this service to patients throughout the UK.

**Dr Burt Berkson** delivered a brilliant lecture on his treatment of cancer with LDN and intravenous alpha lipoic acid. Dr Berkson has published several remarkable case studies and he illustrates the results of treatment with PET and CT scan images which show the effect of this treatment on even very advanced cancers. He recently presented these cases to the National Institute of Cancer in America to great acclaim and is planning more extensive research soon.

<http://www.scribd.com/doc/1811290/Berkson-et-al-2006> -- the **longterm survival of a patient with pancreatic cancer with metastases to the liver after treatment with intravenous lipoic acid/low dose naltrexone protocol – integrative cancer therapies, 2006**

<http://www.ldn4cancer.com/files/berkson-b-cell-lymphoma-paper.pdf> -- reversal of signs and symptoms of a B-Cell lymphoma in a patient using only low dose naltrexone— integrative cancer therapies, 2007

**Mr. Joseph Wouk** gave an impassioned performance where he described his own LDN experience which has resulted in almost complete disappearance of his symptoms. Joe has written a book about his experience called Google LDN which is available from Amazon and also online. Joe finished off his talk with a video of Pink Floyd which completed his presentation of “Saving Lives, One at a time.” He has since written a book, titled [Google LDN](#).

**Dr Phil Boyle** from the Galway Fertility Centre, described the incredible fertility work that is carried out at this centre which included LDN in many cases. Although predominately a fertility clinic, Phil has had requests for LDN from many patients with MS and other autoimmune conditions. He reassured the audience that LDN is safe in pregnancy having had fifty healthy babies born to mothers who took LDN throughout the pregnancy. Not only that but he feels LDN greatly improves pregnancy outcomes and reduces risk of prematurity. LDN is also useful in treating endometriosis and polycystic ovarian disease. Dr Boyle made the point that LDN works best when given alongside appropriate nutritional support including vitamin D and omega 3.

<http://www.ldnireland.com/> -- MS/fertility site

<http://www.youtube.com/watch?v=1sZGQqYTVBg>

<http://www.blogtalkradio.com/search/low-dose-naltrexone/>

Dr Tom Gilhooly then outlined the progress with the Tyscore assay which measures immune activity which has now reached the stage where it is ready to be validated against other standard measures of oxidative stress. He also updated the conference on progress with the application for funding for the LDN MS study and on a new study on Autism which will be a joint effort between the Autism Treatment Trust and The Essential Health Clinic.

**The conference concluded with an expert panel discussion where Dr Bert Berkson, Dr Bob Lawrence, Dr Pat Crowley and Skip Lenz** - a pharmacist from Florida, answered questions on LDN from the audience.

There was a lively discussion and numerous interesting points raised including timing of LDN dose. The tradition of always dosing a night was called into question by both Stephen Dickson and Dr Tom Gilhooly, who find no difference in clinical outcomes with morning dosing but better compliance and less side effects. Skip Lenz whose pharmacy supplies over 20,000 patients said he was “ an

old Bihari guy” who stuck to night time dosing as there was evidence of a greater endorphin peak at night. **It was mentioned that Prof. Zagon felt that timing of dose was not important to clinical efficacy as long as the drug was only taken once daily.**

A very successful first European LDN conference ended with the announcement that next years conference will also be held in Glasgow on 23rd and 24th April 2010. It will include one day which will be purely medical/scientific and an open day similar in format to this conference.

Next year’s conference will be addressed by the author of the first paper on LDN in 1981, Prof Ian Zagon.

<http://glasgowldn2009.com/category/ldnvideos/> -- Jill Smith video from YouTube

<http://www.ldnitalia.org/> -- LDN – Italy

MORE RESEARCH <http://www.ldners.org/research.htm>

# THE LDN STUDIES

## Introduction

As you have seen in the previous section of this ebook, about the conferences that have been organized by LDN physician and patient advocates, the commitment of these people to getting LDN recognized and more fully utilized and prescribed is legion.

In this section, you will have an opportunity to read the full texts of the studies that have been completed so far, as well as the texts of those studies that are still -- because of insufficient funds -- in the planning stages.

You will remember from previous sections of this ebook that, because LDN is an off-label use of an inexpensive drug, approved in 1984 by the FDA for another purpose, pharmaceutical companies have not so far shown an interest in studying the drug – despite the drug’s outstanding performance with at least 100,000 patients worldwide. (Please see the press release in the beginning of this ebook.) Pharmaceutical companies have not shown an interest, most probably because there would be very little money to be made from studying and producing LDN. Just as troubling is the fact that, if a pharmaceutical company did opt to study LDN and subject it to the extremely expensive multi-phase clinical trial process, in order to recoup their costs, they would have to sell it at a hugely inflated price. Patients are now able to get the drug very inexpensively. The cost: \$20-\$40 a month. And no, insurance does not cover it because it is an off-label use of an FDA-approved drug. Also, LDN is not (yet) the standard of care drug for the conditions for which it is being prescribed. This is a vicious circle.

**Hopefully, these studies will help to change all this.**

: [Am J Gastroenterol](#). 2007 Apr;102(4):820-8. Epub 2007 Jan 11.

## ***Low-dose naltrexone therapy improves active Crohn's disease.***

[Smith JP](#), [Stock H](#), [Bingaman S](#), [Mauger D](#), [Rogosnitzky M](#), [Zagon IS](#).

Department of Medicine, Pennsylvania State University College of Medicine, Hershey, Pennsylvania 17033, USA.

**OBJECTIVES:** Endogenous opioids and opioid antagonists have been shown to play a role in healing and repair of tissues. In an open-labeled pilot prospective trial, the safety and efficacy of low-dose naltrexone (LDN), an opioid antagonist, were tested in patients with active Crohn's disease. **METHODS:** Eligible subjects with histologically and endoscopically confirmed active Crohn's disease activity index (CDAI) score of 220-450 were enrolled in a study using 4.5 mg naltrexone/day. Infliximab was not allowed for a minimum of 8 wk prior to study initiation. Other therapy for Crohn's disease that was at a stable dose for 4 wk prior to enrollment was continued at the same doses. Patients completed the inflammatory bowel disease questionnaire (IBDQ) and the short-form (SF-36) quality of life surveys and CDAI scores were assessed pretreatment, every 4 wk on therapy and 4 wk after completion of the study drug. Drug was administered by mouth each evening for a 12-wk period. **RESULTS:** Seventeen patients with a mean CDAI score of 356 +/- 27 were enrolled. CDAI scores decreased significantly ( $P = 0.01$ ) with LDN, and remained lower than baseline 4 wk after completing therapy. Eighty-nine percent of patients exhibited a response to therapy and 67% achieved a remission ( $P < 0.001$ ). Improvement was recorded in both quality of life surveys with LDN compared with baseline. No laboratory abnormalities were noted. The most common side effect was sleep disturbances, occurring in seven patients. **CONCLUSIONS:** LDN therapy appears effective and safe in subjects with active Crohn's disease. Further studies are needed to explore the use of this compound.

## A pilot trial of low-dose naltrexone in primary progressive multiple sclerosis

[http://www.ncbi.nlm.nih.gov/pubmed/18728058?ordinalpos=5&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_DefaultReportPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/pubmed/18728058?ordinalpos=5&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum)

[Mult Scler.](#) 2008 Sep;14(8):1076-83

- [Gironi M](#), [Martinelli-Boneschi F](#), [Sacerdote P](#), [Solaro C](#), [Zaffaroni M](#), [Cavarretta R](#), [Moiola L](#), [Bucello S](#), [Radaelli M](#), [Pilato V](#), [Rodegher M](#), [Cursi M](#), [Franchi S](#), [Martinelli V](#), [Nemni R](#), [Comi G](#), [Martino G](#).

Institute of Experimental Neurology (INSPE) and Department of Neurology, San Raffaele Scientific Institute, Via Olgettina 58, Milan, Italy.

A sixth month phase II multicenter-pilot trial with a low dose of the opiate antagonist Naltrexone (LDN) has been carried out in 40 patients with primary progressive multiple sclerosis (PPMS). The primary end points were safety and tolerability. Secondary outcomes were efficacy on spasticity, pain, fatigue, depression, and quality of life. Clinical and biochemical evaluations were serially performed. Protein concentration of beta-endorphins (BE) and mRNA levels and allelic variants of the mu-opioid receptor gene (OPRM1) were analyzed. Five dropouts and two major adverse events occurred. The remaining adverse events did not interfere with daily living. Neurological disability progressed in only one patient. A significant reduction of spasticity was measured at the end of the trial. BE concentration increased during the trial, but no association was found between OPRM1 variants and improvement of spasticity. Our data clearly indicate that LDN is safe and well tolerated in patients with PPMS.

PMID: 18728058 [PubMed - indexed for MEDLINE]

[http://www.ncbi.nlm.nih.gov/pubmed/19453963?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_DefaultReportPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/pubmed/19453963?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum)

[Pain Med.](#) 2009 May-Jun;10(4):663-72. Epub 2009 Apr 22.

## **Fibromyalgia symptoms are reduced by low-dose naltrexone: a pilot study**

[Younger J](#), [Mackey S](#).

School of Medicine, Department of Anesthesia, Division of Pain Management, Stanford University, 780 Welch Road, Suite 208, Palo Alto, CA 94304-1573, USA. jarred.younger@stanford.edu

**OBJECTIVE:** Fibromyalgia is a chronic pain disorder that is characterized by diffuse musculoskeletal pain and sensitivity to mechanical stimulation. In this pilot clinical trial, we tested the effectiveness of low-dose naltrexone in treating the symptoms of fibromyalgia. **DESIGN:** Participants completed a single-blind, crossover trial with the following time line: baseline (2 weeks), placebo (2 weeks), drug (8 weeks), and washout (2 weeks). **PATIENTS:** Ten women meeting criteria for fibromyalgia and not taking an opioid medication. **INTERVENTIONS:** Naltrexone, in addition to antagonizing opioid receptors on neurons, also inhibits microglia activity in the central nervous system. At low doses (4.5 mg), naltrexone may inhibit the activity of microglia and reverse central and peripheral inflammation. **OUTCOME MEASURES:** Participants completed reports of symptom severity everyday, using a handheld computer. In addition, participants visited the lab every 2 weeks for tests of mechanical, heat, and cold pain sensitivity. **RESULTS:** Low-dose naltrexone reduced fibromyalgia symptoms in the entire cohort, with a greater than 30% reduction of symptoms over placebo. In addition, laboratory visits showed that mechanical and heat pain thresholds were improved by the drug. Side effects (including insomnia and vivid dreams) were rare, and described as minor and transient. Baseline erythrocyte sedimentation rate predicted over 80% of the variance in drug response. Individuals with higher sedimentation rates (indicating general inflammatory processes) had the greatest reduction of symptoms in response to low-dose naltrexone. **CONCLUSIONS:** We conclude that low-dose naltrexone may be an effective, highly tolerable, and inexpensive treatment for fibromyalgia. PMID: 19453963 [PubMed - in process]

**The patient funded MS study from **University of California on Dr Bruce Cree** showed improvements in quality of life but has not yet been published.**

[http://painsandiego.files.wordpress.com/2009/05/ldn-in-ms-bruce-cree-md\\_-2008-ucsf-poster.pdf](http://painsandiego.files.wordpress.com/2009/05/ldn-in-ms-bruce-cree-md_-2008-ucsf-poster.pdf) -- Poster for "A Single Center, Randomized, Placebo-Controlled, Double-Crossover Study of the Effects of Low Dose Naltrexone on Multiple Sclerosis Quality of Life"

**Conclusions**

- 8 weeks of treatment with LDN significantly improved quality of life indices for mental health, pain, and self-reported cognitive function of MS patients as measured by the MSQLI
- An impact on physical quality of life indices including fatigue, bowel and bladder control, sexual satisfaction, and visual function was not observed
- The benefits of LDN were not affected by disease course, age, treatment order, or treatment with either interferon beta or glatiramer acetate
- The only treatment related adverse event reported was vivid dreaming during the first week of the study drug in some patients
- Potential effects of LDN beyond 8 weeks of treatment were not addressed in this study
- Multicenter RCTs of LDN in MS are warranted

**This study is still awaiting funding. Dr. McCandless and her husband have put a great deal of their own money into this study. A great many members of the LDN Community are raising money for this study. I am including it here, in hopes that others who read about this study will add their funding to the effort.**

- **Dr. Jaquelyn McCandless, a Board-certified specialist in Psychiatry and Neurology**, took up the cause of **childhood autism 10 years ago** when her granddaughter was diagnosed with that disorder. Dr. McCandless delivered a detailed discourse on the suspected causes of autism spectrum disorders and highlighted the role of LDN, which has impressed some 75% of affected parents as contributing to significant improvements in cognition and socialization in their children.

She also announced a current clinical study using LDN in autism involving 30 children and 70 adults, which will measure a panel of immune markers both before and after the sixteen weeks of the research, ending in June 2006.

Dr. McCandless said that, with LDN and other new treatment approaches, if she were given an autistic child by the age of three, she has grown much more optimistic about the child's being able to attend a mainstreamed kindergarten. Dr. McCandless is the author of the book *Children With Starving Brains*, and has written an [article](#) summarizing her work in using LDN to treat autism.

- **August 11 09 Progress Report – This study is still awaiting funding.**

Posted on August 11th, 2009 by admin

If patience is a virtue, then those of us involved with the Mali LDN Study must be becoming virtuous people! When we started the Initiative in Mali several years ago, we expected to be completed by the beginning of 2009 and certainly by now. However, as we have reported before, the stigma of being HIV positive in Mali and the stringent CD4 count requirements of our protocol have led to a very long enrollment process.

However, we have news to report!

Enrollment in all three groups—LDN only, LDN and HAARV meds, and HAARV meds only—was completed at the end of July (171 participants in all). With that milestone passed, the program will definitely complete in early March of 2010. The other piece of good news is that more than 80% of the testing has now been completed. That means 80% of the CD4 and hemoglobin tests that are done six times on each participant have been completed. For each participant, these tests are done at the start of the clinical period, after 15 days, and at the end of the first, third, sixth and ninth months. Most of the testing will be done by the end of this year with only the last few enrolled participants still undergoing testing in early 2010.

Meanwhile the GECP council groups have continued steadily with about 65 participants in the monthly meetings at any one time. As participants complete their nine-month clinical testing and leave the protocol, new participants have joined the councils. There are both men's, women's and mixed councils going, with attendance remarkably high in the majority of circles. The council discussions have dealt with the basic issues surrounding HIV/AIDS plus other issues of general importance. These topics include dealing with the HIV/AIDS stigma (within and outside the family), how to convince partners to commit to protected sex, experiencing the freedom that comes from acceptance of the illness and the possibility of healing, the empowerment of women to protect their health and to express their feelings in intimate matters, whether it's better to marry someone who is also HIV positive, how to generate enough income to feed the family and so on. The groups have been lively and remarkably open for a society in which intimate communication between men and women is virtually non-existent. Obviously, at least many of the program participants were ready to break through long-standing Malian gender cultural barriers. We are now beginning to analyze the semi-quantitative evaluations of each council provided by the council facilitators. There are now six council leaders working in Bamako, all of whom have been trained by us and have been leading councils now for at least a year—some more than two! The success of the council work has been encouraging and gratifying.

The formal analysis of the CD4, hemoglobin and interferon-alpha data will have to wait until the testing is completed. However, a preliminary review of the CD4 data shows a few trends:

- Unavoidably, there are uncontrolled variables in the study, primarily because Mali is the second poorest country in sub-Saharan Africa—with a poverty rate that is currently increasing. This affects many issues including the dietary

habits of participants, participant compliance with taking the meds, the prevalence of other infections and illnesses besides HIV/AIDS, etc. These factors may explain why, thus far, it appears that taking LDN alone is not sufficient to increase the CD4 levels for most of the HIV positive individuals in our study. However, the LDN does seem to prevent some participants from large drops in CD4 count and from developing AIDS symptoms over the short haul (nine months). Whether this is significant has yet to be determined. We plan to compare the change in CD4 count for the LDN-only group with the 80 count average yearly loss that the literature reports for HIV positive individuals who are not being treated at all to see if the change in CD4 levels in the group taking only LDN is significantly less than this level. We will have to wait until early 2010 to make this determination.

- The participants who are taking LDN and the standard HAART medication and those taking just the HAART meds are showing significant increases in CD4 count. How much of this increase is due to the LDN and how much to the HAART medication cannot be fully determined until after all the testing is completed.
- We also plan to look at the CD4 percentage as a measure of the strength of the immune system rather than just the CD4 count alone. Recent studies indicate that the percentage of the CD4 cells to the total white count may be a more useful and stable measure of immune system strength than the CD4 count alone. We will also be looking into more complex measures of immune system strength that includes hemoglobin and other data available in the study.

Apart from whatever the final statistical results turn out to be, it is already clear that we have learned a lot about implementing an LDN protocol—the first such quantitative clinical study for HIV+ anywhere in the world, as far as we know. This in itself will contribute to LDN being accepted into the medical community and we trust will spur further LDN studies in other countries. Another significant plus to the study is that efforts are already underway to arrange for LDN to be available in Mali once the study is completed next spring. This will be a boon to the population—and not only for those who are HIV positive. From Mali, the availability can spread to other African countries.

On the financial front, the current monthly budget is running about \$5,000, so we have to raise about \$45,000 to cover the final nine

months of the program. This will include all the analyses and writing of papers that will follow the end of the clinical study next spring. As always, we will greatly appreciate whatever support readers of this web site can provide, as our own funds are virtually tapped out.

We will keep you all informed as testing comes to a close and quantitative results become available. We want to thank all those who have supported this program, both financially and through their efforts to inform both the medical profession and potential users of LDN of the medication's enormous potential for strengthening the immune system.

# SURVEYS

**Dr. Skip Lenz & SammyJo Wilkinson**

It is obvious to most people (physicians and patients alike), who have observed the positive changes in patients taking low dose naltrexone, and who have read about the drug, that LDN is an extremely effective treatment for most autoimmune diseases, including multiple sclerosis, lupus, Crohn's disease, fibromyalgia and rheumatoid arthritis, as well as HIV/AIDS and many cancers.

The majority of patients who have banded together and taken up the LDN cause, so far, have been MS patients. They have worked hard to raise awareness of LDN, as well as money for research.

**One way that advocates have tried to stimulate and encourage researchers to put their time and energy into studying LDN, is through formal patient surveys. So far, 2 people, patient advocate SammyJo Wilkinson and compounding pharmacist, Dr. Skip Lenz, have conducted and publicized such surveys.**

I am including information about both of their surveys here:

NOTE: Dr. Skip Lenz has indicated that he will be presenting updated statistics at the October, 2009 conference at the National Institutes of Health in Bethesda. That information will be included in next year's ebook for International Low Dose Naltrexone Awareness Week.

# **A Patient Evidence-Based Medicine (PEBM) Study of Low Dose Naltrexone**

**Skip Lenz Pharm.D., F.A.S.C.P.**

**With Research Assistants:**

- Shanna Chambliss Pharm.D. (Candidate) University of Florida
- Vinay Patel Pharm.D. (Candidate) University of Florida
- Bandar Saleh Pharm.D. (Candidate) P.B.A. School of Pharmacy
- Jeremy Thomas Pharm.D. (Candidate) University of Florida
- Hew Fong Pharm.D. (Candidate) University of Florida
- Felicia Fong Kong Pharm.D. (Candidate) University of Florida

## **Demographics**

**Number of patients surveyed: 242 (p=vo.5)**

Number of patients with diagnosis of MS: 207 (as reported by patients)

Chronic progressive: 8 (4%)

Primary progressive: 13 (6%)

Secondary progressive: 35 (17%)

Relapse remitting: 79 (38%)

Unknown: 73 (35%)

**Number of Patients with diagnosis other then MS: 35 (as reported by patients)**

Cancer: 13

Fibromyalgia: 5

Neuropathy: 3

Prophylaxis: 3

Other: 11

Time Period Represented: 12/01/00 - 06/30/05

## Questionnaire

1. What is the reason (your diagnosis) for taking LDN
2. How long have you had this condition/disease
3. (if the diagnosis is Multiple Sclerosis) -  
Is the Condition type progressive or relapse/remitting? Or other
4. (if relapse remitting MS)  
When was your last exacerbation?
5. How would you rate your symptoms after starting LDN vs. before LDN  
a) Worsened b) No Change c) Improved
6. How long did it take for you to see a change in your symptoms since you started LDN?

## Results

### *Types of MS Reported by Patients*

Chronic progressive: 8 (4%)

Primary progressive: 13 (6%)

Secondary progressive: 35 (17%)

Relapse remitting: 79 (38%)

Unknown: 73 (35%)

### ***Overall Results After Taking LDN***

Improved 109 (54%)

No Change 86 (41%)

Worsened 12 (5%)

### ***Relapse Remitting Results***

Improved 48 (61%)

No Change 27 (34%)

Worsened 3 (4%)

Mixed 1 (1%)

### ***Unknown by Patient Results***

Improved 31 (43%)

No Change 33 (46%)

Worsened 8 (11%)

### ***Primary Progressive Results***

No Change 3 (23%)

Improved 10 (77%)

### ***Secondary Progressive Results***

Improved 17 (49%)

No Change 17 (49%)

Worsened 1 (2%)

### ***Chronic Progressive Results***

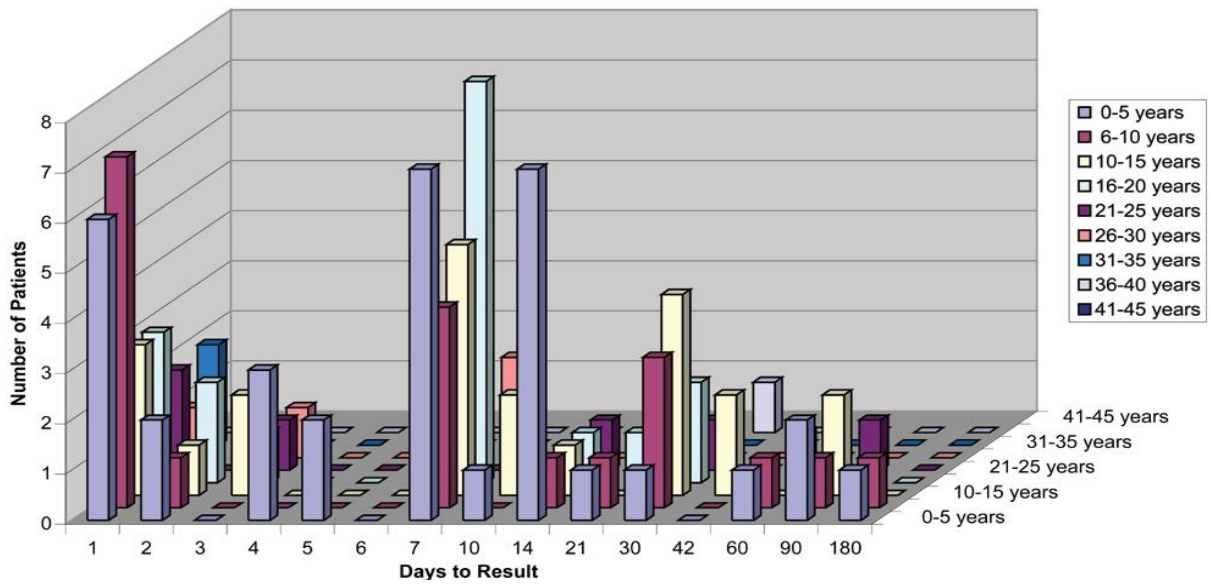
Improved 6 (74%)

No Change 1 (13%)

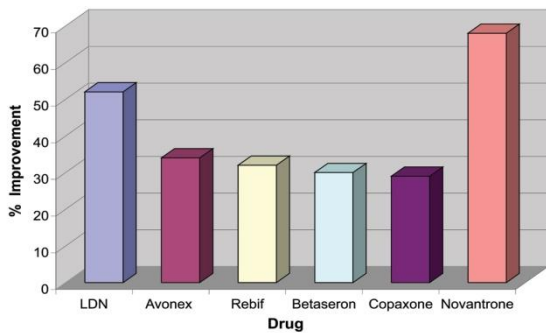
Mixed 1 (13%)

# Skip Lenz: continued

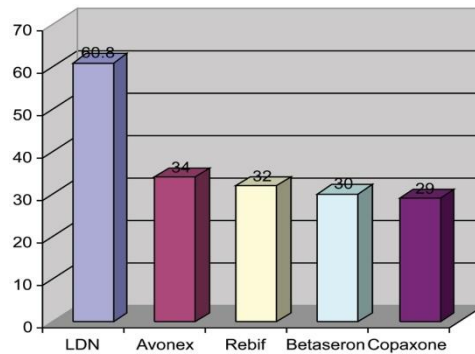
## Days to Results Versus Number of Years with Diagnosis



## Percent Improvement Based on Type of Drug Therapy



## Percent Improvement Based on type of Drug Therapy in Relapse Remitting MS



# Citations

www.avonex.com

www.rebif.com

www.betaseron.com

[www.popaxone.com](http://www.popaxone.com)

www.novantrone.com

Goodin, D.S. "Disease Modifying Therapy in Multiple Sclerosis" Report of the Therapeutic and Technology Assessment Subcommittee of the American Academy of Neurology and the MS Council for Clinical Practice Guidelines. Neurology #58 Jan 2002 pg. 169-178

Goodin, D.S. "The Use of Mitoxantrone (novantrone) for the treatment of Multiple Sclerosis" Report of the Therapeutic and Technology Assessment Subcommittee of the American Academy of Neurology. Neurology #61 Nov. 2003 pg. 1332-1338

## ADDITIONAL INFORMATION ABOUT DR. LENZ'S SURVEY

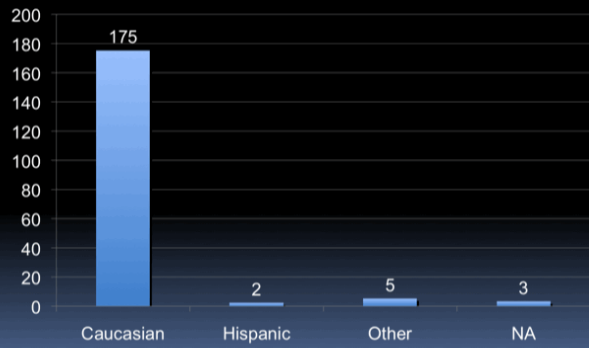
From LDN Conference, 2005

<http://www.lowdosenaltrexone.org/conf2005.htm>

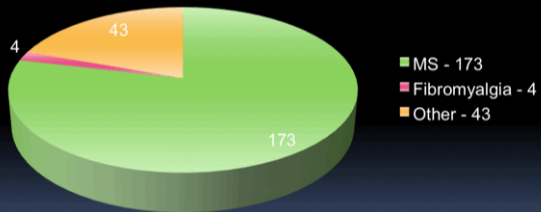
- **Lenz Survey Demonstrates Marked Success Rates for LDN in MS.** Dr. Skip Lenz presented a study, conducted with the aid of several research interns, in which virtually all of the clients of his compounding pharmacy who have received prescriptions of LDN were surveyed. The preponderance of use was for multiple sclerosis, with a lesser percentage for other diseases. Within the MS group, some 238 patients, over 90% reported definite improvement or no worsening while using LDN. As Dr. Lenz put it: "These numbers are...beyond just maybe."

<http://www.lowdosenaltrexone.org/conf2008.htm> -- Slides of Dr. Lenz's presentation

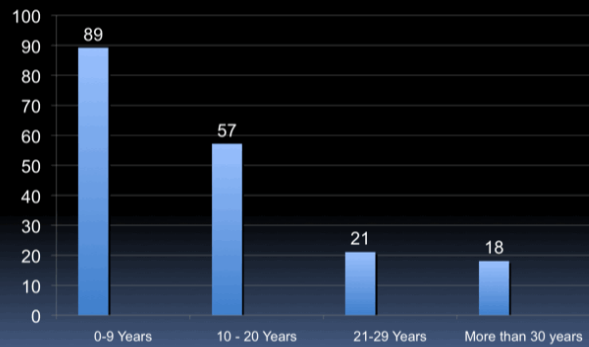
### Race

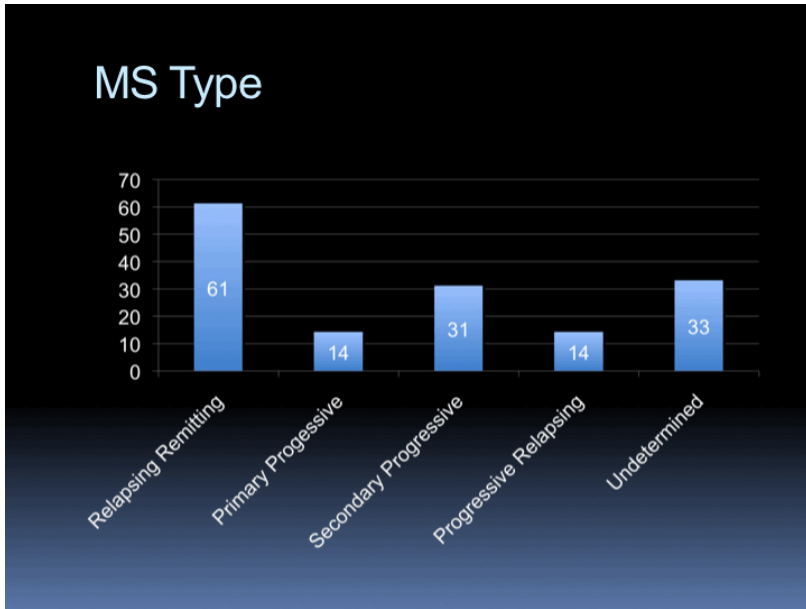


### Diagnosis



### Length of Disease





## SURVEYS – SAMMYJO WILKINSON

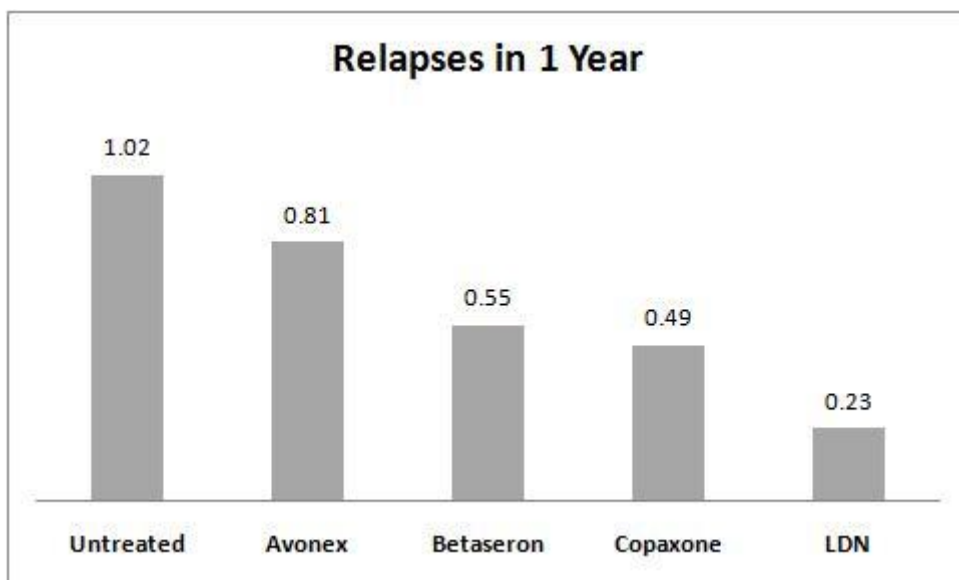
### *Survey of 267 Patients Using Low Dose Naltrexone for Multiple Sclerosis*

#### **Summary**

In order to stimulate interest among other academic researchers in LDN trials for MS, an online patient tracking system has been devised. The subjects were self-selected, after seeing an invitation to participate in the survey posted at various online MS discussion forums. While not a scientific or controlled study, the survey form applies consistency across patient self-reports, allowing statistical analysis of medical facts such as relapses and symptoms. The most significant finding is an extremely low relapse rate of 0.226, or 1 in 5 years. For comparison, one study reports the following relapse rates for other MS therapies: Copaxone - 0.49; Betaseron - 0.55; Avonex - 0.81; Untreated - 1.02<sup>1</sup>. The more subjective questions, such as symptom relief, are also surprisingly positive. The symptom relief rating ranges from 57-82% positive, by type of MS. These findings are put forth as a compelling indicator that Low Dose Naltrexone deserves clinical research attention, for the treatment of multiple sclerosis. The results showed:

- A very low relapse rate of 0.23, or 1 patient experiencing relapse in 5 years
- 70% of patients reported symptom improvement
- 45% of patients thought that their disease progression has stopped
- 76% of patients reported that LDN is working and they plan to continue using it

In order to understand how significant the low relapse rate reported by the LDN survey is, the following chart compares against relapse rates reported for the 3 primary FDA approved MS treatments<sup>1</sup>. The benchmark is the untreated patient, who typically experiences 1 relapse per year.



The data from this ABC (Avonex, Betaseron, Copaxone) drug study is shown as a benchmark for understanding that my survey participants reported a relapse rate lower than that reported for these MS drugs. I am not trying to draw a conclusive statement about the effectiveness of LDN against other therapies based on this comparison, because the studies were not done in parallel. For instance, the ABC study was done only for RRMS, while my study includes patients with all types of MS. This could skew the average to a lower relapse rate, since relapses are not a prominent feature for patients in the progressive states of the disease. However, the RRMS subset of my survey was 116 subjects, or 68% of the total, and this group also reported a very low relapse rate of 0.26 per year (see detailed break out by MS type in survey detail).

The subjects in my survey were self-selected, meaning they volunteered to participate rather than being randomly selected, another reason I do not construe this as a scientific study. But it would seem that this sort of positive flag from a sizeable group makes a good epidemiologic argument that larger human trials are warranted to establish the effectiveness of LDN in treating MS. The length of time the subjects had remained with the treatment is another indication of its effectiveness; the average duration was 8 months, and 24% or 64 of them had been using it for 2 or more years.

Furthermore, as Dr. Yash Agrawal points out, this patient survey is valuable because it indicates that LDN can make a positive difference in a disease like MS for which there are limited effective treatments, especially when the available drugs carry such a high price tag in terms of economic cost, and side effects. It also confirmed, to the 267 patients in the survey group, what we already knew; LDN was helping us.

**Survey Population:**

- 267 Subjects, avg. 10 yrs diagnosis, 65% female
- Avg. LDN treatment 8 months, 24% 2 years+ of LDN treatment
- 10%, 28 individuals out of 267, reported a total of 42 relapses, 0.2 /yr

**Survey Results:**

Type of MS	PPMS	PRMS	RRMS	SPMS	Total
	13%	4%	43%	39%	267
Months on LDN (Avg)	10 mo.	13 mo.	7 mo.	9 mo.	8 mo.
Relapse Rate	0.07	0.23	0.26	0.25	0.2
Subjective Assessments:					
Symptom Improvement	53%	75%	82%	57%	70%

Progression Halt	50%	58%	34%	43%	45%
LDN Helpful, Will Continue	76%	83%	75%	70%	76%

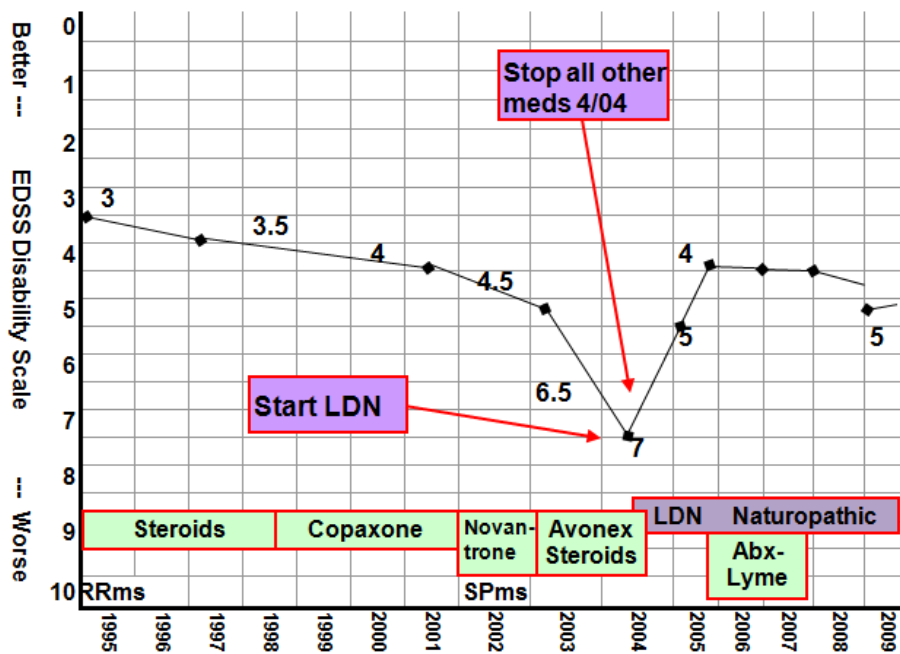
***Naltrexone is an FDA-approved drug. LDN is an off-label use of naltrexone in a low dosage. It does require a prescription from a doctor.***

**<sup>1</sup> A prospective, open-label treatment trial to compare the effect of IFNbeta-1a (Avonex), IFNbeta-1b (Betaseron), and glatiramer acetate (Copaxone) on the relapse rate in relapsing--remitting multiple sclerosis: results after 18 months of therapy.  
PMID: 11795454**

## Low Dose Naltrexone for MS -- Personal experiences of SammyJo Wilkinson, and summary of surveys of over 400 users of LDN for MS

*Presented at the 1<sup>st</sup> Annual LDN Conference, NYC June 2005*

### SammyJo's MS-LDN Timeline



Notes:

Started relapsing remitting MS '95 with full set of symptoms, frequent relapses.

Copaxone 98-02, only 1 relapse.

Secondary progressive MS by 2002, treated with Novantrone, worsened further, cane by Feb 03.

Only made it 1 yr, not 2. My LVEF heart function went down from 60 to 50.

**FDA just increased warnings in 2009 because leukemia risk is 1 in 150, not 1 in 1000. So I face heart & leukemia risk for the rest of my life.**

**Please don't let anyone you know try Novantrone chemo for MS until they've tried LDN!**

**Continued to worsen for 10 months after N, until starting LDN Feb 2004.**

**Immediate improvement 1st night - slept for 8 hours straight. Put down my cane of 1 yr after 4 weeks. Amazed my neurologist. Continuous improvements, by 2006 could walk 1 mile.**

**Update 2009: I began to worsen over 2008. Recent information from Penn State indicates that naltrexone can build up in the body, leading to a continuous opiate blockade, instead of the desired temporary blockade that leads to higher endorphins. Cut back to 3.0 mg instead of 4.5 6/24/09, and every other night. Have experienced continuous improvement for last 4 weeks.**

## LDNers.org Survey 1 – General Findings

### Survey 1 Population:

- **267 Subjects, avg. 10 yrs diagnosis, 65% female**
- **Avg. LDN treatment 8 months, 24% 2 years+ of LDN treatment**
- **10%, 28 individuals out of 267, reported a total of 42 relapses, 0.2 /yr**

### Survey Results:

	PPms	PRms	RRms	SPms	Total
<b>Total in MS type</b>	13%	4%	43%	39%	267
<b>Avg Mo's LDN</b>	10 mo	13 mo	7 mo	9 mo	8 mo
<b>Relapse Rate</b>	0.1	0.2	0.3	0.3	0.2
Subjective Assessments:					
<b>Symptoms Improved</b>	53%	75%	82%	57%	70%
<b>Progression Halt</b>	50%	58%	34%	43%	45%
<b>LDN Helps, Will Continue</b>	76%	83%	75%	70%	76%

### Notes:

**Online surveys of MS patients using LDN. Self-selected respondents who found the survey at LDNers.org**

**Goal: Aggregate anecdotal reports into statistical format.**

**#1 to help others make informed decision about LDN, since limited medical data or advice.**

**#2 Serve as an alert for researchers that there is something positive happening with LDN users, and spur research.**

## After LDN: MS Recovery – SammyJo

LDN quickly halted my MS disease progression. Then the hard work began on repair and recovery after years of damage, from MS and the MS drugs that only left me with more disability. Lucky for me my cousin Vicki is an RN rehabilitation specialist, so I've had great guidance on recovery therapies. In return I tipped her off on LDN for fibromyalgia, and now we're both here celebrating our recoveries at the LDN conference! Additional therapies that help recovery:

Physical Therapy, Massage, Chiropractic, Supplements and Pulsed Electromagnetic Energy. You've heard about or used the first 4, and your neurologist had better be writing PT scripts for you. But PEMF is an important therapy for all LDN advocates to know about because I have helped several MS patients get off pain narcotics so they could start LDN by using PEMF pain management technology instead of drugs.

For me, I didn't have severe pain, but PEMF restored my heart function after it was degraded by Novantrone.

After LDN I lost respect for standard medical protocols and started down the integrative medicine path, especially therapies tested by clinical research. For more details on any of these therapies that have helped me, or see LDNers.org

## **LDNERS.ORG – SAMMYJO WILKINSON**

<http://www.ldners.org/> -- LDNers. The website of Samantha Jo Wilkinson, MS Patient Advocate, who has been helped immeasurably by LDN, and who has also worked to raise money for LDN research and awareness.

SammyJo's personal story – <http://www.ldners.org/mission.htm>

SammyJo's book, co-authored with Elaine Moore, The Promise of Low Dose Naltrexone Therapy: Potential Benefits in Cancer, Autoimmune, Neurological and Infectious Disorders (Paperback) –

<http://www.amazon.com/gp/product/0786437154?ie=UTF8&tag=lowdosenaltfo-20&linkCode=as2&camp=1789&creative=9325&creativeASIN=0786437154>

On SammyJo's website:

<http://www.ldners.org/surveys.htm> -- two surveys of patients using LDN.

- One survey tracks Relapse rate, symptoms and disease progression reported by this sample of 267 LDN users. Key finding is a very low relapse rate of 0.2, or 1 in 5 years. Detail records available upon request. Posted July 12, 2004.
- Second survey tracks the change in disability before and after LDN for 157 respondents to the survey.

## **LDN in the NEWS**

**LDN media coverage from several different websites (most notably from SammyJo Wilkinson's site, [www.LDNers.org](http://www.LDNers.org))**

Milford Haven woman petitions government for LDN trials --

[http://www.westerntelegraph.co.uk/news/4474678.Couple\\_campaign\\_for\\_detailed\\_drug\\_trials/](http://www.westerntelegraph.co.uk/news/4474678.Couple_campaign_for_detailed_drug_trials/)

Low Dose Naltrexone Reduces the Symptoms of Fibromyalgia, on the Stanford University School of Medicine site -- <http://snapl.stanford.edu/research/ldn.html>

Inexpensive Drug Appears to Relieve Fibromyalgia Pain in Pilot Study –

<http://esciencenews.com/articles/2009/04/17/inexpensive.drug.appears.relieve.fibromyalgia.pain.stanford.pilot.study>

Several new studies offer hope for autism, fibromyalgia and allergies –

<http://www.wwltv.com/topstories/stories/wwlo42409mlfibro.1091237ce.html#-->

More than a Magic Bullet – Low dose naltrexone –

<http://www.emaxhealth.com/1035/39/29168/more-magic-bullet-low-dose-naltrexone.html>

Magazine of the United Spinal Association article:

<http://www.unitedspinal.org/publications/action/2008/01/25/low-dose-naltrexone-ldn-and-ms/> -- Drs. Ronald Hoffman and Skip Lenz – low dose naltrexone and MS

Dr. Jeffrey Dach's excellent two-part article on LDN may be found at:

- [Part 1](#)
- [Part 2](#)

Julia Schopick's HonestMedicine articles on LDN

<http://www.honestmedicine.com/low-dose-naltrexone/>

- Four Lifesaving Medical Treatments: Not So “Anecdotal,” After All  
<http://www.honestmedicine.com/2008/05/four-lifesaving.html>
- How Calling Lifesaving Medical Treatments “Anecdotal” Keeper Doctors from Being Curious  
<http://www.honestmedicine.com/2008/08/how-calling-lifesaving-treatments-anecdotal-discourages-curiosity-in-our-doctors.html>
- Pharmaceutical News by Press Release? (OR: Low Dose Naltrexone Doesn't Make the News)  
<http://www.honestmedicine.com/2009/02/pharmaceutical-news-by-press-release-or-low-dose-naltrexone-study-doesnt-make-the-news.html>
- Burt Berkson, MD, PhD Talks with Honest Medicine About His Work With Alpha Lipoic Acid and Low Dose Naltrexone  
<http://www.honestmedicine.com/2009/02/audio-interview-burt-berkson-md-phd-talks-with-honest-medicine-about-his-work-with-alpha-lipoic-acid.html>

From Dr. Gluck's site, [www.LowDoseNaltrexone.org](http://www.LowDoseNaltrexone.org)

**LDN Information Increasingly Available on Web:** Low-dose naltrexone continues to stir a great deal of interest on the internet, including these recent examples:

- **[The Whitaker Wellness Institute](#)** has been prescribing LDN for years; now their website includes several pages on LDN, including [patient success stories](#) and in-depth articles. About Whitaker: "The Whitaker Wellness Institute was founded in 1979 by alternative medicine pioneer Julian Whitaker, MD. Over the past 30 years, the clinic has helped more than 40,000 patients achieve optimal health. Dr. Whitaker is also the author of 13 best-selling books including *Reversing Heart Disease* and *Reversing Diabetes*, as well as the popular newsletter *Health & Healing*, which mails to a quarter of a million households each month."
- **[Honest Medicine](#)**, Julia Schopick's website, features an interview in February 2009 with Burt Berkson, MD, PhD, who regularly uses LDN in his successful treatment of cancers and autoimmune diseases. Dr. Berkson, who has often presented his findings at annual LDN conferences, explains in this insightful interview his understanding of the frequent lack of readiness among most physicians to appreciate new effective therapies such as LDN.

- **International LDN Websites**, including those in [Italy](#), [Germany](#) (this site focused on CIDP), and [Norway](#). [*Editor's Note: Please contact us if you have news of other international LDN websites.*]

## LDN ON TELEVISION

<http://wcbstv.com/topstories/lo.dose.naltrexone.2.732830.html> -- Drug Addiction Medication May Treat Other Diseases

[http://abclocal.go.com/wpvi/story?section=news/special\\_reports&id=6156884&status=ok](http://abclocal.go.com/wpvi/story?section=news/special_reports&id=6156884&status=ok) – video no longer working, but article is there

## **LDN Internet Radio Show Interviews Transcribed**

**(A list of Mary's Guests so far will be followed by  
TRANSCRIPTS of selected interviews.)**

### **Introduction:**

Mary Boyle Bradley became a very vocal LDN advocate after her husband Noel tried LDN for his Primary Progressive Multiple Sclerosis, and experienced such profound results. Mary couldn't believe that this simple, low-cost option had not been recommended by Noel's doctors. She became angry; but more importantly, she decided to do something about it.

That "something" has included speaking about LDN whenever she has had the opportunity, including at LDN Conferences and in the media. In May of 2009, Mary decided to go one step further in her quest to get the word out there about low dose naltrexone: She decided to host her own radio show, and interview all the "movers and shakers" in the LDN World. So far, her list of LDNers has been impressive.

### **Here is what Mary has said about how necessary it is to let the world know about Low Dose Naltrexone:**

LDN is the greatest medical discovery since penicillin. It is being successfully used around the world to treat Multiple Sclerosis, Crohn's, HIV and a host of other illnesses based on a disturbed immune system. It stopped my husband's Primary Progressive MS in its tracks 6 years ago. **A global, grassroots, patient-driven campaign has resulted and we are working together to get LDN to the masses.** Naltrexone is FDA approved at 50mg and higher for drug addicts, but at a low dose (4.5mg) it stops autoimmune disorders in their tracks. It is a cheap, generic, out of patent drug, with minimal side effects, that needs to reach the masses and improve the lives of millions. Our voice needs to be heard.  
<http://www.marybradleybooks.com>

## Among those Mary has interviewed so far:

### Physicians and Non-Patient LDN Advocates:

**Ian Zagon, PhD** -- Distinguished University Professor from the Pennsylvania State University spoke about his cutting edge LDN research and explained why his work is vital for the LDN campaign to move forward.

**Phil Boyle, MD** -- Dr. Phil Boyle from The Galway Clinic in Ireland shared his experience with Low Dose Naltrexone(LDN) in his fertility practice and beyond.

**David Gluck, MD** – a board-certified specialist in both Internal and Preventative Medicine for many years, Dr. Gluck believes that Low Dose Naltrexone(LDN) is one of the most significant therapeutic discoveries in fifty years. A childhood friend of Dr. Bernard Bihari and one of today's best known champions of Low Dose Naltrexone

**Skip Lenz, PharmD** – Dr. Lenz spoke about his experience with Low Dose Naltrexone and his 20,000 patients taking it. Dr. Skip attends, films and sponsors every LDN conference. Dr Skip has said that if he had MS, the only drug he would take for it is LDN. He calls it a "no-brainer."

**Burt Berkson, MD, PhD** -- Dr Burt Berkson spoke about his success with Low Dose Naltrexone (LDN) and Intravenous Alpha Lipoic Acid (ALA) for liver disease and pancreatic cancer in particular.

**Julia Schopick** -- Julia Schopick from [www.honestmedicine.com](http://www.honestmedicine.com) put Low Dose Naltrexone in perspective in relation to other effective therapies that get overlooked for similar reasons. Julia spoke about the four therapies she is currently writing about for her upcoming book, LDN being the one with the most "people power" behind it. She stated that the LDN movement must lose the term "anecdotal" because 100,000 patients is not anecdotal and causes us to lose credibility. She prefers the term Patient Evidence Based Medicine. PEBM gives LDN the credibility it deserves and has earned and will help increase the people power needed to get our elected representatives to take us seriously.

**Elaine Moore** -- Elaine A. Moore has worked in hospital laboratories for more than 30 years, primarily in immunohematology and toxicology. She is co-author, with Samantha Wilkinson, of *The Promise of Low Dose Naltrexone Therapy: Potential Benefits in Cancer, Autoimmune, Neurological and Infectious Disorders*

## **LDN Patient Advocates:**

**Vicki Finlayson** -- Vicki down spoke about the LDN fundraiser at The Lake of Pines in 2006 and the first human study of LDN and MS by Dr. Cree in the University of California that sadly has not been published. She also spoke about her 53 mile walk to Capitol Hill in May 2008 to gain media attention and meet Arnold Schwarzenegger. Vicki is an incredibly passionate LDN advocate and is now channeling her efforts into helping Dr Ian Zagon's studies at Penn State.

**Linda Elsegood** -- Linda Elsegood spoke about how Low Dose Naltrexone gave her her life back and her efforts to share LDN information ever since. She founded the UK charity <http://www.ldnresearchtrust.org> and was instrumental in setting up the first European LDN conference in Glasgow in April 2009.

**LDN Patient advocates, Vicki Finlayson, Joyce and Kathy Decosmo** shared their Low Dose Naltrexone (LDN) stories. Vicki's about her MS, Joyce about her daughter's Hepatitis B. and Kathy about her daughter's Crohn's. Please visit <http://www.clinicaltrials.gov/ct2/show/NCT00706576?term=opioid+growth+factor&rank=1>, <http://www.ldners.org>, [http://health.groups.yahoo.com/group/Hepatitis\\_Children\\_and\\_CAM\\_Alternatives/](http://health.groups.yahoo.com/group/Hepatitis_Children_and_CAM_Alternatives/)

**Samantha Wilkinson** is the co-author of *The Promise of Low Dose Naltrexone Therapy: Potential Benefits in Cancer, Autoimmune, Neurological and Infectious Disorders*, and a patient advocate for multiple sclerosis and LDN. Through her website [www.ldners.org](http://www.ldners.org), she educates patients about current LDN research.

**John Donnelly and Bill Roberts** will help create an archive about the health benefits of Low Dose Naltrexone (LDN) for all diseases based on a disturbed immune system. John is best known for creating the wonderful LDN Database and Bill stands for everything this movement is all about.

**Jayne Crocker and Andrew Barnett** from LDN Now in the UK have a major announcement to make about the success of their efforts. They will help create an archive about Low Dose Naltrexone.

**Noreen Martin** -- Noreen Martin will help create an archive about Low Dose Naltrexone. Noreen spoke about her book, *Surviving AIDS and Cancer*, and s about the implications of LDN for the AIDS community.

Patient Advocates **Aletha Wittmann** and **Jim Garvin** told their LDN stories.

**Sarah Jafari** -- Twenty-one year old Sarah Jafari spoke about life with Crohn's pre and post LDN. She had problems since she was nine years old until her mother found LDN online. **Crystal Nason** spoke about how LDN helped her Transverse Myelitis and Multiple Sclerosis. She is walking again and no longer taking vicodin, and since starting LDN, 10 lesions from an earlier MRI have disappeared. Crystal's website at <http://www.freewebs.com/crystalangel6267/index.htm>

**Joseph Wouk**, author of *Google LDN*, spoke about his experiences with LDN and how it helped his MS more than any other drug he has ever used.

## **Selected Interviews Transcribed from Mary Boyle Bradley's BlogTalkRadio Internet Show**

*I would like to thank several dedicated LDN Patient Advocate/Volunteers who have contributed their time and their talents by transcribing the following internet radio interviews for this ebook. I cannot thank them enough. They are: Margaret Schooling, Susan Popple and Daisy Zoll, who were all recruited by the wonderful Linda Elsegood, when she put out a call for volunteers in her terrific newsletter. Thank you, Linda, Daisy, Margaret and Susan, for your wonderful work.*

**Julia Schopick ([www.HonestMedicine.com](http://www.HonestMedicine.com))**

## David Gluck / Mary Bradley Interview

May 5, 2009

**Mary Bradley:** Welcome once again to the Mary Bradley show and sincere thanks for listening. My ambition is to bring every corner of the LDN community to live On Air. I want to personalize and humanize the implications of an old, safe, cheap, oral, generic, out-of-patent drug that has the capacity to save and improve millions of lives. Today, we have Dr.. David Gluck with us and I want everyone to hear everything he has to say about LDN. Dr. Gluck wrote the foreword for my book *Up The Creek With a Paddle*. He is one of my most respected friends; he has been a board certified specialist in both internal and preventive medicine for many years. Dr. Gluck believes that LDN is one of the most significant therapeutic discoveries in fifty years. He is a childhood friend of Dr. Bernard Bihari and today's best known champion of LDN. Dr. Gluck and his son Joel manage the not-for-profit website [ldninfo.org](http://ldninfo.org) and the Glucks have helped thousands of people get their lives back by distributing LDN information. Remember, they do not make a profit from the sale of LDN. This is a patient-driven not-for-profit campaign. It is an absolute honor for me to have Dr. Gluck with us today

**Mary Boyle Bradley:** Glad to have you here, Dr. Gluck.

**Dr. David Gluck:** Thanks for having me on the show. This is a wonderful idea to help spread the word.

**Mary Boyle Bradley:** Can you bring us back to the origins of LDN, when you heard about it, and how good is it? What is it? How would you describe LDN?

**Dr. David Gluck:** I first heard about it from the discoverer of the clinical effects of it, my good friend Bernard Bihari. Dr. Bihari and I were kids together, grew up together and he was going to go to Harvard Medical College when I was going to Cornell Medical College and it was in the mid 80s when he was running a section of Downstate Medical Center that he began to experiment with a low dose of Naltrexone in treating people who had an unnamable disease at the time. But it turned out, of course to be HIV/AIDS and he had great success with it. But he had difficulty finding publication for his work. But on the strength of what he found, he went into private practice to try to bring treatment to the people who were suffering from this new disease. That was the mid 1980s.

**Mary Boyle Bradley:** So LDN has been around that long. And how good is it? Why would you think that it is one of the most significant therapeutic discoveries in 50 years?

**Dr. David Gluck:** Well Mary, LDN is absolutely unique, and of course, that's part of its problem, in that it's a brand new paradigm, a new way of thinking of treatment. Instead of the medication actually doing the work, the medication is going into the body and essentially tricking the body and forcing the body to double and triple its output of

endorphins and metenkephalin, and those in turn, cause your immune system to strengthen. So really, a nice way to think about LDN is not like any other medication whatsoever but as a way to have a strong immune system, or to strengthen the immune system. And the reason why that is vital is because of all the studies that have ever been done on any autoimmune disease, they have always been found to be marked by a weak, dysfunctional immune system. The moment that the immune system is strengthened by the LDN, then it remembers that its first, very first important thing to do is never to attack self. The moment you are stuck with a weak immune system, a dysfunctional immune system, that's how you get these autoimmune diseases. By taking LDN, the diseases then stop progressing because the immune system now is strengthened, so it no longer attacks self. No further symptoms, no further attacks and that happens in the vast majority of people using LDN. Naturally, HIV/AIDS is a problem with a dysfunctional immune system and so again, LDN helps. And is also in cancers, without exception.

**Mary Boyle Bradley:** So that's quite a broad spectrum of diseases. You're saying it works not only for autoimmune diseases but for any illness based on a disturbed immune system?

**Dr. David Gluck:** Virtually. Of course, there are bound to be exceptions; nothing is 100%. But it's better than anything we've ever had going. It's a very, very impressive therapy.

**Mary Boyle Bradley:** What diseases do you think it works best for?

**Dr. David Gluck:** In the general sense, of course, anything marked by a weak immune system, which essentially is the description of every autoimmune disease out there, and of course there are bound to be probably a couple of hundred autoimmune diseases. Even diseases which aren't generally recognized in medicine as being clearly autoimmune are showing significant benefits from taking LDN. I mention here the motor neuron diseases like primary lateral sclerosis or Amyotrophic lateral sclerosis – Lou Gehrig's disease. We've had a significant number of reports from a large group of such people in Australia who have formed a group to help each other and the only reports they've ever seen of people saying, "Wow, that's been helpful to me," are those who have tried the LDN for their ALS. In addition, people with Parkinson's disease tend not to progress further once they start taking LDN.

**Mary Boyle Bradley:** Now how safe is it, though? I mean, what are the short-term and long-term side effects of taking LDN?

**Dr. David Gluck:** Well Mary, that's a very good question. People worry about that because there have been so many past stories of other so-called treatments that have bad side effects. Again LDN, is remarkable here. What you're taking when you take Naltrexone is a pure narcotic blocker. That's all that it does and you're taking a tiny dose so that each day it's in your system, for perhaps four or five hours. The rest of the day it's not there. Generally, let's say one takes it at bedtime, although you don't have to but it's proven to be a good way to use it. You're blocking the opioid receptors, the narcotic

receptors in your body which are also the endorphin receptors in your body. When you block them for a few hours, by the time you wake up in the morning the blockade is gone, and because the endorphin reception was blocked, your body doubled and tripled its endorphin production. Many people know about the endorphins. For instance vigorous running will turn on endorphins; others claim that dark chocolate even turns on endorphins. But apparently, nothing does it so successfully as LDN. I say that because I've been using it for over seven years now, as has every adult member of my family and many, many of my friends. They all report that the common cold has become virtually a thing of the past. If they wake up in the morning with a little cold it tends to be gone in the afternoon. I think medicine has been waiting for a way to strengthen the immune system all these years and I think we finally got it.

**Mary Boyle Bradley:** So, if you and your friends and family have been on LDN for 7 years, the long-term side effects are obviously minimal. Is there a period where patients would have to adjust to the medicine initially?

**Dr. David Gluck:** When LDN gets the respect from medicine that it requires and gets the studies that it requires they'll find out the answers to these things. But there's no right answer right now. Most people start out without taking lower doses; they just jump into the 4.5 and they're fine. The occasional exception would be the person with MS who already has had quite a problem with muscular spasm and those people are suggested to use only 3mg.

**Mary Boyle Bradley:** So, you've established here that it's almost a miracle drug, it's a wonder drug and I hate using these terms, but nothing else seems to fit, given the spectrum of illnesses it works for. So, what's the problem? I mean if it's this good, why do people go into their doctors' offices with a variety of illnesses and why aren't they told about it?

**Dr. David Gluck:** Well, it requires a good deal of empathy to understand why that's so. You have to put yourself in the position of the physician. The physician has spent years and years of training and that training focuses on the scientific method, on making sure that what he is going to use has been shown to work in a scientific way -- not from anecdotes, not from people saying Aunt Milly's apple cider really made a difference for my neuroma, or something. No, it's got to be in a well-known medical journal, it's got to be peer-reviewed, it has to be tested in large studies -- double-blind, placebo-controlled studies, all of that; it has to be FDA approved. If it's not FDA-approved, well, doctors have the right to write a prescription for anything of any dose of something that has been FDA-approved that happens to touch on Naltrexone. Naltrexone was approved by the FDA for heroin addicts in the early 1980s, and even in later years was further approved for its use in alcoholics. So, even though every doctor has a perfect right to write an off-label prescription on Naltrexone and write the LDN prescription, he still hasn't really seen it in his medical journal. And why is that? I'm going to ask the question: Why hasn't he seen it? He hasn't seen it in the medical journals because to run the big studies costs millions of dollars, to get something approved at the level that the FDA needs to see it, tens of millions of dollars some people estimate a half a billion dollars sometimes, totally. So, that means that the large pharmaceutical firms are

essentially the only ones who have that sort of money and this is off-patent. Naltrexone has been off-patent for some years so they all run in the other direction when people talk about wanting to run a trial for LDN, because they would put in all that money and find that there are no profits waiting at the other end, since anybody can get a hold of the generic Naltrexone and break it down into whatever dose they want to at a very low cost.

**Mary Boyle Bradley:** So how do we get around that? How do we get LDN to the masses then, if the pharmaceutical companies have no financial incentive to help us? Where do we go from here?

**Dr. David Gluck:** Well, Mary, first of all you'll note that there have been some trials run. Some studies and some trials that are very, very impressive, a lot of them having been done by people making gifts to their local medical center to see that these things are done. But of course, they're very small trials; they're not the big trials that are generally looked for. If you'll check in my website LDNinfo.org we list all the details about the clinical studies and the clinical trials that have been accomplished. To our great disappointment, there was a trial run at University of California, San Francisco two years ago, and it was even presented as a board presentation at the international meetings in Montreal last summer and they ran it on a group of people with MS. It was double blind; it was a really good clinical trial, but it was very brief given that all they had was, I think, some \$25,000 in the way of contributions. By the way, Vicki Finlayson was a great help in helping raise that money. I think we all gave to that and so their results were presented at the Montreal meetings last summer in a board presentation. Here, it is almost a year later and there's no sign that the University of California, San Francisco's Neurology department is making any effort to move that information out into a medical journal. So, if they would do that, then of course so many thousands of people suffering from MS could turn to that publication and bring it to their own specialist and say, "Please, write me a prescription for this." They'll never see that result so that isn't helping. Maybe if people who are listening would contact the University of California, San Francisco's Neurology department and ask, you know, "Please publish the study by Dr. Bruce Cree in a medical journal," it would make a difference. The larger way to perceive this is to realize that there has been a system in the United States for getting approval for new drugs, where nobody anticipated that there would ever be such a thing as a LDN out of patent which had no possible profits for a pharmaceutical company. Nobody anticipated this, but as the system happens to be, if somebody comes up with an amazing therapeutic discovery and it happens to be a discovery that offers no profits to pharmaceutical companies, it just can't find its way to the FDA for approval and therefore... and also, it would not be published in a medical journal and therefore will never really see the broad light of day. My sense is that we've stuck ourselves, unexpectedly, in a system where the pharmaceutical companies become the gatekeepers, so to speak, as to what the public gets to hear about and gets to have as a new therapy and puts aside others that have no profit potential for it. Of course, right now, thinking of, let's say, MS, it's just terrible to think of the standard drugs which tend to be injectables, have awful side effects and don't have much in the way of help to offer and are terribly, terribly expensive. Think, in contrast to this one little capsule, taken by mouth without any significant side effects -- LDN once a night at less than a dollar a day. Oh my. So my thinking is, because of the new administration which has said that one of

its main goals is to improve healthcare in this country, improve it so that more people have healthcare available and to reduce costs. From my point of view that's practically a definition of LDN.

I hope to devote this year to getting through to people in the Congress, in the House of Representatives, in the Senate -- maybe those who sit on whatever specific groups are going to be wrestling with the President's hopes and tell them the story of LDN. I hope to be able to get through. I know I'm trying. It's not been easy.

**Mary Boyle Bradley:** How are you trying? What exactly are you doing? How could we, as listeners, help you?

**Dr. David Gluck:** Well, if somebody out there knows how to get in the front door of a Senator or Member of House of Representatives, please, let me know. That's exactly what I'm trying to do. I'm trying to set up an appointment with my Representative/Senator for my area, for starts, here in New York City and I hope to be able to do that with Congresswoman Carolyn Maloney, and when I'm able to I hope that she will then say, "Well you know, that's not my forte; that's not my particular area where I'm working, but I know this person and this person and perhaps one of my helpers can call over and set up an appointment for you."

**Mary Boyle Bradley:** And are you using the published studies, the small scale information? Are you presenting all of that?

**Dr. David Gluck:** I'm certainly going to highlight the fact that, even though the studies have been small, major medical centers have tested LDN, and have not found it wanting. Remember Penn State kicked the ball off with Crohn's disease and I will mention that University of California, San Francisco ran a small study for MS, and that now, within the past month, Stanford -- which is again one of the top medical centers -- has sent out a PR notice about how well they've done in a very small study using LDN for Fibromyalgia, and their intention is to move onto larger studies on it. So, wonderful things are happening -- but, they're small.

**Mary Boyle Bradley:** Yes, we have everything on a small scale. We just need to get it bigger, and out there, which is the frustrating part of all of this. But what would you say to doctors who were afraid to script LDN for autoimmune disorders, given that they're not going to see it in their reference manuals for many years?

**Dr. David Gluck:** I rarely have a chance to go to those doctors. It's generally what I say to the people who have an autoimmune disease and are looking for a specialist who will write it. At this point I carefully tell that they will probably have a good deal more success by understanding the position of the specialist who has had super training in his specialty and for him this is a very foreign thing, in every way. It's a whole new paradigm, he's not used to the possibility of it, if it hasn't appeared in anything that's persuasive to him. People do better going to a general practitioner or a family physician who looks up Naltrexone and he says, "Well, let's see... Naltrexone 50mg. Well, there are no significant side effects. What do you want, 4.5mg? Well, that can't hurt you." And

he'll write them the prescription. People save lots of time by going that way. See, I'm hoping that in part of the money that was set aside at the request of President Obama, there was a substantial amount of money set aside to fund research trials concerning the efficacy of existing drugs and comparing them to new drugs, making drug comparison studies. I'm hoping that perhaps that could be tapped into to show just quite how wonderful LDN is, compared to the standard treatments.

**Mary Boyle Bradley:** Dr. Gluck, if people with illnesses based on disturbed immune systems feel that there's no hope, and they've heard about LDN, but they've gone to their doctor and said, "Please will you script this for me?", and the doctor has said "No." They've gone to their neurologist and the neurologist has said "No," because nobody's comfortable with it. To those patients, how hard should they fight to get LDN? How important is it?

**Dr. David Gluck:** I would say simply that their lives depend on it. When people write into the website we refer them to the 6000 members of the LDN Yahoo group who have been wonderfully helpful. Many of them keep lists of physicians whom they know are happy to write LDN prescriptions. I know that Skip's Pharmacy down in Boca Raton has made a commitment to sharing the names of doctors who have helped people with LDN prescriptions down in Florida. Those are two ways. There are also a couple of websites of physicians' groups that are especially interested in taking care of people with complementary and alternative treatments. I don't really think LDN is a complementary or alternative treatment because it's just a part of an FDA-approved medication. But anyway, those kinds of doctors may well be open to writing prescriptions for LDN just because of their viewpoint. If people write to the website we send them the addresses of those groups, as well.

**Mary Boyle Bradley:** I was listening to the Glasgow conference where my brother Dr. Phil Boyle said that once a doctor starts prescribing LDN, it's very difficult to stop, once you see the results in your patients and they come back telling you they've got their lives back. We've got two minutes left here Dr. Gluck but I have another question for you: How much doctor supervision is actually required when somebody starts LDN? People want their hand held but how much do they really need it?

**Dr. David Gluck:** Just a negligible amount, truly. The main thing to be concerned about is that you cannot begin even this tiny dose of Naltrexone if you are a regular taker of a narcotic-containing pain medication. You will go into a very, very difficult withdrawal reaction. So, to that extent, of course, you have to be weaned off by your doctor over a ten day to two week period before you can think about starting LDN. Other than that the few cautions, the very few cautions, are listed on the website.

**Mary Boyle Bradley:** Over-the-counter LDN, will we ever see it?

**Dr. David Gluck:** Oh, I think so. It's just too good and has too little in the way of side effects not to find its way there, eventually.

**Mary Boyle Bradley:** Well, Dr. Gluck, it has been an absolute privilege for me to have you on the show today. Thank you so much for being here. If there is one message that you would like our listeners to take from the show today, how do you want to sum it up?

**Dr. David Gluck:** I'm hoping that everyone who's listening will make a special effort to contact their representative -- their Congressman, their Senator -- and tell them the LDN story and say, "Why can't we get this to the public?" Thanks a lot for having me, Mary.

**Mary Boyle Bradley:** Thank you so much, once again. And to my listeners: next week I will have Vicki Finlayson all the way from California on the show telling us about her LDN story and what she has done to spread the word. She has a remarkable story. So until then everybody, until next week, thank you so much for listening and that's it.

[Click here to listen to this BlogTalkRadio interview.](#)

## **Dr. Skip Lenz / Mary Boyle Bradley Interview**

**June 16, 2009**

**Mary Boyle Bradley:** Now, I know all of you are waiting anxiously for today's guest. My switchboard actually has never been more alive I can see calls are already coming in. I have the infamous Dr. Skip Lenz. I consider Dr Skip to be one of the LDN pioneers. He has attended and spoken at every LDN conference in America and Europe and, in keeping with his personality, Dr. Skip puts his money where his mouth is. He financially supports the conferences and his lovely wife Cyndi, and his son Adam film and distribute LDN conference DVDs worldwide and at cost. Dr. Skip is highly intelligent; he cuts right to the chase and he says it just like it is. He takes everything to the next level. His LDN studies are the highlight of the conferences and his passion on the subject cannot be suppressed. Without people like Dr. Skip Lenz, the LDN movement could never have taken off. His pharmacy is one of the most reputable LDN compounding pharmacies and is a key part of the powerhouse which keeps us going. He distributes LDN worldwide and has the most competitive prices. It is no secret that I am a huge fan of the Lenz family. So it is a total honor for me to have you here, Dr. Skip, and I have extended the show, by the way, to 45 minutes in case some of you would like to call in with a question or a comment. So the call-in number, if you can get through -- I can actually see that the switchboard is hopping -- is 646 200 4047. Ok, hello Dr. Skip.

**Dr. Skip Lenz:** Hello!

**Mary Boyle Bradley:** So nice to have you here.

**Dr. Skip Lenz:** Yeah and you know what? I think we sell more of your books than anybody else does, too.

**Mary Boyle Bradley:** Excellent, I like to hear that.

**Dr. Skip Lenz:** Yeah absolutely, absolutely.

**Mary Boyle Bradley:** Thank you so much for that. One of my favorite comments from you Dr. Skip, or it's a quote, actually, is from 2003: "If I had MS, the only drug that I would absolutely be taking is LDN. I wouldn't care what it took or who I had to insult. In four years of dispensing LDN with over ten thousand patient months, I have heard of only three cases of exacerbation." Let me see now, where is my favorite line? Oh yeah, "I am waiting for our new resident to come in and I will have exact numbers but this truly is a no-brainer." I love that line. So, LDN for MS it is so established anecdotally and even in some clinical trials that it is a no-brainer? What are your thoughts on that?

**Dr. Skip Lenz:** Well, you know my resident, my student from Florida, is hopefully right now making telephone calls to some of our people. This will be I believe, our fifth survey. Reviewing what we have done in the last four years, the way we set it up is we look at all the people who have used our services for LDN for the last three years. If we went the last ten years there would be no way that we could put that database together so, these are people who have started LDN in the last three years. I don't know what the numbers are going to be like. I know that I have another pharmacy student out there who is going to preach the gospel, as it were. I think that's the most important thing that I'm doing as I'm introducing my students to this drug. They always scratch their head when we get into it.

**Mary Boyle Bradley:** Before the numbers come in, what do you think the bottom line on LDN for MS is?

**Dr. Skip Lenz:** 80% of our patient population has not had an exacerbation or progression for 3 years. That's what I think the bottom line is going to be. I think that these numbers are going to come out the same way. It's interesting that I don't do any of these telephone calls. These are all new students that make the telephone calls and they come in, you know, with spit and vinegar. They want to prove ol' Dr. Skip is wrong on this one because they've just spent 3 years at a pharmacy school where people have told them, "This is the way things are."

Well, my first week with them what we do is we go over the anatomy, the pathophysiology and the drug treatments for MS, and I have them pull the data from the drug companies themselves so that there is no bias involved here. But when you look at that you see that some of these, except for two, (which I question their data but). **The CRAB drugs: one of the best numbers is 38%. 38% of their patient population in post marketing studies have not had an exacerbation in 2 years. When you start looking at placebo effect 18-20%, it's my opinion that you have to subtract that from the active drug so you're looking at maybe a 20% improvement or a 20% lack of exacerbation or progression. When you factor in the costs of those drugs both in terms of time, activities of daily living and costs then you compare that against LDN, there is no comparison.**

**Mary Boyle Bradley:** How do you feel about LDN being used as a last line of defense when it comes to MS?

**Dr. Skip Lenz:** I don't believe it should be used as a last line of defense. I believe it should be used as a first line of defense. The numbers are there. The numbers are absolutely there and like you said, if there was a drug company that had the people in mind that they're dealing with, maybe they would do the studies. Having been an old research guy and lived in that world for a while, I really don't care if the drug companies do any research because the data is so overwhelmingly convincing. Compelling to the

nth degree, that I just can't imagine... Now, we've got to talk about bias because I actually sell the drug. My accountant tells me I make 20 cents a prescription. So, we're not flying to the French Riviera on that.

**Mary Boyle Bradley:** Dr. Skip, when you say that the evidence is so overwhelming and everybody hears us but then they go into their doctor and the doctor says, "Well, what evidence? There's absolutely nothing there. There's no way I'm going to give you this drug.

**Dr. Skip Lenz:** Well, it's very interesting. I'm actually reading a book on the flu epidemic of 1918. Prior to 1903 there were no studies; physicians just did what they knew was right. So, what is a double blinded study going to do for us? What is that going to tell us that is new? It's not going to tell me anything new. I know what it's doing for patients and this is a people-driven thing. It is a phenomenon that I have never experienced in 30+ years of being a pharmacist. This is being driven by the people. People are going into their doctors and they're saying to their doctors, "I heard about this stuff. You know, I've spoken to 15-20 people, I've been on the internet, I've done my research. I want this." And when the physician says, "Well, I don't know anything about it." When people call me before they call their doctor, I tell them to call me. The credentials, just speak intelligently to these folks... it's very, very frustrating.

**Mary Boyle Bradley:** It is very frustrating. Do many of them call you? Do many doctors or neurologists call you and say, "What's this all about?"

**Dr. Skip Lenz:** In 10 years, I've probably had a half a dozen telephone calls from neurologists. I can tell you about one of the neurologists here in southern Florida who is a "brand name" type of neurologist. When we first started dispensing LDN, he got on board, he put a half dozen of his patients on the drug. The problem he had was side effects -- you know, the infamous sleep disturbances. Now we've found that less than 23% of our patient population have any side effects whatsoever. The majority of them have sleep disturbance as the side effect. Now the good doctor and I put our heads together and we determined, actually, in that first survey we presented in New York, that the number one reason why people come off LDN is side effects. So if we can avoid those side effects then, we can get somebody onto 4.5 very quickly; 90 days and they'll avoid the side effects. So, we came up with this plan of starting at 1.5mg which, again, because there has been very little basic research in this specific disease it's been suggested that's a sub-clinical dose. It may or may not be. There is evidence, and "Caveman," aka Jim Garvin, as a matter of fact, is great example; he was on 1.5 then the next day he was feeling good. There are a lot of anecdotal stories like that but, what we try to do is get folks to 4.5 and why? Because that was the last dose that Dr. Bihari was suggesting was effective. One of the things that I've seen, though, is that the drug has

come from pretty much just an MS drug when we started out to a whole constellation of diagnoses.

**Mary Boyle Bradley:** That's what I was just going to bring you to. I mean, it's so established anecdotally and with preliminary, small clinical trials for MS. But how confident would you be for, say, cancer patients? I mean for me, I meet somebody and I'm so passionate when it comes to MS or Crohn's or Rheumatoid Arthritis, but when someone has cancer, I really don't know. Am I brave enough to say, "Give up your chemo and just do LDN."? Would you be?

**Dr. Skip Lenz:** I would never suggest that. You know, does it work for cancer? Again, it's an anecdotal thing. Interesting thing is that I did some work in cancer research actually, with Cyndi, probably 25 or 30 years ago, and I think it's probably going to be a very significant adjunct to cancer therapy. I don't know and I'm not confident enough, you know, right now to say that it's going to be a single therapeutic agent. There are people out there who suggest that. There are people that are thinking that this can be a single agent. But I sort of rely on Dr. Berkson on that; his whole thing with alpha lipoic acid and LDN. I think that would be what I'd suggest. Ok, if there's something that Dr. Berkson can help with, you know pancreatic cancer for one thing. I get a pancreatic call, I've got his telephone number on speed dial to give to people. So, as a single agent, I'm not convinced one way or another. I would still be on LDN and I can tell you, I have a history of cancer in my family. Four grandparents basically, that died from cancer and I take my LDN every night religiously.

**Mary Boyle Bradley:** Right. So I mean for me, I would agree with that too because, I find it easy to say to people, "If I were you I believe I would come off the avonex, or any of the CRAB drugs, and try LDN for MS." But if somebody has cancer, even though I know there are definite cases out there where LDN alone beat it, there's other cases where it didn't, so we definitely need studies in that area. But looking at everything, Dr. Skip, all of the different diseases, where do you think LDN works the best?

**Dr. Skip Lenz:** Well, because of my interest in MS, I have to say that MS is definitely the one thing that we can say it works on. I can also tell you, from a very personal point of view, that my Rheumatoid Arthritis doesn't exist in my body well. It might exist, but it certainly doesn't hurt. I went on LDN about 3 years ago and I was gulping Motrin. I'm embarrassed to tell you how much I was because, it was probably an overdose most days. There was no way that I could function as a pharmacist without some pain relief in a non-narcotic type of situation. So I started taking my LDN, again it was for cancer prevention, for prophylaxis. I woke up 3 or 4 months later and it was one of those light bulbs that go off and you say to yourself, "Self, you haven't taken Motrin for a while and you're not in pain!" It was a PRN, as needed, type of pain relief, but I needed it every day. Now, I'm pain-free.

**Mary Boyle Bradley:** You can't beat a doctor who takes his own medicine!

**Dr. Skip Lenz:** Right, and I'm absolutely pain free now. How long did it take? Well, I can't tell you that because it was one of those light bulb things, you know. Several months after I started taking it, I'm not taking my Motrin, my stomach isn't totally torn up, I'm not taking Zantac or anything else. I can tell that the arthritis has gone away. But you know, like, when I go out sailing or do something that's very physical? I'm an old guy, my muscles ache and I'll take Motrin then but, not for RA. So I think there's something significant that's going to be happening there.

**Mary Boyle Bradley:** It just brings me to the next point, which is that we've got Crohn's, we've got Rheumatoid Arthritis, and MS LDN communities, and that's just what we've touched on here. And there are so many other LDN stories out there; it falls under so many different umbrellas and I touched on this subject with Bill Roberts recently. But I would love your opinion on this. We have pilot studies coming from the Crohn's community. Can they be shared with other communities so that we're not always spending our limited funds doing the same thing to prove it's not toxic, to prove you know, that it is safe? How... was that ever done before?

**Dr. Skip Lenz:** Let's get to the bottom line. Actually, one of the companies that I worked in research for, Key Pharmaceuticals, that was their business model. What they did was they took old drugs and actually they sustain-released it and they got new drug applications and abbreviated new drug applications on it. All of the basic work has been completed. It was completed 25/30 years ago when the drug came out. So, safety studies are done. Toxicology studies are done. It would really be very interesting if the Food & Drug Administration did not accept that data from 25/30 years ago.

**Mary Boyle Bradley:** That was on the higher dose?

**Dr. Skip Lenz:** Yeah, that was on the 50mg dose, so it would stand to reason that a lower dose is going to have fewer side effects. Interesting point is that one of the issues is problems with the liver enzymes. Well, if you look at the original study, it was done on folks who were abusing alcohol and opiates and they, classically, are going to have problems with their liver, and that study wasn't held for those sorts of diseases. I honestly cannot tell you how many patients we have had, or continue to have, over the last 10 years because most of our patients are still with us.

**Mary Boyle Bradley:** How many patients do you have?

**Dr. Skip Lenz:** Oh it's in the 20s right now. I think it was 23,480 some odd when I checked it a couple of weeks ago and that's probably plus or minus 10% because what I did was I generate a report. And if there's 30 people on that report I just presume that every page I have has 30 patients on it and it's a ton of paper but I actually counted it all.

**Mary Boyle Bradley:** Dr. Skip, where do you think funding should be directed?

**Dr. Skip Lenz:** My opinion is that funding should be directed towards the basic... like Dr Zagon's work, ok? Because what's going to happen from that is that we're going to be able to extrapolate into these different diseases. Now MS is a disease, it's almost an orphan disease. I don't think anybody really knows how many MS patients there are. If you were to extrapolate our data, it's 3 or 4 times what The MS Society says. But, if you were to take a basic understanding of what this drug does and extrapolate into other diseases, then we're going to have a better bang for our buck.

**Mary Boyle Bradley:** Dr. Zagon's work is primarily in the laboratory and some people say, given the clinical evidence we have, do we need laboratory studies at this point?

**Dr. Skip Lenz:** Yes I believe we do.. See, because this drug is compounded, it can be used basically, for anything. I mean, it's legal for any physician in the United States or Puerto Rico or wherever to write a prescription for LDN for any indication. It is not illegal, it's not unethical, it's not immoral, it's nothing. That's an excuse the physicians use, I don't know, because they don't want to do the work that they should be doing, ok? So, it's legal. So clinically, we're there. Is there a drug manufacturer out there doing it? Well, you know what? There's a guy in England that's manufacturing it, selling it at \$50 a bottle. Did he do any clinical work? No. Is it an internet thing? Yeah. Would I buy that drug? No, not me. But then again, I'm an American pharmacist, so I guess I'm prejudiced. Is there going to be clinical work where you're going to get the bang for the buck? When you apply for a new drug application to the FDA, besides all the paperwork that you have to do, there's a check for \$50mil sitting on top of that paperwork. Now, if you look at the cost of running that study, we're multi-millions of dollars and again the return on that for a drug company isn't going to be there. They're just not going to make their money and I've been accused of being part of that problem because we don't charge a whole heck of a lot for our LDN. So why would a drug company compete against me, is what it comes down to. That was the argument used. My feeling is: I don't really care, I want as many people as we possibly can get on this drug feeling better. That is my charge as a pharmacist.

**Mary Boyle Bradley:** That's why I think we need a big drug company, somehow. If the FDA changed the laws, Dr. Skip, and made it somehow financially worthwhile, LDN would at least get into the books the doctors are studying so that they could tell their patients the first line of defense to take because most patients they don't believe... I have friends still with MS who are reluctant to try LDN, despite all the personal success stories I have.

It's so difficult for people when they go... they want the doctor to tell them what to do. Do you think that going through the Dr. Zagon route is the best way? I'm looking forward to interviewing him next week, hopefully.

**Dr. Skip Lenz:** I am a pragmatist ok? And I remember talking to Dr. Gluck during the first conference in New York about why can't we get a drug company to promote this. Well, there's no money in it so if we can, it's not a waste of time. But we can spin our wheels trying to get a drug company interested, or we can just do it. We can get out there and, you know, you got loudmouths like me and there's a host of pharmacists, it's not just me. You know, there's a bunch of pharmacists who are saying the same thing. We have a listserv for just compounding pharmacists where we are talking about LDN in a big way.

**Mary Boyle Bradley:** I suppose what I'm thinking is that the work in the laboratory is that not a first step to a human trial in the long run. That's just where some questioning would come in. Can we not skip that and go straight to a human trial?

**Dr. Skip Lenz:** Yeah, we can. I mean we can do it right now, it's being done. They're doing it in Mali right now. There are half a dozen people who are looking at doing more trials. There are a couple of trials that are ongoing.

**Mary Boyle Bradley:** It's the big one we need, though.

**Dr. Skip Lenz:** The big one's going to cost a lot of money, a lot of money. Ok, now it was Sunny, I believe that put together the one out in California. Was it Sunny that tried to get that money together?

**Mary Boyle Bradley:** No, it was Vicki Finlayson who got the \$25,000 that went to Dr. Cree and we had a great study. But it was never published.

**Dr. Skip Lenz:** Right, now that was \$25,000 and they studied a half a dozen people or a dozen people, and it was never published. Let's say you want to do a large study with 2000 patients. I mean there's a mathematical formula for determining how many patients we need, depending on the diagnosis, ok? But let's say that it was 2000. The cost of a 2000 patient study is phenomenal. Just think, if it's a thousand dollars apiece .  
..

**Mary Boyle Bradley:** Yeah I know. But that's what I'm wondering. Is the best course to get that, that being the prize? Is the best course to get that through Dr. Zagon or through mini human trials?

**Dr. Skip Lenz:** The issue with Dr. Zagon is not to do with clinical trials. The issue with Dr. Zagon is to... or the work that they're doing in their lab is to get a basic understanding of what the drug really does, because there are a lot of theories about it. But that basic understanding you know - it does X, ok? Well, let's look at other diseases that have X as a component of their pathology. Let's see if it's something that LDN will work with. ok? You know, doing a clinical study, the outcome of the clinical studies as

you well know is going to be published and again, if there aren't people screaming at the top of their lungs about it, it'll be under the carpet.

**Mary Boyle Bradley:** It's funny actually, Dr. Zagon's work recently really is pushing back the frontiers. He's put out some amazing papers very recently. I couldn't even understand most of the last one, so hopefully, next week he'll translate it. We've only got 12 minutes left and I see that there are people on the line. I'm going to see who's on line No.3 here. This is new to me. "hello can you hear me?"

**Mary Boyle Bradley:** Leila, do you want to ask Dr. Skip something?

**Leila:** Yes I do. Actually I have two questions. One is about a friend who has Rheumatoid Arthritis and I was just telling her about LDN. Could you just say a little bit more about any other Rheumatoid Arthritis patients besides yourself, Dr. Skip?

**Dr. Skip Lenz:** In the last year we're getting a group of people with RA and the biggest problem with it is the analgesia that you need in between going off your potent analgesic and having the LDN work. It seems to be the biggest problem. I know that I would not have wanted to not take my Motrin because it hurts, it's painful!

**Leila:** She's taking Humera right now.

**Dr. Skip Lenz:** This is a very good issue, When you're dealing with immuno-suppressant and you have a drug with LDN which in my opinion is an immune-modulator. Why do I say that? Well, the HIV folks their T4s are going up whereas, people with MS their immune system is being adjusted: things are going down, things are going up. I don't know of another immune-modulator that does both things. It's a unique system. The point is: When does the LDN really kick in and provide a superior response to the immuno-suppressants? I don't know. I think that there's an issue of titration. In my case that's what I did; I titrated one up as I titrated the other one down, unbeknownst to me. So, you're going to have to titrate down the Humera as you titrate up the LDN.

**Leila:** Dr. Skip, I just wanted to say that UCSF (University of California, San Francisco), out here in California has an MS research department that's using LDN. Did you know that?

**Dr. Skip Lenz:** Yes.

**Leila:** Yeah, so they are doing some studies or clinical studies anyway.

**Dr. Skip Lenz:** Yeah, but not what I'm talking about. What I'm talking about is probably something in between what Dr. Zagon is doing and the Mali study. There is an in-between thing that goes on there where you have to... and that's my bias because that's what I used to do.

**Mary Boyle Bradley:** Ok, there's another caller here.

**Marsha Bond:** I'm a patient of Dr. Skip's, and I've had LDN absolutely cure my MS.

**Dr. Skip Lenz:** Hello, how are you Marsha?

**Marsha Bond:** My question is what do you recommend to take along with your LDN for MS?

**Dr. Skip Lenz:** Nothing.

**Marsha Bond:** Nothing? I take prokarin, as you know.

**Dr. Skip Lenz:** It's not something that you can generalize. For women with MS, you absolutely should be on calcium without any question whatsoever. You should be on calcium carbonate. Let me put it in a plug for Tums because that's the cheapest one out there and it tastes good.

**Marsha Bond:** How about calcium citrate? I find that absorbs pretty well.

**Dr. Skip Lenz:** The issue with calcium citrate is it has 20% calcium content and carbonate is over 40 so you get more bang for your buck but it doesn't matter. Calcium is what we're looking for and calcium is calcium is calcium. There are folks that like those little chocolate chewy things at \$40.

**Mary Boyle Bradley:** I'm sorry to interrupt and there are more callers here, Dr. Skip, but we're truly out of time.

**Marsha Bond:** Forget alpha lipoic acid then?

**Dr. Skip Lenz:** Oh no, I think alpha lipoic acid has its place without any question, yes.

**Marsha Bond:** Ok. Do you have any dosage of mg at all?

**Dr. Skip Lenz:** You know what? No. I believe there's an over the counter thing that you can buy which you can get in-store. I'd do it that way. Dr. Berkson didn't really have a number for it the last time I asked. Maybe in November or October he will.

**Marsha Bond:** Ok, thank you so much.

**Mary Boyle Bradley:** The ALA for MS also? Not just cancer?

**Dr. Skip Lenz:** No, I don't think the ALA for MS. I'd not heard that, let's put it that way.

**Mary Boyle Bradley:** Dr. Skip, is there one message you want to hit home in the space of 10 seconds?

**Dr. Skip Lenz:** Take your LDN.

**Mary Boyle Bradley:** Excellent.

**Dr. Skip Lenz:** That's all I have to say. I take it, you should take it too.

**Mary Boyle Bradley:** I take it and I'm very happy on it. Sincere thanks, Dr. Skip. And thanks, everybody, for calling in.

**Mary Boyle Bradley:** I'll be speaking with Dr. Ian Zagon next week, who's been working with endorphins in animals in the laboratory for over 20 years, and he's helping to push back the frontiers more than ever today. So, until next week, folks, let's hook up here same time same place. Until then, I wish you well. Ok we're done guys.

**Click [here](#) to listen to this BlogTalkRadio interview.**

## Linda Elsegood / Mary Bradley Interview

May 19, 2009

**Mary Boyle Bradley:** Welcome once again to the Mary Bradley show. This week I am broadcasting live from the Millennium Broadway, in Times Square, New York City. This week I am very excited to introduce the lovely Linda Elsegood from England. Now, before I begin the interview with Linda, please allow me to clarify, some points from last week. I had a few emails asking me about Dr. Ian Zagon. Ian Zagon, PhD, is professor in neuroscience and anatomy in Penn State College of Medicine in Pennsylvania. He has been doing laboratory research and pursuing all of the ins and outs surrounding opiate blockade and endorphin function in mammals, mainly rodents, in great detail for over 20 years. In 1983 Dr. Zagon and Patricia McLaughlin published the first paper in science proving that Naltrexone had the ability to enhance the body's own machinery to stimulate or repress cancer growth in mice. They actually took out a patent in 1984 on Naltrexone as a growth regulator. Now, it was around this same time that Dr. Bernard Bihari started scripting low dose naltrexone, off label, in an effort to leap forward clinically, rather than having to follow the gradual steps of careful research and, punctilious scientific proof.

Now, Dr. Bihari's actions were legal and open to every physician and in this case much more has been gained than lost. Now for years Dr. Bihari tried to get funding for a proper scientific trial but, in the meantime, he legally prescribed the drug off label for patients whom he knew did not have enough time to wait and were all out of options anyway. Now Dr. Bihari deserves credit, not only for LDN utilization in HIV and AIDS, but also for LDN's clinical applications across a spectrum of categories, including autoimmune disease and human cancers, and he currently owns six patents on LDN use including the one for Multiple Sclerosis. Now, I am truly grateful that the efforts and passion of Dr. Zagon et al helped fuel Dr. Bihari's passion to script LDN for his patients, *everybody* is a hero. When I thank Dr. Bihari for bringing LDN to the people, I am by no means discrediting the work of Dr. Zagon. And, today, Dr. Zagon's work in the laboratory is rolling back the frontiers and helping us bring low dose naltrexone to the masses more than ever and he has agreed to come on that show and I will be truly honored to interview him.

Today, back to the lovely Linda. Linda Elsegood has spearheaded the LDN campaign in England for many years. She continues to inspire all of us with her dedication to helping low dose naltrexone reach the masses. LDN gave Linda her life back and since then she has been helping others hear about LDN and has even managed to set up a UK charity called LDN Research Trust. I strongly suggest you visit her website at [www.ldnresearchtrust.org](http://www.ldnresearchtrust.org) to see if you can help her. Linda is also involved with an LDN petition for the UK government and was instrumental in organizing the first European LDN conference that took place in Glasgow last month. It is difficult for me to think of anybody more passionate about LDN than Linda. She is truly loved and admired by all.

**Mary Boyle Bradley:** Are you there, Linda?

**Linda Elsegood:** Yes, I am. I hope I can live up to such an introduction, Mary. Thank you

**Mary Boyle Bradley:** You always do. So Linda, when were you diagnosed with MS, what happened initially? What drugs were offered to you?

**Linda Elsegood:** I was only diagnosed in August 2000. Initially I was given a course of intravenous steroids. I was very, very sick at this time. I had had MS for 12 years *at least* by that time. I'd been having numbness, pins and needles things that came and went. And I'd go to my doctors and say, "Look, for some reason or another my calf muscle in my right leg goes numb and I can't feel it." And he said, "Ahhh, it's no problem. You've got a slipped disc." And, then I was having electric shocks going down to my fingertips when I put my chin down and he said that was a trapped nerve in my neck. But these were all MS symptoms and with hindsight, once I got the diagnosis, we could actually go back and see that I had MS for a long time. So, I had the first course of intravenous steroids which did absolutely nothing. Six weeks later, the neurologist was very concerned. I had optic neuritis on top of all the other symptoms that I had, and my double vision was really bad. My left ear I had no hearing whatsoever; that ear was totally dead. And, the neurologist said that he was worried that I was going to become blind and deaf, and he wanted to do another course of intravenous steroids, which I thought, since I couldn't walk anyway, being deaf and blind, as well, was very scary. So I didn't object, and I had the intravenous steroids. In a few weeks, they started to work *very* slightly but I wasn't anywhere near back to normal. And later on I was offered Rebif, which I took for 8 months. That is the whole story as to what I was offered drugwise.

**Mary Boyle Bradley:** And, when did you hear about low dose naltrexone?

**Linda Elsegood:** After the second course of steroids, I asked my doctor, "How long do you think it will be before I'll be start feeling better?" And, he said to me, "Well, to be honest, I think if you were going to feel better, you would have done by now." And, I wasn't really living. I was just surviving and there was nothing else that I was being offered.

So, I was desperate to find something that was going to help me, but I hadn't found LDN by this time. I saw my neurologist in October 2003 and he told me I was secondary progressive MS and there was nothing more that could be done for me. I had tried everything. What else could I do? So, I sat at the computer, not being able to see properly, having a patch over one eye I could only do a few minutes at a time. And I found LDN, and it took several weeks really to research it. I found some people that were taking it, and the conclusion I came to was that if it wasn't going to do me any good, it certainly wasn't going to do me any harm. And everyone said, "What have you got to lose by trying it?" So, that was what I decided I was going to do. I contacted Dr. Bob Lawrence, who gave me a fact sheet which I printed off, I took it to my own GP, who was very interested. But she said that she was unable to prescribe it for me and she said if I got it privately, she would be happy to monitor me, so that's what happened. I managed to get the LDN and she monitored me.

**Mary Boyle Bradley:** And, did you notice any side effects initially?

**Linda Elsegood:** None whatsoever. Now, I was so disappointed with that, Mary. I mean people don't like side effects in drugs, but I *wanted* side effects. I'd been told, that I'd probably get vivid dreams, I might have constipation, I might have worsening of pre-existing symptoms. I wanted to know it was *working*. I *wanted* something to *happen*. I could have been taking paracetamol. It did *nothing* and I thought to myself, this is my last chance of trying to become me again, and it wasn't going to work so, hey presto, it was such a big surprise when 3 weeks later things started to improve.

**Mary Boyle Bradley:** And, what did you first notice? What started to improve that you first noticed?

**Linda Elsegood:** Yes, it was the cognitive problems, the feeling of this fogging in my head was very difficult at that time. I couldn't see properly, I couldn't hear properly, I couldn't think properly. It was as though English had become my second language. I would be trying to think of a word and, it would make sense *to me*, I knew what I wanted to say but, what actually came out of my mouth was something *totally* different and just made it seem as though I was suffering from Alzheimer's or something. I just couldn't say what I wanted to say to people. And that was the most scary, frightening thing ever is . . . losing it, if you like, and it was as though suddenly everything became clear. I could think again, I started to hear, started to see, started to feel like 'me' again.

**Mary Boyle Bradley:** Wonderful. And, it took 3 weeks for you to feel anything?

**Linda Elsegood:** Yes. It was this fogging in my head that cleared in 3 weeks quite quickly. But the other symptoms took longer to go: the restless legs, the burning limbs where you feel that you're on fire, you feel as though you've been out in the sun, you're sunburnt and you can't cool your limbs down, but once I actually touched my legs, they felt cold. They weren't burning, but inside, they felt as if they were on fire. And that did go, and the numbness and the pins and needles went, the twitching muscles went, I mean in bed at night -- ah terrible -- my legs used to slash around all over the place; they just wouldn't lie still. Of course, if you don't sleep properly, you're going to feel the fatigue even more and the fatigue was really bad, anyway. But my legs started slowly to move less and less as time went on. But, I must say -- and it's quite a sweeping statement -- that the way that I was deteriorating to the point where I slurred my speech as though I'd had a stroke, I used to chew my food carefully but I'd start to choke on it and people were having to hit me on the back all the time...the downward spiral that I was on at that time . . .; I'm sure if I hadn't have found LDN when I did, I don't think I'd be here today.

**Mary Boyle Bradley:** Wow. Now, how many years are you on it? And what's your quality of life like today?

**Linda Elsegood:** OK, I've been taking it nearly 5-and-a-half years. My quality of life is very good, I'm not Linda pre-MS. I still know I've got MS. I'm still limited on doing certain things. But with the quality of life I have now, I can set myself goals, I can achieve them, I can feel I'm contributing. I'm not just surviving. I'm not just trying to get from waking up in the morning until bedtime, which was what my life was like at the

time. I couldn't set myself any goals or anything. I couldn't even wash myself, I couldn't brush my hair, I couldn't walk, couldn't think, couldn't talk, you name it.

**Mary Boyle Bradley:** Did your doctor notice these improvements? And your neurologist? And, did they attribute it to LDN and say, "Oh, this is amazing. I'm now gonna prescribe this for everybody with Multiple Sclerosis?"

**Linda Elsegood:** No, Unfortunately, no. To start off with, the neurologist, when I started Rebif, we had the scheme here in the UK where it was a risk sharing scheme and you have to be monitored for 10 years, even if you stop taking the interferon drug. And, I only took it for 8 months but I'm still being monitored and to start off with I was doing so well, not taking the interferon drug, just the LDN and initially, I was saying isn't it great? Isn't this LDN wonderful? And it was, "No, it's not the LDN. When we said you were secondary progressive MS, we made a mistake. You're still relapsing/remitting and you're in remission." But now it's a case of do you still take LDN? "Yes, well whatever your doing, don't stop it." So, I suppose that's the nearest you are going to get to a doctor admitting that it is the LDN.

**Mary Boyle Bradley:** So, they're not 'scripting for others'?

**Linda Elsegood:** No, no they're not, no.

**Mary Boyle Bradley:** So, what made you set up the LDN Research Trust? And, could you please tell us something about it?

**Linda Elsegood:** I was finding it very difficult to fight the MS, it was tiring and it took me a long time to find the LDN. So, when I was feeling able, I wanted to sing the praises of LDN from the rooftops. I wanted to let people out there who were in the same position that I was in, who may be worse than me, who hadn't got the fight – not the fight 'in' them, but weren't able to fight the MS because they were so ill -- I wanted to fight for them. I wanted to say, "Hey, there is something out there. If your doctor/neurologists haven't told you, it doesn't mean to say that it's not out there." And I'm very careful of not saying it's a miracle drug, that it's a cure, because there are some people, unfortunately, that LDN doesn't work for. But, what have you got to lose by trying it?

**Mary Boyle Bradley:** So, the LDN Research Trust is primarily an information provider? Would that be correct?

**Linda Elsegood:** I'd say, the whole aim of starting the LDN Research Trust and getting the registered charity status was to raise funds to get LDN into clinical trials. That was going to prove to be very difficult, even getting funding over the weeks and months of writing -- and I'm talking hundreds of letters, making hundreds of phone calls, going to many meetings. And we had the website and while we were trying to organize the funding side of it, people were contacting us saying how do we get a hold of LDN?

So, we really then split two ways where we're trying to get funding on one hand, and on the other hand, we're telling people, "If you'd like to try LDN, the first thing is to take this fact sheet to your GP, who may or may not prescribe it on the NHS." And the good

news is that Steven Dickson, the pharmacist in Scotland, tells us that there are 200 NHS GPs that are prescribing LDN via him -- whether people are getting their prescriptions filled. But I know that there are far more than that who are getting their LDN from other sources. But when I first started, there wasn't one neurologist that we knew of who was in favor of LDN. But now we know of 11 who are actually *not* prescribing LDN, but they are writing to their patients' GPs saying I have no objection to you prescribing LDN for this patient. This is a really big breakthrough.

**Mary Boyle Bradley:** Now, that is a big breakthrough, and just to clarify for the US listeners, that the NHS is the National Health System in London, and what Linda is saying is these patients don't have to pay for their LDN, the state does. Do you pay for your LDN?

**Linda Elsegood:** Yes, I do. I would say, even though these people are still getting it paid for them by the National Health System, the majority of people have to buy it themselves. To get a private prescription, it incurs the cost of actually getting the prescription paid for by a private GP because that isn't part of the National Health System.

**Mary Boyle Bradley:** Right. If I wrote you a check, Linda, for the LDN Research Trust, where exactly would my money be going?

**Linda Elsegood:** If you specified that you wanted that money to be used for clinical trials, that money would then be put aside for clinical trials. The *only* money that is ever taken out of the charity is the running costs. Nobody ever gets paid, everybody helping works as a volunteer, so every penny that is given to the charity works for the charity. So we have to raise money every month and we do have some people who make regular donations, which really help. But, there are running costs, you know, the website, phone, postage, printing, etc., etc., which has to be funded from somewhere.

**Mary Boyle Bradley:** Now do you have a trial set up, ready to go that just needs the money? Or are you gathering the money first and then going to look for somebody to run the trial?

Is it a human trial? Is it a human trial?

**Linda Elsegood:** Yes, it is. First time, the trial on the bladder. Dr. Tom Gilhooly was talking about it at the conference in Glasgow. He's hoping to get support from the CSO's office in Scotland, which will be a big help. The reason he would like their backing is because it opens doors to getting extra help, which is being paid for by them, rather than having to find extra funds himself.

**Mary Boyle Bradley:** How much money are we talking? How much money do you need to get this up and running?

**Linda Elsegood:** 50,000 pounds.

**Mary Boyle Bradley:** That's *all*?

**Linda Elsegood:** Yes.

**Mary Boyle Bradley:** And, how far are you?

**Linda Elsegood:** Well, were hoping that it will be secured -- this first trial we're still waiting for -- it's in phase two of finding out if we've got the funding from them and fingers crossed we do, and then and that trial will be, thankfully, funded.

**Mary Boyle Bradley:** And, now is the objective of a small trial that it would be picked up by a bigger pharmaceutical company, and a larger trial run?

**Linda Elsegood:** What we would really like, Mary, is for this first trial to get LDN on the UK map. We would like the NHS to do a full trial because it would save them so much money with other drugs. And if people could actually take LDN for, for example MS, when they are first diagnosed, while they've still got the high level of fitness rather than waiting until they had deteriorated

**Mary Boyle Bradley:** 'til they're desperate.

**Linda Elsegood:** Yeah, and so they could carry on working for longer, so they wouldn't have to be on benefits, which would be a savings to the government, as well.

**Mary Boyle Bradley:** Tell us about the LDN Glasgow Conference, which was the first European low dose naltrexone conference. It was held last month. What was the outcome of that? What was the general feeling? Was it a success?

**Linda Elsegood:** It was a great success and it was positively buzzing I had the pleasure of meeting your brother there, as well, and he did a fantastic talk on his fertility clinic there.

**Mary Boyle Bradley:** And, the outcome of it? Were any funds raised or was that purely an information gathering and sharing event?

**Linda Elsegood:** It was really to hit the media, which was very difficult to do, as well. There were several newspapers in Scotland that ran stories, but we were hoping for MORE coverage. Dr. Tompkins, who leads, was on daytime television talking about LDN very briefly. I'm sure trying to get a copy of that. As soon as I do, it will be on the website. The people will be able to see that. But that caused great interest, as you can imagine, on daytime television.

**Mary Boyle Bradley:** Yeah. That morning show there is almost like the Oprah of America.

**Linda Elsegood:** Believe it or not, Mary, I didn't actually see it because I was at hospital at the time for my yearly check-up. Until I've actually seen it I don't know, and unfortunately, they don't have a link -- you know how some programs do so you can actually watch past interviews. But they didn't have the facility to do that so I'm going to have to wait and see it myself.

**Mary Boyle Bradley:** It was great. It's just amazing how difficult it is to get any media attention for something so wonderful as LDN. You know, given that there are a couple thousand among us screaming about this, it's just mind blowing. I mean, it's

patients screaming about a drug. When does that happen? And, yet, it's so difficult for us to be heard. And then, when you read the paper and half the rubbish that's in it, you know, we have such great stories to tell. But, at least I did notice that the Glasgow LDN conference did really spark so much enthusiasm across all of the message boards, and it did get all that publicity that you were aiming for. So you did a great job. Well done, yet again.

Tell us about the LDN petition for the UK Government. What's the objective? Do you think they're going to listen to a petition?

**Linda Elsegood:** This is the thing, Mary. We need people to sign the petition.

**Mary Boyle Bradley:** What about email? Electronically, or physically?

**Linda Elsegood:** No, it's electronically. And the group that's actually putting it together are the LDN Now group. They have a website, as well, but on the LDN Research Trust charity, on the left hand side, there is a bar that says "LDN Petition." You click that, and it takes you straight to the site. Now, if we could get it to be noticed, we need to have 15,000 signatures. There are currently 2000 and something. But if everybody would sign it and send it to ten people, we would soon have a number which would be taken notice of. There are 6 months left to go. But I'm going to try by the end of June to publicize it *widely*.

At the moment we've got 5323 members at the LDN Research Trust. They are not all in England; they are so many different countries now

Even people in America or Australia KNOW somebody in the UK. They don't have to be people who LIVE in the UK. Expatriates can sign it, as well. But I'm sure if everybody worked on that we would be able to get a number that would actually stand out.

**Mary Boyle Bradley:** So, just to be clear this is a separate petition from the one from years ago that Edwina Dennehy was leading?

**Linda Elsegood:** That's right. This is a separate one altogether.

**Mary Boyle Bradley:** Could it be merged with the earlier one?

**Linda Elsegood:** No, it couldn't. No, this is a separate petition.

**Mary Boyle Bradley:** It's specifically geared for the UK government?

**Linda Elsegood:** Yes, it is. Also, anecdotal evidence is very good. I've got a researcher who is prepared to print, or get published, the findings of the LDN survey that we have, which is online. I must stress that all data is held securely, no personal information will ever be given to a 3<sup>rd</sup> party for any reason whatsoever. And, the only data that will be used will be anonymous. It wouldn't actually show people's names and addresses. To take part in the survey you have to register with the LDN Research Trust with your name and address. But, as I said, those details are just held. They're not actually used when the data is put together. So I think we have something like 78 people who have taken part in the survey so far, and if we can get 3000 people doing it, which should be

really easy to achieve, it would make such a big difference. As I say, we have got a researcher who says that she could get the results published for us and that would be a really big break for us.

**Mary Boyle Bradley:** That would be amazing. We are down to 60 seconds, Linda. The help that you need is people to register with your site donate to your cause. Is there anything else you would like to say before we sign out here?

**Linda Elsegood:** No, I just think you're doing a fantastic job, Mary, and I can't wait to hear your next interviews.

**Mary Boyle Bradley:** Thank you so much, as always, Linda. It's been a joy to speak to with you. And, next week I will be interviewing more LDN patient advocates with Multiple Sclerosis. We will have the infamous Joy, Cathy Decosmo and the wonderful Vicki Finlayson will also come back. As always, folks, it was a pleasure hanging out with all of you once again. Thank you so much for listening. You all know somebody who needs to hear about low dose naltrexone, so please tell them. Please God, we will meet here again next Tuesday, same time, same place. Until then, I wish you well.

[Click here to listen to this BlogTalkRadio interview.](#)

## Vicki Finlayson / Mary Bradley Interview

### May 12 and May 26, 2009

**Mary Bradley:** It is my pleasure to introduce a woman many of my listeners know well: Vicki Finlayson, of Auburn, California. Vicki is now one of the most vocal spokespeople and advocates of LDN. Vicki's pre-LDN life was filled with 9 years of side effects from FDA-approved medications for multiple sclerosis. At one time or another, her doctors prescribed just about every one of those medications, and often, she was on several at one time, along with medications for the pain. But, even with all these meds, Vicki's MS was getting progressively worse, until she became virtually bedridden. Happily, in 2005, she found LDN, and she hasn't looked back. Vicki's LDN Story is especially impressive, because she felt improvement in two days, and now, she feels that she is back to normal. All of her symptoms are gone. In fact, a year ago, Vicki was able to get off disability, and go back to work – a huge victory. In May, 2008, [she walked 53 miles to the State Capitol Building in Sacramento](#) to meet with state officials to raise awareness about LDN. She will be back on the Capitol steps this October 21st, as part of the ongoing effort to educate the public, doctors and government officials about the importance of this inexpensive, effective, patient-driven treatment. Vicki says, "LDN gave me my life back. I feel that it's very important to spread the word about it." We are so, so happy to have Vicki here with us today.

**Mary Boyle Bradley:** Vicki, it is so great to have you on the show today. Can you please tell us what your pre-LDN life was like?

**Vicki Finlayson:** Mary, as you said in your introduction, my life before LDN was not good. I did everything my doctor told me to do, only to see myself go further and further downhill. Then, my husband, who was just the most skeptical person about different drug treatments, was in an online chat room. He would always pretend he was me and he just started asking a lot of questions and people were talking about LDN. And, he was really surprised that our doctors hadn't told us about this treatment, because I had had MS for so long, and I had pretty much given up on life. Frankly, I thought that the system and the MS Society had kind of failed me. And, so when he was in this chat room and people were talking about LDN, he started asking questions. I'll never forget it: He printed the material out and put it on the coffee table and told me to read it. I had tried *so many* different options. I was even dumb enough to go sit in the bushes and let a bunch of bees sting me, because everybody was saying that was something that was supposed to show a lot of promise. So, I read the first page and I thought, "You know what? This is snake oil. I just don't want to go there." But I read the information anyway, and it made sense to me. And I was really, really surprised and actually, a little irritated because my doctor didn't know about it. So, I took the information to my doctor and asked her if she would prescribe it for me and she said she couldn't. And I was really shocked and I said, "Look, this medication has been used for so many years, there's all these people that are using it and I don't understand why you won't prescribe it." And she said, "It's because I don't want to be sued." And, I told her, "I will cut my arm off before I sue you." But she said, "I just can't take the chance."

**Mary Boyle Bradley:** So, if your regular doctor wouldn't prescribe LDN – and I know this is a common experience, even though naltrexone was approved 25 years ago by the FDA at much higher doses – how were able to get it?

**Vicki Finlayson:** I decided that I would use my last month's shot money to pay for a phone interview with Dr. Bihari. At the end of our conversation I asked him, "So will you write me a prescription?" He agreed. I was so excited. But now the hard part was about to start, because I had to get off the opiates I had been on for the pain, since opiates and LDN don't mix. My mom flew out from Arizona to come stay with me while I detoxed. It was very difficult: I was pretty much in bed for a week. It was one of the hardest things I ever did. It was so difficult for me that one of my girlfriends who was a nurse told me to call our drug rehab center in Auburn. I did, and spoke with one of the counselors. He was shocked that I wasn't in the hospital going through detox. But finally, after two weeks of detox – I will never forget the date, it was Oct. 30, 2005 -- I took my first pill. That was four years ago. And, as you said in your introduction, I haven't looked back.

**Mary Boyle Bradley:** So, how quickly did you respond?

**Vicki Finlayson:** Within a week I noticed a lot of different things. Energy-wise, within a week I felt much better. It took a couple of months before I was completely pain-free. By 6 months, my cognitive issues -- my clarity -- were really improved. By 6 months I could definitely tell a big, big difference. It was a huge difference.

**Mary Boyle Bradley:** Wonderful. I know that, at one point, it had been difficult for you to even walk around your house. Then, at around this time last year, you did the epic walk to Capitol Hill in an effort to get the attention of Arnold Schwarzenegger.

**Vicki Finlayson:** YES!

**Mary Boyle Bradley:** What made you decide to do this?

**Vicki Finlayson:** I would go to bed at night and I would be so angry because I thought, "Why is the attention not given to this drug?" I mean, it's helped so many people. So I would lie awake at night trying to think of what I could do to just gather some more attention or just spark some interest in it. And, I woke up at, I don't know, 3 o'clock in the morning and I woke my husband up and I said, "I'VE GOT IT!" And he looked at me and he's like, "Go to bed, its 3 o'clock in the morning." And, I said, "No, you've got to listen to this." I said, "I'm walking to the Capitol." And he goes, "Are you nuts?" And, I said, "No, it just seems like the only thing that's going to get anyone's attention is if you do something -- something as crazy as this sounds."

**Mary Boyle Bradley:** You inspired so many people with that walk, Vicki. We were all following you from here and the UK, Ireland, and we were all saying, "Go Vicki! Go Vicki!" So, who did you meet? How did it end?

**Vicki Finlayson:** Well, I walked 10 miles a day; it took me five and a half days. I only did ten miles a day -- I walked that in 3 hours. And when I got to the Capitol, because California was having such a budget crisis, Mr. Schwarzenegger wasn't able to meet with

me. But I did meet with two of his top advisors and I was a little disappointed because I just really felt that the compassion and the understanding on their part wasn't there. I'm still bugging them diligently and I'm still working on getting an appointment with him. They were sympathetic to the problems that we are having and they definitely feel that something does need to be done.

**Mary Boyle Bradley:** Yeah.

**Vicki Finlayson:** But it's so unfortunate that our society has become so run by money that our lives get put on second and it's like, wait a minute, you really have to focus on what's going to keep the economy going and that's healthy people and that was ludicrous. I met with Congressman Lungren and I told him, "You know? I really blame the government for the position we're in, because there are so many opportunities like Dr. Zagon's research and just the work that he has done and what Dr Bihari has done as far as prescribing this drug to patients and I think *you guys have let us down*. We entrust you with our health and you keep drugs like this away from us." I said, "You ought to be ashamed of yourself."

**Mary Boyle Bradley:** Well done, Vicki.

**Vicki Finlayson:** It's just shameful.

**Mary Boyle Bradley:** When Dr. Gluck was on the show last week, he put his focus on getting LDN out there by putting pressure on the government. What's your angle? Where do you think people can best help you and your efforts? You mentioned Dr. Zagon's research. Then there was the fundraiser from the Lake of Pines to raise money for Dr. Cree's research at UCSF (University of California, San Francisco). But you have changed your focus now to Dr. Zagon, is that right?

**Vicki Finlayson:** Correct. And the reason I changed my focus to Dr. Zagon is because when I met with Congressman Lungren, his first question to me was, "Where's the scientific evidence?" He meant, with regard to LDN and MS. I told him there really isn't any hard evidence yet, with respect to MS. That isn't the case now, since Dr. Cree has now conducted the study at the UCSF, which our group of patient advocates essentially funded. And since then, of course, the MS Society has given Dr. Zagon a rather small amount of money for [a pilot study](#), looking at the effects of both high and low dose naltrexone in mice with "MS-like" disease. But I told Congressman Lungren about Dr. Zagon's pancreatic cancer study and his group's Crohn's studies. And Congressman Lungren said the government isn't even going to look at LDN as a serious treatment for MS and other autoimmune diseases unless there is some scientific, concrete evidence behind it. He said, "You can't throw all kinds of anecdotal evidence at the government and expect to be taken seriously." And granted, from anecdotal evidence I believe that's where the research gets *started*. But in order for them to look at it seriously they have to have some SOLID, CONCRETE evidence to look at to warrant funding. And, if that's not there, they're going to look at it as another snake oil and there is *so much more to LDN* than people even realize, which Dr. Zagon discovered, that we cannot afford to blow an opportunity of getting something so great as this out into the mainstream. So, we really have to, I think when we present to our government, we need to present them with some

intelligent, concrete, solid evidence to let them know this definitely warrants further funding.

**Mary Boyle Bradley:** Is there any sign of Dr. Cree publishing that first MS human study that you funded from the Lake of Pines fundraiser in 2006?

**Vicki Finlayson:** I talked to Elena, who collaborated with Dr. Cree, and to my understanding, I don't think they were going to publish it. I kind of felt the reason they weren't going to publish it was because they just didn't have time to do it. I don't know if once they do a study they have so many months in order to submit it for publication. I'm not real sure about that. I was a little disheartened by it because that took a lot of work and effort on everyone's part. And, that money came from MS patients and other LDN advocates -- people who are on limited budgets and who have a real passion to help people. So it was very disappointing for us to raise the money and give it to UCSF, and for them not to publish anything. I am still hoping they will publish the results, which were very positive, but I am pretty discouraged about it. I think they let us down. I feel we weren't given what we needed, and what we expected.

**Mary Boyle Bradley:** Do you have any plans for a future fundraiser? Anything immediate in the pipeline that you would like people to know about?

**Vicki Finlayson:** Well, I've been hard on our mayor, Mayor Kevin Johnson, and I met with him last year before he was elected. Unfortunately, our meeting got cut short and I did mention Grant and Tamia Hill (former University of Michigan and NBA basketball player) because they have an MS organization. I mentioned Dr. Bihari's work with HIV and AIDS, and I mentioned that Magic Johnson needed to know about this. Kevin was very, very interested. He promised he would help me, so I've been really badgering their office. And I'm going to hit Congressman Lungren's office up again.

## **PART 2 – Interview continued on May 26, 2009**

**Mary Boyle Bradley:** Vicki, welcome back again to our Blog Talk Radio LDN show. Last time, you were telling us that about how told one of your elected representatives in California, "Shame on you for not helping us get LDN to the people who need it." I really related to that, Vicki, because it is impossible to know what we know about LDN, and not get angry at the system. It's unbelievable. It's so difficult for us to be heard. Does the whole thing bug you? What do you think, Vicki?

**Vicki Finlayson:** Oh, extremely. I'm like you, Mary. Every time I think about LDN, and when I talk to parents with kids with Crohn's or different diseases and they've gone to their doctors and begged their doctors for something other than the recommended treatments that are failing them. It's just so frustrating, because there's something out there that has so much potential that could make such a huge impact, not only financially, but with the health crisis that every state faces. And they tell us they want to help us, but then, they don't. I've written to just about every single senator and congressman. I can't tell you how many different people I've called. And it's unfortunate because when you speak to these people and when you send letters, they don't get directly to the person they're intended for. We can continue doing what we're doing, but that just doesn't seem to be good enough. I always laughed at my husband when he told

me, “Don’t ever get arrested while you advocate!” And sometimes I stop and I ask myself, “I wonder if that would work?”

**Mary Boyle Bradley:** It would be worth it.

**Vicki Finlayson:** Well, you know, that’s what I’m thinking, because, as I told you, I called and spoke with Mayor Johnson before he was elected. And when I mentioned about the AIDS study his first thing was, “Oh Magic Johnson (former Michigan State University/Los Angeles Lakers basketball player and HIV positive) needs to hear about this.” And so, I have diligently been bugging his office and bugging his office, and it’s sad because here are all these people and they say that they will help us. But, yet, when you call on them to really take a stand and call somebody, and get the connections to these people, they don’t do it. I really feel like they are letting us down.

**Mary Boyle Bradley:** It’s amazing how difficult it is to actually get the attention of any current celebrity. I mean, how many people can there be out there badgering them all on a daily basis? I have given up actually trying to contact most of the big names, though I do send Oprah a weekly, even a monthly, letter. But, do you think celebrities are the way to go? What do you think is the best way forward, Vicki? What’s the best way we can move to get LDN to the people who need it?

**Vicki Finlayson:** Well, I spoke with Patrick Swayze’s sister-in-law, who happens to be an oncologist in Texas, when Patrick was first diagnosed with pancreatic cancer. And I sent her some information, and I even offered to set up a phone call for her to talk to Dr. Zagon. And her comment to me was, “Well, that’s their game plan, and I don’t really want to get involved.” And, I told her I was surprised, “because he’s your brother-in-law, and you work in the cancer field and here’s something that’s got a lot of research behind it and you are going to put blinders on and not even think about taking a look at it?”

**Mary Boyle Bradley:** It’s the credibility issue. They really and truly don’t believe us.

**Vicki Finlayson:** I don’t think they do, because when I talk to a lot of doctors here in California, one of the first things they all tell me is, “Oh, it’s snake oil!” Or “Oh, you’re bringing me information off the internet.” And I tell them that a lot of this information that people bring you off the internet is published research that *you don’t have time to read*. And, I really think that’s the only way that we’re going to get anywhere is to push Dr. Zagon’s research onto these people, because people need to see that there is work that’s ongoing.

**Mary Boyle Bradley:** Tell us about Dr. Zagon's research, please.

**Vicki Finlayson:** Dr. Zagon has been researching this drug for 25-plus years. According to what I have read, he found that LDN’s most important effect, and I am [quoting here from an article](#) by LDN author/expert, Elaine Moore, is “its ability to increase production of metenkephalin, which he named opioid growth factor (OGF) for its functional properties.” His work is important for another reason: Because of his connection with Penn State University, he works with a lot of med students, and under him, they are working on all kinds of different venues: topical, wound care, all kinds of different things that LDN’s got the potential to work on. And Dr. Zagon has gotten 300

articles published on OGF. And, by the way, when you get him on for his interview, have him explain OGF because that is something that is phenomenal. I think we're going to see a big huge medical breakthrough with all of this research if we can just get the proper attention.

**Mary Boyle Bradley:** That would be the opioid growth factor, which is met-enkephalin, which are basically synthetic endorphins. When somebody takes LDN, LDN tricks the body into flooding itself with natural endorphins, whereas OGFs are synthetic endorphins. And, his research is animal-based. Is that correct?

**Vicki Finlayson:** Correct, yes. Dr. Zagon has completed an animal LDN study for MS. It has been completed and submitted for publication; we are just waiting for it to come out. He's done the Crohn's study, also the study on pancreatic cancer. He's also teamed with (I believe) one of the Johns Hopkins cancer doctors, and they're doing head neck and throat cancer studies. So they've got a lot of irons in the fire. He just had a huge publication which was funded by Philip Morris that actually really goes into detail about OGF and I think that if we can get the right attention to this . . . Without a doubt, Dr. Bihari hit the nail right on the head when he found Dr. Zagon's research and he started prescribing it. We clearly need more doctors out there like him who aren't afraid to think outside the box and who think there is something else to medicine besides just what the drug companies are pushing on us because. . .

**Mary Boyle Bradley:** How do you get money to Dr. Zagon? If I wanted to sponsor his research and write him a check today, how do I do that?

**Vicki Finlayson:** On SammyJo's site ([www.LDNers.org](http://www.LDNers.org)), there's a huge section that talks about how to fund Dr. Zagon's research. But, when you donate, be sure to tell them that no indirect costs are to go toward the university. If you do that, the money will go directly to his research. I think that was the problem that UCSF was having with our money. I talked to Elena after we funded the UCSF study they did with MS. I picked her brain a little bit. And she said that when they fund research through the university, a lot of it goes to overhead. It takes so much money to do these studies that they have to pay for all their overhead and their CEOs and what have you, so that doesn't leave a whole lot of money for the research. So, I think that if someone's going to donate money, it should go directly for the research. Too bad about the directors and everybody else! Let them get their money elsewhere. Don't take it from our research money, because this is money that needs to be put into research -- not for perks. That's a big thing I have with the government. Like, money that's donated, you don't need to give it to these other people before it gets to the intended purpose.

**Mary Boyle Bradley:** Vicki, when Dr. Zagon published the historic papers on LDN and endorphin production, they were basically about cancer growth regulators and it was around that time that Dr. Bihari was using LDN for HIV inpatients and MS community. So, why are you so passionate about having Dr. Zagon doing more LDN research?

**Vicki Finlayson:** Mary, I believe that doctors will be more likely to prescribe LDN for their patients once they see the seriousness and the numbers of studies that Dr. Zagon

has done, and is doing. We should be able to go to our doctor and get the LDN prescribed by them, because there is so much to LDN -- we haven't even touched the top of it. But our doctors need to be convinced to prescribe LDN for us, and from what I have been told, doctors need to see the studies. Even if we could get LDN without a prescription, which we can't, it wouldn't be a good idea. We cannot just take LDN on our own. We need to have our doctors follow us because there are so many different things; high doses, for example, can accelerate tumor growth, so we don't want that. We do need to be monitored by our doctors and we do need FDA approval because this is so big and there is so much to LDN, that it needs to be done properly so everybody has the opportunity to get it -- not just a few or not just those who can afford to do phone consults or whatever, because all those people who are having to go through everything we had to go through, maybe they don't have the weeks or the days that we had. I mean, their health is just as important and their causes are just as valid. Especially cancer patients: Why make them wait 3-4 weeks they don't have?

**Mary Boyle Bradley:** Vicki, there are some people who would say that -- given the safety and nontoxicity that has been proven over and over with LDN -- we don't really have to fund lab work. They ask, "Can't we go straight to the human trials?" What would you say about that? Your thoughts?

**Vicki Finlayson:** These are steps that need to be taken in order to gain recognition. And without them, you're not following protocol. And, unfortunately, to get serious funding you have to follow the rules. I mean, me of all people, because I'm always thinking of all these crazy things that I can do to get attention. But one of the things I have found is that, when you do follow the steps, it makes it a little bit easier to get your foot in the door. When channel 3 did the interview with me a year ago, they had gone to one of the top UC Davis MS doctors and they also talked to a pharmacist who was in Davis, and one of the things they said negatively was that they weren't checking the toxicity levels and they weren't doing the pharmacology on all the steps they needed to do. So, it still raises a lot of questions. But I think if we do follow protocol and if we do follow the guidelines we are going to have a better foot in the door and it is going to make it better for everybody to get this drug because it's clear that this is something that everybody should be taking.

**Mary Boyle Bradley:** Well, this has been fascinating, but once again, we're out of time. Thank you so much, Vicki. It was so lovely to have you back on the show. And folks, don't forget to visit [LDNERS.org](http://LDNERS.org), to find out how to donate to Dr. Zagon's research, and to learn more about LDN.

**[Click here](#) and [here](#) to listen to this two-part BlogTalkRadio Interview.**

*I have chosen to conclude this ebook with my HonestMedicine.com interview with Burt Berkson, MD, PhD, who has been an icon in the integrative medicine community for over 20 years. For most of those years, he has pioneered the use of intravenous alpha lipoic acid for the treatment of terminal liver disease; since 1997, when he first learned about Dr. Bihari, he has added low dose naltrexone to his treatment armamentarium. Dr. Berkson has spoken at several of the LDN conferences, including the first European Conference in Scotland, and has been interviewed about it numerous times. (Julia Schopick, [www.HonestMedicine.com](http://www.HonestMedicine.com))*

## **Burt Berkson, MD, PhD, Talks with Honest Medicine About Low Dose Naltrexone, in Combination With Alpha Lipoic Acid**

In March, 2009, I interviewed Burt Berkson, MD, PhD, for HonestMedicine.com. Many people [listened to my interview](#), and found it (and him) to be truly inspirational. In the first half of the interview, Dr. Berkson and I spoke about his groundbreaking use of intravenous alpha lipoic acid, as a treatment for terminal liver disease: how he discovered its usefulness in the 1980s when he was a resident in a teaching hospital, and **how he was told never again to use this “unapproved” treatment again – even though it had saved the lives of several patients.** I urge you to listen to the entire interview; it is a classic.

It was this kind of lack of interest on the part of the conventional medical establishment that led Dr. Berkson to leave institutional medicine and open a private practice in Las Cruces, NM, where patients now come to him from all over the world. He is also an adjunct professor of applied biology at New Mexico State University.

In the second half of the interview, which I am including here, Dr. Berkson tells about how he came to learn about Dr. Bernard Bihari, and how he started using low dose naltrexone – in combination with intravenous alpha lipoic acid -- to treat his patients with autoimmune diseases and cancer.

JULIA SCHOPICK – Dr. Berkson, please tell me how you started working with low dose naltrexone and alpha lipoic acid together.

DR. BERKSON: Let me tell you how I found low dose naltrexone. A man came into my office about 12 years ago. I’d worked for the Department of Defense as an internal medicine doctor out at White Sands Missile Range. I’d been there for several years and I thought, “I’m going to open a small practice close by in Las Cruces, New Mexico, do what I think is right, not argue with anyone, or fight with anyone at the universities, and just try to do a good job. One day, a man came in with a walker. He could hardly even move. He was about 70 years old. I asked him what was wrong, and he told me that he had just been to MD Anderson Cancer Hospital, and they told him he had metastatic prostatic cancer -- metastatic to his bones. But he also had lupus and rheumatoid arthritis. They told him he only had a few months to live. Nothing could be done. So I asked him, “Why are you in MY office?” He said he had a wife with dementia and a son

with a mental disability, and he had to have them placed in a nursing home before he died. I asked what I could do for him. He said he really needed some narcotics to handle the pain. I said I'd be glad to write that prescription for him.

**Then he asked me if I'd ever heard of Dr. Bernard Bihari in New York.** This was 12 years ago. I said no, I never heard of him. He told me that he had heard that Dr. Bihari was curing cancer. I said, "I don't know why you're in my office, or MD Anderson or the Mayo Clinic. I don't see any great results for curing cancer from any of these places. I don't know how to cure cancer. They treat cancer at MD Anderson and at the Mayo Clinic, but I haven't seen any great results with complicated cancers. So why don't you go up and see him?" So he said, "Well, he's just in a little office in New York. What does he know?" And I told him the story of when I was at a university hospital with alpha lipoic acid, which was really effective at regenerating livers and many other organs, too, and they just didn't want to hear about it. They were in the liver transplant business. So I said, "Maybe if he was at a big medical center like Sloan Kettering or MD Anderson, and he discovered a simple cure for cancer, they'd probably throw him out, because it would put them out of business." So he went up and saw Dr. Bihari. And I didn't see him for 3 years.

Three years later, he walked in, without his walker, a normal guy. I said, "John, how are you doing?" And he said, "You know, the wind's blowing, my nose is stuffed. I really need something for these allergies." I said, "No, John, what about the cancer?" "Oh, Dr. Bihari cured that" – in a very relaxed way. I said, "What about the lupus and rheumatoid arthritis?" "Oh, he cured that, too." I said, "What did he use"? He said, "Did you ever hear of naltrexone?" I said, "Sure, it's something I've given to heroin addicts, because it occupies their opiate receptors. When they shoot up, they don't feel the heroin." He said, "Well, Dr. Bihari found that if you take a tiny amount of naltrexone, a very low dose, and you take it at bedtime, it sort of tweaks the opiate receptors in the brain and on the immune cells and by morning, it modulates the immune system to reverse autoimmune disease and it seems to stop many cases of terminal cancer from growing."

I was very skeptical. But my wife had two aunts who had lupus and rheumatoid arthritis. They were actually on chemotherapy drugs, like methotrexate, and steroids like prednisone, that swelled them up. And the methotrexate was killing their bone marrow, affecting their heart. And they weren't getting any better. So, I asked them if they wanted to try this low dose naltrexone. They said, "Sure." In one month, they were completely normal, off all drugs, and just taking this \$12 a month prescription.

Then we had maybe 100 patients who were rheumatology patients with lupus, rheumatoid arthritis, dermatomyositis. I would say that within one month, 95% of them are off all medications and feeling normal.

But I never force anybody to do these things. I ask them, "What do you want to do? Do you want to stick with the rheumatologist?" (Actually, I tell them always to stick with their rheumatologist or their oncologist.) "But do you want to try something a little different?" Many of them say, "No, I'm really happy with what I'm doing." And I say, "That's fine." I would never want to force anything on anyone, and I don't want anybody

to force anything on me. Almost all of these patients we treated with autoimmune disease got better.

Then, a man walks in with pancreatic cancer, a young man in his 40s. He told me he was an MD Anderson patient. He had biopsy-proven pancreatic cancer, with metastases to the liver. He had a young son, and a very pretty young wife, and he said he couldn't die. MD Anderson had told him that he would die within a few months. I asked him if he wanted to try this. He said, "Of course." Within 3 months he went back to work. He's in his 8th year now, and there's no sign of cancer. I [published that](#) in 2006 in *Integrative Cancer Therapies*. (See a clearer copy [here](#).) He is still alive.

Then a fellow came in with B-cell lymphoma from a prestigious hospital in Chicago. They had tried all sorts of things with him. Nothing seemed to work. They told him the lymphoma would kill him unless he received more chemotherapy. We put him on this program. He had softball size tumors in his neck and his groin. We did a PET scan; it showed that these tumors existed and were active. Within 6 months, there was no sign of the cancer. We did another PET scan, and there was no sign of disease. [We published that in 2007](#) in *Integrative Cancer Therapies*.

**Editor's Note:** The impressive and inspirational story of this pancreatic cancer survivor will be featured in my upcoming book, *Four Lifesaving Medical Treatments that Could Change Healthcare*, to be published in March, 2010. (Click [HERE](#) to listen to Mary Boyle Bradley's interview with me on the topic of my upcoming book.)

JULIA SCHOPICK – Did you get any interest from the oncology community?

DR. BERKSON - Zero

JULIA SCHOPICK – Did any patients take the study to their doctor and say, "I want to try this."?

DR. BERKSON: Several did, and they were told, "This is investigational. It's only with a few people. I think you should do what's been proven to be effective."

JULIA SCHOPICK – But chemotherapy is NOT proven to be effective.

DR. BERKSON: I believe that, and you believe that. And maybe even the oncologists believe that.

JULIA SCHOPICK – Did you know that they did a survey of a lot of oncologists, and they said that they wouldn't take chemotherapy?

DR. BERKSON: Most of the oncologists I know would not take it. There's an interesting story. Do you know Hugh Reardon? He was a good friend of mine. He had an international conference every few years. I used to speak at his conference. He had patients who had various forms of cancer that he was treating with intravenous vitamin C, and he added intravenous alpha lipoic acid. He was getting very good results. He was

a professor, I won't say at which medical school. [And the oncologists went to the dean of the school and said, “You know, he’s not an oncologist. He has no right to treat cancer at our institution.” And they actually stopped him from doing it.](#)

JULIA SCHOPICK – Even though he was having such good results?

DR. BERKSON: They didn't care. This is a story that Hugh related to me. The oncologist that had him stop the work was actually diagnosed with a very serious form of cancer, and people suggested to him that he'd better go to Hugh because Hugh could probably handle it. But he said no, he wanted chemotherapy. He died very soon afterwards.

JULIA SCHOPICK – I had thought that the punchline would be that he went to Hugh.

DR. BERKSON - No, like I say, many people are trained, rather than educated. Like my son was told, “You know everything there is to know about your field. You're board certified. That means you know everything. Anyone who tells you anything different doesn't know what they're talking about.”

JULIA SCHOPICK – I could understand that, if they had great success. I'm especially amazed with the kinds of conditions we've been talking about: terminal liver disease, cancer (especially pancreatic), rheumatoid arthritis and lupus, where there really aren't any good treatments. Multiple sclerosis. You know that I wrote [an article about four anecdotal treatments that aren't so anecdotal](#) after all. Three of the treatments I featured were ALA, LDN and the Ketogenic Diet. In the case of LDN, the doctors would rather prescribe \$2000 a month prescriptions for drugs that make these people sicker.

DR. BERKSON: In 2007, I was invited by the National Cancer Institute to fly to Washington and give them a teaching session on what I'm doing with autoimmune disease and cancer. I was very surprised that it was very well received. (NOTE: Dr. Berkson received a standing ovation!) Dr. Maira Gironi from Italy flew in, and she said she is having magnificent results reversing MS with just a little bit of low dose naltrexone at bedtime. But you hear nothing about it because there are no very wealthy corporations promoting it.

JULIA SCHOPICK – Around the time that Dr. Gironi spoke at one of the conferences here recently, I did a big search of the public relations that came from the conference. I searched on Dr. Gironi's name, as well as the names of her co-investigators (I forget their names). It turned out that had done several studies, individually and together. Several of these studies were funded by Pharma; the other one, not funded by Pharma, was on LDN. Of course, as you and I know, the LDN study turned out to be much more paradigm-shifting; much more interesting. Guess which ones got the publicity?

DR. BERKSON - The ones that didn't work.

JULIA SCHOPICK – The ones that were funded by the pharmaceutical companies!

DR. BERKSON - Of course.

JULIA SCHOPICK – Obviously. And I will give links to the public relations that followed, so that everyone can see it. The PR came from the pharmaceutical companies that had funded the studies. (See the article, [“Pharmaceutical News by Press Release? \[OR: Low Dose Naltrexone Study Doesn't Make the News\]”](#))

DR. BERKSON: This is all a given.

JULIA SCHOPICK – I hear you say that it’s a given. But it’s going to take people exposing it. I think that many of the people in this country would be shocked. They are not shocked about the money-making aspect. They get it. What they are shocked about is that when something works and no doctors are interested. They're not shocked that the drug companies aren't interested. They are shocked that the doctors aren't.

DR. BERKSON: You know, most doctors don’t know anything about these kinds of treatments, because there isn’t a pharmaceutical rep going into their office telling them about them.

JULIA SCHOPICK – But people are still shocked that the doctors aren't interested. For instance, with Silverlon – when it was the only thing that was able to heal my husband after 8 months of a non-healing wound.

DR. BERKSON - It was so simple.

JULIA SCHOPICK – Elegant, even. When I tell people that [none of the neurosurgeons that I told about the Silverlon were the slightest bit interested](#), they cannot believe it. They say, “We know you to be an honest person. But are you telling the truth?”

DR. BERKSON: But you see this in all aspects of American life, of human life. Money talks. If a person does his homework and wants to do chemotherapy and radiation, that’s fine with me, especially if they know the chances that it may help them. But I think people should have a choice to do other things too, if they want.

JULIA SCHOPICK – That’s exactly how I feel.

So, as we come to the end of this interview, I’d like to say that I think it’s your sense of humor that has kept you, not only sane, but has kept you going. I mean, you give lectures all over the world. You’ve been invited to speak in Scotland, at the upcoming low dose naltrexone conference. In fact, you’ve spoken at just about every LDN conference that has been presented. I think it’s your wonderful sense of humor that keeps you from getting bitter.

DR. BERKSON - Well, there was a time I was very bitter, but it doesn't get you anywhere.

JULIA SCHOPICK – I am going to surprise you with something that attests to your sense of humor. The other day, I reread [your pancreatic cancer study](#), and I want to read a section of it, and then we can discuss how funny it is. I almost died when I read it. This

is what you wrote about one of your pancreatic cancer patients, “JA,” who responded so well to a combination of Alpha Lipoic Acid and Low Dose Naltrexone. You wrote:

"The authors say that the lack of progression of JA's disease cannot be solely attributed to the single dose of chemotherapy that he received. It has been reported that gemcitabine's effect on response rate and survival is disappointing."

This is perfect. It reminds me of my husband's experience with Silverlon. We had a very similar experience: This very new, very innovative, relatively inexpensive treatment worked, when the standard-of-care treatments (i.e., repeated surgeries), only made Tim worse and worse. Do you know that the doctors really were convinced that it was the treatments they gave him 6 months earlier that “kicked in” -- on the very day we started the Silverlon?!

DR. BERKSON - I'm not surprised.

JULIA SCHOPICK – But this is, of course, what you were referring to?

DR. BERKSON: Yes.

JULIA SCHOPICK – Do you not think it's your sense of humor that keeps you sane?

DR. BERKSON - I have a lot of interests outside of medicine. I like to go to the gym. It makes me happy. I love to go into the woods, and spend the day doing nothing, but sitting on a log, looking for mushrooms and things.

JULIA SCHOPICK – Don't even mention mushrooms! I hope you know the difference. Well you'd know how to cure it.

DR. BERKSON - I've never seen sicker people than those with hepatotoxic mushroom poisoning. I eat very few wild mushrooms. And I like walking my dog, and doing all kinds of things like that. And reading books, fictional books.

JULIA SCHOPICK – You really are an “un-MD” kind of person. You really are much more like a PhD.

DR. BERKSON - I think I use my PhD more than I do my MD.

JULIA SCHOPICK – You think more like a PhD. I did a lot of reading about MDs versus PhDs. It made the MD seem more like military.

DR. BERKSON – I think medical education is a very militaristic type of program.

JULIA SCHOPICK – I have great hopes that, in this time of near-Depression in this country, that you may be the happy recipient of a lot of acclaim. I really do.

DR. BERKSON - From your mouth to God's ears.

JULIA SCHOPICK – I just know it. Pharma's going to be very upset with this. I think we discussed earlier that Pharma is not happy with what's going to happen (i.e., the comparing of treatments with regard to their effectiveness). They're fighting it.

DR. BERKSON - Big Pharma does a lot of very important things. There are a lot of drugs that I use on my patients that are wonderful. Some of the antibiotics are very effective. Some of the blood pressure medications are wonderful drugs, and I use them every day. But some of them, I think are worthless.

JULIA SCHOPICK – You're right: Pharma has done an incredible amount of work. The problem comes, unfortunately, when they become involved in commissioning the studies that are done on their own medicines, and they literally hire the researchers and they tell them what results they want. Then they write the papers that go into the journals, and pay creditable doctors to sign their names to these articles. I'll put up medical writer [Melody Petersen's interview on PBS](#), so people can read about how pharmaceutical companies often go the extra mile and lose their credibility. (Ms. Petersen's book, [Our Daily Meds: How the Pharmaceutical Companies Transformed Themselves into Slick Marketing Machines and Hooked the Nation on Prescription Drugs](#), is really excellent!)

DR. BERKSON: The alpha lipoic acid studies with diabetic neuropathy. This work was done in Germany originally, and they just had to repeat it over again here.

JULIA SCHOPICK – Now, why is that?

DR. BERKSON - That's the system.

JULIA SCHOPICK – Why? We don't trust any other country, do we?

DR. BERKSON - No, it has nothing to do with that. It's a bureaucratic type of system. That's City Hall, and you can't fight with City Hall.

JULIA SCHOPICK – Well, guess what? This could be a wonderful thing happening with this recession: that City Hall may have to be fought.

DR. BERKSON - I'm not so sure.

JULIA SCHOPICK – We were going to have a bet. But I would want to win that bet, because I would like to see alpha lipoic acid and low dose naltrexone and the ketogenic diet and Silverlon, and all the other treatments that are inexpensive and don't have terrible side effects and they help people, become mainstream treatments. That's what I would like to see.

DR. BERKSON: Julia, what I would like to see is for people to have medical freedom and to have a choice. And if somebody wants to get the full treatment with chemotherapy, that's fine with me. But they should have a choice to do something else if they decide to do that.

JULIA SCHOPICK – Do you know who introduced the Access to Medical Treatment Act in the mid-1990s? [Tom Daschle](#). That’s why I am so sad about him. I read his book, and he said exactly what you and I have been talking about -- that there are many treatments out there that are ignored and could help people, if they were more mainstream. This is the sad thing. I had been hopeful that his influence would bring some of that change.

Dr. Berkson, I would like to thank you for being my guest today for HonestMedicine.com. This has been one of the most interesting interviews!

DR. BERKSON - Thank you, Julia.

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And to read his full-text papers on medical matters and in biology, Google: Berkson, BM

### [LINKS/REFERENCES/RESOURCES](#)

#### DR. BERKSON'S BOOKS

[Alpha Lipoic Acid Breakthrough: The Superb Antioxidant That May Slow Aging, Repair Liver Damage, and Reduce the Risk of Cancer, Heart Disease, and Diabetes](#) -- published in 1998.

[Eunice Goostree’s review of The Alpha Lipoic Acid Breakthrough](#) – Eunice Goostree is one of the first patients whose life was saved by Dr. Berkson's use (against his superiors' orders) of ALA in the 1970s. Her Amazon.com review of the book was written in 1999, one year after the book was published.

[User’s Guide to the B-Complex Vitamins](#), written with Dr. Berkson’s son, Arthur Berkson, MD

[Syndrome X: The Complete Nutritional Program to Prevent and Reverse Insulin Resistance](#), written with Jack Challem and Melissa Diane Smith

[A Users Guide to the B Vitamins](#), published by [Basic Health Publications, Inc.](#), one of the premier publishers of books on integrative medicine topics.

### [Multimedia](#)

Scroll down to [hear/watch Dr. Berkson’s talk](#) at the Fourth Annual Low Dose Naltrexone Conference.

Dr. Berkson’s [interview with Mary Boyle Bradley](#), on Blog Talk Radio