



Effective, Time-Tested, Inexpensive Treatments for Life-Threatening Diseases
A Bestselling Book by Julia Schopick, Award-Winning Blogger on Health Care and Healing

Questions & Answers

1. Your biographical information states that you have been a public relations consultant for 25 years. What made you decide to become a patient advocate?

I didn't plan to become a patient advocate. It was in the course of caring for my husband and dealing with his doctors that I became first his advocate, then an advocate for others, as well.

In 1990, my husband of five years, Tim Fisher, was diagnosed with a very serious, cancerous brain tumor. For the first five years after his diagnosis, we basically followed his doctors' orders and recommendations. Tim had surgery and underwent chemotherapy and radiation—the commonly prescribed treatments for his condition. But after five years, I began to see that the side effects and complications from the treatments were becoming more severe and were, in fact, beginning to take over our lives. The complications included a radiation-caused stroke, hydrocephalus (water on the brain) and intermittent seizures. There were many hospitalizations and some additional surgeries to deal with these complications. I decided that, if I was to have Tim around for many more years—and in relatively good shape—I'd better start looking for therapies and treatments that might increase his survival and his quality of life. I found many such treatments, and—to my delight and amazement—Tim lived 15 years after his diagnosis. This was 12 years more than his doctors had predicted. I was delighted—and began to take my role as Tim's advocate ever more seriously.

Because of my success with finding treatments for Tim, my friends and colleagues started seeking my advice. This led to the creation of my website, HonestMedicine.com, where I began posting information about innovative treatments that many patients and doctors wouldn't know about.

2. What made you decide to write your book, also titled *HONEST MEDICINE*?

To my surprise, in the course of advocating for my husband when he was ill, I discovered that his doctors were not interested in the low-cost, effective treatments that I found for him—even though it was obvious that those treatments were working. For one thing, he outlived his prognosis by 12 years. It seemed to me that his doctors only wanted to use expensive pharmaceutical treatments.

Then, something happened that made me become determined to spread the word about non-toxic, inexpensive treatments. In 2002, Tim had a recurrence of his brain tumor and, after this surgery, his suture line wouldn't heal. The doctors performed eight additional surgeries in eight months, trying to make the skin on his head heal. But they didn't work. In fact, the repeated surgeries just made him worse, until finally he was brain injured and paralyzed from the surgical assaults on his body.

As you can imagine, I was frantic, and searched everywhere for answers. Finally, through a doctor friend I found a treatment that worked—Silverlon—and it worked literally overnight. I was delighted, and assumed his doctors would be delighted, too. But they weren't. In fact, they weren't even open to learning about it.

I decided that something really bad was going on in American medicine. So I set out to find other treatments that were also inexpensive, life-saving and had stood the test of time—other treatments that doctors weren't interested in learning about.

I wrote this book so that others wouldn't have to go through the struggles I went through to find treatments that are low-cost, effective and time-tested for their friends and loved ones.

That is what the book is about.

3. Tell us about these treatments.

In addition to the one I just described, **Silverlon**—the inexpensive wound-healing treatment that healed my husband's head—there are three others that I write about in *HONEST MEDICINE*.

a. **Low Dose Naltrexone**, an off-label use of a drug that was approved by the FDA over 25 years ago for drug and alcohol addiction. In the mid-1980s, a neurologist named Dr. Bernard Bihari found that, in very tiny doses, this drug helped people with autoimmune diseases, such as MS, lupus, rheumatoid arthritis and Crohn's disease. Like Silverlon, most

conventional doctors aren't interested in learning about LDN for their patients. But luckily, tens of thousands of patients have found it for themselves and are advocating for it all over the world. Three of them have written chapters for *HONEST MEDICINE*.

b. **The Ketogenic Diet** is a high-fat, low-carbohydrate diet with a long history of actually curing children with epilepsy of their seizures. Used since the 1920s at prestigious institutions such as Johns Hopkins and the Mayo Clinic, the diet fell out of favor in the 1940s and 1950s, when anti-seizure medications became popular. Because this diet has so many fewer side effects than drugs, many parents today are advocating that it be offered by doctors from the start as a viable alternative to anti-seizure medications.

c. **Intravenous Alpha Lipoic Acid** is a natural product that was first used in the mid-1970s by Dr. Burt Berkson to treat end-stage liver disease. His story, told in *HONEST MEDICINE*, is fascinating. Dr. Berkson and two of his patients have written chapters for my book.

4. Which of these four treatments do you feel most passionate about—and why?

I am passionate about all of these treatments. Otherwise I wouldn't have written about them. But if I had to choose, I'd choose Low Dose Naltrexone first, and the Ketogenic Diet second. The reason for this is that these two treatments, although not recommended by most doctors, are pretty easy for patients to get. For instance, thanks to the patient advocates for Low Dose Naltrexone, it is relatively easy for patients to find doctors who will prescribe it and compounding pharmacists who compound it correctly. One of the LDN patient advocates has collected names of doctors all over the country, and all over the world, who prescribe LDN. And Linda Elsegood of the LDN Research Trust in the UK also knows and shares the names of many doctors who will prescribe it. And of course, LDN is inexpensive (less than \$50 a month), so even though the cost isn't usually covered by insurance, most patients can afford to pay for it out of pocket.

Similarly, thanks to Jim Abrahams and the Charlie Foundation, the Ketogenic Diet is also extremely accessible. All a parent has to do is go to Jim's website <http://charlifoundation.org/>, and click on "Hospitals" at the top of the page to find a map of all the hospitals in the US that administer the diet. And Jim also has information about hospitals outside of the US that administer it.

I wish I could say that it was a easy for patients to get Intravenous Alpha Lipoic Acid and Silverlon, but for reasons I can discuss on the air, it isn't as easy.

5. You have said that another reason you're so enthusiastic about Low Dose Naltrexone and the Ketogenic Diet—and especially LDN—is cost. Please explain.

As I mention many times in my book, LDN is extremely inexpensive, especially when compared to many of the treatments doctors routinely prescribe instead. For this reason, as I have said on many talk shows, I believe that LDN could literally *save healthcare*. This is not a claim I make lightly, and it's one I fervently believe.

First of all, autoimmune diseases, which LDN treats so effectively, are on the rise. One in five Americans has an autoimmune disease, which includes multiple sclerosis (MS), Crohn's disease, lupus, rheumatoid arthritis (RA), fibromyalgia, psoriasis, chronic fatigue syndrome, asthma, and many others. According to estimates by the American Autoimmune Related Diseases Association (AARDA), the cost of treating autoimmune diseases has exploded to more than \$100 billion a year. What's more, many of these patients aren't getting any better with the expensive, often toxic, pharmaceuticals their doctors are prescribing.

I can give you a few examples of the costs of individual medications used by conventional doctors to treat autoimmune diseases—medications that many patients have to stay on for life. For instance, a high dose of the popular rheumatoid arthritis drug, Remicade, can cost up to \$29,000 per patient per year. (Lower doses cost less.) And the new MS drug Gilenya has a \$52,000-a-year per-patient price tag. Patients on these drugs often get worse and suffer horrific side effects. (For instance, one MS drug, Tysabri, comes with a possible “side effect” of a brain infection which can cause death. In fact, a number of deaths have already been caused by this brain infection in patients taking Tysabri.)

Compare this with LDN, which costs less than \$50 a month and has virtually no side effects except for—in some cases—“vivid dreams.” So, now I think you can understand why I say that LDN could *save healthcare*.

The Ketogenic Diet, which most children only need to be on for two years before they can return to a normal diet, is much less expensive than a lifetime of anti-seizure medications. However, because the diet must initially be administered in the hospital, it's not as easy for

patients to get as is LDN. Therefore, even though the Ketogenic Diet is a most wonderful and effective treatment, I don't consider it to be as much of a "poster child" as is LDN for saving healthcare.

6. I understand that some of the patients who have been helped by these treatments have contributed chapters to *HONEST MEDICINE*. Can you tell us about the experiences of some of them?

Low Dose Naltrexone: The patients who take this drug for their autoimmune diseases are passionate about getting the word out about LDN. There are so many LDN patient advocates out there that I found it difficult to choose which ones I wanted to be contributors to this book. I think the one I'll tell you about here is Malcolm West, a multiple sclerosis patient. MS is a degenerative disease, and the standard treatments for it do not typically halt its progress, but rather—when successful—they merely reduce its symptoms. Malcolm was a very high-paid executive, who had top-of-the-line health insurance coverage. So, even though his MS drugs were very expensive (they cost a minimum of \$2000 a month), he had no problem getting them. But the medications were *not* helping him, and in fact, his MS kept getting worse. Then, finally, Malcolm lost his job because his MS made it difficult for him to work. Along with his job, he also lost his health insurance, so he would no longer be able to afford the standard MS drugs. It was then that he started using LDN, at a cost of \$35 a month. He hasn't looked back. For the first time in years, Malcolm's MS has stopped progressing, thanks to LDN. I think that his chapter, Chapter 14, is one of the most impassioned in *HONEST MEDICINE*.

The Ketogenic Diet—One of the stars of *HONEST MEDICINE* is Jim Abrahams, the Hollywood producer of "Airplane," "Hot Shots" and other movies. In 1994, Jim's one-year-old son Charlie began having intractable, nearly non-stop seizures. His doctors gave him drug after drug—and sometimes several combinations of drugs. They even operated on his brain. Nothing worked, and Charlie went steadily downhill.

Like the others in this book, Jim found the Ketogenic Diet through his own research. Against the advice of his son's doctors, he took his baby to Johns Hopkins to be put on the diet. Forty-eight hours after the diet was implemented, Charlie's seizures stopped. Since then, the only recurrence of seizures occurred when he was being weaned off the diet. Charlie is now a

teenager, is no longer on the diet, and is entirely seizure-free.

Jim now spends most of his time running the non-profit organization that he founded, The Charlie Foundation to Help Cure Pediatric Epilepsy. Through the Charlie Foundation, the doctors and staff at lots of hospitals around the world have been trained to implement the diet. (Chapter 7)

7. Do these treatments have side effects?

Of course, all treatments have some side effects. But compared to the treatments most often prescribed by doctors for these conditions, the side effects of these treatments are relatively minor. For instance, **Low Dose Naltrexone** can cause “vivid dreams.” So, some patients end up taking even lower doses of this drug; in other patients, the “vivid dreams” subside after a few weeks. The **Ketogenic Diet** can cause constipation and kidney stones, so most children are prescribed medicines and nutritional supplements to counteract these side effects.

As with all medical treatments, it is important that the treatments I feature in *HONEST MEDICINE* be used correctly. For instance, the **Ketogenic Diet** must initially be carried out under a doctor’s and a dietitian’s supervision, because the amount of fat, protein and carbohydrates must be calibrated carefully for each individual child. There can be problems if the diet is not begun in a hospital setting under medical supervision, so—in the beginning—parents really can't implement it by themselves without help. After the child’s diet has been stabilized in the hospital, the dietitian works with the parents so that they can provide the proper diet for the child at home. Dietitian Milly Kelly, who administered the diet at Johns Hopkins for 50 years—from 1948 to 1998—has contributed a chapter (Chapter 8) to *HONEST MEDICINE*, in which she gives one of the best descriptions I have ever read of how to administer the diet.

Lastly, **alpha lipoic acid** must be infused carefully by a doctor who is trained to do it properly. When done correctly, patients say they actually feel better than they have felt in a long, long time.

8. How do the side effects of these treatments compare with the side effects of the treatments that most doctors prescribe for these conditions?

This is an interesting, and very important, question. To answer it, I'd like to discuss the most-often prescribed treatments for MS and epilepsy, all of which are highly toxic. The most-often prescribed drugs for MS are the C.R.A.B. drugs, with C.R.A.B. being an acronym for Copaxone, Rebif, Avonex and Betaseron. When these four drugs fail, patients are often prescribed a drug called Tysabri. All these drugs are expensive; and each of them can have extremely serious side effects. (The C.R.A.B drugs are injectables and Tysabri must be infused.) In fact, Tysabri can lead to a deadly brain infection, Progressive Multifocal Leukoencephalopathy (PML), a rare and usually fatal viral disease characterized by progressive damage to the white matter in the brain. In Malcolm West's chapter, Chapter 14, he states that one out of every 1,000 Tysabri users develops PML, and that, as of October 2009, twenty-three people had developed the brain infection. This is serious stuff!

Epilepsy drugs have serious side effects, too, with bad news about them being published on a pretty regular basis. For instance, in 2008, one study linked anti-epilepsy drugs to suicidal thinking, and at one point, the FDA was seriously considering including a "black box warning" on the package inserts of nearly every anti-seizure medication. (A "black box" warning is a type of warning that signifies that the drug carries a significant risk of serious or even life-threatening adverse effects, as revealed by medical studies.)

9. Are the treatments you write about in *HONEST MEDICINE* effective?

Yes, they are. As *HONEST MEDICINE*'s cover says, "More than 100,000 people worldwide have been helped." And this is true. So many patients have been helped by these treatments that I have coined a new term: **patient-evidence based medicine**. Especially when so many people are experiencing excellent results with a treatment, I think it is important that this kind of medicine be taken seriously and given respect. I believe these treatments should be offered to patients by their doctors as one of the first recommendations, instead as the last recommendation, or more commonly, not at all.

10. Why don't these treatments have more clinical trials done on them?

Since these treatments are relatively inexpensive, it's not likely that large-scale clinical trials

will be performed on them anytime soon. Pharmaceutical companies conduct most of the clinical trials on their own drugs today and, frankly, the treatments I highlight in *HONEST MEDICINE* wouldn't give a company a reasonable return on their investment. Actually, lots of smaller, very promising trials have been conducted on several of these treatments. For instance, there have been many smaller trials performed on Low Dose Naltrexone. To read about them, go to Ldnscience.org/. All of these trials confirm the efficacy of LDN. And in England, Dr. Helen Cross has conducted a large class-1 randomized double-blind study of the Ketogenic Diet. Like all the smaller studies before it, conducted since the 1920s, Dr. Cross' study turned out very positive results as to the efficacy of the Ketogenic Diet.

11. What did you hope to accomplish by writing *HONEST MEDICINE*?

I hope that patients who need treatments like those I feature in *HONEST MEDICINE* will learn that they are out there and will take action to get them. I'm happy to report that patients often contact me after hearing me on talk shows, and ask me to help them find these treatments. The treatment they most often ask me about is LDN. I get such satisfaction when I am able to help them.

12. How do I get my hands on these treatments?

Be aware that most conventional doctors don't yet know about these treatments. But fortunately, more and more integrative doctors do know about them. I think the easiest treatment to get is LDN for autoimmune diseases, because all that is needed is a doctor's prescription. Even though it is often not covered by most patients' insurance, LDN is within the budget of almost everyone: It costs less than \$50 a month. And since LDN patient advocates have collected the names of doctors who will prescribe it, and compounding pharmacists who prepare it properly, LDN is no longer so difficult to get. Thankfully some patients are now successfully educating their doctors about LDN. Some of the best LDN websites for this purpose are LDNinfo.org, LDNResearchTrust.org, LDNers.org and LDNAware.org. There is even a website for doctors, LDNScience.org. Lots of patients are pointing their doctors to this site for more technical information.

The best resource for the **Ketogenic Diet** is Jim Abrahams' website, CharlieFoundation.org. There, Jim has listed all the hospitals in the US that implement the

diet. The list is constantly growing.

Intravenous Alpha Lipoic Acid is a bit more problematic, in that there is not yet a large network of doctors who are proficient with it. Your best bet is to contact Dr. Burt Berkson in Las Cruces, NM. His contact information is in *HONEST MEDICINE*, as well as on my website, HonestMedicine.com.

13. How do I get my doctor's approval if she or he doesn't know about these treatments?

The best advice I can offer is to give your doctor lots of information, available in *HONEST MEDICINE*. I have links to many resources there. All you have to do is follow the links. And since links are difficult to access from a printed book, I have a website set up that contains every link to every resource in *HONEST MEDICINE*. For these links, go to HonestMedicine.com/hyperlinks.html.

The other bit of advice I can give is that—as Dr. David Gluck points out in *HONEST MEDICINE* (Chapter 11)—general doctors are much more open to innovative treatments like these than are specialists. So try talking with your general practitioner first.

14. If these treatments are so effective, why aren't more doctors prescribing them?

From what I can tell, from my research for *HONEST MEDICINE*, most doctors are not comfortable prescribing treatments that their fellow doctors are *not* prescribing. This is a huge problem. Dr. Berkson describes it this way: He says that doctors are trained, not educated, and that they are trained *not* to be curious about anything new. My feeling is that the more patients there are who lead the way, the more their doctors will start prescribing these treatments.

15. The Ketogenic Diet was popular and well-respected in the 1920s, and in fact, was the standard treatment at that time. What happened that it went out of favor? And what happened to make it popular again today?

Basically, when anti-seizure pharmaceutical medications began to be discovered and patented in the 1940s and 1950s, the use of the diet declined dramatically. There is no way around it: Even though the drugs have heavy side effects, they are much easier both for

doctors to prescribe, and for patients to take. The diet must be carefully planned, with the correct amount of fat, protein and carbohydrates specifically calibrated for each child.

Most of the credit for the diet's rebirth must go to Jim Abrahams. Once his infant son Charlie became cured of his seizures in the mid-1990s, Jim decided to devote the rest of his life to getting the word out about the diet. He has been extremely successful, and through his non-profit organization, The Charlie Foundation, there are now hundreds of hospitals worldwide that administer the diet.

16. You believe that patients should do their own research. What about all of the unreliable information out there online?

Yes, there is a lot of unreliable information online. But the truth is that there is also lots of terrific, very reliable information out there, as well. I think it is important for people to learn how to recognize the good information, and how to shun the bad information. This becomes easier the longer you spend researching online. It was fascinating to me how many of my chapter contributors first found the treatments I describe in this book online.

I am thinking of conducting workshops to teach people how to recognize good versus bad medical information. If people are curious about this type of workshop, they can contact me via my website, <http://www.HonestMedicine.com/media.html#contact>, by email at Julia@HonestMedicine.com, or by phone at 708-848-4788.