

“This book is a vital resource for patients who want to become the authors of their own health.” — WENDELL POTTER, *New York Times* bestselling author of *Deadly Spin* and founder of Tarbell.org

# The Power of Honest Medicine

MS, Rheumatoid Arthritis, Crohn’s, Parkinson’s,  
Lupus, Hashimoto’s, Fibromyalgia, and More

**LDN:** An Inexpensive Alternative to the  
Costly, Toxic Medications Doctors Prescribe  
for Autoimmune and Other Diseases

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Low Dose Naltrexone Success Stories  
From Patients Around the World

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with DON SCHWARTZ, PhD

# Introduction

I am delighted to introduce *The Power of Honest Medicine: LDN, An Inexpensive Alternative to the Costly, Toxic Medications Doctors Prescribe for Autoimmune and Other Diseases*, the second book in my “Honest Medicine” series. *Honest Medicine*, which was published in 2011, featured four treatments for life-threatening diseases: Silverlon for non-healing wounds; intravenous alpha lipoic acid for terminal liver disease; the Ketogenic Diet for childhood epilepsy; and Low Dose Naltrexone (LDN) for autoimmune diseases and some cancers.

All four were enormously valuable treatments in that they were—as the book’s subtitle asserted—“effective, time-tested, inexpensive,” and helped people with life-threatening diseases. I set the bar extremely high for each of the four featured treatments. For instance, to fit the criterion of “time-tested,” the treatments had to have been helping people for at least 25 years. This might seem arbitrary, but as many of you know, physicians often deny the effectiveness of a treatment by claiming that the evidence is insufficient and that reports of its effectiveness are merely “anecdotal.” However, if a treatment has been successfully used for 25 or more years—as is the case with each of the treatments in *Honest Medicine*—it’s more difficult to dismiss positive results as merely isolated patient stories.

“Inexpensive” was a criterion added for a personal reason. When my husband Tim was ill with a brain tumor, we worked hard to extend the quality of his life and the years we’d have together. The bottom line: We went broke, paying out of pocket for treatments not covered by insurance. Some of the treatments helped him; others did not. But together, they consumed vast amounts of money.

By introducing treatments that are more effective *and* less expensive than the conventional treatments most doctors recommend, *Honest Medicine* helped people avoid the soul-crushing experience of going broke while taking care of themselves and their loved ones.

The severity of the conditions treated was also a factor. I focused on treatments for serious, debilitating, and life-threatening conditions like non-healing wounds, terminal liver disease, intractable epilepsy, and autoimmune diseases such as multiple sclerosis (MS), lupus, rheumatoid arthritis (RA), and Crohn's disease.

I was tireless in my efforts to get the word out about these treatments and found that radio talk shows were an effective way to reach the public. In the seven years since *Honest Medicine's* publication, I have appeared on several hundred shows, and am often invited back. Each time I did a show, I heard from many people desperate for more information about the treatments featured in the book.

Of the four, Low Dose Naltrexone (LDN) consistently generated the most interest and received the largest response from listeners. Interviewers and callers clamored for more information about this low-cost, off-label<sup>1</sup> treatment for various autoimmune diseases. After each interview, I'd get an influx of emails and calls about LDN, mostly from people who had been diagnosed with an autoimmune disease such as MS, Crohn's disease, or fibromyalgia—or other conditions I'd mentioned on a particular program.

After my first appearance on *Coast to Coast AM*, one of the most popular radio call-in shows in the country, my book shot up to number 49 on the Amazon bestseller list, and I received more than 400 emails and more than 50 phone calls. My second appearance on this show generated a similar response. *Almost all the listeners asked about LDN.* They weren't just curious about it. They were angry that their doctors had never told them about it, and they

wanted my help in convincing their doctors to prescribe LDN for them.

I counseled hundreds of people around the world about how to work with their doctors to get LDN and followed up to hear their experiences. I also heard from patients who were already enjoying the remarkable benefits of this drug for their autoimmune conditions. Over time, I amassed a great deal of information, including small studies and patient successes. I refer to the latter as “patient-based evidence.” I shared this information with listeners who contacted me so that they, in turn, could give it to their doctors. If the information I sent them didn’t convince their doctors, they wrote back, asking me for help finding a doctor who *would* prescribe LDN for them. Thanks to a list of prescribing doctors put together by LDN patient advocate Crystal Nason, I was able to help. It was a full-time job answering the requests, and there were so many inquiries that I started conducting teleseminars<sup>2</sup> and coaching sessions<sup>3</sup> to help patients convince their doctors to prescribe LDN. I share these strategies in Chapter 21.

I also became active on Facebook, where I found groups devoted to sharing information about LDN. There were several groups for patients with autoimmune diseases in general, as well as groups for patients with specific conditions, including Hashimoto’s thyroiditis, rheumatoid arthritis, Crohn’s disease and irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, etc. I joined and became active in many of these groups, as well as in some in other countries, including Norway, the Netherlands, Germany, France, Italy, Spain, Poland, Turkey, and Brazil. For the international groups, I used Google Translate to participate in discussions. There are also several websites, both in the US and abroad, devoted to spreading the word about LDN. These groups and websites are listed in the Appendix.

In 2013, Frank Melhus, a producer at TV2 in Norway, aired a documentary devoted to Low Dose Naltrexone, as part of the station's *Vårt Lille Land* ("Our Small Country") series.<sup>4</sup> The numbers of people using LDN in Norway soon skyrocketed from 200 to 300, to 15,000. [Author's Note: There is now a version of the documentary on YouTube with English subtitles, and versions with Italian, French and German subtitles are in the works.] Worldwide interest in LDN was growing. Along the way, *Honest Medicine* was translated and published in Poland and the Netherlands; a Spanish edition is now available. Of the four treatments, LDN is of greatest interest to international publishers.

Because of this response, I am devoting this second book entirely to LDN. There is another important reason. According to the American Autoimmune Related Diseases Association (AARDA),<sup>5</sup> autoimmune diseases are on the rise. At last count, over 100 different diseases categorized as autoimmune have been identified—and they affect a staggering number of people in the US, as well as internationally. Some people are affected by more than one autoimmune disease. More people in the US are affected by autoimmune diseases than by cancer, and they are among the top ten causes of death in the US. Treatment for autoimmune diseases is also extremely costly. According to one estimate, over \$100 billion is spent annually on autoimmune disease. This is likely an underestimate, considering that it's estimated that it costs between \$51.8 and \$70.6 billion annually to treat just seven, namely Crohn's disease, ulcerative colitis, lupus, MS, rheumatoid arthritis, psoriasis, and scleroderma.

There is evidence that LDN is a groundbreaking treatment for autoimmune diseases, helping some patients with these diseases to achieve remission. In other cases, it can slow or stop the progression of their disease. In most cases, patients experience a life-changing relief of symptoms. LDN is safe, inexpensive, non-toxic, virtually

free of side effects (the most common being “vivid dreams”), and often dramatically effective. The challenge: LDN remains relatively unknown to many doctors and patients.

This has to change.

In my opinion, LDN is one of the most important medical discoveries of the twentieth century. Hundreds of doctors who prescribe it, and thousands of patients who use it, agree. LDN—which works for so many conditions—is also the cheapest and most versatile of the treatments I have encountered.

When people first hear about LDN for autoimmune diseases, many are puzzled. They may be familiar with the drug naltrexone and know that it is a drug typically used to treat addictions. Naltrexone is a narcotic blocker approved by the FDA in the mid-1980s for people with drug addiction. In the mid-1990s, naltrexone was also approved for alcohol addiction. Naltrexone is typically prescribed at doses starting at 50 mg or more for people with drug addiction. It has been “off-patent” for many years, meaning that there is no “branded” naltrexone that is manufactured and marketed by a drug company. Generic naltrexone tablets cost little to produce and are typically inexpensive.

In studying the use of naltrexone for addictions, Harvard-educated neurologist-psychiatrist Bernard Bihari, MD discovered and then pioneered the use of naltrexone in very low doses—typically less than 5 mg per day—for autoimmune diseases. Dr. Bihari reported excellent results with MS, Crohn’s disease, RA, lupus, and many other conditions, including AIDS.<sup>6</sup>

Since Dr. Bihari introduced LDN therapy, thousands of patients with serious, debilitating conditions have experienced tremendous relief using LDN. In the beginning, and even today, some patients purchase generic 50 mg naltrexone tablets and make their own LDN. There are also pharmacists in the US who have the expertise to compound LDN correctly.<sup>7</sup> Because of patient

demand, the number of pharmacists worldwide who compound LDN is growing daily.

Because there is minimal profit in LDN, it has not been the subject of costly, large-scale FDA trials. But smaller studies conducted at leading institutions have been published in prominent publications and are backing up the reports of patient success. There were three studies on LDN for Crohn's disease conducted at Penn State;<sup>8 9 10</sup> three studies conducted at Stanford University using LDN for fibromyalgia;<sup>11 12 13</sup> one for multiple sclerosis at the University of California at San Francisco;<sup>14</sup> and yet another for multiple sclerosis in Milan, Italy.<sup>15</sup> Recently, there have been two studies for Hailey-Hailey disease (HHD),<sup>16 17</sup> one of which was performed at Emory University in Atlanta. More small studies are being conducted at the time of this writing.

### **Spreading the Word**

I feel it is crucial to significantly expand LDN awareness. While a handful of doctors in the US and abroad are passionate about LDN, most doctors still reflexively prescribe the more toxic, side-effect-laden, expensive drugs—many of which don't work particularly well for their patients. To make matters worse, even when presented with compelling information, many doctors refuse outright to prescribe LDN.

Currently, people with autoimmune disorders who research their conditions can find out about LDN on the Internet. Those who discover LDN often do so after having already been prescribed—and been disappointed or even harmed by—more toxic drugs. Thankfully, finding information about LDN online is becoming easier, with several US and international LDN websites, as well as forums and chat groups devoted to discussions about LDN.

You will find information about these websites, chat groups and forums in the Appendix.

At the same time, more doctors and health care providers are becoming aware of and showing interest in LDN. They are attending and speaking at conferences that are being held to educate doctors and patients about this treatment. So far, there have been more than a dozen LDN conferences in the US and Europe,<sup>18 19</sup> almost every year since 2005.

The LDN conferences have taken place in large part thanks to the hard work and dedication of two people: David Gluck, MD, Dr. Bihari's colleague and the creator of one of the most respected LDN websites;<sup>20</sup> and Linda Elsegood, creator of another, equally respected LDN site.<sup>21</sup> Through Linda's not-for-profit organization and website, the LDN Research Trust, she has also interviewed hundreds of doctors, patients and compounding pharmacists about their successes with LDN.<sup>22</sup> These video interviews are featured on Vimeo.<sup>23</sup> Thanks to Linda, you can also learn about other websites and Facebook groups throughout the world that spread the word about LDN.<sup>24</sup> She also has an online radio show dedicated to increasing LDN awareness.

A few years ago, as part of my commitment to LDN awareness, I began conducting LDN teleseminars,<sup>25</sup> to help patients become informed about LDN and provide them with enough convincing information to share with their doctors. I also conduct personal and group coaching sessions<sup>26</sup> for patients who want more individualized attention. These proactive patients report that when they are prepared with knowledge, printed information, and effective communications tactics, their doctors respond better to their requests for LDN prescriptions.

In Chapter 21, I share this information with you.

Although Dr. Bihari died in May of 2010, his legacy continues. Thanks to Dr. Bihari's perseverance for over a quarter of a century,

and his success with treating patients throughout those years, more physicians around the world are now using LDN to treat autoimmune and other diseases. But let's be clear: It's the proverbial drop in the bucket. Millions of people continue to suffer from autoimmune diseases, and most of them—as well as their health care providers—are unaware of LDN's potential to alter the course of their illness and improve their health.

This book is devoted to changing that.

As you read, you will better understand the concept of autoimmunity, as well as key information about LDN itself: how it works and why it is so important. You will also read the testimonies of patients from the US and around the world whose autoimmune conditions have been helped with LDN—conditions including lupus, myasthenia gravis, Hashimoto's thyroiditis, rheumatoid arthritis, fibromyalgia, Crohn's disease, chronic fatigue syndrome, and Parkinson's disease.

You'll meet four people I consider to be LDN Heroes: 1) Christina White, the first person we know of to write about LDN—for the Brewer Science Library's newsletter; 2) Fritz Bell, whose successful use of LDN for his wife Polly's MS led him to help scores of patients to get LDN; 3) the previously mentioned Frank Melhus, whose LDN documentary for Norwegian television led to a groundswell of interest in and use of LDN in Norway and, because of its presence on the Internet, around the world; and 4) Linda Elsegood who, through her United Kingdom charity, the LDN Research Trust, has done so much to spread the word about LDN, holding almost-yearly conferences and interviewing over 700 (so far) LDN advocates worldwide.

The patients featured in this book have had impressive results taking LDN for a number of conditions. For instance, Lexie Lindstrom found that most of her Parkinson's disease symptoms have nearly disappeared. She now spends much of her time helping

other Parkinson's patients learn about and obtain LDN. She has appeared numerous times on Dr. Robert Rodgers' Parkinson's Recovery radio program, advocating for LDN, and has invited me to be a guest with her on the show several times.<sup>27 28 29 30</sup>

Darlene Nichols suffered from two autoimmune diseases: lupus and myasthenia gravis. With LDN, which she found 20 years after her lupus diagnosis and 34 years after the onset of her symptoms, the symptoms of both diseases have disappeared.

You'll also read about how the many surgeries Lad Jelen underwent for his Crohn's disease before he found LDN, caused him to have serious complications he would not have experienced if he had found LDN earlier—complications that probably led to his death. While we lost Lad in 2014, his widow Peggy told me that he was proud to be a part of this book. Thanks to her help, you will get to read Lad's story.

I invite you to share the life-changing information in this book with friends, family, and colleagues who could be helped by taking LDN. And please support the LDN Revolution by sharing the information—as well as this book—with doctors and healthcare professionals around the world.

Wishing you good health!

— **Julia Schopick**