

October was a very exciting month with the International LDN Awareness Week and the ripple effect is still going on creating a high interest in LDN and the LDN Research Trust.

The media Links that have been added so far can be found:

<http://tinyurl.com/yzrt7bb>

### International LDN Awareness Week 2009 eBook

Please can you help? I would like to ask everyone who helped with the International LDN Awareness Week to email a report of what they did to help the campaign regardless where in the world you live, even if the media didn't pick up on it this time. I would also like to have photographs to go with it.

Many people worldwide got involved and I should hate to miss anyone out, so I'm relying on you all to make sure I have all the correct details. I know we have several promises still to come as the ripples

continue. I will be starting the eBook next month and will continue adding to it and publish it next year. I will do it in such a way that any late additions can be added.

### We Need Your Help

We are looking for volunteer helpers worldwide, if you have free time and would like to get involved in someway please register

<http://tinyurl.com/yktywmyr>

on your profile you will find the box to click, all data is held securely and will not be passed onto a 3rd party for any reason whatsoever.

Do you have an LDN story to tell? We would like to hear it.

Have you an idea for an article in the Newsletter?

Everyone works as a volunteer and the running costs are minimal but we still need to cover the bills the charity incurs. We would like to ask if all members could donate just £1, \$1 or 1 Euro a month as every little really does make a big

difference when added together to help us spread the LDN word globally. Details how to donate <http://tinyurl.com/yfzbdoz>

### We Would Like to Thank

Dr Bob Lawrence, Dr Tom Gilhooly and Stephen Dickson for all their medical help, support and advice they give us and to all the other doctors and pharmacists throughout the world who support LDN.

Everyone who offers makes donations and helps fundraise, without you we wouldn't be able to continue.

All of you that have shared your story and those who were willing to speak to the media, without your testimonials we have nothing.

We appreciate the donations made by Dr Bob Lawrence's, Skips and everyone that contributed towards the International LDN Awareness Week along with our very generous anonymous donor.

## We are now members of National Voices

National Voices key objective is to ensure that service users and carers receive the best services possible. To achieve this we work with our members to raise their issues at the national level and ensure that they are fully engaged in all relevant consultation and review exercises.

Specifically:

- Producing briefings for members on key issues and policy areas
- Providing written and oral evidence to consultation exercises being undertaken by government and governmental bodies
- Developing campaigns to high-light cross-cutting issues



## Dr Ian S. Zagon - "Introduction to LDN"



This is a world exclusive as it is the first time Dr Ian S Zagon has written about LDN in such a way. We thank him for sharing it with us.

<http://www.ldnresearchtrustfiles.co.uk/docs/Dr%20Zagon.pdf>

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# The Inaugural International LDN Awareness Week

19-25 October 2009

by Cris Kerr

Advocate for the value of patient testimony

## 'WHY' did we need International LDN Awareness Week?

**Cris:** "Doctor, I have information on a treatment that's helping Multiple Sclerosis sufferers but it's not an approved treatment."

**Doctor:** "I got into medical school by achieving top marks."

**Cris:** "Journalist, I have information on a treatment that's of benefit to Multiple Sclerosis Sufferers and HIV, but is not an approved treatment, and..."

**Journalist:** 'HIV? Are you telling me the treatment works for HIV?'

**Cris:** "Yes, In the 80s Dr Bihari first treated HIV patients, then Multiple Sclerosis. I've been tracking a patient's CD4 test results for some time, and..."

**Journalist:** "But there have been no clinical trials, so there's no scientific proof?"

**Cris:** "Some small scale studies have been done, but larger trials won't happen because the drug is out of patent and no-one can make money from it."

**Journalist:** "What health qualifications do you have."

**Cris:** "None. I valued what patients themselves said was working for them, and I've presented their stories in detail as case studies in my book, and I can send..."

**Journalist:** "What do you get out of it?"

**Cris:** "Nothing except I don't have to go to bed at night wondering if I could've done more."

**Journalist:** "Except for your book."

**Cris:** "The book isn't sold. It's given away freely."

**Journalist:** "I won't be writing about it."

Unfortunately these are typical of responses over many years, so clearly... International LDN Awareness Week was a necessity, and finally, was born when Linda Elsegood got the ball rolling by **committing funds she does not yet have** to a professional Public Relations company.

Linda brought together a group of people to brainstorm the press release; SammyJo Wilkinson, Julia Schopick, and Malcolm West, asked for my help in putting together an ebook, and inspired Julia Schopick to produce a comprehensive collection of LDN information. Linda then rustled up local media co-ordinators across the globe.

For Linda and I, the beauty of International LDN Awareness Week is that everyone can and is getting involved and is inspiring each other. A single phone call to a local newspaper, radio, or politician is all it takes to get started. Tell your story... you are supported. And these 4 free resources are yours to back you up. All of them feature 'What LDN has done for others'

(1) '100 Reasons Why... You Should Know about LDN' contains 100 patient testimonies of improve health using LDN. <http://tinyurl.com/yz35rce> This book is LDN Research Trust's gift to you. Your donation helps the trust continue to give. Please donate here: [www.mycharitypage.com/LDNResearchTrust](http://www.mycharitypage.com/LDNResearchTrust)

(2) 'Those Who Suffer Much, Know Much' 2009 produced by Cris Kerr features 47 detailed case studies attributing low dose naltrexone (LDN) with improved health, as well as an explanatory article and interviews with 9 health professionals familiar with LDN. <http://tinyurl.com/yd3alyf>

(3) 'The Faces of Low Dose Naltrexone' by Julia Schopick of Honest Medicine brings together a comprehensive collection of LDN information. <http://tinyurl.com/yb98g5e>

(4) International LDN Awareness Week 19-25 Oct 2009 press release <http://www.ldners.org/Awareness/>



## LDN Therapy success in Bulgaria ! - Dr. Carlos Pinto

LDN has been targeted by the Bulgarian media since Dr. Carlos Pinto MD, a Portuguese clinician who lives and practices in the beautiful maritime city of Varna opened the first clinic specializing in treating autoimmune diseases, using a protocol which includes LDN and an autovaccine with tremendous success. Dr. Pinto states that LDN blocks the opioid receptors in the nervous system and immune system for about 6 hours. After this blockade period, production of endogenous opiates will improve and they exert their functions on neurotransmitters and cytokines. Cytokines are chemical substances that modulate immune response. At the low doses used in LDN therapy, met-5-enkephalin inhibits the cell growth in some tumours. Endorphins produced in humans are hormones of well-being, popularized as the "hormone of happiness".

The fact is in some autoimmune diseases LDN has an anti-inflammatory effect and regenerates tissues.

It is supposed that beta-endorphins promote production of auto-antibodies when production is low, and inhibit their production when they are too high. This is a possible explanation for the LDN mechanism of action, resulting in lower production of auto-antibodies and in consequence remission of autoimmune diseases argues Dr. Pinto.

For almost 10 years of prescription of LDN to help people with cancer and autoimmune diseases, the results have been very positive. However there were some situations which didn't respond to LDN treatment alone. Sometimes the immunologic system seems not to recognize the pathogenic agents as foreigners. For that reason Dr. Pinto has developed a protocol based on new concepts of modern immunology, which includes an modified autochemotherapy.

He calls this technique Immunotherapy with Antibodies. To prepare the autovaccine, he uses a small quantity of venous patient blood, inoculates it in a special solution to cultivate tissues, and after a few procedures to liberate the antibodies, transforms them with a thermal shock, sediments for 24h and reinjects the preparation into the patient.

It is a better method of generating immunologic memory. More information about this method can be seen at [www.alphamedica.eu](http://www.alphamedica.eu).

Dr. Pinto says that there are numerous advantages to this protocol; Alpha Medica-Health Center doesn't use medication that depresses the immune system, the procedure is safe and without risk of infections.

Varna 25 -10-2009



Web site link <http://www.alphamedica.eu/>

## Wrestling for life; Bentley Lyon's fight for recovery from Parkinsons and Stroke - Destiny Marquez, Bentley's daughter



**Destiny Marquez**  
Bentley's daughter  
[destinyellen@yahoo.com](mailto:destinyellen@yahoo.com)

<http://health.groups...lingparkinsons/>

Bentley Lyon was diagnosed with Parkinsons (PD) almost 19 years ago. Our family, never could have imagined where our choice to join him in his fight for recovery from PD and stroke would take us. I was 11 years old when I first saw Bentley playing Dixieland Jazz banjo, he was funny and a great musician. From the moment we met, I knew my mother, Bentley and I would spend a lifetime together.

You might say, Hall of Fame Wrestler, Bentley Lyon, is obsessed with life. The first Californian to become All American, Bentley is a Renaissance man. In High School he was both Student Body President and Co-Captain of his High School football team. He became the first NCAA Wrestling Champion (1952) west of the Rockies from the University of California at Berkley and graduated with a BS in Forestry. He served as a Marine in the Korean War. During his career with the U.S. Forest Service, he learned to speak four languages and was sent all over the world to unusual places during extraordinary times. Upon retirement, he started a new career as a published mystery suspense author.

Bentley has always challenged himself. In the 1960's, he combined his love for the outdoors and exercise by running in the early mornings before going to work. Eventually, he started marathoning and at age 45 he ran the Boston Marathon in 2 hours 51 minutes and 26

seconds. We now joke that he is continuously preparing for the biggest marathon of his life.

May 14, 2004, Bentley suffered a massive hemorrhagic stroke during the second lead placement in a double-sided deep brain stimulation (DBS) surgery for Parkinson's. Due to the severity of his condition, he never had the second surgery to install the battery packs and turn on the stimulators.

Right after Bentley's stroke we realized that if we did not step in, he would die. The hospital staff was overwhelmed and understaffed and hoping for help from family or friends. Bentley's new life now required assistance 24 hours a day.

When you tell a physical therapist or doctor that your loved one has Parkinson's and a stroke, they are kind and helpful, but they know the statistics are not on your side. Bentley survived the ICU and Brain Trauma units, a nursing home and a second hospitalization with us by his side. After six weeks, we brought him home to recover in a loving, familiar environment. Our fight for Bentley's recovery from Parkinson's and stroke was just beginning.

October 2004, Bentley's PD continued to progress using the standard forms of treatment. We thought that he had survived the stroke only to die from Parkinson's complications. A dear friend's patient persistence paid off, after months of assuring us that even though LDN was not a Parkinson's

medication, it could help.

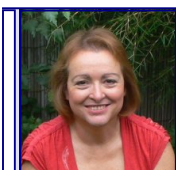
"LDN is an opioid antagonist (it blocks opioids from the opioid receptors in your body) that tricks our biological systems into restoring homeostasis (i.e., the body's normal equilibrium). This is a remarkable drug in that it mobilizes the endorphin system for repair and prevention of disease." The FDA has approved Naltrexone for the treatment of alcoholism and opioid addiction. However, when used at much smaller doses (approximately one tenth of the dose used for the treatment of addiction), it can help in alleviating pain, muscle tension, and other physically debilitating symptoms that occur with Parkinson's, Multiple Sclerosis, Arthritis, Crohn's and many other diseases." - Dr. Ian Zagon, Professor of Neural and Behavioral Sciences at Pennsylvania State University's Hershey Medical Center.

[www.fred.psu.edu/ds/retrieve/fred/investigator/isz1](http://www.fred.psu.edu/ds/retrieve/fred/investigator/isz1)

We decided to try this off label usage of a Food and Drug Administration (FDA) approved drug called Naltrexone, in low dose form or LDN

[www.lowdosenaltrexone.org](http://www.lowdosenaltrexone.org). It certainly seemed safe and at this point Bentley's very life was at risk if his breathing continued to worsen, and his neurologist did not seem to have any other suggestions.

It was miraculous, within four days of starting LDN we went from desperation to total elation at how quickly his body was responding to this generic medication that



Linda Elsegood

Are you or have you taken LDN for any condition?

We would love to hear your story, please email [contact@ldnresearchtrust.org](mailto:contact@ldnresearchtrust.org)

We would not use your name without your permission.

Thanks to Cris Kerr from Case Health - Health Success Stories, for all her help, support, sharing stories with us and for compiling the eBooks below.

Those That Suffer Much, Know Much 2009 eBook - <http://tinyurl.com/yd3alyf>

100 Reasons Why You Should Know About LDN eBook - <http://tinyurl.com/yz35rce>



Cris Kerr

## Continued - Wrestling for life; Bentley Lyon's fight for recovery from Parkinsons and Stroke - Destiny Marquez, Bentley's daughter

his neurologist had almost refused to prescribe. We could not believe that no doctor had ever suggested we try this drug that cost less than a \$1.00 a day with minimal side effects. We wondered what if we had known about LDN prior to Bentley's failed DBS surgery. As we watched the muscle tension that was affecting Bentley's breathing, causing tremendous stiffness and pain disappear, we knew we only had LDN, our dear friend and our wonderful family doctor to thank for saving his life. We called our friends and said we were using a miracle drug that everyone should know about and they said a few days was not long enough to make these declarations. We observed Bentley over the next eight months, as we slowly lowered his Parkinson's medications from 10 Sinemet 25/100, 3 Permax .25mg, 2 Artane 2mg., to 4 to 5 Sinemet 25/100, no Permax, 1 Artane and 4.5mg LDN, almost a 60% reduction which he still maintains today five years later. We called our friends again and again, urging them to tell their relatives and friends about LDN. Over the last five years we have seen LDN help these same friends with Lupus, ankylosing spondylitis, cancer, MS and Parkinsons. We only requested that each person we took the time to share LDN with, would do the same. It has been amazing to see how far reaching this one on one sharing and patient persistence has spread the knowledge of this incredible therapy. We have gone out as a family to speak to PD support groups, but realized that if some of these people

could not get the support of their doctors or family they would not be able to use LDN until it becomes a more traditionally prescribed medicine. It is astounding to see how quickly this patient Internet movement is happening.

Due to the progressive stroke symptoms from his weakening left side, we decided to try Hyperbaric Oxygen Therapy (HBOT) October 2005 in conjunction with LDN. After the first treatment, Bentley was happier and more relaxed. After five weeks of treatment his speech had improved, he could eat without choking and his skin began to clear from dermatitis from PD and other irritations due to paralysis.

"According to a recent study published in the American Journal of Physiology-Heart and Circulation Physiology, (<http://ajpheart.physiology.org>) hyperbaric oxygen treatments increases by 800% the number of stem cells circulating in a patient's body. Stem cells, also called progenitor cells, are important players in repairing the body after injury and in tissue regeneration. Stem cells exist in the bone marrow and are capable of changing their characteristics to become part of many different organs and tissues. When a body part is injured, stem cells are mobilized and provide the cells necessary for the healing process to occur. Hyperbaric oxygen therapy (HBOT) provides an important trigger or stimulus for this mobilization. "This is the safest way clinically to increase stem cell circulation, far safer than any of the pharmaceutical options," said Stephen Thom, MD, Ph.D., Professor of Emer-



gency Medicine at the University of Pennsylvania School of Medicine, lead author of the study. "This study provides information on the fundamental mechanisms for hyperbaric oxygen and offers a new theoretical therapeutic option for mobilizing stem cells... We reproduced the observations from humans in animals in order to identify the mechanism for the hyperbaric oxygen effect."

We spoke with Dr. Harch ([www.hbot.com](http://www.hbot.com)), the world's foremost authority on the use of HBOT for neurological applications. He is currently running a clinical trial treating our soldiers from this Afghanistan and Iraq wars for PTSD and Traumatic brain injury using HBOT. He told us that "It is simply amazing how much our brains can recover from brain injury." Dr. Harch's book, *The Oxygen Revolution: Hyperbaric Oxygen Therapy: The Groundbreaking New Treatment for Stroke, Alzheimer's, Parkinson's, Arthritis, Autism, Learning Disabilities and More*, is "One of the most important and insightful medical books in 40 years." -Vance Trimble, Pulitzer Prize winner. Dr. Harch and his wife Juliette Lucarini's kindness and encouragement gave us the understanding and strength to continue using this amazing therapy with LDN for Bentley's daily fight for recovery.

Although we continue to investigate additional treatment options like stem cell therapy, we believe that LDN has saved Bentley's life, and in combination with HBOT, his general health, swallow, breathing, cognition, tone, movement, rigidity, balance continue to improve. These two miraculous therapies and our existing regimen of proper nutrition, hydration, rest, exercise and careful medication management enable us to live the best life possible while working towards a cure for Parkinsons.

Thanks to John Donnelly for his help and support, John has a world database where you can add your LDN story and read what others have to say.

<http://www.ldndatabase.com/>



# People-Powered LDN - Cyndi Lenz



During the summer of 2005 Skip said he would be speaking at the National Academy of Science in New York at what was the first Low Dose Naltrexone conference. I really did not know much about LDN but as a registered nurse my initial attitude was this: "If this drug was so great everyone would be taking it so where's the hitch?"

I am quite familiar with the off label use of medication. As a nurse I had worked as a research nurse and in psych for many years where off label use is very common and the argument usually which off label use is better. So I didn't understand what the big deal was. Here you had a medication that was inexpensive with virtually no side effects there was plenty of antipodal evidence to support it. Call me naive. If you have a patient who is ill and something will help them you should be telling a patient all their options. I never made it to the first conference, When the second one came along I was asked to video tape. Excellent time for a road trip and a chance to visit DC and go to the Mothership (NIH)! Adam and I went with a car load of video gear.

One of the first persons I met was Mary Boyle Bradley in the Bar of the hotel. She was waiting for her brother Phil who was speaking at the conference. We hit it off immediately and have remained friends and a support system since.

The next day I was off to NIH and the conference, to me that was the day it all began. I sat there behind my camera and tears rolled down my face. I couldn't wait to come home and start editing. We did some interviews at the conference and finished up that night with Mary and her lovely brother, Dr Phil Boyle. Shortly after that Dr Crowley came to Skip's Pharmacy in Boca Raton and did a great interview. Adam and I went to work to put a DVD together.

What did I see that day? I defiantly saw LDN and I heard what everyone said. I still had my doubts. Hit me with a stick- I'm a sceptic. Again I thought "If this stuff is

so wonderful isn't EVERY-ONE prescribing it? Sometimes I'm lame. Why wouldn't every doctor want their patients to get better? As if doubting my own eyes and ears I sat down to edit the video. Most days I sat here in office and cried while I edited because as I worked I spoke to other LDN patients and what I found out from them is doctors just will not write prescriptions for them. It was worse than not writing a prescription. They wouldn't even listen to their own patients and give them a chance. I created a dvd from that conference and we sold it for ten bucks a piece. For people who could not afford the ten dollars they got it free. Towards the end of year I told everyone I would send it out to any doctor who would just take the time to watch it.

Then "You Tube" took off and I figured out how to get my video from the little hard drive here onto the internet so everyone could watch it.

Adam and I drove up to Orlando to visit and tape a great interview with Crystal Nason. Crystal, is the keeper of the list of prescribing doctors, a volunteer job she took on for herself and has been maintaining all this time.

The third conference was in Nashville and I decided to drive and collected Crystal from Georgia and off we went.

The night before the conference Brenda hosted a great dinner with the most delicious barbecue ever and we sat

around and everyone told the camera their stories. At the Nashville conference I got to interview not only doctors that have been involved with LDN, but plenty of patients who were happy to share their story with me.

Next stop USC where I finally got to meet Sammy Jo and Vicky Finlayson and a whole host of new people. A good documentary is a good story. LDN is a great story. It has saved the lives of thousands of people around the world. LDN itself is a wonderful story, but for me the story is the people who believed and fought so hard. LDN is indeed 'People-Powered', and I believe the most people-powered legal drug out there. I feel so blessed to be the one the universe picked to tell the story.

I thank Cris Kerr from Australia for just handing me the title: "Denial of Treatment" I thank all the patients and doctors that have shared their time and stories with me. I thank Dr Skip and my partners at Skip's Pharmacy for understanding they can't have anything to do with the editing process but they keep on supporting me. If not for all these factors none of this amazing video and potential documentary would be available.

Below is the website for the doc with ALL the video we have now <http://tinyurl.com/vgkfvbz> and I'm looking for to the next conference in DC to bring home even more good stuff.

Cyndi Lenz  
[clenz@mac.com](mailto:clenz@mac.com)

## Five Years of LDN - Dr Tom Gilhooly

It was just over five years ago when an MS patient and her husband came into my surgery and asked if she could be prescribed LDN. I had no idea what she was talking about but after some investigation I felt confident that at least this would do no harm. Thankfully she had a good response, my interest in this drug began and I was off on an amazing journey of discovery. The immediate attraction of LDN was that it was a low dose of a drug with an established safety record, and one I had used in addiction medicine (although not with much success). This familiarity was the reason I had little hesitation in prescribing this drug off license. We often use drugs off license for sleep or fibromyalgia when it's license is only for depression. In lower doses it can be useful for these troublesome conditions, but in the case of LDN it is indeed a remarkable drug. While many established drugs have additional actions, it is only LDN which has a worldwide following of patient advocates demanding that this drug becomes more widely available. It is a Cinderella drug, with no obvious way for a big drug company to make money from it. It was also a bit of a cuckoo drug as I was to find out.

Prescribing LDN is an interesting experience. On the one hand you have extremely grateful patients getting great results where all else had failed. I have found that patients are willing to travel a long way to get an LDN prescription, especially as we will only

prescribe to patients who have had a face to face consultation. On the other hand we have, at best, negativity from most neurologists and downright hostility from some charities and patient groups. This came as a surprise; you would think that anything that helps patients, with few side effects and little cost would be roundly welcomed, but nothing is that simple.

These difficulties are not enough to put one off prescribing this incredible drug, and as we have dug deeper into why and how the drug works we have developed a much deeper understanding of MS disease mechanisms. This can not only be good for future treatments of MS, but it has also become clear that the drug worked on the immune system and so was not restricted to a single disease entity. It appears to be that rarity among modern drugs, being an immune modulator with few side effects. This means in theory that in any disease where there is immune dysfunction, LDN could be of use. As I became familiar with the limited literature on LDN the possibilities for the drug expanded. I could not wait to use it on patients, particularly after reading a pilot study by Prof Jill Smith at Penn State University. In this study almost 90% of Crohn's patients had a response to LDN despite not responding to the most advanced drug treatment, Inflixomab. I was not surprised; almost every patient with colitis, Crohn's and Ulcerative Colitis, I have used LDN with has



responded extremely well.

There have similar success stories in Rheumatoid Arthritis patients and particularly those who are negative for Rheumatoid factor. These patients are now often classed as having psoriatic arthritis and this led to thoughts about whether LDN could work for psoriasis. I had worked for nine years in Dermatology and the psoriasis patients were the most difficult to treat. Recent research has shown that Psoriasis was related to immune overactivity. We started a clinical evaluation of LDN in Psoriasis and the results were again remarkably good. There are over a million psoriasis sufferers in the UK alone and most have inadequate treatment, LDN could be massive in this area. Another difficult to treat area, Fibromyalgia/Chronic Fatigue Syndrome has responded very well to LDN. A pilot study in the USA showed 60% response to the drug in Fibromyalgia patients which is a fantastic response.

LDN has come a long way in the past five years. We have had several conferences both in the USA and now in the UK dedicated to the drug. The LDN Research Trust continues to work towards further research into the drug, and we have a petition to the Government demanding more action in this area. We have passed the first stage of peer review in getting funding for an LDN study in MS. We are planning our second European Conference for LDN in April next year, and in general the whole area has a new energy and dynamism which makes one confident that it will not remain a Cinderella/ Cuckoo Drug forever. At the MS Life conference in 2008, LDN was described by a prominent Neurologist as a "Quack Drug". I doubt if this statement will ever be repeated as the scientific and clinical evidence of its efficacy increases by the day. LDN has come a long way in the past five years but as we continue to build on the evidence of its efficacy and more physicians become less concerned about prescribing it, we are moving closer to this drug being available to all who require it. When we reach this point the struggle will be over and we will study war no more.

## Nyles Bauer - LDN Presentation



I suppose that I don't have to convince most of you reading this article that naltrexone is an amazing drug. The vast majority of patients I treat, most often referred by physicians who are not allowed to prescribe "off label", respond in a clinically significant way with minor, if any, side effects. However, it is very important that clinical expectations must be kept to reasonable levels by both the patient and the physician so that neither is disappointed by having expectations for improvement that are unreasonable, or that causes them to overlook the benefits attained. It must be kept in mind that damage already done to the body by the ravages of an autoimmune disease are generally the least responsive to treatment by naltrexone, or any drug for that matter. If a patient can simply slow or halt the progression of their disease process, this may be a goal worth pursuing. There are many treatments in the works to repair damage to the body, it is important that when these do become available, that you are in a position to take advantage of them.

While you may feel you have somehow repaired damage by taking steroids, you must remember that this is an illusion, though the regained functionality is very real, but it usually comes at some cost to your health especially with long-term use. Having said this, there are cases when steroids, even high doses or

extended use, are certainly called for.

I've started this article with a less than evangelical tone. I have to tell you all that I personally take naltrexone though I have no overt autoimmune disease. When I was in my early 20's I talked in depth to a very good physician at the National Institutes of Health in Bethesda Maryland. I asked him why he chose to do research there when he could make far more money with a practice in the private sector. He responded that physicians in private practice were "technicians" because they had such a heavy caseload they could not keep up on the latest research, and were forced to treat patients based on standards dictated by others (often the pharmaceutical companies) and were many years behind on the latest research. In the time I've spent researching in the field on Immunology, I've found this lag time from significant findings in research labs to the appearance in your physician's office to often be well over a decade. As technology accelerates, this time delay means that some very significant advances are never presented to the patient. For most chronic diseases there have been great advances made in just the last few years. It is my personal belief that an educated patient has to be their own health advocate, and may be best served by researching the latest treatments in peer reviewed journals and presenting these studies

to you physician. If your physician is not open to this, and you've really done your research, then it may be time to consider finding a new physician. You must educate yourself, and you must be your own patient advocate. The downside to this is that you must accept responsibility for your actions, and if you decide to pursue a treatment that is not yet available as a standard treatment and something does not work, or somehow goes wrong, you must take responsibility for this yourself. There is always a risk/reward ratio that must be considered and if you are not ready to do this, accept personal responsibility, then it may be best to leave decisions up to your physician.

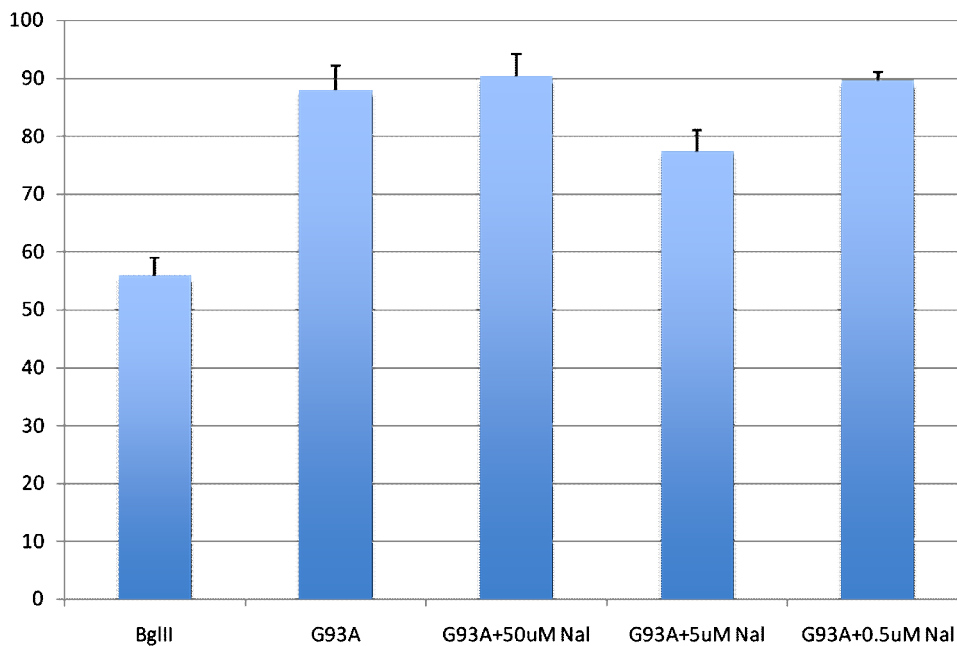
The Penn State Crohn's Disease/Low Dose Naltrexone (LDN) study published in 2007 which showed "Eighty-nine percent of patients exhibited a response to therapy and 67% achieved a remission (P < 0.001). Improvement was recorded in both quality of life surveys with LDN compared with baseline. No laboratory abnormalities were noted. The most common side effect was sleep disturbances, occurring in seven patients.

<http://www.nature.com/ajg/journal/v102/n4/abs/ajg2007152a.html>) is a great example. Most physicians' are not aware of this study, and those that are overwhelmingly stick to standard "approved" treatments, even the removal of substantial sections of intestine, rather than simply trying a relatively short course of LDN.

## Continued - Nyles Bauer - LDN Presentation

I have very preliminary data that shows a suppression of Reactive Oxygen Species (ROS) in a tissue culture model of Amyotrophic Lateral Sclerosis (ALS), more commonly known in the UK as motor neuron disease (MND). I would like to thank Dr. John Engelhardt and his lab members at the University of Iowa for collaboration. These data are very recent,

Personally I'd really like to experiment with other anti-opiates with higher affinity for the "mu" opiate receptor. It may very well be that some patients that couldn't tolerate naltrexone, or didn't respond to naltrexone, may respond to this. I don't think that there is anything special about naltrexone itself, other than its moderately greater affinity for the "mu" receptor over other classes of opiate receptors, especially the "delta" receptor (I'll attach a presentation I gave at the University Of Arizona's College of Medicine a few years ago which goes into some very basic theory).



BgIII - control glial cell  
 G93A - 'ALS' model glia  
 G93A - 50 uM Naltrexone  
 G93A - 5uM Naltrexone  
 G93A - 0.5 uM Naltrexone

I would certainly try LDN for ALS considering the minor risks of taking LDN compared to the generally unremitting and cruel outcome of ALS. Again it is a matter of risk vs. reward. Since ROS are also required for the development and progression of Alzheimer's, MS and all autoimmune disease states, this just adds another drop in the bucket of data that justifies LDN for potentially very diverse clinical indications.

Naltrexone seems to address something very fundamental in the body that is not yet readily understood. How can one compound modulate the immune system so favorably in so many disease states, apparently cause the retraction of a co-receptor binding site for the HIV virus, cause people in general (including autistic kids) to become more social, and treat erectile dysfunction in middle aged men?

Here's my bet for a future observation....

It's been shown that a good percentage of those who use tanning booths regularly experience opiate withdrawal symptoms when given anti-opiates. This is because the suns, and tanning booths, cause the release of endogenous opiates in the body.

I am fairly certain that some of the hype attributed to Vitamin D right now is likely due to the opiate release seen with sun exposure. A good example is the observation that autoimmune diseases and certain types of cancer are more prevalent in chronically cloudy overcast regions. Why do we assume that this is entirely due to Vitamin D production? I would place all my money on a bet against Vitamin D being the sole reason, and place money on the opiate system being another major player in healthful effects seen with sun exposure.

Good luck with your treatment, no matter which you may choose!

## The Faces of Low Dose Naltrexone: An eBook for International LDN Awareness Week By Julia Schopick



I offered to create the ebook, [The Faces of Low Dose Naltrexone](#) as my volunteer “labor of love,” for International LDN Awareness Week (ILDNAW), in order to fill a need: the LDN community’s need for one document that contained, all in one place, a majority of the useful information about LDN. Most of the LDN websites, although they contain lots of useful information about LDN, have their own special agendas and points of views. But – from what I could see – there wasn’t one place that contained all the necessary information – i.e., the websites, the studies, conferences, books about LDN, media interviews, etc.

Hence, [The Faces of Low Dose Naltrexone](#), a free 116-page ebook.

<http://tinyurl.com/yb98g5e>

I have divided this ebook into sections, so that media people, and others wanting to learn about LDN, can readily find the information they are looking for. [As this Table of Contents shows](#) the ebook sections are:

- P. 2 – The LDN Story: A Personal Introduction by Julia Schopick
- P. 5 – The ILDNAW Press Release – the Road Map to the People, Websites, Blogs, Books and Radio Shows about LDN
- P. 10 – The Main LDN Awareness Websites
- P. 13 – Books About LDN
- P. 15 – NPR Interview with

Dr. Bernard Bihari (2003, interviewed by Dr. Kamau B. Kokayi)

P. 24 – LDN Conferences from 2005 to 2009 (includes US and European)

P. 44 – LDN Studies (Crohn’s, MS, Fibromyalgia, HIV/AIDS)

P. 53 – LDN Surveys (Dr. Skip Lenz, SammyJo Wilkinson)

P. 69 – LDN in the News (online, print and television)

P. 72 – LDN Internet Radio Show Interviews Transcribed: Mary Boyle Bradley’s interviews with Dr. David Gluck, Dr. Skip Lenz, Linda Elsegood and Vicki Finlayson

P. 109 – HonestMedicine’s interview with Burt Berkson, MD, PhD

I want to thank those people from the LDN community who helped, supported and advised me: Linda Elsegood, SammyJo Wilkinson, Mary Boyle Bradley, Malcolm West, Cris Kerr, Vicki Finlayson, and Skip and Cyndi Lenz. And, for graciously helping me by transcribing several of Mary Boyle Bradley’s wonderful blogtalkradio interviews, my thanks to Margaret Schooling, Susan Popple and Daisy Zoll, who were all recruited by Linda Elsegood, who put out a call for volunteers in

her newsletter. Next year, I will add more information to this ebook, and will make changes to it, as suggestions come in. In other words, The Faces of Low Dose Naltrexone is a work in progress.

**ONE WONDERFUL RESULT:** I printed the ebook out for my 92-year-old mom, who has long been an admirer of out-of-the-box medical treatments. She called me a few days later, with three questions concerning friends of hers and herself: Will LDN work for people with Crohn’s disease, who already have part of their stomachs missing? Will LDN work for people with Parkinson’s disease? Should she herself be taking LDN? (My mom has CLL – Chronic Lymphocytic Leukemia.) We are now looking for ways to convince her doctor to prescribe it for her!!

So, if my ebook caused one 92-year-old Mom to “get” the fact that LDN can be useful for so many serious conditions, can the rest of the world be far behind?

I hope lots of people – the lay public and media folks alike – will download [The Faces of Low Dose Naltrexone](#) in the coming months and years. If you haven’t already done so, you can find it here.

Thanks very much.  
Julia Schopick



## LDN Advocate Dr Chris Steele



I met Dr Tom Gilhoolys friend, ITV’s resident doctor, Dr Chris Steele during the MS Society’s “MS Life” conference in Manchester last year. Since then Dr Chris has become an advocate of LDN inviting Dr Tom onto his show to talking about LDN during MS week this year, he has also made a YouTube video to promote the LDN Now’s UK Government LDN petition.

[http://www.youtube.com/watch?v=CVpisDK0LPA&feature=player\\_embedded](http://www.youtube.com/watch?v=CVpisDK0LPA&feature=player_embedded)

Are you from the UK? Have you signed the petition? Closing date 23rd November 2009

<http://petitions.number10.gov.uk/LowDNaltrexone/>

We would like to thank all our members who have supported LDN Now’s petition and the signature signing days

## Janis Frost's experience of LDN for Fibromyalgia

The recent diagnosis of Fibromyalgia was unsatisfactory to say the least because it was no diagnosis at all. In a vain effort to find out for myself why I was in pain most of the time, had no energy and was depressed, I researched and made a suggestion to the doctor, "Do I have Fibromyalgia?". "Yes, you probably do have Fibromyalgia", he mumbled, and that was my diagnosis.

To be fair he did do one blood test to rule out Lupus and Rheumatoid Arthritis. If there are any other tests that can rule out or determine something I haven't had them. After having a colonoscopy to try and determine the cause of my constant diarrhoea I was only told that I had the cleanest colon the doctor had ever seen. So I diagnosed myself with Irritable Bowel Syndrome and to a large extent Fibromyalgia as well. What else was I to do when doctors have kept saying all my life there was nothing wrong with me, and to go see a psychiatrist.

Twenty-five years ago when I was 29 I had lower back pain which struck suddenly and incapacitated me for a couple of weeks. Moving was slow and painful. I'd had backaches before but nothing like this where walking was sheer hell. The spasms settled but I was left with severe pain when sitting or getting up from a chair. I used to have to grab the kitchen table to haul myself up. That too faded with time but then I would have episodes where I would have trouble with my balance and I would walk into things and always to the left. Once again that would come and go. No tests were done and I was

told there was nothing wrong with me. Some wear and tear arthritis showed up on x-rays but nothing else.

In the 1990's I had two episodes of brief eye disturbances, which were put down to migraine. I've had migraines nearly all my life and due to the pain, my death wishes were very real. These visual disturbances never came with any head pain, just an inability to see anything centrally. End of story with the visual problems. I haven't had them since.

By 1998 I was living in constant pain and with very low energy levels and teaching at a high school. I could not keep up the pace and was diagnosed with depression and told to leave teaching behind. I'd been fighting brain fog for such a long time and it only got worse after the diagnosis of depression and anxiety.

I've been on a few different antidepressants such as Prozac, Zoloft and a few others whose names have gone into the fog. Valium for the anxiety and Panadeine Forte for the pain just made the fog worse.

It wasn't until 2008 that I changed doctors and he agreed with me that it was possible that I had thyroid hormone resistance and started me on a low dose of Thyroxine. My previous doctor told me there was nothing wrong with me despite having developed a goitre. Since starting the thyroid hormone treatment over 18 months ago I have had only 1 migraine.

I call that miraculous but then came along information via Dr Mercola's Newsletter about something called Low Dose Naltrexone (LDN). There was nothing about



Fibromyalgia in the article but I knew I had symptoms that mimicked some autoimmune diseases so I googled and found that trials had begun to see if LDN could help Fibromyalgia. To say I was excited was understatement. I read all the sites I could find pertaining to LDN and made my decision to find a doctor who would prescribe it. Ironically it was my psychiatrist (the only one who doesn't think my pain is all in my head) who prescribed it for me and wished me luck.

I have now been on LDN for 5 months and I'm happy to report I have more good days than bad now in terms of the clearing of brain fog. I am still on two different antidepressants to help with the muscle spasms and of course the depression but only small doses. I go to the chiropractor every two weeks and have a massage each week and the pressure points are still as painful as ever and I find it excruciating to be touched around my lower back

I am patient because I know for some people it takes time for the Low Dose Naltrexone to work. I will give it at least a year and continue to monitor my progress. If the lifting of the incessant brain fog is all that I get from LDN then I'm happier than I was. My irritable bowel is less irritable possibly due to the LDN and a severe reduction in gluten.

I am currently taking 4.5 mg LDN and may decrease the dose down to 3 mg because each morning I still feel like I've been hit by a truck, the pain and stiffness remains and some days it is worse than before taking LDN.

All in all I am happy with my decision to start taking LDN and I believe it is early days yet and will continue to keep track of my progress. Just a few short months ago it would have been too overwhelming for me to sit at the computer and write this because of the brain fog.

## Paul Battle's talk in Las Vegas December 2009



I have been a physician assistant for 28 years in multiple specialties including internal medicine, emergency medicine, and surgery. I became intensely interested in immunology when my son was diagnosed with Crohn's disease at 10 years old. He unfortunately had a very serious case involving his small bowel, which caused obstructive symptoms requiring 60 cm of his small bowel to be removed. It had just about perforated which could have been fatal for him.

He did well after prednisone and then long term azathioprine for 4 years. Then in November 2007 he became extremely sick with an acute exacerbation from his stomach to his descending colon. He was in shock and again had another close call. After this event I consulted with Dr. Terry Grossman here in Colorado, who prescribed Danny LDN in February of 2008. Since then he has done well without any Crohn's exacerbations, and his lab values are consistent with continuing remission, as Dr. Jill Smith and Dr. Zagon demonstrated in their studies at Penn State

University. After what I consider Danny's life returning to normal due to LDN, I have committed myself to helping others become aware of LDN as an option for their autoimmune disease. I feel as a health care professional I have an obligation to give both professionals and the public information that gives them alternatives to the current medical protocols for treating autoimmune diseases now and in the future.

I also have friends with multiple sclerosis who I recommended try LDN and who have done well. They have seen their fatigue improve significantly and their neuropathic pain improve significantly.

I am truly excited about future research to better understand the intimate relationship between the endorphins, metenkephalins and immune regulation. This I feel is a major link to finding the answer of how diseases such as cancer and autoimmune diseases develop, and therefore how they can be better managed. Hopefully using e-books, newsletters, websites, and speaking engagements we can interest the medical community into

investigating LDN as an effective therapy with minimal side effects.

In my quest to spread the information about LDN, I submitted an abstract to the American Academy of Anti-Aging Medicine to speak at their meeting in Las Vegas in December. The meeting is the World Congress on Anti-Aging Medicine, Regenerative and Biomedical Technology Conference. It will be attended by 6000 physicians from around the world. The lecture will be recorded, and I will seek permission for it to be released onto the web. My current employment is with Dr. Giancarlo Barolat M.D., an internationally-known neurosurgeon who is a pioneer in neurostimulation procedures. We implant neurostimulator devices in patients who have persistent intense pain from problems such as failed back syndrome, RSD, and painful neuropathies that have not been amenable to any other therapies. Our website for Barolat Neuroscience is <http://www.barolatcares.com>.

For information about the meeting where I will be speaking, you may go to <http://www.worldhealth.net>. Paul Battle PA-C paulbatt@comcast.net Denver, Colorado



Members Information - You can find the LDN Research Trust on:

Facebook <http://tinyurl.com/yfd8e6b>

Twitter <http://twitter.com/LDNRTrust>

We hope you will join us.

# Working hard to raise awareness of LDN

## Silvia Lane

When I was first diagnosed with PPMS I was feeling pretty low, although I had expected bad news. But suddenly the news was reality and I had to learn about this dreaded disease. My neurologist had more or less told me to hope for a slow progression as opposed to a quick one, progression was inevitable, though. I started reading the internet, everything and anything about MS and in particular PPMS. My mother tongue being German I searched the internet in both English and German and it was dismal in both languages. But I eventually stumbled across LDN, the LDN Research Trust, the book "Those who suffer much, know much" by Cris Kerr and thanks to Linda's advice I started LDN as soon as I could. Even after starting LDN I kept searching for information about LDN, still in both languages. It became quite apparent that there wasn't much information around in German and so once I was settled in a nice routine with my LDN and once I had actually told my family and friends about it I started thinking along the line of a

German website about LDN for autoimmune diseases. I had tried to get somebody else interested in that project, to no avail. So in the end I had to bite the bullet and take it on myself. This actually meant nagging my other half into doing all the clever stuff on the computer, while I was writing a little and translating some texts. I had a vague idea in my head what it should look like and how I would want to be able to use it, but it definitely took my partner's action to get to where we are now. I decided to call it [ldnhilft.org](http://www.ldnhilft.org) (ldnhelps) A few weeks earlier, as part of my research in the German internet I had found a forum on which there was a lot of health talk. It sounded as if that would be a good group to launch LDN information to. I had signed up and had already mentioned LDN at every opportunity possible (and had been hit with the usual MS society type warning and been asked if I was actually making money out of talking about LDN all of the time). At the end of July we went live with our website. I know now that google finds it, that

people look at it, that they come to it through searches or from links in posts. I know that a few people have started taking LDN, since reading my first posting, which is great. So far unfortunately I have not had any reports of results. It's always a fine balance, how much to push and how much to just drip feed information and let people find out for themselves.

My website is not finished, it's basically a work in progress. So far I have to translate most texts and most links I've put on are going to English (language) sites. My hope is for German success stories, so that one day there will be patient evidence on my site that didn't have to be translated first. It's because of patient evidence and the fact that nobody is making any money but everybody is trying to help fellow sufferers that I found and got convinced of LDN. And thank goodness for that. So, if my website can achieve something like this for the German speaking people whose English language skills aren't strong enough to search for health connected issues, then it will have achieved its aim.

Silvia



We would like to thank Silvia for her continued help and support, she is making a difference to people's lives.

Silvia's LDN German website <http://www.ldnhilft.org/>

Silvia in the Woodcote Correspondent <http://tinyurl.com/>

Silvia in the Henley Standard <http://tinyurl.com/>

# Lions Message In A Bottle is free from any Lions Club



Lions Clubs International is the world's largest service organisation.

We promote two schemes that your members would benefit from Message In A bottle (MIAB) and MedicAlert

Lions Message In A Bottle does what it says. This scheme is free to the user. Whilst it is focused on the more vulnerable people in our community, anyone can fall downstairs so this scheme can benefit anyone. As a minimum it will save the Emergency Services valuable time identifying you and your emergency contacts. By telling whether you have special medication or allergies or not, it is a potential lifesaver and provides peace of mind to users and their friends and families. The Lions Message In a Bottle scheme is a simple idea designed to encourage people to keep their personal and medical details on a standard form and in a common location - the Fridge.

All Emergency Services are aware of the Lions Message in a Bottle scheme, and will locate the bottle and pass it on to a doctor or hospital personnel in an emergency.

Lions Message In A Bottle is **free** from any Lions Club.



Fill out the form



Place in the fridge



Sticker on fridge



Sticker on door



Emergency Services



MedicAlert is a non profit making registered charity.

Was founded in the USA when a Dr Collins daughter had a reaction to an injection.

MedicAlert is supported 24 hours a day 365 days a year.

Membership costs £25 a year (quote code GTBS to get a £10 discount) Emblems start at £19.99.

Membership is less than 50 pence a week or the price of a Sunday news paper.

Emblems can be worn round the neck or wrist and have accompanying jewellery to match.

Adults and children's ranges available

On the back you have a telephone number that goes threv to the London Ambulance Service which forwards it to MedicAlert. A description of any allergy, medical condition and a personal identification number.



[http://www.lions105ea.org.uk/specialist\\_officer/miab.html](http://www.lions105ea.org.uk/specialist_officer/miab.html)

<http://www.medicalert.org.uk/>

To find your local lions club for more information on MIAB and MedicAlert

<http://www.lionsmd105.org/> click on Contact Us THEN Find A Club Near You

Yours In Lionism  
Lion Matthew Bungard

# The Disabled Motorist Federation

With approximately 12 million people affected by disability (about 20% of the UK's population) who are in turn supported by about 6 million carers, it is important that as much as possible is done to create more inclusive, equal, diverse and safer societies for such a significant percentage of UK residents.

The Disabled Motorists Federation (DMF) (Registered charity No 1012874) was established over 40 years ago with the original intention to give advice to disabled people (irrespective of the nature of their disability) and their carers on issues relating to motoring and transport matters.

Although established for so many years and despite the fact that during this time the DMF has been called upon on several occasions to give free advice to appropriate central and local government organisations (our Vice-President Peter Lyne, having participated in discussion forums held at the Palace of Westminster which have addressed issues relating to improved transport facilities and creating greater levels of social inclusion for disabled people within their respective communities), the federation has failed to qualify for any regional or national development grants and remains (like so many other charities) entirely staffed by volunteers.

The way ahead for the federation is that apart from continuing with its existing clubs, it also wants to encourage more people (be they disabled or non-disabled) to become individual or 'affiliate' members of the DMF and take advantage of the many and varied membership benefits which currently exist or are being created. These include car purchase schemes, (we have no intention to be critical of the

efforts of Motability who undertake excellent work on behalf of more severely disabled people and the federation has enjoyed friendly relationships with senior personnel from Motability for many years), accommodation discount facilities with leading hotel groups and we are currently developing accident management services, introducing a range of insurance services (in particular travel insurance for disabled people) and we already have access to a full range of legal services provided by a long established, Merseyside based firm of solicitors. Their services include commercial law, civil law and conveyancing. Do not worry if you do not live in Merseyside because as members of The Law Society the company whose details can be found on our website, will have contact with an appropriate legal practice in your area who can deal with your needs.

In July of this year Peter Lyne was appointed to serve as a member of the Service Users' Panel of National Voices (a London based charitable organisation which in turn has well over 200 other charities in membership). More recently, he has been requested by National Voices to help develop the size of the existing Service User's Panel. Although a charity, National Voices work very closely with H.M. Government's Department of Health and the NHS and address many issues relating to improvement of existing healthcare services.

To expand the size of any organisation, there has to be greater levels of networking and the DMF is keen to address these issues. Regrettably, many non-disabled people believe that disability only extends to wheelchair users. They do not take into account the needs of people with

'invisible' disabilities and the implications which these medical conditions can have on their carers and families. More equal, inclusive and safer societies need to be generated to help extend the 'arm of support' of the DMF to such people.

Within the last few months our Vice-President has strengthened relationships with Merseyside Police (who have a very positive attitude towards dealing with and counteracting the problem of disability hate crime). This relationship has come as a result of him winning a community project award in October 2008 for his work in developing motoring support services. More work still needs to be done with this as well as creating greater levels of public awareness that these facilities are available through the DMF.

The DMF wants to increase the number of its existing relationships it has with such organisations as hospitals, NHS Trusts and PCT's. We would be delighted to receive communications from doctors and surgeons who are undertaking specific research or pioneering new treatments towards counteracting the 'myriad' of causes of disability as well as with research departments within universities. Only recently, the DMF have been successful in exchanging website links with UK Biobank (the large scale health survey programme jointly being developed between Oxford and Manchester Universities). All relevant information we receive can be promoted through our website, which continues to hold prominent positions on the web pages of most search engines.

Apart from the development of medical related issues and the desire to increase networking relationships with other charities and Third Sector organisations it is vitally important that the DMF make it clearly evident to representatives from the industrial and commercial sectors (including retail chains) that there are many opportunities in the future to do business with the DMF and its numerous associated organisations.



We are privileged to be working with Peter from The Disabled Motorist Federation and look forward to a long and successful association

HELP US TO CREATE A BETTER, MORE INCLUSIVE AND FAIRER SOCIETY FOR DISABLED PEOPLE.

Peter Lyne

# Christian's Fund Raising Event!



Three months and 3000 miles later  
**3000 miles:**

If you read the July newsletter, you will be aware I was raising funds for the LDN research trust with a rally around Europe, an event run by MotoScape every September, visit [www.motoscape.com](http://www.motoscape.com) for more information. I want to say a big thanks to everyone as we managed to raise £1228.14 for the trust, presenting a cheque to Linda on Sunday.



The rally was officially over seven days, but with travel for nine days and a total mileage just under 3000 miles. Starting in St Omer in France, then to Germany, down the Reine and through Liechtenstein to stay in Switzerland, onto Slovenia (Bled), through Austria, Czech Republic and finishing at Krakow in Poland. We drove back to the UK via the Hook of Holland for an overnight ferry to Harwich and home via Buxton to present a cheque to the trust, and pictures of the car for press purposes.



Saturday drove from Grantham to St Omer, meeting the other seven teams and staying overnight before the start of the rally. There was a competition for the best decorated car, won by the bumble bee team. During the rally we were given daily tasks and the team with the most points at the end was the winner.

Sunday's drive was to Koblenz in Germany, via the Nurburgring. This was an amazing experience, however driving my old banger into the car park made me feel like the poor relation. Surrounded by Ferraris, BMW's and Porsches I was passed by everything on the track. Great fun though, and I would do it again.



Monday was a drive down the Reine with the challenge of finding six landmarks and taking the most scenic photograph. The day's drive ended at St Gallen in Switzerland where the bumble bee team's car finally collapsed and had to retire from the rally.

Tuesday was one of the highlights of the trip, the Stelvio pass. The drive from St Gallen through Davos and the pass was gorgeous; you needed good brakes. The pass itself was good fun and a good team event. As it was a car breaker, we almost all passed each other during the climb. At the bottom we passed a cyclist and wished him luck, stopping regularly to take pictures. He repeatedly passed us, reaching the top without a break, remarkable fitness, even though it was only 8 degrees C up there!



## Continued - Christian's Fund Raising Event!



Wednesday was a bit of a washout as we had torrential rain that wiped out the trip and meant we missed the 'Tre Cime di Lavaredo' (the three enormous freestanding limestone towers). However it was not without fun, we had one of the bumble bee's team in the car and following TomTom's fastest route between Renon and Slevina took us down an unpaved road. What made it funnier, a couple of minutes later we were joined by another team following TomTom, then a third team turned up following TomTom – it was hysterically funny. What is annoying about this type of mess, it wastes a couple of hours, so delays the rest of the day.



Thursday was a bit of a drive from Bled in Slovenia to Olomouc in the Czech Republic. The challenge was to photograph about twenty landmarks in the centre of Olomouc. This is a beautiful town, and walking down one side street we were treated to a piano recital drifting down from one of the buildings.

Friday, the last day, was a short drive day from Olomouc to Krakow but via Auschwitz and Birkenau. Difficult to describe, but just to say if you have a chance to go, do.

We finished that evening in Krakow, getting together for a celebratory meal and to bid farewell to each other.



The holiday/rally was a fantastic adventure, it was a great group of people and we all had a great laugh. The organisers Pete and Paul were two good chaps, and at the end of the holiday you had made two good friends. I don't do package holidays, and this is a change from the norm; you are with a group of people with a common interest and goal.

Visit [www.cundall.org](http://www.cundall.org) for more details and pictures of the rally.

Would I do it again? Yes. Can I recommend it? Yes. And a big thank you to everyone who sponsored this event and helped raise funds for the charity.

### Three months later:

I last wrote after my mum had been on LDN for just two weeks, she has now been on the drug for three months. It is a remarkable drug and one that I can't believe is not more widely promoted or supported by the MS Society and NICE.

As an example: mum has for some time had a scooter, but this is impractical to transport when out and about. Earlier in the year we brought a powered wheel chair (Pride Mobility Jazzy) and my parents even changed their car to take the chair. The chair is more practical and allows my mum more mobility when they go out for the day. Since the LDN, it has had very little use.

You come to accept the effects of multiple sclerosis slowly eroding the life of someone you love, to the extent that you almost no longer notice. You accept that if you go anywhere the first thing she needs is a toilet and a change of clothing. The change in my mum wants to make you shout 'LDN' from the roof tops. Hopefully you are already taking LDN. If not, I hope this and my article in July's newsletter goes some way to help convince you.

We would like to thank Christian for all his help and support and what a truly wonderful fund way of raising funds.

My husband Marcus would love to join you next year!

# Fund Raising News

## Get your Cover from Insurance Choice and we get a Commission

Our highly experienced insurance staff are able to provide all forms of general insurance.

- |                               |                     |
|-------------------------------|---------------------|
| Car                           | Pleasure Craft      |
| Motorcycle                    | Van and Truck       |
| House                         | Taxi and Minibus    |
| Travel                        | Business Insurances |
| Motorhome                     | Liability insurance |
| Caravan (Static and Tourer)   | Landlord Insurance  |
| Holiday homes – UK and Europe | Unoccupied property |



As well as standard insurance risk, we also specialise in non-standard insurance, such as:

### Travel insurance for customers with any pre-existing medical condition (including MS)

- Travel Insurance with no upper age limit
- Home insurance for those in flood areas
- Home insurance for customers with convictions
- Motor insurance for people with convictions or bans

To obtain a quote or to get further information, please call us on 0844 57 31 922 or visit our website [www.insurancechoice.co.uk/aff02348](http://www.insurancechoice.co.uk/aff02348)

Insurance Choice

Your Personal Insurance Broker

Insurance Choice is an insurance broker based in Leamington Spa, Warwickshire.

## Help fundraise with Everyclick, search engine.

Membership is free & easy and every search helps raise funds.

<http://charities.everyclick.com/info.xq?id=578&name=LDN-Research-Trust>




**POTIONS & POSSIBILITIES**  
soaps • balms • gift collections • bath oils • room spray

Welcome to the Potions & Possibilities collection, a superb collection of premium quality aromatherapy and natural health products; all developed and produced in England by trained and qualified aromatherapist, Julie Foster.

All of the range, whether essential oils, therapeutic bath & beauty products or exquisitely hand-packaged gift collections are a reflection of the energy Julie brings to her business.

By click the link <http://www.potions.co.uk/index.php?a=ldnrt> we get a commission on the goods you buy. Make sure to add it to your favourites.




## LDN Research Trust Polo Shirts

White 100% polyester unisex loose fitting polo shirts are of a high quality and will stay in shape wash after wash, the colour will not run, smudge or fade. **Price £12**

**Chest Sizes:** Small 38" - Medium 40" - Large 42" - XL 44" - XXL 48"

**P&P:** UK £1.50 - EU: £3 - Non EU: £4.75

## Help Raise Funds by Recycling your Old Mobile Phones

LDN Research trust has joined forces with Weee Recycle Mobiles to offer a new fund raising scheme. For every phone donated Weee Recycle Mobiles will pay us between £2 - £30, depending on the make and model.



Post your old mobile phones (no chargers please) to:

**Freepost Weee Recycle Mobiles**

Make sure you add LDN Research Trust on the envelope.

By recycling we will be helping the environment. The number of phones being dumped on landfill sites is becoming a huge problem in the UK and requires our immediate attention. The phones donated will be reused or recycled and then resold. Many will be shipped to developing countries where the price for mobile phones is still high. There are nearly 60 million unwanted phones in the UK alone, and we are hoping everyone can take part so that this will be a successful partnership.

Before you send your phone please ensure you remove your sim card, as you will not be able to get it back (sim cards are recycled too!)

## Help Raise funds by Recycling your Old Ink Cartridges



**Cash For Cartridges**

Cartridges for recycling are:

Dell all makes  
HP all makes  
Lexmark all makes  
Canon CL40, CL50, PG41, PG51



Please send your cartridges to:

Freepost, RLZL-EUJG-ZYEL  
13 Main Street, Keyworth, Nottingham NG12 5AA

Putting our code: R01174, on the envelope.

Or you can print off the freepost address from:

<http://tinyurl.com/yjraveu>

Or email [contact@ldnresearchtrust.org](mailto:contact@ldnresearchtrust.org) and we will send you pre printed envelope.

## Shop online and we get a commission

Check out the High Sheet Shops and Major Retailers, for every sale we get a commission.

<http://www.buy.at/LDNResearchTrust?CTY=26&LID=24-07-2008>

Remember each time to use our link every time you shop online.

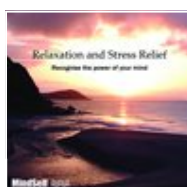
There are always Special Offers and often Free Deliver from some of the shops, not forgetting the Sales!!



## Selling Goods on ebay?

You can donate a percentage to the LDN Research Trust when listing your items.

Every little helps!



## LDN Research Hypnosis CD's

For full Details

[www.ldnresearchtrust.org/ldnresearch/static/hypnosis\\_cd\\_s.asp](http://www.ldnresearchtrust.org/ldnresearch/static/hypnosis_cd_s.asp)





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For information how to obtain  
LDN in the UK or for  
general LDN information call:

**0844 41 45 295**

Local rate number

Outside of the UK please email,  
we have managed to help  
people worldwide obtain LDN

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**The LDN Research Trust is a non-profit-making Registered Charity, and all helpers are volunteers.**

However, we are no different from other charities, in that there are unfunded elements which do ultimately cost us money to maintain and operate.

To help us continue our work we would appreciate help with fund-raising, either in cash or in kind. You can be sure that all contributions are greatly appreciated, however small.

## How to make a Donation

To Make a Donation from anywhere in the world using MyCharitypage.com. This is our preferred method as there are no fees plus if you are a UK tax payer they claim the gift aid back for us!!  
[www.mycharitypage.com/LDNResearchTrust](http://www.mycharitypage.com/LDNResearchTrust)

### Gift Aid

If you pay UK Income Tax - like tax on your pension if you are retired, or Capital Gains Tax, or tax on the interest from your savings - then every donation you make, or have made since 6th April 2000, could be worth almost a third more, without any cost to you.

If you want to help the LDN Research Trust to maximise the impact you make through your donations, all you have to do is complete a gift aid form. [www.ldnresearchtrust.org/giftaid.asp](http://www.ldnresearchtrust.org/giftaid.asp)

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[www.ldnresearchtrust.org/\\_ldnresearch/static/donate.asp](http://www.ldnresearchtrust.org/_ldnresearch/static/donate.asp) and then the PayPal Button