INTRODUCTION

I don't remember the exact moment when I first decided to become a doctor (I have been practicing general internal medicine now for many years and have had my own solo practice for the last ten). My cousin tells me that it was my mother's idea. My paternal grandfather was a doctor of internal medicine, and maybe my mother thought it would be nice if I continued the family tradition. Regardless, I received a brand new shiny black stethoscope as a present when I was in first grade. I remember being very excited because it really worked. I would listen to the heart of anyone who would let me. I also remember writing my first essay on why I wanted to become a doctor. My reason was simple: I wanted to help people. Over the past several years, however, I have thought about walking away from medicine many times. In fact, I was sure that I was done before I found out about low dose naltrexone (LDN).

When I was in medical school, I discovered that indeed most of us were there because we wanted to help people, even though I'd been told in response to my essay that, no matter what, one should never write that down as the reason. It was too common of an answer, indicating too much emotion and not enough reason. My peers and I were all focused on patients, studying hard and memorizing all kinds of strange facts, so that if we ever encountered a patient who had a very unusual illness, we would know just what to do. Yet several years into practice, I found that my days were filled with insurance paperwork, phone calls, chart reviews, and a stack of unfinished progress notes that would take me long past sunset every day to complete. I was spending more time at the computer than with patients.

Despite all of this, I can tell you that if I thought I was making a difference in anyone's life or truly helping them get better, it would all have been worth it. But that was not the case. My schedule was filled with patients who had chronic disease and who never got better. Every time they came in they needed more medications. Their numbers never got better, their illnesses

never improved, and they never felt better. I know that I have patients who have been with me since the beginning who will argue with me about this, but it's true.

This all changed when I found LDN. At first I was very doubtful, and I wrote my first prescription at the insistence of my seventy-year old patient Marla, who had learned all about LDN from the Internet (doctors generally dread patients who bring in information printed off the Internet; they are second only to patients who happen to have a nurse in the family). When Marla's symptoms improved, I thought it was interesting, but I was too busy with my paperwork to actually delve deeper into LDN. I knew it was being used as an alternative medicine to treat multiple sclerosis (MS), and at the time none of my patients had that illness.

Then, years later, I met Christian. At thirty-two, he was the youngest male patient I had with a serious illness. "Doctor Jill, I've done the research on LDN, and I want to try it out for my symptoms," he said. Christian had an episode of what was basically optic neuritis presenting as double vision. Both his brain MRI report and the report from his spinal tap were consistent with MS. Because this episode of double vision was only a single event, his diagnosis was not yet called MS, and was instead called clinically isolated syndrome. It carried a high probability of turning into MS, and his neuro-ophthalmologist recommended aggressive immunosuppressant therapy.

"I understand the risks, and I'm willing to accept them. My symptoms are already nearly gone, and I want to try LDN first, before taking an immunosuppressant," he said. I had mixed feelings about this idea. I knew his specialist and did not want to step on his feet. In addition, I am not a neurologist, and at that time had no experience whatsoever in treating MS, both facts that I pointed out to my patient. However, I am a big proponent of patient choice, and I was willing to support his choice to decline conventional treatment. I carefully documented in his chart that we had discussed all the risks, contraindications, and alternatives.

I followed Christian very closely, seeing him frequently and documenting as thoroughly as possible everything about his case. I prescribed the LDN exactly according to how other clinicians were prescribing it. Christian's symptoms resolved within about five months of starting treatment, and his MRI reports were slightly improved each time we ran them. In a startling development, the MRI of his brain was read as normal at the two-year mark of treatment. There were no longer signs of any disease at all.

Having been trained in traditional allopathic medicine, I was well aware that this was what would be called an anecdotal case. It was possible that his results could be coincidental and completely unrelated to the treatment. However, a year later, when he was still symptom-free, my curiosity about LDN finally got the better of me. I started doing research into LDN. What I discovered was extremely interesting, and completely changed the way that I thought about LDN. During my medical training I had always assumed that if a treatment was not conventional, with double-blind, placebo-controlled, randomized trials, then it was not a legitimate treatment. I discovered that I was wrong.

When I had first heard about LDN, I had no idea who Dr. Bernard Bihari was or how impressive his credentials were. I had no idea how much information was available about LDN's biochemistry; I found that the cellular pathways were known down to the very receptors involved. Before doing my research, I did not realize that small studies and case reports had already been published.

In the year that I started considering LDN seriously, I attended a conference in Las Vegas put together by the LDN Research Trust. It was fascinating to listen to the many speakers talk about their personal experiences with LDN, and to witness the presentations of many interesting case studies. A good number of the doctors had been prescribing LDN for as long as I had been in practice. But throughout the day a question kept bothering me. If LDN was a legitimately successful treatment, then it seemed to me that all these doctors should have been writing up their findings and getting them published. It was during a conversation with one of the oldest doctors in attendance that I finally realized the answer.

All these doctors were just as busy as I was. The only difference was that they were busy taking care of patients. They did not have time to be writing case reports or conducting trials. It was at that point I realized how much my view of the practice of medicine had changed. This was what I wanted for myself: to get out of my computer room and back into the exam room. *I wanted to help people.*

When I got back to my office, my level of comfort in prescribing LDN was considerably increased. I decided that I needed to tell more people about LDN. I typed up a patient information page in a question-and-answer format. When I saw patients who seemed like good candidates for treatment with LDN, I told them about the treatment and gave them the information. Many patients were interested.

Currently, I have over one hundred patients taking LDN. The results I've seen far exceed anything that could be attributed to a placebo effect. Because I have a general internal medicine practice, I see a wide variety of illnesses, many of them chronic. This has given me the opportunity to try out LDN in many clinical situations and monitor the response.

I have used LDN for autoimmune joint diseases, including rheumatoid arthritis, psoriatic arthritis, lupus, and ankylosing spondylitis. I have used it for inflammatory bowel disease, celiac disease, and irritable bowel syndrome. I have also used it for chronic-pain syndromes such as fibromyalgia, neuropathic pain, chronic regional pain syndrome, and osteoarthritis. Other disorders such as fatigue, asthma, allergies, and dermatitis have also responded. These illnesses may all look different on the surface, but the underlying problems are the same. Most chronic diseases have a component of inflammation and immune system dysfunction. LDN works at the root of the problem, addressing the core issues, resulting in improvement in the clinical syndrome.

I have one patient with stage one prostate cancer who prior to seeing me was being treated with expectant management alone (also known as watchful waiting). We started LDN and watched his PSA (prostate cancer tumor marker) drop by over 20% in two months. Six months later it had dropped again, and we are continuing to monitor it.

I have kept careful records and maintain a spreadsheet on my computer of all my patients taking LDN, detailing their diagnoses and progress. As a very conservative figure, at least 70% of the patients who have tried LDN have had a clinical response. If you take out the patients who stopped early because of side effects, the number increases to over 80%. Of the patients who have had a clinical response, the percentage who rate their response as much improved (which would be a level 5 on a scale of 1 to 5) is around 30%.

Not everyone has had a dramatic response, but there are many who have. Some of my patients became symptom-free within just a few months of treatment. Some of my chronic-pain patients were pain-free within the first month. It has been an amazing thing to witness, and every day I am thankful to have the opportunity to watch the responses as they happen. I am grateful to my original patient who first introduced me to LDN. I am grateful to all the pioneer physicians who have gone before me, and I am deeply humbled to be able to tell my story in their company.

A lot has changed in my life since I got that first stethoscope. A lot has changed since my days of wanting to walk away from medicine. My sense of hope has been renewed, and I love being a doctor again. My sincere desire is for other doctors to also have their lives and practices renewed. I want more patients to know about LDN and have the opportunity to try it if they might benefit. I want to help spread the word, and thanks to Linda Elsegood and the LDN Research Trust, this book is an important step in that direction.

In the following pages, many different experts tell their stories about how low dose naltrexone has made a difference in their areas of expertise. Information is presented about LDN's development, pharmacology, clinical trials, efficacy in the treatment of various disorders, and current areas of ongoing study. Our hope is to educate clinicians and give them the information and tools they need to feel comfortable incorporating treatment with LDN into their practices. We are also expecting that a number of patients will be interested in this information as well, and that the book can open a door of communication between patients and their clinicians in a positive way, as we work together toward our common goal of healing.

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