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**Low Dose Naltrexone**

\*\*\*FDA-approved naltrexone, in a low dose, can normalize the immune system;\*\*\*

helping those with HIV/AIDS, cancer, autoimmune diseases,

and central nervous system disorders.

\*\*\*LDN boosts the immune system, activating the body's own natural defenses.\*\*\*

**It tricks the body into making more endorphins, which in turns:**

-Lowers over-all body pain, headaches, migraines

-Improves energy

-Decrease stress and improves depression

-Strengthens the immune system and shifts it to bacterial infection fighting mode and out of inflammatory mode which can cause sinus allergies.

**Directions:**

Dissolve 1 tab into 50 ml of water. Add Stevia to help to awful taste. Store the solution in a covered   
 container in the refrigerator. Take 1 ml at bedtime, gradually increasing by 1/2 ml every few days at   
 bedtime. The goal is to take 3-4.5 ml every night. You can also have it compounded.

**Don't take Hydrocodone, Oxycodone or Morphine within 6-7 hours of Naltrexone**

**they will block each other, and you could go into withdrawal!!**

If you need any type of opioid for pain relief before bedtime, **Skip Naltrexone**.   
It is fine to take Klonepin, Xanax, Valium, Soma or Ambien with Naltrexone.

*---Low-dose naltrexone holds great promise for the millions of people worldwide with auto-immune--- diseases or central nervous system disorders or who face a deadly cancer.*

*--- In the developing world, LDN could provide the first low-cost, easy to administer, ---*

*and side-effect-free therapy for HIV/AIDS*

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**What is Low-Dose Naltrexone and Why is it Important?**

The brief blockade of opioid receptors between 2a.m. and 4a.m. that is caused by taking LDN at bedtime each night is believed to produce a prolonged up-regulation of vital elements of the immune system by causing an increase in endorphin and enkephalin production.

In human cancer, research by I. Zagon, PhD over many years has demonstrated inhibition of a number of different human tumors in laboratory studies by using endorphins and LDN. It is suggested that the increased endorphin and enkephalin levels, induced by LDN, work directly on the tumors' opioid receptors-- and, perhaps, induce cancer cells death (apoptosis). In addition, it is believed that they act to increase natural killer cells and other healthy immune defense against cancer.

In general, in people with diseases that are partially or largely triggered by a deficiency of endorphins (including cancer and autoimmune diseases), or are accelerated by a deficiency of endorphins (such as HIV/AIDS), restoration of the body's normal production of endorphins is the major therapeutic action of LDN.

Naltrexone itself was approved by the FDA in 1984 in a 50mg dose for the purpose of helping heroin or opium addicts, by blocking the effects of such drugs. By blocking opioid receptors, naltrexone also blocks the receptions of the opioid hormones that our brain and adrenal glands produce: beta-endorphin and metenkephalin. Many body tissues have receptors for these endorphins and encephalitis, including virtually every cell of the body's immune system.

In 1985, *Bernard Bihari, M.D.,* a physician with a clinical practice in New York City, discovered the effects of a much smaller dose of naltrexone (approximately 3mg once a day) on the body's immune system. He found that this low dose, boosts immune function. [Note: Subsequently, the optimal adult dosage of LDN has been found to be 4.5mg.]

In the min-1990's, Dr. Bihari found that patients in his practice with cancer (such as lymphoma or pancreatic cancer) could benefit, in some cases dramatically, from LDN. In addition, people who had an autoimmune disease (such as lupus) often showed prompt control of disease activity while taking LDN.

Bihari says that his patients with HIV/AIDS who regularly took LDN before the availability of HAART were generally spared any deterioration of their important helper T cells (CD4+).

## First Study of LDN Published in US Medical Journal

Dr. Jill Smith’s original article, "[Low-Dose Naltrexone Therapy Improves Active Crohn’s Disease](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&list_uids=17222320#_blank)," in the January issue of the *American Journal of Gastroenterology* (2007;102:1–9), officially presents LDN to the world of scientific medicine. Smith, Professor of Gastroenterology at Pennsylvania State University's College of Medicine, found that two-thirds of the patients in her pilot study went into remission and fully 89% of the group responded to treatment to some degree. She concluded that “LDN therapy appears effective and safe in subjects with active Crohn’s disease.”

Endoscopic Improvement in Crohn’s Colitis with Naltrexone—The rectum's mucosa was ulcerated, edematous, and inflamed in Patient with active Crohn’s Disease before taking naltrexone 4.5 mg a day. Pictures of the same area on the same patient four weeks after naltrexone therapy show the lining healed, ulcers resolved, and the mucosa healthy.

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**Low Dose Naltrexone**

**Further Good News form TNI Biotech-- June 2013**

In addition to patents and licenses, TNI BioTech has obtained the rights to the clinical data and the transfer of the investigational New Drug (IND) and orphan drug designations from the U.S. Food & Drug Administration for pancreatic cancer and Crohn's disease.

TNI Biotech believe the orphan drug designations will allow the company to fast track the development of clinical trials for both of these infications in the United States and internationally {Utilizing either Met-enkephalin (MENK) and/or low dose naltrexone.

The LDN Yahoo Group is an announcement and discussion group for those interested in LDN, and who wish to be notified about updates to this website. We expect that official announcements to the group with be fairly infrequent, typically not more than one per month. Group members not wishing to receive general discussion e-mail from other members may set their messages delivery options to “Special Notice” when joining or by logging on the *LDN yahoo group site* and clicking in the “Edit My Membership.”

*“LDN substantially reduces health care cost and improves treatment of a wide array of diseases. Unfortunately, because naltrexone has been without patent protection for many years, no pharmaceutical company will bear the expense of the large clinical trails necessary for FDA approval of LDN's new special uses. It is now up to public institutions to seize the opportunity that LDN offers.*

*Low Dose Naltrexone (LDN) may well be the most important therapeutic breakthrough in over fifty years. It provides a new, safe and inexpensive method of medical treatment by mobilizing the natural defense of one's own immune system.” – David Gluck, M.D.*

**Latest Results from clinical trails of LDN**

-Two studies in Mali, Africa demonstrating LDN's successful use in HIV/AIDS—Published Oct 2011.

-Two Phase II placebo-controlled clinical trail of LDN for Crohn's disease at Penn State.

-A study of LDN in the treatment of MS at University of California, Published February 2010.

-A clinical trail of LDN in the treatment of FM at Stanford Medical Center, Published May-June 2009.

-A multi-institutional clinical trail of LDN for Primary Progressive MS in Italy, which includes endorphin measurements, published Sept 2008.

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