



# 2023

POST CONFERENCE



# ***The 2023 Conference Roundup***

The LDN 2023 conference was a tremendous success, showcasing presentations by LDN experts in their respective fields. The event featured 15 hours of live presentations and an additional 15 hours of recorded content.

***CME and Pharmacy Credits are available until 23rd June 2024.***

The speakers generously donated their time and covered their own expenses, demonstrating their selfless dedication to helping those with chronic conditions that are often difficult to diagnose and treat. We extend our heartfelt gratitude to them.

Our Sponsors, Exhibitors, and Advertisers played an integral role in making this conference possible.

Although the event was run by Volunteers, the costs were significant, and their financial support was essential. We sincerely thank them for their invaluable contributions.

Our MC, John Bardsley exceeded all expectations and rose to the occasion, filling the shoes of our late friend, Dr. Mark Mandel, who was deeply missed. John's enthusiasm for LDN and his sense of humor shone through, making him an exceptional addition to the event. We can't thank him enough.

Thanks to everyone behind the screens, Lynn, Dana, Kim, Mathew, Marilyn, Robert and Brian. Your hard work and dedication are truly appreciated. The seamless operation of our event is a testament to your skills and expertise.

*The conference recordings can be purchased from our [website](#), you have access indefinitely. It's a great way to relive the insightful presentations or catch up on anything you may have missed.*

***Our 2023 Medical Members receive 25% Discount Codes.***



***John Bardsley MC***



***Linda Elsegood Organiser***



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*for Doctors & Patients*

# ***The Live 3 Day Presentation Learning Objectives***

## ***CME and Pharmacy Credits Available***

### **Stephen Dickson BSC (hons) MRPharmS**



#### **History, Pharmacology and Mechanism of LDN**

- Have a greater understanding of receptors (agonist and antagonists) and how they can have wider effects on homeostasis.
- Understand the serendipitous discoveries that have led to naltrexone being used in current practice at low dose.
- Understand the role of endorphins and analogues in regulating some biological processes
- Understand the difference between Levo and Dextro Naltrexone and the importance of chirality for drug discovery and elucidation
- Understand the fundamental principles of when it is appropriate to initiate LDN

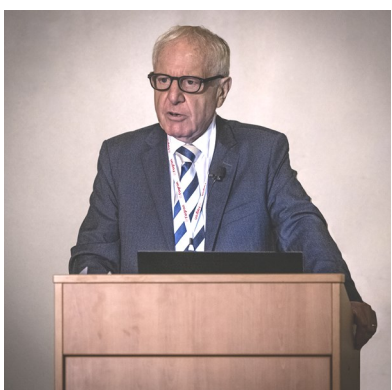
### **Galyn Forster, MS, LPC**



#### **LDN in Mental Health Treatment: Regulation is Not Enough, A Suppression/Disruption Strategy is Necessary**

- Better understand the basic role endogenous opioids play in mammalian responses to stress and threat and how they contribute to mental health disorders.
- Increase awareness of how endogenous opioids influenced by stress and trauma alter neurodevelopment and Increase vulnerability to dissociative pathology.
- Appreciate the ubiquity of dissociative phenomena associated with trauma/stress disorders and other mental health disorders.
- Better understand the neurochemical factors contributing to LDN and naltrexone's ability to immediately suppress/disrupt mental health symptoms.
- Be able to contrast and compare the distinct mental health benefits of an LDN suppression/disruption dosing strategy vs a regulation dosing strategy.

### **Norman Marcus, MD**



#### **LDN in the Treatment of Pain in Ehlers-Danlos Syndrome**

- LDN is a fundamental treatment in EDS patients with pain
- Soft tissue, muscles, tendons, ligaments, and fascia are an overlooked source of chronic pain in EDS
- Central Sensitization is fundamental to understanding chronic pain in EDS
- LDN is a hormetic drug
- The maximally effective dose of LDN is idiosyncratic

## Sebastian Denison Clinical Compounding Pharmacist - 2 Presentations



### Dosing variability and clinic perspective

- Discuss dosing paradigms of LDN
- Understand genetic variation factors of dosing LDN
- Explore different dosing options with respect to compounding LDN for patient specific needs

### LDN in Pulmonary Conditions

- Discuss disease states that may benefit from the use of LDN.
- Explain how TLRs could suppress, exacerbate or contribute to asthma pathogenesis.
- Describe the mechanism for how LDN is effective in COVID and long COVID patients.

## Paul S Anderson, NMD - 2 Presentations



### LDN Dose Adjustment for Reactive Oncology Cases

- Discuss the data regarding Oncology and LDN from the past 15 years
- Describe some known mechanisms of LDN
- Discuss dosing strategies for typical and sensitive patients
- Discuss the cyclic dosing concept
- Discuss Dr. Anderson's use of LDN in Oncology

### LDN and Multiple Sclerosis

- Discuss the data regarding MS and LDN from the past 15 years
- Describe some known mechanisms of LDN
- Discuss dosing strategies for typical and sensitive patients
- Discuss the reverse taper concept
- Describe synergistic therapies in MS

## Paula Kruppstadt, MD, DABP, FAAP, IFMCP



### LDN and Precision Genetics

- Identify the most clinically significant broken “off” switches from precision genetic testing
- Identify the most clinically significant broken “on” switches from precision genetic testing
- Understand why CTLA4 is the most clinically relevant “off” switch
- Describe typical age-appropriate dosing for LDN in children
- Understand why morning dosing for LDN in infants and children is best.

## Leonard Weinstock, MD - 2 Presentations



### Trigeminal Neuralgia and Neuropathy

- Case Presentation: TN, Neuropathy, MCAS, LDN
- Pathophysiology of TN
- Therapy of TN
- LDN therapy of neuropathy
- LDN pharmacology

### Tourette Syndrome and LDN Treatment

- Case Presentation: TS, MCAS, LDN
- Pathophysiology of TS
- Therapy of TS
- Learn about endorphins
- LDN pharmacology

## Dagmara Beine, DNM, PhD



### LDN's Role in a Terrain-Centric Approach to Pediatric Cancer

- Pediatric Cancer Crisis in statistics
- Somatic vs Terrain Centric approach to pediatric cancer
- LDN's role in a Terrain Centric Approach to pediatric cancer
- Testing for pediatric cancer
- Comprehensive Post conventional care

## Christine Salter, MD, DC, ND



### A Case Report of LDN and Rheumatoid Arthritis

- Definition of rheumatoid arthritis
- Identify the signs and symptoms of rheumatoid arthritis
- Current conventional treatments for rheumatoid arthritis
- Identify root causes of rheumatoid arthritis
- Treatments in addition to conventional treatments including low dose naltrexone

## Sarah Zielsdorf, MD - 3 Presentations



### Autoimmune Thyroid Disease and LDN

- Recognize the roles of the thyroid gland in human physiology.
- Discuss the variables required for the development of autoimmunity.
- Define Autoimmune Thyroid Disease (AITD) including Hashimoto's Thyroiditis and Graves' Disease.
- Describe the main laboratory and ultrasound findings in Hashimoto's and Graves' Disease.
- Describe the standard treatment for Hashimoto's and Graves' Disease.
- Define the basis for use of LDN for AITD.
- Identify how LDN is anti-inflammatory for the thyroid gland.

### Chronic Viral Infections and LDN

- Define polymicrobial infections
- Recognize that COVID-19 infections are polymicrobial infections, and carry the risk of polymicrobial sepsis
- Define toll-like receptor (TLR)
- Name the TLR that is most critical to attenuate in COVID-19
- Define Anti-Microbial Peptides (AMPs)
- Name 3 viruses that reactivate with COVID-19 infection
- Describe three clinical dermatologic findings of reactivated viruses in COVID-19 infection
- Describe three oral mucosal (mouth/palate/tongue) findings of reactivated viruses in COVID-19 infection

### Vitamin D Resistance

- Define Vitamin D Resistance
- Understand the extensive endocrine and exocrine dysfunction, which occurs with COVID-19 infection
- Define Vitamin D metabolites
- Describe acute kidney injury with respect to COVID-19 infection
- Name 3 treatments to restore the Vitamin D Receptor function
- Describe the basis for use of LDN for viral infections such as COVID-19

## Amalia Fantasia, PhD



### LDN with Nutritional Medicine

- LDN Tincture: Superior Delivery Option
- Benefits of LDN and Nutraceuticals
- Condition-specific Benefits of LDN
- LDN for Multiple Sclerosis
- LDN for Ulcerative Colitis

## Harpal Bains, MBBS, DFSRH, PGCAest Med (Dist)



### Inflammaging in MS Patients - A Clinical Study

- Sensitivity of GlycanAge test in detecting up-regulation and down-regulation of the immune system and understanding how to utilise this data
- Symptoms improvements that are important to understand in early stage LDN management
- Emotional wellbeing correlation with GlycanAge MS markers (IgG P9) and autoimmune markers IgG P16
- Symptom profile and GlycanAge markers correlation with worsening of many factors
- Thoughts on how the study can be improved
- 

## Sajad Zalzal, MD



### Real-World Data on LDN Therapy From the Perspective of a Longevity Clinic

- Understand LDN's relationship to HOA
- Discuss real-world data of Quality of Life improvements using LDN
- Discuss real-world LDN benefits
- Discuss real-world LDN side effects
- Outline next steps for LDN for longevity

## Yusuf Saleeby, MD - 2 Presentation



### LDN Case Studies: Literature & Clinical Observations Case Reports

- Case reports found in EBM peer-reviewed literature
- Case reports from the Carolina Holistic medical Center provider encounters 2020-2023
- LDN combo therapies (bonus)

### LDN in COVID Illness

- COVID Illness defined
- FLCCC protocol
- What is a CLMD and COVID-illness recovery center?
- Two cases of Vaccine Injured
- Overlap (Venn Diagram)
- Take home message

The Live Presentation, Speakers Bios can be found [HERE](#)



# Exhibitor Videos

Click the logo to play the video on YouTube



# The LDN 2023 Conference Review by Jonathan Collin, MD



LDN, low dose naltrexone, may be the most well-known but under-appreciated drug in medicine. For one thing it is not available in the commercial pharmacy and must be compounded. Many medical professionals still confuse LDN with its higher dose drug used in addiction and alcoholism disorders. Both exert a blockade on the opioid receptor but only the high dose agent is capable of causing drug withdrawal. LDN exerts effects on the opioid receptor as well as Toll receptors, enabling an increase in endorphin production as well as modifying the expression of cytokines tamping down the inflammation present in autoimmune disease.

Over the years the research supporting LDN's role in being an important treatment modality of numerous medical conditions has grown dramatically. Much of this research has been cited in three texts published by the LDNresearchtrust.org, the organizer of 2023's conference in Carbondale, Pennsylvania.

Paul Anderson, NMD, lectured on the necessity to establish the optimal dose for the patient based on their own symptomatic response. It has been generally agreed that LDN dosing should be considered to be between 1-5 mg. In fact, a simple approach has been to start with 1.5 mg, then increase to 3.0 mg, and ultimately stop at 4.5 mg. However, for those individuals who are very sensitive to medication, an ultra-low dose of naltrexone has been considered using 0.1-0.5 mg. While naltrexone is generally compounded as a capsule or tablet, pharmacists now compound LDN as a liquid, sublingual, troche, and trans-dermal, the latter being employed for autoimmune dermatologic conditions.

However, as Dr. Anderson and several other speakers confirmed, some patients have inadvertently and serendipitously used much higher dosing, taking 6.0 to 12.0 mg. Anderson referred to this as "high" low dose naltrexone. For those patients who were not seeing any benefit with a lower dose of LDN, the higher dose transformed their symptoms dramatically. If nothing else, this reminds us to pay attention to our patients and what they are doing—sometimes they discover their own best cures!

Titration of LDN is not always looking for the higher dose. Anderson does recommend when using LDN in cancer care to start with a higher dose, such as 4.5-6.0 mg, and then, if the patient does not tolerate the dose to slowly reduce the dose. In other words, it may not be that the 4.5 mg dose that was initially set as a target is the best. On the other hand, Norman Marcus, MD, uses an entirely different approach for managing pain.

## Norman Marcus, MD.



One of the most important applications for LDN is its use as an alternative to pain medication for management of pain. Because pain is not only an overwhelming symptom but is also highly varied, Dr. Marcus, starts with an ultra-low dose of 0.1 mg. A few patients will respond to 0.1 mg and achieve a nice reduction in their pain. Assuming that the patient experiences little response at the 0.1 mg once per day, he increases the dosing to 2x daily, then 3x daily, and finally 4x daily. While it has been standard to use LDN once daily, not infrequently a patient does better with dosing a few or more times daily. After reaching 0.1 mg 4x daily, then he will have the patient use 2 of the 0.1 mg tablets once, then twice, then three times, and finally four times daily.

Once the patient achieves a good reduction in pain, increasing the dose even higher does not improve pain reduction, the lowest dose giving the best pain reduction is the correct dose. Dr. Marcus has found some patients achieve an optimal dose at 0.1 mg and some at 3.0 mg—every patient is different.

## Paul Anderson, NMD



Discussed Hormesis, the phenomenon of a drug exerting a stimulatory effect at lower doses and an inhibitory effect at higher doses is the probable explanation for why LDN dosing needs to be individualized. Dr. Anderson thinks that not only is correct dosing obligatory but also the need to “cycle” the drug. It may be better to use the LDN for a certain period of time, then to stop it. This is the thinking behind LDN use being administered once daily. LDN will have, upon use, a strong effect on endorphin production and blocking/stimulating Toll receptors; then, that effect will stop so that when it is administered 24 hours later the effect is maximal. For some individuals it may even be advantageous to stop LDN for a few days or a few weeks to achieve maximal benefit.

Ultimately the theory and evidence for LDN is never as interesting and satisfying as individual cases. Medicine has long had a jaundiced view of case reports compared to clinical trials. This may be true if it were one, two, a half dozen case studies. With LDN practitioners, case reports are not only numerous but generally spectacular and frankly unbelievable. Yet, they do occur and not just to one proponent but to many docs in widely varying disciplines.

## Dr. Christine Salter, MD, DC, ND



Discussed a 50-year-old woman experiencing very severe rheumatoid arthritis. As expected she had been to the rheumatologist and been through numerous arthritis treatment regimens with little success. Her disfigurement was so intense that she even faced major difficulties using the toilet—requiring special equipment, an elevated commode and more.

Dr. Salter did require the patient to modify her diet, including removal of all nightshade foods and also elimination of gluten. A program of anti-inflammatory botanicals and other nutraceuticals was recommended. LDN was started at a low dose of 1.5 mg. After some time, the rheumatic pain had reduced slightly but was not satisfactory. Salter suggested an increase in dosing using a 3.0 mg capsule. The patient did not understand the directions and used the 3.0 mg capsule 3x daily. In short order the pain had been eliminated and her flexibility improved dramatically. She continued the diet and LDN at the higher dose with Salter’s approval and has continued to experience excellent joint and musculoskeletal improvement without the need for steroids, pain medication, and other biologics.

***LDN needs to be part of every physician’s toolbox. It works, not for everybody, but for those who do improve, LDN is “good medicine.”***



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# 15 Hours Extra Conference Presentations Learning Objectives

## CME and Pharmacy Credits Available

### Alba Miranda Azola, MD



#### Hopkins Long COVID Clinic Experience with LDN

- Define the terminologies and case definition used in post COVID conditions
- Review current knowledge on prevalence, risk factors and proposed theories of the pathophysiology behind Long COVID
- Describe practical clinical evaluation of the Long COVID patient
- Describe a rehabilitative approach to common post COVID conditions, including autonomic dysfunction, fatigue, and cognitive deficits
- Discuss our clinics experience using LDN for Long COVID patients.

### Apple Bodemer, MD, FAAD



#### LDN in Dermatology

- Recognize clinical features of lichen planopilaris and psoriasis
- Describe the role LDN can play in the treatment of Lichen Planopilaris and Psoriasis
- Understand the comorbidities of psoriasis and LDN may have a positive impact on those conditions.

### Angus Dagleish, MD, FRCP, FRACP—2 Presentations



#### Cancer and Case Studies

- LDN inhibits IL-6 production via TLR ( and 7 and 8) inhibition.
- LDN reverses the apoptotic pathways that normally resist killing by Chemotherapy.
- LDN inhibits numerous cell cycling pathways in addition.
- LDN enhances the effects of Chemotherapy, especially when combined with CBD.

#### COVID and Case Studies

- Reasons why LDN may be effective in the treatment of long COVID.
- LDN inhibits TLR4 on Glial cells, ( Not immune cells) could this be a mechanism of rapid clearing of brain fog?
- Anecdotal evidence suggests the overall benefit is anti inflammatory activity.
- Possible benefit for COVID vaccine mRNA spike protein damage.

## Miriam Martinez Callejas, MPharm



### LDN and Alopecia

- ·Understanding Hair Cycle and structure
- ·Hair Loss types
- ·Effects of LDN on Hair Loss
- ·Potential LDN doses
- ·imitations of LDN in Hair Loss
- 

## Samyadev Datta, MD, FRCA



### Complex Regional Pain Syndrome? Diagnosis and Management; Role of Low Dose Naltrexone

- Learn about the history, demographic details of CRPS.
- Signs and symptoms of CRPS
- Diagnostic criteria for CRPS
- Management options for CRPS
- Role of LDN in management of CRPS

## Lynn Gufeld, AGACNP



### LDN for Chronic Pain in Hypermobility Spectrum Disorder / Ehlers-Danlos Syndrome

- Understand and recognize the presenting symptoms and diagnostic criteria of HSD / hypermobile EDS
- Gain knowledge regarding the etiologies of chronic pain and associated symptoms in HSD/EDS
- Articulate the mechanisms by which LDN improves chronic pain in HSD / EDS
- Explain how LDN benefits the associated disorders found in patients with HSD/EDS
- Describe and apply the unique adjunctive treatments for HSD/EDS

outlined in this case study presentation

## Darin Ingels, ND



### Low Dose Naltrexone (LDN) and Lyme Disease

- Understand the characteristic symptoms of Lyme disease
- Understand how low dose naltrexone may be used with Lyme patients
- Learn how to integrate LDN with other Lyme therapies
- Learn how to appropriate dose Lyme patients with LDN
- Understand dosing differences between men, women and children

## Annette Johnson, MD



### LDN in Secondary Fibromyalgia/ME/CFS/MCS from Multi-Infectious Disease

- INDICATIONS = prefer multi-indications for an so called: "Offlabel-use" with LDN.
- Use LTTs. Don't miss the chance to eradicate SEVERE CHRONIC INFECTIONS before you start the FMS or CFS therapy solo.
- Protect yourself juristically
- Don't use diluted tablets, but exclusive compound pharmacies UNTIL RECONVALESCENCE... !
- "start low go slow": Slow high dosing IN SENSITIVE CFS or FMS patients

## Nat Jones RPh, FAPC



### Scar and Wound Therapy with Topical LDN

- Explanation of the pharmacokinetic differences in oral vs topical naltrexone
- Background physiology of wound healing
- Physiology of scar formation and types of scars
- How a low percentage topical naltrexone formulation can be used in wound and scar therapy
- Explanation of compounding bases and other agents that are used in conjunction with naltrexone for wounds and scars

## John Lambert, MD, PhD



### Long COVID: Pathogenesis, and Treatment Options, Including Low Dose Naltrexone

- To better understand the clinical findings in both acute COVID19 infection and those of Long COVID
- To understand the definition of Long COVID
- To have an understanding of a selected literature review on the findings and persistent manifestations of Long COVID
- To be able to understanding the underlying pathogenesis of complications caused by Long COVID
- To understand the rationale for potential treatments aimed at repairing the damage caused by COVID19 infection

## Michelle Moser, RPh, FACA, FACVP



### Advances in Dosing of LDN, Note from a Compounding Pharmacist

- Reviewing the latest research & LDN dosing.
- When compounding LDN, which fillers tend to cause more sensitivities.
- Explore electronic platforms that provide documentation of patient symptoms.
- Changing doses, even dosage forms, can provide for better patient outcomes.
- How patient follow up can ensure patient compliance.

## Richard Nahas, MD



### **An Introduction to Blockages**

- Describe how wounds and injuries can lead to persistent changes in nerves and connective tissue
- Understand how these little-known lesions in fascia and the nervous system can augment LDN for treating chronic diseases
- Explain how different therapies can be adapted to target these lesions for more effective care
- Make a list of your prior injuries and traumas to share with your providers
- Understand how rational prescribing may be a more scientific and effective approach to your healing journey

## Laura Odom, Anatomy PhD Candidate



### **LDN Reduced Anxiety in PwMS During the COVID-19 Pandemic**

- Multiple sclerosis (MS) characteristics and prevalence
- Findings from our previous LDN studies in multiple sclerosis
- Rationale and findings of our latest study
- MS and the COVID-19 pandemic
- Anxiety and depression in MS
- Analysis of the relationship between disease-modifying therapy (DMT) and self-reported anxiety and depression in persons with multiple sclerosis during the COVID-19 pandemic

## Masoud Rashidi, PharmD



### **The Applications of Different LDN Dosage Forms that Compounding Pharmacists Offer (Lozenge, Capsule, Topical, Suspension); Pet and Human Dosages**

- Clinical application of Low Dose Naltrexone (LDN) and Ultra Low Dose Naltrexone and compounded dosage forms
- Overview of different compounded dosage forms and the uses
- What is Ultra Dose Naltrexone? Why don't all compounding pharmacies make that?
- Dosage forms for Pets and site of application

## Pamela Smith, MD, MPH, MS



### **New Concepts in the Treatment of PCOS**

- Review the definition of PCOS
- Explore the signs and symptoms of PCOS
- Understand laboratory testing needed to evaluate a patient for PCOS
- Study the physiology of the menstrual cycle
- Examine the risk factors for other diseases
- Investigate the etiologies of PCOS
- Review the conventional treatments for PCOS
- Analyze the Anti-Aging/Precision Medicine therapies
- Explore the use of LDN in PCOS

## Elizabeth Livengood, ND — 2 Presentations



### LDN for Alcohol Use Disorder

- Explanation of the pharmacokinetic differences in oral vs topical naltrexone
- Background physiology of wound healing
- Physiology of scar formation and types of scars
- How a low percentage topical naltrexone formulation can be used in wound and scar therapy
- Explanation of compounding bases and other agents that are used in conjunction with naltrexone for wounds and scars

### LDN Surprises and Side Effects

- Introduction
- Surprises
- Side Effects
- Managing Side Effects
- Summary

## Mona Morstein, ND, DHANP, VNMI



### Lowering Hashimoto's Thyroiditis Antibodies with LDN

- Learn what is Hashimoto's thyroiditis
- Learn etiologies of Hashimoto's
- Learn how to measure thyroid labs
- Learn hypothyroid symptoms
- Learn the benefits of using LDN in Hashimoto's

## Cory Tichauer, ND



### LDN, Peptides and Synergistic Therapies to Support Immune Tolerance

- To understand the concept of immune tolerance as a key principle underlying chronic illness, autoimmunity and inflammatory diseases.
- To understand the principles of innate and adaptive immunity as it relates to chronic inflammation.
- To understand why low dose Naltrexone is used to treat immune dysfunction and the principles underlying its benefit
- To understand the roles and application of targeted peptide therapy
- To understand the role of the GALT and associated therapies designed to regain immune tolerance
- To understand the role of active vitamin D in immune maintenance



## Brian D Udell, MD



### Low Dose Naltrexone as an Adjunctive Therapy for Speech Acquisition in Autism Spectrum Disorder

- Describe the types of patients who special needs pediatricians treat, and scope of practice
  - Describe the increasing incidence of childhood conditions – many related to autoimmunity!
  - Consider the major factor(s) leading to the larger numbers of childhood conditions.
- Point out that there are alternatives to conventional pharmacological interventions for many of these medical diagnoses.

## Stefanie Werner, NMD



### LDN & Emergent Immune Events

- To assess use of LDN as first line therapy in potential emergent events in patients.
- To understand how LDN can be beneficial to prevent prescribing or over-prescribing opioid for pain management.
- To assess the use of LDN to avoid long-term prednisone use.
- To assess patient quality of life before and after introduction of LDN therapy.
- To become confident in the prescribing LDN for acute events with high pain scenarios.

## Deanna Windham, DO - 2 Presentations



### Eosinophilic Esophagitis is More Treatable Than You Think

- Understand contributing factors to pediatric and adult EoE
- Develop confidence in a treatment approach
- Understand pertinent testing that can contribute to treatment
- Help to improve patient's quality of life with research based approach to improve the disease process
- Understand the use of LDN in EoE and how it can help

### LDN and Cancer, an Update

- Become familiarized with the research in LDN use for cancer in the last 5 years
- Understand some of the mechanisms by which LDN has action in cancer
- Understand useful dosing regimens for LDN in cancer
- Feel comfortable with the use of LDN for cancer
- Understand what therapies might be useful in conjunction with LDN in cancer
- Avoid being fooled by potentially misleading research

The Extra Recorded Presentation Speakers Bios can be found [HERE](#)



Based on  
the work of  
Dr. Nasha  
Winters,  
Author of  
The  
Metabolic  
Approach to  
Cancer

METABOLIC TERRAIN  
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### **Metabolic Terrain Institute of Health : A 501C3 Non-Profit Organization**

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For questions or more information about MTIH, please reach out to [info@mtih.org](mailto:info@mtih.org).



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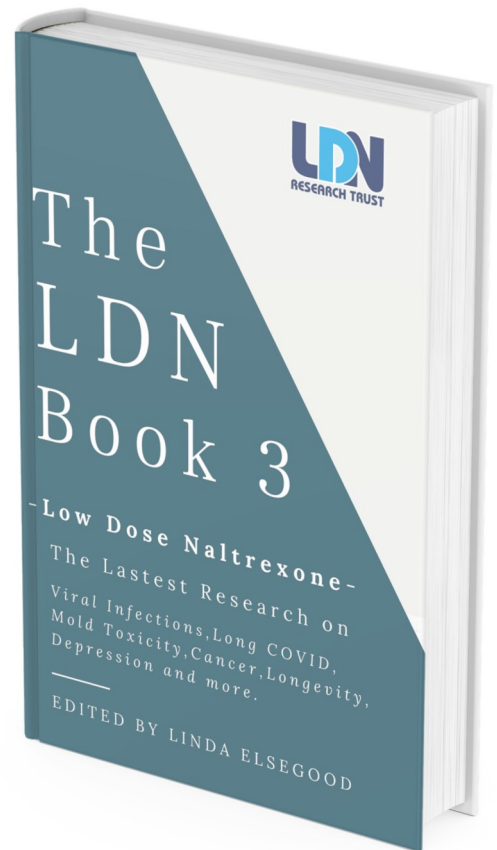
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## Have you read The LDN Book 3?

*“This book is gold! It is a science-based, effective solution to the rampant chronic health problems that plague millions today. It is easy to understand, simple to implement, and most importantly, will be a guiding light for so many who are out of answers and are desperately searching for a path home to health.”*

**Dr. Mindy Pelz, DC**



### WHO WROTE WHAT IN THE BOOK?

**Preface** by Linda Elsegood, Founder LDN Research Trust

**Foreword** by Pamela W. Smith, M.D., MPH, MS

**Pharmacology and Best Clinical Practices** by J. Stephen Dickson, BSC (hons) MRPharmS

**Drug-Resistant Depression** by Dr. Elizabeth Livengood, NMD

**Virally Damaged Tissues** ( including: COVID-19, Herpes Simplex (HSV 1 & 2), Varicella-Zoster, Human Parvovirus B19 (B19V), Epstein-Barr (EBV) by Sarah J. Zielsdorf, MD, MS

**LDN and Longevity** by Yusuf M. (JP) Saleeby, MD

**Mixed Connective Tissue Disease** by Deanna Windham, DO

**Mold Illness and CIRS** by Kent Holtorf, MD

**Ophthalmic Conditions** by Sebastian Denison, RPh, FAAR

**Long COVID** by Professor Angus G. Dalgleish, FRCP FRCPath FMedSci and Wai M. Liu, PhD

**Cancer and Case Studies** by Angus Dalgleish, FRCP FRCPath FMedSc Wai M. Liu, PhD and

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