



Alternative Health Solutions for Thyroid Autoimmunity (AHSTA.com) would like to thank Elaine Moore for co-hosting this event. We'd also like to express our gratitude to all those who participated in it. Elaine's new book, called "The Promise of Low Dose Naltrexone Therapy", can be found at Amazon.com as well as at BN.com (Barnes & Noble). This chat event was to introduce her book and the concepts in it to those interested in low dose naltrexone as a therapy. This transcript has been excerpted and edited for readability. Once again, thanks to everyone for your interest and participation. Due to the success of this chat event, we will be holding more chat events and will notify AHSTA readers when these will occur.

Valerie  
Administrator  
Alternative Health Solutions for Thyroid Autoimmunity

### CHAT WITH ELAINE MOORE – JANUARY 29, 2009

**grammiejan:** Elaine, I bought your latest LDN book and LOVE it!!!!!!!

**Elaine Moore:** Hi Grammiejan, Thank you!!

**Val:** I am in the middle of the book and am deeply impressed by how well-written it is and how clearly stated everything is.

**Elaine Moore:** Thanks, Valerie.

**Val:** What inspired you to write this book?

**Elaine Moore:** Zoey (Judy) had first told me about LDN some years ago. It sounded too good to be true but as I followed its progress I realized there was a story that needed to be told... I want to also add that Zoey proofread every page, offered invaluable advice and kept me and Sammy on track. Without Zoey, it would have been even more technical!

**zoey:** However, Elaine did all the hard work. I just asked a few questions years ago on Mediboard.

**Janis:** Has your book been released in Australia?

**Elaine Moore:** Janis, my publisher McFarland has a London office and it should be available in Aussie.

**Elaine Moore:** Jann, here's a link to [New Insight into the Cause of Crohn's Disease<sup>1</sup>](#), which explains how the change came about in which autoimmune diseases are considered caused by a weak immune system. Alternative medicine has thought this for years, but now conventional medicine has seen the light.

**jannz:** Hi Elaine... I see "...caused by a weak immune response..."

**Elaine Moore:** Hi Jann, Valerie gave me your questions earlier so I found a link for you. The idea here is that a weak immune system, due to low T suppressor cells, reacts erratically and launches out attacks on the body's own cells.

**Janis:** Elaine does it matter what time of the day you take LDN?

**Elaine Moore:** Janis, Dr. Zagon, who is the real expert in all this, says the time doesn't matter, but that you should take it at the same time each day so there's a long interval between doses.

**leanda:** what is LDN? How does LDN work?

**Elaine Moore:** LDN is low dose naltrexone. LDN causes an increased production of endorphins, particularly metenkephalin, and metenkephalin modulates or helps heal the immune system.

**grammiejan:** I took my book to my neuro yesterday and he is looking into getting it. I told him how informative it is and a good physician's desk reference for LDN.

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<sup>1</sup> <http://www.medicalnewstoday.com/articles/38349.php>

**Elaine Moore:** Grammie, thank you. As Jann pointed out in her review, physicians don't have time to research everything. When I told my nephew, a psychiatrist about it, he said patients had asked about it for kids with autism but he didn't know what it was so brushed them off.

**Yvonne:** Elaine, I had a candida flare after taking LDN, manifested as very itchy skin. Do you have advice for the best cure (after testing)? My alt. doc. likes Diflucan.

**Elaine Moore:** Candida can be tricky. Antifungals like diflucan are good and also nystatin... Yvonne, there is some truth to cutting out sugar to help prevent yeast overgrowth.

**Haifa:** I have RA, have not found an MD willing to prescribe it yet, but I will. Does it matter if it is in the form of a pill or cream? Which one is safer, any known side effects?

**Elaine Moore:** Haifa, the pill is best. The cream compounds [transdermal] can stay in the system too long.

**Janis:** I've started out on a dose of 1.5 mg should I go straight to 4.5mg. I have fibromyalgia.

**Elaine Moore:** Janis, I'd start slow to minimize side effects and build up to 4.5 mg

**zoey:** It's generally best to gradually, not suddenly increase your dose and experiment with what seems to work best for you.

**leanda:** Does LDN help with the eyes?

**Lolly:** Leanda, I can honestly say it does. It has in my case.

**Elaine Moore:** Leanda, there are people using LDN for thyroid eye disease and seeing improvement. Supposedly, there's an article published, but I haven't seen it.

**Bonnie:** Haifa, the doc I took my daughter to last week prescribed it for her Juvenile Rheumatoid Arthritis, she hasn't started it yet though.

**Elaine Moore:** Bonnie, for RA, the recommended dose is 1.5 mg daily but people need to experiment since we're all different sizes and have different metabolisms.

**Bonnie:** Really. He gave a prescription to 4.5. Should I have him rewrite it as she hasn't filled it yet?

**Haifa:** So, if you weigh less, lower your dosage?

**Elaine Moore:** Bonnie, does she weigh at least 150 lbs? if so, you could have her try the 4.5 mg dose, but it might be good to start with less and if needed work up.

**Haifa:** How about dry eyes and mouth, i.e. Sjogren's syndrome?

**Bonnie:** Elaine, she is currently on azulfadine and 2 mg of prednisone along with some anti-inflammatory herbs, so you would start with a smaller amount. She weighs, I believe, about 140 lbs.

**zoey:** I suggest when starting LDN getting the 1.5 mg and getting enough to take 3 mg a day. That way you have more control over your dosing. The fillers used in the compounding are also very important. Some people have allergic reactions to avicel or just feel good with it.

**Elaine Moore:** I agree with Zoey. [To Bonnie] If you haven't filled the RX yet give your doc a call. Bonnie, any of the compounding pharmacists can help the doctor figuring out dosage too... Zoey, good point – most people do better on avicel, but some have reactions to avicel and do better with other fillers such as lactose.

**Val:** In talking with a credible compounding pharmacist, it was recommended to start out on 1.5 mg for 2-3 weeks, then increase it to 3 mg, and then 4.5 mg. They also say the dosage can be very individual for effectiveness. It seems we have many thyroid LDN users who feel well on 3 mg.

**Lolly:** I started at a low dose of 1.5mg and increased to 3mg daily. I haven't gotten to 4.5mg as I feel good on 3mg LDN. Some have increased to 4.5mg and encountered problems, mainly jaw and having to adjust thyroid medication.

**Val:** As soon as someone mentions jaw pain, I know it's too large a dose for them.

**Elaine Moore:** Lolly, I too had the jaw problem at 4.5 mg and it improved when I reduced the dose to 3 mg.

*(Missing 20 minutes)*

**zoey:** ...I think diet, exercise, and things like that might play a role.

**Elaine Moore:** Zoey, I agree. I don't see LDN as a magic bullet but as an added step in the path to reclaiming our health.

**Val:** I believe that when you have autoimmune disease, you must try to do everything to help your case.

**Haifa:** what's the longest time someone has been taking LDN, any reported side effects?

**Elaine Moore:** My co-author, Sammy Jo, has been taking LDN since 2004.

**Haifa:** What's the best pharmacy to order LDN from in the U.S.?

**Val:** I don't know if there is a "best" pharmacy, but I use Pacific Compounds in Oregon.

**Elaine Moore:** Haifa, Zoey has info on apothecary in California and I've also heard good stuff about Pacific Compounds.

**zoey:** Apothecary Options is the place in Northern California.

**Lolly:** I don't have a doctor monitor me on it [reference to mixing 50 mg tablet in 50 ml distilled water]. I know it's not an ideal solution but as long as I can get regular blood tests and things are improving, I am doing okay without a prescription.

**Elaine Moore:** Lolly, you're right. As long as you're having regular blood tests, you're doing fine.

**renwa:** Skip's pharmacy gets high marks for LDN. I am getting mine from there, currently. [I'm] sitting in as someone who began LDN for Crohn's in mid-November 2008 with great success in dialing down my symptoms and improving my outlook. Not very educated on thyroid autoimmune but per my ND, (not same as LDN doc), I have thyroid issues. I am the cold, skinny kind. Kelp has been very useful in that it keeps my hair from falling out, but if I let up, the problem returns. Do you believe the LDN over time might help w/ puny thyroid? I realize the problem is probably due to a whole cascade of hormonal events.

*Missing pieces of conversation here*

**Elaine Moore:** I met Valery today and she gave me a good link to a study of LDN and prednisone from Saudi Arabia. It's in the comments on my LDN article on suite101

Link to transcript: [Met-enkephalin therapy for autoimmune diseases: Selective immunomodulation and extention of steroid therapy<sup>2</sup>](#)

**Janis:** Elaine what studies have been done on the elderly and LDN. My Mum has chronic heart disease and Dad has prostate cancer. They are both in their late 80's.

**Elaine Moore:** Janis, Dr. Zagon hears from patients all over the world and shares some of the information. He has helped many people who are elderly, but I don't think there are any studies or statistics.

**ldn-user:** I'm having problems 9 months on LDN and losing too much weight but I didn't need to lose.

**Elaine Moore:** LDN-User, I lost weight at first when I was using 4.5 mg. I also had jaw pain and dropped the dose to 3mg and the weight loss stopped.

**ldn-user:** Yes, I lowered the dose to 3mg but after a month, no difference.

**Elaine Moore:** LDN-User, I know of people using 1.5 mg every other day who are getting good results. If your body weight is low, you might consider 1.5 mg. Or you might consider using LDN every other day as effects (raised endorphins) can last up to 72 hrs. In Gironi's trial, they were still seeing increased endorphins months after the study ended.

**Tronicsworld:** I am at 4.5 but now weigh 240lbs. Is 4.5 still right??

**Elaine Moore:** Tronics, according to Dr. Zagon, the optimal dose can vary from 1.5 to 10 mg with 4.5 mg an average dose for 150 lbs. You could probably experiment with a higher dose.

**Val:** Jann wanted to know: Why aren't endorphins measured as part of LDN dosing? Can they be measured? Does it matter to measure them?

**Elaine Moore:** Valerie, endorphins aren't measured as a commercial lab test as, prior to LDN, they served no real purpose as a lab test. They're measured in research studies and for now it's the effects seen in LDN that seem to be of more value.

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<sup>2</sup> <http://bib.irb.hr/prikazi-rad?chset=UTF-8&lang=HR&rad=36329>

**Val:** Elaine, that's what I told Jann – the value is in the results and that only research labs really perform these tests [for studies].

**Val:** I do weekly acupuncture which has been proved to induce endorphins. However, I have noticed that the feeling dissipates after a day. I thought endorphins persisted up to 3 days? Do I understand that right?

**Elaine Moore:** Valerie, they persist for up to 72 hours with LDN. I'm not sure the effects are as pronounced with acupuncture.

**Val:** Elaine: It must be a mild release of endorphin with acupuncture. I'm almost 100% sure it's the endorphins I experience as it seems to describe what others on LDN describe.

**Elaine Moore:** Valerie, I'm sure there are other benefits as well from acupuncture.

**Yvonne:** [Reference to candida.] It started after 4 months on LDN 3 mg every other am. Misdiagnosed, as it was itchy skin without a rash at first. I'm about to get a definitive test but stopping LDN and reducing sugar helped.

**Lolly:** Yvonne, let us know how it goes.

**Yvonne:** Yes Lolly. I got some preliminary improvement in thyroid antibodies and definite improvement in eczema and TED, so I'm eager to go back on LDN for another 6 months.

**Val:** Yvonne, I'm quite impressed with your results. In our modest survey, at least 75% of all LDN users (for thyroid disease) say they feel better and see improvements across multiple areas.

**Yvonne:** The eczema was the biggest improvement. [I had] debilitating cracking on my palms that cropped up for the first time since childhood. After 8 months of that, I started LDN and it healed almost immediately, and has stayed healed for five months since stopping, with one rough spot. Also my TPO abs dropped from 360 to 112 over the past year on LDN. TBII didn't change much but was tested at two different labs.

**Val:** Yvonne: [The disappearance of your skin disorder] reminds me so much of some Crohn's results where some people just simply stop having symptoms altogether even after cessation [of LDN].

**Lolly:** I can't say I have seen an improvement in my eczema, it flares up and calms down but never really goes, so I haven't seen LDN work for me in that respect.

**Elaine Moore:** Of interest, I was talking to a doctoral candidate at the University of Arizona who was working on LDN and discovered that a solution used topically helped the skin and scalp, noticeable improving dandruff and dryness. He has pure naltrexone that he dilutes in water, which would be similar to crushing Revia and diluting it. The ratio would be 50 mg tablet in 50 ml water for a 1 mg/ml solution. For skin, I'd do 50 mg in 10 ml water and get a 5mg/ml solution. It dissolves well if you first dilute in a small amount of water and let it sit a few minutes.

**Lolly:** Your spot on. I find crushing them between two spoons makes them dissolve quicker. They take such a long time as a whole tablet, Elaine.

**Val:** I think for the oral LDN, it is better to get it compounded, and maybe with this book getting into the hands of doctors, it will be RX'd more and more.

**Lolly:** I agree, but if you can't get a doctor, then that is the next best thing. No choice sometimes. I'm a dab hand at making up the solution, and for accuracy I use a 2ml and 5 ml syringe to get the right dose.

**Elaine Moore:** Valerie, I agree. I liked the compounded pills better.

**ldn-user:** My skin has worsened on LDN, & I had the highest hopes for it.

**Elaine Moore:** LDN-user, can you share what condition you're using LDN for?

**ldn-user:** SLE mostly [and] Hashimoto's/hypothyroidism.

**Elaine Moore:** LDN-user, they say that Hashimoto's is similar to RA in terms of LDN results so a lower dose may work better for you.

**Elaine Moore:** LDN User, are you adding omega-3 oils? In both lupus and Hashimoto's thyroiditis, omega-3 oils and restoring the 3, 6 balance are reported to offer benefits.

**ldn-user:** I lowered it to 1.5 mg now and need to get antibody tests. I am trying to take fish oils but with IBS malabsorption, it's hard.

**Elaine Moore:** LDN user, with malabsorption you can have trouble absorbing thyroid replacement hormone, too. That could contribute to the dryness.

**ldn-user:** Yes, you're right...that's the main thing my doctors are addressing.

**Elaine Moore:** LDN-user, things that might help include glutamine, digestive enzymes, and taking essential oils at the same time as replacement hormone.

**ldn-user:** OK, great... I was also thinking of getting the compounded LDN cream to see if it will absorb through the bloodstream.

**Elaine Moore:** Dr. Zagon had reservations about the cream when we talked to him. The problem is that high dose naltrexone has an opposite effect on the immune system. If the cream is continually absorbed you wouldn't have the intermittent dosing that's key in using LDN.

**Lolly:** And that's what we are all hoping for a change in the way LDN is seen and prescribed.

**ldn-user:** do you mean the LDN cream could 'build up' in the bloodstream?

**Elaine Moore:** LDN -user: Yes, it could because topical preparations are absorbed slowly. You wouldn't want this. You want an intermittent not a continuous effect.

*[Notes added by Admin: In talking with Dr. Zagon about this, the problem with a transdermal delivery method is that certain factors may change the intended effect – factors such as concentration of drug, how much is applied, mistakes on the part of the patient in application, where its placed which could affect rate of absorption, the vehicle used for the application, and so on and so forth.*

There is no study that indicates what in thyroid disease, like metabolism, might influence how the drug works in thyroid disease. Some patients may have irregular metabolism to begin with. Therefore, using oral LDN is a more precise way of knowing what the dose is and as a result the duration of opioid receptor blockade. As Elaine mentioned in the above conversation, transdermal LDN can even act as high dose naltrexone when using this delivery method. Therefore, using the drug as intended, i.e., taken orally, preferably compounded, is the safest vehicle for use and has already been tested for the duration of opiate receptor blockade.]

**grammiejan:** Does anybody here have sleep issues with LDN?

**Elaine Moore:** I did have sleep issues when I first started LDN. Dr. Zagon said if people have problems with sleep, then they should take it in the morning. As long as it's taken the same time each day, it doesn't matter.

**grammiejan:** Thanks, Elaine. I fall asleep OK, but wake up several times through the night.

**Elaine Moore:** Grammie, are you hypothyroid? That's a classic hypo symptom... it could also be the LDN---I'd take it in the AM.

**Elaine Moore:** remember, I also answer questions at my website [Elaine-Moore.com](http://Elaine-Moore.com) and anyone can email me through the website.