Psoriasis
Cure
Pill

The Pill No One Knows About!
PsoriasisCurePill.com

Special Report

Background

In 1984 the FDA in the United States approved a drug named Naltrexone for the treatment of alcoholism and opium and heroin addiction. The dosage of 50mg pills or capsules, taken orally was approved.

Naltrexone is an opioid receptor antagonist used primarily in the management of alcohol dependence and opioid dependence. It is marketed in generic form as its hydrochloride salt, naltrexone hydrochloride, and marketed under the trade names Revia and Depade. In some countries including the United States, an extended-release formulation is marketed under the trade name Vivitrol.

Low Dose Naltrexone

In 1985, Bernard Bihari, MD, a physician with a clinical practice in New York City, discovered the effects of a much smaller dose of naltrexone on the body's immune system. He found that this low dose, taken at bedtime, was able to enhance a patient's response to infection by HIV, the virus that causes AIDS.

In the mid 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 or psoriasis) often showed prompt control of disease activity while taking LDN.

Up to the present, the question of "what controls the immune system?" has not been present in the curricula of medical colleges and the issue has not formed a
part of the received wisdom of practicing physicians. Physicians are taught to treat symptoms and diseases, prescribe drugs, but not to cure or discover the root cause of the underlying problem!

Nonetheless, a body of research over the past two decades has pointed repeatedly to one's own endorphin secretions (our internal opioids) as playing the central role in the beneficial orchestration of the immune system.

Witness these statements from a review article of medical progress in the November 13, 2003 issue of the prestigious New England Journal of Medicine:

"Opioid-Induced Immune Modulation: .... Preclinical evidence indicates overwhelmingly that opioids alter the development, differentiation, and function of immune cells, and that both innate and adaptive systems are affected. Bone marrow progenitor cells, macrophages, natural killer cells, immature thymocytes and T cells, and B cells are all involved. The relatively recent identification of opioid-related receptors on immune cells makes it even more likely that opioids have direct effects on the immune system”.

The brief blockade of opioid receptors between 2 a.m. and 4 a.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.

Normal volunteers who have taken LDN in this fashion have been found to have much higher levels of beta-endorphins circulating in their blood in the following days.

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.

Bernard Bihari, MD, as well as other physicians and researchers, have described beneficial effects of LDN on a variety of diseases:

Cancers:

* Bladder Cancer
* Breast Cancer
* Carcinoid
* Colon & Rectal Cancer
* Glioblastoma
* Liver Cancer
* Lung Cancer (Non-Small Cell)
* Lymphocytic Leukemia (chronic)
* Lymphoma (Hodgkin's and Non-Hodgkin's)
* Malignant Melanoma
* Multiple Myeloma
* Neuroblastoma
* Ovarian Cancer
* Pancreatic Cancer
* Prostate Cancer (untreated)
* Renal Cell Carcinoma
* Throat Cancer
* Uterine Cancer

Other Diseases:
* ALS (Lou Gehrig's Disease)
* Alzheimer's Disease
* Ankylosing Spondylitis
* Autism Spectrum Disorders
* Behcet's Disease
* Celiac Disease
* Chronic Fatigue Syndrome
* CREST syndrome
* Crohn's Disease
* Emphysema (COPD)
* Endometriosis
* Fibromyalgia
* HIV/AIDS
* Irritable Bowel Syndrome (IBS)
* Multiple Sclerosis (MS)
* Parkinson's Disease
* Pemphigoid
* Primary Lateral Sclerosis (PLS)
* Psoriasis
* Rheumatoid Arthritis
* Sarcoidosis
* Scleroderma
* Stiff Person Syndrome (SPS)
* Systemic Lupus (SLE)
* Transverse Myelitis
* Ulcerative Colitis
* Wegener's Granulomatosis

LDN has demonstrated efficacy in thousands of cases to date.

Within the group of patients who presented with an autoimmune disease (see above list), none have failed to respond to LDN. All have experienced a halt in progression of their illness. In many patients there was a marked remission in signs and symptoms of the disease. Less than 1% of patients have ever experienced a fresh attack while they maintained their regular LDN nightly therapy.

How is it possible that one medication can impact such a wide range of disorders?

The disorders listed above all share a particular feature: the immune system plays a central role. Low blood levels of endorphins are generally present, contributing to the disease-associated immune deficiencies.

**Here’s the Problem - And the Solution!**

Naltrexone is commercially manufactured in two sizes, 50mg and 100mg. The optimum dosage has been determined to be **4.5mg**, so you could get 11 doses out of 1, 50mg Naltrexone pill. That won’t work.....

So you need to have a pharmacy “compound” the pills into capsules.

Naltrexone is a **prescription drug**, so your physician will have to give you a prescription after deciding that LDN appears appropriate for you.

Naltrexone in the large 50mg size, originally manufactured by DuPont under the brand name ReVia, is now sold by Mallinckrodt as Depade and by Barr Laboratories under the generic name naltrexone.

**LDN** prescriptions are now being filled by **hundreds of local pharmacies**, as well
as by some mail-order pharmacies, around the US. Some pharmacists have been
grinding up the 50mg tablets of naltrexone to prepare the 4.5mg capsules of LDN;
others use naltrexone, purchased as a pure powder, from a primary manufacturer.

One of the first pharmacies to do so was Irmat Pharmacy in Manhattan. Their
recent price for a one-month's supply of 4.5mg LDN (30 capsules) was $38. Irmat
does monthly quality control testing on its LDN, accepts prescriptions from any
licensed physician, checks for insurance coverage, and includes shipment
anywhere in the US or to other countries.

Another pharmacy, Gideon’s Drugs charges $15 for a one month’s supply of
4.5mg LDN but it does not accept insurance and it will charge for shipment.

Your price locally should fall somewhere in between that price range.

**Pharmacies that are known to be reliable compounders of LDN:**

Irmat Pharmacy, New York, NY
(212) 685-0500 - (800) 975-2809 - Fax: (212) 532-6596
Website: [http://www.irmatpharmacy.com](http://www.irmatpharmacy.com)

Gideon's Drugs, New York, NY
(212) 575-6868 - Fax: (212) 575-6334

Compounder Pharmacy, Aurora, IL
(630) 859-0333 - (800) 679-4667 - Fax: (630) 859-0114
Website: [http://www.thecompounder.com/](http://www.thecompounder.com/)

The Pharmacy Shop and Compounding Center, Canandaigua, NY
(585) 396-9970 - (800) 396-9970 - Fax: (585) 396-7264

McGuff Compounding Pharmacy, Santa Ana, CA
(714) 438-0536 - (877) 444-1133 - Fax: (877) 444-1155
Website: [http://www.mcguffpharmacy.com/](http://www.mcguffpharmacy.com/) (Site was down?)

Skip's Pharmacy, Boca Raton, FL
(561) 218-0111 - (800) 553-7429 - Fax: (561) 218-8873
IMPORTANT: These pharmacies should know but Make Sure to specify that you **DO NOT** want LDN in a Slow-Release form.

Capsules of LDN necessarily contain a substantial percentage of neutral inactive filler. Experiments by the compounding pharmacist, Dr. Skip Lenz, have demonstrated that the use of calcium carbonate as a filler will interfere with absorption of the LDN capsule.

Therefore, it is suggested that calcium carbonate filler **not be employed** in compounding LDN capsules. He recommends either Avicel, lactose (if lactose intolerance is not a problem), or sucrose fillers as useful fast-release fillers.

Note the FDA has found a significant error rate in compounded prescriptions produced at randomly selected pharmacies. Please see the above list of recommended pharmacies for some suggested sources of legitimate pharmacies that produce high quality products with the correct formulation.

**What dosage and frequency should my physician prescribe?**

The usual adult dosage is 4.5mg taken once daily at night. Because of the rhythms of the body's production of master hormones, LDN is best taken between 9pm and 3am. Most patients take it at bedtime.

The therapeutic dosage range for LDN is from 1.75mg to 4.5mg every night. Dosages below this range are likely to have no effect at all, and dosages above this range are likely to block endorphins for too long a period of time and interfere.
Are there any side effects or cautionary warnings?

**Side effects:**

**LDN** has virtually no side effects. Occasionally, during the first week's use of **LDN**, patients may complain of some difficulty sleeping. This rarely persists after the first week. Should it do so, dosage can be reduced from 4.5mg to 3mg nightly.

**Cautionary warnings:**

Because **LDN** blocks opioid receptors throughout the body for three or four hours, people using medicine that is an opioid agonist, i.e. narcotic medication — such as Ultram (tramadol), morphine, Percocet, Duragesic patch or codeine-containing medication — should not take **LDN** until such medicine is completely out of one's system.

Patients who have become dependant on daily use of narcotic-containing pain medication may require 10 days to 2 weeks of slowly weaning off of such drugs entirely (while first substituting full doses of non-narcotic pain medications) before being able to begin **LDN** safely. Check with your doctor if you have any questions or concerns.

Patients who are taking thyroid hormone replacement for a diagnosis of Hashimoto’s thyroiditis with hypothyroidism ought to begin **LDN** at the lowest range (1.5mg for an adult).

Be aware that **LDN** may lead to a prompt decrease in the autoimmune disorder, which then may require a rapid reduction in the dose of thyroid hormone replacement in order to avoid symptoms of hyperthyroidism.

Full-dose naltrexone (50mg) carries a cautionary warning against its use in those with liver disease. This warning was placed because of adverse liver effects that were found in experiments involving 300mg daily. The 50mg dose does not apparently produce impairment of liver function nor, of course, do the much smaller 3mg and 4.5mg doses.
People who have received organ transplants and who therefore are taking immunosuppressive medication on a permanent basis are cautioned against the use of LDN because it may act to counter the effect of those medications.

Why Isn’t the Low Dose Use of Naltrexone FDA Approved?

Although naltrexone itself is an FDA-approved drug, the varied uses of LDN still await application to the FDA after related scientific clinical trials. The approval process may take years, or may never happen!

The FDA approved Naltrexone at the 50mg dosage in 1984. LDN, in the 3mg or 4.5mg dosage, has not yet been submitted for approval because the prospective clinical trials that are required for FDA approval need to be funded at the cost of many millions of dollars.

The successful results of the first US medical center research on LDN, an open-label trial that tested the use of LDN in Crohn’s disease, was presented in May 2006 by Professor Jill Smith of the Pennsylvania State University College of Medicine. The National Institutes of Health has granted $500,000 for Dr. Smith's group to continue the study as a larger placebo-controlled scientific trial of LDN in Crohn's disease.

All physicians understand that appropriate off-label use of an already FDA approved medication such as Naltrexone is perfectly ethical and legal. Because naltrexone itself has already passed animal toxicity studies, one could expect that once testing is able to begin, LDN could complete its clinical trials in humans and receive FDA approval for one or more uses within two to four years.

No need to wait.......if your present doctor will not write the prescription for you, find one who will. It’s quite likely that your doctor is not aware of Low Dose Naltrexone, and he may want to research it before writing you a script. That’s fine and he will likely comply and BE INTERESTED in your results! Do not be afraid to approach your doctor — physicians today are increasingly open to learning about new medical therapies in development.

If not, find a good doctor! The pharmacies listed previously may be able to refer you to a doctor who has experience in using this treatment.
**Pharmacology**

**LDN** has been theorized to work in multiple modalities. Without formal studies, there is no formal conclusion as of yet, but the generally accepted theory by Dr. Bihari is as follows:

Beta-endorphins are important regulators of the immune system. Naltrexone, which is a pure antagonist to narcotics, causes an artificial blockade of the endorphin/opioid receptors in the brain.

However, unlike the normal (50mg) dose of naltrexone used to treat drug addiction, which maintains this blockade continuously for 24 hours (preventing any derived pleasure from taking the drugs), low dose naltrexone (3mg to 4.5mg) blocks the endorphin receptors for only a few hours.

During that time, endorphins fail to attach to the receptors and the body apparently compensates by creating more. (Note that Dr. Bihari prescribes LDN to be taken at bedtime to take advantage of the body's pre-dawn(2am-4am) boost in endorphin production.) Once the low dose naltrexone dose has been metabolized, the body is left with a "normal" amount of endorphins as compared to healthy controls, which consequently **normalizes the immune function**.

---

**Will this Pill Cure Your Psoriasis?**

Obviously time will tell. Without a doubt it is the easiest and most pleasant psoriasis therapy I’ve ever seen, that is also really inexpensive.

If you understand the role that your immune system plays in your psoriasis condition, you should understand how a drug, that “normalizes” the immune system will send the psoriasis into remission and likely provide a cure for you!

This is getting to the root cause of the problem and taking action against it. Not treating the symptoms!

I do not know how long the pills must be taken. I’m guessing anywhere from 8 to 16 weeks, depending on one’s personal condition and the severity of the psoriasis.
This Really Upsets Me!

As many of you know, I am not a big fan of drugs for treating psoriasis. I’m not a big fan of drugs, period. And I’m even less of a fan of the drug companies. I seldom take an aspirin but at least they are reasonably priced!

I’ve used every $80 tube of topical treatment for psoriasis ever invented along with PUVA, shots, pills, and none of them produced any lasting results. Most of those simply treat the symptoms.....and it goes on and on.

I absolutely hate the biologic drugs they are presently dispensing like candy, at $2,000 a month per patient. Amevive, Enbrel, Remicade, and Raptiva which was just pulled from the market in April due to a number of deaths. They are all bad, bad, BAD!

It’s totally insane that people are being subject to those kind of drugs when there is a more effective option in Low Dose Naltrexone with Zero side effects!

If You Haven’t Already, Get This Too

In 2003 I published Say Goodbye to Psoriasis which is a treatment method I developed for psoriasis. Using it, I was finally able to totally clear my psoriasis, after suffering for over 25 years with moderate to severe plaque psoriasis.

I have been in remission for over 6 years now, so not only does it work quickly, it is long lasting.

The method does not involve any drugs but rather focuses on the triggers that are causing your immune system to function improperly.

By combining the power of Low Dose Naltrexone with the Say Goodbye to Psoriasis treatment method, you can speed up the clearing process and get your life back on track. You can find more information on this method below.

Websites  http://www.saygoodbyetopsoriasis.com  - Sales & Information Page  
http://www.psoriasiscure.net  - Main website

O.K., keep going to the next page for more info on the Psoriasis Pill
I recommend going through your family doctor or dermatologist and getting a prescription for the Low Dose Naltrexone. If for some reason your doctor will not comply there are several options.

Visit the American College for Advancement in Medicine website at: http://www.acamnet.org They have a search option that will list doctors in your local area that may be more helpful with your psoriasis treatment.

It is possible to order Naltrexone online without seeing a doctor first. Some of the pharmacies have medical doctors on staff who can write a legal prescription and process everything online. The meds show up in your mailbox and no doctor or pharmacy visit is needed.

The two companies below sell the 50gm Naltrexone pill online which YOU MUST RECONFIGURE INTO LOW DOSE NALTREXONE.

Note that each 50 gm pill will yield 11-12 doses of Low Dose Naltrexone. Converting the pill is quite simple. Full details below.

The best deal we have found is at http://www.alldaychemist.com
You can buy 10 pills for $16.50 plus $24.95 shipping. 10 pills will yield approximately 120 doses or 4 months worth. They do accept Visa credit cards but no MasterCard or American Express. They also accept checks but the order process for checks is rather slow as it’s not echecks.

Here’s a direct link to the product page: http://www.ezgourl.com/1223/

They have been in business for a long time and their reputation appears great. Expect delivery in 1-2 weeks in the U.S. when ordering with credit card as they are located in India. A U.S. phone number for them is (213) 291-2588.

Another option is http://www.RiverPharmacy.com located in Canada. They appear to have a minimum order of 30 pills which is a years supply of Low Dose Naltrexone. Here’s the link to the information page:

http://www.ezgourl.com/1224/
Making Your Own LDN with Naltrexone Pills

Advantages of making your own LDN include the fact that compounding is expensive and time consuming. Liquids are the preferred dosage form for children and for people who have difficulty swallowing capsules or tablets.

Also, if your doctor is willing to prescribe Naltrexone, your health insurance is more likely to cover the tablet than the compounded form. As inexpensive as it is, in either form, insurance really should not be an issue.

Once you have a supply of 50 mg Naltrexone tablets, you can convert them as needed to LDN. To do so, fill a graduated cylinder with 50 ml of distilled water. Unlike tap or spring water, distilled water contains no impurities that could potentially react with and thus reduce Naltrexone's effectiveness.

Pour the water from the graduate into a 4 oz amber glass jar with a tight-fitting lid. Then add a 50 mg Naltrexone tablet. The tablet will mostly dissolve in about five to ten minutes. Since not all of the tablet is soluble in water, instead of yielding a clear solution, the result will be a cloudy suspension.

It must be shaken each time before use to evenly disperse all the undissolved particles. One ml of the (shaken) suspension will contain one mg of Naltrexone. Use a graduated baby medicine dropper to measure out the dose you need, which for most people is 4.5 ml.

Once a drug passes from a solid to a liquid state, its shelf life can decrease dramatically. Therefore, do not make more than 50 ml of liquid Naltrexone at a time, store it in the refrigerator, and do not keep it for more than a month. The fresher the preparation, the better. Be sure to shake the liquid LDN well before using, and keep it from direct exposure to sunlight.

The medicine dropper should be available in the infant/baby section of your local pharmacy. If you ask politely and are lucky, the pharmacist may (as a gesture of good will) give you an empty 4 oz amber glass jar. Distilled water is sold by most pharmacies, as well as by supermarkets, hardware stores, and convenience stores.

Because liquid Naltrexone has a very unpleasant taste, you may wish to disguise it
PsoriasisCurePill.com

in something like fruit or vegetable juice. You can add it to a cup of luke warm, well-sweetened Chamomile tea. Use Stevia as a sweetener.

The recommended dosage of LDN for the average adult is 4.5 mg (higher amounts are generally considered counterproductive). If you are using liquid LDN, that would equate to 4.5 ml. It should be taken between 9 pm and 3 am.

Although the optimal dosage of LDN for the average adult (presumed to weigh 150 pounds) is considered to be 4.5 mg, some patients do better (i.e., have fewer side effects and a better over all response) on a lower dose, particularly if they weigh significantly less than 150 lbs.

To compute one's theoretical "ideal" dose in mg based on Clark's pharmaceutical dosage rule, multiple your weight in pounds by a factor of .03 (the same formula also works in computing the dosage for children and pets). If liver functionality has been compromised, however, a dose lower than the computed dose may be necessary, and it can only be determined by trial and error.

Using the liquid version of LDN it is easy to vary the dosage amount should you have any side effects.

Here’s a direct link to the product page for the 10 pack of Naltrexone 50gm pills: http://www.ezgourl.com/1223/

**Drugs To Avoid When Taking Low Dose Naltrexone**

In general, Low Dose Naltrexone (LDN) should not be taken concurrently with opioid containing drugs, immunosuppressive drugs, or immunomodulator drugs.

Do not take Naltrexone with any of the following without first consulting your doctor:
• disulfiram (Antabuse®);

• thioridazine (Mellaril®);

• buprenorphine (Buprenex®, Subutex®);

• codeine (Tylenol with Codeine®, and other brand names);

• hydrocodone (Lorcet®, Lortab®, Vicodin®, Vicoprofen®, and other brand names);

• hydromorphone (Dilaudid®);

• levorphanol (Levo-Dromoran®);

• meperidine (Demerol®);

• methadone (Dolophine®, Methadose®);

• morphine (Kadian®, MS Contin®, MSIR®, OMS®, Roxanol®, Oramorph SR®, and other brand names);

• oxycodone (M-Oxy®, OxyContin®, OxyIR®, Roxicodone®, Percocet®, Percodan®, and other brand names);

• oxymorphone (Numorphan®);
PsoriasisCurePill.com

- propoxyphene (Darvon®, and other brand names).

Novantrone®

Rebif®

Avonex®

Betaseron®

Tysabri®

Chemotherapeutic agents (including Cellcept®)

Cautionary warnings

Because LDN blocks opioid receptors throughout the body for three or four hours, people using medicine that is an opioid agonist, i.e., a narcotic (such as morphine, Percocet®,

Duragesic Patch® or codeine-containing medication) should not take LDN until such medicine is completely out of one's system. Patients who have become dependant on daily use of

narcotic-containing pain medication may require 10 days to 2 weeks of slowly weaning off of such drugs entirely (while first substituting full doses of non-narcotic pain medications) before being able to begin LDN safely.

There are some who believe steroids and chemotherapeutic drugs are compatible with LDN.
There are others, however, who would disagree. One example is Dr. M.R. Lawrence, an English physician with multiple sclerosis who treats his condition with LDN. This is his advice regarding drugs to avoid when taking LDN:

Because LDN stimulates the immune system and many of the drugs routinely used by the NHS in the treatment of MS [and other conditions] further suppress the immune system, LDN cannot be used in company with steroids, beta interferon, methotrexate, azathioprine or mitozantrone or any other immune suppressant drug.

If there is any doubt, please submit [to your doctor] a full list of the drugs you are presently taking so that their compatibility may be assessed.