Low Dose Immunotherapy (LDI)

Patient Information

LDI is a form of immune desensitization that works by restoring TOLERANCE for various things. This can be done for literally thousands of antigens at once. Tolerance is actively learned by the immune system. In LDI, this effect is accomplished by combining an enzyme called "beta glucuronidase" with whatever antigens your provider feels are relevant to your particular medical issues.

The theory in using LDI for autoimmune diseases, chronic fatigue or pain conditions, and many other inflammatory disorders, is that these conditions and their symptoms are initially triggered by something that is not "you"; but it results in your own immune system causing tissue inflammation and potential damage in some way. If we can find the right trigger and restore TOLERANCE, we can stop your disease process. Only one of the antigens used needs to work (even of thousands).

Disease conditions that can be treated with LDI include: Allergies of all types, fibromyalgia, chronic fatigue, Lyme disease, multiple sclerosis, autoimmune arthritis, Crohn's disease, ulcerative colitis, endometriosis, sarcoidosis, autism, myositis, autoimmune hepatitis, some forms of psoriasis, and many others.

Procedure: Involves injection or sublingual delivery of small amounts of fluid containing relevant antigens and a proportional amount of the enzyme needed.
Antigens: Can include dead bacteria, fungi, foods, chemicals, plants, samples of tissue or bodily substances from you yourself, or various other things.
Doses: Are so small they have never resulted in life-threatening reactions. The antigens are diluted often a trillion to one or further. They are sterilized.
Frequency: Depends upon response.
Long Term: Doses are spaced further as benefits last longer. Some can even stop.

IMPORTANT: The starting dose/dilution is literally a "guess", because it can be different for everyone, even using the same antigens for the same disease.
Initial Dose Titration: We can most safely and efficiently find the proper effective treatment dose by starting at a very weak dosage and waiting 7 days to assess response, then giving the next stronger dose if nothing happens. This way we can greatly minimize the chance of flaring from too strong a dose; and we can find the target dilution within a matter of several weeks in most cases.
YOUR JOB is to tell your provider how you've responded **ONE WEEK** after the dose.

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If your symptoms flared, the next dose must be diluted even further. HOW BADLY you flared, and HOW LONG you flared are critically important to determining your next dose.

A flare is still GOOD NEWS – because it means the therapy will work for you, just at a weaker dilution. It can take several doses (six-plus months) to find the right dose.

If you GET BETTER, report how much better and for how long. We can give another dose whenever symptoms return, at a variable fraction of the effective treatment dose depending upon how long the benefits lasted (called "Booster Dosing").

IF NOTHING HAPPENS you will need a stronger dilution next time. If the strongest dilutions for a given disease still don't relieve symptoms; then we try a different antigen or mixture of antigens.

REPORTING YOUR RESPONSES

***LESS IS MORE when it comes to describing your response. Too much detail in too many words is just plain confusing and hard to interpret.**

Basically we need to know which of the following responses you have after each dose: **1 – Better. 2 – Worse. 3 – No Notable Change.**

It is the RELATIVE CHANGE that we need to know each time; not what your symptoms are like at the time of reporting. Please do not go into detail about your ongoing symptoms – we know you may be suffering, but it's impossible to tell whether "My headache feels like an ice pick behind my left eye" represents an improvement or a worsening of the previous headache. And we can't tell whether "I'm so exhausted I can't even fold the laundry or do the dishes" is better or worse than your baseline level of fatigue when starting therapy.

If your symptoms go away completely, that is obviously 100% improvement.

If there is clear improvement, but not complete, say how much overall improvement (20%, 50%, 75%, etc.) and in which symptoms (with minimal descriptive detail).

Likewise, if any symptoms get worse, we need to know what symptoms and how much worse – again without the descriptive details.

If you really have to think about it hard to tell whether anything changed, just call that "no change". Then we can move to the next stronger dose.

It is possible some symptoms get better and others get worse – making it impossible to say you are "better" or "worse" in general. In that case, we need to know which symptoms improved and which worsened. We may have to separate antigens and give certain things at different doses to sort it out and get optimal response.

Keeping a log of your symptoms and their severity for yourself would be extremely helpful – and then you can confidently report the relative change to us, and how long the changes lasted. But, we don't need the symptom log itself.

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