Fairbanks Family Wellness

LDI ~ Low Dose Immunotherapy

Patient Information

~Key Concepts to Understand~

~Low Dose Immunotherapy (**LDI**) is a sort of blending of immunotherapy ("allergy shots", "provocation/neutralization" and the like) and homeopathy; but it is not performed like either one, and the terminology I use is not quite the same as Homeopathy.

~The "logistics" and "rules" I use in implementing **LDI** are also not at all the same as with traditional homeopathy, even though it is very likely that the mechanism of action of LDI is very similar or identical to homeopathy.

~**LDI** is not "like a vaccine" – it is actually the exact opposite of a vaccine.

~We are promoting IMMUNE TOLERANCE to various ANTIGENS (things that cause allergies) in order to stop inappropriate and unnecessary immune reactivity against those antigens/immune triggers.

~By contrast, vaccines intentionally cause immune reactions against various intended antigen targets, which is the exact opposite effect (unfortunately, it is quite possible for a vaccine to also stimulate immune attacks against various unintended antigen targets; this can initiate new allergies, autoimmune diseases, or inflammatory conditions in the recipient).

~Relevant "antigens" or immune targets may include many different things such as foods, pollen, mold, animals, chemicals, viruses, bacteria, fungi, protozoa, hormones and other physiologic molecules within the body.

~If the antigens are things outside the body, we call the resulting problem an "allergy". You can potentially avoid allergens, but that often leads to unpleasant life restrictions.

~Finding the right dose for your allergies often involves having to "challenge" yourself with some relevant allergen exposures about a week after taking an **LDI** dose. I will help you figure out how to do that effectively so we can have good information for making decisions.

~It is important to understand that when treating allergies, the **LDI** doses themselves are not going to directly affect your symptoms unless you are actively being exposed to one of your allergens the day you take the dose. The doses only change the way you react to the allergens/antigens; they do not cause any direct reaction themselves because they are so extremely diluted.

~To further that point, nobody has ever been shown to have an anaphylactic or life threatening reaction to taking an EPD or LDA allergen dose in more than 55 years of use now and hundreds of thousands of doses administered. It just isn't going to happen. This is true even if you do have life-threatening reactions to antigens within the mixtures. You can only react upon exposure to the allergen itself.

~You may see people on the internet claiming that they DID react terribly to an **LDI** allergen dose itself. I can tell you from my own experience that every time I've been able to then give those people a PLACEBO dose following such a report, they have also reported the same sort of reaction to placebo (water only). It's quite common for people with severe symptoms and illnesses to have a great deal of anxiety and fear surrounding their issues. We can all be prone to "perceived" negative responses that occur similarly when given placebo.

~If the target antigens lie within the body, you have what would be considered an autoimmune disorder or chronic inflammatory illness – these conditions are chronic and not based on outside exposure to anything; they follow you wherever you go and often don't get significantly better no matter what you try to do. Most people with these illnesses have tried a myriad of other integrative/alternative therapies by the time they discover **LDI** – and if all those things failed, it actually increases the odds that **LDI** will work because your problem is likely immune-related.

~So when we are using any of the microbial (virus, bacteria, fungi, protozoa) antigens, you WILL expect to see changes in your chronic symptoms and should not have to challenge yourself with anything like you would with allergies (one exception is when treating for sensitivity to Yeast, which can often be challenged by eating sugar).

~Forget What You've Been Told About Having "Infections"!~

~We are NOT "KILLING ANYTHING" with **LDI**. Only altering the immune reaction to things.

~True infections like pneumonia, bladder infections, cellulitis, and others need to be treated with antibiotics and cannot be treated with **LDI**. True infections like that resolve completely with fairly short course of antibiotics (a month or less, and usually a week or less).

~Try to understand your illness in a new way with a new paradigm. We need to get your body to stop fighting unnecessary wars and restore normal balance; it is not about having a "stronger immune system" or "fighting off" anything. Think of it as being "allergic" to a microorganism. It's that same mechanism.

~The human body harbors around ten trillion “germs” in total, from thousands of varieties. You’re supposed to live in a state of balance and appropriate immune tolerance/defense toward those organisms. When the tolerance aspect fails, a chronic inflammatory condition results. This is the same with allergies, except that those allergens/antigens live outside your body.

~The key with **LDI** is to reestablish normal immunological harmony with environmental allergens, foods, chemicals, or possibly germs within your body’s ecosystem and all its trillions of microbes, so that the inflammation will calm down or stop entirely (stopping entirely is the goal, and is usually achievable with **LDI**). In this way your symptoms can eventually go away, you can eat whatever you want and go wherever you like; and the microorganisms involved in your disease process don’t have to go anywhere.

~This is a highly individualized therapy, and figuring out what specific antigens and doses you need to achieve optimal results depends 100% upon clear and concise communication between us.

~How The LDI Process Works~

~Most (probably all) prior therapies you’ve tried involved simply swallowing various forms of supplements/medications/herbs, getting IV infusions of various things, sitting in some chamber, being hooked to some machine, or rubbing products on your skin; and then you were simply supposed to see the results happen. You expect to see some sort of gradual, building effect as you go.

~That is NOT how **LDI** works.

~There is a theoretical “optimal dose” for every relevant antigen mixture you need, which is unique to each person. We have to find all those specific doses for each antigen you need in order to get optimal results.

~There is no gradual building sort of response. It’s more of a “nothing” or “something” reaction.

~For any dose you take, there will be one of three general outcomes: nothing happens and symptoms remain the SAME, symptoms get BETTER, or symptoms get WORSE. And it’s possible that you have some symptoms in each of those categories from a given dose, depending on what we are trying to treat.

~If a dose is too weak for you, your symptoms will stay the SAME. If a dose is too strong, symptoms will get WORSE. And if the dose is a good one, the related symptoms will get BETTER.

~I capitalized the words SAME, WORSE, and BETTER because it helps greatly to see one or more of those words within your dose/response report, or some other terminology that conveys those concepts.

~What I have to understand is the “relative change” in symptoms. We will need to know how/if those symptoms changed following the dose.

~If you aren’t certain your symptoms have changed, then they’re most likely the SAME, and we will move on. It should be clear. If it’s a maybe then we probably will need a stronger dose.

~The process of figuring out all those doses (it could be just one, but is often several different things) can take a long time depending on how many antigens end up being relevant and how far off we start from the correct doses when we begin with each antigen.

~Getting Started With Dosing~

~The initial phase of therapy is called “DOSE TITRATION”. This entails taking progressively stronger doses fairly close together (once every 1-2 weeks) until you see some sort of response (either positive or negative).

~It is impossible to predict how long it will take to figure out what you need, and I will not be able to answer that question. But, you do have some control over how long the process might take by choosing a starting dose and the pace of titration.

~If you want to find answers quickly, we have to start with more “aggressive” stronger doses and/or titrate through the possible doses more quickly. That plan entails greater risk of “flaring”, which means your relevant symptoms are more likely to get WORSE for some length of time after taking a dose (how long they stay worse depends on how far off we were with the dose – and there’s no way to know that until it happens and the flare ends).

~After our initial consultation I will give you suggestions as to where I would start with the dosing of any given antigen mixture. I base this on how severe your symptoms are and how “sensitive” you seem to be (that is largely based on how much small changes in exposure seem to affect you).

~This determination is based on my own clinical experience, and you will have absolutely no frame of reference for it; but I will explain my rationale and suggest a dose range from which you can choose.

~There is no such thing as “the lowest dose possible”

~If you want to start extremely conservatively, I will tell you where the weakest dilution I've seen is for any given antigen and we can start there. But remember, the weaker you start the longer this process is going to take and the greater risk of you getting frustrated and deciding to go try something else – so that can be a mistake to start too low.

~I will generally suggest a "range" of doses to consider as a starting point, and guide you as to how you decide where to start within that range. This is mostly based on whether you want to be more cautious or if you want an answer a bit quicker. If you don't want to pick, I can certainly choose a starting point for you.

~The Pace of Dose Titration~

~I most typically have people proceed stronger through dose dilutions "1C" at a time. A "C" is a 100:1 dilution step; so 9C is 100 times weaker than 8C, for example. It is also possible to go slower than that, by "0.5C" increments, which are 10:1 steps in dilution. I generally only suggest that if we think we are getting close to your effective dose because of some partial response from a neighboring dose, or if the dose range we are working in is fairly narrow.

~It sometimes makes sense to skip ahead 2C or 3C at a time. The reason to do that is to cover some of the "unlikely" dose range more quickly when we are in territory where I really don't expect you to respond. Sometimes we want to start the dosing at a very conservative point to avoid a really bad "flare" response, but move along faster at first to save time – it's the middle ground when deciding whether to play it really safe or try to be more time-efficient.

~The rationale there is based on the fact that the further off you are from the right dose, the worse and longer your flare response will be. A "flare" means that the symptoms related to this antigen get worse instead of better, and it implies we've overdosed you with the antigen. If you're only 1C too strong, the flare is relatively mild in intensity and likely to last a week or less. If you're 4C-5C off (taking 20C when you really needed 25C, for example) that flare of symptoms will be much more intense and is likely to last a full month (up to 5 weeks, since we were 5C too strong in this scenario).

~So the greatest risk of flaring badly lies with the very first dose you take, because you have the opportunity to be the "most wrong". After that, if there's no response, you can control the degree of risk by how you space the doses. If you're comfortable with the idea of flaring moderately for 1-2 weeks, then we can skip along by 2C increments until we get to the dose range that is statistically more likely to work (which is based on my experience and is different for each antigen).

~The decision we make with starting dose and titration pacing is a balance between risk and time efficiency; so you'll need to decide whether it's more important to you to be cautious and patient, or try to get an answer quicker while at the same time accepting more "risk". You can't have it both ways. I've had lots of people who tell me: "I really don't want to flare, but I also don't want this to take very long" – and that's just not how it works. It's like saying: "I want to feel great, but I don't want to exercise and I still want to eat junk food."

~The time between doses depends on how you responded to the previous dose. If there is no notable response at all, I will usually tell you that you can take the next dose about a week later. I typically ask that you come back to discuss each dose at day 7.

~If it sounds like there could have been a slight/mild positive response, I may suggest waiting two weeks or longer just to be more cautious because that last dose was "close" to the right one and they can stack up on each other when taken too close together.

~Assessing Dosing Effectiveness~

~People dealing with chronic illness can have a tendency to think dose makes them "worse" in some way, even when it has no effect at all. This is because unexpected exacerbations of your symptoms can also occur while we are giving you doses. It is also noticeable that your symptoms may start to feel worse when you start to really focus on them, as it is a natural tendency to check out of your body when you are chronically ill.

~We may decide that your dose had no real effect, and what you experienced or perceived as a worsening of symptoms was probably just a shift in your perception because I asked you to "watch" your symptoms closely (and you typically have to "ignore" them to some extent just to survive day by day).

~It is also quite common for people to blame a negative experience on the **LDI** dose they took, because it is "new" to them and they feel that it must explain anything bad that happens. That could be the case certainly, but there are also a myriad of other factors that can worsen someone's immune/inflammatory illness; those other causes include emotional stress, acute illness, physical trauma, allergen exposures (foods, chemicals, mold, etc.), antibiotics, vaccinations, hormonal fluctuations (PMS, pregnancy, changes in hormonal replacement or birth control), and also random events.

~If your symptoms get worse after taking an **LDI** dose, consider that above list to see if it's possible any other variable could have entered the equation. This is particularly important if the symptoms you're seeing are not exactly the same as

what you deal with on a chronic basis, or if the worsening doesn't distinctly begin within the first 2-3 days AFTER taking the dose.

~I've realized over the years that chronically ill people often get through their unpleasant day by choosing to ignore their symptoms as much as possible. Then they take an **LDI** dose and are told to pay close attention to their symptoms. Things can definitely seem much worse just because of that increased attention/awareness.

~I explain it like this: "When you stare directly at the sun, it looks a LOT brighter". So when I tell you to "watch your symptoms for any changes" you may experience them as being a lot worse.

~If I think that's happening I will tell you and suggest we just press onward with progressively stronger doses; and I suggest you follow that advice – but it is ultimately YOUR decision, because YOU are the one who has to suffer the consequences if I'm wrong.

~The risk of getting this wrong is that we will keep pushing your doses out weaker and weaker, waiting a full 7 weeks every time we do that, and you're apt to get frustrated and decide to quit when in reality nothing has really happened yet.

~If I feel it necessary to figure out exactly what is going on, we may try a placebo dose. EVERY drug study ever conducted must have a placebo group because the placebo effect influences people's symptoms and outcomes up to 30% of the time. It's also possible that a person could be reacting to the plastic in the syringe, or the preservative in the saline and not the LDI dose. This helps us determine that.

~The reality is that many very sick people have a hard time determining accurately when their symptoms change, and every day is a horrible day for them. They also often have a lot of anxiety and fear surrounding their illness or allergy, and may have suffered terrible negative effects from prior treatments.

~If you do have an apparent response to a placebo, we then use THAT experience and detailed description of how you felt as your new baseline for comparison after any future LDI dose, and we can make forward progress through dose titration.

~General Dose Reporting Issues – Response, Timing, Duration of Change~

~In most cases I will want you to send me an email or text or come into the office with a "dose report" about a week after you take EVERY DOSE. It is best that you do not save them up and "batch" them to me, because each dose is a totally separate conversation and this tends to jumble up the information or otherwise create problems with my interpretation of your results. It also creates delays in my clarifying what happened

with the first dose you took, which could mean we lose the chance to figure out what happened with that one accurately.

RESPONSE:

The second thing I need to know about every dose you take is how it affected you.

~RESPONSE in general means you telling me what effect the dose had on the related symptoms or allergic reactions. Your response needs to include one of the following words, or words that clearly mean these same things: SAME, WORSE, or BETTER.

~What I need to understand is “relative change” in your symptoms or reactions, so that we can make the proper adjustment in dose next time or keep things the same if they are working well enough.

~This follows the “Goldilocks Principle”. A given dose will either be too strong, in which case it will make the related symptoms worse; or too weak, in which case it will leave the symptoms the same; or just right, causing those symptoms to improve.

~If the dose makes you worse, we have to wait seven weeks and back off to a weaker dose. If it has no effect, we may proceed to a stronger dose of that antigen right away. If it makes thing better, that dose may be repeated in 7 weeks and every 7 weeks from then on provided it continues to work well.

~This is how we go through all the possible doses in our quest for finding that “magic dose” that will take your symptoms completely away. How long that process takes depends heavily on how well you communicate to me what I need to know about your dose responses.

~“Relative change” means two things are being compared. You are to compare how your symptoms or reactions are within the week or so AFTER the dose with how those symptoms were just BEFORE you took the dose, with some exceptions to that.

~We will need a sense of your baseline for every given symptom or allergic reaction before taking any LDI dose. That baseline for chronic symptoms may fluctuate pretty dramatically over time, with goods days and bad days here and there in an unpredictable fashion. If that is the case, then you have a baseline “range” for that symptom rather than a fixed level; and you should only report that symptom as changing if it goes clearly outside that range.

~A symptom is “worse” if it became worse than your typical “bad days”,
and only is it “better” if it gets clearly better than your “good days”.

~Symptom changes do not have to be 100% all-or-nothing. You may experience a partial improvement in a given symptom as we get close to your ideal dose. You can try to quantify that degree of change for me by saying “my joint pain was 75% better”, “my rash was significantly better, but not quite completely gone”, or something else that conveys the degree of response. This is far more helpful than saying “my headache improved”. That last one leaves me wondering whether you meant “my headache went away completely”, “my headache was maybe 10% better”, or “my headache was 90% improved” – and those are all quite different.

TIMING:

~A true and relevant change in your dose will occur abruptly and significantly shortly AFTER you take the dose. If a symptom was already changing prior to taking the dose, that change was obviously not caused by the dose. Likewise, if you see a change in symptoms occur more than a week after the dose was taken, it is also probably not related to the dose; and the longer after the dose the less chance it could be related.

~Your “baseline” will likely change over time as we treat you (that’s the whole point really, to improve it).

~Basically, I need to understand whether a dose had a good effect, bad effect, or no effect. So keep that in mind when telling me what happened.

~If you’ve been doing great for several months, meaning the last few LDI doses have completely taken away your related symptoms and kept them away longer than 7 weeks, when you take the next one you will STILL be asymptomatic and doing very well. If things are “still working great” or something like that so that I will know to keep it the same for you.

~We are always looking for perfection and complete elimination of your symptoms, so make sure you convey to me whether we are there or not and how far away we are from that goal. “My pain is much better, but still not gone” is more helpful than “my pain is much better”.

~If something gets worse, try to quantify that as well, which is much harder than describing the degree of improvement. You can try to use percentages like “25% worse” or “80% worse”, or descriptive words like “mildly worse” or “dramatically worse”. Anything that conveys the degree of change is helpful.

~Whenever possible, try to use “objective” or measurable things as your gauge for how you respond to any LDI dose. For example: “I felt weaker” is not as good as “I could not stand up from the toilet without assistance, when usually I can”. Also: “I

had 10-12 stools per day rather than my usual 4-5” is better than “my diarrhea Increased”.

~Using functionality to describe how your symptoms change is particularly helpful when dealing with conditions involving fatigue, weakness, pain, joint problems, neurological problems and other things that are highly subjective but can also greatly impair function. “I went for a 3 mile walk and didn’t crash for two days like I usually would” tells me more than “I felt like I had more stamina”. “I can climb stairs two at a time instead of one at a time” is more useful than “my legs feel stronger”.

DURATION of change:

~The last important thing about your dose report is the duration of any change that occurs. That tells me just how good the dose really was, or just how much too strong it was for you.

~Any time you report a significant change to me, let me know if that change has already come and gone by the time of your report, or if it is still ongoing at the same level. If you can be specific about what date the change began, and what date your symptoms went back to baseline, that would be wonderful.

~If the change is still in place when you report to me a week or so after taking the LDI dose, I will tell you to let me know when that change goes away and your symptoms revert back to baseline.

~The goal with a good/effective dose is for it to eventually last with 100% benefit for 7 weeks or longer. So if the benefit lasts for 2-3 weeks the first time you take it, I want to see if it stretches to 3-4 weeks or longer the second time you take it, and so on. If it isn’t providing longer periods of relief with repetition, we will increase the volume of that dose (5u, 6u, etc.) in future dose cycles to try and get best results. The only way we can achieve this is if you tell me how long the benefits last each dose cycle so I can track that information (a “dose cycle” is that 7 week period from one “core dose” to the time it can be taken again – this only applies after we’ve gone through the more rapid “dose titration” phase and have found an effective “core dose” for that antigen).

~If a dose is too strong and causes your symptoms to “flare” up above baseline range, I will definitely need to know (to the best of your ability, because this can be very difficult to tell) when the symptoms seem to settle back down to baseline. That time duration indicates how far off we were with the dose, and tells us how far to back off next time (after a 7-week reset period).

~Issues specific to *ALLERGIES*~

~With allergies, you don't have any symptoms unless you're "exposed" to the allergens/antigens.

~Therefore, when taking an **LDI** dose for allergies (Environmental, Chemical, Food) all that matters is whether or not your allergic reactions change.

~How your chronic/persistent symptoms change or don't change is not really useful for tracking, unless we are hoping that your symptoms are caused by some allergy that you just don't know about.

~The **LDI** allergen doses are so diluted that you cannot react directly to the doses themselves. People ask about that all the time, and are worried that the dose itself is going to trigger some horrible reaction. That does not happen and is theoretically impossible. If you do have some increase in symptoms immediately as a result of an allergy dose, it means you ARE being exposed to something that you react to, and may just not realize it under your usual conditions.

~Typically, what you have to do is intentionally expose yourself to some of your allergens about a week after you take the **LDI** dose (at least 5 days, and no later than 10 days if possible).

~You must identify some specific items to use for testing purposes (Env mix- mold, animals, grass, dust, trees, etc.; Food- specific individual food items by themselves; Chem- specific chemical products) 5-10 days after the dose.

~Use something that tends to cause the same sort of reaction every time you're exposed, and that you know has caused that reaction for you within the past several months. Don't use something you've strictly avoided for years, because you don't even know if you'll still react.

~Don't use anything that might kill you (obviously), or that typically causes debilitating symptoms.

~If all of your allergies are severe and serious, try using skin exposure as a test (see if putting a tiny amount on your skin causes a local reaction first, so you know your baseline reaction), or possibly airborne exposure from some distance that only causes mild symptoms.

~People with bad allergies have made it a habit of strictly avoiding their allergic triggers and often don't like the idea of intentionally exposing themselves to those

things. We will need to find some sort of exposure that will work, unless they are all life threatening. Otherwise we may not be able to figure things out.

~If you are taking allergy drugs that totally block your symptoms, you will have to stop those 3-5 days after taking an **LDI** allergy dose (depending on how quickly your symptoms tend to return when you stop them) and see if the symptoms come back like you'd expect.

~If your allergy meds do NOT completely eliminate your symptoms, you can probably keep taking them while you watch to see if the **LDI** dose helps you.

~When you report your response to an allergen dose, focus on how your reactions to specific allergens or exposures compared to your prior experience. That "comparison" is what matters – so if you "still react", you must describe whether that reaction was the SAME as usual, or somewhat BETTER or WORSE than your usual expected reaction.

~Examples of GOOD/VAGUE dose reports:~

Good: "I took Yeast 10C on May 10th and for 6 days my genital rash went completely away, my brain fog cleared, sugar cravings went away, and bowel function normalized"

Vague: "I took my Yeast **LDI** dose about a week ago and I did better for a while" (incomplete dose information, and doesn't convey the degree of benefit)
Good: "I took Lyme 20C on June 1st and I didn't notice any difference in any symptoms"

Vague: "I took 20C in early June. I am still exhausted and have widespread muscle pain" (this leaves the possibility for partial improvement, or even worsening)

Good: "I was more fatigued for several days after the dose, but it was within my typical range of fatigue"

Vague: "I was very fatigued for several days after the dose" (makes me think we overdosed you, when we probably didn't)

Good: "I took the Food 6C dose on April 3rd and a week later I ate chicken and carrots again, with no reaction at all this time" (that means the dose worked very well)
Vague: "I took Food 6C dose on April 3rd and I don't feel any different" - I need to know how it changed your food reactions, which wasn't mentioned.

Good: "I took Chem 8C on March 20th and a week later I had the same reaction to perfume that I usually have" (means we need to try a stronger Chem dose)

Vague: “I took Chem 8c on March 20th and I still reacted to perfume” (when did you try the exposure test? Was the reaction the same as usual, or somewhat better or worse?)

Final Words of Encouragement

~This document is very long, but **LDI** is new for everyone and the process can be quite complicated. The more you understand about the treatment and how to communicate regarding your responses, the better your chances of success.

~This is not a “passive” process like most therapies where you just swallow things, lie down for some procedure, or have IV infusions and wait for good things to happen – LDI requires your active engagement and participation in order to get optimal results.

~Those results can and should be well worth the effort. When LDI works the way it should, the effects are nothing short of amazing!