

## **Ultra Low Dose Enzyme Activated Immunotherapy (LDA)**

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Traditional conventional allergy shots and treatments have proven to be very effective for certain pollen and other specific types of allergy; however, they have more limited value for patients with allergy to multiple inhalants and have generally been ineffective for patients with autoimmune diseases, food and chemical allergy, and intolerances. A newer method of advanced immunotherapy called, "Ultra Low Dose Enzyme Activated Immunotherapy" or "Low Dose Allergens" (LDA) is an effective alternative in the treatment of many types of allergy; intolerance to inhalants; some autoimmune diseases; and sensitivity caused by foods, pollens, molds, dust and chemicals.

People who have used LDA treatment have found this to be cost-effective, very comparable cost-wise to "standard" immunotherapy and often no further testing is required to begin LDA therapy. Since fewer and less frequent injections are required, it is preferred by many -- especially needle-weary patients. LDA has been very successful in easing the total body load of environmental and allergy stressors, and has been helpful in treating multiple chemical sensitivity patients. It is a very safe type of therapy and treatment that reaches a far wider spectrum of the population with allergy related conditions. Before starting this therapy, patients are prepared and instructed about LDA treatment requirements, including being asked to review and study a patient education manual prepared by Dr. Shrader, a leading expert and authority on the use of LDA in environmental related illnesses.

LDA was originally developed and used under the name, "Enzyme Potentiated Desensitization" (EPD) as a unique method of immunotherapy -- originally developed in England by Dr. McEwen in the 1960's, which involved treating all types of allergy with combinations of a large variety of extremely low dose allergens. Over at least a thirty-five year period, Dr. McEwen had both a high degree of success with EPD therapy and found extreme safety in its use. EPD is a cell-mediated type of immunotherapy. It has been a successful treatment for multiple conditions, and appears to be a long lasting treatment option for allergy and autoimmune illnesses. It has also been a treatment for many conditions not generally thought to be due to any type of allergy or autoimmune disease.

EPD is no longer available in the USA and has been replaced by, "Ultra Low Dose Enzyme Activated Immunotherapy" (LDA). For history of the development of LDA, go to Dr. Shrader's website: [www.drshrader.com](http://www.drshrader.com). Conditions that have benefited from an environmental medicine approach with LDA treatment include allergies -- sensitivity and intolerance to inhalants (pollens, dust, mites, danders, etc.), foods and chemicals; rhinitis, asthma, seasonal and perennial hay fever; all types of food allergy; hyperactivity/ADD; eczema; irritable bowel syndrome; migraine headaches; rheumatoid arthritis; post viral syndrome (ME, CFIDS or CFS); multiple chemical sensitivities; Tourette's syndrome; and many other environmentally associated health problems.

LDA is a method of immunotherapy enhanced by a small dose of the enzyme, beta-glucuronidase. The beta-glucuronidase activates extremely low amounts of various allergens (extremely small amounts when compared to standard allergy injection materials) and stimulates the production of "T-suppressor cells." These cells turn off the "helper cells" that causes the misidentification of normal substances in the body that get mislabeled as allergens or as foreign invaders, which in turn leads to an abnormal immune reaction, causing illness symptoms and problems. Since T-suppressor cells take a while to mature in the bloodstream, LDA only needs to be administered every two to three months for the first six to eight months; then less often as treatment progresses -- fewer treatments are required for simple dust and pollen allergies. An LDA treatment consists of injections on the inner aspect of the forearm with a small amount of the injection (1/20 cc.) given intra-dermal in the first layer of skin.

LDA includes mixtures of over 300 allergens that allow patients -- who are allergic or intolerant to most

substances and those with diverse medical conditions -- to respond to treatment. Available LDA mixtures include inhaled pollens, danders, dust and mites, fungi, yeast including Candida species, molds, foods, many food additives, most common chemicals and perfumes (except pesticides and herbicides), and formaldehyde. LDA should not be used during pregnancy. The use of LDA is limited in the USA because it is only available by prescription for specific physicians' patients and is not available as a retail product. The compounding pharmacies are not allowed to advertise LDA to the public, so this is not widely known. As physicians are allowed to use compounded products formulated by themselves or products formulated by other physicians, physicians trained in EPD or LDA therapies in the USA (most of whom have used EPD in the past) have chosen to use LDA in their offices. LDA treatments are not generally covered by insurance companies as LDA has not been widely accepted by the conventional medical community nor insurance carriers at this point in time.

Overall efficacy for EPD, the predecessor of LDA, for all conditions treated was 75% (for approx. 60 diverse conditions, according to American EPD Study - see Dr. Shrader's website: [www.drshrader.com](http://www.drshrader.com)). The conclusions of a seven year study of over 10,000 patients who received at least 175,000 injections of EPD was that the healing and health potential of EPD for use to treat allergy and autoimmune disease was significant. The study -- in comparing EPD to conventional immunotherapy -- concludes that EPD is an extremely safe (without incidence of fatality or serious side effects) available treatment that prevents the occurrence of life-threatening reactions as a result of acute food allergy, is as successful as conventional immunotherapy (for the very limited conditions for which conventional immunotherapy is used to treat), can be used to successfully treat a vastly greater number of conditions, and is more convenient than conventional immunotherapy which often requires frequent injections and treatments every two weeks. LDA treatment can reduce the amount and/or number of drugs required to be taken by patients on average by at least fifty-percent; has several major advantages over conventional escalating dose immunotherapy; is 30-60% more cost-effective; is administered far less frequently with an earlier and more complete endpoint; can be discontinued without complete relapse of symptoms; and treatments can be extended to very long intervals of a year or more.