LOW-DOSE NALTREXONE (LDN) FACT SHEET

ABOUT LDN

Naltrexone is an opioid antagonist used primarily in the management of alcohol and opioid dependence; the FDA approved Naltrexone in 1984 at 50mg. However, there is "Accumulating evidence suggests LDN can promote health supporting immune-modulation, which reduces various oncogenic inflammatory autoimmune processes."

The value of Naltrexone as an immune modulator was recognized by Dr. Ian Zagon at the University of Pennsylvania. The late Dr. Bernard Bihari, a Neurophysician from New York, USA (who passed away on May 16th, 2010) began treating his patients in the late 1980s. Since that time, many doctors throughout the United States prescribe LDN for a number of indications including Multiple Sclerosis (MS), Parkinson's disease, Crohn's disease, HIV/AIDS, cancer and other autoimmune and inflammatory diseases.

A number of research and clinical trials have been completed and undergone in regards to LDN immunotherapies, with phase I and phase II clinical trials successfully run at a number of universities in the United States and Europe, including Pennsylvania State University Medical School at Hershey; University of Chicago; State University of New York; SUNY Upstate Medical University; London Health Sciences Centre - University Hospital, USA; Alpert Medical School of Brown University; Department of Neurology, San Raffaele Scientific Institute; Division of Rheumatology, St. Louis College of Pharmacy; Department of Internal Medicine, University of Utah; Jondi-Shapoor University of Medical Sciences; Department of Psychiatry & Behavioral Sciences, Duke University Medical Center; and Multiple Sclerosis Center at UCSF. These efforts were pioneered by leading immunologists Dr. Nicholas Plotnikoff, Dr. Ronald Herberman, Dr. Bernard Bihari, Dr. Angus Dalgleish, Dr. Ian S. Zagon, Dr. Jill Smith, Dr. McLaughlin, Dr. Jacqueline McCandless, and Moshe Rogosnitzky, among others.

HOW LDN WORKS

The mechanism of action of naltrexone, in autoimmune diseases and cancer, is still being researched, but there are theories as to the mechanism of action that both explain why LDN works on both autoimmune diseases and cancers, as well as inflammatory disease.

According to Mark J. Donahue's paper on LDN that uses interviews from Dr. David, Gluck, Dr. Jacquelyn McCandless, Dr. Jarred Younger, and Dr. Ian Zagon:

"LDN is an opioid antagonist that not only blocks the reception of opiates, but also the body's own endogenous opioids – endorphins. However, because LDN is administered in such a 'low dose' it is believed that LDN only briefly (for 3-4 hours) obstructs the effects of endorphins. Sensing an endorphin deficit, the hypothalamus signals for increased production of endorphins in what is called 'the rebound effect.' The rebound effect results in three things happening:

- Opioid receptor production increases in order to try and capture more endorphins.
- Opioid receptor sensitivity increases, also in order to try and capture more endorphins.
- Production of endorphins is increased in order to compensate for the perceived shortage.

WHAT IS BEING TREATED WITH LDN?

There are a number of conditions where LDN could benefit based on clinical studies and patient data.

PUBLISHED CLINICAL STUDIES

- Crohn's Diseases
- Fibromyalgia
- Melanoma,
- Cervical Cancer
- Ulcerative Colitis
- Chemo Resistant Advanced Carcinoma
- Glioma Patients
- Complex Regional Pain Syndrome
- Gastrointestinal Disorders
- Low-dose naltrexone for disease prevention and quality of life
- Multiple Sclerosis
- HIV/AIDS
- Prostate Cancer
- Autism
- Hepatoblastoma
- Metastatic Breast
- Gulf War Syndrome
- Pruritus in Systemic Sclerosis
- Irritable Bowel Syndrome
- Low Dose Naltrexone (LDN) Immune Monitoring (LDNIM)

SUGGESTED METHOD OF THERAPY:

According to Dr. Zagon's studies, the optimal daily dose of LDN is between 2.5 and 10mg.

According to LDNScience.org, a public information project of the MedInsight® Research Institute, co-founded by Moshe Rogosnitzky:

"There is no single dose that will work for every person. Some people find that a daily dose as low as 2mg is effective, and others have found that they achieve greatest benefit using two doses of 4.5mg each day (12 hours apart). The clinical trials so far have used a single daily dose of 4.5mg and for most users this dose seems to be effective."

LDN SIDE EFFECTS

According to lowdosenaltrexone.org, "patients report sleep problems (vivid dreams or insomnia), which gradually fade away after the first week of treatment. If sleep problems continue, a modification in the dosage usually takes care of the problem."

The LDN Trust reports that "some patients, very rarely, experience gastro-intestinal side effects. Nausea and or constipation/diarrhea. The reason for this is currently unknown, but may be due to the presence of large numbers of TLR4 receptors in intestines."

Visit Lowdosenatrexone.org to see additional information