

## Introduction to Low Dose Naltrexone (LDN)

Welcome, first a few ADMINISTRATIVE NOTES:

1) We ask members not to use a "F" or such to follow posts as it drags everyone back to see your F including me. Please turn on notifications instead.

2) This is a closed group so tags of non-members will not work and posts do not have a "Share" option.

3) Reminder: When typing your dose please add a zero to the left of the decimal if appropriate. So for example **0.5mg** rather than .5mg. This will help to avoid the typo that seems to often come up of people typing .05mg when they mean 0.5mg.

Also I suspect that especially on phones the decimal may be easy to miss so people sometimes read 5mg rather than .5mg.

Just a reminder that we are not medical professionals in this group so we are not qualified to diagnose or prescribe. We ask that when posting members concentrate on their own dosage and experience rather than instructing others as to what they should do. Any gentle suggestions along the lines of troubleshooting should be seen as fellow patients brainstorming and sharing experiences. Before making changes in your medications or routines it will be important to do your own research and go over your thoughts with your doctor. Your treatment routine may need to be adjusted for individual factors and conditions which are beyond the scope of what we can learn about a person from a brief encounter on Facebook.

For a basic understanding of how LDN works please watch the video that follows after reading this quote:

Here's one doctor's way of explaining LDN.

From Dr. David Gluck, MD: "LDN is absolutely unique. And that's part of its problem, in that it's a brand new paradigm, a new way of thinking of treatment. Instead of the medication actually doing the work, LDN goes into the body and essentially tricks the

body by forcing it to double and triple its output of endorphins and metenkephalin, also known as opioid growth factor (OGF). Those endorphins and metenkephalin, in turn, cause the immune system to [balance itself]. A nice way to think about LDN is that it is not like any other medication whatsoever. It is a way to strengthen (in the sense of regulate/modulate/normalize) the immune system."

Intro video..... <https://www.youtube.com/watch?v=z0p0ykSzy9o>

And from Dr. Tom Gilhooy: "The drug naltrexone has two parts; it's [left] handed element interacts with opiate receptors and causes a rebound increase in endorphin production. This increase in the specific endorphin known as metenkephalin has been shown to have immune-modulating activity and in an elegant study by Dr Zagon, the action of a hormone, also known as opiate growth factor (OGF), was found to be a key factor in controlling tumour growth (7).

The [right] handed element of LDN reduces cellular inflammation by another mechanism; it reduces the production of the signalling molecule NF Kappa B in the cells. This signalling molecule results in an increase in the production of inflammatory proteins known as cytokines. Reducing cytokines is thought by many to be the dominant effect of LDN. Until we have more research on the subject the debate about how LDN works will continue, but it does appear that it may have two anti-inflammatory mechanisms which can have a beneficial effect on cancer. "

<https://www.ldnresearchtrust.org/sites/default/files/2013%20Sept%20Newsletter.pdf>

For a more detailed explanation of how LDN works:

<https://ldnnow.com/48501/90412.html>

Low Dose Naltrexone 2018—US Information Pack.....

<https://www.ldnresearchtrust.org/sites/default/files/LDN-2018-Fact-Sheet-USA.pdf>

A well done review article follows (two corrections – dosing at bedtime is no longer required – go with what works. And ULDN dosing starts at 0.002 to 0.01mg – higher doses may cause withdrawal) --

Top 8 Uses of Low Dose Naltrexone (LDN) + Side Effects....

<https://selfhacked.com/blog/top-22-scientific-health-benefits-low-dose-naltrexone/#comment-52012>

The Uses of Low-Dose Naltrexone in Clinical Practice....

<https://www.naturalmedicinejournal.com/journal/2018-04/uses-low-dose-naltrexone-clinical-practice>

What's the proper diagnosis? Autoimmune disease or endorphin deficiency?...

<https://anneangelone.com/endorphins-autoimmune-disease/>

To research your individual condition:

LDNRT videos..... Here are over 800 videos of patients talking about LDN and their condition. To see the ones about your condition use the SMALL magnifying glass above the blue rectangles to search

<https://vimeo.com/channels/ldnresearchtrust/videos>

LDN database where patients report on their experience. Don't worry about the missing video, just click on a condition you're interested in above.....

<https://www.ldndatabase.com/>

Diseases treated with LDN..... <https://www.ldnresearchtrust.org/conditions>

Clinical Trials/Studies.....

[https://www.lowdosenaltrexone.org/ldn\\_trials.htm](https://www.lowdosenaltrexone.org/ldn_trials.htm)

<https://www.ldnresearchtrust.org/Clinical-trials-studies>

<https://www.fiikus.net/?ldnrefs>

<https://ldnnow.com/47401/index.html>

<https://www.clinicaltrials.gov/ct2/results?>

[cond=&term=Low+Dose+Naltrexone&cntry=&state=&city=&dist=](https://www.clinicaltrials.gov/ct2/results?cond=&term=Low+Dose+Naltrexone&cntry=&state=&city=&dist=)

Documentary which talks about LDN in general and then features a fibromyalgia patient and a young boy with autism..... <https://vimeo.com/131314110>

"The Game Changer" LDN and Cancer.... <https://vimeo.com/168562089>

“Bullseye” LDN and Lyme Disease... <https://vimeo.com/268938843>

You will find the above and other documentaries and info at this site (scroll down). You can also sign up for a newsletter... <https://www.ldnresearchtrust.org/>

LDN in Allergies, Autoimmune Disease and Pediatrics. Dr. Deanna Windham Whitaker Wellness Institute.....

<https://www.ldnresearchtrust.org/dr-deanna-windham-ldn-low-dose-naltrexone-allergies-autoimmune-disease-and-pediatrics>

LDN and Thyroid Disorders Kent Holtorf, M.D (Fibro mentioned also).....

<http://bit.ly/2FI58Y3>

LDN RT Radio Interviews.....

<https://www.mixcloud.com/LDNRT/>

Survey from Walgreens.....

<http://bit.ly/2iamOx2>

You can see an image derived from the above survey at the end of this document.

Norwegian LDN Documentary, english subtitles....

<https://www.youtube.com/watch?v=rBd2gv8UGU0>

**Q: What’s the difference between Naltrexone and opiates? Is Naltrexone addictive?**

**A: The key is that opiate \*agonists\* like morphine go into the receptors in the same way that our natural internal painkillers do. The word Endorphin derives from Endogenous (Internally Created) Morphine. Opiates artificially dull pain and create pleasure to the point of euphoria. As they do this they damage our natural production of these chemicals and create addiction. They also have negative effects on the immune system.**

LDN is an opiate \*antagonist\* so it blocks the receptor and prevents both external and internal stimulation of the receptors. Picture a piece of tape over a keyhole vs. the opiate or Endorphin "key".

At the low dose typically used the blocking effect wears off in a few hours, and the system responds with an increased production of Endorphins and Endorphin receptors. This has a balancing effect on the immune system.

Below is an article with a great assembly of information and will make a nice intro for you to save and pass on to people.

I wish a few points were different:

They mention Tramadol as another opiate that can't be used. As we know many LDN users are able to use it -- sometimes with a gap from their LDN dose. There is no mention of the way in which some patients can use opiates at times even when using LDN.

Their summary says to start with 1.5mg dosed at bedtime. They mentioned possible morning dosing earlier but this should have been repeated. Some patients need to start at 0.5mg or even lower -- this should have been mentioned. They seem a bit biased towards 4.5mg being the "right dose" which it is not for everyone. There is no mention of higher doses being needed for some.

There are certain psychiatric conditions that respond better to higher doses of Naltrexone that result in longer blocking periods. There's no mention of this.

They suggest Avicel as a filler 😞 -- wish pharmacists weren't so convinced that this should be the default. IMO dextrose or sucrose should be the first choice. They don't mention changing the filler as an option if there are side effects.

They specify a 2 day gap before opioid use for surgery. This won't be enough for \*some\* people. We suggest 7 days. The article:

<https://osteopathic.org/wp-content/uploads/2018-rome-new-england-palermo-gresh-slides.pdf>

Have a look in the Files for “Success Stories”. It often seems that people are more likely to post when they are having problems so these reports were nice to hear. Also be sure to check the Files section for documents on Pain, Side Effects and Dosing, specific conditions, and many other topics.

I would suggest getting dextrose, sucrose or ginger as a filler for capsules as it seems to cause the fewest problems. You may want to get 0.5mg capsules the first time and use them to build your dose. Some prefer a liquid version to start with because it will be even easier to adjust the dose – but check the ingredients. Added ingredients may not be any problem for you, but sometimes it's hard to know if someone is reacting to the LDN or something mixed with it. So for liquid you may want to get the version made with pure Naltrexone powder (NOT crushed tablets) and distilled water with nothing else. This will eliminate any possible filler reaction. Check with your pharmacist about the life in the fridge. Since this version doesn't have preservatives it may only be good for 30 days (but check). If you want to have preservatives for safety and longer life of the product perhaps ask if you can have an alternative to sodium benzoate with ascorbic acid. My impression over time is that it is impossible to know your "right dose" -- it will have to be determined by experience but it is likely to be between 0.5mg and 4.5mg. It seems that it is easier to start low and build than to start high and have to drop back. 0.5 and 1.5mg doses are popular starting points. You will find a lot of info in the Files.

Contact Crystal for help finding a doctor --- be sure to tell her where you live!

<https://www.screencast.com/t/yTCtAn2kn8ce>

Ask in the group for additional help in finding a doctor or compounding pharmacy.

Additional sites for info and research:

Low dose Naltrexone (LDN) for chronic illness & infections....

<https://www.facebook.com/groups/108424385861883/>

Low Dose Naltrexone (LDN) And Hashimoto...

.....<https://www.facebook.com/groups/LDN4Hashi/>

Low Dose Naltrexone and Rheumatoid Arthritis ...

<https://www.facebook.com/groups/196150270793074/>

Autoimmune Diseases, Cancer & Low Dose Naltrexone (LDN) [FB group re: Sjogren's and other].... [https://www.facebook.com/groups/sjogrensandLDN/?hc\\_location=ufi](https://www.facebook.com/groups/sjogrensandLDN/?hc_location=ufi)

<https://ldnnow.com/>

<https://www.facebook.com/groups/LDNRT/>

<https://www.ldnscience.org/>

<https://www.lowdosenaltrexone.org/index.htm>

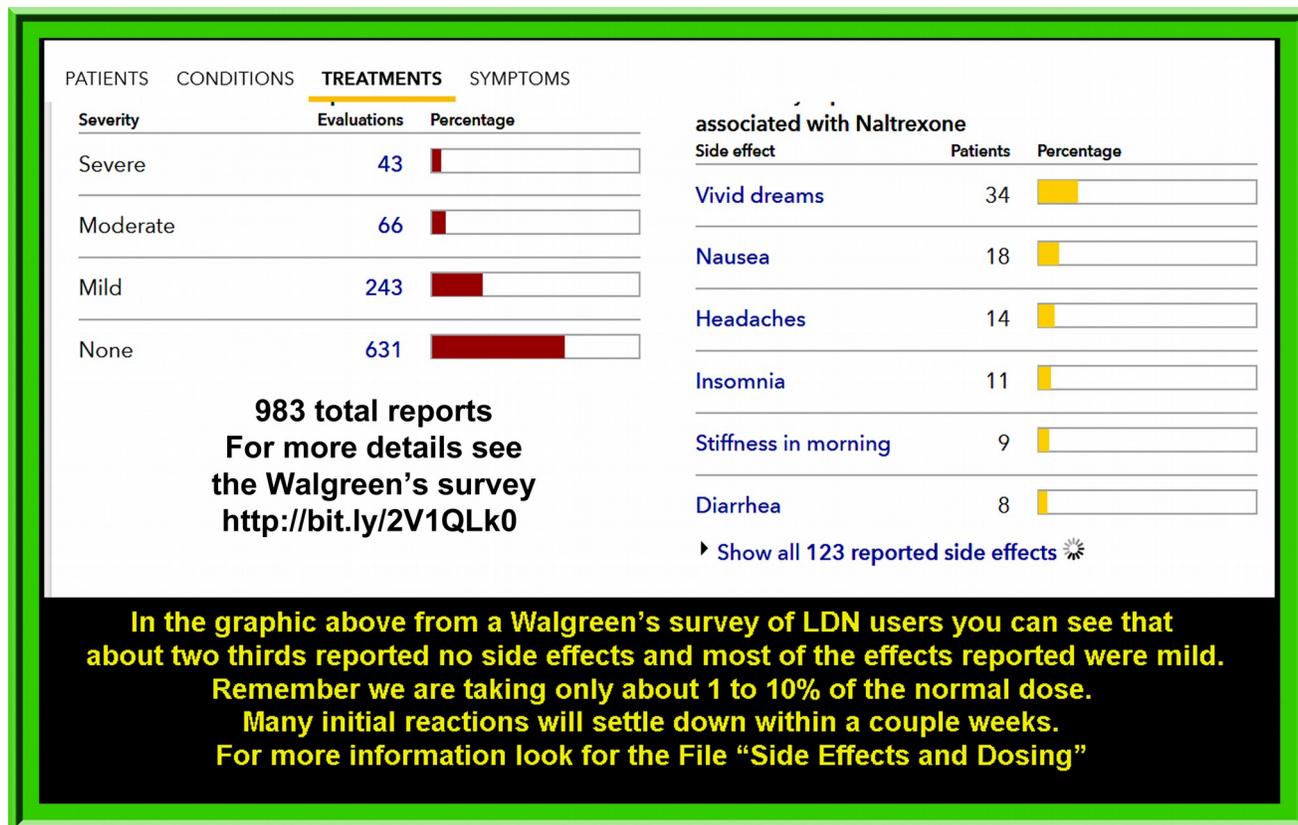
And a great site for Adrenal and Thyroid help:

Adrenal Fatigue and Thyroid Care...

<https://www.facebook.com/groups/AdrenalFatigueandThyroidCare/>

Brian Haviland, Admin

Following is one capture from the Walgreen's survey:



In the graphic above from a Walgreen's survey of LDN users you can see that about two thirds reported no side effects and most of the effects reported were mild. Remember we are taking only about 1 to 10% of the normal dose. Many initial reactions will settle down within a couple weeks. For more information look for the File "Side Effects and Dosing"

