

Low-dose naltrexone

Twenty-five years ago, when I was first entering practice, the AIDS epidemic was beginning to rage. We had no weapons to combat the ravaging virus. Anti-retroviral drugs had not been invented yet. We tried herbs, intravenous vitamins, ozone therapy . . . they helped some, but patients continued to sicken and die.

Around that time, an innovative New York M.D. named Bernard Bihari proposed an ingenious treatment: Low-dose naltrexone (LDN). He was instantly celebrated by New York's gay community as an innovator, and AIDS patients flocked to LDN.

By the '90s, powerful drugs supplanted "guerilla tactics" like LDN as first-line therapy for AIDS, and LDN was virtually forgotten. But lately, LDN has been making a comeback.

In 2007, I wrote an article with pharmacist Skip Lenz about the potential for LDN to treat multiple sclerosis.

"Low-Dose Naltrexone (LDN) and MS" appeared in *Action Online*, a publication of the United Spinal Association.

What is LDN? LDN is a very low-dose version of a drug used to break dependency in heroin addicts. Dr. Bihari discovered that, when used in small amounts, naltrexone blocks the natural "high" obtained via the body's own endorphins—"feel-good" neurochemicals produced by healthy persons. Endorphins reinforce the body's response to pain, injury, exercise and stress. They positively impact immunity and facilitate healing.

The key to LDN's beneficial effects is its short duration of action. Taken at bedtime, it wears off quickly, and the body rebounds by producing an endorphin "surge." The resulting endorphin "rush" makes patients feel better, and facilitates recovery.

A new book, *The Promise of Low Dose Maltrexone Therapy* by Elaine A. Moore and Samantha Wilkinson, provides a detailed scientific explanation of LDN's mode of action and reviews its benefits in a wide gamut of conditions:

Chronic fatigue syndromes

Fibromyalgia

Infectious diseases

Cancer

Autism spectrum disorders

Ulcerative colitis and Crohn's disease

Multiple sclerosis

Irritable bowel syndrome

Rheumatoid arthritis

Psoriasis

LDN is neither an immune-enhancer, nor an immunosuppressant. Rather, it regulates immunity via a homeostatic mechanism. Hence, its efficacy in a wide range of conditions calling for optimization of immune response.

My experience with LDN has been very positive, especially in patients with MS and Crohn's disease.

In one young patient with Crohn's disease, diet and supplements had yielded only partial resolution. The patient was sick, tired and constantly underweight. After LDN, he got well rapidly, gained strength and weight, his diarrhea abated, and now he attends college with high honors and participates in rigorous ROTC physical training.

Another fatigued MS patient noted virtually instantaneous improvement with LDN. Her sleep improved dramatically, spasticity was eliminated, and she experienced a surge of energy and well-being.

One limitation to the use of LDN is that it appears to be neutralized by high doses of steroid medications, chemo and powerful new immunosuppressive drugs.

Is LDN a “renegade” alternative treatment? Far from it. Clinical trials are under way for a broad range of conditions, and interest is now spreading within the conventional medical community. But because LDN is cheap and not subject to patent protection, drug companies are not interested in sponsoring the kind of huge trials and expensive marketing lavished on new designer drugs.