Theory and Practice with Low Dose Naltrexon LDN

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INTRODUCTION

Naltrexon is a FDA approved opiate antagonist for treatment of alcohol and opiate abuse. Therapeutic dose for abusers is 50mg per day. This dose blocks the parts of brain where people get euphoria when using alcohol or narcotics. The substance was synthetisized in 1963 and FDA approval for antiabuse use was received in 1984.
In early 1980s american neurologist Bernhard Bihari noticed that patients with HIV / AIDS who received Naltrexon for heroin addiction did not develop the opportunistic diseases characteristic of a compromised immune system. Bihari suspected Naltrexon helped the human immune system and started experimenting Naltrexon with a variety of conditions . His results were outstanding. One of the first findings was that the immune system boost is accomplished with a low dose of Naltrexon , 3 to 4,5 milligram. The therapy is called LDN. This presentation is about LDN.

OBJECTIVES

The objective of this study is to find facta dealing with low dose naltrexon.

I wanted to find the mechanism how LDN works, the dosage, side effects, interactions and most usual diagnoses it is used for today.

Also I wanted find where LDN is used and to scan the economics involved.

METHODS

I was lucky enough to reside in Norway where LDN has become quite popular after a TV show in february 2013. My main information sources have been the media, internet, social media (discussion groups), academic medical publications, personal experiences after use and individual contacts with other users.

I have also been able to read several books on the subject and see three different DVD presentations from international LDN conferences. .

Just like all previous Nobel winners I tested my theory on myself. I obtained Naltrexon and started with 3 mg dose late in the evening. After 6 weeks and some noticed effects I went down to 1,5 mg.

RESULTS

Mechanism	**Small dose of Naltrexon temporarily blocks certain opioid related receptors. Your body notices the blockage and tries to compensate the problem by producing more endorphines. The blocking duration lasts only for about three hours. After three hours your body also makes opioid reseptors more sensitive at the same time endorphin levels are elevated. This simple mechanism has profound consequenses for ones health and well-being.**
Dosage	**After experimenting different doses Bihari and his followers found out that 3 to 4,5 milligram is suitable dose for most people. 6 mg is the up limit. Some individuals get full effect with Ultra Low Dose Naltrexon (ULDN). This will be from 0,5 mg to 1,5 mg. The best intaketime is late at nigth.**
Side effects	**The most often reported side effects of LDN are vivid dreams and trouble sleeping. These problems are usually short lived and can be countered with sleep aids like melatonin. Some people experience short temper in the beginning of therapy. Rare side effects are nausea and pruritus.**
Interactions	**LND blocks the opioid reseptors so opioid pain killers should not be taken simultaneously. Also thyroid medication must be re-evaluated.**
Most usual diagnoses	**The therapy has been positivly tested against systemic infections such as HIV / AIDS and Lyme disease. Patients with different types of cancer have received considerable help. With autoimmune diseases such as multiple sclerosis and firomyalgia LDN helps restore system to normal. Patients with neurodegenerative disorders ALS and Alzheimer have been reported to regain their form with LDN. Asthma patients have been able to stop their life long medication after turning to LDN. This therapy has also been tried against debression and low lipido.**
My own experience	**I am a healthy caucasian 53 year young male. I have no chronic illness. I started LDN in june 2013. Allready after the first latenight 3 mg dose I experienced allmost instant and deeper than usual sleep. I woke up well rested two hours earlier than my rutine. Third day in my therapy I noticed a peculiar "tingling" feeling inside my head. This feeling was strongly localised to the palm size area of my backhead where i suffered a trauma falling head first on a stone floor 47 years earlier. The peculiar feeling only lasted for one day. After 10 days of LDN I realised that my bleeding hemorroides are almost non-bleeding. I play competitive chess. After just few days of LDN my game planning became more effective and level of play was elevated. My second important hobby is floorball. I train twice a week. After I started LDN I have reported better stamina and less short of breath. Sometimes after successfull floorball I go out to local pub and have a pint or four. My happy finding is that LDN users do not experience hangover ! After 6 weeks I reduced my LDN dose from 3 mg to 1,5 mg and noticed nothing negative.**

CONCLUSIONS

I am an experienced pharmacist. In LDN I have found a mysterious miraclemedisin – "The Swiss Army Knife of Pharmaceuticals" – inexepensive, no serious side-effects, works with several diseases. Simply genious.

Estimated 275 000 patients use LDN worldwide. Norway is a good example how publicity works. After a TV show in february 2013 and a few articles in medical professional periodicals the user base has skyrocketed. The Norwegian LDN Facebook discussion group has 8310 members and estimated number of LDN users in the country is 15 000. The limiting factor has been the low number of medical doctors willing to prescribe LDN. Norwegian doctors need to be educated on the topic.

I see a bright future for this therapy. Some people say that LDN is one of the greates discoveries in modern medicine since penicillin. It would be no wonder if the Nobel comite finds LDN to be worth the price.

ADDITIONAL COMMENTS

Naltroxen was synthetisized 1963 and approved by FDA 1984. The patent for the molecyle has ran out. At todays prices daily dose LDN costs under 1 USD.

FDA approval was registered for use in heroin and alcohol abuse therapy. The new way to use Naltrexon in low doses is not FDA approved. Clinical trials are needed to get the new approval. I see no medical produser finance clinical testing for a poduct that is no more under patent – other producers would collect the benefit as well.

I expect government or other «ethical» funding for LDN clinical testing in the near future.

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