

# LDN 2026 Patient Guide

Naltrexone has been commonly used at daily doses of 50-300mg since it was first licensed in 1984. Naltrexone has been used in lower doses to treat multiple diseases since 1988. Naltrexone is considered “standard dose” when given in daily amounts of 25mg or more and low dose when the daily dose is less than or equal to 12mg. When prescribed in standard dose, Naltrexone acts primarily to block opiate receptors and as such is used mainly in addictions. When used in low doses, it is anti-inflammatory and immunomodulatory.

## Formal Disclaimer

This pamphlet is designed to guide patients and enable them to make an informed choice about treatment. It does not replace the need for clinical involvement and the LDN Research Trust will not support patients who obtain LDN without a prescriber’s order.

## Mechanisms of Action

When used in a lower dose Naltrexone has Immunomodulatory, opiate blocking and antitumor effects and multiple Phase I and II trials have shown efficacy.

## Improves the immune system response

Creates an increase in the production of endorphins, which should result in a reduction of painful symptoms and an increased sense of wellbeing.

Increased levels of endorphins should be expected to stimulate the immune system, promoting an increase in the number of T lymphocytes.

This effect was observed in Dr Bihari’s research. This increase in T-cell numbers apparently restores a more normal balance of the T-cells such that the effects of the disease process are significantly reduced. It may also act directly on these immune cells to stimulate or restore normal function.

Attenuate Toll-Like Receptors (TLRs), which directly interact with components of the immune system. TLRs (especially TLR-4) are bound by microbial pathogens such as bacteria and viruses (including COVID) to cause infection and severe illness.

## Cancer

Intermittent Dosing with LDN causes increased cell death and increases cell sensitivity to chemotherapy agents. Cells treated with LDN upregulate genes that are responsible for cell death (BAD and BIK1). Tumor cells pre-treated with intermittent LDN dosing are far more likely to be killed by chemotherapy drugs. LDN seems to have a direct cytotoxic effect on cancer cells, via a P13 kinase, cyclin P21 and downstream G-Protein coupled receptor routes.

- Opiate Blockade for short period (4-6 hours)
- Levo Naltrexone molecule binds to opiate receptors
- Causes rebound increased endorphin release.
- Increases sensitivity of existing opiate/endorphin receptors.
- More Opiate receptors are formed to capture endorphins.

## Which Diseases Are Being Treated with LDN?

This list is not exhaustive and patients are directed to the LDN Research Trust website for more information [www.ldnresearchtrust.org/conditions](http://www.ldnresearchtrust.org/conditions)

Adenomyosis

Ankylosing Spondylitis

Anxiety and Depression

Asthma

Autoimmune Hepatitis

CFS/ME

Complex Regional Pain Syndrome (CRPS)

Chronic Viral Infections  
 Cancer (All Forms of Cancer)  
 COVID/Long-Covid/Post-Acute Sequelae of COVID-19 (PASC)  
 Diabetes Type I  
 Dysautonomia (POTS)/ Hypermobility Spectrum Disorders (HSD) / Hypermobility Ehlers-Danlos Syndrome (hEDS)  
 Endometriosis  
 Graves' Disease  
 Hailey-Hailey Disease  
 Hashimoto's Thyroiditis  
 Infertility  
 Inflammatory Bowel Disease (Crohn's Disease/ Ulcerative Colitis)  
 Lyme Disease and coinfections  
 Mast Cell Activation Syndrome (MCAS)  
 Mixed Connective Tissue Diseases  
 Multiple Sclerosis  
 Nerve Pain (Neuropathic conditions)  
 PANDAS PANS  
 Parkinson's Disease  
 PCOS (Polycystic Ovarian Syndrome)  
 PMDD (Premenstrual Dysphoric Disorder)  
 Pre-eclampsia  
 Pseudoseizures  
 Psoriasis  
 PTSD  
 Pulmonary Fibrosis  
 Recurrent Miscarriage  
 Refractory Uremic Pruritis (severe itching) in End-Stage Renal Disease (ESKD)  
 Rheumatoid Arthritis  
 Scleroderma  
 Tourette's Syndrome

Trigeminal Neuralgia  
 Autoimmune Vasculitic Conditions  
 Vitiligo

### **How to Obtain LDN**

Not all medical professionals are aware of LDN and its potential benefits and not all are prepared to prescribe LDN. It does help to have a knowledgeable LDN prescriber working with you. The LDN Research Trust has a list of LDN Prescribers in the US and across the world, which can be found here: ([www.ldnresearchtrust.org/LDN-Prescribers](http://www.ldnresearchtrust.org/LDN-Prescribers)).

The LDN Research Trust works hard to maintain a support network for prescribers in many countries through the regular conferences and media events. LDN is not generally covered by insurance plans but is an affordable prescription through your local compounding pharmacy (<https://ldnresearchtrust.org/ldn-pharmacists>).

### **How To Use**

Read this leaflet before you use this medicine, it includes information that might be especially important for you. Keep this leaflet you may need it again. Ask your pharmacist or doctor for more advice if you need it. LDN comes in several forms: tablets, capsules, liquid, sublingual drops, troches, lozenges, and as a cream.

Consult your doctor prior to using this medication if you are currently taking long-acting opiate medicines like codeine, tramadol, morphine, fentanyl or oxycodone.

Do not use this medicine if you are pregnant or breastfeeding without informing your doctor.

### **Dosing Options for LDN**

For many conditions, your prescriber will usually start treatment at a low dose and increase gradually over a period of weeks until you are stable at your goal dose. Starting dose can vary from 0.5 mg to 1.5 mg and is often increased up to 4.5 mg. You may have a lower or higher dose goal with your prescribing clinician. You may be instructed to take multiple smaller doses on a daily basis for certain medical conditions, such as for mental health conditions (*See Mental Health Guide*). Higher,

standard doses of 50mg or more may be required for TBI (Traumatic Brain Injury) patients until they are stabilized before transitioning to chronic daily low doses of naltrexone.

Additionally, for MCAS/Hypermobility Spectrum or EDS patients with chronic pain, some clinicians are following a protocol to use extremely low doses multiple times (up to 4 times) per day to find a patient's individual MED – Maximally Effective Dose. This starts at 0.1mg and increases every couple of days, combining doses as needed. The MED in the Marcus chronic pain study ranged from 0.1 to 6mg. (Norman J. Marcus et al.).

Some MCAS (mast cell activation syndrome) patients or those with conditions aggravated by baseline mast cell activity (e.g. interstitial cystitis), have often found higher doses, or twice daily dosing totally at least 8mg. The same goes for allergy patients. In addition, those with GI malabsorption or bariatric patients may need higher doses than 4.5mg, sometimes significantly so.

LDN dosing for patients with chronic pain conditions on concomitant opioid medications will start at an Ultra-Low Dose and you will take the medication twice daily, separating it by 4-6 hours from short acting opioid medications. For cancer patients, the dose should get to 4.5mg, or the goal dose, although your provider may adjust as necessary. In cancer patients, combining a cannabinoid (CBD) or Sativex (THC/CBD), seems to enhance the anti-tumor effect. No chemotherapy agents are currently contraindicated assuming standard tests are done, however, LDN should not be taken during treatment with immune checkpoint inhibitors (e.g. Opdivo or Keytruda -- PD1 inhibitors) without clinician guidance.

### Storing the Medicine

LDN Liquid should be stored in the fridge once opened and can last 30 days, or 12 months unopened. Capsules should be stored at room temperature in their original container for up to 6 months. All forms of LDN will be labeled with a

specific expiration date by your compounding pharmacy. Only obtain LDN via a doctor's prescription and a reputable pharmacy - LDN is extensively counterfeited all over the world so it is not safe to purchase it from websites willing to sell it to you without a prescription - it is likely to be fake, or even dangerous, and it is illegal.

### Possible Side Effects

LDN is well tolerated in most patients. However, care should be taken to titrate dose up slowly to avoid side effects.

Common: Sleep disturbances, Mild headache, Mild agitation, Nausea/GI effects - consider switching to liquid sublingual LDN to bypass GI tract, Hyperthyroidism in Hashimoto's patients (Regular checks needed).

Uncommon: Flu-like symptoms, (CFS/ME) Rash Herxheimer reactions (elevated temperature), Dizziness, headaches, increased fatigue or spasticity (Parkinson's-like).

These side effects are usually only present in the initial phase and can be stopped by halving the dose for 2-3 days and then continuing with titration again. The half-life of LDN is about 4-6 hours. Report any side effects to your prescriber.

**For Up-to-Date Clinical Trials and References** visit - <https://ldnresearchtrust.org/ldn-clinical-trials>

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Registered Charity Number: 1106636