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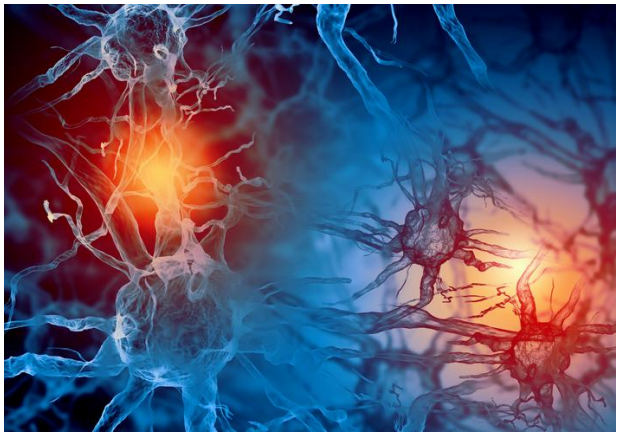
LeAnn Chambers, Pharm.D. and Matthew Chambers, Pharm.D.

Treatment of Autoimmune Disease with LDN



Zagon and McLaughlin of the Department of Neural and Behavioral Sciences, Penn State University College of Medicine, explained the intermittent blockade of the opioid growth factor (OGF) - OGF receptor (OGFr) axis by low dose naltrexone (LDN), and the role of enkephalin (i.e., OGF) in autoimmune disorders, specifically multiple sclerosis, Crohn's disease, and fibromyalgia. “Clinical reports on subjects taking LDN have documented reduced fatigue, few side-effects, and improved overall health... Intermittent OGFr blockade with LDN restores serum enkephalin levels... The interplay between LDN, and the onset and treatment of autoimmune diseases, chronic pain, and other addictive behaviors requires further investigation, but highlights a central role for enkephalins and intermittent blockade of the OGF-OGFr pathway in pathogenesis and treatment of these disorders.”

Exp Biol Med (Maywood). 2018 Dec;243(17-18):1323-1330.

LDN in Rheumatoid and Seropositive Arthritis

In recent years, low dose naltrexone (LDN) has been used as an off-label therapy for several chronic diseases. While studies indicate beneficial effects of LDN in autoimmune diseases,

clinical research on LDN in rheumatic disease is limited. Using a pharmaco-epidemiological approach, Norwegian researchers tested the hypothesis that LDN use leads to reduced dispensing of other drugs (NSAIDs, opioids, TNF-α antagonists and DMARDs) used in the treatment of rheumatic disease. Patients (n = 360) were stratified into three groups based on LDN exposure. In persistent LDN users, there was a 13% relative reduction in cumulative defined daily doses (DDD) of all medicines examined and 23% reduction of analgesics. There was no significant DDD change in patients with less LDN exposure. There was a decrease in the number of NSAID users among patients with the least LDN exposure. The results support the hypothesis that persistent use of LDN reduces the need for other medications used in the treatment of rheumatic and seropositive arthritis. Randomized clinical trials of LDN in rheumatic disease are warranted.

PLoS One. 2019 Feb 14;14(2):e0212460.

LDN for Chronic Inflammatory Dermatologic Conditions

Dermatology is encountering increasing rates of autoimmune disease manifesting in primary skin conditions that are difficult to treat without a risk of immunosuppression. The ability of low doses of naltrexone (LDN), 1.5 to 4.0 mg/day orally, to influence a variety of systemic pathways, including the immune system, has piqued the interest of researchers and practitioners, including Ekelem et al. of the Department of Dermatology, University of California, Irvine, and Juhasz of the Department of Dermatology, Howard University Hospital, Washington, DC.

A review of the literature from 1971 until April 2018 shows that LDN was effective in treating pruritus attributable to atopic dermatitis, prurigo nodularis, cholestasis, burn injury, systemic sclerosis, Hailey-Hailey disease, and lichen planopilaris. Serious side effects were not reported. They concluded that LDN has the potential for the treatment of chronic inflammatory skin conditions; however, additional evidence is needed for dosing and long-term treatment guidelines.

J Am Acad Dermatol. 2019 Jun;80(6):1746-1752.