



LOW DOSE NALTREXONE (LDN) USES AND MISUSES IN ADHESIVE ARACHNOIDITIS (AA)

The discovery that LDN simultaneously reduces pain and enhances the immune response was a welcome addition to treatment of chronic pain conditions. It has proven very helpful in some cases of AA, however, it has also been given false hopes and even misused in others.

The Pharmacologic Potential of LDN:

- A. The pain relief capability of LDN is in the weak opioid category. The potency of LDN is about the daily dosage of 4 Tramadol or codeine. It has slightly less pain relief capability than buprenorphine.
- B. The anti-inflammatory/autoimmune potency appears to be about the same as OTC anti-inflammatories such as naproxen or ibuprofen. It does not equal prednisone, ketorolac, or diclofenac.

Dosage: Range is 1.0 to 7.0 mg given twice a day. Higher dosages have more potency.

Use in Arachnoiditis: LDN has been effective in mild cases of adhesive arachnoiditis in which the pain is not constant or debilitating. Example: It has been very effective immediately following the development of arachnoiditis after a lumbar puncture or epidural injection.

Misuses or LDN:

1. Medical practitioners have tried to use LDN in AA as the sole medication for both pain relief and inflammation suppression. When LDN is used in AA, it will have to be accompanied by a corticosteroid and anti-inflammatory agent (i.e., diclofenac or ketorolac). A second pain-relieving medicinal such as palmitoylethanolamide (PEA), weak opioid, or ketamine will likely be needed.
2. Attempt to take AA patients off an established daily regimen of moderate (i.e., Vicodin or Percocet) or high dose (over 50 milligram equivalence of morphine) opioids. There is the mistaken belief that a transfer from an established daily dosage of opioids to LDN can be safely and easily accomplished. Such attempts have often resulted in the emergence of severe pain and neurologic symptoms. Arachnoiditis Hope is in receipt of several AA patients, whose pain and neurologic impairments worsened during an ill-fated attempt at opioid withdrawal and transfer to LDN.

Summary: LDN is suitable for mild cases of chronic pain including adhesive arachnoiditis. When used, it must be combined with anti-inflammatory, and probably, secondary pain relievers. No attempt should be made to transfer a person with AA to LDN who is on a stable moderate to high daily opioid regimen.