

## LDN-- FAQ

*Please Note:*

This page contains other questions frequently asked, along with corresponding answers.

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*Can LDN be taken during pregnancy? How about while breast feeding?*

Dr. Phil Boyle, a specialist in fertility care in Galway, reports the following:

I am confident that LDN is perfectly safe in pregnancy and in certain cases will actually reduce the risk of miscarriage. Thomas W. Hilgers, M.D, of the US, has used high dose naltrexone...up to 100mg throughout pregnancy and during breastfeeding safely without ill effect to mother or baby since 1985. I have been prescribing LDN regularly during pregnancy [for several years] and the results have been excellent. Clinical experience has proven to me that it is safe.

We've had over 50 babies whose moms have been on LDN throughout their pregnancies and those babies, if anything, have been even healthier than those whose moms have not been on [low dose] naltrexone.

*Can LDN be taken with other medications such as tranquilizers or chemotherapy? How about interactions with alcohol or tobacco?*

LDN can be taken along with any other medication or substance, so long as it is not narcotic-containing. Naltrexone is a pure opioid antagonist and it will block the action of narcotics. Some examples of narcotic-containing drugs are Ultram, morphine, Percocet, Duragesic patch and any codeine-containing medication.

*Can LDN be taken along with any of the standard medications for multiple sclerosis?*

It can, and many people with MS do this. However, all of the standard MS drugs, with the probable exception of Copaxone, are immunosuppressant and thus tend to oppose the beneficial immune system upregulation induced by LDN. Therefore, many people with MS try to wean themselves away from these other medications when they find that they are doing well on LDN.

*What is the best dosage of LDN to begin treatment with?*

For an adult who is not significantly below the normal weight range, the optimal dose of LDN is 4.5mg, taken each night at bedtime; i.e., between 9pm and 3am. One can begin at this dose level. If one were to develop persistent sleep disturbance (i.e., a sleep disturbance lasting longer than 10 to 14 days) after starting LDN, which occurs in less than 2% of users, then the dose may be decreased to 3mg or 2mg.

People who have multiple sclerosis that has led to muscle spasms are advised to begin treatment with just 3mg daily and to maintain that dosage.

*If I have to work on a night shift, for example from midnight to 8a.m., at what time should I take my LDN?*

Continue to take LDN as recommended above; i.e., between 9pm and 3am. This relates to the fact that the endorphins for each day are always produced in the pre-dawn hours, regardless of the hours when one is awake or sleeping.

*If LDN is so wonderful, why isn't it FDA-approved or reported in one of the respected medical journals?*

Although the Food and Drug Administration approved naltrexone at the 50mg dosage in 1984, ‘low dose naltrexone’ ( LDN ) in the 4.5mg dosage has not yet been submitted for approval because the prospective clinical trials that are required for FDA approval need to be funded at the cost of tens of millions of dollars. In the absence of such a current scientific clinical trial, medical journals tend not to be interested in ‘anecdotal’ reports of therapeutic successes.

*I have HIV/ AIDS complicated by lipodystrophy. What can I expect from starting low dose naltrexone? Could I actually see a reversal in my condition? How long would it take?*

Of those people with HIV/ AIDS who already have lipodystrophy, the majority who begin taking nightly LDN experience a gradual reversal of the signs of lipodystrophy. Although this may occur swiftly in a few, in most people it has taken the better part of a year. Very, very rarely do we hear of a non-responder—so rarely that we have to doubt the legitimacy of their LDN supply.

*Please note: Under no circumstances should you accept a preparation of ‘long-acting’ or ‘slow release’ naltrexone. This is a scam.*