

Low Dose Naltrexone (LDN)

Doctors who have trained in NaProTECHNOLOGY fertility treatment often recommend Low Dose Naltrexone (LDN) as part of the overall treatment programme to help couples with infertility or recurrent miscarriage. Patients that are most likely to benefit from treatment are those with

1. Premenstrual symptoms lasting for 4 or more days each cycle
2. Endometriosis or PCOD
3. Persistent Brown menstrual bleeding
4. Persistent fatigue
5. Sleep disturbance
6. Low mood
7. Excessive Anxiety
8. Personal or Family history of Autoimmunity – MS, Rheumatoid Arthritis, Insulin dependent Diabetes, Underactive Thyroid, etc...

Side Effects

The majority of people taking LDN have few or no side effects. About 5% of patients cannot tolerate LDN at all and it must be discontinued.

If you do experience mild side effects they usually subside after 2 weeks of treatment.

Typical side effects include

- Sleep disturbance
- Vivid Dreams
- Nausea
- Headache
- Dry mouth

LDN Not Suitable

LDN can not be taken with immunosuppressive drugs such as steroids, methotrexate or interferon. In addition, if you mix LDN with OPOID based pain relieving medications you can become acutely ill with persistent vomiting lasting up to 48 hours. You should stop LDN the day before any surgery and recommence 24 hours after discontinuing pain relieving medication after surgery. If you have poor liver or Kidney function you cannot take LDN.

Finally

Naltrexone is not licensed as a treatment for infertility or autoimmune conditions. This means that further research is needed to confirm its efficacy for these conditions. It is unlikely to be widely used until proper clinical trials are conducted and published in peer reviewed medical journals. Until that time the medical community must regard LDN as an experimental treatment.

REFERENCES:

1. Chapter 41, "The Medical and Surgical Practice of NaProTECHNOLOGY" Pope Paul VI Press, Omaha, NE, USA.
2. Natural Procreative Technology as explained in "The Medical and Surgical Practice of NaProTECHNOLOGY" Pope Paul VI Press
3. Is Endometriosis an Autoimmune Disease? Gleicher N, El-Roeiy A et al, Obstet Gynecol. 70: 115-121, 1987
4. Polycystic Ovary Syndrome as an Autoimmune Disease: A New Concept. Ali AFM, Fateen B, et al Obstet Gynecol 95:48S, 2000

Low Dose Naltrexone

Treatment of Endorphin Deficiency



www.fertilitycare.net

www.lowdosenaltrexone.org

Naltrexone

Original Licensed use

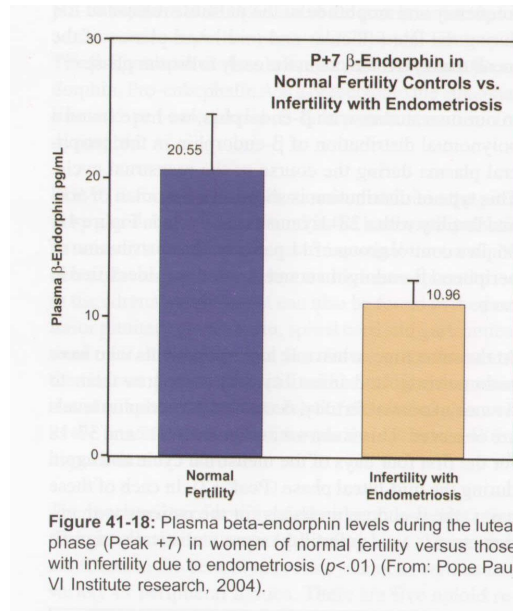
Naltrexone is licensed as a treatment for alcoholics and drug addicts. It is an opioid receptor antagonist and blocks endorphin receptors to prevent them from working.

If somebody is addicted to alcohol, heroin or morphine it is because these substances stimulate the endorphin receptors to give a “Rush, Buzz or Kick”. This effect does not occur if a patient has taken Naltrexone because the receptors are blocked. In this way patients with addictions can be helped to break their habit.

New Unlicensed use – Endorphin Stimulation

Two doctors working independently of each other in the USA have been using Naltrexone as a treatment to stimulate the body’s endorphin system and cause an increased endorphin surge to treat a number of different “Endorphin-Deficiency states”.

Dr. Thomas Hilgers, a Professor in Obstetrics and Gynaecology from Creighton University, Omaha, Nebraska has used Naltrexone since 1990 to enhance the natural Endorphin surge and improve fertility rates in his Infertility Treatment programme. It has been known for some time that endorphin deficiency will result in reduced fertility and that improving endorphin levels can improve fertility¹.



If you block the endorphin receptors at night the body responds by giving an increased natural endorphin surge the following day. Dr. Hilgers has shown through his research efforts that a single night time dose of Naltrexone will increase endorphin levels the following day (See Below).

Table 29-20: Effect of High-dose Naltrexone on P+7 Serum β-Endorphin Level (N=15)

Status of Naltrexone	β-Endorphin Level (pg/mL)
Before naltrexone	15.9
On naltrexone	22.1 ¹

1. $p = .025$, equal variance t-test.

Beta Endorphin levels following Naltrexone treatment
Dr. Hilgers, Ch 29 Med & Surg Principles of NPT.

Naltrexone has been shown to dramatically improve severe premenstrual symptoms and increase fertility rates as well as reduce the likelihood of miscarriage, when used as part of a comprehensive NaProTECHNOLOGY² fertility programme as in Dr. Hilgers practice. Naltrexone has also been given safely during pregnancy at a dose of 50mg daily without causing any adverse effect to either mother or baby.

Dr. Bernard Bahari, a Neurologist and Immunologist based in New York, has found that Naltrexone can also be used to treat patients with AUTOIMMUNE diseases such as Multiple Sclerosis, Rheumatoid Arthritis, Crohns Disease, etc.

Dr. Bahari has a group of over 200 patients with MS that have not had any progression of their disease since commencing Naltrexone. Some patients have been on treatment for 20 years. Dr. Bahari uses a low dose of Naltrexone (LDN) – ranging from 1.5 to 4.5mg nightly and has found this to be very effective to improve endorphin levels and halt the autoimmune disease process.

The Common link

Interestingly a number of conditions that cause infertility have been shown to have a possible autoimmune^{3,4} component. So the positive effect of treating endorphin deficiency related to infertility may be through improving immune function.