

Low Dose Naltrexone

Low-dose naltrexone (LDN) is an experimental and off-label treatment that is being explored for various chronic pain and inflammatory medical conditions including complex regional pain syndrome (CRPS). LDN is typically used to treat opioid addiction at higher doses, but at lower doses, it is theorized to have immunomodulatory and anti-inflammatory effects that may be beneficial for CRPS patients. It is delivered by capsule, sublingual (under the tongue) liquid or injection. Naltrexone is similar to, but not the same drug used to treat emergency overdoses.

The theoretical mechanism of LDN in the treatment of CRPS involves several factors:

1. **Modulation of the immune system:** LDN is believed to work by temporarily blocking opioid receptors, leading to a rebound increase in the production of endorphins and enkephalins, natural opioids in the body. These endorphins and enkephalins are thought to play a role in regulating the immune system and reducing inflammation. It is important to note that because LDN blocks opioid receptors, patients will receive no pain relief from the natural opioids released by this process.
2. **Anti-inflammatory effects:** LDN may reduce inflammation in the nervous system and the body, which is a characteristic feature of CRPS. By modulating the immune response, LDN could potentially reduce the inflammatory processes that contribute to CRPS symptoms. Again, it is important to note that inflammatory processes are only one of the causes of pain in CRPS and are generally thought to contribute to the severity of CRPS pain.
3. **Neuroprotection:** Some studies suggest that LDN may have neuroprotective properties, which could be important in a condition like CRPS, where there may be ongoing damage to the nerves. While this is a positive element since demyelination (erosion of the fatty sheath that surrounds the nerves) is a common co-morbidity of CRPS, this is an important cost/benefit factor when considering LDN therapy with your healthcare provider.

For these reasons, while there is some anecdotal evidence and limited clinical research suggesting that LDN may be beneficial for CRPS in certain patients, particularly those in early stages or in partial remission, the use of LDN is still considered to be experimental and controversial because its effectiveness has not been conclusively established through large, well-designed clinical trials.

Anecdotal reports and case studies regarding the use of LDN have suggested both positive and mixed results.

Some patients with CRPS have reported significant pain relief and improved quality of life when using LDN as part of their treatment regimen. They have described reductions in pain intensity, improved function, and decreased reliance on other pain medications.

However, it's crucial to keep in mind that anecdotal reports have limitations, including:

1. **Subjectivity:** Anecdotal reports are based on individual perceptions and experiences, which can be influenced by factors including placebo effects, expectations, and emotional states.

2. **Small Sample Size:** Anecdotes represent the experiences of a limited number of individuals and do not provide a comprehensive overview of the treatment's effectiveness across a broader population.
3. **Lack of Control:** Anecdotes do not involve controlled experiments or clinical trials, making it challenging to determine whether the reported improvements are directly attributable to LDN or other factors.
4. **Publication Bias:** Positive experiences are more likely to be shared and reported, while negative or neutral experiences may be underrepresented in anecdotal accounts.
5. **Variability:** CRPS is a highly variable and complex condition, and what works for one individual may not work for another due to differences in the underlying causes and manifestations of the condition.

Due to these limitations, healthcare professionals typically rely on evidence from well-designed clinical trials and systematic reviews to make informed decisions about treatment options. While there is some interest in LDN for CRPS, experienced pain management specialists are highly selective in recommending its use, weighing the potential downsides against the potential upside until they and their patients are confident the equation is a solid positive for the patient.

The decision to use LDN should be well-informed and made in partnership with your pain management specialist. However, LDN will either work or it will not, and if your physician believes that there is no or very little risk in a trial, it is an excellent alternative to opiates and other pain management drugs.

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