

An Effective, Little Known

Approach to Pain Relief

“LDN—LOW-DOSE NALTREXONE—is a little-known drug available that CAN TREAT OVER 250 DIFFERENT CHRONIC HEALTH PROBLEMS.”

Dr. Burch, right, observes compounding technician Mia Smith prepare low-dose LDN in the format that works best for a client.



Are you suffering from a painful chronic condition? Currently, there is a little-known drug available that can treat over 250 different chronic health problems. It's called LDN—low-dose Naltrexone. According to Dr. Jennifer Burch of the Compounding Pharmacy of Durham, this treatment can be a life-changer for the chronically ill who suffer from painful and debilitating disorders.

“I had a lady in here not long ago,” says Dr. Burch, “who had an injured shoulder. She was in so much pain that she couldn't wear a seatbelt—which in itself became a legal issue. We compounded low-dose Naltrexone, plus a topical for her, to alleviate the pain. Now she can wear a seatbelt and actually have something touch the sensitive area without excruciating pain.”

MULTIPLE APPLICATIONS

LDN is used to treat a great many challenging health conditions, notes Dr. Burch, including PTSD and depression, inflammatory autoimmune conditions, chronic pain such as fibromyalgia, Crohn's Disease, cardiac disease, multiple sclerosis, complex regional pain syndrome, and more.

“We are seeing LDN being used to treat irritable bowels and ulcerative colitis and other chronic pain syndromes,” she says. “It's also being used to treat depression. People who simultaneously take anti-depressants seem to respond better to LDN.

“LDN affects some system in the brain that we haven't fully mapped out. And we don't yet understand why it's helpful for so many different conditions.

“Presently the government is trying to reduce our dependence on opiates,” notes Dr. Burch. “Some of the opiates more commonly used are codeine, Vicodin, OxyContin, and Percocet. The use of such drugs is growing alarmingly and one of the ways the government is trying to reduce opiate dependency is by cutting drug production. The State of North Carolina, for example, is poised to pass legislation that's going to put parameters around prescribing opiates. If a doctor is prescribing too many opiates, he or

she will probably be put on a watch list. Doctors are feeling pressure to lower doses or discontinue therapies. We need alternative drugs for people with painful chronic diseases. LDN gives people a different pathway to control their pain.”

OPIATE ANTAGONISTS

Naltrexone is a class of drugs known as opiate antagonists, normally used to treat addiction to such drugs as heroin or morphine. It's an FDA-approved drug at 50 milligrams. According to ldnresearchtrust.org, low-dose Naltrexone (LDN) has been used in the USA since 1985 and was developed by the late Bernard Bihari, MD. Over the years, Dr. Bihari discovered that low doses of this drug, taken daily, can effectively treat other diseases.

LDN harnesses your endorphins—hormones that are released in our bodies when we are in pain or under stress. Many people call them “feel-good chemicals,” Dr. Burch explains. “LDN makes the endorphins work better for us. They help take away painful inflammation. Instead of taking a huge dose, as you would if you were addicted to an opiate, we customize the dosage to the patient. You take small dosages anywhere from 0.5 to 10 mg. Usually, people max out at 4.5mg. You take a daily dose, starting with 1.5 mg, and titrating your way up over a month's time to 4.5 mg. It usually takes one to two months to see a full response. If the patient hasn't responded after two or three months, we usually recommend that they discontinue taking LDN.

“The only side effect that I have observed,” says Dr. Burch, “is sleep disturbance, if taken at bedtime. This drug can cause vivid dreams or insomnia.”

According to the LDN website, in rare cases some patients have gastro-intestinal side effects such as nausea or constipation/ diarrhea. If that occurs, patients can request that their prescription be filled as sublingual drops, which transfer directly into the bloodstream and avoid the GI tract entirely. The most commonly prescribed form of the drug is capsules but there are also drops and creams. Since LDN has to be compounded specifically for the patient, the pharmacist can work with the patient to decide which form of LDN works best.

Not all physicians are aware of low-dose naltrexone, Dr. Burch points out. “Since drug companies aren't producing the low-dose form, doctors aren't inundated with free samples and informational material. We're trying to help educate physicians a bit more so that they know that they have another option in their pain-relief treatment toolbox. LDN isn't yet common knowledge,” she says. “If a person is suffering from a chronic painful disease, they may need to talk to their doctor and present him or her with some LDN literature. If he agrees to try this treatment, he would write a prescription that the patient would take to a compounding pharmacist. “What we do,” explains Dr. Burch, “is take FDA approved Naltrexone and make a low-dose prescription tailored specifically for the patient.

“If you think LDN can be helpful, I suggest an on-line visit to ldnresearchtrust.org for more information. Talk to your doctor or compounding pharmacist, and learn about LDN and how it's changing the lives of so many people.” hkl

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