

The LDN Protocol Controversy



No matter when you take LDN, in whatever 24-hour interval, the blockade/rebound effect of endogenous opioid peptides is going to occur, as evidenced in research laboratories as well as in a wealth of studies and trials. Because people have different biological clocks and environmental cues, one protocol may work better than another in reducing side effects, say, in the case of shift workers. The main thing is to take only one dose of LDN every 24 hours and in a dosage that does not cause side effects like jaw pain or interrupted sleep.

Presumably, Dr. Bihari originally preferred nighttime dosing because endorphin production typically happens between 2 am and 5 am. He thought that by blocking production for the few hours before endorphin production, it would take advantage of normal production time once the blockade was completed. The preference for nighttime dosing may also be due to the idea that most patients would prefer sleeping through the blockade in the event the blockade caused unpleasant side effects.

However, research and studies reveal that it doesn't matter when LDN is taken. Circadian rhythm does not play a role nor does it affect the production of OGF/OGF receptors which helps repair tissue, helps the body heal itself, and restores the body to a homeostatic state. Dr. Zagon, et al, at Penn State-Hershey has about 200 publications on LDN and OGF/OGF receptors alone. The story begins around 1979 with the discovery of intermittent and continuous opioid receptor blockade and has been evolving ever since.

As it concerns thyroid autoimmunity, there seems to be an online myth circulating that LDN works differently in autoimmune thyroid patients, implying that somehow we might require a different protocol. This is not true. Nor does it make sense. Autoimmune thyroid patients share the same human biology as everyone else in the *homo sapien* community and must do the same experimenting as, say, someone with multiple sclerosis to find out which 24-hour interval will work best for them in terms of side effects. Although there has not yet been a trial for thyroid autoimmunity, it is doubtful that LDN protocols concerning nighttime or daytime dosing would be any different for thyroid patients than for anyone else.

Although the scientific world doesn't question the time of dosing, there is a great deal of controversy about which (or whose) protocol is "right" in certain discussion groups. The co-author of the book "The Promise of Low Dose Naltrexone Therapy" answers this succinctly: "can you sleep at night or not?"

If you have more side effects taking LDN at night, don't take it at night. After all, taking LDN shouldn't be torturous. Most of us have enough experience with other drugs, like anti-thyroid drugs or replacement hormone, to know whether a protocol needs to be modified to reduce symptoms. We should apply the same wisdom to LDN. The idea to take LDN any time of day is not idle conjecture by the authors of "The Promise of Low Dose Naltrexone Therapy". When they asked Dr. Zagon which of the many online myths about LDN he most objected to, he mentioned the erroneous notion that LDN must be taken at night.