



A Case Series and Review of Literature on Low-Dose Naltrexone: An Alternative Therapy for Post-Herpetic Neuralgia

Alejandro Hallo-Carrasco, MD¹; Daniel Cho, BS ¹; Kevin Tang, BS ¹; Mia Castiglione, DO ¹; Haijun Zhang, MD ¹; Andrew Kaufman, MD ¹

¹Rutgers New Jersey Medical School – Anesthesiology Department



Introduction

- The intensive medication regimen for managing Post-Herpetic Neuralgia (PHN) can lead to uncomfortable side effects, compromising patients' wellbeing and increasing drug tolerance.
- These challenges have driven the exploration of novel therapies like low-dose naltrexone (LDN), which has been successfully used at our comprehensive pain clinic.

Methods

- Three cases managed with LDN in our pain medicine clinic were reviewed after obtaining informed consent by primary investigator.
- As the cases reported devoid of patient identifiable information, it is exempt from IRB review requirements as per University Hospital policy.

Case 1

- A 69-year-old female PMHx of liver cirrhosis, hypertension, osteoarthritis, and sarcoidosis presented with burning and shooting pain in the T9-T11 dermatome.
- Previous unsuccessful regiments: Initial therapy included physical therapy, tramadol, oral baclofen, topical and oral cannabinoids, and pregabalin. Significant sedation with tramadol.
- Naltrexone regimen: 3.5 mg daily titrate up over two years, combined with pregabalin 200 mg TID.
- She reported over 70% pain relief with 2.5 mg LDN with no adverse effects, allowing for significant daily activity improvement.

Low-dose naltrexone (LDN) shows potential as an alternative treatment for post-herpetic neuralgia (PHN), offering anti-inflammatory effects and alleviating chronic pain without causing resistance or dependence, unlike traditional therapies.

Recommended dose

Low dose of 0.1 to 4.5 mg exert anti-inflammatory effects and may alleviate central chronic pain.

Further research is needed to confirm these findings and establish standardized treatment protocols.

Case 2

- A 67-year-old female PMHx of transient ischemic attack and ulcerative colitis presented with PHN in the right T1 distribution.
- Previous unsuccessful regiments: pregabalin, gabapentin, oxcarbazepine, duloxetine, capsaicin patches, acupuncture, medical marijuana, and topical emollients.
- Naltrexone regimen: 1 mg of LDN at bedtime along with a 5:1 ratio cannabinoid in the morning.
- One month after starting LDN, she reported significant nighttime pain improvement, though she still experienced daytime hyperalgesia. Increasing her dose to 1 mg TID resulted in significant overall pain reduction and improved quality of life.

Case 3

- An 81-year-old female with a PMHx of type II diabetes mellitus, hypertension, hyperlipidemia, and hypothyroidism presented with PHN in the C2 dermatome.
- Previous unsuccessful regiments: gabapentin, pregabalin, tramadol, and ibuprofen. Drowsiness and cognitive dysfunction.
- Naltrexone regimen: 2.5 mg BID of LDN.
- Within two weeks of restarting LDN, her pain was significantly reduced without notable side effects, and adjuvant medication was titrated down to a minimum.

References

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