Low Dose Naltrexone (LDN): Miracle Cure or “Why Not” Drug?

Naltrexone is a blocker of opioid receptors and is used in patients who have overdosed on narcotics, but at low doses, there is lab-based work, largely conducted by a single group, that suggests that low dose naltrexone can have immunostimulatory properties and even directly kill cancer cells by a process called apoptosis, a self-destruct program built into cells when they become too mutated (cancer cells that are growing and dividing can turn off this signal). At websites like www.lowdosenaltrexone.org and www.ldninfo.org, there are descriptions of anecdotal reports of patients with various different cancers who have done well, attributed to the LDN. To the credit of the people running these sites, there are caveats that these are not scientifically conducted trials. That's fine, but there are certainly some people writing on patient and caregiver-mediated online communities who are intimating that LDN is a miracle drug and using terms like cure for lung cancer.

I don’t want to be a wet blanket, but I do think it’s important to inject a little caution here. In my mind, LDN fits in with DCA or noni juice or many other proposed interventions that are viewed by some as a “why not?” intervention and others as a miracle treatment that is not being studied or addressed by the oncology medical community or pharmaceutical industry because of a supposed profit motive keeping those groups from wanting to cure cancer. I and most people in the “allopathic”/standard medical pathway recognize that there is major interest in complementary and alternative medicine (CAM) approaches in the general population. What’s not clear to me is whether the majority of people seeking CAM interventions are looking more for a complementary approach and generally accept conventional medicine strategies, or whether there is a significant portion of the people favoring LDN and other less established interventions because they have a fundamental distrust of the medical and pharmaceutical establishments and believe that the people with the power actually want to suppress the ideas that could cure cancer.

As someone who really believes in knowing your source, I recognize that I’m speaking as someone from the medical establishment. I also recognize that there is some reason for distrust of a lot of large establishments with the collapse of entire industries recently for good reason. But even if you have that much distrust of the health care and pharmaceutical industries, I can’t understand why someone wouldn’t think that either the pharmaceutical company or physician with an actual cure for cancer wouldn’t be enticed by the fame and fortune that this would offer. While I think there are several very reasonable arguments in discussing LDN or many other strategies that aren’t widely accepted in conventional medicine, in my opinion saying that the pharmaceutical industry and the medical establishment are withholding the cure for cancer devalues the discussion.

Getting to those fairer points, it’s very appropriate to note that approaches that don’t stand to earn someone a significant profit have a remarkably lower chance of being funded. A couple of decades ago, US tax dollars dictated the decisions about what research was conducted in the US, and this meant that not every potential intervention stood to make pharmaceutical companies a billion dollars per year. Now, we don’t fund much actual cancer research in
humans, focusing much more on lab-based work, which is a good start but won’t get you to the finish line. That work is being funded overwhelmingly by the pharmaceutical and biotech industry, and their interest is to make money. So until we start actually bothering to fund clinical (human) research in cancer through a source other than big pharma, inexpensive drugs aren’t going to be studied. This doesn’t mean that they don’t work, but the medical world presumes that things don’t work unless genuine clinical research proves otherwise.

The fundamental gulf is that many patients and family members are happy to have the promise of a treatment and try it in the absence of evidence that it isn’t helpful. In some ways, the medical community requires this as a driver of early clinical trials, which have the potential that an untested new treatment will be a real breakthrough. But when a treatment can be administered outside of a clinical trial, whether it’s LDN or DCA or mangosteen juice, it’s quite feasible to flock to a treatment that might possibly be helpful but may well be of no benefit or even harmful.

And what is the harm? Let’s presume that it doesn’t have significant adverse effects on its own (it does appear to be pretty safe). There is a very real precedent of treatments that were felt to be either neutral or beneficial actually being harmful when tested properly. No lung cancer expert would have expected that the EGFR inhibitor iressa (gefitinib) would actually have a significantly harmful effect on the survival of lung cancer patients, but that’s exactly what it did in SWOG protocol 0023. Not only did things not turn out as we’d have predicted, but I strongly suspect that lots of people would be getting lots of EGFR inhibitor therapy in this setting if we just had people do their treatment without taking several steps back and carefully reviewing the outcomes. LDN or other untested approaches could be detrimental, but anecdotal reports aren’t going to tell us that. Yes, people on the discussion forums can say that they’re alive and feel great 18 months after their doctor told them that that they should “get their affairs in order”. Do we have any idea how many people tried LDN and aren’t on the discussion forum to tell us it didn’t work?

So what? I’d be happy to accept that if conventional medical approaches aren’t offering anything remotely helpful, there’s little or nothing to lose. I suppose the value of what typically turns out from standard treatment to be months, and occasionally years, is in the eye of the beholder. Particularly if the “tested” approaches are exhausted, I agree that there’s little to lose. But if people forgo a benefit proven to improve survival by two months in a broad patient population in favor of an approach that is largely hyped on weaker evidence, there’s some real risk of loss there.

But maybe that’s not much to you. In that case, the real risk that I see is that people may become fixated on a hope that is “false hope”. Some people try these approaches with an understanding and expectation that they may be a long shot, and here I really see no harm in trying. But I cringe when I read people describing LDN and DCA and other treatments as “miracle treatments” and cures for metastatic lung cancer. I would love for this to be true: my ego could take it, and I’d be happy to find another job if oncology becomes obsolete because LDN cures everyone’s cancer. But I think these people calling LDN a miracle are setting a lot of people up for a lot of disappointment. I don’t portray my proven treatments in such a grandiose way.
In the end, it’s humbling to know that the whole premise of GRACE, offering vetted information about cancer from knowledgeable experts, is a bit undermined if people are just as happy to follow medical advice from the person in the waiting room as from their doctor. Medical care isn’t a movie recommendation. But some of this stems from a distrust of the medical community by wide segments of the population, and it’s fair to say that current system is far from perfect.

I’d welcome your thoughts. These are big issues.

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