

Morning and Other Dosing Times

Optimal dosing time varies with the person. Best to experiment with different times and see what works best for you as an individual.

For some LDN is energizing -- they may do best with morning dosing.

For some LDN makes them sleepy -- they will do well dosing at bedtime.

Occasionally some will find the blocking period results in an increase of pain or a darkening of mood -- they will do better being asleep during that time.

Some sleep well but then are groggy in the morning -- they may want to try 9pm or 6pm dosing so as to give the LDN some more time to clear.

Etc. If switching from bedtime to morning skip the bedtime dose first.

The original thinking about dosing at night because of the Endorphin cycle has pretty much been put aside although the advice continues to circulate (see graphic).

LDN cannot be considered in isolation. Suppose we go with the idea that LDN is more effective taken at bedtime. Yet for Patient X there are ongoing sleep issues with this dosing time. One must look at the net result. Good quality sleep is very important for healing. So maybe Patient X is better off with 75% of LDN benefits plus 80% of optimum sleep benefits via morning dosing vs. 90% of LDN benefits plus 40% of sleep benefits if going for bedtime dosing. Make sense?

Reminder though that many users report sleeping BETTER with bedtime dosing so it *may* be worth a try when starting.

Poll on Dosing time...

 DOSING TIME POLL

LDNRT sleep effects survey<https://app.screencast.com/As1UQsWR1Aibi>

Some trying to choose might consider the pessimistic, "Well what would be the lesser evil -- for me to feel sleepy during the day or have trouble sleeping at night??"

Regarding starting dose: Doctors often seem to be anxious to get their patients to what they think of as the "therapeutic dose" that they have seen in the studies -- namely 3 or 4.5mg. However it is more important to find the patient's "right dose" which may be substantially lower.

There are certainly cases where some people start high and do great, but it seems that it's easier to start too low and need to build rather than to start too high and have to cut back. Being too high on the dose increases the chance of unpleasant (not dangerous) side effects vs. being on a too low dose where it might just not be as effective as the "right dose." Some conditions

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that often seem to be better off starting at a lower dose like 0.5mg are CFS/ME, Lyme, MCS, and Hashi's.

We usually suggest spending two weeks at a given dose before increasing. Some may need to increase in 0.5mg steps. Initial reactions if any often settle down within a couple weeks so it's best to give the dose that much trial time if possible. If the effects are too intense you might want to keep reducing until you get to a dose you can tolerate. We've had some people dosing at 0.1mg and some lower. Sometimes it seems like the system needs time to just get used to the "idea" of LDN.

I should say however that once in a while a person will feel better at a higher dose like 4.5mg or even 6mg. so if it came to it I would probably try that before throwing in the towel.

If you are using Avicel as your filler you may want to try ginger, rice flour or sucrose instead.

A journal is a good idea. Aside from LDN be sure to include notes about diet, sleep, stress, weather, other supplements/meds etc. -- we are complicated experiments!

Brian Haviland - LDN International
<https://www.reddit.com/r/LowDoseNaltrexone/>

MeWe also has a group with the same name

{continued}

Morning and Other Dosing Times

22

THE LDN BOOK

past, scientists assumed that because the majority of LDN's assumed effects involved endorphins, it would be beneficial to take LDN at night. This belief has gradually fallen out of favor over the last five years, as clinical experience shows that the incidence of side effects is higher when LDN is taken at night, but clinical response is just as good when taken in the morning. Generally, clinicians in the United Kingdom recommend starting LDN in the morning.

Some patients, especially Crohn's disease patients, have tried taking LDN twice daily. Many have reported benefit, but this may be specific to this patient subset, due to an abundance of TLR receptors being expressed inside the small and large intestine.

Also see from LDN Now: <http://bit.ly/2Ce8LNV>

As per the above the "better at night" guidance is kind of outdated at this point but it will probably continue to circulate given the difficulty of updating things on the internet. -- BH