Treating Neuropathic Pain with Ketamine and LDN: Why Opiates are Contraindicated for the Treatment of CRPS and Other Neuropathic Pain Syndromes

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The gold standard treatment for the burning, stabbing, and bone crushing pain associated with Neuropathic Pain Syndromes (NPS) such as Diabetic Neuropathy, Complex Regional Pain Syndrome and Trigeminal Neuralgia has been opiate analgesics such as morphine, oxycodone, and hydrocodone. Although opiates have helped people with NPS initially manage pain and increase functional abilities, long-term usage has been paradoxically found to cause increased pain sensitivity, decreased pain tolerance, and cause neuroinflammation via activation of glial cells in the brain and spinal cord. Research demonstrates that opiates activate glial cells and maintains neuroinflammation by releasing neuroinflammatory agents. Thus, counter intuitively, treating NPS with opiates fundamentally exacerbates pain and instigates disease progression.

Most people with NPS cannot fathom getting through a day without the pain relieving effects of narcotic painkillers. Day to day functioning often depends on watching the clock to remain ahead of pain, for if it reaches a certain intensity, the pain is difficult to allay with even large doses of narcotic medications. Considering the level of pain people with NPS endure with the aid of the strongest medications, navigating daily activities without the relief of opiates can be a terrifying thought. However, the short-term relief achieved with opiates has long-term consequences that include further disability and increased pain and CRPS related symptomatology.

What is the solution to this unfortunate catch twenty-two, where relieving pain creates pain? Are people with NPS supposed to endure pain that is at times inhumane to endure in order to prevent disease progression and increased discomfort? Many people with NPS are exhausted and extremely eager for pain relief that living is a moment-by-moment achievement. In this place of desperation, planning for the future can feel overwhelming. Nevertheless, it is imperative that people with NPS explore new pain management techniques that are not found to exacerbate pain and further disability. Many people with NPS have experimented with an array of painkilling agents and have found opiate related pain relief superior. Luckily, new agents such as ketamine and Low Dose Naltrexone (LDN) have been found to provide pain relief, increase functionality, and reduce neuroinflammation.

The ketamine coma was introduced and evoked both hope and fear into the CRPS community. Tails of complete remission of refractory CRPS had hundreds clamoring to “reboot” their central nervous system at the risk of death, memory loss, seizures, and horrifying hallucinations. Physicians later found that the pain relieving and disease remitting effects of ketamine could be achieved at lower levels and thus, ketamine infusions were introduced to the CRPS community and are becoming a supported treatment by several insurance companies. Despite the tails of miraculous remission, the pain relieving effects of ketamine infusions can be short-lived and ketamine comes with risks like all drugs and can be expensive. Nevertheless, infusions can help people with CRPS and possibly NPS make the adjustment of functioning without opiate analgesics.
Naltrexone is a drug that has been used to prevent heroin overdose by blocking opioid receptors in the brain. Dr. x treated people who acquired HIV via needle drug use with naltrexone and subsequently compared HIV symptomatology of those who acquired HIV through other means (i.e., sexual transmission and blood infusion). He found HIV patients treated with naltrexone developed cancer less frequently and were in less pain and he concluded that naltrexone appears to modulate immune responses. Thereafter, LDN was utilized in the treatment of autoimmune disorders such as multiple sclerosis (MS), Chron's Disease and lupus with exciting results that included significant pain relief. Research supports that CRPS related neuroinflammation is partially maintained by autoimmune reactions. These aforementioned results inspired the usage of LDN for NPS such as fibromyalgia, Diabetic Neuropathy, Trigeminal Neuralgia and CRPS. Although more research is needed, LDN has demonstrated good prospective pain relief and has been shown to increase levels of daily functioning in a myriad of case studies. LDN is also found to decrease neuroinflammation by deactivating glial cells in the brain and spinal cord. With the known long-term negative effects of opiates, physicians should consider utilizing LDN and Ketamine in the treatment of CRPS and NPS.

In preparation for ketamine infusions, physicians often recommend that patients taper slowly off opiate medications. Tapered withdrawal can be a painful and scary process, which requires the support of family members, friends, and a treatment team. Nevertheless, the benefits of enduring these hardships can be life altering and is akin to a person with cancer tolerating the sickening effects of chemotherapy for the prospect of a hopeful future. After the infusions, initiating LDN may help boost the anti-inflammatory and pain relieving effects of ketamine; although pain relief may take weeks to months to achieve. Although this several month investment can be difficult to endure, the resulting payoff according to case studies conducted thus far is hopeful, as the many people who have made the switch off opiates, have enjoyed increased quality of life and reduced pain.