



KRATOM IN OPIOID USE REMISSION

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BACKGROUND

Mitragyna speciosa or Kratom is a Southeast Asian tropical evergreen tree from the coffee family. It is native to Thailand, Indonesia, Malaysia, Myanmar, and Papua New Guinea, where it is utilized in herbal medicine since the 1800s. Kratom has narcotic characteristics as well as stimulating qualities. It contains mitragynine, a psychotropic agonist at the μ and Δ opioid receptor. Animal studies have shown it is also an agonist at the postsynaptic α_2 -adrenergic receptors and blocks 5-HT_{2A} receptors⁽¹⁾. The Food and Drug Administration (FDA) reported in 2019 that there was no proof that Kratom is safe or effective for treating any condition⁽²⁾. Anecdotal reports suggest enhanced alertness, sociability, sedation, mood shifts, and pain alleviation. GI disturbance, erectile dysfunction, and facial hyperpigmentation are common adverse effects. Respiratory depression, seizures, addiction, and psychosis are all possible side effects⁽³⁾.

There have been no clinical trials on its effectiveness as an aid for opioid addiction, but many take it to help them quell their symptoms. This is a case report on a 35-year-old Caucasian male who presented to our Multi Specialty Clinic with a history of Opioid Use Disorder seeking remission treatment in order to maintain his living arrangement. Prior to starting naltrexone treatment, the patient found and used Kratom to aid his cravings.

Keywords: *Kratom, Opioid Use Disorder, naltrexone*

OBJECTIVE

Patients who struggle with Opioid Use Disorder who wish to remain in remission can struggle tremendously and may seek any method of improvement. Kratom may or may not be a solution for patients with opioid addiction and dependency during remission.

METHODOLOGY

Case Report

IMAGE



RESULTS

The patient wished to be started on naltrexone injections. However, his last opioid use was 2 days prior to his appointment, and he could not be started on naltrexone immediately due to the possibility that there were still opiates in his system. He was prescribed gabapentin 100mg TID PO, naltrexone 50mg QD PO, and clonidine 0.1mg BID PO before beginning naltrexone treatment. Patient stated that he understood the instructions but did not fill the naltrexone prescription.

When contacted about follow-up, he was eager to begin treatment and any misunderstandings were remediated. However, when he began taking naltrexone, opioid withdrawal symptoms precipitated, and the cravings continued. The patient felt that he needed something to diminish the cravings before his next visit. His work and living situation required proof of remaining drug-free. In order to maintain his living situation, he purchased Kratom to curb his cravings, took ten 750mg capsules a day, and reported that his cravings improved.

Upon follow-up, the patient was counseled to discontinue Kratom while on naltrexone and when he begins naltrexone. He used Kratom for 2 weeks and ceased use. He opted for buprenorphine/naloxone instead of the naltrexone injection. The patient was doing well on the buprenorphine/naloxone, but he has not returned to the clinic for follow-up.

DISCUSSION

People who suffer from Opioid Use Disorder often have immense difficulty with cravings. While there have been some studies on Kratom, there have been no studies on the use of Kratom for withdrawal and for craving control. Our hypothesis is that Kratom may be useful in the setting of Opioid Use Disorder and where patients would like to have more control over their cravings when discontinuing opioid use. There is the possibility of addiction to Kratom in addition to its side effects. There would need to be more studies on Kratom. People can purchase it from regular stores with ease. It may present the opportunity to become a replacement, a substitute, or adjunct therapy to medication such as naltrexone. It may also not aid in the treatment of opioid use disorder at all.

A pro for the study is that the patient was very willing and ready to cease his opioid use. A con for the study is that the patient has not followed up with the clinic recently and he ceased his Kratom use when he began his naltrexone therapy, so we are not able to track if it may have helped him as an adjunct. This type of study may need to be carried out under closer monitoring of vitals and ensure patients are not harmed.

Unlike Kratom, however, FDA-approved medications have undergone thorough safety and effectiveness testing, and the government regularly monitors safety data for these FDA-approved treatments.

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