

How to Talk to Your Doctor About 7-OH Withdrawal

A guide for patients seeking medical support for 7-hydroxymitragynine / kratom recovery

For the clinician: 7-hydroxymitragynine (7-OH) is a kratom-derived alkaloid with 13x the mu-opioid receptor potency of morphine. It is sold legally in 44+ states as a consumer product. Over 500 million Americans have used concentrated 7-OH products. There are currently zero FDA-approved treatments and zero published clinical protocols for 7-OH withdrawal. This document summarizes an evidence-informed framework to support your clinical decision-making.

What to Say (Your Opening Script)

You don't need to explain everything. Start with this:

"I'm dependent on a kratom product containing 7-hydroxymitragynine. It acts on opioid receptors — 13 times more potent than morphine — but it also has adrenergic and serotonergic activity, which means standard opioid withdrawal protocols don't fully address the symptoms. I'd like to work with you on a medically supported taper or withdrawal plan."

- **Frame as collaborative.** Let the doctor lead clinically. You're providing information, not demands.
- **Use medical language.** Say "dependent" not "addicted." Say "mu-opioid agonist" if they seem unfamiliar.
- **Bring this sheet.** Most doctors have never seen a 7-OH case. This document gives them a starting framework.

Why 7-OH Withdrawal Is Different

7-OH creates a **dual withdrawal syndrome** — which is why standard opioid protocols often fail:

Opioid Component	Adrenergic / Serotonergic Component
Nausea, diarrhea, muscle pain, insomnia, cravings	Anxiety, panic, depression, emotional volatility, temperature dysregulation
Addressed by: buprenorphine, methadone	NOT addressed by standard opioid treatments

Key point for the clinician: Suboxone only addresses the opioid component. The adrenergic/serotonergic rebound (Component 2) requires separate management — typically clonidine and/or gabapentin.

Medications to Discuss

These are not prescriptions. They are evidence-informed options to bring to your doctor's attention. Discuss with your doctor which, if any, are appropriate for your situation.

Medication	Typical Range	Target Symptoms	Notes
Clonidine	0.1-0.2 mg q6-8h	Anxiety, sweating, restlessness, blood pressure spikes	Addresses the adrenergic component directly. Monitor BP.
Gabapentin	100-300 mg, titrate to 1,800 mg/day	Anxiety, insomnia, nerve pain, restless legs	May be preferred if anxiety is primary complaint. Titrate slowly.
Trazodone	50-200 mg at bedtime	Insomnia, sleep architecture restoration	Non-addictive. Addresses serotonergic sleep disruption.

Low-Dose Naltrexone (LDN)	1.5-4.5 mg at bedtime	Post-acute cravings, receptor upregulation	ONLY after acute withdrawal complete (14+ days). Can precipitate withdrawal if started too early.
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Bloodwork to Request

Ask your doctor to order the following panels. These help identify underlying deficiencies and guide recovery support:

- **Baseline:** CMP (comprehensive metabolic panel), liver enzymes (AST/ALT/GGT)
- **Nutrient status:** Vitamin D, B12, folate, ferritin
- **Hormonal:** Testosterone (total + free), cortisol (AM fasting), full thyroid panel (TSH, free T3, free T4)
- **Inflammation:** hsCRP, homocysteine
- **Genetic (if available):** MTHFR methylation panel (MTHFR, MTRR, MTR, COMT, AHCY) — ~\$100-200

Why MTHFR matters: Two studies found 87-90% MTHFR variant prevalence in opioid-dependent populations (Farah 2018, n=96; Ranjbar 2022, n=232) vs. 48-66% in the general population. MTHFR variants impair natural production of dopamine and serotonin. Many people dependent on kratom/7-OH may be unknowingly self-medicating a pre-existing neurochemical deficit. *Note: These findings are from opioid-dependent populations broadly, not 7-OH-specific.*

Important Safety Notes

- **Do NOT start naltrexone during acute withdrawal** — it can precipitate severe symptoms.
- **Suboxone alone is often insufficient** — it does not address the adrenergic/serotonergic withdrawal component.
- **Methadone introduces its own severe dependence** — discuss risks carefully.

Crisis Resources: 988 Suicide & Crisis Lifeline (call or text 988) | SAMHSA National Helpline 1-800-662-4357 (free, confidential, 24/7)

This document is not medical advice. It is an informational resource to support conversations between patients and their healthcare providers. All medication decisions should be made by a licensed physician based on individual clinical assessment. Do not start or stop any medication without consulting your doctor.

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