Background: Several therapies are used for Relapsing-Remitting Multiple Sclerosis (RR-MS) with proven effect on relapse rate, such as the first line therapies with interferon-beta and glatiramer acetate. However, natalizumab has been used as a second line treatment in patients with active relapsing-remitting MS with effective response. Objective: To report the use of natalizumab for a case of RR-MS. Case Report: We present a case of a 56-year-old man with RR-MS who is receiving monthly intravenous natalizumab. The first relapse occurred in January 2003 with sensitive and bladder symptoms. The MRI, visually evoked potentials and cerebrospinal fluid tests confirmed the diagnosis of MS. Two years later he initiated the use of interferon beta 1-b when symptoms got worse. He evolved with many relapses, most recovering after high doses of intravenous corticosteroids. However he reached EDSS 6.0 in the year of 2009, despite treatment with interferon beta and corticosteroids during relapses. A new brain MRI worsened, showing multiple areas of demyelination in the brain. From July to September 2009 he used glatiramer acetate, without good results. We decided to use Natalizumab, and the first 2 doses were administered. No side effects and no other reactions were noted after these doses. Multiple Sclerosis stabilized as verified by the EDSS and by the absence of relapses until April 2010. Conclusion: Despite the risks of serious adverse events, a breakthrough in the treatment of MS is the use of monoclonal antibodies. The initial response to Natalizumab in our patient was encouraging and until now reduced the progression of his disease and stopped MS relapses.