Reduced Use of Pharmaceuticals A Recurring Theme From Patients

By Jeffrey Hergenrather, MD

Despite the many advances in medical science to elucidate the causes and treatments for many diseases there remain many conditions that fall into the category of "etiology unknown." For these, physicians continue to offer the best treatments that are available to alleviate the pain and suffering where there is little hope for cure.

In many cases the conventional treatments are as problematic as the diseases themselves. Patients who have chosen cannabis as an alternative treatment for these conditions often confide to cannabis specialists that they have been able to quit or reduce their use of pharmaceutical drugs. It is a recurring theme, and a significant one.

Brief reports on two such cases follow.

Systemic lupus erythematosus

Patient AG is a 34-year-old woman who has had systemic lupus for over 10 years. Her lab findings include positive ANA, positive RNP antibody, positive platelet antibodies, and hypocomp-lementemia. Her abnormalities include low grade fevers, fatigue, arthritis, arthralgias, cutaneous manifestations, persistent leukopenia and thrombocytopenia.

Evaluation and treatment by two rheumatologists resulted in the repeated advice to use immunosuppressive drugs including Plaquenil and prednisone to modify her immune system disease. She did this for many years with multiple adverse effects.

Subsequently, she discovered the medicinal use of cannabis, initially for pain control and depression, then later as an immune system modulating medication. Over the past two years she has discontinued all pharmaceuticals while relying on cannabis only. She has not had an exacerbation and reports that she hasn't felt as well for many years.

Crohn's Colitis

Patient AE is a 22-year-old man who has had Crohn's disease for more than six years. His lab findings include leukocytosis and biopsy confirmed Crohn's colitis.

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His abnormalities included weight loss, anorexia, nausea, abdominal cramping pains and diarrhea along with recurring bouts of rectal bleeding and signs of obstruction.

Evaluation and treatment by his gastroenterologist resulted in the repeated advice to have his colon surgically removed and the use of immunosuppressive drugs including azathioprine and prednisone to modify his immune system disease along with several other medications.

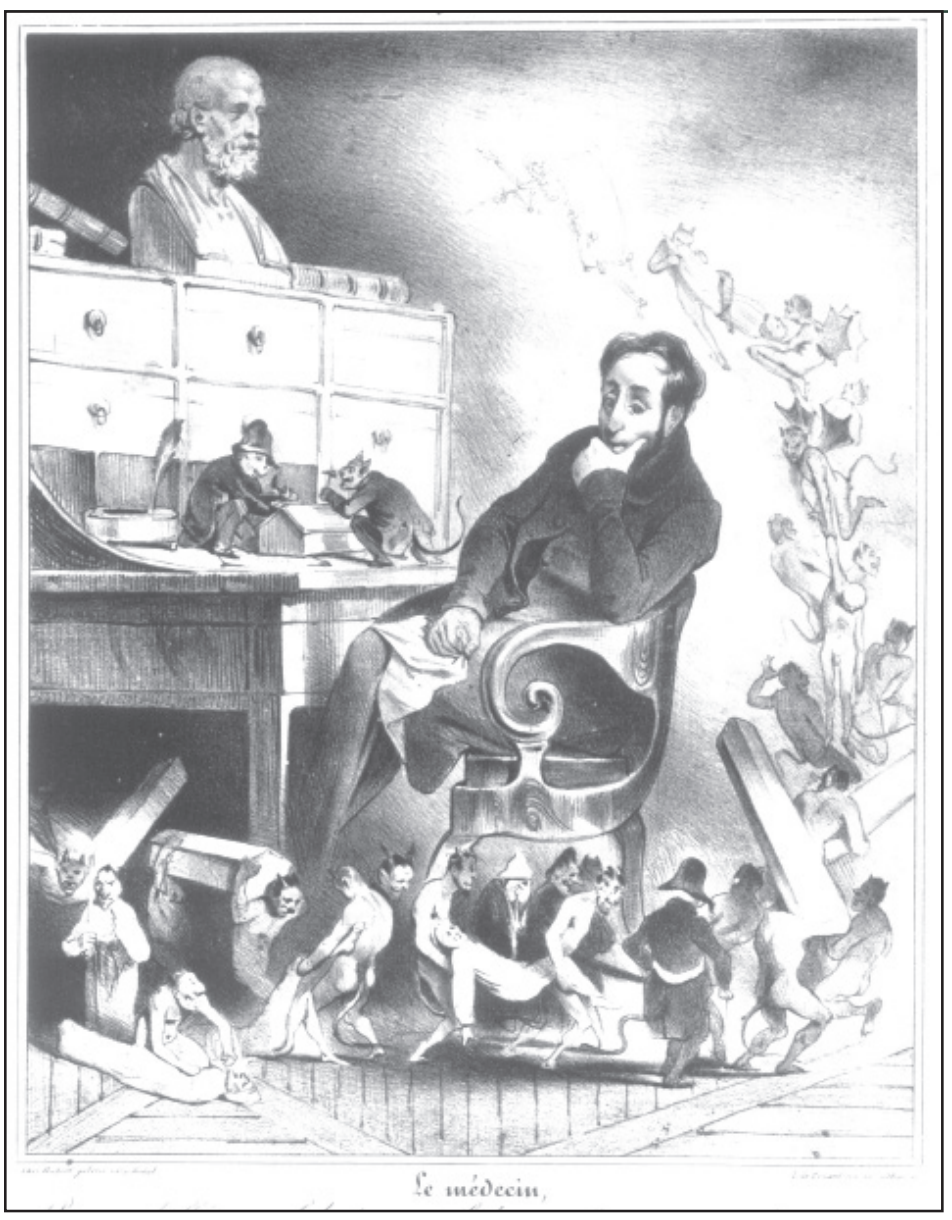
Over the past three years he began regular use of cannabis with an immediate marked improvement in his symptoms of anorexia, nausea, cramping and diarrhea. He has been able to reduce his dependence on prednisone to 1/4 of his former effective dosage as the frequency of his stools has been reduced by 1/2 or more. He reports that he feels much better now than he did before beginning the regular use of cannabis.

And he did not have to have his colon removed at age 22.

Though these two cases are quite different, they both share the distinction of being diseases of unknown etiology, deleterious inflammatory reactions, and frequently treated with steroids and immunosuppressive drug therapy.

Very little is known about the role that cannabis and endocannabinoids play in the immune system. It is noteworthy that the spleen and white blood cells are loaded with cannabinoid receptors. An immunomodulating effect cannot only be postulated, it has been confirmed with the evidence that white cell recruitment is blocked by cannabis in rheumatoid arthitis joints.

In the cases noted above, it is very encouraging to find the patients experiencing such beneficial clinical improvement without adverse effects.



Le médecin.

Question from a soldier:

Is Cannabis Recommended for PTSD?

Hello Dr. Mikuriya.

I have recently returned home from Iraq. This was my second tour. I only had about 4 months between the two tours. When I returned home, I noticed I didn't feel the same. My wife was the first one to talk to me about it. She said I am acting a little different. I didn't think much of it. Until I went to Atlantic City. We went out and i got shaky around a big group of people and needed to leave the casino. I also am at a high state of alertness and I startle at certain noises. My tolerance is also very low, I get angry very easily. Not violent, I still have control but very agitated.

I also have trouble sleeping and sometimes i have to take a sleeping pill or nyquil to go to sleep. I went to my doctors and they sent me to a place on base that helps with PTSD. Right now they have me in a group with other talking about our experiences. And they are going to prescribe something for my anxiety and sleep disorder. I don't feel comfortable taking this drugs because of the side effects and maybe addictiveness of them. I am not sure if you would recommended medical marijuana for this or not. Plus I am still in the service so I not sure even if i did get a prescription if i would be allowed to use it. I do get out in 6 months and I am afraid what's going to happen once i get out, as far as medical goes. Thank you for your time. Please respond at your earliest inconvenience.

Name Withheld

Dr. Mikuriya Responds:

Thank you for your service to the country.

Thank goodness I have never been exposed to your kinds of reality. Before medical school I was a psychiatric corpsman in the Army at the Brooke Army Medical Center psychiatric locked ward where enlisted men, officers, and dependents were evaluated and administratively referred.

Cannabis would indeed be useful in managing symptoms of PTSD. This has been known for over a century in the medical profession but forgotten because of its legal status since 1937. The Israeli army, however, recently disclosed that it is evaluating cannabis in the treatment of PTSD.

There are, unfortunately, a couple of problems. A positive drug test for the presence of THC metabolite would be the end of your military career. The second problem is that if you were prescribed Marinol, a schedule III drug, the Army would declare the test positive and it would not be reviewed by any medical review officer. Were it reviewed, the prescription for Marinol would explain the presence of the metabolite and the test reported as negative.

The VA system is also precluded from utilizing cannabis or cannabinoids by both cost and prohibitory rules. The problem with sedative use —both prescribed and OTC— is the side effects when used chronically. Hangovers, dullness, sedation, constipation, weight gain, and depression are common consequences.

Problems managing the symptoms of hyperalertness, insomnia, and nightmares are not just ineffectually controlled, but the ugly side effects of drugs become the problems.

Avoid alcohol! Primary effects and interaction with other medications practically guarantee more problems. Nothing worse for aggravating irritability, insomnia, nightmares, and running up a sleep deficit that increases symptoms.

Unfortunately you can't "alt-ctrl-delete" the horrific experiences. You must focus your efforts on decreasing your vulnerability to these indelible memories. Fatigue and pain are conditions to be minimized. A regular exercise regimen to release tension and retain a sense of control and intactness will help you cope.

Cannabis is the treatment of choice for PTSD but definitely would spell the end of your military career.

I don't know what sources exist in your world for treatment of PTSD. There is some institutional awareness of PTSD and efforts are exerted to make services available. Skillful debriefing of a small group may be useful, but I strongly recommend against medication and alcohol for this chronic condition. You are stuck with these memories forever but how you respond is the question.

Medically, cannabis is the treatment of choice for PTSD but definitely would spell the end of your military career. If you elect not to medicate with cannabis, the regular exercise regimen, avoidance of drugs and alcohol, and a specialized debriefing is the least worst response to this chronic psychiatric disorder.

Tod Mikuriya, MD