

Findings and Observations

From Robert Sullivan, MD

What do you tell patients re dabbing?
What have they told you?

I tell them that it's like a concentrate of a concentrate, very potent. Some of my patients who've developed a tolerance say they like it, usually because they don't need to smoke much of it and it still works. It is sort of faddish.

I also tell them that having to use a tungsten nail and a torch reminds me too much of hard drugs. That it apparently can be useful for people using it as a treatment for various cancers. And that the butane extraction method is criticized by some people who don't believe it evaporates completely, thus leaving a possible toxic residue that, if present, would definitely be a big concern, and that I couldn't give them a definitive answer to that question.

What feedback are you getting re CBD?

Some patients who have adopted it find it has improved their lives very much and they resonate much happiness. Some others aren't interested because they like the high THC and don't think the varieties they're using lack medical effect, so why change? Most haven't tried it but are very interested in doing so. They like the idea of remaining more functional, more clear-headed. I've been explaining it to every patient I see for the last two years so they can explore it if they wish.

For what conditions, if any, are patients using cannabis concentrates ("oil," etc.) With what results?

For any of the usual conditions they want. I'm not aware of concentrates being especially good for any certain conditions. It seems to work fine. Most prefer it because they're smoking less cellulose (plant matter) and have to inhale less to get good results. And, of course, you can make good concentrates from the trimmed material ("shake"), so that's a nice practical use of material some people would otherwise throw away.

How many patients have you authorized to use cannabis over the years?

I'd estimate about 12-15,000 different people over 10 years, most having returned many times now for annual renewals, so I've gotten to know them fairly well.

With what medical conditions have they presented? List top five and approximate percentage (total can exceed 100%).

The medical conditions are very many and wide ranging in systems. Here's an incomplete list by diagnosis or symptom:

- Arthritis of many kinds — 20%
- Pain of diverse causes — 40%
- Insomnia of many causes — 50%
- Anxiety/Depression — 14%
- GI conditions of diverse causes (IBS, Crohn's, GERD, Anorexia, etc.) — 25%.

Also: Migraines, Bipolar Disorder, Multiple Sclerosis, Nausea, HIV/AIDS,

Less common: many Skin diseases (Psoriasis, Eczema, Urticaria [Itching], etc), Asthma, PTSD, ADD, ADHD, Restless Leg Syndrome, Menopause, Premenstrual Symptoms, Autism, Seizures, Spasms, Renal Failure, Cancer, Chemo, CRPS, Diabetes, Neuropathy, Addiction, Hypertension, Glaucoma, Fibromyalgia, Chronic Fatigue Syndrome, Tinnitus.

Have you noticed any trends in terms of your patients?

Not so much in diagnosis or symptoms, but more people who are cannabis naïve, including a few young children with bad Seizures or Autism.

Which rare conditions have you encountered?

Wolfram Syndrome (Diabetes, Blind [optic atrophy], demyelination, general pain and numbness)

Morgellon's Disease (unusual skin lesions with colored fine fibers hanging out, black skin spots, Chronic Fatigue, Fibromyalgia, joint pain, problems with concentration and memory, "crawling" skin sensations)

Have you compiled demographic data or can you estimate the breakdown with respect to patients' age, gender, race, economic status? Any trends discernible?

Too much to tackle now.

How many of your patients are consciously substituting cannabis for alcohol? For hard drugs? For prescription meds? For seizure disorders?

A few percent for alcohol. Same for hard drugs. Almost all using it to get off Rx drugs. A few percent for seizures, including some children.

How many pediatric epilepsy cases have you encountered?

I recall only 2 pediatric seizure patients I've seen:

- A 16 y/o girl with several daily mixed type (Focal & PM) seizures without a satisfactory response to the many conventional (and unconventional) drugs tried. Improved greatly when cannabis added to the last two Rxs she was on, and no significant side effects noted by mother. (As opposed to "horrible" ones on the other Rxs.)
- A 4-5 y/o boy with 40-50 absent type seizures daily, also pretty resistant to conventional Rxs, on cannabis down to a few a day. Conventional Rx side effects also described as terrible, intolerable.

Have you observed or had reports of adverse effects from cannabis? If so, please describe?

Nothing beyond the common red eyes, dry mouth, sleepy, and an occasional complaint of Sativa keeping a fellow awake at night.

Please include any insights or observations you consider worth sharing with col-

Case report

Dupuytren's Contracture resolves with topical cannabis salve

By John Lovejoy, D.O.

Diagnosis

Medical condition: Arthritis

Specific condition: Dupuytren's Contracture

Symptoms

Painful finger contracture deformity with palmar fascia and flexor tendon deformity. Pain Scale (before treatment): 6

Abstract

46-year-old male carpenter with slowly progressing Dupuytren's contracture of his right 3rd finger was advised to try using a home made concentrated cannabis salve with an occlusive barrier (nitrile glove) at bedtime in order to reduce daytime pain. Patient returned one year later for his medical cannabis recommendation with near complete resolution of the contracture.

Pain Scale (after treatment): 1

Patient information

Otherwise healthy non-smoker.

History & Symptomatology

Several-year progression of palmar fascia and flexor tendon contracture of the right third finger was making it more and more difficult for this patient to swing a hammer on the job. He was looking for a non-psychoactive alternative for daytime pain relief. Exam found a classic thickened and deformed palmar fascia with firm bead deformities of the flexor tendon.

Previous Therapies

Massage, splinting.

Cannabis Therapy

Method of administration: Topical cannabis cream was applied liberally to the entire palmar surface of the affected hand which was then covered by a single rubber glove and worn overnight then removed and washed in the morning. He was not ingesting or smoking/vaporizing cannabis.

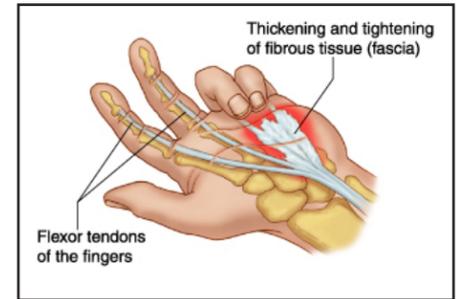
Frequency of Usage

Times per day 1, days per week 7

Cannabis strain highTHC/low CBD strain by description, but not tested.

Clinical Response

Patient reported that after several weeks of bedtime cannabis salve and a glove the



DUPUYTREN'S CONTRACTURE involves thickening of fibrous bands (cords) of skin and underlying tissue in the palm (palmar fascia) that can result in the band shortening. As the bands contract, the fingers pull down into the palm (flexion contracture). The bands are so strong that the individual becomes unable to straighten his or her involved fingers.

Dupuytren's contracture is a hereditary disorder with a prevalence of 4% in the US. Most common in Norway, where it affects 30% of males >60 years. Severity varies, with some individuals developing only nodules (bumps in palm) without the flexion contractures. —The Reed Group

contracture had nearly entirely resolved. When seen by me one year later he had near normal extensor range of motion, preserved flexor range of motion, normal appearance and no palpable deformity.

Comments

Dupuytren's contractures may in part be due to upregulation of myofibroblasts. This article [<http://www.ncbi.nlm.nih.gov/pubmed/24312195>] describes the endocannabinoid system as a mediator of mesenchymal stromal cell immunosuppressive properties.

Here is the only other case [<http://www.ncbi.nlm.nih.gov/pubmed/1402277>] of non-surgical resolution that I could find, this with continuous passive traction. Interestingly, it calls for "further pharmacological studies."

He used a homemade salve. I always advise using coconut oil plus DMSO He was uninsured at the time and couldn't afford surgery though he wanted to. Lucky guy!

Dr. Lovejoy is a member of the Society of Cannabis Clinicians.

leagues, patients and the community at large.

My patients are just trying to live a "normal" life, to function (a job, family, fun, etc.) but have a health problem that is in the way. Almost to a man/woman they have tried the conventional drugs with either little effect or intolerable side effects. They are so happy to find that cannabis significantly tones down their symptoms without making them a zombie or suffering other big-time side-effects. They can still function, and that's what we all want. I'm sure my colleagues get the same immense satisfaction I do in helping these people significantly improve their lives.

I believe the genie is really out of the bottle now. Too many people now get it that cannabis really works (on themselves or someone in their circle of contacts) and friends tell friends about things that really work. A state or two every election legalizes medical use. Recreational approval is now starting to happen.

While significant monied and corrupt corporate, bureaucratic, and propagandized political resistance remains, I perceive some cracks in the wall. Their propaganda doesn't work nearly as well any more. We must continue to push to get cannabis re-scheduled. I believe that will break the dam.

Any special cases to report?

There are certain patients you find especially moving... A 37-year-old man, had a horrible accident in the Air Force five years ago. He was severely injured around the face. His face had to be "rebuilt," which took several operations. He didn't tell me how it

happened and I didn't need to know. They gave him a new jaw and he looks surprisingly good. He's lean and tan —the manager of a peach orchard. A cheerful, smiling polite young man from the Deep South. And he's had this horrible experience protecting our country, and he's come through it.

His symptoms are chronic pain around his jaw and neuropathy in all four extremities, every day, off and on. He has muscle spasms, generalized, during the day but especially at night, so his sleep is disturbed. He was on 10 different pills. They would decrease in effectiveness and the adverse effects would increase. He was stupefied. He was not functioning, didn't feel at all himself.

On his own he withdrew from all the pills because a friend, another military guy, said "You should try cannabis."

He says he remembers when he first tried it —relaxation going through his whole body. He says he felt comfortable for the first time in a long time. He said the pain didn't go away but it didn't bother him. And he was able to function, his life picked up. He's managing this orchard and he's all positive thoughts.

He was a moving guy to meet. A hero to me. But the VA doctor was very hostile. She said you can use the cannabis, but no pills from me. He was on Vicodin and other addictive stuff, and she was willing to cut him off cold turkey!

"It is easier to fight for principles than to live up to them." —Alfred Adler



ROBERT SULLIVAN, MD, WITH ANNA BOYCE, RN AND PHILIP A. DENNEY, MD. Boyce was a leading proponent of Proposition 215, which legalized cannabis for medical use in California in 1996. For years there were very few doctors in the southern part of the state willing to approve cannabis use. When Sullivan and Denney opened their office in Lake Forest, activists thanked them for "lifting the Orange (County) Curtain."