Findings & Observations

Learning From My Patients

By Paul Meyer, MD

In November 2008, voters in Michigan went to the polls to decide whether we would become the 14th state to allow the use of medical cannabis for patients certified by a physician as having one of several qualifying conditions.

The initiative passed, with 62% in favor. I voted "yes" —not out of any deep understanding of the medical benefits of cannabis, but because I knew that herbal medicine is a useful modality that has been neglected by the medical establishment.

Group practices and hospital-affiliated offices announced that they would not be allowing physicians to fill out patient certification forms.

I had been maintaining a small holistic/integrative medical practice in Saginaw since 1995 and working part of the week at urgent care clinics. I was one of the obvious local doctors that users would seek out, hoping to get certified. Now I had to decide: was I going to sign patients' paperwork?

For many doctors there was no choice to be made, as group practices and hospital-affiliated offices announced that they would not be allowing physicians to fill out patient certification forms.

Most independent physicians, understandably, followed suit with the groups and chose not to authorize patients, either. Why recommend a substance that, according to our training, could cause lung cancer, or lead to addiction, or psychosis, or harm people in myriad ways? Supporting the medical use of "weed" could get a doctor in trouble.

Yes, there were anecdotes and tidbits of information out there suggesting that cannabis might be useful for a small number of conditions, like the anorexia and wasting of AIDS and cancer, or the spasms of MS. But the medical establishment decreed that the FDA-approved standard pharmacological treatments were safer and more reliable.

Besides, cannabis was a crude plant that people smoked. A doctor's job involved getting people to quit smoking, not encouraging it. And what was the patient going to be inhaling? There was no way to know, much less control, what people would be consuming. Where did the "medicine" come from? Did it contain mold or pesticides? Were the new super-high-THC strains as dangerous as the experts said?

On the other hand, I wondered if some of those patients for whom no treatment worked effectively might benefit from cannabis. In Chinese Medicine and acupuncture, there are 12 primary meridians. These correspond to different physiological-mental-emotional types, which manifest illness in distinct ways and respond differently to treatment.

In contrast, Western medicine considers everybody to be more or less the same. This assumption can confound results in clinical testing, in which a drug has to outperform a placebo. A treatment might work well for 30 percent of test subjects and be rejected on the grounds that it is no more effective than sugar pills.

The Chinese view suggests that a given herb, drug, or treatment may be effective for only a subset of the population, and then only under certain circumstances. But for these people, it can be invaluable.

Modern medicine is being forced to deal with this issue of metabolic individuality due to the reality of idiosyncratic reactions, to drugs in particular. A few individuals can respond with a severe and life-threatening reaction to medication that is well tolerated by most. Identifying a patient's metabolic eccentricities (such as genetic variables in liver metabolism) can be critical in delivering safe and patient-appropriate care.

My curiosity about what cannabis could do medically overcame my fear of a waiting room full of colorful characters.

My curiosity about what cannabis could do medically overcame my fear of a waiting room full of colorful characters seeking cover that would allow recreational use of their favorite herb. So, in early spring of 2009 I decided to accept for evaluation patients who wanted cannabis certification and had solid documentation of a qualifying condition.

I didn't advertise or do anything to attract medical marijuana patients, but it wasn't long before they began arriving. One of my first new patients requesting certification was Shirley. The polar opposite of my mental image of a patient wanting to game the system, she was in her mid-60s and hobbled into my office with "failed back syndrome."

This meant that she had kept giving the neurosurgeons one more try at alleviating her terrible lumbar spine pain. Her story made me reflect on the adage about persisting at something despite getting the same undesirable results. But pain and desperation drive people to take what can look like insane gambles. Shirley had quit after six surgeries, without getting what she wanted: relief from the constant and severe pain, which she rated as seven to nine on the ten scale.

She was using a cane, and limped in a stooped-forward position to minimize the ache in her back and hips. She shared that she had never used illegal or recreational drugs, would never have even considered using illegal drugs. She wasn't that kind of person. Prescription narcotics had helped her somewhat, but not enough, and unwanted side-effects limited her use.

The passage of the cannabis law had changed the playing field, and Shirley was desperate. A new option which offered even faint promise of a way out of her pain had to be explored, even if it meant considering a street drug that has been demonized and surrounded with a halo of fear. Would it make her spacey, or unable to function? Would it make her crazy, or a couch potato, or an addict, robbed of incentive or ability to do anything? She was taking a chance, but now it was legal, at least, and she wouldn't be a criminal for looking into it.

Shirley went to a local compassion club meeting, seeking information about how to begin the process of applying for her state permission card. She came away with the facts, and an unexpected dividend: a small bag with a few sample cannabis buds, slipped into her purse by one of the certified caregivers. She took it home and smoked it.

The crippling, agonizing muscle spasms, she told me, went almost completely away. Over the intervening week before her appointment, she had daily intervals of nearly pain-free life —a blessedly welcome and almost incredible relief for one who had been in crippling pain for years.

Shirley is one of those patients who seem to take naturally to cannabis, get dramatically effective results, and don't experience any significant physical or cognitive downside. Such patients are perhaps a minority, but once you have seen even one person with this kind of response to cannabis, you have unassailable proof that they exist. You may wonder if it's a placebo response, but the placebo response depends largely on expectation of benefit, and in this case the patient was, in part at least, fearing and half-expecting a negative response.

During the course of 2009 my preconceptions about cannabis and people who used it were challenged and largely dismantled by a dozen or more patients who, unlike Shirley, were already cannabis users reporting favorable results for pain, depression, anxiety and PTSD. All of these experienced users —a few of whom had been self-medicating for 40 years or more—reported real and concrete benefits with their documented medical conditions. None of them were the stereotyped couch-potato, pothead recreational users I had imagined would flock to me. Some acknowledged that the cannabis high was pleasant, but anxiety relief was described as the primary psychological effect they experienced.

The existence of an endocannabinoid system astonished me —momentarily— until I reflected: how could any plant affect us if we didn't have an endogenous system of receptors?

As I let my patients educate me, and pursued research into cannabis history and therapeutics, I had my eyes widened further. The evidence that cannabis has permeated world spiritual history —including our western traditions—as a sacred divinitory herb was unexpected. (See "Cannabis and the Soma Solution," by Chris Bennett.) The wide range of documented therapeutic benefits, and the established relative lack of toxicity, were surprises, too.

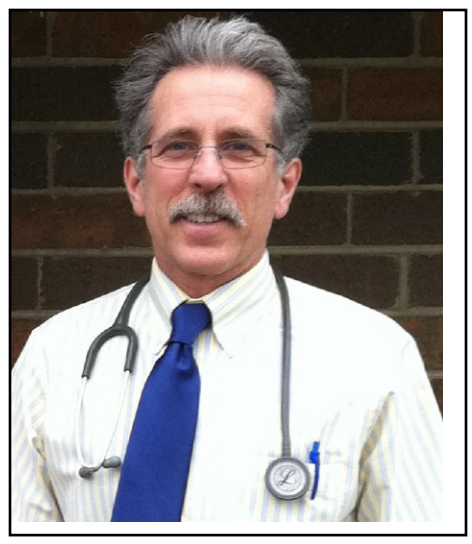
The existence of an endocannabinoid system astonished me —momentarily— until I reflected: how could any plant affect us if we didn't have an endogenous system of receptors? The racist origins of cannabis prohibition in 1937, and the influence of powerful industries threatened by cannabis, were a lesson in American history.

Wanting to learn more about cannabis, to talk about it, and to expand my use of it therapeutically, I found The Hemp and Cannabis Foundation (THCF) branch office in Southfield, Michigan. This nonprofit organization is based in Portland, Oregon, and runs cannabis-certification clinics in several states. Beyond certifying patients, its stated goals are patient and social education about the benefits of cannabis, restoration of hemp cultivation, and an end to prohibition.

I was impressed that the office staff included long-time local activists who were committed to their political work, and who seemed genuinely interested in the welfare of the people who visited the clinic. Most important, the process of patient certification was consistent with a medical model and the requirements of the state law: history-taking, physical exam, and the establishing of a doctor-patient relationship.

I signed on with THCF in November of 2009 and began seeing patients in Southfield one day a week, which soon expanded to two. I continued to maintain my holistic and family practice work in Saginaw and urgent care one day weekly.

At THCF clinics, my patient encounters begin when I call the person from the waiting area. At this point s/he has already seen another member of the staff, generally a Licensed Nurse Practitioner or a medical or nursing assistant. The patient has written in his or her chief complaint, checked boxes on the medical history form and listed past surgeries and any medication allergies. All this has been reviewed, and current medications listed by the assistant, who then takes vital signs and does some elements of a preliminary physical exam. This process takes about 10 minutes.



Paul Meyer, MD, got his BA at the University of Michigan and his MD from the Michigan State College of Human Medicine. After a Family Practice residency, Meyer joined a private Family and Holistic Practice office in Saginaw in 1995. He has been doing cannabis certifications for two years.

When I sit down with the patient, I review all the above, and fill in details. I can usually discover and add one or more medications or disease conditions which have been forgotten or omitted. Then I review the patient's records and chart the documentation of one or more qualifying conditions, as well as other diagnoses.

I see my role here as confirming diagnoses in the patient's records.

Proceeding with the physical exam, I do the basics of heart, lung and abdominal examination with every patient. The rest of my exam is focused, dealing most often with places that are causing pain. I may do spinal or extremity examination, with palpation and range of motion testing. I see my role here as confirming diagnoses in the patient's records. Sometimes these are glaringly obvious, as in patients who limp or use canes or wheelchairs or have surgical scars. Other patients may have no distress or abnormal physical findings whatsoever, as in the case of an asthmatic who is not currently wheezing, or a migraine patient who is pain-free that day.

After the physical exam, I fill out the state physician certification form, checking the appropriate box or boxes, and printing the one or more diagnoses. I will have spent an average of 10 minutes with a patient, a few minutes less with a young, generally healthy person, and up to 15 minutes or more with one with complex problems.

As a holistic practitioner, I am always looking for patient problems that have not been resolved by conventional treatment. I give about one in three of my THCF patients handouts detailing herbal, nutritional or supplemental therapies that may benefit them. I write several prescriptions daily in this setting.

In my private practice, initial visits average about 45 minutes. The difference is that with private patients I explore most or all of their problems in greater detail, and do a more thorough general physical examination. The THCF clinic format has its limitations, yet I do feel that I come to an understanding of my patients' problems,

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and establish a relationship with them.

Return visits—generally on a yearly basis— have tended to confirm the ongoing relationship and sense of connectedness in a gratifying way. Above all, my feeling about these clinics has been that I am facilitating the use of a medication which is safe and useful, and often invaluable, and that patients could not legally obtain through their regular physicians.

I am seeing a self-selected patient population comprised largely of people who want to get legal because they are achieving good results with cannabis. This did not make their case histories less significant.

In the clinic, all of the patients want certification, and most are already using cannabis successfully. Patients were well screened by staff, and office protocols insure that those who got through to me had appropriate documentation to qualify under state law. I am well aware that I am seeing a self-selected patient population comprised largely of people who want to get legal because they are achieving good results with cannabis. This did not make their case histories less significant. Most days I see one or more patients whose stories were powerful, touching, dramatic, heartbreaking.

I was troubled by the wide gap between what I "knew" about cannabis as an MD and what I was learning first hand from patients. For example, an in-depth evaluation by the Institute of Medicine in 1999 found cannabis roughly equivalent to small-to-moderate doses of codeine as a pain reliever. But I was routinely seeing patients who had replaced large doses of much stronger opioids with cannabis and were getting far better results.

The weight of medical opinion and mainstream media coverage about cannabis is so overwhelmingly negative that I felt compelled to document what I was learning. I began interviewing patients — many of whom were glad to share their experiences, which provide a counterweight to the medical establishment "line."

Julia: Post-surgical Back Pain

Julia is one of those patients who have absolutely no interest in "getting high," or in any of the cognitive effects of cannabis. She values it solely for the pain relief she obtains. Initially reluctant to become a legal user because of the potential stigma, she made the decision to do so in agreement with her husband.

Julia: I had back surgery in May of 2005. The pain was dramatically worse as soon as I woke up from the surgery. I was in an extreme amount of pain.

Dr. M: What medicines have you been on?

Julia: Oxycodone, Valium, Vicodin, pain patches.

Dr. M: Duragesic patches?

Julia: Yes, which made me extremely nervous; were my daughters going to get them? Was the dog going to get them? So we stopped those.

Dr. M: You developed anxiety?

Julia: I always had a lot of anxiety, and as the pain increased, it got to where I could not leave the house.

Dr. M: Panic attacks?

Julia: Yes. Can you tell I'm getting nervous right now? *(Nervous laugh.)*

Dr. M: So you took anxiety medications, too?

Julia: You name it, I took it.

Dr. M: So, tell us how you discovered cannabis, and decided to get a card.

Julia: I'd always known marijuana was out there, and had used it to some extent for the pain, but about a year ago my husband and I really started seriously looking into it and investigating medical marijuana. Then, when we lost our insurance, we finally said "OK, we have done the research, and it is helping. I'm functioning with it; I'm living, I'm surviving the days. We need to get the card."

Dr. M: This was four years after the surgery?

Julia: Right.

Dr. M: How much improvement do you get from cannabis?

Julia: I can function every day. I can get up and play with my kids. I can take care of my family. I can leave my house. I can have a life.

Dr. M: Whereas in the past...?

Julia: No social life, I barely made it through school, due to all the anxiety. Just not a life, not a life at all... I would literally be in the emergency room over the phone ringing, or somebody knocking on my door.

Dr. M: And how do you respond to people who say "You are using *what?"*

Julia: We have mentioned it to a few people. They are either very judgmental, or they don't understand. They haven't done the research, they don't know the benefits of it. They say "Okay, here comes another hippie who wants to smoke pot and be high all day." And that is not the case. A hundred percent not the case.

Karen: Pain and Opioid Overdose

I saw Karen for a renewal of her certification in June of 2010. She talked about her negative experiences with narcotics and the benefits she got from cannabis. Her stories about her former physician's practice are revealing, both as to the toxicity of the drugs and the style of prescribing.

Karen: I have scoliosis, and my spine is curving up quite a bit these days. I'm getting old.

Dr. M: How old are you?

Karen: Fifty-two.

Dr. M: So you have had back surgery, and you still have a lot of pain from sciatica?

Karen: Correct.

Dr. M: Are you working?

Karen: No, I haven't been able to work for about 10 years… I was on all kinds of medications at one time. They had me on the Dilaudid, which was a very heavy drug. I don't remember very much about that period. I had fentanyl patches, too, which sent me to the ER several times. Then after that, my doctor had given me morphine, or Oxycontin, and they were such a large dose! I was getting my meds directly from Purdue Pharma, very high doses. I'd hide them because my friends would say "Oh, I've never seen anything like that, I want some."

My grandchildren were born in July and November of 1997, and I barely remember that year. I remember the days they were born, but I have no memory of them toddling around, until they were talking to me. So there were a couple of years where my husband was fit to be tied; he didn't know what to do with me.

Dr. M: And you had some serious drug side effects and reactions?

Karen: Yes, we went to the ER several times due to those medications, and the one time they thought I was going to die. I had the fentanyl patch on, while I was taking these Oxycontins, and I had passed out. So after that, I didn't do any more patches.

Then, another time, my tongue started to get black. I had black stuff growing on my tongue. I thought it was hairs growing, but it was some kind of fungus, obviously. And my teeth were going gray! These are my teeth. *(Shows nice teeth.)* I brush my teeth. I like my teeth.

Karen: "It seems that the cannabis will let something release in me, and I don't get the charley horses that bruise me, but I'm not so stupid that I can't cook a meal or tend a child."

Graphic by Damian King

The doctor said, "The morphine we're giving you, it's a clean recipe, it's a pure formula." I said, "How long until I'm a junkie, with bugs on the walls, and losing my teeth and all of that?" He said, "Well, it's a clean formula, we can lower the dose a little."

Dr. M: This is the doctor who got in trouble?

Karen: Yes, this is the one they took away, Dr. A. The last time I went to the ER, there were several of his other patients there with overdoses, and that was when they hauled him off —the federal marshals took him.

Dr. M: So tell me, what kind of pain drugs are you taking now?

Karen: Right now, I only take Aleve, the over-the-counter kind, and that's on a bad day. I'll take the Aleve, and I'll stop what I'm doing. I'm proud of myself, because I walk, three miles a day. I live right near the St. Clair River. I go up and down one flight of stairs at my home to do laundry. I do my own housework and cooking, and to me, that's a good day. My pain level will run to a three or a four (out of 10) on that good day.

Dr. M: What's your secret?

Karen: I try to stay positive. I'm going to die with this, not from it. Now that I know these things, since I've educated myself to my situation, about my spine and how it works, I know what that pain is. That pain is clean, and that pain can't hurt me any more.

Dr. M: Okay.

Karen: My spine is slowly turning, but I don't have to be afraid of it anymore. Nobody can stop it. They can't make it go away, but I know what that pain is. I've given birth to two children. That birthing pain is a working pain.

Dr. M: Working pain?

Karen: It's a good pain. I don't know how to explain it to anybody else. So, I've gotten myself to where, now I know what it is. It's not doing anything but pinching a nerve. So try to make it stop, and get over it!

Dr. M: Tell us how the cannabis changes your perspective, and how it works for you.

Karen: It seems to literally make something let go. My spine is trying to turn itself out of shape. My muscles, subconsciously, keep trying to pull it back, so I have all these tight muscles. And it seems that the cannabis will let something release in me, and I don't get the charley-horses that bruise me, but I'm not so stupid that I can't cook a meal or tend a child.

Dr. M: Stupid as in drugged?

Karen: Right —drugged, totally unaware, unable to know. I was there, I remember. The cannabis works for me without giving me that doped-up head where you don't know anything, or aren't liable for anything.

Dr. M: And you have been smoking it. Does it affect your brain very much, your thinking?

Karen: It does not, for me, anyway. I'm a reader, a puzzle-doer. Nobody will play Trivial Pursuit with me anymore, as I'm apparently a fountain of useless information like you don't meet up with very often, according to my people. So it doesn't bother my brain at all.

On Assessing Pain

"Chronic and severe pain" is one of my choices, next to the row of boxes on the physician's certification statement. But how severe is severe? How much does the patient have to be suffering to merit my permission to use a garden herb, in an often desperate attempt at finding pain relief?

In my mind, a gnarled and stooped figure materializes, robed darkly like a nun from my elementary school, or even the Grand Inquisitor himself. A crooked finger jabs the air as the apparition croaks, "That one's pain isn't severe enough! You call that severe pain? Hah! I'll tell you about pain."

So, what constitutes significantly severe and chronic pain to qualify for cannabis treatment, and who determines the standard, and on what basis?

That a person with mere days, weeks or months to live should suffer ongoing extreme pain because of a fear that he or she could get hooked on narcotic painkillers makes no sense —but it is a reality of medical thinking and practice.

This question is a variation of a thorny and important one which physicians have long struggled with in prescribing opioid pain relievers. There has always been a spectrum of attitudes and styles among physicians with regard to how to best approach it. There are those whose approach could be described as liberal or compassionate —or reckless and dangerous, depending on your attitude. At the opposite end of the scale are those whose tendencies with narcotics are cautious and conservative —or harsh and uncaring, if you are the patient who needs opiates and is denied.

From my perspective —and according to numerous studies— most physicians tend to be overly conservative with narcotic prescription at the end of life, in cases of terminal illness. Patients with severe pain due to cancer or other terminal illness are denied adequate narcotics, based on the fear of possible addiction. That a person with mere days, weeks or months to live should suffer ongoing extreme pain because of a fear that he or she could get hooked on narcotic painkillers makes no sense —but it is a reality of medical thinking and practice. Fortunately, the hospice movement is bringing more enlightened attitudes about end-of-life pain control into the mainstream.

It isn't solely at the end of life that many doctors are stingy with opiates. In their minds they may be doing admirable and appropriate things: safeguarding patients against addiction, preventing drugs from leaking into the black market, and avoiding narcotic side effects. But I decided early in my career that I would practice a kind of liberal and empathetic style of dispensing opioids, at least in cases of acute pain. These drugs can be very effective in alleviating distress and make a huge difference when people are hurting. Better that a few patients get narcotics that they perhaps didn't absolutely need, than that those in terrible pain are denied and suffer needlessly. It is an unavoidable trade-off.

Every doctor who writes narcotics scrips has to weigh these issues every time s/he picks up the pad. I have had to assess my actions and results in some cases over the years, but I remain comfortable with the guiding principle that people should not

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Sketches of patients by Bay Area artist Damian King are based on Dr. Meyer's general descriptions. We thank Martin Olive and the Vapor Room for supporting King's work on this article. Damian King can be reached at dk@damiankingart.com

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suffer needlessly.

It is ironic that cannabis use — which enables patients to reduce their use of narcotics— is a reason some doctors cite in cutting patients off from previously prescribed opioids.

It is ironic that cannabis use —which enables patients to reduce their use of narcotics— is a reason some doctors cite in cutting patients off from previously prescribed opioids. The law itself implies that cannabis should be used only in desperate and/or terminal cases.

It is far from an enthusiastic embrace of the healing power and potential of cannabis.

Martha: Migraine Headache

I have now monitored cannabis use by more than 4,000 patients at the THCF office. (I've worked there for 18 months, averaging two days weekly and seeing about 30 to 35 patients per day.) I typically see one or two migraine patients a day. Many tell me that inhaled cannabis quickly makes a headache remarkably less painful, or knocks it out completely. Some, like Martha, 20, report a preventive effect, i.e., less frequent headaches as a result of regular use.

Martha is representative of dozens of patients in their late teens or early 20s who report good to outstanding results with cannabis treatment of migraine.

Martha: I have had headaches since I was eight years old. They can last anywhere from eight to 48 or even 72 hours. They can be five times a week or seven times a week. They can get so bad in intensity that I have to just go lock myself in my room, with no light, no sound. I have gone thorough 10 medications trying to find something that works, and nothing helped. But once I tried the medical marijuana, it completely took the migraines away.

Dr. M: And you shared your success with cannabis?

Martha: Yes, with my grandmother. She had migraines all her life too, and this has been the only thing that has helped her. Now she's hooked! *(Laughs.)*

Dr. M: Is there a downside to marijuana? Do you have any problems from it?

Treximet actually made me feel like I was having a heart attack.

Martha: No I don't —unlike all the other medications I tried. One, Treximet actually made me feel like I was having a heart attack. But medical marijuana just completely takes the migraines away with no side effects.

Dr. M: How are your studies going?

Martha: Great; my GPA is 3.7.

Gus: Chronic pain —and dropped by his MD for cannabis use.

I certified Gus in my office this spring as a holistic consult. He already had a primary care physician, and I didn't take his Medicaid insurance. He told me that his doctor would not sign a cannabis certification, but had been supportive of his decision to try it by getting signed up elsewhere. Gus had little experience with cannabis, but wanted to try it, with the hope of alleviating pain, and reducing his use of opioid painkillers.

Gus is 65, with a list of chronic problems. He had rotator cuff surgery years ago to repair an injured shoulder. The experience left him extremely reluctant to submit to the further surgeries his doctors were recommending: the other shoulder, and his lumbar spine. So Gus has been living with severe pain for over a decade: bilateral shoulder pain, and back pain with radiation down his left leg, and numbness to his foot. He was taking large doses of oxycodone multiple times daily to keep it under control.

Martha: "I have had headaches since I was eight years old."

Graphic by Damian King

In addition to his orthopedic problems, Gus has had two strokes and a heart attack, with coronary stent placement. He's bipolar, on two psychiatric meds. He has pulmonary hypertension, and requires oxygen by nasal canula. Considering his formidable problem and medication lists, Gus didn't look too bad. He made it around without a cane, by leaning on the handle of his oxygen tank caddy.

By coincidence, I saw Gus again at my urgent care workplace, two weeks after I had certified him at my solo practice office. I picked up his chart, which said "Seeking to establish primary care," and walked in to the exam room.

Dr. M: I thought you had a primary care doctor?

Gus: Well, I did, but he fired me.

Dr. M: But I thought he was okay with your getting certified by me, and even had something good to say about me?

Gus: That's what he said first. But when I want back again, he gave me a urine test, and I was positive for marijuana. So he canned me.

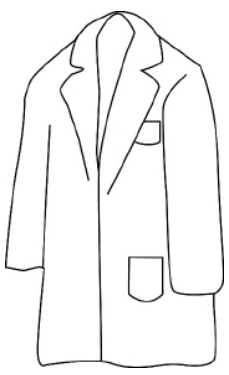
Dr. M: Any explanation?

Gus: No, and when I asked for one, the office manager said he wouldn't talk to me.

Gus was running out of pain meds. I asked if he was getting good results from the weed. He said it helped reduce the pain when he used it with his Percocet, but he hadn't tried cutting back on the prescription drug yet. He was a little dubious, having been on high doses for a long time. I told him that I had seen plenty of people do it, and that any reduction would be a victory.

Dealing with Fellow Physicians

I occasionally hear from patients seeking certification that their doctors are open to their use of cannabis. These physicians will oblige by readily supplying record copies, or creating statements expressly for our clinic that list diagnoses and verify ongoing treatment. They cannot issue certifications, however, because the hospital or group practice for whom they work has a policy that forbids it.



Unfortunately, for every patient with a supportive doctor, I see a dozen or more who have been treated brusquely, or even verbally assaulted, when they wanted to talk about cannabis. Patients frequently report accusations of drug-seeking and addiction. I hear of doctors who vehemently denounce cannabis and those who use it, who become irate and abusive, or who walk out of the room and break off the relationship because a patient had brought up the topic.

A patient who has been investigating medical cannabis, or who has started experimenting with it, takes a real risk in sharing what they've learned with their regular doctor. The response is often a misinformation diatribe. The patient quickly realizes that the physician knows less about cannabis than he or she does.

Most troubling are stories of patients cut off from their medications when their use of cannabis is revealed.

If the patient has already been getting relief from cannabis, the claims of ineffectiveness reveal the physician's separation from reality. Some doctors insist that any perceived benefit from cannabis could only be a placebo effect. This is related with a straight face, to patients who have tried numerous medications over the years without getting truly satisfactory results — until they tried cannabis. The patient now has to deal with an attitude issue once the doctor's buttons are pushed by mention of marijuana. The previously rational, knowledgeable, and compassionate physician has abruptly revealed that he has a streak of arrogance, and seems opinionated and even uncaring.

Most troubling are stories of patients cut off from their medications when their use of cannabis is revealed. This generally involves a specialist, often in the pain management field, but primary care physicians can act this way, too. Typically, the patient has had a chronic pain condition for many years. Pain has been managed with one or more opioid analgesics and combination drugs. Maybe she is taking only one Vicodin (hydroxycodone with acetominophen), two or three times daily (a relatively low dose of an entry-level opioid).

Or perhaps the patient suffers from severe pain of long standing, with complications of depression and anxiety. These patients can be on high doses of oxycodone combinations (the next step in narcotic strength) or even morphine, methadone, or fentanyl by transdermal patch. The mood problems may be treated with one or more antidepressants from different families, as well as one or more anxiety medications.

Most patients at or nearing this level of drug treatment will be experiencing one or more side effects —lethargy, fatigue and mental sluggishness are common, as well as constipation and other GI disturbances. Damage to the kidneys and liver can be ongoing, but undetected. These patients are taking medication because of severe pain and/or dependence. Most would like to be taking less, and many are actively pursuing optimization of cannabis treatment to reduce opioid use. In my experience, cannabis users are, as a group, highly knowledgeable about narcotic analgesic toxicity, and motivated to reduce their dosages.

Here's a common scenario: a patient is introduced to cannabis, or reintroduced after a gap of years since high school or college, and finds that it works. He is better able to cope with his chronic pain, often dramatically so. Patients don't always say that cannabis takes their pain away. Most will say that cannabis makes the pain less of a problem, or lets them direct their attention away from it, instead of having their lives dictated by it.

Problems arise when the patient returns to the doctor who has been managing the pain medications and describes his improved mood and ability to function thanks to cannabis — and the doctor acts suspicious and disapproving.

Then, to his further gratification, the patient discovers that he can begin to reduce his use of the hated narcotics, by anywhere from 40 to 100 percent. Antidepressants and anxiety meds are similarly reduced once patients progress into successful use of medical cannabis. These patients are often ecstatic about finally being able to reduce their need for drugs, or leave them behind entirely. Their stories are among the most moving and dramatic that I hear.

In the population I see, there is rarely a downside to cannabis use. Problems arise when the patient returns to the doctor who has been managing the pain medications and describes his improved mood and ability to function thanks to cannabis —and the doctor acts suspicious and disapproving.

Pain clinic patients may be subject to random urine testing, which serves two functions: It confirms that the patient is taking a narcotic as prescribed, rather than diverting it, and also serves as a screen for other drugs the patient may be using. The patient may have signed a contract agreeing not to use medications other than those prescribed by the clinic or physician.

If the patient has signed a contract, and/or knows that the clinic or physician has a negative attitude about cannabis, he may choose to hide his use, and hope not to get tested until he can wean off of narcotics completely. Or he may decide to level with the doctor, and hope that the progress he has made in getting off opioids and other medications will be looked upon favorably.

Granted, this patient is in violation of a contract. However it can be argued that the enactment of medical cannabis laws in Michigan and other states changed the legal context, giving patients the right to experiment with a newly available treatment. The physician has made it clear that he will not be facilitating this experiment, by demanding that a contract be signed, or even with a notice on the wall ("Don't even ask about medical marijuana!") I have seen more than a hundred patients in this difficult situation. Their lives have been greatly improved with cannabis self-treatment, which allows narcotic reduction. Yet they frequently continue to need a certain amount of pain medication, whether daily or for occasional pain flares.

Sooner or later, the narcotics prescriber discovers the cannabis use and, all too often, drops the patient from further treatment. This leads me to wonder: what kind of physician reflexively ignores these desired milestones of patient progress with pain, anxiety, depression, and reduction in use of toxic medications? What kind of mind-set dismisses the evidence of scientific research, as well as the testimony of the patient, and finds her not deserving of further efforts at treatment? And what kind of rigidity insists on maintaining the fiction that cannabis is the equivalent of cocaine, heroin or methamphetamine?

Obviously, the categorization of cannabis on Schedule I with truly harmful and addictive drugs is the underlying issue. This classification is disingenuous, given that the government has recognized the medical effectiveness of cannabis and supplied it to patients, and the DEA has been

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repeatedly ordered to reschedule it. Yet the DEA persists in maintaining that any recommendation of cannabis by a physician, or cooperation or participation with its consumption, is the equivalent of promoting heroin use. The threat of federal prosecution, and loss of a physician's license, is a club which the government holds over the heads of those who would work with cannabis patients, despite state laws which have made it legal.

Yet physicians are called to a higher standard. We are trained to observe and analyze, then apply educated judgment to improve a patient's situation. With pain patients using cannabis, all of this reasonable and expected physician behavior is being discarded. Whether due to ignorance or obstinacy, or petrified thinking, or fear of official reprisal, the demonstrated benefits of cannabis in alleviating suffering are being ignored.

It is the victory of fear and ideology over observation, compassion, and common sense.

Mitch: Asthma and Bronchospasm

I initially missed the connection between asthma and the muscle-relaxing properties of cannabis. I picked up my first asthma patient's chart and thought, "How can I certify a respiratory-disease patient to inhale cannabis smoke, or even vapor?"

It turns out that the bronchospasm of an asthma attack is one of the conditions most quickly and reliably alleviated by cannabis. Vaporization is the preferred method of delivery, but even smoking brings about a fast, reliable reduction of wheezing for many users.

The second pathological component of asthma is inflammation, which causes the airways to clog up with secretions, even as they constrict with spasm. The anti-inflammatory properties of cannabis enable this single herbal medication to do the work of two or more prescription drugs.

Mitch: Asthma has always been a real downer for me, and has always affected my life. With the use of cannabis I feel like I have had a giant weight lifted from my shoulders. Back when I discovered the use of this plant, I remember that 10 to 15 minutes after I smoked, it really relieved me entirely. My lungs opened up, I felt relaxed, I felt calm — no longer struggling to breathe. It was a day-and-night difference.

Dr. M: How often do you need to use it?

Mitch: Maybe two times daily, three times max, if I'm having a bad day. My chest tightness clears, my lungs open up.

Dr. M: In the past, have you made many trips to emergency rooms?

Mitch: Growing up on a farm, ERs were my friend, basically. Going out to work, I'd get so bad with my allergies and my asthma that I'd end up in the hospital up to multiple times per summer.

Dr. M: And how long have you been using this medicine?

Mitch: I have been using it for probably three years now.

Dr. M: Is there any down side?

Mitch: Not that I can think of.

Dr. M: Does it make you groggy, keep you from working or studying?

Mitch: No, in fact it's the perfect thing, because at night it puts me in the right mode to go to sleep, maybe with a bit more medicine. Otherwise I'm laying in bed tossing and turning. If I smoke a little more I go right to sleep.

Dr. M: So your asthma breathing problems are an every day all-day thing if you aren't medicating this way?

Mitch: Oh, yeah —the wheezing, the coughing the constant trying to clear my throat, and trying to get everything to loosen up and relax, it's just horrible.

Dr. M: And how many prescription medications have you tried?

Mitch: Oh, wow, I would say I tried upwards of 30 medicines that I had to go on and off of, trying to see what it would take to get this under control.

Dr. M: Did anything else come close?

Mitch: Never.

Dr. M: What about your parents' attitudes? You live at home, right?

Mitch: Right. They're not completely sold, because of what they perceive as legality issues.

Dr. M: But they see the benefits?

Mitch: I can tell they definitely notice a change in my work, and in my concentration when I'm working and studying, depending on whether I have used it or not. They can tell about my asthma, and whether I'm wheezing. The wheezing and coughing hold me down, they slow me down. They make me not want to do anything, not want to work, not want to study, or work out or do anything… Until I use cannabis.

Cannabis and digestive disorders

Reducing the nausea and wasting associated with AIDS and cancer chemotherapy are among the uses of cannabis which are most widely recognized and accepted, even within mainstream medicine. The FDA has approved the synthetic-THC drug Marinol for anorexia, nausea and cachexia. Ken, 40, is representative of many patients who get relief from cannabis for nausea and indigestion, including the common gastro-esophageal reflux disease, or GERD.

Ken: Cyclic vomiting

Ken: I use cannabis for cyclic vomiting. It's a rare syndrome that is more common in children. Adults who have it usually have fairly severe cases, like me.

Dr. M: And you have headaches as well?

Ken: I have debilitating headaches, which I get before I vomit, or during the vomiting.

Dr. M: What kind of work do you do?

Ken: Ceramic tile. Or, I did it for 15 years.

Dr. M: Are you working now?

Ken: No, I'm totally disabled now.

Dr. M: By cyclic vomiting syndrome?

Ken: Yes.

Dr. M: You had to change doctors.

Ken: Yes, because I wasn't comfortable with the one I had. It was over the marijuana.

Dr. M: She didn't approve?

Ken: Right, she was very judgmental, and basically, you know, cut me off of any medications because I was doing the medical cannabis.

Dr. M: Which medications had you been on?

Ken: Over a 12-year period, here's a partial list: Baclofen, promethazine, Nexium, Zantac, Protonix, domperadone, compazine, Zofran, Reglan, and Phenergan, as suppositories and by mouth. Maxalt and verapamil for headaches, and for anxiety and depression, Paxil, nortryptaline and amitriptyline, and I forget the rest.

Dr. M: And nothing would calm the nausea and vomiting, not even suppositories?

Ken: Nothing, none of it worked. I mean, I took the phenergan and the Reglan and the Bentyl to the point where it was scaring my other doctor, when they kept upping the doses. And I never saw a difference whatsoever.

Dr. M: You have taken drugs for anxiety and depression. Did you have this kind of problem before your stomach went bad, or did it start with the digestive problems?

Ken: It is because of the stomach problems. I was mentally healthy—perfectly fine before my gut started acting up.

Dr. M: You had many hospitalizations for vomiting, didn't you?

Ken: Yes, I used to have to go at least monthly, sometimes weekly. I would fight with dehydration, that was my biggest problem. With Ensure and vitamins I would try to keep myself at a point where I felt I shouldn't have to be in the hospital, but it was the dehydration that really put me back in there over and over. I couldn't take any solid foods, and the nausea was just too much. People would tell me that I had to go in. I tried to avoid it, because there's usually a six-hour wait just to get in, and then the regimen of tests and the

different medications they would try to give me.

Dr. M: It's an ordeal, isn't it?

Ken: Yeah, but the only way I could get any relief from dehydration was by going in to get an IV. Ant then I'd vomit continuously all the time I was getting it!

Dr. M: And you developed this cyclic vomiting at what, 30 years old?

Ken: I started in my late twenties, and it got progressively worse over the years.

To this day I still have gastroparesis, but the use of the cannabis plant has allowed me to break the cycle enough to where I can get food into my stomach. Then I have to fight to keep it in there. I haven't won the battle, by no means, but now it's to where I'm not in the hospital so much, and I can keep my weight up better.

Dr. M: So how did you discover that cannabis could help you?

Ken: I had never used it, and didn't think much of people who did. Then one time I ended up at the University Hospital, and there was a patient in the room next to me that I ran into in the hallway one day. He had Crohn's disease. He talked to me about medical marijuana, and said that I should give it a try, and see if it could help me, instead of looking at it in such a negative way.

Dr. M: So you were a little judgmental originally?

One of the medications that they had me on, something to try to help with the mental side of my stomach problems, made matters ten times worse.

Ken: Yeah, I was hesitant about cannabis in the beginning, but it was just common sense to try it. The medicines that I was taking were not only not working, they were making me sicker than I was to begin with. I mean, some of the depression medications were messing with my memory, and my mind. I got lost once, a mile away from my house, my own house. I was coming home from a doctor's appointment, and it seemed like a long time had gone by, and I realized I was driving in circles. I didn't know where I was at, or where I was going. It was from one of the medications that they had me on, something to try to help with the mental side of my stomach problems, and it made matters 10 times worse.

Well, not too long after that hospitalization where I talked with the Crohn's guy, I tried cannabis for the first time. I was on my way to work with a truckload of six or seven guys. I had been throwing up for about eight hours, which was typical. I hadn't slept through the night at all. We pulled off the side of the road so I could puke some more, with my head hanging out of the window on I-75. I finally decided, "I'm going to try it one time." So instead of going to the job site, I went to my buddy's house. I took marijuana for the first time, and I tell you, it was like the nausea was lifted off my stomach within minutes, enough to where I was able to get up and start to function. I actually went to work that day.

A couple of the guys I was working with at the time had different ailments, and were using marijuana, and it was helping them.

Dr. M: You hadn't used it before?

Ken: I had never smoked before. But I promise you that while my marijuana intake may not 100 per cent relieve me, there is definitely a decline in pain and nausea. It is enough to where I can at least eat and swallow. Otherwise I'd just gag and gag, until it would all come back up anyway.

Dr. M: Thanks for letting me share your story.

Ken: Well, thank you too, Doc, and I hope my story helps somebody else, because there are a lot of medications that they'd like to put people on for nausea and gastroparesis that are very dangerous. And people take them daily, and they can sometimes do harm to your body. But marijuana is one that does not.

Rheumatologic and Inflammatory Disease

I see many patients with rheumatoid arthritis. Most are getting significant relief from cannabis, and value it highly. Research into the effects of cannabis on rheumatologic conditions is just beginning, but preliminary findings are promising.

Autoimmune disease often involves relentless inflammatory changes which cause severe pain, as well as crippling deformities through destruction of the body's tissues. These conditions run the gamut from the familiar joint destruction of RA to the digestive tract damage of ulcerative colitis and Crohn's disease, to the nervous system damage of multiple sclerosis.

Many rheumatologic diseases are cyclical and relapsing, with periods of spontaneous remission. So the disappearance or lessening of symptoms is of itself not proof of the effects of cannabis. However, cannabis has documented anti-inflammatory properties, and human clinical studies have shown that it is effective with rheumatoid arthritis pain and disability. Animal research with mice has shown that cannabidiol (CBD) protects joints against the progression of induced inflammatory joint damage. So there is scientific support for my observation that patients with autoimmune diseases are indeed helped by bolstering the level of cannabinoids in their blood.

Donna: Behcet's Syndrome

Behcet's syndrome is an autoimmune, inflammatory condition, primarily involving blood vessels, which can cause damage in different organs and systems: skin, mucus membranes, joints, eyes, brain, gut, and a range of other tissues. Donna, 50, had suffered with it for years, but found tremendous relief from cannabis.

Donna: I have Behcet's syndrome; it's a vasculitis, where the symptoms depend on what area it attacks during a flare. I have had CNS (central nervous system) involvement, eye involvement, erythema nodosum (skin lesions), oral lesions, arthritis, muscle weakness, and GI flares.

Dr. M: How did you discover the use of cannabis?

Donna: Through a support group. A few of the other members with Behcet's had progressed to CNS involvement as well, and were suffering from chronic head-

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aches, like me. They were getting some relief from it.

Dr. M: And somebody offered you some.

Donna: Yes, and at that point I would have tried anything. If you had told me that the bark off that tree could help, I would have given it a shot at that point.

Dr. M: Had you never used it?

Donna: The last time was in high school. My biggest problem at the time was from cerebritis; there were apparently damaged blood vessels in my brain. I couldn't sleep lying down without getting a headache. For many years I had been sleeping sitting in a chair, and even that wasn't a sure fix. I had to keep my sleeping to a couple of hours, and keep waking up and dozing off.

Dr. M: How were your levels of disability and pain at that time?

Donna: Extremely high. I have been on steroids; high-dose prednisone, and azathioprine. I started colchicine recently, but only because I think my doctor wants me on something. I don't think I need it at this point.

Dr. M: You are doing that well with cannabis?

Donna: Yes, very well, better than I have in years. Last year I took my first vacation in 15 years!

Dr. M: Do you have a family?

Donna: Yes, I have a grown son.

Dr. M: What kind of work do you do?

Donna: I'm an electrical designer. I do construction design: high-voltage electrical substations.

Dr. M: Is there a downside to your use of cannabis?

Donna: None.

Dr. M: It doesn't get you high, or make you groggy?

Donna: I don't require that much. I just use a small amount before I go to bed at night. Then I'm able to sleep at night. I can lie down now, and I don't wake up with headaches. Over the years that I have been using cannabis, it has decreased both the frequency and the severity of my flares. So they're infrequent now, and when they do flare, the most I'll miss of work is maybe two days. It used to be two weeks when the Behcet's was at its worst.

I wouldn't have guessed I could improve this much. If 10 years ago, somebody had suggested medical marijuana could help me this much, I'd have thought "Yeah, right!"

Dr. M: How would you rate the change in your pain and disability on a scale of one to a hundred.

Donna: Before, 80-plus. Now, 10 to 15.

Cannabis in Anxiety and Depression

Psychiatric diagnoses are, inexplicably, not recognized in Michigan as qualifying conditions. This oversight exists despite the fact that depression, anxiety, and post-traumatic stress disorder (PTSD) are among the conditions that often respond most dramatically to cannabis treatment. Research has shown that relaxation is the benefit most commonly cited by cannabis users. "It relaxes me" is, in my experience, the immediate and most frequent patient response to the blanket question, "How does cannabis help you?"

George: Back Pain, with Anxiety

I saw George, 67, recently in certification clinic. His qualifying condition was back pain and he also had emphysema. He was wearing an oxygen canula at his nose, and was pushing his tank around like a little golf cart.

"It relaxes me" is, in my experience, the immediate and most frequent patient response to the blanket question, "How does cannabis help you?"

George was of medium build, and a bit overweight. Despite the oxygen cylinder and nose tube, he looked pretty good: healthy skin, few limitations to his movement. He seemed younger than his age, and had a cheerful vibe about him, not at all depressed or beaten down.

"But the counselors did what so many medical people do, too —they confused the effects of cannabis with those of other drugs."

George: I have had back pain for years —20 or more. It is moderate, maybe five on a scale of ten, worse some days, like after exercise. I have been taking Darvocet for a long time, maybe one a day. I am very concerned about side effects, and also the issue of addiction. You see, I'm a recovering alcoholic, and an addictive personality.

Dr. M: When did you quit drinking?

George: In the '80s. I went through a 30-day inpatient treatment in Alpena. I had also used marijuana for most of my life —recreationally since I was 15, and later for my back pain. But the counselors did what so many medical people do, too —they confused the effects of cannabis with those of other drugs. To them "drug free" meant that you couldn't smoke it, so I quit.

Dr. M: had you been a heavy user of other drugs?

George: No, I experimented with other things, but alcohol was my substance of choice. Anyway, I was an airplane mechanic, working on big planes like 747s, and about 10 years ago I started noticing that it was getting harder for me to climb up into these planes. I had to stop and take a rest more and more often, especially when I was lugging tools. I finally got diagnosed with COPD one year when the

company got reorganized, and all us employees had to get a physical. I'm a vet, so I got it done through the VA. The doctor gave me the diagnosis like it was a death sentence, and I bought into it completely. He was a foreigner, and maybe not the most sensitive person.

Dr. M: What did he tell you?

George: That I had maybe a year to live! My attitude went right into the tank. That's a terrible thing to do; giving somebody the news like that. I had been smoking for decades, but I quit right then, and they put me on inhaler medications which stabilized things for a while, but I kept getting worse with my breathing. Then I gave up and started thinking about dying. I thought I had nothing to live for. I even sold my hot rod —a '47 Olds that I had been working on for 20 years.

Dr. M: You were pretty depressed.

George: Yeah, and after I turned things around with this medicine and started feeling so good again, I was mad as hell at that doctor. Part of me wanted to punch that guy in the face.

Dr. M: What about antidepressants?

George: They put me on drugs for depression and anxiety: Effexor and Klonipen. And that actually made things worse. I didn't want to live, the anxiety was so bad. I was fearful all of the time about the future; the unknown: I obsessed about "How bad will it get when the COPD worsens, and I can't breathe at all?" I had a constant knot in my stomach. And it was terrible at home, with my wife and me fighting all the time because of my state of mind. I'm a very methodical kind of person, and I was relentless with the worry and anxiety. I'm sure I was not fun to be around.

Dr. M: So when did you start using cannabis again?

George: Only about a year ago.

Dr. M: Whoa, you spent eight years in that place of fear and depression?

George: Yes. That's why I was mad as hell at that doctor when I finally got it together, and realized that I could still have a life.

Dr. M: What got you to try cannabis again?

George: My friend Greg convinced me to do it. And I am so thankful that he cared enough about me, and loved me enough to come and get me, and bring me in to this new reality that I have found.

Dr. M: Were you a hard sell?

George: Yes, a bit. I was fearful that it could jeopardize my recovery from alcoholism, being a drug and all. Greg also had me smoking it, which I knew was not good for my lungs. He had edibles too, but that was a different kind of a buzz, which I wasn't used to at first. Now I vaporize. I haven't burned a thing in nine months. I researched it, and now I try to get everybody off of smoke and into vapor.

Dr. M: How much do you need?

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The Situation in Michigan

By Dennis Hayes

The Michigan Medical Marijuana Initiative, "Proposition 1," was actively opposed in 2008 by the Democratic governor (Janet Granholm), a Republican attorney general (Mike Cox). It passed by a 63-to-37 percent margin.

The Act created by the initiative, as stated on the ballot, would "permit physicians to approve use of marijuana by registered patients with debilitatiating medical conditions incuding cancer, glaucoma, HIV, AIDs, hepatitis C, MS, and other conditions as may be approved by the Department of Community Health."

Obstruction began almost immediately by law enforcement, legislators, administrators, judges and innumerable township, city, county and state officials. Despite this, more than 80,000 patients registered, generating millions of dollars for the state. Administrators have created an ongoing five-months-or-more backlog in processing initial applications. My own renewal was filed 60 days ago and has yet to be processed.

The anti-Prop 1 forces in 2008 had been led by William "Bill" Schuette, who in 2010 was elected attorney general as the Republicans took over all branches of the state government. There have been escalating judicial and law enforcement efforts to

narrow the law's application (for example, requiring a locked facility and defining clones as plants, creating minefields for patients and their caregivers).

Since the Michigan Medical Marijuana Act didn't mention any means of distribution, the vacuum was filled by compassion clubs, collectives, farmer's markets, dispensaries, and other forms of patient-caregiver cooperation. State and local governments countered with moratoria, anti-MM ordinances, police raids, dispensary ordinance hearings before township boards, planning commissions and city councils. As in other states, the federal "supremacy clause" became an argument of convenience for the willfully and obstinately myopic.

In the current legislative session there were more than a dozen proposals to make changes and add restrictions to the MMMA. Fortunately, since it was passed as a citizen initiative, changes to the law will require a 2/3 majority to pass, which will be difficult for the Republicans to muster. However, it's clear that there will be ongoing legislative efforts to roll back the law.

Attorney General Schuette has issued an "AG Opinion" narrowly interpreting the MMMA and demonizing patients and their caregivers. He has also appeared in a federal case for the administering state agency (the Department of Community Health), successfully arguing that the supremacy of the federal law (a grand jury subpoena) overrode the portions of the MMMA protecting patient/caregiver privacy protections.

Patients and caregivers fought back. Lansing, the state capital, passed an ordinance allowing at least 48 dispensaries. Ann Arbor will allow at least 20 collectives/dispensaries. Ypsilanti's ordinance went into effect in June and five have opened. Traverse City in northern Michigan has perhaps the most progressive ordinance in the state. Guerrilla "farmer's markets" are active throughout the state. There are probably more than 100 caregivers' groups/organizations.

The Michigan Association of Compassion Clubs (MACC) has developed a patient questionnaire to collect evidence that we hope will demonstrate marijuana's safety and effectiveness. Stories of successful treatments for patients keep building. Applications continue to pour in from people who want to legally use marijuana as medicine.

Interestingly, more than half the patients pay reduced application fees since they're getting social security, SSI or other disability payments.

PS As we go to press in late August

A Circuit Court judge in Isabella county has ruled that patient-patient transfers are illegal. That applies to dispensaries. Several were raided within 48 hours, and most seem to be closing. Thousands of patients depended on dispensaries for access to herbal medicine, as well as medicated edible and topical preparations. They will now be driven into illegal markets for medicine, and will not easily find the high quality and range of products that the dispensary system provided.

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George: Only three or four puffs, three times a day. Sometimes I make brownies too. I add one ounce of leaf and trim to a box of mix. I eat a few one-inch squares twice in a day, and I can cruise, with a relaxed feeling all day long. I have been off the antidepressant for years. And I only use the anxiety medicine occasionally.

Dr. M: And the back pain?

George: I'm nearly off the Darvocet, only take about one a week, on a bad day. I could probably make it without any pain killers, but with the way the VA works, I'm afraid of getting my prescription discontinued if I stop asking for them. It is a big rigamarole procedure to get it back.

Dr. M: What about your lungs?

George: Sometimes the vapor makes me cough. But then I'll bring something up a few minutes later, that I'm glad to be rid of. I'm feeling like I could reduce my inhaler doses, but I hesitate to bring it up with my doctors. You know how the VA can be. But I'm more active now, and spend more time awake, because I'm not afraid of being awake like I used to be, and having all those fearful thoughts about the future. Sometimes I'm up until five a.m. because I have things I want to do, and I feel like I can do them.

Dr. M: You must be using something that's mostly sativa.

George: It's called, "chronic" and it gives me a boost.

Dr. M: You have come a long way.

George: Yes, I didn't want to live, and now I do.

Brad: PTSD

I am frequently witness to the power of cannabis to help with emotional pain associated with psychiatric diagnoses. This is nowhere more poignant than in those who have been emotionally scarred by violence or abuse of one kind or another, and now have PTSD.

Military veterans make up a large fraction of these patients. While PTSD is a relatively new diagnostic entity, the phenemonen has been known as "battle fatigue," "shell shock," and other designations, and goes back a long time. The Greeks recognized impairment after battle in those without bodily wounds. In the 1800s, medicine recognized a syndrome of "exhaustion" in soldiers after battle, characterized by psychological disturbances (whether or not they had sustained physical injuries).

I see large numbers of veterans who are being treated for PTSD, although the absence of any psychological qualifying condition under Michigan law means that they all have another primary diagnosis. I wonder how many vets suffering with PTSD cannot get certified to use cannabis legally, and therefore have an added burden of fear and anxiety.

Brad is a blond, stocky, short-haired man in his mid-40s. He was a bit stiff, but not anxious. He answered with the common, "Yes, sir, no, sir," of the former soldier, but his voice revealed a trace of resentment beneath the programmed respect. His appearance gave none of the expected clues to the kind of life he has led and people he has hung out with for much of the past 20 years: no tattoos, piercings or leather.

Brad: I'm a chronic PTSD victim. I see mental health at the VA twice a month. Plus, I got a lumbar fusion: T-12 level all the way down to S-1, from a helicopter diving accident. I jumped out from 30 or more feet above the water, with my tank and my resuscitator. I don't know what I hit, but it was enough to shatter my back.

Dr. M: And you've had several back surgeries?

Brad: Yes sir, four.

Dr. M: And is that the origin of the PTSD?

Brad: No sir, that is from things I have done that I will not talk about.

Dr. M: How does cannabis work for the back pain?

Brad: Excellent. It takes the edge off when I smoke my cannabis, and I don't have to eat my oxycontin, and I don't eat my other pills, so it works great. It also keeps me relatively mellow. Since I am a PTSD victim, rage is very predominant. It just takes little things to set me off, and them I'm full-blown. When I'm like that, there is no stopping me until I'm done doing whatever I do. I don't remember what I did or why I did it; that's part of PTSD.

Dr. M: So it's pretty severe, then?

Brad: Yes, sir, and when I'm having my nightmares, and taking mirtazapine and all of that, I have those objects I am supposed to grab onto in the middle of the night, to make me realize where I'm at. Once I grab those, I smoke a joint and I go back to sleep. I can get a full night's sleep, or just about; no tossing and turning, no jumping about, no waking up; it really helps better that any medication I ever got.

Dr. M: How many meds have you tried?

Brad: Oh, Trazadone, mirtazapine, they had me on blood pressure medicines to lower my heart rate and let me sleep. You name it, I've tried it. Marijuana seems to be the best.

Dr. M: Do you live alone?

Brad: No, I live with my kids and my wife, and it is very hard for her. We don't sleep in the same bed because when I have my attacks, I'm violent.

Dr. M: you could hurt her.

Brad: I have hurt her, seriously hurt her. I didn't mean to, but I broke her ribs and other things, thinking I was fighting for my life.

I know a ton of vets who are in my shoes, who are seeking help and can't find it, their medication doesn't work and they're still... they snap too quick.

Dr. M: It's almost like you're a different person.

Brad: Yes, completely a different person.

Dr. M: Do you have any ideas about the meaning of that?

Brad: All I know is when I'm not on medication, all is takes is one person to say anything wrong to me...

Dr. M: Medication? You mean prescription, or cannabis?

Brad: Cannabis.

Dr. M: How do you use cannabis?

Brad: Well, I smoke it, or vaporize it, that's about it. I don't eat it.

Dr. M: You never tried eating it?

Brad: No, never have… Like I said, When I'm stressed, my kids know not to mess with me. I isolate myself a lot, too; that's part of PTSD. I got a little room with a pillow and a blanket, and I isolate. I don't like being around people. I don't like being in public, but when I use marijuana it seems like I can go in a store and tolerate people better, if that makes sense.

Dr. M: It does, and you are the second person today who told me the same thing—that they can't handle being in public very well without using cannabis. Now, you're a veteran, does this condition come out of your military experience?

Brad: Yes, it's all military-associated; I'm a hundred percent disabled.

Dr. M: Are you connected with other vets in the same kind of situation?

Brad: I know a ton of vets who are in my shoes, who are seeking help and can't find it, their medication doesn't work and they're still... they snap too quick, they go off, you know. You end up in jail. I had my doctor ask me straight up, "How come you're not in prison, how come you're not freakin' dead?"

Brad: "That's exactly what the military does: they build you up and break you down."

I asked him why he asked, and he said "People like you, they either kill somebody or they kill themselves." And he wondered what was keeping me able to stay the way I am, and I told him. "Weed." If I didn't smoke, I probably would be in prison.

Dr. M: I have heard this before. Do you talk with other vets and try to encourage them to try cannabis?

Brad: All the time. I pass out cards anytime I meet a vet who needs help. I tell them, "Here, try this."

Dr. M: What are their attitudes?

Brad: The guys are mostly up for it. The doctors are a little shy, but I don't lie to my doctors.

Dr. M: The doctor who asked you about prison, has he got any insight into how much cannabis helps you?

Brad: Yes he does, and that's why he's not complaining that I smoke it, not one bit. He asks me all the time, "You still smoking?" and I say, "Yes," and he says, "Okay." I tell him it helps me, and I'm not going to quit doing something that helps me.

Dr. M: Is he a psychiatrist?

Brad: Yes, he is.

Dr. M: Do you think he encourages others to use cannabis?

Brad: I don't know. He works for the federal government, and that's kind of hard to do. They report somebody doing something they consider detrimental or hazardous.

Dr. M: He actually couldn't recommend it, but he might condone it in a subtle way.

Brad: He told me, "Whatever you're doing, just keep doing it." and I'm going to keep doing it, because when I use my medicine I don't have to take my oxycodone, I don't have to take mirtazapine at night to sleep, to help me get through my nightmares. It's Mother Nature's cure-all, I believe… I recommend it to anybody and everybody that I see who is having problems, especially veterans that are stressed out and going through anxiety. Even my wife, I told her one time—she was so stressed out-"Here try this, hit it." My wife is anti-drug, anti-everything, but she tried it, and she actually relaxed and fell asleep, after being all tensed up and hurting. You know how you are when you're stressed out.

Dr. M: How long have you been married?

Brad: Twenty-plus years

Dr. M: How much do you appreciate your wife's help?

Brad: Appreciate isn't the word for it. There's no way to describe the love I have for my wife. To put up with me for all these years, and not know why I'm the way I am. Let me tell you. I'm a biker. I'm a Detroit Highwayman, one of the most ruthless m-f's you will find anywhere on the streets. I'm 20 years retired from it, have no use anymore for that stupid shit, don't want nothing to do with it. And the reason I was a biker is that when I got out of the military I fit in nowhere. So I went to people who were just like me, and where I fit. Now that I got a grip on things, and I'm going through all this, I see what an asshole I really was through my life, because of my aggression.

Dr. M: I've heard this part before too, that the biker world is the only place for some people coming out of the military.

Brad: It's the only place, because it's the place there's people like you, and you fit, and you can understand, and you relate to those people. And that's me, and how I am, and how I was, and that's the way I am; you get in my face, I don't care who you are, I come back at you. I'll jump right on you, all the way in. I had two attempted murder raps in those days, but I beat them.

Dr. M: But you're not involved with bikers any more?

Brad: Uh, I'm with my club. But I don't go there. I got 20 years, I'm retired, I don't have no time for that, I don't want to lose everything I got. I don't want to have my family lose everything they got, because without me they'd starve to death. It's not going to happen. You got to make choices. I have made a lot of wrong choices, but once I got on this medical marijuana and started to get my life under control, and started to understand why I'm the way I am, I'm losing my taste for the biker life. That's the bottom line.

Dr. M: Your journey has been from some pretty scary places to something better.

My wife deserves an award for sainthood for putting up with me for 20 years.

Brad: From stabbings and shootings, and doing whatever I had to do: fight, rumble, whatever, to a peaceful life. Just straight home, just isolating, keeping to myself, getting my life together, trying to keep my family's life together. Keeping the biker life out of my life. My wife deserves an award for sainthood for putting up with me for 20 years.

Brad knew of Scott Peck, recognizing the title of his book "The Road Less Travelled." He wasn't familiar with the follow-up book "People of the Lie, "where Peck describes his role as a psychiatrist on a panel investigating the Mai Lai massacre. I shared Peck's reflections on the costs that are paid when society employs the military to train soldiers to be killers in its wars. Brad had a few comments, based on his experiences:

Brad: That's exactly what the military does: they build you up and break you down. Once they finish with you, you're set on a course, and that's all you do. It's all you know, and even when you get out, it is so hard to deprogram. You don't understand why you're in a rage all the time, why you're having nightmares for 20 years. I didn't know what was going on in my life. Then I sought help, and I had somebody

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tell me, "You have PTSD."

What the hell is that, PTSD?

So I went and took a test—a written exam—and when I finished it, the doctor just looked at me and shook his head. He said, "Son, you need serious help." So I started getting it.

Dr. M: Do you get much help from the prescription medications?

Brad: All the prescription drugs do is mask the problem. They help to a point, but they don't help, if that makes sense, because I was always drugged-out and run down, and I'd come down from the medicine the next day, and feel like shit from taking it all the time.

Dr. M: And what about the cannabis?

I can't bend, but when I smoke, then I can get far enough down that I can pick something up.

Brad: I take it and I'm good to go; no hangovers, no side effects, nothing. You can't beat it, I'm telling you, there's no way you can beat cannabis for medication. There's no way. I don't care what anybody tells you, they can talk until they are blue in the face. All these politicians; they don't know, because they don't try it. They have never used it. If you use it one time for some problem that you have, you might realize that your problem is resolved, or your pain is gone, or at least so you can function like a normal human being. Especially when you are as messed up as me, where you can barely walk, it feels pretty good. I can't bend, but when I smoke, then I can get far enough down that I can pick something up.

Dr. M: And the emotional, psychic pain?

Brad: Physical, mental, everything, I'm telling you, you can't beat it. It's better than any freaking Trazadone, mirtazapine, anything they can throw at you narcotic-wise, anything to keep your mind at a level place, nothing compares.

Things are getting better for me, a lot better. Things were down for a while; I lost my home, I lost everything I owned due to my condition. Then, two weeks after I lost it all, Uncle Sam finally came through with disability, after 20 years. Things are looking better, because now I can afford medication. I don't have to depend on the government for their chemicals; all these drugs, which I don't like shoving into my body anyway. I'd rather have something all natural.

Pediatric Patients: Kids on Drugs

Cannabis use by children and teens raises a specter which has long been exploited by opponents of the herb: the nation's youth seduced into drug dependence, depravity, and slackerdom by a dangerous substance whose use leads inevitably to addiction and harder drugs.

Could it be that many teen cannabis users are simply self-medicating to alleviate undiagnosed anxiety and depression? The prevalence of depression, anxiety and other forms of stress in teens may be considerably greater than is commonly understood. A National Youth Violence Prevention Center survey revealed that 20% of teens had thought about suicide within the past year.

As Tom O'Connell, MD, has pointed out, self-medicating with cannabis for anxiety and depression can be a safer alternative to use of nicotine, alcohol, cocaine, heroin, and other drugs. There are a number of conditions with significant incidence in children and teens—notably asthma, ADD/ADHD, and auto-immune disease—that are amenable to treatment by cannabis. Unfortunately, given the intensity of the political and emotional charge surrounding this issue, the necessary research cannot be carried out.

Joanie: A Teen with Pain

Joanie was 19 when I met her in a clinic. She had been using cannabis for four years. Her mother accompanied her to the clinic, and was obviously very supportive of her use, and positive about what she agreed were dramatic benefits Joanie had experienced. As her story unfolded, I felt a widening disconnect between Joanie's obvious poise and intelligence, and the severe problems she had overcome. She was an achiever and a survivor, and far from holding her back in any way, cannabis use had apparently been critically important in facilitating her reemergence from years of physical, mental, and emotional debility.

Joanie: I broke my leg in a skiing accident when I was 13. They put in a rod, and they had to take out my kneecap to do it.

Dr. M: What kind of pain meds did you use?

Joanie: I was in constant pain, and they put me on Vicodin. It made me sick to my stomach. I was vomiting every day, every time I took it. Celebrex also hurt my stomach.

Dr. M: How did all this affect you mentally?

Joanie: I got depressed, and they put me on antidepressants; Pamelor first, when I was 14. It didn't work, and every time I saw a doctor they were trying a new antidepressant medication, or changing the dose. I can't tell how many antidepressants I tried. None of them worked, they all made me worse. They didn't know what to label me; bipolar, or whatever. They had me on antipsychotic drugs, which also made me worse.

Jack— "He's even reading to me from a book."
Graphic by Damian King

When I was 15 I had another surgery, because the rod in my leg had got stuck as I grew, and caused nerve damage. The pain was constant, and the next drug I tried was Darvocet. I took that for a year, and it gave me terrible rebound headaches. I had had migraines since I was 13, and the Darvocet made them way worse.

Then, when I was 16, I got rear-ended by a big truck while I was waiting to make a left turn. The whole back of my car was crunched right up, practically to the back of my head. I had a whiplash injury. When they did the MRI of my spine, they discovered I had scoliosis.

Dr. M: How and when did you discover cannabis?

Joanie: I tried it at school with friends, when I was 15.

Dr. M: Recreationally, or did you think it might help with the pain?

Joanie: I knew it was legal medically in California, but I was just trying it with friends. But I could tell instantly that it made me feel a lot better: it took my mind off the pain, and made me less depressed.

Dr. M: And did you start using regularly right away?

Joanie: No, only occasionally, for the next few years. I would get it from friends a couple times every week.

Dr. M: What happened with school during those years?

Joanie: Well, l could have done better if I hadn't been so depressed and in so much pain. The fluorescent lights gave me a headache every day, so I had really poor attendance. For a two-year period I never made it to a full week of school because of the headaches and medication side effects. Finally, I sort of gave up on the kind of academic pre-college program I had been working on, and went to culinary school at the Skills Center. I couldn't do school work or study, but I figured it was okay to be in the kitchen.

Dr. M: How did that work out?

Joanie: Not too well. The teachers were sending me to the office all the time because of the way the antidepressants and antipsychotics were making me act. They thought I was on drugs, which I was.

Dr. M: So, when did you start using cannabis regularly?

Joanie: When I was 18.

Dr. M: And how has that helped?

Joanie: Well, you could call it a complete turnaround, I guess. First, I figured out that what I had been getting from my friends was not good quality, so when it became legal and I got my card I started growing my own much, much better stuff. I smoke it every day—my vaporizer broke—and I'm back in school. I have a double major now, in French and Linguistics. I have a 3.88 GPA in my junior year, and am doing very well, thanks to the cannabis. I also make an arthritis balm with olive oil and beeswax, and put it on my knees and my back.

Dr. M: Do you still take any prescription medications?

Joanie: I take Fiorcet, because the lights at school still give me headaches. Fiorcet takes the pain down to where I can function, and when I get home in the evening, the cannabis takes it away completely. I'm off the antidepressants and psych drugs completely.

Dr. M: What is your parents' attitude towards your use of cannabis?

Joanie: Oh, totally supportive. My father is a builder, and he has back pain. We smoke together. My mother gets too spaced out from it, so she just uses the topical butter for her back pain. They are both just very happy to know that I am doing better, and functioning again, after seeing me on so many pills for years, and not wanting to get out of bed. Even my grandma is so happy to see me back in school. But she doesn't know about the pot!

Dr. M: Do you have many friends who medicate too?

Joanie: Not too many. There have been so many raids around here lately that I keep pretty quiet. But I keep in touch with a few people about their grows, and different strains we try out.

Jack: Pediatric Diabetes and ADHD

Jack is a seven-year-old boy with type-I diabetes and ADHD who was brought to the clinic one recent afternoon by his mother. Michigan requires two physician certification signatures for children under 18. The family had already gotten one from another doctor —not one of Jack's personal physicians—so it was my call about his card.

I had previously certified one kid this young (see next case). But I had encountered dozens of older patients who had been helped by cannabis with their attention deficit problems. ADD is not a qualifying condition in Michigan, so my learning about this benefit was often accidental, especially if a patient had been able to drop his Ritalin or other stimulant once on cannabis. I felt that I had a solid base of clinical experience to support that many people with ADD and ADHD did indeed get a real benefit from cannabis.

My mental trump card was the YouTube video that I had gone back to view repeatedly of the late Claudia Jensen, MD, being interviewed by Keith Olbermann.

My mental trump card was the YouTube video that I had gone back to view repeatedly of the late Claudia Jensen, MD, being interviewed by Keith Olberman. Jensen's patients included teenagers who had used cannabis for ADD with dramatic success. She said the reason she had become an enthusiast for cannabis therapy was that she listened to what her patients had to tell her.

Jack was a blond kid, small for his age, and on his best behavior for the visit. His mother, Laura, provided clear documentation of his problems: ADHD as well as type I diabetes, with nausea (which is a qualifying condition). She said he was having significant behavior issues in school as well as at home.

"In for a dime, in for a dollar," I was thinking as I signed the cert paper.

I called Laura about six weeks later for a progress report.

Laura: Well, he's not having any more trouble in school, and he has a much better attitude at home. The teachers have all noticed the difference, and say he is paying much better attention now. Before the medicine change, we were getting calls every day, and he was being kicked out of school all the time. They said he was talking back, and always arguing with everybody. I'm still calling someone at school almost every day, and they are very positive. It had been iffy about Jack passing this grade, but now it looks like he will advance for sure.

Dr. M: How about his written work?

Laura: Well, now I now can read his writing, whereas before it was mostly scribbles. And his spelling, which was not even remotely close to correct, is better. His work is actually better than his older sister's now, which has never been the case.

Dr. M: Tell me about his medicine.

Laura: We are making "medibles" for him, in the morning before school, and in the evening. He gets a little drop of the Simpson oil, that I scoop up with a toothpick. It's about the size of one of those large pinheads. He takes it with peanut butter, and generally doesn't notice the taste.

Dr. M: Where did you get the idea for Simpson oil?

Laura: From the Run from the Cure videos on the internet.

Dr. M: Did somebody treat for ADD in that video?

Laura: No, for diabetes. Several people had improvements.

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Dr. M: So your original idea was to treat Jack's nausea from the diabetes, not so much the ADHD?

Laura: That's right.

Dr. M: Has there been any change in his sugars?

Laura: Yes, a big change. He is testing now even lower than his target, which is 200. He has been in the low hundreds, and sometimes lower. Before the cannabis, he was in the two- and three-hundreds.

[Cannabis has been shown to reduce inflammation in the pancreas, and improve control of blood sugar. Sugars in the low one-hundreds in a type-one diabetic would indicate very good control.]

Dr. M: Wow! That's remarkable.When does he see the endocrinologist again, and what are you going to tell him?.

Laura: Next month. The sugar readings are all there in his meter. We'll cross that bridge when we come to it.

Dr. M: What strain of pot is he getting?

Laura: White Widow.

Dr. M: How about the pediatrician who prescribed the Ritalin?

Laura: I think I can level with him. We don't have a scheduled appointment, we just go in when there is a problem.

Dr. M: Wasn't he getting some benefit from Ritalin?

Laura: No, he was not controlled at all. That medicine did nothing for him and even made him worse, in every possible way. He was always complaining that it made his stomach hurt, but he took it anyway because he knew it was supposed to help him. But it didn't. Plus, he had zero appetite. He could never gain weight. We had to try to force foods into him. Now he is gaining weight and asking for seconds. The new clothing I bought for him just after Christmas, three months ago, is all too small now.

Dr. M: What about at home? How is Jack feeling about himself and this new medicine?

Laura: He is happier, and very much aware that this medicine is helping him. He goes to bed with no hassle. He's even reading to me from a book, where it used to be a battle to get him to just lie down. And getting up in the morning is no longer the struggle it was. Oh, and his headaches are gone now. He was having them two or three times per week, coming home from school and having to sleep for hours.

After one week on the cannabis, Jack said to me, "Mom, I want to flush those old pills down the toilet."

So that's just what we did.

Dr. M: I want to keep in touch, and see you in the office in a month or so. Is there anything else you want to add?

Laura: Yes. After one week on the cannabis, Jack said to me, "Mom, I want to flush those old pills down the toilet."

So that's just what we did.

Nikki: Brain Cancer

Nikki was the first child patient I certified. I saw her in April of 2009, soon after she finished more than a year of chemotherapy for a brain tumor.

"A polycystic astrocytoma," her mother Jane told me. Her father Joe was there, too.

Nikki was bony, blond, with thin, flyaway hair. She was a little distracted, but smiling appropriately. Her left eye didn't track properly. Her mother did most of the talking about her history.

Jane: The problem started in January of 2008. I went to wake her up one morning when she was three years old, and she looked like somebody who'd had a stroke; wasn't using her left side, and her face was drooping. We called the ambulance, and at the hospital they did a CT scan, and sent her straight to the university in Ann Arbor. They did more scans there, and found the tumor. It was too big to remove completely, so four days later they did a debulking surgery, and she started the chemo in February. She went four weeks on and two weeks off all year, and just finished recently. It was carboplatin and vincristine originally, but she went totally blind for three weeks, so they stopped the vincristine. She's still blind on the left.

Dr. M: How did she tolerate the chemo?

Jane: It made her sick some days, but not deathly ill. She was always tired, and passed out once at a session. After that they let her quit early.

Dr. M: And what about the behavior problems?

Jane: Well I think the root of it all was that she couldn't sleep. She would go days without sleeping, and then just crash wherever she was, always for four hours. Then she'd wake up, and the whole thing would start all over again. We had her grandparents staying over some nights so her father and I could get some sleep. "I can't sleep, Mom," she'd tell me. I think that was 90 percent of the problem. She was just miserable and mad at the world, because she was so tired all the time.

Dr. M: What kind of behavior problems were there?

Jane: She became really angry, and wouldn't share anything with other kids. She didn't want to play with them, or even be around the dogs and cats. She would scream at her sister, "Leave me alone," and "Get out of my room." She lost her appetite, and would tell us she wasn't hungry when we tried to get her to eat. She also had a hypersensitivity to noise, and couldn't stand the radio in the car when we went out.

Dr. M: What about school?

Jane: We tried kindergarten, but she puked on the third day, and with the way she was acting, the principal said she wasn't ready for school, so we pulled her out.

Dr. M: How has her use of cannabis changed things?

Jane: Well, basically she's a happy little girl again. She's back in school and has lots of friends. She's big into hugs, hugs everybody now.

Dr. M: Tell us about the way you use the medicine

Jane: She uses the Simpson oil, at bedtime every night. We mix up a quarter teaspoon of the oil into a half cup of peanut butter. I microwave it to soften it up. She gets a half teaspoon of that mix every night, a little before bed. She sleeps from 8:30 at night to 6:30 in the morning, and gets up to go to school, and does fine all day.

Dr. M: Does anybody know she's using cannabis?

Jane: We haven't said anything to the teachers. The oncologist knows. His staff told us "Just keep doing what you are doing." The brain scans have been stable now for a year, with some suggestion on the last one that the tumor may even be shrinking. She got scans every four months for a year, but now she's going to a six-month schedule. All of her blood work has also been good.

Dr. M: And are there other doctors she sees?

Jane: We don't see the pediatrician much, because she hasn't been sick. I don't know if it's the oil, but she never gets colds, or sore throats, or earaches. We did not tell the psychologist. We have a home counselor, and she knows, but hasn't said anything to the psychologist or anybody else. After we started the oil treatment she noticed the improvement immediately. She said, "What have you done with this child? She is so much better!" I was afraid of having complications, and I said "Nothing," but then I came clean about it the next time she asked. She has been really helpful in keeping it quiet. I am nervous about having problems. My little girl doesn't need that.

Dr. M: How is Nikki doing in school?

Jane: She is doing really well. She's in kindergarten, a year behind for her age, but doing well with numbers and letters, and she can write her name. She's legally blind, but she can read the large print books they have for her. Her behavior is so much better, but if I hold the Simpson oil for even one day, Nikki can't sleep, and goes back to her same problems. I have tried not giving it several times on weekends, and the sleeplessness and irritability come back right away.