

About Dr. Hergenrather's Practice

How many patients' cannabis use have you approved (not counting renewals of your own or other doctors' patients)?

Through October 2008, I have established a physician-patient relationship with 1700 patients.

With what medical conditions have they presented? List and estimate percentage using for a given condition. (Percentages may exceed 100% because many patients use cannabis to treat more than one condition.)

ICD-9 Code Groupings among 1700 patients

| | | |
|-------------------------------|------|------|
| Chronic pain | 1134 | 60% |
| Psychiatric conditions | 537 | 30% |
| Gastrointestinal disorders | 203 | 10% |
| Migraine | 173 | 10% |
| Sleep disorders | 157 | 8% |
| Infectious diseases, selected | 157 | 8% |
| Harm Reduction | 150 | 8% |
| Cancer, malignant | 126 | 7% |
| Endocrine disorders | 119 | 7% |
| Spastic disorders | 98 | 6% |
| Nausea / Vomiting / Anorexia | 76 | 4.5% |
| Neurodegenerative disorders | 50 | 3% |
| Glaucoma | 40 | 2% |
| Autoimmune disorders | 38 | 2% |
| Skin disorders | 34 | 2% |
| Organ failure | 29 | 1.5% |
| AIDS related illness | 26 | 1.5% |
| Epilepsies | 24 | 1.5% |

What results do patients report? How does cannabis appear to work in treating their symptoms?

Patients report that cannabis is their best option for chronic pain. Other medications usually have bothersome if not intolerable adverse effects; cannabis does not. A hiatus in use often precedes the epiphany that "cannabis really does work." It is adequate for pain control for the vast majority of patients. About seven percent of my chronic pain patients remain opiate dependent. The trend is for patients to gradually reduce and omit the use of opiates in favor of cannabis.

For AIDS patients, cannabis reduces or eliminates anorexia, nausea, and vomiting so that the patient is able to take HIV medications and eat appropriately.

Cancer patients note a wide range of benefits from comfort care and end-of-life preparation to complete remission of cancer growth. Cannabis appears to have anti-cancer activity against certain tumors.

Muscle rigidity and spasticity are typical of patients with spinal cord injuries, neurodegenerative diseases, brain trauma, stroke patients, and various congenital conditions such as cerebral palsy and muscular dystrophy. For the majority of patients cannabis is used alone to control symptoms. For some, cannabis is used in combination with other antispasmodic medications to achieve better control. Cannabis has a fast onset of action (seconds) and a pleasant calming central effect that make it ideal for most patients.

Glaucoma patients have the least to report. They can't feel

the intraocular pressure reduction. The response is variable from not needing any additional medication to having the need for up to three conventional medications in order to get optimal IOPs.

Arthritis comes in many forms—from auto-immune rheumatoid arthritis to traumatic joint injuries, common degenerative arthritis, gouty, and psoriatic arthritis. Cannabis significantly relieves all types of arthritis with its anti-inflammatory, immune-modulating, and pain-relieving qualities.

Have you encountered any unusual conditions for which cannabis provides relief?

I have written case reports on three patients with confirmed diagnoses of metastatic cancer that were possibly countered by cannabis use. See *O'Shaughnessy's*, Winter/Spring 2008.

What medications has cannabis enabled your patients to stop taking or cut back on?

Analgesics of all kinds, NSAIDs, acetaminophen (Tylenol), aspirin, and opioids, psychotherapeutic agents including anti-anxiety medications, anti-depressants, anti-panic agents, obsessive-compulsive agents, anti-psychotic agents, and bipolar agents, Gastrointestinal agents including antispasmodics and anti-inflammatory medications, migraine preparations, anticonvulsants, appetite stimulants, immuno-modulators and immunosuppressives, muscle relaxants, multiple sclerosis management medications, ophthalmic preparations, sedative and hypnotic agents, and Tourette's syndrome agents.

Describe/estimate the male/female ratio, age (range and average), ethnicity, and employment status of your patients.

Mean age: 48 years. Male 2/3, Female 1/3

Ethnicity: Indo-European 80%, Hispanic 7%, Asian 4%, Black 3%

How many patients consciously use cannabis as an alternative to alcohol or for other harm reduction purposes?

Approximately 8%.

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

A small percentage experience paranoia, or anxiety. A small but significant percentage have a mild complaint of airway irritation and cough that is resolved with non-smoked delivery methods.

Alameda Angle



JEFFREY HERGENRATHER, MD, president of the Society of Cannabis Clinicians, will be speaking at the College of Alameda on Thursday, April 2.
• *O'Shaughnessy's*, the SCC journal, is produced in Alameda... More than 30 Alameda-based doctors have authorized cannabis use by their patients... An estimated 3,000 Alamedans have obtained physician approval to use cannabis as medicine.