Continuing Medical Education at UCSF

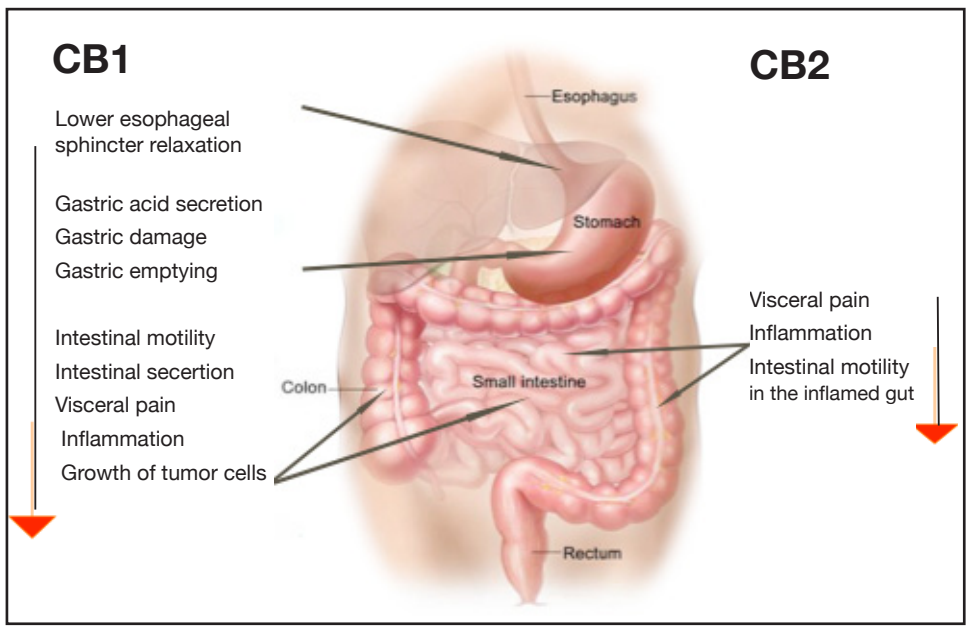
Hergenrather presents study of Crohn's patients as a template for clinical research on Cannabis

By O'Shaughnessy's News Service

"Cannabis in Primary Care" was the title of Dr. Jeffrey Hergenrather's presentation at the CME course accredited by UCSF, MMJ13001A and B. The subtitle was "Issues for the Practicing Physician: IBD, patient screening and monitoring."

IBD —Inflammatory Bowel Disease, which include Crohn's and Ulcerative Colitis— might seem relatively esoteric to include in an introductory talk about cannabis medicine. Hergenrather focused on it because his own study of IBD patients provides a model by which the effectiveness of the herb can be evaluated as a treatment for any given disorder. Cannabis medicine is an emerging field, and it provides an unprecedented opportunity for doctors to conduct meaningful research.

An efficient introduction to the body's cannabinoid signaling system had been provided by Mark Ware, MD, of the Alan Edwards Pain Management Unit, McGill University, so Hergenrather didn't have to define his terms as he discussed slides showing cannabinoid receptors throughout the bowel wall. Activating the CB1 receptor, he explained, down-regulates intestinal motility and intestinal secretions while decreasing inflammation, pain and the risk of tumors.



Cannabinoid receptors have been identified in the lower esophagus, stomach, small intestine, colon and rectum. They can be activated by cannabis-based medicine to alleviate many symptoms of Crohn's disease.

Activating the CB2 receptor decreases visceral pain and inflammation, and also down-regulates intestinal motility. "This has a huge effect on patients with Crohn's disease," said Hergenrather.

He traced the idea for his study to the initial meeting, called by Tod Mikuriya, MD in April 2000 of the group now known as the Society of Cannabis Clinicians. As the assembled handful of MDs compared notes, Hergenrather recalled, "We noticed right off that people were saying cannabis was working for Crohn's Disease."

With input from his patients Hergenrather developed a questionnaire which he shared with other SCC doctors so that their patients could be included in the study. In addition to demographic information and use patterns, patients are asked to report the level of certain signs and symptoms experienced when they are and when they are not using cannabis: pain, appetite, nausea, vomiting, fatigue, stools per day ("a real number," Hergenrather remarked), depression, activity level, and weight in pounds.

Hergenrather is now tracking 38 patients —28 with Crohn's and 10 with ulcerative colitis. Twenty-two are employed full or part-time. Seventeen (43%) have had surgical interventions. "This will be an interesting number to follow over time." Hergenrather said, noting that 75% of Crohn's patients have surgery during their lifetimes, according to the Centers for Disease Control.

Hergenrather's results strongly suggest that herbal cannabis is beneficial in the treatment of Irritable Bowel Disorders.

Half of the patients in the SCC study had stopped the daily use of conventional pharmaceuticals to treat their IBD, except during flare-ups. The main limition on cannabis use were "social issues," including risk of discovery by an employer. Others limited use because it made them too sleepy or too spacey. Cost was another limitation.

Hergenrather's results strongly suggest that herbal cannabis is beneficial in the treatment of Inflammatory Bowel Disease. Stools per days were reduced by a third, pain reduced by half, vomiting was down, appetite up. Overall, Hergenrather said, "patients' quality of life is improved significantly."

Issuing Cannabis Approvals

Hergenrather addressed various questions likely to concern MDs who had been taught nothing about cannabis in medical school but want to know what's really known about its safety and efficacy, and what kinds of interactions to expect when discussing cannabis use with patients.

"You're going to get asked a lot of questions about strains," Hergenrather advised, but there is no rigor to the nomenclature.

Sativas are said to provide a "head high." Users report feeling more "energetic, focused, alert, creative... Indica-dominant strains tend to promote sedation and 'couch lock...' Names with 'Kush' or 'Afghan' tend to be Indica-dominant. Also those with colors in their names, purples, blues, grapes, blacks... 'Hazes' and 'Diesels' tend to be Sativas. There's so much crossing and hybridization that these generalizations fall apart," Hergenrather acknowledged.

Introducing CBD

Hergenrather described cannabidiol-rich cannabis as "the real star of the show." He explained that cannabis used recreationally might have a THC-to-CBD ratio of 50- or 100-to-1, but now strains were being used by patients that contain various cannabinoid ratios, including some that are predominantly CBD "so that you don't get stoned."

"CBD antagonizes THC and reduces tachycardia [rapid heartbeat]," Hergenrather said, allaying two fears in one sentence. It would be interesting to know how many of the doctors in attendance were hearing about THC's non-psychoactive cousin for the first time.

Acid and neutral cannabinoids

"In the green plant, THC is in the acid form, which is not psychoactive," Hergenrather explained. "When it's burned, vaporized, dried over a long period of time, or baked, you decarboxylate it. In the neutral form THC is psychoactive. But if you use the molecule in the green form you're going to be able to go way up on dose without going up on psychoactivity.

"Eventually terpenes will impart effect, but in general patients can go way up on dose when using green medicine. A patient can take a bud that would take a week to smoke and put it in a smoothie and do that two or three a times a day and not have any 'high' effect.

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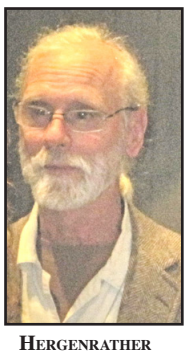
Nuts and Bolts for the Clinician

Hergenrather shared the SCC practice standards. "You've got to do a hands-on evaluation," he said for openers. "You've got to take the vital signs and write it down."


Hergenrather

Patients should be advised about their needs. "Many people today do not have medical care. You've got to sit down and talk with them about their health —diabetes, hypertension, obesity. You need to make appropriate referrals.

"If you have a referral from another doctor, make a point of communicating with that doctor about your findings and observasions. On the other side, if your patient says 'I don't want my primary doctor to know about this, I'll take care of that on my own,' I think your responsibility is to your patient and not to the medical board or the treating physician."

"Let the patient know when you want to see them back and what you expect of them.

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"Be willing to testify. This has everything to do with proper record keeping.

"I would have documentation supporting the diagnosis that I'm treating in advance of seeing the patient for the first time.

"I like to quantify the use of cannabis and method of administration at every visit. It changes over time. After patients use it as vapor or topical forms, they're going to use a lot more cannabis.

"We have to ask for a release of liability because patients are going to be out there driving. The release of liability spells out issues that the patient needs to sign and say 'Okay, this is on me and not on you.' Those forms are available at cannabisclinicians.org.

"The federal courts support the physician's right to have this relationship with the patient, including making a recommendation... This is not a permit to grow for profit. This is an approval to use cannabis for your own personal medical needs. It's important to make that clear to the patient. This is the extent of it: you can grow what you need for your own use."

Precautions

Hergenrather described cannabis use as "habit forming but not addictive."

Smoking can cause bronchitis, he said, echoing Tashkin.

Hergenrather said he had seen five cases of cyclical vomiting syndrome caused by marijuana use.

He noted that ingestion of cannabinoids has not been found to adversely affect the liver's ability to metabolize clinically useful drugs —but the advent of megadoses via concentrated oils and raw buds and leaf might result in a different side-effect profile.

Hergenrather characterized the association of cannabis use with schizophrenia as "controversial," adding, "I found that the Keele study in England a few years ago really exonerated cannabis considerably. They followed 2.3% of the English population in clinics for 10 years; and over that period of time there was an 18-fold increase in cannabis use by their youth, while there was no increase in schizophrenia and psychosis in Great Britain."

In the audience were two midwives and another MD whom Hergenrather had worked with at the Farm, a large "intentional community" in Tennessee, where marijuana was used "with reverence" by almost everyone. Over the course of several years, Hergenrather said, "we, collectively, did not see any significant adverse effects associated with cannabis through gestation and nursing." Also, "It works better than anything for morning sickness." Nevertheless, he advised the doctors to "advise judicious use during pregnancy."

Hergenrather concluded by extolling the potential of cannabinoids in treating certain types of cancer.

Although the CME presentation was not planned to have a focus on cannibinoids in the treatment of cancer, Hergenrather concluded by extolling its potential.

"I've been encouraging patients to make the oil and put it directly on skin lesions," he said. "If I thought someone had a melanoma I would hustle them to the surgeon.But for just about any other kind of skin lesion, 'Put the cannabis oil on it and watch the results.'"

Hergenrather showed before and after slides of a patient with a keratosis on his cheek that had been there for 10 years. "A band-aid with cannabis oil for a month and it fell off," he reported. The growth has been gone for a year with no signs of recurrence, he said.

To treat skin lesions, Hergenrather recommended "the more concentrated the oil the better. An occlusive dressing works best, even a spot bandaid."