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: IBP, 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 studies and those of MD patients provide a model by which the effectivity 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 Wade, 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 perforation. 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 group of MDs remarked, Hergenrather recalled, “We noticed right off that people were saying cannabis was working for Crohn’s Disease.”

When he saw 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.

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Half of the patients in the SCC study had stopped the daily use of conventional pharmaceuticals to treat their IBD, according to the Centers for Disease Control. Crohn’s patients have surgery during their lifetimes, according to the Centers for Disease Control. Hergenrather said, noting that 75% of Crohn’s patients could be included in the study. In addition to demographic information and use patterns, patients can go way up on dose when using green medicine. Hergenrather focused on it because his own studies and those of MD patients provide a model by which the effectivity 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.

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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 limitation 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 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 limitation 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.

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