

Two more case reports—

Reduced Use of Pharmaceuticals A Recurring Theme From Patients

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Despite advances in medical science to elucidate the causes and treatments for a wide range of diseases, there remain many conditions that fall into the category of “etiology unknown.” For these, physicians continue to offer the best treatments available to alleviate the pain and suffering where there is little hope for cure.

In many cases the conventional treatments are as problematic as the diseases themselves. Patients who have chosen cannabis as an alternative treatment for these conditions often confide to cannabis specialists that they have been able to quit or reduce their use of pharmaceutical drugs. It is a recurring theme, and a significant one.

Brief reports on two such cases follow.

Systemic lupus erythematosus

Patient AG is a 34-year-old woman who has had systemic lupus for over 10 years. Her lab findings include positive ANA, positive RNP antibody, positive platelet antibodies, and hypocomplementemia. Her abnormalities include low grade fevers, fatigue, arthritis, arthralgias, cutaneous manifestations, persistent leukopenia and thrombocytopenia.

Evaluation and treatment by two rheumatologists resulted in the repeated advice to use immunosuppressive drugs including Plaquenil and prednisone to modify her immune system disease. She did this for many years with multiple adverse effects.

Subsequently, she discovered the medicinal use of cannabis, initially for pain control and depression, then later as an immune-system-modulating medication. Over the past two years she has discontinued all pharmaceuticals while relying on cannabis only. She has not had an exacerbation and reports that she hasn’t felt as well for many years.

Crohn’s Colitis

Patient AE is a 22-year-old man who has had Crohn’s disease for more than six years. His lab findings include leukocytosis and biopsy confirmed Crohn’s colitis. His abnormalities included weight loss, anorexia, nausea, abdominal cramping pains and diarrhea along with recurring bouts of rectal bleeding and signs of obstruction.

Evaluation and treatment by his gastroenterologist resulted in the repeated advice to have his colon surgically removed and the use of immunosuppressive drugs including azathioprine and prednisone to modify his immune system disease along with several other medications.



Over the past three years he began regular use of cannabis with an immediate marked improvement in his symptoms of anorexia, nausea, cramping and diarrhea. He has been able to reduce his dependence on prednisone to 1/4 of his former effective dosage as the frequency of his stools has been reduced by 1/2 or more. He reports that he feels much better now than he did before beginning the regular use of cannabis.

And he did not have to have his colon removed at age 22.

Though these two cases are quite different, they both share the distinction of being diseases of unknown etiology, deleterious inflammatory reactions, and frequently treated with steroids and immunosuppressive drug therapy.

Very little is known about the role that cannabis and endocannabinoids play in the immune system. It is noteworthy that the spleen and white blood cells are loaded with cannabinoid receptors. An immunomodulating effect cannot only be postulated, it has been confirmed with the evidence that white cell recruitment is blocked by cannabis in rheumatoid arthritis joints.