

Case Reports of Successful Management of Pain by One to One Ratio of Cannabidiol with Tetrahydrocannabinol

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Abstract

Presents the case histories of two doctoral level professionals with chronic pain: a female with severe chronic osteoarthritis and a male with pain from MRI documented damage to lumbosacral spine. They were initially very reluctant to use any chemical derived from marijuana plants for pain control and they anxiously avoided any opioid analgesics. Their experiences with non-opioid pharmaceutical analgesics were negative, with almost no pain relief. Their pain slowly decreased to mild or absent levels after several weeks on oil containing cannabidiol(CBD) and tetrahydrocannabinol (THC) at the one to one ratio.

Keywords: *pain, cannabidiol, tetrahydrocannabinol, analgesics*

CASE PRESENTATION

Both persons presented in the following two case histories were initially very reluctant to use any chemical derived from marijuana plants due to the stigma and fear of addiction. At that time, they did not have any adequate information on the CBD-THC oils.

Case #1

The first case is a 50 year old lady with doctoral level education in the field of general medicine who has been employed in pharmaceutical settings. She developed chronic severe osteoarthritis for which none of the common prescription and non-prescription non-opioid medications brought adequate relief. She experienced insomnia caused by her severe pain and also some depressive symptoms as usually seen in chronic pain patients. She avoided any opioid analgesics as she was well aware of their addictive properties. She contemplated resigning from her job due to pain, insomnia, and general exhaustion.

She reluctantly tried the CBD-THC oil in the 1 to 1 ratio.

The oil was obtained on a medical prescription from a Canadian government approved producer whose products are controlled by a medical laboratory to verify the contents and preclude the admixture of agricultural or other toxins.

After determining there was no allergic reaction, she proceeded using 0.5 ml of the oil per day for several weeks, eventually noticing that the pain remarkably decreased, so she started decreasing the daily dose. She then discontinued regular use and needed only a drop or two of the oil a few time per month. She then stopped completely the oil for about 6 weeks during which time the pain alternated between absent and mild level.

When the pain returned, she attempted using the oil with the ratio of 25 parts of CBD to one of THC over several days, but this seemed to have no analgesic effect for her severe pain from osteoarthritis.

She resumed using the CBD-THC oil in the 1 to 1 ratio, initially at 0.5 per day. Her pain started decreasing over the next weeks, she was able to start reducing the

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dose, and now seems to need only a drop or two of the oil a few time per month.

Case #2

This is a male doctoral level professional, a scientist in his early 70s. He suffered from chronic lumbosacral pain from a spinal damage well documented via MRI. The pain did not respond to the common non-prescription and non-opioid analgesic medications and he avoided any opioid ones for fear of addiction. He was unable to walk more than 10 meters for 3 months, but then experienced a very slow and gradual decrease in pain levels over days and weeks after using an anti-inflammatory ointment (a German made pharmaceutical preparation from calendula officinalis as available on a non-prescription basis in most pharmacies in the German speaking area of Europe) applied daily externally on the skin of the lumbosacral spinal region. The pain disappeared completely after about 8 weeks, only to re-appear after (frequent) re-injuries from lifting heavy objects, at which time the ointment needed to be re-applied for about 3 weeks to eventually eliminate the pain.

He also developed moderate pain from a torn shoulder rotator cuff which did not respond adequately to the external application of the ointment, presumably due to the tissue injuries deeper within the shoulder. The pain caused some insomnia, an inability to sleep on the injured shoulder, and frequent difficulties with daily physical tasks. He was prescribed the CBD-THC oil and obtained it also from a producer approved by the Canadian government, a retailer whose products are controlled by a medical laboratory to verify the contents and preclude the admixture of agricultural or other toxins.

After starting to ingest one drop of the CBD-THC oil in the 1 to 1 ratio once per day, his shoulder pain disappeared after 10 days and the incidents of re-injuries to the shoulder and to lumbosacral area started to decrease considerably. He is relatively pain free at times even over periods of one month without needing to use this oil at all.

DISCUSSION AND CONCLUSION

Lynch and Clark [1] reported case studies of three chronic pain patients (one with multiple sclerosis, one with HIV related peripheral neuropathy, and another with lumbar injury) who reported being able to reduce their dose of opioids when using cannabis. Unfortunately, most of such patients and of their therapists are unaware of the analgesic potential of CBD-THC oils. While they perhaps might not be the solution for all chronic pain patients, these oils are worthwhile to study in well-designed large scale research studies. Hopefully, such studies would be possible and fast-tracked once the stigma associated with research on these substances is lifted.

The CBD oil was successfully used in a German study on patients with schizophrenia [2] and in an Israeli study [3] on children with severe autism, with less side-effects than are usually reported for commonly used psychiatric medications for autism and schizophrenia.

Laboratory research by Manzanares' team [4] shows that CBD oil is not addictive. Clinical experiences suggest that, in a therapeutic dose, the CBD oil remains non-euphoric even at one to one ratio with THC, as it counteracts the effects of THC. Our case studies suggest that more research on CBD to THC ratio in such oils is needed for specific diseases such as osteoarthritis, to determine the optimal therapeutic proportion and dose.

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