

Medical marijuana use requires more study

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I have been asked over the last few years quite a few questions about the usage of medical marijuana. Most of the time, people who were interested were primary caregivers of my sick elderly patients. Some questions came through my hospice connection -- attending people with a very serious illness and many very difficult-to-control symptoms. I also distinctly remember some of my patients' family members seeking approval for the medical marijuana as an adjunct treatment for agitation and aggression in demented patients. There were questions about appetite stimulation and the relief of spasms in multiple sclerosis.

Since medical marijuana is not legal in Connecticut, I always avoided addressing the issue. After all, even if I believed that it was helpful, I could not have prescribed it to my patients. As time passed and more and more states legalized medical marijuana, I decided to investigate it.

As I ventured into my research, I quickly discovered that for each "pro" marijuana statement, there are two "against," and vice versa. The summary below is derived from multiple resources, including Wikipedia, the Procon.org website, the official Federal Drug Administration position, the American Medical Association and, finally, the American College of Physicians, of which I am an active member. At the end, every one of us will have to come up with a decision on what to make of medical marijuana.

The drug known as marijuana comes from the cannabis plant, which has been around for more than 4,000 years. There are several ways of taking the drug, including smoking dried buds (vaporizing), eating or drinking its extracts, and taking capsules. When smoked, the effect of the drug is experienced very quickly -- within minutes; other routes take longer -- hours.

It is the fact that smoking is the best way to take marijuana which bothers some experts. The British Lung Foundation reported in November 2002, for example, that three to four marijuana cigarettes a day are as dangerous to the lungs as 20 or more tobacco cigarettes

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a day.

On the other hand, a UCLA study presented on May 24, 2006, found no association between marijuana and lung cancer, and it suggested that marijuana may even have "some protective effect."

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Although illegal for recreational use, its use as a medicine is accepted in many countries: Canada, Austria, Germany, the Netherlands, Spain, Israel, Italy, Finland and Portugal. In the U.S., federal law outlaws all cannabis use, while medicinal use is accepted by 14 states and the District of Columbia. Alaska, California, Colorado, Washington, D.C., Hawaii, Maine, Michigan, Montana, Nevada, New Jersey, Mexico, Oregon, Rhode Island, Vermont and Washington all have laws governing the indications and specifics for prescribing, obtaining, cultivating and dispensing the drug (New Jersey and Washington laws passed this past summer). Interestingly, eight of the 10 states that had legalized medical marijuana by 2006 saw a decrease in teen use of marijuana from 1999 to 2006. Marijuana contains more than 400 different chemicals, including steroids and Vitamin A.

When it comes to its indications for medical use, the list of studied conditions is actually quite long. In a 2002 review, cannabis was shown to have effects in the treatment of nausea, vomiting, premenstrual syndrome, unintentional weight loss, insomnia and lack of appetite. Other "relatively well-confirmed" effects were in the treatment of "spasticity, painful conditions, especially neurogenic pain, movement disorders, asthma and glaucoma".

Research done by the [Scripps Research Institute](#) in California showed that the active ingredient in marijuana, THC, prevented the formation of deposits in the brain associated with Alzheimer's disease. I am not sure what that means for my patients, but it does make doctors like me who deal with this devastating illness wonder.

It was postulated that it also could prove useful in treating inflammatory bowel disease (consisting of Crohn's disease and ulcerative colitis), migraines and fibromyalgia. It has also been found to relieve certain symptoms of multiple sclerosis and spinal cord injuries by muscle-relaxant properties, as well as by stimulating appetite.

Other studies focused on alcohol abuse, attention-deficit hyperactivity disorder (ADHD or AD/HD), amyotrophic lateral sclerosis, collagen-induced arthritis, rheumatoid arthritis, asthma, atherosclerosis, bipolar disorder, childhood mental disorders, colorectal cancer, depression, diabetic retinopathy, dystonia, epilepsy, digestive diseases, gliomas, hepatitis C, Huntington's disease, hypertension, urinary incontinence, leukemia, skin tumors, morning sickness, methicillin-resistant *Staphylococcus aureus* (MRSA), Parkinson's disease, pruritus, posttraumatic stress disorder (PTSD), sickle-cell disease, sleep apnea, and anorexia nervosa. Even Tourette syndrome and tics have been studied with conflicting results!

Many of the above-mentioned studies were not confirmed and reports NOT published in "mainstream" medical journals. The list is very long and some of the indications for marijuana use are probably solid, while others remain questionable, at best. And of course there is a nagging question about its harm. As high as 10 percent of people using marijuana will have a psychological dependence on the drug. We just do not know if it carries a risk of true addiction and if it is a "gateway drug" leading to usage of cocaine, heroin and other "hardcore" drugs. Interestingly, according to the FDA's own data, marijuana was not reported as a primary cause of death at all between Jan. 1, 1997, to June 30, 2005 (the time for which the data were available).

The [Institute of Medicine](#) in its statement in 1999 concluded that --|The therapeutic effects of smoked marijuana are typically modest, and in most cases there are more effective medicines. But a subpopulation of patients does not respond well to other medications and have no effective alternative to smoking marijuana ... Most of the identified health risks of marijuana use are related to smoke, not to the cannabinoids that produce the benefits."

It still remains a Schedule I drug, the strictest classification together with heroin, LSD and Ecstasy.

We will not reach a conclusion in the debate of medical marijuana just yet. In my opinion, we all should be open-minded about it, follow the law and advocate for more, better-quality research. This will help us decide whether to push for legalizing it in our state and maybe in the future on the federal level.

Dr. Beata Skudlarska is a Bridgeport geriatrician. Send questions to Bridgeport Hospital Center for Geriatrics, 95 Armory Road, Stratford CT 06614 or geriatricmd@aol.com.

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