By Jeff Hergenrather, MD

A pilot study of the effect of can-
nabis on Crohn’s disease was conducted in California by physicians in the Society of Cannabis Clinicians. Crohn’s is an inflammatory bowel dis-
ease which is disabling and difficult to treat. The cause has not been estab-
lished.

With co-authors Tod Mikuriya, MD, and David Bearman, MD, and statisti-
cal support from Milton Harris, PhD, I developed a questionnaire to assess the changes that Crohn’s patients experi-
ence when they use cannabis on an “ad hoc” basis. We and SCC colleagues identified 32 Crohn’s patients. Eighteen expressed willingness to participate and 12 completed questionnaires.

Our results were reported at the Inter-
national Association for Cannabis as Medicine conference at Leiden Univer-
sity in the Netherlands in September. All signs and symptoms evalu-
ated in the study, the patients described marked improvements with the use of cannabis. Beneficial effects were re-
ported for appetite, pain, nausea, vom-
itting, fatigue, activity, and depression. Patients also reported that cannabis use resulted in weight gain, fewer stools per day and fewer flare-ups of less sever-
ity.

Each patient rated all of these signs and symptoms on a 0–10 scale both on and off of the use of cannabis. The aver-
age or mean values were then compared with paired t tests to show the average improvement patients report for each category of study. A probabil-
ity value was recorded for each mea-
surement to show how likely or unlikely these results could be expected to oc-
cur randomly. All probability values, P values, reported were found to be sig-
nificant (P < .05) for the categories measured.

Crohn’s disease remains a disease of unknown etiology. It occurs in about seven out of 100,000 population, typi-
cally in people of European decent. What can be said about it is that the im-
mune system in the GI tract is overreactive, misguided and destructive to the intestine. Components in cannabis are thought to exert some of their benefi-
cial effects by interacting with cannabi-
noind receptors in the intestine.

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mon side effects including anxiety, de-
pression, irritability, nausea, vomiting, ab-
donial pain; and, with chronic use, bone thinning, glucose intolerance, peptic ul-
cers, and the Cushingoïd state.

Though our results are reliable and sta-

tistically significant, they could be ig-
nored as invalid because of the nature of the study. The patients were self-se-
lected, presenting to their doctor for ap-
proval to legalize their use of cannabis. They all used their own cannabis of un-
known quality and quantity. There were no control groups of Crohn’s patients who did not use cannabis; nor were there any placebo-controlled trials with a group of patients using cannabis stripped of its active ingredients.

Despite the fact that this pilot study de-

vates from the “gold standard” study involv-
ing a treated group matched to a control group of untreated patients double-blinded (where neither the re-
searcher nor the patient knows if they are getting the “real medicine” or not), the patients who responded nonetheless, unequivocally reported improvement in their symptoms and quality of life.

Some of the patients’ responses in-
clude these telling remarks:

• “A terrific relever of Crohn’s symp-
toms.”

• “A more easily controlled medica-
tion than offered by pills.”

• Alcohol has been a big problem for me that I don’t have with cannabis.”

• “Only positive effects, no negative effects.”

• “Best appetite stimulant, very good calming effect.”

• “Cannabis provides relief without knocking me out or other bad side ef-
ccts that I had with steroids.”

• “I’ve committed myself to this form of therapy, and my quality of life has im-
proved by leaps and bounds.”

• “I’ve struggled for years with opi-
ate addiction from chronic pancreatitis—cannabis lets me control my pain with-
out being a slave to opiates.”

• “Marinol bothered my stomach—I don’t get sick, constipated, or vomit with cannabis.”

Our results are supported by a study published in the August 2005 issue of the journal Gastroenterology. Research-
ers at the University of Bath determined that cannabinoids activate the CB1 and

Cannabis Alleviates Symptoms Of Crohn’s Disease

Patients in a pilot study report wide-ranging benefits and reduced reliance on drugs with adverse effects.

In addition to external cooling, can-
nabis quiets the irritable CNS. A com-
bination of inhaled and oral cannabis would be appropriate for acute CNS trauma from internal or external etiology. I predict this will become accepted and mainstream in the future.

Raphael Mechoulam’s lab published a paper in 2003 showing that hypothermia appears to be an important factor as to why the synthetic THC analog HU-210 was so effective in an animal model of stroke. [Leker, R.R., Gai, N., Mechoulam, R. and Ovadia, H. (2003) Drug-induced hypother-
mia reduces ischemic damage: effects of the cannabinoid HU-210. Stroke 34: 2000-2006 ] If a patient presents to an ER with a stroke, the first thing they will do is put the patient’s head in a cooler and pump them full of antioxidants (vitamin E).

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cal industry to reinvent these molecules.

In a situation of diminishing gluconeogenesis, which results in weight gain, fewer stools per day and fewer flare-ups of less severe-

Cannabis-using Crohn’s patients not only report significant relief of their symptoms, they are also able to reduce the amount of immunosuppressive medi-
cations that have been a mainstay of conven-
tional treatment. Imuran, methotrex-
ate, 6 MP, and Remicade (an anti-TNF drug) are greatly reduced. Asacol and Pentasa brands of Mesalamine, an anti-
flammatory medication with immuno-
modulating properties is also reduced in many cases. Steroids are noted to be re-
duced or often eliminated.

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CB2 receptors in the gut lining, promot-
 ing it to heal the inflamed lining of the gastrointestinal tract.

Whereas the researchers in England are looking to synthesize cannabis-like drugs that have these therapeutic ben-
efits, California doctors are in a situa-
tion where the natural medicine is avail-
able now. Many of us feel we don’t need chemists from the pharmaceutical indus-
try to reinvent these molecules. Cannabis works very well to relieve suffering. Patients using it show significant im-
provement in their symptoms, weight, and the frequency of stools.

Crohn’s disease is so debilitating and life-threatening and so difficult to man-

age with conventional medications it is very encouraging to find that cannabis is proving to be an effective treatment for it right now.

We hope to continue beyond the pilot study as more Crohn’s patients become aware of the beneficial effects of can-
nabis. Continuing to pretend that can-
nabis has no health benefits, that it is ad-
dictive and dangerous to society as por-
trayed by the Controlled Substances Act of 1970, should be and is an embarrass-
ment to civilized human beings. Can-
nabis should be removed from schedul-
ing and prescribed as any other medica-
tion.