

Marijuana is not an effective treatment for Glaucoma or PTSD and may be harmful

Approval for the other conditions is Premature.

There are at least two FDA approved prescription forms of THC available from a Pharmacy with known potency and purity, dronabinol and nabilone (**Marinol and Cesamet**) These are approved to treat nausea, and loss of appetite in cancer and AIDS patients.

FDA has also approved a prescription form of purified **CBD (Epidiolex)** specifically for seizures associated with Lennox Gastaut syndrome (LGS), Dravet syndrome (DS) or Tuberous sclerosis complex (TSC) in 1 year of age or older.

Glaucoma

- American Academy of Ophthalmology, American Glaucoma Society and Canadian Ophthalmological Society specifically do not recommend Cannabis products for treatment of glaucoma because current effective treatments are more reliable and safer.
- There is no peer-reviewed medical evidence that THC benefits people with Glaucoma and those in studies have frequently asked to stop due to side effects.
- There is only a temporary (3-4 hour) drop in intraocular eye pressure. To change the course of the disease, drop in intraocular pressure needs to be sustained continuously.
- There is evidence that cannabis use decreases blood flow to the optic nerve. That would hasten blindness and counteract the intraocular drop in blood pressure.

PTSD

- The Veterans Administration Practice Guideline “Strongly recommends against treating PTSD with cannabis or cannabis derivative due to lack of evidence for their efficacy, known adverse side effects and associated risks”
- Cannabis use disorder among veterans has increased since 2005, particularly among blacks and women. The CDC lists an approximately 30% overall use disorder prevalence among users.
- In a study of veterans with PTSD admitted to specialized PTSD VA treatment programs those using marijuana had increased PTSD symptoms and those starting marijuana use after treatment were more likely to have violent behavior and alcohol use.
- In a study of people with chronic PTSD, individuals using cannabis had a higher risk for not completing treatment and a prolonged cycle of PTSD and substance use.

Chron’s disease

- The Crohn’s and colitis foundation website says there is currently no reliable evidence that cannabis can reduce IBD inflammation or improve disease activity . (cannabis has been associated with decreased inflammation overall in other conditions). They call for more research, which is currently underway.
- A 2018 systematic review of articles concluded there was not enough evidence to confirm that cannabis was safe and effective for people with active Crohn’s disease.
- One study showed no difference in clinical remission The small studies that showed improvement in symptoms exhibited high risk of bias.
- People using marijuana had more side effects.
- **People who wish to try this treatment could register in one of the research studies.**
<https://clinicaltrials.gov/>

MS

- In a recent (2022) Phase 3 clinical study using an Oro mucosal spray Nabiximol (Sativex) , it was not effective in relieving symptoms. Those using cannabis did not meet the primary endpoint of change from baseline in Lower Limb Muscle Tone.,

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