

## 8. Treating Pain With Cannabis

by Kevin Baiko, M.D.

Of all the reasons people in this country visit their doctor, the treatment and management of pain ranks consistently amongst of the most common. According to data compiled by the Institute of the National Academies, 100 million Americans suffer from some sort of (acute and/or chronic) pain. That's almost 1-in-3! Is it any wonder, then, that more patients present to my cannabinoid medicine practice with chronic pain than all other chief complaints combined?

Cannabis is a remarkable pain medication. Many people, even folks who smoked “weed” recreationally “back in the day” (before moving on to other vices, generally speaking) are happily surprised when they discover first hand, often at the encouragement of a loved one, just how well it alleviates their chronic pain. It also treats the inflammation and muscle spasms commonly contributing to the pain, and it does so with a minimum of side-effects and an unbeaten safety record (no deaths, ever!). Many patients claim it helps them partially or totally wean off their addictive, dangerous and often side-effect ridden prescription pain-killers. All this from a plant that can be grown in one's garden, which may explain why its extracts were an integral part of the American pharmacopeia prior to its prohibition in the 1930's.

For all its healing virtues and ever growing public appreciation, this herbal medicine remains a highly controlled substance. A majority of states fail to recognize its value enough to legislate it as a legal option to their residents. Those states with medical cannabis laws on their books generally require some sort of physician certification of qualification coupled with a state registration before patients can medicate with or even cultivate this plant legally. As with the majority of such state laws, Hawaii's Uniform Controlled Substances Act lists “severe pain” (in the context of a “chronic or debilitating disease or condition or its treatment”) as one of the few qualifying conditions for registering to use medical cannabis.

Since pain is totally subjective, its management presents some of the most intimidating challenges to today's primary care physician (PCP). While its presence can indicate serious injury or illness, it can also present absent any recent trauma or detectable disease process. Whereas physicians generally prefer to deal in physiological terms, pain is meta-physiological, being influenced by interpersonal and social context, emotion, cognition and memory. Pain is a highly personal form of suffering - so much so that patient self-report is considered by the National Institutes of Health, to be the most reliable measure of pain quality and intensity. So, on one hand we doctors are told that, unless we are given compelling evidence to the contrary, our standard of care is to believe our patients and treat them, and not only out of compassion. An increasing body of evidence suggests that pain, left untreated, can lead to long-lasting maladaptive sensory processing, resulting in chronic pain syndromes. In other words, our nervous systems possess neural plasticity – the ability to adapt and learn – which, in the case of prolonged pain, essentially equates to learning to stay in pain. This fact alone underlines the importance of treating pain when it presents. On the other hand, pharmaceutical pain medications are dangerous and many are rather addictive, so most doctors, even the prescription-happiest of us, overcompensate with reluctance when it comes to prescribing narcotics. This reluctance leads to scarcity, encouraging a profitable and potentially dangerous black market, inspiring “drug seekers” to con doctors into prescribing them narcotics, which only incites further physician reluctance, and so a vicious cycle emerges in which legitimate pain sufferers are immediately suspect of ulterior motive. Understandably, many PCPs harbor mixed feelings about chronic pain management.

I too have developed strong reservations towards managing my patients' chronic pain with pharmaceutical drugs, (though I apply cannabinoid medicine to the full range of chronic pain presentations with great optimism!) The rare exception of treating an acute condition for a week or two notwithstanding, I personally refuse to prescribe narcotics any more. Time and again, I've seen them do more harm than good. Of course, there are many more physicians willing to prescribe narcotics than there are physicians willing to practice cannabinoid medicine, the latter of which I have witnessed, with impressive predictability, to generally bring about more wellness than harm. Cannabis seems to be especially well suited to the treatment and management of chronic pain. Since the endocannabinoid system mediates the extinction of aversive memories and adaptive processes, its supplementation with cannabis helps reset neural plasticity and thereby helps the nervous system extinguish maladaptive neural programs contributing to chronic pain syndromes (and, no doubt, PTSD related syndromes, to which chronic pain syndromes may well be neurologically related.) In other words, cannabis use can contribute to the rendering of dysfunctional habits in a nervous system plagued with chronic pain literally forgettable.

Even when treating patients primarily complaining of pain, cannabis is more than just a “pain medication”. By supplementing a generally down-regulated endocannabinoid system, it relaxes chronically-stressed nervous and immune systems, allowing the body's self-restorative functions to do their healing work. Not only does it help patients rest despite their pain condition; it also enables many to engage in their activities of daily life, their work duties and even their recreational pursuits despite their pain condition. Pain management strategies focused on treating pain alone have never demonstrated superiority to strategies focused primarily on restoration of function. Cannabis advances on both fronts, and, as previously stated, it's an incredibly safe medicine.

As remarkable a pain medicine as cannabis may be, it is by no means the medication of choice for everyone suffering from chronic pain. Some find cannabis inadequate as a pain-killer altogether, and as far as I can tell there's no predicting who these people will be. Others say that while cannabis has no effect on their pain, it does provide a distraction from it, enabling them to sleep or otherwise carry on without the pain crippling them. Still others describe a sense of being removed from the pain, as if it's still there but not so intolerable. These varied effects may well be attributable to THC, that infamous cannabinoid with psychoactive effects. Concerns over social stigmata, spiritual repercussions and work safety/acceptance aside, perhaps the most common reason people avoid medical cannabis is that they don't enjoy or react well to the mind-altering effects that often accompany its use. Fortunately for such folks, there are ways to medicate with cannabis without the “high”, including juicing raw cannabis and topical application of cannabis-infused oils and tinctures, as well as the development of cannabis strains with high content of CBD (that amazing cannabinoid with strong analgesic, anti-inflammatory and anti-spasmodic effects, to name a few) and negligible THC content. Furthermore, I've only just become aware of a new legal industrial hemp extract on the market containing CBD and virtually no THC, and though I have yet to study its effects, it occurs to me that cannabis may well be on its way to regaining its primacy in the American pharmacopeia.

*Doctor Kevin Baiko is a Board Certified Diplomat of the American Academy of Cannabinoid Medicine.*