An Acupuncturist’s View of Medicinal Marijuana

By Gordon Cohen, LAc

The use of cannabis for medical purposes is very controversial. Use as a panacea by physicians uninitiated to the proper application of herbal medicine, as well as an excuse for recreational use have greatly confused the issue.

In spite of political and medical controversy there are indications that cannabis has benefits which should be taken into consideration by physicians and legislators.

My interaction with patients in the late eighties led me to observe that once a patient had been diagnosed with AIDS, they would continue treatment for a year or so and then would be too weak to continue. Then the California electorate passed proposition 215 approving medical use of cannabis. Suddenly, patients who I didn’t expect to survive kept on showing up for treatment. In 1994, I joined Dr. Tod Mikuriya at the San Francisco Cannabis Buyers Club, and worked for the research department compounding ethanol extracts for comparison of effect between cannabis varieties and grades. Since then, I have seen the development of the medical cannabis movement. The original emergency use for appetite stimulation in cases of HIV/AIDS and chemotherapy induced anorexia has proven to be consistently life saving and prolonging. Conditions that are not responsive to common treatment are often relegated to cannabis treatment by MDs who are unfamiliar with the scope of traditional medicine. These include chronic pain, insomnia, and asthma.

According to my study of 2500 patients, these conditions fall into three distinct categories. The very helpful staff of the Patient ID Center in Oakland, California provided this study with primary, secondary and tertiary ICD-9 diagnosis codes, as well as dates of birth for northern California medical cannabis patients.

In the beginning of 2010, I contacted the Oakland Patient ID Center. I had been interviewing individual patients in different medical marijuana dispensaries with a surprising amount of resistance from dispensary employees. Although the information I requested was insufficient to identify any individual, I was frequently denied cooperation on grounds of “patient confidentiality.” After six months, I was able to collect data on a meager 23 patients. I became convinced that I needed another resource. The enthusiastic response I recieved from the ID Center was encouraging. With the help of the Intake Supervisor and her Head Verifier*1 I aquired the diagnosis code and date of
birth for 2500 patients. These were chosen randomly among the first patients registered in 2010.

Taking primary diagnoses along with dates of birth I catalogued the information into decades and disease categories. Each page of patient lists contained 47 patients’ information. There were 53 sheets. By highlighting the data in 7 different colors, I was able to count the numerous codes and dates repeatedly. Conditions with fewer than ten cases were considered statistically insignificant.

The predominant group of patients, accounting for 66% of cases, were diagnosed with some form of pain. Of the 1661 cases with pain diagnoses, 608 were ICD-9 code #720-724 dorsopathy. The next most prevalent code was #338.0 unspecified pain with 582 cases. Arthropathies, ICD-9 code #710-719 accounted for 246 cases. This was followed by migraine #346 with 111 cases. Code #780.96 generalized pain accounted for 86 cases while code #784.0 headache accounted for the final 41 pain cases.

The next group of patients were in the category of mental disorders. These 246 cases accounted for 9.6% of the total 2500. Anxiety code #300.0 was most prevalent with 86 cases. Code #308.91 acute stress reaction followed with 76 cases, then non-specific episodic psychoses code #296.9 with 67 cases. Post traumatic stress disorder #309.81 is the final code for this category with 17 cases.

Finally, the third significant category is alternative medicine. These were cases for which no reliable medical treatment (surgical or pharmaceutical) has been established. These 189 patients comprised 7.6% of the total. The largest number of cases in this category was 59. These were code #042 HIV. This was followed by code #783 anorexia with 36 cases. Code #365 glaucoma and code #780.52 insomnia were next with 22 and 21 cases respectively. Finally, code #493 asthma and code #564 irritable bowel syndrome conclude the group with 14 cases each.

Acupuncture either alone or supplemented by herbal medicine is effective for the treatment of all the categories of pain in this study. Dorsopathy is treated by supporting the Kidney qi and essence. Supportive herbal medicine would be effective. Unspecified pain is treated by assessment and location of internal organ imbalances with use of appropriate remote source points and local "AH-SHI" points. Corydalis rhizome is useful as a complimentary treatment for pain. It is combined with target specific herbs and acupuncture for arthropathy. Acupuncture for the knees (for example) would be indicated. Elbow pain is addressed with acupuncture points and herbs. In each case of arthropathy, points specific to the affected joint are combined with herbs which target the area. Migraine is treated with acupuncture on the Gallbladder meridian and on its arm shaoyang partner the Sanjiao and with herb formulas that harmonize the liver such as Xiao Yao
Wan. As with unspecified pain, generalized pain is addressed by correcting imbalances among the Zang-fu (viscerae) and targeting painful areas using acupuncture and herbs. Generalized headache diagnosis is treated by differentiating between frontal-occipital-temporal-parietal and vertical areas and combining acupuncture targeting affected organs with appropriate herbs.

The second category of mental disorders is also addressed effectively by acupuncture and herbal medicine. Anxiety and acute stress are treated by acupuncture and herbal medicine supporting and balancing the heart and kidney or liver and spleen functions while clearing fire and phlegm. These treatment principles also apply to nonspecific episodic psychoses and post-traumatic stress disorder wherein reduction of phlegm and clearing of fire are effective in reducing hallucinations and dysphoria. An example of an herbal formula for psychoses would be "Chai hu jia longgu muli tang."

The third category of conditions for which medical cannabis is prescribed is alternative medicine. These are poorly treated by conventional means such as medication or surgery. The largest number of these diagnoses was HIV and anorexia. The patients in this group have only palliative benefits from TCM. Glaucoma is treated with acupuncture, reducing interocular pressure, headache, and nausea. Supplemental herbal medicine is applicable as well. Insomnia is differentiated into syndromes of liver-heart-kidney channels and well controlled with acupuncture, herbal medicine or both. Asthma being either an excess condition of the lung or a deficiency syndrome of the kidney is well controlled with TCM. Finally, herbal medicine and acupuncture can adjust the disharmony between the liver and spleen which alleviates irritable bowel syndrome.

Sources in English being scarce, I located a copy of Li Shih-zhen’s magnum opus BenCao Gang Mu and got a translation of the section on cannabis flower MA PO. According to Li, ma po is spicy, warm, no toxin; also bitter and slightly hot, treats 120 kinds of wind including entire body blackened with severe itching, treats all kinds of wind-blood stagnation and blockage, treats amenorrhea, treats boils due to trauma (infrequently), treats (lei) lo vomiting. It is contraindicated for poison oak (Li doesn’t know why). For scrofula make moxa cones using equal parts of ay ye and ma po use 100 cones. For hematoma combine ma po and pu huang taking 3 fen per dose with wine. To treat wind with numbness make pills of ma po, cao wu, honey and take with bone broth. Ma Po treats amnesia. According to Li it is said that skillful doctors can use ma po with ginseng to fortell the future. The number one formula for amnesia: on the seventh day of the seventh month pick 1 sheng of ma po and add 3 liang of ginseng, grind into powder and steam...the patient will remember everything from the four directions and know everything all over the world. Li says this is an
exaggeration.

An herbal formula used frequently in TCM, run chang wan contains cannabis seed. Semen Cannabis huo ma ren is sweet, neutral and toxic. It activates stomach, spleen and large intestine nourishing yin and lubricating the intestines. Aside from senile constipation it is used in generous quantities (up to 1.5 liang) to effectively control hypertension.

Whereas there is no mention of smoking cannabis in the ancient text it is taken to treat nausea and amnesia. This would support the use for HIV and chemotherapy induced nausea as well as the treatment of mental disorders. Medical use of preparations of cannabis is very well documented in the textbook for all pharmacists and medical doctors in the early twentieth century. Wilcox’s Materia Medica And Therapeutics.

Dr Mikuriya emailed me copies if the section of the text explaining the preparations of the drug and its actions and usages according to the United States Pharmacopea. This information is repeated in the Merck manual of the time (which Dr Mikuriya emailed me) and my later edition of Wilcox.

The section on actions of cannabis begins by stating that it "has many features in common with opium" and is "perhaps the most powerful stimulant of the psychic functions known." It is used for such in the far East and moderate use is not attended by any "injurious effects." The discussion of actions continues as a decription of the euphoric states associated with consumption of hashish by Indian natives. Thought processes are grandiose or hilarious and the subject follows them quickly with interuptions of dream like states and true hallucinations-the nervous system is both depressed and stimulated in the manner seen of morphine-pupils are dilated and senses diminished with a possibility of anaesthesia occurring, double consciousness with the ego’s severe criticism of the alter ego can occur or even disagreeable sensations such as melancholia or impending danger preceeding a restful sleep from which the subject awakens refreshed and with a vigorous appetite.

Therapeutics of cannabis as determined by Wilcox show cannabis to be used as a cerebral depressant, hypnotic, substitute for morphine, to treat mental disease, analgesic for migraine and neuralgia. It is noted to be "not of great therapeutic importance, since almost any indication that it might be reasonably supposed to fulfil can more satisfactorily and certainly met by other remedies," but the author concludes by stating that since tincture of cannibis has been recently biologically standardized (causing incoordination in dogs) disappointments met in the past by application of insuficient dosages should now be avoidable. It is interesting to note that at that time the active ingredient delta-9 THC had not yet been identified.
The unique property of cannabis among all other herbs is the almost instantaneous action produced by smoking (or vaporizing) it. Within one minute of inhaling the smoke the effects are noticeable. This means the pain or nausea or anorexia or intense emotional upheaval can be controlled as needed. In the hands of the patient, you have a delivery as quick as an injection. When anorexia is the condition being addressed the medication can be taken right before the meal. The relief of PTSD symptoms being immediate can be of significance in enabling social interaction. It should also be noted that uniquely among medicinal herbs, cannabis can have up to 25% active agent THC whereas <10% is normal for the TCM pharmacopea.

The endocannabinoid system was discovered in the 1990s. Endogenously produced cannabinoids work in concert with endorphins to relieve pain. This gives credence for use as an anodyne and in light of significant danger in use of NSAIDS it is substituted in some patients for migraine relief.

As Wilcox states, "the physiological effects of this agent constitute a very interesting study." The reclassification of this substance so that it can be researched would also discourage legalization of recreational use and would aid mental health professionals in bringing reality into the vestigial drug culture.

It is my opinion that cannabis should be used with caution in the medical setting. It has been shown (with a preponderance of anecdotal evidence) to prolong life expectancy in cancer and AIDS, and should be researched to establish its benefits and dangers. Since this would require reclassification of the drug it would postpone the legalization of recreational use, which until it is further studied cannot be considered harmless.

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