My Father Deserves Medical Cannabis as a Treatment Option for his Chronic Neuropathic Pain Condition known as Reflex Sympathetic Dystrophy

By Derek Rosenzweig

It is well established that cannabis has broad medical effectiveness for a variety of medical conditions, maladies, and diseases. It also has a well known safety profile, stemming from over 8,000 years of use by human beings, reliable anecdotal evidence, and a remarkable body of rigorous scientific and medical research. Its effects are well tolerated by the vast majority of patients who use it, and those effects can be tailored or mitigated based on the type of strain of cannabis - and therefore cannabinoid, phytocannabinoid, and terpenoid profile - being used.

Marijuana is currently listed as a Schedule I drug under both Federal and Pennsylvania law by the Controlled Substance, Drug, Device and Cosmetic Act. To be placed in Schedule I, a substance must meet three criteria: a high-potential-for abuse; AND no currently accepted medical use in the United States, AND a lack of accepted safety for use under medical supervision. Time, science, and medicine have shown us that marijuana is safe to use. Twenty-two states, plus Washington DC, have followed scientific research and medical evidence and concluded that marijuana is an effective medicine. Patients in the United States use marijuana safely for medical use; this has become self evident. Its placement in Schedule I was never based on science or reason; simply put, it was based on racism, deception, greed, and cultivated fear in the populace.

In Pennsylvania, the current penalty for possessing even 30 grams of cannabis (slightly over one ounce) is 30 days in jail and a \$500 fine; possession of over 30 grams carries a 1 year incarceration and a \$5,000 fine. Subsequent convictions can lead to doubled penalties. The penalty for growing cannabis is a felony conviction; depending on the number of plants, the mandatory minimum sentence is 1 or 3 years in jail, as well as a maximum \$5,000 or \$15,000 fine. No patient should have to choose between facing such penalties for attempting to treat their condition, and forgoing effective treatment that will make their life better.

After numerous misdiagnoses, in 2003 my father Louis was diagnosed with a condition known as Reflex Sympathetic Dystrophy, aka Complex Regional Pain Syndrome. He developed RSD after requiring surgery for both carpal tunnel syndrome and for a nerve in his elbow which was rubbing against the bone. After one of the surgeries on his elbow to move the nerve, he developed a severe blood clot there which grew to the size of a lemon and required draining. RSD/CRPS is a rare condition that can follow 5% of all nerve injuries, and can be caused by even minor injuries such as a sprain or a fall. RSD is a chronic neurological/neuropathic syndrome characterized by severe burning pain, burning sensations, pathological changes in bone and skin, excessive sweating, tissue swelling and extreme sensitivity to touch. It also affects the internal organs, due to inconsistent blood and oxygen flow. This leaves him in baseline condition of pain.

He deals with it the best he can, and some days it's not quite as bad. Other days, he's in such pain that the only thing to do is take medication, lie down, and hope that it helps a little. It can switch on for almost any reason. One minute he'll be sitting on the couch watching TV, the next he'll have agonizing back/neck pain because he slightly moved his head. This is what's known as "breakthrough pain." Stubbing a toe, something which you or I would get over after a minute or so, would be painful to him for the rest of the day, if not the next. Sunlight, light touch, and excess vibration can exacerbate his condition. The pain and side effects of medication also affect his ability to sleep, and can cause bouts of depression.

Activities like going out to come visit me at my home, going to the theater to see a movie, going to family functions/holiday dinners, going to the ballpark to watch a game... have been out of the question since 2004. Going for a car ride can cause him to be in pain for days due to the vibrations. He had to leave my sister's wedding reception in November 2013 before it was halfway over; luckily, he made it through the ceremony. He has one of the worst cases of RSD known to his doctors. Since before his diagnosis, they have tried treating him with the following:

- 4/02 and 5/02, physical therapy
- 6/02 and 7/02, cervical epidurals
- 12/02, acupuncture
- 1/03, nerve root injection
- 4/03, carpal tunnel injection
- 7/22/03, 7/29/03, sympathetic nerve block
- 8/03, stellate ganglion block
- 10/03, quantitative sensory testing
- 11/03 inpatient stay intrapleural catheter with bupivacaine 3 days
- 2/04, IV with lidocaine in hickman catheter 4 days
- 5/05, 4 day inpatient ketamine IV drip
- 5/06, psychological help and biofeedback

At many points during his treatment, the medications he'd been prescribed affected him such ways that it was almost impossible to hold a conversation with him. His memory, speech, and ability to stay awake were seriously affected. The effects of the medication caused depression, for which he was prescribed yet more pharmaceuticals with yet more side effects. It should again be noted that the effects of marijuana - smoked, vaporized, or otherwise - are much better tolerated than any of the medications he's been prescribed over the last 12 years. Those medications have included:

- Pamelor 10mg, which did not help
- Neurontin 300mg, which made him spaced out
- Percodan 5/325, then Percocet 5/325, which made him tired, constipated and only helped a little
- Paxil 10mg, which didn't help
- Fentanyl patch, which didn't work and caused allergic reaction
- Oxycontin 10mg; larger dose caused reaction
- Ultram 50 mg no help
- Pamelor 10mg and neurontin 300 mg at same time, really made him spaced out
- Colace for constipation
- MS Contin (morphine) 15mg, larger dose caused reaction
- Zanaflex 4mg, made him very tired
- Lexapro for depression, didn't help
- Oxycodone 5mg am still on, this one helps with pain some, causes constipation
- Valium 5mg. and miralax for constipation, still on
- Wellbutrin and Zoloft for depression didn't help
- Lyrica 50 mg, which did not work and made him very tired
- MS Contin (morphine) 15mg, then switched to Opana 40mg

Giving Medical Cannabis A Try

Over the last decade, after being convinced there is nothing to lose by trying it, he tried cannabis a few times. Once via a cannabis-infused edible, a couple times by smoking, and once by vaporization. Thankfully we found that it did help him without causing any problems. It didn't cure him, but his quality of life improved. He was more relaxed and his pain was diminished. He was more alert and responsive, had an appetite, and was less depressed. He handled the side effects much better than his other medications. Unfortunately, given its current illegal status, my dad has chosen not to use cannabis again even though we know it helps. He doesn't want to risk legal penalties, nor penalties that someone helping him obtain medical cannabis would face if caught, even though it's a safer and potentially more effective alternative.

In addition to the potential legal consequences, his pain management physician would stop treatment if my dad tested positive for cannabis in a drug test. Cannabinoid metabolites can be detected in the bloodstream for up to 30 days if it is used regularly. Pain management physicians are forced to drug test their patients because they can't be seen as enabling "drug addicts." It's a policy that pain management physicians have in place to protect themselves. Since these doctors prescribe a LOT of opiate based drugs to their patients, drugs which are highly dangerous, addictive, and abused, pain doctors must make well sure their patients aren't using illegal drugs. Since marijuana is Schedule I, insanely defined as having no medical value, this includes marijuana. They can't be seen by the

government as enabling addiction, or they could lose their DEA license to prescribe these medications. It's a catch-22 that blocks my dad and many other chronic pain patients from a treatment option that can improve their quality of life. Where is the compassion in that?

My dad, and others who suffer from this insane corruption of the human nervous system, would gain a palliative benefit and higher quality of life by using marijuana as a regular part of their medical regimen. My dad's tried talking to his neurologist about medical marijuana, but he won't discuss it since it's illegal. I guess in his mind he doesn't think there's any point since he cannot legally recommend or prescribe it. Due to the policies that pain management physicians must follow, my dad won't even try talking with his pain management physician about it until it's been legalized - and he's not alone in that regard. Many chronic pain patients remain silent, or if they do use cannabis without their doctor's consent and test positive for cannabinoid metabolites, have their treatment unjustly stopped.

My father and other people who suffer from chronic or neuropathic pain deserve the best possible treatment available. I urge you to show compassion towards those whose pain cannot accurately be understood by someone who doesn't have to deal with it day in and day out. His doctors require the freedom to provide a recommendation or prescription for medical marijuana. He could then use it without fear of going to jail or losing treatment from his pain management physician. There is no possible moral, ethical, or legal justification for denying him, or others like him, the medical benefits of marijuana. There is no cure for CRPS/RSD, but you can help him regain some quality of life immediately by legalizing cannabis for medical use. Please do the compassionate thing and vote for an all encompassing medical cannabis bill that will help all patients, including my father, from the start.

Sincerely,

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