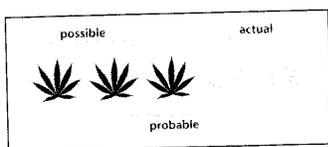


Diseases and Symptoms A-Z

Inflammatory Bowel Disease (IBS)

Evidence-Based Confidence Level and Therapeutic Potential



Total Number of Studies Reviewed: 3

CHI Value: 8

Like the name suggests, this disease primarily affects the gastrointestinal tract but is also associated with inflammation. Orthodox medicine struggles to understand the causes for IBS and, to date, offers no cure. Possible reasons for developing IBS may include stressful life events (mind-bowel axis), infections by yet-to-be-identified pathogens or toxins, immune dysfunction, or unhealthy gut environment.

IBS is classified according to the primary symptoms displayed by each patient. Thus diarrhea, constipation, and alternating diarrhea with constipation and infection become the basis for diagnosing the disease as IBS-D, IBS-C, IBS-A, or post-infectious IBS-PI, respectively. Ulcerative colitis is a form of IBD that can affect other body parts as well. Crohn's disease, another form of IBD, is an autoimmune disorder affecting the gastrointestinal tract.

Other frequently observed symptoms may include abdominal discomfort (gas, bloating, cramps), the sensation of incomplete void of stool, gastroesophageal reflux disease (GERD), anxiety, depression, pain (abdominal, back, head, muscle), increased generalized weakness, and lack of energy.

Orthodox diagnoses are performed by elimination. Doctors run a variety of tests to rule out diseases with similar symptoms. These may include colonoscopies, screening for parasites (blood or stool tests), testing for lactose intolerance (hydrogen breath test) or the presence of infections (stool examinations), as well as tests for celiac disease (blood test screening for antibodies). If none of these diseases are responsible for the patient's symptoms, practitioners may follow one of several possible established diagnostic algorithms (a list of questions related to the patient's symptoms).

Physicians manage the disease with dietary modifications, pharmaceutical medications, and referrals to psychotherapy. Canadian researchers

conducted a meta-analysis of all randomized controlled trials published on Medline, Embase, and the Cochrane register up through April 2008. They reported that fiber, antispasmodics, and peppermint oil exhibited greater effectiveness than a placebo in the treatment of irritable bowel syndrome.¹

Cannabis and Inflammatory Bowel Disease (IBD) or Syndrome (IBS)

Case reports from cannabis-using IBS patients suggest that cannabis may be effective in managing some symptoms, especially nausea, diarrhea, stress, cramps, and lack of appetite. Human studies remain underway to determine a scientific basis for the use of marijuana in the treatment of IBS.

However, Italian researchers (2010) conducted a meta-analysis/review of the available pre-clinical studies related to cannabinoids and the gut. The authors wrote: "Anatomical, physiological, and pharmacological studies have shown that the endocannabinoid system is widely distributed throughout the gut, with regional variation and organ-specific actions.

It is involved in the regulation of food intake, nausea and emesis, gastric secretion and gastroprotection, GI motility, ion transport, visceral sensation, intestinal inflammation and cell proliferation in the gut."² Three pre-clinical studies give us more insights.

In 2006 Boston researchers tested numerous novel molecules that exert their biological effects through the endocannabinoid system. The results suggested a therapeutic potential of cannabinoids on inflammatory diseases such as IBD.³

Two years later, researchers from Alberta, Canada, similarly showed that cannabinoids reduced colitis in test animals. The scientists concluded that "... drugs targeting EC degradation offer therapeutic potential in the treatment of inflammatory bowel diseases."⁴



Diseases and Symptoms A–Z

Another experiment conducted in 2008 in Naples, Italy, indicated that CBD could reduce hypermotility in mice. Based on these observations, scientists hypothesized that CBD normalizes motility in cases of inflammatory bowel disease.⁵

Study Summary

Drugs	Type of Study	Published Year, Place, and Key Results	CHI
CBD	Animal study (mice)	2008—University of Naples, Italy: CBD could reduce hypermotility in mice. ⁵	2
Fatty acid amide hydrolase (FAAH) blocker URB597	Animal and laboratory (mice and human DNA)	2008—Division of Gastroenterology, Department of Medicine, University of Calgary, Alberta, Canada: EC membrane transport inhibitor VDM11 enhances the action of the ECS. Cannabinoids reduce colitis. ⁴	1+2
Cannabinoids	Laboratory and animal	2006—Center for Drug Discovery, Northeastern University, Boston, MA: Potential reduction of inflammation. ³	2+1

Total CHI Value 8

Strain-Specific Considerations

While research has discovered both CB1 and CB2 in parts of the gastrointestinal tract, patients with Crohn's disease reported that indica strains worked especially well for them in reducing pain, nausea, vomiting, depression, low energy, and lack of sleep. This observation may be supported, in part, by the aforementioned pre-clinical trial from Naples, which showed that CBD could reduce hypermotility (abnormally high activity) in the guts of mice.

Indicas or indica-heavy strains tend to have a lower THC:CBD ratio when compared to sativas, resulting in a relative increase in CB2 activation.

Mind-Body Medicine and Inflammatory Bowel Disease (IBD) or Syndrome (IBS)

Two studies conducted by international teams of scientists using placebos demonstrated the significant therapeutic potential of belief in relieving IBS symptoms.⁶ Similarly, a meta-analysis of studies on IBS revealed that “Psychiatric disorders, especially major depression, anxiety, and somatoform disorders, occur in up to 94% of patients with IBS.”⁷

In cases of IBS-C, consider the following observations: “Constipation occurs when an individual was grimly determined to carry on even though

faced with a problem he could not solve." Typical statements were (17 patients with constipation): "I have to keep on with this, but I know I'm not going to like it. . . . It's a lousy job but it's the best I can do. . . . This marriage is never going to get any better but I won't quit . . . I'll stick with it even though nothing good will come of it."⁸ The authors concluded: "Constipation is a phenomenon of holding on without change." This corresponds to the patients' attitude of trying to continue with things as they are, without hope of immediate improvement or definite desire to do something different.

In cases of IBS-D, consider the following observations: "Diarrhea occurred when an individual wanted to be done with a situation or to have it over with, or to get rid of something or somebody." One man who developed severe diarrhea after he had purchased a defective automobile said: "If I could only get rid of it. . . . I want to dispose of it." Typical statements of others were: "If the war was only over with. . . . I wanted to get done with it. . . . I wanted to get finished with it."⁹

If nausea or vomiting is a persistent problem, consider the following observations: "Nausea and vomiting occurred when an individual was thinking of something which he wished had never happened. He was preoccupied with the mistake he had made, rather than with what he should have done instead. Usually he felt responsible for what happened." Typical statements: "I wish it hadn't happened. . . . I was sorry I did it. . . . I wish things were the way they were before. . . . I made a mistake. . . . I shouldn't have listened to him."¹⁰ The authors concluded that "Vomiting is a way of undoing something which has been done. It thus corresponds with the patients' wishes to restore things to their original situation, it is as if nothing ever happened."

In summary, aggravating factors may include major depression, anxiety, somatoform disorders, tendency for negative affect. IBS-C: holding on without change. IBS-D: wanting to get rid of something or somebody, hyper-focus on regret or remorse.

Consider engaging antidepressive measures, anti-anxiety measures; working to decipher any message(s) of the physical symptoms; improving tendency for positive affect. IBS-C: work on releasing with ease. IBS-D: work on reducing fear, worry, and stress; focus instead on forgiveness, learning from the situation, and initiating positive action.

Diseases and Symptoms A–Z

Suggested Blessing

May you discover your internal point of peace. May you feel the safety and security that you desire.

Suggested Affirmations

I compost all that is fear, worry, and stress.

I now believe—the source and genesis for feeling safe and secure lie within me.

Let Food Be Thy Medicine

Acacia ∞ Turmeric ∞ (E)-β-Caryophyllene

Acacia: Research from Minneapolis, Minnesota, suggests that acacia improves stool consistency and reduces the occurrence of fecal incontinence in adults.¹¹ Alternative practitioners in the U.S. have begun to use the highly soluble fiber to ease symptoms of irritable bowel syndrome. Further studies are underway to determine the mechanism whereby acacia appears to reduce sugar-induced weight gain.

Turmeric: In this meta-study, scientists gave an overview of decades of scientific studies on turmeric. Turmeric showed promise as a treatment for adenomatous polyposis (multiple polyps in the large intestine—precursor to colon cancer), inflammatory bowel disease, and ulcerative colitis (colon inflammation with ulcers).¹²

In a double-blind randomized placebo-controlled human study from Hamamatsu, Japan, scientists examined turmeric's ability to prevent relapse in patients with a history of dormant ulcerative colitis. They concluded that curcumin, an active ingredient in turmeric, seemed to be a safe medication for maintaining remission from ulcerative colitis.¹³

(E)-β-Caryophyllene: This FDA-approved dietary plant-cannabinoid activates CB2 receptor sites and initiates potent anti-inflammatory actions. Spice plants known to contain significant amounts of (E)-BCP include: Black "Ashanti Pepper," White "Ashanti Pepper," Indian Bay-Leaf, Alligator Pepper, Basil, Cinnamon, Rosemary, Black Caraway, Black Pepper, Mexican Oregano, and Clove. For more information on these specific spices, see Chapter I, "Four Prime Cannabinoids/(E)-BCP."

"The most important reference book on the subject of
medical cannabis written in the past twenty years."
— **Steve DeAngelo**, founder of Harborside Health Center

The
**CANNABIS
HEALTH
INDEX**

Combining the Science
of Medical Marijuana
with Mindfulness
Techniques to Heal
100 Chronic Symptoms
and Diseases

Uwe Blesching, PhD



This comprehensive sourcebook combines evidence-based insights from more than 1,000 studies to present a convincing case for the powerful healing effects of medical marijuana on more than 100 chronic symptoms and diseases. Uwe Blesching, a former paramedic with a PhD in higher education and social change (focused on integrative healthcare), brings clarity to the process of making informed decisions about cannabis as a valid treatment and offers striking evidence that cannabis is remarkably safe and effective when used within the proper therapeutic window, especially compared with the risks of managing chronic symptoms with pharmaceuticals.

The Cannabis Health Index is organized into condition-specific chapters, with at-a-glance ratings of cannabis efficacy for each symptom, along with recommendations for use and sidebars that suggest related mindfulness-based practices that enhance the body's own ability to heal. Organized alphabetically from aging to wound care, the book covers a variety of conditions including infections, cancer, cardiovascular health, eye diseases, inflammatory diseases, neurological diseases, and much more.

The book is supported by a free app and monthly eMagazine that supplement and update the book. The app uses the same rating system as the book, making it easy to determine at a glance what the current scientific consensus says about how cannabis may work for a specific condition. *CHI* magazine explores how the endocannabinoid system works as a bridge between the body and the mind.

HEALTH-ALTERNATIVE / MIND, BODY, SPIRIT / CANNABIS



North Atlantic Books
Berkeley, California
www.northatlanticbooks.com

Printed on recycled paper

US \$24.95 / \$32.49 CAN
ISBN 978-1-58394-962-7

