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Research Article

EFFECT OF MARLIUANA USE FOR PAIN RELIEF IN PATIENTS WITH FIBROMYALGIA

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Abstract:

There are only a few studies in the literature on the use of cannabis by fibromyalgia patients. Herbal cannabis or marijuana has been used for the treatment of pain for centuries. This is noteworthy that in recent times its use has been mostly outside traditional medicine. In this study, we audit and conducted a review of the studies and patients with confirmed history of fibromyalgia and the effects of marijuana (Medical Cannabis-MC) for the pain relief, was documented and discussed. Despite lingering controversy, the use of botanical cannabis for medicinal purposes represents the revival of a plant with historical significance reemerging in present day health care. MC appears to be a safe and effective alternative for the treatment of fibromyalgia symptoms. Keywords: Fibromyalgia; Marijuana; Medical Cannabis.

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INTRODUCTION:

Fibromyalgia is one of the most common chronic pain syndromes. It is characterized by diffuse musculoskeletal pain along with extreme fatigue, mood and sleep disturbances. [1] The pathogenesis of fibromyalgia is not clear. It affects women more than men and has a genetic predisposition. [2] Its prevalence in the general population is estimated to be approximately 7%. This is more common among women than men. [3]

Fibromyalgia can have tremendous physical, as well as psychological, impacts on patients. [4] Most patients may be unable to accomplish various tasks at work and home. This can result in physical disability and may also be accompanied by anxiety and depression. Unfortunately, in most patients, fibromyalgia is chronic, and the main treatment is pain control medications. These medications include simple analgesics, pregabalin, and opiates. [5-6] Patients with fibromyalgia may also benefit from tricyclic antidepressants, benzodiazepines and other types of antidepressants. [7] However, many of these medications are associated with adverse effects, which affect compliance. As a result, many patients with fibromyalgia experience continuous pain.

There are only a few studies in the literature on the use of cannabis by fibromyalgia patients. [8-9] In these studies, the patients used unlicensed cannabis from different suppliers, and the studies contained no information on either the type or amount (in grams) of cannabis used. In general, the patients in these studies reported favorable effects of cannabis use. A systematic review of the use of synthetic cannabinoids in fibromyalgia (nabilone, 2 studies) found evidence (very low quality) of a greater reduction in pain and limitations in health-related quality of life in the synthetic cannabinoid group as compared with a placebo group in 1 study and better effects of synthetic cannabinoids on sleep than amitriptyline in another study. [10] The aim of the present study was to audit and review the effects of licensed Marijuana (Medical Cannabis -MC) on patients with fibromyalgia.

REVIEW:

Association of Herbal Cannabis use with Negative Psychosocial Parameters in Patients with fibromyalgia:

Herbal cannabis or marijuana has been used for the treatment of pain for centuries. This is noteworthy that in recent times its use has been mostly outside traditional medicine. [11] In the past few decades, pharmacologic preparations of cannabinoids have become available and are used for treatment of pain as

well as other symptoms, including nausea and spasticity. Fibromyalgia (FM) is a pain syndrome reported to affect between 2% and 3% of the population, is more common in women, and has no definitive treatment. [12-14]

A study found out that the patients report the use of medicinal cannabinoid in 13% of a large cohort which were referred to a multidisciplinary pain center for the management of FM. Herbal cannabis in the form of smoked marijuana was the most common method of delivery, reported by 10% of the total patient population. Herbal cannabis was more commonly used by men as well as younger patients. Opioid drug–seeking behavior and current unstable mental illness were also strongly associated with herbal cannabis use in the entire cohort, although this association disappeared when the analysis was to the FM patients only. [15]

The use of cannabinoids in conventional medicine has been limited in view of legalities concerning illicit use of the plant C sativa, popularly known as marijuana. Studies have shown that in Holland, most patients obtained cannabis from the illegal circuit. [16] Another study found out that cannabinoid consumption was by herbal smoked marijuana for 75% of users, with no patient having authorization from the country's health authority for the possession of marijuana. [15]

Safety and Efficacy of Medical Cannabis in Fibromyalgia:

Therapy for fibromyalgia is challenging and based on a multidisciplinary approach. Patients with fibromyalgia may respond to a combination of pharmacological (e.g., tricyclic antidepressants, serotonin/norepinephrine reuptake inhibitors, and anticonvulsants) and non-pharmacological interventions (e.g., aerobic exercise, cognitivebehavioral therapy, and rehabilitation programs). [17] On the other hand, utilization of opioids was found to be associated with poorer symptoms and poorer functional and occupational status compared to nonusers. [18]

Medical cannabis represents a promising therapeutic option for fibromyalgia patients due to its effectiveness and relatively low rate of serious adverse effects. [19-20] Although the identification of cannabinoid receptors and their endogenous ligands has triggered a large body of studies, there is a paucity of large-scale and prospective clinical trials regarding their role in fibromyalgia. [21] However, studies have found that MC appears to be a safe and effective alternative for the treatment of fibromyalgia symptoms. [22]

CONCLUSION:

Despite lingering controversy, the use of botanical cannabis for medicinal purposes represents the revival of a plant with historical significance reemerging in present day health care. Legislation governing use of medicinal cannabis continues to evolve rapidly, necessitating that pharmacists and other clinicians keep abreast of new or changing state regulations and institutional implications. Ultimately, as the medicinal cannabis landscape continues to evolve, hospitals, acute care facilities, clinics, hospices, and long-term care centers need to consider the implications, address logistical concerns, and explore the feasibility of permitting patient access to this treatment. Although the identification of cannabinoid receptors and their endogenous ligands has triggered a large body of studies, there is a paucity of large-scale and prospective clinical trials regarding their role in fibromyalgia.

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