



Medical Marijuana Program

450 Columbus Blvd., Suite #901, Hartford, CT 06103-1840 • (860) 713-6066
Fax: (860) 706-5361 • E-mail: dcp.mmp@ct.gov • Website: www.ct.gov/dcp/mmp



Petition to Add a Medical Condition, Medical Treatment or Disease to the List of Debilitating Conditions

INSTRUCTIONS: Please complete each section of this Petition and attach all supportive documents. All attachments must include a title referencing the Section letter to which it responds. Any Petition that is not fully or properly completed will not be submitted to the Board of Physicians.

Please Note: Any individually identifiable health information contained in a Petition shall be confidential and shall not be subject to disclosure under the Freedom of Information Act, as defined in section 1-200, Connecticut General Statutes.

Section A: Petitioner's Information

Name (First, Middle, Last):

Home Address (including Apartment or Suite #):

City:

State:

Zip Code:

Telephone Number:

E-mail Address:

Section B: Medical Condition, Medical Treatment or Disease

Please specify the medical condition, medical treatment or disease that you are seeking to add to the list of debilitating medical conditions under the Act. Be as precise as possible in identifying the condition, treatment or disease.

The name of my medical condition is "an eating-disorder; Anorexia Nervosa"; source of info; www.nimh.gov

Section C: Background

Provide information evidencing the extent to which the condition, treatment or disease is generally accepted by the medical community and other experts as a valid, existing medical condition, medical treatment or disease.

- Attach a comprehensive definition from a recognized medical source.
- Attach additional pages as needed.

Remember; Eating Disorders are not a lifestyle choice; they are biologically-influenced medical conditions; www.nimh.gov

Section D: Negative Effects of Current Treatment

If you claim a treatment, that has been prescribed for your condition causes you to suffer (i.e. severe or chronic pain, spasticity, etc.), provide information regarding the extent to which such treatment is generally accepted by the medical community and other experts as a valid treatment for your debilitating condition.

- Attach additional pages as necessary.
- If not applicable, please indicate N/A.

Marinol is the only known treatment; I cannot use Marinol because I am a Vegetarian; Marinol is made w/beef fat;

this is why the Pure Plant form of the medicine is mandatory to my helath; for the "beneficial appetite properties".



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Section E: Negative Effects of Condition or Treatment

Provide information regarding the extent to which the condition or the treatments thereof cause severe or chronic pain, severe nausea, spasticity or otherwise substantially limits one or more major life activities.

- Attach additional pages as necessary.

Limits my activities because Marinol had too many side effects; and I cannot get an adequate supply MMJ;
buying mmj illegally causes me stress; and increases my appetite disorder;

Section F: Conventional Therapies

Provide information regarding the availability of conventional medical therapies, other than those that cause suffering, to alleviate suffering caused by the condition or the treatment thereof.

- Attach additional pages as necessary.

Counseling and Marinol are the only two treatments; Marinol is made with beef fat; I am a strict vegetarian.

Marinol is not MMJ - no good for me -

Section G: General Evidence of Support for Medical Marijuana Treatment

Provide evidence, generally accepted among the medical community and other experts, that supports a finding that the use of marijuana alleviates suffering caused by the condition or the treatment thereof.

- Attach additional pages as necessary.

please see attached pages;

anorexia Nervosa - (1974, 1980, 1990)

Section H: Scientific Evidence of Support for Medical Marijuana Treatment

Provide any information or studies regarding any beneficial or adverse effects from the use of marijuana in patients with the condition, treatment or disease that is the subject of the petition.

- Supporting evidence needs to be from professionally recognized sources such as peer reviewed articles or professional journals.
- Attach complete copies of any article or reference, not abstracts.

please see attaches pages;

Self-image disorder -

Section I: Professional Recommendations for Medical Marijuana Treatment

Attach letters in support of your petition from physicians or other licensed health care professionals knowledgeable about the condition, treatment or disease at issue.

Lack of appetite, fad diets, MMJ helps -

please see attached pages; t.y.;



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Section J: Submission of Petition

In the event you are unable to answer or provide the required documentation to any of the Sections above (excluding Section D); provide a detailed explanation indicating what you believe is "good cause" for not doing so.

- Attach additional pages as necessary.

n/a one comment is; when I do not use MMJ; I get a limited appetite; this is not healthy; I need a full appetite;

Because I am a Vegetarian; I need the mmj to enhance my appetite because a Vegetarian diet can be bland.

When I began using MMJ again after my Anorexia epsisode (1990's; I was able to go to my parents

my parents house for dinner 1x a week; my parents were very happy the MMJ was helping my appetite;

I hereby certify that the above information is correct and complete.

My signature below attests that the information provided in this petition is true and that the attached documents are authentic. I formally request that the commissioner present my petition and all supporting evidence to the Board of Physicians for consideration.

Signature:



Date Signed:

July 11th, 2021

Medical Marijuana Petition

Add "Anorexia Nervosa; the eating disorder"; to the list CT MMJ conditions;

^{June}
~~JULY~~ 30th; 2021~ (diagnosed 1990; + 2009); (I cannot take Marinol)*

Medical Marijuana and Eating Disorders Such as Anorexia Those who have developed anorexia due to medications or treatments that reduce the appetite or those who no longer have an appetite due to long periods of restricting food can benefit greatly from the use of medical marijuana. Cannabis is an effective and safe way to increase appetite.

Medical Marijuana and Eating Disorders, Treatment | MDBerry

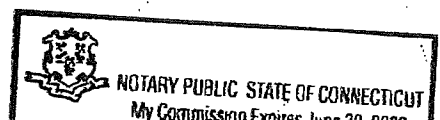
mdberry.com/anorexia

*(I cant take Marinol; Ive been a Strict Vegetarin for decades; Marinol uses Beef-fat).

(lifetime Conn. Resident)~

June 30th, 2021~

Signed [Signature] this 30th day of June 2021



COVID-19 Information

Public health information (CDC)

Research information (NIH)

SARS-CoV-2 data (NCBI)

Prevention and treatment information (HHS)

Español

FULL TEXT LINKS



Isr J Psychiatry Relat Sci. 2017;54(3):44-51.

The Impact of $\Delta 9$ -THC on the Psychological Symptoms of Anorexia Nervosa: A Pilot Study

Yosefa Avraham ¹, Yael Latzer ², Dalia Hasid ², Elliot M Berry ¹

Affiliations

PMID: 29735812

Free article

Abstract

Background: $\Delta 9$ -Tetrahydrocannabinol ($\Delta 9$ -THC) is the active compound of *Cannabis sativa* with appetitestimulating properties. This study evaluated the effect of low doses of oral $\Delta 9$ -THC on self-reported symptoms of patients suffering from chronic anorexia nervosa (AN).

Methods: Nine female subjects over 18 years of age participated in the study. Six were diagnosed according to DSM-IV criteria with AN restrictive type and three with active AN binge-purge type. Their mean age was 45.0 ± 3.2 years and their BMI was 16.1 ± 1.6 kg/M². They completed questionnaires before and after treatment with $\Delta 9$ -THC (1 mg/day for one week and 2 mg/day for three weeks). The primary outcome was improvement in the way patients perceived their eating behavior.

Results: Significant improvements were found in selfreported body care, sense of ineffectiveness, asceticism and depression. There were no significant changes in BMI.

Conclusions: $\Delta 9$ -THC may be an effective component in treating the psychological symptoms of AN.

Related information

MedGen

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PubChem Substance

LinkOut – more resources

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www.marijuanadoctors.com/conditions/eating-disorders/

TREAT MY EATING DISORDER (Anorexia Nervosa) using MMJ.

Thanku DCP~ Today is ^{gune} July 31st; 2021~

Marijuana & Eating Disorders | CannaMD

How and Why Marijuana Can Be an Effective Treatment for Eating Disorders. Medical cannabis for eating disorders treats symptoms in a couple of ways. It gives the patient the “munchies” by stimulating your body’s senses in the section of the brain known as insula. The insula enables us to integrate the food sensory aspects like flavor, taste, hunger and oral texture while responding to food’s rewarding properties.

Medical Marijuana For Eating Disorders | Marijuana Doctors

www.marijuanadoctors.com/conditions/eating-disorders/

www.marijuanadoctors.com/conditions/eating-disorders/

Medical marijuana and eating disorders treatment can help manage the following symptoms:

Stimulating the appetite

Calming a person who exercises too much to lose weight

Easing anxiety and depression

Relieving a manic person with bulimia

Promoting sleep

Medical Marijuana For Eating Disorders | Marijuana Doctors

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Enter legal issue and location

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[WHAT'S THE DIFFERENCE BETWEEN MARINOL AND MEDICAL MARIJUANA?](#)

What's the Difference Between Marinol and Medical Marijuana?

By *Kellie Pantekoek, Esq.* | Reviewed by *Bridget Molitor, JD* | Last updated April 21, 2020

Marinol is a prescription drug containing the active ingredient dronabinol, a synthetic form of tetrahydrocannabinol (THC). THC is the main psychoactive (brain altering) ingredient in marijuana. It is responsible for the "high" some users seek. However, THC also has powerful medicinal capabilities, which is why scientists created Marinol decades ago as a legal alternative to cannabis in the United States.

Where Is Marinol Legal?

The U.S. Food and Drug Administration approved Marinol for medical uses in 1985. Since then, the drug has been legal in all 50 states. Because it is a regulated pharmaceutical drug, you need a prescription to purchase and use Marinol.

It is against the law to sell or give Marinol away, or to use the drug without a prescription. The improper possession or distribution of prescription drugs can result in criminal charges and the need for a criminal defense lawyer.

How Is Marinol Used?

Marinol and generic dronabinol are approved by the FDA to treat nausea and vomiting caused by cancer chemotherapy, as well as weight loss-related anorexia and loss of appetite in AIDS patients. Off-label and clinical trial uses for Marinol include treatment for:

- Fibromyalgia pain
- Glaucoma-related eye pressure
- Menstrual migraines
- Postoperative nausea and vomiting
- Obstructive sleep apnea
- Muscle spasticity related to multiple sclerosis (MS)
- Neuropathic chronic pain

Because Marinol contains the psychoactive ingredient THC, it can cause serious side effects, including psychosis, especially in people who have a history of mental illness, as well as blood pressure issues. Talk to a doctor immediately about any adverse effects while taking Marinol.

The Differences Between Marijuana and Marinol

There are many differences between the natural plant marijuana (cannabis) and the synthetic cannabinoid Marinol. Legally speaking, the biggest difference is that marijuana is illegal— even for medicinal uses— under federal law, while Marinol can be prescribed legally in any state.

Marinol is a Schedule III drug, which means the government has determined that it has a moderate-to-low risk for dependency. The government still considers marijuana a Schedule I drug, meaning it is not currently accepted for medical use and carries a high risk of abuse.

Beyond the law, other differences include:

- THC occurs naturally in marijuana, while it is chemically engineered in Marinol
- Medical marijuana can be smoked, inhaled as a mist, eaten, applied to the skin, or placed under the tongue. Marinol can only be taken in pill form
- Marijuana has many cannabinoids in addition to THC, while Marinol only contains THC
- Medical marijuana has a faster absorption rate than Marinol, but Marinol remains in the blood for longer than marijuana

- A 2013 study suggested that taking THC in pill form could be more effective at pain relief than smoking THC
- Marinol and generic dronabinol are generally believed to have more intense side effects than natural cannabis

Making a Choice Between Marinol and Marijuana

Individuals who have a medical need and live in a state that has approved medical cannabis should weigh the potential benefits and drawbacks of both medical marijuana and Marinol to determine which option is right for them. Of course, seek medical advice before starting or stopping any medication, including cannabis.

It's important to note that Marinol and generic dronabinol should not be used by anyone other than the patient for whom they were prescribed.

Anorexia • Health Conditions • Eating Disorders

Anorexia and Medical Marijuana



Anorexia Nervosa

Medical cannabis stimulates appetite to increase caloric intake and assist the body in receiving the nourishment it needs in anorexia. Not only can cannabis increase appetite, but

This provides a basic scientific explanation for how medical marijuana is an effective treatment for both the physical and psychological aspects of anorexia.

Clinical Studies: Medical Marijuana Improves Physical and Psychological Symptoms of Anorexia

Anorexia is an approved condition for medical marijuana treatment in many states with medical marijuana programs. Studies support that THC improves weight gain and psychological symptoms of anorexia. Other cannabinoids may also be beneficial for anorexia, such as CBD and CBG.

In one study of 9 patients with anorexia, doses of 1 milligram of THC per day for 1 week and 2 milligrams of THC for 3 weeks improved depression, self-discipline and rituals around eating, and self-reported body care, but did not increase weight. Therefore, THC in a low dose improved the psychological aspects of anorexia.

In another randomized, placebo-controlled trial of patients with anorexia, 5 milligrams of THC daily produced small increases in weight gain and reduced elevated stress responses in 24 women with anorexia.

Another randomized, placebo-controlled study of 25 women with anorexia demonstrated that 2.5 milligrams of THC (Dronabinol) taken twice per day produced weight gain when compared to a placebo.

In a randomized, placebo-controlled study of healthy patients, THC increased the "liking" and "wanting" of food when compared to the placebo. This indicates that THC can increase a person's ability to receive enjoyment from receiving food.

Other clinical trials support these results. Medical marijuana increases appetite and decreases anxiety or stress surrounding food in patients with anorexia. THC was well-tolerated without adverse effects in all of the studies.

Weight gain is usually considered "small but significant" in the studies. However, with the administration of THC people with anorexia are able to find more pleasure in eating, reduce anxiety and depression, and increase caloric intake. The increase in caloric intake allows for the body to receive the nourishment it needs and prevent complications of anorexia that arise from malnourishment.

Anxiety and depression are common symptoms that accompany anorexia. Medical cannabis is proven to relieve these symptoms as both independent conditions and as a

1:1 ratios of THC to CBD are non-intoxicating for some people and others find they produce mild euphoria. This could also be dose dependent. Small doses of THC won't produce intense euphoria. Adding CBD could eliminate euphoria altogether. 1:1 or higher ratios of THC to CBD are recommended for anorexia, ensuring that THC is used in preferably higher amounts.

Patients should also consider the type of strain or product – indica, sativa, and hybrid. Indica strains are relaxing, sedative, and best used for nighttime relief of symptoms. Sativa strains can stimulate appetite and relieve other symptoms during the day when you are active.

Medical marijuana is a viable treatment option to increase appetite and the pleasure surrounding food, as well as decrease psychological symptoms of anorexia, like anxiety and depression. Cannabis should be used in conjunction with other nutritional support or therapy for anorexia, which will also improve outcomes.

To use medical marijuana effectively, all patients should be knowledgeable about strain types, THC and CBD ratios, ways to use the medicine, and dosing.

- Medical Marijuana Strains that Increase Appetite

Find more patient resources for using cannabis for wellness and as medicine:

[THC and CBD – Ratios and How They Work Together](#)

[The Many Ways to Use Medical Cannabis](#)

[Strain Types – Indica, Sativa, and Hybrid](#)

[Medical Marijuana Dosing – How Much Do You Need](#)

[Overmedication: What to Do if You've Had Too Much Medical Marijuana](#)

[Non-intoxicating Ways To Use Medical Cannabis](#)

[Medical Marijuana Patient Logs – Free Download](#)

[How to Choose a Medical Cannabis Strain](#)

[Reading Medical Marijuana Labeling](#)

[The Medical Applications of Cannabinoids and Terpenes – Downloadable Chart](#)

Our Mission



Eating Disorders (Anorexia) and Medical Marijuana

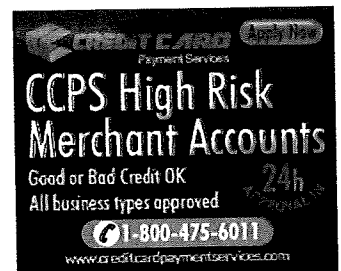
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Anorexia is an acute loss of appetite, often associated with psychological factors. Various stomach disorders, reactions to medications, and the use of illicit narcotics such as cocaine or heroin can cause anorexia. Some forms of anorexia are thought to develop as an exaggerated response to cultural standards of beauty. The potential for relief of anorexia with the use of cannabis may depend upon psychological factors. Cannabinoids may have minimal appetite stimulation effect in cases of classic anorexia nervosa. The overwhelming evidence of hunger-inducing properties of cannabinoids, particularly the primary ingredient, delta-9 THC, in the physical condition of appetite loss known as cachexia is well established. Synthetic THC pills called Marinol are indicated for the treatment of anorexia, but physicians may risk losing their license by writing "off-label" Marinol prescriptions for patients suffering from anorexia not caused by the AIDS wasting syndrome or cancer chemotherapy.



Increased Appetite

Use of marijuana stimulates the body's metabolism and causes users to experience an increase in appetite. Numerous disease states including cancer and HIV can cause symptoms of decreased appetite to develop in

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affected patients. If this occurs, patients often lose significant amounts of weight, which can be detrimental to the disease recovery process. The human body requires energy in the form of ingested food to fight infection and heal cell or tissue damage. In patients who experience decreased appetite due to a specific disease, medical marijuana may be helpful in appetite stimulation. Medicinal marijuana can signal a food craving within a patient's body, encouraging the patient to eat to provide energy to the body.

Marijuana is useful in the treatment for anorexia that resulted from HIV/AIDS. However, have any states been looking into adding marijuana into therapy for anorexia as solely an eating disorder?

Marijuana would help in all stages of recovery. If an anorexic patient were in critical condition and refusing food, it would be a lot less traumatizing to stimulate their appetite rather than force them to use a feeding tube. To reduce the use of feeding tubes while still providing patients with adequate calories would be beneficial to the patient's emotional as well as their physical well-being. Marijuana would also help with the later stages of recovery—after the patient's weight is stabilized. It could be used as relaxation therapy. Patients who are not ready for recovery are also reluctant to be open with their treatment team. It would allow the patient to explore new ideas and get insight into the cause of their eating disorder.

An appetite-enhancing effect of THC is observed with daily divided doses totaling 5 mg. When required, the daily dose may be increased to 20 mg. In a long-term study of 94 AIDS patients, the appetite-stimulating effects of THC continued for months, confirming the appetite enhancement noted in a shorter six-week study. THC doubled appetite on a visual analogue scale in comparison to placebo. Patients tended to retain a stable body weight over the course of seven months.

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DEPT CONSUMER CT

ADD MEDICAL MARIJUANA CONDITION;

<https://unitedpatientsgroup.com/anorexia-and-marijuana-treat-anorexia-with-cannabis>

Eating Disorders (Anorexia) and Medical Marijuana

Eating Disorders (Anorexia) and Medical Marijuana

Anorexia is an acute loss of appetite, often associated with psychological factors. Various stomach disorders, r...

Treating Anorexia with Medical Marijuana —

Treating Anorexia with Medical Marijuana —

Medical cannabis stimulates appetite to increase caloric intake and assist the body in receiving the nourishment...

result of other medical conditions.

Both THC and CBD are established as anxiolytic (anxiety reducers) and anti-depressants, according to research studies.

A meta-analysis from Brazil confirmed that both THC and CBD have therapeutic potential as anti-psychotics, anti-depressants, and anxiolytic (anti-anxiety).

CBD relieves anxiety in all doses. THC relieves anxiety in small doses, but can aggravate it in large doses. THC also relieves depression in small doses, according to the research.

For more information on relieving anxiety and depression with medical marijuana:

- [Relieving Anxiety with Medical Cannabis](#)
- [Relieving Depression with Medical Cannabis](#)

Using Medical Marijuana for Anorexia

When choosing a medical strain or produce for anorexia, THC is the most beneficial cannabinoid to increase appetite and relieve depression. CBG, cannabigerol, is in lower quantities in the cannabis plant but is also a potent appetite stimulator. Pre-clinical studies show CBG can stimulate appetite even when food has already been received.

Choosing a strain with levels of CBG would be beneficial to anorexia. CBD may work with THC to increase appetite, even if it is only present in small amounts. Any cannabinoid or terpene present at even 0.05% is considered medically active and viable.

CBD is beneficial for anorexia because it can reduce anxiety, however, CBD will not increase appetite on its own. For anorexia, CBD could be used in lower quantities to relieve anxiety or to decrease the intoxicating effects of THC. CBD should be used with equal or higher amounts of THC for appetite stimulation.

If taking a low dose of THC for appetite, as demonstrated in the studies (under 5 milligrams), it would most likely be non-intoxicating. However, if intoxication was a concern adding CBD would eliminate the intoxicating effects of THC.

In addition, pre-clinical studies show CBD decreases learned fear responses. This is applicable to anorexia where people have a learned fear of food or eating too much. Again, CBD should be used in lower doses.

Sabina Holistic Health is a nonprofit that provides financial assistance to medical marijuana patients with serious medical conditions that are approved in their states. All patients who need medical cannabis should be able to access it affordably. If you or a loved one need assistance, we may be able to help. [Request medical cannabis assistance or donate to patients with serious medical conditions.](#)

Disclaimer: This post gives information about medical marijuana as demonstrated through scientific study and reported by doctors and patients. This content is for informational purposes only and is not a substitute for professional medical advice, diagnoses, and treatment.

Resources:

Andries A, Frystyk J, Flyvbjerg A, Støving RK. Dronabinol in severe, enduring anorexia nervosa: a randomized controlled trial. *Int J Eat Disord.* 2014 Jan;47(1):18–23. doi: 10.1002/eat.22173. Epub 2013 Sep 14. PMID: 24105610.

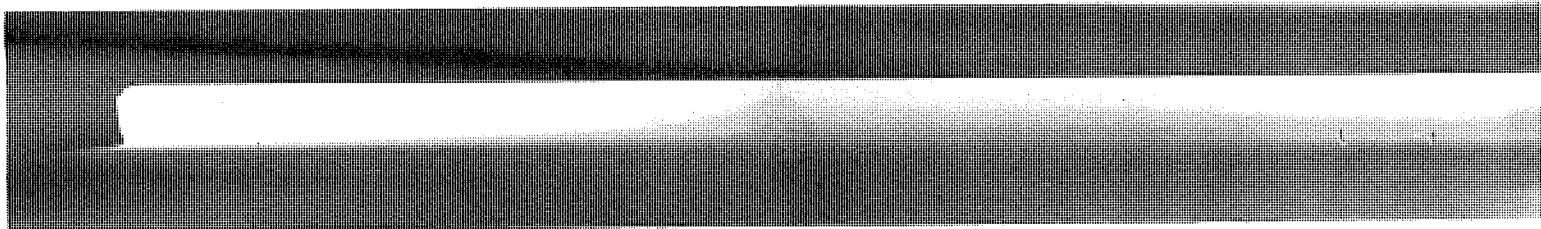
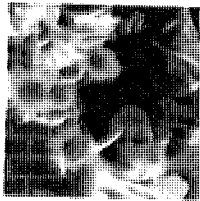
Andries A, Frystyk J, Flyvbjerg A, Støving RK. Changes in IGF-I, urinary free cortisol and adipokines during dronabinol therapy in anorexia nervosa: Results from a randomised, controlled trial. *Growth Horm IGF Res.* 2015 Oct;25(5):247–52. doi: 10.1016/j.ghir.2015.07.006. Epub 2015 Jul 29. PMID: 26248813.

Anorexia nervosa. (2018, February 28). Retrieved April 12, 2021, from <https://www.nationaleatingdisorders.org/learn/by-eating-disorder/anorexia>

Anorexia nervosa. (2018, February 20). Retrieved April 12, 2021, from <https://www.mayoclinic.org/diseases-conditions/anorexia-nervosa/symptoms-causes/syc-20353591>

Avraham Y, Ben-Shushan D, Breuer A, Zolotarev O, Okon A, Fink N, Katz V, Berry EM. Very low doses of delta 8-THC increase food consumption and alter neurotransmitter levels following weight loss. *Pharmacol Biochem Behav.* 2004 Apr;77(4):675–84. doi: 10.1016/j.pbb.2004.01.015. PMID: 15099912.

Avraham Y, Latzer Y, Hasid D, Berry EM. The Impact of Δ9-THC on the Psychological Symptoms of Anorexia Nervosa: A Pilot Study. *Isr J Psychiatry Relat Sci.* 2017;54(3):44–51. PMID: 29735812.



Medical Marijuana for Anorexia | Marijuana Doctors

<https://www.marijuanadoctors.com/conditions/anorexia>

Also, if medical marijuana is approved as a qualifying condition for the treatment of anorexia, you might consider using cannabis to help with your anorexic symptoms. To date, California, Maryland, New Mexico, and Washington have anorexia on their approved lists for medical cannabis.

Treating Anorexia with Medical Marijuana –

...

<https://.../anorexia-and-medical-marijuana>

Anorexia is an approved condition for medical marijuana treatment in many states with medical marijuana programs. Studies support that THC improves weight gain and psychological symptoms of anorexia. Other cannabinoids may also be beneficial for anorexia, such as CBD and CBG.

Can Medical Cannabis Be Used as an Anorexia Treatment ...

<https://www.leafly.com/news/health/medical-marijuana-for-anorexia-treatment>

Cannabis has been widely studied as a treatment for anorexia (or cachexia) associated with cancer and HIV/AIDS. However, there's little research on whether it would be an effective treatment to...

Estimated Reading Time: 8 mins

Marijuana & Anorexia | Can We Use Medical Cannabis To ...

<https://hautehealth.co/marijuana-and-anorexia>

lessen your ability to drive or to perform other potentially dangerous tasks. Ask your doctor or pharmacist if you have questions about which medicines can cause drowsiness or dizziness. **FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT**, discuss with

KEEP OUT OF REACH OF CHILDREN. STORE IN SAFETY CONTAINER OR SECURE AREA.

DATE: 02/29/08

MARINOL 5MG CAPSULES
 4 REFILLS BEFORE 08/28/08
 QTY: 30
 New NDC: 00051-0022-21
 Retail Price: \$419.09 Your Insurance Saved You: \$419.09

REFRIG CAL/LAK / LAK

TELAGRENA
 The Pharmacy America Trusts Since 1937

Customer Receipt

DATE: 02/29/08

MARINOL 5MG CAPSULES
 4 REFILLS BEFORE 08/28/08
 QTY: 30
 New NDC: 00051-0022-21
 Retail Price: \$419.09 Your Insurance Saved You: \$419.09

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FRI 6:00PM
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MARINOL 5MG CAPSULES
 00051-0022-21
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QTY 30
 10 DRAM

BROWN AND BROWN
 FRONT: UM
 CAL/LAK / LAK

2008-
 2011-
 (weight gain)

I CANNOT TAKE (has Beef Fat capsule);
 Mornel - not effective. I'm a strict Vegetarian.
 T.Y.J.



nature, frequency, and duration of any panic attacks or other reactions, the precipitating and exacerbating factors, and the functional effects.

If the description is provided by a medical source, the reporting physician or psychologist should indicate the extent to which the description reflects his or her own observations and the source of any ancillary information. Statements of other persons who have observed you may be used for this description if professional observation is not available.

- * 12. *Eating disorders.* Diseases involving anorexia nervosa and other eating disorders, the primary manifestations may be mental or physical, depending upon the nature and extent of the disorder. When the primary functional limitation is physical; e.g., when severe weight loss and associated clinical findings are the chief cause of inability to work, we may evaluate the impairment under the appropriate physical body system listing. Of course, we must also consider any mental aspects of the impairment, unless we can make a fully favorable determination or decision based on the physical impairment(s) alone.



Dear Conn/ Dept. Consumer Protection:

A. Cannabinoids, particularly THC, can be a potential medication for treating anorexia. (2)

<https://greencamp.com/cannabis-and-eating-disorders/#:~:text=Cannabinoids%2C%20particularly%20THC%2C%20can%20be%20a%20potential%20medication,same%20CB1%20receptor%20mentioned%20in%20the%20first%20study.>

B. There is very little research on medical marijuana specifically for eating disorder treatment, but it is often implemented as an appetite stimulant for those with other serious medical conditions. It certainly has the potential to boost appetite in those with anorexia nervosa, who are often not in touch with their natural hunger cues.

A past study [1] reported that smoking marijuana can increase an individual's caloric intake by as much as 40 percent. THC, the primary chemical compound present in marijuana, stimulates metabolism and, in this study, contributed to increased snacking in both social and private settings.

Increased appetite and snacking behaviors might certainly be beneficial for weight restoration and the beginning stages of eating disorder recovery. It could be argued that later in recovery, the relaxing properties often reported with medical marijuana might also help with symptoms of co-occurring anxiety or related issues.

C. Medical marijuana and eating disorders treatment can help manage the following symptoms:

- Stimulating the appetite
- Calming a person who exercises too much to lose weight
- Easing anxiety and depression
- Relieving a manic person with bulimia
- Promoting sleep

Medical Marijuana For Eating Disorders | Marijuana Doctors

1. <https://www.marijuanadoctors.com/conditions/eating-disorders>

How and Why Marijuana Can Be an Effective Treatment for Eating Disorders. Medical cannabis for eating disorders treats symptoms in a couple of ways. It gives the patient the "munchies" by stimulating your body's senses in the section of the brain known as insula. The insula enables us to integrate the food sensory aspects like flavor, taste, hunger and oral texture while responding to food's rewarding ...

2. E. FIVE STATES & CANADA have approved MMJ for "Anorexia / appetite".