



Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

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): [REDACTED]

Home Address (including Apartment or Suite #): [REDACTED]

City: [REDACTED]

State:

Zip Code: [REDACTED]

CT

Telephone Number: [REDACTED]

E-mail Address: [REDACTED]

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.

"CENTRAL PAIN SYNDROME"
TRIGEMINAL NEURALGIA AKA: TIC DOULOUREUX,
PROSODALGIA, "THE SUICIDE DISEASE" OR FOTHERGILLS DISEASE

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.

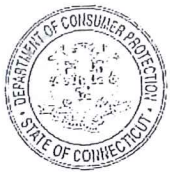
- Attach a comprehensive definition from a recognized medical source.
- Attach additional pages as needed. — *ATTACHED*

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. *PLEASE ADD ADDENDUM FROM*

HH Pain Mgmt - DR [REDACTED] RE: STELLATE
GANEXON BLOCK x2, LASER, MEDS, OUTSIDE ACCUPUNCTURE



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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. *Beginning 7/2014 ED HAS EXPERIENCED SEVERE + CHRONIC FACIAL (left) PAIN - forehead,*

eye, NOSE, CHEEK + CHIN - CAUSING SPASMS + KNIFE LIKE PAIN - limiting EATING, SLEEPING, DRIVING + ALL ASPECTS OF DAILY LIFE.

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. *SEE ADDENDUM TO BE*

ADDED by HH PAIN MANAGEMENT - Dr [REDACTED] - TREATMENTS DONE BUT INEFFECTIVE.

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. *SEE ATTACHED*

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.

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.

LETTERS included from: [REDACTED] M.D., [REDACTED] M.D., [REDACTED] DMD MHA



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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.

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:

12.19.16

SECTION B:

MEDICAL CONDITION,
MEDICAL TREATMENT
OR DISEASE

Tic Douloureux – Cannabis

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SHARES

TIC DOULOUREUX-Cannabis

Trigeminal neuralgia (TN), tic douloureux (also known as prosopalgia, the Suicide Disease or Fothergill's disease) is a neuropathic disorder characterized by episodes of intense pain in the face, originating from the trigeminal nerve. One, two, or all three branches of the nerve may be affected. It is "one of the most painful conditions known to humans, yet remains an enigma to many health professionals." This pain may be felt in the ear, eye, lips, nose, scalp, forehead, cheeks, teeth, and/or jaw and side of the face; some patients also experience pain in their left index finger. Trigeminal neuralgia (TN) is not easily controlled but can be managed with a variety of treatment options. It is estimated that 1 in 15,000 people suffer from trigeminal neuralgia, although the actual figure may be significantly higher due to frequent misdiagnosis. In a majority of cases, TN symptoms begin appearing after the age of 50, although there have been cases with patients being as young as three years of age. It is more common in females than males.

The disorder is characterized by episodes of intense facial pain that last from a few seconds to several minutes or hours. The episodes of intense pain may occur suddenly. To describe the pain sensation, patients may describe a trigger area on the face so sensitive that touching or even air currents can trigger an episode; however, in many patients the pain is generated spontaneously without any apparent stimulation. It affects lifestyle as it can be triggered by common activities such as eating, talking, shaving and brushing teeth. Wind, high pitched sounds, loud noises such as concerts or crowds, chewing, and talking can aggravate the condition in many patients. The attacks are said by those affected to feel like stabbing electric shocks, burning, pressing, crushing, exploding or shooting pain that becomes intractable.

Individual attacks usually affect one side of the face at a time, lasting from several seconds to a few minutes and repeat up to hundreds of times throughout the day. The pain also tends to occur in cycles with remissions lasting months or even years. 10-12% of cases are bilateral, or occurring on both sides. This normally indicates problems with both trigeminal nerves since one serves strictly the left side of the face and the other serves the right side. Pain attacks are known to worsen in frequency or severity over time, in some patients. Many patients develop the pain in one branch, then over years the pain will travel through the other nerve branches.

Outwardly visible signs of TN can sometimes be seen in males who may deliberately miss an area of

their face when shaving, in order to avoid triggering an episode. Successive recurrences are incapacitating and the dread of provoking an attack may make sufferers unable to engage in normal daily activities.

Some patients report continuous pain or continuous pain during waking hours; for reasons that are not yet known, TN sufferers rarely have pain attacks or are awoken due to pain while they are sleeping. In fact, most patients have a very brief window of reprieve upon awakening from sleep, though that window can sometimes last only minutes. The mechanisms as to why one feels no pain while they are asleep, or in a slumber state, even though a pillow may be in contact with a "trigger point" on one's face, remains a mystery to physicians and dentists.

This type of injury may rarely be caused by an aneurysm (an outpouching of a blood vessel); by a tumor; by an arachnoid cyst in the cerebellopontine angle; or by a traumatic event such as a car accident or even a tongue piercing.

Any of the three branches of the nerve may be affected. Neuralgia of the first branch results in pain around the eyes and over the forehead; of the second branch, pain in the upper lip, nose, and cheek; of the third branch, pain on the side of the tongue and the lower lip.

Causes and Risk Factors of Tic Douloureux

The cause is unknown, but the disorder occurs most frequently in middle and later life. It affects women more frequently than men.

Symptoms of Tic Douloureux

The pain may be a tearing, darting, or sharp cutting sensation that occurs in a portion of the face, typically on one side. An attack may last for seconds or a few minutes, and its intensity may make one contract the facial muscles, hence the term tic. Episodes may recur for days or weeks or months.

Often, there are trigger zones – spots on the face or certain movements – that precipitate the pain. These may include smiling, talking, chewing, brushing one's teeth, or blowing the nose. Although the pain may be incapacitating, it is not life-threatening. Attacks come and go variably, but periods of remission may grow shorter as one ages.

Because it is easy to mistake the pain for a toothache, people suffering from trigeminal neuralgia often consult a dentist. The result in many cases is inappropriate and often irreversible treatment, including tooth extraction, splints to readjust the jaw position, and root canal surgery.

Symptom Treatment

There are many unusual diseases that do not respond well to conventional medicines. TN is one of these. There is always intense body pain. Vaporized cannabis gets into the system the fastest! It takes Marinol a full hour to reach full system effect. However, a cannabis extract taken orally is my best recommendation. (20 mg. of THC is stronger than 120 mg. of Codeine). CBD protects nerve cells and acts as an anti-oxidant. THC and CBD together treat pain. Cannabichromene (CBC) is an

anti-inflammatory that contributes to the pain killing effects of cannabis. Better to use the whole plant extract rather than use a synthetic of either. Repeat every four (4) hours as needed. There has never been a documented THC overdose (fatality). The effective dose of THC is at least 1,000 times lower than the estimated lethal dose. 1,500 pounds of cannabis would have to be smoked in under fourteen (14) minutes to overdose. Daily dosage of cannabis: vaporized or taken orally stops the symptoms of Tic Douloureux.

Sativas have elevated cannabidiols-showing greater immune enhancing abilities, more stimulating psychological effects.

Indicas have elevated cannabinols-showing more narcotic effects, stronger pain relievers and relaxing effects.

Best Strain: William's Wonder. Because of the terrible head pain with this disorder, Any Sativa X hybrid (sativa x indica) hybrid.

Resources:

1. Alison Myrden. Her recommendation for TN symptom relief.
2. Marijuana Handbook: Practical Guide to Therapeutic Use of Marijuana. Gieringer, Rosenthal, Carter.
3. Lester Grinspoon, MD
4. Ethan Russo, MD
5. Tod Mikuriya, MD
6. National Institute of Mental Health
7. United Kingdom Medicinal Cannabis Research Foundation

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5. Tod Mikuriya, MD
6. National Institute of Mental Health
7. United Kingdom Medicinal Cannabis Research Foundation



PMC full text: [Palliat Care. 2014; 8: 7–10.](#)

Published online 2014 May 11. doi: [10.4137/PCRT.S13489](#)

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Table 2

Levorphanol cost.

COST PER TABLET
Levorphanol 2 mg AWP: \$1.74
Morphine (sustained release) 15 mg AWP: \$ 0.89
Methadone 5 mg AWP: \$0.09
Methadone 10 mg AWP: \$0.14

Abbreviation: AWP, average wholesale price (dollars).

SECTION 2: BACKGROUND

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Q

Neuralgia

Is medical marijuana an effective treatment for trigeminal neuralgia pain?

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A Answers (1)



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A [Dr. Neil A. Martin, MD](#), Neurosurgery, **answered** on behalf of [UCLA Health](#)
 Marijuana works in a variety of medical disorders: nausea, pain, and chronic pain. The core treatments for trigeminal neuralgia include Tegretol, Dilantin, Lyrica, and Neurontin in some cases. In general, our experience relates to trying these sequentially or in combination, and the majority of people get some degree of relief with this. It would not surprise me that in some patients who have incomplete relief with these standard medications that medical marijuana might provide some supplemental relief. We don't really know if it has any additional benefit in some of the difficult-to-treat situations like anesthesia dolorosa (painful numbness), or possibly in multiple sclerosis causing trigeminal neuralgia.

Helpful? 2 people found this helpful.

Marijuana and the Treatment of Trigeminal Neuralgia by Anonymous

Dear Dr. Grinspoon:

I'm 64, a patent licensing agent, I have an MPH and MRP degrees from the University of Michigan and lucky to be married to a 44-year-old Bangkok Univ grad woman. I've used Cannabis sativa for over 40 to relieve anxiety (I have been operated on for a perforated ulcer in the past). Just recently (the last few years) I began using Cannabis indica (Grand Daddy Purple) for facial nerve pain relief.

After injuring my head on a wood beam while installing a cable line under my condo, I received some Cannabis indica and was surprised to see that two puffs relieved facial nerve pain so intense that I felt my teeth needed to be pulled out (ever though my teeth are in great shape). I did not know the type of induce then.

After my facial nerve pain was eradicated in 2007, I had intense facial nerve pain in 2009 and 2010 triggered by acacia tree pollen due to unusually heavy rain in Northern California. I obtained (legally) some Grand Daddy Purple Cannabis Indica in 2009 to treat myself.

Advil and Bayer Asprin usually handle any headache or nerve pain. However, they did not work for my facial nerve pain.

I was not able to sleep due to the intense pain. At 2:30 AM, I got out of bed, had 10 puffs of Grand Daddy Purple and the pain not only went away, it did not come back even though the acacia tree pollen was still around!?

I use a small pipe to take my cannabis medication. I take cannabis as needed.

I have not had any legal difficulty except for job discrimination.

I prefer to remain anonymous.

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Trigeminal Neuralgia Treatment

Trigeminal neuralgia, also called tic douloureux, is a rare neurological disease that causes sudden, severe, brief, stabbing recurrent episodes of facial pain in one or more branches of the trigeminal nerve. It is usually caused when the trigeminal nerve is being compressed by an artery or a vein, but can also be present with no apparent cause. It is sometimes misdiagnosed as a dental or jaw problem or as a psychological disorder. Once correctly diagnosed, there are several medical and surgical treatment options to reduce or relieve the debilitating pain caused by this disease. Patients with trigeminal neuralgia are given high priority in scheduling their evaluation.

What are non-surgical treatments for trigeminal neuralgia?

Who is a candidate for trigeminal neuralgia surgery?

What types of surgery for trigeminal neuralgia are performed at UCSF?

- Microvascular Decompression (MVD)
- Radiosurgery
- Radiofrequency Lesioning (also called radiofrequency rhizotomy)

Are there any studies for trigeminal neuralgia ongoing at UCSF?

Medical Therapy for Trigeminal Neuralgia

The first line of treatment for patients with trigeminal neuralgia is always medication. Even minimally invasive surgery carries risks and should be considered a last resort.

The drugs most commonly used for treating trigeminal neuralgia are medications that were originally developed for the treatment of epilepsy. However, this class of medications has been found to be quite effective in treating nerve pain, including TN, when taken on an on-going basis. The anti-convulsant most commonly prescribed for TN is carbamazepine (Tegretol®), which can provide at least partial pain relief for up to 80% to 90% of patients. Other anti-convulsants prescribed frequently for TN include phenytoin (Dilantin®), gabapentin (Neurontin®), lamotrigine (Lamictal®), oxcarbazepine (Trileptal®), and topiramate (Topamax®). The muscle relaxant baclofen (Lioresal®) can also be prescribed, alone or in combination with other drugs.

Commonly experienced side effects of drug therapy for TN include dizziness, drowsiness, forgetfulness, unsteadiness, and nausea. In addition, carbamazepine and other drugs prescribed for TN do not always remain effective over time, requiring higher and higher doses or a greater number of medications taken concurrently, and some patients experience side effects serious enough to warrant discontinuation.

Surgical Evaluation for Trigeminal Neuralgia

Surgical evaluation for trigeminal neuralgia includes confirming the diagnosis of trigeminal neuralgia, reviewing a brain magnetic resonance imaging (MRI) scan to exclude other treatable causes of face pain, and evaluating the severity of the pain, the general medical condition of the patient, and the patient's preference for treatment goals versus risk aversion.

Trigeminal neuralgia surgery is reserved for people who still experience debilitating pain despite best medical management. Surgery for trigeminal neuralgia should never be attempted on patients with non-trigeminal neuralgia face pain or on atypical trigeminal neuralgia*; operations for these conditions have much lower success rates and in many cases can make the pain worse and/or cause additional medical problems.

At UCSF, patients can be evaluated by experienced neurologists who specialize in the evaluation and medical treatment of trigeminal neuralgia. To schedule an evaluation to confirm a diagnosis of trigeminal neuralgia and discuss treatment options, contact the Neurology Clinic at (415) 353-2892.

Microvascular Decompression for Trigeminal Neuralgia

Microvascular decompression (MVD), also known as the Jannetta procedure, is the most common surgical procedure for the treatment of trigeminal neuralgia.

This is an open surgical approach where a small incision is made behind the ear, a small hole is drilled in the skull, and, under microscopic visualization, the trigeminal nerve is exposed. In most cases, there is a blood vessel (typically an artery, but sometimes a vein) compressing the trigeminal nerve. By moving this blood vessel away from the nerve and interposing a padding made of Teflon felt, the pain is nearly always relieved. While MVD is considered to be the most invasive surgery for TN, it is also the best procedure for fixing the underlying problem that usually causes TN: vascular compression*. MVD also causes the least damage to the trigeminal nerve and provides, on average, the longest pain-free periods and the best chance of being permanently off medication. MVD has a long-term success rate of approximately 80% as a stand-alone treatment. The procedure requires an average hospital stay of two to three days, and four to six weeks to return to normal daily activities.

What are the potential side effects of MVD?

MVD is a major surgery, and includes the procedure of craniotomy-cutting a small hole in the skull. Typical surgical risks for any open-skull neurosurgical procedure include infection, excessive bleeding, spinal fluid leakage, and risks of anesthesia. Rare neurological injury can include damage to hearing, vascular injury (stroke), and, very rarely, death.

Will I have pain when I wake up?

As MVD is a major surgery, patients will have some incisional pain and headache postoperatively, but the nurses will give you medication to help you control this pain.

How long will I need to stay at the hospital?

Patients spend one night in the intensive care unit and one to two nights in the regular ward.

When may I resume normal activities?

Pain and stiffness from the operation usually subside within a week, and you can begin to resume normal activities at your own pace.

Will surgery be completely curative?

No one can promise that any surgery for trigeminal neuralgia will be successful for all patients, and there is always the chance that pain will recur at a later date; however, MVD is the best chance at relieving the underlying problem behind trigeminal neuralgia pain.

Discharge Information and Instructions After MVD Surgery for Patients with Trigeminal Neuralgia (PDF)

Radiosurgery for Trigeminal Neuralgia

Radiosurgery (Gamma Knife®) treatment for trigeminal neuralgia is the least invasive surgical option. In fact, it is technically not surgery at all. The Gamma Knife is a device that delivers precise, controlled beams of radiation to targets inside the skull, including the brain and associated nerves. For trigeminal neuralgia treatment, the radiation beams are aimed at the trigeminal nerve where it enters the brainstem. Gamma Knife treatment does not target the root cause of trigeminal neuralgia, but instead damages the trigeminal nerve to stop the transmission of pain signals. The procedure requires little or no anesthesia, and is performed on an outpatient basis. This procedure provides significant pain control or reduction in approximately 80+% of patients, but response is usually slower than for other treatments. Patients may respond within 4 to 6 weeks post-treatment; however, some patients require as much as 3 to 8 months for the full response. Most patients remain on full doses of medication for at least 3-6 months after treatment and we do not typically start to taper TN medications until pain relief has been achieved.

What are the potential side effects of Gamma Knife surgery?

Side effects may include tingling or numbness in the face (in up to 20-30% of patients), but this is usually mild if it does occur.

Will I have pain when I wake up?

Patients are not put to sleep for this procedure as it causes minimal pain and discomfort. The treatment requires use of a frame that is attached to the head with pins. There is mild pin site pain for approximately 1-2 days following treatment.

How long will I need to stay in the hospital?

Gamma Knife treatment for trigeminal neuralgia is an outpatient procedure - you will be able to go home the same day of your treatment.

When may I resume normal activities?

Patients usually begin to return to normal activities within 48 hours, though this depends on the individual.

Will surgery be completely curative?

No one can promise that any surgery for trigeminal neuralgia will be successful for all patients; Gamma Knife treatment "scrambles" the pain pathways, but there is always a chance that the pain can recur at a later date.

Discharge Information and Instructions After Gamma Knife Stereotactic Radiosurgery for Patients with Trigeminal Neuralgia (TN) (PDF)

Radiofrequency Lesioning (RFL) for Trigeminal Neuralgia

Radiofrequency lesioning (also called radiofrequency rhizotomy) is a good option for severe pain in high-risk patients, such as patients with concurrent illness that would make an open surgical procedure too dangerous. It is also a good option for patients with multiple sclerosis (MS), whose TN is often not caused by vascular compression. Like Gamma Knife treatment, radiofrequency lesioning does not treat the root cause of TN, but instead damages the trigeminal nerve, to stop the transmission of pain signals. In this procedure, an electrode inserted through the cheek is used to heat the nerve and cause selective damage to stop pain signals from traveling to the brain. The treatment provides immediate pain relief in up to 90% of patients, but can cause more facial numbness than the other procedures and has a pain recurrence rate of 40% at 2 to 3 years post-surgery. If necessary, the procedure can be repeated.

What are the potential side effects of radiofrequency rhizotomy?

While radiofrequency rhizotomy is less invasive, less risky, and requires less time in the hospital than MVD, this technique also has a higher rate of pain recurrence. Radiofrequency rhizotomy also carries a greater risk of minor to severe post-surgical numbness, which can often be permanent. This procedure also carries the rare general surgical risks of infection and excessive bleeding, as well as excessive nerve injury, corneal numbness, anesthesia dolorosa, and intracranial hemorrhage.

Will I have pain when I wake up?

Patients may have some cheek pain at the needle insertion site. This usually resolves within one week.

How long will I need to stay in the hospital?

Radiofrequency rhizotomy for TN is an outpatient procedure—you will be able to go home the same day of your treatment.

When may I resume normal activities?

Patients usually begin to return to normal activities within 48 hours, though this depends on the individual.

Will surgery be completely curative?

No one can promise that any surgery for TN will be successful for all patients; radiofrequency rhizotomy "scrambles" the pain pathways, but there is always a chance that the pain can recur at a later date.

Clinical Trials for Trigeminal Neuralgia

UCSF is currently participating in a multi-centered study, partially funded by the Facial Pain Research Foundation, called *Finding the Genes that Predispose to Trigeminal Neuralgia*. The purpose of the study is to find out if trigeminal neuralgia has a genetic component and to understand the inheritance of trigeminal neuralgia. If a gene or genes that cause trigeminal neuralgia can be found, the diagnosis and treatment of trigeminal neuralgia may be improved.

UCSF is also involved in an ongoing study evaluating the long-term efficacy of Gamma Knife radiosurgery compared to microvascular decompression for trigeminal neuralgia.

* More information about these topics can be found at the website of TNA The Facial Pain Association. We thank the TNA for providing helpful background information for this page.

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SECTION A: General Evidence to support Medical Marijuana Treatment



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Q

Neuralgia

Is medical marijuana an effective treatment for trigeminal neuralgia pain?

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A Answers (1)

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A [Dr. Neil A. Martin, MD](#), Neurosurgery, **answered** on behalf of [UCLA Health](#)
 Marijuana works in a variety of medical disorders: nausea, pain, and chronic pain. The core treatments for trigeminal neuralgia include Tegretol, Dilantin, Lyrica, and Neurontin in some cases. In general, our experience relates to trying these sequentially or in combination, and the majority of people get some degree of relief with this. It would not surprise me that in some patients who have incomplete relief with these standard medications that medical marijuana might provide some supplemental relief. We don't really know if it has any additional benefit in some of the difficult-to-treat situations like anesthesia dolorosa (painful numbness), or possibly in multiple sclerosis causing trigeminal neuralgia.
[Helpful?](#) 2 people found this helpful.

SECTION G

Marijuana and the Treatment of Trigeminal Neuralgia by Anonymous

Dear Dr. Grinspoon:

I'm 64, a patent licensing agent, I have an MPH and MRP degrees from the University of Michigan and lucky to be married to a 44-year-old Bangkok Univ grad woman. I've used Cannabis sativa for over 40 to relieve anxiety (I have been operated on for a perforated ulcer in the past). Just recently (the last few years) I began using Cannabis indica (Grand Daddy Purple) for facial nerve pain relief.

After injuring my head on a wood beam while installing a cable line under my condo, I received some Cannabis indica and was surprised to see that two puffs relieved facial nerve pain so intense that I felt my teeth needed to be pulled out (ever though my teeth are in great shape). I did not know the type of induce then.

After my facial nerve pain was eradicated in 2007, I had intense facial nerve pain in 2009 and 2010 triggered by acacia tree pollen due to unusually heavy rain in Northern California. I obtained (legally) some Grand Daddy Purple Cannabis Indica in 2009 to treat myself.

Advil and Bayer Asprin usually handle any headache or nerve pain. However, they did not work for my facial nerve pain.

I was not able to sleep due to the intense pain. At 2:30 AM, I got out of bed, had 10 puffs of Grand Daddy Purple and the pain not only went away, it did not come back even though the acacia tree pollen was still around!?

I use a small pipe to take my cannabis medication. I take cannabis as needed.

I have not had any legal difficulty except for job discrimination.

I prefer to remain anonymous.

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SECTION I :

PROFESSIONAL RECOMMENDATIONS
FOR MEDICAL MARIJUANA TREATMENT

October 15, 2060

To Whom It May Concern

I am writing this letter in support of Mr. [REDACTED] application for the medical marijuana program. I recently retired as [REDACTED] primary care physician. I took care of him for over 25 years. [REDACTED] is a retired fireman and during his career sustained multiple muscle skeletal injuries which required numerous operations. Throughout this time he was prescribed oral pain medication. He never abused oral pain meds. If anything; because of very high pain tolerance his course of therapy was shorter than most other patients with the same degree of injury.

Approximately 2 years ago he sustained an acute stroke. This left him with a hemiparesis. Unfortunately; 2-3 weeks later he developed an extension of the ischemic area which resulted in him developing trigeminal neuralgia. [REDACTED] always has had a strong will to recover no matter what the injury. Presently he is quite functional with only a mild residual weakness in his leg. Despite improvements of his physical deficits ; the trigeminal neuralgia has progressed. He has been tried on numerous anti-inflammatory medications and has been maxed out on oral pain medication He has seen multiple pain specialists and has received numerous local and spinal injections. He has also received electrical stimulation therapy. All of the above have not worked. He remains in constant sever pain . The pain is incapacitating. It interferes with his sleep. It interferes with his functionality and his truly upbeat personality. In addition I fear going forward it will interfere with his continuously improving physical rehabilitation

[REDACTED] has exhausted all conventional pain therapies. He has been faithful to complicated medication dosing schedules and numerous physician appointments despite no significant improvement in pain control. I believe he is an excellent candidate for the medical marijuana program and given his past history he will not abuse the medication. He will use it appropriately and adhere to strict followup protocols He has my strongest support for the medical marijuana program.

[REDACTED]
[REDACTED] M.D. FACP, FASN

Senior Attending, Hartford Hospital

Professor of Clinical Medicine , University of Connecticut, School of Medicine

September 29, 2016

To Whom It May Concern,

Mr. [REDACTED] is a 67-year-old gentleman who has recently transitioned into my care after his primary care physician retired. His history is notable for coronary artery disease status post CABG in August 2011 and also for atrial fibrillation. He sustained an initial stroke in March 2015 despite anticoagulation for atrial fibrillation and experienced a second lacunar stroke in the temporal region that was complicated by trigeminal neuralgia that has resulted in a chronic pain syndrome recalcitrant to conservative therapies. His pain management strategy has evolved and he is now temporarily controlled with gabapentin, levorphanol, and oxycodone. Treatment escalation has been limited by unilateral weakness from his strokes and fall risk.

In considering options to help control his pain and the risks associated with escalation of opiate therapy, a trial of medical cannabis would be a reasonable measure to pursue. He has my support.

Sincerely,

[REDACTED]

[REDACTED], MD

[REDACTED]

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9/28/16

To Whom It May Concern,

[REDACTED] has been a patient of record since 2006. He has been suffering from Trigeminal Neuralgia since July 2015. He has missed multiple appointments due to the pain of his disease and has been taking a number of narcotics to deal with his symptoms. It is my opinion he be considered for the Medical Marijuana Program. The benefits of this program for Edward could be profound and very helpful. If you have any questions, please feel free to give me a call.

Sincerely,

[REDACTED]

[REDACTED], DMD MHA