

MEDICAL CONDITIONS

Chronic Pain

A Brief Description

After undergoing an operation, voluntary or otherwise, the road to recovery is paved differently for each patient. Although anesthesia may prevent patients from feeling it at the time, nerves send pain signals to the brain when the tissues or organs are operated on (effectively, damaged). As the body begins to heal after surgery, the severity and duration of the post-operative pain should subside. For some patients, however, the post-operative pain persists for months or even years and is often resistant to treatment.

Chronic postoperative pain, defined as pain lasting more than six months after an operation, can occur as the result of many different factors including the formation of scar tissue, nerve damage, tissue damage, and inflammation. Pain is not a primary condition or injury, but rather a severe, frequently intolerable symptom that varies in frequency, duration, and severity according to the individual. Chronic pain is a public health issue that is widespread across the aging populations of industrialized nations. An estimated 1 billion people worldwide suffer from chronic pain. Unfortunately, most are put on pain treatment plans that result in long-term opiate use.

How Can Cannabis Help?

Chinese Emperor Shen-Nung documented using the "fundamental herb" (medical cannabis) to treat pain in his 2737 BCE pharmacopeia. Throughout history, pain relief has been one of the predominant reasons for utilizing cannabis for medicinal purposes. The human body contains systems that are filled with neuromodulators (receptors) and these sophisticated receptors help regulate a variety of physiological processes including movement, mood, memory, appetite and



hydrocodone (Vicodin) – the body's [endocannabinoid system](#) receptors respond to the compounds present in cannabis called cannabinoids.

For patients in pain, the goal is to reduce their pain as much as possible while allowing them to still function as fully as possible. While opioids are the most commonly prescribed treatment for post-operative pain, many patients report preferring the efficacy of medical cannabis because it alleviates the pain without the debilitating side effects often associated with the pharmaceutical alternative. Cannabis is a very versatile option for pain relief for several reasons – it has inherent analgesic/pain relieving qualities, side effects can be minimal and it is capable of working in concert with other traditional prescription medications while also helping to alleviate some of the regular side effects associated with opiates like nausea, vomiting and dizziness.

What Does The Research Say?

As with other conditions, there is a countless amount of anecdotal research that has proven the pain relieving efficacy of cannabis – going back to the beginning of documented cannabis use over 5,000 years ago, pain relief has been a consistent physiological effect seen from cannabis use. The experience of the leading medical experts has revealed that medical cannabis can be used to safely and effectively treat a wide variety of medical conditions, including chronic post-operative pain, and it is often a successful therapy option when nothing else works. Where chronic post-operative pain is often resistant to pharmaceutical therapies, even very low doses of medical cannabis have shown to effectively reduce symptoms, and experts report that the benefits of medical cannabis far outweigh the risks.

Dr. Anita Holdcroft, a lead researcher from Imperial College London, [stated](#), "pain after surgery continues to be a problem because so many of the commonly used drugs are either ineffective or have too many side effects. These results show that cannabinoids are effective."

A [study](#) released in 2011 from the scientific journal for Clinical Pharmacology & Therapeutics found that the combination of cannabis with opiates may have a synergistic effect. When patients received regular doses of cannabis along with their twice-daily doses of prescribed opioids, on average participants reported a 27 percent greater decrease in pain.

In Australia in 2014, chronic pain patients reported supplementing their pharmaceutical treatment regimens with the use of medical cannabis, noting that there was a significant

difference in efficacy between using only the opioids and combining the medical cannabis with the opioids. Chronic pain patients who participated in a double-blind, placebo-controlled crossover [study](#) revealed that small doses of vaporized medical cannabis provided at least the equivalent efficacy in pain reduction as traditional neuropathic pain medication, but without significant impact on daily functioning.



One of the most important aspects of using medical cannabis in lieu of opiates for the treatment of pain is directly tied to the comparable risks for lethal overdose – as you'll see below, the statistics and facts are compelling.

Opiates:

According to the [Centers for Disease Control and Prevention \(CDC\)](#), since 1999 the amount of prescription painkillers prescribed and sold in the U.S. has nearly quadrupled.

Every day in the U.S. 44 people die as a result of prescription opioid overdose.

Drug overdose was the leading cause of injury death in 2013 – among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle traffic crashes.

Of the 22,767 deaths related to prescription drug overdose, approximately 16,235 involved prescription opioid painkillers (71.3%).

In 2007, the aggregate cost of prescription opioid abuse (lost productivity, healthcare costs and criminal justice cost) totaled \$55.7 billion.

Cannabis:

In 1988, Drug Enforcement Agency (DEA) Administrative law Judge Francis L. Young, Docket No. 86-22 [found the following](#) facts to be uncontroverted:

There is no record in the extensive medical literature describing a proven, documented cannabis-induced fatality.

Despite a long history of use and the extraordinarily high numbers of social smokers, there are simply no credible medical reports to suggest that consuming marijuana has caused a single death.

Drugs used in medicine are routinely given what is called an LD-50. This rating indicates at what dosage fifty percent of test animals receiving a drug will die as a result of drug induced toxicity.

The LD-50 rating for aspirin is 1:20. In layman's terms this means that if the recommended dosage of aspirin is two pills, in order to induce death a person would need to consume 40 pills (20xs the recommended dosage). For valium it's 1:10 and for some cancer medications it can be as low as 1:1.5.

At present it is estimated that marijuana's LD-50 is around 1:30,000 or 1:40,000 – in order to induce death a person would have to consume 20,000 to 40,000 times as much marijuana as is contained in one marijuana cigarette. The National Institute of Drug Abuse (NIDA)-supplied marijuana cigarettes weigh approximately .9 grams. A smoker would theoretically have to consume nearly 1,500 pounds of marijuana within about 15 minutes to induce a



LINKS TO RESEARCH

The effectiveness of cannabinoids in the management of chronic nonmalignant neuropathic pain: a systematic review.

[READ STUDY →](#)

Cannabis to relieve post-op pain.

[READ STUDY →](#)

Persistent post-operative pain.

[READ STUDY →](#)

Non-psychoactive cannabinoids modulate the descending pathway of antinociception in anesthetized rats through several mechanisms of action.

[READ STUDY →](#)

While research has shown cannabis to be effective in providing palliative and therapeutic effects for some patients, always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition and before starting any new treatment utilizing medical cannabis or discontinuing an existing treatment. The content on this site is not intended to be a substitute for professional medical advice, diagnosis or treatment.



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