

Guideline: Medical marijuana in pill form or oral spray may ease some MS symptoms

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A new guideline from the American Academy of Neurology suggests that there is little evidence that most complementary or alternative medicine therapies (CAM) treat the symptoms of multiple sclerosis (MS). However, the guideline states the CAM therapies oral cannabis, or medical marijuana pills, and oral medical marijuana spray may ease patients' reported symptoms of spasticity, pain related to spasticity and frequent urination in multiple sclerosis (MS). The guideline, which is published in the March 25, 2014, print issue of *Neurology*, the medical journal of the American Academy of Neurology, states that there is not enough evidence to show whether smoking marijuana is helpful in treating MS symptoms.

The guideline looked at CAM therapies, which are nonconventional therapies used in addition to or instead of doctor-recommended therapies. Examples include oral cannabis, or [medical marijuana](#) pills and oral medical marijuana spray, ginkgo biloba, magnetic therapy, bee sting therapy, omega-3 fatty acids and reflexology.

"Using different CAM therapies is common in 33 to 80 percent of people with MS, particularly those who are female, have higher education levels and report poorer health," said guideline lead author Vijayshree Yadav, MD, MCR, with Oregon Health & Science University in Portland and a member of the American Academy of Neurology. "People with MS should let their doctors know what types of these therapies they are taking, or thinking about taking."

For most CAM therapies, safety is unknown. There is not enough information to show if CAM therapies interact with prescription MS drugs. Most CAM therapies are not regulated by the Food and Drug Administration (FDA). Dronabinol and nabilone are synthetic forms of key ingredients in marijuana. The FDA approved both drugs as treatments for nausea and vomiting associated with cancer chemotherapy that do not respond to standard treatments. Dronabinol also is approved for loss of appetite associated with weight loss in patients with AIDS.

The guideline found that certain forms of medical marijuana, in pill or oral spray form only, may help reduce patients' reported spasticity symptoms, pain due to spasticity, and frequent urination but not loss of bladder control. The therapy may not help reduce tremor. Long-term safety of medical marijuana use in pill or oral spray is not known. Most of the studies are short, lasting six to 15 weeks. Medical marijuana in pill or oral spray form may cause side effects, some of which can be serious. Examples are seizures, dizziness, thinking and memory problems as well as psychological problems such as depression. This can be a concern given that some people with MS are at an increased risk for depression or suicide. Both doctors and patients must weigh the possible side effects that medical marijuana in pill or oral spray form can cause.

Among other CAM therapies studied for MS, ginkgo biloba might possibly help reduce tiredness but not thinking and memory problems. Magnetic therapy may also help reduce tiredness but not depression.

Reflexology might possibly help ease symptoms such tingling, numbness and other unusual skin sensations. Bee sting therapy, a low-fat diet with fish oil, and a therapy called the Cari Loder regimen all do not appear to help MS symptoms such as disability, depression and tiredness. Bee stings can cause a life-threatening allergic reaction and dangerous infections.

Moderate evidence shows that [omega-3 fatty acids](#) such as fish oil likely do not reduce relapses, disability, tiredness or MRI brain scan lesions, nor do they improve quality of life in people with MS.

Provided by American Academy of Neurology

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