



Medical Marijuana Program

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

E-mail: dep.mmp@ct.gov • Website: www.ct.gov/dep/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:

CT

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.

Rheumatoid Arthritis

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.

Please see attached document-

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 see attached article- Enbrel helps control the RA but not completely with the aches and pains,

I currently take Ibuprofen on a daily basis just to take the edge off.



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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.

Please see attached document-

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.

Please see attached document-

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 document-

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 attached article-

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.

Please see attached article-



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Section J: Submission of Petition

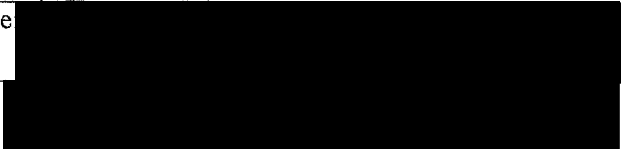
In the event you are unable to answer or provide the required documentation to any of the Sections above (excluding Section D); provide a detailed explanation indicating what you believe is “good cause” for not doing so.

- 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:

09/06/2016

Newsmax

Medical Marijuana for Rheumatoid Arthritis: What Your Doctor Isn't Telling You

Monday, April 25, 2016 07:22 PM

By: Sean Piccoli

Some rheumatoid arthritis patients say that using forms of medical marijuana eases the pain and inflammation they suffer from their condition.

Yet most doctors specializing in rheumatoid arthritis treatment were unaware that a growing body of research identifies medical marijuana's active ingredient, cannabinoids, as a possible arthritis treatment, according to a 2014 survey in the journal *BMC Musculoskeletal Disorders*.

The survey found that 3 of 4 rheumatology doctors in the sample group "lacked confidence in their knowledge of cannabinoid molecules," and that nearly half — 45 percent — "believed there was no current role for cannabinoids in rheumatology patient care."

[Doctor: Reverse Joint Pain in 5 Days or Less Without Drugs – More Info Here](#)

"With 70 percent never having previously prescribed or recommended any cannabinoid treatment," the study's authors wrote, "uncertainty regarding good prescribing practices was prevalent."

The *San Francisco Chronicle* reported in 2015 that patient surveys and preclinical research increasingly point to cannabinoids as a bona fide therapy for rheumatoid arthritis as well as osteoarthritis.

Far earlier, in 2005, researchers found that Savitex, a cannabis-based oral spray developed to treat symptoms of multiple sclerosis, also showed promise in easing symptoms of rheumatoid arthritis.

Savitex, however, was not yet approved for any medical uses in the United States, reported the drug's British manufacturer, GW Pharmaceuticals.

But a recurring question in the medical marijuana debate is whether smoking pot is the best delivery method for cannabinoids.

[Watch Video: Dr. Reveals That Nasty Joint Pain Can Be Stopped](#)

A 2014 study from Canada, published in the journal *Arthritis Care & Research*, cast doubt on the both the safety and effectiveness of herbal marijuana for treatment of rheumatoid arthritis.

The authors warned rheumatologists against succumbing to the "societal groundswell" for medical marijuana and against prescribing it on demand for their patients.

Since the study, medical marijuana has become legal in several states plus the District of Columbia.

But the Canadian researchers deemed the clinical evidence scant for marijuana's effectiveness on rheumatoid arthritis symptoms, *MedPage Today*

reported.

The researchers also noted the absence of an accepted medical protocol for prescribing and administering medical marijuana, and cautioned that marijuana has well-documented side effects such as slowed reaction times and short-term memory lapses, MedPage Today reported.

Even a leading advocate of medical marijuana, the National Organization for the Reform of Marijuana Laws, agrees that more clinical research would be helpful in buttressing claims for cannabinoids' use against rheumatoid arthritis.

Important: Arthritis and Joint Pain Reduced With New Formula – [Click Here](#)

Related Stories:

- [Rheumatoid Arthritis: Risks and Benefits of Yoga](#)
- [Legalizing Weed: 4 Most Overstated Health Benefits Credited to Medical Marijuana and Cannabinoids](#)

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Study: Cannabis May Help Manage Rheumatoid Arthritis Symptoms

by [Drake Dorm](#)

What is Rheumatoid Arthritis (RA)?

Section I -

Rheumatoid Arthritis (RA) is a type of chronic arthritis that affects joints on each side of the body. It is characterized by joint pain, swelling, stiffness, and fatigue.

Cannabis has been used to help treat the inflammatory symptoms of rheumatoid arthritis for years. Despite anecdotal success, past research offers little insight into the mechanism involved in treating the condition with cannabis.

A recent study to be published in Rheumatology does just that, suggesting that the benefits could be attributed to activation of the CB2 receptor.

Researchers Investigate Potential Cannabinoid Treatment



cannabinoid receptors model

Before diving into the study, it's helpful to know that fibroblast-like synoviocytes (FLS) are the type of cells most often associated with Rheumatoid Arthritis. They become constantly engaged in inflammatory mechanisms, which causes cartilage damage, joint destruction, and deformation over time.

As we know, there are currently two widely-acknowledged cannabinoid receptors. Some suggest that more could exist, but not all are in agreement. Nonetheless, activation of the CB2 receptor in particular has shown promise in treating a number of inflammatory conditions.

“Activation of the CB2 receptor – which occurs when one consumes cannabis – could be a potential therapeutic target of rheumatoid arthritis.”

A team of researchers from China sought to determine whether a similar mechanism could be beneficial for rheumatoid arthritis. In doing so, they investigated the potential effects of CB2 receptor activation in FLS-cell types.

According to their results, rheumatoid arthritis cell-types showed an increased amount of CB2 receptor expression. Further, activating the CB2 receptors seems to have inhibited the proliferation of the FLS cells associated with rheumatoid arthritis.

Medical Cannabis and Rheumatoid Arthritis

In conclusion, the Chinese team of researchers determined that activation of the CB2 receptor – which occurs when one consumes cannabis – could be a potential therapeutic target of for those suffering from rheumatoid arthritis.

Of course, the idea of applying cannabis extracts to the skin is nothing new. Cannabis infused topicals are a common method of treatment for joint pain, because they allow patients to target the areas in need of the most relief.

Learn

Whether you are a new or experienced cannabis consumer, Medical Jane's step-by-step patient guides will help you find your optimal dosage and delivery method to achieve optimal results using medical cannabis.

Get started today!

Section C:

Rheumatoid arthritis is a chronic inflammatory disorder that can affect more than just your joints. In some people, the condition also can damage a wide variety of body systems, including the skin, eyes, lungs, heart and blood vessels. An autoimmune disorder, rheumatoid arthritis occurs when your immune system mistakenly attacks your own body's tissues. Unlike the wear-and-tear damage of osteoarthritis, rheumatoid arthritis affects the lining of your joints, causing a painful swelling that can eventually result in bone erosion and joint deformity. The inflammation associated with rheumatoid arthritis is what can damage other parts of the body as well. While new types of medications have improved treatment options dramatically, severe rheumatoid arthritis can still cause physical disabilities .

Section E:

If you feel joint pain, it may be a sign of ongoing joint damage. Once it happens, joint damage is permanent. When rheumatoid arthritis first starts, symptoms often affect the smaller joints, like the joints in your hands and feet. As time goes on, symptoms often move to your larger joints—knees, ankles, elbows, hips, and shoulders. Also, pain tends to affect the same joints on both sides of the body.

Section F:

There is no cure for rheumatoid arthritis. But recent discoveries indicate that remission of symptoms is more likely when treatment begins early with strong medications known as disease-modifying antirheumatic drugs (DMARDs). Medications recommended by your doctor will depend on the severity of your symptoms and how long you've had rheumatoid arthritis.

- NSAIDs. Nonsteroidal anti-inflammatory drugs (NSAIDs) can relieve pain and reduce inflammation. Over-the-counter NSAIDs include ibuprofen (Advil, Motrin IB) and naproxen sodium (Aleve). Stronger NSAIDs are available by prescription. Side effects may include ringing in your ears, stomach irritation, heart problems, and liver and kidney damage.
- Steroids. Corticosteroid medications, such as prednisone, reduce inflammation and pain and slow joint damage. Side effects may include thinning of bones, weight gain and diabetes. Doctors often prescribe a corticosteroid to relieve acute symptoms, with the goal of gradually tapering off the medication.
- Disease-modifying antirheumatic drugs (DMARDs). These drugs can slow the progression of rheumatoid arthritis and save the joints and other tissues from permanent damage. Common DMARDs include methotrexate (Trexall, Otrexup, Rasuvo), leflunomide (Arava), hydroxychloroquine (Plaquenil) and sulfasalazine (Azulfidine). Side effects vary but may include liver damage, bone marrow suppression and severe lung infections.

Section G:

Some rheumatoid arthritis patients say that using forms of medical marijuana eases the pain and inflammation they suffer from their condition. Yet most doctors specializing in rheumatoid arthritis treatment were unaware that a growing body of research identifies medical marijuana's active ingredient, cannabinoids, as a possible arthritis treatment, according to a 2014 survey in the journal *BMC Musculoskeletal Disorders*. The survey found that 3 of 4 rheumatology doctors in the sample group "lacked confidence in their knowledge of cannabinoid molecules," and that nearly half — 45 percent — "believed there was no current role for cannabinoids in rheumatology patient care."

Enbrel®
(etanercept) Self-injectable

- Patient Information

Section D -

WARNING

SERIOUS INFECTIONS AND MALIGNANCIES

Serious Infections

Patients treated with Enbrel are at increased risk for developing serious infections that may lead to hospitalization or death [see WARNINGS AND PRECAUTIONS and ADVERSE REACTIONS]. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids.

Enbrel should be discontinued if a patient develops a serious infection or sepsis.

Reported infections include:

- Active tuberculosis, including reactivation of latent tuberculosis. Patients with tuberculosis have frequently presented with disseminated or extrapulmonary disease. Patients should be tested for latent tuberculosis before Enbrel use and during therapy. Treatment for latent infection should be initiated prior to Enbrel use.
- Invasive fungal infections, including histoplasmosis, coccidioidomycosis, candidiasis, aspergillosis, blastomycosis, and pneumocystosis. Patients with histoplasmosis or other invasive fungal infections may present with disseminated, rather than localized, disease. Antigen and antibody testing for histoplasmosis may be negative in some patients with active infection. Empiric anti-fungal therapy should be considered in patients at risk for invasive fungal infections who develop severe systemic illness.
- Bacterial, viral, and other infections due to opportunistic pathogens, including Legionella and Listeria.

The risks and benefits of treatment with Enbrel should be carefully considered prior to initiating therapy in patients with chronic or recurrent infection.

Patients should be closely monitored for the development of signs and symptoms of infection during and after treatment with Enbrel, including the possible development of tuberculosis in patients who tested negative for latent tuberculosis infection prior to initiating therapy.

Malignancies

Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with TNF blockers, including Enbrel.

DRUG DESCRIPTION

Enbrel (etanercept) is a dimeric fusion protein consisting of the extracellular ligand-binding portion of the human 75 kilodalton (p75) tumor necrosis factor receptor (TNFR) linked to the Fc portion of human IgG1. The Fc component of etanercept contains the CH2 domain, the CH3 domain and hinge region, but not the CH1 domain of IgG1. Etanercept is produced by recombinant DNA technology in a Chinese hamster ovary (CHO) mammalian cell expression system. It consists of 934 amino acids and has an apparent molecular weight of approximately 150 kilodaltons.

The solution of Enbrel in the single-use prefilled syringe and the single-use prefilled SureClick autoinjector is clear and colorless, sterile, preservative-free, and is formulated at pH 6.3 ± 0.2.

Enbrel is also supplied in a multiple-use vial as a sterile, white, preservative-free, lyophilized powder. Reconstitution with 1 mL of the supplied Sterile Bacteriostatic Water for Injection, USP (containing 0.9% benzyl alcohol) yields a multiple-use, clear, and colorless solution with a pH of 7.4 ± 0.3.

Table 5: Contents of Enbrel

Presentation	Active Ingredient Content	Inactive Ingredients Content
Enbrel 50 mg prefilled syringe and SureClick autoinjector	0.98 mL of a 50 mg/mL solution of etanercept	1% sucrose 100 mM sodium chloride 25 mM L-arginine hydrochloride 25 mM sodium phosphate
Enbrel 25 mg prefilled syringe	0.51 mL of a 50 mg/mL solution of etanercept	1% sucrose 100 mM sodium chloride 25 mM L-arginine hydrochloride 25 mM sodium phosphate
	25 mg etanercept	

Enbrel 25 mg
multiple-use vial

40 mg mannitol
10 mg sucrose
1.2 mg tromethamine

What are the possible side effects of etanercept (Enbrel, Enbrel Prefilled Syringe, Enbrel SureClick)?

Get emergency medical help if you have any of these signs of an allergic reaction: hives; difficulty breathing; swelling of your face, lips, tongue, or throat.

Stop using etanercept and call your doctor right away if you have any of these symptoms of lymphoma:

- fever, night sweats, weight loss, tiredness;
- feeling full after eating only a small amount;
- pain in your upper stomach that may spread to your shoulder;
- easy bruising or bleeding, pale skin, feeling light-headed or short of breath, rapid...

[Read All Potential Side Effects and See Pictures of Enbrel »](#)

What are the precautions when taking etanercept (Enbrel)?

Before using etanercept, tell your doctor or pharmacist if you are allergic to it; or to latex or natural dry rubber (found in the prefilled syringes or pen injectors); or if you have any other allergies. This product may contain inactive ingredients, which can cause allergic reactions or other problems. Talk to your pharmacist for more details.

Before using this medication, tell your doctor or pharmacist your medical history, especially of: active or recurrent infection (such as hepatitis B, HIV, tuberculosis), blood disorders (such as leukemia, anemia), weakened bone marrow, history of cancer (such as lymphoma), diabetes, heart failure, seizures, nervous system problems (such as multiple sclerosis), a certain liver problem (alcoholic hepatitis), blood vessel disorders (such as...

[Read All Potential Precautions of Enbrel »](#)

Last reviewed on RxList: 4/6/2015

Medical Editor: Charles Patrick Davis, MD, PhD

This monograph has been modified to include the generic and brand name in many instances.

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MENU

Section H-



Top Resources



Arthritis – Medical Marijuana Research Overview

8 December, 2015

Dr. Stuart Titus: Medical Research in Cannabis

CBD Hemp Oil: Frequently Asked Questions

The following information is presented for educational purposes only. Medical Marijuana Inc. provides this information to provide an understanding of the potential applications of cannabidiol. Links to third party websites do not constitute an endorsement of these organizations by Medical Marijuana Inc. and none should be inferred.

Arthritis is a disorder that causes inflammation and pain of one or more joints. Studies have shown cannabis has anti-arthritis effects and can help manage pain and inflammation associated with the disorder.

Overview of Arthritis

Arthritis is a condition characterized by joint pain. There are 100 different types of arthritis, according to the Arthritis Foundation, but common symptoms include swelling, pain, stiffness and decreased range of motion.

The most common type of arthritis is osteoarthritis, or degenerative joint disease, and is the wearing down of the protective cartilage on the ends of bones. Another common type is rheumatoid arthritis, which is when the body's immune system mistakenly attacks healthy cells, including the synovium that lines the joints. Other more common types of arthritis include juvenile arthritis, which develops in children, psoriatic arthritis, which affects people with psoriasis, infectious arthritis, which is an infection that spreads to a joint, and gout, which is caused by the build up of uric acid.

The pain, swelling, and stiffness associated with arthritis can fluctuate in severity and varies between individual. Severe arthritis can cause such intense chronic pain that the ability to maintain daily activities is affected.

Arthritis treatment focuses on relieving pain and swelling with medications, physical therapy, and in some cases, surgery.

Findings: Effects of Cannabis on Arthritis

Preliminary trials suggest that cannabis can help limit the damage of different types of arthritis. In an animal trial, cannabidiol (CBD), a major cannabinoid found in cannabis, effectively blocked the progression of arthritis. Researchers found that CBD protected joints against severe damage and concluded that CBD offers a potent anti-arthritis effect (Malfait, et al., 2009). Other studies have found that synthetic cannabinoids offer strong anti-inflammatory and immunosuppressive properties and reduce joint damage in mice with osteoarthritis (Samarivalla, et al., 2004) (Samarivalla, et al., 2009). Most recently, cannabinoid treatments were found effective for reducing osteoarthritis-related cartilage breakdown (Kong, et al., 2016).

Research has also shown that cannabis can help manage the pain and inflammation associated with arthritis. CBD and another major cannabinoid found in cannabis, tetrahydrocannabinol (THC), activate the two main cannabinoid receptors (CB1 and CB2) of the endocannabinoid system within the

body. These receptors regulate neurotransmitter release and central nervous system immune cells to reduce pain (Woodhams, Sagun, Burston & Chapman, 2015). Activating the CB1 receptor has been specifically found to reduce pain sensitivity in the osteoarthritic knee joints of rats (Schuelert & McDougall, 2009). One study found that cannabis-based medicine significantly improved pain during joint movement, pain while at rest, and quality of sleep in patients with rheumatoid arthritis (Blake, et al., 2009). Numerous preclinical studies have confirmed cannabis' anti-inflammatory and pain-relieving effects and they support the idea that the endocannabinoid system is involved in alleviating pain associated with arthritis (La Porta, et al., 2014).

States That Have Approved Medical Marijuana for Arthritis

Currently, California, Illinois (osteoarthritis, rheumatoid arthritis), and New Mexico have approved medical marijuana for the treatment of arthritis. However, in Washington DC, any condition can be approved for medical marijuana as long as a DC-licensed physician recommends the treatment. In addition, various other states will consider allowing medical marijuana to be used for the treatment of arthritis with the recommendation from a physician. These states include, Connecticut (other medical conditions may be approved by the Department of Consumer Protection), Massachusetts (other conditions as determined in writing by a qualifying patient's physician), Nevada (other conditions subject to approval), Oregon (other conditions subject to approval), Rhode Island (other conditions subject to approval), and Washington (any "terminal or debilitating condition").

Several states have approved medical marijuana specifically to treat "chronic pain," a symptom associated with arthritis. These states include Alaska, Arizona, California, Colorado, Delaware, Hawaii, Maine, Maryland, Michigan, Montana, New Mexico, Ohio, Oregon, Pennsylvania, Rhode Island and Vermont. The states of Nevada, New Hampshire, Ohio and Vermont allow medical marijuana to treat "severe pain." The states of Minnesota, Ohio, Pennsylvania and Washington have approved cannabis for the treatment of "intractable pain."

Recent Studies on Cannabis' Effect on Arthritis

Activating CB1 receptors reduces osteoarthritic knee pain. *Cannabinoid CB₁ Receptors Regulate Central Sensitization and Pain Responses Associated with Osteoarthritis of the Knee Joint* (<http://www.ncbi.nlm.nih.gov/pubmed/24282543>)

CBD found to have anti-inflammatory and immunosuppressive effects, and therefore shown to be a potent anti-arthritis. *The nonpsychoactive cannabis constituent cannabidiol is an oral anti-arthritis therapeutic in murine collagen-induced arthritis*. (<http://www.pnas.org/content/97/17/9561.full>)

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FOOD AND DRUG ADMINISTRATION (FDA) DISCLOSURE

All these statements have not been evaluated by the FDA and are not intended to diagnose, treat or cure any disease. Always check with your physician before starting a new dietary supplement program.

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Cannabidiol (CBD) is a naturally-occurring constituent of the industrial hemp plant.

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