Migraines

Excerpt from www.mayoclinic.com:

Definition

By Mayo Clinic staff

A migraine headache can cause intense throbbing or pulsing in one area of the head and is commonly accompanied by nausea, vomiting, and extreme sensitivity to light and sound. Migraine attacks can cause significant pain for hours to days and be so severe that all you can think about is finding a dark, quiet place to lie down.

Some migraines are preceded or accompanied by sensory warning symptoms (aura), such as flashes of light, blind spots or tingling in your arm or leg.

Dronabinol reduces signs and symptoms of idiopathic intracranial hypertension: a case report.

Raby WN, Modica PA, Wolintz RJ, Murtaugh K.

J Ocul Pharmacol Ther. 2006 Feb;22(1):68-75.

Major outcome(s)	Improvement of signs and symptoms of the disease
Medication	Cannabis;Delta-9-THC
Route(s)	Inhalation;Oral
Dose(s)	2 x 10 mg THC
Participants	1 patient with idiopathic intracranial hypertension
Design	Uncontrolled case report
Type of publication	Medical journal
Address of author(s)	New York State Psychiatric Institute, Substance Abuse Division, The S.T.A.R.S. Clinic, New York, NY.

Abstract

A case is presented in which a woman diagnosed with a longstanding history of idiopathic intracranial hypertension reported improvement of frontal headaches, photophobia, transient blindness, enlarged blind spots, and tinnitus after smoking marijuana. All these symptoms and signs were associated with increased intracranial pressure (220-425 mm of water). Treatment with dronabinol at a dose of 10 mg twice a day, then reduced to 5 mg twice a day, relieved all of her symptoms. Previously noted papilledema and enlargement of blind spots also resolved, and this, in the absence of psychoactive effect or weight gain.

Hemp for headache: An in-depth historical and scientific review of cannabis in migraine treatment.

Russo EB

J Cannabis Ther 2001;1(2):21-92.

Major outcome(s)	Cannabis may be effective in the treatment of headache
Medication	Cannabis
Route(s)	Inhalation
Participants	Patients with headache
Design	Uncontrolled case report
Type of publication	Medical journal
Address of author(s)	University of Montana, 900 North Orange Street, Missoula, MT 58902, USA (E-mail: erusso@blackfoot.net).

Abstract

Cannabis, or "marijuana," has been employed in various forms throughout the millennia for both symptomatic and prophylactic treatment of migraine. This document examines its history of medicinal use by smoking and other methods in ancient cultures, including the Chinese, Indian, Egyptian, Assyrian, Greek and Roman, as well as in the Islamic world, and its subsequent adoption by Renaissance and Industrial Age EURopeans.

The most prominent physicians of the age in the century between 1842 and 1942 preferred cannabis to other preparations in migraine treatment, and it remained part of Western pharmacopoeias for this indication throughout the period. The writings of this era are examined in great detail in an effort to emphasize useful medical documentation that has subsequently been forgotten.

In modern times, ethnobotanical and anecdotal references continue to support the efficacy of cannabis for headache treatment, while biochemical studies of THC and anandamide have provided scientific justification for its use via anti-inflammatory, serotonergic and dopaminergic mechanisms, as well as by interaction with NMDA and endogenous opioid systems. These are examined in detail.

The author feels that this collective evidence supports the proposition that experimental protocols of cannabis usage in migraine treatment should go forward employing modern controlled clinical trials.

http://www.cannabis-med.org/studies/ww_en_db_study_show.php?s_id=267

Abstract: Clinical Endocannabinoid Deficiency (CECD): Can this Concept Explain Therapeutic Benefits of Cannabis in Migraine, Fibromyalgia, Irritable Bowel Syndrome and other Treatment-Resistant Conditions?

Neuroendocrinol Lett. 2004 Feb-Apr;25(1/2):31-39. Russo EB. Senior Medical Advisor, GW Pharmaceuticals, 2235 Wylie Avenue, Missoula, MT 59802, USA. erusso@montanadsl.net
Neuroendocrinol Lett. 2004 Feb-Apr;25(1/2):31-39. Russo EB. Senior Medical Advisor, GW Pharmaceuticals, 2235 Wylie Avenue, Missoula, MT 59802, USA. erusso@montanadsl.net

OBJECTIVES: This study examines the concept of clinical endocannabinoid deficiency (CECD), and the prospect that it could underlie the pathophysiology of migraine, fibromyalgia, irritable bowel syndrome, and other functional conditions alleviated by clinical cannabis.

METHODS: Available literature was reviewed, and literature searches pursued via the National Library of Medicine database and other resources.

RESULTS: Migraine has numerous relationships to endocannabinoid function. Anandamide (AEA) potentiates 5-HT1A and inhibits 5-HT2A receptors supporting therapeutic efficacy in acute and preventive migraine treatment. Cannabinoids also demonstrate dopamine-blocking and anti-inflammatory effects. AEA is tonically active in the periaqueductal gray matter, a migraine generator. THC modulates glutamatergic neurotransmission via NMDA receptors. Fibromyalgia is now conceived as a central sensitization state with secondary hyperalgesia. Cannabinoids have similarly demonstrated the ability to block spinal, peripheral and gastrointestinal mechanisms that promote pain in headache, fibromyalgia, IBS and related disorders. The past and potential clinical utility of cannabis-based medicines in their treatment is discussed, as are further suggestions for experimental investigation of CECD via CSF examination and neuro-imaging.

CONCLUSION: Migraine, fibromyalgia, IBS and related conditions display common clinical, biochemical and pathophysiological patterns that suggest an underlying clinical endocannabinoid deficiency that may be suitably treated with cannabinoid medicines.

PMID: 15159679 [PubMed - as supplied by publisher]