1. Medical condition proposed:

Psoriasis

2. Provide justification for why this medical condition should be included as a qualifying debilitating medical condition for the use of medical marihuana. Be specific as to why medical marihuana should be used for this condition.

Connecticut lists Severe Psoriasis and Psoriatic Arthritis as qualifying conditions for their medical marijuana program.
http://www.ct.gov/dcp/cwp/view.asp?dcpNav=%7C&q=509628

> In a study of 1655 medical marijuana patients in California, 2.7% of patients reported using medical marijuana to treat itching.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673028/

> 63 patients reported using cannabis to treat skin conditions.

https://www.ncbi.nlm.nih.gov/pubmed/24095000

> 367 medical marijuana patients in Arizona were surveyed.
> 5 patients reported using medical marijuana for treatment of Skin Conditions.
> General relief from Skin Condition symptoms was 60%
> Relief by medical marijuana compared to other medications was 50%
> Less frequent use of other medications was 50%

https://www.ncbi.nlm.nih.gov/pubmed/26317379

> Psoriasis is a chronic autoimmune skin disease that speeds up the growth cycle of skin cells.
> A recent NHANES analyses estimates that 6.7 million adults have psoriasis.
https://www.cdc.gov/psoriasis/index.htm

Psoriasis and Eczema share similar symptoms, including itchy skin, inflammation, redness and tenderness.

> Eczema is a term for several different types of skin swelling. Eczema is also called dermatitis. Most types cause dry, itchy skin and rashes on the face, inside the elbows and behind the knees, and on the hands and feet.
https://medlineplus.gov/eczema.html

> In fact, over 30 million Americans have some form of eczema.

https://nationaleczema.org/eczema/

The currently available treatments for psoriasis, atopic dermatitis and itchy skin are not effective and have serious side effects.
https://www.psoriasis.org/about-psoriasis/treatments/systemics

Soriatane causes serious birth defects.

Individuals should not donate blood during treatment and for three years after stopping treatment.

What are the possible side effects?
Hair loss
Chapped lips and dry mouth
Dry skin and eyes
Bleeding gums and nose bleeds
Increased sensitivity to sunlight
Peeling fingertips and nail changes
Changes in blood fat levels
Depression
Aggressive thoughts or thoughts of self-harm
Headache
Joint pain
Decreased night vision
Elevated liver enzymes
https://www.psoriasis.org/about-psoriasis/treatments/systemics/soriatane

Individuals previously treated with PUVA, methotrexate or other immunosuppressive agents UVB, coal tar, or radiation therapy are at an increased risk of developing skin cancer when taking cyclosporine. Additional risks with cyclosporine include kidney damage. This increases with length of time and amount of cyclosporine taken. Your doctor will monitor your kidney function before and during treatment. Patients can also develop hypertension on this medication so frequent blood pressure checks are important.

What are the side effects?
Decreased kidney function
Headache
High blood pressure
High cholesterol
Excessive hair growth
Tingling or burning sensation in the arms or legs
Skin sensitivity

Increased growth of gum tissues
Flu-like symptoms
Upset stomach
Tiredness
Muscle, bone or joint pain
https://www.psoriasis.org/about-psoriasis/treatments/systemics/cyclosporine

Methotrexate Side Effects

More common:
Black, tarry stools
blood in the urine or stools
bloody vomit
diarrhea
joint pain
reddening of the skin
sores in the mouth or lips
stomach pain
swelling of the feet or lower legs
Less common:
Back pain
blurred vision
confusion
convulsions (seizures)
cough or hoarseness
dark urine
dizziness
drowsiness
fever or chills
headache
lower back or side pain
painful or difficult urination
pinpoint red spots on the skin
shortness of breath
unusual bleeding or bruising
unusual tiredness or weakness
yellow eyes or skin

More common:
Hair loss, temporary
loss of appetite
nausea or vomiting

Less common:
Acne
boils on skin
pale skin
skin rash or itching

https://www.drugs.com/sfx/methotrexate-side-effects.html

The best medical advice for dealing with this disease are difficult to comply with, as itchy skin is hard to avoid scratching.

- Avoid scratching the rash or skin.
- Relieve the itch by using a moisturizer or topical steroids. Take antihistamines to reduce severe itching.
- Keep your fingernails cut short. Consider light gloves if nighttime scratching is a problem.
- Lubricate or moisturize the skin two to three times a day using ointments such as petroleum jelly. Moisturizers should be free of alcohol, scents, dyes, fragrances, and other skin-irritating chemicals. A humidifier in the home also can help.

Avoid anything that worsens symptoms, including

- Irritants such as wool and lanolin (an oily substance derived from sheep wool used in some moisturizers and cosmetics)
- Strong soaps or detergents
- Sudden changes in body temperature and stress, which may cause sweating

When washing or bathing

- Keep water contact as brief as possible and use gentle body washes and cleansers instead of regular soaps. Lukewarm baths are better than long, hot baths.
- Do not scrub or dry the skin too hard or for too long.
- After bathing, apply lubricating ointments to damp skin. This will help trap moisture in the skin.

https://www.niaid.nih.gov/diseases-conditions/eczema-treatment

The US Department Of Health And Human Services has determined through thorough medical research and analysis that the cannabinoids including THC and CBD, specifically from the marijuana plant, can be used safely to treat autoimmune and inflammatory diseases.

http://www.google.com/patents/US6630507

> A method of treating diseases caused by oxidative stress, comprising administering a therapeutically effective amount of a cannabinoid that has substantially no binding to the NMDA receptor to a subject who has a disease caused by oxidative stress.
>
> Oxidative associated diseases include, without limitation, free radical associated diseases, such as ischemia, ischemic reperfusion injury, inflammatory diseases, systemic lupus erythematosis, myocardial ischemia or infarction, cerebrovascular accidents (such as a thromboembolic or hemorrhagic stroke) that can lead to ischemia or an infarct in the brain, operative ischemia, traumatic hemorrhage (for example a hypovolemic stroke that can lead to CNS hypoxia or anoxia), spinal cord trauma, Down's syndrome, Crohn's disease, autoimmune diseases (e.g. rheumatoid arthritis or diabetes), cataract formation, uveitis, emphysema, gastric ulcers, oxygen toxicity, neoplasia, undesired cellular apoptosis, radiation sickness, and others.
>
> As used herein, a “cannabinoid” is a chemical compound (such as cannabinol, THC or cannabidiol) that is found in the plant species Cannabis sativa (marijuana)

In January 1997, the White House Office of National Drug Control Policy (ONDCP) asked the Institute of Medicine to conduct a review of the scientific evidence to assess the potential health benefits and risks of marijuana and its constituent cannabinoids. That review began in August 1997 and culminated in the 1999 report. This IOM study is the most comprehensive summary and analysis of what is known about the use of marijuana and its constituent cannabinoids for medicinal purposes, marijuana's mechanism of action, peer-reviewed literature on the uses of marijuana, and costs associated with various forms of the component chemical compounds in marijuana.

https://www.nap.edu/catalog/6376/marijuana-and-medicine-assessing-the-science-base

The 1999 IOM report has this to say about autoimmune and inflammatory disease treatment with marijuana and its plant chemicals (cannabinoids).

> Cell culture and animal studies have established cannabinoids as immunomodulators--that is, they increase some immune responses and decrease others. The variable responses depend on such experimental factors as drug dose, timing of delivery, and type of immune cell examined.
>
> As discussed above, cannabinoid drugs can modulate the production of cytokines, which are central to inflammatory processes in the body. In addition, several studies have shown directly that cannabinoids can be antiinflammatory.
>
> Another issue in need of further clarification involves the potential usefulness of cannabinoids as therapeutic agents in inflammatory diseases. Glucocorticoids have

> historically been used for these diseases, but nonpsychotropic cannabinoids potentially have fewer side effects and might thus offer an improvement over glucocorticoids in treating inflammatory diseases.

In 2017, the National Academy of Medicine (formerly the Institute of Medicine) issued an updated report to the 1999 report.

The report states this about cannabis' role in reducing inflammation in the human body.

> One trend that appeared to be supported by several studies was the observation that regular exposure to cannabis smoke decreased several regulatory factors that are secreted by leukocytes and that are well established in mediating inflammation. Consistent with the premise that cannabinoids may possess anti-inflammatory activity, one study showed an enhanced production of an anti-inflammatory mediator, which could be indicative of a decline in immune competence (Abo-Elnazar et al., 2014). By contrast, anti-inflammatory activity of cannabis, under certain conditions, could be beneficial because inflammation is a key event in the processes of many diseases. For example, chronic inflammation is believed to be central in HIV-associated neurocognitive disorders and anti-inflammatory activity of cannabis could potentially be beneficial in decreasing the progression of neurocognitive decline (Gill and Kolson, 2014). The finding that cannabinoids may possess anti-inflammatory activity is consistent with findings in studies conducted in experimental animal and in cell culture experiments (Klein, 2005).

https://www.nap.edu/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state

In 1915, even though cannabis indica had been banned by some states already, people were still trading recipes on how to treat skin problems with cannabis indica extracts. See attached photo from USA newspaper The commoner April 1915 page 17. Describing a corn remedy using 1 part Salicylic acid and 5 parts cannabis indica extract.
http://chroniclingamerica.loc.gov/lccn/46032385/1915-04-01/ed-1/seq-17/

Cannabis has been used safely and effectively, without the supervision of a physician, for thousands of years for skin conditions including psoriasis, eczema, corns, bunions, warts, boils, carbuncles, rashes, pimples, acne, bug stings, animal bites, etc.

Many medical marijuana patients and non-patients already use topical cannabis balms and lotions to relieve skin conditions, psoriasis, itching, redness, inflamed skin. Approving this condition will protect these people from arrest and prosecution for using a safe and non toxic plant.

There is currently a clinical trial in Israel for a topical cream containing cannabis to treat psoriasis.
https://clinicaltrials.gov/ct2/show/NCT02976779

A safety profile of Medical Marijuana can be found in the first year report of the Minnesota medical marijuana program. The Minnesota Department of Health surveyed 1500+ patients enrolled in the program.

> Adverse Side Effects: At this point, the safety profile of the medical cannabis products available through the Minnesota program seems quite favorable. Approximately 20-25% of enrolled patients report negative physical or mental side effects of some kind, with the majority – around 60% - reporting only one and 90% reporting three or fewer. The vast majority of adverse side effects, around 90%, are mild to moderate in severity. An assessment of the 30 patients reporting severe side effects, meaning “interrupts usual daily activities,” found no apparent pattern of patient age, medical condition, or type of medical cannabis used. The most common adverse side effects are dry mouth, drowsiness, and fatigue. Fortunately, up to the present no serious adverse events (life threatening or requiring hospitalization) have been reported.

http://www.health.state.mn.us/topics/cannabis/about/firstyearreport.html

Medical Marijuana's mild to moderate side effects of dry mouth, drowsiness and fatigue are easily tolerated by the vast majority of patients.

The Mayo Clinic website has assembled dosage information on Medical Marijuana.

http://www.mayoclinic.org/drugs-supplements/marijuana/dosing/hrb-20059701

NIDA finds it difficult to put the words together, but finally admits there is no gateway theory of marijuana use.

> These findings are consistent with the idea of marijuana as a "gateway drug." However, the majority of people who use marijuana do not go on to use other, "harder" substances.

https://www.drugabuse.gov/publications/research-reports/marijuana/marijuana-gateway-drug

NIDA also finds it very difficult to backtrack on the propaganda research they grant. When other researchers tried to duplicate the results of the first study on marijuana and IQ points, they were unable to find any IQ loss due to marijuana use. I hope that any knowledge you have on

marijuana is up to date, and that you are paying attention when NIDA's biased research grants backfire on them, over and over again.

> In a recent study sponsored by NIDA and the National Institute of Mental Health, teens who used marijuana lost IQ points relative to their nonusing peers. However, the drug appeared not to be the culprit. The new findings contribute to an ongoing scientific exploration of the drug's impact on users' cognition.

https://www.drugabuse.gov/news-events/nida-notes/2016/08/study-questions-role-marijuana-in-teen-users-iq-decline
https://www.drugabuse.gov/publications/drugfacts/marijuana

As evidenced by the included medical marijuana patient surveys in other states and countries, adults are using medical marijuana to treat this disease. Patients will continue to use medical marijuana to treat symptoms whether or not you approve this condition. Approving this condition to the list of Qualifying Conditions in the MMMA has the only effect of protecting sick people from arrest or penalty. These patients are currently breaking the law by using a safe and non-toxic plant that they can grow themselves. The alternative are prescriptions that cost thousands of dollars per month, that the FDA approves even if it is toxic and poisons and kills many Americans each year.

3. Provide a summary of the evidence that the use of medical marihuana will provide palliative or therapeutic benefit for this medical condition or is a treatment for this condition.

1 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2757311/
doi: 10.1016/j.tips.2009.05.004
Psoriasis and skin tumors: aiming to increase ECS tone

Data showing that the cutaneous ECS tonically inhibits cell growth and angiogenesis and induces apoptosis in most of the skin cell types, and that both human non-melanoma and melanoma tumors express considerable amounts of CB1 and CB2 [36,39,41,42,45,53], now warrant proof-of-principle studies to test the therapeutic value of cannabinoid agonists in the clinical management of hyperproliferative skin disease (e.g. psoriasis, which is characterized by a highly accelerated turnover of epidermal keratinocyte proliferation) and skin tumors of various cutaneous cell origins. Furthermore, these interventions (as detailed later) might also suppress skin inflammation seen in psoriasis.

Dry skin and related conditions

Conversely, applications of formulations containing cannabinoids that stimulate CB2 (CB2 agonists) in the SG, and/or augment the local production of endocannabinoids and/or inhibit their degradation (FAAH and/or MAGL inhibitors) in the SG might act as novel therapeutic tools

in excessively dry skin by enhancing fat production in the SG (and, hence, might attract the interest of the cosmetics industry). It is important to note, however, that ideally these topical medications should contain such phyto- and/or synthetic ECS-acting substances that, on absorption to the blood, do not penetrate the brain and hence do not exert psychoactive effects. It is also noteworthy that skin dryness is a leading cause of and/or accompanied by other skin diseases and symptoms such as itching and dermatitis. Therefore, such cannabinoid-containing creams could also be beneficial under these conditions.

With respect to the possible treatment of itching, it is most promising that Stander et al. [65] have reported that topically applied emollient cream containing PEA markedly (>86%) reduced itching associated with dry skin. Therefore, it can be hypothesized that the fat-production-promoting actions of cannabinoids might, at least in part, contribute to the beneficial effects seen in these patients.

Dermatitis

Topical formulations that contain cannabinoid ligands (or that enhance the cutaneous ECS tone) could have therapeutic values in skin inflammations. Indeed, recently, a new drug containing PEA has been approved by the FDA for the treatment of dermatitis [70]. Moreover, a recent pilot study on 20 pediatric patients suffering from atopic dermatitis aimed to assess the efficacy and safety of the twice daily application of a topical emulsion containing 2% adelmidrol, a PEA analog. Excitingly, this study showed an 80% increase in symptom resolution [70,71].

Systemic sclerosis

A recent experimental study has suggested that CB2 agonists could represent a promising approach for the treatment of early inflammatory stages of systemic sclerosis (scleroderma) [64].

Pain and itch

As detailed elsewhere, various cannabinoid agonists in addition to agents that increase the cutaneous levels of endocannabinoids have been effectively used in various models of pain and itch [13,31,65–67].

2 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3931201/

doi 10.4103/0973-7847.125531

Cannabis sativus (Common name: Charas, Ganja; Family: Cannabinaceae)

The powder of the leaves serves as a dressing for wounds and sores. Ganja is externally applied to relieve pain in itchy skin diseases. Hemp seed oil is useful for treatment of eczema and host of other skin diseases like dermatitis, seborrhoeic dermatitis/cradle cap, varicose eczema, psoriasis, lichen planus and acne roseacea. By using hemp seed oil, the skin is strengthened and made better able to resist bacterial, viral and fungal infections. Crushed leaves are rubbed on the affected areas to control scabies.[16]

3 https://www.ncbi.nlm.nih.gov/pubmed/23889474
Topically applied THC can effectively attenuate contact allergic inflammation by decreasing keratinocyte-derived pro-inflammatory mediators that orchestrate myeloid immune cell infiltration independent of CB1/2 receptors. This has important implications for the future development of strategies to harness cannabinoids for the treatment of inflammatory skin diseases.

4 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4240254/

Cannabinoid Effects in Skin

The functional effects of cannabinoids on skin can be divided into four general categories:

(1) Regulation of epidermal homeostasis. Cannabinoids suppress epidermal keratinocyte proliferation and differentiation and promote keratinocyte apoptosis.4,5 One mechanism for these effects involves transcriptional suppression of genes important for keratinocyte differentiation via methylation of their promoters. Whereas transcriptional suppression in this setting by anandamide and cannabidiol (CBD) is sensitive to CB1 antagonism, suppression by cannabigerol (CBG) is not.5,12 Some proliferation and survival effects of anandamide can also be attributed to targets besides CB1 and CB2.13 Cannabinoid effects on epidermal homeostasis may be important in disease states. For example, CB1 activation suppresses the expression of two damage-induced keratins, keratin 6 and keratin 16. This may have relevance to psoriasis, a hyperproliferative disorder in which keratin 6 and keratin 16 are upregulated.14 Additionally, cannabinoids have been shown to modulate tumorigenesis and tumor progression in nonmelanoma skin tumors.15

(2) Regulation of pain sensation.Cannabis has been used since ancient times to treat pain, and there is extensive literature supporting a role for both endocannabinoids and phytocannabinoids as modulators of pain.1,16,17 These effects appear to be mediated in part by actions at both CB1 and CB2. While direct effects on sensory neurons account for some analgesic actions of cannabinoids, these actions may also be indirect. For example, CB2 stimulation in keratinocytes evokes the release of analgesic opioid peptides.9 As detailed below, however, the ability of cannabinoids to evoke pain under some circumstances may involve action at non-CB1/CB2 targets.18,19 Although beyond the scope of this Review, it is also worth noting that endogenous and exogenous cannabinoids can modulate pain and itch through their actions in the spinal cord and brain.16,20,21

(3) Regulation of skin inflammation. Cannabinoids exert anti-inflammatory effects in skin, through both their actions on keratinocyte cytokine production and their modulation of immune cells.22 For example, THC attenuates allergic contact dermatitis in mice sensitized and subsequently challenged with the hapten dinitrofluorobenzene (DNFB). Conversely, pharmacological inhibition or knockout of CB1 and/or CB2 in mice augments DNFB induced dermatitis.23 The levels of both anandamide and 2-AG increase in mouse skin during experimental allergic contact dermatitis. In the case of 2-AG, this effect is even greater in the

absence of CB1. Moreover, DNFB treatment decreases CB1 mRNA and increases CB2 mRNA.23 Thus, endocannabinoids and their receptors constitute part of an adaptive system to regulate cutaneous inflammation. As with other cutaneous processes, not all of the anti-inflammatory effects of cannabinoids depend upon CB1 and CB2. For example, THC can inhibit both T Cell production of interferon ? and interferon ?-induced keratinocyte release of the cytokines and chemokines, even in CB1/CB2 double knockout mice,24 while the anti-inflammatory effect of palmitoylethanolamide (PEA) in contact dermatitis appears to involve TRP channels, rather than CB receptors.25

(4) Regulation of skin appendages. Cannabinoids also exert modulatory effects on the development, maintenance, and function of hair follicles and sebaceous glands.4 For example, both anandamide and THC suppress hair shaft elongation and promote regression of cultured human hair follicles. These effects are at least partially CB1 dependent. Both anandamide and 2-AG promote sebum production by cultured human sebocytes through a CB2 dependent mechanism.4 As described below, however, some of these effects of cannabinoids may be mediated, in part, by TRP channels.

5. https://www.ncbi.nlm.nih.gov/pubmed/16019622
Dietary hempseed oil caused significant changes in plasma fatty acid profiles and improved clinical symptoms of atopic dermatitis. It is suggested that these improvements resulted from the balanced and abundant supply of PUFAs in this hempseed oil.

6. https://www.ncbi.nlm.nih.gov/pubmed/17157480
The results indicate that while CB receptors may have a circumstantial role in keratinocyte proliferation, they do not contribute significantly to this process. Our results show that cannabinoids inhibit keratinocyte proliferation, and therefore support a potential role for cannabinoids in the treatment of psoriasis.

7. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3263046/
Cannabinoids

Cannabinoids are now explored as a novel category of compounds occurring indigenously in fruits of Cannabis sativa (Cannabinaceae). The biological activity of the extract may be due to the ?-tetrahydro cannabinol (?-THC) content. Formukong et al, showed that the presence of cannabinoids and olivetol inhibited the inflammation caused by tetradecanoyl phorbol-acetate induced erythema in mouse ear and phenylbenzoquinone-induced writhing response satisfactorily. The probable mechanism behind its AIA may involve its inhibitory activity against prostaglandin synthesis and mobilization.[70]

Recently, Zurier et al, isolated a dihydrostilbene containing compound, canniprene, from Cannabis sativa, and showed it to be most active against human neutrophils due to inhibition of 5-LOX. Similarly, olivetolic acid with a cannabinoid nucleus having free C-5 hydroxyl group is

the novel anti-inflammatory principle that shows peripheral effects by inhibiting COX and LOX.[71]

8. 10.1111/j.1468-3083.2007.02351.x
This study showed substantial relief of objective and subjective symptoms of atopic eczema after regular skin care with the study cream. The patient-related effectiveness (decline of pruritus and loss of sleep) indicated a gain in quality of life in these patients. The reduced use of topical corticosteroids is important in view of safety and pharmacoeconomic implications in the treatment of atopic eczema.

9 (missing) https://www.ncbi.nlm.nih.gov/pubmed/27164964
Psoriasis is a common skin disorder characterized by hyper proliferation of keratinocytes. Although the exact pathophysiology of psoriasis is not entirely understood, immune system and its interaction with nervous system have been postulated and investigated as the underlying mechanism. The interaction between these two systems through cholinergic anti-inflammatory pathway and also endocannabinoid system, may suggest cannabinoids as potential addition to antipsoriatic armamentarium.

10. http://www.jaad.org/article/S0190-9622(17)30308-0/fulltext
Cannabinoids may be useful for psoriasis, as THC, cannabidiol, cannabinol, and cannabigerol have been found to inhibit keratinocyte proliferation in hyperproliferating human keratinocyte cell lines.13 In mice, CB1 knockout mice were protected from bleomycin-induced fibrosis, and the selective CB1 receptor agonist N-(2-chloroethyl)-5Z,8Z,11Z,14Z-eicosatetraenamide was shown to promote bleomycin-induced fibrotic effects.

11. https://www.ncbi.nlm.nih.gov/pubmed/26317379
367 medical marijuana patients in Arizona were surveyed.
5 patients reported using medical marijuana for treatment of Skin Conditions.
General relief from Skin Condition symptoms was 60%
Relief by medical marijuana compared to other medications was 50%
Less frequent use of other medications was 50%

12. https://harmreductionjournal.biomedcentral.com/articles/10.1186/1477-7517-2-18
In addition, four people had used tinctures and one used it topically in the bath or as a cream for a skin condition.

Data were available for 128 participants. Long term and regular medical cannabis use was frequently reported for multiple medical conditions including chronic pain (57%), depression (56%), arthritis (35%), persistent nausea (27%) and weight loss (26%). Cannabis was perceived

to provide "great relief" overall (86%), and substantial relief of specific symptoms such as pain, nausea and insomnia.
Approximately three quarters of participants (71%) claimed to have experienced a return of their symptoms or condition on stopping cannabis, especially: pain (53% of those who claimed a return of symptoms), depression or anxiety (30%), insomnia (11%), spasm (10%) and nausea/vomiting or lack of appetite (9%).

13 10.1111/j.1742-1241.2004.00271.x
14 patients reported using medical cannabis for a Skin condition.
Overall Effectiveness. Of 948 reported users, 648 (68%) reported that cannabis made their symptoms overall much better, 256 (27%) said a little better, 36 (4%) said no difference and eight subjects said a little worse (four subjects) or much worse (four subjects).

14 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673028/
2.7% of 1655 patients self reported therapeutic benefits of medical marijuana for relief of itching.
In general, chronic pain disorders were the most common diagnoses made by physicians, with nearly 60 percent (58.2%) of applicants being diagnosed with some sort of musculoskeletal or neuropathic chronic pain condition. Low back pain was diagnosed for over one quarter (26.2%) of patients seen during this three month period, with lumbar and cervical degenerative disc disease (together 21.8%) and arthritis (18%) the next most common diagnoses in the chronic pain group.
Non-prescription therapies tried by applicants seeking medicinal marijuana allowances included physical therapy (48.6%), chiropractic services (37.2%), surgery (21.9%), psychological counseling (20.7%), and acupuncture (19.6%). Thus, these data do not suggest that applicants immediately seek marijuana recommendations as the first strategy to deal with their symptoms. In many cases, these individuals tried more traditional forms of medicine.

15 https://www.ncbi.nlm.nih.gov/pubmed/24095000
63 patients reported using cannabis to treat skin conditions.
Patients reported using cannabis to treat multiple symptoms, with sleep, pain, and anxiety being the most common. Cannabis was perceived to provide effective symptoms relief across medical conditions. Patterns of use were also consistent across medical conditions. Notable differences were observed with regard to modes of access.

4. Provide articles published in peer-reviewed scientific journals reporting the results of research on the effects of marihuana on the medical condition or treatment of the medical condition and supporting why the medical condition should be added to the list of debilitating medical conditions under the Medical Marihuana Act. Attach a copy of all articles that are discussed in this section. Please do not attach articles that are not discussed in this section.