

Rheumatoid Arthritis

Rheumatoid arthritis is a chronic systemic autoimmune inflammatory disease characterized by joint synovitis (inflammation) with pain, swelling and stiffness. It generally appears between ages 25-40. More than 60% are women. The joints involved are usually bilateral wrists, hands, elbows, knees and ankles. Because this is a progressive, destructive disease the goal of therapy is more than simple pain relief, but disease remission is important. The goal of treatment aims toward achieving the lowest possible level of arthritis disease activity, the minimization of joint damage, and enhancing physical function and quality of life. As in all autoimmune disorders, decreasing the person's hyperactive immune response is integral to therapy.

Standard Treatment

The three primary classes of pharmaceuticals used are NSAIDs (anti-inflammatory drugs), steroid therapy, and DMARDs – disease modifying anti-rheumatic drugs. Many of these drugs have unpleasant side effects including nausea, GI upset, and more significantly, cell toxicity effects that may limit their use. Physical therapy is another mainstay of standard treatment, including joint splints, ambulation aids and water exercise. Hydrotherapy, simple warm water or hot epsom salt soaks bring relief as well.

Alternative Therapies

The naturopathic approach for RA focuses on its classification as an autoimmune disorder and seeks to decrease the immune response by eliminating antigens found in foods and chemicals. Often restricted and/or cleansing diets are proposed. Other supplements include those geared toward anti-inflammatory action and immune modulation, such as Vitamin C – anti-inflammatory and immune support, and fish oil or flax oil – anti-inflammatory. Useful herbal recommendations include white willow bark – anti-inflammatory salicylate, cat's claw - anti-inflammatory, decreases swelling, devil's claw – anti-inflammatory, reduces pain, and boswellia – anti-inflammatory, promotes cartilage growth. Analgesic packs – castor oil, hemp oil, chinese herbal liniment, massage, and acupuncture are also commonly used.

Rheumatoid Arthritis and Cannabis

Many RA patients find cannabis useful in treating the pain and stiffness caused by their disease. What is less commonly understood is that cannabis is a promising therapy to halt the progression of the disease due to its anti-inflammatory and immune modulating effects. Americans for Safe Access stated in their 2005 brochure titled Arthritis and Medical Marijuana: "Cannabis has a demonstrated ability to improve mobility and reduce morning stiffness and inflammation. Research has also shown that patients are able to reduce their usage of potentially harmful Non-Steroidal Anti-Inflammatory drugs (NSAIDs) when using cannabis as an adjunct therapy."

Research

As early as 2003, cannabis use was found to modulate the immune system, causing a decrease in pro-inflammatory cytokines, and an increase in anti-inflammatory molecules associated with suppression of certain responses of the immune system. "It also has been suggested that immunomodulatory effects of cannabinoids on inflammatory and autoimmune disorders could lead to new therapeutic interventions."(1) In the September 2005 issue of the *Journal of Neuroimmunology*, researchers in Japan concluded, "Cannabinoid therapy of RA could provide symptomatic relief to joint pain and swelling as well as suppressing joint destruction and disease progression."(2) The use of cannabis to treat symptoms of RA is commonly self-reported by patients with the disease. In a 2005 questionnaire survey of medicinal cannabis patients in Australia, 25 percent reported using cannabinoids to treat RA.(3) A survey of British medicinal cannabis patients found that more than 20 percent of respondents reported using cannabis for symptoms of arthritis.(4) The first study to use a cannabis-based medicine for treating Rheumatoid Arthritis done in Great Britain in 2005 has found that it has a significant effect on easing pain and on suppressing the disease.(5) The researchers found that in comparison with the placebo, patients who had taken the CBM had statistically significant improvements in pain on movement, pain at rest, quality of sleep, and inflammation.

References

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