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Cannabis oil improves Crohn's symptoms, QOL, but not inflammatory markers

Using cannabidiol, researchers showed symptomatic and quality of life improvement, but using endoscopic measures, they did not see improvement in [inflammatory markers](#) and only a trend toward inflammation improvement, according to a researcher at UEG Week 2018.

“The take-home message would be that cannabis may help the patients feel of conventional medical therapy. It should be used as an adjuvant to other tr cases,” **Timna Naftali, MD**, of Meir Hospital and Kupat Holim Clinic, Tel Aviv interview.

Naftali and colleagues took [cannabidiol](#) (CBD) and compared treatment with 26) treatment for a duration of 8 weeks with assessments at weeks 0, 2, 8 and based on Crohn's disease activity index (CDAI), simple endoscopic score for SF 36, CRP, calprotectin and effects of cannabis by visual analog scale (VAS;

Participants in the treatment group started with 15 mg of CBD plus 4 mg/day of THC, increasing slowly according to effect. Maximum dose allowed was 180 mg THC and 600 mg CBD per day. On average, daily consumption was 66 mg THC, 222 mg CBD.

Both treatment and placebo groups showed an improved CDAI and SES CD, but without significant difference between the groups. When measuring the QOL at week 8, Naftali showed that the treatment group improved from 75 to 91 ($P = .002$) while the placebo group only improved from 74 to 78.



Cannabidiol can help improve symptoms and quality of life in patients with Crohn's disease.

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In looking at the VAS scale of effects, the CBD group showed better scores in mood ($P = .04$), sleep ($P = .02$), bloating ($P = .01$), pain ($P = .02$), appetite and satisfaction, but worse scores in alertness, concentration ($P = .02$) and memory ($P = .03$).

Naftali pointed out that this study had the advantage of a double-blind placebo control with a CBD-rich plant extract and preserved synergism with other cannabis components. It was also a sub lingual delivery measured by both questionnaire and endoscopic evaluation. Conversely, it is a small study with short follow-up, so it may be underpowered.

“Cannabis in laboratory trials does have an anti-inflammatory effect,” Naftali said. “We have to find a way of translating this effect to clinical treatment.”

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In the future, Naftali said researchers should look at the best way to administer cannabis, the best dose or combination, the long-term effects and which patients, if any, will benefit most from the use of this as a treatment. – *by Katrina Altersitz*

Reference: Naftali T, et al. Cannabis induces clinical response but no endoscopic response in Crohn's disease patients. Presented at UEG Week Vienna 2018; October 22, 2018.

Disclosure: Naftali reports no relevant financial disclosures. Please see the study abstract for all other authors relevant financial disclosures.

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