



THE RxProfessor

There's Something About Mary

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Mark 'RxProfessor' Pew
National speaker & author on the intersection of chro...



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Mary Morris and I have gotten to know each other thru LinkedIn. She originally wrote a comment in response to my "Marijuana science still half-baked (?)" blogpost on August 12 in support of medical cannabis. That led to my reply, and her response to my reply. I then suggested a phone call because I felt our opinions had more common ground than might have been apparent in our online comments. And I always learn better with actual dialogue.

But during our conversation on September 9, I discovered there was one big difference. I am healthy. Mary is not. Her advocacy for medical cannabis is personal.

Mary has given me approval to share her story.

She is an attorney but can no longer practice because she can no longer work. **She has multiple sclerosis.** She has probably had it for 10-15 years but didn't know it until symptoms arose (dizziness, failing eyesight, losing 30 pounds, migraines, throwing up) shortly after helping her husband achieve remission from rheumatoid arthritis. Her first official diagnosis was about two years ago and it has progressed quickly (a MRI showed her brain was "swiss cheese"). In addition to those ongoing physical disabilities, the disease's impact on her ability to think clearly and rollercoaster emotions have rendered her home-bound and unfit for work of any kind (ten years before she had planned to retire).

MS cannot be cured and there is apparently nothing in the pipeline that would. All current treatments try to slow the progression but there is nothing that reverses it. She



medications (her insurer did not approve Olanzapine). She attempted a clinical trial for Ampyra but it did not work (she might have been in the "control group" with placebo). She was approved for a clinical trial of Ocrevus but ultimately did not qualify because her Vitamin A and Zinc levels were too low. She received Copaxone injections. She currently takes Tizanidine, prescription amphetamines (insurance won't approve Nuvigil) and anti-depressants (Wellbutrin, Klonopin and Citalopram). Because she is at the secondary progressive stage, there is nothing approved except for symptom relief.

In other words, she has exhausted her FDA-approved options, and even clinical trials for new drugs. None has slowed down the progression of her MS or fully alleviated her symptoms.

She is in pain. All day (and night). Every day (and night).

She is in the process of evaluating stem cell treatment in an international setting, which according to her research has shown promise (although the list of problems are almost as expansive). It is very expensive (and not covered by insurance), time consuming and difficult. And because her husband will have to stay employed, she will pursue it alone.

She wants nothing to do with opioids. Her brother-in-law died of Parkinsons (my Dad died from Parkinsons on November 9, 2014), two other friends are currently dealing with it, and another is suffering from pancreatic cancer. Her husband used opioids in his own clinical battle. She's seen the effects, she's read about our epidemic, and decided that is not an option for her.

At this point she perceives only two options:

1. The stem cell treatment slows or even stops the progression
2. *Use cannabis to address her symptoms*

She admits the latter is based on "anecdotal evidence" from a California friend that also has MS and smokes marijuana which has completely stopped her very painful spasms.

The National Multiple Sclerosis Society has outlined their combined thoughts on the intersection of cannabis and MS. Per their evaluation of the available evidence, corresponding with the American Academy of Neurology, cannabis may worsen cognitive abilities but might help body pain, spasms and sleep quality. Their FAQ offers the following policy statement:

The National MS Society supports the ability of people living with MS to make an informed choice about their treatments, including the



health care providers

Mary lives in Florida. She voted in support of Amendment 2 that, by a 71.3% to 28.7% margin, broadened legalization of medical cannabis. Note that MS is one of the qualifying conditions for securing medical cannabis.

She has never taken recreational drugs (including marijuana). She is a person of faith and would never do anything to compromise her conscience. She doesn't do anything illegal - not just because she's an attorney, but because it's not part of who she is. So she never contemplated using marijuana until the law's passage on November 8. *She will now.*

However, the Miami Herald published an article last week that lists a variety of reasons why access will not be commonplace and rollout might take awhile. That is a similar issue in California (where some cities proactively passed zoning laws outlawing recreational marijuana prior to Proposition 64's passage) and in Colorado (where many municipalities do not allow marijuana even though the state does). In order to pursue medical cannabis, Mary may have to join other "medical expatriates" who have moved to Colorado (or Portugal, who have 15 years of decriminalized drug policy) to more easily access cannabis.

Interestingly, she cares about other people's opinion. When going thru such circumstances, I would think only your own opinion counts. But she made two statements that have stayed with me since our initial conversation:

It's not for a high, it's for help

No condemnation, only compassion

So what does all this mean?

- Mary has exhausted all current clinical options. Next-step decisions are hers, alone, to make. In other words, it's personal to Mary.
- It's easier to have an opinion when it's not happening to you.
- I am blessed.

I have learned firsthand from all of my presentations and conversations that public opinion on this subject fits the standard bell curve. On one side are those that believe marijuana should be legalized and decriminalized, medical and/or recreational. On the other side are those that believe marijuana is a dangerous substance and needs to remain



regardless of any evidence to the contrary. But the big problem in the middle includes the remainder whose opinion is still malleable based on the evidence. And since the science is not yet beyond-a-doubt clear in many instances, the majority of the U.S. remains open to the possibility. And responsive to anecdote.

I understand concerns that have been voiced to me in-person and via correspondence as well as what I read in the general media ...

- *What about "federally illegal" and "Schedule 1" is hard to understand?* The dissonance between Federal law and state laws certainly creates a mess.
- *Are we just "substituting" one drug (e.g. opioids) with another drug (marijuana)?* The argument is that marijuana is less dangerous than opioids, but nobody can state by how much.
- *Are we promoting chemicals (a botanical not approved by the FDA), rather than coping mechanisms, to deal with pain or to check out of life?* I have been an advocate for the biopsychosocial model since 2010.
- *Is "medical" just an excuse to get high (informed likely by visits to California)?* All states that have legalized recreational use first legalized medical use, so if you want to talk about "gateway" ...
- *Is public opinion ahead of public policy?* I believe it is, have stated so publicly, and don't believe that's a good thing.

Marijuana evokes for many people an emotionally subjective response - for or against. Of the various issues we have in the U.S., marijuana is one of the most complicated.

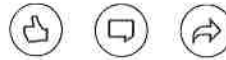
But none of those above describe Mary. For her, this has nothing to do with workplace safety or Workers' Compensation or impaired driving or addictive behaviors (all of which are complicated in many ways by marijuana). *It's about her personal healthcare and how best to deal with a degenerative, progressive, debilitating disease.* I opined in my October 7 blogpost entitled "A False Choice" (about the supposed choice between opioids and marijuana) ...

I am an "all of the above" kind of guy. In my opinion, when trying to determine the best treatment plan, ALL options should be on the table. And what works best for that individual at that time is what should be chosen, in collaboration between the clinician and the patient.



September 9, including this past Monday. She desperately wants to do the right thing while desperately wanting to improve her quality of life. While I'm sure there are some who will abuse what Florida just passed and make everyone put air quotes around "medical" use, my guess is there are more patients like Mary for whom there are no other options.

Mary's resolve and spirituality and wisdom is keeping her afloat, but she needs help. *Could cannabis be an answer? I'm going to let her decide.*



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Linda Nichols ... 3mo
Workers' Comp Sepcialist/Supervisor at Alabama Orthopaedic Clinic P.C.

God Bless you Mary! I understand totally what you are going thru as I too have MS! I was diagnosed in 1999 and have went thru the trials of the medical to slow progression and after dealing with horrible side effects I decided that dealing with my MS symptoms were easier. I have pain every day, my vision goes haywire at times, it this week on Wednesday and the blurred v... [See more](#)

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Janice Skiljo Haris RN MS CNLCP MSCC ... 3mo
CEO, MEDLink

Mark, This is a truly a well presented other side of the marijuana use issue. Your description explains Mary's difficult journey and road blocks for MS treatment and symptom mitigation. It is heart wrenching. I too have not been in favour of regular maryjane use for pain treatment in view of lack of EBM until this article. And I do hope Mary finds symptom relief as well as... [See more](#)

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