



## MEDICAL CANNABIS EDUCATION

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## AZ MEDICAL MARIJUANA ACT (AMMA)

Arizona citizens passed the Arizona Medical Marijuana ACT (AMMA) in 2010. This decriminalized the use of cannabis for medicinal purposes in Arizona for qualifying patients.

Qualifying conditions that permit the use of medical cannabis include:

- Acquired immune deficiency syndrome (AIDS),
- Agitation of Alzheimer's disease,
- Amyotrophic lateral sclerosis (ALS),
- Cancer,
- Crohn's disease,
- Glaucoma,
- Hepatitis C,
- Cachexia or wasting syndrome,
- Severe and chronic pain,
- Severe nausea,
- Seizures including those characteristic of epilepsy,
- Severe or persistent muscle spasms including those characteristic of multiple sclerosis and
- Post Traumatic Stress Disorder (PTSD).

## HOW TO GET A REGISTERED QUALIFYING PATIENT CARD FROM THE ARIZONA DEPARTMENT OF HEALTH SERVICES (AZDHS).

- Seek a medical evaluation and completed AZDHS Physician Certification Form by a qualified Arizona licensed physician.
- Complete the AZDHS online application, providing scanned certification form, identification documents and application fee. [AZDHS.org](http://AZDHS.org)
- Typically the card arrives by mail within 1-3 weeks after completing the application, allowing patients to visit AZDHS licensed Medical Marijuana Dispensaries.
- There are many medical marijuana evaluation centers across the State, providing specialized certification and AZDHS application completion services.
- Staff should be available at the licensed dispensaries, to provide general information on cannabis and the specific products offered. These are not recommendations or advice to treat your medical condition. Consult your recommending or primary care physician for specific medical advice.

## IMPORTANT NOTES

**KEEP CANNABIS PRODUCTS OUT OF REACH OF CHILDREN!**

**CANNABIS USE MAY CAUSE PHYSICAL AND/OR MENTAL IMPAIRMENT.**

**Be advised, Arizona State Law prohibits using marijuana in public places.**

**A Medical Marijuana patient's immunity under the AMMA may not extend to other states, tribal land, or federal land.**

**Individuals with specific legal concerns should consult a licensed and experienced attorney.**

## CANNABIS TERMINOLOGY

**Cannabis** – The accepted botanical name for the plant. The cannabis plant is well documented throughout human history as a valuable resource, including use as food, fuel, fiber, ritual, and medicine.

**Hemp** – A common name for the cannabis plant. This term is typically associated with its industrial use and non-psychoactive products, such as fiber, clothing, paper, seed, food, and oil that is absent of the drug-type effect.

**Marijuana** – A common name for the cannabis plant. This term is typically associated with the prohibition, legal status, or drug-type use of the plant.

**Cannabis Sativa** – A cannabis strain reported to have an energizing effect. It has been described as uplifting, cerebral, or mentally stimulating. It may be preferred for daytime use or by patients experiencing low energy, fatigue, or depression. It may not be preferred by patients prone to anxiety.

**Cannabis Indica** – A cannabis strain reported to have a sedating effect. It has been described as a relaxing, calming, full body experience. It may be preferred for night time use or by patients prone to hyperactivity or anxiety.

**Hybrid** – A cannabis strain that is a cross between sativa and indica strains. Most cannabis strains available today are hybrids, which exhibit selective or balanced characteristics.

**Psychoactive effect** – A change in mental-emotional state associated with the use of cannabis rich in THC. It is popularly characterized by euphoria, relaxation, happiness, and an overall sense of well-being or what is commonly referred to as being “high.”

**Psychoactive side effect** – Cannabis has been reported to cause impairment, anxiety, panic attacks, psychosis, and complete sedation. These effects are dose dependent, making the psychoactive effect the limiting factor as to how much cannabis can be consumed.

Toxicity studies suggest no potential for lethal overdose or liver or kidney damage from cannabis consumption. However, if a patient is vomiting, loses consciousness, or behaves in an unsafe manner following cannabis use, monitor their airway and seek emergency medical services for precaution.

## CONSTITUENTS OF THE CANNABIS PLANT

Cannabis is a very unique and complex plant with numerous identified chemical compounds, including over 80 identified cannabinoids, as well as terpenoids, flavonoids, and other botanical compounds. It is understood that all of these components work together synergistically to provide the greatest medical benefit. Varieties of cannabis strains contain different constituent profiles, medicinal qualities, and potency.

The following are common chemical compounds that are found in the cannabis plant:

**Phytocannabinoids** – Plant-derived cannabinoid molecules, named after the cannabis plant, as that is where they are most abundantly found. “Phyto” is of Greek origin, meaning plant.

**Tetrahydrocannabinol (THC)** – The most abundant phytocannabinoid. THC is primarily responsible for the psychoactive effect. It has also been reported to be effective for treating nausea and vomiting, stimulating appetite, managing pain, reducing muscle spasms, facilitating sleep, opening airways, decreasing pressure of the inner eye, and relieving mental-emotional stress. THC is also known to cause impairment, sedation, mental confusion, anxiety, and panic attacks in some people. This risk increases with larger doses.

**Cannabidiol (CBD)** – The most abundant non-psychoactive phytocannabinoid, CBD does not produce the euphoric effect associated with THC. CBD has been reported to mitigate THC’s euphoric side effects (mental confusion, sedation, anxiety, and psychosis). CBD may also have anti-anxiety effects and many preventive health effects, particularly in neurological, immunological, and inflammatory conditions.

Patients concerned with the cannabis plant’s psychoactive effects or patients susceptible to mental-emotional disorders or imbalances may prefer CBD-dominant to THC-dominant strains or products.

**Cannabinoid Acids** – Phytocannabinoids are initially produced by the cannabis plant in the form of a carboxylic acid, specifically Tetrahydrocannabinolic Acid (THCA) and Cannabidiolic Acid (CBDA).

Heating or aging processes are required to activate (i.e. decarboxylate) these cannabinoid acids, turning THCA and CBDA into THC and CBD, respectively. THCA does not cause euphoria until it has been converted to THC through the process of smoking, vaporizing, cooking, curing, etc.

These non-psychoactive cannabinoid acids may have selective health benefits, particularly with respect to antioxidant value, inflammatory conditions, and the immune system. Eating raw or unheated plant products and juicing are ways in which cannabinoid acid constituents can be ingested with less potential for psychoactive side effects.

**Cannabichromene (CBC)** – Non-psychoactive, anti-inflammatory, anti-microbial.

**Cannabigerol (CBG)** – Non-psychoactive, analgesic, anti-inflammatory, anti-fungal, anti-microbial.

**Tetrahydrocannabivirin (THCV)** – Non-psychoactive, anticonvulsant, decreases appetite, improves glucose/insulin function.

**Cannabidivarin (CBDV)** – Non-psychoactive, anticonvulsant.

**Cannabinol (CBN)** – Produced from THC oxidation. Sedative, anti-microbial, mild psychoactive effect.

Izzo AA, Borrelli F, Capasso R, DiMarzo V, Mechoulam R. 2009. Non-psychoactive plant cannabinoids: new therapeutic opportunities from an ancient herb. *Trends Pharmacol Sci*

## TERPENOIDS

Terpenes are aromatic compounds found in cannabis that have diverse biological activity and are responsible for the characteristic cannabis smell. They contribute to the whole plant synergistic or entourage effect.

**Pinene (Pine trees)** – Anti-inflammatory, bronchodilator, antimicrobial, and memory support.

**Myrcene (Hops)** – Sedative, muscle-relaxant, anti-inflammatory, and analgesic.

**Limonene (Citrus)** – Anxiolytic, anti-carcinogenic, anti-oxidant, and immune system support.

**Linalool (Lavender)** – Anxiolytic, analgesic, sedative, and anticonvulsant.

**Caryophyllene (Black pepper)** – Anti-inflammatory, analgesic, GI protective, and antimicrobial.

**Caryophyllene Oxide** – (Lemon Balm): Antifungal, insecticidal, and platelet support.

**Nerolidol (Orange)** – Sedative, antimicrobial, and antifungal.

**Phytol (Green Tea)** – Chlorophyll breakdown product, antioxidant, and calming.

Russo EB. 2011. Taming THC; potential cannabis synergy and phytocannabinoid-terpenoid entourage effects. *Brit J Pharmacol* 163:1344-64

## HOW DOES CANNABIS WORK IN THE BODY?

**Endocannabinoid system (ECS)** – A communication and regulatory system in all vertebrate organisms, named after the cannabis plant and its unique cannabinoid constituents. It includes messenger molecules, receptors, and enzymes distributed throughout the body, with the purpose of maintaining balance and health of the individual.

**Endocannabinoid receptors** – Cell structures that act as specialized gatekeepers or locks. When they are unlocked or activated they regulate or allow specific changes in the cells, tissues, system, and body.

**Cannabinoid 1 (CB1) receptors** – Receptors that are located most densely in the central nervous system. They are associated with the regulation of activity within the brain and spinal cord.

**Cannabinoid 2 (CB2) receptors** – Receptors that are located throughout the body most densely associated with the immune system and regulation of immune responses such as inflammation and cell turnover.

**Endocannabinoids (messenger molecules)** – Natural molecules made by the body that unlock or activate cannabinoid receptors. Phytocannabinoids found in the cannabis plant mimic their activity and activate the ECS.

## FORMS OF MEDICINE

**Flower** – The cannabinoids and terpenoids form on the flower of the plant in microscopic, mushroom shaped, crystal-looking structures called trichomes. Generally, flower has been cured to produce the best product for smoking, vaporizing, and storage.

Flower may be lab tested for constituent content by weight. If a flower tests 10% THC content, then 1 gram of flower has the potential of containing 100mg THC.

If eating raw or unheated flower, approximately 3- 10% of the available THCA can be expected to be decarboxylated to psychoactive THC in the drying or curing process.

**Kief** – A product of trichomes that are physically separated or screen-sifted from the plant material.

**Edibles** – Cannabis extractions infused into foods. May contain sugar and other less-than-healthy ingredients. May have large variability in potency.

**Capsules** – Cannabis products may be encapsulated to standardize the dose and to bypass the palate.

**Concentrates** – Also known as extractions, hash, oil, wax, or shatter. Use Caution! These products may be very potent. A solvent, such as butane, may be used to extract and concentrate the constituents from the solid plant material. Some solvents and processes may have extra associated health concerns.

**Rick Simpson Oil (RSO)** – An extracted, THC-rich oil concentrate that is coined after the individual who popularized the use of cannabis oil for treating cancer. Human studies are lacking on the subject; however, cannabinoids have been shown to have anti-cancer properties.

**Tinctures** – Plant extractions in a solution, commonly with ethanol, vegetable glycerin, fractionated coconut oil (MCT), or olive oil. Tinctures are available in different concentrations, and are typically dosed by drop, dropper, or milliliter. There are approximately 25-30 drops in a milliliter, depending on the solution. A syringe may be used for more precise measurement.

**Tea** - Hot water may be used to heat and activate cannabis, making it more psychoactive. However, water does not extract the cannabinoids well. For best results, steep flower 20-30 minutes and swallow the plant material with the tea. Patients also report combining other teas for specific synergistic effects.

**Suppositories** – A form of the medicine that can be inserted into the rectum. Most useful for local conditions.

**Topicals** – Includes salves, lotions, and balms. Topicals are cannabis extractions prepared to be applied to the skin directly and typically only have localized effects.

**Transdermal patches** – Designed to increase medicine availability through the skin for systemic effects.

# MODES OF ADMINISTRATION

## INHALATION

With inhalation, absorption occurs through the lungs, with rapid effects being felt in 2 -5 minutes and lasting approximately 2-4 hours. Caution: inhaling anything other than fresh air increases potential health risks.

### Reasons patients choose inhalation:

1. Quick, short acting
2. Effects are more predictable
3. Bypass the palate and digestive system

### Methods of inhalation:

**Vaporizer** – A machine that heats plant products until they boil into a vapor to be inhaled. It is intended to operate below combustion temperatures to reduce the creation of potentially harmful carcinogens.

**Vape Pens** – A convenient type of vaporizer used with cannabis oil-filled cartridges. Attention: oil is commonly mixed with a thinning agent, such as polyethylene glycol (PEG), vegetable glycerin (VG) and fractionated coconut oil (MCT) to improve pen function.

**Smoking** – Typically using a device such as a pipe, water-pipe (bong), or rolled in paper (joint). Combustion may create potentially harmful chemicals and heat. Smoking may irritate airways, increase risk of lung disease, and the potential for lung infections.

## ORAL ADMINISTRATION

Oral ingestion includes anything consumed by mouth. Absorption occurs through the mucosa of the gastro-intestinal tract. It takes approximately 30- 45 minutes to feel the effects, and those effects may last 6-8+ hours, depending on the dose. Variable absorption and first-pass metabolism through the liver may enhance the effects and make them more unpredictable than inhalation. IT MAY TAKE SEVERAL HOURS TO FEEL THE FULL EFFECTS. Wait at least 3 hours before re-dosing.

### Reasons patients choose oral dosing:

1. To avoid inhalation concerns
2. Long lasting effects
3. Potential for larger dosing and a stronger effect

### Methods of Application

**Sublingual** – Absorption occurs under the tongue. It takes effect quicker than oral dosing with less first-pass metabolism.

**Topical** – Applied directly to the skin for local conditions.

**Transdermal** – Absorption occurs through the skin usually via a specially formulated patch.

## CONSERVATIVE DOSING STRATEGIES

**Test dose small amounts** of your cannabis medicine to determine the psychoactive potency. Increase the dose by small increments over extended time periods until reaching a comfortable effective dose. Everyone responds individually to cannabis dosing. The patient can use conservative dosing strategies to find the most effective dose with the least potential for side effects. A daily log or journal is a useful tool to track and evaluate dosing.

**IF A DOSE CAUSES ANY UNWANTED SIDE EFFECTS, LOWER THE DOSE OR DISCONTINUE USE & CONSULT YOUR TREATING PHYSICIAN.**

**Inhalation** – Test dose one inhaled puff, wait one hour, and then evaluate the effects. If the effect was not sufficient and without side effect then re-dose with two puffs and wait another hour. Continue this dosing method until the desired results are achieved.

**Oral ingestion** – Begin test dosing with no more than 1/4 of the manufactured recommended edible dose. New or low tolerance patients may begin with 1/8<sup>th</sup> or less of the recommended dose. If after 3 hours the effect was not sufficient, increase the dose by the same increment and wait another 3 hours before re-dosing.

**WAIT A FULL 3+ HOURS FOR ORAL DOSING AND 1+ HOUR(S) FOR INHALATION BEFORE RE-DOSING**

**Oil Concentrates** – Begin test dosing with less than ¼ the size of a grain of rice, or more conservatively, a pinhead size drop. If after 3 hours the effect was not sufficient, increase the dose by the same increment and wait another 3 hours before re-dosing.

**Tinctures** – Begin test dosing with 1-2 drop increments. If after 3 hours the effect was not sufficient, increase the dose by the same increment and wait another 3 hours before re-dosing.

With conservative dosing, patients may take several sessions or even days of test dosing before the benefit or effects are felt, rather than introducing too much medicine into the system initially. A slow approach also gives new patients a chance to adjust and build a tolerance to the psychoactive effects.

## DOSING BY THC/CBD CONTENT

**THC** – The psychoactive potency of the medicine can be approximated by THC content in milligrams (mg). Edible manufacturers report an **average adult dose of 5-25mg of THC**. Some patients do better with less and some may require more.

New or low-tolerance patients may **begin test dosing at or below 1-2 mg THC**, and slowly increase by this same increment.

**CBD** – To quantify non-psychoactive cannabinoid dosing, patients may evaluate their dosing based on the milligrams consumed compared to their body weight.

Literature suggests that therapeutic dosing of CBD may be as high as 5 – 25 milligrams per kilogram body weight, per day. However, dosing at these levels may not currently be practical or necessary, particularly when using whole plant medicines.

Dosing below 5mg CBD per kilogram body weight may be more practical. Beginning with levels below 1mg/kg/day, slowly increase as needed. Wait 2-3 weeks between dose increases for a conservative approach.

\*Follow your physician's recommendations and product manufacturer suggested dosing.

## POTENTIAL SIDE EFFECTS OF CANNABIS

- Psychological and behavioral changes
- Euphoria
- Hallucinations, temporary psychosis
- Impaired motor coordination and balance
- Impaired judgement and short term memory
- Sensation of slowed time
- Anxiety
- Social withdrawal
- Conjunctival injection (red eyes)
- Increased appetite and thirst
- Dry mouth
- Rapid heart rate
- Lowered blood pressure
- If inhaled, coughing, Irritation, inflammation of airway
- Sedation, drowsiness
- Dependence

## CONTRAINDICATIONS

Patients should first consult with a physician regarding health conditions that may be exacerbated by cannabis use.

**RESPIRATORY DISORDERS:** The smoking and inhalation of cannabis may further aggravate respiratory and other related disorders.

**HEART CONDITIONS:** Cannabis use may have cardiovascular effects such as increasing heart rate and lowering blood pressure.

**MENTAL HEALTH:** Schizophrenic episodes or mental and emotional stress may manifest in patients who are predisposed to schizophrenia or other mental illnesses. Even without a history of mental illness, some individuals are sensitive to the psychoactive side effects of cannabis.

**PREGNANCY:** Cannabis constituents pass through breast milk and to a developing fetus during pregnancy.

**OVERALL IMPAIRMENT:** Cannabis use may cause impairments that can affect daily activities as well as job performance. Patients should not drive a motor vehicle or operate heavy equipment while impaired or participate in responsibilities and activities that require focus and attention, such as childcare and job performance.



## DRUG INTERACTIONS

**COMBINING CANNABIS WITH ALCOHOL, PRESCRIPTION DRUGS, NON-PRESCRIPTION DRUGS, OVER-THE COUNTER MEDICATIONS, OR NUTRITIONAL SUPPLEMENTS MAY INCREASE POTENTIAL IMPAIRMENTS, SIDE EFFECTS AND EFFICACY CONCERNS.**

Cannabis use may affect how other drugs, medications, and nutritional supplements are absorbed, metabolized, and eliminated from the body. Although reports of harmful interactions are not common, if you are taking other drugs, medications, and nutritional supplements, consult your physician before cannabis use.

## ALTERNATIVES TO MEDICAL CANNABIS

No medicine can make up for improper nutrition, lack of exercise, unchecked stress, and negative mental-emotional habits. The best chance of avoiding disease is a balance of proper nutrition, daily exercise, stress-management, and positive mental-emotional practices.

**FOCUS ON THE CAUSE OF DISEASE RATHER THAN JUST TREATING SYMPTOMS!**

Consult with your primary care physician regularly. Report any symptoms or health concerns that may arise, whether or not they are relieved by medical cannabis.

Consider further Naturopathic medical care and alternative treatment options.

-Arizona Naturopathic Medical Association (AZNMA): <http://www.aznma.org/patients/find-a-doctor/>

-Southwest College of Naturopathic Medicine Clinic (SCNM): <http://medcenter.scnm.edu/>

**Pharmaceutical Cannabinoids** – Synthetic THC has been available in the USA since the 1980's under the Pharmaceutical name Marinol (generic name: dronabinol).

## SUBSTANCE USE DISORDERS

Medical Professionals now use the term substance use disorders to signify the growing understanding that these conditions should be regarded and treated as medical conditions rather than sinful or unlawful behaviors.

**Tolerance** – The need to continue increasing the amount of a substance being used to obtain the desired effects. Heavy THC use may downregulate an individual's endocannabinoid system and lead to some tolerance. Individuals have reported that after discontinuing cannabis use for several days they could significantly decrease their effective dose on resumption of use.

Taking periodic breaks from cannabis use may be considered a good endocannabinoid system detox, a chance to reboot and re-evaluate the continued benefit of cannabis use.

**Withdrawal** – The body can become dependent on certain substances; stopping or decreasing the amount of use may cause the body to become sick or impaired. With certain substances, such as opiates and alcohol, withdrawal can be severe and medically dangerous.

Cannabis is not reported to cause medically dangerous withdrawal. However, abruptly discontinuing daily cannabis use may result in irritability, depressed mood, and sleep and appetite disturbances for up to a few weeks.

## SIGNS AND SYMPTOMS OF SUBSTANCE USE DISORDERS

Using larger amounts of substance over a longer period of time than was originally intended.

Failure to fulfill major role obligations at work, school or home.

Risky use of substance.

Tolerance and withdrawal.

American Psychiatric Association. 2013. Diagnostic and Statistical Manual of Mental Health Disorders: DSM-V. Washington D.C:

American Psychiatric Association. (pp. 481-490, 509-519)

## CANNABIS USE DISORDER

A concern with cannabis overuse is that individuals may spend time and resources using cannabis when they should be directing those resources toward success and quality of life. Another concern is the effects of long-term use on the developing brain, nervous system, and mental-emotional potential? Also, what are the socioeconomic effects of cannabis use and prohibition?

As with any medication, individuals should be aware of the signs and symptoms of substance use disorders and constantly re-evaluate how cannabis and other substances are affecting their overall health, relationships, and quality of life.

Cannabis should be used as a tool to benefit health and overall quality of life rather than to escape the realities and responsibilities that lead to improved health and increased quality of life.

## SUBSTANCE USE DISORDER RESOURCES

Mental and physical health improves with good practice, something that needs to be actively desired and exercised on a daily basis. Health and success are not guaranteed they are gifts with responsibility and great reward.

-[Theagapecenter.com](http://Theagapecenter.com) – [The Agape Center](#) – National and local substance abuse treatment facility locator.

- [findtreatment.samhsa.gov](http://findtreatment.samhsa.gov) – [The Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) – Offers treatment facility locator, information by topic, programs, publications, FAQ's, and much more. TOLL FREE PHONE: 1-800-662-4357 (HELP)

# CANNABIS JOURNAL

A daily log or journal is a useful tool to evaluate ones benefit and/or negative effects from medical cannabis use.

Patients may use these logs to self-evaluate overall health, symptoms, cannabis effects and benefits, as well as to provide this information to their treating physician.

\*Symptoms are very important to the treating physician – Be specific and include details of onset, description, duration, associations and severity.

\*Severity of symptoms can be quantified with a number scale, 10 being most severe and 1 being least severe.

\*Notify the recommending physician of any side effects that occur as a result of cannabis use.

DATE:	TIME:	STRAIN/CONSTITUENTS:	AMOUNT:
METHOD OF USE:			
REASON FOR USE/SYMPTOMS:			
	BEFORE USE	AFTER USE	
PAIN	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
AGITATION	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
SLEEP DISTURBANCE	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
LOSS OF APPETITE/WT LOSS	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
NAUSEA	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
SEIZURES	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
MUSCLE SPASMS	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
QUALITY OF LIFE	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
POST-USE REPORT/SIDE EFFECTS:			



DATE:	TIME:	STRAIN/CONSTITUENTS:	AMOUNT:
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METHOD OF USE:

REASON FOR USE/SYMPTOMS:

	BEFORE USE										AFTER USE									
PAIN	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
AGITATION	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
SLEEP DISTURBANCE	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
LOSS OF APPETITE/WT LOSS	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
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	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
QUALITY OF LIFE	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

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	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
QUALITY OF LIFE	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

POST-USE REPORT/SIDE EFFECTS:

