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Patient Case Studies Preliminary Findings

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Patient Case Studies - Patient LB319

<p>History and Presentation: Chronic pain due to ankylosing spondylitis diagnosed in 2012. She has been in pain since the age of 8 and has been misdiagnosed throughout the years. Has been bedbound and her Mother was her carer. Has required regular hospitalisations every 4-6 weeks for years.</p>	<p>Other: Has completed the ADAPT programme through the RNSH Pain clinic twice with no significant long lasting effect. Has had over \$100,000 worth of physiotherapy and allied health treatment over the years.</p>
<p>Diagnosis: - Chronic pain due to ankylosing spondylitis</p>	<p>Medicinal cannabis: Tetrahydrocannabinol 10mg/mL Cannabidiol 10mg/mL Oral Solution Initially on 0.25mL at night and currently using 0.75 ml at night with the occasional 0.25ml in the morning.</p>
<p>Conventional Therapies: Oxycontin, tramadol, targin, codeine, gabapentin, lyrica, norspan patches, hospitalised and given ketamine IV, morphine IV, Pethidine IV/IM, fentanyl, cymbalta, zolof, DMARDs, leflunomide, Humira, Enbrel, prednisolone, cortisone injections, sulfasalazine, NSAIDs such as Naproxen, COX 1's, Celebrex and Mobic, Ondansetron to combat the nausea of Opioids and arava. Tried ketamine/morphine IV (she had this treatment 20+ times over a couple of years) this just "knocked her out" not really helped the pain. Overdosed on morphine in Hospital and had to be resuscitated.</p>	<p>Outcomes: She has trialled THC:CBD oil with great effect. It works for the patients pain,nauseas and enables patient to do her activities of daily living, enables her to eat. In fact, it is the only thing that helps her pain. Pain has improved from 9/10 to 3/10.</p>

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Patient Case Studies - Patient IG335

<p>History and Presentation: Patient suffers from significant and severe neuropathic pain and epilepsy with constant myoclonic jerks in the L side and the R side (up to 25 seizures in a 24 hour period). She gets electric nerve pain all over her body making her bedbound 24/7. She has functional quadriplegia.</p>	<p>Medicinal cannabis: Initially on,(Tetrahydrocannabinol 10mg/mL, Cannabidiol 12.5mg/mL) - Solution 0.25 mL bd up-titrated to 6ml daily</p>
<p>Diagnosis: Epilepsy with myoclonic jerks. Neuropathic pain related Chronic Restless Pain Syndrome Type 2.</p>	<p>Medicinal cannabis: Currently on <20mg/mL Tetrahydrocannabinol: <1mg/mL Cannabidiol - Solution 0.5 ml bd titrated up to 3 ml daily.</p>
<p>Conventional Therapies: Neuropathic Pain/Chronic pain: Paracetamol, Panadeine forte, Endone, Lyrica, Gabapentin, Oxynorm, Endeep, Cymbalta, Prednisone, Steroid injection to R ankle(ineffective), ketamine infusion, CBT Epilepsy: Epilim, Paxam, topomax, dilantin, tegretol, valium, paxam, topomax, lyrica.</p>	<p>Outcomes: Patient went from having multiple seizures a day to currently having no seizures in the past month. She went from being bed bound and wheelchair bound to not being able to walk around her home. Her pain specialist commented "the transformation has been a miracle and I am at a loss to put this in words".</p>

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