



BEFORE THE IOWA MEDICAL CANNABIDIOL BOARD

Petition by (Your Name)

for the (addition or removal) of

Trigeminal Neuralgia

PETITION FOR ADDITION or REMOVAL (Circle one)

(medical condition, medical treatment or debilitating disease) to the list of debilitating medical conditions for which the medical use of cannabidiol would be medically beneficial.

Petitioner's Information			
Name (First, Middle, Last or Name of Organization):			
Home Address (including Apartment or Suite #):			
City:		State: IA	Zip Code:
Telephone Number:		Email Address:	
Is this the person/ organization to whom information about the petition should be directed?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Representative's Information (If applicable)			
Name (First, Middle, Last):			
Mailing Address (including Apartment or Suite #):			
City:		State:	Zip Code:
Is this the person/ organization to whom information about the petition should be directed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>





Telephone Number: [REDACTED]		Email Address: [REDACTED]	
1. Please provide the name of the specific medical condition, medical treatment, or debilitating disease you are seeking to add to or remove from the list of debilitating medical conditions for which patients would be eligible to receive a medical cannabidiol registration card. <i>Please limit to ONE condition, treatment, or debilitating disease per petition.</i>			
Recommended Action		Condition or Disease	
<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		Trigeminal Neuralgia "The Suicide Disease"	

2. Please provide a brief summary statement that supports the action urged in the petition. *Attach additional pages as needed.*

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2. Brief Summary Statement

I have suffered from Trigeminal Neuralgia for approximately four years. This disease is known as "the suicide disease." To date, there are no cures, only pharmaceutical and surgical treatments that are at best, a band aid.

My disease causes me to experience electrical shock like jolts to the right side of my face followed by a deep burning sensation. During this time I am unable to speak normally because the shocks inhibit me from putting together a complete sentence. The pain often takes me to my knees.

I see a local neurologist who has prescribed the commonly used drug Tegretol, a drug primarily used for epilepsy, but one that helps many who suffer with TN. Opioids do not help with the pain of this disease. Tegretol and other similar drugs do not always take the pain away. This is why other's like me have turned to support online with others that suffer from this terrible disease. We are NOT looking for a high, just a legal relief by a natural drug from the pain and misery of this disease.

For some, this debilitating disease continues 24/7. It is a disease without a cure, and one that is progressive. Fortunately, my experience with TN has been this far a cyclical one, that is, I suffer with it for perhaps three months, and then it will go into a remission for a few months.

TN sufferers are desperate!! Our laws have caused law abiding citizens to break the law in an attempt to minimize the excruciating pain of TN. I am referring to the use of cannabis and it's derivatives. I too have sought to soothe my pain with the only natural hemp product, cbd oil, which I can purchase legally. This product does not contain thc. Those in other states that have legalized medicinal marijuana have the benefit of a minimal amount of thc which has made life bearable for many. Why I ask, am I not able to avail myself legally with this same natural medicinal product that others sing praises?

My Trigeminal Neuralgia Story

About four years ago, I noticed that occasionally I would feel electric like shocks on the right side of my face. These shocks would occur when I tried to brush my teeth, or when eating. My general practitioner knew exactly what my problem was after hearing the symptoms. I was diagnosed with Trigeminal Neuralgia, or as I remember it from my nurse's training at the University of Iowa, tic douloureux, or the "suicide disease". He then placed me on a low dose of Tegretol, the most commonly used drug to assist those with this ugly disease. It is a progressive disease and THERE IS NO CURE!!

Fast forward to 2018. I have suffered cyclical bouts of TN lasting weeks on end. Each time lasting a bit longer. I have been dealing with this past cycle since January. My neurologist told me to double my medication, but it has not taken the pain away, but I believe my cycle may be coming to an end...fingers crossed! I have been unable to talk, chew, or brush my teeth. I still cannot brush my teeth without enduring pain. When I breathe in, the cool air causes shocks. After a shock I then get a burning, searing feeling in the right side of my face. At times, the shocks have literally caused me to drop to my knees in pain.

While suffering, I find myself reading and conversing with others on a Facebook support group dealing with this terrible disease. Often being consoled that it is too bad I do not have the choice to use medical marijuana, as they do. Many prefer to use a naturally grown plant than other drugs that have harmful side effects. I personally have never smoked marijuana, or been around anyone else that has. Frankly, out of ignorance, I looked down on these people. I am not looking to smoke pot! I only want the option to at least try medicinal cannabis. When one feels the constant pain of TN, one looks for options to minimize the discomfort.

Friends and family members, with the exception of my husband, do not understand this disease nor have they heard of it. Unfortunately, too many doctors are also not informed.

I highly recommend that you refer to YouTube videos of people suffering from a TN episode. Please do not deny this group the choice of using medical marijuana without viewing!

3. Trigeminal Neuralgia

Trigeminal Neuralgia (TN), is also called tic douloureux, is a chronic pain condition that affects the trigeminal or 5th cranial nerve, one of the most widely distributed nerves in the head, TN is a form of neuropathic pain (pain associated with nerve injury or nerve lesion.) It is sometimes described as the most excruciating pain known to humanity, The pain typically involves the lower face and jaw, although sometimes it affects the area around the nose and above the eye. This intense, stabbing, electric shock-like pain is caused by irritation of the trigeminal nerve, which sends branches to the forehead, cheek and lower jaw. It is usually limited to one side of the face.

It is reported that 150,000 people are diagnosed with trigeminal neuralgia every year. While the disorder can occur at any age, it is most common in people over the age of 50.

Trigeminal neuralgia tends to run in cycles. Patients often suffer long stretches of frequent attacks followed by weeks, months or even years of little or no pain. The usual pattern, however, is for the attacks to intensify over time with shorter pain-free periods. Some patients suffer less than one attack a day, while others experience a dozen or more every hour. The pain typically begins with a sensation of electrical shocks that culminates in an excruciating stabbing pain within less than twenty seconds. The pain often leaves patients with uncontrollable facial twitching, which is why the disorder is also known as tic douloureux.

Attacks may be triggered by the following:

- *Touching the skin
- *Washing
- *Shaving
- *Brushing teeth
- *Blowing the nose
- *Drinking hot or cold beverages
- *Encountering a light breeze
- *Applying makeup
- *Smiling
- *Talking

Without going into each medicine and treatment of this disease, one must know that there are drawbacks to these medications other than side effects. The anticonvulsants may lose their effectiveness over time. Some patients may need a higher dose to reduce the pain which can

lead to adverse reactions and toxic effect particularly people with a history of bone marrow suppression and kidney and liver toxicity.

TN is often associated with Multiple Sclerosis, a disease that is on the list of diseases allowed to use medical marijuana.

Those that suffer from TN would like to have a choice in how they treat their pain. Because this disease is for life, the toxicity of drugs is of great concern. If I were to have a choice to take less of a prescribed drug because I am having positive results with medicinal cannabis, a natural substance, explain to me why anyone would withhold this treatment choice?

Unfortunately, I cannot find much in the way of scientific evidence to support the addition of trigeminal neuralgia to the list of debilitating medical conditions for which the medical use of cannabidiol would be medically beneficial. However, the evidence can be found online in a number of trigeminal neuralgia support groups. These are the individuals that have found some relief when allowed to use medicinal marijuana. I believe that if one was to query any neurologist that sees those suffering with TN would agree that leaving out this disease would be a tragic omission.



5. Please provide a list of subject matter experts who are willing to testify in support of this petition (if any). The list of subject matter experts must contain names, background, email addresses, telephone numbers, and mailing addresses. *Attach additional pages if needed.*

Name	(1)	(2)	(3)
Background			
Email address			
Telephone number			
Mailing address			

6. Please provide the names and addresses of other persons, or a description of any class of person, known by you to be affected by or interested in the proposed action which is the subject of this petition. *Attach additional pages if needed.*

Facebook - FPA Official Trigeminal Neuralgia Network
 also: FACIAL Pain ASSOCIATION
 The FACIAL Pain Advocacy Alliance
 Cannabis 4 Trigeminal Neuralgia



7. Please indicate whether you have attached a brief in support of the action urged in the petition.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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8. Please indicate whether you are asking to make an oral presentation of the contents of the petition at a board meeting following submission of the petition. <i>Not asking, but would be willing</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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9. Acknowledgement and Signature

By signing this document I certify that the information provided in this petition is true and accurate to the best of my knowledge.

[Redacted Signature]
3-30-2018
 Signature Date (mm/dd/yyyy)

- Please fill out each section that is applicable to your petition. Failure to conform to what is required in this petition may result in a denial of consideration by the board.
 - You do not need to fill out sections asking for your representative's information if you do not have one.
 - For section 2, please provide a short, essay-like summary of your argument.
 - For section 3, please provide a short, essay-like summary of the articles and evidence that supports your position (if any).
 - For section 4, please provide a list of articles that are in support of your position (if any).
 - For section 5, please provide a list of experts that would be willing to testify in support of your position (if any). In the background section, please provide the reasons why they should be considered experts in the area: education, credentials, field of study, occupation, etc. This section is optional but will greatly aid in helping the board consider your petition.
 - For section 6, please provide information about groups of people that will be affected if the petition were approved. This could include people suffering from a specific disease, advocacy groups, local government officials, etc.
 - Sections 7 and 8 are optional but may aid the board in considering this petition.
- Please be aware:
 - The board may request that you submit additional information concerning this petition. The board will notify you of the requested materials in the event that more information is needed.
 - The board may also solicit comments from any person on the substance of this petition. The board may also submit this petition for a public comment period where any interested person may comment.
 - The board has six months after you submit this form to either deny or grant the petition. If approved, you will be notified in writing that the board has recommended the addition or removal of the medical condition, treatment, or debilitating disease to the board of medicine. If denied, the board will notify you in writing the reasons for denial.



3. Please provide a brief summary of any data or scientific evidence supporting the action urged in this petition. *Attach additional pages as needed*

This section is a large, empty rectangular box intended for the respondent to provide a summary of data or scientific evidence. It is currently blank.

4. Please provide a list of any reference material that supports your petition.

This section is a large, empty rectangular box intended for the respondent to list reference material. It is currently blank.

#4

Q

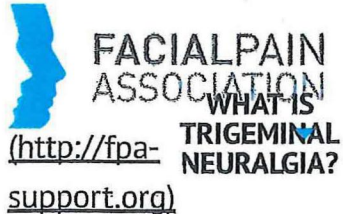
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Editor's note: This article is in response to the many patient inquiries we have received concerning medical marijuana. The **FPA does not endorse the use of medical marijuana**, or any specific treatment modality, our mission is to educate patients and aid them in advocating for their healthcare.

Patients with trigeminal neuralgia and other facial pains often need to develop an armamentarium, a collection of resources and methods to carry out one's purpose in order to reduce their pain. When the trigeminal nerve is involved, the pain can be unbearable, debilitating and result in hopelessness, loss of work, isolation and depression.

The pain usually cannot be controlled with analgesics or opioids and it can be difficult to find the right anticonvulsant, antidepressant or muscle relaxer. Over time, drug tolerance with

The Patient Guide

Understanding trigeminal neuralgia and other forms of neuropathic face pain.

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these medications can occur, requiring dosage increases that may result in undesirable side effects or the drug may no longer be effective in treating the pain.

Patients are inquiring about other options to control their pain and the use of marijuana is becoming a legitimate alternative.

Cannabis, or marijuana, was widely prescribed as early as the 1800s by physicians as a therapeutic agent until it became illegal in 1970 with the passage of the Controlled Substance Act. Public demand led to the legalization of marijuana for medical use in California 1996.

There are **now 29 states, plus Washington DC** (<http://medicalmarijuana.procon.org>), where the use of medical marijuana is legal. Marijuana possession is still considered a federal crime and possibly a felony. Transportation into a state where it is illegal is a crime. Doctors may not “prescribe” cannabis for medical use under federal law, **though they can “recommend” its use** under the First Amendment.

Medical marijuana was brought to the forefront with the successful treatment of a young patient with seizures. Her name is Charlotte Figi and she started having seizures soon after birth. By age 3, she was having 300 a week, despite being on seven different medications. A special strain of medical marijuana, which was administered as a tincture and does not produce a “high” but acts to calm the brain, limited her seizures to **2 or 3 per month.**

This special strain was named Charlotte’s Web and contained CBD, cannabidiol, which is a cannabis compound that has significant medical benefits but does not produce the high feeling that is associated with the psychoactive THC, tetrahydrocannabidiol.

In fact, CBD actually counteracts the psychoactivity of THC, making it an appealing option for patients for relief from inflammation, pain, seizures and spasms and other conditions without the disconcerting feelings of lethargy or dysphoria.

The amount of CBD in relation to THC is referred to as “CBD-rich” or “CBD-dominant.” “CBD-rich” is a cannabis strain that has equal amounts of CBD and THC or more CBD than THC. “CBD-dominant” is a strain that is CBD-rich but has very little THC content. CBD and THC work best for pain control when used together.


Although CBD does not cause a “high”, has no lethal dose, is non-toxic, and exhibits no abuse potential, it is on Schedule 1 (with heroin and LSD) of the Controlled Substances Act because it is a part of the cannabis plant. A hemp derived CBD is marketed in most states and seen as legal but is not considered as effective as CBD derived from the cannabis plant.

So, you as a patient with pain, decide you would like to add this treatment into your armamentarium. Now what? The first thing you need to do is to find a doctor in a legalized state that will assess your condition, see if it qualifies for cannabis treatment and apply for a medical marijuana card. Once you get your card, you will need to go to a reputable dispensary. You would want to look for a dispensary that is **meticulous in product quality and safety**.

Entering the dispensary, you will be required to show your card and ID to the front desk and be taken to the back to view and choose from the plethora of medicinal products. The most important person at this point will be the budtender. He or she talks with you about what you are looking for in your product such as relaxation and being able to sleep at night or more of an active product so you can function during the day. The budtender can also inform you about the effect of each strain and dosage for the desired effect. This emphasizes the need to have a well-informed budtender and staff. Basically it is felt that **“less is more”** and it is always best to start with the smallest amount first and then titrate up to the desired effect with the fewest side effects. Overdosage can result in unplanned side effects so be careful and start with a small amount and increase slowly.

There are also many various modes of administration to choose from. Smoking a joint or pipe was the first method of choice in the beginning. Now the options have increased to inhaling by vaping (an e-cigarette), edibles that are in all flavors and forms, oils, topicals and teas.

Using a vape pen creates a vapor that is easy to smoke without irritation or negative side effects and also allows for a more rapid effect. The down side, for chronic pain, would be that it only lasts 2-3 hours. Edibles such as candy last for a much longer duration that can be **up to 8 hours**. The downside is that it takes 1-2 hours to take effect. Many patients have had undesirable results from assessing too early that they need to take more and end up with too much. Topicals such as sprays, bath salts, creams

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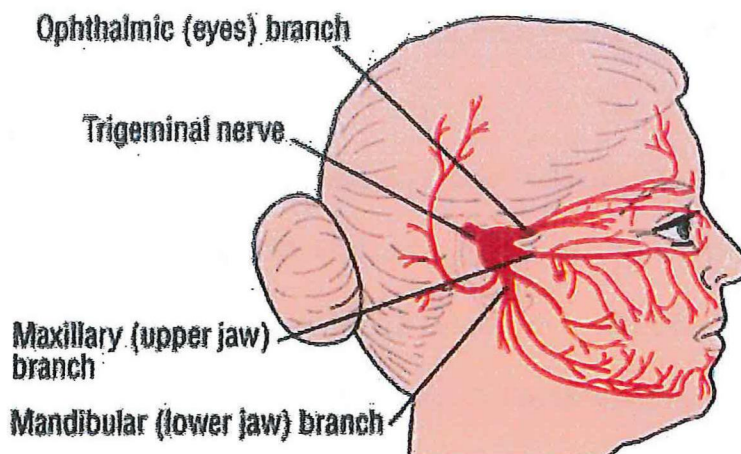
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CBD oil and Trigeminal Neuralgia

Posted by [Sydney Parrish](#) on Oct 18, 2016

Trigeminal neuralgia (TN) is one of the most painful disorders known and is commonly referred to as the **suicide disease**. The trigeminal nerve is responsible for the transmission of all sensory information from the face and head. This includes but is not limited to temperature, pain, and pressure sensation. Most of us experience the benefits of the trigeminal nerve, we are able to feel the wind on our cheeks as it blows by, or we can feel the classic grandmother cheek-pinch, but we are able to tolerate the pain and it subsides quickly. If the **nerve bundle** becomes irritated or damaged it can begin to malfunction in extremely painful ways. The once soft wind can feel like sensations of slicing, stabbing, burning, lacerating pain in the mouth, teeth, eye, cheek and ear and can last several hours.



The most common cause of trigeminal neuralgia is believed to be vascular compression of the nerve bundle close to where it enervates with the brain stem. The pressure irritates the nerve and the nerve can no longer function properly. Eventually the irritation results in demyelination and severe neural dysfunction. The dysfunctional nerve fires erratically, becomes hypersensitive, and may no longer be able to terminate a sensation once the corresponding stimulus has been removed. **As a result, someone suffering from this condition will experience paroxysmal allodynia, the sudden onset of extreme pain, initiated by non-painful stimuli such as a feather brushing the cheek.** Other suspected causes include pressure from tumor, cystic spider bite in the right location, damage from multiple sclerosis, car accident, facial surgery or even body piercing.

The first **treatment** typically used for patients suffering from TN is medications. Unfortunately, the medications do not always work and people using the medications are likely to suffer from unwanted side effects. After medications are proven to not be beneficial, many people will turn to surgery which carries an entire other set of risks.

Studies that have focused on CBD for trigeminal neuralgia have concluded that either the CB1 receptor alone or a combination of both the CB1 and the CB2 receptors are responsible for the antineuralgia effects of cannabinoids. **There is a growing body of evidence to suggest that CB2 receptor activation alone might be enough to produce cannabinoid mediated antineuralgia effects. A new CB2 receptor agonist was found to effectively reduce pain in rat models of neuropathic pain and three other types of**

pain without significantly effecting motor skills. In both animal tests and anecdotally in humans, many people feel cannabinoids have proven effective treatments in the management of trigeminal neuralgia.

For anyone suffering from this horrific disorder, desperation is real and most patients are willing to give ANYTHING a shot. Many people have hopped on the band wagon of CBD and are trying it out for themselves, basking in the success. It is time for anyone living with TN to get some relief from this extremely painful disorder and start enjoying life again.

Do you have a question or comment about CBD? Let us know, and we will respond right away. In the meantime, sign up for our newsletters and visit our website DiscoverCBD.com regularly for the latest updates on research, legislation, and other news impacting you and cannabidiol.

For research on cannabinoids and Trigeminal Neuralgia, check out these links:

[Cannabinoids for Trigeminal Neuralgia: Relief from the Fire Ants in a Feather's Touch](#)

[Therapeutic Potential of Cannabinoids in Trigeminal Neuralgia](#)

[Neuropathic Orofacial Pain: Cannabinoids as a Therapeutic Avenue](#)

[Refractory Trigeminal Neuralgia Responsive to Nabiximols in a Patient with Multiple Sclerosis](#)

[The Synthetic Cannabinoids Attenuate Allodynia and Hyperalgesia in a Rat Model of Trigeminal Neuropathic Pain](#)

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