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What About Cannabidiol (CBD)?

CBD is all the rage right now. If you do any sort of research on the internet, it is touted as helping a wide range of conditions, such as chronic pain, inflammation, insomnia, cancer, and mental health problems like anxiety and depression. Makers of beauty products have taken up the CBD craze, and you can find lip balms and face creams infused with it. You can even find pet products to promote joint health and relaxation in your dog or cat. So what is really known about CBD and what is hype? And can CBD offer any help for microscopic colitis? Let's take a look. Much of the information in this article comes from a review in the July issue of Chemical and Engineering News (1).

The marijuana plant contains a whole series of related chemicals called cannabinoids, and around 113 have been identified. We are most familiar with tetrahydrocannabinol, or THC, the compound responsible for the "high" of marijuana. CBD is closely related, but doesn't produce a "high". It is obtained commercially from the hemp plant, a variety of cannabis that is naturally low in THC, and that has long been used as a source of fiber for such things as rope and paper and for its edible seeds.

With the interest in CBD, hemp varieties that have a much higher percentage of CBD and an extremely low percentage of THC have been developed. The hemp flowers are extracted to produce a dark oily substance. Of course this isn't pure CBD, as all of the other cannabinoids and other compounds from the hemp plant are also present. This extract, typically called "full spectrum" CBD oil, is what is commonly used in the various lotions and tinctures you can buy on the internet or in health food stores. CBD extracts are legal to purchase throughout the United States because they only contain trace amounts of THC. To get pure CBD, further purification steps are needed to produce a white powder, and this can also be purchased. The compound can also be synthesized.

Just this past June, the FDA approved the first drug containing CBD, Epidiolex, used for treating epilepsy that is resistant to other drugs. And dozens of clinical trials are taking place to determine if CBD is an effective treatment for a variety of disorders such as colitis,

cocaine dependence, autism, Parkinson's disease and bipolar depression. Scientists are trying to figure out just how it works. Surprisingly, it doesn't bind to the active sites of the cannabinoid receptors. Instead, it interacts with a large number of targets, making its mechanisms of action hard to figure out. Research in the United States is hampered by the listing of CBD as a Class 1 controlled substance. The bureaucratic paperwork involved in getting permission to use it is so involved that it can take a year to get approval. Hopefully that will change in the near future.

Several preliminary scientific studies have been done looking at the effects of CBD on the clinical symptoms of ulcerative colitis (2) and Crohn's disease (3), but nothing on microscopic colitis. Neither of these studies showed a significant improvement in clinical symptoms, although subjective "quality of life" was modestly better with CBD treatment. More trials are still in progress, but at this point we will wait and see if they show any better promise.

If you search for mention of CBD on the Microscopic Colitis Forum, you will find several people who claim to have had some help with their symptoms, and a few others who feel that CBD has helped with other factors, such as insomnia and stress. I have tried CBD oil, and didn't notice much difference with my gut, but did feel calmer and more relaxed. My sleep was improved a bit, as I didn't wake up as much during the night and could go back to sleep more easily. My dreams were quite different too.



If you want to try CBD, here are some things to keep in mind:

1. Be careful where you obtain your CBD. There isn't any oversight, and because authentic CBD is expensive, it attracts scammers. Be wary of cheap CBD oil.

2. Standardization is up to the individual supplier. Realize that hemp extracts consist of many other naturally occurring

cannabinoids and other compounds. Different strains of hemp can have different profiles of these compounds, and there is some evidence that interactions of CBD with other cannabinoids are responsible for some of the effects.

3. CBD oil is expensive. The cost varies with supplier, but is around \$1.50/10 mg dose. The recommended dosage seen on most web sites for CBD oil is around 5 to 10 mg per day, but it is prudent to start out on the lower side and work up to the recommended dosage.

4. The proper dosage for various medical conditions is unknown. The epilepsy drug Epidiolex is the only use so far where this has been established. The dose was established at 5 mg/kg/day of pure CBD, not the hemp extract. For a 150 lb person, this translates to 340 mg/day. The cost of Epidiolex was recently announced to be \$32,000 per year, and most drug plans don't cover it.

5. We are all different, so what helps one person might not help another, and vice versa.

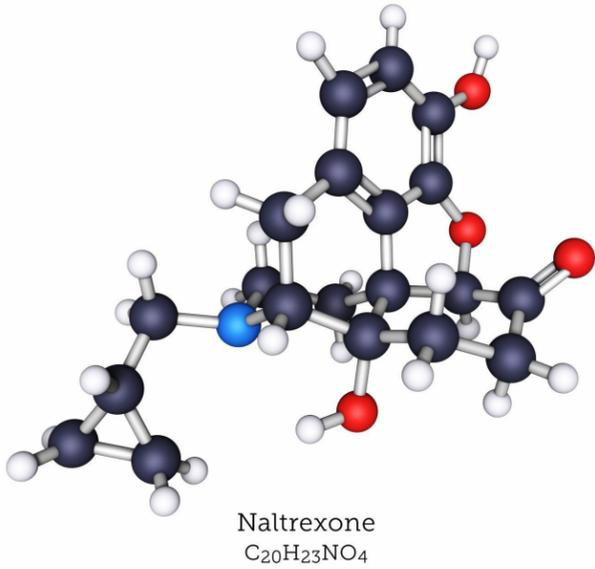
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3. *Low-Dose Cannabidiol Is Safe but Not Effective in the Treatment for Crohn's Disease, a Randomized Controlled Trial*. Naftali T, et al. *Dig Dis Sci*. 2017 Jun;62(6):1615-1620. doi: 10.1007/s10620-017-4540-z

What about using Low-Dose Naltrexone (LDN) to Treat Microscopic Colitis?



Low-dose naltrexone (LDN) was originally prescribed by medical professionals to help manage alcohol or opioid-based drug addictions. But in recent years, it has become the darling of many who are seeking alternative treatments for any and all autoimmune diseases. Promoters claim that LDN will reset the immune system and persuade it to discontinue an existing pattern of reactions, which in theory should effectively stop autoimmune type reactions.

And a search of the literature reveals many blogs citing research that appear to confirm these claims for many autoimmune diseases. There are indeed medical research articles that indicate that LDN can be used very effectively for treating certain autoimmune diseases. A quick search of the literature shows that there have been successful small trials involving patients who have multiple sclerosis, fibromyalgia, and various other diseases.

There have been studies conducted with Crohn's patients that showed remission rates as high as 67%. But later studies have sometimes shown mixed results. For example, some (again small) studies have shown significantly lower remission rates of 33 % and 25 %.

But we're primarily interested in what LDN might be able to offer for microscopic colitis (MC) patients.

We all know that MC often does not respond well to treatments that are effective for other Inflammatory bowel diseases (IBDs). There don't appear to be any published medical studies involving the use of LDN for the treatment of MC. So if we wish to analyze the possibility of using LDN to treat MC, we will have to look at empirical evidence from case studies.

Here, for example, is what a forum member posted about her own experience with LDN a number of years ago:

Yes, I used LDN to try to beat this disease, and in a nut shell, I have to say, yes, it helped me (a lot at first) but after a while, less so, maybe because all my other food intolerances started surfacing once I was gluten free. Basically I took it for about 4 months, starting out at 1.5 mg per night and I actually worked up to 3 mg. Perhaps I am impatient, but after an initial huge reduction in frequency of Bms (from 12-15 per day down to 2 or 3) that number of Bms was creeping up and it seemed I was not seeming to get any better, maybe even worse. I never did achieve "normans" just slightly less than D. So I decided to try entocort instead. Incidentally, I went off the LDN about couple of weeks before my entocort arrived and I got way worse, so I know now it was helping, just not as much as I would have liked. I went back on it again for the last week before the Entocort came and things improved again. But improvment with it was not as drastic as the Entocort which brought me immediate relief with in a day or so, the LDN is more subtle. But for anyone who cannot take, or doesn't want to take Entocort, I would certainly recommend that they give LDN a try. LDN really has virtually no side effects and I slept so well on it!!! I miss those nice sleeps!

A couple of months later she added this:

I have been meaning to do another post about my recent thoughts on LDN and I might as well do it on this thread. I had a thought that LDN would be good to use while tapering off Entocort. I think once the bulk of the inflammation is gone in the gut, the LDN would be able to keep it down. It seems to me it's strength is in preventing a reaction, by strengthening the immune system and preventing the body from reacting in the first place. I don't think it can do much to heal pre-existing damage.. only as much as the body can do on it's own, slowly. So I did a little more research, and wrote to a pharmacist in the US (Skip's Pharmacy) who is considered an "expert" and does LDN compounding) to ask it if can be taken at the same time as Entocort. He said he believed so and gave me the name of a US researcher (Jill Smith) who has used it with patients tapering off Entocort. I found her studies and she did use it concomitantly. Then I was reading on an MS site that LDN isn't meant to be a stand alone drug.. it is meant to be used with other treatments, to support them (such as diet).

This made sense to me in terms of how I knew it was helping me, but it just didn't seem to be strong enough. I was very new to the diet and my gut certainly was not very healed.

So to sum up, I really do believe LDN would be very useful for people with MC once they have healed their gut (by whatever means.. diet, Entocort, etc.) in supporting and maintaining remission. I intend to start taking it again when I am ready to taper off Entocort.

A few years later, another member posted this:

I've been away for a couple of months trying my new therapy with LDN before I'd report back to all those who want to hear about it and those who are considering it. In the three years since my LC diagnosis, I have not felt any better, any healthier and any more optimistic than I do now.

I WANT TO SAY UNEQUIVOCALLY THAT I WISHED I HAD HEARD OF IT THREE YEARS AGO BEFORE I TRIED ALL THE OTHER DRUGS AND ALL THE OTHER METHODOLOGIES.

LDN has become my stand-alone therapy. I do not need any other drugs to control my debilitating nausea, my diarrhea, the cramps, the depression (from it all) and the feeling of despair and hopelessness I had with LC.

I am healthier, happier and have a sense of well-being I didn't have for more than three years. I AM EATING BETTER. I have more choices in my diet although I am GF, SF and histamine and tyramine conscious.

I recognize that diet is the answer but if I have to take a drug, LDN is the answer. No side effects. Contrary. It lifts my mood and gives me more energy than I ever need. I don't recognize myself. I have more energy than I ever had. I exercise daily -- I swim, I dance daily.

On a personal level this has allowed me to conduct a normal life.

Another member says:

I want to add - while I have not experienced the miracle (the previous poster) has, I can say that LDN has made a difference for me, in the lifting of my mood and giving me more energy to do more than I have been able for years.

Instead of going out and only being able to do one, or maybe 2 errands, I am managing to do quite a lot before coming home. I am still tired, but have WAY less bouts of extreme exhaustion now. Remember, I am nearly 70 and have lived with auto immune disorders and their effects for many years. Exhaustion was always part of my life, and so the very fact that there is less of it is fantastic.

Also, I am constantly in a lot of pain, for which I take NO painkillers. That is also very tiring. Having a bit more energy is a gift!

As far as MC goes - I have not had bad C for a while now, and have not had to take Dr. S., so have not had the D that follows. My stool is still indicative of severe inflammation - floaty, mucousy, with ribbons. ans sometimes pencil thin. No sign of N. However, there is relief from the constant battle with C.

I have not been able to turn my doctors to my way of thinking, but they do know that I am taking LDN, and that it is helping.

For those of you newbies out there and for the experienced, there is hope for feeling better (even somewhat), even for a hard core veteran like me.

And yet another says:

I too have had amazing success with LDN for my autoimmune disease. It cleared my itchy dermatomyositis skin rash. I only have traces on my hands now. I am still sun sensitive, but the rash is fleeting, whereas before, any sun could cause a major flare of the disease. I also

have much more energy and have the happiest mood (best I've had in decades). I've been able to taper my other meds at an unusually fast pace. Unfortunately, I still have D most days, despite being on the paleo diet, but I have bacterial and candida overgrowth, and perhaps other infectious issues at play. I'm currently off all probiotics while preparing for some testing. I had perfect normans when I was drinking water kefir every day, so I hope to get back on it soon.

She offered this update in a recent email:

I have to admit the LDN hasn't been that miraculous long-term, but I know I'd be a mess without it. I enjoyed about 1.5 years remission of my dermatomyositis with no other meds but the LDN, but a fall virus and possible gluten exposure 2 years ago (later I learned it was EBV reactivation) landed me in a new skin flare that is just now beginning to subside. I volunteered for a clinical trial at UPenn of Lenabasum, a non-psychoactive synthetic THC being tested on DM, lupus, scleroderma, and cystic fibrosis. I joined the second placebo-controlled trial after I knew they had had some success. I'm now in Year 2 of the extension trial, taking 20 mgs THC twice a day, and yes, it helps control the MC. I'm also on 200 mg plaquenil, 10 mg hydrocortisone, and the same 4.5 mg LDN. The MC isn't gone, but totally manageable. LDN still helps with my mood, energy level, and presumably, keeping DM confined to my skin after all these years (for most it would have progressed to muscles and lungs by now).

Those are somewhat typical of the comments that are made by individuals who have actually tried using LDN to treat MC.

The consensus of opinion seems to be that low-dose naltrexone often provides significant help with other autoimmune issues, but it's not a complete treatment for MC. It still requires the use of diet changes or inflammation suppressing medications, but it might be helpful as an add-on treatment in certain cases. For example, users often note that LDN helps to reduce pain, which might make the treatment useful in certain cases of MC, but not every MC case involves pain. The bottom line is that similar to most other treatments, LDN will not be helpful in every MC case, so anyone who is considering using it will have to weigh the facts to decide whether or not it might be worth trying in their own particular case.

