

Cannabis indica in the treatment of chronic otitis media

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Discussion paper

Recently, it has been used to treat chronic otitis media, mostly antibiotics, which are very often applied locally in various solutions or powders. The success and benefits of this treatment can best be evaluated by an experienced otologist, who knows best how difficult the therapy of stubborn chronic otitis media was, how much effort he had to make and how much patience not only the doctor but also the patient required to treat this disease.

Treatment of chronic otitis took several weeks, sometimes months or years. Today, efforts are being made to introduce the most effective antibiotics into the treatment of chronic otitis, so that the patient can return to work in the shortest possible time and be protected from all dangerous complications. Given the therapeutic possibilities, the otologist must also take care to maintain the best possible function, i.e. hearing.

We will only briefly mention this new therapy.

Heimendinger and Lafon¹ use terramycin and chloromycetin in physiological solution in the treatment of chronic otitis media. They soak cotton wool in a freshly prepared lukewarm solution and insert it into the ear for several hours up to 12 times a day.

Rutter and Ballantyn⁴ achieved the best results after insufflation of terramycin middle ear powder.

Kusák² recorded nice results after the application of a mixture of penicillin, streptomycin and sulfathiazole in 2% tylose.

At our clinic, we have recently been successfully treating chronic otitis media with terramycin solution in glycerin and physiological solution (terramycin 3.0, glycerin 80.0, physiol. solution 20.0). During the local treatment of our patients with terramycin - we have over 150 of them so far - we have often been able to verify the well-known fact that the sensitivity of a microbe to antibiotics in vitro does not correspond to the sensitivity in vivo. Far more serious, however, was the realization that if there was a recurrence of otitis media in patients who had already been treated locally with terramycin, there was no improvement after the second treatment with terramycin, even if it was a different microbe, in vitro sensitive to terramycin.

Therefore, we welcomed a new topical antibiotic - an isolated extract from Cannabis indica - and started testing it for chronic otitis media.

So far, we have treated a total of 22 patients in this way - 9 men and 13 women. There were 18 hospitalized patients, 4 outpatients. Of these, 15 patients suffered from unilateral chronic otitis media, 3 bilateral and 4 patients were treated with Cannabis in the post-antrotomy wound. Of the 18 patients with chronic otitis media, 15 were treated with terramycin, 3 had not yet been treated with any antibiotics, 4 patients with antrotomy were all treated with antibiotics.

The bacterial flora in half of the patients was mixed. The most common bacteriological finding was: micrococcus catharalis 7 times, escherichia coli, staphylococcus pyogenes aureus, streptococcus alfa haemol. 4 times, yeast, proteus vulgaris, staphylococcus albus, pseudomonas aeruginosa 3 times, Neiseria 2 times, stamens gram + 1 time.

In 17 patients, the microbial flora was sensitive to Cannabis, in 5 patients it was insensitive. The sensitivity ranged from 1 mm to 14 mm of the areola in the modified Oxford method. The shortest healing time for our patients was 2 days, the longest so far 23 days. In 5 patients, in whom it was a microbe insensitive to Cannabis, there was no nausea in 3 cases, and slight in 2. In 13 patients with chronic otitis media, there was an improvement: purulent secretion usually decreased on the 3rd or 4th day of treatment, the middle ear remained only red, moist. This situation still persists. In 4 patients with secretion from a scar behind the ear

after trepanation, healing occurred in a short time after the installation of Cannabis into the wound. However, 3 patients were treated with penicillin and streptomycin at the same time, so the result cannot be accurately evaluated.

We proceeded in a similar way to terramycin treatment. We rinsed the ear properly with a 1% solution of rivanol, dried it with a cotton swab and then dripped about 5 drops of 1% alcoholic extract from Cannabis, as prepared by as. Dr. Krejčí. Then the sick person lay on his healthy ear for 2 hours. We did this 2 to 3 times a day. When the large purulent secretion stopped, we dusted the ear with Cannabis powder in 5% acid. Boric.

SUMMARY

We tested *Cannabis indica* in 18 patients with chronic otitis media and in 4 patients in the wound after anthropomy. In 13 cases of chronic otitis, there was a substantial improvement. Our experience is too short-lived so far - only 3 weeks. It will be necessary to test *Cannabis* with other, more suitable vehicles, gradually releasing the antibiotic to a sufficient extent.

LITERATURE

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