

Effect of cannabis indica substances in otorhinolaryngology

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Discussion paper

In our department, we used the following preparations: 1% alcohol. solution of purified extract C. i., 1 % aqueous solution of purified extract C. i. (emulsion), ointment - lanolin vaseline with 5 % C. i., powder - boric acid with 5 % C. i.

Cannabis indica has been tested in the following diseases: otitis - acute and chronic, maxillary sinusitis - acute and chronic, chronic tonsilopharyngitis, furuncles of the entrance of the nasal and external auditory canal, stomatitis aphthosa.

A total of 18 cases of acute otitis were treated.

If there was already discharge, a mixture was dripped into the ear 2 times a day: 1 % Cannabis alcoholic or aqueous solution (4 parts) with 10 % H₂O₂ (1 part); When the discharge began to subside, we dusted acid powder into the ear. boricum.

In other acute otitis, 1% cannabis in an alcoholic or aqueous solution was dripped into the ear.

In all cases, healing occurred within a week.

Otitis media suppurativa chronica simplex - a total of 27 cases were treated.

We used a similar alcoholic or aqueous solution of 1% cannabis (sometimes in combination with H₂O₂). When the outflow stops, backfill is applied. Within 10 days, 25 cases were healed. The remaining 2 cases were only slightly improved. In these bacteriological examinations of pus were found in one case *Proteus vulgaris*, in the other *Pseudomonas aeruginosa*. To illustrate this, we present the case of a 16-year-old boy suffering from chronic otitis for 10 years. Within 10 applications of cannabis, the patient was healed.

From the furuncles of the nasal entrance, 4 cases were treated - the furuncle and its surroundings were smeared with a 4% alcoholic solution of cannabis and then ointment was applied. Within 3 days of healing. With a similar result, 3 cases of furunculus of the external auditory canal were treated.

Aphthae rubbed several times a day with a 4% alkaline or aqueous solution of cannabis - a total of 5 cases. Healed within 5 days. The analgesic effect was particularly important, so that patients could eat without pain.

Maxill sinusitis. Acuta was treated 2 times - after irrigation of the cavity with sterile saline, injected into the cavity 5 to 10 ccm 1% alcohol. solution or water emulsion. Healing within 2 punctures - second puncture after two to three days.

Of chronic sinusitis, 3 cases are treated. The procedure is similar, after rinsing 5 cc of aqueous or alcoholic solution is applied. Three punctures were enough. In one case, 5 punctures. It was in a 40-year-old man suffering from chronic sinusitis bilat. for 3 years, who was unsuccessfully treated with seasonal punctures (about 30 in total). Cannabis was successfully used on the right side, penicillin on the left side (100,000 units of penicillin were applied into the cavity after rinsing) without success. Therefore, the patient was treated with 2 punctures followed by the application of cannabis.

In chronic tonsilopharyngitis, sprays of 1% alcohol are performed. or aqueous solution. C. i. (3 - 5 cc). In 10 treated cases, there was an evident improvement both subjective and objective.

In all cases, an analgesic effect was evident. Some patients use alcohol solution, especially in chronic otitis, reported a rather sharp pain lasting several minutes after dripping. But then there was obvious relief and the disappearance of pain.

The message is burdened with the error of small numbers. Also because for technical reasons we could not carry out bacteriological examinations everywhere. Nevertheless, the therapeutic effect of cannabis in otorhinolaryngology is remarkable and it is necessary to monitor its therapeutic properties on a larger material and in more detail. When using only H₂O₂ or ac. Borica himself - as we know from experience - has never achieved such rapid successes.

I would like to mention for the sake of interest:

I had the opportunity to try cannabis once for second-degree burns. Extent of the burn - on the forearm size 5 x 20 cm. The patient burned herself with overheated fat and covered the affected area with mud at home to relieve the pain. Since I had no other therapeutic remedy at hand (in the country), I rubbed the burn with a 4% aqueous solution of cannabis extract and applied an ointment with C.i. The next day, during the check-up, the patient reports that the pain disappeared shortly after treatment. A burn has a healing tendency. She did not come for a check-up again, she only sent a message that the hand was healed.

A small note from history:

In Mattioli's herbarium (adapted by Adam of Veleslavín) we read: Fresh hemp is good for burning, but it must often be put one leaf after another and not let it wither, so it is more useful to pound the leaves or fresh root in a mortar and add butter to it and thus anoint it.

Further clinical experience is needed in this field as well. We intend in the future to test: C. i. with glycerin, C. i. with tyrothricin, or with perubalsam, and tylose (2 % methylcellulose) as a vehicle. Namely, it will be necessary to test the penetration ability of the antibiotic using various vehicles or ointment substrates.

After this report, a discussion developed.

SUMMARY

Excellent effect of antibiotics from cannabis has been found in acute otitis, furuncles of the entrance to the nasal and external auditory canal. In chronic otitis, it has proven itself in most cases, fails in pyocyanea and proteum infections. A particularly striking effect was in sinusitis and especially in bilateral sinusitis maxillaris, where one side was treated with penicillin without success, the other with cannabis was cured by 3 punctures. Side treated with penicillin without success, then smoothly treated with cannabis.

Also, the case of grade II burn was remarkably quickly cured by 4% cannabis extract.

The analgesic effect of cannabis, which is also very effective in stomatitis aphtosa, is also emphasized.

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