

Topical effect of cannabis indica in the treatment of specific fistulas

JAROSLAV PROČEK

Discussion paper

At the orthopaedic department of the hospital in Červená Voda, 14 patients with chronic specific fistulas were treated by local injection of Cannabis indica solution. Of this number, 4 were spec. coxitis, 3 lumbar spondylitis, 1 thoracic, 1 rib cary, 2 knee fungus, 1 sternum fungus, 1 elbow fungus, leg and wrist fungus. In all patients, the primary bone lesions were in the reparative stage. The average duration of fistula secretion is 2.5 years. During bacteriological examination, Staphylococcus pyogenes aureus haemolyticus 6 times, Enterococcus 1 x, Pseudomonas aeruginosa 3 times, Streptococcus gamma 2 times, Escherichia coli 1 x were grown. Of the common antibiotics, cultures were most sensitive to teramycin, penicillin, and chlormycetin, and almost all insensitive to STM.

The fistulas were flushed with 1% alcohol extract of Cannabis indica with chlorophyll at a rate of 5 - 10 cc every day. In the place of the outer orifice of the fistula, Cannabis indica ointment (2% lanolin-vaselin) was applied. Treatment was always combined with the administration of 1 g of STM every third day, PAS 30 tab. per day, in 4 patients INF and ASD were administered in usual doses. The mean dose of STM applied prior to initiation of rinses with Cannabis indica solution was 18 g STM or 200 tab. INH. Fistulas closed on average after 42 days, in two cases every 10 days. In three patients, treatment was started without prior administration of STM. Fistulas closed after administration of 21 g of STM.

During the preliminary evaluation (in the period from October 1954 to May 1955) in those patients where flora sensitive to Cannabis indica were grown, the local effect can be evaluated positively, no reactions were observed, neither general nor local, even a certain analgesic effect can be attributed to the effect of Cannabis ind. In the case of very abundant secretion, there was a significant decrease after about 10 days, in two cases a temporary closure of the fistula. In other cases, a favourable therapeutic effect cannot be expected due to the diagnosed pyocyaneue, which is insensitive to Cannabis. Faster cleaning of the fistulas has occurred recently after administration of the pure extract. However, the number of cases is small and the time is too short even for a preliminary assessment. Currently, we continue to use therapies by applying a pure extract. A definitive evaluation will be possible only after a longer period of time, especially due to the nature of the disease.

SUMMARY

In this work, it is found that cannabis extract has a beneficial medicinal effect in specific fistulas, except in cases of pyocyaneum infection.

Tuberculosis sanatorium Jince. Head: Prim. MUDr. Josef Šírek.

Head of the working group: prof. Dr. Jan Kabelík.