Medical Marijuana

I was diagnosed with muscular dystrophy in early 2003. I am also one of the approximately 1,400 registered medical marijuana patients under Colorado's Amendment 20, so I feel that I can offer a unique perspective as to what the government should be doing about medical marijuana.

The human need to seek relief from pain and suffering is a medical issue, not a legal one, and it should be dealt with within the context of the doctor-patient relationship. Congress needs to immediately order the U.S. Drug Enforcement Administration to stop arresting and prosecuting licensed patients, caregivers, and their providers in the states that have passed medical marijuana laws. Contrary to the 1988 ruling of DEA administrative law judge Francis L. Young, who said "cannabis has been accepted as capable of relieving the distress from great numbers of very ill people, and of doing so with safety under medical supervision," the DEA continues to deny the medical efficacy of marijuana. Many chronically and terminally ill people, and those who care for them, are treated like violent criminals and drug dealers when their only crime was to seek relief from their pain. Not only is this policy inhumane, it is a tremendous waste of supposedly scarce financial resources. Society is better served when state and local law enforcement agencies are tasked with enforcing the medical marijuana laws of their respective states.

Secondly, Congress needs to order the DEA to quit blocking efforts to reschedule marijuana and allow researchers such as Professor Lyle Craker, Ph.D., at the University of Massachusetts to scientifically study the therapeutic effects of marijuana. Despite efforts by senators Edward Kennedy and John Kerry—and despite the opinion of DEA administrative law Judge Mary Ellen Bittner, who said that it "would be in the public interest" to allow Professor Craker to proceed with his research—the DEA continues to stonewall all attempts at any true scientific study of the medicinal properties of cannabis.

Marijuana is a legitimate palliative medicine. It is far superior at treating my symptoms than the pharmaceutical medications that I have been prescribed and far less harmful.

Daniel Pope
Longmont, CO

MS and Relationships

I was gratified to see *Neurology Now* tackle the subject of sexuality and multiple sclerosis and honored to be interviewed for the article. This is a subject of interest and concern for men and women with MS and, unfortunately, one that doesn't often get talked about during office visits to the neurologist.

I was concerned, however, that readers might take away from this article the idea that women experience fewer—or less significant—changes in sexual function than men. The most recent studies have confirmed that women as well as men report a variety of changes in sexual function. In the most recent epidemiological study by Foley and colleagues, almost 70 percent of all respondents to the Multiple Sclerosis Intimacy and Sexuality Questionnaire (MSISQ) reported significant sexual dysfunction. The most frequently reported problems were orgasmic difficulties (38.7 percent), erectile difficulty or inadequate vaginal lubrication (38.6 percent), and genital numbness (28.9 percent)—with no differences found between men and women on total MSISQ scores. Of particular interest was the finding that women scored higher on primary sexual dysfunction (problems directly caused by lesions in the central nervous system) and secondary sexual dysfunction (problems related to other MS symptoms or the medications used to treat them), while men scored higher on tertiary sexual dysfunction (problems related to emotional, social, and cultural issues).

Both women and men with MS should bring their concerns about sexual function to the attention of their health care providers so that they can receive the help they need.

Rosalind C. Kalb, Ph.D.
Associate Vice President,
Professional Resource Center
National Multiple Sclerosis Society

Cervical Dystonia

Since I've started getting *Neurology Now*, I haven't read any articles on any forms of cervical dystonia. I have this condition and would like to see some articles printed on this topic.

Tammy Aldridge,
VA

THE EDITOR RESPONDS: Thanks for your suggestion, Tammy. Check out "Speak Up" in this issue (page 48). In the upcoming Sept/Oct issue, we'll feature an interview with professional hockey player Rem Murray, who also has cervical dystonia.

Correction to "Forecasting Seizures": Neuropace Trial Still Open

The article "Forecasting Seizures" in the May/June issue incorrectly stated that the trial that "allowed [Neuropace] to enroll 220 people" is closed. The feasibility trial ended over a year ago and is closed; but the current pivotal trial is still open for enrollment. (At press time, the National Institutes of Health Web site clinicaltrials.gov had not been updated.)

The RNS System is a novel therapeutic device that uses advanced technology to detect and suppress abnormal electrical activity in the brain before seizure symptoms occur. The new device builds upon established neurostimulation technology that is FDA approved to treat Parkinson's disease and essential tremor.

The RNS System Pivotal Clinical Investigation aims to assess the safety and effectiveness of RNS as an add-on therapy for reducing the frequency of seizures. Eligible participants should be 18 to 70 years of age with partial onset seizures that are refractory to two or more antiepileptic medications. Visit **seizurestudy.com** or call 866-903-3678 for more information about enrollment for this trial.

LET US HEAR FROM YOU

We always want to know if a story has touched you or helped you—or rubbed you the wrong way. Plus, here are three questions for you, based on stories in this issue of *Neurology Now*.

LIVING IN DENIAL:

In "Living in Denial" (page 14), Richard Cohen shares how he kept his multiple sclerosis a secret from employers. Have you ever told an employer about your neurological condition? What happened? In retrospect, do you feel you made the right decision? Why or why not?"

OUR KIND OF WOMAN

In "Our Kind of Woman" (page 12), we profile Barbara Arrowsmith Young, a woman once labeled "retarded" who overcame her deficits through hard work. Do you know someone with a neurological condition who inspires you? Tell us about your everyday hero.

ART CONTEST:

Send us your artwork about living with a neurological condition. One submission will be published in the Nov/Dec issue and the artist will receive $100. People with epilepsy can submit art to the Expressions of Courage contest, co-sponsored by the Epilepsy Foundation and Ortho-McNeil (**expressionsofcourage.com**).

Email your thoughts to neurologynow@lwwny.com. You can also fax your letter to 646-674-6500 or mail it to Wolters Kluwer, Neurology Now, 333 Seventh Ave., 19th Floor, New York, NY 10001. Letters may be edited for purposes of space and clarity.

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LETTERS TO THE EDITOR: Correspondence for publication on this LETTERS page must include name, address, and daytime phone number, and may be edited for purposes of space and clarity. It should be e-mailed to neurologynow@lwwny.com, faxed to 646-674-6500, or mailed to 333 Seventh Ave., 19th Floor, New York, NY 10001.

PERSONAL ESSAYS: The SPEAK UP essay is a forum for people who live with neurological conditions and those who care for them. Submissions should be kept to 600 words and sent to the addresses above.

ASK THE EXPERTS: If you have a question for a doctor to answer in our ASK THE EXPERTS department, send it to the addresses above.

SUBSCRIPTIONS

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