



Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: dcp.mmp@ct.gov • Website: www.ct.gov/dcp/mmp



Petition to Add a Medical Condition, Medical Treatment or Disease to the List of Debilitating Conditions

INSTRUCTIONS: Please complete each section of this Petition and attach all supportive documents. All attachments must include a title referencing the Section letter to which it responds. Any Petition that is not fully or properly completed will not be submitted to the Board of Physicians.

Please Note: Any individually identifiable health information contained in a Petition shall be confidential and shall not be subject to disclosure under the Freedom of Information Act, as defined in section 1-200, Connecticut General Statutes.

Section A: Petitioner's Information

Name (First, Middle, Last):

Home Address (including Apartment or Suite #):

City:

State:

Zip Code:

Telephone Number:

E-mail Address:

Section B: Medical Condition, Medical Treatment or Disease

Please specify the medical condition, medical treatment or disease that you are seeking to add to the list of debilitating medical conditions under the Act. Be as precise as possible in identifying the condition, treatment or disease.

Menieres Disease

Section C: Background

Provide information evidencing the extent to which the condition, treatment or disease is generally accepted by the medical community and other experts as a valid, existing medical condition, medical treatment or disease.

- Attach a comprehensive definition from a recognized medical source.
- Attach additional pages as needed.

Definition is attached

Section D: Negative Effects of Current Treatment

If you claim a treatment, that has been prescribed for your condition causes you to suffer (i.e. severe or chronic pain, spasticity, etc.), provide information regarding the extent to which such treatment is generally accepted by the medical community and other experts as a valid treatment for your debilitating condition.

- Attach additional pages as necessary.
- If not applicable, please indicate N/A.

Diazide, Valium, antiemetics, Zolof, Xanax
Low salt Diet



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Section E: Negative Effects of Condition or Treatment

Provide information regarding the extent to which the condition or the treatments thereof cause severe or chronic pain, severe nausea, spasticity or otherwise substantially limits one or more major life activities.

- Attach additional pages as necessary.

Definition is attached

Section F: Conventional Therapies

Provide information regarding the availability of conventional medical therapies, other than those that cause suffering, to alleviate suffering caused by the condition or the treatment thereof.

- Attach additional pages as necessary.

None available, No cure

Section G: General Evidence of Support for Medical Marijuana Treatment

Provide evidence, generally accepted among the medical community and other experts, that supports a finding that the use of marijuana alleviates suffering caused by the condition or the treatment thereof.

- Attach additional pages as necessary.

Section H: Scientific Evidence of Support for Medical Marijuana Treatment

Provide any information or studies regarding any beneficial or adverse effects from the use of marijuana in patients with the condition, treatment or disease that is the subject of the petition.

- Supporting evidence needs to be from professionally recognized sources such as peer reviewed articles or professional journals.
- Attach complete copies of any article or reference, not abstracts.

Section I: Professional Recommendations for Medical Marijuana Treatment

Attach letters in support of your petition from physicians or other licensed health care professionals knowledgeable about the condition, treatment or disease at issue.

Attached



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Section J: Submission of Petition

In the event you are unable to answer or provide the required documentation to any of the Sections above (excluding Section D); provide a detailed explanation indicating what you believe is “good cause” for not doing so.

- Attach additional pages as necessary.

I hereby certify that the above information is correct and complete.

My signature below attests that the information provided in this petition is true and that the attached documents are authentic. I formally request that the commissioner present my petition and all supporting evidence to the Board of Physicians for consideration.

Signature:

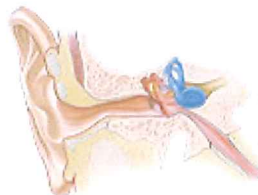


[Redacted Signature]

Date Signed:

12/2/16

Ménière's Disease - Topic Overview



What is Ménière's disease?

Ménière's (say "men-YEERS") disease is an inner ear problem that affects your hearing and balance. It normally occurs in only one ear at a time. But over time, it develops in the other ear in up to half of those who have it.

The disease usually occurs in people ages 40 to 60, but anyone can have it.

What causes Ménière's disease?

The cause of Ménière's disease is not known. But it may be related to a fluid called endolymph in the inner ear. In people with Ménière's disease, too much of this fluid builds up. This creates pressure in the parts of your inner ear that control balance. Experts aren't sure why this fluid builds up. It may be that your body produces too much of the fluid. Or maybe the fluid doesn't drain as it should from the inner ear. Or it may be both.

It's hard to predict who will get Ménière's disease. But your risk may be higher than normal if you have:

- Another family member who has it.
- An autoimmune disease, such as diabetes, lupus, or rheumatoid arthritis.
- Had a head injury, especially if it involved your ear.
- Had a viral infection of the inner ear.

Allergies



Ménière...

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During an attack, you may have:

- Vertigo, the feeling that you or your surroundings are spinning. This may last from minutes to hours. It may be bad enough to cause nausea and vomiting.
- Tinnitus, a low roaring, ringing, or hissing in your ear.
- Hearing loss, which may be temporary or permanent.
- A feeling of pressure or fullness in your ear.

Most people have repeated attacks over a period of years. Attacks usually happen more often during the first few years of the disease and then come less often after that.

In some cases, each attack damages the inner ear. Over time your inner ear may become so badly damaged that it no longer works as it should. Then the attacks may stop, but you

may be left with:

- Poor balance.
- Permanent hearing loss
- Roaring or hissing in the affected ear.

A few people with Ménière's disease have "drop attacks." A drop attack is a sudden fall while you stand or walk. It occurs without warning. It may feel like you are suddenly being pushed to the ground. People who have these attacks don't pass out, and they recover within seconds or minutes.

See a doctor right away if you think you have Ménière's disease. Prompt diagnosis and treatment may reduce both the discomfort of the attacks and your risk of hearing loss

How is Ménière's disease diagnosed?

To diagnose the disease, your doctor will do a physical exam that includes checking your ears, eyes, and nervous system. The doctor will also ask questions about your past health and your symptoms, such as:

- How you feel when you have a vertigo attack.
- How long an attack usually lasts.
- Whether anything seems to trigger an attack, like changing your position.
- Whether you have other symptoms along with vertigo, like hearing loss or nausea

Your doctor may also do tests to confirm a diagnosis of Ménière's. These tests may include:

- A Dix-Hallpike test to find out if certain head movements trigger vertigo.
- Hearing tests, including one to find out if the nerve from the inner ear to the brain is working as it should.



Ménière...

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symptoms are caused by a brain problem.

How is it treated?

Ménière's disease can't be cured. But your doctor can prescribe treatment to help control your symptoms and reduce how often you have attacks.

Medicines

Your doctor may prescribe a diuretic medicine. Diuretics help rid your body of excess fluid, so they may help prevent the buildup of fluid in your inner ear. And that may mean you have fewer attacks.

Your doctor may also prescribe medicines to use when you have an attack, such as:

- Medicines that reduce the vertigo. These include antihistamines such as dimenhydrinate (for example, Dramamine), sedatives such as diazepam (for example, Valium), and the scopolamine patch (Transderm Scop).
- Medicines that reduce nausea and vomiting caused by vertigo. These are called antiemetics.

Other treatments

If symptoms are severe and don't respond to medicine, your doctor may suggest another treatment, such as surgery to reduce the fluid or pressure in the inner ear. The goal is to get rid of your symptoms while saving as much of your hearing as possible.

In rare cases of severe, lasting Ménière's disease, doctors may suggest a treatment to destroy the balance center in the inner ear (labyrinth), which can prevent vertigo. Options include:

- Surgery to remove the labyrinth. This is called labyrinthectomy.
- Chemical ablation. During this procedure, an antibiotic (usually gentamicin) is injected into the inner ear to destroy the labyrinth.

These treatments can cause permanent hearing loss, so they are usually done only as a last resort.

What can you do at home for Ménière's disease?

Ménière's can be hard to manage and tough to live with. But there are some things you can do that may help reduce the number of attacks you have:

- Eat low-salt foods. Salt makes your body hold on to excess fluid. If you eat less salt, you may have less buildup of fluid in the ear. So you may get vertigo less often.
- Avoid caffeine, alcohol, and tobacco.
- Try to reduce the stress in your life.



Ménière...

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You can also take steps to help protect yourself when you have attacks:

- Do exercises to improve your balance. This can reduce your risk of falling and hurting yourself or others.
- Make changes to reduce your risk of injury during a vertigo attack. For example, install grab bars in your bathroom. Wear shoes with low heels and nonslip soles. And don't drive during an attack.

NEXT ARTICLE
Health Tools >

Section
G + H
+ I

Cannabis Treats Meniere's Disease

2K
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Doctors say, "Cannabis treats Meniere's Disease"

More good news about cannabis. People suffering from intense vertigo and nausea due to an inner ear problem a condition of unknown cause and limited susceptibility to conventional medical treatment called Ménière's disease find significant improvement from cannabis, according to California doctors.

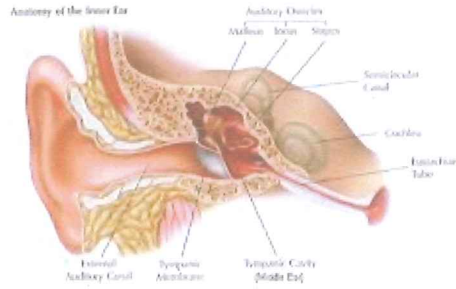
California doctors routinely approve the use of cannabis by Meniere's patients who say that it helps ease their symptoms. "Meniere's causes dizziness. Dizziness causes nausea, cannabis relieves nausea", Robert Sullivan, MD said, "I've issued many recommendations for Meniere's, as well as tinnitus (ringing in the ears) " It works well enough to make a significant improvement in patients' lives." R. Stephen Ellis, MD, has given some thought to how cannabis might help in the treatment of Meniere's: cannabis has anti-anxiety properties.

1. cannabis has anti-anxiety properties.
2. cannabis has anti-nausea effect.
3. cannabis helps to stop the vertigo (spinning sensation).

In 1861, the French physician Prosper Meniere described a condition, which now bears his name.

Meniere's disease is a disorder of the inner ear, which causes episodes of vertigo, ringing in the ears (tinnitus), a feeling of fullness

or pressure in the ear, and fluctuating hearing loss. The area of the ear affected is the entire labyrinth, which includes both the semicircular canals and the cochlea.



A typical attack of Meniere's disease is preceded by fullness in one ear. Hearing fluctuation or changes in tinnitus may also precede an attack. A Meniere's episode generally involves severe vertigo (spinning), imbalance, nausea and vomiting. The average attack lasts two to four hours. Following a severe attack, most people find that they are exhausted and must sleep for several hours. There is a large amount of variability in the duration of symptoms. Some people experience brief "shocks" and others have constant unsteadiness. High sensitivity to visual stimuli (visual dependence) is common. {Lacour, 1997}. During the attack the eyes jump, (this is called "nystagmus").

Fall due to otolithic crisis of Tumarkin. This is a very dangerous variant of Meniere's disease, which can result in abrupt falls. A particularly disabling symptom is a sudden fall. These typically occur without warning. These falls are called "otolithic crisis of Tumarkin", from the original description of Tumarkin {1936}. They are attributed to sudden mechanical deformation of the otolith organs (utricle and saccule), causing a sudden activation of vestibular reflexes. Patients suddenly feel that they are tilted or falling (although they may be straight), and bring about much of the rapid repositioning themselves. This is a very disabling symptom as it occurs without warning and can result in severe injury. Often destructive treatment (e.g. labyrinthectomy or vestibular nerve section) is the only way to manage this problem. Other otologic conditions also occasionally are associated with Tumarkin type falls {Black et al, 1982; Ishiyama et al, 2003}. Meniere's episodes may occur in clusters; that is, several attacks may occur within a short period. However, years may pass between episodes.

Between the acute attacks, most people are free of symptoms or note mild imbalance and tinnitus. Meniere's affects roughly 0.2% of the population. Meniere's disease usually starts confined to one ear but it often extends to involve both ears (over time), so that after 30 years, 50% of patients with Meniere's have bilateral disease (both ears) {Stahle et al, 1991}. In most cases, a progressive hearing loss occurs in the affected ear(s). A low-frequency sensor neural pattern is commonly found initially, but as time goes on, it usually changes into either a flat loss or a peaked pattern. Although an acute attack can be incapacitating, the disease itself is not fatal.

What causes Meniere's disease?

The origin of Meniere's disease is presently controversial. While in the past, it was felt that plumbing problems (hydrops) in the ear were responsible for the disease. The most current opinion is that the plumbing problems are just a marker for the Meniere's disease, rather than necessarily being responsible for the symptoms.

Traditional thinking on the origin of Meniere's disease: The most prevalent opinion is that an acute attack of Meniere's disease results from fluctuating pressure of the fluid within the inner ear. A system of membranes, called the membranous labyrinth, contains a fluid called endolymph. The membranes can become dilated like a balloon when pressure increases. This is called "hydrops". One way for this to happen might be when the drainage system, called the endolymphatic duct or sac is blocked. In some cases, the endolymphatic duct may be obstructed by scar tissue, or may be narrow from birth. In some cases there may be too much fluid secreted by the stria vascularis.

More recent thought on the origin of Meniere's disease. On the other hand, hydrops is not found in all persons with Meniere's disease, and hydrops is commonly found (6%) on autopsy studies of persons who had no Meniere's type symptoms (Honrubia, 1999; Rauch et al, 2001). Because Meniere's disease occurs in roughly 0.2/100 persons, and Hydrops is found in 6/100 temporal bones, there is more than an order of magnitude more people with hydrops than Meniere's disease. Thus, logically, there must be something more than simply hydrops involved in the origin of Meniere's disease.

One can also build a reasonable case for Migraine being the cause of (some) cases of Meniere's disease. Migraine is at least an order of magnitude more common than Meniere's disease, and one can allow

for the possibility that migraine variants might be similar in frequency to Meniere's disease. Patients with Meniere's have migraine also, about 50% of the time. Menieres' disease hearing loss, does not follow the expected pattern for an inner ear disease (i.e. loss of high frequencies first, and loss of OAE's).



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[LEARN](#) | QUALIFYING CONDITIONS

QUALIFYING CONDITIONS

Below is a list of the qualifying conditions to obtain a medical marijuana card in New Jersey.

Because “severe pain”, “nausea” and “muscle spasms” are qualifying symptoms, any condition that *causes* them can be used as a qualifying condition.

This is more of an overview of the most common conditions, if you’re not sure if your condition would qualify, [complete the online form](#) and we will get back to you shortly.

Severe Pain

[Learn More About Severe Pain](#)

[See All Severe Pain Conditions](#)

[Start My Severe Pain Application](#)

Nausea



- Any Condition Causing Nausea
- Benign Positional Vertigo (BPV)
- Chemotherapy
- Chronic Nonspecific Nausea
- Chronic Nonspecific Vomiting
- Diverticulosis
- Irritable Bowel Syndrome (IBS)
- Medication Associated Nausea
- Meniere's Disease
- Nephropathy
- Other GI Disorders
- Peptic Ulcers
- Radiation Therapy
- Sprue
- Vertigo

Start My Nausea Application

Muscle Spasms

[Learn More About Muscle Spasms](#)

[See All Muscle Spasm Conditions](#)

Start My Muscle Spasms Application

Cancer

[Learn More About Cancer](#)

Start My Cancer Application



Learn More About Seizures

[Start My Seizures Application](#)

Glaucoma

[Learn More About Glaucoma](#)

[Start My Glaucoma Application](#)

HIV/AIDS

[Learn More About HIV/AIDS](#)

[Start My HIV/AIDS Application](#)

Non-Qualifying Conditions

PTSD and Cachexia – Other medical conditions that are not approved by the New Jersey Department of Health.



Cannabis to ease Meniere's symptoms

THIS POST WAS WRITTEN BY [MIKE](#) ON FEBRUARY 26, 2016

POSTED UNDER: [GENERAL INFORMATION ON MENIERE'S DISEASE / SYNDROME](#)

The many benefits of medical marijuana are well documented particularly in neurological conditions, MS, autism and cancer. Some countries and states are now allowing it to be used on prescription and it is often being debated in parliaments and governments around the world.

Used for medical relief it is vaporized rather than smoked and in home remedies that have had such reported success with beating cancer and even curing epilepsy and autism extract is mixed with things like coconut oil.

Famous singer songwriter Ryan Adams who suffers from Meniere's Disease told Britain's Culture Magazine that he smokes cannabis to help him cope with the symptoms.

Adams said, "It's therapeutic. There are a lot of people who say, 'Oh he's a pothead,' but I think, 'Be careful, as karma is real, and begrudging people who are sick is awful.'"

- cannabis has anti-anxiety properties.
- cannabis has anti-nausea effect.
- cannabis helps to stop the vertigo (spinning sensation)

These are the claims of R. Stephen Ellis, MD.

According to [MedicalMarijuana.com](#) doctors in California routinely recommend cannabis for Meniere's. "Meniere's causes dizziness. Dizziness causes nausea, cannabis relieves nausea", Robert Sullivan, MD says, "I've issued many recommendations for Meniere's, as well as tinnitus (ringing in the ears) " It works well enough to make a significant improvement in patients' lives."

The use of medical marijuana is discussed in one chapter in the book [Managing Meniere's Disease - How to Live Symptom Free](#)

Meniere's Disease to conditions for medical marijuana use



DeAnna Smith

Paulsboro, NJ

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Supporters

Medical marijuana alleviates many of the symptoms of menieres disease. Including nausea, vomitting, tinnitus, vertigo, and motion sickness, anxiety and depression. The medications and treatment options available are experimental, risky, and often harmful causing permanent nerve damage, hearing loss, and profound deafness. Constance Gee, a highly respected member of society suffers from this horrible disease and has become an advocate for medical marijuana.