

A History of Cannabis Use in Women's Health

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Source: Russo E. *J Cannabis Ther.* 2002:5-35.

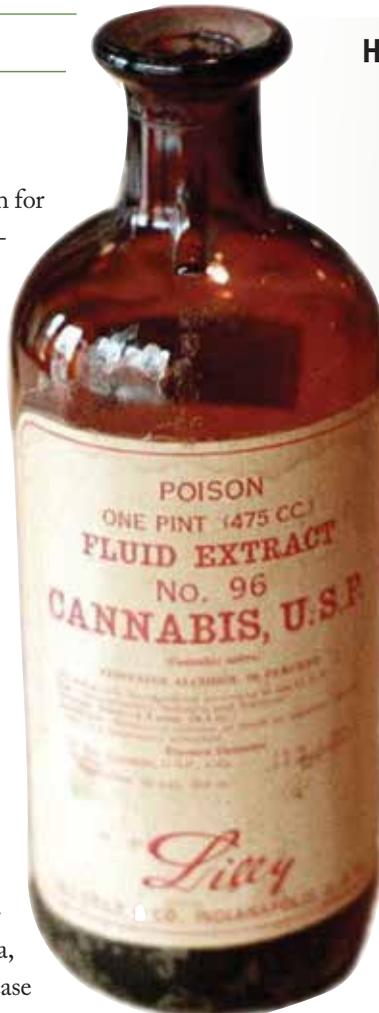
Cannabis has played a role in women's health for thousands of years, as described in a historical review by Ethan Russo, MD.¹ The earliest references of cannabis use for female medical conditions date back as early as the 7th century BCE from Mesopotamia. These early manuscripts describe use of azallû—a mixture of hemp seed and other agents in beer—for difficult childbirth, menses (when mixed with saffron and mint), and other unspecified female ailments.^{2,3}

Additionally, ancient texts from Egypt, China, Persia, Israel/Palestine, Syria, and other countries describe a wide range of cannabis uses, including for menstrual disorders and cramps, childbirth, anal fissures, migraine, postpartum hemorrhage, lactation, and breast swelling and pain.

In the 1800s, use of cannabis oral extracts and tinctures was described in Western medicine to treat uterine hemorrhage, menorrhagia, dysmenorrhea, and gonorrhea, as well as to increase labor contractions. Interestingly, Queen Victoria was known to receive monthly doses of *Cannabis indica* for menstrual pain.

Cannabis continued to be recommended in the early 1900s, with the authors of *Pharmacotherapeutics, Materia Medica and Drug Action* describing its use to counteract "painful cramps" and its "particular influence over visceral pain."⁴ Additionally, cannabis was listed as a treatment for dysmenorrhea in *The British Pharmaceutical Codex* in 1934.⁵ Cannabis was dropped from the National Formulary in 1941; however, the editor of the *Journal of the American Medical Association*, Morris Fishbein, continued to recommend cannabis for menstrual migraines the following year.⁶

The FDA recently issued a strong warning against use of cannabidiol, delta-9-tetrahydrocannabinol, or marijuana during pregnancy or breastfeeding (see page 37). Although some research suggests that use of cannabis in pregnancies is



Cannabis fluid extract bottle.

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Historical Uses of Cannabis in Women's Health¹

- Abortifacient
- Childbirth aid
- Decreased libido
- Dysmenorrhea
- Dysuria
- Gonorrhea
- Hyperemesis gravidarum
- Menorrhagia
- Menstrual irregularity
- Menopausal symptoms
- Postpartum hemorrhage
- Toxemic seizures
- Urinary frequency
- Urinary retention

linked to decreased birth weight and malformations, the largest study to date (N=12,424 pregnancies) found no significant association between cannabis use and low birth weight, shortened gestation, or malformations after controlling for other potentially confounding factors.⁷ More research is needed.

Russo concluded that "the long history of cannabis in women's medicine supports further therapeutic investigation and application to a large variety of difficult clinical conditions. Cannabis as a logical medical alternative in obstetrics and gynecology may yet prove to be, in the words of Robson, a phoenix whose time it is to rise once more."¹

Cannabis as a logical medical alternative in obstetrics and gynecology may yet prove to be, in the words of Robson, a phoenix whose time it is to rise once more.¹

References

1. Russo E. Cannabis treatments in obstetrics and gynecology: a historical review. *J Cannabis Ther.* 2002:5-35.
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