Cannabis has played a role in women’s health for thousands of years, as described in a historical review by Ethan Russo, MD. 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.6,7

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.8

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.”9 Additionally, cannabis was listed as a treatment for dysmenorrhea in The British Pharmaceutical Codex in 1934.6 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 cannabis, delta-9-tetrahydrocannabinol, or marijuana during pregnancy or breastfeeding (see page 37). Although

Effects of Marijuana Use on Sexual Function in Women

By Stacia Woodcock, PharmD, Secretary, Association of Cannabis Specialists New York, New York

Currently, there is a huge divide between the resources allocated to sexual health in men and women.9 There are a vast number of erectile dysfunction medications on the market for men vs only 2 medications approved for low libido in premenopausal women. Interestingly, of the 2 medications for women, 1 must be taken every day, and the other is an injection administered 45 minutes before sexual activity.10

The use of cannabis as a sexual wellness medication represents a much-needed breakthrough in female sexual enhancement. This retrospective review by Lynn et al. represents a great initial general assessment into the effectiveness of cannabis as a sexual arousal and satisfaction tool.4

Study Design and Key Findings

Lynn et al. analyzed survey data from 373 women, including 127 (34%) who reported using marijuana before sexual activity and 49 (13%) who used marijuana but not before sex. Among marijuana users, 68% of those who used it before sex reported satisfying orgasms vs 53% of those who did not use marijuana before sex (adjusted odds ratio [aOR], 2.13; P = 0.04). Additionally, the effect on orgasms was associated with the frequency of marijuana use, with 71% of frequent users reporting satisfying orgasms vs 50% of infrequent marijuana users (aOR, 2.10; P = 0.02). Furthermore, a majority of women who used marijuana before sex reported that its use improved the overall sexual experience (69%), increased their sex drive (61%), and increased the number of satisfying orgasms (52.8%). Cannabis’ ability to decrease stress and inhibition, increase confidence and sensation, decrease pain, and prolong the perception of time all directly apply to the most common causes of sexual dysfunction in women.5 A positive effect on

References