



Evaluating Integrative Methods Including Medicinal Cannabis in the Management of Chronic Conditions: A Retrospective Case Series and Prospective Caregiver–Patient Interviews

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Abstract

Background:

To evaluate the use of integrative methods, including medicinal cannabis, in the management of chronic conditions and to explore patient and caregiver perspectives on clinical outcomes and treatment challenges.

Objective:

To evaluate the use of integrative methods, including medicinal cannabis, in the management of chronic conditions and to explore patient and caregiver perspectives on clinical outcomes and treatment challenges.

Methods:

A retrospective case series was conducted using clinical records from an integrative health and pharmacy practice from eight patients under a Medical Doctor initiated cannabis therapy (2021–2024). Data included demographics, diagnoses, cannabis formulations, dosing, and clinical outcomes. Prospective interviews with patients and caregivers captured lived experiences and perceived benefits. Quantitative data were summarized descriptively, using Microsoft Excel for MAC version 16.102.3 2025 and the IBM Statistical Package for the Social Sciences Ver. 31 and qualitative responses were analyzed thematically using QDA Minor 2025 and Powerpoint (ver. 16.107.2) Word Cloud generator to display the results.

Results:

All patients reported clinical improvements in at least one domain—pain, sleep, appetite, seizures, behavioral symptoms, or mood. Several patients were able to reduce dosages or discontinue high-risk medications such as opioids, antipsychotics, and sedatives. Adverse effects were mild (drowsiness, dry mouth), with no serious events. Caregivers validated improvements in function, behavior, and patient engagement.

Conclusion:

This case series provides real-world, practice-based evidence supporting the integration of medicinal cannabis as an adjunct therapy in chronic, refractory conditions. When combined with holistic interventions—especially nutritional optimization, lifestyle modification, and supportive mind–body practices—patients experienced meaningful improvements across multiple clinical domains. These results underscore the value of comprehensive, culturally relevant integrative care models in emerging healthcare systems and highlight the need for further research to refine cannabis dosing, strengthen evidence-based nutritional strategies, and guide the development of holistic clinical practice guidelines.

Introduction

There is a tremendous global health burden caused by chronic diseases such as neurodegenerative disorders, persistent pain syndromes, epilepsy, cancer-related symptoms and behavioral disturbances (Hacker,2024). These conditions are often multifactorial and progressive requiring long-term pharmacologic management. Conventional monotherapy may provide incomplete symptom relief and can contribute to polypharmacy and resulting medication-related adverse effects, especially in the older adult population and those with multiple illnesses. As a result of all these factors the need for comprehensive patient-centered approaches that will address both symptom control and underlying physiological contributors to disease is now recognized (National Center for Complimentary and Integrative Health. [NCCIH], 2021).

Rationale For Integrative Care Models

Integrative medicine combines conventional medicine with evidence based complementary modalities such as nutritional therapy, botanical medicine and mind-body interventions. This approach emphasizes individualized care, lifestyle modification, and root-cause assessment (National Center for Complementary and Integrative Health. [NCCIH],2021).

Chronic Inflammation, micronutrient deficiencies, metabolic dysfunction and gut dysbiosis are increasingly identified in chronic disease progression and so ensuring that there is optimization of nutrition is important (Gill et al. 2022). Research shows that the integration of targeted nutritional support and pharmacologic therapy would improve clinical outcomes and also may reduce dependence on high-risk medications (McCaffree, 2003).

Pharmacist-led integrative models further enhance medication safety, dosing precision, and monitoring of therapeutic response, particularly in complex chronic conditions (Alkaim & Khan, 2024).

Introduction Cont'd

Medicinal Cannabis in Chronic Disease Management

Medicinal cannabis has emerged as a potential adjunctive therapy for chronic and refractory conditions. Cannabinoids such as cannabidiol (CBD) and delta-9-tetrahydrocannabinol (THC) interact with the endocannabinoid system to modulate nociception, inflammation, appetite, mood and seizure activity (Bell et al., 2024).

Researchers such as Abrams (2018) supports the use of cannabis-based medicines in chronic pain, epilepsy, multiple sclerosis-related spasticity and chemotherapy induced nausea and vomiting. Despite these advances in cannabis- based treatment protocols real world data from integrative practice settings especially those involving combinations of cannabinoid therapy with structured nutritional and holistic interventions are limited.

Study Purpose

This case series evaluates the inclusion of medicinal cannabis within an integrative health care framework emphasizing nutritional and lifestyle interventions, following a Medical Doctor initiated cannabis therapy.

This study aims to provide practice-based evidence regarding clinical outcomes, safety and patient centered care experiences.

Methodology

Design

Hybrid study design combining a retrospective case series with prospective structured interviews. This mixed-methods approach integrated clinical record review with qualitative patient and caregiver experiences.

Table.1 Integrative Cannabis Based Intervention Protocols Methodology

CASES	CONDITION	CANNABIS PROTOCOL	NUTRITIONAL/SUPPLEMENT STRATEGY	MIND/BODY LIFESTYLE
1	Dementia	CBD oil 50 mg/mL; 1 ml am + 1.5 ml pm (titrated to 2 ml nightly)	MCT oil; Anti-inflammatory ¹ and Caribbean whole-foods diet ²	Music therapy and dancing, card games
2	Osteoarthritis Hip/Knee pain	THC-CBD-rich tincture 10 mg/10mg 1 ml tid + tapered to 2ml pm	Turmeric; Ginger; Low-lectin anti-inflammatory diet ¹	Tai Chi; Mineral spa baths
3	Epilepsy	Full Spectrum 6mg/ml THC 3mg/ml CBD 1ml tid	Modified ketogenic diet; Mg/glycinate 500 mg; B6 Anti-inflammatory diet ¹	Tapping(EMF) ³ ; meditation and deep breathing exercises
4	Brain fog	Full Spectrum 6mg/ml THC 3mg/ml CBD 1ml pm	Adaptogens (Ashwagandha, L-theanine); Caribbean Diet ² emphasizing Low-GI diet ⁴	Moist heat sauna sessions, Electrotherapy, Red light, reflexology and colon hydrotherapy sessions
5	Anxiety	THC 10mg/ml 0.25ml to 1ml at night	Adaptogen-rich supplements (ashwagandha, L-theanine), blood sugar stabilization diet, mindfulness-based stress support	Meditation , Deep Breathing/Tapping(EMF) ³
6	Shoulder pain	Full Spectrum 6mg/ml THC 3mg/ml CBD 1ml pm	CoQ10; NAD+; B-complex; Anti-inflammatory diet ¹ ; Collagen and bone broth, horsetail herb	Colon Hydrotherapy, Electrotherapy, Red Light Therapy
7	Intractable Hiccups	Full Spectrum 6mg/ml THC 3mg/ml CBD 1ml three times daily	Small frequent meals; whole foods) Hydration; B12, probiotics, skullcap herb, chamomile	Deep breathing meditation and Tapping (EMF) ³ ; Colon hydrotherapy
8	COPD (emphysema)	Full Spectrum 6mg/ml THC 3mg/ml CBD 1ml twice daily	NAC; Vitamin C; Zinc; Anti-inflammatory diet ¹ ; Hydration	Deep Breathing, Tapping(EMF) ³

Key:

Anti-inflammatory Diet¹: Incorporates healthy fats, consume 5-9 servings of fruits and vegetables daily; select whole grain carbohydrates, keep portion sizes moderate, obtain protein from legumes, nuts, seeds, or lean natural sources of animal protein in moderation; flavor foods with herbs and spices; and ensure adequate omega-3 fat intake. Caribbean Whole-Food Diet²: This regimen emphasizes carbohydrates derived from roots such as yams, sweet potatoes, and Irish potatoes, as well as grains. It includes adequate sources of protein and healthy fats, such as avocado and coconut oil. Additionally, both starchy and non-starchy vegetables, along with a variety of fruits, are integral components of this diet. EMF³: Emotional Freedom Technique; tapping on specific points to reduce stress or emotional issues. Low-GI diet⁴: Low Glycemic Index Diet

Quantitative Results

Fig.1:Medicinal Cannabis use by condition, age and gender

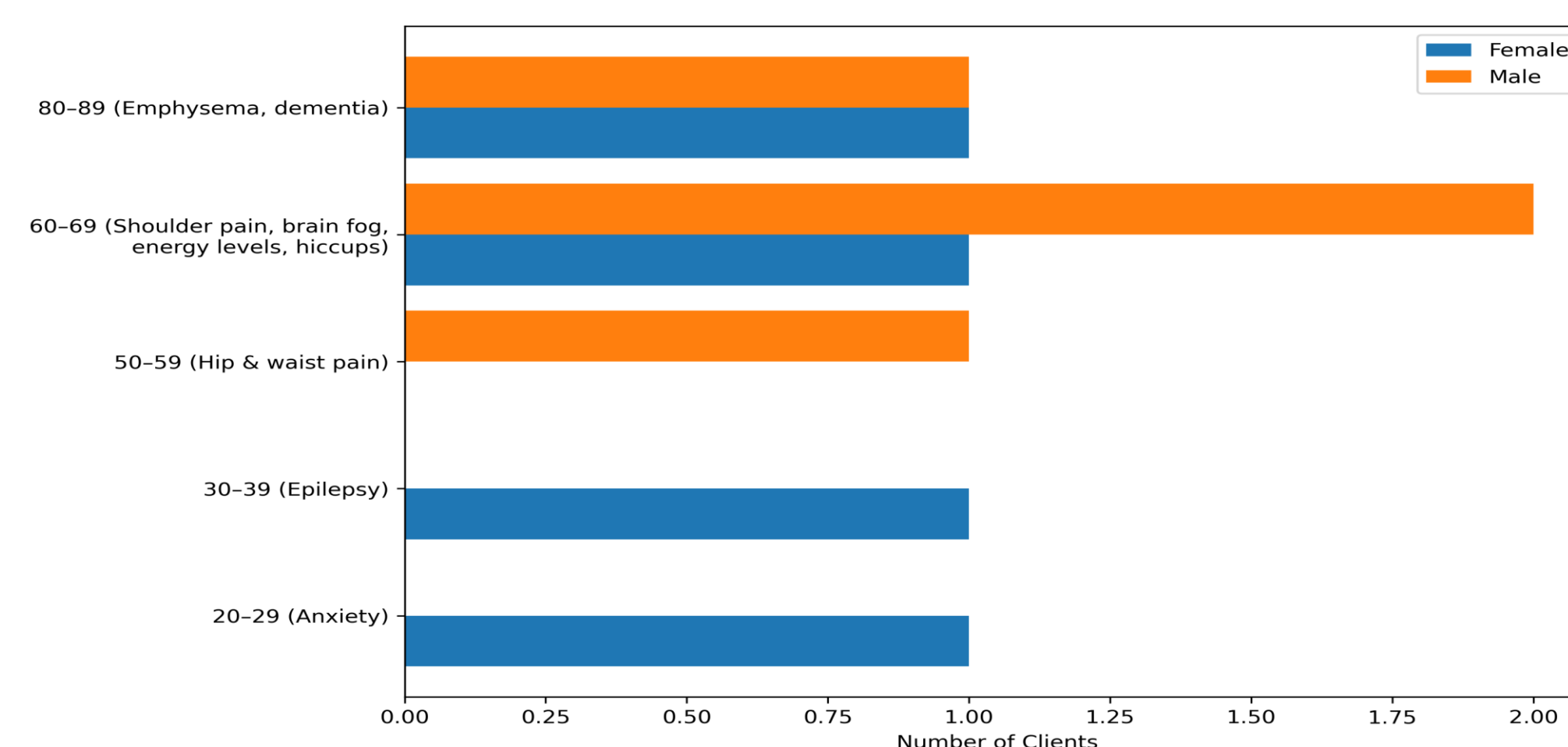
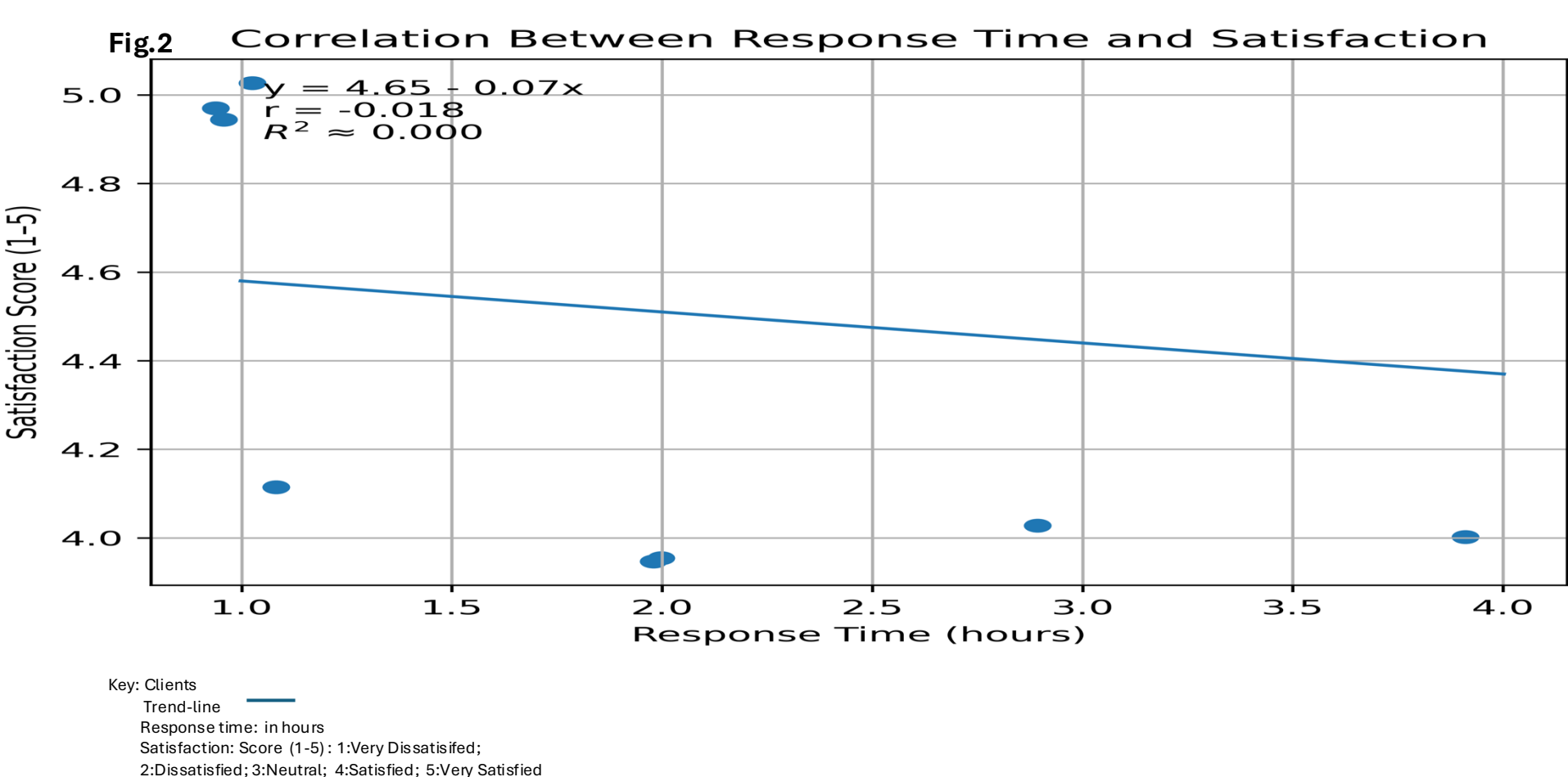


Table 2:Client Experience Summary (N=8)

Condition	Preparation	Onset	Side Effects	Satisfaction
Hip sciatica	THC/CBD 10mg/10mg/ml	4 h	None	Satisfied
Intractable hiccups	CBD 50mg/ml	< 1 h	Burning stomach	Satisfied
Dementia	CBD 50mg/ml	2 h	None	Very satisfied
Anxiety	THC 10mg/ml	< 1 h	None	Very satisfied
Shoulder pain	Full spectrum	< 1 h	None	Very satisfied
Epilepsy	Full spectrum	2 h	None	Very satisfied
Brain fog	Full spectrum	2 h	None	Very satisfied
Difficulty breathing (emphysema)	Full spectrum	< 1 h	None	Very satisfied

Notes:

Onset and satisfaction are self-reported. Full spectrum = multi-constituent preparation (5mg/ml THC/CBD). Small sample size (n = 8); findings are preliminary.



Qualitative Results

Fig. 3 Emerging Themes



Discussions

This hybrid retrospective–prospective case series (Creswell & Plano Clark, 2018) suggests that integrating medicinal cannabis within a holistic care framework may yield meaningful clinical and functional benefits. Consistent with emerging clinical guidelines and evidence syntheses (Bell et al., 2024; Johnson et al., 2025), patients demonstrated improvements in pain, sleep quality, seizure frequency, appetite, mood, and behavioral stability. Findings align with literature supporting cannabinoid use in refractory epilepsy (Kaur, 2025) and chronic pain (Johnson et al., 2025). Several participants reduced or discontinued high-risk medications, supporting the medication-sparing potential described in recent reviews (Hoch et al., 2024).

Qualitative findings revealed tangible functional gains, including increased mobility, enhanced cognitive clarity, improved caregiver cooperation, and restored participation in daily activities. Correlation analysis demonstrated an inverse relationship between onset time and satisfaction, indicating that greater satisfaction was evident when symptom relief occurred more rapidly and with minimal side effects. These results reflect the evolving understanding of cannabinoid safety and therapeutic value (Hossain & Chae, 2024).

Nutritional optimization may have contributed synergistically by addressing inflammation, gut health, and micronutrient insufficiencies (Gill et al., 2022). Integrating nutrition therapy with pharmacologic intervention aligns with established integrative care principles (McCaffree, 2003; NCCIH, 2021). In Jamaica physician initiation remains the regulatory model, however multidisciplinary collaboration remains critical (Alkaim & Khan, 2024). This research despite limited by small sample size and absence of a control group, produced results that support further structured research and the development of culturally relevant, multidisciplinary integrative care pathways.

Conclusion

Integrative cannabinoid-based interventions, when combined with targeted nutritional and lifestyle strategies, demonstrated consistent improvements across diverse chronic conditions. Significant benefits were observed in agitation, sleep quality, stability, daily function, and medication reduction. Cannabis therapy was well tolerated, with no severe adverse events reported.

These real-world cases underscored the critical role of nutrition-informed, whole-person care in optimizing clinical outcomes. They highlighted how medicinal cannabis, when integrated within a holistic framework emphasizing inflammation reduction, gut health, metabolic balance, and micronutrient optimization, may enhance functional restoration and quality of life. The findings support the expanding role of holistic nutrition professionals in collaborative, integrative care models that address both symptom management and underlying physiological contributors to chronic disease.

Patient and Caregiver Consent

This study utilized a retrospective case series design with a prospective interview component involving de-identified patient data. Informed consent was obtained from all patients and/or their caregivers for the use of their de-identified clinical information for research and publication purposes. All data were anonymized prior to analysis and reporting, and no identifying information was included in this manuscript, This resulted in a study with minimal risk in accordance with accepted ethical standards.

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