

**Minnesota Medical Cannabis Program
Petition to Add a Qualifying Medical Condition**

Section A: Petitioner's Information			
Name (First, Middle, Last): [REDACTED]			
Home Address (including Apartment or Suite #): [REDACTED]			
City: [REDACTED]		State: MN	Zip Code: [REDACTED]
Telephone Number: [REDACTED]		E-mail Address: [REDACTED]	

Section B: Medical Condition You Are Requesting Be Added
<p>Please specify the name and provide a brief description of the proposed qualifying medical condition. Be as precise as possible in identifying the condition. Optional: Include diagnostic code(s), citing the associated ICD-9 or ICD-10 code(s), if you know them. <i>Attach additional pages as needed.</i></p> <p>Endogenous cannabinoid deficiency syndrome/Endocannabinoid deficiency/ Endocannabinoid System (ECS) deficiency. The Endocannabinoid System (ECS) is the largest group of receptors in the body, with CB-1 and CB-2 receptors on all major organs. It's job is to maintain HOMEOSTASIS or BALANCE of all body systems which include: nervous system, respiratory, digestive, IMMUNE, circulatory/cardiovascular, endocrine, muscular/skeletal, reproductive. It is the key to treating the cause of diseases vs the symptoms of diseases !!! Many have deficient ECS that where not enough endocannabinoids are produced. It becomes much more common as you age.</p>

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Section C: Symptoms of the Proposed Medical Condition and/or Its Treatment

Describe the extent to which the proposed qualifying medical condition or the treatments cause suffering and impair a person's daily life. Attach additional pages if needed.

When the ECS is deficient & does not have enough endogenous cannabinoids, it is not able to properly control all body systems, resulting in pain, inflammation, disease, death. The symptoms are those of all minor & major diseases.

It is critical that you allow cannabis (phytocannabinoids) to boost the ECS back to proper functioning to maintain balance/homeostasis and thus ward off pain, inflammation, disease.

Section D. Availability of conventional medical therapies

Describe conventional medical therapies available and the degree to which they ease the suffering caused by the proposed qualifying medical condition or its treatment. Attach additional pages if needed.

No conventional medical therapy focuses on the ECS system, even though it is the greatest medical discovery in the last 100 years.

Your Health Dept staff should be focusing on it and its miraculous preventative medicine powers.

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Section E: Anticipated benefits from Medical Cannabis

Describe the anticipated benefits from the medical use of cannabis specific to the proposed qualifying medical condition. *Attach additional pages if needed.*

*The benefits to allowing phytocannabinoids to insure proper ECS function are beyond mere words, treating the cause of diseases rather than the symptoms would be monumental. Benefits would range from helping with minor aches & pains to helping prevent all major diseases via a properly tuned ECS.
Note: this is especially true for seniors as the ECS loses some functionality with age, like all our body elements.*

Section F (optional): Scientific Evidence of Support for Medical Cannabis Treatment

It will strengthen your petition to include evidence generally accepted by the medical community and other experts supporting the use of medical cannabis to alleviate suffering caused by the proposed medical disease or its treatment. This includes but is not limited to full text, peer-reviewed published journals or other completed medical studies. Please attach complete copies of any article or reference, not abstracts.

I have attached relevant articles. (check box if you have attached scientific articles or studies)

Section G (optional): Letters in Support of Adding the Medical Condition

Attach letters of support for the use of medical cannabis from persons knowledgeable about the proposed qualifying medical condition, such as a licensed health care professional.

I have attached letters of support. (check box if you have attached letters of support)

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Section H: Acknowledgement and Signature

Please Note: Any individually identifiable health information relating to any past, present, or future health condition or health care contained in this Petition is classified as a health record under Minnesota Statutes §144.291, and is not subject to public disclosure.

I certify that the information provided in this petition is true and accurate to the best of my knowledge.

SIGNATURE

DATE (mm/dd/yyyy)

7/25/2017

*To obtain this information in a different format, call:
(651) 201-5598 in the Metro area and (844) 879-3381 in the Non-metro.*