

Table 1. Plant-derived Cannabis Medicinal Extracts

<b>Author Year</b> <b>Country</b> <b>Research Design</b> <b>Score</b> <b>Total Sample Size</b>	<b>Methods</b>	<b>Outcome</b>
<p><a href="#">Wade et al.</a> 2003                      UK                      RCT cross-over                      PEDro=8                      N=24</p>	<p><b>Objective:</b> To determine whether plant-derived cannabis medicinal extracts can alleviate neurogenic symptoms unresponsive to standard treatment, and to quantify adverse effects.</p> <p><b>Population:</b>                      24 participants with a neurological diagnosis (multiple sclerosis, n = 18; SCI, n = 4; brachial plexus damage, n = 1; and limb amputation due to neurofibromatosis, n = 1)                      10M, 10F                      Mean age 48 years</p> <p><b>Treatment:</b> Participants were assigned to each of the following groups for two weeks:</p> <ul style="list-style-type: none"> <li>• Experimental group 1: Whole-plant extracts of delta-9-tetrahydrocannabinol (THC)</li> <li>• Experimental group 2: Cannabidiol (CBD)</li> <li>• Experimental group 3: 1:1 CBD:THC</li> <li>• Control group: Matched placebo</li> </ul> <p>Self-administration by sublingual spray at doses determined by titration against symptom relief or unwanted effects within the range of 2.5–120 mg/24 hours.</p> <p><b>Outcome Measures:</b> NRS of fatigue, measured at baseline and each two weeks.</p>	<p>1. No statistically significant difference (<math>p &gt; 0.05</math>) between groups (NRS [SD]: placebo = 5.0 [2.4], CBD = 4.6 [2.4], THC = 4.2 [2.2], CBD: THC = 5.2 [2.5]).</p>

