

# PTSD & CBD FIELD RESEARCH **WITH DR. VEGA**

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# Fun Facts About Me

**B.S. IN BOTH CHEMISTRY & BIOLOGY  
FROM THE UNIVERSITY OF CALIFORNIA,  
IRVINE**

**I HAVE A TWIN BROTHER.**

He's older by two minutes and doesn't let me forget it,  
but we're best friends.

**MY GO-TO DRINK IS ICED TEA.**

I like coffee but iced tea is my fave.  
It's my go-to drink when I need a little pick-me-up.

"About 6 of every 10 men (or 60%) and 5  
of every 10 women (or 50%) experience  
at least one trauma in their lives. Some  
people may recover within a few months  
after the event, but for others it may  
take years or may even begin long after  
the events occur."

NATIONAL INSTITUTES OF  
HEALTH

[www.nimh.nih.gov](http://www.nimh.nih.gov)

The infographic is titled "DSM-5 DEFINITION PTSD" in large, bold, white letters on a dark blue background. Below the title, there are eight white rectangular boxes arranged in a 2x4 grid, each containing a criterion for PTSD. The criteria are: Criterion A (1 required), Criterion B (1 required), Criterion C (1 required), Criterion D (2 required), Criterion E (2 required), Criterion F, Criterion G, and Criterion H. Each criterion includes a brief description and a list of specific symptoms or conditions. Criterion A describes the exposure to a traumatic event. Criterion B lists the types of traumatic events. Criterion C describes the negative thoughts and feelings. Criterion D lists the avoidance of trauma-related stimuli. Criterion E describes the negative changes in thoughts and feelings. Criterion F describes the duration of symptoms. Criterion G describes the functional impairment. Criterion H describes the exclusion of other conditions.

# DSM-5 DEFINITION PTSD

- Criterion A (1 required):**  
The person was exposed to:  
death, threatened death,  
actual or threatened serious  
injury, or actual or threatened  
sexual violence, in the  
following way(s):
  - Direct exposure
  - Witnessing the trauma
  - Learning that the trauma happened to a close relative or close friend
  - Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)
- Criterion B (1 required):**  
The traumatic event is  
persistently re-experienced, in  
the following way(s):
  - Unwanted upsetting memories
  - Nightmares
  - Flashbacks
  - Emotional distress after exposure to traumatic reminders
  - Physical reactivity after exposure to traumatic reminders
- Criterion C (1 required):**  
Avoidance of trauma-related  
stimuli after the trauma, in the  
following way(s):
  - Trauma-related thoughts or feelings
  - Trauma-related reminders
- Criterion D (2 required):**  
Negative thoughts or feelings  
that began or worsened after  
the trauma, in the following  
way(s):
  - Inability to recall key features of the trauma
  - Overly negative thoughts and assumptions about oneself or the world
  - Exaggerated blame of self or others for causing the trauma
  - Negative affect
  - Decreased interest in activities
  - Feeling isolated
  - Difficulty experiencing positive affect
- Criterion E (2 required):**  
Trauma-related arousal and  
reactivity that began or  
worsened after the trauma in  
the following way(s):
  - Irritability or aggression
  - Risky or destructive behavior
  - Hypervigilance
  - Heightened startle reaction
  - Difficulty concentrating
  - Difficulty sleeping
- Criterion F:**  
Symptoms last for more than 1  
month.
- Criterion G:**  
Symptoms create distress or  
functional impairment (e.g.,  
social, occupational).
- Criterion H:**  
Symptoms are not due to  
medication, substance use or  
other illness.

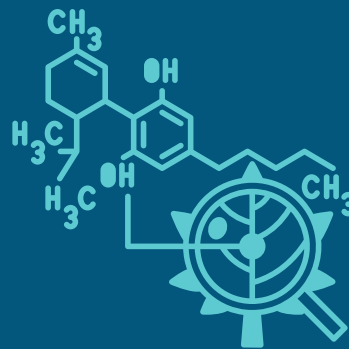
<https://www.clinicalguides.com/psychiatry/trauma/ptsd/>

-DR. VEGA



# ENTOURAGE EFFECT

This phenomenon, called the “entourage effect,” results when hundreds of natural components within a plant interact together with the human body to produce a stronger influence than any one of those components used alone. It’s a synergistic effect. When we combine multiple compounds in their natural state, we don’t end up with the sum of the parts; we get a multiplying effect instead. The different compounds can amplify each other’s effects, making the overall plant more effective in treating the unwanted medical symptoms (1). Thus, in herbal medicine, 2 + 2 doesn’t equal 4. It equals 5 or more.



## THE JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE-LUCAS ELM (2019)

- examines the effect of oral CBD administration on symptoms of PTSD in a series of 11 adult patients
- Patients were given an open-label flexible dosing regime & received routine psychiatric care, including concurrent treatment with psychiatric medications
- PTSD symptom severity was assessed every 4 weeks

### **Their findings suggest:**

Administration of oral CBD in addition to routine psychiatric care was associated with PTSD symptom reduction in adults with PTSD. CBD also appeared to offer relief in a subset of patients who reported frequent nightmares as a symptom of their PTSD.



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6452319/>

## APPROACH TO PTSD IN MY PRACTICE

*Start at a low dose of 5mg - 10mg tid as an adjunct to the standard of care with Rx meds*

*Cognitive Behavioral Therapy (CBT)*

Key to Success: *Everyday dosing (preferred 2-3x / day x 2-4 weeks) to start then can increase the time intervals between dosing*

### **My preference:**

Full Spectrum CBD in order to alleviate anxiety symptoms but the trace amount of THC adds to the entourage effect and helps diminish the nightmares/ night terrors much better in some folks. Also, I have noticed that the Full Spectrum does not require as much CBD to get the desired effect (usually 7.5-10mg / dose - Full Spectrum)