

Cannabinoid Medicines in Women's Health

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Endocannabinoid System in Women's Reproductive Health

- CB1 and CB2 receptors widely expressed in ovaries, uterus, endometrium
- Role in menstrual cycle regulation and ovulation
- Modulation of pain signalling and inflammatory pathways
- Interaction with sex hormones (oestrogen and progesterone)

ECS Across the Reproductive Lifespan

- Changes in ECS signalling during puberty, cycling years, pregnancy, perimenopause
- ECS imbalances linked to dysmenorrhoea, pelvic pain, mood symptoms
- Potential therapeutic target for complex women's health conditions

Evidence for Use in Perimenopause

- Support for sleep improvements via CB1 activity
- Reduction in mood lability and anxiety symptoms
- Potential help for vasomotor symptoms (early emerging research)
- Useful where HRT insufficient or contraindicated

Medical Cannabis & Endometriosis

- Analgesic effects via nociceptive and inflammatory pathway modulation
- Reduction in pelvic pain, dyspareunia, gastrointestinal symptoms
- May decrease reliance on opioids or NSAIDs
- Real-world studies supporting quality-of-life improvements

Medical Cannabis & Endometriosis

- CB1 and CB2 receptor activation reduces central and peripheral pain signalling
- modulates cytokine cascade and mast cell activity within lesions

PMDD and Severe Cyclical Mood Symptoms

- PMDD involves luteal-phase serotonin, GABA, and stress-system dysregulation.
- Targeting emotional dysregulation and anxiety via ECS
- Potential role in serotonergic and GABAergic modulation

PMDD and Severe Cyclical Mood Symptoms

- Can support sleep restoration (likely CB1 receptor role)
- stress buffering
- Adjunct to lifestyle, psychotherapy, and nutritional interventions which also target hormone balance via multiple mechanisms

Neurodivergent Women & Women's Health

- Higher rates of PMDD, dysmenorrhoea, endometriosis, fatigue disorders
- Sensory sensitivity and nervous system dysregulation amplify symptoms
- Cannabinoid medicine supports nervous system stabilisation
- Useful for sleep, overwhelm, pain and co-occurring anxiety

Overlapping Symptoms Helped by Cannabinoid Medicines

- Sleep disturbance
- Mood instability and anxiety
- Chronic pelvic and widespread pain syndromes
- Mast Cell Activation Syndrome (MCAS)
- Migraine
- Stress sensitivity via HPA axis and autonomic regulation

My Clinical Prescribing Strategy

- Start low, go slow with personalised titration
- Daytime formulations favor high CBD:THC eg. 50mg cbd & <5mg THC/ml or 20mg CBD:~1mg THC/ml, start with 5-10mg CBD bid and increase by 5mg bid every 3-5 d
- Night-time formulations: eg. balanced or high THC formulation (20:1 THC:CBD) starting with 1-2mg of THC and increasing by 1-2 mg every 3-5 nights

My Clinical Prescribing Strategy

- Monitoring response across cycle phases if cycling for 3 cycles (3 months)
- May require tweaking in first 6 months to find optimal prescription since individual variation can be substantial
- Consider small flower prescription for breakthrough symptoms starting with a balanced cultivar in most cases

Choosing Formulations

- CBD-dominant for anxiety and daytime use
- THC-dominant only where appropriate and tolerated and keep dose as low as possible to control symptoms (rarely need more than 20mg/day)
- Inhaled options for breakthrough pain
- oils for steady background

Integrating with Hormone Therapies

- Can be used alongside HRT safely
- Targets symptoms HRT may not fully resolve (sleep, anxiety, pain)
- Useful alternative when HRT not tolerated or contraindicated

Alongside Functional Medicine

- Tailored dietary strategies-keto isn't for everyone!
- Gut microenvironment and microbiome optimisation
- Micronutrient support, mitochondrial support
- Addressing environmental factors and MCAS symptoms if suspected
- Combination of prescribed medication and nutraceuticals based on symptoms + biomarkers and snps

Mind-Body Approaches

- Nervous system 'resilience' training for increased sympathetic drive
- vagal exercises such as singing, humming gargling
- Stress resilience techniques based on CBT
- Relaxation response training
- biofeedback devices: alpha stim and Neurosym

Mind-Body Approaches

- MBSR
- Yoga Nidra
- Psychoeducation for pain reprocessing
- Strength training, water-based exercise, walking in nature to improve fatigue
- Reducing LAN for sleep wake cycle improvement

Summary

- Cannabinoid medicine is a valuable tool in complex women's health
- Supports sleep, mood, pain, and inflammatory pathways
- Particularly useful in perimenopause, PMDD, endometriosis and neurodivergent women
- Most effective within an integrative treatment framework

THANK YOU



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