

Cannabis Related Symptoms

A plain-English guide for you and your family

WHAT IS HAPPENING

Cannabis affects tiny docking stations in your brain called CB1 receptors (think of them as volume knobs for brain signals). When THC (the main active ingredient in cannabis) lands on these knobs, it turns signals up or down in ways your brain did not ask for. Right after use, you might feel relaxed or giggly, but your heart beats faster, your eyes turn red because blood vessels widen, and sometimes anxiety or panic kicks in because the amygdala (the brain's alarm bell) gets stuck in the ON position. If you use cannabis heavily for weeks or months, your brain tries to adapt by making fewer CB1 receptors or making them less sensitive—like turning down all the volume knobs because the music is too loud. That adaptation causes withdrawal (feeling irritable, unable to sleep, sweating, or losing your appetite when you stop), trouble remembering things, low motivation, and sometimes cannabinoid hyperemesis syndrome (repeated vomiting that only gets better with hot showers and stopping cannabis completely). None of these symptoms is random; each one is your body's honest effort to keep working while the control circuits are jammed. The good news: most symptoms fade within days to weeks after stopping, and your brain begins to reset its receptors back toward normal.

What you might feel

- Severe nausea and vomiting that comes in waves or cycles
- Relief from very hot showers or baths (compulsive bathing)
- Belly pain in the upper stomach area (epigastric pain)
- Anxiety, restlessness, or feeling on edge
- Memory problems or trouble focusing (short-term memory loss)
- Increased appetite or intense hunger ('the munchies')
- Rapid or pounding heartbeat (tachycardia)
- Paranoia, extreme suspicion, or feeling like people are watching or plotting against you
- Hearing voices, seeing things that are not there, or having beliefs that are not real (hallucinations or delusions)

Call the doctor right away if...

- Severe dehydration from non-stop vomiting—dry mouth, dizziness when standing, very dark urine, confusion, or fainting—because this can lead to kidney injury or dangerous salt imbalances in the blood
- New hallucinations, delusions, or paranoia—especially in teenagers or young adults—because cannabis can trigger lasting psychosis in at-risk people, and early treatment improves outcomes
- Chest pain, pressure, or fast, irregular heartbeat, since cannabis raises heart rate and can rarely cause heart attacks, arrhythmias, or strokes, particularly in people with existing heart disease
- Thoughts of self-harm, suicide, or harming others, which can happen during severe anxiety, withdrawal, or psychotic episodes and require immediate safety evaluation
- Severe or unusual belly pain that does not fit the typical upper-stomach cramping pattern, because other emergencies—such as appendicitis, pancreatitis, or bowel obstruction—must be ruled out

What the care team will do

- Place the patient in a quiet, low-stimulus room with dim lighting and minimal noise, and assign one consistent caregiver
- Establish IV access and give normal saline bolus 500–1000 mL over 1 hour if the patient shows signs of dehydration—dry mucous membranes, a fast heart rate (tachycardia) (heart rate over 100), or orthostatic low blood pressure (hypotension) (blood pressure drop when standing)
- Monitor continuous pulse oximetry, blood pressure every 15 minutes, and cardiac rhythm if the patient reports chest pain or has heart rate over 120 beats per minute
- Perform and document a mental status examination every 1–2 hours, checking orientation to person, place, and time, presence of hallucinations or paranoia, and level of agitation using a standardized scale
- If the patient has cyclic vomiting, offer hot packs to the abdomen, assist with a hot shower if stable to ambulate, and give ondansetron 4–8 mg IV plus haloperidol 2.5–5 mg IV as first-line antiemetics (anti-nausea medicines)
- Draw baseline labs—basic metabolic panel (blood test measuring kidney function and electrolytes), urine drug screen, and if chest pain is present, troponin and ECG—before giving any sedating medications

- Do not leave the patient unattended if they show signs of severe agitation, and use verbal de-escalation first—speak slowly in a calm tone, validate feelings, and offer choices—before giving chemical sedation
- Before discharge, provide written education on cannabis hyperemesis syndrome and psychosis risk, remove any cannabis products from the patient's belongings, and arrange outpatient substance use counseling within 1 week

Medicines you may be given — and why

Benzodiazepines (lorazepam, diazepam)

These medicines calm the brain fast by boosting GABA (the brain's main brake signal). GABA tells nerve cells to slow down and stop firing so quickly. When you add more GABA power, the brain's alarm bells quiet, which stops panic and lowers fear in minutes.

Haloperidol

This medicine blocks dopamine (a brain messenger) from landing on its docking sites. In psychosis, certain brain circuits flood with too much dopamine, causing the person to see, hear, or believe things that are not real. By plugging those docking sites, haloperidol turns down the false signals and helps reality come back.

Ondansetron

This medicine blocks serotonin receptors in the gut and the brain's vomit zone. When you feel very sick, serotonin floods these spots and yells at your brain to throw up. Ondansetron sits on those receptors so serotonin cannot land, which stops the vomit signal and calms nausea.

Topical capsaicin cream (0.025-0.1%)

Capsaicin is the chemical that makes chili peppers hot. When you rub it on the belly, it first turns on pain receptors called TRPV1, which makes a burning feeling. But if you keep using it, those receptors get tired out and stop sending pain signals for a while. This can calm deep belly pain from cannabis hyperemesis, and it may also ease nausea by changing how the gut talks to the brain.

Intravenous fluids (0.9% sodium chloride or lactated Ringer's solution)

When someone vomits over and over, they lose water and salts (sodium, chloride, potassium) that every cell needs. Blood volume drops, the heart works harder, and organs like the kidneys suffer. IV fluids pour water and salts straight into the bloodstream through a vein, skipping the stomach. This quickly refills the tank, brings blood pressure up, helps kidneys flush toxins, and makes the person feel much better.

Where this information comes from

- NIDA (National Institute on Drug Abuse) 2024 Cannabis Research Report
- NEJM 2019 Cannabis Hyperemesis Syndrome review
- American Psychiatric Association DSM-5-TR Cannabis Use Disorder and Substance-Induced Psychotic Disorder criteria
- CDC Marijuana and Public Health 2023 guidelines

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