

Mysterious marijuana vomiting disorder gets official WHO recognition

 foxnews.com/health/mysterious-marijuana-linked-vomiting-disorder-gets-official-who-code-er-cases-jump

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The World Health Organization (WHO) has formally added cannabis hyperemesis syndrome (CHS) to its diagnostic manual, according to guidance published by the agency in October, giving the mysterious disorder a dedicated code for the first time. The update, which took effect Oct. 1 and is now adopted by the Centers for Disease Control and Prevention, allows physicians nationwide to identify, track and study the condition rather than lumping it into broader vomiting or gastrointestinal categories.

CHS is a dangerous and sometimes deadly syndrome that, according to the National Institutes of Health, affects chronic cannabis users, causing severe nausea, repeated vomiting, abdominal pain, dehydration, weight loss and, in rare cases, heart rhythm problems, seizures, kidney failure and death.

Patients often describe a horrifying symptom known as "scromiting," screaming and vomiting at the same time due to extreme pain, according to the Cleveland Clinic.

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Until now, doctors have struggled to diagnose CHS because its symptoms mimic food poisoning, the stomach flu and more, [Axios reported](#), and some patients have gone months and even years without answers.



Health experts say today's high-THC cannabis products may be fueling a rise in cannabis hyperemesis syndrome. (iStock)

"It helps us count and monitor these cases," said Beatriz Carlini, a research associate professor at the University of Washington School of Medicine.

UW identifies and tracks CHS in its hospitals and emergency rooms and praised the [WHO decision](#) in a Nov. 18 news release.

"A new code for cannabis hyperemesis syndrome will supply important hard evidence on cannabis-adverse events, which physicians tell us is a growing problem," added Carlini, who studies adverse health effects of cannabis use.

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A new JAMA Network Open study published Nov. 24 found emergency room visits for CHS spiked during the COVID-19 pandemic and have remained high ever since. Researchers say isolation, stress and increased access to high-potency cannabis products likely contributed to the rise.

CHS-related ER visits rose approximately 650% from 2016 to their peak during the pandemic, especially among those ages 18 to 35, according to the study. The authors also noted a dramatic shift in THC potency, with today's products often topping 20% THC, compared to just 5% in the 1990s.

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John Puls, a Florida-based psychotherapist and nationally certified [addiction specialist](#), said he has seen an "alarming" increase in CHS, particularly among adolescents and young adults using high-potency cannabis.



Emergency rooms across the U.S. are reporting a spike in cannabis hyperemesis syndrome cases. (Mike Blake/Reuters)

"In my opinion, and the research also supports this, the increased rates of CHS are absolutely linked to high-potency cannabis. Often, products are over 90% THC," Puls told Fox News Digital. He added that the most common misconception about CHS is that it is not a real condition, which is why he believes the new diagnosis code is "a significant step in the right direction."

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Some researchers, however, note that causation remains unproven, the epidemiology is not fully understood and the underlying cause of CHS is still unknown. One theory is that heavy, long-term cannabis use overstimulates the body's cannabinoid system, triggering the opposite of marijuana's usual anti-nausea effect.

"Although cannabis can be used to treat nausea, those products are typically much lower dose THC, usually less than 5%," Puls said.

[Stopping cannabis](#) use appears to be the only surefire cure, according to the Cleveland Clinic and NIH. Typical nausea medications rarely help, so doctors often turn to stronger drugs or capsaicin cream, which mimics the warm relief many patients get from hot showers.

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A telltale sign of CHS is that sufferers often find relief only by taking long, hot showers, a temporary fix scientists still don't fully understand.



Doctors say CHS is frequently misdiagnosed because its symptoms mimic food poisoning and stomach flu. (iStock)

The syndrome is intermittent, which leads some users to believe a bout of illness was a fluke and that they may continue using cannabis without incident before suddenly becoming violently sick again. Experts say many people resist the diagnosis, and even those who accept it often find it hard to [quit cannabis because of addiction](#).

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"Some people say they've used cannabis without a problem for decades," said Dr. Chris Buresh, an emergency medicine specialist with UW Medicine. "But even small amounts can make these people start throwing up."

And once someone has had CHS, Puls noted, they're more likely to experience it again.

"My hope would be that with this new diagnosis code that CHS is more accurately diagnosed in an emergency room setting," he said.

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Public health experts expect the new WHO code to dramatically improve surveillance and help physicians spot trends, especially as legalization spreads and high-potency products proliferate.