



Marijuana treatment for H1N1, Diabetes, and MS - it is true

June 20, 9:17 AM · Paul Hamaker - Birmingham Science News Examiner

Two companies are doing research on the multivariate uses of cannabis sativa -- marijuana. This is serious research, done correctly, and taken seriously by the medical and research community.

Cannabis Science Inc., is studying the potential of the phytocannabinoids in marijuana being a preventative of death by asphyxiation due to inflammation of the lungs in H1N1 (swine flu) and other flus. Naturally occurring in the body, endocannabinoids control the inflammation. Phytocannabinoids from marijuana can mimic and enhance that response. The human body does not recognize a difference in the two molecules because they are so structurally similar.

GW Pharmaceuticals entered into an exclusive agreement with Dr. Mike Cawthorne at the University of Buckingham, England, to study the effects of cannabinoids and phytomedicines on type two diabetes and other metabolic diseases. Dr. Cawthorne was instrumental in the development of Avandia for diabetes treatment at SmithKline Beecham.

GW has already passed phase three trials for another drug called Sativex that is used in the treatment of spasticity due to Multiple Sclerosis.

I worked with Fred Bennington at the University of Alabama in Birmingham briefly. Fred was an undergrade who worked with Woodward and Fiescher on the diene and triene rules. (If you are not a chemist it would take too long to explain. Take my word for it this is important to organic chemistry.) Bennington did not have Ph.D. but taught as one because he was that good a natural products chemist. Fred was instrumental in defining the structure of phytocannabinoids.

I doubt there will be a surge in people applying for medical marijuana in the parts of the US where it is legal on the basis of having H1N1, MS, or diabetes because you just cannot fake the symptoms.

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The medical literature has very few citations in regard to any direct effect of cannabis on blood sugar levels. These citations are sometimes contradictory.

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Despite the lack of research, a large body of anecdotal evidence is building amongst diabetic sufferers that medical cannabis may help stabilize blood sugar.

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One suggested method that may be responsible is the reduction in catecholamines and/or stress related hormones (glucocorticoids) that is caused by cannabis.

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Many cannabinoids act primarily to inhibit prostaglandins and COX-2, while providing powerful anti-oxidant properties to salvage free radicals, and inhibit macrophage and TNF. All of this means that cannabis is an excellent anti-inflammatory that lacks the side effects of steroids (which diabetics have to avoid), the NSAIDs, and the COX-2 inhibitors like Vioxx. This anti-inflammatory action may help quell some of the arterial inflammation common in diabetes.

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Cannabis is also neuroprotective. It is believed that much of neuropathy comes from the inflammation of nerves caused by glycoproteins in the blood that deposit in peripheral tissues and trigger an immune response. Cannabis helps protect the nerve covering (myelin sheath) from inflammatory attack. Cannabis also lessens the pain of neuropathy by activating receptors in the body and brain. Some components of cannabis (perhaps cannabidiol) act as anti-spasmodic agents similar to the far more toxic anti-convulsants like Neurontin. This action of cannabis helps relieve diabetic muscle cramps and GI upset.

Contact

Two other major actions of cannabis can benefit the diabetic. The first is helping to keep blood vessels open and improving circulation. Cannabis is a vasodilator and works well to improve blood flow. The second action is how cannabis can reduce blood pressure over time. While cannabis is not generally thought to be an anti-hypertensive and is no replacement for ACE inhibitors, it does contribute to lower blood pressure which is vital in diabetes management.

Finally, cannabis used in food products not only provides long lasting blood levels of key cannabinoids but, in addition, cannabis butter and oil substitute triple bonded fatty acids for the saturated fats normally contained in these essential cooking products. This substitution will benefit cardiac and arterial health in general.

Most diabetics learn very early that maintenance of good blood sugar is most easily achieved when patients or their caregivers cook as opposed to eating fast food or prepared foods. Cooking not only provides superior nutrition necessary to treat diabetes but also is a form of physical therapy for diabetic hands that suffer from neuropathy. Of course, diabetics should take caution with any flames or hot objects.

Cannabis may also be used to make topical creams (mixed with aloe vera and/or emu oil) that can be applied directly to hands and feet affected by neuropathic pain and tingling.

Night time can be particularly difficult for diabetics. A syndrome known as "restless leg syndrome" (RLS) is common. Cannabis helps still RLS which is otherwise treated with quinine and/or muscle relaxants like Flexaril. For night time it is recommended that patients use a vaporizer or smoked cannabis to aid in falling asleep. If night time hypoglycemia is a problem then a cannabis cookie can be very helpful. Cannabis cookies are great treatment so long as portion control is exercised.

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May 20, 2010 - Seattle, WA, USA

Seattle, WA: Cannabis therapy may reduce symptoms and prolong survival in patients diagnosed with amyotrophic lateral sclerosis (ALS aka Lou Gehrig's disease), according to a scientific [review](#) published online last week by the *American Journal of Hospice & Palliative Medicine*.

Investigators at the University of Washington Medical Center in Seattle and Temple University in Pennsylvania reviewed preclinical and anecdotal data indicating that marijuana appears to treat symptoms of ALS as well as moderate the course of the disease.

Authors wrote: "Preclinical data indicate that cannabis has powerful antioxidative, anti-inflammatory, and neuroprotective effects. ... Cannabis also has properties applicable to symptom management of ALS, including analgesia, muscle relaxation, bronchodilation, saliva reduction, appetite stimulation, and sleep induction. ... From a pharmacological perspective, cannabis is remarkably safe with realistically no possibility of overdose or frank physical addiction. There is a valid, logical, scientifically grounded rationale to support the use of cannabis in the pharmacological management of ALS."

They added, "Based on the currently available scientific data, it is reasonable to think that cannabis might significantly slow the progression of ALS, potentially extending life expectancy and substantially reducing the overall burden of the disease."

Investigators concluded, "There is an overwhelming amount of preclinical and clinical evidence to warrant initiating a multicenter randomized, double-blind, placebo-controlled trial of cannabis as a disease-modifying compound in ALS."

Writing in the March 2004 issue of the journal *Amyotrophic Lateral Sclerosis & Other Motor Neuron Disorders*, investigators at the California Pacific Medical Center in San Francisco reported that the administration of THC both before and after the onset of ALS symptoms **staved disease progression and prolonged survival** in animals compared to untreated controls. To date, however, no clinical trials have assessed the use of marijuana or any of the plant's cannabinoids on patients diagnosed with ALS.

Lou Gehrig's Disease is a fatal, progressive neurodegenerative disorder that is characterized by the selective loss of motor neurons in the spinal cord, brain stem, and motor cortex. An estimated 30,000 Americans are living with ALS, which often arises spontaneously and afflicts otherwise healthy adults. An estimated 70 to 80 percent of patients with ALS die within three to five years following the onset of disease symptoms.

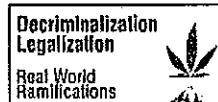
For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Cannabis and amyotrophic lateral sclerosis: hypothetical and practical applications, and a call for clinical trials," will appear in the *American Journal of Hospice & Palliative Medicine*.

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Marijuana Compound Halts Spread Of Biliary Tract Cancers, Study Says

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May 6, 2010 - Patumthani, Thailand

Patumthani, Thailand: The administration of THC inhibits cell proliferation and induces anti-tumor effects on cholangiocarcinoma (biliary tract cancer) cells, according to preclinical trial data published in the May Issue of the scientific journal *Cancer Investigation*.

Investigators at Rangsit University in Thailand assessed the anti-cancer properties of THC on both cholangiocarcinoma cell lines and surgical specimens from bile duct cancer patients.

Researchers reported, "THC inhibited cell proliferation, migration and invasion, and induced cell apoptosis (programmed cell death). THC also ... reduced tumor cell survival."

Authors concluded that THC could be used as a potential agent to "retard cholangiocarcinoma cell growth and metastasis."

A 2008 scientific review published in the journal *Cancer Research* reported that cannabinoids inhibit cell proliferation in a wide range of cancers, including brain cancer, prostate cancer, breast cancer, lung cancer, skin cancer, pancreatic cancer, and lymphoma.

A study published earlier this year in the journal *Molecular Cancer Therapeutics* found that the administration of multiple cannabinoids showed greater efficacy at inhibiting the growth of cancer cells and inducing malignant cell death than did the exposure to individual agents.

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "The dual effects of delta(9)-tetrahydrocannabinol on cholangiocarcinoma cells: anti-invasion activity at low concentration and apoptosis induction at high concentration," appears in the journal *Cancer Investigation*.

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Over 2,500 Subjects Since 2005 Have Used Marijuana-Based Medicines In Controlled Clinical Trials

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February 26, 2010 - Hurth, Germany

Hurth, Germany: Researchers worldwide have performed 37 separate clinical trials assessing the therapeutic safety and efficacy of inhaled cannabis and marijuana-based medicines since 2005, according to a review published online last week in the journal *Cannabinoids: The Journal of the International Association for Cannabinoid Medicines (IACM)*.

Investigators from Leiden University in the Netherlands and the nova-Institut in Germany conducted a systematic review of recent clinical trial data pertaining to the medical use of whole smoked marijuana and cannabinoids.

Authors identified 37 controlled studies since 2005 evaluating the therapeutic effects of cannabinoids. The trials involved a total of 2,563 subjects.

Of the 37 clinical trials that have been recently conducted, eleven assessed the drug's impact on chronic neuropathic pain – a difficult to treat type of pain resulting from nerve damage. Other studies assessed the efficacy of cannabinoids to treat multiple sclerosis-associated spasticity (nine separate studies); HIV/AIDS (four); experimental pain (four); intestinal dysfunction (two); nausea/vomiting/appetite (two); schizophrenia (two); glaucoma (one); and 'other indications' (two).

Authors concluded, "Based on the clinical results, cannabinoids present an interesting therapeutic potential mainly as analgesics in chronic neuropathic pain, appetite stimulants in debilitating diseases (cancer and AIDS), as well as in the treatment of multiple sclerosis."

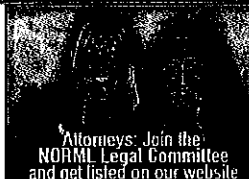
Last Wednesday investigators from the California Center for Medicinal Cannabis Research released the results of a series of double blind, placebo-controlled trials that determined that cannabinoids could be "first-line treatment" for patients suffering from neuropathy.

Commenting on the review, NORML Deputy Director Paul Armentano said: "The safety and efficacy of marijuana as a medicine has now been established by the 'gold standard' of clinical study. Further, over 2,500 patients have used cannabinoids in controlled clinical trials over the past five years alone. This is a far greater total than the number of subjects that would likely be administered any other new drug pending United States FDA approval, and is a large enough population to once and for all establish marijuana's objective value as a medicine."

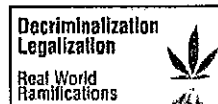
For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Review of clinical studies with cannabis and cannabinoids 2005-2009," is available online from the International Association of Cannabinoid Medicines at: <http://www.cannabis-med.org>.

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June 3, 2010 - Manhasset, NY, USA

Manhasset, NY: Schizophrenic patients with a history of cannabis use demonstrate higher levels of cognitive performance compared to patients who have never used the drug, according to clinical trial data published online in the journal *Schizophrenia Research*.

Investigators at the Feinstein Institute for Medical Research, the Zucker Hillside Hospital in New York, the Albert Einstein College of Medicine, and Princeton University compared the neurocognitive skills of 175 schizophrenics with a history of cannabis use with 280 subjects with no history of illegal drug use.

Researchers reported that cannabis users demonstrated "significantly better performance" compared to nonusers on measures of processing speed, verbal fluency, verbal learning, and memory. Marijuana use was also associated with better over all GAF (Global Assessment of Functioning) scores.

Authors wrote: "The results of the present analysis suggest that [cannabis use] in patients with SZ (schizophrenia) is associated with better performance on measures of processing speed and verbal skills. These data are consistent with prior reports indicating that SZ patients with a history of CUD (cannabis use disorders) have less severe cognitive deficits than SZ patients without comorbid CUD. ... The present findings also suggest that CUD in patients with SZ may not differentially affect the severity of illness as measured by clinical symptomatology."

Researchers speculated that the observed differences in patients' cognitive functioning may be because subjects who use cannabis are more likely to "competently engage in social interaction" than nonusers.

"[T]he present findings suggest that SZ patients with comorbid CUD may represent a higher functioning subgroup of SZ," investigators concluded. "Future large-scale, prospective studies are needed to elucidate the nature of this relationship."

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Cannabis use disorders in schizophrenia: Effects on cognition and symptoms," will appear in *Schizophrenia Research*.

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Pot Compounds Inhibit Oral Cancers, Study Says

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June 24, 2010 - Syracuse, NY, USA

Syracuse, NY: The administration of the plant cannabinoids delta-8-THC and delta-9-THC inhibit cellular respiration and tumor growth in human oral cancer cells, according to preclinical trial [data](#) published in the June Issue of the journal *Pharmacology*.

Investigators at the State University of New York (SUNY), Upstate Medical University in Syracuse assessed the anticancer properties of delta-8-THC and delta-9-THC in the human oral cancer cell line Tu183, which is highly resistant to conventional anticancer drugs.

Researchers reported that the administration of THC resulted in a "rapid decline" in cellular respiration in malignant cells. By contrast, investigators found that the administration of the endogenous cannabinoid anandamide was "ineffective" as an anticancer agent.

"These results show the cannabinoids are potent inhibitors of Tu183 cellular respiration and are toxic to this highly malignant tumor," researchers concluded.

Last year, investigators from Brown University in Providence, Rhode Island reported that the moderate long-term use of marijuana in humans "was associated with a significantly reduced risk of head and neck squamous cell carcinoma."

A 2008 scientific [review](#) published in the journal *Cancer Research* previously reported that cannabinoids inhibit the proliferation of a wide range of cancers, including [brain cancer](#), [prostate cancer](#), [breast cancer](#), [lung cancer](#), [skin cancer](#), [pancreatic cancer](#), and [lymphoma](#).

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Cannabinoids inhibit cellular respiration of human oral cancer cells," appears in the journal *Pharmacology*.

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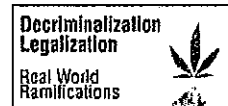
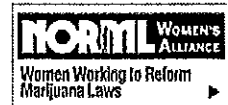
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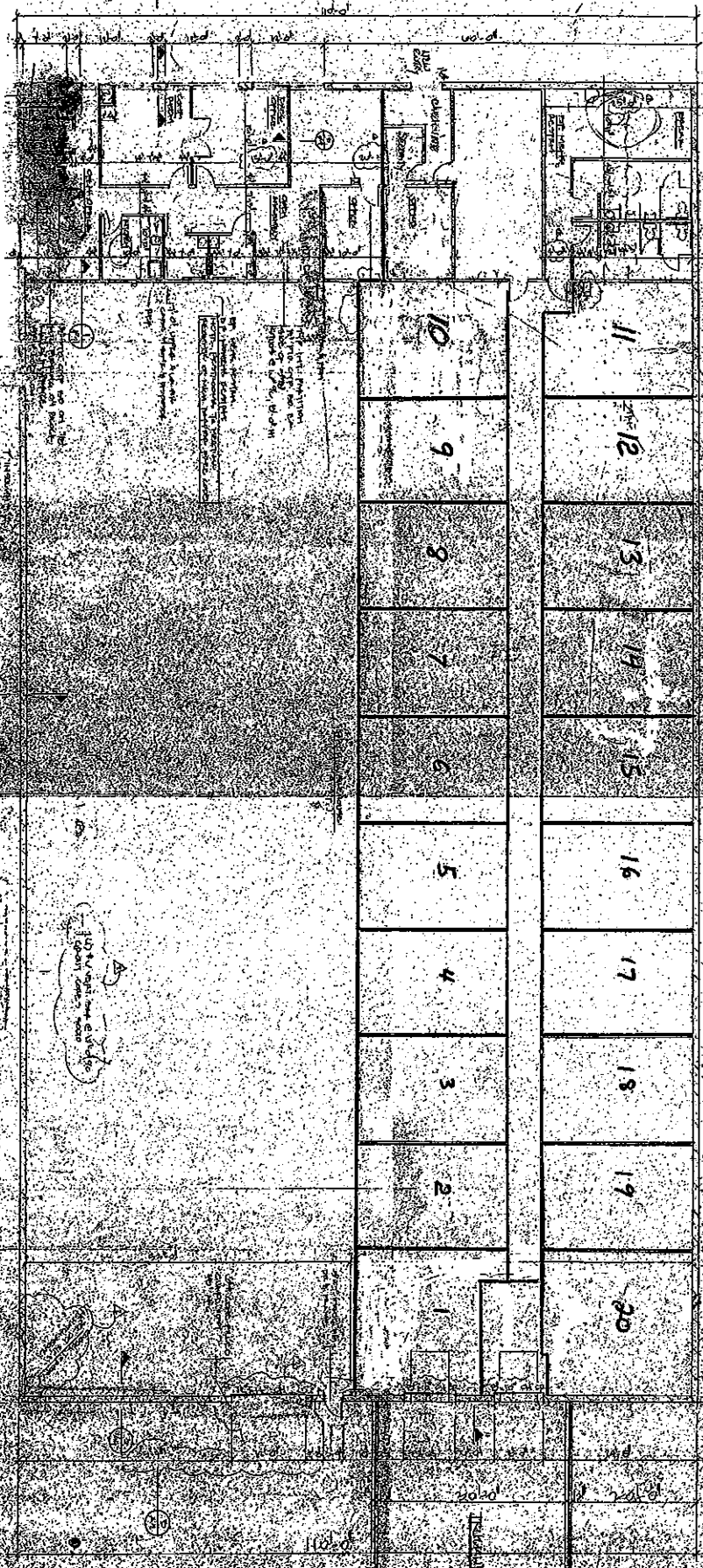
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PROPOSED ROOM LAYOUT
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