FOR PATIENTS **BY PATIENTS**

Vol. 1, Issue 2

MEDICAL CANNABIS JOURNAL

MedicalCannabisJournal.net

Gary Johnson

Former Governor, New Mexico

page 8

Robert Melamede

Ron Speaks with Dr. Bob *page 26*

Time 4 My Medicine

Interview with Irv Rosenfeld *page 38*

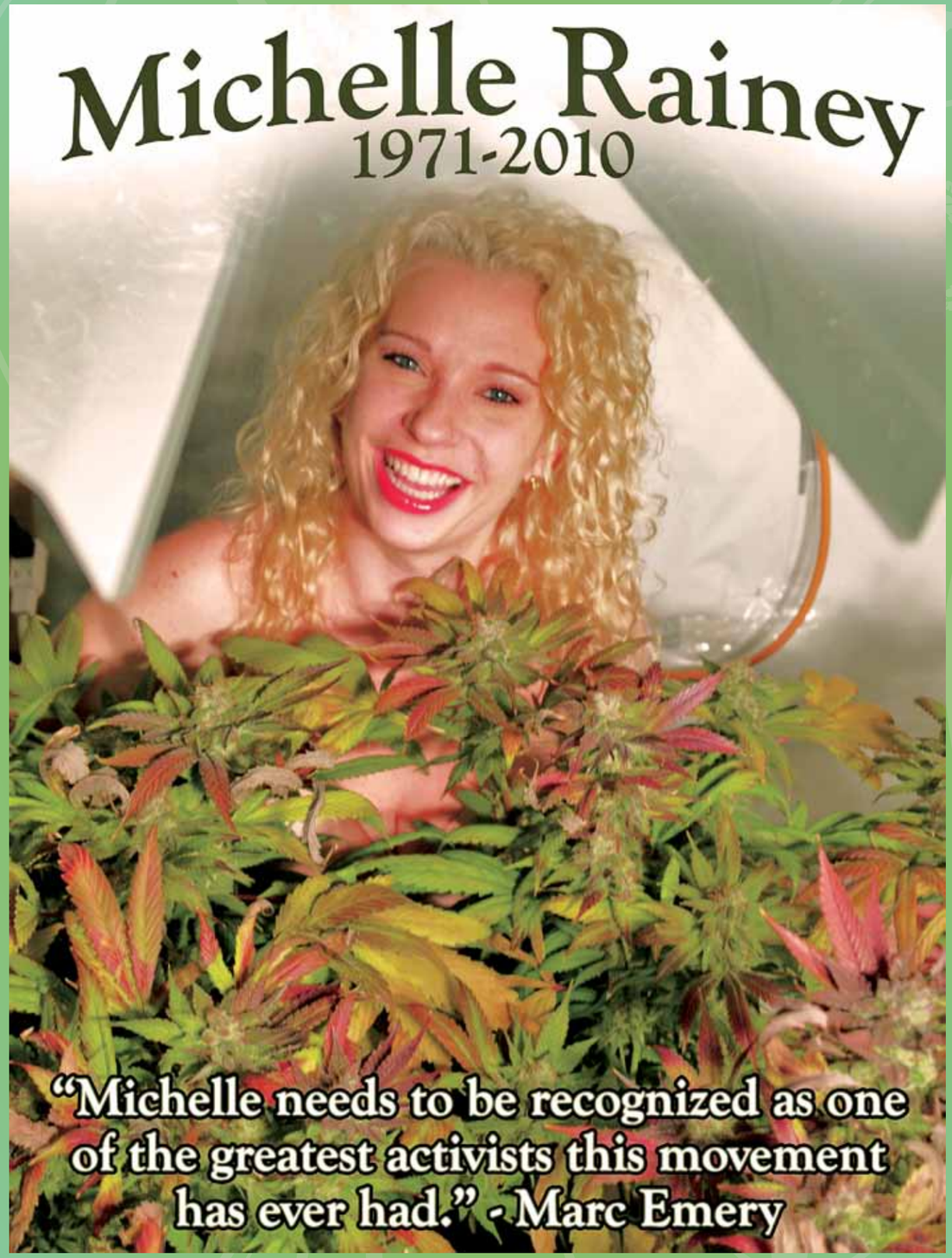
Cannabis, Parkinson's Disease

and the Endocannabinoid System *page 46*

Interview with "Joey's Mom"

Mieko Hester-Perez Speaks Out About Autism *page 13*

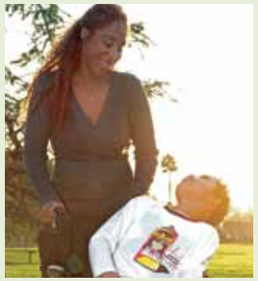
Michelle Rainey
1971-2010



CREATED BY JODIE EMERY

MEDICAL CANNABIS JOURNAL

VOL. 1, ISSUE 2





Page	*Content*
8	Gary Johnson, former Governor of New Mexico
13	Joey's Mom: Mieko Hester-Perez Speaks Out About Autism
24	mini strain reviews: Hope Collective
26	Interview with Dr. Bob Melamede
38	Time4Hemp: My Medicine
46	Cannabis, Parkinson's Disease, and the Endocannabinoid system
54	Strain Reviews
59	Dying to Sleep
62	Paul Armentano: Prop 19 and the Medical Patient:
67	Why Legalization Alone Won't Work
72	Compassion in the State of Rhode Island
74	Medical Cannabis Victory in Arizona
76	Preparing the Garden Space
84	Walmart Fires Associate of Year, Cancer Patient, for Medical Marijuana
85	Speaking Out For Medical Marijuana: Eleanor Podmore
93	Prop 19 Wins Around the World
94	Collective Directory

LETTER FROM THE EDITOR

As a cannabis activist, I have often been stymied by the seemingly impenetrable clouds of mis-information spouted from public media and our inability to get the truth heard. In a nation where "truth" can be measured by many shades of gray, it can be quite frustrating to compete.

The Internet can offer a thousand different variations on a story — without verification, without the fear of plagiaristic accusations or loss of anonymity.

Radio and television, newspapers and magazines, when regarding cannabis, either allude to false accusations of toxicity, or make light of its medicinal benefits with flippant and often sarcastic references to recreational use.

Here in the Midwest, local media can be quite resistant to ideas that negate well-seated views. A revolutionary notion such as cannabis is medicine, and quite possibly the most important medicine of the 21st century, places a very unattractive light on people of power who are very much in the business of prohibition.

We are posed with a dilemma that we can no longer ignore. If we ever wish to see a day when cannabis is truly available and affordable to all who need it, we must devise a way to bring the truth to every household in America. We must incorporate every means at our disposal, devise every tool this 21st century may empower us to create.

Printed media can go a long way toward bringing the truth into the light. No idea carries such weight as when you're holding its origin in your hand.

I am humbled at being given the chance to assist Ron Niehouse in the awesome task of producing a truly "medical cannabis" journal and the remarkable privilege of assisting him in calling together many of the very best cannabis journalists that this planet has to offer.

We will do our very best to bring you the truth, in this one of many mediums. Our hope is that our efforts, both in print and digital media, will enrich your life and that of those around you. In so doing, we will no longer be striving against our nation's media. We will **BE** "the media."

Mark Pedersen

Editor & Chief
editor@medicalcannabisjournal.net

Executive Director
Ron Niehouse
Editor & Chief
Mark Pedersen
Art Direction & Design
Hera Lee Design

MISSION STATEMENT

The Medical Cannabis Journal (MCJ) envisions a society where cannabis is respected, and its therapeutic benefits are widely accepted; a future where cannabis consumption, cultivation, and distribution are not only legal, but commonplace.

It is our goal to do all we can to make this a reality.

With each issue, we will strive to provide the very best in medical cannabis news, interviews and instructional materials for an ever growing nation of medical users. With the help of renowned experts and skilled journalists, we will fill the pages with information and science from around the world.

We are a journal that is truly "for patients and by patients." We know what this world needs.

A better destiny awaits.

RON'S LETTER FROM THE DIRECTOR

Medical Cannabis Journal is looking forward to a very exciting 2011.

Our first issue has had a wonderful response as it was displayed all over the country. We were able to take part in the first ever *Treating Yourself Medical Marijuana and Hemp Expo* in Toronto Canada. I highly encourage cannabis patients to check this out. We were also at the *Know Your Rights Expo* in Anaheim, California. We are proud to have done this and will be at several more events this year.

Since our last issue, please realize that we have a new team. Our new Art Director, Hera Lee, has the experience we needed to keep this on time and blooming.

We are also so very lucky to have Mark Pedersen from **Cannabis Patients Network** and **Sensible Missouri.** His bio reflects the needs of a publication of this nature.

You will see more issues of ***Medical Cannabis Journal*** this year, and we will soon be bi-monthly.

We have been fortunate to have access to some major players in the medical cannabis movement, as well as politicians, doctors and organizations. We are also adding medical cannabis grow tips from some of the most famous growers in the world. This is how we wish to work — with each other.

Please check out our website ***medicalcannabisjournal.net***. You will soon be able to download each issue and access current news every day — following court cases, raids, and more positive issues as well. Each issue will be available for free to download for an unlimited time frame. Also, please see our sponsors and links for even more great information and products.

Medical Cannabis Journal is and always will be strictly based on the scientific aspect of medicinal cannabis. Our goal is to alert as many people as possible, "sick" or "well," to the injustice, misinformation and reefer madness that causes so many to suffer in so many ways. We have had success in this and are here for these reasons.

Please checkout our "Facebook Fan Page" once you have reviewed our web site. Thanks to the 4000 people who have already done this!

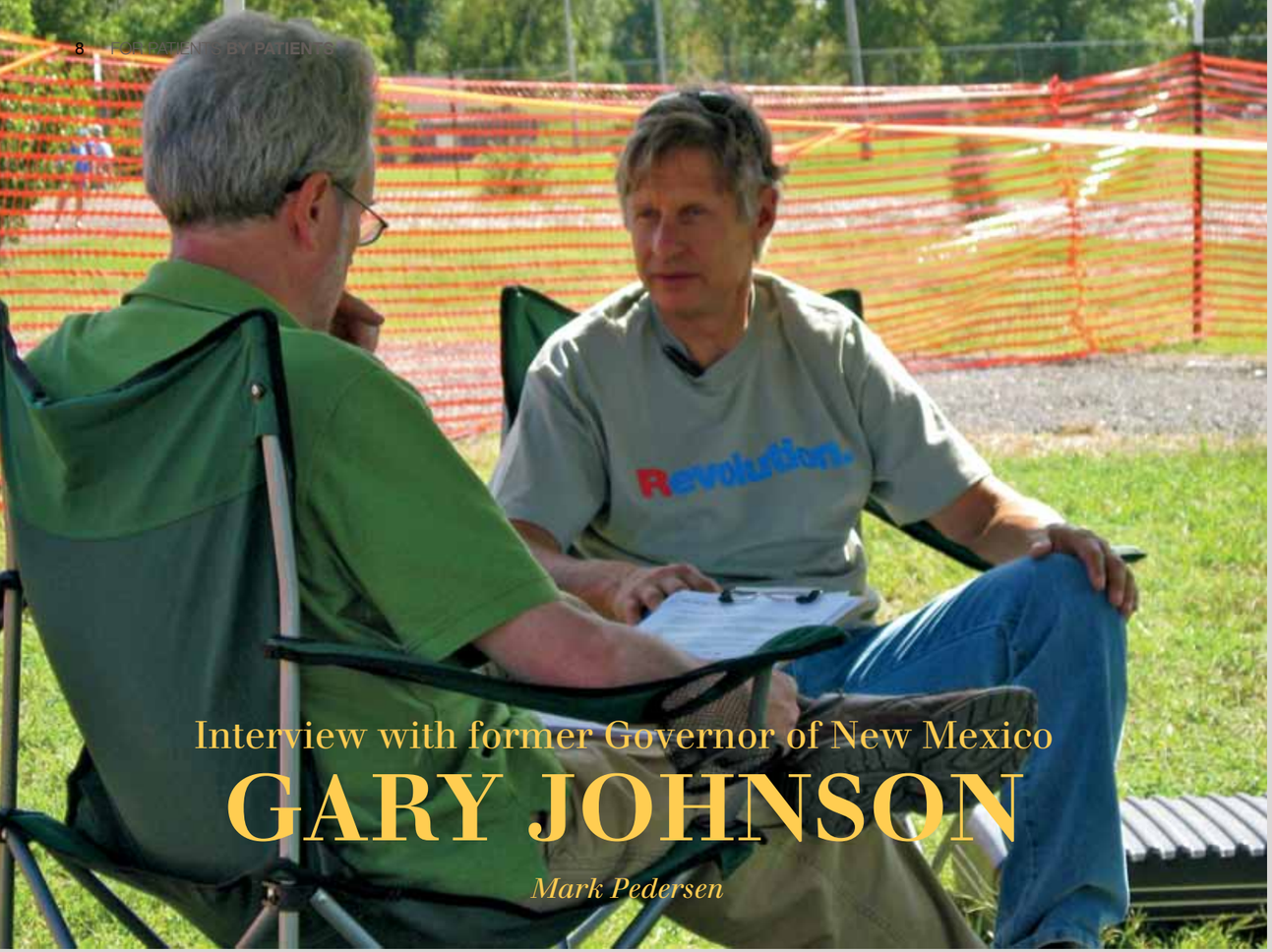
We love feedback and we hope to hear from you! We could not do this without you and our sponsors!

If you feel you have the experience to help, you can contact us using ***info@medicalcannabisjournal.net***. Using this option will get to each one of the staff. Also, if you feel comfortable sharing this information with your friends or even your doctor, we would very much appreciate this.

Thanks again for picking up our new issue and please, enjoy.

Ron Niehouse

Executive Director
director@medicalcannabisjournal.net



Interview with former Governor of New Mexico

GARY JOHNSON

Mark Pedersen

Gary Johnson was Governor of New Mexico from 1995 to 2002.
Pedersen interviewed Johnson at the 2010 Cannabis Revival in Joplin, Missouri.

Photo by Rick Boston

October 7, 2010

Mark: Please give me your name and where you are from.

Gary: Gary Johnson. I'm the former Governor of New Mexico from 1995 to 2002. Currently I reside in Taos, New Mexico, which is as good a skiing as any place on the planet and that's why I'm there.

Mark: Why don't you continue with what you were saying earlier (off camera).

Gary: My brother is a cardiothoracic surgeon. Arguably he's one of the leading authorities on esophageal cancer nationwide. He has a theory that all of what we do in medicine, perhaps…has no positive or negative effect when it come to cancer treatment.

I know in my own life that, I know that in all of our lives, we have ups and downs. We get to feeling bad. In my life, I start looking at what I'm eating, I start looking at the exercise that I'm engaged in. I start looking at the stress that I'm under. So I look for ways to reduce the stress. I look for ways to change my diet. I look to, most cases, to exercise more. So when it comes to cannabis use and cancer, I think what it probably creates is a new awareness that people have of their bodies and what they are going through. And they end up making adjustments that they should be making regarding their lifestyle. And that often times positively impacts the cancer that they have.

We all know people who go in for checkups and find themselves with cancer. They undergo invasive chemotherapy for that cancer. Some survive and some don't. But if they never went in for the checkup in the first place, and found themselves feeling bad…now I get back to this whole notion of a self-diagnosis…things we all end up doing for ourselves, that actually right us all the time.

Do our bodies go in and out of cancer? I have a sense that they do. But if we correct our habits, we'll naturally combat those cancers. I think that marijuana for a lot of people may bring about that awareness that maybe they wouldn't have had otherwise.

Mark: The remarkable thing that we are discovering more and more is that we do have an endocannabinoid system and the understanding of that has opened a lot of doors in the way of medical treatments and I guess that's the biggest thing that I can see personally…that I want to see happen is for us to have access to the kinds of medications, holistic medicines that could possibly benefit people.

"We're often times ingesting poisons to kill off cancers. Sometimes successful, often times not. But to have alternatives…yeah, these are end of life issues for a lot of people." Photo by Rick Boston

The endocannabinoid system refers to neuromodulatory lipids and their receptors that are within the body of every mammal, that modulate appetite, pain sensation, mood and memory. Further research has indicated that the endocannabinoid system plays an important role in preventing a wide range of autoimmune diseases, such as Multiple Sclerosis, Parkinson's, Epilepsy, and many forms of cancer .

It has been said by many that the plant-based cannabinoids that are found in cannabis fulfill the role of being a supplement to this vital internal system.

Mark: If we're willing to give toxic dangerous drugs to people who are chronically and terminally ill already, why can we not give them something that is non-toxic, something that will not kill them—why not that?

Gary: And you would find no disagreement here. You would find complete support of that notion. We're often times ingesting poisons to kill off cancers. Sometimes successful, often times not. But to have alternatives…yea, these are end of life issues for a lot of people.

Mark: I've been seeing you a lot here in the Midwest, lately. How come?

Gary: I have formed a 501(c)(4): "Our America Initiative." I'm the Honorary Chairman. It's an advocacy committee which allows me to raise money to speak out on the issues of the day.

[Since the launch of "Our America Initiative" in 2009, Johnson has appeared on the Hannity Show, FOX News, FOX Business Network, CNBC, The Colbert Report, and Real Time with Bill Maher.]

Gary: I really think there is a national outrage over the fact that this nation is bankrupt. The fact that $.43 out of every dollar that we're spending is borrowed. The fact that this country is potentially at the point of financial collapse.

If we don't right the financial ship, I think we may all be left with nothing. If we right the financial ship, I think that we could have something significant. The United States of America, the Constitution, which guarantees liberty and freedom, and of course, the personal responsibility that goes along with that.

So for me, everything is a cost/benefit analysis. What are we spending and what are we getting? When you look at marijuana as the issue of what are we spending and what are we getting, half of what we are spending on law enforcement, the courts and the prisons is drug related. And what are we getting for that? We're arresting 1.8 million people a year in this country on drug related crime. I always point out that this is the population of New Mexico that gets arrested every single year.

And when you put a face to that… I get emotional over people that are being affected by the criminal justice system; that are being exposed to the criminal justice system for choices that arguably affect no one else other than the individuals involved themselves.

The choice to smoke marijuana. As long as you're smoking marijuana and not doing harm to anyone else…as long as

you're smoking marijuana and not becoming impaired and getting behind the wheel of a car… kids are never going to be allowed to smoke marijuana… I advocate legalizing marijuana.

I think that 90% of the drug problem is prohibition-related. Not use related. That's not to discount the problems of use and abuse, but that ought to be the focus.

Mark: You made the statement that drug use should be treated as health issue and not a criminal issue?

Gary: I advocate the legalization marijuana. When it comes to ALL other drugs, I think that we should look at all other drugs from a harm reduction standpoint. Reducing death, disease, crime, corruption - the things we REALLY care about - the things that are actually prohibition related. So let's look at all other drugs from the standpoint of them being first a health issue rather than a criminal justice issue.

> [i]t's really not a Republican or Democrat issue. It's really one of awareness. When it comes to marijuana and drug policy, I think citizens are way ahead of the politicians.

Mark: I understand that you are on the board of directors for the Students for Sensible Drug Policy.

Gary: I think that Students for Sensible Drug Policy… this event here today, I think that they are raising awareness nationwide. I really think that legalizing marijuana is close to a tipping point. I think that statistically its 2½ years away from where 50% of Americans will support legalizing marijuana. And I see that as a really good thing. I see law enforcement freed up to enforce real crime against you and I. Let's stop this needless war that is ending up making criminals out of otherwise tax-paying, law-abiding citizens.

Mark: You're a Republican. Doesn't your stance on issues like cannabis—doesn't that kind of go contrary to that?

Gary: Well, if you take the universe of politicians, I might be… "it." Democrat or Republican. So you could say that Republicans are out front on this simply because I am out front on this. (chuckle) Find a Democrat that is speaking to this issue as I… The important thing is, it's really not a Republican or Democrat issue. It's really one of awareness. When it comes to marijuana and drug policy, I think citizens are way ahead of the politicians.

Mark: Thank you. I appreciate you saying that.

Mark: How do you feel about Proposition 19? That is getting a lot of press lately.

Gary: Oh, I have been to California about a dozen times to promote Proposition 19. I think that it has the potential to be the domino that would bring about rational drug policy nationwide. On the ballot in Californi—tax it, regulate it, control the sale of marijuana. Take the money out of marijuana.

When it comes to border violence, advocating legalizing marijuana, arguably 75% of border violence goes away because that's the estimate that most Mexican drug cartels' activity is marijuana-related.

Mark: For a medical cannabis patient, the quality of the product that they are getting is a primary issue. People are already sick. Getting what they are already using (illegally) as medicine and it's contaminated, it's poor quality… these are things that make life harder for people who are chronically and terminally ill. If cannabis were free, then we would have the opportunity to have a better quality of medicine to treat our illnesses.

Gary: I believe that. In other words, legalizing marijuana.

Mark: (nod) You said 2½ years, you believe?

Gary: I believe that statistically. Right now about 45% of Americans support legalizing marijuana. That number has never been that high and that number never backtracks. Depending on how the wind is blowing, it never goes to 44 or 43. It's a growing number. It's the opposition to legalizing marijuana that is pretty soft. With just a little bit of education… that's what an event like today really should highlight more than anything else. That is, with awareness, others are going to move on this issue; move to a rational outlook on drugs and drug policy.

Mark: I was reading something about you here the other day. Bill Kauffman of the American Conservative Magazine wrote that "he (you) may take a shot at the Republican presidential nomination in 2012." He said that you were "an antiwar, anti-Fed, pro-personal liberties, slash-government-spending candidate — in other words, a Ron Paul libertarian." Is that you?

Gary: Well, I'm a Republican. As part of the 501(c)(4), I can't talk about running for public office lest I get crossways with my legal status. So I get to talk about issues…

…Certainly talking about the war. I have been opposed to our involvement with Iraq and Afghanistan. Afghanistan I thought, originally, was completely warranted. I thought

that was a strike against Osama Bin Laden and Al-Qaeda, but they're not there anymore.

And we're now entering into our tenth year of engagement in Afghanistan. We're building roads, schools, bridges, highways and hospitals in Iraq and Afghanistan and we're borrowing $.43 out of every dollar to do this? I just think we're nation-building throughout the world when we have our own nation to build… and it needs to stop.

Mark: What is it now? Around a trillion dollars as far as the Iraqi conflict?

Gary: I'm not sure about total money spent… I know when it comes to defense spending, it's about 800 billion dollars a year. We're spending more for military spending, in the United States, than all the other nations in the world combined. And yet we are only 5% of the world's population.

> I think we all have this notion in this country that, really, we're not arresting people for possession. We've become more understanding. We're really arresting individuals who are selling pot and that we are going after the pushers —when, in reality, nothing has changed.

So we cannot continue to be the world's policemen. And at the end of the day, the worst thing about all our involvement in Iraq and Afghanistan and our involvement around the world is that more young men and women are going to end up losing their lives as a result of our commitments that, at the end of the day, might not make a difference.

Mark: Well, with an ever-growing number of our boys and girls coming back from—young men and women, I should say, coming back from Iraq and Afghanistan with serious health issues, most particularly the issue of Post Traumatic Stress Disorder. I don't know if you're familiar with… that cannabis is becoming quite the treatment for Post Traumatic Stress Disorder -

Gary: And I would think so. Based on my own experience.

I don't drink but I have drank alcohol. I don't smoke marijuana but I have smoked marijuana. In my own experience, I know that there is a big difference between marijuana and alcohol. And that marijuana is safer than alcohol. And of course we saw that played out in Denver when five years ago Denver citizens voted to decriminalize marijuana on a campaign based on marijuana being safer than alcohol.

So when you look at Post Traumatic Stress Syndrome, from my own experience, I would think it WOULD be very helpful for individuals to have that as an option for that malady. And I say malady—that might not be the right word.

Mark: You said around 2½ years. Where do you see this country in regard to cannabis in 2½ years?

Gary: Well, potentially, we'll be ahead of that curve if Prop 19 passes in California. If Proposition 19 passes, controlling, regulating, taxing the sale of marijuana… I think that could happen even sooner. But I do see this as a "states" issue. California is arguably leading the way… not arguably, … clearly leading the way with the issue on the ballot this Fall, but if it passes, it's just going to create rational drug policy in many other states. If it doesn't pass, I think it will lead to that. And again, I'll put a timeframe on that of two and a half years from now.

Mark: Apparently there are propositions similar to the one going on in California in many other states -

Gary: Yes. yes.

Mark: We're discussing that for Missouri, also.

Mark: Anything else that you would like to say to the people that are going watch this video?

Gary: Well, I would just applaud everyone for their activism on this topic.

I would ask everyone to re-double their efforts when it comes to rational discussions with individuals that don't understand the issue.

And I'd also like to put a face to the 1.8 million arrests that are out there. I was talking to a young man in Des Moines, Iowa three weeks ago was…

I think we all have this notion in this country that, really, we're not arresting people for possession. We've become more understanding. We're really arresting individuals who are selling pot and that we are going after the pushers—when, in reality, nothing has changed.

And I get back to my example. Three weeks ago, I was talking with and individual in Des Moines, Iowa. He was arrested and charged with possession of one gram of marijuana with intent to distribute it to his seventeen year old daughter. He had been arrested, he was convicted, and

sentenced to twenty-five years in jail for that. He had just gotten out of jail, having spent fourteen months in jail and he was going to spend ten years on probation following this. He's representative of, I think, thirty million Americans who have been subject to the criminal justice system who otherwise would be tax-paying, law-abiding citizens. Let's stop the war against ourselves.

Mark: It's been the case: I've seen it all across the country, myself, where families have been broken up. I've seen it mostly in regard to the medical use of cannabis because that is the area that I work mostly in. But I have a family in South Carolina right now where the husband has Muscular Dystrophy and the wife has Multiple Sclerosis. Through the use of cannabis, the wife, now, she's working, she's been able to go back to school, she's able to function and able to hold down her family.

The unfortunate thing is, as soon as Family Services found out about it, they came in and took their children away, destroyed their home. The children went from A's and B's (in school) down to C's and D's. Now after five years, they still can only see them through structured visits.

Gary: And, Mark, as you know and I know, and what I would like to convey to everyone watching is that there are millions of those kind of stories out there nationwide that I would like to bring an end to.

Mark: I would like to give you a copy of this. I have a couple of things here. (Handing him the DVD), this is Len Richmond's movie, "What if Cannabis Cured Cancer." I wanted you to have a copy of that. It's an exceptionally good movie. It explains the endocannabinoid system.

I think that everyone who is in political office should be getting materials like this because it provides the science and facts of the issue rather than hearsay or what people think. This is backed up by actual science.

Gary: Thank you.

Mark: Also a copy of our magazine, Medical Cannabis Journal.

Gary: Great.

Mark: And, by the way, this interview will eventually be an article within our magazine.

Gary: Terrific!

Mark: You will be in here, (motioning to the magazine) I understand that you will be on Time4Hemp here in another couple of weeks, possibly?

Gary: (nodding) Well, I will also be on Bill Maher on the 22nd of October. Bill's going to have a show that's really going to try to focus on Prop. 19 in November. Trying to get people out to vote.

Mark: Bill and I have some similar friends. (chuckle) Very cool. Well there you go, (handing him the magazine)

Gary: Thank you.

Mark: Thank you so much for sitting for an interview with me.

Gary: Thank you.

Mark: I appreciate it very much. And I'll be following you very closely.

Gary: Alright. Good.

For more information on Gary Johnson's organization, "Our American Initiative," please visit their website at *ouramericainitiative.com.*

An Interview with

Joey's Mom

Mieko Hester-Perez

Mark Pedersen

One in every 150 children is diagnosed with Autism. That number continues to escalate at an alarming rate. To date, conventional science has not been able to identify the cause or provide a viable cure.

September 11th, 2010

Mark: Could you give us a little background about yourself? What was your life like before?

Mieko: I've been a legal researcher for over 15 years. When Joey was diagnosed with Autism, I knew that a 9 to 5pm would be impossible so, I started CA Corporate and Attorney Services, Inc., a public document research and retrieval company so that I could make all of Joey's appointments. My son just happened to be my most important research project - not for money, but, so that I could aid him in the fight of his life.

Mark: What did you notice about Joey that led to that diagnosis?

Mieko: That's one of those mother instincts. I knew immediately after Joey's last MMR shots. Joey started saying Mom maybe two or three weeks before he received his last MMR shot. And Joey, after he had been given the shot, there was clearly some type of bad reaction.

Mark: What is this shot?

Mieko: It's called the MMR, Measles, Mumps and Rubella.

Mark: I see.

The MMR vaccine, (Measles, Mumps and Rubella), a mixture of three live attenuated viruses, came under criticism following a 1998 paper by Andrew Wakefield claiming that in a study, twelve children experienced Autism among other disorders folding the vaccination. The paper has since been retracted.

Mieko: There has been all types of speculation. Every

one's entitled to their own opinion, but I know it happened to my son.

He started saying Mom. Then he stopped saying Mom entirely. There are certain immune issues. He didn't have a normal bowel movement. He did not make any eye contact. He did not respond to people at all. This is a very similar story told by most parents diagnosed with autism.

Mieko: At the age of five, when he was placed on a regular program, his teacher recommended placing him on medication so that he could be more productive in her class and, at the time, I was young. I was just doing what I thought was right. I placed him on medication. I was aware of Dr. Bernard Rimland. I did place Joey on a Gluten-free casein free diet.

Joey's pharmaceuticals were the medicines commonly prescribed for Autism: there is a whole list of medications for children.

Dr. Bernard Rimland founded of the Autism Research Institute in 1967 to conduct and foster scientific research designed to improve the methods of diagnosing, treating, and preventing Autism.

Rimland expressed concern about the rise in Autism diagnoses and suspected that vaccinations might be among the causes, sighting Thimerasol, a mercury-based preservative used in the vaccines, as a direct cause.

Mieko: I know why it was ineffective… looking back. He was on four medications at the time.

Mark: Do you know what those medications were?

Mieko: They were the medicines commonly prescribed for Autism. There is a whole list of medications for children.

Mark: I understand he had no interest in food.

Mieko: Right. That is a common side effect of the medications. A year ago, he was diagnosed with anorexia; malnutrition second to his Autism. And that was the result of five years of being placed on toxic medications. There is no protocol for prescription medications for children diagnosed with Autism. Period.

Mark: What was the doctor's actual diagnosis? I understand that there are different types of Autism.

Mieko: Autism! It's pretty amazing. There is this one umbrella… Autism is so misunderstood… they just write whatever they want under that umbrella for Autism. There are so many degrees. I think what they're doing is more damaging, rather than helping to understand the diagnosis. What they're doing is treating the symptoms. They're treating the ADHD. They're treating aggression and behavior. They're treating self-injurious behaviors… with SSRI's (Selective serotonin reuptake inhibitors, like Zoloft and Prozac). What they were giving him were mood altering medications. And that's what they use to treat Autism.

Mark: I take it that the primary treatment revolved around pharmaceuticals.

Mieko: You're 100% correct.

Mark: Did they attempt to do anything other than pharmaceuticals?

Mieko: No. No.

Mark: I understand at some point he was taking up to 13 medications?

Mieko: As a total, since he was five years old, he has been on thirteen medications within this pharmaceutical prescription guideline.

There's a chart… what doctors should prescribe for certain symptoms. Now out of, I think, twenty medications, my son has been on thirteen of those and at one point he was on six medications at one time. He has consistently been on at least four medications. He has been on a total of thirteen medications that have varied in dosage.

Mark: Maybe we can touch base a little later on what those medications are. The reason I'm saying is I'm also working with some people here in St. Louis, Washington University, on a study regarding prescription drugs vs. cannabis. I try to get as much information on pharmaceuticals whenever I am interviewing a patient or caregiver.

Mieko: I have a chart that no one seems to know about. Joey's doctor almost fell out of her chair when I showed it to her.

Mark: I see. What kind of chart?

Mieko: It's a chart of all the drugs… Psychotropic medications for the diagnosis of Autism. You can't find it now.

Mieko: It's my personal chart now. It has check marks on it. I take it with me to appointments so Joey doesn't get placed on the same medications again. And so when I first showed it to Dr. Hedrick, she almost fell out of her chair because she had never seen it before.

Rebecca Hedrick, MD, is an Associate Training Director and Assistant Clinical Professor for the Department of Child and Adolescent Psychiatry for the University of California, Irvine Medical Center.

Mark: There seems to be so much gray area out there; so much mysticism surrounding Autism. In all the medicines that Joey was on, did he have any positive response to those at all?

Mieko: You know, some of them had occasions when they were very positive for maybe six months, but with 80% of them, Joey had a reaction that no parent would want to see. There have been occasions when he has had facial ticks, he has had seizures - he was never diagnosed with having seizures. You couldn't take him off the medication because there was a fear that if you took him off too fast he would have a heart attack. I mean, he was only seven years old.

Mark: Tell me how cannabis entered the picture.

Mieko: Well, Joey had to get dental surgery. And I had to get him cleared because he had to be sedated because of the severity of his Autism. So I went to get him cleared with his Pediatrician. I don't like taking Joey to the doctor, number one, because it's very hard on me, very stressful for me to take him. But I took him to see his Pediatrician and we went down that long line of medications and Joey was on maybe four or five of them.

She said, "Ok, that would be why his blood pressure is up. He has anxiety."

Joey was maybe 47 pounds. She did not question his weight. She justified all the medications that he was on. She said, "Yea, he is a little thin, but because of the severity of his Autism, he is not a candidate for a feeding tube." So, those were a couple of red flags that went up.

And I said, "So, what do we do?"

She did not advise me to take him off any of the medications. She cleared him for anesthesia. She said, "Yea you're right, Joey is very thin. It can only get worse." She closed Joey's file and walked out of the room.

That's why one of my missions is to hold doctors accountable for the oath they take when they become doctors. And that's to preserve life.

My brother's a fireman. When he had to say his oath… to preserve life… it's no different. How could anyone in their right state of mind clear my son for dental surgery, tell me "you're right he's thin" and then tell me that he's not a candidate for a feeding tube because of the severity of his Autism… and justify ALL of those medications? To me it just didn't make any sense.

That day, after I left, I'm driving home in tears… I'm thinking, what do I do? She just told me, pretty much, if Joey continues, he's not going to be here. And it's ok? You know there's a whole generation of children that are lost if this is the way that a Pediatrician treats children with Autism at a very prestigious hospital in Orange County.

So I came home. I was very tired. Mentally, I was very tired. I sat on the couch and… I don't know what was on (television). I think maybe Cheech and Chong came on the tv.

I wasn't an advocate for medical marijuana. I wasn't an advocate for marijuana, period. It wasn't a part of my life. I've never smoked. I was just laughing, and I said, "That's what Joey needs to pick up weight." Just a joke. And then, within minutes I said, "No, it's not a joke." I went to the computer and I did some research. I just typed in "Autism and marijuana." And there it was. A medical review from Dr. Bernard Rimland. I think I stayed up until five a clock the next morning researching Autism and marijuana.

The next day, I went to the library and did some hard core, brain trauma research. I was convinced. I knew this was my last hope. And so I came back home and made an appointment with psychiatrist, Dr. Rebecca Hedrick. At the appointment less than 48 hours later, I felt like I was pleading my case before the Supreme Court.

She said, "You know, Joey isn't going to be here if we continue to keep him on these medications." We've tried everything.

My poor son. We have had so many agencies in our home. I had a crisis unit in my home, direct intervention for his anger. I had Emergency Services in my home because my son was just so out of control. They were all documenting his weight, so, I had enough information and justification for everything that I did.

When I gave the information to Dr. Hedrick, she looked at me and I looked at her and she said, "I'm probably going to lose my job, but I'm not going to let you lose Joey." And she wrote me an undocumented (cannabis) recommendation for Joey. That day, I began saving my son's life.

Mark: So you began medicating him that very day?

Mieko: No. And here is where the collectives came into play. I had called quite a few collectives and this is one of the reasons why, when parents contact me, I literally walk them through everything. It took me four days just to find a credible collective.

My regular job, I do background checks. I check for compliance… I mean I obviously knew what to ask these collectives and was able to decipher, between the good ones and the bad ones.

Mark: Could you share with me some of the questions that you asked?

Mieko: The number one question was, "Have you ever had a patient; a minor under the age of ten? And really, they were scared. Oh God, the educational curve….unbelievable. No one was aware that marijuana could be used on a minor. They said, "Oh, you're doing something illegal."

And when I asked them about caregivers' licenses… It was

scary, that's what it was. I could see where and why Los Angeles is having all the trouble with collectives. I could clearly see which ones were for profit and which ones weren't. At least now…I mean I can call collectives that want in, that want to help. Those that don't want to help, they're in it for the wrong reasons.

"…we only give Joey a brownie once every three to four days. The marijuana stopped the glutamate from processing…the reason they have ADD (Attention Deficit Disorder)."

But that learning curve is one of the other reasons why I started the foundation and why I make myself so accessible to so many parents. If I'm going to be at the forefront of this treatment and movement, I want to do it right.

Finding a collective that would deliver to our home discreetly was my first choice, I live in a family friendly community and this treatment should be no different than any prescribed medication.

The first day that we had placed Joey on the medical marijuana, within 30 minutes, our house was quiet, which is pretty unbelievable. Those were the earlier days where we immediately noticed the calming effect.

I have a two year old as well. Joey's aggression was something that I wanted to curb. I mean, I wanted him to have a regular relationship with his siblings. And that's exactly what we have right now.

We have our good days and our bad days. And they're still going to fight over toys, but Joey is not going to throw anything at him. At the time, Joey had a behavioral plan at school that was put into place because he WAS hitting his teacher; pulling his teacher's hair; throwing things. His aggression was ridiculous. It was something that, as he got older, would get worse.

Within six more months, there was a noticeable difference at school and at home as well. As this progressed, I started speaking out to more doctors. One of those doctors… Dr. Lester Grinspoon… so that I could understand more benefits of medical marijuana as well as understanding brain trauma. I did an interview on a Canadian Radio Show and what I thought was just another doctor, end up being "the doctor."

Dr. Grinspoon is Associate Professor Emeritus of Psychiatry at the Harvard Medical School. Grinspoon was senior psychiatrist at the Massachusetts Mental Health Center in Boston for 40 years. Lester was the founding editor of the Annual Review of Psychiatry, and the Harvard Mental Health letter. Dr. Grinspoon is a foremost authority and author on the safety and efficacy of cannabis.

I was very fortunate to be able to speak to Dr. Grinspoon. Immediately the next day I was on the phone again and I continued to speak to him and share Joey's results. Because I feel like I'm carrying the torch for Bernard Rimland who is no longer with us, I made a promise to Dr. Grinspoon that I would conduct myself in a very responsible way when presenting our findings with Joey and when helping parents.

Mark: Let me back up just a little bit. I wanted to ask you. How did you determine the level of dosage?

Mieko: That's the million dollar question. I'm going to tell you what I tell parents. During the research on the strains… children who have Autism don't have a problem with being hyper, so they definitely don't need any Sativas at all. Sativas are not for children diagnosed with Autism, or, I believe, ADD. After researching Indica, Indica is the most appropriate type of strain for children diagnosed with Autism.

Mark: What particular strains did you investigate? Which ones worked best?

Mieko: "L.A. Confidential" which is an 80/20. A lot the Kush strains. Those strains work very well. And those are the strains that I recommend for parents to try. Joey had anxiety and some of the reason most children diagnosed with Autism have anxiety… they have OCD… it's one of the big ones, anxiety, and then also with the anorexia; malnutrition. Within a couple of months, we started introducing Joey to new foods that we had never seen him eat before. I mean this is a kid who only would eat peanut butter and jelly for four years. So he was lacking a lot of nutrients as well.

I have been researching with Dr. Robert Melamede as well as doctor William Courtney… nutrients that are found in the actual cannabis… I think that is why we are getting such positive results from Joey. And other parents are starting to learn more about cannabis… its true healing form.

Dr. Robert Melamede is an Associate Professor at the University of Colorado, Colorado Springs and the President and CEO of Cannabis Science, Inc., a cannabis- based, pharmaceutical company. Dr. Melamede is widely considered to be an expert regarding cannabinoids.

Mark: A lot of people don't realize that cannabis is, in truth, a super food.

Mieko: Right. They have no idea that it is. Joey was on a Casein-free, Gluten-free diet in the beginning, but Joey's body was already suffering. You can't take anything out of a starving child. Now (Joey's health has improved) since we've placed him back on the casein-free, gluten-free diet, it has done wonders. The diet has been more effective. Medical marijuana is the super glutamate blocker. So if your child has Asperger's or ADD, a casein-free, gluten-free diet would work for that child. I've heard recovery stories of children who had high functioning Autism…

For the children who don't respond to the gluten free Casein free diet, cannabis, in its true form has proven to be is the "super gluten blocker." I think that is one of the reasons why we saw a response so quickly.

A gluten-free (wheat, barley, rye and oats) and casein-free (milk) diet eliminates these foods from one's dietary intake. The Autism Research Institute and other advocacy organizations recommend this treatment.

With Joey, we put it (cannabis) in his food (brownies), but we only give Joey a brownie once every three to four days. He can go as long as five days. The marijuana stopped the glutamate from processing. The glutamate that these children have is the reason that they have sensory issues. The reason they have ADD (Attention Deficit Disorder). So when you have the glutamate and you have something that is blocking it, you start seeing miracles. But it's not really a miracle, it's science.

In the beginning, I would have thought it was a miracle until I did research on brain trauma and the glutamate factor. No body's willing to come forward and talk about it publically.

Mark: Tell me a little more about how Joey responded after you first started medicating him with cannabis.

Mieko: He had a personality. There was a little boy in there. His eye contact has improved. He laughs. He's not on edge. The other medications put my son on edge.

Mark: How about his weight?

Mieko: Oh he gained, in a year, 50 pounds. He had gone from being in the bottom percentile of his age group, his growth chart… within eleven months, he was in the seventieth percentile. And just recently, we had a review of his behavioral plan and the chart showed that, within nine months, that behaviors completely went away that had been a problem for the last seven years.

Mark: And you believe this is all attributed to the cannabis?

Mieko: Yes I do.

Mark: What does Joey's Pediatricians say about this?

Mieko: They are all pretty blown away. I get the same response. Either they are stuttering or they don't want to make a comment.

No. Dr. Rebecca Hedrick will tell you it's nothing short of phenomenal. She's followed the whole transformation herself.

Mark: I'm going to address a question regarding his cognitive function. In the ABC, Good Morning America interview (Nov. 23, 2009), Dr. Sharon Hirsch condemned your son's use of cannabis by saying that Joey was, and I quote, "intoxicated."

She quoted some of the same old rhetoric that we have heard for so many years…"could lead to psychosis, schizophrenia, etc." What do you say to that?

Mieko: Let's see… I don't think medical marijuana is researched in her state. I think she should of done her research, maybe she should have read our story.

Mark: Do you believe Joey is intoxicated?

Mieko: No. No. Everyone knows, a parent knows… any doctor. Children diagnosed with Autism have a completely different set of wiring. So what makes you or I high, will make Joey balanced.

Mark: Well, tell me. How is his cognitive function?

Mieko: Actually, he's probably more on target than he's ever been. This is the first time that we have ever seen progress within his education, period. Joey has had so many setbacks because of his behavior; so many setbacks.

In a meeting I had with his IEP (Individualized Education Program) staff three weeks ago, they had no idea when I

started the medical marijuana. I really didn't ask their opinion. But when they stated his improvement, I told them, "You know what? For the last nine months, every Wednesday at 4pm, Joey receives a brownie. And the results that you are giving me, making progress for the very first time in seven years," I had to thank them for collecting the data. I mean, in seven years…

I've been so used to hearing bad news that when they showed me all of the graphs, and said, "Joey's made such a vast improvement within the last twelve months, not only with his demeanor, but even with being more productive in the class. He's sitting down, whereas this time last year, he wouldn't sit in a circle …."

No one's going to tell me that medical marijuana did not produce these results.

Mark: Have you seen improvements in his motor function?

Mieko: Yes. Now this is very interesting. One of the medications that he was on when he started at four years old. The side effects were muscle deficiency. Last year, Joey lost his ability to walk. and that's the reason why a certain medical association is contacting me…because I have already told them I'm going to go forward (talking about publicly) with the medication that attributed to his muscle deficiency.

Mark: I've seen the pictures of Joey in the wheelchair. That's why?

Mieko: Right. And they began prescribing this particular medication to him at the age of three and half years old.

Mark: Are you willing to elaborate on what that one medication was?

Mieko: No.

Mark: Ok. That's fine. (chuckle)

Mieko: Not without my attorney. But I mean…the medication did attribute to the cause. And they feel like my voice carries so much weight now that it will shake up the pharmaceutical industry.

Mark: I understand that Susan Stevens Martin, Media Relations for The American Academy of Pediatrics believes that cannabis could be dangerous for children. I quote…

Mieko: She doesn't have a child diagnosed with Autism.

Mark: … "The American Academy of Pediatrics recommends the use of scientifically validated treatments. The use of medical marijuana to treat autism has not been tested and could be dangerous for children." What do you say to that?

Mieko: Call me.

Mieko and Mark: (chuckle)

Mieko: I have so many parents contacting me now. They call me on weekends. They call me all day long.

Mark: I find it amazing that its OK to treat children with very dangerous pharmaceuticals like Prozac, Ritalin, and Albuterol…for all the various illnesses that they do. And that's OK. Even in spite of the risks, …the drugs Joey has been exposed to with his Autism. And that seems to be OK.

Mieko: I think the problem is because Autism is so misunderstood. The fact that someone like me, who doesn't have a medical degree can figure this out, and that's exactly what I've done.

My voicemails are pretty interesting. High profile doctors call me and become very frustrated once they realize I'm not giving up any information.

I have some of the best doctors across the country calling me to get advice. And telling me I am at the tip of the iceberg in figuring out the benefits to marijuana and the link between autism and brain trauma. How could that be? I mean, I put on my pants the same way they do.

I think a lot of it is just there are so many kickbacks from the pharmaceutical industry. There's so much politics involved. No one wants to do what's right. I have nothing to lose, ever since I've gone forward it's been open door after another. After you save one life it becomes contagious…

Mark: You said in one interview that cannabis has "balanced" your son. What does that mean?

Mieko: Thirteen toxic medications put my son on edge. Only one medication has given my son life, and that's medical marijuana. The balance is that my sons not trying to kill my two year old. Not only that, my son has now stable with his weight. He is better mentally now than he has ever been on ANY of the medications he was on.

And this is the reason I flood my website with information, videos…because seeing is believing.

Mark: If we could back up again, in the ABC interview, you made the statement that after medicating with cannabis, Joey was "calm." How is that different than being sedated?

Mieko: Sedated is "zombie-like." (Chuckle) "Calm" for a child diagnosed with Autism is something you don't hear very often. Calm is not throwing stuff. He's not injuring himself. He's not trying to dart out our front door. It's a state that we don't often see. Sedated to me is when you're going for surgery and you need to be sedated…"zombie-like." My son is not "zombie-like." It (cannabis) gave him life.

Mark: So he's not in a stupor.

Mieko: No, he's not.

Mark: How many prescriptions is he on now?

Mieko: He's on two and a half. We just lowered a dosage last week. So ultimately, we are weaning him off of medications.

Now there are some children that are in the spectrum that will always need medications. And that's fine. I'm not against pharmaceuticals. I'm against A LOT of pharmaceuticals…for one little body.

Mark: How has cannabis worked in conjunction with those pharmaceuticals?

Mieko: It works perfectly. And they (pharmaceuticals and cannabis) work so well that we're weaning him off the toxic ones. (chuckle) Dosages are being lowered as we speak.

Because the cannabis is so effective, maybe one day we will be down to one medication. Or maybe we'll continue to be on two medications, but we're not going to have five medications. Five toxic medications.

Dr. Grinspoon is Associate Professor Emeritus of Psychiatry at the Harvard Medical School.

Cannabis may not be for every child, but for those children who do respond and it proves to be effective, it definitely kicks ass.

Mark: (chuckle) that's not a scientific term but I buy it.

Mieko: I mean, you have to live in our home to understand. There are days when you feel like…first you get a diagnosis of Autism. Then the thoughts dealing with Autism. I feel like I received the one-two punch.

All I wanted to do is make sure my son stayed alive for another couple of months.

I did the research and it works.

The happiness we have in our family now…I want another family to enjoy that happiness. If I saw a family that was going through the same thing that I'm going through with Joey, there's no way that I was going to keep it a secret.

I'm not into making money off of these parents. We are struggling…with healthcare, our regular bills, additional care… Companies making money off us, whether it be in donations to a useless cause or buying equipment at an astronomical price—just because it's for a child diagnosed with autism.

I'm bringing HOPE into to their lives because I value my happiness…every night that I see my son go to sleep. And if cannabis can provide that type of happiness, why not SPEAK OUT.

Now that Joey has a life, I have a life. I never even knew life because I was so consumed with work, appointments and more work and more appointments…it's always been all action and no life for this mom!

A lot of parents have trouble embracing Autism. There are so many challenges involved. When you do find something that is effective, like I have found, you want to ensure that you can at least tell another parent because the pain runs so deep. I see it every time I'm out somewhere.

I actually had a moment when I was grocery shopping. There was a parent. She knew who I was, but she didn't want to come over and speak with me. She just stood there in the isle. She had tears in her eyes. She looked at me, and I looked at her and she said "Thank you." That was "the code", because a lot of these are scared to talk about it. Marijuana. You know the stigma. And that is also one of my missions; to remove the stigma and show the happiness that has been associated with finding cannabis to save my son's life.

Mark: Mieko, we talked already about the side effects and problems you encountered in regard to pharmaceutical meds, so I have to ask, what about the side effects of cannabis?

Mieko: Oh my God. Side effects? What side effects? Are you kidding me?

We prayed for Joey to be quiet. We prayed for many years for him to go to sleep. One of the reasons he was put on medications was cause my son didn't go to sleep. My son would stay up for three or four days and guess who stayed up as well. I did.

Since placing him on medical marijuana, I don't know how to go to sleep. (chuckle)

The side effects? Actually, its been more benefits than side effects. I can't tell you a negative side effect.

Mark: Really?

Mieko: No. I cannot. The thing is, my son can now sit in

his room for more than 60 seconds. His ADD (Attention Deficit Disorder) has been reduced dramatically. His aggression has been reduced dramatically. He sleeps very well. He wakes up in a great mood. He's even started making sounds that we have never heard before. Now I think that's due to our blocking the glutamate. The medical marijuana has opened up a receptor in his brain that no one is willing to admit other than the medical marijuana community.

The only thing that you could consider a side effect is maybe one or two times when I may have given him too much and he fell asleep. That was very early on. Trial and error, getting a proper dosage…and right strain.

Mark: Falling asleep. I kinda have trouble picturing falling asleep as a negative side effect.

Mieko: Considering the side effects that we were going through with medications… My son would have facial ticks that he could not stop and I had to sit there and watch and pray that the medication would wear off. People have no idea what that feels like.

Or, to witness my son have a seizure. That's what the pharmaceutical industry does not get.

The minute I speak, that's what they need to fear, because we all have the same story. I'm just willing to go forward with it. And I have.

It's a "win win" situation with me because my foundation is not to make money. It's to help families. I'm their worst nightmare. (chuckle)

Mark: You have made the statement that "cannabis saved your son's life."

Mieko: And I'll continue to say it. Those medications were killing my son. And I knew…and his doctor knew…we only had a couple of months left at the rate he was going.

Mark: You founded an organization on behalf of children like Joey.

Mieko: I founded the "Unconventional Foundation for Autism" because everything that I have done has been unconventional, from my advocacy to getting him the right resources to alternative medical treatment. Initially, it was just for parents to contact me regarding medical marijuana; for questions and how I could help them. Just answer some of the popular questions, like, "Where did I find the research?" Well, you know, I had no idea that fifteen years of legal education would help so many parents. Just put them on the right track with being a better advocate for their child. Autism has made me a better parent. I feel that, instead of setting up Autism as a "fear mechanism", we need to embrace it and embrace the many treatments that are involved.

The one thing that I have been very consistent in is not slamming all the other treatments because each child has different make-ups.

The organization is put together to keep parents informed and know that they are not going to go to Hell if the treatment is medical marijuana.

Mark: Parents have contacted you. Are these people from California?

Mieko: This is people from all over the country and International. I have had quite a few phone calls from Australia. Also calls from the United Kingdom. Oddly enough, the majority of calls are from non-compassionate states.

This is something that Governors need to really take a good look at because their constituents are saying that they want to move to more compassionate states so they can help their child.

Autism has become an epidemic.

Mark: What has been your feeling in regard to that? Are you finding that physicians are becoming more open to recommending cannabis for children with Autism?

Mieko: I'm working with a few physicians. I work with Joey's doctor. She's on my Board of Directors now. I get quite a few phone calls from other physicians. I get a mixed bag. I get physicians who contact me who just want to inquire… just want to talk to me. And then I get physicians who…I get the skeptics. I just direct them to my website.

"Call me back when you can be more friendly." (chuckle)

I just try to provide as much information as I can.

The medical community is a little outdated. The fact that they can't accept cannabis as a safe effective treatment for Autism let's you know how dated they are.

There's no money in a cure and there's no money in something that works safely and effectively. There's money in fear. I don't provide that and that's the reason why my following is growing daily.

Mark: Have you encountered other parents who have seen positive response from medicating their children with cannabis?

Mieko: Yes. And adults. I had a parent just last week call me up and tell me for the first time in seven years her son was able to go to sleep without a fight. I had another parent who's nine year old daughter did not attack her for the first time.

The testimonials…

Happier days. Over 50 pounds later, a bright and happy young man emerges.

I've also had some parents call and say, "It didn't work well with my child." And I say, "You know what, thanks for trying. You should feel good that you live in a state that would allow you to have this opportunity just to see if it works."

I think I've had a mixed bag of parents but the majority that I speak with have gone farther and continue to be successful using cannabis.

Mark: Where do you see this all going?

Mieko: I believe medical marijuana very shortly will be on a list of safe and effective medications to treat Autism.

Mark: What do you think it will take to make that happen?

Mieko: It will take the APA (American Psychological Association) recognizing it (cannabis) and I will be working with them to move forward on recognizing cannabis as a safe and effective treatment for Autism.

Mark: Ron, do you have anything you would like to add?

Ron: Mieko, if you could say just one thing to our readers, what would it be?

Mieko: I'm working on getting collectives involved in my foundation.

One problem parents have is health care and getting particular treatments approved.

Collectives can sponsor a child; …these collectives have stepped up to the plate and now they're on board with sponsoring children through our foundation. The Hope Wellness Collective is sponsoring a child so they can receive ten aquatic therapy sessions.

So its not just about the medical marijuana. It's about the alternative treatments, medical marijuana being one of them.

H.O.P.E (Harmony On Planet Earth) Wellness Collective is located in Westminster, CA

http://www.hopedelivery.org

Collectives are often associated with negative stigmas. I have a list of the ones that I defend; the collectives that sponsor Autistic children.

The healthcare system fails to provide innovative therapies for our children in need, so I just want to make a point. It's vital that the medical marijuana community is involved in my foundation. I look forward to more collectives getting on board with our program.

Ron: I always found it ironic that it seems as though its the people that carry the most weight, people like yourself, that are the ones that really didn't choose this.

Mieko: No. (chuckle)

Ron: I always thought that people like you that make the biggest difference didn't set out to be a "Freedom Fighter." However, you are paving the way for so many people. I respect that so much. Thank you.

Mark: I should have asked this earlier in the interview, but considering the high cost of healthcare these days and all the concerns being mentioned about that, what do you perceive, as far as cannabis is concerned, is its roll in lowering the price of healthcare? Or do you?

Mieko: There's no money to be made off cannabis. No one has figured the plan out. If they did figure the plan out, they would know that there is no money to be made. So what is going on here is because that no one has put a budget report together that includes medical marijuana.

It's been effective in my household. How's about It's been cost effective in my household? (chuckle)

Mark: Going with this, how has cannabis effected your financial situation as far as the cost of healthcare for your son; in regard to treatments and such … as opposed to before?

Mieko: Joey's medications were $200 a bottle, five bottles. I was a single parent. I was paying all of this out of my pocket before he qualified for healthcare.

The medical marijuana is no where near a fraction of what I used to pay.

It wasn't until recently that I told my parents why I was broke all the time. A lot of us, a lot of parents are very ashamed.

It's not only the prescriptions, it's the whole Autism factor that is expensive for us. The equipment needed … simple things that we need … and the healthcare is just astronomical. How much is a box of brownies? Two bucks? (chuckle) The cannabis, $60 or $80 in a month?

I mean, I was paying almost five or six hundred a month on medications that were not covered.

Ron: That's incredible.

Mieko: I mean, I couldn't afford to live.

Ron: I was wondering, Mieko, do you use cannabis butter or how do you prepare Joey's medication?

Mieko: I don't use cannabis butter (purchased from a collective), because, typically, I haven't gotten a grower yet who doesn't mix everything together (different strains) in the butter. I'm better off doing the straining myself. I make my own oil because at least I know its one strain.

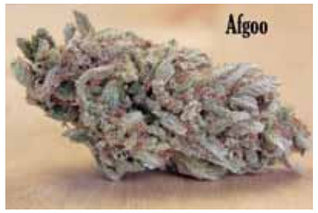
Mark: Thank you so much for this opportunity.

Mieko: You're welcome. Thank you

Ron: Thank you, Mieko. You're wonderful.

One in every 150 children are diagnosed with Autism. That number continues to escalate at an alarming rate. To date, conventional science has not been able to identify the cause or provide a viable cure.

For more information about alternative treatments for Autism, please visit the Unconventional Foundation for Autism (***uf4a.org***).



MINI STRAIN REVIEWS ON 3 STRAINS FROM HOPE WELLNESS COLLECTIVE

AFGOO

Type: Indica Hybrid
Aroma: The aroma from Afgoo is one of the more skunky hybrids I have come across recently, with a small hint of something sweet.
Color: The look of Afgoo is something amazing. The flowers are clearly dark green, but appear light as they are so covered with tricomes.
Duration of Time: 3-4 Hours
Effects: Euphoric (9) Energetic (4) Relaxation (7) Uplifting (6) Pain relief (9) Sleep (9)
Suggested for: Pain, Nausea, Insomnia, Migraines, Appetite, Wasting Syndrome
Texture / Overall: Tight, and Chunky
Best Time for Consumption: PM
Density: 7
Method: Bong,Vaporizer
Trichomes (Visual): 10
Potency: 10
Breeder: Unknown
Seeds (per 1/8th): 0
Orgin: 70% Maui Haze to 30% Afghan #1
Taste: Sweet (7) Skunk (8) Floral (6) Hash (3)
Genetics: The price and availability of Afgoo varies wildly based on areas and if it is a strain growers in your area can get their hands on. Afgoo is reported to be a moderate to high yielding plant however this is not something that can be confirmed. For reasons not including the Afgoo plants yield, it is highly recommended that if you come across any clones, that you give it a shot and see what you can come up with.
Afgoo is hardy. The aroma from Afgoo is one of the more skunky hybrids that I have come across recently, with a small hint of something sweet. This strain is reported to be fairly easy to grow for patients new to harvesting their own medication.

COTTON CANDY KUSH

Type: Indica
Aroma: Kush (7) Blueberry (5) Strawberry (5) Kandy (7)
Color: Lime green with almost pink highlights, very attractive in the color scale.
Duration of Time: 2-3 Hours
Effects: Energetic (8) Relaxation (8) Uplifting (9) Pain Relief (7) Sleep (5)
Suggested for: Pain, Nausea, Anxiety, Insomnia, Depression, Migraines
Texture / Overall: Longer buds with a perfect curing. The better of the batches I have seen.
Best Time for Consumption: AM/PM
Density: 8
Method: Vaporizer
Trichomes (Visual): 8
Potency: 9
Orgin: Believed to be: Afghani & Blue Berry
Taste: Floral (8), Sweet (8), hash (4),Strawberry (5), Blueberry (5)
Genetics: Indica Hybrid 60/40. Believed to have Kandy Kush from DNA Genetics.

OG KUSH

Type: Sativa Hybrid
Aroma: Petro Skunk (9) Skunk (5) Lemon (7) Kush (5)
Color: Dark Green
Duration of Time: 1-2 Hours
Effects: Cerebral (8) Energetic (6) Psychoactive (8) Pain relief (7)
Suggested for: Pain, Nausea, Anxiety, Insomnia, Depression, Migraines, Appetite
Texture / Overall: Tight chunky
Best Time for Consumption: AM/PM
Density: 7
Method: Vaporizer
Trichomes (Visual): 7
Potency: 8
Breeder: Unknown
Orgin: Southern California / Montana
Taste: Petro (7) Lemon (8) Skunk (8) Citrus (7) Lime (7)
Genetics: OG Kush is a mostly Cannabis Sativa hybrid, clone-only cultivar found widely in Greater Los Angeles (Los Angeles, Orange and Ventura Counties), California, USA.
This species is rumored to be another name for the legendary “Chemdog” (a.k.a. “Chemdawg” or “Chem”) cultivar of Colorado/Wyoming, USA.
In this widespread rumor, a ‘cutting’ (clone) of the “’91 Chemdog” made its way to Lake Tahoe, California early in the 1990’s. This “S1” (1st generation offspring of a self-pollinated hermaphrodite) came to be called OG Kush.
OG Kush is only privately available in clone form and not in seed.
Although not a true “Kush,” OG Kush does possess some Indica (Cannabis Sativa, Subspecies Indica) traits and it is rumored that it may have some Kush bred in its genetic heritage. However, it is mostly a Sativa in both phenotype and psychoactive effects when consumed.
Resources: http://www.urbandictionary.

MINI STRAIN REVIEWS ON 3 STRAINS FROM HOPE WELLNESS COLLECTIVE

AK-47

Type: Sativa / Indica Hybrid.
Aroma: This AK-47 has an earthy, spicy, yet floral aroma. This is some of the better AK-47 as far as aroma.
Color: light green and sage green
Duration of Time: 2-3 Hours
Effects: Energetic (3) Relaxation (9) Uplifting (4) Pain Relief (9) Sleep (10)
Suggested for: Pain, Nausea, Anxiety, Insomnia, Depression, Migraines, Appetite, Bi-Polar Disorder, Wasting Syndrome
Texture / Overall: Dried well then manicured and cured to perfection.
Best Time for Consumption: PM
Density: 7
Method: Joint,Bong,Vaporizer
Trichomes (Visual): 8
Potency: 8
Breeder: Serious Seeds
Seeds (per 1/8th): 0
Orgin: Columbian, Mexican, Thai and Afghani
Taste: Earthy (8), Woodsy(7), Spicy(9) Sweet(4)
Genetics: Winner of seven awards worldwide, AK-47 has earned its way since 1992. Since then becoming an international wonder, it has a well deserved place in the medical cannabis world.
Heavy sativa characteristics, its medicinal benefits reside in it’s potency and stability. Long lasting effects with some reported THC contents containing more than 20%.

707 HOLY GRAIL HEADBAND

Type: Sativa Hybrid
Aroma: Petro Skunk, Sweet, Floral..
Color: Very light green
Duration of Time: 2-3 Hours
Effects: Energetic (8) Relaxation (8) Uplifting (7) Pain (7) Sleep (5)
Suggested for: Pain, Nausea, Anxiety, Insomnia, Depression, Migraines, Appetite, Bi-Polar Disorder, Wasting Syndrome
Texture / Overall: Popcorn- flowers similar to OG Kush.
Best Time for Consumption: AM/PM
Density: 9
Method: Bong,Vaporizer
Trichomes (Visual): 9
Potency: 9
Breeder: Headband is a Sour Diesel/OG Kush combo reverse engineered by DNA Genetics/Orgin: Southern California
Taste: Much like its aroma,: Petro Skunk,Sweet, Sour and Floral.
Genetics: Headband is well known in Southern California for its OG Kush qualities. The effects are heavy and long-lasting. Holy Grail is a 35 / 65 Indica / Sativa cross between Samsara’s Punky Lion and a pure phenotype Haze.

TWISTED SISTER KUSH

Type: Kush
Aroma: Kush, pine, earthy
Color: Light Green
Duration of Time: 1-2 Hours
Effects: Pain (9) Cerebral (7) Sleep (8) Relax (9)
Best for pm dosing, however could very well be used for pain or other chronic disease if you do not have many responsibilities for the day. Very potent. Start slow and see how it may effect you.
Suggested for: Pain, Nausea, Anxiety, Insomnia, Depression, Migraines, Appetite, Bi-Polar Disorder, Wasting Syndrome
Texture / Overall: Flaky & Dense
Best Time for Consumption: PM
Density: 8
Method: Vaporizer,Bubbler
Trichomes (Visual): 10
Potency: 9
Breeder: Unknown
Seeds (per 1/8th): 0
Orgin: HOPE Wellness. MCJ has no other information on this medication as to its origin. We will do our best to spotlight this amazing cannabis in future issues.
Taste: Kush
Genetics: This is a very rare strain. My experience is limited to only this sample from HOPE Wellness. From my understanding, it is one of the most pure “Kushs” available.
HOPE is very much a “Specialty Collective” and this strain is no exception. It is only available in clone form and will not likely be found at the “average” collective.
As are all of HOPE Wellness strains, Twisted Sister Kush is organically grown with great care. Their knowledgeable staff can assist you with this and all their strains.
HOPE is also uniquely situated in a very safe area—perhaps the only collective located in a “medical arts” building. Hope Wellness is endorsed by the The United Foundation for Autism (UF4A).

REVIEWED BY MCJ RSN

Dr. Bob

Interview with Dr. Bob Melamede Conducted by Ron Niehouse

October 2010

Dr. Robert J. Melamede, Ph.D.
Former Chairman of the Biology Department, University of Colorado
Conducting scientific research on Cannabinoids
rmelamed@uccs.edu
University of Colorado
1420 Austin Bluffs Pkwy., Rm. 232 - PO Box 7150
Colorado Springs, CO 80933-7150
Phone: 719-262-3135

MCJ: Dr. Bob, thank you for being here today. We've had some conversations in the past, so we've covered a lot of things with you.

I was lucky enough to meet someone named Mieko Hester-Perez last weekend, "Joey's mom." She made it very clear that you were one of her heroes. I would like to know how you got to know her?

DB: There was an educational conference put on by a group called 420 University. I was a speaker there as was Mieko. We met there and spent some time and talked. That's how I got to know her.

MCJ: Have you ever had a chance to meet her son?

DB: No, I have not, but I did go on the Internet and see a lot of information about Joey.

MCJ: I have and it really is a wonderful testimonial for the medical cannabis movement.

Typically when I think of autism, until now, I did not naturally think of cannabis. It isn't something that you really hear about too often. Isn't that correct?

DB: Well I've seen a few cases where people have treated their kids with it. There is some information online. As with everything else with cannabis, most of the patient evidence is anecdotal but it certainly doesn't surprise me that it would work. Again, you have to remember that this is a very magical plant because of the way it works on the endocannabinoid system, which happens to regulate everything in our body.

MCJ: Exactly. They pretty much gave him a death date. That's pretty scary for a mom to go through. You have to admit that's pretty brave of her to go as far as she went with her own prescribed little cocktails. I have to say I have a lot of respect for what she's doing and I'm glad to have met her. We're going to be covering that story as well in this issue.

DB: Oh good. That's a good one to cover. It turns out, autism is a rapidly growing condition. The reasons for that are not quite certain.

This certainly looks like cannabis can help a subset. If you can help one, you can help others with a related condition that could benefit. You have to remember, most of the diseases, when you look at a particular symptom, whether its autism or cancer, is often a manifestation of a variety of different types of possible imbalances that settle down on that condition.

So where something might be good for a particular starting point from a particular cause it might not necessarily work on another. There are all of the kinds of things that we have to find out with ongoing research and experimentation and courageous people who are willing to go on. On the one hand, they are courageous because they are open-minded enough to break the mold. On the other hand, they are doing what is logical.

If you really think about it, if your kid is starving, who in the world doesn't know about marijuana and the munchies? How could you not think and act on this for your child as a parent? You have a choice of breaking a stupid law or watching your child die. That's ludicrous.

MCJ: Yeah, that's pretty simple.

DB: There are some people who would still not do it.

MCJ: You are right, absolutely. That's exactly why it is a situation that I'm interested in. There are so many people out there that fear persecution so much that they would refuse to use it, and watch their child waste away.

DB: Those are the BLIPS.

MCJ: You have explained this theory in our previous issue. We were unable to share that on our website so I hope you won't mind explaining this once more at some point today?

DB: It simple. They just have a biochemical deficiency. They are not capable of rewiring.

MCJ: I've had people ask me why I would use cannabis versus Vicodin or Hydrocodone. It is difficult sometimes, depending on who you are speaking to. Getting through to some can seem impossible. Where does one start? Thanks to your work, I am better equipped for these situations.

DB: Yeah, I know. It's really amazing how some people just don't get it. From my opinion, once you realize the magnitude of the impact that cannabis has in a positive sense for most people, most of the time, on our biochemistry. It should really be considered a food and an essential nutrient.

MCJ: I agree 100%. One thing I've never had the chance to discuss or heard much about…not sure why. The class that you teach at University of Colorado…what kinds of prerequisites are required? That's in Colorado Springs correct?

DB: Yes. Well I started out having and it is still on the books as needing cell biology as a prerequisite. I make exceptions to that, pretty much whenever somebody wants. This is why I probably shouldn't have it as a prerequisite. I do it because I want people to understand that if biology is not their major - if for example they are a media major or political science major - it somehow fits into their studies. I've had all kinds of students come. In fact, there is usually something in your field that you can relate to marijuana. The nature of the cause is such that the students have to give a presentation. So if the student is not into biology, they can do for example the history of hemp if they are a history major. Or political rationales behind prohibition for a political science major. They can come up with their own thing.

The point is that everybody gets a research project and we all learn from everyone else. We all grade everyone else. It is an unusual format but the students like it. What I'm seeing is more and more students that are patients.

MCJ: Well I'm sure. Especially with where you are there in Colorado. There is a huge amount of new patients.

DB: Yeah, well, that's why.

MCJ: Wow that's very interesting. So the great part about this is that you don't necessarily have to be a scientist or biologist and be going into, say, an MD career. You're not just focusing on endocannabinoid system. You are talking about the whole landscape of cannabis.

DB: Well, that's what this course is - medical marijuana. How many things can you plug into that?

MCJ: So what is the class exactly called?

DB: Endocannabinoids and Medical Marijuana

MCJ: That's great. At one point, I think you kind of coined a phrase. "Reverse-prohibition"?

DB Yes I did. That would change the world pretty dramatically. Instead of just ending prohibition and going into a kind-of reduced version of what we have now. I think we should reverse it in that we should complete the experiment. The experiment being prohibition. To negate prohibition is to return to the mid-line and I think what we should try is the over half of the experiment where everybody on government and law enforcement has to test positive in their urine.

What firmly believe we are really looking at is the two ends of the prohibition spectrum - are people who are altered in their endocannabinoid biochemistry. You have prohibitionist who tend to be very rigid in their thinking, not easily re-educated. They learn something fine the first time, but they can never unlearn it. If you think about the properties of cannabis you can understand without me going into all of the molecular details that support the easier observations.

We all know that marijuana influences the memory. It's kind of a no-brain-er.

If you can't forget what you've learned in order to replace it with something better, then you are stuck with what you

have in there the first time. That is kind of part of what the endocannabinoid system does neurologically.

It is so complicated everywhere. It's all pervasive. No matter where you look, what topic you're at, there are endocannabinoid connections. The reason for that is because the system evolved in a very central position with respect to energy flow. When we burn food and are alive and doing things, we essentially activate our biochemistry which means we use more energy, which means we make free-radicals and free-radicals are really the friction of life. They deteriorate the organization of our flowing biochemistry. That really is what constitutes life.

In other words, we can't be alive without making free-radicals. Free-radicals are believed to be involved to all age-related illnesses, meaning Auto Immune Disease, Cognitive Dysfunction, Cardiovascular Disease, aging itself, and cancer!

You have pot that everyone knows gives you the munchies, so now you are starting the flow in response to that in the problems generated by that motivating phenomena- eating. Now you are going to do things. You are going to have activity. You are going to be in different places.

All of the characteristics of life require care, because of, again, the free-radicals, in particular. So with the cannabinoid system, but in general, they help buffer us from the negative consequences of free-radicals.

So all of the medicinal properties that we see with cannabis are really a matter of how idiosyncratically unique to each of us. We have our flowing biochemistry and there are points in it that are not as robust and healthy as they should be. As time goes on and you accumulate the friction, those are the links that break. This is a function, again, of our genetics and life's history.

Cannabis is always involved in all those different things because it involves the immune system, the digestive system, cardiovascular system, skin, nervous system, endocrine system - essentially, it is involved in everything. So essentially everybody has a weak point and those are the ones that manifest as you get older. That is why cannabis is good for everybody for the most part. Of course, there are those really rare exceptions where cannabis is going to push you too far in a certain direction. Maybe you're close to being a schizophrenic to begin with and you start using cannabis and you can't deal with that. That is a logical kind of a thing. It isn't going to cause the schizophrenia. That isn't the case at all.

For many schizophrenics, it seems to be very helpful. That doesn't mean that there isn't a subset of people who would be harmed by it. We shift into that direction because again, we are all different. It is the magnitude of what this plant has to offer humanity and the fact that we've got insane people running our country and our governments who have taken an anti-aging drug that kills cancer and who's activity is found in mother's milk and throwing people in jail for that?

I don't care whether you talk about using, selling, growing, it doesn't matter. It is something that is good for humanity and we have these mutants? It is obvious that they have to collect in the government because how else could we consistently have a perpetuation of this social mental illness?

MCJ: Now we used the term BLIP earlier. For our readers, could you give us an explanation of how that theory works?

DB: Yeah, well, we've already touched on it in a sense as we talked about forgetting. We have to forget to replace things. Think about your own consciousness, your own existence. You can either be projecting into the future with your mind or you can remembering something from the past, or you could actually be experiencing the now. Those are the three places that we distribute our being. Some people favor one versus the other due to genetics and life history. Their nutrition is also a part of their life history. There are actual consequences to whether or not you are forward looking or backward looking. It's pretty obvious. If you are forward-looking then you are embracing change. Nobody knows what the future brings. From where you are at, it is going to bring change. It isn't to say that it isn't going to carry with you things from the now and the past. You have more change in the future than no change in the past.

MCJ: There you go.

DB: The past has happened - the future is unknown. It is a bunch of probabilities. So if you are going to interface with those varying probabilities, then you have to have a robust biochemistry that allows you to take in the new and to utilize it in a constructive and positive manner.

In contrast, the backward-looking people don't have that robustness. They want the future to be more like the past because then it means that they won't be confronted with the unknowns that are going to be associated with change.

No matter what, we are all going down a path. We are doing certain things that feed into us. If an unknown comes, then you've got to adapt that feed.

MCJ: That is why it is so important when we are talking about prohibition.

DB: That's why it is important to reverse it rather than just end it. It would create a different consciousness. So the people that are backward-looking, by virtue of the obvious, naturally tend to agree with one another because they are looking back at what already happened.

Whereas the people who are looking into the future, don't know what is going to happen. So what they tend to do is agree to disagree.

MCJ: That makes a lot of sense.

DB: That is what is so characteristic of pot-heads. They are mellow. Sure, you want to do this or that? They are open-minded. They embrace change.

As it turns out, one of the characteristics that has been measured in people who consume cannabis is that they are optimistic. What does the word optimism mean? It means you are facing the unknowns of the future with a positive attitude.

MCJ: I am sure our readers appreciate this information.

DB: That means you are ready to take whatever change is coming. Well, that means that you are cannabinoid endowed.

It is intrinsic in the population that you have people who are above and below average with respect to how cannabinoids regulate open-mindedness. That is an inevitable truth. So all I'm saying is that, in terms of government, what is selected historically. The power within a country. I don't care how you shape it, - either a dictatorship or a democracy - there still tends to be a concentration of people who want control and power. Along with that, there is aggressiveness and a singular focus.

As well, I'm of the belief that there is a commonality of backward-looking-pronesis groups because then they are a group with power. I believe they wind up concentrating there.

Again, because of mankind's current position in the biosphere, meaning we've got billions of people eating and crapping and throwing things out and making things, you know, flow. Which is generally good, but what is the carrying capacity of the planet when we have pollution everywhere? I don't care whether you are talking about thermal pollution, chemical pollution is undeniable. Air pollution is undeniable. It should be a no-brain-er that we have to have a government that is responsive, not to their vision but rather that they are doing their best to monitor man's impact and trying to minimize our impact on the biosphere because that is what we require for sustaining ourselves.

MCJ: Right.

DB: So if mankind is going to survive we've got to be able to replace BLIPS with FLIPS and get them back to the idea of reversing prohibition.

MCJ: Right. It makes sense to me. I'm glad to be able to bring that to our readers. Now while we are on the topic, can you give us another example of how far from equilibrium thermodynamics work?

DB: Yes. Forget about life for a second. There is a variety of chemical reactions and conditions that demonstrate when energy is flowing from a source. For something to flow, it has to go somewhere.

With a sink, you have flow from a source, (faucet). You have collections of the appropriate molecules in a container through which that energy is flowing.

Then there are circumstances where dumb, inanimate molecules actually cooperate with one another in a highly improbable fashion. They do so supervising its own collection of molecules.

In other words, it kind of gets smarter. It goes by the formal term of "negative entropy." By doing that they will produce more entropies in their environment, even if they were not there. That seems to be the driving force for creativity.

Once you had pre-biotic molecules cooperating with one another and forming relationships in space; in time rather than randomness, that's what evolved into life and that's how life evolved into us.

It is the same kind of process occurring again within us. It is just really a manifestation of this ongoing far from equilibrium phenomena of creativity which by the way happens in a non-linear fashion.

We make these jumps that are called "phase-changes." You can imagine going from no life, lets say "random chemistry" and starting to have "organized chemistry." Then having "organized chemistry" jump into "life." Then having "primitive life", like prokaryotes bacteria literally changing their environment. Originally, the earth did not have an oxygen rich environment.

MCJ: Understood.

DB: What happened was photosynthetic organisms and chemosynthetic organisms made so much biomass and, along the way also, oxygen so that now you have a source in-sync. Now the situation was far from equilibrium again instead of just solar incidence. Now you actually have organic material that could be burned.

Then there was oxygen and organic material. That prompted another flow that manifests itself in higher life forms, well ucaryotes. We have nuclei.

All of our plants and animals come from that initial ucary-

otic cell that has a rearranged higher level of complexity. With it, there is the beginning of cooperatively.

MCJ: Ucaryotes, please explain this term to our readers?

DB: "U" means true and "caryote" means chromosome. So they have nuclei and they have what is called "organelles." They have what amounts to higher levels of organization within their cells. Meeting the same kinds of needs that the procaryotes had before they had nuclei and true chromosomes.

They are only DNA. It is the level of complexity of how energy flows through the biochemistry that determines what is going on.

So eventually, there were multi-cellular organisms that started to cooperate. Then there was another split, the forming of the tube that runs through us - our anus and our mouth - with the tube in between. Then there were two kinds of organisms - those that formed an ass first, which happens to be us and all vertebrates - versus the ones that formed a head first which are proteasomes - which are insects and crustaceans, things like that.

Turns out, that we all have endocannabinoid like fat molecules. They are all lipids. However, we don't all have receptors. Only our entire line of vertebrates have cannabinoid receptors.

Along with cannabinoid receptors, there are all of the other important advances that came like a true immune system, a true respiratory system, a true circulatory system, skeletal system, and muscular system. Look at our line of vertebrates and how it has changed versus the insects and how they largely haven't changed. They are good at survival as they are.

Our biological history is good at changing.

MCJ: Yes, there is much truth in that statement pertaining to biological history.

DB: We all know that the endocannabinoid system is highly involved in that. That's why it winds up regulating our skeletal system, nervous system, immune system and such. It is because it has to protect us from ourselves in some ways. If you have too much flow, it generates too much friction. Then you screw up the system.

The cannabinoid system is there to monitor and integrate everything and make sure that it is as cool as can be. Which is why, if you knock it out, you will have a decreased lifespan. They can make genetically engineered mice, called "knock-outs" that don't have the CB1 gene, the one that gets you high. They die prematurely. They are very sensitive to pain. They are nervous. Just exactly what you would expect from being "un-high."

MCJ: Right. Now that you mentioned "un-high", what is "high"?

DB: "What is high?" is an interesting thing. From my understanding, it is really a state of relaxation and low-stress where the energy that flows through you can be utilized more creatively and in a more healthy fashion.

It is almost like being narrow-minded. If you are narrow-minded, think of the stifling of creativity - how experiences and what flows through you become limited because your brain is basically a little broken. Which, by the way, we are all a little broken. You can always enhance that activity.

Again, it has to be regulated. If someone was hallucinating and tripping their brains out, well, we would not have a functional society right?

MCJ: For the most part, right.

DB: That doesn't mean it can't be beneficial once in a while. Obviously you wouldn't have a very functional society if everyone was too stoned to do anything. So that extreme is ridiculous. The other extreme would be what we see with those knock-out mice - a bunch of uptight mice who are nervous and stressed and die out young. We don't really want that either.

MCJ: Right.

DB: The balance of those things are regulated by our endocannabinoid system and the food we eat because Omega-3's and essential fatty acids make our up endocannabinoids. That's why they are good for you. This is why it protects your heart.

MCJ: Now, let's talk just a moment on melatonin. The endocannabinoids system has the ability to regulate melatonin, is that correct?

DB: You know, there is one paper where that showed a graph that shows rising melatonin is the function of marijuana or THC. I can't remember all of the details. I have never been able to get that paper. Therefore, I'm limited in what I can really say on it.

MCJ: No problem. Now, you were featured in a movie. This movie really has changed the way I've looked at things and helped me to change the way other people look at things. I was lucky enough to meet the man who made the movie.

I understand he's a friend of yours. He is a good friend of my Editor, Mark Pedersen. Talking about Len Richmond.

The movie we are speaking about, of course, is titled "What if Cannabis Cured Cancer?" Now, I think the movie is just phenomenal. I even enjoyed the puppet show featuring

Roseanne Barr as "Connie Cancer", What do you think of the final product?

DB: I think he did a really good job. I think he's raising a very important question. We don't know, no matter which side of the cannabis-fence you are on, if marijuana kills cancer or doesn't kill cancer. We don't know.

What I know is that there is a ton of science that shows that cannabinoids used in tissue culture and used in animal models will absolutely kill cancer cells.

We are talking about breast cancer, prostate cancer, leukemia, lymphoma, bone cancer, lung cancer, brain cancer, thyroid cancer. It seems to kill all cancers in these animal models.

This brings up a really pathetic question. I have over 500 articles on cannabinoids and cancer. With that much science out there, that huge weight of literature, 99% of it says cannabis is good for killing cancer. There are a few studies where a particular cell line was stimulated by THC. Again, we expect diversity. This doesn't have to be for everything all of the time to make sense.

MCJ: Right, it's almost like a "snake-oil" type of fear for some people just as it is. When we have this thing, which is not really a drug but cures just about everything. Some people do, I think, have that hesitation to believe in it. We do claim that it does a lot of things. Anytime someone claims that something does that many things, we are trained to be hesitant of that kind of stuff.

DB: We should be!

MCJ: Right. We should be. The truth is, there are still people that are on that level.

DB: Again, it's driven by that small fraction of prohibitionists, these biochemically-deficient people. They do have an element of power because of their dogmatic uniformity, you know?

We were at a city council meeting here at Colorado Springs. There were a couple of prohibitionists there. I went over to one of them and I asked, "Can I explain a little bit to you about the science? It might show you a different perspective if you see what is really going on."

They wouldn't talk to me. They didn't want to hear anything I had to say.

MCJ: Interesting.

DB: It's just a reaffirmation about the concept of BLP's. For these people, it hurts them to hear anything that is in conflict with their vision.

MCJ: They have to make their brain change and ingest it and they just can't do it.

DB: Yes, and it becomes a big "stress-or" to them. It is obvious that this is what is going on with the people who are in our government. Otherwise we wouldn't be talking about this the way we are.

MCJ: Exactly.

DB: We are looking at 80% of the American public in favor of medical marijuana. Hey, 80% of the public didn't vote for Obama or Reagan or any of these other turkeys.

MCJ: Good point.

DB: Eighty percent of the people are voting for positively pot!

MCJ: Maybe we won't use this part in the interview, not sure, but how do you feel about the California Prop 19 Tax and Regulate Marijuana?

DB: I think we have to be realistic. Realistic to me is that we do have a government that is enriched with these hyperlinear, narrow minded people.

We have all of these laws and regulations in place. That is a part of how our system works. As screwed up as a lot of that is, that is how we are. We are a part of that. It is a product of us.

So what we've got to do is eventually change things. I think the way things will really be changed is by manifesting the truth of what we are dealing with here. There's no way that it is just going to be legal without taxing and regulating. Do I think it belongs there? Absolutely not! It's a goddamn plant that you grow in the backyard. It's been done for ten thousand years. It is the first plant that was agriculturally grown by the pygmies, no less, ten thousand years ago. This is, once again, an obvious "no-brainer." There is a social mental illness at work here. Why can't I just take this plant and grow it and do whatever I want with it - as long as I'm taking care of whatever else is necessary to do my part in the world?

MCJ: Sure. Of course. So you don't think it goes far enough? I've heard many people echo those thoughts. So if you were in California, you would probably have to pull the lever.

DB: Oh yes, absolutely. Simply because the impact that it will have on this country is huge.

MCJ: That's what I'd say.

DB: It's just another wedge in the insanity of these crippled people.

MCJ: When we do it and when we show people it can be done and it's not a mess. We are still a functional society. We are still the eighth largest economy in the world and

we're going to get larger.

What really makes me happy is when we read the literature of the Proposition. It talks a lot about the ability to do testing in California. Those are the things that really get me excited I think. I think there is a real lack of legitimate testing. If there is to be any real testing done I think it should be between states like Colorado and California where the Universities are more open-minded, if you will.

As of now, you have to go to Mississippi, as you probably know, to get actual legal samples and it's very difficult to do as it is in its current process.

DB: You see, where you have states where it is legal, you can bypass that whole thing. That is the beauty of what we are doing with "Cannabis Science."

MCJ: I've been meaning to ask you for an update. You and your colleagues were working on some things that may have required some FDA approval.

DB: Well, ultimately what we want is the FDA approval so that anybody can go into a pharmacy anywhere in the country and have cannabis medicines available to them.

MCJ: "Cannabis Science Inc."?

DB: Cannabis Science Inc. is a publicly traded company, a simple CBIS. We are on the bulletin board. What we are trying to do is to get these oral cannabis-based medicines through the FDA for treatment, in particular, for Veterans with PTSD and chronic pain.

MCJ: Great. With the current world-wide conditions, PTSD really seems to be more of an issue now than 10 years ago. Is that the case?

DB: That depends on if you were the person suffering from it.

MCJ: Good point. Percentages - in comparison to now.

DB: You always had the victims of sexual abuse or physical abuse that can suffer from PTSD. There has always been traumatic-incidents. We had the Vietnam War. Of course, those percentages will be amplified by periods of war.

MCJ: Do you feel it is a very effective treatment for Post Traumatic Stress?

DB: We did a survey of around 1500 Veterans to see their opinion of using marijuana to treat PTSD. There were a number of indications. Sleep, irritability, unpleasant intrusive memories. Those are some of the main problems that people with PTSD have. They all rated cannabis very highly for all three of those. That is why they choose to use it.

Think of this screwed up situation. We have this group of young people who because of a political situation end up going to war. You'd have to trust them with your freedom. These are the people who fight for our freedom. Then they come home and they are screwed up mentally and physically and they say, "This drug works better for ME. I lost part of my health for YOU."

Yet, these people, these BLP's, these Prohibitionists say that there isn't enough evidence to consider this phenomena as fact.

MCJ: It must be too much work.

DB: You deserve it, because you were injured for us. We abandon you now because we don't feel that you have the integrity to choose for yourself which medicine works. Now think about how scary that is!

MCJ: That really is. I think that if more people realized the impact that PTSD has on our Veterans, the general public would understand why they look to this plant for relief. I guess we'll see.

DB: You've got to keep in mind that The Veterans Administration recently announced that the Veterans using medical cannabis legally, in those states that allow it, they will no longer be harassed or penalized for using a medicine that is healthy for you and works. "We're going to let you slide now."

MCJ: As long as you are in one of those certain states, yeah. I had another question about Cannabis Science projects. You had said you were working on some kind of a lozenge or something like it?

DB: We were looking at a lozenge format. To me really, the method of administration isn't relevant. There are so many ways that you can deliver an oral medicine. Right now we are working with the FDA. Once that is complete, we could really assess it. Under those circumstances, we will be fully cannabinoid endowed and we will see what makes the most sense at that time.

MCJ: There is a product that is available in Europe called Sativex.

DB: That isn't necessarily the best option. One strain, one ratio, it has alcohol in it, people are going to want to use it regularly. They are likely to get sore throats.

MCJ: Oh wow, I didn't know that.

DB: We are interested in ultimately providing different varieties based on genetic characteristics we know are present. That is the beauty of what Cannabis Science can do.

With Normal pharmaceutical companies, when they come up with a drug, they get to patent their drug, but on the other end, they are sticking chemicals into human beings

that have never been in humans before.

MCJ: Right.

DB: Half of the time, studies that they do in regards to safety and efficacy are not done long enough or thoroughly enough. They define a very narrow path. They go down that path and they meet certain requirements. Then it is okay to make certain statements. That is how the whole thing works.

MCJ: Right. I think most of the education from these drugs comes in the first several years before it goes generic. I think a lot of these drugs don't even make it to the generic forms.

DB: Many don't ever make it out there at all.

MCJ: Right.

DB: That's the difference here. We have cannabis, which has been used safely for thousands of years. In the state of Colorado, you can make whatever formulation you want and try it out. By the time you go to the FDA you know exactly what you are doing. You know what is going to work because you've already tested it. There is a variety of interesting opportunities.

Another real interesting thing that relates back to the discussion we were having about cannabis and cancer and the Len Richmond movie. There is a foundation here in Colorado Springs called the "Rick Simpson Foundation." They are helping terminally ill patients get free high-dose therapy along the lines of Rick Simpson's formula.

MCJ: I was going to ask you about Rick. I've been in touch with hime. We talk a few times a month. The last conversation we had, I asked if there was anything he would choose to tell our readers. His message was to start listening to people like Dr. Melamede.

My question to you is, what do you think of the administration of Hemp Oil in this method? Do you believe that this concentration is good?

DB: It has taken me a long time to get over my "backward-lookingness" with respect to believing that there is a high probability that cannabis would actually cure cancer in individuals. I must say that I think that is more and more likely. I've just met too many people who have had anecdotal cures that always correspond to cannabis use. They may be trying this alternative therapy and that conventional treatment, X-rays, chemo, etc. People that seem to be having the miraculous cures that keep shocking the doctors are the ones who are also always using cannabis.

MCJ: Right.

DB: When you put that together with the science that I know and understand, both with respect to cannabis and what I understand about physics… and life as well, it seems that cannabis might be the only way to truly cure cancer. Instead of trying to plug a leak in the dyke and stop health from draining down this unhealthy pathway by blocking it, which is what conventional treatments are trying to do, they are trying to block the negative path toward cancer growth. That path may only exist when that organism is not moving in the opposite direction towards health.

When you holistically restore health throughout the organism, that is what makes the cancer die. The environment for that type of cell is no longer appropriate and that includes all of our bodily expenses that would then be utilized to create that essentially terminal situation for the cancer cells.

Cannabis, I believe, can restore health in very unique ways.

Think of this. The government has these same 500 reports that I do, right? Why is it that if there is the possibility that cannabis will cure cancer, and you have these testimonials of these people Rick Simpson has helped, you have the science, you have the historical use of cannabis being used to treat tumors. When you are spending $9 billions dollars a year to arrest Americans for cannabis use, why wouldn't the government spend a few million to do a clinical trial and find out whether or not this stuff really cures cancer?

That's like a "no-brain-er" again. It's proof that we have insane people running the government.

MCJ: That is echoing a lot of the things that Rick talks about too. As far as the doctors, the politicians, the news, they are kind of all bought and paid for. In order to get real information out, it's not really the process we think it is. It is much more of a disturbing process if you will.

DB: That is why this foundation is so important. As they are treating patients and start to accumulate testimonials and data, it is going to become so public that it is going to have to be seen. It could reach critical levels.

Think of what happened in Russia; the Soviet Union. The wall came down and they didn't have any organization that made that happen. They didn't have a revolution in a conventional sense. They had a revolution of thought. The people collectively reached one of these far from equilibrium phase-change points and they all said, "Screw this. We aren't playing these stupid games because of government anymore."

And they didn't! And the government was gone.

That is what is going to happen with cannabis prohibition. It is going to just be gone when enough people realize the benefits for themselves, their families and the planet. Prohibition will be gone. You'll still have that small sub-fraction that are the equivalent of those knock-out mice that you can never convince because they are broken. They will continue to be broken until they die off.

MCJ: You did appear in Toronto at the Treating Yourself Medical Marijuana & Hemp Expo last month. Are you going to be doing more things like it?

DB: Yeah, I do a lot of them. I talk at some of them. I missed Hempfest. I did the 420University. There is a plant expo coming up soon here in Colorado. I do a lot of them. I do Patients Out of Time.

MCJ: Just in the last couple of weeks, I've been talking to Mark Pedersen and Patients Out of Time and they have agreed to help us out with content. We are going to team up and put out more info since that is what we both do. How did you get involved with them?

DB: You know, I don't remember. I think I was invited to speak. That is a wonderful organization by the way. It's really the best.

MCJ: Tell us about it.

DB: It is because it is a mix of patients and doctors and health care providers; law enforcement and such. It is all factually and scientifically presented. It is excellent. You have the resonance of all of those different kinds of people seeing what is going on.

Raphael Mechoulam from Israel usually works with them. He is really the grandfather of cannabis. He built the structure of THC and synthesized it. He discovered anandamite, our first cannabinoid. He has done just wonderful work and in collaboration with people all over the world.

MCJ: I haven't had the chance to meet him yet but I understand he's fantastic. I met someone who worked with him a while back who gave me a movie called "Prescribed Grass." He actually made it, but has some connection to Raphael Mechoulam. I hope to one day interview him. I didn't realize that he was a part of Patients Out of Time. I feel very lucky that they have involved us in this.

To have your interview and working with Patients Out of Time is just a wonderful thing for us. You just kind of verified my reasoning for that.

DB: They are an excellent group and I love the meetings.

MCJ: There were a few things that we talked about a bit in the last interview, but I wanted to touch on it again. You were telling us about the man that helped guide this process of understanding cannabinoids for you. What was his name?

DB: Llya Prigogine. He became the solution to my quest to understand what life is. When I was an undergraduate back in the 60's when the genetic code was discovered.

So now we understood why there was life. The DNA and RNA was like little copies of the genes and enzymes that made reactions happen. All life had that basic phenomenon characterizing it. What we still didn't understand is how did that get to be there? What makes that happen?

So I took a course on thermodynamics, but it was equilibrium thermodynamics. Life is the opposite of equilibrium. So of course from the equilibrium view, life can't exist.

Then I discovered Prigogine's work and I realized, with lots of effort because I'm a mathematical moron, I was able to osmosis what he's got going on there and then apply that to my knowledge of biology and my life.

My life is essentially an experiment. What I'm doing is trying to apply to those principles to my life. I think this is an important thing for people to consider. Whether or not there is an underlying physics that has created life. It seems that the way everything works is far from equilibrium thermodynamics. Our lives, societies, economic systems, all of that are all a part of a natural unfolding that occurs when you have energy and mass flowing.

MCJ: Very interesting stuff. If you had a message to our readers, what would it be.

DB: In my experience, the most important thing has been to embrace the concepts of energy flow and the creative nature of it. Also the unique and magical role of the endocannabinoid system. Through it, cannabis plays in our lives and our very being. The purpose is for us to survive and enjoy the process rather than the alternative which is not likely to be pleasant.

So we should all learn and spread the truth and make change happen. It will happen just by having enough people know and understand.

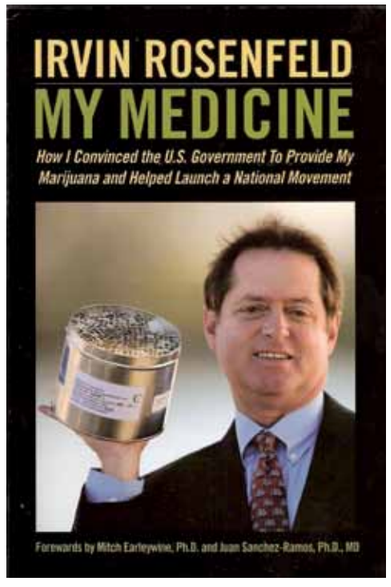
MCJ: We really appreciate your time today and we'll be in touch soon. Thanks again Dr.

DB:. Take care.

TIME 4 MY MEDICINE

This interview first aired on June 28th, 2010 onTIME 4 HEMP

Casper Leitch has been hosting **Time 4 Hemp - LIVE** (AmericanFreedomRadio.com) since 2009. **Time 4 Hemp** made its television debut on January 5, 1991. Known as the "Father of Marijuana TV," Casper has featured nearly every cannabis activist: Willie Nelson, Dr. Tim Leary, Sen. Mike Gravel and Congressman Barney Frank. Checkout Casper's website (*Time4Hemp.com*) for these interviews and many more.



Irvin Rosenfeld, 57, who suffers from Multiple Congenital Cartilagninous Exostoses, is one of four surviving members of the Federal Investigative New Drug Program. For the last 27 years, in cooperation with the Institute on Drug Abuse, Irv has religiously used cannabis to treat his debilitating health condition. Along with Barbara Douglass, who suffers from Progressive Multiple Sclerosis, George McMahon who suffers from Nail Patella Syndrome, and Elvy Musikka, who suffers from congenital cataracts and glaucoma, Irv receives his monthly legal cannabis from a "legal grow" facility at the University of Mississippi. Irvin is a successful stock broker.

CASPER: Thank you for taking Time 4 Hemp, I am your host Casper Leitch. On the program today we are celebrating the medical marijuana initiative in California (Proposition 19) and we are trying to let people know the truth about this remarkable plant and how many wonderful things that marijuana, medical marijuana can be used for.

Some people think it's just for chemotherapy, some think it's just for glaucoma. A friend of mine, who I'm lucky to call a friend, is a member of a Federal Program… I.N.D.?

IRV: It's called the Compassionate Care Investigational New Drug Protocol.

CASPER: There are four surviving members and, who you just heard me talking to is Irv Rosenfeld. Irv has written a great book that I think everybody out there listening should make it a point to get.

CASPER: Irv, I want to thank you for taking Time 4 Hemp.

IRV: It's my pleasure.

CASPER: Thank you. You just finished this book and it's an excellent read. I know that people will be interested in getting an autographed copy as well. Why don't you tell our audience just a little about it.

IRV: Well, my book is called "My Medicine" because that is what I have been saying for the last 38 years; that marijuana is my medicine. The book is about my life story…of being told at age 10 that I had a severe bone disorder…that I may not out live my teenage years.

I had numerous operations. I took all the different drugs that the pharmaceutical companies made…with marginal benefit, but i did survive.

IRV: In high school in the late 60's, I was an advocate against illegal drugs, including marijuana. I would speak in different classes at my school. Then in '71, I went off to college in Miami. My apartment complex was all college students, and they smoked (cannabis). I wasn't making friends, so I gave in to peer pressure and tried it. I didn't get high. But, about the tenth time i did it, I sat and played a game of Chess.

I have been using it (Federally supplied cannabis) for almost 28 years and you'd think that the Federal Government would want to test me or something. Yet, they bury the reports that my doctor sends in every six months.

That was the first time in five years that I sat for more than ten minutes. Immediately I wondered why I didn't take away all the prescriptions. I hadn't taken any that day. All that I had done was smoke marijuana.

So, the book is a ten year struggle of learning that marijuana worked and then taking on the Federal Government. The rest of the story is about being one of the few Federal patients in the country. It's also the history of the medical marijuana movement in this country as seen through my eyes.

CASPER: Now that's kind of ironic considering that as you didn't smoke herb…didn't make friends because you were the guy who didn't get high…only to discover years later that you are the "poster child" for the government (IND) program.

Irv : Yes, it's kind of ironic. I mean, when I went to college in Miami, I had a girlfriend that was supposed to move in with me for two weeks before going off to college. The second day that she was in my apartment, she pulled out marijuana, and I said, "You need to leave."

A month later, you know, I started smoking.

Yes, I am the "poster child" and really, that's what I'm hoping to be. When people hear about marijuana or medical marijuana, they often think of a long haired hippie gettin' high. And that's not the case. I mean, this is a medicine. And what am I? I'm a stock broker. I handle a lot of money on a daily basis; always looking for the good accounts. I teach disabled sailing. I want people seeing this…that when they hear about marijuana, they don't think of a hippie getting high, but of me in a suit using my medicine.

CASPER: You were in Fortune 500 magazine. If you were a brain dead "stoner", I don't think that would have happen.

IRV: No, that's exactly the case. I was very proud to be in Fortune magazine. That was an excellent article on all aspects of marijuana regarding economics and medical. I have also been in Newsweek and on many talk shows. That's how you educate.

IRV: When I first became legal, there wasn't any California (medical legislation) or anything like that. I mean, in 1982 there was nothing. Bob Randal, the first (IND) patient, and I helped lead the way toward getting state laws changed. Today, we have 14 states that have passed laws. And California might pass a Tax and Regulate Law (Proposition 19). All this is coming forward because of what i think Bob Randal started back in 1976.

CASPER: Now, a lot of people would think that re-initiating that particular Government program would just be the ideal thing to redistribute marijuana to medical patients on a Federal basis, but it seems that you disagree about that.

IRV: No, I wouldn't go that far. I think the Compassionate Care Protocol has served us (Federal legal patients) very well and I think it could serve a lot of people. The farm (IND grow facility) could grow enough marijuana for thousands of patients. So, reopening the Compassionate Care Protocol would be a step in the right direction.

Granted, they aren't going to be able to serve everyone. Not everyone can get the doctors; not everyone can find a doctor in their communities because doctors aren't taught this (medical cannabis therapy) in medical school. So they must learn it afterwards or from their patients, if they even care about it at all.

It's not that easy finding a physician. So, if we were able to grow our own Federally, that would probably be the best situation.

However, I have always argued that this is a medicine. And just like any other medicine, it should be prescribed. Granted, marijuana is a little different. It's an herb; a medical herb.

So it really comes down to, do you even need a prescription for it?

The whole point I was trying to make, especially to my opposition, when they say, "It's harmful, it's deadly; it does this to you, it does that to you", I tell them, "Ya know, i wanna help you prove your point. Why don't we reopen the Compassionate Care Protocols. 50 research centers - one in each state, and take 50 different patients that we think marijuana works for; Crohns, Paraplegia, AIDS - we'll pick 50 patients. And then we'll study them for two years. At the end of two years, it should show that these 2500 are worse than their peers. Then I'll admit that you're right and you can stop my protocol, and we can thank God we only harmed 2500 nationwide to prove how bad it was. But if at the end of those two years, these patients are better off than their peers, would you then admit that you are wrong?"

WOW! The U.S. government has given you 120,000 joints, but they are bustin' people left and right for smokin.' I don't get it, do you?

But they won't do that, because they know they're wrong.

The sad thing is, I have been using it (Federally supplied cannabis) for almost 28 years and you'd think that the Federal Government would want to test me or something. Yet, they bury the reports that my doctor sends in every six months. They don't want to know. And that's the sad part about it.

I mean, are we just there to use something to get high?

Casper: No.

Irv: I'm on a special diet for arthritis. I don't eat Nightshades (white potatoes, tomatoes, peppers and eggplant), because there is a chemical in them and it's not good for arthritis. I discovered it seven years ago and I adhere to it religiously. It works tremendously.

Let's look at this. I love potatoes, but my health is what means most to me and if these (Nightshades) are bad for my health, then I'm not going to do it. But if marijuana is positive for my health, my God, recognize that this is why I use it.

Study me. Learn from me. But they don't want to test it. They don't want to study it. And it's sad.

Casper: Well, there's a lot of people who risk jail time because it is that important to them physically.

Irv: I think, of all the elderly who can't afford their prescriptions, plus how the drugs all interact with each other, not to mention the side effects that can happenEif only these people knew that they could cut out over half of their prescriptions if they smoked marijuana.

Lord knows they could sure grow it. I mean, a lot of elderly people love growing plants. And here's this benign substance, marijuana, that could be very positive and cost effective and yet, nope.

Irv: Six, maybe seven years ago, there was this huge article that was written by Erick Bailey of the LA Times; a huge expose on marijuana for AARP. And they didn't run it because of pressure from some right wing organization.

What was the pressure? The editor for AARP used to work for High Times like 30 years ago. Therefore, you see, he was one of those hippies putting that article in this paper. And with their pressure AARP caved in. I'm shocked by that. They caved in and didn't run it and wouldn't give Erick their permission.

It was four years before they finally gave him permission to run a shortened version in the LA Times.

Casper: Wow. What's even more frustrating is that when you're old enough to subscribe to AARP, you don't care what people think and you speak your mind.

Casper: Now, you say there is an autographed copy of this book waiting for anyone who logs onto your website and buys a copy? And you said if they mention Time 4 Hemp what happens?

Irv: Well, all you have to do is go to my website, "mymedicinethebook.com" and order a copy. There is a place for you to write your name and what you want me to write - who you want me to autograph the book to. There is also room where you can put "purchased because of Time 4 Hemp." If you do, I will donate $4.20 to Time 4 Hemp. And tell your friends to mention "Time 4 Hemp" when they order it and I'll be glad to do the same.

Casper: That's very nice of you, Irv. Now, there are a couple of things in your book that are very informative when it comes to dealing with medical marijuana. The struggle you had with the United States Government to get them to really pay mind to what was going on with you, and then, the struggle that you and the others had putting together this research.

Irv: Very much so. It was a ten year struggle, taking on the government. A lot of setbacks. Tremendous setbacks. Trying to fight the FDA for five years; trying to write my own scientific project with my doctor as the "researcher" and me as the "patient." And then, meeting Bob Randal and turning it from a scientific project into the Compassionate Care Protocol.

And that's what it comes down to. We know we are right. We're right about the medical aspect of it, the hemp aspect of it, about the food aspect of it.

We were saying that my qualified physician believed it worked better as a medicine than anything else and that, out of compassion, the Federal Government would give it to me, which they had no intention of doing.

I had to get the University of Virginia Law School behind me. I helped change state law in Virginia. I had the head of the Crime Commission, the head of the State Police, and my congressman behind me.

Finally, after ten years and under the threat of a law suit, the FDA decided to hold hearings for me and I won those hearings. The book explains how all that came about.

Then, once we got up to 13 patients (in the IND Program), Bush had the audacity to shut the program down.

Irv: The struggles we have had as Federal patients and just what happened to usand we're legal. We could only imagine what happens to other people who aren't legal.

We try to present to the government because there are only four of us left now. Study us. Look at us.

Irv: We're not the only ones in this country who are immune to the negative side effects that you supposedly believe marijuana causes.

It used to be, when it was just me, the opposition would say that it causes lung damage; that it causes brain damage, that it does this, it does that.

I would say, "You seem very knowledgeable. If you're that intelligent, explain it to me."

And they would always say, "Well, you have an 85 year old man who smokes three packs of cigarettes a day say, ' what do you mean cigarettes cause lung cancer? Look at me. I don't have lung cancer.'"

Irv: So it took a study that we did in Missoula in 2001 with four of us patients to see if there was an anomaly or if other people benefited. All four of us showed prolonged benefit.

And so I often wonder if the opposition believes out of everyone harmed we are the only four in the country that weren't.

Casper: The four of you are super heroes. That must be it. You're immune to everything except your own disease.

Irv: Yeah. It's something we are very proud of… and we take it very seriously. It's also something we wish that we didn't have such an exclusivity. Hopefully, one day it won't be.

Someone said, "What if we pass a national law to make marijuana legal? Would you lose your protocol?"

And I said, "I don't know. I have no idea. But you know something? I wouldn't mind finding out."

Casper: Well, if it were legal would it matter?

Irv: Right. At that point it wouldn't really matter. But what I'm trying to say is, that's why I wrote this book. I mean, the book is my story, but it really is a story for everybody else to utilize. This makes a great lobbying tool. You can talk to anyone in the opposition; a legislator, the rotary club, whatever. You go and you talk and you show them my book.

"Here is a medical cannabis patient. Look at him. Look at this. This is real. This is what we want for us."

That's what is so important about this book. I'm really hoping that this book can help change society.

Where the average individual would open the book, look at it, and say, "Wait a minute. Where's the danger with marijuana that I have been told about all my life?"

Casper: You have the kind of occupation that you can do from almost any state in the union and be successful. So why is it that you don't move to California and get medical marijuana. And start growing your own for that matter. Wouldn't you have better control over what you actually do get to smoke?

Irv: Well, that's a good point. However, all of my family is on the east coast, so California is a long way away. Plus the weather is not as conducive as it is here in south Florida. I also teach disabled sailing and that's one of my passions every Saturday. The water is not as cold as it is in California.

IRV: I went sailing in San Francisco. We had the same special boats as BADS, (Bay Area Disabled Sailing). We took out paraplegics, quadriplegics; any type of disability and we sailed the boat. And the water was freezing! The spray came into the boat and it was freezing, and that day it was 80 degrees.

I was thinking, "My God, how do you sail down here?"

I'm a fair weather sailor. I want to be in a bathing suit and t-shirt. So that means a lot to me.

We have friends here. I mean, I have tons of friends in California, really. But Florida is where I have been for the last 25 years and Florida is where I'll stay.

Barbara Douglass, another IND participant, who suffers from Progressive Multiple Sclerosis.

CASPER: Now, you say you teach disabled sailing? A few nights ago i had a member of LEAP on and he lives in Palm Springs. A former police officer, he had fallen off a roof and broken his back. He needed to use medical marijuana.

...that's why I wrote this book. I mean, the book is my story, but it really is a story for everybody else to utilize. This makes a great lobbying tool. You can talk to anyone in the opposition; a legislator, the rotary club, whatever. You go and you talk and you show them my book.

I wanted to say to him, "If I woke up one day and I couldn't move; didn't have my legs, didn't have my arms, the ability to run, walk. I don't think I would want to live."

How do these people find their inspiration to go on?

IRV: Well, you know, I have often thought the same thing. But they go on because we have one life to live.

And there is still joy in life no matter how bad off you are. You survive. You deal with what you have and you make the best of it. That's what it comes down to.

With our organization, we get the wheelchairs on the dock and then in the sail boat. If they were, say, paraplegic, they sit in the back of the boat. They have a tiller extender that goes to the rudder and that's how they steer the boat.

If they were quad, and they can't hold it but they can move their arm, we tape the rudder to their arm.

It's a very inspirational experience.

IRV: We are connected to the Miami Project to Cure Paralysis. There was an 18 year old boy that came to a tournament in Miami with his junior college baseball team. The morning after he arrived, he went down to the beach and jumped into the water. It was too shallow and he broke his neck. He became a quad.

Two weeks later, he was on my boat.

He had an attitude you would not believe. I mean, This kid was like, "Oh well, that's what happened.

Now i have to make the best of it."

Then there was a girl who was a quad. She had jumped out of the second story window at the University of Miami trying to kill herself. So here are these two people and they are both the same age. And so we talked about it. She had such a bad life and the boy had such a happy life and now they are both quads.

CASPER: I hope I'm never put to the test. I think I would wake up angry at God every day.

IRV: That's how I felt when my bone disease hit me severely at the age of 13. I was like, "Why would God do this to me?"

I was one of the most religious kids in the synagogue. My father is the ex-president of the synagogue and yet, the religious Jews in the community would come up to me and say, "Be thankful it's not worse."

Later on, good things started happening that God made special like trying to get marijuana legal. I realized that there was a reason for it; a cause for it and I can accept things now much more easily.

IRV: I think we are really an eclectic group (the four surviving IND patients). We are totally different from each other… completely. And I think that it's good that we can show that we are so different, but it comes down to one thing that we all have in common. Marijuana helps us medically. And we are not the only ones who benefit. We are also helping others and that makes us feel better.

CASPER: How many marijuana joints have you received from the United States Government? … 80,000?

IRV: No, I'm up to almost 120,000.

CASPER: WOW! The U.S. government has given you 120,000 joints, but they are bustin' people left and right for smokin'. I don't get it, do you?

IRV: No I don't. That's the irony of it. It's sad but true. But hopefully, with shows like this, people will learn just how stupid it is, the laws will change and, hopefully, one day we'll be celebrating.

CASPER: Its makes so much sense to me just to hear it once through. Have you sent a copy of your book to the White House, or do you think that would be foolish because no one would read it.

IRV: No one would read it. I have a new congressman coming into office. I'm hoping to give him a copy to give to Obama.

CASPER: We don't know what surprises our future holds so who knows where this journey might end up.

IRV: Hopefully it leads to victory, because we know we are right. And that's what it comes down to. We know we are right. We're right about the medical aspect of it, the hemp aspect of it, about the food aspect of it. I mean, we know we are right. It's just getting other people to realize that.

CASPER: Jack Herer's book has been sent to every member of Congress. We know that people like Al Gore and Bill Clinton have said that they have read Jack's book. And they know about hemp and so it's not that the people in congress are ignorant about the facts. I guess they are just politically afraid to do something?

IRV: Well they are politically afraid plus it's the money. The big money is against it. You have the big lobby organizations like the pharmaceutical industry. They don't want to see medical marijuana become available because then people won't buy their drugs. And if medical marijuana becomes available then hemp would be next. And you have the petro chemical companies that make nylon. They don't want to see hemp. You have the oil companies. You have "BP." They don't want to see hemp. They want us to use their oil.

You have the lumber industry. They don't want to see hemp legal. What about the trees they grow for 40 years that they make into paper? You can grow hemp in six months. Well, that would be detrimental to their bottom line. So they don't want to see hemp. Therefore, they are against medical marijuana.

There is the jail system. The people who supply food to the jails. The more people in jail, the more food they sell. So are they in favor of changing marijuana laws? Heck no. Put more people in jail. And the sad part is that's what really controls this country.

CASPER: Why is it that the American public hasn't stood

up against this by now? We wouldn't be dealing with the mess in the Gulf right now. We would be creating jobs. We wouldn't be spending billions of dollars on law enforcement and incarceration. And we would be collecting billions of dollars in tax revenue.

I mean it's a "no-brainer."

The government has done some great P.R. since '37. They have done a great job and it's not easy to overcome that.

IRV: They don't know the difference. All they know is what they have been taught; that marijuana is dangerous. And you know, if you ask someone about marijuana in a state where it isn't legal, they won't have any idea about it. It's horrible.

As a medicine, even if we make it legal tomorrow, there would still be millions and millions of people who, if they went to their doctor and he said, "Well, I want to give you a recommendation for marijuana.", they would look at that doctor as if he were crazy. But if that same doctor were to prescribe the GW Pharmaceutical spray Sativex, which is made from marijuana, they would take it.

The government has done some great P.R. since '37. They have done a great job and it's not easy to overcome that.

But, it's getting better. That's what these shows (Time-4Hemp) are doing. Educating. That's what I hope my book does. And you know, we're gaining. We have 14 states and if you think of that, that's about a third of the country now under state laws.

IRV: I was "bothered" in Rhode Island two months ago at the (Patients Out of Time) conference doing my PSA. The police their detained me for an hour because of my marijuana.

I was talking to the Captain who was going to make a police report that stated that I didn't have any proof.

Of course, I had tons of proof but they were writing a false report.

I asked them, "Well let me ask you a question, what do you do with a patient that has a medical card in California and they get busted in Rhode Island?"

He said, "We just had that happen."

Apparently, what happened was someone from California came to Rhode Island with three pounds of pot and they busted the guy. Then they did their research and they let him go, giving him back the pot.

That's what he told me. I don't know it's true or not.

Anyway, the point being is, it's getting better. It's getting a lot better. They only detained me for an hour.

That's some kind of improvement.

Thank God for the Internet. They just "Googled" my name and, of course, they saw, "Federal patient," "Federal patient", "Federal patient" — as far as articles.

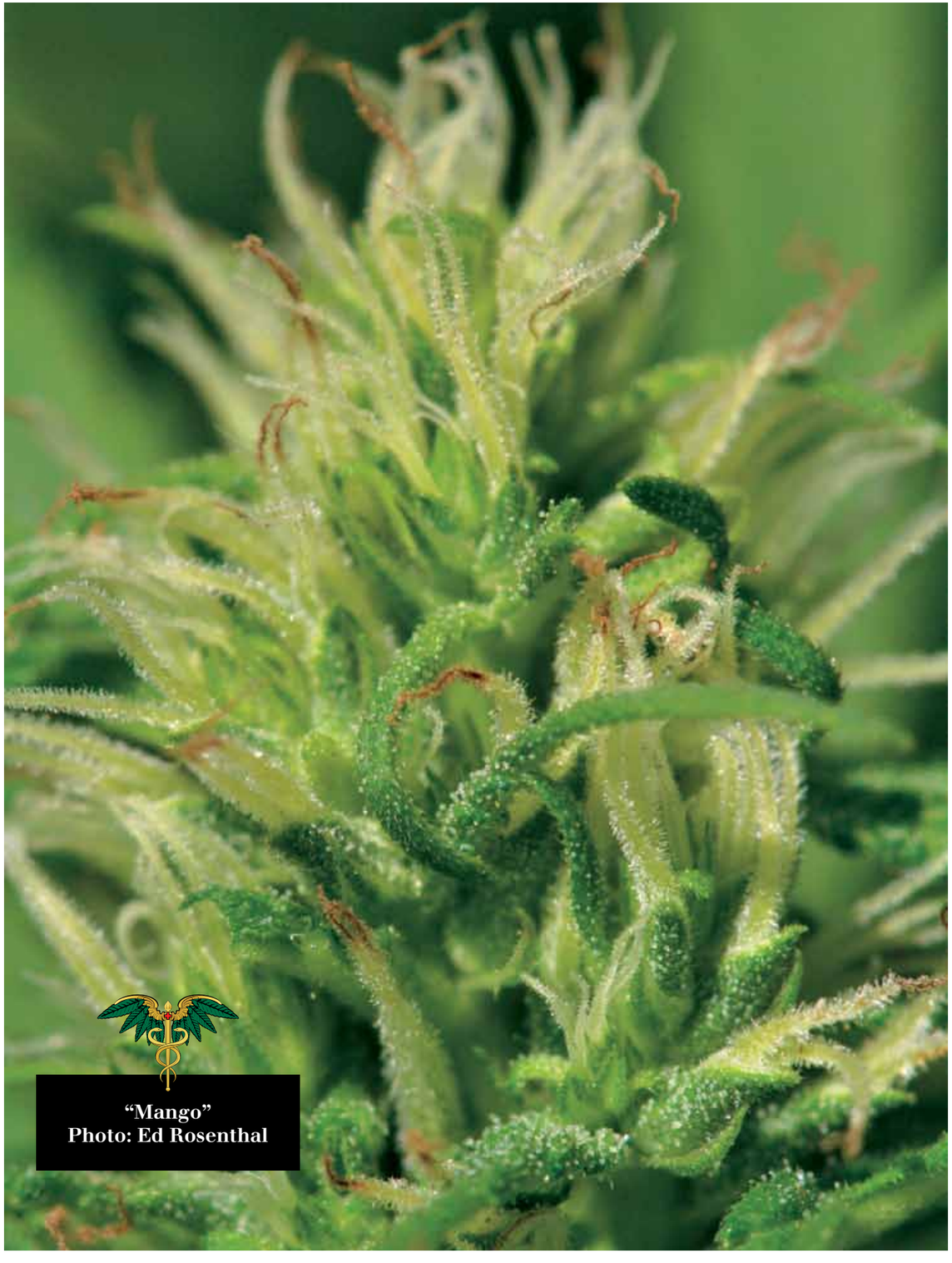
But we're not getting there fast enough. I mean, people are going blind that shouldn't go blind. And like you mentioned, the money. When they go blind, my tax money is most likely go to pay for their welfare.

We should all feel guilty. Because we need to stop it. I mean, you see something that's wrong on TV and everyone says, "That's terrible. Somebody should do something about that."

But who's the "somebody?" Not them.

"One person can't make the difference." Well, when all this started years ago, somebody HAD to do something. That's what Bob Randal and I did. We were "that person."

Now we have all these other people that are standing up, too. So it's all of us together that are saying "that's terrible; we need to do something about that." And we're doing it.



"Mango"
Photo: Ed Rosenthal

CANNABIS, PARKINSON'S DISEASE *& THE* ENDOCANNABINOID SYSTEM

By Ally (aka pflover)
"Preserve neuroplasticity!"

This article first appeared in Treating Yourself, Issue 22.

Parkinson's disease was originally termed Shaking Palsy by James Parkinson when he became the first to fully characterize the condition in 1817 (1). Since this time the disease has taken on his name despite the fact he never had the condition himself.

James Parkinson

Parkinson's disease (PD) is a neurodegenerative condition which outwardly manifests as a movement disorder. PD is chronic, progressive and incurable with an onset usually in the second half of life. Although in a few cases genetic mutations are known to cause PD, the specific cause in most cases has not been identified (2).

The list of potential symptoms which have been associated with PD is extensive. The most overt symptoms are related to movement. Tremor of the extremities which appears when they are at rest is often the first symptom to appear. This is accompanied by muscle rigidity and joint stiffness.

The most severe symptoms are slowing of movement (bradykinesia) and in extreme cases loss of movement (akinesia). In later stages of PD, falls are common due to impaired balance and a general failing of the reflexes which control posture. Stooped, shuffling gait and gait freezing are some of the common ways PD effects walking.

There are also symptoms of the mouth such as drooling, difficulties swallowing, and changes in, or difficulties with, speech.

One suffering from PD may also experience fatigue or an unpleasant desire to move. Neurological symptoms include impaired reaction time and executive functions such as awareness of time, impulse control and awareness/interpretation of interpersonal cues. Memory of how to do things is also often impaired.

Insomnia with excessive daytime sleeping and disturbances during REM sleep are also frequently observed.

Autonomic functions are also altered producing such things as oily skin, excessive sweating and sexual dysfunction. Motility is impaired in the gastrointestinal tract resulting in constipation severe enough that it can be life threatening. Parkinson's Disease can impair the eyes reducing blink rate, altering tear production, producing eye twitching and even sometimes producing hallucinations.

A disproportionate percentage of those diagnosed with PD also experience depression (58%), apathy (54%), and/or anxiety (49%) (2).

The pathological changes which produce this vast array of symptoms are surprisingly simple. The pigmented dopamine-producing neurons in the pars compacta, a subsection of a relatively small brain structure known as the substantia nigra (latin for "black substance"), start to die off. These neurons send dopamine to the striatum which is a subsection of the basal ganglia. This influx of dopamine plays a role in basal ganglia-produced control of movement and when it starts to dry up two things happen. The direct pathway which facilitates movement is inhibited while the indirect pathway which inhibits movement is facilitated (2).

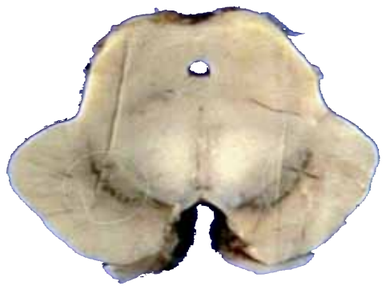
One way to think about it is as if someone stepped on the muscle break while letting up on the muscle throttle. The

overall result is things slow down or even stop.

The majority of treatments for PD are designed to address this drop in dopamine production. The most common by far is levodopa (L-dopa) which is the precursor to dopamine. By increase the bioavailability of the dopamine precursor dopamine production increases.

Another technique is to inhibit the metabolic breakdown of dopamine with a selective MAO-B inhibitor. If the breakdown of dopamine is inhibited the dopamine which is produced will be more effective for longer.

The final pharmacological approach is to activate the dopamine receptors in the striatum and basal ganglia directly with agonists for these receptors.



Substantia nigra in rat brain, the black bands inside the circles give this structure its name, which translates to black substance.

Each of these therapies has their advantages and disadvantages but none of them remain effective indefinitely and the side effects from increased dosages eventually make them intolerable (2).

Drugs which interact with the endocannabinoid system have recently gained attention in the research community as adjunct therapies. Although it is not recommended as a monotherapy for Parkinson's Disease today, cannabis was used in the late 1800s as a relatively effective treatment for controlling PD associated tremor (1).

Today, cannabinoids have shown promise as protection against the neurodegeneration of the substantia nigra dopaminergic cells due to their action as powerful antioxidants, potentially to help control tremor, to inhibit the expression of L-dopa induced dyskinesia, to counteract slowing of movement in the case of cannabinoid antagonists and finally, as an effective antipsychotic in the case of cannabidiol (CBD).

Parkinson's-Induced Changes to the Endocannabinoid System

So why might we expect targeting the endocannabinoid system to be of therapeutic value in the treatment of Parkinson's Disease? First off, the components of this system, such as anandamide, 2-AG, as well as cannabinoid receptors are found in high concentration in the basal ganglia and appear to play a role there in the regulation of movement (3).

Secondly, movement disorders like PD and even some of the treatments for Parkinson's Disease are known to alter the endocannabinoid system in this part of brain.

And finally, polymorphisms in CNR1, the gene encoding for the CB1 receptor, have been associated with features of PD.

Changes in the endocannabinoid system have been observed in several of our animal models of PD. In 2000, researchers in the UK observed that naturally occurring anandamide levels in the substantia nigra and the globus pallidus, another part of the basal ganglia affected by PD, were three times higher than had been previously reported elsewhere in the brain.

The other primary endocannabinoid, 2-AG, was also found in high concentrations in these two brain regions. They further observed that once Parkinsonism had been induced via reserpine treatment, 2-AG levels in the globus pallidus skyrocketed to seven times what they had been pre-treatment. This elevation of 2-AG was accompanied by the onset of locomotor suppression typical of PD.

It is not surprising that selective agonists for either the dopamine D1 or D2 receptor resulted in partial normalization of locomotion after reserpine treatment. After all, these receptors are the ultimate final targets for most stimulant drugs.

What is perhaps a bit more interesting is that these dopamine agonists resulted in concurrent decrease in both anandamide and 2-AG in the globus pallidus. Furthermore, when the D2 agonist and the CB1 receptor antagonist Rimonabant were administered together full normalization of motor activity was restored (4).

The following year, the same neuroscientists at the University of Manchester yet again expanded our understanding of the changes to the endocannabinoid system resulting from reserpine treatment. This time they observed that CB1 receptor levels in the striatum that dropped by 12% medially and 54% in the dorsolateral portion of the striatum following reserpine treatment. They suggested that this might be due to the elevated levels of endocannabinoids previously reported in the basal ganglia after reserpine treatment causing the down regulation of CB1 receptors (5). However, this is not self evident since the elevated basal ganglia endocannabinoid levels that have been found following reserpine treatment were not evident in the striatum.

In another model of Parkinson's Disease, 6-hydroxydopamine (6-HO-DA) is administered. After which, it enters dopaminergic cells where it causes the accumulation of super free radicals. These super free radicals intern kill the dopaminergic cells through severe oxidative stress.

When 6-HO-DA is administered to the substantia nigra, it produces an experimental Parkinsonism. In 2002, researchers in Rome found that this model of PD produced striatal elevations of anandamide but not 2-AG. This elevation appeared to be the result of a generalized decreased anandamide deactivation process.

Activity of both the anandamide reuptake transporter and FAAH, the enzyme responsible for the metabolic deactivation of anandamide, was decreased by 6-HO-DA treatment. This was accompanied by striatal increases in glutamatergic activity that has been associated with muscle rigidity in Parkinsonism.

When the scientists administered the super potent synthetic cannabinoid HU-210, similar reductions in glutamatergic activity were seen in the striatum, regardless of previous 6-HO-DA exposure.

However, when FAAH inhibitors (FAAHIs) were used, striatal glutamatergic activity was only substantially reduced if 6-HO-DA exposure had already occurred (6). Together this suggests that the elevation of striatal anandamide observed following 6-HO-DA exposure is a compensatory attempt to correct the over stimulation produced by excessive glutamatergic activity.

Human brain tissue studies have found similar results in the basal ganglia. Compared to the brains of healthy individuals, those who have been diagnosed with Parkinson's Disease had reduced CB1 receptor levels in two of the three parts of the striatum and in the globus pallidus (7). Furthermore, the cerebrospinal fluid of PD patients on average contains about twice the amount of anandamide found in healthy controls regardless of past treatment history, stage of Parkinson's, or its severity (8).

Since depression has two copies of long chain (AAT) alleles in the CNR1 gene, it appears to offer a statistically significant degree of protection against developing depression in those with Parkinson's Disease (9).

The rate of depression associated with having PD is between three and seven times that seen in the general population (2,10). It is unclear what functional impact this polymorphism in the CNR1 gene has on the endocannabinoid system by producing this prophylaxis or how it might impact the expression of other features of Parkinson's, but these are important avenues of future research. Only time will tell how manipulating the endocannabinoid system can benefit PD patients.

Cannabinoids as Neuroprotectants against Parkinson's-Induced Neurodegeneration

There is evidence that cannabinoids play a neuroprotective role in stroke, traumatic brain injury, and several neurodegenerative conditions such as Alzheimer's disease, Huntington's disease, Lou Gehrig's disease, Multiple Sclerosis and even Parkinson's disease. Cannabinoids appear to produce this protection through various mechanisms. For example, plant derived cannabinoids like THC and CBD are powerful antioxidants, while some cannabinoids that activate the CB2 receptor are anti-inflammatory agents, suppressing toxic cytokine release and microglia activation. Other cannabinoids which activate the CB1 receptor are anti-excitotoxic due to a suppression of glutamatergic activity, subsequent calcium ion influx and eventual nitric oxide production (11,12).

The US Federal Government has such faith in this potential medical benefit of cannabinoids that they have held the US patent on cannabinoids as antioxidants and neuroprotectants since October of 2003. Patent #6,630,507 is assigned to "The United States of America as represented by the Department of Health and Human Services (Washington, DC)" for "Cannabinoids as antioxidants and neuroprotectants" (13).

Several of the neuroprotective properties exerted by cannabinoids may be of particular importance to slowing the progression of PD. In the 6-HO-DA model of Parkinsonism, daily dosage of THC or CBD was able to significantly attenuate the progression of neurodegeneration which occurred during the first two weeks following exposure to 6-HO-DA. This was not a masking effect since the benefits of cannabinoid treatment continued even after the two week cannabinoid treatment ended.

US006630507B1

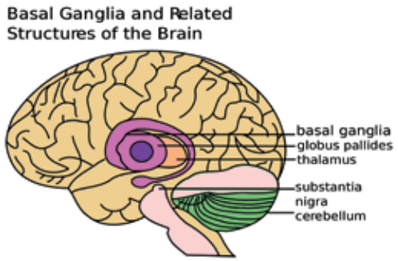
(12) **United States Patent**
Hampson et al.

(10) Patent No.: US 6,630,507 B1
(45) Date of Patent: Oct. 7, 2003

In cell cultures the super powerful synthetic cannabinoid HU-210 was also able to attenuate 6-HO-DA toxicity although the effect was only substantial when the culture contained both neural and glial cells (14).

All three cannabinoids tested were able to activate the CB2 receptor that mediates the antiglial/anti-inflammatory properties of the cannabinoids. In combination with the increased antitoxic effect observed in cell cultures also con-

taining glia over those containing neurons alone, this suggests that immunomodulation produced by CB2 receptor activation may play a primary role in the neuroprotectant properties of cannabinoids. Even so, because the two cannabinoids tested in live animals were both plant derived cannabinoids with well known powerful antioxidant qualities, it remains likely that this also played a role in the neuroprotection they produced in the 6-HO-DA model of Parkinsonism.



Another line of evidence which suggests that the endocannabinoid system plays a neuroprotective role in the 6-HO-DA model of Parkinsonism comes from the fact that mice genetically lacking the CNR1 gene that codes for the CB1 receptor, CB1 knockout mice, are more vulnerable to the effects of 6-HO-DA toxicity. Not only was the degree of motor impairment greater in the CB1 KO mice compared to their wild type counterparts, but they also lost more dopaminergic neurons as well.

There was also evidence of increased oxidative and nitric oxide stress in the CB1 KO mice, supporting the theory that both antioxidant and antiglial properties play a role in cannabinoid neuroprotection in the 6-HO-DA model of Parkinsonism (15). Interestingly, this is also the first time we have direct evidence that anti-excitotoxic properties of the endocannabinoid system may be playing a role as well.

Circumstantial evidence suggests that cannabinoids inhibit glutamatergic excitotoxicity (11) while excessive striatal glutamatergic activity is inhibited by cannabinoids in the 6-HO-DA model of Parkinsonism (6). Further, glutamatergic/nitric oxide excitotoxicity appears to play a role in the pathogenic destruction of substantia nigra neurons in Parkinsonism (16).

It is interesting to note that the CB1 KO mice in the above study also did not express L-dopa-induced dyskinesias as severely as it was seen by their wild type counterparts (15), bringing us to our next topic.

Levodopa, Dyskinesias and the Endocannabinoid System

One of the primary treatments for Parkinson's Disease is supplementing dopamine production by administrating its precursor, L-dopa. That said, systemically administered L-dopa is fraught with substantial drawbacks. For one, only about 1-5% of the administered L-dopa makes it into the target neurons where they can be metabolized into dopamine where needed. The rest is converted to dopamine elsewhere in the body, creating side effects.

Constantly administering systemic L-dopa also activates the natural feedback inhibition controlling L-dopa production and the body stops making its own. This reduces its efficacy requiring more. Eventually, the excessively high doses of L-dopa lead to L-dopa-induced dyskinesias (2).

L-dopa-induced dyskinesias are involuntary movements that can appear as jerking, swaying dance-like movement of the upper body (17). This can be almost as disruptive as the disease itself. However, it does not usually develop except after years of using L-dopa.

Interestingly, L-dopa therapy appears to alter the endocannabinoid system in the basal ganglia. In the 6-HO-DA model of Parkinsonism neither L-dopa nor 6-HO-DA alone appeared to alter striatal CB1 levels. However, when 6-HO-DA exposure was followed by chronic L-dopa treatment, the expression of striatal CB1 receptors was elevated (18). Through eventual activation of the D1/D2 receptors, L-dopa alone stimulates anandamide release throughout the basal ganglia. On the other hand, 6-HO-DA exposure depletes anandamide in part of the striatum after which L-dopa fails to effect anandamide in the basal ganglia. Furthermore, L-dopa treatment in these animals leads to involuntary dyskinetic movements. They are inhibited by administration of the synthetic cannabinoid WIN-55,212-2 (WIN).

Together, this suggests that an endocannabinoid deficiency plays a role in the expression of L-dopa-induced dyskinesias (19).

Other studies have also shown a beneficial effect of cannabinoids on the expression of L-dopa-induced dyskinesias. Both CB1 receptor agonist (WIN) and the antagonist Rimonabant (0.1-3mg/kg) appear to reduce evidence of L-dopa-induced dyskinesia in the reserpine model of Parkinsonism. In this study, anandamide reuptake transporter AM404 did not appear to effect expression of dyskinesia (20). The next study suggests that this lack of effect produced by AM404 might be the result of anandamide's ability to activate the TRPV1 vanilloid receptor.

The dyskinesias produced by L-dopa in the 6-HO-DA model of Parkinsonism appears to be more intense and varied than those produced in the reserpine model. Here again, WIN was able to substantially inhibit the expression of dyskinesias. Interestingly, the lowest doses tested produced the strongest effect and started working sooner, again elevating anandamide levels, this time with a FAAHI, with no effect on dyskinesias. Only when FAAHI was co-administered with a TRPV1 antagonist, blocking the ability of anandamide to activate this receptor was there any effect on dyskinesias. When this was done, anandamide was able to attenuate the expression of dyskinesias more effectively than WIN without any inhibition of the anti-Parkinsonism produced by the L-dopa(21).

As mentioned above, CB1 receptor antagonists like Rimonabant are also able to improve L-dopa-induced dyskinesias. However there appears to be divergence between the two types of dyskinetic inhibition produced by CB1 agonists vs. antagonists such that they reduce different aspects of the dyskinetic expression. Furthermore, they do so most effectively for different points in the L-dopa treatment cycle (22). Antagonists, however, appear to potentially offer another potential benefit as well. They seem to be able to facilitate the effectiveness of L-dopa reducing the dose required to produce therapeutic results. In yet another model of Parkinsonism, using MPTP to induce Parkinsonism, a selective CB1 receptor antagonist had no effect on its own nor were acute does of it able to alter response to L-dopa.

Michael J. Fox suffers from the rare early unset form of Parkinson's disease but most of his "symptoms" which can be seen in his interviews today are dyskinesias produced by taking too high a dose of L-dopa before the interview to counter act his actual PD symptoms. Photo by Alan Light

However the anti-Parkinsonism response to threshold doses of L-dopa were potentiated with repeated coadministration of the CB1 antagonist and threshold doses of L-dopa together. This improvement was in the form of a 30% increase in the effective duration of L-dopa-induced anti-Parkinsonism, such that less L-dopa was required less often to produce the same degree of benefit. The particular CB1 antagonist tested however did not appear to affect the expression of L-dopa-induced dyskinesias in this study (23). These results were collaborated by another study which found that very low doses of the CB1 antagonist rimonabant in the 6-HO-DA model of Parkinsonism were able to produce equal anti-Parkinsonism effects to a low but effective dose of L-dopa. Furthermore the best results were achieved when both low dose L-dopa and low dose Rimonabant (0.05mg/kg) were coadministered. Interestingly, the low dose Rimonabant was not effective at ameliorating the expression of dyskinesias produced by larger doses of L-dopa (24). However this might be because the dose used in this study was two to sixty times smaller than that previously associated with inhibition of dyskinesias suggesting different potential anti-Parkinsonism effects at different doses of Rimonabant.

Rimonabant is an anti-obesity drug that became available in Europe in the mid 80's. By blocking the CB1 receptor it proved to be a very effective in suppressing appetite. Unfortunately, soon after its release, patients prescribed the drug experienced significantly higher rates of depression and suicidal tendencies.

Yet another study has found that Rimonabant might be of benefit to Parkinson's in specifically low doses. Using a variation of the 6-HO-DA model of Parkinsonism, a 0.1mg/kg dose of Rimonabant was able to partially alleviate the reduction and slowing of movement which occurs following 6-HO-DA treatment.

Curiously, the improvements in hypokinetic behavior were lost when the dose of Rimonabant was increased to 0.5-1mg/kg.

The authors were unable to detect any changes in dopaminergic, GABAergic or glutamatergic activity to explain how downstream results of cannabinoid receptor blockade might be producing these improvements (25). Perhaps they were looking in the wrong place - they only checked the striatum. Their results are similar to the case of substantially increased 2-AG in the globus pallidus in the reserpine model of Parkinsonism we discussed earlier under Parkinson's-Induced Changes to the Endocannabinoid System.

Although they are both part of the basal ganglia, the globus pallidus lies outside the striatum. The increase in 2-AG in the globus pallidus was associated with hypokinetic behavior, which was completely relieved by coadministration of a D2 agonist and a 1mg/kg dose Rimonabant (4).

Sadly, this study did not appear to test Rimonabant alone, so we can't say what dose of Rimonabant, if any, might have been effective alone at alleviated hypokinetic behavior in the reserpine model.

Despite all the positive results of CB1 receptor antagonists

like Rimonabant in models of Parkinsonism, the one time it was tested in actual PD patients, it produced no discernable anti-Parkinson or anti-dyskinetic results (26). This could be because only one dose was tested for one acute large dose of L-dopa and the benefits of Rimonabant appear to work best in combination with L-dopa with repeat administration (23). Anti-dyskinetic effects have only been observed at relatively higher doses (20).

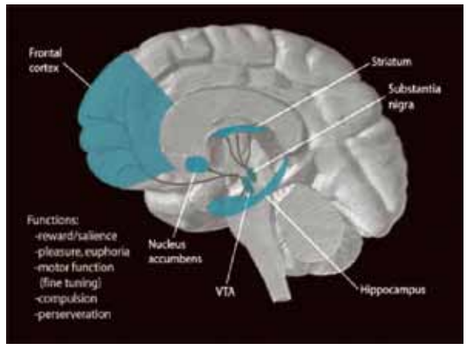
Then again, it is possible that Rimonabant simply has no effect on actual PD or L-dopa side effects in humans.

Clinical Trials: Cannabis and other CB1 Agonists

The first study is not so much a clinical trial as a survey taken at a clinic by Parkinson's patients. They decided on their own to use cannabis to help treat their PD and reported subjective improvements from the drug.

Of the 85 patients who reported using cannabis, only one of them took it by inhalation. The other 84 consumed it orally, either dry or fresh, once a day with meals at an average dose of half a teaspoon.

The mean age of these patients was 65.7 and none of them had used cannabis recreationally before learning (usually from the media) that cannabis might be of therapeutic benefit to them.



Relative locations of the substantia nigra and the striatum

Only four of those responding reported that cannabis actually made their symptoms worse. This survey found that 45.9% experienced general relief, 30.6% relief from tremor, 44.7% relief from slowed/impaired movement, 37.7% relief from rigidity, and 14.1% relief from L-dopa-induced dyskinesias. Except for relief from dyskinesias, all of these results were statistically significant.

There were some clear effects of length and frequency of use, such that substantially more of those who had used for three months or more reported relief of symptoms on all measures, compared to those who had used cannabis for less than three months. Furthermore, those who used cannabis daily were approximately 3 times more likely to experience relief from dyskinesias than those who used it irregularly.

In those who used cannabis regularly for months, 11-hydroxy-THC appeared to improve slowed movement and rigidity. The primary active metabolite of THC, especially when consumed orally, 11-HO-THC has both a longer half-life and a stronger effect than THC.

When urine content of 11-HO-THC from regularly using patients exceeded 50ng/ml, they reported relief from symptoms of slowed, impaired movement and muscle/joint rigidity. If use of cannabis was infrequent or urine content of 11-HO-THC was below 50ng/ml, relief from these two sets of symptoms was not reported. Clearly Parkinson's patients are much more likely to experience relief following therapeutic use of cannabis if they use it regularly for more than two months. Frequent use appears to be particularly important for antidyskinetic results (27).

Despite significant, cannabis-produced improvements in Parkinson's, the survey has one problem. It is subjective and most people in the medical community prefer more objective evidence. There is, however, a clinical study which attempts to address this using a randomized, double-blind crossover design.

In 17 patients with Parkinson's who experienced dyskinesias from L-dopa therapy, no effect on expression of dyskinesias was observed following daily oral cannabis extract. Indeed, no reliable pro or anti-Parkinsonism effects produced by cannabis were observed at all (28).

Perhaps the treatment periods did not last long enough since, on average, at least 1.7 months were required before patients experienced noticeable relief and the treatment periods in this study only lasted one month. Or perhaps the dose was not large enough.

Another issue concerns relative concentrations of THC and CBD in the extract. As with anandamide, CBD activates the TRPV1 receptor (29) and therefore, if in too high of a relative concentration, it may be masking the anti-dyskinetic effects produced by the THC at the CB1 receptors (21).

By far, the most promising trial on the use of cannabinoids to alleviate L-dopa induced dyskinesias comes from a randomized, double-blind, placebo-controlled, crossover pilot study on seven Parkinson's patients using Nabilone. Nabilone, aka Cesamet, is a synthetic cannabinoid structurally derived from THC and with a similar overall potency and pharmacology to THC.

In this study, Nabilone was found to effectively reduce L-dopa-induced dyskinesias, but appeared to be most effective against dyskinesia produced by diphasic vs. peak dose and for dystonia vs. chorea-type dyskinesias. During L-dopa-induced dyskinesia, the lateral globus pallidus appears to be hyperactive. Activating the CB1 receptors in this region increases GABAergic tone.

The role of GABA is to slow things down by reducing the firing rate of the cells to which it binds. The authors therefore suggested that the Nabilone was producing its anti-dyskinetic effect by binding to the CB1 receptors in the lateral globus pallidus, thereby increasing GABAergic tone and inhibiting the hyperactivity of this brain region, resulting in less symptoms of dystonia (30).

There is one final clinical trial in the use of cannabinoids to aid in the treatment of Parkinson's patients which bares mention here.


Pope John Paul II September 2004, a well-known parkinson's disease victim.

In my article, Cannabis and Melatonin as Mood Regulators for a Woman of 38 with Unipolar, Rapid-Cycling Mania, I discuss a double case report on the use of CBD as an antipsychotic in two women diagnosed with bipolar disorder. This case found CBD was ineffective at reducing psychotic symptoms in these two women (31).

So far, the evidence appears to be more positive for CBD when it comes to controlling the expression of psychotic symptoms in Parkinson's patients.

The same researchers studying the two manic women conducted a pilot study on six PD patients who had experienced psychosis for at least three months. They found that in the four men and two women in the study, not only was CBD well tolerated over the four week trial, but by the end, CBD had lowered total scores on the Unified Parkinson's Disease Rating Scale and significantly reduced the expression of psychotic symptoms (32).

This finding is important, not only because it demonstrates that CBD might possess mild anti-Parkinsonism properties on its own, but can safely and significantly reduce psychosis symptoms in PD patients. This has proven challenging in the past since most historically used antipsychotics inhibit the dopaminergic system and thereby negatively impacting Parkinsonism.

Conclusion

Parkinson's disease is a chronic, presently incurable, neurodegenerative condition resulting in a movement disorder. It is primarily caused by the loss of substantia nigra dopaminergic neurons that deregulate the downstream control of movement in the rest of the basal ganglia, particularly the striatum and globus pallidus. This results in slowed, impaired movement or even the cessation of movement, tremor, and rigidity.

The primary drug used to alleviate the symptoms, Levodopa, eventually requires such large doses that it produces involuntary movements as a side effect, which can be almost as disruptive as the disease itself.

Downstream alterations to the endocannabinoid system throughout the basal ganglia are among the many changes which result from the loss of the dopaminergic neurons in the substantia nigra. These alterations include changes in CB1 receptor densities as well as in the production of both anandamide and 2-AG, two of the primary endocannabinoids. Administration of L-dopa in cases of Parkinsonism is also able to alter the endocannabinoid system in the basal ganglia. However the lack of D2 receptor activation in the striatum produced by the disease itself results in an endocannabinoid deficiency, preventing the increase in striatal anandamide normally following L-dopa administration in the healthy brain. Some of these changes appear to be compensatory in nature and are the body's natural attempt to combat the loss of stimulation from the substantia nigra. Others, especially those produced by L-dopa are more pathogenic in nature and may serve to facilitate the expression of slowed movement and dyskinesias.

One of the potentially therapeutic applications of cannabinoids is to slow the progression of the disease through the numerous neuroprotective properties they possess but especially their antioxidant, anti-excitotoxic, and antiglial/anti-inflammatory properties. This would likely be more effective when applied early on in the disease progression and therefore might be able to be used most effectively in known cases of genetic mutation produced Parkinson's because CBD therapy, for example, could start before evidence of the disease ever developed.

Other evidence suggests that cannabinoids might be effective at relieving tremor, slowing of movement, and rigidity while ameliorating the dyskinetic side effects of L-dopa. Somewhat confusingly, CB1 receptor antagonists like Rimonabant have also been shown to be effective against the slowing of movement in models of Parkinsonism, as well as for reducing L-dopa-induced dyskinesias in these models. However, the first test of CB1 antagonists in humans was not successful. There are several possible reasons why this test failed and it is quite possible that a more thorough trial might yet find a positive result of the use of CB1 antagonists in the treatment of PD in humans.

Finally in a pilot study, CBD was found to produce significant antipsychotic effects in 6 cases of Parkinson's with psychosis, a condition which historically has been especially challenging to treat since typical antipsychotics can exacerbate PD symptoms.

There is evidence that, for those wishing to treat themselves, cannabis may be more effective at alleviating the symptoms of the disease itself. However, if relief from L-dopa induced dyskinesia is the goal, then it might be best to avoid strains high in CBD since it is known to activate the TRPV1 receptor and this can mask the antidyskinetic effect produced by activating the CB1 receptors with THC.

So far, once a day oral doses in the range of 0.25-0.5g for more than two months appears to be required in order to start experiencing quality results. Although higher doses might be required for some, this dose range appears adequate for producing results with minimal side effects.

Surprisingly, despite the fact that cannabis can induce sleep and problems sleeping are frequently associated with Parkinson's, there has been no apparent attempt to investigate this possible beneficial impact from oral cannabis use. Although not addressed in literature, one potential negative impact from using cannabis with PD is that it could exacerbate the PD-associated, impaired GI motility since it also slows GI tract motility. Therefore, it might be best to skip cannabis treatments if one is experiencing significant constipation.

Drugs which increase anandamide tone through the blockade of reuptake and/or its metabolic breakdown are also likely to be beneficial although they would need to be co-administered with a TRPV1 antagonist if harnessing the antidyskinetic properties of anandamide are desired.

On the other hand, decreasing 2-AG tone may ameliorate some of the slowing of movement produced by PD. It is likely that drugs which directly affect the endocannabinoid system in these ways, such as AM404 and the FAAHIs, are the future of mainstream cannabinoid based treatments for Parkinson's disease.

References

1. Gowers, WR. A manual of diseases of the nervous system. London; v. II, 1886, 589-607.
2. Wikipedia. Parkinson's disease. http://en.wikipedia.org/wiki/Parkinson%27s_disease (Accessed 1-27-2010).
3. Fernández-Ruiz, J. The endocannabinoid system as a target for the treatment of motor dysfunction. British Journal of Pharmacology, 2009 Apr; 156 (7): 1029-40.
4. Di Marzo, V, Hill, MP, Bisogno, T, Crossman, AR, and Brotchie, JM. Enhanced levels of endogenous cannabinoids in the globus pallidus are associated with a reduction in movement in an animal model of Parkinson's disease. FASEB Journal, 2000 Jul; 14 (10): 1432-8.
5. Silverdale, MA, McGuire, S, McInnes, A, Crossman, AR, and Brotchie, JM. Striatal cannabinoid CB1 receptor mRNA expression is decreased in the reserpine-treated rat model of Parkinson's disease. Experimental Neurology, 2001 Jun; 169 (2): 400-6.
6. Gubellini, P, Picconi, B, Bari, M, Battista, N, Calabresi, P, Centonze, D, Bernardi, G, Finazzi-Agrò, A, and Maccarrone, M. Experimental parkinsonism alters endocannabinoid degradation: implications for striatal glutamatergic transmission. Journal of Neuroscience, 2002 Aug 15; 22 (16): 6900-7.
7. Hurley, MJ, Mash, DC and Jenner, P. Expression of cannabinoid CB1 receptor mRNA in basal ganglia of normal and parkinsonian human brain. Journal of Neural Transmission, 2003 Nov; 110 (11): 1279-88.
8. Pisani, A, Fezza, F, Galati, S, Battista, N, Napolitano, S, Finazzi-Agrò, A, Bernardi, G, Brusa, L, Pierantozzi, M, Stanzione, P, and Maccarrone, M. High endogenous cannabinoid levels in the cerebrospinal fluid of untreated Parkinson's disease patients. Annals of Neurology, 2005 May; 57 (5): 777-9.
9. Barrero, FJ, Ampuero, I, Morales, B, Vives, F, de Dios Luna Del Castillo, J, Hoenicka, J, and García Yébenes, J. Depression in Parkinson's disease is related to a genetic polymorphism of the cannabinoid receptor gene (CNR1). Pharmacogenomics Journal, 2005; 5 (2): 135-41.
10. Wikipedia. Major Depression: Epidemiology. http://en.wikipedia.org/wiki/Major_depression#Epidemiology (Accessed 1-28-2010).
11. Martínez-Orgado, J, Fernández-López, D, Lizasoain, I and Romero, J. The seek of neuroprotection: introducing cannabinoids. Recent Patents on CNS Drug Discovery, 2007 Jun; 2 (2): 131-9.
12. Romero, J and Orgado, JM. Cannabinoids and neurodegenerative diseases. CNS & Neurological Disorders Drug Targets, 2009 Dec; 8 (6): 440-50.
13. Hampson, AJ, Axilrod, J and Grimaldi, M. Cannabinoids as antioxidants and neuroprotectants. http://patft.uspto.gov/netahtml/PTO/srchnum.htm (Patent #6,630,507 Accessed 1-29-2010).
14. Lastres-Becker, I, Molina-Holgado, F, Ramos, JA, Mechoulam, R, and Fernández-Ruiz, J. Cannabinoids provide neuroprotection against 6-hydroxydopamine toxicity in vivo and in vitro: relevance to Parkinson's disease. Neurobiology of Disease, 2005 Jun-Jul; 19 (1-2): 96-107.
15. Pérez-Rial, S, García-Gutiérrez, MS, Molina, JA, Pérez-Nievas, BG, Ledent, C, Leiva, C, Leza, JC, and Manzanares, J. Increased vulnerability to 6-hydroxydopamine lesion and reduced development of dyskinesias in mice lacking CB1 cannabinoid receptors. Neurobiology of Aging, 2009 May 4. [Epublished ahead of print].
16. Beal, MF. Excitotoxicity and nitric oxide in Parkinson's disease pathogenesis. Annals of Neurology, 1998 Sep; 44 (3 Suppl 1): S110-4.
17. Wikipedia. Dyskinesia. http://en.wikipedia.org/wiki/Dyskinesia (Accessed 1-29-2010).
18. Zeng, BY, Dass, B, Owen, A, Rose, S, Cannizzaro, C, Tel, BC, and Jenner, P. Chronic L-DOPA treatment increases striatal cannabinoid CB1 receptor mRNA expression in 6-hydroxydopamine-lesioned rats. Neuroscience Letters, 1999 Dec 3; 276 (2): 71-4.
19. Ferrer, B, Asbrock, N, Kathuria, S, Piomelli, D, and Giuffrida, A. Effects of levodopa on endocannabinoid levels in rat basal ganglia: implications for the treatment of levodopa-induced dyskinesias. European Journal of Neuroscience, 2003 Sep; 18 (6): 1607-14.
20. Segovia, G, Mora, F, Crossman, AR and Brotchie, JM. Effects of CB1 cannabinoid receptor modulating compounds on the hyperkinesia induced by high-dose levodopa in the reserpine-treated rat model of Parkinson's disease. Movement Disorders, 2003 Feb; 18 (2): 138-49.
21. Morgese, MG, Cassano, T, Cuomo, V and Giuffrida, A. Anti-dyskinetic effects of cannabinoids in a rat model of Parkinson's disease: role of CB(1) and TRPV1 receptors. Experimental Neurology, 2007 Nov; 208 (1): 110-9.
22. Fabbrini, G, Brotchie, JM, Grandas, F, Nomoto, M and Goetz, CG. Levodopa-induced dyskinesias. Movement Disorders, 2007 Jul 30; 22 (10): 1379-89.
23. Cao, X, Liang, L, Hadcock, JR, Iredale, PA, Griffith, DA, Menniti, FS, Factor, S, Greenamyre, JT, and Papa, SM. Blockade of cannabinoid type 1 receptors augments the antiparkinsonian action of levodopa without affecting dyskinesias in 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine-treated rhesus monkeys. Journal of Pharmacology and Experimental Therapeutics, 2007 Oct; 323 (1): 318-26.
24. Kelsey, JE, Harris, O and Cassin, J. The CB(1) antagonist rimonabant is adjunctively therapeutic as well as monotherapeutic in an animal model of Parkinson's disease. Behavioral Brain Research, 2009 Nov 5; 203 (2): 304-7.
25. González, S, Scorticati, C, García-Arencibia, M, de Miguel, R, Ramos, JA, and Fernández-Ruiz, J. Effects of rimonabant, a selective cannabinoid CB1 receptor antagonist, in a rat model of Parkinson's disease. Brain Research, 2006 Feb 16; 1073-1074: 209-19
26. Mesnage, V, Houeto, JL, Bonnet, AM, Clavie,r I, Arnulf, I, Cattelin, F, Le Fur, G, Damier, P, Welter, ML, and Agid, Y. Neurokinin B, neurotensin, and cannabinoid receptor antagonists and Parkinson disease. Clinical Neuropharmacology, 2004 May-Jun; 27 (3): 108-10.
27. Venderová, K, Růzicka, E, Vorísek, V and Visnovský, P. Survey on cannabis use in Parkinson's disease: subjective improvement of motor symptoms. Movement Disorders, 2004 Sep; 19 (9): 1102-6.
28. Carroll, CB, Bain, PG, Teare, L, Liu, X, Joint, C, Wroath, C, Parkin, SG, Fox, P, Wright, D, Hobart, J, and Zajicek, JP. Cannabis for dyskinesia in Parkinson disease: a randomized double-blind crossover study. Neurology, 2004 Oct 12; 63 (7): 1245-50.
29. Bisogno, T, Hanus, L, De Petrocellis, L, Tchilibon, S, Ponde, DE, Brandi, I, Moriello, AS, Davis, JB, Mechoulam, R, and Di Marzo, V. Molecular targets for cannabidiol and its synthetic analogues: effect on vanilloid VR1 receptors and on the cellular uptake and enzymatic hydrolysis of anandamide. British Journal of Pharmacology, 2001 Oct; 134 (4): 845-52.
30. Sieradzan, KA, Fox, SH, Hill, M, Dick, JP, Crossman, AR, and Brotchie, JM. Cannabinoids reduce levodopa-induced dyskinesia in Parkinson's disease: a pilot study. Neurology, 2001 Dec 11; 57 (11): 2108-11.
31. Zuardi, A, Crippa, J, Dursun, S, Morais, S, Vilela, J, Sanches, R, and Hallak, J. Cannabidiol was ineffective for manic episode of bipolar affective disorder. Journal Psychopharmacology, 2008 Nov 21 [Epublished ahead of print].
32. Zuardi, AW, Crippa, JA, Hallak, JE, Pinto, JP, Chagas, MH, Rodrigues, GG, Dursun, SM, and Tumas, V. Cannabidiol for the treatment of psychosis in Parkinson's disease. Journal of Psychopharmacology, 2009 Nov; 23 (8): 979-83.

MASTER BUBBA KUSH

Compassionate Patients Assn.

Type: Indica Hybrid

Aroma: Very strong aroma which lingers long after medicating. Earthy and Skunky is generally the smell or aroma, depending on the utensil used to consume.

Color: Lime green buds with contrasting dark brown hairs. Trichome coverage is rich and even.

Duration of Time: 3-4 Hours

Effects: Narcotic, Couch Lock, Physical, Cerebral, Pain relieving, Stress and depression release, Memory, (PTSD Candidate), Nasuea as listed. Obviously a great alternative as a sleep aid which will not fail. Not a medicine I would advise to use in the morning, unless you are an experienced patient who understands the power of this particular strand of indica and how it effects the body, especially when used in edibles. It is rated for morning and evening, as I feel it is good for chronic pain or other chronic disorders, anytime of the day. Many chronic suffers of pain or other chronic conditions, need a strong indica strain in the am.

Suggested for: Pain, Nausea, Anxiety, Insomnia, Depression, Migraines, Appetite, Bi-Polar Disorder, Wasting Syndrome

Texture / Overall: Small to medium size popcorn type flowers that have been cured to perfection. This Master Bubba will easily fall to pieces very easily, while holding its form until you desire to expose the goodness for vaporizing, cooking, etc. Flowers are dense thick and heavy. Free of mold and mildew per MCJ.

Best Time for Consumption: AM/PM

Density: 7

Method: Joint, Bong, Vaporizer

Trichomes: (Visual): 10

Potency: 8

Breeder: Greenhouse Seeds breeds Bubba Kush. Hindu Kush was used to create Master Kush. There is a lot of Bubba Kush which is not "real" or "original", look for the Pre-98 Bubba if you are thinking of using Bubba Kush as medicine.

Seeds (per 1/8th): 0

Origin: Hindu Kush arrived in California in the late 1970's. From that, Master Kush was born. Bubba Kush was born from Bubble Gum, an award winning strand which won many cannabis cup's in Europe and elsewhere. Master Kush / Bubba Kush does have a history in South Amsterdam, A coffee shop favorite for many years.

Taste: Skunk, Earthy, Sagey, yet almost tasteless, as in clean and pure on the inhale. Sharp and smooth on the exhale with over-tones of the flavors listed.

Genetics: Master Kush and Bubba Kush / Master Bubba Kush (MBK)

Master Kush: An F1 cross between two different Hindu-Kush strains. This is also a high yielding plant. Let us not forget this is a winner of The Cannabis Cup '92 & '93. This is a strong plant for almost all climates. Only cooler climates may have problems or issues with temperature. This plant has maintained a high quality and a good quantity with a great taste. It is popular amongst Indica growers. A bit of a body high that hits slowly and then just settles in.

First called High-Rise, Master Kush was developed in one of the tall buildings of South Amsterdam. Instantly the coffee-shops fell in love with this special new tetraploid. Through popular demand, this Hindu Kush/Skunk hybrid was stabilized and marketed. It has been a classic ever since.

Bubba Kush: is expected to be the fruity, and is certainly one of the fruitist indica's ever to be bred frorm Greenhouse Seeds. The genetics are derived from famous Bubble gum and the legendary OG Kush which is not a true kush.

When calling please keep in mind that unless you are verified by us and have your doctor's recommendation we cannot discuss anything that relates to medical cannabis with you.

CPA (951) 226-8744

SUPER OG KUSH

Chronic Care Collective

Type: Cannabis Sativa hybrid

Aroma: Petro Skunk with a hint of lemon. OG Kush, when grown properly, arguably has one of the most memorable aromas of all cannabis strands, once dry and cured well.

Color: Camouflage Green, Dark Green, Light green. (All strains will vary depending on region, hydroponic, soil, indoor, outdoors and many other factors.

Duration of Time: 3-4 Hours

Effects: Cerebral and stimulating, OG Kush is a super-potent variety of medical-grade cannabis with very distinct aroma, appearance and long-lasting psychoactive and physiological effects along with very strong pain relieving benefits. Works well for sleep as well, it can help patients undergoing toxic treatments for various diseases as it is smooth and very usable. There are many "OG Kush's" out there. If you have used it and found it was not a good match for you, look for a better source and give it another try. Once you receive the real strand you will realize, why all the fuss? This is a very broad spectrum strain and should be in every patients list of usable medical cannabis.

Suggested for: Pain, Nausea, Anxiety, Insomnia, Depression, Migraines, Appetite, Bi-Polar Disorder, Wasting Syndrome

Texture / Overall: Very dense, Flakey, Chunks.

Best Time for Consumption: AM/PM

Density: 9

Method: Vaporizer

Trichomes (Visual): 7

Potency: 9

Breeder: OG Kush clones are in Northern California from Oaksterdam Nursery.

Seeds (per 1/8th): 0

Origin: clone-only cultivar found widely in Greater Los Angeles (Los Angeles, Orange and Ventura Counties), California, USA.

Taste: OG Kush really does have its very own, very particular taste. However the petro skunk seems to be almost overwhelming, especially when used in a quality vaporizer. It evens out to taste like the sweet lemon, sour and petro skunk flavor.

Genetics: The species is rumored to be another name for the legendary Chemdog (a.k.a. "Chemdawg" or "Chem") cultivar of Colorado/Wyoming, USA. In this widespread rumor, a 'cutting' (clone) of the "'91 Chemdog "made its way to Lake Tahoe, California early in the 1990's and that OG Kush is an 'S1' (1st generation offspring of a self-pollinated hermaphrodite) of this crop but it is only privately available in clone form and not in seed. Although not a "Kush," OG Kush does possess Indica (Cannabis Sativa, Subspecies Indica) traits and it is rumored that it may have some Kush bred in its genetic heritage. However, it is mostly a Sativa in both phenotype and psychoactive effects when consumed.

Considered to be "Super OG Kush" is essentially, OG Kush grown under prime conditions. This strand in particular does best in the coolest of rooms.

C.C.C. is a delivery service in Riverside County, CA. We are in compliance with the compassionate-use act of 1996 and S.B.420. We will deliver anywhere in the general Riverside County area, usually within one hour.

CCC (951) 249-1938

BLACKBERRY KUSH

Compassionate Patients Assn.

Type: Indica 80% / Sativa 20%

Aroma: Potent trademark "Kush" smell.

Color: Overall sage green with accents of deep purple varying into dark blue

Duration of Time: 1-2 Hours

Effects: Sedative and pain-relief sensations are an immediate onset and last for the duration of relief. The initial 20-30 minutes also include a strong feeling of euphoria or general well being. Newer patients may find themselves medicated after only a small dose.

Suggested for: Pain, Nausea, Anxiety, Insomnia, Depression, Migraines, Appetite, Bi-Polar Disorder, Wasting Syndrome

Texture / Overall: Under the microscope, frosty white trichomes full of resinous cannabinoid compounds look whole and clear as if completely untouched. This tightly manicured bud is frosted with visible trichome coverage. Sticky dense buds are configured tightly together on the stem.

Best Time for Consumption: PM

Density: 8

Method: Vaporizer

Trichomes (Visual): 9

Potency: 10

Breeder: Unknown

Seeds (per 1/8th): 0

Orgin: Afghani Mother x DJ Shorts Blue Berry

Taste: A blast of the famous blueberry on the inhale with many fruity and afghani taste as it is released. Aftertaste could be described as rasberry, or even strawberry tasting. To say blackberry taste was present, would not be accurate. This was among the best Blackberry Kush I have been able to use, at the point of this review.

Genetics: Blackberry Kush is not available in seed form. This is said to be an elite clone. If you happen to be a fan of DJ Short/Blueberry this may be a great alternative being Blackberry Kush is said to be: Afghani Mother x DJ Shorts Blue Berry

Sources for genetics: http://www.strainreviews.net/indica-strains/blackberry-kush-strain-review-dangreen/

Notes: Compassionate Patients Association (CPA) is a legal medical marijuana association

Specifically for patient members who live in the Inland Empire. Based out of Riverside California

CPA strives to provide safe-access for its patient members. We are in full-compliance with The Compassionate Use Act of 1996 and S.B. 420.

CPA provides medical cannabis for patient members who have a medical-condition, valid California I.D. and pre-verified doctor recommendation. Our cannabis is strictly for medical-use only and is not intended for any other purpose, illegal or otherwise.

CPA (951) 226-8744

AMNESIA HAZE

Health & Wellness Center

Type: Indica 20% / Sativa 80%

Aroma: Musky, with Peach, Rose and Mandarin scent. There is a presence of that floral, medicinal, haze odor which really comes out strongly as the smoke or vapor lingers around the room. Vapor aroma from Amnesia Haze is sensational at least.

Color: Dark and lime Green

Duration of Time: 2-3 Hours

Effects: A super-potent variety of medical-grade Cannabis. Physically pleasing to even the patient with a high tolerance. This is a must try for any patient!

Suggested for: Pain, Nausea, Anxiety, Depression, Migraines, Appetite

Texture / Overall: Very dense, yet easy to work with

Best Time for Consumption: AM/PM

Density: 8

Method: Vaporizer

Trichomes (Visual): 8

Potency: 9

Breeder: Soma Seeds

Seeds (per 1/8th): 0

Origin: Amsterdam

Taste: Peppery and musky with floral overtones.

Genetics: Super Silver Haze x Cambodian

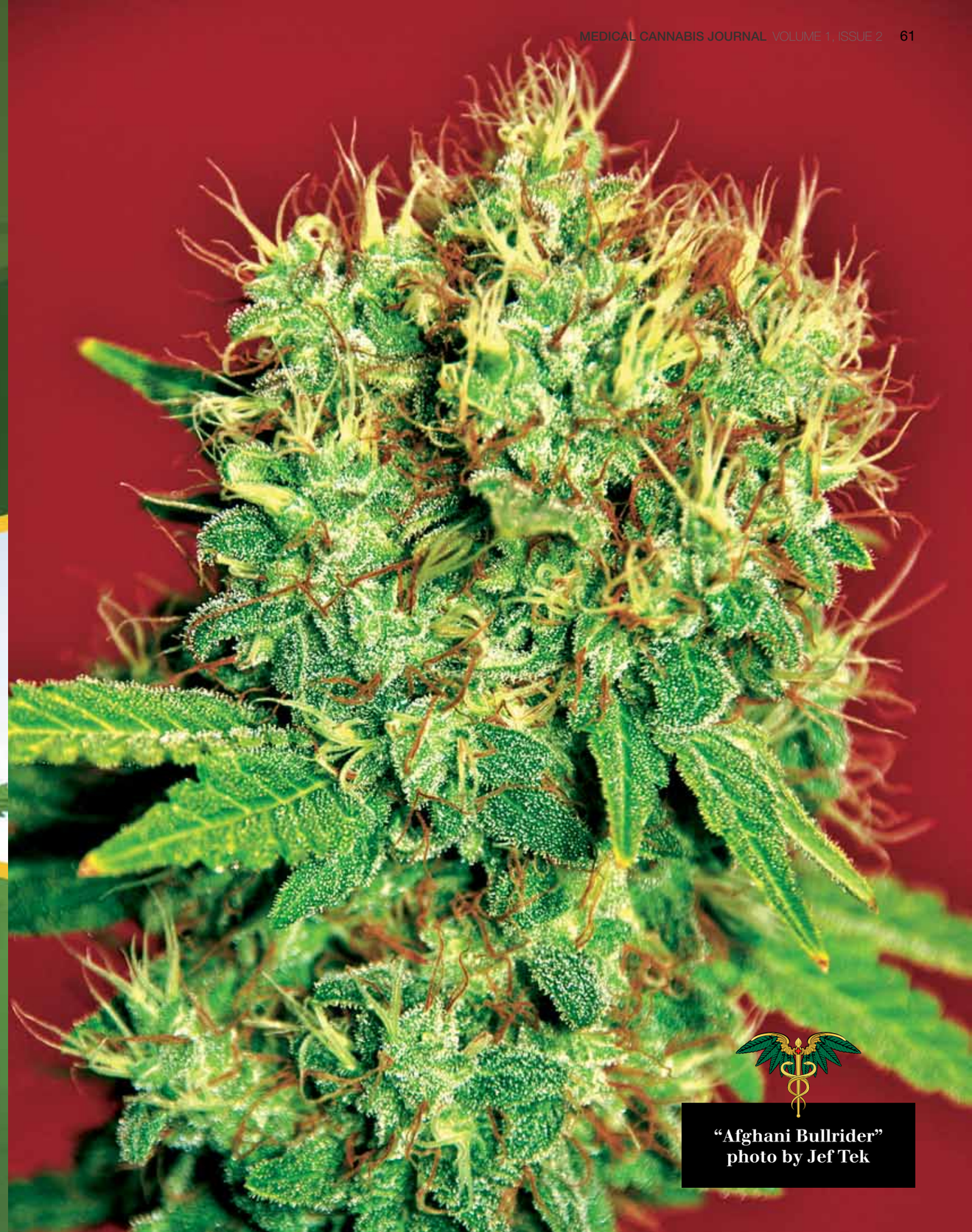
NOTES from below link: Amnesia Haze is one of the finest Hazes Soma Seeds has to offer. The smell and taste are unforgettable, until you smoke it and forget everything!

1st place, 2004 High Times Cannabis Cup.

If you want a special strain that's really not widely available, look no further! This one perfectly combines the FX of a Haze with a really powerful expansion effect that you normally only get with White's, Afghani's, etc., etc.

Genetic resources: http://www.somaseeds.nl/seeds/amnesia-haze.html, http://www.smokersguide.com/sg/SmokersGuide/popup_hash_weed.php?id=363

Health & Wellness (951) 782-8400



"Afghani Bullrider"
photo by Jef Tek

DYING TO SLEEP

Lanny Swerdlow

First Printed in Culture Magazine

When anti-Harm Reduction drug warriors rant against laws allowing for medicinal use of cannabis, they always trot out insomnia as an example of a trivial ailment for which a medical marijuana recommendation can be written.

> Cannabis as a sleep aid has been used safely and effectively for thousands of years.

Far from being trivial, the impact of insomnia on one's health is enormous. Complications from insomnia include: daytime fatigue, difficulty paying attention or focusing on tasks, tension headaches, gastrointestinal upset, lower performance on the job or schooling, slowed reaction time while driving and higher risk of accidents, weight gain or obesity, poor immune system function, increased risk and severity of long-term diseases such as high blood pressure, heart disease and diabetes and psychiatric problems like irritability, depression, and anxiety.

Robert Goldberg, Ph.D. of The Center for Medicine in the Public Interest has stated that, "We should treat insomnia as it should be treated, a serious medical condition that has significant health and economic implications."

A survey conducted by the Washington-based National

"Purple Diesel"
photo: Rachael Szmajda

Sleep Foundation estimated the annual medical and reduced productivity costs associated with insomnia among U.S. workers to be $92.5 to $107.5 billion.

The Institutes of Medicine, which advises Congress on health policy, reports that Americans spend nearly $3 billion a year trying to get to sleep.

Americans spend nearly $3 billion a year trying to get to sleep

Consumer Reports warns readers that all these medications can cause dependency, and even worsen sleeping problems along with significant side effects such as daytime sleepiness, cognitive impairment, dizziness, unsteadiness, rebound insomnia, sleep-walking, sleep-driving, memory lapses, and hallucinations. Ambien, one of the most popular insomnia medications was reported by the New York Times to make the top 10 list of drugs found in impaired drivers.

Desperate for sleep, turning to extremes is all too commonplace. Michael Jackson died trying to get to sleep. The night of his death, his doctor had prescribed a host of medications including Valium, Ativan, Versed and Propofol.

Obviously this is an unconscionable use of prescription pharmaceuticals, but Jackson is not the first celebrity who died from using medications to treat insomnia. Heath Ledger, Anna Nicole Smith, Elvis Presley, Judy Garland and Marilyn Monroe all died from prescription pharmaceuticals used to get a good night's sleep.

Cannabis as a sleep aid has been used safely and effectively for thousands of years.

Seventy years ago, before cannabis was declared an illegal substance, cannabis was found in almost every American medicine cabinet and one of its principal uses was as a sedative. When grandma was tossing and turning not able to fall asleep, she would get up, go to the medicine cabinet for a bottle of tincture of cannabis, place a few drops under her tongue, get back into bed, snuggle up next to grandpa and drift off to sleep.

By reducing some of problems associated with insomnia such as pain, depression, anxiety, stress and nausea, cannabis can help induce sleep. Even without any underlying problems, cannabis can help you get a good night's sleep.

Although popular anti-insomnia medications like Ambien and Lunestra will get you to sleep, lack of restfulness is often reported. With cannabis you wake up feeling refreshed and rejuvenated because cannabis induces a natural night's sleep.

The dosage for insomnia varies. Patients will need to adjust their dosage to find out what works best for them.

Unlike commercial drugs for insomnia that regularly kill celebrities and non-celebrities alike every year, no one has ever died from using cannabis, so determining the proper dose poses no significant health risks.

One thing you need to consider is how to ingest cannabis for insomnia. Although inhaling cannabis remains the most common method of ingestion, many patients find that ingesting cannabis as an edible to be the most effective delivery route for insomnia. Although it takes longer to achieve its effect when taken through the digestive system, the effects last longer.

The other thing to keep in mind when using cannabis for insomnia is which strain to use. Most people find Indica strains to be more relaxing with a pronounced sedative quality. Sativas tend to be more of an energizer. For many people, it doesn't seem to make much of a difference.

The bottom line is, any pot is better than no pot. If you're not getting at least 6 to 8 hours of sleep per night because you can't fall asleep, stay asleep, or because you're waking up too early, then cannabis may very well give you the good night's rest that has been eluding you. You shouldn't have to die trying to get to sleep.

Lanny Swerdlow, RN hosts Marijuana Compassion & Common Sense – the Radio Showevery Monday at 6 p.m. on Inland Empire radio station KCAA 1050AM and simulcast at www.kcaaradio.com. He can be reached at 760-799-2055 and at lanny@marijuananews.org.

Paul Armentano: *Proposition 19 and the Medical Patient*

Mark Pedersen

October 13, 2010

Paul: I have been involved in marijuana law reform for the better part of twenty years. This issue was important to me at a very young age because I always felt… Before I ever really understood this issue in depth, I just had a core belief that in a free country, or at least in a country that proposes to be a free country, it is arbitrary or inappropriate for the state to decide which substances that one can put in their body in the privacy of one's own home.

Here we have a case where government has drawn this arbitrary line where they've said, "These are OK. These are not OK. And in fact, these substances are so not OK in our opinion that we will bring the full force and power of the state to target you, to prosecute you, and to incarcerate you for what you put in your own body."

In the case of marijuana, this is so egregious because we know that whether a person is using marijuana recreationally, they are using a substance that is definitely safer than alcohol. Or if a person is using marijuana therapeutically, we know that we're talking about stigmatizing or targeting somebody who's using a substance that is less toxic, has no risk of overdose, and has less adverse affect on behavior than virtually all conventional medications.

Paul: It's really a criminal act, this failed public policy. We all have an obligation when we're aware of such injustice to speak out against it and do what we can do to try to change it.

Mark: How do you feel about Proposition 19?

Paul: Well, full disclosure, I am a Co-Chair of one of the steering committees for Prop. 19, so I'm certainly more than an objective outsider.

I think that Prop. 19 has a real legitimate chance.

Paul: I think it is hard to win initiatives in midterm elections, and of course, Prop. 19 will go to vote in a midterm election. Prop. 19 will go to the vote in a midterm election where there is certain voter sentiment that, I believe, punishes much of the establishment and brings out potentially a more socially conservative voter. That's going to make it difficult for Prop. 19.

The great thing about marijuana law reform is that it appeals across all party lines and all social dynamics. When you see the Coalitions that are supporting Prop. 19 now, whether its California NAACP, or the California Council of Churches which represents 1.5 million members in California, or whether we're talking about SEIU, the largest union in California, 750,000 members, or the ACLU. We're talking about divergent organizations. We could be talking about Firedoglake, FDL, who has come out in support of Prop. 19.

You couldn't get these groups to agree politically on much of anything , but they all believe that it's time to legalize marijuana for adults in California.

There have been other successful marijuana law reforms that have passed via state initiative, but we have never seen this sort of broad based campaign like we have seen Prop. 19. Any campaign that can unite on the same page the SEIU, representing 750,000 households in California, or the California NAACP, or the California Council of Churches representing 1.5 million members or Firedoglake - all of these groups have come out and said, "We endorse Prop. 19 and we're going to use our resources to encourage our constituency; our membership base to also support Proposition 19."

That is why we're seeing the support in the polls; that's why we're seeing the lack of organized opposition, and that is why ultimately, whether or not this passes in November, we have built the base to ultimately lead for success in either 2012 or a following election.

There has never been the kind of coalition building that we're seeing today. And that is going to benefit this issue long after November 2nd. So I am thrilled to be a part of this campaign. I think it's historic, and I think we have the opportunity to change the entire debate, not just in California, but nationally on November 2nd. If enough people vote yes on Prop. 19 and say once and for all that the adult use of marijuana, in the privacy of one's own home is legal, lawful behavior, that is going to send ramifications, not just in this country but around the world.

There are governments across the globe that have said that if California legalizes marijuana on November 2nd, "We are going to consider legalizing in our country."

That's what's at stake with Prop. 19 and I think we have a unique opportunity this year to make it happen.

Mark: OK. Tell me, though, about the issues that seem to be causing some division within the cannabis community.

Paul: Sure.

Mark: I have not had the opportunity to really look at it the way I would like to be able to. All I hear is the rhetoric on one side or on the other side. I hear discussions like that Proposition 19 is going to hurt the medical cannabis movement and you know, that is an important issue for me.

Paul: Sure. Of course.

Mark: They say that it's going to turn back time in regard to Prop. 215.

Paul: Yes.

Mark: I hear something in regard to growth space.

Paul: Yes. Yes.

Mark: Twenty-five square feet, which is a pretty small area. That's five by five. And the thought of somebody growing in that space recreationally is one thing, but patients?

Most of the patients that I have interviewed consume between a quarter and a half an ounce per week. That's, you know, two ounces per month. It's just cost prohibitive for most people on a very limited income, right out of the gate.

People who are, perhaps, on Disability…maybe they only have an income of $900 a month and the aspect of having to spend upwards of $800—at the current pricing regarding cannabis, which includes California—even though it's legal medically, the price of cannabis has not fallen.

Paul: Sure. Right.

Mark: …which is a major concern for most people who are medical patients.

Paul: So, let's talk about that. You bring up some concerns that many in the cannabis community share. I want to address those as carefully as I can.

Proposition 19 takes currently illicit behavior and it makes some of those behaviors legal and it leaves other behaviors…they remain illegal.

The medical use of marijuana in California; the use of marijuana under a doctor's recommendation, as you know, is legal behavior. Thus, this behavior is unaltered by Prop. 19 because Prop 19 is specific to addressing currently illicit behavior. With that respect, Proposition 19 is impacting non-medical users of marijuana which under the law right now in California are not allowed to grow a single marijuana plant. It's a felony in California.

If they possess up to an ounce of marijuana, in the privacy of their own home, that is a criminal misdemeanor. That means that they have to make an appearance in court, they will pay a fine, and they will have a criminal record for two years, unless they go into an alternative divergent treatment program.

So that's the state of the law for non-medical users.

Medical users, of course, in California have a whole litany

of protection under Proposition 215 and under Senate Bill 420. Those protections include possession of marijuana and growing marijuana at limits that are much greater, as you pointed out, than the limits that would be set under Prop. 19. However, the limits set under Prop. 19 would be only for non-medical users. The intent of Prop. 19 is not to in any way infringe on the existing protections that medical users have right now. The focus of this law is to take these illicit behaviors that right now affect non-medical people and allows for some of those behaviors to be legal.

What would be legal? If you were an adult over the age of 21, and not a medical user, you would be able to possess up to one ounce of marijuana on your person. That would be lawful activity.

There would be no intervention from law enforcement. Marijuana would no longer be considered contraband. Law enforcement would not seize it. There would be no ticket. There would be no fine. This would be legal behavior.

The cultivation of marijuana in one's own private space; a twenty-five foot square garden, would also be legal under the law.

Now if a person harvests more than an ounce of marijuana from that garden, as logically they would, they would be able to possess that total amount of marijuana as well. That would be legal under Prop. 19.

This would be a mandate across the state. Law enforcement would have to abide by this mandate. Whether you're in Ukiah or in San Diego. If you're an adult over 21, you can possess and grow limited amounts of marijuana and that would be lawful behavior.

The possession of larger amounts of marijuana or growing larger amounts of marijuana - if you're not a patient, would still be considered illicit behavior because, as I said, Prop. 19 is about taking currently illegal behavior and making some of those behaviors legal but keeping some of those behaviors still illegal.

This is going before the voters. This has to be something that the majority of the voters would be willing to accept. And the majority of voters said "…we will accept the adult legal use of marijuana for non-medical purposes, but it has to be within limits; there have to be controls. "

"We understand that legal commodities are regulated, they're taxed, and there's controls and if we want marijuana to be legal for adults for non-medical purposes, we want assurances that there's also going to be common sense controls and regulations."

These were the controls that the voters said they wanted, but to repeat, for medical patients, this is not going to affect them at all. These impositions are only targeting non-medical users.

We know that there are 3.3 million Californians right now who are using marijuana; who are not patients. They do not have a doctor's recommendation. That's why we have 80,000 arrests in California every year. Most of those are for simple possession because there is such a large community that does not define themselves as patients and the law doesn't see them as patients. Prop. 19 is meant to protect those individuals from arrest and from legal harassment.

> [W]hether non-medical users want to admit it or not, they are paying an exorbitant tax when they buy marijuana. They're paying prohibition tax. Marijuana should not be four hundred dollars or five hundred dollars an ounce. It is because there is a risk premium attached to it.

Paul: Now, Proposition 19 also proposes that certain communities, if they wish to, can enact regulations to allow for the private, commercial production and distribution of marijuana. In essence, allowing communities to pass regulations to allow for the production and retail sales of marijuana to adults over the age of 21.

This is an opt-in. Local governments don't have to do this. I would imagine that right out of the gate many won't do it, but some governments probably will and this will allow those governments and California as a whole to finally come to terms and say, "Look, we made marijuana illegal in 1913, but right now, one out of ten Californians say they use marijuana recreationally. Let's address that market; lets control it. Let's control who is producing the marijuana. Let's control who is selling the marijuana. Let's have common sense impositions regarding age on who can purchase marijuana and where they can use marijuana."

But once again, these regulations will only apply to non-medical users and it will be up to the jurisdictions of your local communities, so there will be local input.

I think the regulations will not be universal from town to town. Nor in my mind, should they be. They should reflect the wants and needs and morays of that local community

just like the medical marijuana dispensary system right now works in California.

There are some towns that allow for dispensaries . There are other towns that don't. Most of the time, towns that allow for dispensaries are those where the local community has worked most closely with local politicians that have said that this is what we want to do; this is what we think would be best for the community. In those incidents, you have dispensaries, but one thing I would add. The dispensary system as it is now in California is not legal by statute. It is only legal base on local regulations. The same thing Proposition 19 is proposing for non-medical distribution and production of marijuana.

There is nothing in Proposition 215 or Senate Bill 420 that allowed for the retail, over-the-counter sale of marijuana for medical purposes. The only guidance for dispensaries comes from Attorney General Jerry Brown's guidelines.

We're going to have a new Attorney General come November 2nd in California. It could be Steven Cooley, who has said that, in his legal opinion, all dispensaries… Any dispensary in California where there are cash transactions taking place is illegal and he intends on closing them down.

The Governor of California may very well be Meg Whitman come November 2nd. She says marijuana, in her mind, is public enemy number one.

It makes no sense for the medical cannabis community to be divided over Prop. 19 when we all have the same enemies here. And that's Meg Whitman and Steven Cooley who intend to change the medical marijuana landscape in California dramatically when they get into office.

I would argue that we are all better off with Prop. 19 passing which will allow for the legal, lawful use of marijuana by everybody in limited amounts and allow for the retail sale and distribution of marijuana legally, by statute, in communities that wish to do so and there would be nothing that Meg Whitman or Steve Cooley could do to undermine those freedoms if they are passed into law.

So I hope that addresses several of the questions that you asked.

Mark: It really does, but I have a couple of other things that I did want to ask you that have been coming up.

Something that has always been an issue with me is the whole idea about taxation of cannabis. Taxing cannabis, for someone like myself who is actually a patient, seems absurd. Taxation, period, for something being used as medicine… You don't tax medicine now. Why do we want to impose additional taxation on something… Why do we want to treat cannabis like alcohol when the tax that's placed on alcohol is a sin tax? Cannabis is not a sin so why do want to impose a sin tax on cannabis?

Paul: The short answer is, we're not. Once again, Proposition 19 regulation applies to non-medical users. They don't apply to medical users.

The taxation that's talked about under Prop. 19… First, we're referring to retail sales tax. No different than if purchasing any commodity in California .

You pay a retail sales tax, even when purchasing medical marijuana. In communities that allow that. So, when we talk about taxation, we're talking about retail sales tax.

You're also concerned about an excise tax, an additional tax that could be imposed on the private commercial producer.

There is nothing in Prop. 19 that mandates that a community impose an excise tax.

Now the reason I think that people assume that there would be an excise tax imposed is because there was legislation pending in the California Assembly previously that did suggest an excise tax of $50 per ounce.

I think that a lot of people just assumed that Prop. 19 includes the same excise tax, but in fact, it doesn't. It leaves it up to the local communities to decide. Do you want to have an excise tax? Do you not want to have an excise tax? Once again, it's all about local control.

But of course, the medical community will most likely not be purchasing their medical marijuana from a retail outlet that provides marijuana to non-medical patients because if there was an excise tax imposed, it's only going to be imposed on the producers and sellers of marijuana for non-medical purposes.

Of course, for the patients right now who are growing their own marijuana, being compliant with California law, they can continue and they won't have to pay any tax. For that matter, under Prop. 19, the non-medical user who wishes to grow marijuana, if they grow it within the limitation of the five by five or twenty-five square foot space, they will not be paying a tax either.

Paul: A final point I would like to add to this is, right now, whether non-medical users want to admit it or not, they are paying an exorbitant tax when they buy marijuana. They're paying prohibition tax. Marijuana should not be four hundred dollars or five hundred dollars an ounce. It is because there is a risk premium attached to it.

The grower; the seller, all assume an extra layer of risk for fear of being arrested and that's what inflates the price. When that risk premium goes away, the price is naturally going to fall.

So right now we're all being taxed exorbitantly. It's just that the tax is going to an underground market. That is how I would address your question.

The medical user should not fear this tax. It's not going to affect them. The individual grower growing for non-medical purposes - the tax is not going to affect them. The tax is only going to affect the retail commercial distributor.

If there is a tax that's passed on to the consumer, it would only be passed onto the non-medical consumer who wishes to purchase their marijuana at a retail market in a retail establishment. And there is precedent for that. As you have said, there's taxes on alcohol, there's excise taxes on all sorts of commodities.

Go to the gas pump and put gas in your car. Guess what? You're paying a state tax, a Federal tax, and an excise tax on that commodity. Yet, we all still do it.

It's not a given that marijuana will even, necessarily, have such an excise tax imposed on it. It's not written into Prop. 19 that it should be the case. It could be the case. It might not be the case.

I would encourage people such as yourself; people who are very concerned about the issue of taxation and they fear over-taxation…if Prop. 19 were to pass…to get involved in your local government. Make sure when they're talking about ordinances and regulations and taxes for marijuana at the retail level, that you get regulations that make common sense; that reflect the culture of that community and that don't drive the cost so high on the commodity that it continues to foster a black market. Because we all want to get rid of that.

Mark: Thank you sir. Appreciate it.

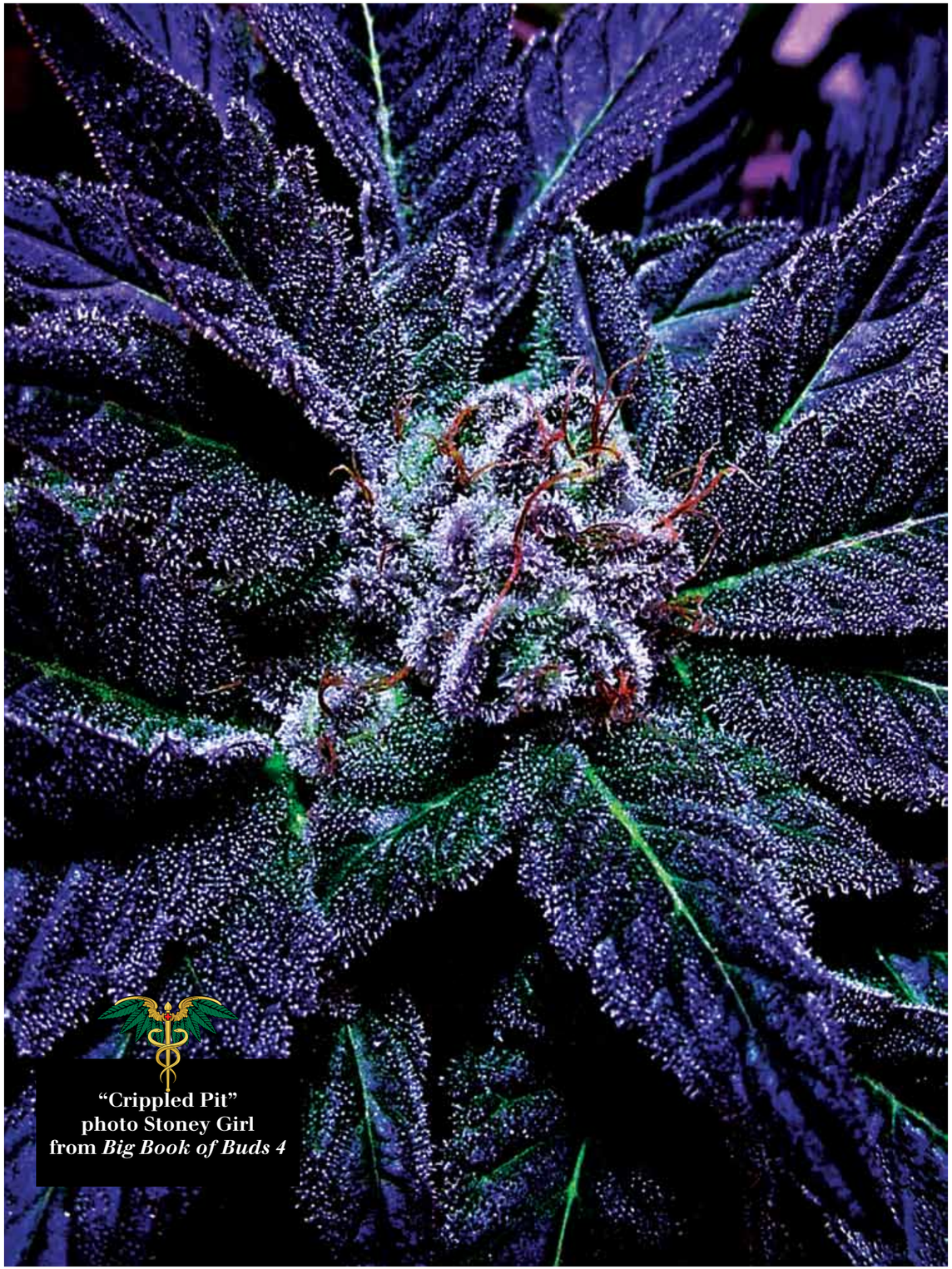
Paul: Thank you.

EPILOGUE

Proposition 19, California's proposed "Regulate, Control and Tax Cannabis Act of 2010" was narrowly defeated, 54% - 46% in the November 2010 statewide ballot.

If Prop. 19 would have passed, Californians over the age of 21 would have been able to possess and cultivate cannabis for personal, non-medical use in controlled amounts.

Though medical cannabis has been legal in California since 1996, it remains a Schedule 1 drug there according to their state law.



"Crippled Pit"
photo Stoney Girl
from *Big Book of Buds 4*

Why Legalization Alone Won't End the War on Drugs

By Eapen Thampy

This May, Paul Armentano, a prominent figure in the coalition to pass California's Proposition 19 (legalize and tax cannabis), wrote an essay conclusively titled "Only Marijuana Legalization Will End Shocking Police Raids Like the One in Columbia, Missouri."

Though we personally hoped that Proposition 19 would have passed, Paul Armentano's judgement proved too optimistic. The SWAT raids that have become as American as apple pie or Cracker Jack do not exist solely because our cannabis laws are cruel and inhumane. These SWAT raids exist as the tip of a hugely lucrative industry, and the militarization of our police would have continued regardless of whether or not California would have legalized cannabis.

It took a tremendous amount of effort and sacrifice for activists like Paul Armentano to get America to that historic moment, but cannabis legalization represents the opening skirmish, not the critical battle of the fight for America.

America is under attack. Our democracy has been stolen and co-opted by the law-enforcement industrial complex, the biggest opponent of cannabis legalization and of criminal justice system reform. This has happened because American law enforcement has become fundamentally corrupted by access to funding mechanisms like civil asset forfeiture, a property seizure process which was used to create a massive source of off-budget funding for the War on Drugs. This money, often taken from people who are never convicted of a crime, is retained by American law enforcement agencies who keep it for themselves, free of civilian oversight or legislative control.

This multibillion-dollar revenue stream is the money that purchases used military equipment (tanks, .50 caliber rifles, and full military assault gear), that is used as seed money for larger federal grants for more military equipment and surveillance technology, and that our police chiefs and sheriffs stash away in their private slush funds, enriching themselves off the labor of others from whom they wantonly steal.

Even when California legalizes cannabis, these laws will be used (are being used!) by the federal government to subvert the will of Californian voters by paying California's law enforcement to continue enforcement of the federal law. And California is one state out of 50.

The laws regulating cannabis are part of a larger body of federal and state criminal justice law that needs drastic re-evaluation and reform.

If we legalize cannabis in California and perhaps even in other states, a best case scenario may see the end of the use of paramilitary policing strategies for enforcement of cannabis laws. But it is more likely that we will just see the aims of law enforcement shift as they look for a new revenue stream. The SWAT teams will still exist, and their arbitrary use will continue to traumatize children, kill dogs, and brutalize non-violent citizens. Perhaps we will see the use of paramilitary police tactics to enforce compliance with the liquor laws,

> **This past October, New Haven Police raided a club frequented by Yale students. Alleged police brutality and rampant violations of civil rights were reported.** —*Yale Daily News, October 5, 2010*

or for the prostitution laws,

> **Also in October, Detroit police seized 70 vehicles parked near a club they raided, including one owned by a woman who was not attending the club. Even though no charges were filed, the owners of the cars are obligated to pay $900 to retrieve them from impound or face losing them under current state asset forfeiture laws.** —*The Detroit News, October 28, 2010*

And the tale of Donald Scott, the Californian millionaire shot dead in a SWAT raid initiated because the National Park Service wanted his ranch as an addition to a park,

> **California millionaire Donald Scott was shot to death during a questionable raid on his Malibu home on October 2, 1992. In 2000, the Federal Government agreed to pay $5 million in exchange for dropping a wrongful death lawsuit filed by Scott's family.** —*WorldNetDaily.com, January 23, 2000*

should give pause to those who fear the expansion of police powers to enforce the environmental laws.

It is perhaps most odious that these systemic violations of human rights are perpetrated by law enforcement agencies addicted to the forfeiture money at the heart of the Drug War, but the story is more nuanced. Our law enforcement agencies, from the local to the federal level, have realized that they can sustain and increase their funding through engaging in the political process. To this end, America's law enforcement unions form powerful political coalitions and deploy lobbyists to influence politicians to enact increasingly draconian criminal laws and enact more generous compensation arrangements year after year. Now America's municipalities, states, and the federal government all face colossal budgetary crises as unfunded pension obligations and wasteful government programs (especially the War on Drugs) confront the cold economic realities of the current recession.

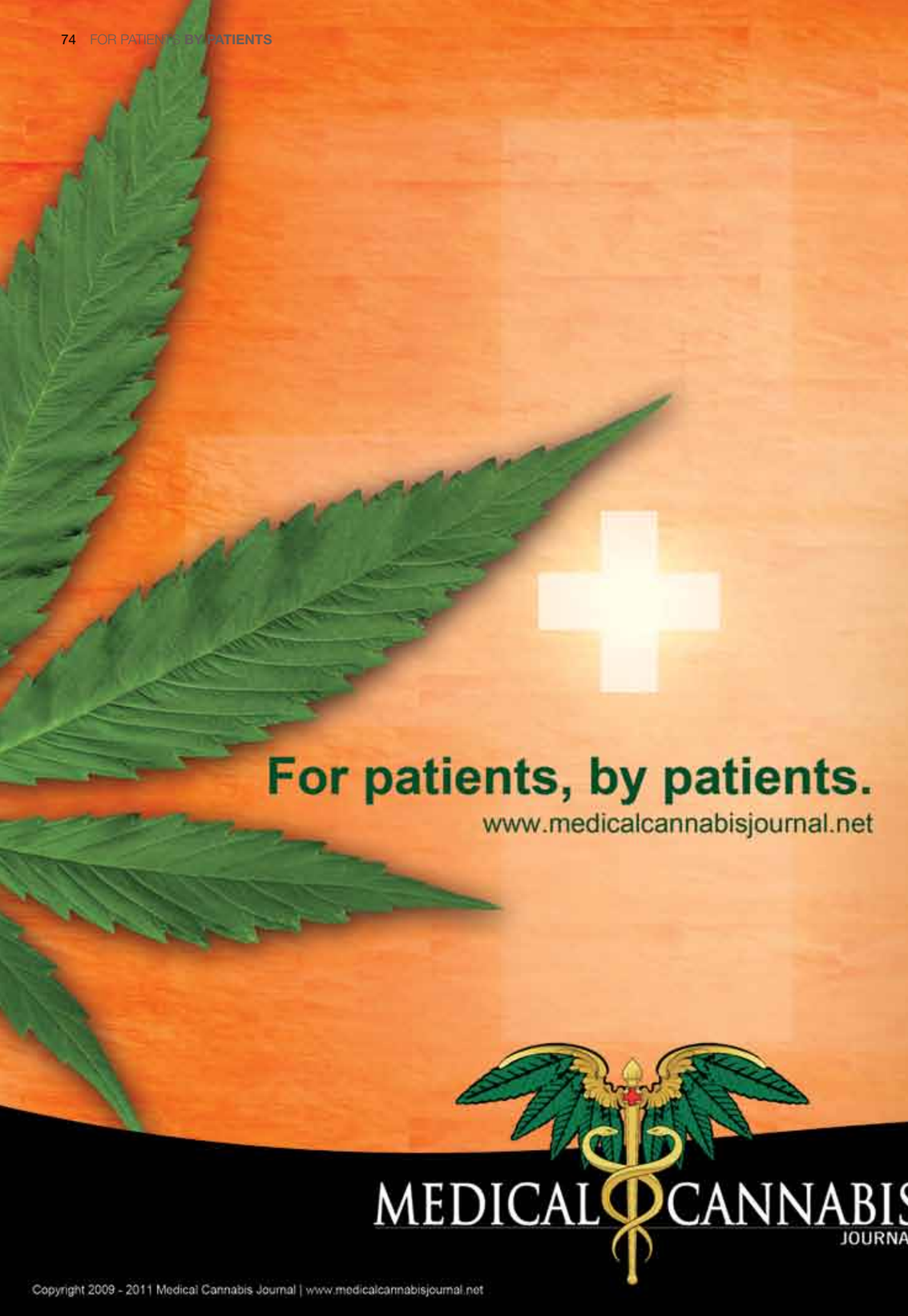
At its core, the cause of cannabis legalization is not about cannabis. For Californians, it is about the right of a free people to self-determination. For law enforcement, cannabis legalization is a threat to the industry that provides employment for prison guards, bail bondsmen, sheriffs, probation officers, scientists in the drug testing industry, prosecutors, criminal justice instructors, etc.

Law enforcement will not give up their vested interests without a struggle, and we must not let one battle blind us to the war.

For Americans, Proposition 19 provided a focal point for bringing back Constitutional, limited governance. It is vitally necessary for us to end the use of civil asset forfeiture laws and reaffirm the protections guaranteed by our Bill of Rights and most particularly the Fourth Amendment. It is vitally necessary for us to reaffirm the checks and balances on governments at all levels and end the ability of law enforcement agencies to become self-funding.

An America wracked by external foes and economic troubles may yet surmount great obstacles, but an America torn apart through the insanity of the Drug War and the corruption of our governance is one that is unlikely to survive unvanquished.

Eapen is a Policy Analyst for Americans for Forfeiture Reform, a non-profit research organization formed for the purpose of detailing the use and abuse of American forfeiture laws at the federal and state level.



Did You Realize...?

Things to Think about Regarding Medical Cannabis

By Ron Niehouse

- **Cannabis was cultivated in China for therapy (and recreation) over 4,700 years ago.**
- **More than 20 prescription medicines containing marijuana were sold in U.S. pharmacies at the turn of the 20th century. Cannabis-based medications were commonly available until 1942, when cannabis was stricken from the U.S. Pharmacopeia, the official compendium of drugs considered effective. From 1937 to 1942 the federal government collected a tax of $1 per ounce for such drugs.**
- **More than 20,000 studies on marijuana and its components have been published, according to the National Organization for the Reform of Marijuana Laws, an advocacy group. Of these, around 100 have looked into therapeutic value on human subjects.**
- **The federal government is in the cannabis-growing business. Under a federal contract, the University of Mississippi in Oxford cultivates marijuana for use by researchers, who have to be cleared by the National Institute on Drug Abuse.**
- **The plant has nearly 500 chemical compounds, more than 60 of which are called cannabinoids.**
- **Fifteen states and the District of Columbia have legalized medical marijuana: Alaska, Arizona, California, Colorado, Hawaii, Maine, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, and Washington. But patients in these states face federal prosecution for using it–or for growing or possessing pot for medical purposes.**
- **Federal law prohibits physicians from prescribing or otherwise actively supplying patients with the drug. But in 2002 the U.S. Supreme Court backed an appellate court ruling that physicians who discuss it with patients, or provide oral or written recommendations, are protected.**

Compassion In the State of Rhode Island

Ron Niehouse

Last year Rhode Island's Governor Donald L. Carcieri, vetoed the bill which would allow some non-profit compassion centers to open slowly and periodically throughout the State of Rhode Island. Luckily, the General Assembly had enough support in the house and senate to override the veto. Making history on June 16th, 2009 the 'Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act' was codified as H5359 Substitute A. paving the way for a few dispensaries to open in Rhode Island. These non-profit collectives will be labeled as "compassion centers."

The Rhode Island Department of Health has released the applications and regulations. This was followed by a public hearing in the beginning of 2010 for one license to be awarded that year. After that process is completed the whole cycle will start again for two additional licenses with a maximum of three by the end of 2011. The compassion centers will need to pay $250.00 to file for permission, if the application is accepted, the compassion centers will then need to pay $5,000 for licensing. Like the example set in Oakland, CA on Tuesday July 21st, 2009, voters applied a new tax on medical cannabis dispensaries entitled 'Measure F'.

These compassion centers could create much needed revenue for the State of Rhode Island while at the same time putting drug-dealers at a disadvantage.

Some common sense laws will be enforced along with this medical marijuana bill: 1) compassion centers must be 500 ft. from any school, 2) all centers must operate as a non-profit business, 3) adequate oversight and persistent record keeping procedures, 4) theft deterrent and alarm, 5) only residents of Rhode Island will reside on any board of directors, 6) may not dispense more than 2.5 ounces within a fifteen-day period.

In addition, compassion centers will be a limited to dispensing twelve plants or clones within the same period. Before the bill was enacted, the limit was 12 plants, regardless of growth.

However, Rhode Island is setting a wonderful example for other states on the east coast. States like New Jersey are quickly enacting medical cannabis programs of their own. Each medical cannabis victory, no matter where it may be is great news.

In the State of Rhode Island, the patient's futures are looking much brighter. No patient should be forced into breaking the law to obtain their medication.

Rhode Island's cannabis laws are a subject that Medical Cannabis Journal intends to continue covering, as new information unfolds.

If you would like to learn more about the medical marijuana laws or compassion centers in the State of Rhode Island, please visit this website: www.ripatients.org

The **Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act** is supported by:

RI Medical Society
RI Academy Of Family Physicians

medical marijuana in RI
RIPAC
Rhode Island Patient Advocacy Coalition
www.RIpatients.org

RI State Nurses Association
RI Council of Churches
RI Psychiatry Society
RI Health Center Association
RI Public Health Association
United Nurses and Allied Professionals
Leukemia and Lymphoma Society, RI chapter
Aids Care Ocean State
AIDS Project RI
Community H.I.V. / A.I.D.S. Mobilization Project
RI Affiliate, American Civil Liberties Union (RIACLU)
RI Office of Public Defender
Family Services of RI
National Association of Social Workers, RI chapter
Senior Agenda Coalition
Ocean State Action
Brown University
Brown University Medical School
Students for Sensible Drug Policy (SSDP)
Rhode Island Campaign of Informed Marijuana Policy
AIDS Care Ocean State
Rhode Island Patients and Caregivers support this bill and are endorsed by:
Providence Mayor David Cicilline
URI President Robert Carothers
Brown University
A.I.D.S. Program Director, Dr. David Lewis
RI Attorney General Patrick Lynch
Brown University Center for Alcohol and Addiction Studies, Founder Dr. David Lewis and Dr. Jody Rich

Resources:
Rhode Island Patients and Caregivers (RIPAC)
RIPATIENTS.org
RI Section 1, Title 21
RI Youth Radio
YouTube.com/search
Medical Marijuana in Rhode Island

"Purple Kush"
Denis Peron's Garden
photo by Ed Rosenthal

We need you....

Any magazine is only as good as the quality of its writing. It's not enough just to fill the pages. We decided early on that we would strive to make excellence and accuracy paramount virtues of MCJ.

We have a responsibility: to you, our readers, and to all those who came before us; to do the very best we can to educate both physician and patient alike; and to carry the truth about cannabis to every individual who seeks it out.

We need correspondents, from every part of the globe, wherever cannabis news is happening. We need first hand accounts, on the spot interviews, and political pulse takers.

For us, it's not enough just to convey what's on the AP. We want to hear it from the source. And we want to hear it from those impassioned as ourselves; fellow patients who understand the importance of this vital plant.

If you think you can meet our standards of quality and truthfulness, we would like to hear from you. You just might see your story in our pages.

Please, keep it original — no plagiarism. And keep it professional. Identify all your sources.

We want the MCJ to always be positive, thought-provoking and educating.

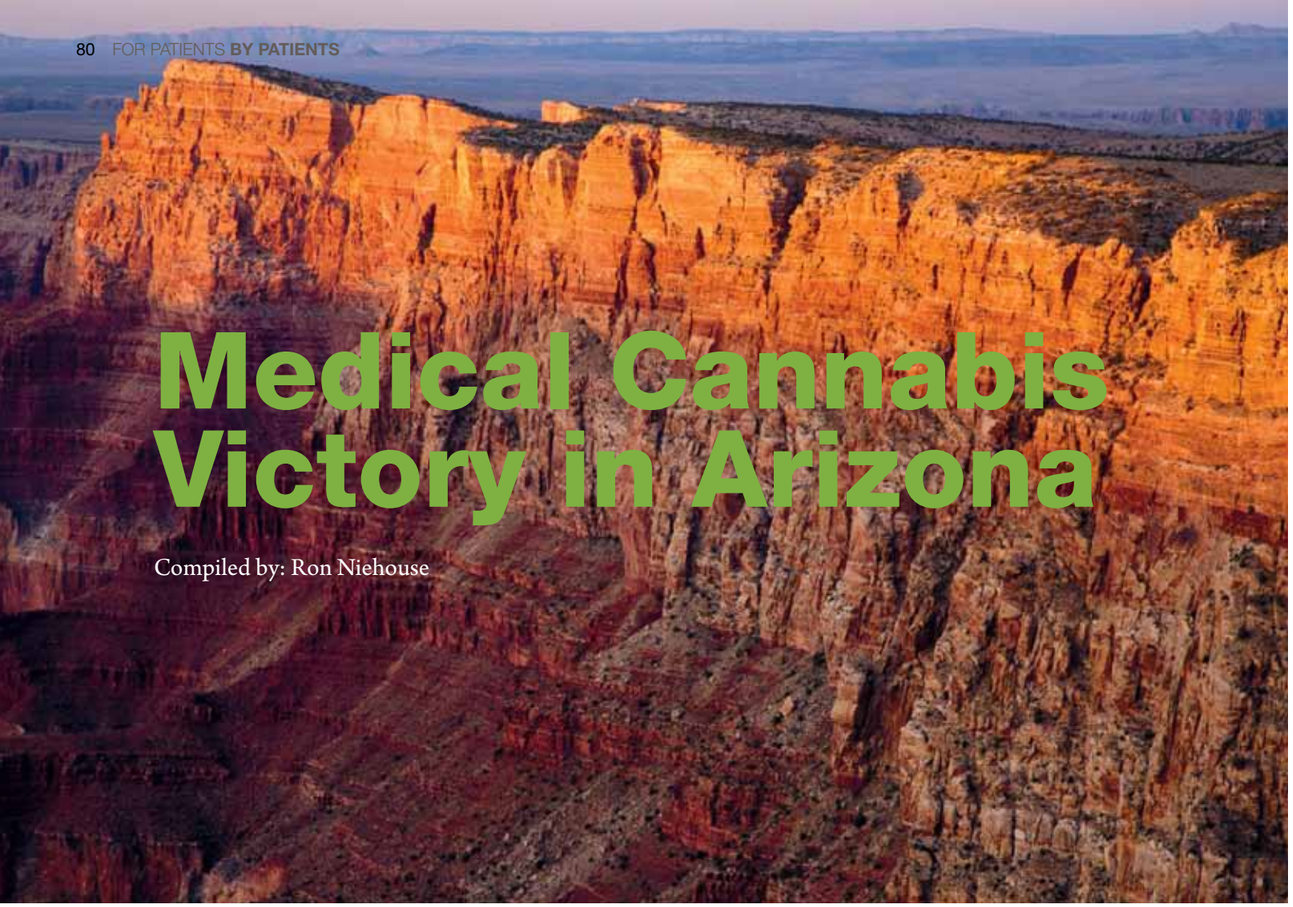
Medical Cannabis Journal, by patients, for patients. Together with the truth, we will make our world a better place.

Mark Pedersen
Editor, Medical Cannabis Journal
editor@medicalcannabisjournal.net

medicalcannabisjournal.net

For patients, by patients.

MEDICAL CANNABIS
JOURNAL



Medical Cannabis Victory in Arizona

Compiled by: Ron Niehouse

October 4, 2011

On Election Day, while the entire world was watching California and Prop.19, which would have made cannabis legal to buy and grow in the State of California, voters in Arizona were also off to the polls with cannabis in mind. This was the time, and democracy did prevail. Now the terminal and chronically ill will have a better option, more choices, and in many cases, a cure.

The Arizona Medical Marijuana Policy Project was the main sponsor of the measure. This makes the Grand Canyon State the 15th state to legalize the use of medical cannabis in the United States with the passage of this amendment.

Proponents of Prop. 203 feel it is a very good shift from many of the bills that have resulted in victories for states like California, Colorado and Oregon. From the usual zoning issues to "unlawful" law enforcement, let us hope it is as functional as it appears. It's almost impossible to anticipate all of the issues when state's rights are challenged.

What should Arizona's medical marijuana initiative do?

1) Allow terminally and seriously ill patients who find relief from cannabis to use it with their doctors' approval.

2) Protect seriously ill patients from arrest and prosecution for the simple act of taking their doctor-recommended medicine.

3) Permit qualifying patients or their caregivers to legally purchase their medicine from tightly regulated clinics, as they would any other medicine -- so they need not purchase it from the criminal market.

4) Permit qualifying patients or their caregivers to cultivate their own cannabis for medical use if a regulated medical cannabis clinic is not located within 25 miles of the patient.

5) Create registry identification cards so that law enforcement officials could easily tell who was a registered patient and establish penalties for false statements and fraudulent ID cards.

6) Allow patients and their caregivers who are arrested to discuss their medical use in court.

7) Maintain common sense restrictions on the medical use of cannabis, including prohibitions on public use of cannabis and driving under the influence.

Prop. 203 passed by a very narrow margin

Field polls claimed 66% of registered voters supported the bill. It appears many had decided not to vote as was the problem in California and Prop.19.

Those in the age group of 18-21 (in many cases) did not turn out to vote, according to election officials and Prop. 19 supporters. This seems to be a theme and seems to always be the case.

The measure will allow patients with diseases including Cancer, HIV/AIDS, Hepatitis C, and "any other chronic or debilitating disease, not excluding chronic pain, access to medical cannabis."

Guidelines will be in place to buy 2½ ounces of cannabis every two week.

As stated above, cultivation rights are only available to those who reside more than 25 miles from a collective. This seems like a possible issue to many patients who may not be able to afford the currently inflated price of cannabis.

Arizona and the history of medical cannabis

Arizona was on one of the first states to pass a Bill legalizing medical cannabis back 1996. Proposition 200 would have softened sentences for non-violent drug offenders and would have permitted doctors to "prescribe" cannabis. Although Prop 200 won at the polls, the Arizona

State Legislature overturned is based on the fact that the Drug Enforcement Administration prohibits physicians from "prescribing" cannabis.

Ensuring the Development of Good Rules

One of the top priorities during the implementation of the Arizona Medical Marijuana Act in the coming months is to ensure good rules are developed, otherwise known as (Administrative Code) so medical marijuana can be regulated effectively. Rules that are clear, objective, well-researched, and that balance competing interests are absolutely critical in order to effectively implement a responsible medical cannabis program.

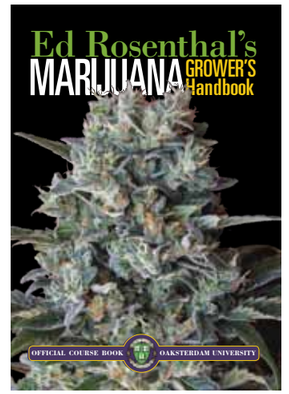
One goal is to develop rules that will ensure qualified patients have access to marijuana for their medical condition while preventing (to the extent possible) recreational cannabis users from accessing it illegally through the Act's provisions.

In addition, the rules should ensure that marijuana dispensaries act responsibly and have adequate security and inventory controls.

We will be following this issue closely. We hope for the very best for Arizona and its many medical cannabis patients.

Resources:
http://justsaynow.firedoglake.com/2010/11/14/arizona-passes-prop-203-for-medical-marijuana/
http://stoparrestingpatients.org/home/
http://ballotpedia.org/wiki/index.php/Arizona_Medical_Marijuana_Question,_Proposition_203,_2010
http://www.phoenixnewtimes.com/2010-10-21/news/arizona-s-prop-203-medical-marijuana-act-puts-the-chronic-in-chronic-pain/
http://www.azdhs.gov/prop203/
http://www.mpp.org/states/arizona/
stoparrestingpatients.org

PREPARING THE *garden* SPACE



This article is adapted from Ed Rosenthal's new ***Marijuana Grower's Handbook,*** which covers the newest cultivation techniques and information about the plant—and is the definitive indoor/outdoor grow guide.

No matter how large or small the garden, all of the plants' needs must be met. Although techniques for delivering them may vary with garden size, the needs remain the same. The gardener's duty is to provide his/her dependents with Light, Water, Carbon dioxide (CO_2) Nutrients, Temperature and Humidity.

Usually with an indoor garden, water and nutrients are amply provided. Providing optimum light, CO_2 and satisfactory temperature and humidity, however, can be a more daunting task.

STARTING THE TINY GARDEN

You may want to grow but think that you just have no space. However, even a tiny space such as a small closet, shelf, armoire or portable container can be converted into a garden.

As an example we will describe the conversion of a closet to a grow space. The closet has an area of 40 x 22 inches and is 80 inches high, divided into an upper and lower space. Each level is 880 In.^{2}; divided by 144 (ft.^{2}), it equals about 6 ft.^{2}. We are using only the lower shelf right now — with plans to use the upper shelf for an LED experiment in the near future.

If the space were to be run at a high temperature (80° F+) and enriched with CO_2, it would be able to use the brightest light — 60 watts per ft.2. We are going to run this garden space at a lower temperature. CO_2 will be supplied by exchange with the room air. Under these circumstances the plants would not be able to use 60 watts per ft.2., only about 45-50. Both temperature and more importantly CO_2 are the limiting factors; a 400W air or water-cooled HPS lamp would not be a good lighting source — it would be overkill.

The garden temperature will stay in the mid to high 70's and the CO_2 will be kept close to atmospheric levels of about 380 ppm, with some CO_2 supplementation using

1 Empty closet with two shelves. 2 Plastic tarp is used to protect the floor. Reflective material is taped to the walls.

4 Lights are installed using metal clamps attached to the closet hanger rod. We used three 55-Watt Soft White CFLs, a 2-Watt CFL, a 20-Watt Warm White CFL, a 30-Watt circular fluorescent, a 14-Watt 2-1 red to blue light square LED panel, two 15-Watt all blue LED spots, a 15-watt 2-1 red to blue LED spot, a 15-Watt White LED spot.

5 The Green Pad is a cloth that is activated by humidity. Hang the pad up and occasionally mist it. The water reacts with the chemicals integrated into the cloth to release CO_2. New pads are indicated weekly.

6 The tray, a 34” x 17” under-bed plastic tray was placed on the floor of the closet. Six 3-gallon containers filled using a total of 1.5 cubic feet of enriched planting mix were placed in the tray.

"Green Pads." Height is also a limitation to be taken into account.

Instead, the garden is lit using a combination of lights including:

- One 14-watt LED square panel that uses 1 blue bulb for every red one;
- Three 15-watt LED blue spotlights;
- One 15-watt LED 2 to 1 red/blue spotlight;
- One 24-watt cool white compact fluorescent (CFL) mounted in a modified bowl reflector;
- One 20-watt cool white CFL mounted in a modified bowl reflector;
- One 30-watt cool white circle fluorescent with a homemade aluminum reflector;
- Two 80-watt cool white CFL with home-made aluminum foil reflectors.

For the bottom shelf, the gardener decided to use some gift LEDs lights, as well as CFLs he had lying around. The LEDs have a total of 74 watts but 45 of them are all blue — we have no idea how effective they'll be.

The smaller fluorescents also total 74 watts. The two 80-watt CFL's were purchased at the local hardware store. The total watts being used is 308 watts and the light output is estimated to be about 18,500 lumens from the fluorescents. The amount of useable light produced by the LEDs is unknown.

STEPS TO CLOSET CONVERSION

1. Line the floor with water impervious plastic liner.
2. Line the sides of the garden including the inside of the door with reflective material.
3. Install the lights. The lights are attached to the hanger pole using light clamps. There is no contact between wood and electric current.
4. Plug the lights into a surge protector that is plugged into a light timer. Install a negative ion generator to eliminate plant odors.
5. A "Green Pad" Carbon Dioxide Generator is hung to provide CO_2.
6. Place trays in the bottom on the floor.

7 The plastic was removed from the clones in rockw ool and they were placed in the moistened planting mix.
8 Soil was placed arounxd them.
9 Close-up of clone. It apparently did not have a happy early life. We will see how it adjusts to a better environment.

The garden space is complete.

7. Transplant clones to larger containers. Soil is being used.
8. Place containers in trays. Turn on lights. Wait 70-75 days to harvest.

The lights will be kept on for about two weeks, until the clones grow up and fill the space. Then the lights will be turned down to 12 hours on, 12 hours off.

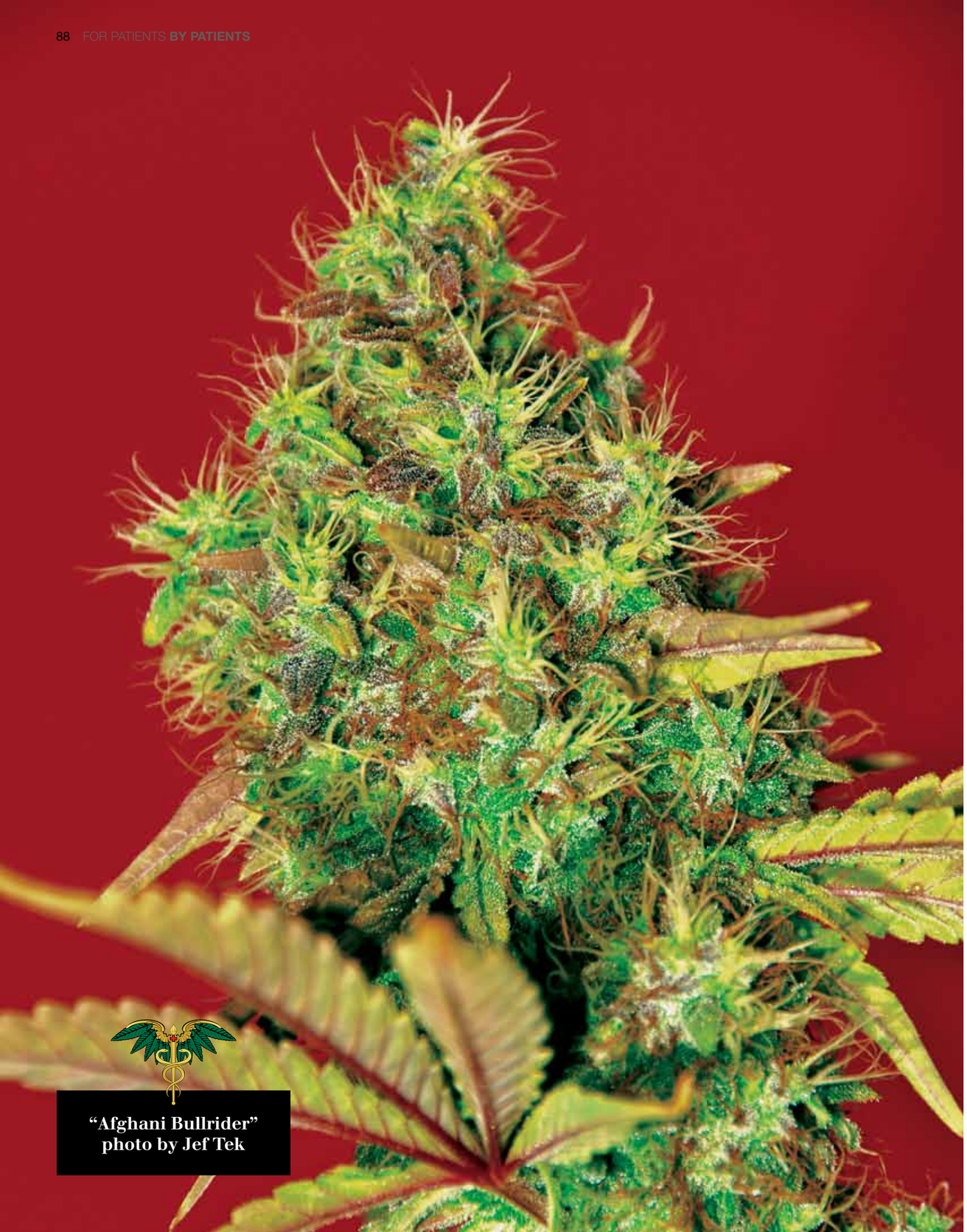
The planting mix is Humboldt Flower Products Basement Gold, SoilLess Coco. The ingredients include coco fiber and chips, perlite, lava rock, earthworm castings, composted chicken manure, fishbone meal, bat guano, kelp meal, silica, alfalfa meal, and humic acid derived from leonardite; it was used with no modifications.

The plants are being fertilized using General Hydro organic mix. When they are forced to flower the plants will receive the flowering mix.

The plants being grown are J27, a popular variety in the San Francisco Bay Area. It usually puts on a little length, but the gardener hopes that by using the extra blue light the internodes will shorten. J27 looks like an intermediate hybrid, but it has a relaxing social indica high without the drowsiness often caused by the sweet smelling terpene, terpeneol.

I suspect there is little terpeneol in the J27, but that there are high amounts of pinene, which gives it a pungent skunky odor, and limonene, which provides the slight citrus overlay. The plant is a moderate to high yielder, but will do well under moderate light.

The garden is set up, the lights are on, and the plants are growing.



"Afghani Bullrider"
photo by Jef Tek

Walmart Fires Associate Of Year, Cancer Patient, for Medical Marijuana

By Steve Elliott

Despite medical marijuana being legal in Michigan, Walmart has fired a cancer patient and former employee of the year who tested positive for the drug, which was recommended by his doctor.

"I was terminated because I failed a drug screening," ex-Walmart employee Joseph Casias told WZZM-13 (West Michigan).

In 2008, Casias was Associate of the Year at the Walmart store in Battle Creek, Michigan, despite suffering from sinus cancer and an inoperable brain tumor.

At his doctor's recommendation, Casias legally uses medical marijuana to ease his pain.

"It helps tremendously," Casias said. "I only use it to stop the pain. To make me feel more comfortable and active as a person."

> "I gave them everything," he said. "One hundred and ten percent every day. Anything they asked me to do, I did. More than they asked me to do. Twelve to 14 hours a day."

Casias said he went to work every day during his five years at Walmart. "I gave them everything," he said. "One hundred and ten percent every day. Anything they asked me to do, I did. More than they asked me to do. Twelve to 14 hours a day."

Then Casias sprained his knee at work last November.

During the routine drug screening that follows all workplace injuries, marijuana was detected in his system.

Casias showed Walmart managers his Michigan medical marijuana card, but was fired anyway.

"I was told they do not accept or honor my medical marijuana card," Casias said.

Casias said he never smoked marijuana before going to work. "No, I never came to work under the influence, ever," he said. "I don't think it's fair that because I have a medical condition, I can't work and provide for my family."

"In states such as Michigan, where prescriptions for marijuana can be obtained, an employer can still enforce a policy that requires termination of employment following a positive drug screen," said Walmart spokesman Greg Rossiter from company headquarters.

"We believe our policy complies with the law, and we support decisions based on the policy," Rossiter said.

Casias has been collecting unemployment compensation since getting sacked in November, but this week he was notified since Walmart is now even challenging his eligibility for benefits.

"It's not fair," he said.

I know I won't be shopping at Walmart anytime soon. Who's with me?

At the time we printed this article, this is only one of many patients who have had their case elevated to a federal level. We will be watching Michigan as it proceeds with these cases and report back on them in future Medical Cannabis Journal articles.

This article was originally printed by Treating Yourself "The Alternative Medicine Journal," Issue #22.

SPEAKING OUT
FOR MEDICAL MARIJUANA

Bradley Douchet

The picture above of Eleanor and her husband was taken in Napa County, Northern California. The picture of the Canadian Medical Cannabis container was taken at the Treating Yourself Medical Marijuana and Hemp Expo. Medical Cannabis Journal was lucky enough to sit down and chat with her at that time.

Eleanor Podmore is a 56-year-old mother of two. She and her husband live in a nice, split-level home in a professional neighbourhood in Ajax, a suburb of Toronto.

Her husband has a good job working in the insurance industry. She used to work for a major energy company as a manager for corporate locations and franchises for the province of Ontario.

But five years ago, Eleanor came down with a severe case of sciatica, a painful and debilitating medical condition. She could barely move, much less keep working at a job that required a lot of driving.

"My whole left side just shut right down," She says. "I couldn't drive anymore. It got so bad that I couldn't bend enough to get in the car to drive."

Marijuana has helped Eleanor in her difficult and ongoing struggle to reclaim her lost mobility. It has helped her in her struggle to get her life back.

Now, she's speaking out in order to let other chronic pain sufferers know what she knows. She hopes that if people like her, credible people, raise their voices, marijuana will start to get the respect it deserves as medicine.

Not that Eleanor just sits around toking up all day. She still uses a whole battery of more typical pain medications, muscle relaxants, and sleeping pills. She also includes swimming, ballet exercises, chiropractic treatments, and massage therapy as part of her regimen in an effort to reverse the loss of mobility she experienced.

Thanks to her hard work, Eleanor figures she has regained three quarters of the mobility she lost. But it's been painful every step of the way.

What marijuana has allowed her to do is stabilize her other medication. People in similar situations tend to up their dosages as the pills they take become less and less effective over time. For the last three and a half years, Eleanor has not increased the dosage of any of the other medications she uses. Her liver will thank her later.

BABY BOOMERS IN PAIN

Chronic pain, Eleanor points out, is becoming more of a serious issue now that baby boomers like her are starting to age.

"We plan on living a while," she says. "But I don't want to be in pain for the next 30 years."

> I started hearing about cancer patients who were dying while they waited for their ATP Cards, and that really upset me.

Whereas people used to be in pain for the last couple of years of their lives, modern medicine has made it possible to live for decades with many conditions.

"This isn't going to kill me," Eleanor says of her sciatica. "I'm not dying. I just feel like I want to some days."

Eleanor maintains that marijuana is better at relaxing her muscles and easing her pain than all of her other medications combined. She is even hoping to wean herself off of all her pills by year's end. And she hopes other people her age with similar conditions get the message.

"I'm really hoping a lot of chronic pain sufferers get on the phone to their doctor and ask to see a pain specialist, because they are going to be so much happier." She says. "Marijuana works for chronic pain. It's not a ruse. I want to shout it from the rooftops, to middle-agers. 'Hey, baby boomers! Remember dope? Good old dope? Guess what? We need it now.'"

Most people her age, though, don't know it, because their doctors aren't telling them. "Do you know how many people there are in their 50s and 60s and 70s whose medicine cabinets look like mine?" Eleanor asks, displaying her many bottles of pills, from OxyContin to Apo-Diazepam; from Toradol to Tylenol 3s.

As more and more people start to experience the benefits of medical marijuana, governments will have to loosen their grip. "It's going to come from my age group," Eleanor says. "We all did it when we were young, and then we all grew up and went on with our lives. Now we're back and we actually do need it medicinally."

"People aren't listening to 18-year-olds," She adds, "but people will start listening when there are older people calling for the legalization of marijuana.

LEGALLY STONED

Medical marijuana has been legal in Canada since 2001, but that doesn't mean legal marijuana is easy to get. First of all, you need an ATP (Authorization to Possess) Card from Health Canada, and to get one of those, you need a recommendation from a doctor. Not just any doctor, either; it has to be a specialist.

When Eleanor started supplementing her medication with marijuana three and a half years ago, with her GP's informal blessing, she did so without getting official permission from the government.

She was uncomfortable knowing that she was technically breaking the law. "It was awkward going through this while raising teenagers who we're trying to teach to be law-abiding citizens." She confesses. "…except this law. We're going to ignore this law."

The family was basically living in hiding, not telling friends, relatives, or colleagues. It never really felt right. Finally they decided to go through the arduous process of making it legal.

It took Eleanor nine months to get her application processed. "Nine months!" She repeats. "I could have had a baby!" She still can't quite believe how long she had to wait. "Have they got one person working in the office for the whole country?" She asked her doctor. "And is he stoned all the time?"

> I think it might help other people in my age group to know there's a different alternative for them.

Her doctor was furious that it was taking so long. "As far as he was concerned, he had written me a prescription for pain medication, something he believed in and something he knew was better than all of that." Eleanor says, pointing to her pile of pills.

"With any other prescription, I could have taken it to 'Shoppers' and I would have had it within the hour."

Eleanor is lucky. She was never arrested for smoking dope as a young adult. "I jumped through every hoop they threw me to jump through to get this card." She says. "And the only reason I got it is because I have no record. I'm clean as a whistle. If I had been busted when I was younger, I wouldn't have gotten it."

She thinks this is ridiculous. "From what I've heard, anybody who's been busted before can't get a card now. Well, how many people is that?"

As of June 5, 2009, only 4,029 Canadians held ATP Cards. [*See http://www.hc-sc.gc.ca/dhp-mps/marihuana/stat/_2009/june-juin-eng.php*]

"How long have we been promoting ourselves as a medical marijuana country?" Eleanor asks. "For the past decade, we've been going around the world saying, 'We're ahead of the game. We're enlightened. Well, there's a lot more than 4,000 sick people in this country."

Of course, if it takes nine months to process an application, it's little wonder so few cards have been issued.

A MOTHER'S FIRST PROTEST

On March 31, police raided the Toronto compassion club "Cannabis As Living Medicine" (C.A.L.M.).

Although medical marijuana is legal in Canada, and C.A.L.M. has been in existence for 14 years, compassion clubs do not follow the letter of the law. In fact, they can't, since according to Health Canada "*…**holders of a production licence can produce marihuana for a maximum of two individuals**,*" and "*…**the maximum number of production licences at one site is four**.*" [*see http://www.hc-sc.gc.ca/ahc-asc/media/ftr-ati/_2010/2010_94-eng.php*]

Eleanor was incensed by the raid, so she went to her first protest. "I spent most of the day talking to the police, because they were on the sunny side of the street where it was warm." She recalls. Needless to say, she and her husband stuck out like a couple of sore thumbs.

It was at that protest that Eleanor started to get a little bit more informed about compassion clubs and the work they did. "I started hearing about cancer patients who were dying while they waited for their ATP Cards, and that really upset me."

In addition to pain relief and muscle relaxation, marijuana famously gives people the munchies, which is incredibly beneficial for cancer patients feeling nauseous from chemotherapy.

Eleanor was also very upset when she learned that Canadian marijuana activist Marc Emery had been extradited to the United States. "I think both governments look really bad." She says. "What a bunch of wimps. I'm disgusted with both of them."

President Obama, she thinks, must have forgotten that he once smoked marijuana. "In fact," She says, waving her arm to encompass the upstanding citizens who populate her neighbourhood, "they've all forgotten. And that's the problem."

Some days after attending the protest, Eleanor was sitting in a park near her home when she realized that if she pulled out a joint right then and there, all the women around her would immediately begin gathering up their children. "I thought, 'Oh, that's just all wrong.' I could take out any one of my pills and no one would think twice. There really is a perception problem."

> People aren't listening to 18-year-olds … but people will start listening when it's older people calling for the legalization of marijuana.

As she sat on that park bench that day, Eleanor decided she needed to speak out. "I'm not Martin Luther King," She says, laughing. "I'm not Mark Emery either. I don't want to go to jail. That's not who I am. But I think it might help other people in my age group to know there's a different alternative for them."

JUST TAX IT

Another angle Eleanor thinks should resonate with people her age is the prospect of taxing marijuana. The Canadian pot industry is huge. "Where's the government's cut?" She asks. "We should be taxing this."

Young people might not care much one way or another, not having paid a lot of taxes yet. "But middle aged people get the fact that they've been paying taxes for a while now, and there's a product out there bigger than prairie wheat, and we're not taxing it? We're letting how many billions go every year?"

Indeed, instead of reaping a tax windfall, governments spend millions of dollars every year trying in vain to stamp out the whole industry, and millions more keeping otherwise law-abiding pot-users in jail. Legalization would put an end to all of that waste.

Having seen the issue from both sides now, the only problem Eleanor sees with marijuana is the illegality of it.

> Marijuana is not the problem. The fact that it's illegal is the problem.

"Marijuana is not the problem." She says. "The fact that it's illegal is the problem." "I'm not for legalizing everything," She clarifies, "but I'm definitely for legalizing marijuana. Let's get this money out of the negative financial sector and into the positive financial sector."

Eleanor also thinks the insurance industry has reason to support the wider availability of medical marijuana. Her husband, who works in insurance, agrees. He's seen what it's done for his wife - how it has set her on the path to getting back to work. If marijuana can get even ten or fifteen percent of people on disability back to work, that's something the insurance industry can get behind.

How does Eleanor's husband feel about his wife speaking out publicly on the benefits of medical marijuana? "He sees what I've gone through. It hasn't been a lot of fun for the people living with me. Sciatica didn't just hit me. It hit this whole house. He's been really supportive. He's been great."

Her kids are just as supportive. When she asked her daughter (who's set to start work on her master's degree in cancer research this fall) what she thought of her mother speaking out, her response was, "I'd be so proud of you, Mum." Her teenaged son, who is in culinary management at George Brown, echoed same sentiment.

"I wasn't ready to be 85 at 55." Eleanor says, "And that's where I was." Thanks in no small part to marijuana, a drug that is still illegal for most and hard to get for all, she has made great strides toward what she hopes will be a complete recovery.

Maybe someday, as more and more people like Eleanor Podmore speak out against restrictive government rules and cultural stigmas, we will all be free to pursue our own health and happiness as we—and our doctors—see fit.

Bradley Doucet is QL's English Editor. A writer living in Montreal, he has studied philosophy and economics, and is currently completing a novel on the pursuit of happiness. He also writes for "The New Individualist" magazine published by The Atlas Society and "Le Quebecois Libre."

While you and I may enjoy the freedom of choosing to use cannabis...

many others are persecuted for this choice.

GREENAID: The Medical Marijuana Legal Defense and Education Fund, takes on on high-impact and precedent-setting cases to prove that small actions can make a big difference.

- **Green Aid is working to make it safe for Californians to travel through airport security with their medicine without fearing repercussions or confiscation.**
- **We are working to ensure that law enforcement is prohibited from using excessive force, such as in the Columbia, Missouri swat team raid where family pets were shot in front of a 7-year old.**

Join us to continue Green Aid's good work. Visit us at www.green-aid.com and donate, and receive ongoing updates on events and cases.

Ed Rosenthal

Ed Rosenthal

invest in change

GREENAID
The Medical Marijuana Legal Defense and Education Fund, Inc.

Green Aid is a 501(c)(3) charitable corporation. ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE

www.Green-Aid.com | contact@green-aid.com | (888) 271-7674

PROP 19 WINS AROUND THE WORLD

Ed Rosenthal

By now, everyone knows the marijuana propositions that would have allowed medical marijuana in South Dakota, dispensaries in Oregon and legalized recreational marijuana in California did not pass, but it won.

Proposition 19 took the discussion from "Can it be legal?" "Should it be legal?" "Will it be legal?" to "WHEN will it be legal?"

There is no doubt in anyone's mind that its only a matter of time, a countdown, til legalization. What this initiative did was made it plain to see that the move is imminent in California, and that it will spread like a wave around the world.

Proposition 19 took the discussion from: "Can it be legal?" "Should it be legal?" "Will it be legal?" to "WHEN will it be legal?"

Looking in hind sight, one can say that we might have gained a point or two here if this was done or this wasn't or was in the bill, if the campaign had a more inclusive attitude, if they spent more money on advertising or whatever. The reality is, it doesn't matter.

We knew that unless a lot more money was put into the campaign that this initiative would lose.

I have heard complaints about how the proposition was put together. I myself, was not enamored with its wording. BUT, of all of the people who complained, I have not heard one person say "I will put up money and do it myself and write a better bill."

In the end, George Soros put up a million dollars. That million dollars could have been much better spent if it was put up a month before election night than a week before. Nevertheless, it helped. But think about the million dollars that George Soros put up. It came out of his back pocket and it was just part of the money that he earned the previous week.

Think of the million dollars that Richard Lee used to get the campaign started. It was a great part if not the greatest part of his wealth. It was hard earned over many years by him taking the risk of being a dispensary owner in downtown Oakland, California—not what you would call a "great shopping district."

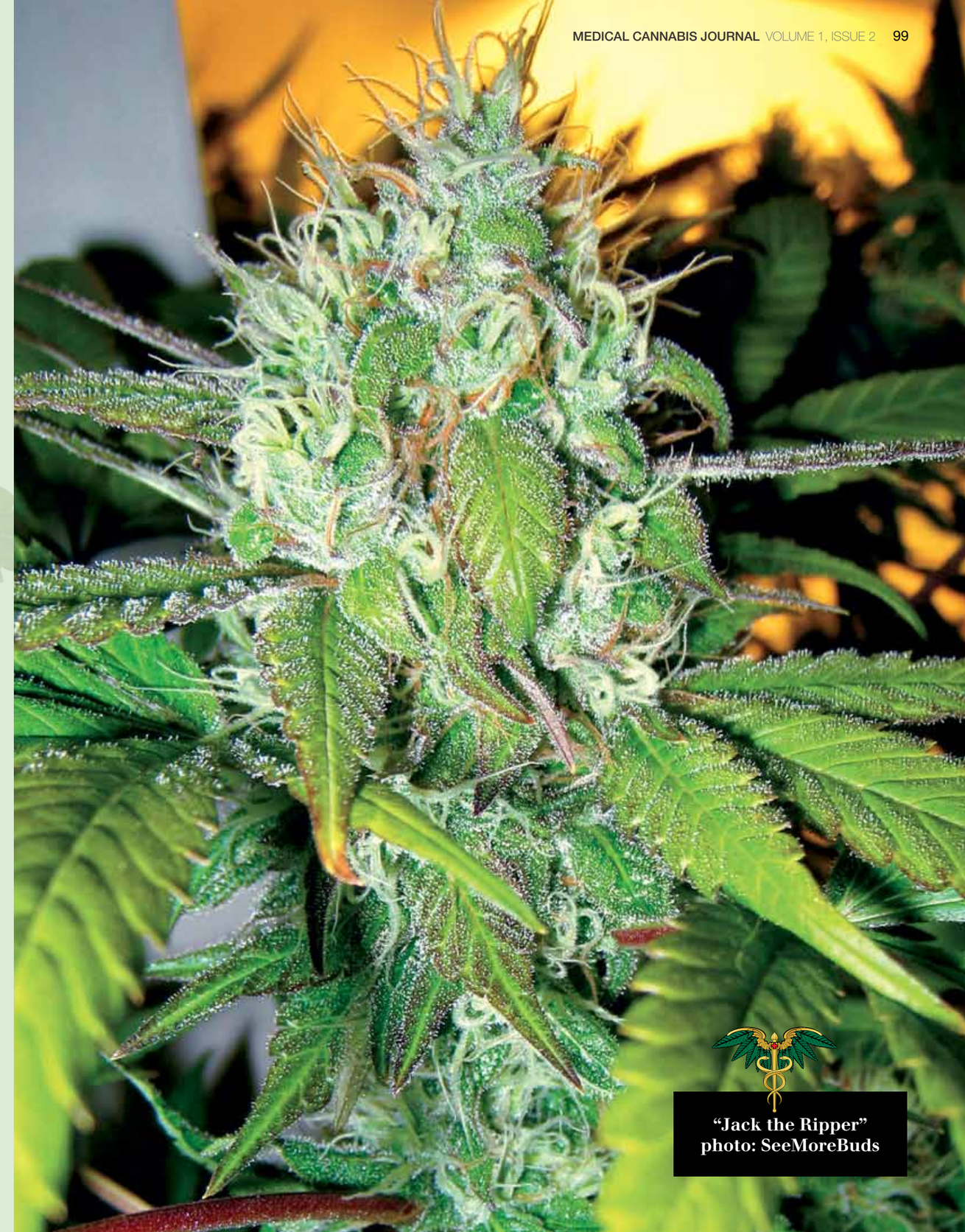
He earned that money so he could campaign to make marijuana legal. That million dollars was in turn much more meaningful to him than say, money from a billionaire or a celebrity. Think of all the rock stars, comedians, and personalities who have developed part of their persona as pot smokers. They have written about it, joked about it, sung about, acted out roles about it-- any one of them could have taken a million dollars and put marijuana on the ballot. They could have asked their friends to help them do it and split the cost. They could have each put up a million dollars and split the costs…

But Richard was the only one.

There are 1000 dispensaries in California, if each of them put up $10,000 (2.5 pounds retail) we would be smoking legal marijuana today.

SO, if you didn't write Richard's bill, and you think you can write a better bill, and you have or can get together the million dollars it takes to get it on the ballot THEN DO IT. Then you will have a right to complain about any aspect of Richard's bill you didn't like. Until then, I personally am grateful and thankful that Richard put that money up and got the bill on the ballot so that people could actually vote to make marijuana legal.

Follow Ed online at his blog: www.EdRosenthal.com



"Jack the Ripper" photo: SeeMoreBuds

MEDICAL CANNABIS COLLECTIVE DIRECTORY

CALIFORNIA

ANAHEIM & FULLERTON

Premium Organic Treatments (P.O.T) PCA
(714) 632-8812

P.A.M.A.
(714) 408-4466

Hillside Medical Collective
(714) 983-6664

Green City Collective
(714) 635-9600

BAKERSFIELD

B.M.Collective. 'Clone Depot'
(661) 444-5972

Kern River Collective
(661) 679-7994

CORONA

Southern California Compassionate Sanctuary
(951) 340-3850

Peoples' Medicinal Cooperative
(951) 278-0250

COSTA MESA & MANHATTAN BEACH

Dakini Collective
(714) 421-0679

Newport Mesa Patients Assn.
(949) 891-8289

LAGUNA NIGUEL

Mendocino Farmers Collective
(877) 420-4847

LAKE ELSINORE

Compassionate Patients Assn.
(951) 226-8744

Lake Elsinore Medical Collective
(951) 471-2355

Americannabis Wellness Center
(951) 226-8622

CPR Collective
(951) 241-0153

CWCC Cooperative
(951) 678-5888

LAKE FOREST & IRVINE

Bulzi Rx Cooperative
(949) 459-3770

Socal Patients Collective
(949) 600-6577

SAFE 420 Delivery = SAFE
(949) 334-3065

SOCCA - All of Orange County
(866) 321-3459

Lake Forest Patients Collective Assn.
(949) 455-9300

OAKLAND

Coffeeship Blue Sky
(510) 251-0690

Harborside Health Center
(510) 533-0146

The Island of Health
(877) 420-0102

PALM SPRINGS

The Desert Collective - Palm Springs
(760) 219-5675

RIVERSIDE

Health & Wellness Center
(951) 782-8400

RCPA
(951) 680-9210

The Medicine Chest
(951) 272-4420

215-2-U
(951) 269-6840/(951) 224-0772

Grade A Delivery Services
(951) 236-6998

MedCare Cooperative
(800) 420-4369

SACRAMENTO

City of Trees
(916) 481-1116

The Green Temple
(916) 670-2299

El Camino Wellness Center
(916) 473-2427

The Herbal Connoisseur
(916) 550-2249

Unity Non Profit Collective
(916) 564-1824

SAN BERNARDINO

Inland Empire Patients Group
(909) 820-6420

Calm Collective
(909) 989-8311

IEHHC - The Inland Empire's Premier Cannabis Collective
(909) 875-4200

G3 Holistic
(909) 373-7086

MEDICAL CANNABIS COLLECTIVE DIRECTORY

SAN DIEGO AND SURROUNDING

Cannabis Creations Wellness Cooperative
(858) 356-7967

SDTMC
(619) 275-7500

San Diego Organic Collective (SDOC)
(619) 501-7400

The Greenery Caregivers
(619) 296-1300

The Glass Jar Collective (GJC)
(619) 294-6847

Natural Healing Solutions
(619) 243-4587

Cloud 9 Co-Op
(619) 225-9128

Green Light Collective
(619) 408-0198

Ocean Beach Collective
(619) 226-3300

House Of OG
(858) 270-9900

Fresh Selection Cooperative
(858) 746-4207

SAN FRANSISCO

GreenDoor
(415) 541-9590

Divinity Tree
(415) 614-9194

The Union Collective Delivery
(800) 921-5012

SANTA ANA

Green Coast Wellness Center
(714) 542-2277

Unit-D
(714) 590-9100

SoCal Compassion
(714) 417-1322

Patients Premium Collective
(714) 720-2735

TEMECULA

Mr. Herbs Collective
(951) 595-1569

The Herbal Connect
(951) 970-9740

WESTMINSTER

Hope Wellness Collective
(714) 897-hope

COLORADO

ASPEN

Roaring Fork H.C.
(970) 925-4420

Alternative Medical Solutions
(970) 544-8142

BOULDER

Top Shelf Alternatives
(303) 459-5335

Boulder Meds
(303) 440-8514

Boulder Kind Care
(720) 235-4232

The Village Green Society
(720) 746-9064

DENVER

Denver Relief
(303) 420-6337

Med Stop
(303) 292-1381

ALCC
(303) 297-3435

LaConte's Clone Bar and Dispensary
(303) 292-2252

Herbal Wellness Inc.
(720) 299-1919

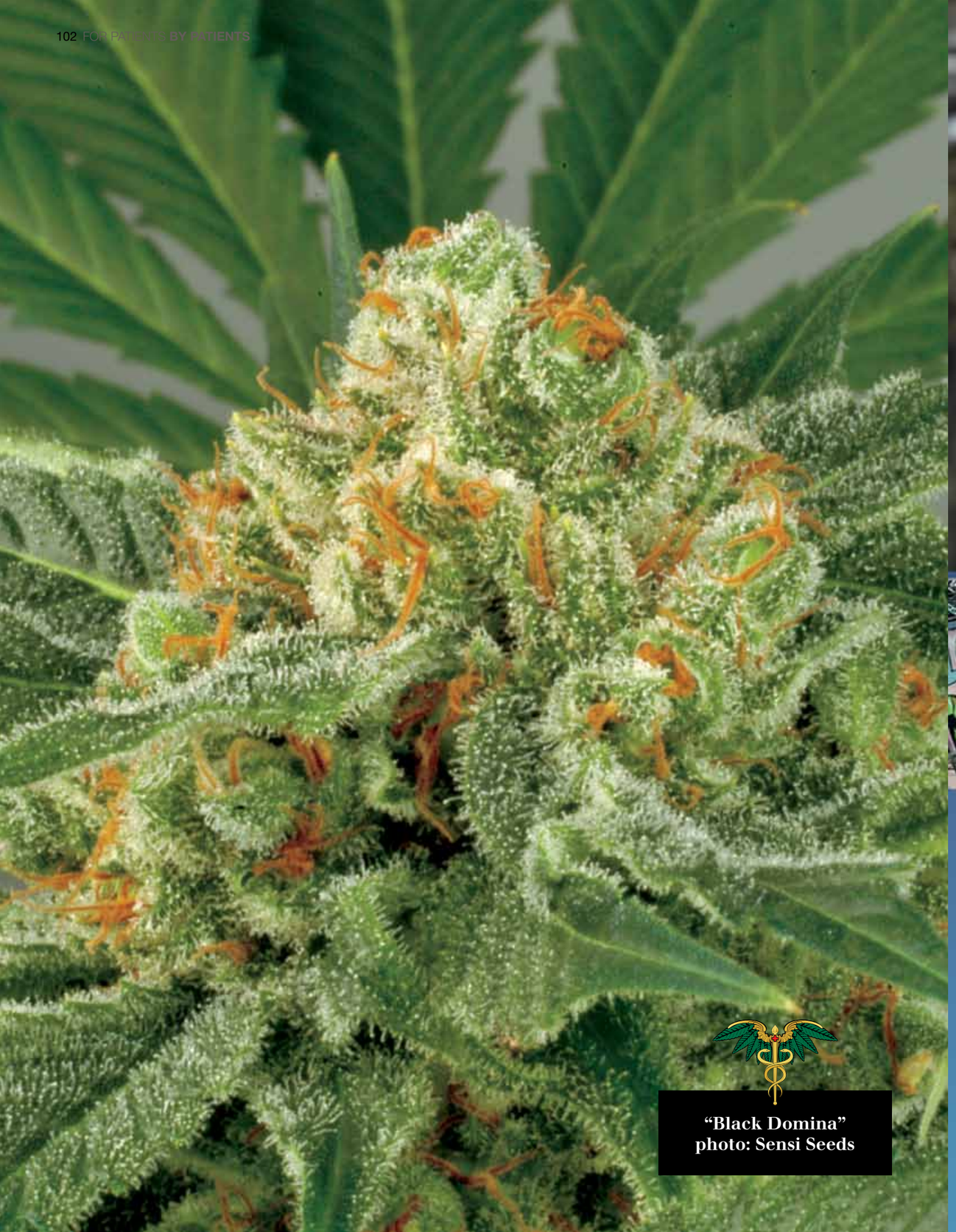
Biocare
(303) 455-3187

Alive Herbal Medicine
(720) 945-9543

GRAND JUNCTION

Colorado Alternative Health Care
(970) 424-5844

Herbal Remedies
(970) 241-2584



“Black Domina”
photo: Sensi Seeds

Medical Marijuana Association

Compassionate PATIENTS ASSOCIATION

Alternative Health Care Options for the Riverside & Lake Elsinore Areas

HEALTHCARE AND COMPASSION FOR MEDICAL MARIJUANA PATIENTS

SERVING RIVERSIDE AND LAKE ELSINORE AREAS

RIVERSIDE C.P.A.

6617 Magnolia Ave., Riverside CA 92506

www.compassionatepatientsassociation.com

(951) 680-9210 email: RiversideCPA@rocketmail.com

Monday-Saturday 9am-8pm, Sunday 10am-8pm