Barak Obama and his U.S. deputy Director of Drug Policy say “Pot is less hazardous than alcohol”

President Obama’s statements of support have marijuana advocates applauding.

by Jonas Paulauskas Medical Expose’ Reporter and Professor of Medicine Desire’ Dubounet, D. Sc. L.P.C.C. (2-24-2014)

Soon afterwards President Barack Obama’s comments that marijuana is no more dangerous than alcohol, his deputy drug specialist has fully agreed.

During a House Oversight Committee hearing Tuesday, Michael Botticelli, deputy director of the White House’s Office of National Drug Control Policy, was grilled about the harms of marijuana and mixed signals about the drug coming out of the Obama administration.

Botticelli’s office must consider marijuana dangerous and harmful, and the federal Drug Enforcement Administration reluctantly consider it illegal.

"The administration continues to oppose attempts legalize marijuana and other drugs," Botticelli said during the hearing.

“How many people die from marijuana overdoses every year?” Connolly probed of Botticelli. NONE is the answer.

“I don’t know that I know,” Botticelli responded. "It is very rare." “Very rare. Now just contrast that with prescription drugs, unintentional deaths from prescription drugs; one American dies every 19 minutes,” Connolly replied. “Nothing comparable to marijuana. Is that correct?” Botticelli agreed. “Hundreds of thousands of people die every year from alcohol related deaths. Automobile, liver disease, esophageal cancer, blood poisoning,” Connolly continued. "Is it not a scientific fact that there is nothing comparable with marijuana? I’m not saying it is good or bad, but when we look at deaths and illnesses, alcohol, other hard drugs are certainly — even prescription drugs — are a threat to public health in a way that just isolated marijuana is not. Isn’t that a scientific fact? Or do you dispute that fact?” “I don’t dispute that fact,” Botticelli said. In an interview with the New Yorker magazine published last month, President Obama stated that he views marijuana as a "bad habit" and "a vice" but no more dangerous than alcohol. “As has been well documented, I smoked pot as a kid, and I view it as a bad habit and a vice, not very different from the cigarettes that I smoked as a young person up through a big chunk of my adult life,” Obama said. "I don’t think it is more dangerous than alcohol.”

The president also alleged marijuana is less dangerous than alcohol “in terms of its impact on the individual consumer.” Those comments, coupled with the legalization of recreational marijuana in Colorado and Washington, have emboldened marijuana advocates and stirred similar efforts in other states. Meanwhile, dozens of petitions related to marijuana
legalization have been popping up on online petition sites. One is urging the NFL to stop punishing players for marijuana use. Another wants Obama to remove pot from the Drug Enforcement Agency's list of top-tier illegal drugs.

"President Obama, if marijuana is safer than alcohol," the petition reads, "remove it from the DEA's schedule of drugs." However, that doesn't seem possible, at least in the short term.

James Capra, chief of operations for the DEA, told a Senate panel last month that "going down the path to legalization in this country is reckless and irresponsible.

"I'm talking about the long-term impact of legalization in the United States," Capra continued. "It scares us. The treatment people are afraid, the education people are afraid. Law enforcement is worried what is going to happen. In every part of the world where this experiment has been tried, it has failed, time and time again."

There are over 79,000 deaths attributable to excessive alcohol use per year.

There are 0 deaths attributable to marijuana use per year.

"Herb is the healing of a nation
alcohol is the destruction" - Bob Marley

LEGALIZE IT
Here is the truth of the problem with Marijuana  WATCH

http://www.youtube.com/watch?v=fuJPrjEAzeE
Marijuana vs. Alcohol

Introduction

To say that marijuana has been given a bad rap over the past few decades is an understatement. If you’re like most Americans, you have been led to believe that marijuana is a dangerous and addictive drug that has destroyed the lives of millions of teens and adults. You have been encouraged to believe that marijuana causes lung cancer and is a “gateway” to harder drugs. The government has even tried to convince you that most people who use marijuana are losers who sit around on couches all day doing nothing.

What we would like to do is wipe the slate clean and start over. Forget everything you have heard in the past and be open-minded to the truth about marijuana. We are not here to tell you that it is without harms or is some kind of miracle drug. We simply hope you will come to understand that it is far, far less harmful than what your government has told you.

Part of the problem is that many people are simply unfamiliar with marijuana. They have never tried it (or perhaps only tried it a time or two decades ago) and assume the worst. They have been conditioned to think that marijuana use is bad and that people who use it are dangerous or strange or maybe even dirty. They have visions of people using marijuana and being totally zonked out, unable to maintain a regular conversation.

The truth is that marijuana is widely used in a manner quite similar to alcohol. Adults might consume it before enjoying a dinner party with friends. Friends might have a little before engaging in a spirited game of ultimate Frisbee. And spouses – yes, even some couples you know – might imbibe a bit while enjoying a romantic evening together. Concert-goers have even been known to have a puff or two before or during a show – which more likely than not results in them dancing or otherwise enjoying the music, not lying on the ground like lumps.

None of this is “bad” or “wrong” or “immoral.” It is simply something that these responsible adults choose to do. And frequently it is something they choose to do specifically instead of alcohol. And for good reason! Alcohol is more toxic, more addictive, more harmful to the body, more likely to result in injuries, and more likely to lead to interpersonal violence than marijuana.
Below are just a few facts that highlight the very different impacts of these two popular substances on those who consume them and on the broader community. A vast amount of additional information can be found in the book, *Marijuana is Safer: So why are we driving people to drink?* (Chelsea Green, 2009), which can be purchased on Amazon.com or accessed for free on-line at Scribd.com.

**Safer for the Consumer**

- **Many people die from alcohol use. Nobody dies from marijuana use.** The U.S. Centers for Disease Control and Prevention (CDC) reports that more than 37,000 annual U.S. deaths, including more than 1,400 in Colorado, are attributed to alcohol use alone (i.e. this figure does not include accidental deaths). On the other hand, the CDC does not even have a category for deaths caused by the use of marijuana.

- **People die from alcohol overdoses. There has never been a fatal marijuana overdose.** The official publication of the Scientific Research Society, *American Scientist*, reported that alcohol is one of the most toxic drugs and using just 10 times what one would use to get the desired effect could lead to death. Marijuana is one of – if not the – least toxic drugs, requiring thousands of times the dose one would use to get the desired effect to lead to death. This "thousands of times" is actually theoretical, since there has never been a case of an individual dying from a marijuana overdose. Meanwhile, according to the CDC, hundreds of alcohol overdose deaths occur in the United States each year.

- **The health-related costs associated with alcohol use far exceed those for marijuana use.** Health-related costs for alcohol consumers are eight times greater than those for marijuana consumers, according to an assessment recently published in the British Columbia Mental Health and Addictions Journal. More specifically, the annual cost of alcohol consumption is $165 per user, compared to just $20 per user for marijuana. This should not come as a surprise given the vast amount of research that shows alcohol poses far more – and more significant – health problems than marijuana.

- **Alcohol use damages the brain. Marijuana use does not.** Despite the myths we've heard throughout our lives about marijuana killing brain cells, it turns out that a growing number of studies seem to indicate that marijuana actually has neuroprotective properties. This means that it works to protect brain cells from harm. For example, one recent study found that teens who used marijuana as well as alcohol suffered significantly less damage to the white matter in their brains. Of course, what is beyond question is that alcohol damages brain cells.

- **Alcohol use is linked to cancer. Marijuana use is not.** Alcohol use is associated with a wide variety of cancers, including cancers of the esophagus, stomach, colon, lungs, pancreas, liver and prostate. Marijuana use has not been conclusively associated with any form of cancer. In fact, one study recently contradicted the long-time government claim that marijuana use is associated with head and neck cancers. It found that marijuana use actually reduced the likelihood of head and neck cancers. If you are concerned about marijuana being associated with lung cancer, you may be interested in the results of the largest case-controlled study ever conducted to investigate the respiratory effects of marijuana smoking and cigarette smoking. Released in 2006, the study, conducted by Dr. Donald Tashkin at the University of California at Los Angeles, found that marijuana smoking was not associated with an increased risk of developing lung cancer. Surprisingly, the researchers found that people who smoked marijuana actually had lower incidences of cancer compared to non-users of the drug.
• **Alcohol is more addictive than marijuana.** Addiction researchers have consistently reported that marijuana is far less addictive than alcohol based on a number of factors. In particular, alcohol use can result in significant and potentially fatal physical withdrawal, whereas marijuana has not been found to produce any symptoms of physical withdrawal. Those who use alcohol are also much more likely to develop dependence and build tolerance.

• **Alcohol use increases the risk of injury to the consumer. Marijuana use does not.** Many people who have consumed alcohol or know others who have consumed alcohol would not be surprised to hear that it greatly increases the risk of serious injury. Research published this year in the journal *Alcoholism: Clinical & Experimental Research*, found that 36 percent of hospitalized assaults and 21 percent of all injuries are attributable to alcohol use by the injured person. Meanwhile, the *American Journal of Emergency Medicine* reported that lifetime use of marijuana is rarely associated with emergency room visits. According to the British Advisory Council on the Misuse of Drugs, this is because: "Cannabis differs from alcohol ... in one major respect. It does not seem to increase risk-taking behavior. This means that cannabis rarely contributes to violence either to others or to oneself, whereas alcohol use is a major factor in deliberate self-harm, domestic accidents and violence." Interestingly enough, some research has even shown that marijuana use has been associated with a decreased risk of injury.

**Safer for the Community**

• **Alcohol use contributes to aggressive and violent behavior. Marijuana use does not.** Studies have repeatedly shown that alcohol, unlike marijuana, contributes to the likelihood of aggressive and violent behavior. An article published in the *Journal of Addictive Behaviors* reported that "alcohol is clearly the drug with the most evidence to support a direct intoxication-violence relationship," whereas "cannabis reduces the likelihood of violence during intoxication."

• **Alcohol use is a major factor in violent crimes. Marijuana use is not.** The National Institute on Alcohol Abuse and Alcoholism estimates that 25-30% of violent crimes in the United States are linked to the use of alcohol. According to a report from the U.S. Dept. of Justice, that translates to about 5,000,000 alcohol-related violent crimes per year. By contrast, the government does not even track violent acts specifically related to marijuana use, as the use of marijuana has not been associated with violence. (Of course, we should note that marijuana prohibition, by creating a widespread criminal market, is associated with acts of violence.)

• **Alcohol use contributes to the likelihood of domestic abuse and sexual assault. Marijuana use does not.** Alcohol is a major contributing factor in the prevalence of domestic violence and sexual assault. This is not to say that alcohol causes these problems; rather, its use makes it more likely that an individual prone to such behavior will act on it. For example, a study conducted by the Research Institute on Addictions found that among individuals who were chronic partner abusers, the use of alcohol was associated with significant increases in the daily likelihood of male-to-female physical aggression, but the use of marijuana was not. Specifically, the odds of abuse were eight times higher on days when men were drinking; the odds of severe abuse were 11 times higher. According to the Rape, Abuse and Incest National Network (RAINN) website highlights alcohol as the "most commonly used chemical in crimes of sexual assault" and provides information on an array of other drugs that have been linked to sexual violence. Given the fact that
marijuana is so accessible and widely used, it is quite telling that the word "marijuana" does not appear anywhere on the page.

**Medical Marijuana for Epilepsy**

Cannabinoids (CBD) is one of the primary and non-psychoactive cannabinoids found naturally in marijuana. CBD appears to benefit some epileptic patients who ingest it to avoid seizure activity. For epileptic patients who cannot tolerate or do not benefit from their antiepileptic drugs, medical marijuana can be a good alternative to successfully control their seizures, without experiencing debilitating side effects.

Epilepsy is a brain disorder in which a person has repeated seizures over time. Seizures are episodes of disturbed brain activity that cause changes in attention or behavior.

**MEDICAL MARIJUANA**

However, if a multinational drug company grinds up that herb, extracts the cannabis sativa and creates synthetic delta-9-tetrahydrocannabinol, combines it with gelatin, glycerin, iron oxide red, iron oxide yellow, titanium dioxide, markets it to doctors and hospitals under the name Marinol and in the process makes a bunch of wealthy Wall Street investors even richer, then it’s legal.
A TOKE A DAY...
KEEPS THE DOCTOR AWAY.

Cannabis helps with glaucoma.
Cannabis relieves migraine headaches.
Cannabis helps brain cells.
Cannabis can relieve skin diseases.
Cannabis helps ease asthma attacks.
Cannabis may block epileptic seizures.
Cannabis works as a back spasm medicine.
Cannabis treats depression and other mood disorders.
Cannabis may help emphysema patients to breathe better.
Cannabis alleviates pain associated with chemotherapy.
Cannabis has successfully reduced tumours (benign and malignant).
Cannabis can help multiple sclerosis patients control spasms.
Cannabis can easily be grown organically (free of toxic chemicals).
Cannabis assists in overcoming insomnia.
Cannabis dilates the bronchi, to allow more oxygen into the blood.
Cannabis helps paraplegic and quadriplegic patients.
Cannabis may induce antibacterial effects.
Cannabis is the best way known to dry the mouth’s saliva in dentistry.
Cannabis relieves the pain of arthritis and rheumatism.
Cannabis alleviates the symptoms of withdrawal from alcohol and narcotics.
Cannabis seed oil has an omega6/omega3 ratio of about 4:1.
Cannabis seeds have essential amino acids in ideal proportions.
9 Major Health Benefits of Medical Marijuana

1. Treats Migraines
   Cannabis healing has been very effective in the treatment of migraine headaches. Migraine headaches are vascular in nature and are often preceded by an aura characterized by nausea, flashes of light, numbness or paresthesia.

2. Slows Down Tumor Growth
   Studies have shown that cannabinoids can slow down the growth of tumor cells. This is due to the anti-inflammatory and anti-angiogenic effects of cannabis.

3. Relieves Symptoms of Chronic Diseases
   Marijuana can mitigate the symptoms of chronic diseases such as arthritis, diabetes, and neurodegenerative disorders.

4. Prevents Alzheimer’s
   Cannabis reduces the occurrence of depression in Alzheimer’s patients, which can help improve their quality of life.

5. Treats Glaucoma
   Some strains of medical marijuana have been shown to decrease the pressure in the eye, thereby reducing the risk of blindness caused by glaucoma.

6. Prevents Seizures
   Seizures are a condition in which a part of the brain becomes abnormally sensitive, causing a person to have seizures. Using medical cannabis can control seizures.

7. For ADD and ADHD
   Many people with ADD and ADHD find that medical cannabis can improve their focus and reduce anxiety.

8. Relieve PMS
   Medical cannabis can help alleviate the symptoms of PMS, such as cramps, bloating, and mood swings.

9. Calm those with Tourette’s and OCD
   Medical cannabis can help reduce the symptoms of Tourette’s and OCD by calming the body and mind.

To get quality cannabis selection visit San Francisco medical marijuana dispensary.
The Impact of Marijuana Use on Glucose, Insulin, and Insulin Resistance among US Adults

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ABSTRACT

BACKGROUND: There are limited data regarding the relationship between cannabinoids and metabolic processes. Epidemiologic studies have found lower prevalence rates of obesity and diabetes mellitus in marijuana users compared with people who have never used marijuana, suggesting a relationship between cannabinoids and peripheral metabolic processes. To date, no study has investigated the relationship between marijuana use and fasting insulin, glucose, and insulin resistance.

METHODS: We included 4657 adult men and women from the National Health and Nutrition Examination Survey from 2005 to 2010. Marijuana use was assessed by self-report in a private room. Fasting insulin and glucose were measured via blood samples after a 9-hour fast, and homeostasis model assessment of insulin resistance (HOMA-IR) was calculated to evaluate insulin resistance. Associations were estimated using multiple linear regression, accounting for survey design and adjusting for potential confounders.

RESULTS: Of the participants in our study sample, 579 were current marijuana users and 1975 were past users. In multivariable adjusted models, current marijuana use was associated with 16% lower fasting insulin levels (95% confidence interval [CI], −26, −6) and 17% lower HOMA-IR (95% CI, −27, −9). We found significant associations between marijuana use and smaller waist circumferences. Among current users, we found no significant dose-response.

CONCLUSIONS: We found that marijuana use was associated with lower levels of fasting insulin and HOMA-IR and smaller waist circumference.

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KEYWORDS: Glucose; Insulin; Insulin resistance; Marijuana use

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Oregon Medical Marijuana Program
Under-Utilization of Cannabis for Non-Pain Related Disorders

NOTE: The Oregon Medical Marijuana Act allows the use of cannabis to treat these symptoms, and just the diseases listed in this graph that cause these symptoms. For instance, if a person has Alzheimer’s disease, and experiences nausea, he may use cannabis to deal with it, even if he has had trouble finding relief that wasn’t made for him.
Legalize it? Medical evidence on marijuana blows both ways

May 25, 2009 By Sam McManis
Sparked anew by Gov. Arnold Schwarzenegger’s call for the state to study the legalization of marijuana, both sides in the smoldering pot debate point to research to bolster their positions.

Such recitation of conflicting marijuana studies can be manipulated and selected buffet-style to serve whatever political and health agenda is being touted.

Even governmental findings can be contradictory. In 1999, for instance, the Office of National Drug Control Policy asked the Institute of Medicine to review evidence. The institute found that, "except for the harms associated with smoking, the adverse effects of marijuana use are within the range of effects tolerated for other medications."

Yet in 2006, the Food and Drug Administration ruled that marijuana has no health benefits and has known and proven harms. It is classified a Schedule 1 drug -- the highest risk of addiction -- in the Controlled Substances Act.

Wading through the medical literature, though, makes those conclusions less cut and dried.

"When I was a resident in Kaiser in San Francisco in 1978, I gave a lecture to physicians on marijuana, and I remember my conclusion at that time was that you can find in the literature whatever you were looking for," says Dr. Donald Abrams, a University of California, San Francisco, oncologist and leading medical marijuana researcher. " 'Marijuana is good for asthma.' 'Marijuana's bad for asthma.' 'Marijuana causes schizophrenia.' 'Marijuana (decreases) schizophrenia.' And, you know, the evidence is still like that."

There are many factors, of course. As noted by UCLA pulmonologist Dr. Donald Tashkin, who has studied marijuana's effects on the lungs for three decades, "That's just the nature of medical science. You have to deal with variability. The population studied may be different or the methods used to study may differ."

Yet when the arguments for legalization of marijuana, both for medicinal and recreational use, are put forth, solid medical science often gets clouded in an ideological haze.

"Although we like to say we separate politics from science, with medical marijuana, that's really difficult," Abrams says. "It depends on who does the study, where it's published and what their agenda is."

Bearing in mind those caveats, here is a look at the research on marijuana's effect in areas critical to health.

Lungs

UCLA's Tashkin studied heavy marijuana smokers to determine whether the use led to increased risk of lung cancer and chronic obstructive pulmonary disease, or COPD. He had hypothesized that there would be a definitive link between cancer and marijuana smoking, yet the results proved otherwise.

"What we found instead was no association and even a suggestion of some protective effect," says Tashkin, whose research was the largest case-control study ever conducted. The study was funded by the National Institutes of Health.
Tobacco smokers in the study had as much as a 21-fold increase in lung cancer risk. Cigarette smokers, too, developed COPD more often in the study, and researchers found that marijuana did not impair lung function. Tashkin, supported by other research, concluded that the active ingredient tetrahydrocannabinol, or THC, has an "anti-tumoral effect" in which "cells die earlier before they age enough to develop mutations that might lead to lung cancer."

However, the smoke from marijuana did swell the airways and lead to a greater risk of chronic bronchitis. "Early on, when our research appeared as if there would be a negative impact on lung health, I was opposed to legalization because I thought it would lead to increased use and that would lead to increased health effects," Tashkin says. "But at this point, I'd be in favor of legalization. I wouldn't encourage anybody to smoke any substances, because of the potential for harm. But I don't think it should be stigmatized as an illegal substance. "Tobacco smoking causes far more harm. And in terms of an intoxicant, alcohol causes far more harm."

**Cognitive function**

A 2006 study in the journal Neurology found that speed of thinking, attention and verbal fluency were affected as much as 70 percent by long-term heavy use (four or more joints per week). But a 2003 review of literature in the Journal of the International Neuropsychological Society found that marijuana smoking had a "small effect" on memory in longtime users. However, users had no lasting effects in reaction time, attention or verbal function. "Surprisingly, we saw very little evidence of deleterious effects," Dr. Igor Grant, researcher at the University of California, San Diego, School of Medicine, said in a statement.

Other studies: A 2002 study in the Journal of the American Medical Association found that heavy users did worse on recall memory tests. A 2006 study in Greece showed users had slower mental-processing speed than the control group. Then again, a 2007 study at the University of Lausanne in Switzerland, published in Archives of Pediatrics & Adolescent Medicine, found that students who smoked marijuana had better grades than those who used only tobacco or those who did not smoke any substance.

In terms of brain development, a 2000 study in the Journal of Addictive Diseases found changes in brain structure in those who started using marijuana before age 17 but not in those who started at an older age. A 2009 Children's Hospital of Philadelphia study used brain imaging to show that heavy adolescent users are more likely to have disrupted brain development in regions involving memory, attention, decision making and language. But a 2008 Ohio State University study found that marijuana can reduce brain inflammation and perhaps reduce memory impairment that could delay Alzheimer's disease.

**Psychosis**

Yes, there is an increased risk in psychotic behavior and long-term risk of mental illness from marijuana use, according to a 2007 review of literature commissioned by Great Britain's Department of Health and published in the Lancet. But the risk is small, because the risk of developing psychosis in the general population is 3 percent over a lifetime and rises to 5 percent for marijuana users, lead researcher Stanley Zammit told the
Los Angeles Times. "So 95 percent of the people are not going to get psychotic, even if they smoke on a daily basis," he told the paper.

In 2005, New Zealand researchers studied a group of people with a gene variant the researchers believe predisposes that group to developing psychosis. Those in the group who smoked marijuana as teens had a tenfold increase in risk of psychosis than those who abstained.

**Depression**

A study published in 2001 in the American Journal of Psychiatry followed nearly 2,000 adults over 15 years. It found that marijuana users who had no symptoms of depression at the start were four times more likely than non-users of developing symptoms during that time frame. In 2008, the U.S. Office of National Drug Control Policy stated that early marijuana use could increase the likelihood of mental illness by as much as 40 percent later in life. However, researchers at McGill University in Montreal in 2007 reported in the Journal of Neuroscience that THC in low doses actually serves as an antidepressant similar to Prozac, producing serotonin. At higher doses, however, they found it could lead not only to depression but also to psychotic episodes.

**Summary**

“For first time we now have clear message from fed government saying they will not stand in way of states that wish to implement alternative regulatory schemes in lieu of federal prohibition,” Many have predicted that within the next one to three years, five or six other states may join Colorado and Washington in legalizing the drug, setting the stage for the rest of the country to follow. The Age of Deception is Ending In 2003, the U.S. Government as represented by the Department of Health and Human Services filed for, and was awarded a patent on cannabinoids. The reason? Because research into cannabinoids allowed pharmaceutical companies to acquire practical knowledge on one of the most powerful antioxidants and neuroprotectants known to the natural world. The U.S. Patent 6630507 was specifically initiated when researchers found that cannabinoids had specific antioxidant properties making them useful in the treatment and prophylaxis of wide variety of oxidation associated diseases, such as ischemic, age-related, inflammatory and autoimmune diseases. The cannabinoids are found to have particular application as neuroprotectants, for example in limiting neurological damage following ischemic insults, such as stroke and trauma, or in the treatment of neurodegenerative diseases, such as Alzheimer’s disease, Parkinson’s disease and HIV dementia. Nonpsychoactive cannabinoids, such as cannabidoil, are particularly advantageous to use because they avoid toxicity that is encountered with psychoactive cannabinoids at high doses useful in the method of the present invention. Besides the top 10 health benefits below, findings published in the journal PLoS ONE, researchers have now discovered that marijuana-like chemicals trigger receptors on human immune cells that can directly inhibit a type of human immuno-deficiency virus (HIV) found in late-stage AIDS. Recent studies have even shown it to be an effective atypical anti-psychotic in treating schizophrenia a disease many other studies have inconsistently found it causing. Top 10 Health
Benefits of Marijuana 1. Cancer Cannabinoids, the active components of marijuana, inhibit tumor growth in laboratory animals and also kill cancer cells. Western governments have known this for a long time yet they continued to suppress the information so that cannabis prohibition and the profits generated by the drug industry proliferated. THC that targets cannabinoid receptors CB1 and CB2 is similar in function to endocannabinoids, which are cannabinoids that are naturally produced in the body and activate these receptors. The researchers suggest that THC or other designer agents that activate these receptors might be used in a targeted fashion to treat lung cancer. 2. Tourette’s Syndrome Tourette’s syndrome is a neurological condition characterized by uncontrollable facial grimaces, tics, and involuntary grunts, snorts and shouts. Dr. Kirsten Mueller-Vahl of the Hanover Medical College in Germany led a team that investigated the effects of chemicals called cannabinoids in 12 adult Tourette’s patients. A single dose of the cannabinol produced a significant reduction in symptoms for several hours compared to placebo, the researchers reported. 3. Seizures Marijuana is a muscle relaxant and has “antispasmodic” qualities that have proven to be a very effective treatment for seizures. There are actually countless cases of people suffering from seizures that have only been able to function better through the use of marijuana. 4. Migraines Since medicinal marijuana was legalized in California, doctors have reported that they have been able to treat more than 300,000 cases of migraines that conventional medicine couldn’t through marijuana. 5. Glaucoma Marijuana’s treatment of glaucoma has been one of the best documented. There isn’t a single valid study that exists that disproves marijuana’s very powerful and popular effects on glaucoma patients. 6. Multiple Sclerosis Marijuana’s effects on multiple sclerosis patients became better documented when former talk-show host, Montel Williams began to use pot to treat his MS. Marijuana works to stop the neurological effects and muscle spasms that come from the fatal disease. 7. ADD and ADHD A well documented USC study done about a year ago showed that marijuana is not only a perfect alternative for Ritalin but treats the disorder without any of the negative side effects of the pharmaceutical. 8. IBS and Crohn’s Marijuana has shown that it can help with symptoms of the chronic diseases as it stops nausea, abdominal pain, and diarrhea. 9. Alzheimer’s Despite what you may have heard about marijuana’s effects on the brain, the Scripps Institute, in 2006, proved that the THC found in marijuana works to prevent Alzheimer’s by blocking the deposits in the brain that cause the disease. 10. Premenstrual Syndrome Just like marijuana is used to treat IBS, it can be used to treat the cramps and discomfort that causes PMS symptoms. Using marijuana for PMS actually goes all the way back to Queen Victoria. Mounting Evidence Suggests Raw Cannabis is Best Cannabinoids can prevent cancer, reduce heart attacks by 66% and insulin dependent diabetes by 58%. Cannabis clinician Dr. William Courtney recommends drinking 4 – 8 ounces of raw flower and leaf juice from any Hemp plant, 5 mg of Cannabidiol (CBD) per kg of body weight, a salad of Hemp seed sprouts and 50 mg of THC taken in 5 daily doses. Why raw? Heat destroys certain enzymes and nutrients in plants. Incorporating raw cannabis allows for a greater
availability of those elements. Those who require large amounts of cannabinoids without the psychoactive effects need to look no further than raw cannabis. In this capacity, it can be used at 60 times more tolerance than if it were heated. Raw cannabis is considered by many experts as a dietary essential. As a powerful anti-inflammatory and antioxidant, raw cannabis may be right there with garlic and turmeric.