Navigating Patients Through the Maze of Information and Mis~Information about Medicinal Marijuana

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Introduction

This presentation evolved in response to the many concerns posed by oncology colleagues, patients and physicians regarding the veracity of medicinal cannabis – both as an adjuvant to cancer treatments well as a *possible* cytotoxic agent . Obviously it is crucial to have accurate, evidence-based information for oncology practitioners to disseminate to patients and empower them with credible data , with which to base their treatment choices- as well as avoiding poor choices which could be detrimental to both their care and pocketbook.

Objectives:

1. **Provide a comprehensive, historical view of cannabis as a medicinal modality.**
2. **Offer evidence-based implementation (of cannabis) as a medicinal modality**
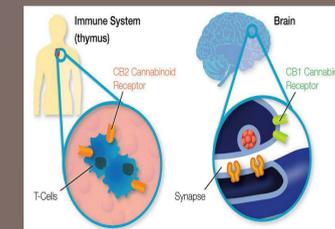3. **Offer documented case studies of cannabis in a variety of medical diagnoses.**

Methods :

1.. An historical as well as present day perspective in this country has been researched to establish present day scenarios related to medicinal marijuana in this country . – as well as elucidation of the present day Classification and Congressional scheduling.

2. The identity, efficacies and usage of key cannabinoid compounds   is clarified and is to be discussed.

3. Actual case studies of patients utilizing medicinal marijuana as an efficacious adjuvant symptom management modality (including oncology, autoimmune pediatric and PTSD in military personnel) have been researched - and will be discussed.

4. A compilation of evidence-based data has been accumulated and is available to the practitioner to partner with and guide patients to make educated decisions

Help!

Results:

1. Marijuana has been utilized for centuries medicinally as well as recreationally but at this time the US Drug Enforcement Administration lists Marijuana and its cannabinoids as Schedule I controlled substances rendering it "unprescribable" …Cocaine is a Schedule II substance.

2. Although categorized as a Schedule I (controlled) substance renders broad- based research problematic there are a number of small, evidence-based effectual studies in the treatment of neuropathic pain, CINV, seizure disorders, PTSD, various etiology spasticity, certain auto-immune syndromes as well as anorexia. In vivo as well as in vitro in pre-clinical studies show evidence of antitumor effects in specific malignancies.

3. There is ample documentation of significant CINV diminution refractory to pharmaceutical interventions. Studies have illustrated CBD to be markedly effective in reducing both behavioral and Physiologic measures of stress and anxiety. PTSD veterans are showing constructive diminution of symptoms as well as markedly reduced opioid dependence

4. The growing body of studies is increasingly available in peer-reviewed scientific journals and Pub Med to be utilized by all practitioners

Immune System (thymus) — Brain
CB2 Cannabinoid Receptor — CB1 Cannabinoid Receptor
T-Cells — Synapse

Conclusions

Given the plethora of information, anecdotal references and blatant misinformation being widely disseminated about medicinal marijuana, this presentation offers us as practitioners a valuable addition to their "tool-kit" as part of our unique and intimate collaboration with our patients as they traverse their journey from initial diagnosis and throughout the continuum of care.

The invaluable education we gain and then provide patients will not only assist their treatment decisions but can also save them from potential physical as well as financial damage.

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