Submission No 112

INQUIRY INTO USE OF CANNABIS FOR MEDICAL PURPOSES

Name: Name suppressed

Date received: 14/02/2013

Introduction.

The reason for my submission is because many people I know have died of cancer and I also have cancer, I have been battling it for 3 years now. I had a cancer ridden kidney removed initially. It is thought to have been caused by work related industrial chemicals. My lungs are now clear of cancer, without surgery. I lost a lot of weight and was close to death. I now take morphine and other prescribed drugs for treatment of severe pain due to some cancer remaining that is now emerging from my backbone. It pushes on a nerve. Without pain drugs, I can not walk due to the pain and am bed ridden. These drugs give me adverse side effects but are much needed to have some quality of life and I do see them of benefit despite the side effects. Higher doses of morphine are rather unpleasant and despite recent radiation therapy the cancer began to grow again in size.

Good intentions..

The cancer councils position on cannabis noted that cannabis is useful as an adjunctive analgesic in patients with moderate to severe pain (reducing the need for so much morphine) and as an appetite stimulant for patients experiencing wait loss and muscle wasting.

I experience both but am now maintaining a suitable weight. I believe it is crucial that patients have enough appetite to nourish the body to try and repair. This is a big problem with chemotherapy.

I have had my relatives research cannabis as a medicine my behalf and have had them help me with this submission as well.

After researching modes of delivery it seems that juicing cannabis could be of most benefit and may even cure me. THC has been shown in a number of lab and now even animal trials to shrink or eliminate cancer altogether. Due

to my lungs now being clear of cancer, I do not wish to smoke cannabis. There is no black market for cannabis juice and recently a provider of a cannabis based tincture, near Kempsey NSW, has had his efforts destroyed despite the tincture being destined for ill people. This shows how absurd the current system is and that it is certainly lacking.

It is highly frustrating that there are no trials on the horizon for such treatment and we all hope that this might be done sooner than later. It turns out that even hemp products can not be legally eaten in Australia with no exemptions for the ill. This is remarkable seeing as the cannabis plant has many ingredients that are useful. I believe that even industrial hemp (seeds, oil and protein) would be of great benefit not only for nutrition reasons but also because the leaves contains CBD. This novel approach should be researched further because it could supply the larger amounts needed by patients for regular use and does not have so much THC.

The Cancer Council NSW supports limited exemptions from criminal prosecution, such as those provided by the Cannabis Cautioning Scheme, for cancer patients who have been certified by an approved medical practitioner as having particular conditions, and who have been counseled by such a practitioner about the risks of smoking cannabis.

The problem lies in that there is no true exemption for patients to source medical cannabis. Surely terminally ill people need to have such an exemption so they do not face repercussions and the unnecessary stigma associated while they are not well and capable.

It turns out that a past government failed to follow through with the recommendations from the past working party.

Cannabis medicine should now be accepted considering that people worldwide are experiencing relief and especially as more medical evidence comes to light.

Why is it that there has not been a lot of medical trial work regarding cannabis in this day and age?

The simple answer might be that it has been prohibited and boundaries have been put in place. Prior to this cannabis was used in many medicines, it has a vast history. Some states in the USA and a number of countries including Canada have medical cannabis programs.

In some cases these have been put in place by court order.

Australia is also one of the countries that has banned the drug, and hence has had no legitimate medical studies until those that began most recently. Meanwhile time is running out for many..

Is cannabis safe in a medical setting?

September 6, 1988. Docket No. 86-22. Francis L. Young, DEA Administrative Law Judge

Highlights of the Judge's decision:

"Based upon the facts established in this record and set out above, one must reasonably conclude that there is accepted safety for use of marijuana under medical supervision."
"To conclude otherwise, on this record, would be unreasonable, arbitrary and capricious…."
"The cannabis plant considered as a whole has a currently accepted medical use in treatment in the United States, there is no lack of accepted safety for use under medical supervision and it may lawfully be transferred from Schedule I to Schedule II. The judge recommends that the Administrator transfer cannabis"

In a subsequent DEA appeal, a federal court ruled that the Food and Drug Administration (FDA) should also have been involved

in the argument and set the case back to its starting point: a 20 year setback over a mere technicality. More recently the DEA argued that “smoked cannabis has no medical use” However, not all medical cannabis is smoked, with vaporizer trials showing increased safety over smoking. Yet this technicality has ensured it remains federally prohibited with NIDA controlling the supply, and numerous medical researchers not being able to source a supply for trial or study work.
It is no great secret that the DEA has a vested interest in keeping cannabis prohibited federally because around half of their funding is toward cannabis prohibition.

After hearing 15 days of evidence, Judge Young notes sixteen points.. “Marijuana, in its natural form, is one of the safest therapeutically active substances known to man. By any measure of rational analysis marijuana can be safely used within a supervised routine of medical care." http://www.ccguide.org/young88.php

Fast forward to more recently.

U.S. Department of Justice-appointed Administrative Law Judge Mary Ellen Bittner issued an 87-page ruling today in favor of removing the government obstruction to medical cannabis research in the United States. University of Massachusetts-Amherst Professor Lyle Craker has led a six-year struggle to gain a DEA license to grow research-grade cannabis so that studies can be conducted to determine the full extent of marijuana's medical value. Judge Bittner's ruling, which concluded that "Respondent's registration to cultivate marijuana would be in the public interest," came on the same day as a study released in Neurology on the positive effects of cannabis on neuropathic pain for people living with HIV/AIDS.

http://americansforsafeaccess.org/article.php?id=4181

Congress starts work to defund DEA raids on Medical Marijuana in states that are implementing their states rights to show compassion to allow the use of medical cannabis.
http://www.youtube.com/watch?v=DpOkT5NeDgE&feature=player_embedded

18 USA States with medical marijuana laws and counting..
http://medicalmarijuana.procon.org/view.resource.php?resourceID=000881

Medical research in Israel. Video.

http://www.youtube.com/watch?v=oUkl0zIl72chttp://www.youtube.com/watch?v=oUkl0zIl72c

Safety – alternative methods of delivery.

Cannabis can be vaporized to make it safer and reduce tar etc.

"Investigators at the University of California, Davis Medical Center conducted a double-blind, placebo-controlled, crossover study evaluating the analgesic efficacy of vaporized cannabis in 39 subjects, the majority of whom were experiencing neuropathic pain despite traditional treatment.

Ref. http://norml.org/news/2013/01/03/study-vaporized-low-potency-cannabis-mitigates-neuropathic-pain

http://www.alternet.org/study-vaporized-low-potency-cannabis-reduces-problematic-nerve-pain

Please see the largest study to date into the link between cannabis smoking and cancer. This is called the Taskin study. It puts the claims of a cannabis cancer link in perspective.

http://www.scientificamerican.com/article.cfm?id=large-study-finds-no-link

"We expected that we would find that a history of heavy marijuana use--more than 500 to 1,000 uses--would increase the risk of cancer from several years to decades

after exposure to marijuana," explains physician Donald Tashkin of the University of California, Los Angeles, and lead researcher on the project. But looking at residents of Los Angeles County, the scientists found that even those who smoked more than 20,000 joints in their life did not have an increased risk of lung cancer.

"Marijuana is packed more loosely than tobacco, so there's less filtration through the rod of the cigarette, so more particles will be inhaled," Tashkin says. "And marijuana smokers typically smoke differently than tobacco smokers; they hold their breath about four times longer allowing more time for extra fine particles to deposit in the lungs."

Pulmonary specialist and Federal Government researcher from UCLA Geffen School of Medicine finds that marijuana does not cause lung cancer in his study on the effects of cannabis and the lungs. Results of this study are discussed for the first time.

http://www.youtube.com/watch?v=GJmQ16cGBHU

Dr Donald Tashkin compares cannabis smokers to tobacco smokers for COPD. He found THC has antitumoral effects for numerous cancer types. Growth of cancers are suppressed. Metastisis are suppressed. Antiangiogenic- THC interferes with creation of new blood vessels that feed tumours. Also is Proapototic- enhances programmed cell death meaning the cell dies off before it has a chance to become mutated or cancerous.

http://www.youtube.com/watch?v=wFNzezbc27w

Below is an account of a cannabis compound stopping cancer in animal models.

Desprez and McAllister first published a paper about the finding in 2007. Since then, their team has found that CBD works both in the lab and in animals. And now, they've found even more good news.

"We started by researching breast cancer," said Desprez. "But now we've found that Cannabidiol works with many kinds of aggressive cancers--brain, prostate--any kind in which these high levels of ID-1 are present."

Desprez hopes that clinical trials will begin immediately.

"We've found no toxicity in the animals we've tested, and Cannabidiol is already used in humans for a variety of other ailments," he said. Indeed, the compound is used to relieve anxiety and nausea, and, since it is non-psychoactive, does not cause the "high" associated with THC.."But you could never get enough Cannabidiol for it to be effective just from smoking."

This is why juicing should be investigated because cannabidiol would be in higher levels while THC is low.

http://www.huffingtonpost.com/2012/09/19/marijuana-and-cancer_n_1898208.html

This is a must-watch video featuring some of the top researchers on the healing effects of Cannabis (Marijuana) in it's RAW form, eaten or juiced. A few quotations:

- Cannabis is a dietary essential that helps all cell types function more effectively.

Is a medicine: anti-inflammatory, anti-oxidant, probably has some direct activity against cancerous cells.

http://patients4medicalmarijuana.wordpress.com/2011/03/18/eating-raw-cannabis-as-medicine-dietary-essential-new-research/

http://www.naturalnews.com/034599_medical_marijuana_juicing_cures.html

This is a video link to a patient who juices raw cannabis. This could well be the safest form of administration.

It can be seen that the active THC form is less when it is raw and not cooked or heated.

Heating cannabis changes its character of THC. Cannabis, eaten raw provides a different medical use because the patient gets a high dose of THC acid and a low dose of THC while still getting the other cannabinoid compounds.

http://www.youtube.com/watch?v=S-iU9QN0fEM&feature=player_embedded

Turpenes in cannabis and their effects. Found to be safe.

http://www.ncbi.nlm.nih.gov/pubmed/21749363

“The distinctive flavor and smell of each aromatic plant is caused by its unique blend of terpenes. 120 distinct terpenes are produced by the genus Cannabis, with the relative concentrations of the individual terpenes varying greatly among the 700 distinct strains currently in cultivation. Aside from taste and smell differences between varieties, this helps contribute to the broad diversity of potential medical applications of Cannabis. Laboratory experiments have shown that the full range of psychoactive and medical effects of Cannabis resin cannot be re-created simply with the use of pure cannabinoid type drugs like THC (tetrahydrocannabinol). Marinol and Dronabinol, two drugs containing synthetic THC

that have demonstrated limited medical benefits when compared with the use of Cannabis material containing the full range of cannabinoids and terpenes. These observations indicate that in addition to the psychoactive properties present in Cannabis resin, secondary components including terpenes are either psychoactive themselves, or are able to modulate or potentiate the affect of the cannabinoids when ingested in combination. GW Pharmaceuticals has invested extensive research into Cannabis based medicines, concluding that terpenes played a significant role in the effectiveness of the medication.

http://cannabishealthnewsmagazine.com/news/1238/importance-of-terpenes/

Overview of cannabis, it's harms and its medical effects.

http://www.ukcia.org/research/CannabisTheScientificAndMedicalEvidence.php

Oldest women in India attributes longevity to smoking but also drinking cannabis tea.

http://valetudocafe.wordpress.com/2011/05/13/125-year-old-woman-claimed-smoking-pot-everyday-was-her-

THE PROPAGATION, CHARACTERISATION AND OPTIMISATION OF *CANNABIS SATIVA* L AS A PHYTOPHARMACEUTICAL
A thesis submitted by David Potter JP
MIBiol CBiol FLS CMIOSH

http://www.gwpharm.com/uploads/phd_david_potter_jp.pdf

“As pointed out, herbal cannabis contains a mixture of active compounds, more than one of which possibly contributed to the therapeutic action. Sensible patients who appeared to be benefitting from herbal cannabis did not report an equal benefit when given just one of the active ingredients. Possible synergy between active compounds was a possible explanation. “

“The Shafer National Commission on Marijuana and Drug Abuse to review US policy and their subsequent report, entitled *Marijuana, a Signal of Misunderstanding 1972*, recommended a relaxation in the laws controlling cannabis use. Little changed however. President Nixon had declared a ‘War on Drugs’ and he rejected the report before even reading it (Russo, 2003).”

The ingredients having the greatest effects on the cannabis taste would most probably be the fragrant terpenes within the essential oils. Some of these have their own pharmacology and have been cited as likely synergists in mixtures with cannabinoids (McPartland and Russo, 2001).

The potential benefit of these ingredients was demonstrated in a test measuring pain relief in mice, in which unknown powerful synergists produced a 330% increase in activity compared to THC alone (Fairbairn and Pickens, 1981). Synergistically improved efficacy of cannabis extracts over THC-alone was also demonstrated in a mouse model which assessed their antispacticity effects (Williamson, 2001).

The potential benefits for mankind were supported by the observation that patients taking synthetic derivative nabilone for neurogenic pain **actually preferred cannabis herb** and reported that it relieved not only pain but the associated depression and anxiety (Williamson and Evans, 2000). Reasons suggested included the more rapid absorption through the lung than the gut; the presence of other ingredients in plant-derived cannabis which might give additive or synergistic effects; and the ability of smokers to self-titrate their dose (Grinspoon and Bakalar, 1995).

The balance of THC and CBD in the different forms of cannabis was clearly affected by their contrasting genetics. Research suggests that the production of THC or CBD, from the common precursor CBG, is closely controlled by two co-dominant alleles at a single locus (de Meijer *et al*., 2003). As a result, cannabis plants can be identified as belonging to any one of three chemotypes; i.e. THC dominant, CBD dominant or an approximately equal mixture of the two.”

Cannabis as a healing drug.

Donald Abrams, M.D. explains why smoked plant matter has properties that help the body heal, as does vaporized (non-combusted plant matter). The operative word is plant, not the pill (form of THC).

http://www.youtube.com/watch?v=hTpmusczMUk

Dr Abrams talks about use of cannabis to treat his cancer/chemo patients. Stimulating appetite, reducing nausea, reducing pain.

http://www.youtube.com/watch?v=IHBsxfbgrbY

Man successfully beats cancer on his nose with cannabis oil. http://www.youtube.com/watch?v=cZfWglJ2wmU

Cannabis beats lung cancer.

“Researchers at Harvard tested the chemical THC in both lab and mouse studies. They say this is the first set of experiments to show that the compound, THC actually activates naturally produced receptors to fight off lung cancer. The researchers suggest that THC or other designer agents that activate these receptors might be used in a targeted fashion to treat lung cancer.

Although a medical substitute of THC, known as Marinol, has been used as an appetite stimulant for cancer patients and other similar treatments, few studies have shown that THC might have anti-tumor activity.

HERE IS THE INTERESTING PART The only clinical trial testing THC as a treatment against cancer growth was a recently completed British pilot study. For three weeks, researchers injected standard doses of THC into mice that had been implanted with human lung cancer cells, and found that tumors were reduced in size and weight by about 50 percent in treated animals compared to a control group. There was also about a 60 percent reduction in cancer lesions on the lungs in these mice as well as a significant reduction in protein markers associated with cancer progression.

http://www.endalldisease.com/harvard-study-says-marijuana-cures-cancer/

Dr explains that cannabis substances killed and also reduced tumours in rats.

http://www.youtube.com/watch?v=9cUC8tjoB_0

Rick Simpson creates hemp oil for treatment.

http://www.youtube.com/watch?v=0psJhQHk_GI

NSW police raid medical cannabis grow and seize and destroy plants destined to make tincture to treat patients.

http://www.youtube.com/watch?v=qn6X3XRsJ6I&list=PL4751D6F4085E7F7A&index=10

Why is it never seen as a First Line Drug or conventional drug? Surely that is not based on a poor track record for safety.

The first-line treatment for any condition, efficacy being equal, would be the drug or procedure least likely to cause harm.

It has been said that cannabis medicine is not a first line drug, such statements do not seem to refer to whether cannabis is less effective than other drugs in combination with whether the side effects are high.

Certainly there is anecdotal evidence covering a large number of cases where cannabis based treatments have been used as first line drugs or the drug of choice. Many of these cases have involved people taking a suit of other prescribed drugs and finding themselves with more and more medical complaints. These people are then put onto cannabis as a treatment, gain relief, and become less reliant on these drugs that cause them often intolerable side effects, sometimes to the point of being able to stop the initial drugs completely in exchange for cannabis.
While I suggest these are now a very large number of anecdotal cases, this may well be because there has been too few trials performed. In a lot of these cases, the effects claimed by patients are being supported by laboratory type work.

http://www.abc.net.au/catalyst/stories/s888110.htm

□"**Prof. Laurence Mather**: There's no reason why cannabis couldn't become a first line medication if we learn more about controlling it as we had to do with the opioid morphine type analgesics 20 or 30 years ago."

Research at Sydney's Royal North Shore Hospital has been investigating how effectively cannabis blocks pain. An electrode is delicately lowered onto a single brain cell. It's zapped with a pain signal.□□And this is the response in the cell to that stimulation of a pain pathway. Then THC, the most active ingredient in Cannabis is added and the cell is zapped again.□□**Dr Christopher 'Chris' Vaughan** And this time the response is there. It's dramatically reduced from before adding the THC.□Narration: The results show cannabis is a very effective pain-killing drug.□□**Dr Christopher 'Chris' Vaughan**: This is up in a class of very strong analgesics like morphine and other drugs that are used during surgery.□"

What is often mentioned by pain patients is that cannabis does not remove all the pain, but seems to "distance" them from the pain that was presen

The science of Cannabis (video). Dr Lester Grinspoon and others talks about cannabis science
http://www.youtube.com/watch?v=IHBsxfbgrbY

Some other diseases where it seems that cannabis treatment can help.

Multiple Sclerosis.

"During informal conversations at Multiple Sclerosis Support Group meetings, attendees frequently revealed that they grew their own cannabis to ensure supply, to remove contact with drug suppliers and to reduce costs. Hough *et al*. (2003) reported the same observation."

Experienced users of this cannabis, who self-titrated their dose by smoking or vapourising, may have had the ability to adjust their intake according to the potency of the material. Potentially suitable blood plasma cannabinoid level could have been reached within a few minutes (Huestis *et al*., 1992). Users could thus respond quickly to a perceived under-dosing of cannabinoid. The variability in THC content would have presented greater problems for those who relied on eating cannabis-based foodstuff for medicinal purposes.

It has often been suggested that medicinal users appreciate the 'high' that can be achieved from cannabis, perhaps welcoming it as a pleasant distraction from their

symptoms. In a published personal testimony, presented on behalf of the Alliance for Cannabis Therapeutics (HLSCST, 1998b), Clare Hodges stated that when treating her MS symptoms, she did not have to get ‘’high’’ for cannabis to lift her mood and make her feel calm and positive. In many informal conversations with those having multiple sclerosis, psychoactive effects were always described as undesirable. In clinical trials with Sativex®, any psychoactive effects are regarded as undesirable events. There is therefore a paradox. Only resin contained substantial quantities of CBD, a cannabinoid that was efficacious in its own right and able to reduce the undesirable psychoactive properties of THC.

Yet illicit users appear to have preferred to use sinsemilla or herbal cannabis, which evidently lacked CBD.

What this means is that strains or varieties with higher CBD should be studied and made available to patients. It is thought that high THC varieties provide the extreme physcoactive effects while those with more CBD in the ratio tends to smooth out the physcoactive effects. This might be why it is that patients do not like the high experienced while taking marinol because it is all THC only with no smoothing of the phycoactive ingrediant.

As stated earlier, many MS patients confided that they were medicating with cannabis that they had cultivated themselves. This finding was also reported in the small-scale exploratory study performed by Hough *et al*. (2003). Cannabis seeds of high-THC cannabis varieties are readily available for purchase. Screening cannabis seed sources, for the research described in forthcoming chapters, tests were performed to ascertain the chemotype of twenty four commercially available varieties. Of these, twenty two produced negligible amounts of CBD. Of the other two varieties, most seeds produced plants with a high-THC chemotype but three seedlings were of a heterozygous mixed THC/CBD chemotype. This approximated to 2% of all the seedlings tested. Patients wishing to grow their own cannabis would therefore find that, although seeds of a vast number of varieties are commercially available, those that produce CBD are rare. This suggests that, as with those buying herbal cannabis or sinsemilla through the illicit market, those growing their own plants are likely to be raising material almost devoid of CBD.

However there are some seed banks and breeders specializing in high CBD varieties.

Cannabis and epiliepsy.

Ingredients in marijuana and the cannabinoid receptor protein produced naturally in the body to regulate the central nervous system and other bodily functions play a critical role in controlling spontaneous seizures in epilepsy, according to a new study by researchers at Virginia Commonwealth University. The study, the first to look at marijuana and the brain's

cannabinoid system in live animals with spontaneous, recurrent seizures, suggests new avenues that researchers can explore in their search for more-effective drugs to treat epileptic patients who don't respond to today's anticonvulsant medications or surgery. Cannabinoids have been used as a natural remedy for seizures for thousands of years, and studies since at least 1974 have found that the primary psychoactive compound in marijuana displays anticonvulsant properties. The Phenobarbital and phenytoin (typical epileptic treatments, were injected into epileptic rats) failed to completely eliminate the seizures. Injection of the CB1 antagonist significantly increased the both the duration and frequency of seizures, in some cases to a level consistent with a severe, prolonged form of epilepsy known as status epilepticus. This study indicates that cannabinoids may offer unique advantages in treating seizures compared with currently prescribed anticonvulsants," DeLorenzo said. "It shows not only the anticonvulsant activity of exogenously applied cannabinoids but also suggests that the brain's cannabinoid system works to limit seizure duration by activating the CB1 receptor. DeLorenzo's team is now assessing the dosage requirements and evaluating the long-term effects of using cannabinoids for epilepsy in animals.

Epilepsy in 4 year old child treated by cannabis. Video.

While scientists await for permission for trial work in humans under the DEA, sick people and parents seek their own treatment via doctors recommendation.

http://www.youtube.com/watch?v=eY7uWfqoPzk

http://www.youtube.com/watch?v=RIU7vJNLEJk

.http://www.news.vcu.edu/news/Marijuana_and_its_receptor_protein_in_brain_control_epilepsy

OCD.

12 year old child treated with infused cannabis butter. OCD. Dramatic change.

http://www.youtube.com/watch?v=BP-RHZqTEVs

Chrons disease.

Cannabis use is associated with a reduction in Crohn's disease (CD) activity and disease-related surgeries, according to the results of a retrospective observational study published in the August issue of the

Journal of the Israeli Medical Association .

Investigators at the Meir Medical Center, Institute of Gastroenterology and Hepatology assessed ‘disease activity, use of medication, need for surgery, and hospitalization’ before and after cannabis use in 30 patients with CD.

http://theamericancultivator.com/study-crohns-patients-who-use-cannabis-report-fewer-surgeries-less-likely-to-use-prescription-drugs/

http://www.emaxhealth.com/1275/marijuana-helps-crohns-disease-ulcerative-colitis

As early as 1803 it was thought to help intestinal ailment. A request to Joseph banks whom had a quantity of “Bang”

My friend, T. Wedgewood, is exceedingly desirous to obtain a small specimen of it: from what he has heard of it, he conceives it possible that it may afford some alleviation to his most hopeless malady -- which is a dreadful inirritability of the intestinal Canal.

http://www.tokeofthetown.com/2013/01/coleridge_knew_in_1803_that_medical_marijuana_work.php

This is the first report of cannabis use in Crohn's disease in humans. The results indicate that cannabis may have a positive effect on disease activity, as reflected by reduction in disease activity index and in the need for other drugs and surgery

http://www.ncbi.nlm.nih.gov/pubmed/21910367

Cannabis to reduce other more harmful drug use.

This practice of substitution has been observed among individuals using cannabis for medical purposes. This study examined drug and alcohol use, and the occurrence of substitution among medical cannabis patients.

http://www.harmreductionjournal.com/content/pdf/1477-7517-6-35.pdf

Cannabis- an old medical treatment. Prohibited by congress. Targeted for racial reasons. Testimony by researchers and doctors.

http://www.youtube.com/watch?v=iksA-DD3990

Glaucoma.

An American patient with glaucoma accidentally discovers medical use and gets permission under federal court for medical necessity. Any person who is sane and knew they were going blind would break the law in order to save their own eye site. Judge ruled he could use medical cannabis. USA, Washington began supplying joints to patients and has done so for 22 years while at the same time refusing to remove cannabis to schedule 2 so that it can be allowed, USA health also holds a patent on cannabis as medicine.

http://www.youtube.com/watch?v=k7J0zAY-ZLU&playnext=1&list=PLAC8640AB503837FC&feature=results_main

There is a mountain of anecdotal evidence but this is not so for double blind clinical trials because of the laws that stop access for trial work. Dr Donald Abrams conducts a human study after four years trying to get access to cannabis product.

http://www.youtube.com/watch?v=_P4n-rr80aE

Cannabis and Fibromalgia.

Dr explains using CBD rich medication and seeing great results.

http://www.youtube.com/watch?v=PfjBeSTrhPs

Dr Lester Grinspoon Harvard medical school. Revises his view of medical cannabis. Testimony for eliminating chemotherapy nausea, appetite stimulant, reducing suffering.

http://www.youtube.com/watch?v=tEtpxPWjcrw

The FDA can approve a cancer drug within 3-6 months. How long will it take Australian government to approve more cannabis based trials or form up the proper framework to allow people to use the drug without penalty? People are using cannabis for treatment right now because of anecdotal evidence and results from laboratory trials. Hence putting themselves at risk of prosecution and persecution.

"They (drug companies)sometimes have a creed to separate medicine from the medicine man." "Current approaches to combat cancer rely primarily on chemicals and radiation, which themselves are carcinogenic and may promote recurrences and the development of metastatic disease.

http://www.youtube.com/watch?v=HrJ1B46q7PE

Entire List of cannabis trials and case studies can be found here..

http://www.cannabis-med.org/studies/study.php

Reduced risk of diabetes in cannabis users.

Adults with a history of marijuana use have a lower prevalence

of type 2 diabetes and possess a lower risk of contracting the disease than those with no history of cannabis consumption, according to clinical trial data published in the *British Medical Journal*.

Investigators at the University of California, Los Angeles assessed the association between diabetes mellitus (DM) and marijuana use among adults aged 20 to 59 in a nationally representative sample of the US population of 10,896 adults. The study included four groups: non-marijuana users (61.0%), past marijuana users (30.7%), light (one to four times/month) (5.0%) and heavy (more than five times/month) current marijuana users (3.3%). Diabetes was defined based on self-report or abnormal glycaemic parameters. Researchers hypothesized that the prevalence of type 2 diabetes would be reduced in marijuana users because of the presence of various cannabinoids that possess immunomodulatory and anti-inflammatory properties.

http://blog.norml.org/2012/12/12/study-cannabis-associated-with-lower-diabetes-ris

I will leave you with this… while there have been no test cases in humans, there have been many people that have overcome cancer while taking cannabis. Can it cure peoples cancer? Surely we need to find this out, be it proven either way, regardless of the current form of prohibition, there is a dire need for some people to have the laws changed and fast.

"More recently, scientists reported that THC and other cannabinoids such as CBD (cannabidiol) slow growth and/or cause death in certain types of cancer cells growing in laboratory dishes. Some animal studies

also suggest certain cannabinoids may slow growth and reduce spread of some forms of cancer. However, **these substances have not been tested in humans to find out if they can lower cancer risk**. There is no available scientific evidence from controlled studies in humans that cannabinoids can cure or treat cancer."

http://www.cancer.org/treatment/treatmentsandsideeffects/complementaryandalternativemedicine/herbsvitaminsandminerals/marijuana

Why the medicine needs to be "organic" certified.

Hydroponically produced plants, be it a tomato or the cannabis plant will contain only the elements that were fed to it or what they manufacture themselves.

This in itself has implications for the proper balance in the human body in that the foods of today do not always contain all the essential elements normally obtained from soil that is needed by the body to heal.

Black market cannabis can contain pesticides and herbicides that make it not suited as a medicine. Government needs to look at providing certified organic, pesticide, herbicide free medicine.

A future supply for Australia.

How would the Australian government source cannabis in its natural form for trial work involving juicing, vaporizing or edibles given that marinol has not been well accepted by patients (probably because it is a single synthetic) and there are likely many more advantages of using the raw pure form?

The answer would be to create an avenue to have an Australian University produce it just like happens in the USA with all cannabis for trial work grown at the University of Mississippi. Similarly in Canada the government licenses a private producer.
This could ensure organic product free of pesticide and herbicide and all ratios of THC and CBD could be tested and standardized.

A permit might be required for seed import.
However it would be best to obtain various varieties that would provide researchers with different strengths and ratios of THC to CBD. For example some varieties are considered to be better for pain and some better for appetite. This might be further researched.

I thank you sincerely for finally furthering the work into this.
Kind regards