

MEDICAL CANNABIS & MENTAL HEALTH

Medical —
Cannabis &
Mental Health

—Sara Makin—

Medical Cannabis & Mental Health

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CHAPTER 1:

HISTORY OF MEDICAL CANNABIS AND WHY IT MATTERS TODAY

I am often asked this question—why does this history of medical cannabis matter now? It gives me a wonderful sense of opportunity and responsibility when I'm presented with an occasion to share what I know about medical cannabis as a result of my research and study.

World history has made every cannabis consumer a medical patient throughout the ages, and today medical cannabis is transforming lives by offering treatments for the benefit of health and wellness. The future is paved by the knowledge left behind that we can now translate into wisdom for the future.

Medical cannabis has been hidden, ignored, and dismissed for far too long by many people over the years and around the world. And yet, we have discovered that throughout history, regardless of any opinion, there has been irrefutable scientific evidence reshaping the healthcare conversation with conclusive studies that

dispute arguments and claims that there are no medical benefits for its use.

As we dive into this book together, I want to empower you with this one thought:

Even if you do not have a use or need for medical cannabis today, your support and understanding of how it impacts lives are critical to the efforts to continue medical research all over the world.

I ask that you come to this book with an open mind as we peel back the layers of history and research; allow yourself to be led by the historical facts, testimonies, and studies of those who have used medical cannabis when nothing else worked.

Inside these pages, I will not be calling cannabis any other name. I am sure some of you may have heard of other names such as “weed,” “pot,” or marijuana, but for me, there is no other name than cannabis, which is the clinical name of this medicinal plant. Although some in the medical and research field can be heard saying marijuana and cannabis in the same sentence, I will not.

I tend to cling to the clinical name because I want to encourage others to remain true to the integrity of what this plant can do. Cannabis continues to show us its benefits through significant medical discovery.

In my opinion, the use of any other term devalues and attempts to discredit its clinical identity and therapeutic use, and I would not be a responsible educator if I added to this pervasive confusion because so many different

interests have spent countless hours and dollars trying to convince people that cannabis was a scourge to be rooted out rather than an invaluable tool for helping people with a variety of different conditions. First, we need to look at the history of cannabis and how we first began to understand its unique properties.

Now that I've gotten that out of the way let's take a short journey into the past and resurrect some deeply rooted science that just might benefit you or someone you know and love.

It was back in 1753 when scientists first identified cannabis. However, the use of cannabis goes back far beyond this. Over the centuries, their interest began to gain momentum in the botany of the cannabis plant. They broke down the species into three groups known as sativa, indica, and ruderalis to identify the distinction between the various plant strains and characteristics. Furthermore, differentiating the various plant groups aided in the research of how to best utilize them according to their category.

History reminds us that throughout every century, some ideas cannot be silenced or hidden. One such sacred plant passed through time and generations. Mother nature has her way of rising to meet the needs of humanity regardless of humanity's contemporary ideologies.

Currently, the ancient cannabis plant is giving researchers reason to rejoice because there are near-

constant new discoveries regarding different ways the plant and its extracts can be used in a variety of previously unheard-of ways. Think of it this way: if a plant such as cannabis has a history of medical and ceremonial use for thousands of years across a multitude of different cultures, there's probably a scientific basis for it. But just how far back does cannabis use go, you might be wondering?

Cannabis is being resurrected from the tombs of history into the future of progressive healthcare. One of the earliest recorded uses of medical cannabis dates back to ancient Chinese civilization, which is often considered to be the birthplace of medicine. The plant was discovered in 2500-year-old Yanghai Tombs in Xinjiang, China, where entombed plant remains were tested and found to be used in Shamanic practices for medicinal benefits to kings, queens, and the community at large.

Who knew cannabis was worth taking to the grave until we understood its value as a commodity and as a medicine?

One of the first reputable and documented events in early medicine was linked to a Chinese surgeon and physician. Dr. Hua Tuo was the first to use medical cannabis as an anesthetic medication during surgical procedures, and his accomplishments in performing surgeries under general anesthesia have been well documented. In order to use cannabis as an anesthetic,

Dr. Tuo created a proprietary formula using crushed cannabis powder and a mixture of other herbs and wine, which he called “mafeisan.”

Tuo administered his concoction to his patients prior to surgery in order to provide neuromuscular relaxation and to induce his patients into a comatose state during his procedures. This enabled him to conduct major surgeries such as hernias and other resection procedures without the patient experiencing significant pain.

In addition to his community touting him as a “divine” healer, Tuo was well known for his other work in acupuncture, herbal medicine, and moxibustion, an eastern medical approach that uses burning herbs to apply residual heat either directly or indirectly to a designated location near the skin surface.

Unfortunately, most of his manuscripts were destroyed by fire and have been largely forgotten. Only a few documents that still hold the secrets of his specialty survive, while the majority of his research and data followed him to the grave.

The discovery of this research was unprecedented and predated the discovery of any type of modern general anesthetic. This enabled Tuo to perform major surgeries that would have been virtually impossible previously. In fact, without Dr. Tuo’s discovery, we would not even have the modern term anesthesia.

The word “anesthesia” translates to “mazui” in Chinese, which means “cannabis intoxication.” This

was the first piece of evidence to support cannabis as an alternative to narcotic medication before pharmacology dating back to the 1st millennium BCE.

A secret out in the wide open, yet it has taken us this long to catch up to history!

To give you some perspective, imagine this revelation in history.

By the end of the 20th century, medical cannabis was incorporated into twenty different prescription medications and was sold and distributed in pharmacies across the United States. Medical cannabis was readily prescribed and used until 1942, when cannabis was rebuked, and pharmacology became focused on formulating proprietary formulations of synthetic drugs that could be protected through a federal patent. At that time, close to 6% of drugs manufactured contained medical cannabis.

It might come as a surprise that those pharmaceutical brands who marketed and created brand awareness to their products had to find unique ways to garner market acquisitions. Back in the day, natural genetics were equal between brands. It was up to the consumer to choose the brand that they felt was best. Some of the top companies who sold medical cannabis before synthetically creating drugs for medical use were Eli Lilly, Pfizer, and Squibb of Bristol-Myers.

This evolution resulted in an over-inflated pharmaceutical industry that has struggled to develop

successfully drug statistics that impress taxpayers, resulting in just a 50% success rate with drug delivery that can pass phase III clinical approval for market use.

Today we see the vast numbers of pharmaceutical companies struggling to formulate drugs that are effective beyond 50% success rates. High healthcare costs, combined with reduced effective outcomes, have left patients and providers feeling disenchanted with these statistics. So, when we find alternatives like cannabis that are helping patients find new healing solutions, why would we not study them further in order to provide patients with more access and safer outlets?

Things that make you go, “Hmm.”

At this point, it seems difficult to imagine that a pharmaceutical company would reject the benefits of a natural remedy that showed positive results and instead market various iterations of cocaine. But this was, unfortunately, the case for many years. Parker Davis is the patent holder of the dangerous and deadly drugs PCP and ketamine, and both drugs are also being used in the recreational space.

At present, the previous manufacturers of cannabis medicine state they are no longer involved in cannabis research, and none have suggested any re-entry into the development of cannabis.

As drug developments around the world became accelerated, some scientists were still intrigued by

cannabis history and were eager to determine its efficacy and purpose.

It was 1964 when a brilliant organic chemist and professor at the Hebrew University in Israel by the name of Dr. Raphael Mechoulam discovered the main compound found in cannabis. Dr. Mechoulam revealed the discovery of “delta-9-tetrahydrocannabinol,” better known as “THC.” Dr. Mechoulam was indeed a pioneer in advancing the scientific community with his dedication to defining this plant in meaningful ways.

A few years after Dr. Mechoulam’s discovery, a group of pharmacologists formulated a synthetic version of THC known by the brand name Marinol. This drug was formulated by Norac Laboratories in southern California, the largest and only THC manufacturer in the United States.

Dr. Mechoulam continued to explore the medicinal plant’s properties, and in 1992, he revealed his discovery of the endocannabinoid system. His revelation identified anandamide as the first compound in the cannabinoid or endocannabinoid family. In doing so, Dr. Mechoulam had the help of two other National Institute of Mental Health researchers: Dr. Lumir Hanus and William Devane.

I consider the work of these scientists to be stellar advancements in the scientific community. Without their work, we may still be mostly in the dark about how cannabis works on a molecular level. Obviously,

we had known for many years that cannabis had unique properties, but because it had been designated as a dangerous drug in most parts of the world, researchers didn't see the value in looking further into the plant.

The contagious interest in cannabis exploration was exploding, but it was happening silently due to serious legal concerns.

As time went on, some countries and states took a more progressive approach by finding new ways to integrate medical cannabis into areas where the healthcare system was unable to find adequate solutions to different ailments. It was still quite experimental, but the research showed consistently promising results. This, of course, did not stop the opposition that cannabis research had already been facing.

One state in the United States had its eyes on the opportunity to be at the forefront of cannabis research, and they've been pioneers in the medical cannabis revolution for decades. California was leading an exciting exploration of medical cannabis starting in 1996 when they released the Compassionate Care Act. This offered patients access to medical cannabis under Prop. 215, a statute that allowed California patients with certain afflictions the opportunity to acquire medical cannabis under physician supervision. More recently, California has added Prop. 65, which allows for "adult use" or "recreational use" of cannabis for adults over the age of twenty-one. With this proposition, consumers could

acquire cannabis without a medical recommendation letter from a physician or under medical supervision.

California was actually behind several other states like Washington and Colorado when it came to recreational use, but this was largely because the medical cannabis system was so efficient and well regarded. In short, cannabis users in California were happy with their current system, and they didn't like the idea of the extra taxes that recreational use would bring.

Now that recreational use has been working for several years, the concerns about underage use and heightened crime levels have mostly been forgotten, and the state now relies on the extra revenue generated by recreational cannabis.

This was a bold step towards the progressive integration of cannabis, and California was quickly becoming known as the hub of cannabis cultivation and exportation.

Those who fought so hard to get medical protections under Prop. 215 were frustrated when the state pivoted from pure medical use to allowing access for anyone over the age of twenty-one to use for recreation.

Today, less progressive states are trying to find ways to integrate legal and medicinal cannabis into their culture because of how California led the way with no ill effects. This allows for greater revenue generation for the states, but it also creates jobs in the clinical, cultivation, and retail sectors.

The adoption of cannabis has now migrated into thirty-three states nationally and nine countries having legalized cannabis for adult use, medical use, or both. This is a profound time in history if you are interested in the cultivation or use of cannabis.

But what is it about this plant that has caused so many people to be skeptical of cannabis and yet so many others advocating for its use?

Because the active ingredient in cannabis is derived from the flower, only the female plant has therapeutic value. The males are incapable of producing flowers and are only tasked with fertilizing the female plants. However, many commercial growers do not allow males and females to intermingle freely because it will produce a flower with weaker chemical properties.

Some of those chemical compounds are also found in our bodies and are replicated by the cannabinoid systems that mirror our internal operating system—the endocannabinoid system.

Did you know that CBD occurs naturally in breast milk? Until recently, we didn't understand that CBD also had medically beneficial properties, but now it is recommended for a wide variety of uses. As a result, it has become an industry of its own that now generates billions of dollars per year.

In what turned out to be an incredible discovery, research shows that cannabinoids occur naturally in human breast milk. According to these scientific

studies, human breast milk naturally contains the same cannabinoids found in the cannabis plant, which are vital for human development. CBD and other isolated compounds work together, synergistically, to encourage the baby to nurse, sleep, and have an overall sense of calmness. This makes sense because CBD is recommended for adults who are looking for a greater sense of calmness and a better night's sleep.

The female cannabis plant continuously reminds us that her greatest asset lies within her biochemical structure. The cannabis mother feeds her embryo seedlings, who are cradled in the soil of rich nutrients that cultivate compounds just as a newborn nursing from her mother. These compounds are making their way to shelves all over the world today.

The “history” of cannabis should be the “herstory of cannabis!” #CannabisHerStory

As much as it has been helpful to millions of people, cannabis has presented certain challenges that researchers and cultivators are still working on. Because cannabis comes in a variety of different strains, there are significant differences in the amount of THC, CBD, and other cannabinoids found in these different strains.

While the overall effects of cannabis are somewhat similar, we have considerable evidence that the amount of these chemicals causes different effects on the brain and central nervous system. Because of this, it is helpful to have professionals who understand the small differences

between one strain and another. States like California now require cultivators to have their cannabis products tested in order to determine the exact THC and CBD concentrations in a particular product. This information is then included on packaging so the customer can more accurately choose which product is right for them.

The potency and stability of each bioactive compound have many variables. Thus, educating scientists about these varied conditions has become incredibly important. The properties of each strain can be affected in several ways, such as where the seed or plant is grown and harvested. The amount of sunlight or artificial light and water conditions also play a role in this.

Many cultivators today have options for cultivating from growing indoor, outdoor, hydroponic, aquaponic, and/or greenhouse.

This is one of the major reasons why studying medical cannabis has been so difficult. Today, many plant breeders are seeking tissue propagation (cloning) to circumvent the challenge of inconsistencies in strain effects. We know managing temperatures, humidity, and light are crucial to the integrity of the plant's stability, but cloning removes other variables which are strictly genetic. This is why studies based on one strain of cannabis can present challenges when trying to reproduce them in a consistent measure to conduct research effectively. Additionally, the modalities used for

cannabis consumption vary and also create unfortunate variables.

However, these challenges have yet to keep people from using medical cannabis. Most find some value or benefit medicinally, even if that value was not the particular condition they were seeking to mitigate in the first place.

This plant, regardless of its reputation, has continued to demonstrate its ability to benefit patients around the world. Before the concept of modern pharmaceuticals was even dreamed of, cannabis was providing untold numbers of people with effective treatments for a variety of conditions. The problem with cannabis, as we will discuss further, is that it became saddled with dangerous connotations, and many of these were manufactured solely to keep cannabis from challenging other markets such as alcohol and modern pharmaceuticals.

At this point, I'm sure some of you, who as children, recall your parents or grandparents introducing you to some sort of home remedy or tonic that they used to treat illness or infection. One of the most common is apple cider vinegar. It has all kinds of anti-microbial properties, and it has been used as a remedy for various ailments for generations. Of course, you won't find it on the shelves in a pharmacy because its primary use is in salad dressing. But this doesn't mean that it isn't perfectly effective at treating different illnesses.

Some of you may have yet to encounter a medical condition that cannot be treated with traditional, modern medicine. But what if you do? What if you find yourself in a situation where none of the modern medical interventions work? Or what if the side effects of those interventions are too much to handle? Would you alter your course and pursue your own research into a better treatment? I certainly would begin to consider my “alternative” options and seek something from history that could offer a positive solution to whatever condition or disease I was seeking to treat.

Do you accept the fate of a clinician advising you there is nothing left to offer you? Or do you fight for your life with careful alternative considerations such as CBD or other new market compounds? The reality is that we’ve been conditioned to think that alternative, herbal, or traditional medical interventions are to be doubted as old wives tales. We’re also conditioned to believe that modern medical solutions are inherently better because they’re more “scientific” or “safer.” But we are quickly learning that this is not always the case.

Whatever your position on medical cannabis, it is my hope that should you ever need to access it, you will have the appropriate tool at your disposal to make the right decisions when it comes to what kind of products are right for you. If you don’t have any experience with cannabis, it can seem a little scary. We’ve all seen the anti-drug ads that warn us about addiction, financial

ruin, and ultimately our own destruction. You may have heard about people who accidentally ingested too much cannabis and had terrifying effects. The problem is that all of this is due to a lack of education. If you are armed with the right information, you can use cannabis perfectly safely, and productively.

Now, let's talk about the different types of cannabis and how they affect us differently.

Daytime and Nighttime Historical Effects of CBD vs. THC

Cannabis indica plants have been found in dry, hot climates, providing the growing plants with long days full of sunshine. Some of the best-known places for cannabis cultivation are in Central America, Southeast Asia, and Africa.

Indica strains have been predominantly known to have more sedative effects and have been touted as the “PM medication,” resulting in body and mind relaxation. This particular species has several incredible effects, which include anti-nausea, increased appetite, and an increase in dopamine production. Typically, these indica strains are used in the evening to calm, induce sleepiness, and provide a better quality of rest.

Cannabis sativa plants, on the other hand, are lean and tall with leaves like a piano player's fingers. Sativa strains are slower to mature than most other cannabis

strains and typically grow around twelve feet tall. They have been known to possess higher levels of THC and lower percentages of CBD, which results in a different experience. Sativa species have been found to be effective as a daytime medication resulting in anti-anxiety effects and a feeling known as a “head high.” Studies have shown that sativa strains, because of their specific chemical makeup, allow for an experience that is more energetic along with an increase in productivity. These are precisely the kinds of choices you will be making when choosing the right product for you.

The sativa strains have been touted as the “daytime” of cannabis, and several other strains seem to significantly promote the effects of wellbeing and mental and behavioral issues such as depression and Attention Deficit Hyperactivity Disorder (ADHD). Some of the strains known for this effect have been named Durban Poison, Acapulco Gold, and Panama Red.

Cannabis indica plants originate in places such as Pakistan, Turkey, India, and Afghanistan and rise in the Hindu Kush mountain region. The plant’s resilience and survivability demonstrate its potential to withstand harsh, arid conditions and to deliver much-needed relief to patients suffering from chronic pain, muscle spasms, nausea, and insomnia. At first, we assumed that these types of plants needed to grow in these specific regions, and as a result, they seemed quite exotic. We now know that the resilience of most cannabis plants means that

they can be cultivated almost anywhere as long as the conditions are right.

The indica plant is distinctly different from sativa in aesthetics. These plants are thick with bushy leaves that spread and fill in the plant's body. They also typically grow faster than its sister sativa and possess higher amounts of CBD and less of THC.

It has been cited that the effects of indica induce a relaxing state. Indica's users have reported a reduction in nausea and an increase in appetite. This species of cannabis inhibits antidepressant effects, which for many patients has been lifesaving. It has been shown to treat chronic pain while increasing serotonin levels regulating sleep, appetite, mood, and learning.

With the chemical profile of these plants providing relaxing effects, indica strains are recommended for evening and nighttime use. Some strains that are most effective are Granddaddy Purple, Afghan Kush, and the Hindu Kush.

The strains mentioned are considered "landrace" strains and date back to early days of incredible potency, surviving the evolution of mixed breeding of the species. In addition to indica and sativa, there are hybrid strains that attempt to produce the best of both worlds.

It is important to know the history of the "hybrid" cannabis plant. Some strains have been bred together, resulting in a fusion that tends to have a balance of both

strains, but they have variable inconsistencies that are no different from individual strains.

In the next section, I will provide you with a brief understanding so you can grasp the complexities as we evolve into further cannabis research and discovery.

Cannabis Hybrids

Over the years, cannabis cultivators (growers) have produced strains that have been genetically identified, but they have sought to disrupt the industry by cultivating new strains without actually knowing which strains they were combining. The result is a wider range of products that are more closely tailored to what the individual prefers. In a sense, we have found a way to customize the experience by crossbreeding.

Hybrids are now being grown and produced to generate strains that are distinct and unique. This fusion between two parent plants from indica and sativa strains generates specific effects based on the grower's desired outcome. Of course, we've known how to crossbreed plants for centuries, but only recently has this been applied to cannabis.

These plants can be grown outdoors or in greenhouses, and they take on various genetic traits based on their parent's characteristics. These plants are typically grown to facilitate a higher percentage of THC,

but each parent has a distinct percentage of the two cannabinoids, THC and CBD.

Many of the farmers growing cannabis hybrids create these strains to target conditions such as anxiety and stress in order to reduce the side effects in treatments like radiation and chemotherapy. These strains typically are indica dominant, and some popular strains are represented by Blue Dream, Train Wreck, and Pineapple Express.

In the event that you accidentally over-consume cannabis and find its euphoric effects uncomfortable, you can reverse this effect by smelling or chewing on peppercorn or integrating CBD to counter the THC effect.

In my practice, I see countless patients who are desperate to find relief from their symptoms that completely disable them from normal functioning. When a patient is unable to find something traditional that works for them, the exploration of alternatives is the next step to remedying the problem.

If I walk away from patients when pharmaceuticals have failed them, I have failed them too. I feel I must always pursue solutions that can enable my patients to find safe alternatives, whether pharmaceutical or natural.

What becomes fact or fiction in healthcare when it comes to medical cannabis?

The historical citations we continue to see for centuries are filled with insights, purposes of use,

and its efficacy as the evolution of applications of use throughout the ages has been historically documented. The Netherlands, Asia, India, and Egypt reported medicinal use and benefit; thus, it is no wonder the increased attention on this stigmatized plant has grown in popularity.

We began to see early on in the historical data the impact medical cannabis has had on generations long before the birth of the United States. From the molecule to the market, the cultures that implemented this medicine into practice set the standard for what we call pharmacology today.

What is clear is this: cannabis continues to have a powerful ability to transform and reshape ideologies in medicine. As studies become more prevalent, and patients explore independent options for healing, states and countries will continue to open access for their communities who are demanding safe access to alternatives.

If cannabis had zero efficacy in treating any type of ailment or was found to be harmful, I am confident any reasonable person would stop using it. Similarly, if any medication failed to deliver what was thought to be its beneficial effects, we could reasonably assume it would no longer be on the market. After all, what's the point of prescribing a drug that doesn't work? But what we have seen with cannabis is quite different. Instead of spotty or anecdotal reports of its efficacy, what we have seen is an

adoption of cannabis as a treatment all over the world that dates back centuries. When our modern American culture looks at cannabis as nothing more than a pleasant recreational experience, we are missing an opportunity to treat patients in a more compassionate and complete manner.

Throughout the ages, cannabis has been proven to be an herb that many people and caregivers find to be effective at treating a wide range of conditions. Ask yourself, if there were no medical benefits of cannabis, why would people continue to use it for thousands of years? As with anything medicinal, it can be abused, but we have yet to see a single death attributed to the consumption of just cannabis.

While cannabis has certainly proven to be a valuable recreational commodity, we cannot ignore the fact that it has existed as a purely medical product for many years and in many different cultures.

I think what is so exciting about these particular cannabinoids is that our understanding of this plant's biochemistry continues to evolve through science and research. This powerful research and discovery will ensure future generations are better off than they would have been without it.

We care about humanity. Enabling this research and directing it into the healthcare ecosystem will direct our progressive focus towards medications and integrations that can be meaningful to health in the future.

Hemp vs. Cannabis Use and Applications in History

This is an important distinction, because hemp and cannabis are often confused as the same thing. While they both come from the same family, hemp and cannabis are actually quite different. The tragedy is in the oversimplification of these plants. As a result, the extremely versatile hemp plant has been unfairly demonized by anti-cannabis activists.

Hemp became recognized for its medicinal purposes in early circa 6000 BCE in ancient Chinese civilization. In those early days, hemp was most commonly known for its use in tools, clothing, food, and other supplies. However, it was only a matter of time before hemp would make its debut at an industrial level when it was discovered that it could also be used in a variety of medical applications.

Hemp was considered a medicinal product in 2737 BCE and was used widely in different parts of China. As a result, hemp has been respected in the Kingdoms in China, where the emperor had oversight of the topical hemp oils and teas.

We then found evidence that the Romans had also used hemp for a variety of purposes for many years. Sometime around 77 CE, Pliny the Elder stated that hemp was beneficial in the removal of insects from ears as well as for treating different types of pain. However,

he did cite that using hemp to excess could cause sexual impairment. Around the same time, Pedanius Dioscorides had written a pharmacopeia that cited hemp as having medical benefits for a variety of different conditions, including stomach related issues, burns, and ear infection pain.

As early research into hemp progressed, Aelius Galenus (CE 129–199/217), a well-known Roman physician, surgeon, and philosopher, documented hemp's ability to significantly reduce pain, but he also noted some side effects associated with its use. He found that some people experienced stomach pain, headache, and some dehydration as a result of their use of hemp.

As we follow the story of hemp, we learn how incredibly popular it had become in Middle Eastern culture. Some suggest it was largely embraced for the simple fact that liquor (spirit) was prohibited by Islam. Because of this, hemp was well accepted and promoted by many physicians. It was well documented that these clinicians saw the potential for cannabis to be used for a wide array of different conditions. These were often conditions where, at the time, no other treatment had been deemed effective. Some of the new findings included benefits, such as anti-inflammatory, pain relief, anti-nausea, and anti-seizure, just to name a few.

While hemp was gaining popularity for its medicinal and other uses, India had long revered the herb as a “sacred grass.” Over the centuries, hemp was infused

into drinks, tinctures, and topicals for medicine and recreation. To this day, we continue to find benefit and value in its use.

I recall an article that shared something quite profound, and it reminded me of how the United States has an unfortunate tendency to repeat its own history in a rather negative way.

The Thai Government began asking its citizens who wanted to grow cannabis legally also to grow for the government and to supply hemp for the government's use. I wondered if they read our history books and decided to enact something we once did with hemp production.

It was 1942, and hemp, a non-psychoactive sibling of the cannabis sativa L plant, was becoming recognized in the United States for its versatility. Hemp cultivation and production began when the United States government issued a request to farmers to cultivate the plant for its rich fibrous properties and structures. To sweeten the deal, farmers could grow hemp for themselves and also receive compensation for what they grew for the government.

Hemp plants had been bred for their industrial purposes, such as in manufacturing large ropes and other necessary supplies that could benefit the military during wartime. At the time, hemp was proving far more useful than anyone could have imagined, and as it evolved, we learned of its additional benefits.

In the early 1940s, further studies revealed the plant held significant dietary and health benefits. CBD was a prevalent compound found in the hemp plant, and we began to study just what it might have to offer as a medicinal compound. This compound was one of over 140 different biochemical phytocannabinoid compounds found in hemp, and the race was on to discover new and various uses for them.

It appeared that we were about to discover a totally new approach to health and wellness by using the different compounds found in cannabis and hemp. We were on the doorstep of discovery. It was 400 years in the making from hemp to CBD, but in the process, certain challenges arose. First, hemp and cannabis had made some unfortunate enemies. The powerful timber industry saw just how versatile hemp could be.

They realized that hemp could be made into paper because other cultures had done just that. They saw an obvious problem: if you could grow hemp more quickly than trees and with less land, you could take over the valuable paper market. This did not sit well with the timber industry, and they actively lobbied against hemp.

In the 1930s, there were several attempts to outlaw anything in the cannabis family, but the attacks came from different directions. As I mentioned earlier, the timber industry was growing anxious about hemp's ability to replace trees for paper production, but there was also a more sinister plot in the works, and it relied

on both racism and a general misconception about the hemp plant.

First, lawmakers at the time didn't really understand the more nuanced differences between the hemp plant and the cannabis plant. All they knew was that they were both part of the same family, and so they were lumped together.

At the time, there was another push underway to demonize the Mexican immigrants who had begun to cross the southern border looking for work. The Mexican immigrants brought many of their customs with them, and one of those customs was smoking cannabis. In an effort to demonize these new immigrants, Americans sought to demonize their 'marijuana' as well. There were propaganda campaigns that told people cannabis would make them go mad or that it would cause seemingly normal people to become rapists and murderers. Of course, none of this was true, but the propaganda took hold, and the American public turned against cannabis.

The result was the Marijuana Tax Act of 1937. This effectively banned the recreational use of cannabis, but it also closed the door on possible medical cannabis research. Unfortunately, cannabis wasn't the only casualty of the 1937 legislation. Because hemp was considered to be nearly the same as cannabis, it was also banned under the Marijuana Tax Act. This overjoyed the timber industry who saw hemp as a threat, and it was a great help to the alcohol industry, which was, at

the time, trying to recover from prohibition. For years, the alcohol industry had seen cannabis as a cheap and easy to produce alternative to alcohol, and they wanted it outlawed entirely.

It would be many years until scientists were able to once again start searching for the medical values of cannabis. But when the government did start entertaining the idea of medical cannabis, it would be confusing and full of bureaucracy.

In 1999, the federal government filed a patent by three scientists from the National Institute of Mental Health for cannabis. But why, you might be asking?

I know you might be thinking, “If there is no medical benefit and no value, then why would the government seek to own a patent on cannabis for therapeutic uses?”

And yet, Federal patent #6630507 cites cannabinoids as antioxidants and possessing neuroprotection benefits. This patent was issued in 2003 when Health and Human Services (HHS) approved the application. Within the patent, we discovered citations of medical benefits from its use with certain CBD non-psychoactive cannabinoid compounds. These scientists have found a way potentially to protect against neurodegeneration and damage. The patent notes cirrhosis as an effective target, additionally. The patent also explained that cannabinoids are beneficial in treating conditions such as HIV, dementia, Alzheimer’s, and Parkinson’s, and

it goes on to explain the antioxidant benefits from the properties found within CBD.

Ironically, there is a pharmaceutical company called GW Pharmaceutical, who owns a piece of this patent. When GW released the first FDA-approved drug Epidiolex, a CBD based pharmaceutical, the government received royalties on all sales in the United States. When it's profitable for the government, they allow the cannabis-based product to be explored and developed. But for anyone else interested in harnessing the power of cannabis, it could result in a prison sentence. If you think that this sounds somewhat hypocritical, you're correct.

Thankfully, after twenty years of the federal patent being active and exclusive, it only recently expired, paving the way for new and improved patents to continue developing cannabis-based products.

Cannabis has been listed among some of the most dangerous drugs overly abused like methamphetamine, ecstasy, and mind-altering psychedelics like LSD and peyote. When you look at the scheduling of drugs, something odd starts to appear. The highest schedule (Schedule I) is for drugs with a high risk of abuse and no accepted medical use. Cannabis falls into this category, giving it the impression of being extremely dangerous as well as worthless in a medical sense.

Lower down on the schedules, and we find drugs like fentanyl, which has been the cause of death for tens of

thousands of people in what we now refer to as the ‘opioid epidemic.’ This drug, because it has an accepted medical use as a painkiller, is still considered less dangerous than cannabis despite having accidentally killed thousands of people. Does that make sense to you?

In healthcare, so many other dangerous and toxic medications have come to the market utilizing illicit chemicals for therapeutic benefit, and yet here we are in the same place as before, asking the same questions again.

In the early ‘90s, we began to see the opioid epidemic take root. Opiate drugs had become the most deadly narcotics in the world. These drugs include Percocet, Vicodin, morphine, and methadone, which are all used today in healthcare. Cocaine is also scheduled below cannabis because of its mostly historical use as a pain reliever in dental procedures. At this point, though, you’d be hard-pressed to find a dentist who still numbs your gums with cocaine. And yet, cocaine is still considered safer and more useful than cannabis by the DEA. At least cannabis could be given the same consideration as other drugs when it demonstrated a safer therapeutic value than the ones listed above.

With over 20,000 medical studies citing therapeutic benefits of cannabis, one has to wonder why the government does not give the plant a reclassification and help the taxpayers feel good about their tax dollars being used for studies and medications they fail to benefit

from. So how is it that the Schedule I rating on this plant remains unchanged?

The National Institute of Mental Health (NIMH) has continued to offer insights regarding the ongoing health benefits of utilizing cannabis as a therapeutic treatment. And then, at the same time, we have the National Institute of Drug Abuse (NIDA) continuing to cite how dangerous cannabis is. It seems like a battle between authorities on the definitions of mental health and drug abuse, and they just can't seem to agree.

With politics taking center stage in the cannabis arena, the hypocrisy eventually became the elephant in the room.

How were we to know the centuries of benefits found from cannabis and hemp before researchers began to unravel the myths and magic around this plant touted only as a recreational commodity?

Now that the political landscape has changed so drastically, medical cannabis might be a reality for you. For more information about obtaining a medical cannabis recommendation, or to find a dispensary, visit our website at: <https://marijuanadirectory.site/>

CHAPTER 2:

WHY MEDICAL CANNABIS BECAME SO PASSIONATELY PERSONAL FOR ME

As a teenager, I suffered silently with depression and anxiety, not knowing why I was always fighting moods that would control my thoughts and the course of my day. As I began dealing with life and the insecurities it can bring, it caused me to wonder if I was always going to feel this way throughout my entire life.

I will never forget the day a friend of mine offered me a cannabis joint. It was a sunny afternoon that should have been so beautiful already, but through the lens of my mental obscurity, I failed to notice. What happened thereafter was truly life-altering for me. As my group of friends began to take turns smoking cannabis, it became apparent to me that I was feeling an effect I failed to experience until that day.

I suddenly appreciated the clouds over my head. I could see light and not just gray tones. What was in this joint that enabled my brain to alter my perspective? Whatever it was, it validated my reality away from my brain, depressing me further. The sky was indeed Claritin blue and not gray as my mind had told me over the years. I could not see past my mental anguish and was always trying to understand it, but found myself distracted from the realities that were around me.

Like every other teenager, I had a fun group of friends; I had a family that loved me, and yet I had felt trapped inside my mind with a heaviness which I felt I could not burden anyone else with.

As I consumed cannabis more frequently, I found my moods were beginning to stabilize. I was more attentive to my emotions and felt my body adjusting as my brain recalibrated. Cannabis was effectively activating the receptors predominantly found in the brain and gut, commonly known as the second brain.

The effects were overwhelming. The symptoms of depression I had been feeling seemed as though they were unavoidable. I had been dealing with them for so long, I just considered them a normal, if unpleasant, part of my life. I was frustrated because, up until that moment, everything I tried had failed to impact my depression. As I grew older, my depression tapered off, and I was eventually able to stop using cannabis regularly. I had found a solution to a problem that seemed impossible,

and I wanted to share this experience with others. It felt like my duty to do so.

I will forever evangelize the transformative benefits cannabis gave to me. The fact that cannabis took me from depressed to not depressed was the impetus for my academic study and career—sharing this with others became my “why.”

As my interest in medical cannabis evolved, I found myself glaring at research initiatives that were focused on other conditions and indications and which left out a fundamental part of our wellness: the brain, and its mental health and acuity.

I was pissed! It left me frustrated to think mental health was just an afterthought when it came to medical cannabis and mental health. Clearly, there was more to the story, and it bothered me that cannabis was still viewed as just a dumb way for people to have fun.

We live in a society that endlessly promotes instant food and instant treatments that will have lasting effects, but do they? As our awareness of certain deficiencies found within the body continues to grow, we’re starting to understand that the treatments we’ve been relying on are moderately effective at best, and even worse, potentially dangerous. Just think about all of the pharmaceutical ads you see on TV. Each one ends with a laundry list of side effects that are downright terrifying. At this point, we’ve just gotten used to it.

As I began my work in mental health, my understanding of how nutrition and supplementation grew. I began to see that without a more holistic approach, we couldn't actually solve our health problems.

Organically and through personal experience, I became an advocate for integrative healthcare. I believe that because of my experience with cannabis I could use my voice and expertise to help others find mental balance, offering them safe, natural alternatives while minimizing some of the adverse side effects that come with some of the medications typically prescribed for mental health.

My interest in identifying the effects of cannabinoids on the brain began to grow from there, and I began learning the science behind how it impacted neurological function.

This *magazine article* shared the story of an eleven-year-old girl. She was suffering in her home state of Texas from a rare seizure disorder that kept her from living a normal life. This young warrior and her family had exhausted all traditional therapies, and the last resort was for them to surgically remove a portion of her brain, but without any guarantee that it would benefit her, relieving the dysfunctional life to which she had become accustomed.

This former military family who had served to protect our country was now asking for a favor from our

government to save their daughter and find a way to get her life back.

The family had become their own health researchers and were beginning to infuse medical cannabis into the young girl's daily routine to ease the seizure effects and occurrences. They soon discovered that her seizures were decreasing in magnitude, resulting in a significant improvement in her overall health. However, as Alexis grew more tolerant of the medication, it became clear she would require more than what her state would legally allow due to the federal regulations regarding hemp, CBD, and cannabis, even with a physician's approval.

The family began to lobby for their daughter at the state's highest level and was told by officials that they "wished they could do more" and "we're deeply sorry for the situation," but they could not help them to secure more cannabis due to legal issues.

A decision was made that forced this family to leave their home, relatives, and friends in search of a state that was more progressive with medicinal cannabis. They were fighting to save their daughter's life, and so to do so, they moved to Colorado, where they could secure the medications they needed to treat their daughter.

Since leaving Texas, Alexis has been seizure-free and now works as an advocate for other families who are struggling to see medical cannabis legalized. She has put her pain into a purpose.

Today Alexis has a farm of her own and is producing CBD and soaps to help her family continue to live in a state where she can be legally treated for her illness. Alexis enjoys a life free of seizures and leads a healthy, active, and social life.

Alexis and her family fought hard in 2017 to change federal laws enabling medical patients to have access to cannabis. Alexis fought at the highest level, suing Jeff Sessions, Attorney General of the United States, to give other children the chance to have safe access to medical cannabis. Alexis is not just a survivor. She is a hero. I think more kids may come forward fighting for their freedoms just as Alexis did to ensure the future is secured for those who come after them.

More patients today seek alternatives that reach back in time with treatments that were effective generations before them. This fascination in medical research has been sparked again. There is new interest as more patients seek to find real results with alternatives that are effective.

Sometimes our own stories become the impetus for the work we will accomplish throughout our lives. We can find meaning in the process, granting us all the opportunity to make an impact, however great or small. If you change just one person's life with your story, that is what it is all about, and your pain was not in vain.

As an advocate but also a former patient of cannabis, I had learned of the benefits of cannabis long before I was

ever diagnosed with depression. I found comfort in my consumption and later realized it significantly impacted my outlook on life and my overall sense of wellbeing.

Mental health should be just as important as the health of any other part of our body, and the more we view mental health as a physiological issue, the better we can understand how to treat it. As someone who can identify with those who have suffered from a mental health challenge, I could relate to the pain so many patients had experienced throughout their health story.

We get annual physicals for our body—why not our minds?

As I would listen to each new patient, I could not help thinking about my own story. Looking back to when I was a teen, I wished I knew what I do today. I am thankful for this moment in time that I get to share freely this plant's legacy and the potential mark it can make in history.

I am grateful and humbled at the way it all worked out. I could not rush my story because it has to be written first before I could share it.

I became compelled to educate as many people as I could about the powerful benefits found in the cannabis plant. I had to use my voice to amplify a new sense of wonder and fascination from the past, evolving into the future.

My story is the reason I have embarked on a research journey to discover additional healthy ways to serve my

patients. This hyper-focus became a passion for using my voice to help others identify any potential benefits of medical cannabis when other treatments have failed.

My passion that has become my career has and will always be one that is informative and resourceful to all my patients.

I knew when I stepped into the world of mental health that it was going to be critical for me to address what I knew to be true and support sound science that I could introduce to my patients who came to me for healing.

I think most other healthcare practitioners would agree that the dream to help others comes from inside us. It's a special type of heart condition we all share!

The desire to do something greater than ourselves in wellness is initiated and activated by our own health stories.

I decided to promote mental health in a new, proactive way that could effectively transform and revolutionize mental health issues. By incorporating medical cannabis, we could positively impact patients' lives. Patients who come to us do so with the belief that our expertise and knowledge can advance their health and wellness. But far too often, we fail them because of our lack of continued education into various mental health conditions with evidentiary studies that demonstrate some promise for certain mental conditions and indications.

My purposeful path took me on a challenging journey before I was able to understand how I could serve my patients by integrating alternative options that had benefited me personally. I wasn't giving my patients advice based on statistics. I was the evidence that my work had merit. I had seen it for myself, and I wanted other people to see the possibilities as well.

So, what keeps more doctors from pursuing alternative therapies like cannabis? The problem is always the same: money. Whenever a traditional healthcare provider suggests alternative medicine, the healthcare ecosystem panics, thinking we have jumped ship to join a new movement in healthcare. With that said, our Hippocratic oath is to first do no harm. Therefore, when I see nothing beneficial to my patient in the Rolodex of RX drugs, I cannot just dump them onto the island of no hope. As medicine develops, we should always be open to new iterations of health and healing that add value to the patient-provider relationship.

As a doctor, I could not ignore my oath to protect and defend my patients' health and wellness to the best of my ability. I hope to continue to utilize my education and knowledge to the benefit of all patients I interact with clinically or otherwise.

In my practice, I want to see my patients not just exist but truly live. Medical cannabis has afforded that to many patients who had previously lost all hope. If I can offer relief through the education and information

I have learned, then I can be confident I have done as much as possible.

When I began researching and found natural and holistic approaches to therapy, cannabis continued to become more prominent in research studies, captivating my attention to the point that I could no longer remain silent. I had to globalize my message.

I think we all have a “why” moment that defines our purpose and contribution to this world, and it can be revealed to us when we least expect it. Each day, I open my eyes, knowing my purpose is to help my patients heal naturally and authentically.

Currently, there is no legislation at the federal level regarding cannabis, and yet, it has paid for institutional research here in the United States at the University of Mississippi for the past several years. Additionally, federal dollars have been allocated to assisting in international research. For example, GW Pharmaceuticals introduced the first United States FDA-approved seizure medication, Epidiolex.

The challenge for the FDA is that they require more thorough research studies and clinical trials involving hundreds of thousands of people in order to determine benefits and risks before approving a pathway to patients. Today, although significant studies have been conducted, there are just not enough large-scale resources, resulting in a lack of federal funding for such projects.

It becomes problematic and frustrating for researchers who are finding therapeutic benefits then to have to discontinue studies due to inaccessible funding.

*“The best sign of wisdom is the consistency between the works
and deeds!”*

—SENECA THE YOUNGER

One lazy afternoon, I was online and accidentally clicked an article that was not what I thought it was. As my eyes rolled over the page, I was sucked into the story from the first paragraph. I remember reading the headline *Irving Rosenfeld the longest living male federal cannabis patient!*

Say what?

Irvin was a stockbroker in Florida who had been receiving federal cannabis for his medical condition for many years. Of course, I was stunned! I had never heard of this man before, and clearly, my focus had been on medical journals rather than searching patient articles.

Why was this not in the news? How did I not know about Irving Rosenfeld?

As I began to read about this man’s life story, I found myself fixated on every word.

How was it possible to acquire medical cannabis when cannabis was and is still illegal? The plant had a longstanding federal classification as a Schedule I drug. This revelation made me intensely curious about how

he managed to have cannabis provided to him directly from the government every month.

Irvin had taken on the United States in court over access to medical cannabis and had won. Who does that? Was this guy famous, an elite member of society that granted him this access? Who did he know to get this favorability?

Irvin was a unique guy. In 1982, he had challenged the federal government to allow him safe access to medical cannabis to treat his rare bone tumor and prevailed, granting himself and three others access to medical cannabis.

Irvin's experience with cannabis resonated with my own! He was a young teenager struggling with his condition and found no success in traditional medicine. He had started to accept that he was going to have to deal with this condition for the rest of his short life.

After hanging out with a group of friends from college, they encouraged Irvin to try cannabis. Initially, he was not interested, but he eventually gave in. It was not long after he began inhaling cannabis that his pain was significantly reduced. He had never felt this type of pain relief, and he was reconsidering his initial hesitance after he noticed this improvement.

Irvin began to use his story to advocate for legal, medical cannabis. He spoke of his fight with the federal government to share his new knowledge and understanding of the plant.

The condition Irvin suffered from began at the age of ten when he was told that he would likely not see adulthood due to the possible resurgence of cancer cells even after surgery to remove them. He began to think that his rare bone cancer was a death sentence. This was tremendously hard for him to hear.

Today, Irvin lives a productive life, all thanks to a plant and the “compassionate protocol,” which allowed him to continue treatment. He made history by becoming the second patient to receive cannabis to treat glaucoma and cancer under the Federal Drug Administration’s Investigational New Drug Program. Unfortunately, that program dissolved a decade later. However, he still has his medical cannabis shipped from the University of Mississippi, where the government grows it for him. Irvin’s cannabis is waiting each month for him at his local pharmacy.

There appears to be a plethora of information out in the wide open, and yet, it appeared I was blind. It gave me great hope reading his story of success with medical cannabis and how his story not only changed his life but countless others by sharing something so deeply personal and painful.

Although I do not know Irvin, I have great empathy for his story of hardship and recovery. I truly thank him for his story because it is filled with passion and purpose, and his desire to contribute to this cause.

It is a bit of a paradox when we do not support research studies, and yet we call for more studies to be conducted to evaluate the efficacy and patient safety without having proper funding. Here was a living case study for future research working directly with the government.

Ironic—don't you think?

I've been asked on numerous occasions why I have such an interest in alternative health options. There are, in fact, several answers to that question.

We live in a society that promotes wellness yet presents us with nutritionally deficient food and medications that depress our immune systems. This clearly causes more harm than good.

Imagine if patients could stay engaged with their healthcare providers and continue to gain knowledge and insight that we could apply to the landscape of our patient's wellness journey.

It is exciting to see research initiatives taking private routes to fund work and research that otherwise would continue to be studies that received little to no attention. Looking forward, it seems clear that we will need to approach much of our research through private means. This will be more difficult, and fundraising will play a much larger role in our work, but this is the only way to ensure that proper funding is achieved. We can't afford to sit around and wait for traditional pharmacology

because these giant companies don't think this research will generate more revenue.

The recreational cannabis industry is less research-based, and so the profits are bigger and more immediate. As more and more states relax their recreational cannabis laws, the cannabis industry may shift to focusing more on recreational profits than healthcare funding.

As much as recreational cannabis has been a boon to state and local revenues, we can't forget the real power of cannabis. We are now just at the beginning of unraveling the many mysterious ways cannabis can be a valuable healthcare tool for the future. As a result, we need to make sure we keep moving with this vital research.

If the last few years are any indication, we are just at the beginning of a legal cannabis revolution. People are starting to wake up and reject the old propaganda that cannabis is just for drug addicts and hippies. We're starting to realize that, in many ways, cannabis can be a useful and acceptable part of our lifestyle, and this obviously extends to the medical industry as well.

Think about how quickly CBD products flooded the market just recently. At this point, you can get pretty much anything infused with CBD, and it's because people immediately began seeing the potential for its benefits.

But therein lies another problem: whenever we go too far with a product—whenever we start making outrageous claims, people start to become skeptical, and

the progress abruptly halts. Think about the poor acai berry, which went from popular antioxidant to miracle cure-all. People started saying it could cure cancer. And sure, acai berries are good for you, but we got carried away, and it became a joke. We need to make sure this doesn't happen with cannabis. We need to make sure extensive research continues so that we can be sure of exactly what it can and can't do. That way, we can avoid it becoming delegitimized.

To understand more about how cannabis can control and treat the symptoms of depression, visit our website at: <https://marijuanadirectory.site/> to discuss how medical cannabis can be a part of your mental health treatment.

CHAPTER 3:

THE ENDOCANNABINOID SYSTEM (ECS) AND WHY WE CANNOT LIVE WITHOUT IT

The endocannabinoid system derived its name from the endogenous cannabinoid plant, and our endocannabinoid system is one of the most vital systems within our body that not only regulates but also manages the body's homeostasis.

The endocannabinoid system was first discovered by scientists in the 1990s when they identified cannabis molecules produced by the body which mimic the same homeostatic effects.

What I find incredible is that since we first discovered that cannabis could be used in a medical context, we've learned that, on a cellular level, our bodies all produce chemicals that are virtually the same as those found in cannabis flowers. This sort of connection suggests that our own body chemistry is meant to be compatible with

cannabis, but it also suggests that we still have so much to learn about how we can use cannabis for a variety of ailments.

Our endocannabinoid system regulates everything in the body, including our immune system, digestive system, cardiovascular system, nervous system, endocrine system, skin, and skeleton. Ironically, this is not taught in most medical schools in the United States. In other countries, there is already so much work being done, and we risk missing out on taking part in these revolutionary discoveries.

Did you know that the endocannabinoid system is found in animals as well as people? Numerous research studies have studied the effects of using CBD and other compounds found in the cannabis plant for veterinarian use, which are typically conducted before human studies. Many drugs are tested in animal studies for years before they are approved for human use. Animals have the same endocannabinoid systems that we do, so it makes sense that we would see studies using animals long before human trials.

At a certain point, it was thought that endocannabinoid receptors were only found in the nerves and the brain, but after further study, it was discovered that the receptors are present throughout the body. Incredibly, the cannabis plant could impact the most basic cellular function in all of our bodies. As a

result, we need to keep studying the effects of cannabis on the body.

The cannabinoid receptor has two subtypes known to the health community: CB1 and CB2. The CB1 receptor is predominantly located in the brain and controls the central nervous system, while the CB2 receptor is responsible for immune support.

It is profound to see history demonstrate the medicinal values of cannabis from a multifunctional perspective. So many promising discoveries appear all the time, but none compare to the vast spectrum we are currently uncovering. These plant compounds are contributing to science as we speak.

Over time, we have gained more insight into various ways cannabis can play a vital role in treating patients' symptoms and conditions. I have to admit—at first glance, it can appear too good to be true. But documentation shows how the endocannabinoid system is impacting the diverse processes of metabolism, sleep, appetite, pain conditions, memory, reproductive function, and mood. Just because modern medical science hasn't caught up doesn't mean there aren't other scientists discovering new and amazing uses for the cannabis plant.

The endocannabinoids are, without question, the most multifaceted signaling molecules in the body, and we continue to find new ways that these molecules can play important roles in our health and well-being.

When we introduce cannabinoids to the body, we are feeding certain deficiencies that are otherwise difficult to treat. As I began to discover the benefits of cannabinoids, I realized they aided the body from the cellular level to the subcellular level, indicating that there are further revelations to follow. We are still finding out exactly how the part of the cell responds to different chemicals, and the more we study the effects of cannabinoids on cellular structure, the more we will unravel these mysteries.

As we age, our cells take on a life of their own, and they are dependent on the nutrients and supplements we give them.

Cannabinoids promote homeostasis at every level of biological life, from the subcellular to the whole organism, and perhaps to the community and beyond. Here's one example: autophagy, a process in which a cell designates part of its contents to be self-digested and recycled, is mediated by the cannabinoid system. While this process keeps normal cells alive, allowing them to maintain a balance between the synthesis, degradation, and subsequent recycling of cellular products, it has a deadly effect on malignant tumor cells, causing them to consume themselves in a programmed cellular suicide. The death of cancer cells, of course, promotes homeostasis and survival at the level of the entire organism.

If you're finding yourself confused about the science behind medical cannabis, visit our website at: <https://marijuanadirectory.site/> to find more

information, or to make an appointment with one of our experts.

CHAPTER 4:

CANNABIS VS. PHARMACEUTICAL THERAPIES

The road from the cannabis molecule to the market has been an arduous process for the pharmaceutical industry.

While cannabis has been around the sun more times than all pharmaceuticals combined, it has taken modern pharma decades to start to see how valuable it can be for therapeutic purposes. For many years the issue was a matter of access. The pharmaceutical industry didn't see cannabis as an ingredient that made financial sense. Instead, they opted to keep most of their research into cannabis a secret while they promoted more synthetic remedies.

Typically, in pharmacology, the more complex and innovative the molecule, the more substantially the cost factor increases. Thus, it becomes incredibly difficult to overcome the obstacles to accessibility. Cannabis has suffered from this problem because, as an

organic compound, it requires so much study. For the pharmaceutical industry, this poses a problem. When we look at the goals of the pharmaceutical industry, we can identify several motives: to discover new and revolutionary treatments, to have political influence, and most importantly, to make money.

In fact, it's much easier to understand the pharmaceutical industry if you understand that the only reason they make these medications to begin with is to achieve the other two goals. If their main goal was simply to discover new medical treatments, they wouldn't be so consumed with their profits.

Like with any industry, the goal is to make as much profit as possible with the lowest possible overhead. In the pharmaceutical industry, this means spending as little as possible on new products and charging as much as possible for those products. Taken to the logical conclusion, this means that if a treatment works moderately well but is less expensive to make, it's a better product than one that treats a condition very well but is much more expensive to make.

The problem with cannabis traditionally is that it has required so much study that, for many decades, traditional pharma companies have been hesitant about it. Universities have been much more inclined to study cannabis, but they are rarely the source of new pharmaceutical products.

In countries that struggle economically, residents with severe medical illnesses find it difficult to choose between eating a meal or filling a prescription. The economic imbalance demonstrates that there are not the same levels of access to medications for those who are less fortunate financially.

When we understand how most pharmaceutical medications are administered, treating nonperson to person diseases leaves many behind due to high costs for medications. It makes it hard to empathize with the pharma industry when only a certain percentage of the population can afford proper healthcare.

In the United States, we continue to see different products such as insulin having their prices raised to exorbitant levels, to the point where the people who need the drugs simply can't afford them anymore.

With groups like the World Health Organization who are known to spend quite a bit of their focus on equalizing accessibility and innovation, it is a persistent and ongoing challenge for both alternative and traditional medication access.

However, when one considers cannabis as a global medication, we could essentially accomplish both scientific and regulatory oversight simultaneously, which would be ideal if adopted. The exportability to expand the integrative healthcare market could do what it does best by delivering in a coexisting manner—

serving patients while providing improved interactions with them.

Alternative and traditional healthcare has been on opposing sides for the past few decades, leaving patients left to try to navigate access to medications. For those who have seen the evidence that cannabis can be effective at treating their illness, it has been especially difficult because of the severe way most of the United States still views cannabis in a legal sense. As much as we've been aware of the health benefits of cannabis for years, we're still committed, on a societal level, to classifying cannabis as a dangerous drug.

This absolute hypocrisy is what has led the United States into the opioid epidemic, which we are now living through with tragic results. Most of the people becoming addicted to and dying from opioids do not start out buying heroin off the streets. They started taking opioids because they were prescribed by a doctor, and in many cases, for issues of legitimate pain management. After all, we've been told that if a doctor is giving us something, it must be safe and in our best interest.

But opioids are highly addicting, and once a person becomes addicted, their tolerance for the drug will increase. This leads to efforts to secure more pharmaceutical opioids and eventually to people buying opioids on the street. We have seen thousands of deaths as a result of people overdosing on prescription opioids, but we're seeing more and more people die from street

opioids because there is no dosage information. In many cases, low-quality heroin is fortified with the synthetic opioid fentanyl, which can be deadly even in trace amounts.

And despite this, we continue to prescribe opioids, even as we are aware of their deadly properties. Cannabis, on the other hand, has never been proven to have killed anyone, and yet, the pharmaceutical industry is reluctant to give it a chance. Something doesn't seem right about that.

A nervous pharmaceutical industry has seen cannabis as an annoyance and has stirred anxiety in many executives over how to handle the fusion between emerging markets.

As cannabis continues to receive more attention and acquisition, it is in everyone's best interest to hope these two markets fuse. Much of this acceptance of cannabis will come from our ever-evolving attitude about it. So far, we've gone from the 1930s scaremongering propaganda brought to you by big timber and booze to the 1960s when cannabis became more acceptable in youth culture.

But that's kind of where things stalled out for a while. Since the 1960s, cannabis was mostly seen as recreational fun for college kids and hippies. It is only within the last ten years that cannabis has started to see a major change in mainstream acceptance.

Part of this change is financial, as more and more states see the possibility for added tax revenues, but part

of the change has come from the attitudes of regular people. If you asked most adults in the 1960s if they thought cannabis was dangerous, they probably would have answered with a resounding “YES.”

But adults these days tend to see cannabis as far more innocuous, even compared with alcohol. We can see the destruction that drugs like opioids can cause with tens of thousands of deaths per year. And we can see the destruction caused by alcohol with tens of thousands of alcohol-related automobile fatalities as well as deaths from alcohol-related illness.

Interestingly, there is a conspicuous lack of deaths or serious illnesses related to cannabis use. In fact, it has never been proven that cannabis has ever directly caused a death. While there are many cases of people dying from either opioid or alcohol overdoses, no one has ever died because they consumed too much cannabis. It's nearly impossible to do.

Despite the nervous responses from the pharmaceutical industry, there is a grand opportunity to explore further (an explanation of what pharma can further explore). GW Pharmaceuticals released the first drug Epidiolex in the United States that was approved by the Federal Drug Administration (FDA) for pediatric seizures.

In my opinion, there are several hurdles for the cannabis industry that they will need to overcome in order to gain more mainstream approval. However, these

obstacles can be opportunities, and with persistence, I think the industry will thrive as cannabis becomes a more accepted remedy for a variety of different ailments. The challenge will be to continue to find ways to convince skeptics that cannabis is a valuable tool rather than a dangerous drug.

Research suggests that evidence-based medicine is finally becoming entwined with medical cannabis (as it should be). Currently, medical cannabis is not recognized by any regulatory organization as a medication. However, we are at an important point in history where mindsets are beginning to change. At this point, cannabis' role in medicine exists in a legal and a medical gray area. Because the federal government still considers cannabis an illegal drug, research and development has been slow to progress, and the pharmaceutical industry is still reluctant to market cannabis as a mainstream ingredient.

Right now, activists are attempting to expedite cannabis' acceptance in the market, and this will require several things in order to be successful. First, because the research into medical cannabis is starting to gain momentum, there needs to be a public relations effort to get those results into the media. People need to see the hard evidence of what cannabis can do *scientifically* rather than anecdotally. In addition to this, research needs to show that cannabis has unique properties that traditional pharmaceuticals do not. The case for medical

cannabis on a large scale is to show that cannabis has potential that cannot be replicated using synthetic drugs.

This kind of science is what will change the minds of both patients and providers. Once they have hard scientific information, they can make more informed choices about their healthcare and whether medical cannabis is right for them.

In scientific studies, the expectation from the healthcare community is a thorough analysis of metadata and randomized clinical trials. These two factors will give legitimacy to studies, and this will allow these studies to go forward in the future. This will also produce another important outcome for the medical cannabis community: the understanding that cannabis is a safe substance to use in clinical trials. If the goal is to conduct more meaningful research, we need to create more confidence in the process.

Bioavailability & Functional Efficacy

There has been some disagreement between scientific communities regarding the effectiveness of cannabis compared with traditional, modern pharmaceuticals. With rising patient expectations regarding medication efficacy and bioavailability, it is a challenge for cannabis because it has been so maligned throughout history. This is one of the biggest obstacles to a greater acceptance of cannabis as a medical alternative. At present, cannabis

is grown in varied environments, temperatures, with different nutrients and genetic factors. Pharmaceuticals, on the other hand, are not subject to these wide-ranging variables. They are man-made in a lab with strict production controls. The amount of rain a certain region receives will not change the chemical structure of these drugs in the way that cannabis can be affected by a variety of factors. This is why states that allow medical and recreational cannabis require rigorous testing in order to determine the potency of their product.

Because man-made pharmaceuticals are more uniform, they are easier to test on human subjects. Since there are few if any variables, the results can be calculated more easily. This is why cannabis research is so important. We know what compounds are medically effective, but we need more research in order to show that these compounds and their effects can be made more uniform and predictable.

Because cannabis has begun making its way into laboratory settings, we're starting to see a greater effort at decoding the complex chemical breakdown of different cannabis plants. This acceptance is allowing scientists to reverse engineer cannabis in order to create a more stable and predictable product. As we get better at this reverse engineering, we can achieve results closer to those of synthetic pharmaceuticals.

The other issue is that of cost. Currently, the medications that are coming out of labs, such as GW

Pharma, come with enormous price tags and are out of reach for most consumers. As a result, those consumers are far more likely to visit their local cannabis dispensary. The problem is that dispensaries, as useful as they are, cannot be relied upon to offer actual medical treatment.

These days, consumers are concerned that the delivery method of cannabis is safe, consistent, and efficient. Individual brands are doing more and more to make this happen because consumers demand it, but also because the laws governing the industry require it. Still, we are not seeing the kind of brand loyalty we might with traditional pharma products because consumers continue to try different options that might be more useful or cost-effective.

Many patients choose to use cannabis as an edible in a capsule, tincture, or another delivery system to achieve the medicinal effect to mitigate their symptoms. One hurdle in this process is understanding how the different products work on the body and what expectations the consumer should have. Understanding that edible cannabis takes longer to enter the bloodstream has been a particular challenge. In modern times, the most common delivery method for cannabis has been smoking or vaporizing, and if you've ever smoked cannabis before, you know that the effects are almost instantaneous. This is not the case when cannabis is ingested, though. Because the body needs to first break the cannabis down in order to absorb it into the bloodstream, the process

for distribution is much slower. Typically, patients begin to feel the effects between twenty and thirty minutes.

This presents several problems. First, patients often see the effects of traditional prescriptions faster after ingestion. This gives the impression that these drugs are more effective. The second problem is that the dosage can often be tricky. In medicinal use, your doctor may prescribe a very specific dosage, but there are still very few doctors prescribing cannabis in specific dosages. More commonly, a doctor will recommend trying different dosages to find what works right for the individual.

In recreational and medical users, this has led to the problem of ingesting too much cannabis without knowing it. Because ingested cannabis takes time to work, patients often feel as though the dose they took was not enough, so they take more. Then, once the effects of the cannabis are felt, the patient feels disoriented and frightened. This can lead to a negative experience and keep the patient from trying cannabis again.

We also need to take into account the fact that not everyone is affected by cannabis in the exact same way. This is true of many drugs, and it is why side effects can be unpredictable. While these side effects are often an afterthought with conventional drugs, we tend to be more cautious about the side effects of cannabis because we're still just accepting it as a valid medical tool.

Entourage Effect

Often, when researchers are formulating new drugs, they have a tendency to isolate the different compounds and study them independently. With cannabis, this presents a problem because, as a naturally occurring substance, cannabis isn't meant to be broken down into its component parts. All of the different chemicals that are found naturally in cannabis are meant to work in concert with one another. Separating them just defeats the purpose.

Entourage Effect and Terpenes

Cannabis has over 200 Terpenes (aromatic hydrocarbon compounds) present, but many of them fail to show up in most lab profiles due to the fact that they exist only in trace amounts. Terpenes are reactive molecules that give you the taste, scent, and color of cannabis. The strong aromas cannabis releases are only a fraction of the additional roles terpenes plays within the plant and body. Think of it as a very complicated form of aromatherapy!

Interestingly, terpenes and terpenoids are not just found in cannabis plants but also in other plants, fruits, and in some cases, insects. Who knew?

The lemon in your kitchen is filled with terpenes and terpenoids, both of which increase the aroma even before you cut open the fruit. Terpenes can be found in

the skin of the fruit but also the meat of the fruit itself, offering flavor, scent, and palatability.

The terpenes in cannabis are very important to how the plant functions in terms of how it smells, as well as how the different chemicals interact in order to produce the psychoactive effects on your body. Terpenoids have been found to be effective at causing different effects at levels above .05%.

A significant takeaway from the terpene conversation is how impactful the synergistic interactions are in amplifying the benefits while reducing the common side effects of THC, including anxiety and paranoia.

If you have ever visited a spa for a massage or other treatment, you will find essential oils that are intended to produce a calming effect. These oils are often scents like lavender or eucalyptus, which create a calm aromatic experience and effect is thanks to the terpenes found in those oils.

Terpenes vs. Terpenoids

Terpenes are an exciting and new discovery, yet we are still uncovering their full benefit and effects on mental health and wellness.

At first glance, it might appear as though terpenes and terpenoids are the same. However, they are actually very unique and different in certain and important ways. The Terpenoid is a terpene that has additional

functions. The easiest way to think about the difference between terpenes and terpenoids is that terpenes are organic hydrocarbons that naturally exist in growing or recently cut cannabis plants. When cannabis product producers extract terpenes from plants, they are most likely extracting them from freshly cut plants.

Once the plant is cut and cured for traditional use, the terpenes experience a certain level of oxidation and become terpenoids. When these chemicals work in concert with THC, they bind to the brain's receptors and create the effects we commonly associate with cannabis.

Current studies support the idea that the cannabinoids THC and CBD are only two parts of the chemical process that make cannabis medically effective. This is why we cannot rely on simply extracting these compounds without understanding how they react with the other chemicals found in the cannabis plant. We now understand that it is the combination of THC or CBD with terpenes that allows the THC or CBD to work in an organic manner. Studies have shown that pure THC extract does not produce the same effect as THC combined with terpenes.

For example, the reason cannabis and CBD have been found to be beneficial for sleep is largely due to the compounds found in cannabis, but it is not these compounds alone. We need to understand that there is a very special harmony that exists within the cannabis plant that allows it to do what it was intended to do.

Once we start to break these chemicals apart, we start to lose these beneficial effects.

Until recently, we did not understand the role that terpenes played in how the cannabis plant worked. We have since understood, through rigorous research, that these terpenes are essential for the cannabinoids to do their work. Because of these discoveries, we've made enormous advances in how cannabis can be used in the medical realm. Until now, we've had a very blunt force approach to how we use cannabis medically. We prescribed it for certain indications, but we didn't have any understanding of its nuances, and we didn't have a method for separating them into different compounds.

Now, we are able to custom design different formulations that will help treat a great number of people. Patients who had disturbing side effects from unadulterated cannabis can use products that have been designed to avoid those side effects. We can also formulate medications that are easier to integrate into a patient's daily life.

Many people are not able to function properly with the sedative effects of pure cannabis, but if we can remove some of these effects, we can allow patients to see benefits from other parts of the plant. This is why further research is needed to fully understand the potential of cannabis. We're still just at the beginning, and we need to keep going.

Full-Spectrum vs. Isolate CBD

As research into cannabis moves forward, it is important that consumers understand the terminology that goes along with cannabis culture. This will help patients understand the medications better and allow them to make better, more informed choices regarding the products they choose.

When we talk about full-spectrum CBD products, we are referring to products that contain a full range of cannabinoids and terpenes. When the cannabinoids and terpenes are removed from the plant, all of those compounds remain intact when they are added to an edible product.

CBD isolate products contain the purest form of CBD, meaning there are no other compounds found in the CBD. You might be thinking that these products would not be as effective because we just told you that CBD uses other compounds to be effective. But CBD has its own properties when all of the other compounds have been removed. CBD isolate products offer a variety of benefits to patients who do not want to experience any psychoactive properties that are found when CBD is combined with other compounds in cannabis. This can be helpful with pain relief and sleep problems. And these products can be used during the day because they don't produce a drowsy effect.

Seed Breeders and Genetics

Because the cannabis plant is so adaptable and hearty, it is an excellent candidate for breeding and crossbreeding. There's a reason cannabis is sometimes called "weed." It's because cannabis is such a resilient plant that it appears to grow like a weed. Since the beginning of cannabis cultivation, there have been concerted efforts to figure out how to maximize it.

Different breeders have sought to increase the yield of cannabis plants by crossbreeding plants with strong stems with plants that produce larger flowers. But growers also realized that they could alter the chemical aspects of the plant by breeding it differently. This is why we have so many different strains of cannabis to choose from today. Breeders from all over the world have been crossbreeding the strongest strains from their ecosystems with the strongest plants from other ecosystems in order to create super cannabis plants.

One of the most significant results of this type of cultivation is the creation of cannabis plants that are far more potent than in the past. Scientists estimate that top-quality cannabis plants today contain over twenty times the psychoactive chemicals of plants from fifty years ago.

Seed breeders have pounced on the fact that cannabis laws are changing, and they are working overtime to supply different growers with genetically advanced seeds

that will bring in far larger and more potent yields than we've ever seen.

The genetics of cannabis are also interesting because it allows us to see how varied the different strains of cannabis can be. While humans have forty-six chromosomes, cannabis has only twenty. But on each of these chromosomes, we find hundreds of different genes, all tasked with creating genetic variations that affect how the plant will grow. These differences also affect the different phenotypes and cannabinoid profiles. This leads to the different effects offered by different strains of cannabis.

Since we're now relatively sure that all cannabis came from three distinct regions of the world, we can trace every strain and crossbreed back to these three original strains.

If you're not sure what cannabis product is right for you, visit our website at: <https://marijuanadirectory.site/> to learn more about all of the options available to you.

CHAPTER 5:

GENERALIZED ANXIETY DISORDER (GAD)

*“Anxiety is like a rocking chair. It gives you something to do,
but it doesn’t get you very far.”*

— JODI PICOULT

Nearly 18% of all adults in the United States today experience problems that can be categorized as generalized anxiety disorder. However, it has been said that a more realistic projection is that 50% of adults in the U.S. have had some degree of generalized anxiety disorder, which has gone undiagnosed and untreated.

Between the ages of nineteen to fifty, adults become consumed by excessive worry, anticipating disasters, and a life full of ever-changing challenges. Certain life events give us reasons for some level of anxiety because it is a normal response to our daily stress, but the real issue is how we cope with these constant stressors.

Anxiety can lead to feeling unsettled, distracted, and generally unhappy with life. It can make the simplest of tasks feel overly daunting or completely impossible. Simple interactions become more difficult, and all the while, we feel as though we're not keeping up with what life throws at us. These periods of anxiety can be brief, or they can last for many years.

We do not all experience anxiety in the same way. Some people are plagued with social anxiety, and this leads to avoiding social situations, having trouble with interactions at work, and a variety of other debilitating symptoms. Other people deal with more specific phobias, which are often irrational or rooted in a traumatic experience.

Panic disorder is a particularly challenging form of anxiety because it can rear its head at the most unlikely times. Individuals who suffer from panic attacks describe them as feeling like heart attacks, and many patients are diagnosed with panic disorder after they go to the emergency room because they felt they were in mortal danger.

One of the more mysterious forms of anxiety is obsessive-compulsive disorder, which can begin in childhood, but often doesn't show up until early adulthood. OCD can come in many forms and often forces the sufferer into a series of rituals that keep the anxiety at bay.

Post-traumatic stress disorder is particularly debilitating and is typically caused by some form of trauma. Soldiers returning from combat often struggle with PTSD, but anyone who has been through a significant trauma is a candidate for PTSD.

Currently, we have anecdotal evidence that suggests many people find that their anxiety can be treated with the aid of medical cannabis. But at the same time, we need to tread lightly here because the causes of anxiety are so wide-ranging. Some patients seem to find the effects of cannabis are very soothing and relaxing, while others find that cannabis actually exacerbates their symptoms. At this point, we do not know if that group is simply not using cannabis correctly or if they are simply not good candidates for cannabis-based therapies.

What we do know is that cannabis is offering the mental health community new options. We've had a variety of drugs designed to treat anxiety for many years, but some patients do not react well to these therapies.

Many of the drugs used to treat anxiety fall into the benzodiazepine family, and while these drugs are effective at treating some forms of severe anxiety, they also tend to put you to sleep. SSRIs have also been shown to reduce anxiety, but these drugs work by building up in your system, and you need to keep taking them every day in order to get good results. The difficulty with SSRIs is that you have to wean slowly off of them in order to avoid dramatic side effects.

As I write this, anxiety is spiking all over the world due to the coronavirus pandemic. Just several months ago, our lives were completely different, and we had no idea that this novel virus would wreak such havoc on the world. As people lost jobs and families became isolated from friends, the scourge of general anxiety took hold. We fear the unknown, and at the moment, so much feels unknown.

In addition to the financial hardship the pandemic has caused, there is also the fear of becoming exposed and getting sick. We hear horror stories from ICUs around the country. This has caused a level of anxiety in both adults and children that we have never seen in our lifetimes. And despite all of this, we still don't know what is to come. Right now, it is natural to be frightened. It is natural to feel anxious. But the danger is when this state of constant anxiety becomes the new normal.

We tend to think of “normal” as when everything is “fine.” But in reality, “normal” is simply whatever we are used to. Good, bad, or somewhere in between, humans have an amazing ability to adapt to nearly any situation. But adapting to a reality in which we are constantly anxious is deleterious to our quality of life and our health. In short, we cannot stay like this forever, but in the meantime, it can be useful to have an outlet for this anxiety.

Because states with legal or medical cannabis rely on tax revenue from its sale, cannabis dispensaries have

been classified as essential businesses and have been allowed to remain open. While states like California and Washington are most likely more concerned with tax revenue than with people using cannabis to treat their anxiety, it is good news for those who have found relief from their symptoms by using cannabis.

Is it possible that people are successfully treating their anxiety with cannabis during this time of crisis? If so, with so many choices, how do you choose what strains are best to ensure those suffering from anxiety don't find their symptoms getting worse because they chose the wrong product?

If you happen to reside in a state or country where cannabis is legalized, when you visit your dispensary or clinic, ask the staff to guide you to the indica brands or strains that reduce anxiety. And make sure you speak with a staff member who is well versed in the effects produced by different strains.

Many people looking for relief from anxiety do not want the traditional cannabis experience and instead choose CBD products to manage their symptoms. This is another area where you need to be informed before making a purchase. Because of the myriad claims of what CBD can do, you can now find it everywhere. If you are looking for more effective products, visit your local dispensary and let them know that you are looking for high-quality CBD products. These will cost a little more, but the results are worth it.

Knowledge is power, and when it comes to your health, this should be fundamental to your wellness.

As a general rule, patients seeking relief from anxiety tend to avoid sativa strains or sativa dominant hybrids. These strains tend to be more energizing, and with that comes the risk of increased anxiety and paranoia. Sativa strains are great for when you want to clean your house, but they're not the best for pure relaxation. When you speak to a staff member at your local dispensary, don't be afraid to tell them exactly what you're looking for or what symptoms you are trying to mitigate. That's why they're there.

Medical cannabis is reshaping views on health and wellness, and as this current crisis evolves, I am certain medical cannabis will continue to rise in popularity and use.

When it comes to the cause of general anxiety, the medical community is still largely in the dark. We know that having a family history contributes to anxiety, and certain environmental factors can certainly play a role, but anxiety appears to be deeply rooted in the more primitive part of our brains. As such, it's something of an evolutionary artifact leftover from a time when our anxiety would serve as a valuable tool to keep us safe from predators.

These days, anxiety is considered a serious medical condition that can lead to other forms of mental illness if not diagnosed and treated properly. Luckily, the modern

medical community has a more holistic approach to mental health these days. More and more, we are treating mental illness much in the same way we would treat any other physical condition. As a result, treating mental illness is becoming less mysterious and more practical.

Because the approach to treating mental illness has changed, we are starting to get a better understanding of how these disorders work and who is more affected by them.

We know that women are more likely than men to be diagnosed with anxiety, but we don't know if this is because more women suffer from it or because more women are seeking treatment for it. Mental illness has always carried a certain amount of stigma, and this stigma has traditionally been more difficult for men. Because men have been raised to believe they should ignore their emotions and be "tough," fewer men are inclined to seek treatment for a variety of mental illnesses. As you can imagine, this is a very destructive problem.

Because of our current pandemic, there is extra urgency regarding safe and effective treatments. Pharmaceutical companies all over the world are racing to find an effective vaccine, and this is the primary focus of most medical research. As the pandemic wears on, though, we need also to focus on the growing mental health concerns that the pandemic has caused. As a result, many people are turning to pharmaceutical remedies such as antidepressants, but unfortunately,

approximately 37% of people who try these remedies do not find any significant relief.

With medications and natural products coming to the market to mitigate some of the underlying issues associated with anxiety disorders, manufacturers have accelerated testing and production successfully, taking on some of the burdens associated with mental health conditions from natural to pharmaceutical products.

A challenge for some of the more well-known medications like Benzodiazepines or SSRIs typically prescribed by a psychiatrist offers patients a more positive experience with certain medications known to enable the desired outcomes. Some patients, however, struggle with medications because they fear the well-known side effects that can range from sexual dysfunction to insomnia and weight gain. As a result, a lot of these patients decide to forego treatment altogether rather than looking for a more natural approach.

One *study* conducted a few years ago cited that 30% of participants stated that they experienced moderate-to-severe depression despite continued use of antidepressants. As more patients become more diligent about what they are taking, manufacturers must ensure a rapid response to real-time issues but without the unpleasant side effects.

Thinking about my patients having to deal with the side effects of their medication gives me anxiety because I know that they are experiencing challenges, and their

disorders are not being effectively treated. When I began treating them, this is not what I had expected. Many of these patients are dealing with extreme anxiety and are desperate for alternatives when traditional therapies have failed. Unfortunately, the position of the pharmaceutical industry is that some patients just can't be helped by their treatments, and they consider this to be acceptable. While I am grateful that pharmaceuticals are beneficial to some patients, I am looking for a way to make sure all patients get the effective treatments they need.

This is why I have continued my education regarding effective treatments for *all* patients. In order to do this, I knew that I needed to look beyond what was currently available from modern pharma. I needed to do my own research into alternative therapies, and this is where I found cannabis. Once I learned the power of this humble plant, I saw the potential for how it could help those who had been left behind by modern medicine.

As our understanding of cannabis evolves, we are beginning to see that our bodies and the cannabis plant seem to have a deeper connection than we previously realized. Once we learned about our endocannabinoid system, we started to understand that all humans are built with the specific equipment necessary to respond to the effects of cannabis.

We've known for some time that the activity of cannabinoid receptors can be useful in promoting an anti-anxiety effect and can help to reduce depression, so

it was just a matter of time until we started to uncover how we could use cannabis to treat those disorders.

The first thing we realized was that not everyone responds to cannabis the same way, and thus we need to tailor our approach to the individual. Some people have more sensitive receptors and do not respond well to high doses of cannabis. For these patients, microdosing can be an effective way to mitigate symptoms without producing unpleasant side effects.

Some longer-term studies have indicated that cannabis can increase depression. While this research cannot prove a direct causal relationship between cannabis and depression, it certainly can be a cause for review because certain cannabinoids and terpenes are known to induce fatigue. Again, this is why it is critical we continue to research these effects and understand the further impact of medical cannabis on the long-term health of our patients.

Right now, we are still doing a certain amount of experimentation when it comes to various cannabis-based treatments. Because the human brain is so complex, we still have a lot to learn when it comes to how cannabis can affect our brains. And we are still trying to understand the link between cannabis-based therapies and behavioral therapy. We have come to accept that modern pharmaceutical treatments work best in conjunction with behavioral therapy, so we need

to explore how that relationship works with cannabis as well.

Once we accept that our behaviors are learned rather than inherent, we can get some insight into how we can change these behaviors. This is the goal of behavioral therapy and why it is so important in conjunction with pharmaceutical or alternative treatments. Without understanding that our behaviors are entwined with our brain chemistry, we only get half of the picture. Ultimately, we need a set of goals to work with. What are we trying to achieve from chemicals, and what are we trying to achieve with behavioral therapy?

Cognitive Therapy is a type of treatment that involves a mental health professional working directly with the patient to form new skills, behavior modifications, and to learn how to relate to themselves and others by correcting behaviors and reshaping thoughts. Patients need the right tools in order to be successful, and this is a great way to give patients a sense of ownership of their treatment. Ultimately, the patient and therapist both need to accept a certain amount of responsibility for the treatment, and there are no magic pills that will accomplish everything.

In therapy, several components are critical to the success of a patient's outcome, and all inter-operate with various treatments and medications that have been known to accomplish the desired results with certain anxiety disorders and other mental health conditions.

The important thing to understand is that there are a variety of different choices, and this is why having a complete medical and family history is so important in effective treatment. For certain patients, talk therapy works best, but other patients need a combination of methods in order to address the obvious problems and the more underlying problems.

As I said before, the process of finding an effective treatment regimen often requires a certain amount of trial and error. Some patients respond well to the first thing they try, but these are just the lucky ones. Most patients need to try several options before they find the right path for them. This can include drugs like SSRIs, but this route also requires careful monitoring to make sure that the right drug and the right dosage are prescribed. Sometimes the modification is as simple as slightly increasing or decreasing the dosage, but this will vary from person to person.

One of the risk factors associated with generalized anxiety disorders is that if left untreated, it significantly makes treatment more intense and somewhat more challenging to treat as time goes by. This is not to say it is untreatable but certainly makes it more challenging.

If left untreated, there are a wide range of risk factors associated with general anxiety disorder, and the longer it takes a patient to seek treatment, the more difficult it will be. Anxiety tends to come in waves, and as we get older, those waves tend to increase in size. Finding

the root of anxiety in a young person is typically easier than in a person who has been living with anxiety for many years. This is partly because those who have spent much of their lives experiencing anxiety have become somewhat accustomed to it. Treating anxiety at that point requires a great deal of unlearning and can be very difficult.

Certain people tend to be more vulnerable to anxiety, and personality can be an important factor in this. People who are naturally timid or have confidence issues are often prone to anxiety because they do not trust themselves. But anxiety can also be a learned trait.

Parents often pass their anxiety on to their children because children learn how to be by watching and imitating their parents. Children of anxious parents see these behaviors as being normal, and they then mimic those behaviors to the point where they become internalized. This is particularly difficult to unlearn because you are asking the patient to forget a large part of their upbringing.

Parents, of course, aren't the only ones to blame. Many cases of generalized anxiety arise from experiences a person has had throughout their lives that instill a sense of anxiety. A serious illness or a traumatic accident can plant the seeds of anxiety, and without proper treatment, these events can become generalized to life overall.

Patients who suffer from agoraphobia (the fear of leaving home) can often trace their fear back to an event

or series of events that made the outside world appear frightening and dangerous. They then revert to the comfort of home, and a cycle of anxiety is born. While treating this type of anxiety can be difficult, it is by no means impossible.

If we accept that there are a multitude of ways in which generalized anxiety disorder manifests itself, we also must accept that there are a variety of ways to treat it.

Even children are susceptible to the effects of anxiety because they are intently aware of how they measure up to their peers. Children are constantly comparing themselves to others, and they can see when they begin to fall behind. This deficit can be academic, athletic, or social, and this can create a destructive cycle in which the anxiety compounds over the years. This can lead to trouble with schoolwork and behavior problems. As a result, it is important for parents to monitor their children for signs of possible anxiety so that it can be addressed by a mental health professional before the condition worsens.

I had a young female high school student who came to see me after her parents felt she might be using drugs or alcohol because her behavior had changed to the point of concern. This patient was no longer finishing homework assignments or studying for exams. She had become agitated and more emotional, and she was having trouble relating to her family. Clearly, something

was wrong, and her parents suspected a substance abuse problem.

As I talked to my patient, I began to see that she was excessively worried about things that were not actually happening. But where were these fears coming from, I wondered. After interviewing her family, I became aware that they had all done very well academically. As a result, there were certain expectations that had been handed down to the children. I found that my patient was an accomplished pianist, and it had been suggested that she might be a prodigy. I also learned that she was academically advanced and was scheduled to graduate high school early.

This was all very interesting to me because, on the surface, she seemed like a model student and citizen. What could be wrong? As I talked to her, I started to see that, along with all of her accomplishments, there was a constant sense of mounting pressure. I started to see what was really going on. She was simply becoming overwhelmed by the expectations which had been placed on her, and this was causing her to become anxious to the point that she didn't even enjoy the activities at which she excelled.

Her parents didn't have malicious intentions, of course. They just wanted the best for their talented daughter, and they tried to encourage her gifts. What they didn't realize was that the pressure of excellence was too much for her to bear. Rather than finding a positive

way to deal with the anxiety she felt, my patient chose to give up on school and other activities. In a sense, she had just given up.

As we began working together, I was able to identify certain triggers that were determining her behavior. In many cases, she wasn't even aware that these were the things that caused her anxiety, but when confronted with them, it all made perfect sense. The goal of any therapist is to allow the patient to see clearly what was in front of them all the time. As human beings, we have a tendency to lose an objective sense of ourselves. We don't understand why we react in a certain way to a given situation. We don't clearly identify the source of trauma in our past. And ultimately, these things which we cannot see end up affecting our personalities in ways we don't fully understand.

My patient's parents were certain that their daughter was dealing with a substance abuse issue, and they were shocked to find that this wasn't the case at all. When we discussed the environmental factors that were contributing to their daughter's anxiety, it all made sense. They weren't pushing her in a malicious way; they just wanted what was best for her. But they had lost their sense of objectivity as well. They couldn't see that what they were doing was causing their daughter such significant stress.

As this patient and I began to work together, we were able to incorporate her family into the therapy

sessions as well. We were able to establish how best for this patient to be successful and still enjoy being an energetic teenager allowed to spread her wings a bit outside of academia, allowing her to blossom into a healthier version of herself.

One of the great rewards for me is helping my patients deal with these issues earlier in their lives so that they can confront their issues and have the resources to implement the necessary changes in order to live a productive adult life. The longer we wait to address these issues, the more difficult it will be to break bad habits.

A diagnosis of anxiety can further deplete energy levels, making the patient feel unnecessarily fatigued and less able to deal with treatment. It also triggers our fight or flight instinct because, from an evolutionary sense, this is the purpose of anxiety. When the body believes it is in this fight or flight state, it keeps itself in a state of heightened stress because it thinks it is doing what it needs to help you survive. While this has been an effective response in the past, we now know that it can be damaging to many different systems in our body, causing inflammation, which can lead to a number of other disorders.

Originally, this response was useful in keeping us safe from predators. Our heightened sense of danger kept us alert and on guard in the event that danger lurked nearby.

This fight or flight instinct is quite different from how modern humans experience anxiety. While the response was originally intended as a way to keep us physically safe, we might experience the same physical response when we are worried that someone is talking behind our back. This is obviously an unpleasant experience, but it's certainly not as dire as being stalked by a bear. Because we are acting on instinct, it can be very difficult for people with anxiety to differentiate between a situation that is actually dangerous and one that poses no actual harm. The problem is that the brain of an anxious person doesn't seem to be able to tell the difference, and they react to everything in the same exaggerated manner.

Having a generalized anxiety disorder also significantly increases the risk of developing depression or aggravating it further. When a patient has depression and is compounded with generalized anxiety disorder, this can steal a patient's time and focus from activities they might have once enjoyed. Patients who were creative and had a love for sketching and painting struggle to focus and apply energy back into their passion or interest. When dealing with anxiety, a person will have a much more difficult time doing things they once enjoyed.

Many patients initially self-diagnose, and this can be harmful because valuable time can be lost without a professional diagnosis. I believe sharing what I know can help those who are questioning if they have a generalized

anxiety disorder or other mental health disorders. I have met patients who simply disregarded how they felt about a particular condition when in actuality they had a combination of symptoms. When patients try to become their own mental health expert using the internet to self-diagnose their issues, they can become confused about their condition and misunderstand their symptoms. This can lead to a delay in treatment, which only allows the condition to grow worse.

I never encourage anyone to self-diagnose because it is a wasted step in the process of seeking actual help. When we look to the internet to diagnose our problems, we can stumble upon some very unreliable sources, and this can lead us to misdiagnose our symptoms. Mental health professionals train for years to understand the intricacies of mental health disorders and how to treat them. When dealing with mental health issues, the goal is to treat the problems as quickly as possible so that they don't do lasting damage. Spending time trying to self-diagnose just wastes valuable time and can give you a false impression of your issues.

In the past, seeking help for mental health issues had a stigma that caused many people to avoid treatment altogether. What we need to understand is that seeking help is not a sign of weakness but rather a sign of strength. If you want to take back control of your life, seeking professional help is the first step. The problem is that we tend to believe that we're the only ones dealing

with these issues when, in reality, many people are experiencing the same thing. Once we start reaching out to friends and family, we often find that we are not alone in these experiences. Having a network of people who also understand the ways in which you are struggling is a great way to feel confident about seeking help.

If you believe someone you love is experiencing the symptoms of anxiety, it can be difficult to address the problem. The first step should be to make your concern known without making it seem as though there is any sense of judgment. Encourage this person to seek help and remind them that a proper diagnosis and treatment can improve many aspects of their life.

When patients are connected with the right provider who can evaluate their medical history and personal background, it increases the chances of the patient reducing their issues and conditions. The challenge in mental health today is that patients think their symptoms are associated with a more popular disorder when in fact, once examined would be a panic disorder, obsessive-compulsive disorder, or phobias that sometimes manifest themselves.

While medical cannabis has been shown to be useful in treating anxiety and depression, it should be used under the supervision of a mental health professional. As with any drug, there is the potential for misuse, and this is why it is important to work with your doctor to find the right medication and proper dosage. When cannabis

is taken in large quantities, it can exacerbate anxiety and cause panic. This, obviously, defeats the purpose of treatment and can cause a significant setback. The improper use of drugs can also lead to a patient trying to self-medicate with other drugs, which may make the problem worse.

As patients begin to use medical cannabis for various conditions, many are apprehensive about trying cannabis because of the potential drug screening at their workplace.

Many employers screen their staff prior to employment and sometimes randomly throughout the year to ensure that employees are not using drugs. Employers need to ensure their staff is not impaired because this can cause safety issues or problems with productivity. While responsible employers obviously want to reduce risk at work, you may consider speaking with your employer if you are planning on trying a supervised cannabis treatment plan.

Doctors are often willing to communicate with employers in order to explain the treatment plan and how it will benefit the employee. There are, however, certain professions such as driving that will not be compatible with a cannabis-based treatment plan. This is something you need to discuss with your doctor before starting any treatment plan.

You may have seen studies that assert that cannabis is a gateway to other, stronger drugs. The reality is that,

while cannabis can be a step toward more dangerous drugs for people with addiction issues, most people can use cannabis without it leading to the use of hard drugs. Often, the only problem is that patients do not understand the various strains and strengths, and as a result, they make poor choices when buying medical cannabis.

Some have said that cannabis deserves its designation as a Schedule I narcotic because it is just as addictive as opioids. This is simply untrue. While cannabis is considered psychologically addictive, it is not in any way physically addictive. Drugs like opioids build up in your system, and you develop a chemical tolerance to them. This means you need higher and higher doses to get the same effect. While you can develop a tolerance to the chemicals in cannabis, they are not stored in your body in the same way. Because of this, you do not experience withdrawal symptoms like you would with opioids.

This is why opioids are so hard to stop using and why they are so dangerous. Cannabis, on the other hand, has never directly caused a death because the chemicals in cannabis do not interfere with the functions of our body the way opioids do. Because opioids depress your respiration, an overdose often leads to death. As opioid users increase their doses due to heightened tolerance to the drug, the risk of overdose increases. Once an opioid addict is using very high doses, it only takes a small miscalculation to cause an overdose. And because of the

recent prevalence of synthetic opioids like fentanyl, the risk of overdose has increased dramatically.

Transitioning patients from opioids to medical cannabis for a variety of different ailments is an important step in dealing with this ever-growing crisis. We can now offer long-term solutions for patients with chronic pain and other disorders because cannabis is safe to take for long periods of time without dangerous side effects.

This is why it is so important that we couple the acceptance of cannabis as a medical treatment with a scientific understanding of how it works on a chemical level. We know that not all disorders are treated with the same type of cannabis, and so in order to use it responsibly, we need to know how the strains differ from one another.

I have a colleague by the name of Dr. John Metcalf, who also has a passion for mental health as he also received his Ph.D. in Clinical Psychology. Dr. Metcalf is the Medical Director of *Medical Marijuana Specialists* and is a leading expert in the history, science, and benefits of medical cannabis in treating the twenty-three approved chronic medical conditions. After retiring from medicine in 2017, his interests turned toward medical cannabis after extensive research on the effects of medicinal cannabis. Dr. Metcalf is a frequent lecturer on the mechanics of the endocannabinoid system and has become a voice to bridge education and awareness.

What I love about Dr. Metcalf is his promotion of the endocannabinoid system and how, if it is dysregulated, it can generate undesirable symptoms like anxieties.

Medical cannabis shows excellent promise at stabilizing symptoms and improving conditions throughout the body. What is incredible is that when cannabis is integrated into a patient's health regimen, it significantly aids in harmonizing mental homeostasis for many patients who suffer from specific ongoing mental health issues.

I think it is essential for patients to understand what they are taking and how it can impact not only their symptoms but their overall health and wellness. In today's medical climate, we too often focus on one part of the body at a time when we should really focus on the harmony that we need in order to thrive. When we treat one body part or condition, it will certainly affect other areas either positively or negatively. In order to create a healthy balance, we need to zoom out and look at all the ways treatments affect us.

In my home state of Pennsylvania, anxiety does not legally qualify a patient for a medical cannabis prescription, but I believe this will change very soon. As more and more states relax their restrictions on medical cannabis, the stigma around it will decrease to the point where it becomes a widely accepted treatment.

I have begun to use my voice and expertise to advocate for medical cannabis for a variety of conditions.

I want to ensure that patients in my home state have access to safe medical cannabis.

In states where medical cannabis is more available, general anxiety disorder is accepted as a qualifying condition. Because of this, more research has been done regarding the medical benefit of cannabis for a variety of different disorders. As we continue to do more research on cannabis, we keep finding more ways it can be used therapeutically.

So, why are we still so afraid of cannabis as a medical treatment? Part of the reason is that we've been conditioned to believe that commercial pharmaceuticals are safe and "illegal drugs" like cannabis are dangerous. But it's getting harder and harder to keep believing this because there is so much evidence that so many pharmaceutical drugs have horrific side effects and potential for abuse.

The opioid crisis is a direct result of prescription drugs, not street drugs. Patients with legitimate pain issues are given drugs they are told are safe and then become addicted. When the prescription runs out or isn't strong enough anymore, they seek out much more dangerous street drugs.

But it's not just the opioids. Think of all the pharmaceutical commercials you see on TV. You probably remember that most of them end with a narrator reading off a list of horrific sounding side effects

that are associated with the drug. Sure, maybe you won't have that side effect, but what if you do?

I'll be the first one to admit that cannabis can't cure every disorder. Traditional pharmaceuticals will still be necessary for certain conditions, and we will have to accept the side effects that come with them. But we've already seen the beneficial effects of cannabis on certain conditions without deadly side effects. Why wouldn't we keep studying it to find more potential uses?

For too long, our society has masked the problem instead of dealing with it. We have ignored a deadly epidemic and suppressed research in cannabis all because the pharmaceutical lobby has so much power. We are finally seeing big pharma companies being held accountable for their predatory actions, but it's too late. Far too many people are already addicted, and treating these addictions will cost billions of dollars, and many people will still die.

Because of our predisposition toward pharmaceuticals, we have stopped looking for other solutions when it comes to mental health. This is a decision made mostly for financial reasons and not with the best interest of patients in mind.

I believe mental health care does not stop when the pharmaceutical options have been exhausted. My job should always be to pursue the opportunities to educate communities about the benefits of alternatives when nothing else has worked.

Our patients deserve better than a one-size-fits-all approach to mental health care. We know that cannabis is providing many patients with significant benefits as well as helping opioid-addicted patients finally find some freedom from their addictions.

In states like California, where both medical and adult use of cannabis is legalized, anxiety has been the number one reason for medical cannabis recommendation letters being issued by doctors. California has also been progressive in dealing with the opioid crisis and has been compassionate to the cannabis health evolution, which has sparked interest from surrounding states to open up more options for healthcare providers and patients.

In California in 2017, doctors wrote thirty-nine opioid prescriptions for every one-hundred people. This is significant when we look at the national averages. According to the CDC, the national average was fifty-eight opioid prescriptions per one-hundred people. Also of interest is that deaths from opioid addictions in California also began to fall. This suggests that more patients are seeking alternative pain therapies, and doctors are becoming more open to the idea of prescribing non-opioid pain management like cannabis.

While the numbers of medical cannabis prescriptions have gone down in California over the last year, the sales of cannabis have increased substantially since the state-approved legal use by adults over the age of twenty-one.

This has generated billions of dollars in tax revenue in states that have legalized the adult use of cannabis.

Ever since California entertained the idea of legalizing cannabis for adult use, there has been a debate about how this would affect medical patients. On the one hand, patients no longer have to visit their doctor once a year to obtain their recommendation at the cost of \$50 to \$100, but as anti-legalization supporters correctly pointed out, legal cannabis will come with a whole list of taxes that, in the long run, will make cannabis far more expensive. You see, because cannabis had been reserved only for medical patients, it was considered medication and was not subject to many taxes. At this point, because of taxes, cannabis in California is approximately 20% more expensive than before legalization. It's great for the state, but not so great for legitimate patients.

So, the big question remains... How safe is cannabis? This is actually a whole collection of questions that we are going to answer. We can't simply ask how safe cannabis is; we need to ask the rest of these questions. Let's think of it as a Q&A session.

Q. Is there a more or less safe way of using cannabis?

A. In short, yes, there are more and less safe ways to use cannabis. Using a butane lighter to smoke cannabis flowers means you are inhaling butane, and that's not good for you. And then again, is any kind of smoke in your lungs good for you? It's certainly not ideal, but

smoking cannabis requires taking far less smoke into your lungs compared with a cigarette. And cannabis smoke has never been proven to cause cancer like tobacco smoke.

Luckily, you have quite a few options when it comes to how you ingest cannabis. There's the traditional joint, glass pipes, water pipes which are a bit easier on the throat, vaporizers, extracts, edibles, beverages, lotions, etc. If you can think of it, someone has probably put cannabis in it.

The safest ways to ingest cannabis are edibles and vapor, mainly because there's no smoke involved. A traditional vaporizer heats the flower to the exact temperature at which THC becomes a vapor. Once it goes higher than this temperature, the flower burns and becomes smoke, which contains carbon.

Q. What about those vape pens with cannabis oil in them? Are they safe?

A. We don't know. They seem to be safer than inhaling smoke, but they're a very new product, so very little research has been done. The outbreak of vaping related deaths was linked to unprofessionally made vapor cartridges, but we have no long-term evidence about the effects of any type of vaping.

Q. Can you overdose on cannabis like opioids?

A. Technically, yes, but you would have to ingest so much cannabis that you would have passed out long before you reached that point. Technically, you can overdose and die from drinking too much water, but, again, it's not something to worry about.

Q. Is it safe to drive after using cannabis?

A. Nope. Don't do that. Remember when I said that cannabis never directly killed anyone? Well, that means that cannabis itself never killed anyone. There have almost certainly been traffic fatalities because one of the drivers was currently using cannabis. It has the effect of slowing your reactions, and this can potentially cause accidents. In general, don't use cannabis while doing any activity that requires your full attention.

Q. Can cannabis give you mental illness?

A. There is no evidence to suggest that cannabis has made anyone mentally ill, though it does have the potential to exacerbate certain mental illnesses like anxiety and schizophrenia. The problem with everything used to treat mental illness is the possibility that, for some patients, their symptoms may get worse. This is especially true of pharmaceuticals used to treat mental illness. Unfortunately, finding the right solution for you still means some trial and error.

Q. Is there a safe age to start using cannabis?

A. The current thinking is that you should not start using cannabis until after age twenty-one because until then, your brain is still undergoing important developments that can be affected by cannabis. This varies somewhat from person to person because our brains develop at different rates. In most states that have legalized cannabis for recreational, adult use, you must be twenty-one years old in order to buy cannabis.

This was another controversy in California because when cannabis was only legal for medical use, the legal age was eighteen. The argument was that patients between the ages of eighteen and twenty-one would no longer be able to obtain their medication legally.

So, we've covered the safety issues surrounding cannabis, but now let's dig a little deeper into how to choose the right dose.

Dosing

As you can imagine, dosing issues have been a challenge for medical cannabis users because, until recently, dosing information was rarely available. In California and other states where cannabis is legal for adult use, cannabis producers are required to put certain information on the packaging so that consumers know what they're getting. For flowers, the percentage of THC in the flower is required, while for edibles, the packaging must list

how many milligrams of THC are in each serving size. Vaporized products typically list the percentage of THC per milliliter of oil.

In general, it is best to start off slow. For those with little to no experience with cannabis, your first experience can be difficult if you ingest too much. With inhaled cannabis, the best approach is to inhale a very small amount and exhale it not more than three seconds later. Then wait a few minutes and see how you feel. These days, most of the commercially available cannabis has been bred to be so potent that a tiny puff may be all you need. After a few minutes, though, you will have a sense of how affected you are, and you can decide whether or not to have some more.

Figuring out the dosage for edible cannabis can be a little more difficult because the THC doesn't affect you instantly like with inhaled cannabis. Typically, it takes between thirty to forty-five minutes to feel the effects of edible cannabis. So, if you ate some chocolate ten minutes ago, and you still haven't felt any effect, give it another twenty to thirty minutes before taking any more.

There's another tricky aspect to this that may take a little getting used to. Not everyone experiences cannabis the same way. That's why some people love it, and some people hate it. Sometimes it's just a matter of what works for you as an individual.

The most important thing is knowing what you're getting yourself into because otherwise, you may never

see the benefit of cannabis. This actually reminds me of a funny story that my neighbor, a man in his sixties, told me recently.

His son had been visiting from California and had left a small jar behind when he left. The man found the jar in his son's room, and at first, didn't know what it was. He opened the lid, and suddenly his nostrils were filled with a familiar though distant smell. He told me it smelled like... college.

He had grown up a child of the 1960s and smoked his fair share of cannabis when he was younger. "We'd put on some music, light up a joint, and really enjoy the evening," he said with a chuckle.

So, later that night, he fired up the turntable and put on some classic Pink Floyd. Groovy... He took what was left in the little jar, rolled it up into a joint, and smoked it.

But then, just around the time, the song *Speak to Me* came on, everything started spinning. His heart was beating out of his chest. His body was damp with sweat. He tried to stand up. His legs felt like they were to give out.

Breathe... Breathe in the air... Don't be afraid to care... David Gilmour sang through the speakers.

He tried to sit down, but that wasn't any better. "That's when I knew I was having a heart attack," he said, still chuckling.

He staggered to the phone, dialed 911, and slumped on the floor. "I just prayed that the ambulance would get

to me before my heart stopped beating. I was terrified. I thought I was going to die, all alone.”

“When the EMTs arrived, they sniffed the air and heard the *Dark Side of the Moon* playing on the turntable. They both rolled their eyes at me. Oh, I still thought I was going to die of a heart attack, but I got the feeling they’d seen this before.”

“Did you smoke anything tonight, sir?” one of them asked. I nodded my head, and they both laughed a little.

“You have to be careful. It’s a lot stronger than it was back in the 60s, sir,” the other EMT said, trying to be as respectful as possible.

The next day the man called his son and told him that he’d tried his cannabis and what had happened.

“He thought it was really funny, but I had no idea how strong that stuff is now.”

I share that story not to make fun of my neighbor but to point out that every person’s tolerance is different and how important it is to be educated about how to use cannabis in a safe and reliable way. Consulting medical cannabis professionals is the best way to design a tailored program for you. They can take into account your tolerance and conditions and recommend the right products as well as guiding you to correct dosages. The goal is to have a more rewarding experience with cannabis and knowing what to ask is the best way to be prepared.

This will also allow us to understand which products are going to be best for our particular situation. Some patients get relief from smoking or vaporizing cannabis because it alleviates symptoms immediately. It can be very helpful with things like panic disorder. But other patients want a more gradual and long-lasting experience. For these patients, low doses of edibles are probably better than inhaled cannabis.

So, what about microdosing?

Microdosing

Microdosing is the practice of taking very small amounts of cannabis in order to create a sort of background effect. Because many people find cannabis to be too intrusive for regular daily use, it can be beneficial to use small amounts in order to get some of the benefits, but without the intoxicating effects. This is also a good way for new users to find their desired dose. Because cannabis affects people differently, caution is always recommended at first. Jumping in with a big dose can prove frightening and counterproductive. That's where microdosing comes in. By starting with a small dose and then gradually increasing it incrementally, you can avoid taking too much at once. It has also been suggested that you do not need to feel the effects of cannabis to take advantage of its many benefits. For many people,

microdosing is a practical and efficient alternative to conventional dosage.

To find out if replacing your anti-anxiety medication with medical cannabis is the right option for you, visit our website at: <https://marijuanadirectory.site/> for more information about how cannabis can treat anxiety disorders.

CHAPTER 6:

DEPRESSION

“Trauma comes back as a reaction, not a memory,”

— BESSEL VAN DER KOLK

While depression and anxiety can be unpredictable, they often follow some familiar patterns. For many people, depression is not a constant experience of sadness or numbness. It’s a feeling that comes and goes, and it can sneak up on you when you least expect it. Other people find their depression to be more constant, and this can be a severe impediment to living a normal life.

Some people experience depression from their childhood onward, and their lives are a constant struggle to keep up with it because depression typically changes as we get older. For some, it gets worse or better, and for others, the triggers change as we age. Many people will experience some degree of depression at some point in their lives because depression can also be an acute experience that follows a traumatic or tragic event.

The death of a loved one or the end of a serious relationship can trigger a period of depression, and this is very normal. In fact, it's probably strange if you don't experience some level of depression at some point in your life.

Some of these forms of depression do not require medical treatment. Oftentimes, mild depression, especially if it is caused by a tragic event, will go away with time and support from loved ones. In certain cases, this type of depression does not resolve on its own, and this is when seeking help from a mental health professional is a good idea. Chances are, they won't jump right into a pharmaceutical intervention because it may not be needed. Many cases of mild or incident-based depression can be resolved with talk therapy. The goal is to find the root cause of the depression and figure out ways to move past whatever has caused it.

In many cases where depression stems from negative relationships, the problem is that the depressed patient has lost a sense of self-worth through their negative or abusive relationship. In this scenario, a therapist will work with a patient to build their sense of self-worth and allow them to feel empowered again.

But what about cases of anxiety and depression that don't easily resolve with time or talk therapy?

Many people experience anxiety and depression together, and there doesn't seem to be much of a root cause for it. These people often live full lives with families

and successful careers, but they still experience the symptoms of anxiety and depression. For these patients, the solution can be a bit more difficult because there isn't necessarily an event or trauma that is causing the symptoms. It's a bit of a mystery.

We know that both depression and anxiety are genetic, and they are something to be on the lookout for if they run in your family. Because we usually consider depression to be a condition that follows trauma or tragedy, many of the people who suffer from this kind of depression don't understand what's going wrong.

Part of the problem is the way depression is portrayed in popular culture. Depressed people are often portrayed as sad all the time and unable to function in any normal manner. But this doesn't describe most clinically depressed people. Because of this, many clinically depressed people don't know that they are depressed.

I saw one of these patients, who I will call Steve. Steve had a good job in the field of his choice. He was a writer and was able to pursue many different types of projects, and he found this very rewarding. He also had a wife and child, and their families seemed very stable and supportive.

He came to see me because his wife had noticed certain troubling things. Despite there being nothing wrong, Steve was falling into periods in which he didn't want to do anything. He didn't have as much energy as

before, and he was haunted by crippling and irrational anxiety.

“Sometimes I’ll be driving to the supermarket, and I get this panicked feeling in my chest because I’m afraid I won’t be able to find a parking spot. Isn’t that crazy?” he said. “Other times, I’ll just feel like everything is hopeless, even though everything is actually fine,” he said, shaking his head. Then he paused. It appeared as though he was about to say something, but he was afraid to say it. “Sometimes, I just think it would be better if I killed myself. I’m not going to do that, but I often get that feeling. Like, it would just be better if I weren’t here. It feels terrible to say that.”

I asked him how long he had felt this way.

“I’d say it’s been off and on for about ten to fifteen years,” he said. “When I was younger, I thought it would go away when I got the job I wanted. But then I got the job I wanted, and it still didn’t go away. Then I thought if I was in the right relationship, it would go away. But it didn’t.”

I could see that, despite his outwardly happy life, Steve was struggling to figure out what was wrong with him.

“Honestly, it makes me feel selfish and guilty because it looks like I have it all. Why should I feel this way?”

As we talked, it began to dawn on Steve that what he was suffering from was clinical depression coupled with general anxiety disorder. We discovered that

both his mother and grandfather had suffered from similar symptoms but had never sought treatment. In Steve's family, depression was viewed as something that completely took over your life. If you were able to hold down a job and be part of a family, it meant you didn't have depression. Steve was starting to realize that this wasn't true.

I learned that Steve had been treating his depression with a lot of alcohol, and this worried both him and his wife. "Drinking doesn't make it go away, I just feel better for a little while... and then I feel worse."

Steve was trapped in a cycle of self-medication and shame, and he desperately wanted to find a way out. I suggested that Steve see a psychiatrist because I had a feeling he needed a medical intervention for his problem. But I also counseled him about the value of using cannabis as a way of addressing his symptoms. He hadn't considered that before, but was open to trying almost anything at that point.

When Steve visited me two months later, the smile on his face said it all. "So, how are you doing? I asked, already knowing the answer.

"It's amazing. My psychiatrist prescribed an SSRI, and I started using small doses of medical cannabis. I wasn't sure about taking pharmaceuticals at first, but it's changed my life. And the addition of medical cannabis takes away so much of my anxiety without the side effects you can experience with anti-anxiety medication."

I was happy that Steve had found a solution, but I also realized that we still have a long way to go in accepting the possibilities of medical cannabis. With mental illnesses like anxiety and depression, there is rarely a magic bullet that fixes everything. Instead, we need to look for a combination of multiple solutions that are custom-tailored to each patient.

If you feel as though you are struggling with depression, don't hesitate to visit our website at: <https://marijuanadirectory.site/> for more information or to make an appointment to talk about your depression with one of our experts.

CHAPTER 7:

BIPOLAR DISORDER 1

Bipolar disorder 1 is a chronic, treatable disorder, but usually features recurring episodes of mania followed by major depressive episodes. The episodes cause increased physical and mental energy, as well as an elevated sense of self and heightened mood. The depressive episodes are characterized by low spirits, low energy levels, and a decrease in self-worth.

Patients diagnosed with bipolar 1 disorder carry a strong genetic factor associated with parents with bipolar disorder. The factor increases the chances of developing this disorder versus those who do not have a genetic predisposition for bipolar disorder.

Many patients with a bipolar 1 diagnosis also have one or more of the following disorders: alcohol disorder, substance disorders, generalized anxiety disorder, panic disorder, and personality disorders.

Bipolar 1 can be a difficult disorder to treat and sometimes hard to diagnose, but with a dedicated patient who wants to change their life for the better,

many different interventions can lead to the patient living a normal life.

For some patients and providers, treatment is challenging, and sometimes the patient fails to respond to medications. Frequently, providers are left to try and use a more progressive approach with therapies like transcranial magnetic stimulation (TMS). TMS treatment has been shown to be effective in re-calibrating the brain's normal activity. *TMS has been shown to reduce anxiety, obsessive compulsive disorder, post-traumatic* Although TMS is more of a last resort, many patients have found success with it.

I feel medical cannabis benefits many patients diagnosed with Bipolar disorder, but, again, it should be incorporated only with oversight from a clinician who specializes in medical cannabis and versed in cannabis strains and dosing to find real efficacy.

Bipolar Disorder 2

Bipolar 2 disorder is a milder version of bipolar 1. Typically, patients diagnosed with bipolar 2 have similar symptoms as patients with bipolar 1, but the highs are not as high, and the lows are not as low. Still, something is very wrong.

The mood spectrum of bipolar 2 can be best described as having depression as the primary symptom. The disorder exaggerates other associated symptoms,

such as sleeping more than normal, lack of motivation, and suffering from extreme fatigue.

This diagnosis is typically made when two or more symptoms mentioned before are present in a patient. The symptoms often do not look like mania. However, hypomania can be expressed as extreme agitation, anxiety, irritability, and challenges concentrating. Some patients, however, will not ever experience hypomania and still be diagnosed with bipolar 2 disorder.

Many family members are the first to identify behavioral changes in their loved ones and see the vast spectrum of moods they display. At the same time, the patient might never know they possess a significant disorder, which makes treatment more difficult. Most patients with bipolar 2 never suffer from mania or fall out of touch with reality but experience other components to the disorder that feel just as disabling. The moods of the patient can be expressed in heightened feelings of happiness or other extreme emotions.

Medical cannabis offers some hope for many individuals who silently suffer from bipolar 2. Numerous patients cited compelling details about the positive impact that *medical cannabis has had on their symptoms*. These patients experienced reduced episodes of associated symptoms with bipolar disorder. Also, a significant impact was made on patients suffering from bipolar 2, who reported an elevated mood after integrating medical cannabis into their treatment plans.

When patients consume cannabis, even if just to relax, it may also improve the symptoms of depression. Although medical cannabis will not be the only medication used in treatment, it is well known to enhance other treatments which work in conjunction with cannabis. Medical cannabis increases the appetite of someone suffering from depression and encourages healthy food intake.

Many patients who turn to drugs for relief do so trying to relieve their pain and, in turn, get addicted. Medical cannabis contributes to the reduction of using other drugs to relieve pain. The best strains for this type of disorder are usually indicas.

I once treated a patient named Sam, whose wife said he was suffering from manic episodes. He had mood swings and often became irritable for seemingly no reason at all. At times he became somewhat aggressive and took out these feelings on friends and family. Something was clearly wrong, but it wasn't immediately clear what the problem was.

Sam was around fifty years old and had three children and a steady job. At first, he seemed to want to joke about his symptoms, but he later shared with me that joking was his way of masking the seriousness of an issue.

He shared that he had been in a darker place mentally, but he didn't understand what had changed. Previously, he had been diagnosed with obsessive-compulsive disorder, major depressive disorder, post-

traumatic stress disorder, and anxiety disorder. Despite this, Sam was friendly and charming, but he was also deeply concerned that something within his mind was changing.

Sam told me he had a family history of mental illness on both sides. His father had been diagnosed with bipolar 1 and post-traumatic stress disorder, while his mother suffered from panic attacks and anxiety disorder. Considering his genetics, Sam was almost certain to end up with some kind of mental illness.

I told Sam that as long as he was ready to be honest with me, I could probably help him with some of his symptoms.

Like many men, Sam felt that he was supposed to just deal with his feelings and not bother anyone with them. This, most likely, just made the problem worse.

As we talked, he shared with me an experience in which he became extremely angry while driving and stopped his car in the middle of traffic in order to confront another driver. At the time, he didn't seem to think that his actions were inappropriate but looking back at the episode filled him with shame and regret. He realized that during his manic episodes he had no way of filtering himself. At the same time, I could see paranoia and insecurity taking over.

At certain points in our session, he became suspicious of my questions and asked if I wanted him to be institutionalized. I tried to reassure him that we were

not going in that direction and that I believed I could help him achieve some sense of balance again.

Sam had always had issues with anger. He told me that when he was younger, he would become angry, and his whole body would become tense. While he appeared to display signs of empathy, he also appeared quite self-centered, but he had an awareness of this and wanted to change.

In many ways, he seemed like a child who had not fully grown into an adult. He still exhibited the sense of invincibility that teenagers often have until they understand that their actions have consequences. I started to think that medical cannabis could be useful in balancing his mood and reducing his episodes of anger.

Often, patients will ask me how they will know if a treatment is working, and I tell them that they might not notice that anything is different, but their friends and family will see the change.

This was the case with Sam after he had been using medical cannabis for a period of time. He told me his son had started to notice a significant difference in how his father was behaving at home and in public. His son had asked what his father was doing differently, and Sam had shared with him that he had been using medical cannabis.

To this day, Sam has been successfully using medical cannabis coupled with his other treatments and medications and has found a new lease on his life.

Although he will still be dealing with this disorder for the rest of his life, he now has the right resources to help him live a more normal life. This will help him grow and progress because his symptoms are finally under control.

If you suspect that you are suffering from either type of bipolar disorder, visit our website at: <https://marijuanadirectory.site/> to see how we can help you obtain medical cannabis from an authorized dispensary.

CHAPTER 8:

POST-TRAUMATIC STRESS DISORDER (PTSD)

Post-traumatic stress disorder, better known as PTSD, is a collection of symptoms that begin after a patient has witnessed or survived a severe trauma or a life-threatening event. PTSD can evolve into many unwanted neurochemical changes from our response to traumatic reactions.

Some patients report when revisiting a trauma that their anxiety increases resulting in the patient having to re-experience the same intensity of emotions from the original trauma as if the patient were reliving it over again. This disorder can be disabling for many patients as they experience symptoms ranging from flashbacks and triggers to nightmares to severe anxiety. Many who also suffer from uncontrollable thoughts revisit the event in their minds. (Occurrence of revisiting thoughts?)

Some patients find that when they revisit their trauma, they also have an increase in anxiety, which

causes them to relive the experience with the same intensity as the original trauma. For many of them, it can feel as though they are living the trauma all over again. For many patients, this can be debilitating because they never know when the trigger will happen. They can also experience flashbacks to the original trauma and nightmares, which are accompanied by severe anxiety.

Because many patients find it difficult to process their trauma without constantly reliving it, a professional treatment plan is absolutely necessary.

There is new evidence that suggests that medical cannabis can be effective at reducing the symptoms of PTSD in many patients, but it is rarely the first treatment anyone tries. Typically, patients are treated with SSRIs and anti-anxiety medication, but these have both had mixed results. In many states that allow medical cannabis, PTSD is one of the qualifying conditions for medical cannabis. However, it should be used under the supervision of a mental health professional.

I once worked with a woman in her mid-forties named Pam, who was looking for help dealing with her various mental health issues. She claimed her childhood was plagued with sexual abuse, and these experiences had caused lasting trauma along with anxiety and low self-worth.

She had been sexually abused by her grandfather, who had been a television preacher. Because her family was extremely conservative in their religious beliefs, she

was surrounded by many religious people she thought she could trust. In many cases, our mental health issues are connected with our inability to trust.

The abuse lasted from the time she was five until she was fifteen, and during this time, her mental development became stunted. She became extremely good at crafting an exterior that didn't allow others to see what was going on inside. When I met her, she appeared well-groomed and confident. I would soon learn that this was just a well-constructed façade.

I learned that there had been other experiences after the abuse ended that had further compounded her mental illness. A Christian school counselor had wanted to take her out of the country when he heard what happened to her. He said he could protect her, but none of this seemed normal or right to her. Older men had made unwanted advances that she didn't know how to deal with. After a certain amount of time, she didn't know what was normal and what was inappropriate. Most of all, she had no idea of how to trust people.

Pam was prescribed all kinds of medications to help her cope with the symptoms associated with her trauma, but nothing helped her find a balance. She was desperate to find a solution.

As a corporate executive who never tried medical cannabis, she was willing to try anything at that point. She struggled to sleep soundly and confessed she never knew what REM sleep felt like. She suffered from an

eating disorder that would stop her from eating. She cut her hair in a way that did not compliment her face. She struggled not to let her issues with the perpetrators affect her relationship with her husband, but it had. She felt incredibly broken, mentally and emotionally.

Finally, after one of our sessions, she decided she would acquire a medical cannabis card. She wanted to know if medical cannabis could help her because she heard about others who suffered from PTSD from military service using CBD and how it had helped them. She had nothing to lose, as it was her last resort.

At our next session, I was presented with a new Pam. This Pam had a very different energy, and her smile seemed genuine instead of contrived. She was calm and seemed to feel comfortable in her skin. I was dying to hear what had happened in the two weeks since she had gotten her medical cannabis recommendation.

As she sat down, she let out a sigh and said, “you know what... I think I’m going to be ok.”

I was shocked. Could cannabis be responsible for such a dramatic change in such a short period of time? Clearly, something had changed. I asked her about what she had been doing, and she told me that she had begun experimenting with cannabis, and her anxiety had immediately been reduced. It started to become clear to me that so much of what was going on stemmed from her anxiety. It kept her mind moving too quickly. It kept her stuck in cycles of unproductive thoughts. It made

her question herself constantly. She told me that she no longer felt out of control.

This is something I hear all the time, and it often doesn't matter from what a patient is suffering. They feel like they're not in control of their own minds. It's both scary and frustrating.

I learned that Pam had visited her local dispensary and was given some good indica options. Because she didn't want to smoke, she chose a vapor pen with cannabis oil. Whenever she felt the anxiety creeping in, she could take a small puff from the pen and release a very small dose of cannabis oil vapor.

Within weeks, her family began to notice a difference. She shared with them that she had been using medical cannabis and that it had made a huge difference in her symptoms. Instead of constantly trying to rid herself of memories of her trauma, she was able to put her energy into other activities. Her life became full, and she enjoyed being around people more.

I have monitored Pam's progress in therapy, and it is nothing short of amazing. Part of the equation is that Pam really wanted to get better, but she was also fearless when it came to trying new and unexplored options.

As we learn more about anxiety and especially how it relates to PTSD, we are uncovering more and more information about how different cannabis products can be instrumental in offering a great deal of relief without severe side effects.

If you or someone you know is suffering from PTSD, I encourage you to reach out to our virtual clinic and allow us to help you navigate your way into an effective treatment program. We can recommend specific cannabis strains that are known to lessen the effects of PTSD, and we can design a treatment plan that is specific to your symptoms and experiences. PTSD can consume your entire life if left untreated, and it can affect those around you as well.

If you experience PTSD but you feel as though your current treatment isn't ideal, visit our website at: <https://marijuanadirectory.site/> for more information about treating PTSD with medical cannabis or to get help finding your local dispensary.

CHAPTER 9:

ADDICTION DISORDERS

*“We cannot solve our problems with the same thinking
we used when we created them.”*

—ALBERT EINSTEIN

Addiction isn't a new problem. It has existed for as long as addictive substances have existed and will likely always exist to some degree. What has changed is our way of thinking about addiction and how it affects us on an individual and cultural level.

For many years, addiction was merely seen as a moral failing—a weakness of will and morality that allowed a person to give their life over to a substance. Alcohol and opium-based drugs have always played a large role in the story of addiction all over the world. It wasn't until 1956, when the American Medical Association (AMA) classified alcoholism as an illness, that we started to think of addiction as something more fundamental than simply being weak. This definition was expanded in 1987 when the AMA classified “addiction” as a disease.

This new definition included all sorts of addiction, from alcohol to gambling. This was an important step in the right direction.

Many patients look around at the world and feel as though everyone has control over their lives except them. They struggle with their addiction, but they cannot move past it because they do not have control over it. In many cases, this is what stops people from seeking help: they feel as though help isn't possible.

My goal in writing this book and as a therapist is to give people the tools they need in order to rejoin society as a healthy and balanced individual who does not feel trapped by a debilitating addiction.

I try to look at mental health as a gateway to wellbeing, but without honestly delving into all the different corners of mental health, we do not get a full picture of the problem.

When we look at addiction, we need to understand several things. First, addiction does not have a single cause. It can be caused by environmental factors, but genetics and our own neurochemistry play a large role as well.

While a person may be predisposed to addiction, it is not always predictable how that addiction will manifest itself and what environmental factors will unearth it. If a person has a genetic predisposition to addiction, a tragic incident may trigger the tendency toward addiction, but just because your father was addicted to alcohol,

that doesn't mean you will choose alcohol. What we're learning is that addiction is a larger disorder, and the particular things we become addicted to are somewhat incidental.

What we also need to understand is that addiction is a treatable condition. But the treatment for addiction is much more complicated than just getting a person to stop using a substance. We tend to think that the problem for people addicted to opioids is that they cannot stop using the drugs because of the severe withdrawal symptoms. But this isn't the actual problem. Even after an addict detoxes their system, they still need to address why they feel as though they *need* the substance. Many detoxed opioid addicts go right back to drugs because the underlying issues of their addiction haven't been addressed.

In my research, I have found that medical cannabis can be a valuable tool for addicts seeking treatment for their addictions. In states where medical cannabis has been available, we already see a decline in opioid addiction and alcoholism.

So, why are so many people becoming addicted to opioids? This isn't an easy question to answer because there isn't a single factor. There are many reasons why the opioid epidemic has become so serious, and some of them are very difficult to tackle. Income inequality has pushed many communities into a desperate state where many people feel hopeless and forgotten by the modern

world. Opioids provide an escape from those feelings, but that's a big problem to tackle.

Chronic pain is also one of the main culprits behind the opioid epidemic. For a variety of reasons, many people suffer from chronic pain, and for many of these patients, there isn't any easy solution. Because of this, doctors often run out of treatment options and choose, instead, to prescribe opioid painkillers because nothing else has been effective.

At the same time, pharmaceutical companies have been pushing doctors to write more opioid prescriptions, and in some cases, they have outright lied about the dangers of opioids. You may recall that just last year, Purdue Pharma was convicted of lying about the addictive potential of their opioid medications. Essentially, they told consumers that they would not become addicted, even though they knew this was not true.

Because opioids are highly addictive, patients who sought treatment for legitimate pain issues became addicted and found themselves unable to stop. At the same time, they were developing a tolerance to the opioid medication, which meant they needed higher doses to get the same effect.

Many patients don't fully understand what they are getting into when they start taking these drugs. Many have never had an addiction issue in their lives until they started taking opioids for pain management, and

they feel justifiably upset by the fact that they can't stop taking their medication. In many of these cases, the patient started taking the drugs because their doctor told them to. People trust doctors, and those doctors almost always have the wellbeing of their patients in mind, but for some patients, it seems as though there are no options other than these highly addictive drugs.

If a patient already has a predisposition to addiction, the problem can be much greater and has the potential to spiral out of control. These patients often turn to street drugs because they can no longer obtain high enough doses from their doctor. This is when opioid addiction gets really dangerous because patients taking street drugs often don't know the composition of the drugs or their potency. This has led to tens of thousands of deaths every year.

Because the opioid epidemic has become so severe, and so many lives are needlessly being lost, doctors and researchers are looking to medical cannabis as a possible treatment and alternative to opioids. At this point, researchers believe that cannabis can be an effective treatment for various types of chronic pain. They are also encouraged because cannabis does not have the same addictive traits that opioids do. For patients who have experienced opioid addiction in the past, cannabis can be an effective way of treating their existing pain.

When patients replace their opioid regimen with cannabis, they are not just trading one drug for another.

They are giving themselves valuable new options for treatment. Many patients at this point are very wary of starting opioid painkillers because we know how dangerous and addictive they can be. As a result, these patients can feel as though they are out of options. As more and more studies reveal how effective medical cannabis can be for the treatment of chronic pain, more and more patients realize that they are not out of options.

The challenge for many of these patients is that they live in states that have not legalized medical cannabis. What needs to become more widely known is the fact that in states that have legalized medical cannabis, the number of opioid prescriptions has been steadily falling. In four of the fifteen states that legalized medical cannabis, prescriptions for opioids fell. The state of Ohio saw a 19.2% decrease in opioid prescriptions after medical cannabis was legalized. That is a dramatic difference in a very short time. In states where this has happened, they also see a decrease in opioid overdoses by 24.8%.

Opiate Abuse Disorder

“Stigma is the enemy of public health.”

—ROBERT REDFIELD, DIRECTOR, CENTERS FOR DISEASE CONTROL

As a mental health professional with years of experience in opiate abuse disorders, it is clear to me that

we all play a role in ensuring that patients with addiction disorders are not given the very drugs we know can be harmful to their mental wellness and recovery.

Medical cannabis is a great choice for many patients looking for a safe alternative to opioids for their pain management, and it can also be beneficial to patients in the process of detoxing from opioid addiction. It has been shown to reduce many of the withdrawal symptoms and promote a healthy appetite.

As a clinician, I need to be mindful about recommending any mind-altering medication to patients with a history of addiction because we do not want to replace one problem with another. As a result, I need to offer my patients an effective treatment plan that includes medical cannabis but also the treatment necessary to make sure the medical cannabis is creating positive new habits and behaviors. As therapists, the last thing we want is for a patient to feel as though they have failed somehow. Because of this, we need to take a holistic approach to treatment and medication.

As we navigate the different options available to us, we need to make sure we don't only look in one direction. Medical cannabis has been shown to have many benefits for patients suffering from both addiction and chronic pain, but there are other treatments we need to explore as well.

One such drug is *Suboxone*, a unique opioid buprenorphine. This drug is designed to treat withdrawal

symptoms and was introduced as a potential solution for addiction. Suboxone is meant to work alongside the patient's education and counseling sessions to focus on the behavioral aspects of addiction.

On a chemical level, Suboxone is a combination of two drugs, the first being *buprenorphine*, a “partial opioid agonist,” while the second drug Naloxone is an opioid blocker or “opioid antagonist.”

Many clinicians like the fact buprenorphine is long-lasting and manipulates the brain so that patients believe they have a full opioid effect and that the body does not fight back with withdrawal symptoms. When this partial opioid agonist operates, it disables the “euphoric” effect for the patient, and this is where the real work begins.

One thing to keep in mind when using Suboxone is that it was designed to be for short-term use. The idea was to give patients the support they need while they transition off of opioids, but this support is not meant to be long-term. Instead, patients are given assistance with the chemical aspect of their addiction while they work through the mental aspects of their addiction with a therapist.

Unfortunately, because this treatment is effective and profitable, some clinicians have used it for more long-term use. With long-term use, patients can become dependent on Suboxone and find the withdrawal symptoms very challenging.

While working with addicted patients, we also integrate a therapy called motivational interviewing where our job is to listen with empathy as patients share their histories to create a baseline of understanding and support to help them identify and resolve various aspects of mental health that are negatively impacting the patient and potential treatment.

As mental health experts, we aspire to empower patients to see themselves as capable and able to successfully benefit from treatment. If we can help a patient find internal motivation to get well, then we can effectively enhance the outcomes of therapy. The only effective way treatment works is if the patient possesses a willingness to change and modify behaviors. Otherwise, therapy is a meaningless exercise.

For patients who suffer from opioid addiction, the ideal treatment is to abstain from certain behaviors, substances, or drugs. However, this is not always realistic, and this is why we see such high failure rates in rehabilitation centers. Asking patients to taper off their drug use after being daily users is a challenge, but it is also possible if it is done properly.

I am often asked about the *12 step protocol* because it has been popular for many years. For some, it is effective, but unfortunately, the 12 step protocol has very low long-term efficacy rates. Personally, I feel that it is not effective because I take issue with programs that

have patients forever affirm their addiction or behavior as who they are and not who they were.

If I am clean and sober and don't want to be an "addict" to form my new identity, I should be able to do that without feeling like I have deviated from a program. Carrying around the stigma of addiction can be harmful to one's personal growth beyond their addiction. I don't like the idea that once a person is an addict, they will be an addict for the rest of their lives.

A patient should be able to believe in their ability to get well and walk away from a title that no longer describes who they are. In therapy, we want to reprogram mindsets and behaviors and begin at the fundamental level of who patients believe they are or can be. We want to emphasize the potential for the future, not the past.

Ultimately, we become what we believe and think ourselves to be, so our affirmations should validate our progress. If we affirm something undesirable about ourselves, we are rewiring the brain to become more aligned with this affirmation. I want my patients to be the best version of themselves, and affirming a former behavior does not make sense when they have removed a toxic behavior or substance in their lives.

There is a vast difference between "I'm a drug addict" and "I am working to become the best version of myself."

I might write another book someday called the "12 Steps to NOWHERE!" But that is for another day!

My theory is that integrative therapy is critical to a patient's success. I will integrate any positive method and do my part to see my patients to the finish line.

When we think about medical cannabis and how it applies to mental health, we rarely see it as a companion to therapy for addiction treatments. However, new studies are pointing to the fact that *CBD and other cannabis compounds* are effectively easing the cravings and withdrawal symptoms, which makes treatment much more effective and efficient.

What is amazing about CBD is that it simultaneously mitigates the initial pain and inflammation that first provoked the use of opioids. The fact that CBD has these properties is even better because it has resulted in greater patient retention, which allows us to help patients more thoroughly. But we are just at the beginning of learning what CBD can do in a clinical setting. We've seen strong evidence that CBD is helpful with insomnia, anxiety, craving reduction, and appetite.

It's important to keep in mind that the goal of this is not to rely simply on medical cannabis, but for medical cannabis to be integrated into the entire therapy program.

The mind is a magnificent tool, but unfortunately, it's also where addictions begin. Every time you formulate a thought, you develop a new neural pathway in your brain. Each time you think of a specific thought, that neural pathway gets more deeply embedded in your

brain. So, if you are constantly thinking of pornography or drugs, your brain develops a deeply embedded neural pathway where energy flows. When this energy flows, we begin thinking about our addictions, so it is critical to redirect the brain so its functions can be reshaped and reformatted.

We found that whenever a patient used medical cannabis, it helped to foster new neural pathways in the brain. We heard of reports of people who were able to quit heroin and other opioid addictions.

Today, no specific process directs clinicians to integrate medical cannabis into addiction therapies. However, integrations independently happen whether by choice or by the patient doing so on their own. Some patients come to us having already tried cannabis to help with their withdrawal, and they want to know that they are on the right path rather than simply going down another destructive path. We always want to reassure them that they have made a good decision but that they should be doing so under the supervision of a mental health professional.

I recall one patient who had been ordered by the court to see me for an opioid addiction that had been going on for seven years. As I interviewed him, it occurred to me that he might be a good candidate for medical cannabis. Jeff appeared to be living a normal life, and no one would have assumed that he was struggling with a severe addiction. This is quite common until the

addiction reaches a point where it completely overtakes a person's life.

I learned that Jeff's father had also had a struggle with drugs while appearing to live a normal life as a teacher. Perhaps it was in Jeff's blood that he would go down the same route as his father, but either way, he kept falling back into drug use. It didn't help that Jeff's mother was an alcoholic who enabled her husband and Jeff in their addictions. This made things even more difficult for Jeff because he felt as though he didn't have an escape from a lifestyle so tied to addiction. Essentially, he felt completely trapped.

After he obtained his medical cannabis card, Jeff determined which strains were most effective for easing his cravings and creating a new neural pathway to help him recover from years of opioid abuse.

On another occasion, I received a call from a very distressed mother. She was desperately searching for answers for her twenty-four-year-old son, Bill. I could hear the distress in her voice. She had clearly been crying. She told me that Bill had tried everything from therapy to drug treatment facilities, but nothing had worked. He always seemed to relapse after a certain period of time. I could tell that this mother was worried that her son was running out of time.

She explained that she had tried to provide Bill with everything he needed in life, but despite all of her efforts, he still struggled with addiction. She was determined to

find solutions, and she had heard that medical cannabis was a possible treatment. She felt as though they had already tried everything else.

As I began working with Bill, he shared with me that he already had a medical cannabis card and knew where to buy high-quality cannabis products. I suggested that we discuss the different strains available and how they might be beneficial.

After trying medical-grade cannabis, Bill told me that the effects were quite different from the cannabis he was accustomed to buying on the street. I explained that cannabis comes in many different varieties, and your success depends on finding the right product. After a short period of time using medical cannabis, Bill found that his cravings for opioids were beginning to diminish. He was starting to regain his mental clarity, and he could picture a life without opioids for the first time in a long time.

It can be hard to know when we've defeated an addiction. Some addictions we need to fight for our entire lives, and others can be effectively eliminated. I've had former addicts tell me that they never imagined going a day without their drug of choice, but after treatment and time, they can't ever imagine going back to it.

Once Bill's life began to stabilize, I could see that he was regaining control, and he liked the results. That a simple plant was able to give him his life back was truly

amazing, but he would never have gotten to that point if his mother hadn't pushed him in that direction.

Sometime later, Bill's mother reached out to me to thank me for helping her son overcome his addiction. I felt both humbled and empowered to reach more and more people. There was a solution to so many problems right in front of us, and the only obstacle was educating people. That's when I knew this was my calling in life.

I have continued to follow Bill's progress, and it has been amazing to see him transformed from the desperately addicted person I met to a highly functioning young man. I've often thought about what would have become of so many of these people we've helped over the years. Of course, we know the answer to that. Many of them would have died. Others would spend their lives in misery, feeling powerless over their addictions. To forever change someone's life in this way is truly profound, and I feel lucky to be able to do this every day.

Bill is spending more time outdoors and doing things that are beneficial for his mental health and wellness. His family trusts him again, and they do not worry every time the phone rings or when they hear the doorbell. They don't worry about the police showing up at their door with terrible news. This family saw their son restored, and Bill gained a great sense of wellbeing, knowing his family did not have to worry as they had.

“Our brains are wired for connection, but trauma rewires them for protection. That's why healthy

relationships are difficult for wounded people,” Ryan North (Move to beginning of chapter?)

Medical cannabis has become more mainstream. But a challenge still remains because most clinicians are still not supportive of medical cannabis and its use with integrative therapy. For patients who don't know where to turn and feel as though they have run out of options, this can just make things more difficult.

At Makin Wellness, we want to be as supportive as we can when it comes to letting patients know about all of the options open to them. Will medical cannabis be the right treatment for every patient? Of course not. But we have treated many patients who did not even know it was an option before they came to see us. Our goal isn't to prescribe you medical cannabis; it is to determine if medical cannabis can help you.

This is why we need more education. We need to reevaluate the stigma that has haunted cannabis for decades. We need to revolutionize our healthcare industry and find new ways of healing patients.

Cannahealthcare Magazine is a subscription-based multidisciplinary approach to medical and clinical cannabis, specifically designed for the healthcare community to bridge education and awareness to both the science and technology of medical cannabis. I am elated to see the evolution of science and how integrative healthcare providers are fusing real science to real solutions. The publication is written by scientists,

researchers, physicians, and specialists to educate with evidence-based studies, science, and patient testimonials.

You can also visit our website at: <https://marijuanadirectory.site/> to find more information about treating opioid addiction with medical cannabis.

CHAPTER 10:

OTHER CONDITIONS

Psychotic Disorders

A psychotic disorder is defined as one that creates a disconnect from reality.

Frequently, psychosis occurs as a result of a psychiatric illness such as schizophrenia. In some instances, it can be the result of a health condition, drug use, or certain medications.

Some of the symptoms associated with psychosis are delusions, hallucinations, becoming easily agitated, and incoherent speech. Typically, the patient is completely unaware of their behavior.

I've had many individuals ask me if I believe medical cannabis can have an impact on certain complex disorders, such as schizophrenia. The answer, however, is somewhat complicated because the results we've seen from different studies are mixed. My belief is that the inconsistency we've seen in these studies is due to the

wide range of symptoms we see from patient to patient. Because mental health disorders are so nuanced, it can be difficult to find a single solution for every patient. It is possible that some people suffering from schizophrenia would benefit from cannabis, while others would not.

With that said, it is important to continue to evaluate and examine the impacts of cannabis in regard to CBD and THC.

The scientific community has cited in several studies the exaggeration of undesired reactions from patients with schizophrenia, such as hallucinations, delusions, and other symptoms. Let us evaluate how cannabis affects schizophrenia. Do CBD and THC impact psychotic effects differently?

Patients diagnosed with schizophrenia often try to medicate with cannabis due to boredom and the need to curb undesired episodes and experiences associated with the condition. However, when THC is incorporated into a patient's routine, it can compound the very problem they seek to mitigate.

We know that certain genetic factors play a role in a schizophrenia diagnosis, but we also know that for people with a genetic predisposition to schizophrenia, the addition of cannabis can exacerbate their condition.

A recent *study* has suggested that CBD is allowing patients to treat certain disorders with little as CBD at 1000 mg per day. The study also showed positive impacts on psychosis. The positive results were key for leading

researchers to discover how CBD could become helpful in treating a wide range of patients.

Personality Disorders and Medical Cannabis

The umbrella term “personality disorder” is often used when different disorders blend together, and choosing a particular diagnosis is impossible. There is evidence that some of these disorders can be accelerated in children who use cannabis.

We have found that medical cannabis can be used in concert with other therapies for patients suffering from a personality disorder, but medical cannabis is rarely the primary therapy for these patients.

Mental Health in Veterinary Care

New research has found that individuals who grew up with a dog during childhood were 25% less likely to have a diagnosis of schizophrenia.

Our pets are our family, and for some, they are the only family they have. When we consider that 20-40% of all veterinarian visits stem from anxiety and issues surrounding mental health, if our wellness is important, our pet’s health should be as well.

Because animals and humans sharing the same endocannabinoid system, it should come as no surprise

that CBD and other compounds can effectively impact our pets mental health as much as our own

Pet Anxiety and Stress

When our pets experience anxiety, CBD can offer a safe and affordable rescue for anxious pets and their owners. CBD effectively works on the brain in the same safe ways as it does for us. When our pets have anxiety, CBD effectively induces and activates the endocannabinoid system to increase serotonin, which is what we call the “bliss” molecule. Many pets have been prescribed SSRI medications for depression and anxiety, and I believe many of these symptoms can be treated more effectively with CBD.

I’m always amazed at how similar humans and dogs can be in so many ways. Like humans, dogs can be predisposed to have anxiety or depression simply because of their genetics. Some of these predispositions are purely situational. Border Collies, for example, often suffer from depression because they are highly intelligent and are bred to herd animals. When they live in a situation that doesn’t allow them to do this, they lose their sense of purpose and become depressed.

Responsible dog owners know that you need to choose a type of dog that will fit into your life, but they also know that you need to consider what your dog needs in their life as well.

Some dogs suffer from anxiety because they have been poorly socialized from a young age. These dogs don't have inherently bad personalities. They're just unprepared for new situations with other dogs and people. Most likely, they are just frightened because everything is so unfamiliar.

Other dogs do not suffer from chronic anxiety but still have bouts of anxiety due to situational factors like fireworks on the Fourth of July. Many families are finding that by giving their dog a dose of CBD prior to a disruption like this, they can avoid the anxiety altogether.

Some dogs absolutely hate car rides or visits to the veterinarian, and some pet owners have said how incredible CBD is at alleviating the stress and anxieties associated with various events.

I recall a woman named Nora, who had recently lost her husband. Her husband had served in the military and was often in the field, and so each time he went away, their German Shepherd, Sadie, had a hard time waiting for his return. A normal routine for Nora was to take Sadie to the base with her each time to pick up her husband, just like a kid waiting to see her dad return.

As this service member's wife made her way to the base for the last time to pick up her husband's things, there was no fanfare. Sadie sensed something in Nora and began mourning in her own way. She became despondent, and she lost interest in the activities she normally enjoyed. As the loneliness became worse, Nora

discovered CBD for herself and began hearing about how it could be beneficial for dogs. She was concerned about Sadie, who had lost about 20 pounds and looked frail and unwell. Something needed to be done. After a couple of days of taking CBD, Sadie sought out her food bowl. She wanted to play ball with Nora. It appeared as though CBD had made an enormous impact on Sadie's quality of life.

Sadie started taking a *full-spectrum hemp oil product* for its calming effect, and it went far beyond expectations. Nora had found a successful way for Sadie to cope and adjust to the new normal while maintaining her overall wellness.

It has been said *CBD serves as a multipurpose supplement*, and has the ability to calibrate the body not only for humans but their pets as well.

To explore how we can help you deal with a variety of mental disorder through the use of medical cannabis, visit our website at: <https://marijuanadirectory.site/> to find out how we can help you.

CHAPTER 11:

FUTURE OF CANNABIS WITH MENTAL HEALTH

I foresee the cannabis industry further regulated, as it should be, like any other natural product or alternative heading into the market. With the global opportunity to individually mandate policies and regulatory protocols, we should build for the future from a global position.

A modern approach is the only way to meet market expectations and patients who are losing their patience with medical research not just in the United States but around the world. We must establish regulations that support the process of research rather than inhibiting it. We see far too often in healthcare the legacy processes that disable more opportunities than they create. If we intend to do no harm, then for those things that do show promise, as cannabis does, we must pursue with a relentless passion every chance to develop medications that can enrich the lives of patients around the world.

I am confident that as cannabis becomes more commonplace in doctor's offices, we will see the benefits for ourselves. Of course, we will need to make sure that we always use an abundance of caution when considering the use of medical cannabis. This is not a cure-all that will alleviate any illness. It must be the appropriate choice for the patient, depending on the potential for it to be effective.

As medical cannabis emerges into the mainstream, there will be further regulation of its use in order to ensure that it is being used only in appropriate ways. The challenge will be to confront the common wisdom with new ideas. In reality, there's nothing new about cannabis. It's been around for thousands of years. But the idea of legitimately incorporating cannabis into modern medicine is new, and it will provoke some backlash. My concern, though, is not with the backlash. My concern is with finding solutions for my patients.

The future of cannabis also relies on proper packaging, labeling, and presentation. It means educating staff members at dispensaries about the various therapeutic uses for different strains and products. In order for cannabis to be accepted fully into the mainstream, it will have to be a product people can trust. We've spent years telling people that cannabis is a dangerous drug—perhaps even more dangerous than heroin—so it's going to take some time for people to see that the propaganda wasn't true.

Patients and providers must feel assured with the products medical manufacturers promote and prescribe.

The future of cannabis is vast, but we know that opportunities reside in so many different areas. Tremendous efforts are being made in the fields of dermatology and anti-aging therapy. There are early studies implying cannabis and its compounds can benefit wound healing, skin cancer, acne, and other skin conditions, but we still have more to learn. Cannabis is believed to play a significant part in aesthetic procedures by aiding relief and care by reducing discomfort before surgery.

If medication is effective and consistent, we will be loyal to the brands that deliver reliable results. Too many businesses fail to consider the patient-centric model, and that is where I believe we will make incredible strides in so many different areas. We just need to be open to the opportunities.

I heard about a woman who owned an Arabian Stallion, and she was struggling with her horse who had just transitioned into a new equestrian center. Her horse was anxious, pawing at the ground and attempting to kick the stomach of anyone who came near him. Cindy worked around horses her entire life and knew her horse had colic. If left untreated, it could be deadly.

Cindy immediately pulled an oil mixture that looked like olive oil out of her pocket and began to infuse a syringe into her horse's mouth to avoid dehydration,

but also to relax the stomach muscles and recalibrate the horse's body back to a sense of calm and normal. Cindy was using hemp CBD for her sick horses for both internal illness and routine injuries.

Within a few hours, the horse was back to normal. Colic can exhaust a horse and cause heart palpitations and other issues, so infusing CBD to her stud was critical to his recovery. She spoke candidly and confidently about using CBD and felt confident that whatever the problem, CBD was an effective option.

Studies have shown that the endocannabinoid system found in pets is also found in people, and so cannabis and hemp have incredible opportunities to benefit equally both other animals and us. And that is one of the things that I love about cannabis. It exists for the benefit of all creatures.

I see the future of cannabis as a scientific leap from how we think of cannabis now to a more clinical understanding. As we move from smoking the flowers of cannabis plants to extracts and other formulations, we are giving patients more options about how to conspicuously use their medicine. Part of the stigma that follows cannabis is its signature smell—that rock concert smell. New extracts are nearly odorless and easy to carry.

We're also going to see an explosion in different products that can be eaten, drunk, and rubbed on our skin. We're going to find ways to disrupt the tragic cycle

of addiction that holds much of the United States in a vice grip. Communities that struggle with addiction are dying communities. If cannabis can save even one of these lives, it all will have been worth it.

We just need to understand that there will be pushback. Just like in decades past, there will be powerful interests who don't want to see cannabis on the market. At one point, it was the timber companies. Then it was the alcohol lobby. Now it will be big pharma. They don't want to share their market with anyone.

But as more people become educated about what cannabis can do and what it has been doing for people for thousands of years, we will begin to make progress. It won't be easy, but it will be worth it.

If you would like to find out more about how medical cannabis can be a part of your future, go to <https://marijuanadirectory.site/> and start learning about the exciting new developments in the world of cannabis.

CHAPTER 12:

HOW TO TALK TO YOUR HEALTH CARE PROVIDER ABOUT CANNABIS

Chances are, if you are thinking about pursuing medical cannabis, you have a few questions about how to do it. The laws regarding medical cannabis (and cannabis in general) vary quite a bit from state to state. In states like California, Washington, and Colorado, you don't need to have a recommendation from a health care provider to obtain cannabis legally. Those states have voted to legalize cannabis for both medicinal and recreational use. You just need to be over the age of twenty-one and have a valid ID.

In most states, however, cannabis is still much more regulated and difficult to obtain. Because our practice is located in Pennsylvania, we're going to focus on the steps you need to take in order to use cannabis legally for medical purposes. If you live in a state that allows medical cannabis, this information may be helpful

to you, but you should still consult your local or state medical authorities about your state's specific process.

If you think medical cannabis might be the right choice for you because you've used cannabis in the past with good results, there is a good chance that you will be able to navigate the state's process. If you think cannabis might be a solution for you, but you haven't tried it, you will want to have a more in-depth discussion with your health care provider about the exact applications and effects of cannabis before you try it.

Because medical cannabis can be used to treat a wide variety of different conditions, it's important that you approach medical cannabis as carefully as possible under the proper supervision.

The first thing you really need to do is make an appointment with your primary care provider. Your doctor can't prescribe medical cannabis for you, but they can help you get the process started. Whether your symptoms are physical or mental, your primary healthcare provider can help you find the right next step.

You will also need to make an appointment with a counselor who will help you with obtaining your medical cannabis prescription. When you have appointments with these people, make sure to tell them about your symptoms in detail. They will want to know how long you've had these symptoms and what treatments you have already tried.

Depending on your symptoms, your doctor will give you their opinion about whether they believe that medical cannabis is the right choice for you. But keep this in mind: this is merely their *opinion*. The reason patients get second opinions for serious medical issues is that they want to see if another doctor agrees with the first doctor or if they have a different approach to treatment.

If *you* believe that cannabis can be right for you, but your doctor disagrees, consider having them refer you to a doctor who *does* recommend cannabis for certain conditions. Always remember that you are ultimately in charge of your healthcare, and *you* need to find the providers who will approach your health in a way that makes you feel comfortable.

If your provider and counselor are receptive to the idea of medical cannabis, they will probably ask if you've already tried it. Don't be afraid to say that you have. Chances are, they will want to know specifically how you felt after using cannabis and why it has been more beneficial than other treatments. Some doctors will want you to have tried more conventional treatments before trying cannabis. Still, other, more progressive doctors are often more inclined to recommend cannabis if it has been effective for you in the past.

In Pennsylvania, getting a cannabis recommendation takes several steps, and this is most likely to deter casual cannabis users from trying to take advantage of the

health system. Once your doctor and counselor have evaluated you and determined that you are a good candidate for treatment with cannabis, they will take the necessary steps to contact the state health department in order to certify your recommendation.

In your final appointment with your healthcare provider, you will be informed that you have been approved for medical cannabis and how you can begin obtaining it legally. You will not get your cannabis products directly from your doctor but rather from a specialized dispensary. These dispensaries are all staffed by trained cannabis specialists who will be more than happy to help you find the right products.

As we've discussed in the book, cannabis comes in a wide variety of forms these days. If you don't like smoking it, you can vaporize it, eat it, drink it, rub it on your skin, or even take it as a pill. The specialists at your dispensary will know what questions to ask so that they can guide you through the process.

Keep in mind that once you have been approved for medical cannabis at your last appointment, it will still take approximately three weeks before your cannabis card arrives in the mail. During that time, you will not be permitted to enter a dispensary.

If you have any questions about medical cannabis or how we can help you start the process of obtaining a medical cannabis recommendation, please feel free to contact our practice at any time. Our goal is to help

our patients navigate a complicated and sometimes confusing process. But this process has helped many of our clients, and we hope it can help you too. At *Makin Wellness*, our goal is your total wellness, and we believe that medical cannabis cannot be overlooked any longer. We will help arm you with the information you need to take control of your health and start feeling better than ever.

For locating a dispensary near you or talk with a professional, go to <https://marijuanadirectory.site/>.

