

The Emperor Wears No Clothes

Chapter 6

The Body of Medical Literature on Cannabis Medicine

Our authority here is the 'Body of Literature,' starting with ancient materia medicae; Chinese and Hindu pharmacopoeia and Near Eastern cuneiform tablets, and continuing all the way into this century, including the 1966-76 U.S. renaissance of cannabis studies - some 10,000 separate studies on medicines and effects from the hemp plant. Comprehensive compendia of these works are designated as the prime sources for this medical chapter, as well as ongoing interviews with many researchers.

Affordable, Available Herbal Health Care

For more than 3,500 years, cannabis/hemp/marijuana has been, depending on the culture or nation, either the most used or one of the most widely used plants for medicines. This includes: China, India, the Middle and Near East, Africa, and pre-Roman Catholic Europe (prior to 476 A.D.).

Dr. Raphael Mechoulam, NORML, High Times and Omni magazines (September 1982) all indicate that if marijuana were legal it would immediately replace 10-20% of all pharmaceutical prescription medicines (based on research through 1976). And probably, Mechoulam estimates, 40-50% of all medicines, including patent medicines, could contain some extract from the cannabis plant when fully researched.

(Read the U.S. government-sponsored research as outlined by Cohen & Stillman, Therapeutic Potential of Marijuana, 1976; Roffman, Roger, Marijuana as Medicine, 1980; Mikuriya, Tod, M.D., Marijuana Medical Papers, 1972; Also, the work of Dr. Norman Zinberg; Dr. Andrew Weil; Dr. Lester Grinspoon; and the U.S. Government's Presidential Commission reports [Shafer Commission] from 1972; Dr. Raphael Mechoulam, Tel Aviv/Jerusalem Univ. 1964-97; W.B. O'Shaunessy monograph, 1839; and the long term Jamaican studies I & II, 1968-74; Costa Rican studies through 1982; U.S. Coptic studies, 1981; Ungerlieder; U.S. military studies since the 1950s and '60s.)

Superstar of the 19th Century

Marijuana was America's number one analgesic for 60 years before the rediscovery of aspirin around 1900. From 1842 to 1900 cannabis made up half of all medicine sold, with virtually no fear of its high.

The 1839 report on the uses of cannabis by Dr. W.B. O'Shaugnessy, one of the most respected members of the Royal Academy of Sciences, was just as important to mid-19th Century Western medicine as the discoveries of antibiotics (like penicillin and Terramycin) were to mid-20th Century medicine.

In fact, the Committee on Cannabis Indica for the Ohio State Medical Society concluded that "High Biblical commentators [scholars]" believe "that the gall and vinegar, or myrrhed wine, offered to our Saviour immediately before his crucifixion was in all probability, a preparation of Indian hemp."

(Transcripts, Ohio State Medical Society 15th annual meeting June 12-14, 1860, pg. 75-100.)

From 1850 to 1937, the U.S. Pharmacopoeia listed cannabis as the primary medicine for more than 100 separate illnesses or diseases.

During all this time (pre-1000 B.C. to 1940s A.D., researchers, doctors and drug manufacturers (Eli Lilly, Parke-David, Squibb, etc.) had no idea what the active ingredients of cannabis were until Dr. Mechoulam discovered THC in 1964.

20th Century Research

As outlined in the previous chapters, the American Medical Association (AMA) and drug companies testified against the 1937 Marijuana Tax Act because cannabis was known to have so much medical potential and had never caused any observable addictions or death by overdose.

The possibility existed, they argued, that once the active ingredients in cannabis (such as THC Delta-9) were isolated and correct dosages established, cannabis could become a miracle drug.

Twenty-nine years would pass, however, before American scientists could begin to even look into cannabis medicine again.

THC Delta-9 was isolated by Dr. Raphael Mechoulam at the University of Tel Aviv in 1964. His work confirmed that of Professor Taylor of Princeton, who had lead the research and identification of natural THC Delta-9 precursors in the 1930s. Kahn, Adams and Loewe also worked with the structure of cannabis' active ingredients in 1944.

Since 1964, more than 400 separate compounds have been isolated in cannabis from over a thousand suspected compounds. At least 60 of the isolated compounds are therapeutic.

The United States, however, forbade this type of research through the bureaucratic authority of Harry Anslinger until 1962, when he was forced to retire. (Omni Magazine, Sept. 1982)

Growing Acceptance

By 1966, millions of young Americans had begun using marijuana. Concerned parents and government, wanting to know the dangers their children were risking, started funding dozens and later hundreds of marijuana health studies.

Entrenched in the older generation's minds were 30 years of Anslinger/Hearst scare stories of murder, atrocity, rape, and even zombie pacifism.

Federally sponsored research results began to ease Americans' fears of cannabis causing violence or zombie pacifism, and hundreds of new studies suggested that hidden inside the hemp plant's chemistry lay a medicinal array of incredible therapeutic potential. The government funded more and more studies.

Soon, legions of American researchers had positive indications using cannabis, anorexia, tumors and epilepsy, as well as for a general use antibiotic. Cumulative findings showed evidence of favorable results occurring in cases of Parkinson's disease, anorexia, multiple sclerosis and muscular dystrophy; plus thousands of anecdotal stories all merited further clinical study.

Prior to 1976, reports of positive effects and new therapeutic indications for cannabis were almost a weekly occurrence in medical journals and the national press.

National Conference Praised Cannabis Therapy Potential

In November 1975, virtually all of America's leading researchers on marijuana met at Asilomar Conference Center, Pacific Grove, California. Seminars were sponsored by the National Institute on Drug Abuse (NIDA) to address a compendium of studies from their earliest to most recent findings.

When the seminars were over, practically all the scientists concluded that the federal government, with the hard evidence collected so far on the therapeutic potential of marijuana, should be rushing to invest tax money into more research.

They felt the taxpayers should be informed that there was every legitimate reason for the field of public health to continue large scale research on cannabis medicine and therapies. All the participants, it seems, believed this. Many of them (such as Mechoulam) believed that cannabis would be one of the world's major medicines by the mid-1980s. In March 1997, Mechoulam, in a speech at the Bio-Fach in Frankfurt, Germany, still believed that cannabis is the world's best overall medicine.

Marijuana Research Banned

However, in 1976, just as multi-disciplined marijuana research should have been going into its second, third, and fourth generation studies (see Therapeutic Potential of Marijuana and NORML federal files), a "surprise" United States government policy again forbade all promising federal research into marijuana's therapeutic effects.

This time, the research ban was accomplished when American pharmaceutical companies successfully petitioned the federal government to be allowed to finance and judge 100% of the research.

The previous ten years of research had indicated a tremendous promise for the therapeutic uses of natural cannabis, and this potential was quietly turned over to corporate hands - not for the benefit of the public, but to suppress the medical information.

This plan, the drug manufacturers petitioned, would allow our private drug companies time to come up with patentable synthetics of the cannabis molecules at no cost to the federal government, and a promise of "no highs."

In 1976, the Ford Administration, NIDA and the DEA said in effect, no American independent (read: university) research or federal health program would be allowed to again investigate natural cannabis derivatives for medicine. This agreement was made without any safeguards guaranteeing integrity on the part of the pharmaceutical companies; they were allowed to regulate themselves.

Private pharmaceutical corporations were allowed to do some "no high" research, but it would be only Delta-9 THC research, not any of the 400 other potentially therapeutic isomers in cannabis.

Why did the drug companies conspire to take over marijuana research? Because U.S. government research (1966-76) had indicated or confirmed through hundreds of studies that even "natural" crude cannabis was the "best and safest medicine of choice" for many serious health problems.

1988: DEA Judge Rules that Cannabis has Medical Value

The DEA's own conservative administrative law judge, Francis Young, after taking medical testimony for 15 days and reviewing hundreds of DEA/NIDA documents positioned against the evidence introduced by marijuana reform activists, concluded in September 1988 that "marijuana is one of the safest therapeutically active substances known to man."

But despite this preponderance of evidence, then DEA Director John Lawn ordered on December 30, 1989 that cannabis remain listed as a Schedule I narcotic - having no known medical use. His successor, Robert Bonner, who was appointed by Bush and kept in office by Clinton, was even more draconian in his approach to hemp/marijuana as medicine. Clinton's current DEA administrator; Thomas Constantine (appointed 1993), upholds policies for worse even than Bonner's.

So. . . if all this has been known since 1975, what is our government waiting for?

Protecting Pharmaceutical Companies' Profits

NORML, *High Times*, and *Omni* (September 1982) indicate that Eli Lilly, Abbott Labs, Pfizer, Smith, Kline & French, and others would lose hundreds of millions, to billions of

dollars annually, and lose even more billions in Third World countries, if marijuana were legal in the U.S.* 6

* Remember, in 1976, the last year of the Ford Administration, these drug companies, through their own persistence (specifically intense lobbying) got the federal government to cease all positive research into medical marijuana.

Putting the Fox into the Health Care Chicken Coop

The drug companies took over all research and financing into analogs of synthetic THC, CBD, CBN, etc., promising "no high" before allowing the products on the market. Eli Lilly came out with Nabilone and later Marinol, synthetic second cousins of THC Delta-9, and promised the government great results.

Omni Magazine, in 1982, stated that after nine years, Nabilone was still considered virtually useless when compared with real, home-grown THC-rich cannabis buds; and Marinol works as well as marijuana in only 13% of patients.

Marijuana users mostly agree, they do not like the effects of Lilly's Nabilone or Marinol. Why? You have to get three or four times as high on Marinol to sometimes get the same benefits as smoking good cannabis bud.

Omni also stated in 1982 (and it's still true in 1999), that after tens of millions of dollars and nine years of research on medical marijuana synthetics, "these drug companies are totally successful," even though raw, organic cannabis is a "superior medicine" which works so well naturally, on so many different illnesses.

Omni also suggested the drug companies petition the government to allow "crude drug extracts" on the market in the real interest of public health. The government and the drug companies, to date, have not responded. Or rather, they have responded by ignoring it.

However, the Reagan/Bush/Clinton administrations absolutely refused to allow resumption of real (university) cannabis research, except under synthetic pharmaceutical studies.

Omni suggests, and NORML and High Times concur, the reason the drug companies and Reagan/Bush/Clinton wanted only synthetic THC legal is that simple extractions of the hundreds of ingredients from the cannabis crude drug would be enjoyed without pharmaceutical company patents which generate windfall monopolized profits.

Undermining the Natural Medicines' Competition

Eli Lilly, Pfizer and others stand to lose at least a third of their entire, highly profitable, patent monopoly on such drugs as Darvon, Tuinal, Seconal, and Prozac (as well as other patented medications ranging from muscle ointments to burn ointments, to thousands of other products) because of a plant anyone can grow: cannabis hemp. Isn't it curious that American drug companies and pharmacist groups* supply almost half the funding for the 4,000 "Families Against Marijuana" type organizations in America? The other half is

supplied by Action (a federal VISA agency) and by tobacco companies like Philip Morris, and by liquor and beer makers like Anheuser Busch, Coors, etc., or as a "public service" by the ad agencies who represent them.

* Pharmacists Against Drug Abuse, etc. See appendices.

Poisoning the Third World

Columbia's largest newspaper, Periodical el Tiempo (Bogotá), reported in 1983 that these same anti-marijuana crusading American pharmaceutical companies are guilty of a practice known as "product dumping," wherein they "sell on the over-the-counter markets of Columbia, Mexico, Panama, Chile, El Salvador, Honduras and Nicaragua, over 150 different illegal, dangerous drugs." This report has not been disputed by the U.S. government or American pharmaceutical companies and the practice continues in 1998.

Some of these drugs have been forbidden by the FDA for sale or use in the U.S. or its counterparts in Europe because they are known to cause malnutrition, deformities and cancer. Yet they are sold over-the-counter to unsuspecting illiterates!

The World Health Organization backs up this story with a conservative estimate: they say that some 500,000 people are poisoned each year in Third World countries by items (drugs, pesticides, etc.) sold by American companies but which are banned from sale in the U.S.*

* Mother Jones magazine, 1979, "Unbroken Circle" June, 1989; The Progressive, April 1991, et al.

Destroying the Public Record

Some 10,000 studies have been done on cannabis, 4,000 in the U.S., and only about a dozen have shown any negative results and these have never been replicated. The Reagan/Bush Administration put a soft "feeler" out in September of 1983 for all American universities and researchers to destroy all 1966-76 cannabis research work, including compendiums in libraries.

Scientists and doctors so ridiculed this unparalleled censorship move that the plans were dropped. . . for the moment.

However, we know that large amounts of information have since disappeared, including the original copy of the USDA's own pro-marijuana film Hemp for Victory. Worse yet, even the merest mention of the film was removed from the official record back to 1958, and has had to be painstakingly reestablished as part of our national archives. Many archival and resource copies of USDA Bulletin 404 have disappeared. How many other such priceless historical documents have already been lost?

In late 1995 and early 1996, Dennis Peron, founder of the Cannabis Buyers' Club in San Francisco, gave California voters Proposition 215, a statewide initiative to make cannabis legal as medicine. The medical marijuana initiative collected 750,000 signatures, made

the California ballot and it passed by 56% of the vote in November 1996. Now, in 1998, hundreds of thousands of Californians are growing medical marijuana legally. Nonetheless, the federal government, in clear opposition to the people's mandate, has found ways to harass and close down most of the cannabis buyers'/cultivators' clubs including Peron's.

Interestingly, in 1996, more voters in California voted for medical marijuana than voted for Bill Clinton.

In August of 1997, almost one full year after the passage of Proposition 215 by the majority vote, an L.A. Times poll found that more than 67% of Californians would now vote for it - an increase of 11% in the first year.

Ninety-six percent (nearly 25,000) of the people responding to an ongoing CNN Internet poll, in March of 1998, said they "support the use of marijuana for medical purposes." By contrast, only 4% of respondents (less than 1,000 voters overall) said they opposed the use of cannabis by seriously ill patients.

Californians taking advantage of the new medical marijuana law include police officers, district attorneys and mayors. Some of the same people who formerly arrested and prosecuted citizens for marijuana, medical or otherwise, are now using it themselves or their families in ever increasing numbers.

Upon reentering the United States from Canada, in March of 1998, California resident Kareem Abdul-Jabbar, the highest scoring professional basketball player in history, was busted for possession of a small amount of marijuana. He paid a \$500 fine to U.S. Customs and explained to the press that, as a California citizen, he had a doctor's recommendation to use medical marijuana.

Professional and collegiate athletes who live in California and have a doctor's recommendation for medical marijuana theoretically do not have to undergo urine testing for cannabis.

Among the thousands of California actors, musicians and writers who legally use medical marijuana was famed author Peter McWilliams, who suffered from AIDS and cancer. He said, "If it weren't for the illegal pot dealers (before Proposition 215), there would have been no marijuana and I wouldn't be alive today. Marijuana eases nausea and makes it possible for me to keep down food and the pills I must take to combat my diseases. Fuck the federal government. Use it if you need it."

An Unfair Rap for Hemp

After 20 years of study, the California Research Advisory Panel (RAP) in 1989 broke with the state Attorney General's office (AG), under which it works, and called for the relegalization of cannabis.

"There is no point to continuing unmodified, much less intensified, the policies and laws that have so obviously failed to control the individual and societal damages associated with drug use," summarized Vice Chairman Frederick Meyers, M.D., in a letter released with the group's recommendations after the attorney general had suppressed the report and panel members elected to publish it at their own expense.

This was a complete turnaround from the RAP's long history of suppressing medical usage. The long-term impact of this shift remains to be seen.

Chairman Edward P. O'Brien, Jr. appointed by the AG, who dissented from the panel's conclusions, had for years dominated this group, rigidly controlling what research could be performed - and limiting those applications to control of nausea and vomiting that is secondary to cancer chemotherapy.

Under O'Brien, the panel systematically welshed on its mandate to provide compassionate medicinal access to cannabis. Any applications for using cannabis including the control of pain, spastic neurological disorders, etc., have been rejected. Cannabis used to be the treatment of choice for vascular or migraine headache. (Osler, 1916; O'Shaugnessey, 1839)

Cannabis has the unique characteristic of affecting the vascular circulation of the covering of the brain - the meninges. The reddened eyes of the marijuana user are a reflection of this action.

Unlike other drugs, however, cannabis has no apparent affect on the vascular system in general, except for a slight speeding up of the heart during the onset of the effects of the drug.

RAP has discouraged the use of smoking cannabis in favor of synthetic Delta-THC capsules, despite crude cannabis' favorable comparative results reported to the Food and Drug Administration.

This has been frankly misrepresented in their reports to the legislature and testimony in the NORML vs. DEA case. Additionally, these memoranda favorably comparing smoked marijuana to oral THC have been buried in appendices to their reports - available in only four locations in the entire state of California!

On September 30, 1989, the medical marijuana program quietly expired, based on the staff's assessment that no enough people had been treated to justify its extension. - Tod Mikuriya, M.D. Berkeley, CA 1990