Full Circle

Cannabis as medicine is back

March 4, 2019 By Jeanette L. Pinnace

Human beings have a long history with cannabis, aka marijuana. The plant's origins trace back to the ancient world, and there's evidence of its use more than 5,000 years ago in what is now Romania.

Cannabis was described in the United States Pharmacopoeia (USP)—a publication that compiles legally recognized standards of identity, strength, quality, purity, packaging and labeling for drug substances—for the first time in 1850.

In the 19th and 20th centuries, cannabis was widely used as an ingredient in tinctures and extracts intended to alleviate such ills as stomachache and nausea. But in 1937, the federal government restricted both the use and sale of marijuana by passing the Marihuana Tax Act. Five years later, cannabis was dropped from the USP. The Boggs Act of 1951 and the Narcotic Control Act of 1956 criminalized marijuana with increased legal penalties for its possession. Then the Controlled Substances Act of 1970 prohibited the use of cannabis, which, in turn, limited the extent to which scientists could procure it for academic research.

But all that changed when in 1996 California enacted the Compassionate Use Act and became the first state to allow legal access to marijuana for medical purposes. By the end of 2018, 33 states and Washington, DC, allowed legal access to medical marijuana while a number of others decriminalized possession of the plant for either medical or recreational use.

Currently, cannabis is near to completing a cycle as the controversial botanical transitions from illegal substance to a therapeutic medicine embraced by much of the public. Now, ads touting the medicinal benefits of THC and CBD, two of marijuana's chemical components, or cannabinoids, are appearing everywhere. THC is the psychoactive agent in cannabis, and CBD, is the non-psychoactive component of the plant, which is found in many pain medications.

Of the two ingredients, CBD has a tamer legal profile; as a result, sales of products containing this cannabinoid—for pain, sleep, anxiety and more—are thriving. "The future for CBD is very bright," says Justin Amesbury, the director of research and development at Lazarus Naturals, an industrial hemp company based in Portland, Oregon, that produces a line of CBD products. "As we continue to uncover more of the potential benefits of CBD and how CBD interacts with the human body, we will be able to provide targeted therapies for those in need.

“I think the public is beginning to understand that there is a tangible value to these products and is very supportive of us in our efforts to bring affordable, high-quality and effective products to market,” he adds. “We will continue to push the boundaries of what is possible with cannabinoid therapies for as long as we have that support.”

Medically, cannabinoids from cannabis are being used to alleviate the nausea and vomiting that accompany chemotherapy for cancer; the involuntary weight loss (anorexia) and resultant malnutrition (cachexia) associated with HIV/AIDS; and the chronic neuropathic pain, stiff muscles and spasms experienced by those with multiple sclerosis and spinal cord injuries.

Many such therapeutic indications were discovered through the personal experiences of patients. But as more formal, academic research on cannabis paves the way for doctors to prescribe cannabinoid therapies for other illnesses, societies will also have to grapple with the emerging legal and ethical issues related to using marijuana.

Meanwhile, further studies must be conducted to identify any currently unknown risks associated with the medical use of cannabis.

A recent report, published in Pharmacy and Therapeutics, a peer-reviewed journal for managed care and hospital management, noted that health care providers will also need to figure out how to deal with these developments.

“Ultimately, as the medicinal cannabis landscape continues to evolve, hospitals, acute care facilities, clinics, hospices and long-term care centers need to consider the implications, address logistical concerns and explore the feasibility of permitting patient access to this treatment,” scientists stressed.

Marijuana Prescriptions

A brief medical history of cannabis as medicine

Cannabis seeds and oil were used as food in China as far back as 6000 BCE. In 2737 BCE, Emperor Shen Neng of China consumed the plant as medicine, marking the first recorded such use. And in his encyclopedia Natural History, completed in the year 77 CE, the Roman philosopher and author Pliny the Elder cited the analgesic effects of cannabis.

Much later, in 1800, marijuana plantations flourished in America’s Southern states, including Mississippi, Georgia, South Carolina and Kentucky. In 1840, medicines made with a cannabis base were easily available.

Until 1915—shortly after the Harrison Act of 1914 criminalized the use of marijuana—the medicine could be purchased in pharmacies.

Then, in 1919, Congress ratified the 18th Amendment of the U.S Constitution, which banned alcohol and triggered a rise in the manufacture and sale of marijuana as people sought an alternative recreational drug to liquor.

In 1936, the propaganda film Reefer Madness attempted to stop American youth from smoking pot by using scare tactics. One year later, Congress passed legislation that criminalized the drug.

Interestingly, in 1942 scientists working for the Office of Strategic Services, the precursor to the CIA, laced cigarettes with cannabis and administered the drug as a truth serum to prisoners of war during interrogations.

Finally, in 1976, a federal government research program allowed some patients to receive nine pounds of marijuana from the government for medical use. Twenty years after that, California became the first state to legalize medical marijuana again for people with AIDS, cancer and other life-altering illnesses. A number of other states followed.

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