CANNABIS CONSIDERATIONS: SEEKING BETTER PATIENT OUTCOMES



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ATTESTATIONS

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the activity coordinator as soon as possible.

Agree	Disagree	
✓		I have disclosed all relevant financial relationships (relevant relationships are those with companies whose products or services may be mentioned during my presentation). This information will be disclosed to learners on promotional materials distributed prior to the activity.
✓		The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.

I have no commercial ties with any company or individuals regarding the compounds to be presented and discussed.

✓			referred to, reported or used in CME in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.										
✓			If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, not just trade names from any single company.										
			All Schedule 1 substances are by definition: "off-label"										
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Al	I Sch	edu	If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g. speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.										

I have carefully read and considered each item in this form, and have completed it to the best of my ability.

Jeffrey Block, M.D.

Print Name

Signature





OBJECTIVES

Participants should be better able to:

- Discuss cannabis' therapeutic efficacy for specific healthcare indications having the support of evidence-based data;
- Understand the unique mechanism of action of endocannabinoid receptors and their essential role in modulating human physiology.



POPPEREEZE

NITROUS GAIDE, EXBILERATING, OR

LAUGHING GAS!

WILL BE SIVEN AT the . /barn w 26011 Advicely EVENING, 15 7 SPECTOR! . ✓ GALLONS OF GAS will be prepared and administered

MEN will be invited from the audience, to otest those under the influence of the tias from in-ring themselves or others. This course is adopted at no apprehension of danger may be entertained, robably no one will attempt to fight.

to all in the audience who desire to inhale it.



LIVING MADE EASY.

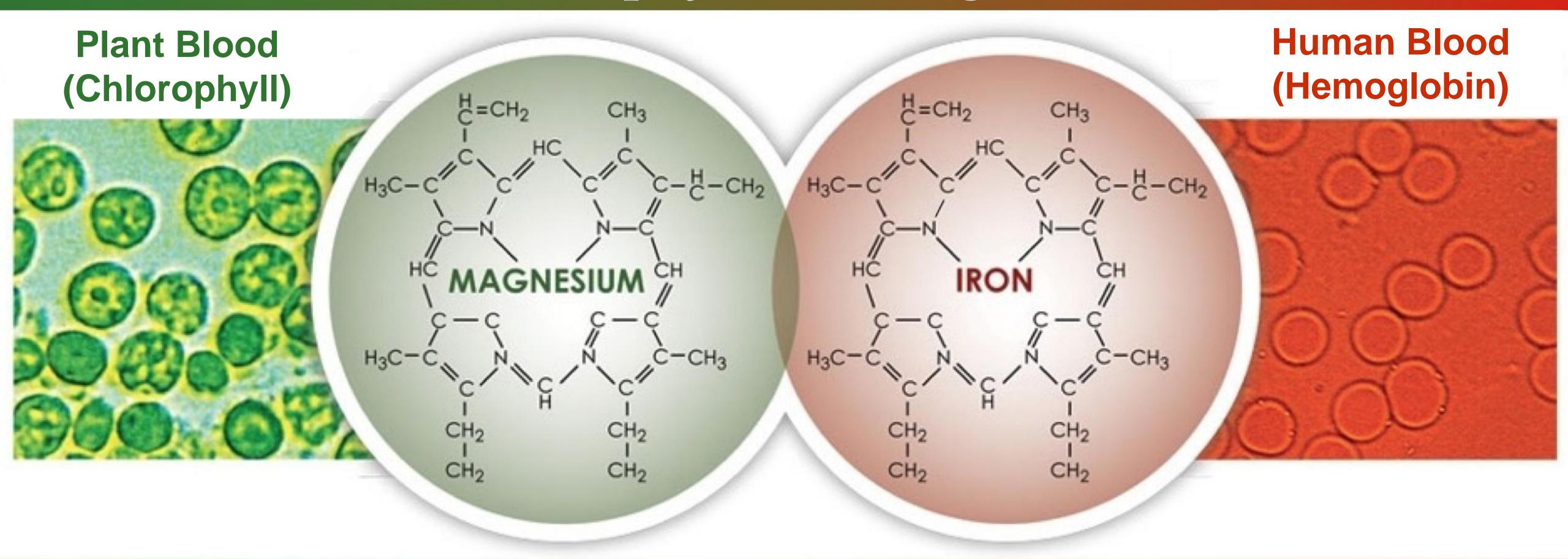








Common "Life Source" Molecules Chlorophyll & Hemoglobin





Plants & Human Beings share remarkably similar biochemistry

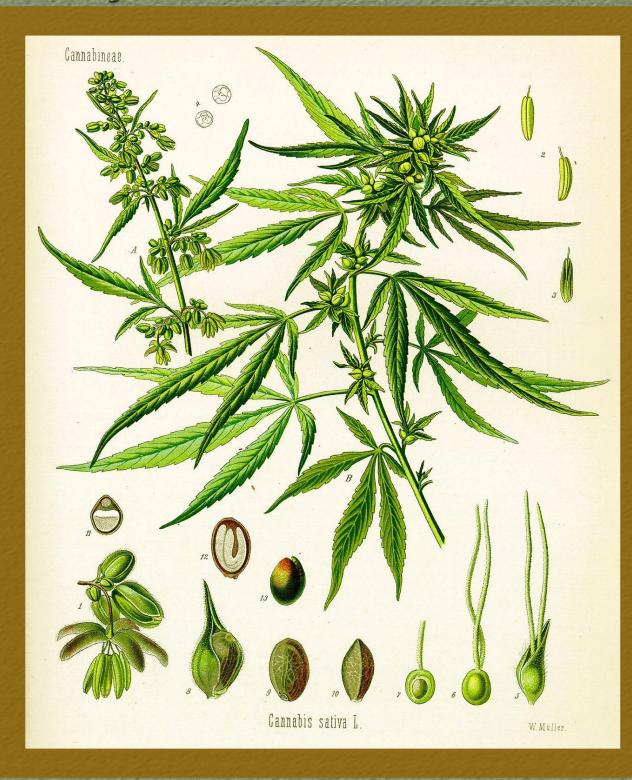
THE POPPY, CANNABIS, AND CHILI PEPPER PLANTS' BIOACTIVE CHEMICALS REDUCE PAIN PERCEPTION THROUGH IMPACT ON THREE RECEPTOR SYSTEMS:

- MORPHINE - Phyto-Opioids

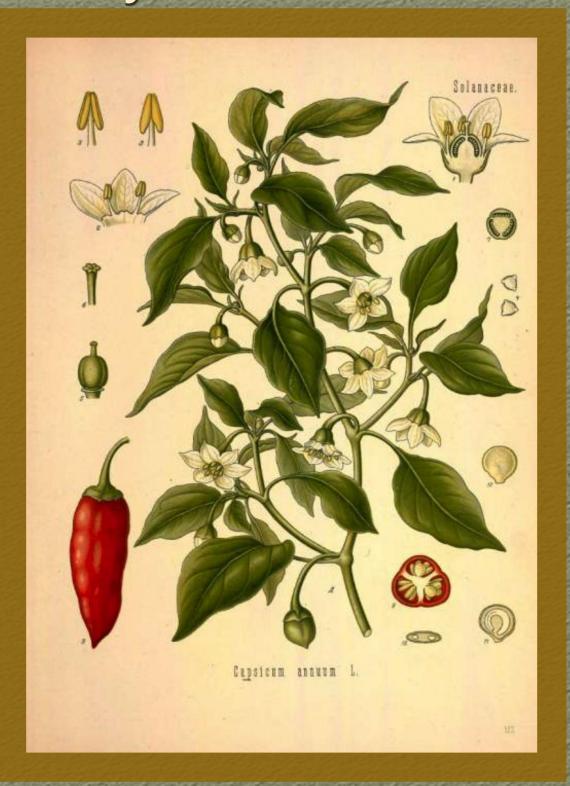


ENDORPHINS (1974)

- THC & CBD - Phyto-Cannabinoids



ENDOCANNABINOIDS (1992 & 1994) - CAPSAICIN - Phyto-Vanilloids



ENDOVANILLOIDS (1997)



WELL-DOCUMENTED IN THE 19TH & 20TH CENTURY AS BEING EFFECTIVE FOR PAIN, CHLORODYNE WAS ALSO ABUSED.

Compressed Tableta

Nitroglycerin (Glyceryl Trinitrate) - 1/300 gr.

Oleo. Capsicum 1/10 min.

Norg. - Subject to deterioration through grad-

ual loss of volatile in-

DETROIT, MICH., U.S.A.

Ext. Hyoscyamus 1/2

Oil Peppermint -

Dose, 1 Tablet.

BOTANICAL PLANT EXTRACTS
IDENTIFIED FOR PAIN

Morphine

Cannabis

Capsicum

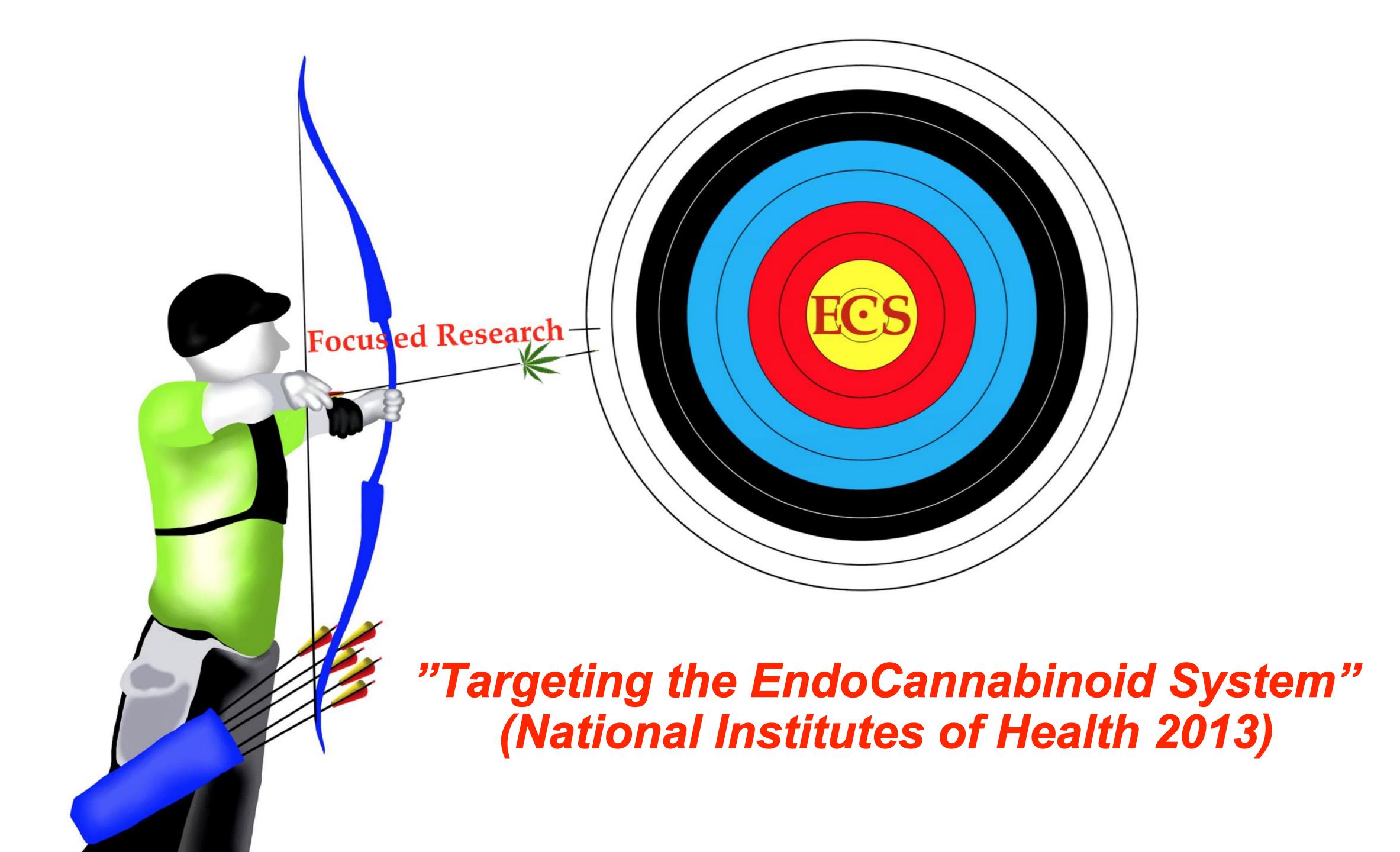


Endorphins

Endocannabiniods

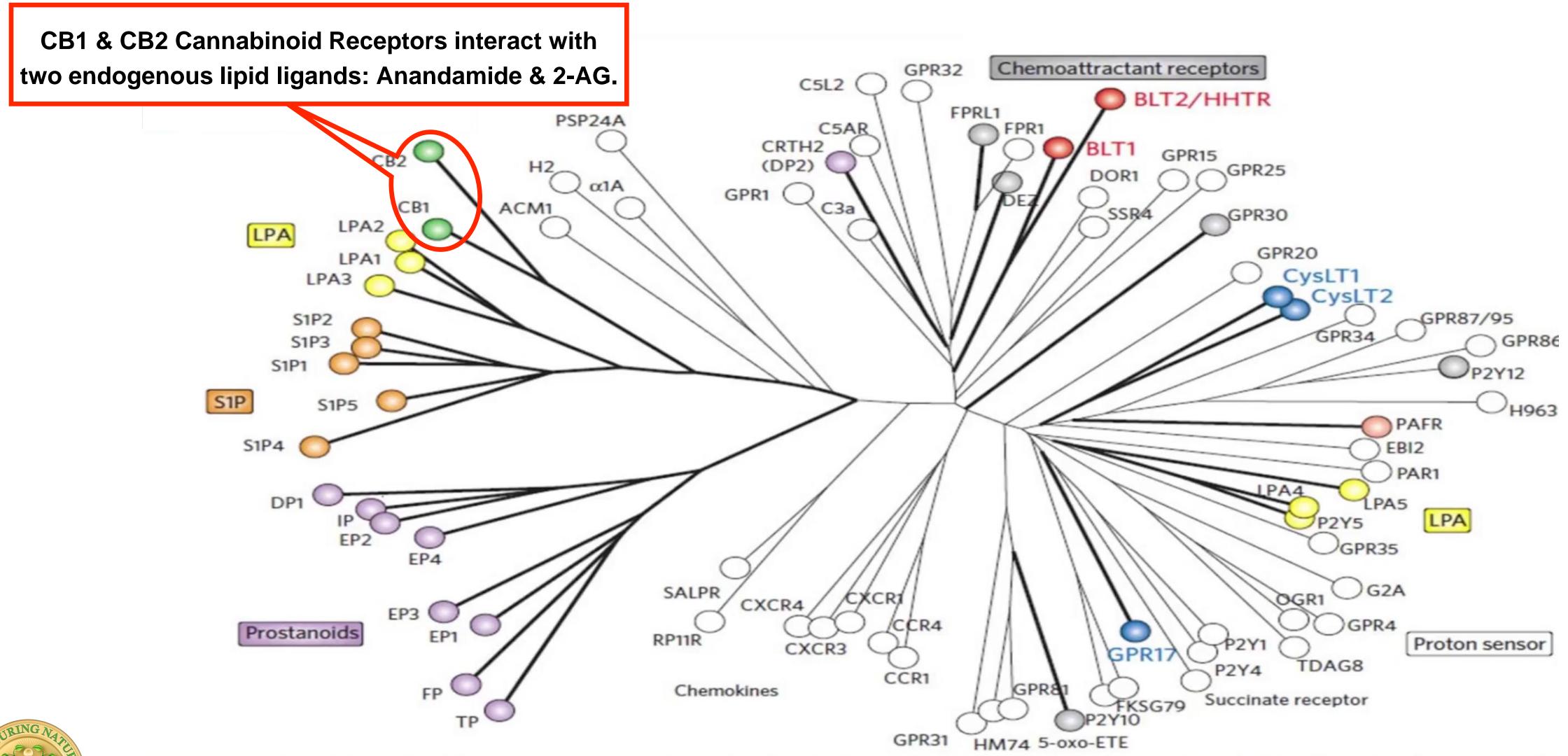
Endovanilloids







Endocannabinoid receptor system functions influence all other known physiologic systems.





Human Receptor Systems (2013)



CANNABINOID FORMULARY (2020)



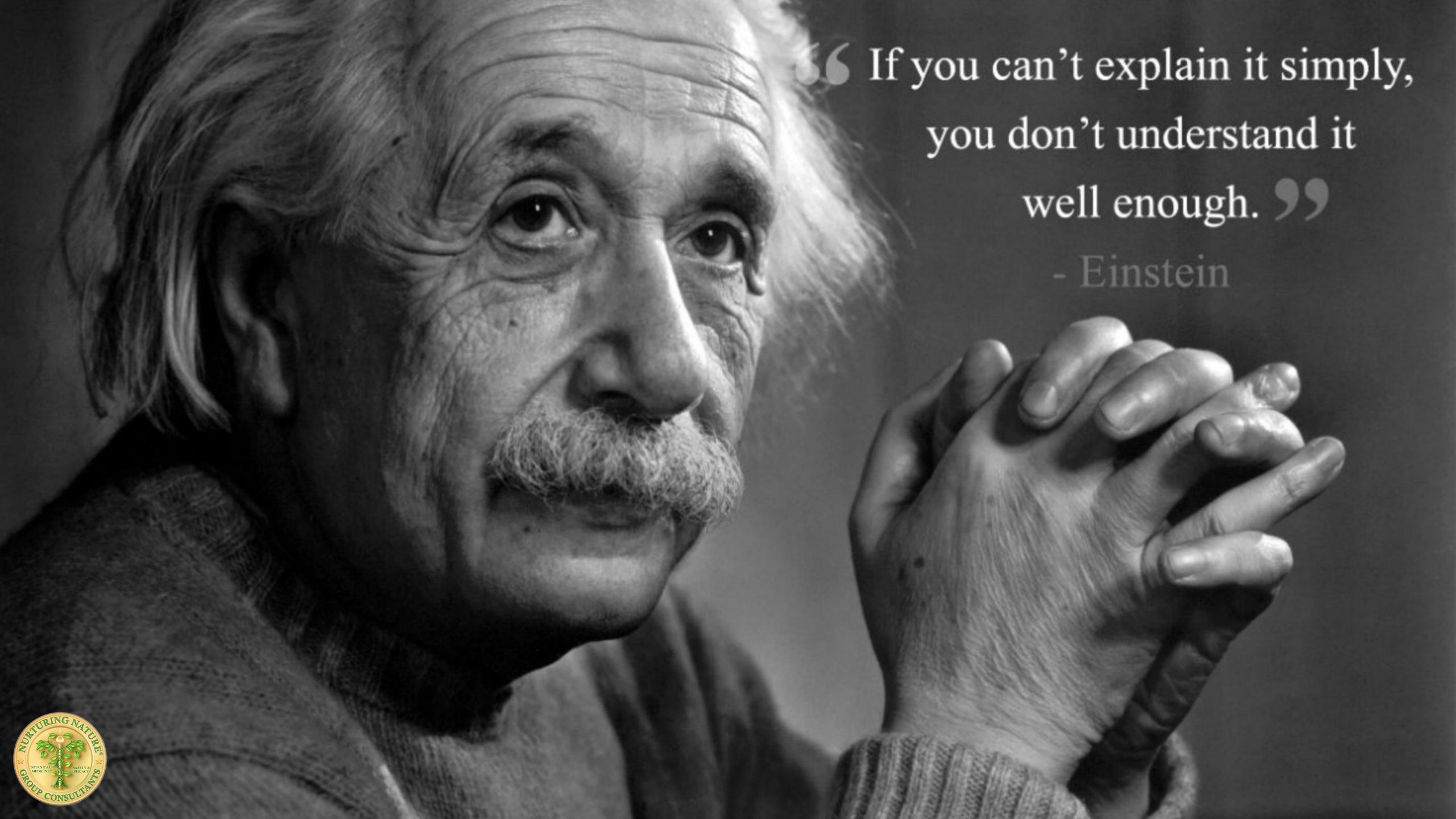
Generic Name and Delivery Route	Brand Name	Components and/or Doses	Dosages Used in Selected Trials	DEA (USA) Schedule
Cannabis species plant (Multiple routes)	Marijuana hybrids	THC 4% - >28%?	1% - 8% THC	Schedule I
	Sativa / Indica	CBD 0% - >15%?	self-titrated	(1970)
Cannabis species plant (capsule extract)	<i>Cannador</i>	THC 2.5%	Max 1.25 mg/kg/d	Schedule I
	(Germany)	CBD 1.25%	Max 25.0 mg/kg/d	(1970)
Nabilone (capsule)	Cesamet	1.0 mg synthetic cannabinoid	1.0 mg BID 0.5 -1.0 mg hs	Schedule II (2006)
Dronabinol	Syndros	5.0 mg synthetic	2.1 mg/BID	Schedule II
(liquid)		THC analog	4.2 mg/m2	(2010)
Dronabinol	Marinol	2.5 mg synthetic	1.25 mg/BID	Schedule III
(tablets)		THC analog	10.00 mg/BID	(1998)
Nabiximols	Sativex	THC 2.7 mg	Max THC 65/d	Under FDA evaluation
(oral spray extract)	(England)	CBD 2.5 mg	Max CBD 120/d	
Cannabidiol (oral oil extract)	<i>Epidiolex</i> (England)	(98% CBD)	2 - 25 mg/kg/d	Descheduled (2020)

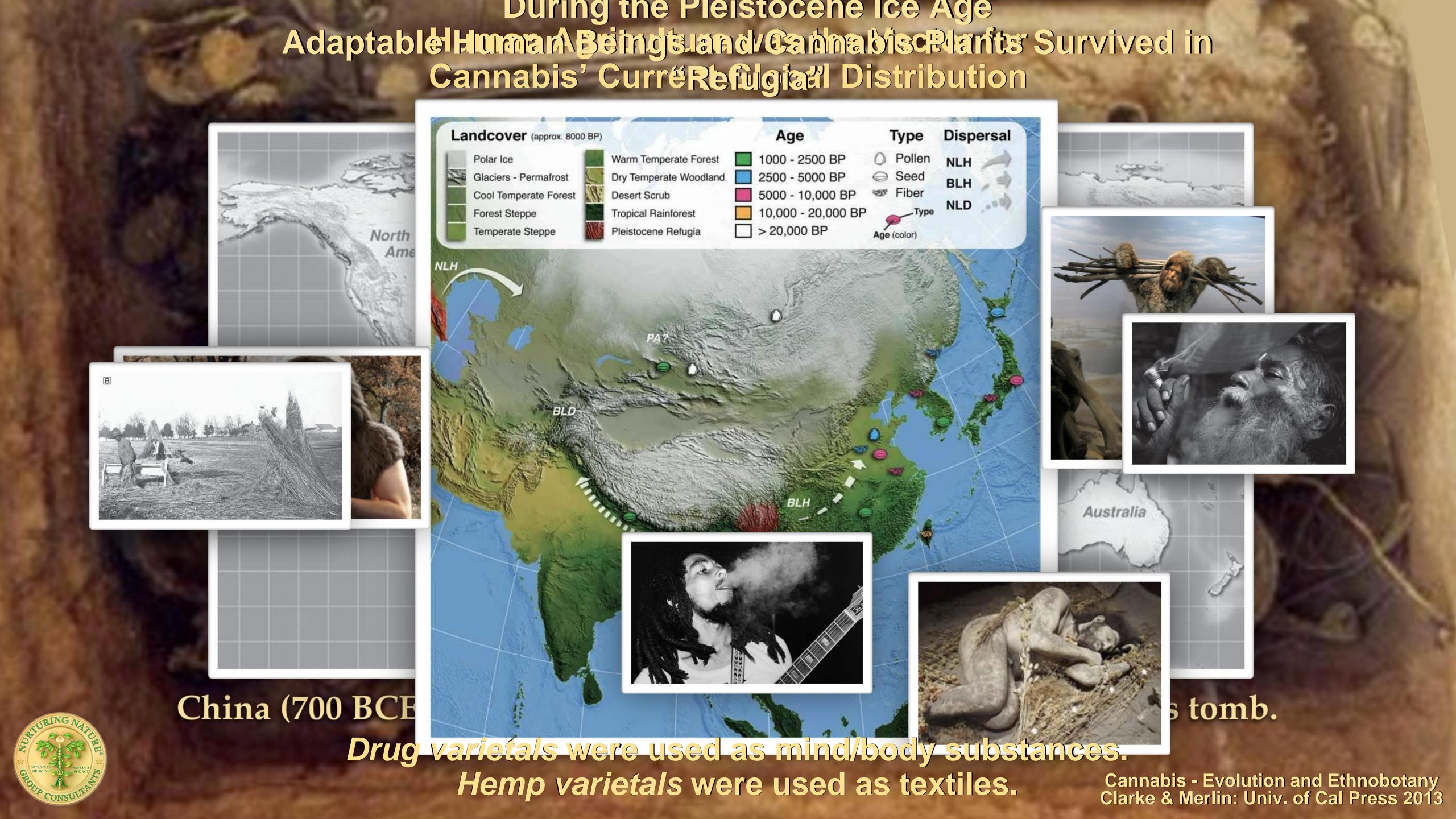
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CONTRAINDICATIONS TO CANNABIS USE

- Existing disease or genetic predisposition to psychotic disorders (schizophrenia).
 - Pre-existing significant cardiac disease.
- Pregnancy.

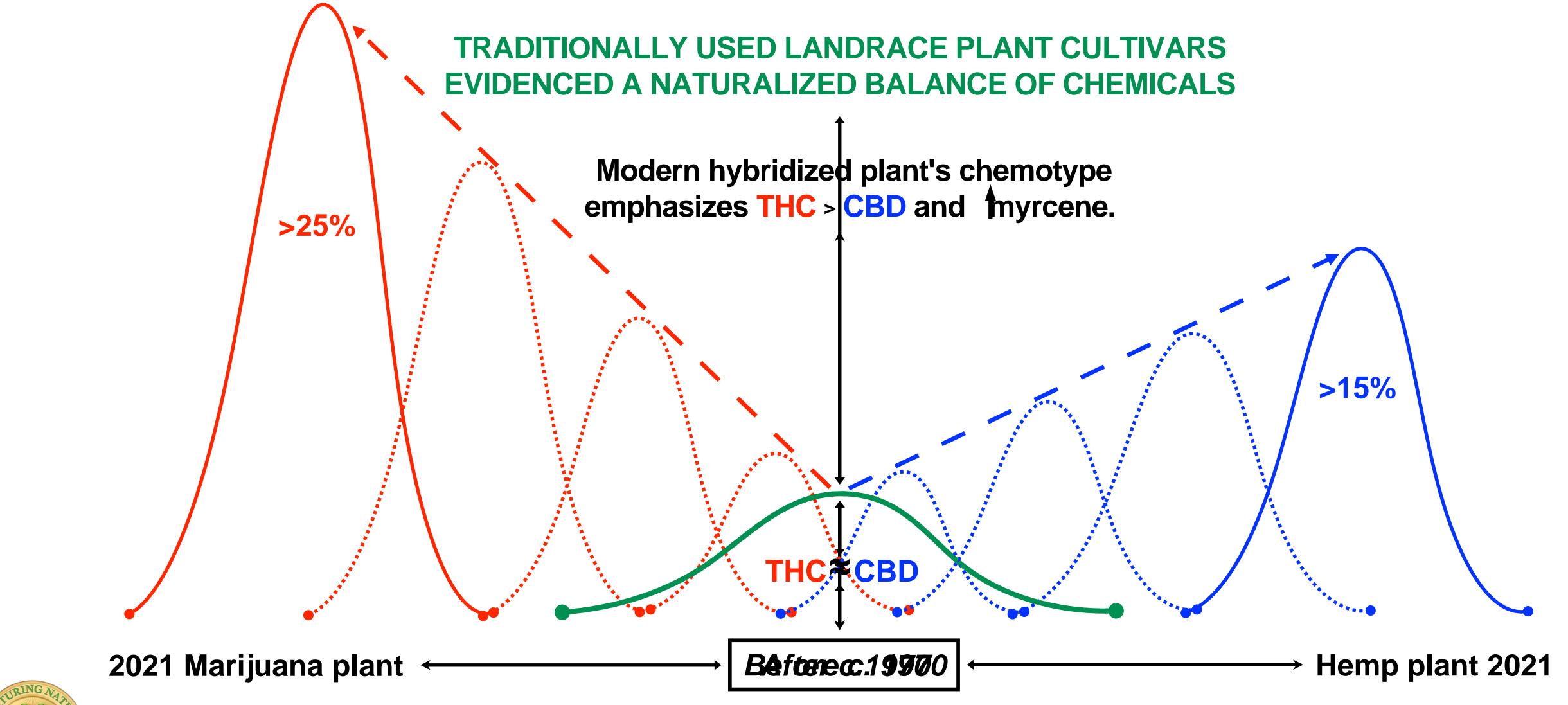






UNBALANCED "MODERN" PLANTS DEVOLVED FROM TRADITIONALLY BALANCED PLANTS

Afghani 'Kush' & 'Skunk #1' dominant traits create short Indica hybrids with THC > CBD and Myrcene





CANNABIS PLANTS CO-EVOLVED ALONG WITH HUMANS TO HAVE BALANCES OF BIOACTIVE CHEMICALS: THC ≈ CBD

Unbalanced CBD (no side-effects)

A traditional Eastern healer's perspective regarding the whole plant's therapeutic potential:

"Isolating an active constituent from a plant is an affront to nature.... It is like taking the intelligence; and leaving the wisdom behind."



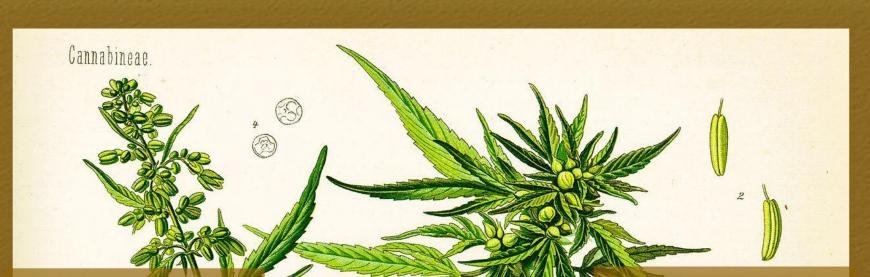
Deepak





Use - Abuse

"Marijuana" Cannabis sativa



CENTROPICEMENT ADMINISTRACE CONTROL OF CONTR Scheduled by D.E.A. Drug Enforcement Administration Risks & Benefits Prohibited - Controlled

The Controlled Substances Act (CSA) "Chtrolago Defineces Theobroma cacao "Papaver somniferum "Schedule 1" substances are designated "prohibited" when:

of Drugsm"

- 1 The drug or other substance has a high potential for abuse.
- 2 The drug or other substance has no currently accepted medical use "Cocaine" cintleatment in the United States.

Erythroxylum coca

3 - There is a lack of accepted safety for use of the drug or other

substance under medical supervisionacco

Reference.: Schedules of Controlled Liberarces-

ETHICAL CHALLENGE:

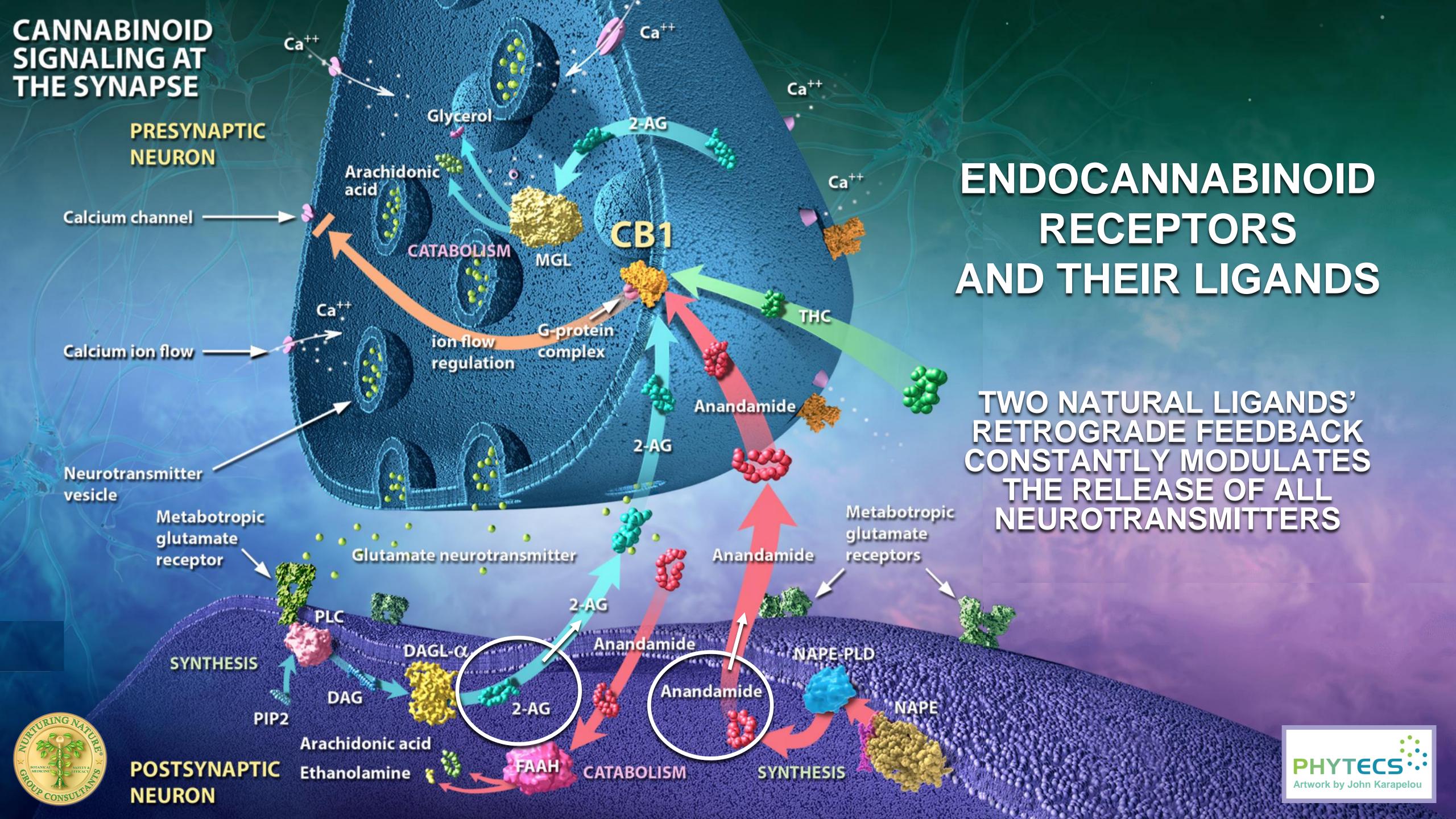
Should a physician offer compassionate access to Cannabis for use as a medicine while it remains under Federal prohibition?

BETHCALEXATIONALES

"Seeking relief from the intelerable provided by chological or spiritual symptoms of disease is a natural instinct "A phylat contributes to a substance symptoms is a noble task a respective postows upon its healers to provide humane relief."



JSB



GW PHARMACEUTICALS, U.K.

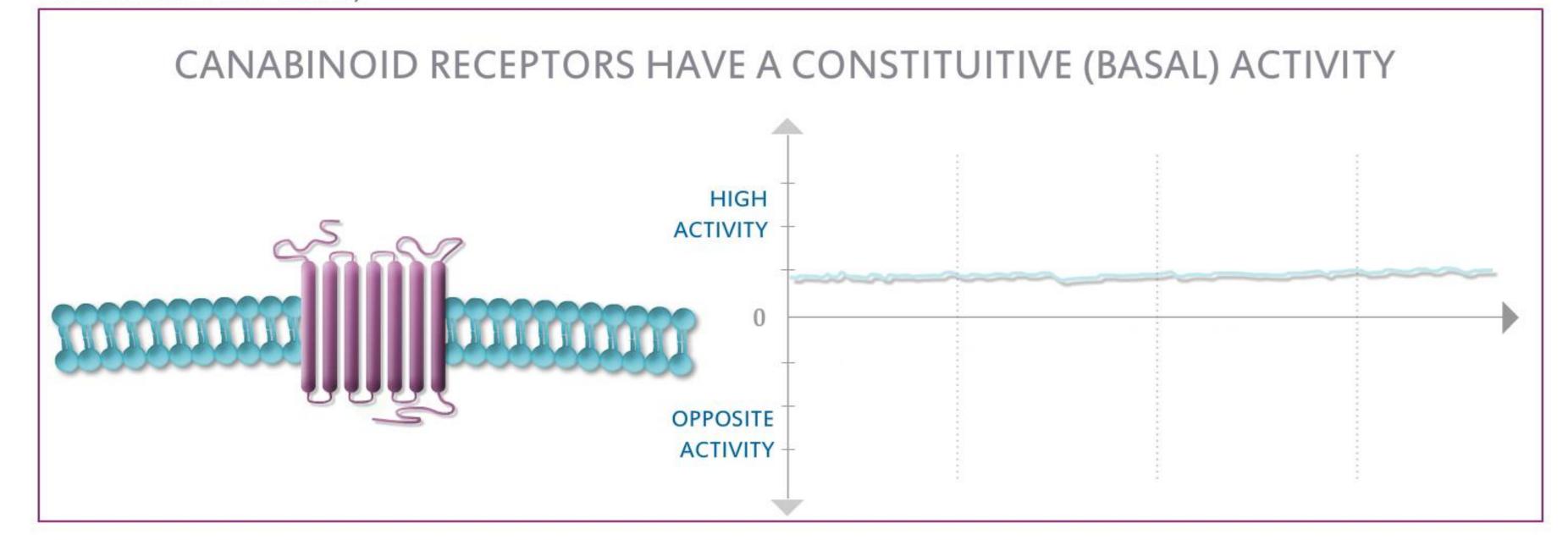
POSITIVE REGULATION:

CANNABINOID RECEPTOR ACTIVITY

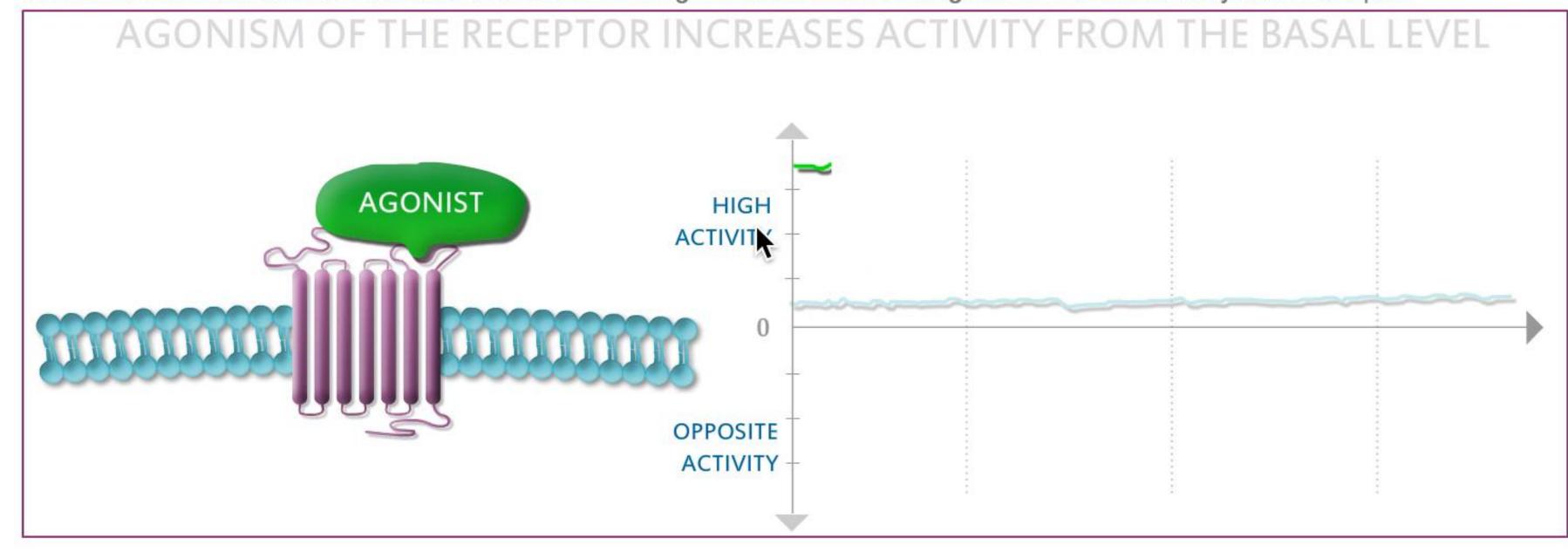
NEGATIVE REGULATION:



This animation differentiates full agonists (usually synthetic compounds) and partial agonists (especially useful in systems such as the ECS which are under tonic control):



This animation illustrates the difference between inverse agonism and neutral antagonism at a constitutively active receptor:



CONCEPTION





DEATH



CB1:





Eating & sleeping are essential for growth and reproduction.

The coordinated systemic functions of endocannabinoids explain a holistic but scientifically elusive

"Brain: Gut Connection"



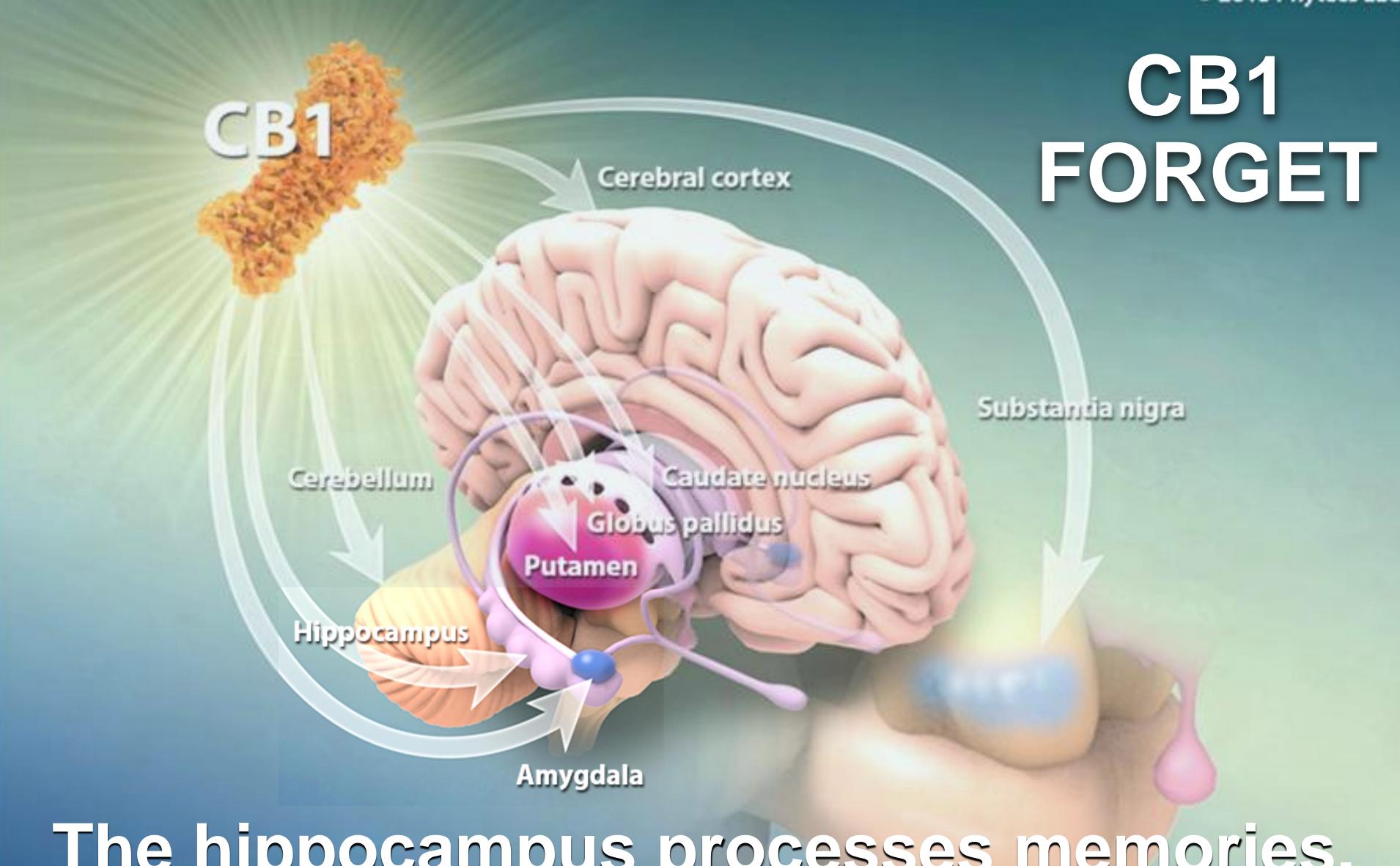












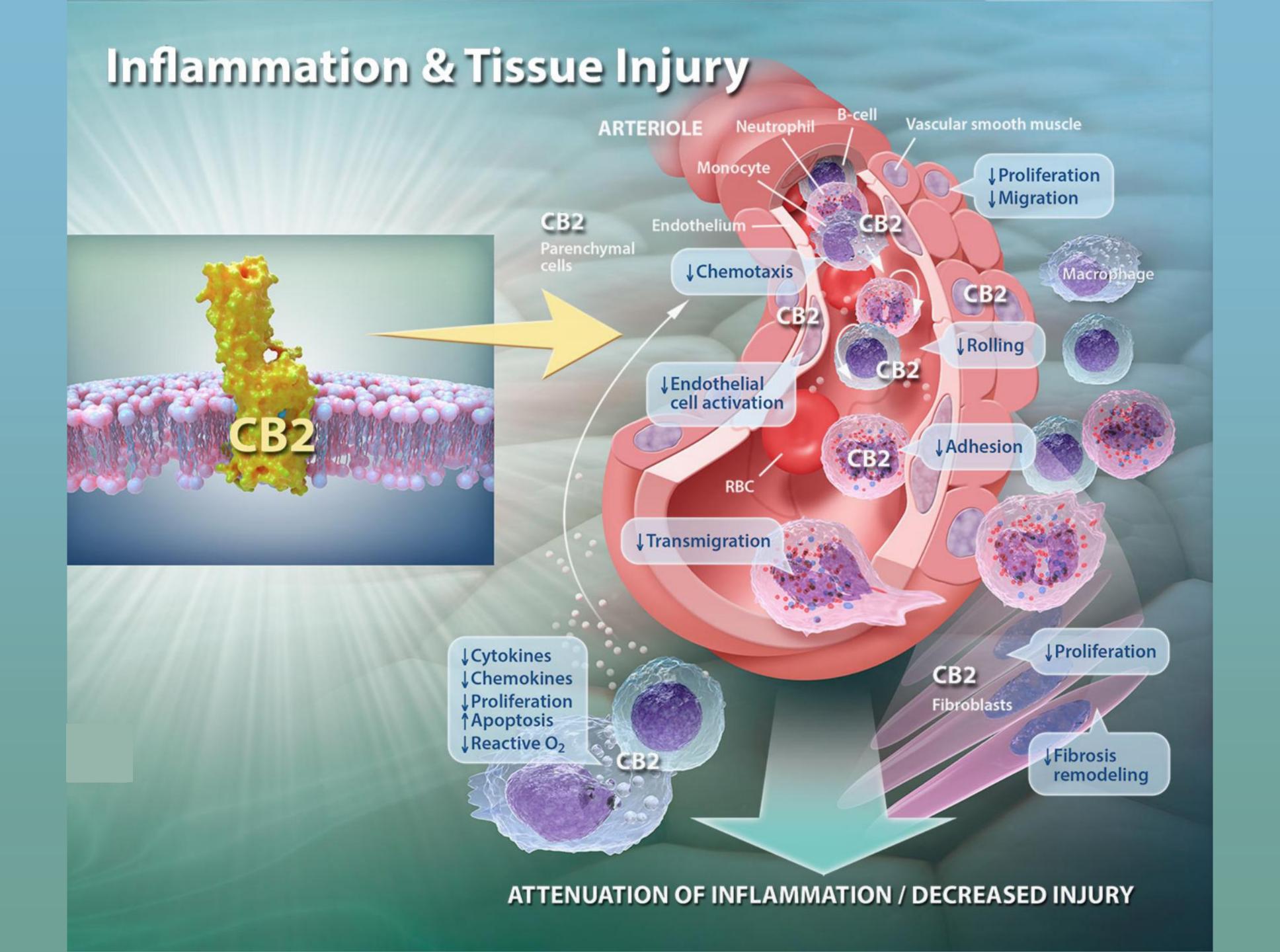






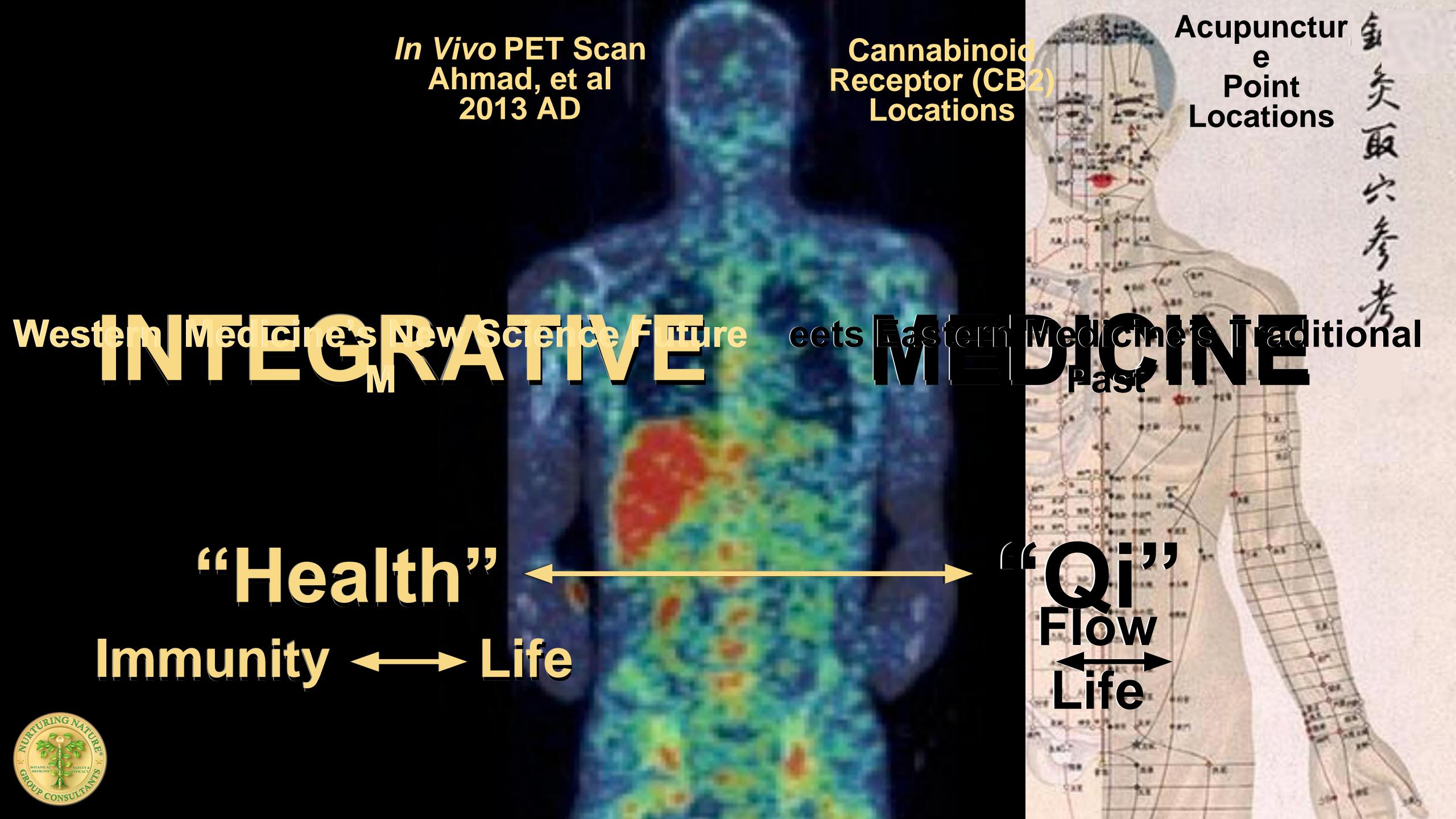














"Reefer Madness" (1936 Trailer) Former TELL YOUR CHILDREN' An Gandh PRODUCTION



U.S. House CC

Dr. William Wood Association, public

and that Cannabis'



the ys and Means '937.

American Medical or enlightened medical

research & education;

MISSION STATEMENT:

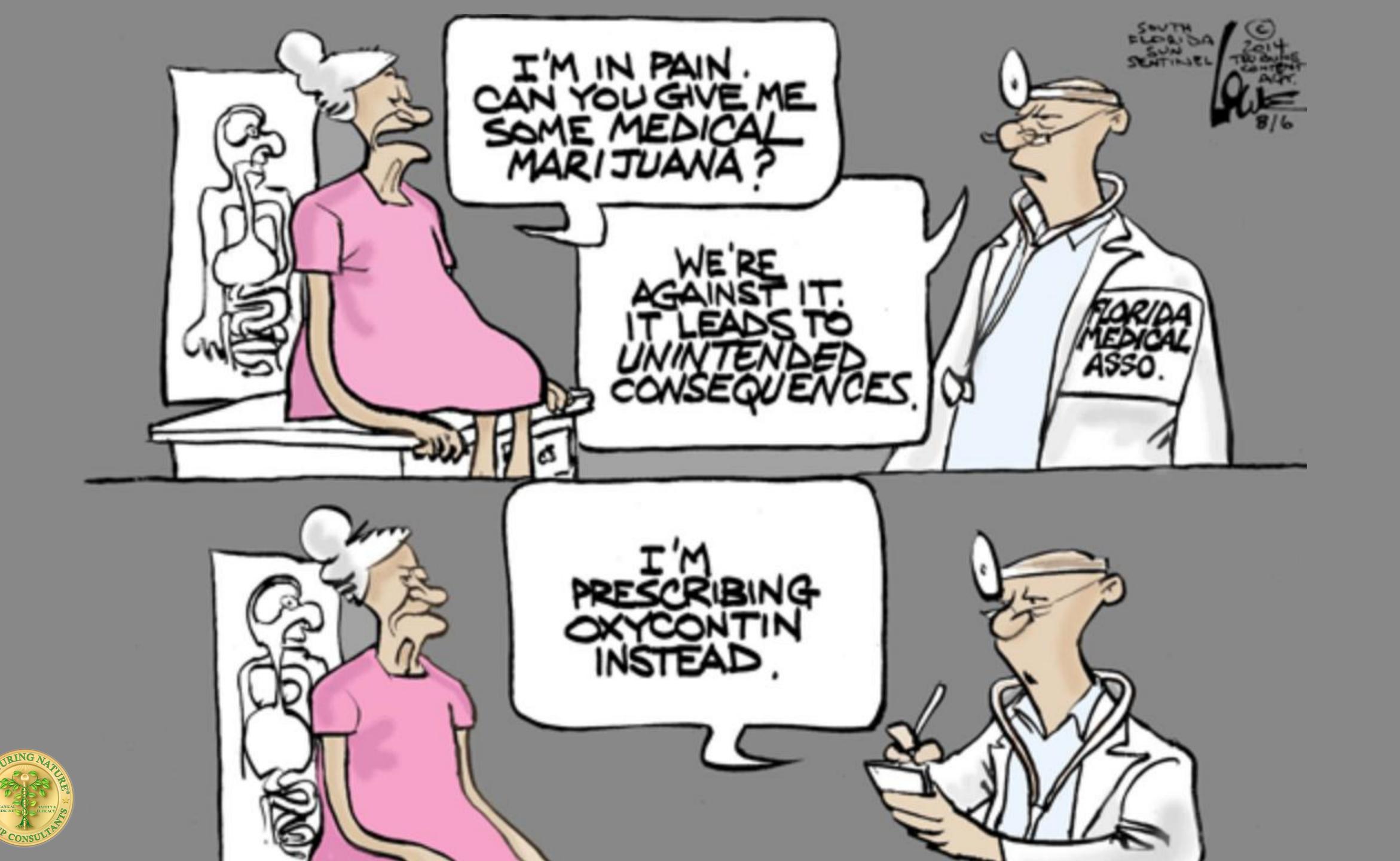
"TO BRING TOGETHER PHYSICIANS AND COMMUNITIES TO IMPROVE THE NATION'S HEALTH."

> Side-effects of prohibition have 2021 undermined i and education.











Take home message....

A temptation's indulgence offers choices....

that caution us to be careful with what we wish for,

because science & reason matter.

JSB 2014



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