Use of Medical Marijuana in Cancer Treatment & Care

Ronald Stram, MD
Stram Center for Integrative Medicine





Introduction

Board Certified Medical Doctor,
Integrative and Functional Medicine

28 years as emergency physician

Founded Stram Center for Integrative Medicine

Membership to Society for Integrative Oncology



I OPPOSE **MEDICAL MARIJUANA**BECAUSE IT IS A GATEWAY DRUG

BUT I'D BE HAPPY TO REFILL YOUR **OXYCONTIN**

IT'S FDA APPROVED WHICH MEANS IT'S 100% SAFE

Cannabis as Medicine

Cannabis has been used in medicine for 3000 years

All before achieving the status of being a class 1, illicit, and illegal drug like heroin

 Introduced to Western Medicine in 1840's by Dr. William Brooke O'Shaughnessy

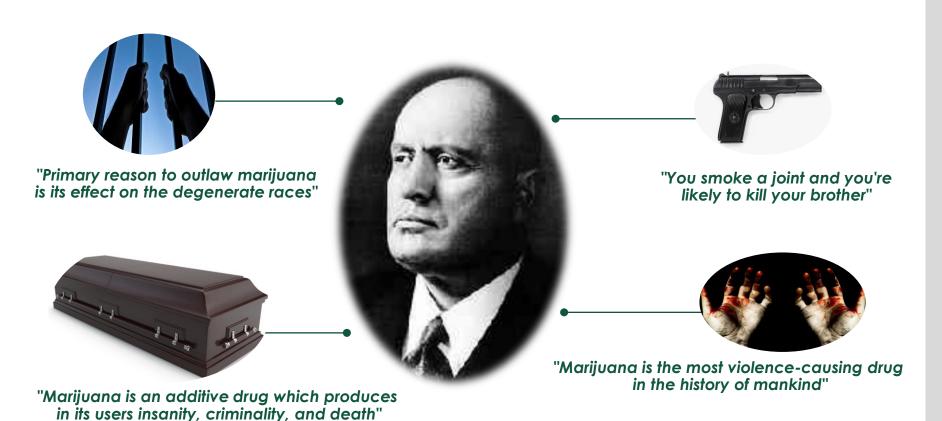


A Brief History

Harry Anslinger, director of Narcotics, division of the FBI

- Drew upon the following themes to exploit the problem
 - Racism
 - Violence
 - Fear
 - Protection of corporate profits (alcohol / tobacco)
 - Corrupt legislators

Quotes from Anslinger



Medicinal Effects of Phyto-Cannabinoids









2-Arachidonoylglycerol Relieves nausea in patients undergoing chemotherapy











Pain Management

Appetite Control

Movement Control

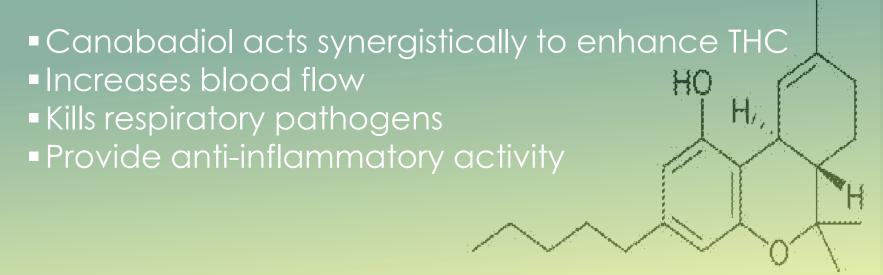
Immune System

Memory Management

Medicinal Effects of Phyto-Cannabinoids

✓ Cannabinoids inhibit tumor growth in animal models

Other non THC compounds with biological activity: CBD



Pharmacology of Cannabis

Oral ingestion:

 Peak occurs 1 to 6 hours and can remain elevated for up 30 hours later

Inhaled:

 Cannabinoids rapidly absorbed in bloodstream where peak occurs 2 to 10 minutes then rapid decline over next 30 minutes



How it works: Proven Results

Cancer Center Management

Supported by data

- Antiemetic agents Dronabinol and Nabilone THC synthetics; randomized controlled trials found to be more effective as an antiemetic than drugs used such as Compazine or Phenergan
- National Comprehensive Cancer Network anti-emesis guidelines recommend cannabinoids among other therapies to consider as breakthrough treatment for chemotherapy induced nausea and vomiting

Pain Management

Scientific results

- CB1 receptors found in CNS help modulate pain perception and processing
- CB2 receptors modulate inflammation acting on mast cell receptors to limit release of inflammatory agents

Appetite Management

Stimulates appetite

- Cannabis is the only antiemetic substance that also has appetite stimulating affects
- Anorexia, early satiety, weight-loss and cachexia are some of the most challenging symptoms facing cancer affiliated patients
- Two small controlled trials demonstrated that oral THC stimulates appetite and may slow down weight loss for patients with advanced malignancies

Supported by Controlled Studies





Pain intensity and relief:

 Double blind study reported that 15 and 20 mg doses of THC produce significant pain relief and appetite stimulation

Improved mood/well being

 20 mg of THC when compared to 120 mg of codeine resulted in patients having improved sense of well-being and less anxiety

Outperforming placebo group

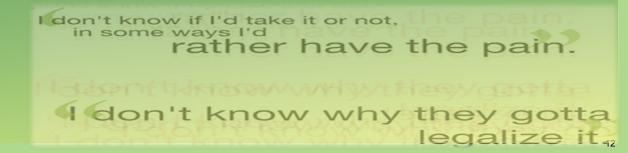
 THC group reported a 30% reduction in pain when compared to the other two groups. Neuropathic pain associated with platinum based chemo saw a 30-70% reduction in pain

Cannabis and Opiates Synergistic Effects

Evidence the cannabanoids may increase synthesis of endogenous opinoids

Phyto-cannabinoids shown to be synergistic, therefore, the combination may offer lower doses of opinoids

More effective, longer duration, fewer side effects



Safety and Side Effects

Preferable safety profile

 Cannabis receptors are not located in the brain stem areas and therefore do not control respiration; there is no respiratory suppression with cannabis

Gateway Drug

Most drug abusers
 begin with alcohol and
 nicotine before
 marijuana; rarely the
 first gateway drug



Cannabis and Cancer Risk

Study:

 65K Kaiser healthcare members; 1979
 to 1993 divided in 4 groups (never smoked, cannabis only, tobacco only, smoked both)

Results:

- Those only smoking cannabis had 0 documented cases
- Smoking less than one joint of marijuana per day had 37% reduction in risk of developing lung cancer





Anticancer agents

Evidence from cell culture systems and animal models have suggested that THC and other cannabinoids may inhibit growth of some tumors by inhibiting angiogenesis (blood vessel growth) and metastases

Endogenous cabbinoids Anandamide and 2-AG shown to exert antiproliferative effects of tumor cells (lung andenocarcinoma, brain glioma, lymphoma, breast)

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STRAM CENTER • + 518 – 689 - 2244

STRAMCENTER.COM

90 ADAMS PLACE, DELMAR, NY 12054

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