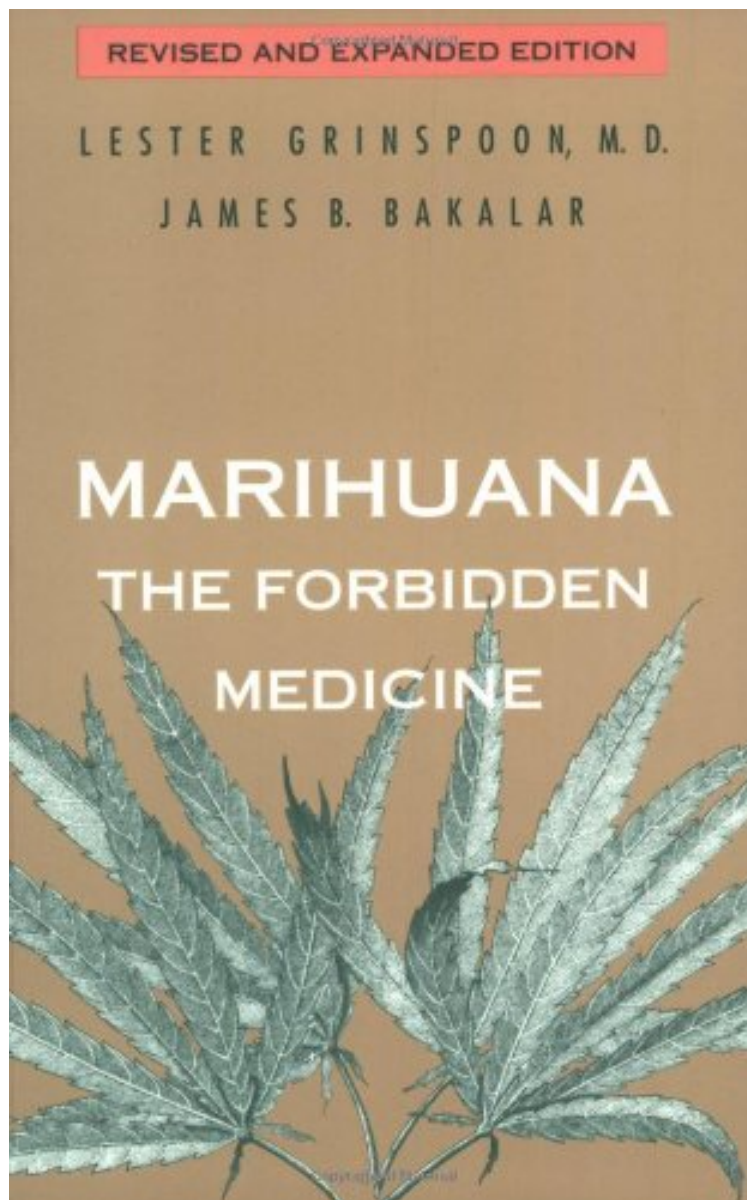


Marihuana: The Forbidden Medicine

Lester Grinspoon, James B. Bakalar
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Lester Grinspoon, James B. Bakalar : Marihuana: The Forbidden Medicine before purchasing it in order to gage whether or not it would be worth my time, and all praised Marihuana: The Forbidden Medicine:

14 of 14 people found the following review helpful. Excellent Overview of Medical Uses for MarijuanaBy LEON L CZIKOWSKYThe authors argue that "it has become clear that cannabis is a remarkably versatile as well as a safe

medicine". Grinspoon began studying marijuana in 1967 with the preconceived notion it is harmful. He not only found it beneficial to health but predicts its legalization. He is concerned that many people are being imprisoned for using marijuana. The intoxicating portion of marijuana comes from a resin produced by the female plant only during reproduction as a guard against heat and moisture. More resin is produced in areas with higher temperatures. The pure resin, charas, is hashish and is the most potent. Ganja is the flower top. Bhang is dried and crushed leaves, seeds, and stems and is half to a third the potency of ganja. Marijuana plants contain 1 to 5% tetrahydrocannabinol (THC), which is psychoactive and stimulates brain nerve receptors that control body movements. This reduces spasms and calms body movement pain. Marijuana was used as a medicine for at least 5,000 years in China. From 1840 to 1900, over 100 medical papers published findings of medicinal uses for marijuana. These articles found marijuana useful for relieving pain in many medical situations, asthma, postpartum psychosis, bronchitis, gonorrhea, and migraine prevention. A 1940s study in New York City found most myths about marijuana causing aggressive and antisocial behavior were false. A 1942 study indicated marijuana might be useful in treating depression, opiate addiction, and loss of appetite. Harry Anslinger and the Federal Bureau of Narcotics denounced these 1940s studies as unscientific. The military contracted with the Arthur D. Little Company to determine if there were any military uses for marijuana. They did not discover any but they found marijuana may have therapeutic value, the details of which are classified. When Congress placed marijuana as a controlled drug, Administrative Law Judge Francis Young stated in 1968 that "marihuana, in its natural form, is one of the safest therapeutically active substances known to man... One must reasonably conclude that there is accepted safety for the use of marihuana under medical supervision. To conclude otherwise, on the record, would be unreasonable, arbitrary, and capricious." The Judge's decision was overturned by the U.S. First Circuit Appeal Court. New Mexico passed the first state law allowing marijuana for medical use in 1978. By 1994, 35 states had done so. Federal laws prevented many of the state laws from being implemented, except for 17 states between 1978 and 1984 that allowed marijuana for chemotherapy nausea and for glaucoma and for 10 states that had medical marijuana studies. A 1978 to 1986 New Mexico study of 250 cancer patients with nausea that did not respond to conventional medication found over 90% had complete or significant relief from nausea while three patients reported worse conditions that were found to be related and treatable due to anxiety. A Florida court case overturned a lower court conviction and allowed a couple to possess marijuana for medical purposes. In the 1990s, Deputy National Drug Control Policy Director Herbert Kleber announced medical marijuana would be allowed. The Public Health Service reviewed this for nine months and killed this idea but allowed 13 people who had been approved to continue taking medical marijuana. Marijuana is useful in reducing chemotherapy vomiting (which can pose health problems as it can last for hours and even for days). A 1990 study of about 100 members of the American Society of Clinical Oncologists found only 43% stated that legal drugs were useful in controlling chemotherapy nausea. 44% admitted suggesting the use of marijuana to a patient. A study of 19 patients found marijuana stops vision deterioration of glaucoma. Animal studies found cannabis helps eyes even when placed on the eyes with eyedroppers as well as taken internally. No similar human study has been done. Marijuana was a known treatment for epilepsy seizures until it was banned. A 1975 study of patients given marijuana whose grand mal epilepsy was not responding to treatment found three patients improved totally, two improved partially, two had minor improvements, and one had no improvement. The medical literature notes that marijuana reduced the tremors and improved mobility of a couple of multiple sclerosis patients. A 1990 study in Switzerland found marijuana reduces painful spasms that afflicted paraplegics and quadriplegics. A 1983 U.S. Veterans Administration study found similar results with 22 of 43 people with spinal cord injuries. A study of AIDS wasting syndrome found 70% of those using Marinol, a synthetic form of marijuana, reversed their wasting and increased weight. A subsequent study had similar findings and noted 20% found Marinol unpleasant and preferred illegal cannabis. Chronic pain is often treated ineffectively with analgesics like aspirin and Tylenol that may include toxic side effects such as ulcer, gastric bleeding, liver disease, and kidney disease. Analgesics may cause over 7,500 deaths and 76,000 hospitalizations per year. Several studies found that THC, even applied orally, was more effective in relieving pain and had fewer side effects, in addition to reducing muscle spasms and seizures that are often experienced by people with chronic pain. Marijuana was a medication for migraines until it was banned. THC reduces serotonin during migraine attacks which reduces the painful effects. Marijuana relieves pains and has anti-inflammatory qualities. This helps patients with rheumatic diseases such as osteoarthritis and ankylosing spondylitis/pruritus. Marijuana was prescribed for premenstrual syndrome, menstrual cramps, and labor pains before it was banned. Marijuana was prescribed for depression until it was banned. A 1947 study of 50 patients in England noted 36 had marked improvement. A subsequent study using lower doses of THC found no improvement. A 1993 study of eight hospitalized patients for one week also found no improvement. Advocates note that the 1947 study, with higher doses over longer period with generally less troubled patients, may attribute for the difference in results. A Czechoslovakia study found marijuana is useful in treating microbial ailments. The authors present anecdotal evidence that marijuana may be useful for treating asthma, insomnia, severe nausea, kidney failure, dystonia, adult attention disorder, schizophrenia, scleroderma, Crohn's disease, diabetic gastric paresis, pseudotumor cerebri disorder, phantom limb pain, treating alcohol and other addictions. It can be also be a topically applied anesthetic. The author defends anecdotal evidence by noting that thousands of years of use by

millions of people has shown marijuana has very low toxicity while relieving multiple symptoms with less side effects than other medications. The risks of marijuana are impaired coordination, impaired judgment, altered state of consciousness that can last several hours, risk that some have psychological reactions (which are treatable with self assurance), and a risk that some develop anxiety and paranoia. Numerous Federal government studies attempting to find chronic effects of long term marijuana use failed to find any. A study was found that monkey brain cells were damaged from long term marijuana use. Studies in Greece, Jamaica, and Costa Rica did not find human brain cell damage from long term marijuana use. Several studies show marijuana can be harmful to the pulmonary system by damaging bronchial cells. Fortunately, most marijuana users do not smoke enough to make this a major health threat. No case of lung cancer, emphysema, or pulmonary pathology has been found in the U.S. 9 of 9 people found the following review helpful. Eyes WIDE open!! By A Cajun This book will OPEN your EYES, IF you read it with an OPEN MIND!!! You need to look at this gentleman's credentials and know he's NOT a young kid talking out of his a**. This man has FIRST hand knowledge of this subject, having tested and in this book given the results of YEARS of study and use of this NATURAL WEED (MEDICINE)! I've got a friend, who is a judge, that sees cases before him that involves alcohol and VERY seldom Marijuana. There's NO comparison the different outcome between the two. There is NEVER a violent reaction when Marijuana is used. Compare that to the use of Alcohol!! A blind man could tell the difference of people using Alcohol and POT! If you have NEVER tried POT. then don't judge it until you read this book by a man that has studied it for many years. It's ALL about the MONEY and JOBS involved in keeping Marijuana FORBIDDEN to us. I've read lots of books on the subject and if YOU have any questions on this subject, maybe you should open YOUR MIND and read some yourself!! DON'T take MY WORD for it, READ, LISTEN, ASK QUESTIONS, find out the TRUTH once and for all!!! 0 of 0 people found the following review helpful. Especially helpful book By Patrick B. Mullen Excellent and not outdated review of the topic. It is especially helpful as a fundamental piece of science as we face the marijuana debates state by state.

In this important and timely book, two eminent researchers describe the medical benefits of marijuana, explain why its use has been forbidden, and argue for its full legalization to make it available to all patients who need it. Highly praised when it was first published in 1993, the book has been expanded to include new examples of the ways that marijuana alleviates symptoms of cancer chemotherapy, multiple sclerosis, osteoarthritis, glaucoma, AIDS, and depression, as well as symptoms of such less common disorders as Crohn's disease, diabetic gastroparesis, and posttraumatic stress disorder. Praise for the first edition: Grinspoon and Bakalar have provided a valuable compendium of marijuana's beneficial properties. . . . This book is valuable for its breadth of first-person accounts of beneficial effects of marijuana smoking in physically and emotionally distressed individuals. Rick J. Strassman, M.D., Journal of the American Medical Association Cogent and convincing arguments for the legalization of marijuana and its pharmacologically active components. . . . This book provides an excellent overview of the subject from a medical perspective. Robert M. Swift, M.D., Ph.D., New England Journal of Medicine A very important book. . . . It is highly recommended reading for anyone interested in the history, biomedical science, and public policy surrounding these most amazing plants. David E. Presti and Richard Evans Schultes, Journal of Psychoactive Drugs

From Library Journal Grinspoon and Bakalar have compiled testimonials on the medicinal uses of marijuana for a variety of medical problems, including glaucoma, multiple sclerosis, epilepsy, and the nausea and vomiting associated with cancer chemotherapy. These accounts dramatically illustrate marijuana's potential to alleviate suffering when traditionally prescribed medications have proved ineffective, but they also illustrate the great stress placed on these individuals and their families by using an illegal substance. Many people don't know how to obtain marijuana, can't afford it, and are fearful and resentful of being considered criminal for using it. The authors discuss social attitudes towards marijuana and the reasons why the drug was outlawed. They argue that making marijuana available on a prescription basis is unworkable and that its legalization is necessary to make it available to those who need it. Recommended for public and academic libraries.- Kathleen McQuiston, Philadelphia Coll. of Pharmacy and Science Copyright 1993 Reed Business Information, Inc. About the Author Lester Grinspoon, M.D., is associate professor of psychiatry at Harvard Medical School. James B. Bakalar is associate editor of the Harvard Mental Health Letter and a lecturer in law in the department of psychiatry at Harvard Medical School.