

# THE THERAPEUTIC USE OF CANNABIS

## CBD –CANNABIDIOL

### OVERVIEW

First isolated from Cannabis in 1940 the structure of Cannabidiol, known worldwide as CBD, was not reported until 1963 but because at the time being it was thought that activity of the plant meant psycho activity, all eyes were set on its psychoactive brother, Tetrahydrocannabinol, known as THC also worldwide. As a result, an immense potential therapeutic effect was overlooked. But things were going to change fast, and thus we can see how the number of publications about CBD went from a low of 50 for the 1999-2002 period to 225 between 2003-2007 and to a high of 1.205 publications from 2008-2015. And the flow of work as of today is appalling with all areas of medicine and biological research being covered. However, most of the studies are done in animals, in vitro or in ex vivo cell lines from different human tumors and clinical studies are lacking in spite of all the research community asking constantly for them.

And so, in 2017 the National Academy of Sciences selected 10.700 articles from a total of 24.000 analyzed, and released the report under the title *The health effects*

*of cannabis and cannabinoids: The current state of evidence and recommendations for research.* Among others, the report encouraged the medical community and other advisory groups to not only do more clinical research but also to perform this using the cannabis as people are really taking it: as oils and concentrates, not as the isolated chemicals, be them from the plant or synthetically produced. Which means that the current state of things in the DEA and FDA agencies has created what has been called “the paradox” where the cannabis plant is scheduled as a class I in the control substance act, meaning it is a high addictive substance with no accepted medical use, while the THC on the other hand is listed as a class III substance, with low addictive potential and with accepted medical uses. And this, as we have mentioned, against the recommendations of the National Academy, that closed its report conclusion saying that there is “substantial and conclusive evidence in alleviating certain conditions”, which is a step forward from what the back then called Institute of Medicine did in 1982 under the title *Marihuana and Health*, and in the 1999 report *Marihuana and Medicine: assessing the science base*, and where it spoke of potential therapeutic action.

All this notwithstanding the fact that cannabis had been in the pharmacopeia of USA from 1840 to 1942, and that the WHO in its 2017 final report on CBD by the *Expert Committee on Drug Dependence*, states that CBD is not

associated with abuse potential, recognizes a list of medical uses starting with epilepsy, for which a plant derived CBD drug has just recently approved and commercialized, points even to its potential use for the treatment of drug addictions, including the cannabis abuse. Beauty, cosmetic and skin uses are also recognized. Finally the report also states that no public health problems like driving under the influence of drugs and other comorbidities have been associated with the use of CBD. No countries reported emergency room admissions related to the non medical use of CBD and no countries reported mortalities related to CBD.

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