

“How I Use Hemp to Manage My Cancer Pain” (Jeff Dwyer) [#152]

Brad Power
July 16, 2025

“Once I got off of the opiates – it took a couple months – I was basically out there figuring what I was going to use next. The psychiatrist at Dana Farber was doing research in cannabis and mushrooms, all kinds of alternatives, and suggested that I try cannabis. So I did. I got it in Massachusetts, in the town I'm in, which had 12 retail operations right on the street. You could just walk in and get it. But I'd never used cannabis as a younger guy. I was always a boozier in the 1960s and in college, and in the military afterwards, and then when I got out. Since I quit all that stuff, I never really experienced it. So I started using it, and realized what I wanted was the medical benefits from it, such as they were, such as the information you could get, but not the ‘high’ portion of it. So I ended up using mixtures that I could get, edibles, at retail, that were low in THC, which is the compound that gets you ‘high’, but high in CBD. Then I morphed from that into studying hemp, and realized that there was a difference in that plant. If I dealt with hemp, I was not asking anybody to chemically change it, because the hemp plant has low THC and high CBD.” – Jeff Dwyer

“My presentation to you guys is, if you've got a pain issue, and you don't want to resort to opioids yet, or if you want to get off of them, you can try the CBD capsules. And if you want to stay away from THC, you can do it with hemp.” – Jeff Dwyer

Meeting Summary

Advanced cancer patients experience many mental and physical symptoms from their disease, including pain, depression, anxiety, nausea, constipation, neuropathy, urinary problems, and sexual problems. For example, men with advanced prostate cancer often have cancer progress to their bones, causing severe pain. They need to connect with a palliative care team early in their disease progression to mitigate their pain and manage side effects. Among the treatments they might consider could be cannabis, but there is little evidence from randomized clinical trials (the gold standard of medical evidence) to support it. It remains in the gray zone of treatments that have some anecdotal or observational benefits.

Consider the case of Jeff Dwyer, an advanced prostate cancer patient who searched for relief from his spinal pain following his diagnosis in 2019. His pain resulted from spinal compression fractures (from his decreasing bone mineral density and osteoporosis), which in turn were driven by his prostate cancer. Presently, Jeff is using organic cannabis hemp oil capsules for pain mitigation.

How should you search for relief from cancer-related pain?

- Consult with your medical team – especially palliative care resources, as they can provide comprehensive support for pain management and other symptoms; a palliative care team can include a pharmacist, psychologist, psychiatrist, and physician

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- Get advice on pain management early in your cancer treatment journey as you need to be prepared; pain management should not be an afterthought
- Share your specific pain management needs to develop a personalized plan, as your needs will probably be unique
- Consider alternatives to opioids, such as cannabis, to improve your quality of life

Why might you consider using hemp as part of your pain management?

- **Fewer side effects vs. opioids:** Opioids can cause significant side effects, like constipation.
- **Lower intoxication risk vs. marijuana:** Hemp has less psychoactive content (THC) than marijuana, allowing you to take larger doses without getting “high”; hemp contains multiple compounds (CBD, terpenes, cannabinoids) that can work together for potentially more effective pain relief vs. just CBD.
- **Versatile application:** Hemp is available in forms like capsules and topicals, useful for different types of pain.
- **Longer-lasting relief:** Hemp can have a longer effect vs. single-compound treatments.
- **Easier to access:** Hemp is more widely legal and available.

How can you safely incorporate hemp or cannabis into your treatment plan?

- Choose products from licensed, reputable sources with tested products with known cannabinoid content; prioritize farms with strict state regulations that follow USDA testing protocols; always check third-party lab test results before buying; avoid hemp-derived products which are unregulated and untested; avoid unregulated sources like gas stations or convenience stores
- Start with low doses and gradually increase until you find a manageable level of pain relief
- Consider different delivery methods (capsules, topicals) based on symptoms; use topical products for targeted pain relief, especially for localized pain
- Take it consistently, preferably with meals, and consider both daytime and nighttime formulations
- Combine its use with lifestyle factors like exercise and a diet that reduce inflammation
- Choose full-spectrum hemp products with third-party lab testing for detailed cannabinoid profiles
- Use products with high CBD and low THC to minimize intoxication
- Be aware of potential interactions with existing treatments
- Monitor for side effects and effectiveness

How can you learn more about using hemp to manage your cancer pain?

- Consult with your medical team about potential benefits and interactions with your current treatment
- Research reputable sources like medical journals and cancer support organizations for scientific information; review the [ASCO guidelines on cannabis and cannabinoids](#)

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- Speak with patients who have used hemp/CBD for pain management, such as through support groups
- Contact Jeff Dwyer at jpd@jpdwyerinc.com.
- See our previous discussions on using cannabis and pain management, including:
 - [“Palliative and Psychosocial Services for Cancer Patients” \(James Tulsky\) \[#85\]](#)
 - [“Palliative Care for Advanced Cancer” \(Tom Smith\) \[#32\]](#)
 - [“Integrative Cancer Care” \(Donald Abrams, MD\) \[#102\]](#)
 - [“Using Cannabis in Your Cancer Care” \(Jordan Tishler, MD\) \[#149\]](#)

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For the video recording of this conversation, please see [here](#).

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Meeting Notes

KEYWORDS

Cancer patient care, cannabis therapy, CBD capsules, pain management, palliative care, hemp cultivation, endocannabinoid system, opioid withdrawal, chemotherapy, THC to CBD ratio, entourage effect, lab testing, full spectrum products, patient experience, alternative treatments.

SPEAKERS

Michael Lupario (40%), Jeff Dwyer (30%), Brian Lupario (13%), Chris Apfel (6%), Roger Royse (6%), Rick Davis (4%), Vic Paglisotti (1%), Hilary Elkin (<1%)

CHAT CONTRIBUTORS

Allen Morris, Vic Paglisotti, Rick Davis, Chris Apfel

SUMMARY

Jeff Dwyer shared his journey with advanced prostate cancer, including spinal compression fractures and the use of cannabis and CBD for pain management. He detailed his treatment history, including radiation therapy and the benefits of CBD capsules. The differences between hemp and marijuana include hemp's high CBD, low THC content and the effect of having a fuller spectrum of cannabinoid elements in hemp vs. marijuana. Lab testing is important for safe and effective use.

OUTLINE

Jeff Dwyer's Introduction and Personal Cancer Journey

- The meeting topic was cannabis care for cancer patients.
- Jeff Dwyer shared his personal story of living with advanced prostate cancer for six years.
- He described his spinal compression fractures, osteoporosis, and the lack of interventional work due to his comorbidities.
- He decided to undergo radiation therapy at the University of Pennsylvania.
- Jeff benefited from an early affiliation with a palliative care organization.
- He had experience with opioids, including Tramadol and opiate-induced constipation.
- His psychiatrist at Dana Farber suggested he try cannabis for pain management.
- He initially used cannabis edibles with low THC and high CBD, and subsequently had an interest in hemp.

Evidence of Cannabis Benefits

- The differences between marijuana and hemp include the low THC and high CBD content of hemp.

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- The benefits of hemp for medicinal purposes include the concept of the “entourage” effect, getting a broad spectrum of cannabinoids over isolated CBD or THC.
- There is historical and scientific evidence supporting the use of cannabis for pain management, sleep, and anxiety.
- The endocannabinoid system has a role in maintaining homeostasis.
- Lab testing of the quality of hemp products is important.

Consumer Tips and Product Recommendations

- Avoid heavily-refined products and check lab test results.
- Source products directly from farms or licensed dispensaries.
- There are potential risks of synthetic cannabinoids and benefits of natural hemp products.
- Individuals will have different responses to cannabis.
- Jeff Dwyer can be reached for questions and support.

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TRANSCRIPT

Roger Royse

Welcome to this week's meeting of the Cancer Patient Lab.

Each week we try to bring you some original content on issues of interest to cancer patients, especially those who are very involved in their own care. We believe engaged patients get better outcomes.

This week we are going to hear from Jeff Dwyer, who's going to lead a discussion about finding and becoming comfortable with care, including cannabis care. He is a cancer patient himself, as well as some other things, and he has asked the brothers from Western MA Hemp to come along where he gets hemp, CBD, apparently, to explain what makes the cultivation of their hemp different from the majority of businesses, why it's useful, why you should use it, etc.

Jeff Dwyer 1:05

I mentioned my story to Brad, and he suggested that I tell it to the group.

This is my sixth year of advanced prostate cancer, and as part of it, I learned that when the prostate cancer progressed into my bone, that I was having spinal compression fractures, I had a few of those, sports-related, when I was younger, but as they started, I did the DEXA scan, found out that I had osteoporosis, went to the spinal Center at Mass General in Boston and got referred to an osteo doc and a neurologist, and basically, because of comorbidities, after an MRI, they looked at it and said, “Yeah, you've got spinal compression fractures. That's causing your pain, but there's no interventional work that we can do on you because you've got coronary artery disease.” By then, I'd been diagnosed with interstitial lung disease, and I'm old. I'm 78 years old, so they basically were very straightforward, and said, “We don't want to work on it. You've got some some issues in your spine, with your bone structure, and so you're going to have to tough it out,” which was interesting to know. “We're not going to get into any medication for bone care.” I had not used any hormone therapy for my cancer care. I had done strictly surgery with a prostatectomy, and then when the cancer recurred, it recurred on my sacrum.

It was time after biochemical recurrence to make a decision about what I was going to do. So I chose radiation. I went to the University of Pennsylvania for two months of proton beam radiation to my spine, to my prostate cancer bed, to the iliac chain, and basically to the one met that was on my sacrum. I got another couple years out of that.

Then just recently, last year, I went back down to UPenn for two more spots. One of the spots was on my lung, and the other one was on L1 of my spine. By then I had been pretty much diagnosed by the radiologist who wrote multiple compression fractures in the spinal column. Almost all of them. I've lost three-and-a-half inches of height, so I was dealing with the pain issue.

You may recall, I think it was a year ago, Dr. Jim Tulsy spoke to the Cancer Patient Lab. He is an oncologist at Dana Farber, but he's also a head of their palliative care division, and he

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mentioned guys with pain issues should really consider affiliating with a palliative care organization.

Then I saw a presentation from the prostate cancer organization, with my own oncologist, Alicia Morgans, also at Dana Farber, where she's head of the survivors group at Dana Farber. She explained that there were a lot of benefits for early affiliation with a palliative care organization. Like a lot of people, I had assumed palliative care meant hospice and you were given up. But I proceeded to go to Dana Farber, and learned a lot about it, and I'm glad I did.

The meeting I had at Dana Farber was with a pharmacist, a psychologist, a psychiatrist, a physician, the team. I walked away feeling that they could help with the pain issue. I'd been put on Tramadol for the pain, but I quickly escalated through the opiates until I was taking 400 milligrams a day, which led to opiate-induced constipation. It's first time I'd been in the emergency room for pain, and it was from constipation, not from my back.

Once I got off of the opiates – it took a couple months – I was basically out there figuring what I was going to use next. The psychiatrist at Dana Farber was doing research in cannabis and mushrooms, all kinds of alternatives, and suggested that I try cannabis. So I did. I got it in Massachusetts, in the town I'm in, which had 12 retail operations right on the street. You could just walk in and get it. But I'd never used cannabis as a younger guy. I was always a boozier in the 1960s and in college, and in the military afterwards, and then when I got out. Since I quit all that stuff, I never really experienced it. So I started using it, and realized what I wanted was the medical benefits from it, such as they were, such as the information you could get, but not the “high” portion of it. So I ended up using mixtures that I could get, edibles, retail, that were low in THC, which is the compound that gets you “high”, but high in CBD. Then I morphed from that into studying hemp, and realized that there was a difference in that plant. If I dealt with the hemp, I was not asking anybody to chemically change it, because the hemp plant has low THC and high CBD.

I found, strangely enough, Western Mass Hemp, which is two towns over from where I live in Western Mass, online, and interacted with Brian and his brother Michael, and started buying their CBD capsules and doing as suggested by them, but also in a couple of medical papers that I read, which I've uploaded to Roger that he can put on there. The most recent one was from Penn State. However, it was explaining the use of cannabis for medical purposes, basically pain mitigation.

I realized that within about two weeks, I was taking the equivalent of 20 milligrams of hemp CBD, five milligrams every six hours in a 24 hour period. I have four doses, which is basically a hemp capsule. It has dampened my spinal pain to the point where I can function. I know it's there. I've been fortunate, from what the orthopedic docs have told me, that my spinal vertebrae have collapsed, but they haven't pinched the nerve. They basically collapsed like the World Trade Center, just that's why I'm getting shorter so far. The hemp is working. It does what I wanted to do. I can sleep. I can get through the day.

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Jeff Dwyer 11:05

I'd spent a couple of months in bed when they first started going to the vertebrae. My future prostate cancer care is probably going to be continuing metastases, directed therapy with radiation. I use the hemp capsules to mitigate the pain. I have no hormone therapy. I'm basically surgery then radiation. This is my sixth year. At this point, I go every six months for a PSMA PET scan at Dana Farber, and then we deal with it. If there are obvious new metastases, they're migrating so far into we believe my lung, which they were unable to biopsy because that would have involved a breathing tube, even just for a robotic biopsy, and they were fearful that I might have a reaction because of the interstitial lung disease. It's pulmonary fibrosis, which is stabilized now from the medication I'm taking, but if it were to inflame, I might be stuck on that breathing tube forever. So they decided just to radiate it, and if my PSA went down, they're going to make the assumption that it was prostate cancer that had migrated into my lung. It had gone from 7 millimeters to 20 millimeters. It could be lung cancer, because they'd never biopsied it. We don't know. I remember talking to Allen Morris about it. He said, “Get a biopsy. Find a surgeon that will do the biopsy.” When you're on the banana peel with your co-morbidities, it's hard. So I didn't. I just nuked it, and that's where I stood when I was talking to Brian, to Brad, about this journey to cannabis, telling him I was doing research on it.

I stumbled onto Jordan Tishler, who spoke to us. He's in Boston. He's opened up an organization to educate physicians with continuing education in cannabis. But there's really a shortage of information out there. There are just a few physicians that have done any kind of trials in it. I believe that's because it's a schedule one drug, and they have to use one lab that's federally authorized, so when you read the studies, they haven't looked into hemp, as opposed to the marijuana that's grown and is basically processed.

These guys can talk about this. That's their business. They've been doing it for a long time growing hemp. I'd like to introduce you to them, and let them tell you what they're doing, and you can ask questions about the technical aspects.

My presentation to you guys is, if you've got a pain issue and you don't want to resort to opioids yet, or if you want to get off of them, you can try the CBD capsules. And if you want to stay away from the THC, you can do it with hemp. There's a lot of tests asking with placebos, I don't care. It could be dog crap in a capsule. If it works, I'm fine with it, and that's the way I've come to it.

I'd like to introduce Brian and Michael from Western Mass Hemp, and let them do their presentation. I've told you what I did, and Brian and Michael know what they're producing, and how it's different from the rest of the stuff that's offered nationwide.

Michael Lupario 16:27

I not only appreciate you and everybody from the Cancer Patient Lab for having us here today, but just also for opening up to us about your condition and your history.

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We really want to empower patients, and we want to be able to help people with our products. To get the information that we've gotten from you both on how you use it and how you stumbled upon us is all really important. Thank you very much for that over the past few months.

Western MA Hemp

- Founded by two brothers
- Decades of experience with the plant
- Farm hemp in Chesterfield, MA
- Focused on wellness potential of cannabis



My brother and I got into cannabis very much like Jeff. We were trying to treat pain and chronic illness in our family at a very young age. We had probably a half a decade to a decade worth of experience before we started Western Mass Hemp in 2019. We grow on two acres in Chesterfield, Mass. We do so outdoors. We do everything organically. Our real claim to fame is giving hemp a platform for wellness, not refining it, not pigeonholing it in any sort of one given compound, CBD or THC, but letting the plant speak for itself, letting it provide its hundreds, if not thousands of therapeutic compounds unadulterated.

Basic Cannabis Info

Brian will provide some basic info on the plant, and we'll get into how to use it and what makes us a little bit different.

What Is Cannabis?



- Includes both marijuana and hemp
- Produces hundreds of compounds that create its medicinal effects

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Brian Lupario 17:49

An important thing to know is the term “cannabis”. It encompasses both marijuana and hemp, and Jeff did a pretty good job of talking about this. Both of these plants are producing hundreds of different compounds that are medicinal, and those are contained in these resin glands called trichomes,



and you'll find those on the flowers of the plant that you can see in this picture. That's where most of the medicine is really concentrated.

Marijuana vs Hemp



- Marijuana = high THC (15% - 25%)
- Hemp = low THC (under 0.3%)



The main difference between marijuana and hemp, as Jeff said, is the THC level. Marijuana will typically be around 15 to 25% THC, which is intoxicating. Hemp, on the other hand, is low THC. It legally has to be under 0.3% THC, so it's not intoxicating and the better option for people who are just looking for the medicinal effects, without the “high”.

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Hemp is not Marijuana
Hemp is Cannabis.
Cannabis is diverse.
Think about it like apples....

 Some apples are red	 Some cannabis makes THC
 Some apples are green	 Some cannabis makes CBD
 Some apples are for jam	 Some cannabis makes textiles

Michael Lupario 18:55

This is a quick little infographic we generally use for a less educated audience, but I think you guys really understand the concept we're trying to portray here, and that is that hemp isn't marijuana. Hemp is cannabis, and cannabis embodies a broad spectrum of different plants and utilities. Just like with apples, some are red, and we eat them. Some are green, we use them for pies, and others we may use for jam or cider. Just like with cannabis, we have THC, we have CBD, and we have more utility crops that make fiber, but they're all cannabis.

The Hemp We Grow



- Bred for medicine, not clothing, seeds, fiber, etc.
- Nearly identical to marijuana
- More diverse, less THC, perfect for wellness

Brian Lupario 19:26

Looking at the type of hemp that we grow, as Michael said, it's bred for its medicinal potential. It's not the hemp that you might have heard used for clothing, or seeds, textiles, things like that. It's almost identical to marijuana, like you can see in the picture here.

It looks just like it. It's just the different chemistry that's being produced in these plants. Hemp has high CBD, low THC. Marijuana, high THC, low CBD.

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Cannabis Is Medicine

Michael Lupario 19:59

Jeff, I think you hit on something that's really important, and that's that in the modern realm of healthcare, the modern realm of science, we're just beginning to rediscover and understand what a lot of us have understood from an anecdotal standpoint for a long time, and that's that cannabis makes us feel better.

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American Academy of Pain Management - 2002



- Touted cannabis as a treatment for pain.
- Early use and science in the West dates back to the early 1800s.
- Cannabis has been used safely and effectively to treat pain for thousands of years.

Cannabis is great for managing pain and various other illnesses. One article that I found that I really like to share, because it is somewhat modern, and it comes from a fairly good authority figure, is the American Academy of Pain Management Physician Guide in 2002. It was a guide helping folks direct physicians on how to use cannabis for treating pain. It talked about not only its historical use going back thousands of years, but also some really interesting history dating back before Prohibition, before 1930, when cannabis was being used quite readily in the West. That really surprised me in a lot of my early readings of these papers, a lot of my stepping into this industry as someone just trying to learn. I go back to these all the time.

Journal of the Royal Society of Medicine

Clendinning (1843) described his results of treatment of 18 patients: three with headaches, **one with abdominal pain secondary to tumor**, one with pain secondary to a laceration, two with **rheumatic joint pain**, and one with gout.

In each case, **the tincture of Indian hemp provided relief**, even in cases of morphine withdrawal symptoms.

OBSERVATIONS
ON THE
MEDICINAL PROPERTIES
OF THE
CANNABIS SATIVA OF INDIA.

By JOHN CLENDINNING, M.D., F.R.S.,
PHYSICIAN TO THE ST. MARTLEBORO INFIRMARY.

READ MAY 9TH, 1843.

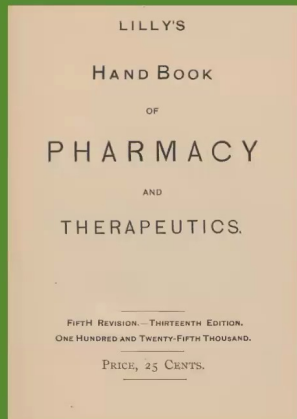
Looking at disease abstractedly, I should say that no indications exceed in importance the two following, viz.:-

1. The alleviation of acute pain, whether neuralgic, spasmodic, or inflammatory, in its origin; and
2. The securing adequate daily rest in sleep by procuring, artificially if necessary, a suspension at least of any morbid actions or conditions that might militate against refreshing repose. Almost all the suffering, and great part of the danger, of sickness may be referred to uneasy sensations of one sort or other, the irritated nervous tissues re-acting throughout the economy on the nutrient functions,

We have this one here from England. Clendenning, in 1843, was using cannabis tincture to help treat abdominal pain that was associated with a tumor. He was also using it for various rheumatoid conditions, inflammatory conditions, and even in conjunction with morphine withdrawal symptoms, which is, again, if you're dealing with pain and you're trying to get off an opiate or use opiates, that's usually a big question: "Is this safe?" In conjunction is this safe or I'm weaning off? Here we have 1843 doctors trying to get at that, doctors trying to understand that and finding great success. There are a few more examples we'll quickly share here.

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Lilly’s Handbook of Pharmacy & Therapeutics



Eli Lilly's 1898 drug handbook stated the following quaint prose under "Actions and Uses" for cannabis (Lilly, 1898): "Not poisonous according to best authorities, though formerly so regarded. Antispasmodic, analgesic, anesthetic, narcotic, aphrodisiac. Specially recommended in spasmodic and painful affections . . ."

This is Lilly's handbook. These are the folks who created Prozac, a drug folks might be familiar with. They touted it as a non-poisonous, non-toxic option for antispasmodics, analgesics, and as an anesthetic. They were saying that this plant is safe, and it can work on pain.

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The Dispensatory of the USA

In 1918, The Dispensatory of the United States of America (Remington, et al.) stated, “Cannabis is used in medicine to relieve pain, to encourage sleep, and to soothe restlessness. . . . For its analgesic action it is used especially in pains of neuralgic origin, such as migraine, but is occasionally of service in other types” (p. 280).

combination. Its best known compound is the famous *Pulsis Aloe et Cannabis* (see Part III), commonly known as *Hiera Picra*, literally “Sacred Bitters”; from the esteem in which it was once held. In the West India it is employed by the negroes as a condiment and as an antiscorbutic. Dose, ten to forty grains (0.65-2.6 Gm.).

Cangara.—An evergreen creeper, *Bacca oblongifolia* (Fam. Anacardiaceae), from the seeds of which the natives of Salvador are said to produce a paste which is a violent nerve poison, producing in some cases delirium, lasting as long as eight days. (Nouv. Rem. April, 1882.)

CANNABIS. U. S. (Br.)

CANNABIS Cannab. [Indian Hemp *Cannabis Indica* U. S. VIII. *Guaza, Ganjah*]

“The dried flowering tops of the pistillate plants of *Cannabis sativa* Linné, or of the variety *indica* Lamarck (Fam. Moraceae), freed from the thicker stems and large foliage leaves and without the presence or admixture of more than 10 per cent. of fruits or other foreign matter. Cannabis, made into a fluidextract in which one hundred mils represent one hundred grammes of the drug, when assayed biologically, produces incoordination when administered to dogs in a dose of not more than 0.03 mil of fluidextract per kilogramme of body weight.” U. S. “Indian Hemp consists of the dried flowering or fruiting tops of the pistillate plant of *Cannabis sativa*, Linné, grown in India; from which the resin has not been removed.” Br.

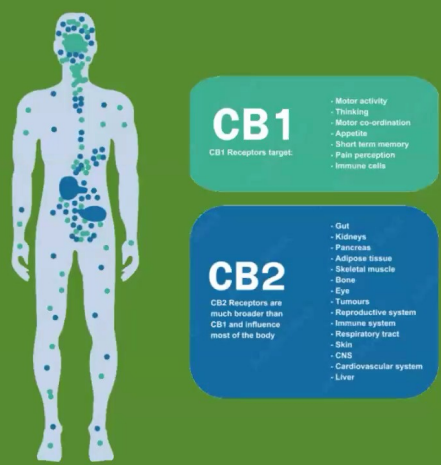
Cannabis Indicae. Br.; Hemp, Indian Hemp; Herba Cannabis Indicae; Chanvre, Fr. Cod.; Chanvre de l’Inde, Fr.; Indischer Hanf, G.; Cannabis, Sp.

For many years the official cannabis was restricted to the drug which was used for centuries in India. The reason for this was that the Indian cannabis was more uniformly active. Recently the Indian Government has placed a high tax on every pound of the drug grown. The result has been that other markets have been sought and the hemp plant has been grown in other parts of Asia, Africa and America. While of course, much of this material is not equal to that grown in India yet the fact that it can be grown, as shown by experiments in the United States (see Hamilton, *J. A. Ph. A.*, 1913, II, 1915, IV, 389) of a very high quality has caused the framers of the U. S. Pharmacopoeia to permit the use of a cannabis, no matter where it may be grown, provided it comes up to the biological standard as given in the definition. Physiologically active cannabis is obtained at the present time not only from India, but Africa. UNITED STATES DISPENSATORY. 1918. Botanicals Only. C. Page 20 The Southwest School of Botanical Medicine <http://www.swsbm.com>

Here in America, [the Dispensary of the USA](#), which is again this body that summarizes literature, helps guide clinicians and patients into using various drugs and products. They were saying in medicine, cannabis is being used for relieving pain, encouraging sleep, and helping with anxiety, which are, if you go into any sort of cannabis dispensary today, the three main issues that patients come in trying to solve: pain, sleep, and anxiety. It has a lot of historical use there. The beautiful thing about science is that it's starting to validate this anecdotal research of the past.

The Endocannabinoid System

- Our bodies are full of cannabinoid receptors
- We make endocannabinoids to maintain homeostasis
- Cannabis is a supplement for the ECS



The diagram illustrates the human endocannabinoid system. A central figure of a human body is shown with numerous small blue dots representing cannabinoid receptors distributed throughout the body, including the brain, spinal cord, and internal organs. To the right of the figure are two callout boxes. The top box, labeled 'CB1', lists targets such as motor activity, thinking, motor coordination, appetite, short-term memory, pain perception, and immune cells. The bottom box, labeled 'CB2', lists targets such as the gut, kidneys, pancreas, adipose tissue, skeletal muscle, bone, eye, tumours, reproductive system, immune system, respiratory tract, skin, CNS, cardiovascular system, and liver. A note indicates that CB2 receptors are much broader than CB1 and influence most of the body.

CB1
CB1 Receptors target:

- Motor activity
- Thinking
- Motor co-ordination
- Appetite
- Short term memory
- Pain perception
- Immune cells

CB2
CB2 Receptors are much broader than CB1 and influence most of the body

- Gut
- Kidneys
- Pancreas
- Adipose tissue
- Skeletal muscle
- Bone
- Eye
- Tumours
- Reproductive system
- Immune system
- Respiratory tract
- Skin
- CNS
- Cardiovascular system
- Liver

It's starting to tell us the mechanisms for which cannabis works, and that's largely due to this understudied system known as the endocannabinoid system. It's quite complex, so I'll summarize in saying that it helps to maintain and regulate homeostasis across various different systems, ranging from our neurological system, digestive system, endocrine system, but we are already making cannabinoids in our own bodies. This is already medicine that our body makes, and it's what makes cannabis so efficient as a supplement: it's bioavailable. It's already interacting with something that we have. It's the super highway for these cannabinoids and the medicine that comes from cannabis.

I'm really beginning to appreciate this endocannabinoid science that's coming out, but it really doesn't draw away from the anecdotal experience of using cannabis, and this notion that one person can take the same dose as another person, and they have two totally different effects. This is largely due to our native endocannabinoid systems, various predispositions we come into as patients with various ailments. They were saying this prior to 1930.

Using Hemp

“The best way to standardize cannabis preparations is to take them oneself. Even then, until one becomes expert, the percentage error is considerable. I merely wish to state the fact without recommending the procedure.”

- C.R. Marshall

We have adopted C.R. Marshall, who was touting: “the best way to standardize cannabis preparations is to take them oneself.” With any other pharmaceutical, that’d be a very dangerous procedure, but because cannabis is safe and effective, it allows for this sort of experimental self administration with relatively low risk.

The Advantages of Hemp

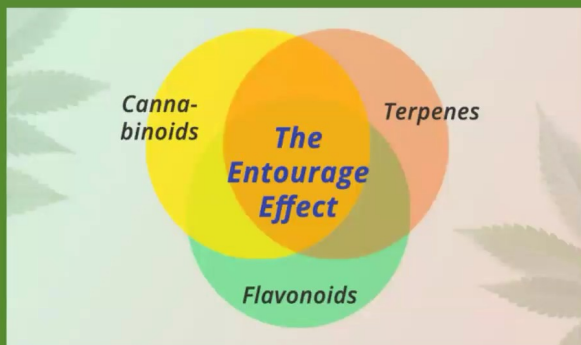
- Similar health benefits as marijuana without the high
- Stay mentally clear and physically active
- Consume significantly more of the plant without being encumbered (25x)



Brian Lupario 24:24

To go over some of the advantages of taking hemp as opposed to using marijuana, the main one is you're going to get similar health benefits, but you're not going to get the “high” that a lot of people either don't want, or there are times of the day where it just doesn't work for them. They want to stay active. They need to be mentally clear. They're working, etc. Hemp allows people to consume a significantly larger amount of the plant, as opposed to marijuana, just because there's a very low risk of intoxication. You can take up to 25 times the amount of hemp as marijuana, and consume the same amount of THC. That's the main benefit of hemp: if you're trying to avoid getting “high”, avoid THC. Hemp naturally has that high ratio of CBD to THC.

The Entourage Effect



- Endocannabinoids and their inactive metabolites combine to boost physiological responses (Mechoulam & Ben-Shabat, 1999).
- Whole plant products are best at providing the necessary diversity and facilitating these synergistic effects

As Michael was talking about, the the endocannabinoid system, something that has been researched and discovered is something called the the “entourage effect”, which is this concept that multiple compounds – cannabinoids, terpenes, flavonoids, fatty acids – all work together to create a more synergistic effect than if you were to just take CBD or just take THC.

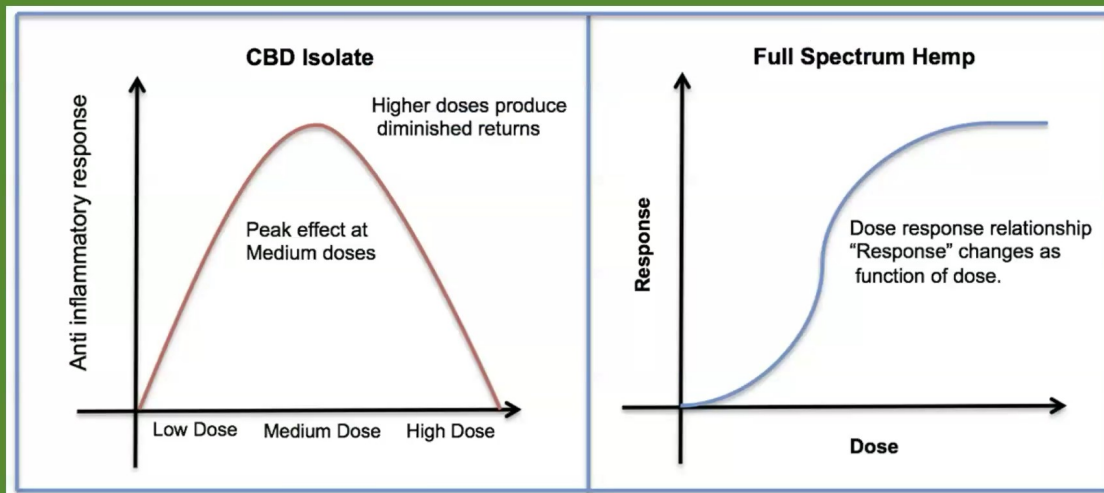
I saw that question in the chat of why not just take CBD, and this is really the answer to that. It's because by taking the whole hemp plant, a whole plant extract of hemp, you're getting a lot more than just CBD. As a result, you're getting more benefits, a better overall effect, from that.

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This infographic describes that when people think of hemp, they're just thinking of CBD, when, in reality, there are hundreds of different cannabinoids and terpenes and fatty acid acids that are actually creating this positive effect for us.

More Chemistry Better Results (R. Gallily et al.)



Michael Lupario 26:33

What is the science? What does “entourage” really mean? What does that mean for us as patients, as users of cannabis? Ultimately, what that means is more chemistry equals better results. This is a graph that I pulled from a 2015 article. I believe there. Most of this research was done on mice, but really what they're showing here is when CBD is taken on its own, you have what they call a bell shaped dose response curve, meaning that as you add more concentration of CBD, you don't necessarily get an increase in efficacy or an increase in effect. In fact, the highest dose seems to have the same efficacy as the lowest dose in full spectrum products, products that have more than just CBD, products that are going after this plethora of other chemicals. We see a linear dose response curve. We see a gradual increase in the response that patients have to the cannabis drug. And rather than dropping off, we see it slowly plateau and provide a longer lasting effect. So the two advantages are greater efficacy and longer duration in using full spectrum, plant-based products.

How Much To Take

Hemp for Daily Use:

25 mg CBD : 1 mg THC 2x per day
Morning with breakfast and evening
with dinner
Take consistently for 1 week
Increase to 50 mg CBD : 2mg THC 2x
per day

Hemp for Symptom Flares:

Topicals can be used anytime of day
with frequency
start with 25 mg CBD : 1 mg THC 2x
per day
Use up to 125 mg CBD every 12 hr
5 mg THC is an “active” dose of THC
use caution when exceeding it in a
4-6 hr period

We have a little bit of a regimen that we recommend for first-time users, users that may be having various symptom flare-ups, they may not be using it for something chronic, but something that came up, either in a sports or medical-type injury. This slide here is mostly a resource for patients. Again, we want you to have a ton of takeaways. Feel empowered that you know how to use CBD if you were to acquire it or buy it.

But in general, for just daily wellness, we always recommend people start low and work their way up until they find a quality of life or put their symptoms into a state of which they can manage, much like Jeff said: he still experiences back pain, but it's manageable. He can sleep, and his quality of life has improved. No matter the dose you are taking, we always recommend you take it consistently for one week. When taking it, we recommend taking it with a meal in the morning or at night, or both, preferably breakfast and dinner. The foods typically aid in absorption, so you're not wasting any of the product that's given.

But if you're having flare-ups of pain, especially if you can point to the area that hurts, a topical is my number one go to. You don't have to ingest it. There's absolutely no concerns over intoxication, and it can be used with a lot of frequency, so you can keep applying it as needed. They tend to be very effective for acute issues. In general, when taking full spectrum products, as you get up towards 125-150 milligrams of CBD, you will reach what's called this threshold dose of THC, around five milligrams. That's the legal serving in a dispensary. So it's considered active. You won't necessarily experience a “high”, but we always let people know that, “Hey, at five milligrams in a 12 hour period, that is sort of the legally-defined active area for THC.” I hit it a lot this year.

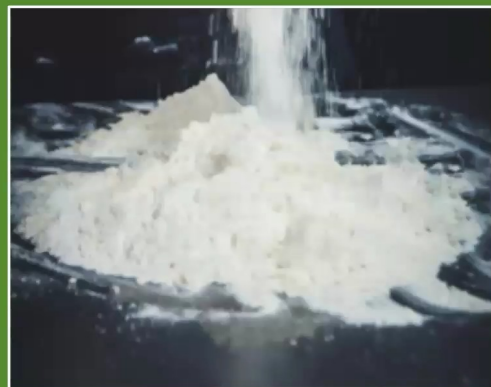
Consumer Tips

Brian Lupario 30:42

I'll go through some consumer tips.

Avoid Heavily Refined Products

- No distillate or isolate products
- Not as effective - no entourage effects
- Low quality hemp inputs
- Full spectrum is superior



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As we've talked about in this presentation already, we suggest avoiding heavily refined products, like your CBD- or THC-only products, because of the lack of entourage effect that that's going to provide. It's really necessary to get a lot more of these natural plant compounds along with those major compounds like CBD and THC. So it's always best to avoid these products that are made with a distillate or an isolated cannabinoid.

Most Full Spectrum Products Aren't Full Spectrum



- No legal definition of full spectrum
- Lack cannabinoids, acidic cannabinoids, terpenes, etc.
- Have to check the lab test

On the other side of that point, a lot of the products that are labeled “full spectrum” aren't actually full spectrum, and you have to look at their lab testing. It's a really important, important point. Always check the lab test that's going to give you the cut-and-dry of what's actually in that product. A lot of these full spectrum ones will only contain CBD or maybe a little bit of THC, and they'll be completely lacking terpenes and everything else you think that you're getting in a full spectrum product. That's something as a company that we've really addressed with our product, and have created a very naturally full spectrum product.

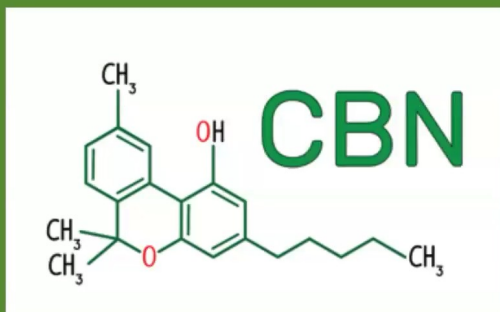
Buy Farm Direct or Dispensary

- Licensed and liable to test the products
- Avoid gas stations, c-stores, smoke shops
- Lab testing should always be available - don't buy if not



In terms of where to buy, we either suggest you go directly to a farm like us, or to a licensed, legal marijuana dispensary if you're looking for something with higher THC. These entities are going to be licensed, and they're subject to product testing, whereas things that you're going to find in the gas station or convenience store, they're kind of unregulated, and the manufacturers making them just aren't really held liable to what they're producing. So always check the lab test, and if it's not available, don't buy the product.

Avoid Semi-synthetic and Synthetic Cannabinoids



- Are not naturally extracted from the plant
- Effects are unstudied, minimal anecdotal use
- CBN, delta-8 THC, HHC, “hemp-derived” THC

Similar to avoiding refined products, avoid these semi-synthetic and synthetic cannabinoids. You'll find these a lot of times in the gas stations, fully synthetic things like THC and stuff like that. But more commonly, you might find CBN, which is promoted as a sleep compound. But it's actually not even naturally extracted from the plant. They're chemically converting CBD using toxic solvents and acids in order to turn it into other cannabinoids like CBN, like delta-8 THC, or that hemp-derived delta-9 THC, which maybe you are familiar with. You're starting to see these all pop up in liquor stores and grocery stores.

Avoid “Hemp-Derived” THC

- Buy marijuana for high THC
- Like delta 8 THC, it is made through chemical conversion
- Not the same as full spectrum
- Real hemp has a natural 25:1 CBD:THC ratio



We suggest, if you're looking for high THC products, purchase marijuana from a licensed dispensary. Like we said, the advantage of hemp is that it's naturally low in THC. So there's really no reason you should be buying a hemp product that's high in THC. Again, that's not naturally extracted from the plant. They're chemically converting this in a lab with all sorts of stuff that you don't want in your body. Real hemp products will have like a 25:1 CBD:THC ratio, if it's any lower than that, or THC is the dominant compound in the product, it's most likely converted in a lab, and not really the real thing that you're looking for.

Summary

1. The cannabis plant is safe and effective and has been used in the West for over 100 years
2. Hemp allows users to take up to 25x more medicine than marijuana
3. Source full spec products directly from farms with a lab test.
4. Avoid refined and synthetic cannabis and hemp products (ie; isolate, distillate, isomers)

Michael Lupario 34:15

To quickly summarize, Brian and I aren't doctors. We're not scientists. We're really passionate stewards to this plant. We really want to give the plant a platform. We really appreciate this intersection of patients and wellness, and ultimately, we believe that cannabis is safe and effective. It's been used in the West for over 100 years for pain management. Hemp will allow you to take 25 times more medicine, something like marijuana. In general. If you want to try hemp, we recommend you source a full spectrum product directly from a farm with a lab test and in general, avoid refined products, whether that's in your cannabis or in your food and your diet. Like avoiding things that are overly processed. The further we tend to drift from nature, the sicker we tend to become.

Chris Apfel 35:38

On a different note, opioid-induced constipation is a real problem for people. [Naltrexone](#) is a peripheral opioid antagonist. It can be used to counter this very effectively, and is indicated for opioid-induced constipation in cancer patients. Very few people know about it, and it's underutilized. It has no effect on the pain effect.

I was not aware of this clear distinction between marijuana and hemp, and that “cannabis” is the overarching term. That was, for me, an “Aha”. I was also delighted to learn that hemp has a different CBD to THC ratio. I'm not sold on the entourage effect yet, until I have seen the evidence for that. In our lab, we have a functional precision oncology platform where we can test repurposed drugs, and we have now added CBD to our panel to see whether it can inhibit the growth of cancer cells, or even kill it. That's for treating the cancer, not treating the

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symptoms. In terms of cannabis, there are meta-analyses on it that actually show controversial data on how effective this is, and it may be that they are not distinguishing well enough between hemp and between marijuana. So I need to look into this. I don't remember it. I need to see where I can find that. I do know that one of my biking friends used CBD, or at least a cannabis product to treat his cancer pain, and he said that it was helping him to get completely off narcotics. So I was very impressed with that, and so the importance is how you're responding to it.

The question that I have for you guys is, “How do you know?” “How often do you measure the CBD and THC concentrations in your products?” “How do you calibrate that?” Can you speak to that? Because that is the main question I have as a physician scientist: “How do we know that I'm getting the right dose?”

Michael Lupario 38:43

I'll address that head on. I think as far as the testing of the product goes, we test the crop as it comes out of the field. That's tested both by the state and by us as a company. All testing is done through a third party, a licensed marijuana testing lab. So it's not testing that we do in house. We have to ship these things out and pay for them through professional entities. But we test the plant, so we know what the plant has made. When we then extract the resins, we test that crude product to see, “What is the concentration of our resin here?” Then when we formulate the final product, we do another test to see, “What's in the bottle?” We want to make sure that aligns with our target formulation of 25 to 1. Then that is tested on a batch-by-batch basis. The state mandates that we test it and it per creation of a batch. That's depending on sales throughput, that can be anywhere from every quarter to every six months. It really depends on how fast we go through that batch. But every stage of the growing, extraction and formulation gets its own separate third party panel. It is a full panel for cannabinoid content, molds, mildews, heavy metals, to ensure that none of that stuff is concentrating down the processing line. So that's how we test, third-party-verified, the frequency is at least mandated, batch-by-batch, that can vary based on sales throughput.

Chris Apfel 40:21

You mentioned state regulation. That sounds like it's a specific California-based regulation? Should we have more trust in California? I was assuming you're in California, which may not be right.

Michael Lupario 40:37

California and Massachusetts have some of the strictest hemp regulations in the country. They follow the USDA protocol, which is a federal protocol that things need to be full party, lab, full panel, lab tested. That's because that does deviate state by state as far as the requirements. That's why in our consumer tips, we always say, “Make sure that lab test is there. Make sure that license is up-to-date. If it's not, don't buy it. If you're a patient, don't take the risk.” There's really no need to. There are plenty of licensed farms that are doing proper testing. There's really no need to take those additional risks.

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Chris Apfel 41:15

You have this on your website, and the test results?

Michael Lupario 41:21

Correct. There is also available a QR code on all of our products. Say, a patient didn't want to pull up the internet, and if they wanted to know what was in the bottle right then and there, they can scan a QR code and it'll show them the lab test. It'll show them what they're taking.

If I could leave you with one point, Chris, in our presentation, I did cite the authors from the entourage effect study in 2015. I really recommend reading it. It's a great study. It was done on mammals, which is kind of rare, so a lot of those other entourage effect studies are using synthetic cannabinoids. To prove the entourage things like JWC and other synthetic labs created compounds. This study did use cannabinoids like CBDV, THC, CBG, so I really take a look, if you have the time. I think it's worthwhile.

Rick Davis 42:41

I want to drill down a little bit on this entourage effect, which you mentioned. Dr Chris just mentioned, and it sort of addresses the question, which is, why hemp versus CBD oil? I'm not sure I fully understand it. So maybe you can just go over it again, maybe show us that slide again. But it seems to me that your argument is that hemp has more comprehensive compounds, and so there's a benefit. I'm not really sure what that benefit is, and just for everybody's information, if you didn't see it, I posted the ASCO guidelines for the use of cannabis and cannabinoids, which was published last year, and we included them in our reminder that goes out weekly. So they're kind of, they're relevant and kind of useful, yeah,

Jeff Dwyer 43:50

I put that on the list of documents because Dr. Braun was the lead author of that and she's one of the psychiatrists at Dana Farber, who is part of the palliative care division that is researching it. So when I saw it come through, and then she did a presentation, the ASCO presentation, it was worth watching. It really was. She explained.

Rick Davis 44:26

I've got it up on my screen. I see Ilana Braun is the number one author that.

Michael Lupario 44:35

Just to address this entourage question, what we were trying to say in the entourage effect and in the benefits of hemp, really the it's almost outside of hemp. What we're saying is that with more cannabis chemistry comes a greater effect and a longer lasting effect. That's due largely to interactions with the endocannabinoid system, the uptake of CBD, its association with things like THC and other cannabinoids. We suggest people go towards hemp, because you can take 25 times more of this product without intoxication. So if you're trying to avoid intoxication, hemp is just the best vehicle for entourage. It's not that you couldn't get it from marijuana, it's that you would be really stoned by the time you got there. So what we recommend is you use hemp.

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Rick Davis 45:33

I don't want to compare hemp to marijuana. I'm talking about comparing hemp to CBD oil.

Michael Lupario 45:45

CBD oil is one compound. Hemp is hundreds, if not 1000s. We have in our lab tests, we usually come back with over 30 active ingredients in our oil.

Rick Davis 45:57

What is the advantage of that? That's what I want to drill down on. What are these extra compounds that are in hemp that you wouldn't get in CBD oil, and what are those compounds doing? So if somebody comes to us and says, “We'd like to use a CBD product,” what argument do we use to send them to hemp, rather than to say, CBD?

Michael Lupario 46:22

The other compounds, those are going to be CBG, CBC, small amounts of THC, the terpenes, which are basically the essential oils, what those are going to do is allow for the CBD to stay in the system longer, do a better job, and not have this sort of taper off effect, so you're going to get longer, better effects.

Rick Davis 46:47

That's really what I'm looking for. So taking hemp gives you a more sustained period of pain relief or anxiety relief than if you were to take a capsule of CBD oil.

Vic Paglisotti 47:14

Does anybody have any information related to the use of hemp products while having chemotherapy?

Michael Lupario 47:37

We currently have one customer who has spoken to me about her chemo and radiation treatments. Currently, I can't talk the specifics, what drug, how they're using it, but she has really intense bone pain as a result, and she was a little bit worried about ingesting the hemp at first, so I gave her the topical products and just said, “Where it hurts the most, apply this topical.” It worked within minutes, and she was incredibly relieved. She tried the internal, systemic stuff, and she's been a big believer in that sense. So she's been using it for several weeks now in conjunction with her therapies. It helps again, with that bone pain, with the nausea. I'm not sure how significantly it's increasing her appetite, but I have heard some folks talk about at least with marijuana, it helps with their appetites, but the nausea and bone pain have been two really significant symptoms that are manageable, and she's using it in conjunction with her current therapies.

Roger Royse 48:46

Vic, I'll just tell you personally, when I was in chemo, they gave me a ton of side effect medication, and I didn't use any of it. I used CBD instead, and it worked way better for nausea, because nausea was my big issue, and when I went back to the doctors, they said, whatever

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works. If that's what works for you, then just do that. You can throw all the other side effect medication away. It might be a personal, individual thing.

Vic Paglisotti 49:14

My main concern is, I don't want to be ingesting something that's going to counteract the effect of the chemotherapy. I don't want to have two drugs working against each other in my system.

Roger Royse 49:28

Are there any studies on that that anyone knows of? Is it contraindicated when you get chemo?

Michael Lupario 49:37

I didn't want to lean into this too heavily, because, again, we're not doctors, we're not scientists, but I do read a lot of the articles that come out, and a lot of these cannabinoids are being touted as having anti-tumor, anti-carcinogenic-type properties. Some studies even talk about triggering apoptosis. I do not want to speak for the quality of that research. I don't want to speak for those scientists, but it is out there. There are studies all over if you go to just Google Scholar and look for peer-reviewed studies, you can even refine it down to the last five years, if you want to just look at the current state of affairs. There are a lot of people who are studying these for their anti-tumor properties and their use in conjunction with conventional medicine. I'm sure the results vary. I'm sure if there was something that was really clear that we would hear about it, but there's definitely some early science. I find it encouraging. But again, I know how scary it is to have these chronic illnesses, and you don't just play around with information. You don't just look at information and assume that it's correct. There's a lot of pseudoscience out there. There's a lot of marketing out there, and it's something I was really trying to avoid today, and just giving really good overarching information to empower you guys to make good decisions if you choose to use cannabis. But I will say there's some promising stuff, and certainly keep tabs on it. If we ever find anything, we'll notify Jeff to notify the group, but it's a little bit out of our range to speak on it with certainty.

Hilary Elkin 51:25

I'm on your website. Can you please tell me what the difference is between your daytime formula for capsules and nighttime formula?

Michael Lupario 51:37

There are many different varieties that we have to select from as growers. Brian and I have taken about six years now to find two varieties with contrasting essential oils. They both contain CBD and THC in that same basic ratio. But what varies is the way that they smell. The essential oil science is fairly well established. There are a lot of things that say things like, “Mercy make you calm.” Things like, beta, carry a filing will sort of soothe anxiety. That that sort of aromatherapy science has existed for a while, and so Brian and I are leveraging that aromatherapy science with with hemp, and we're gearing plants that have more essential oils for sleep into our nighttime product. And we're gearing plants with more of a cerebral uplifting effect into our daytime products,

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Jeffrey Dwyer 52:39

I'll just add that what I did to try to sort through their product, was to buy a selection of both. Since I'm taking a five milligram capsule every six hours, I take one in the evening, and then I take one at midnight, or one o'clock in the morning, when I go up to get up to urinate, I take another one. It kind of keeps the balance. I have noticed that when I've missed the capsule, I start to ache more, so I'm basically keeping that concentration in my system where it goes inside me. I don't know, but it does relieve the pain, so that's all I care about.

Roger Royse 53:35

Ellen, I see you had a comment in the chat about withdrawal causing nausea and vomiting, because when patients self dose, they're going to have peaks and troughs and get into a vicious cycle of increase in a dose to treat their nausea. So what about that? Michael and Brian, is that something you can speak to?

Michael Lupario 53:59

I can speak a little bit to that and that you're talking about removing cannabis after taking high amounts of it and then stopping. Is that correct? We see much more of that sort of knee jerk reaction in pure cannabinoid products. There are some studies that everybody's familiar with, epidolex. I'm assuming it's this, though, the one federally legal seizure medication, it's pure CBD. They're finding in patients that they have to administer over time more than 500 milligrams per dose to get the same effect they were getting at day one, which was 25 milligrams. When they then remove people from those doses, there seems to be those nausea-type symptoms, even diarrhea, stomach upset. But we're not seeing that in whole plant products. Folks that have used stuff like Rick Simpson oil or use just cannabis whole flower for a long period of time, we don't see that same sort of knee jerk setback that you're talking about, the recoil. But again, my patient pool is only as large as it is, and a lot of this is anecdotal, so I really don't want to speak too broadly on things, or too specifically on what it will or what it won't do, but I find that with the epidural X product, is where I read that people were having these stomach upset issues after taking 500 milligrams of pure CBD for years, stopping created that bit of an effect. I can say that with some confidence,

Roger Royse 55:34

I see Rick, you had a couple of questions and comments about how it affects appetite. And your comment is that you think THC is more associated with appetite stimulation than CBD. How about hemp? Brian and Michael, what do you think?

Michael Lupario 55:57

I don't disagree with that. I think that's one of the advantages of THC. It might be better at creating an appetite than, say, a hemp product, but you could probably still get to levels of THC with a hemp product that would not be intoxicating and still stimulate appetite. There are some dose studies that should be done there, but you know, in general, that could be an advantage of THC. THC works on the mind. It's still medicine. In my opinion, it really helps to alter our perception, get us in line with the idea that we can heal and that wellness is within our capacity

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as people. I by no means think that there's no utility for THC, and appetite could very well be one of them.

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CHAT DISCUSSION

00:27:32 allen morris: How long have you been on continuous hemp therapy?
00:28:07 allen morris: Do you have any issues with nausea and/or vomiting?
00:28:42 Rick Davis: Why choose hemp over CBD products (oil et al) for pain mitigation?
00:31:53 Dr. Chris Apfel: Without distracting from today's topic, since opioid-induced constipation (OIC) was mentioned, the peripheral opioid antagonist methylnaltrexone (Relistor) is FDA approved specifically for OIC without affecting the analgesic effects.
00:46:53 Dr. Chris Apfel: Reacted to "Why choose hemp over..." with 👍
00:49:04 Dr. Chris Apfel: Replying to "Do you have any issu..."

Several studies have shown cannabis (CBD?) to have significant anti-emetic effects (including for postoperative nausea and vomiting).

00:50:06 Vic (he/him): Any contraindications with chemotherapy treatment
00:51:13 Vic (he/him): Great presentation, thanks!!
00:51:15 Rick Davis: Cannabis and Cannabinoids in Adults With Cancer: ASCO Guideline Q&A <https://ascopubs.org/doi/full/10.1200/OP.23.00775?bid=357032410&md5=efb3c3159aa147415d4f2ded3334efa3&cid=DM16644>
00:54:43 allen morris: Replying to "Do you have any issu..."

But withdrawal can cause nausea and vomiting including an extreme form called hyperemesis syndrome. -When patients are self dosing there will be peaks and troughs --- and then they can get into a vicious cycle of increasing dose to treat their nausea -- only to go into another trough with hyperemesis

00:55:04 Vic (he/him): Replying to "Cannabis and Cannabi..."
Thanks, Rick!
00:55:22 Rick Davis: Reacted to "Thanks, Rick!" with 👍
00:57:46 allen morris: I had a patient in her early 20s with "undiagnosed" condition resulting in extreme weight loss and pancytopenis who was hospitalized and near-death with this. I was involved because I was asked to do a bone marrow aspirate and biopsy to determine the cause of the pancytopenia.
01:04:55 Rick Davis: Was just about to ask - - does hemp help appetite?
01:08:29 Dr. Chris Apfel: Just checked in with Perplexity - take a look. <https://www.perplexity.ai/search/hemp-vs-marijuana-cbd-and-thc-gvPCtA9xR36hKCSHCy5V.Q>
Sounds like CBD/THC combination might have better analgesic effects than CBD alone. But the evidence for the entourage effect might not be as strong as we would like it to be.
01:10:42 Rick Davis: My quick and dirty response suggests that the THC element is more associated with appetite stimulation than the CBD.