THE MERCY NEWS REPORT

Study: Non-Psychoactive Plant Cannabinoids Possess Synergistic Anti-Cancer Activity In Leukemia Cell Lines

London, United Kingdom: The concomitant administration of various non-psychoactive plant cannabinoids demonstrates synergistic anti-cancer activity in human leukemia cells, according to preclinical trial data published online this week in the journal *Anticancer Research*.

Investigators from Saint George's, University of London assessed the anti-cancer potential of three non-psychoactive cannabinoids (cannabidiol, cannabigerol, and cannabigevarin) and their respective acids on two types of leukaemia cell lines. Authors reported that the administration of cannabinoids in concert with one another resulted in "in additive/mildly synergistic interaction."

Authors concluded: "Our findings indicate that cannabinoids act with each other in a way such that doses for therapy could be reduced without a significant loss of activity. ... [T]his study adds

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Medical Cannabis may prove Effective in Treating Autism – by Claire Townsend

A recent study by Stanford University suggests that medical Cannabis may be able to help children with autism. This is because ingredients present in the drug are thought to be able to break through the brain signals of autism sufferers that become blocked, affecting memory and learning.

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Cannabis and the Brain: A User's Guide – by Paul Armentano

Preclinical data recently published in the Journal of Clinical Investigation demonstrating that cannabinoids may spur brain cell growth has reignited the international debate regarding the impact of marijuana on the brain. However, unlike previous pseudo-scientific campaigns that attempted to link pot smoking with a litany of cognitive

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FDA Approves Investigational Trials Assessing Cannabidiol For Pediatric Epilepsy

Washington, DC: The US Food and Drug Administration has approved two clinical trials to assess the efficacy of cannabidiol (CBD), a nonpsychoactive plant cannabinoid, in the treatment of intractable pediatric epilepsy.

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Pharmacy Group Announces Formation Of Medical Marijuana Task Force

Alexandria, VA: The National Association of Specialty Pharmacy (NASP) has announced its intent to establish a task force to better educate pharmacists to the management of cannabis therapy.

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The MERCY News Report is an all-volunteer, not-for-profit project to record and broadcast news, announcements and information about medical cannabis in Oregon, across America and around the World.

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Check it out!

MERCY On The Tube!

in Salem, Oregon area thru Capital Community Television, Channel 23. Call In – **503.588-6444 - on Friday at 7pm**, or **See us on Wednesdays at 06:30pm, Thursdays at 07:00pm, Fridays at 10:30pm and Saturdays at 06:00pm. Visit – http://mercycenters.org/tv/**

About MERCY – The Medical Cannabis Resource Center

MERCY is a non-profit, grass roots organization founded by patients, their friends and family and other compassionate and concerned citizens in the area and is dedicated to helping and advocating for those involved with the Oregon Medical Marijuana Program (OMMP). MERCY is based in the Salem, Oregon area and staffed on a volunteer basis.

The purpose is to get medicine to patients in the short-term while working with them to establish their own independent sources. To this end we provide, among other things, ongoing education to people and groups organizing clinics and other Patient Resources, individual physicians and other healthcare providers about the OMMP, cannabis as medicine and doctor rights in general.

The mission of the organization is to help people and change the laws. We advocate reasonable, fair and effective marijuana laws and policies, and strive to educate, register and empower voters to implement such policies. Our philosophy is one of teaching people to fish, rather than being dependent upon others.

Want to get your Card? Need Medicine Now? Welcome to The Club!

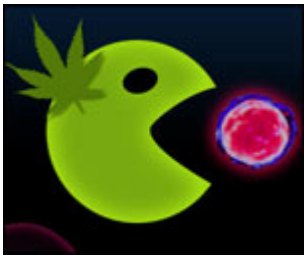
MERCY – the Medical Cannabis Resource Center hosts Mercy Club Meetings **every Wednesday** at - **1745 Capital Street NE, Salem, 97301** – from **7pm to 9pm** to help folks get their card, network patients to medicine, assist in finding a grower or getting to grow themselves, or ways and means to medicate along other info and resources depending on the issue. **visit – www.MercyCenters.org - or Call 503.363-4588 for more.**

The Doctor is In ... Salem!

*** MERCY is Educating Doctors on signing for their Patients; Referring people to Medical Cannabis Consultations when their regular care physician won't sign for them; and listing all Clinics around the state in order to help folks Qualify for the OMMP and otherwise Get their Cards. For our Referral Doc in Salem, get your records to – 1745 Capital Street NE, Salem, 97301, NOTE: There is a $25 non-refundable deposit required. Transportation and Delivery Services available for those in need. For our Physician Packet to educate your Doctor, or a List of Clinics around the state, visit – www.MercyCenters.org - or Call 503.363-4588 for more.**

Other Medical Cannabis Resource NetWork Opportunities for Patients as well as CardHolders-to-be. * whether Social meeting, Open to public –or- Cardholders Only * visit: http://**mercycenters.org/events/Meets.html** **!** Also Forums - a means to communicate and network on medical cannabis in Portland across Oregon and around the world. **A list of Forums, Chat Rooms, Bulletin Boards and other Online Resources for the Medical Cannabis Patient, CareGiver, Family Member, Patient-to-Be and Other Interested Parties. * Resources > Patients (plus) > Online > Forums *** Know any? Let everybody else know! Visit: http://**mercycenters.org/orgs/Forums.html** and Post It!

<continued from STUDY: NON-PSYCHOACTIVE PLANT CANNABINOIDS POSSESS SYNERGISTIC ANTI-CANCER ACTIVITY IN LEUKEMIA CELL LINES, page 1 > further support to the idea that cannabinoids can have a role in the cancer setting, not only as single agents, but also in combination with each other."



Commenting on the study in a press release, lead author Wai Lui said: "These agents are able to interfere with the development of cancerous cells, stopping them in their tracks and preventing them from growing. In some cases, by using specific dosage patterns, they can destroy cancer cells on their own. Used in combination with existing treatment, we could discover some highly effective strategies for tackling cancer. Significantly, these compounds are inexpensive to produce and making better use of their unique properties could result in much more cost effective anti-cancer drugs in future."

Plant cannabinoids as well as endogenous cannabinoids have been consistently shown to be potent anti-cancer inhibitors in preclinical models, halting the proliferation of glioma cancer cells, prostate cancer cells, breast carcinoma, lung carcinoma, and lymphoma, among other cancer cell lines.

Marijuana Compounds Can Kill Some Cancer Cells: Study

More on this scientist in the United Kingdom that has found that compounds derived from marijuana can kill cancerous cells found in people with leukemia, a form of cancer that is expected to cause an estimated 24,000 deaths in the United States this year.

"Cannabinoids have a complex action; it hits a number of important processes that cancers need to survive," study author Dr. Wai Liu, an oncologist at St. George's University of London, told The Huffington Post. "For that reason, it has really good potential over other drugs that only have one function. I am impressed by its activity profile, and feel it has a great future, especially if used with standard chemotherapies."

Liu's study was recently published in the journal Anticancer Research. It was supported by funding from GW Pharmaceuticals, which already makes a cannabis-derived drug used to treat spasticity caused by multiple sclerosis.

The study looked at the effects of six different non-psychoactive cannabinoids -- compounds derived from marijuana that do not cause the "high" associated with its THC ingredient -- when applied alone, and in combination, to leukemia cells. Cannabinoids displayed a "diverse range of therapeutic qualities" that "target and switch off" pathways that allow cancers to grow, Liu told U.S. News & World Report.

Liu stressed to HuffPost that his research was built around the testing of the six purified cannabinoid forms -- not traditional cannabis oil, which Liu described as "crude" in comparison and generally containing 80-100 different cannabinoids. "We do not really know which are the ones that will be anticancer and those that may be harmful," Liu said.

During the study, Liu and his team grew leukemia cells in a lab and cultured them with increasing doses of the six pure cannabinoids, both individually and in combination with each other. His study says the six cannabinoids were CBD (Cannabidiol), CBDA (Cannabidiolic acid), CBG (Cannbigerol), CBGA (Cannabigerolic acid), CBGV (Cannabigevarin) and CBGVA (Cannabigevaric acid). Liu and his team then assessed the viability of the leukemia cells and determined whether or not the cannabinoids destroyed the cells or stopped them from growing.

Although promising, Liu also said that it remains unclear if the cannabinoid treatment would work on the 200-plus existing types of cancer.

"Cancer is an umbrella term for a range of diseases that fundamentally differ in their cellular makeup, [and] which occur as a result of disturbances to growth controls," Liu said. "Chemotherapy works by disrupting these dysfunctional growth signals. Therefore, any cancers that have these profiles should respond to the chemotherapy. It just so happens that a number of cannabinoids can target these very same mechanisms that make cancer what it is, and so any cancer that exhibits these faults should respond well to cannabinoids. The flip side is, of course, that other cancers may not have these same genetic faults and so cannabinoids may not work as well."

According to the Centers for Disease Control, 7.6 million people die from various forms of cancer each year worldwide.

When asked if smoking marijuana has the same or similar effects as ingesting the pure cannabinoid compounds he studied, Liu said he thinks it's unlikely.

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<continued from previous page> "Smoking cannabis introduces a number of potential problems," Liu said. "First, the complex makeup of cannabis that contains about 80 bioactive substances means that the desired anticancer effect may be lost because these compounds may interfere with each other. Second, we see that delivering the drug either by injection or by a tablet would ensure the most effective doses are given. Smoking would be variable, and indeed the heat of the burning may actually destroy the useful nature of the compounds."

In 2012, researchers at the California Pacific Medical Center in San Francisco found that CBD (cannbidiol), a non-toxic, non-psychoactive chemical compound found in the cannabis plant, could stop metastasis in many kinds of aggressive cancer.

The National Cancer Institute has also funded some research into cannabis and cancer, including a 2012 study that looked at the effects cannabis compounds have on slowing the progression of breast cancer, spokesman Michael Miller told U.S. News and World Report. However NCI has not funded research on the effects of cannabinoids on leukemia.

Liu stressed that much work is still needed, and said that finding support for marijuana-derived medicines can be polarizing.

"Although there is much promise, I struggle to find enough support to drive this work on," Liu said. "The mention of cannabinoids can polarize the public, who understandably link cannabis smoking with cannabis-derived drugs."

Liu told the Seattle PI's Pot Blog that he hopes to start clinical trials involving humans in 12 to 18 months.

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org. Full text of the study, "Enhancing the activity of cannabidiol and other cannabinoids in vitro through modifications to drug combinations and treatment schedules," appears online in Anticancer Research. SOURCE = http://www.huffingtonpost.com/2013/10/25/marijuana-cancer_n_4158865.html?utm_hp_ref=medical-marijuana

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<continued from MEDICAL CANNABIS MAY PROVE EFFECTIVE IN TREATING AUTISM, page 1 > With the debate over cannabis in the U.S continuing to make headlines, these latest findings are adding fuel to the fire of pro medical Cannabis.

A Positive Link

The paper linking cannabis with the managing of autism was published in*Neuron* and suggests that the signalling within tonic endocannabinoids could be effective in treating the symptoms of the disease such as learning, memory and pain.

Mice were used in the study to see what physiological effects of two mutations might have in common. One was the deletion of a gene, whilst the other contained a single amino acid substitute. The mutations are considered to be associated with human autism. Electrophysiological recordings were made of the cells in the brains of mice and these were compared with normal brain activity.

Researchers were cautious about the findings, but said they seemed to suggest that endocannabinoid signalling could be connected to autism and therefore medical Cannabis may be an effective treatment.

Families Opt for Medical Marijuana

Families across the U.S are beginning to try medical Marijuana to treat symptoms of autism in their children. Because these symptoms can vary considerably, it is difficult to obtain the right medicine for a particular child and parents are now turning towards alternative medicine.

Whilst the American Medical Association remains sceptical about its uses, parents are finding that giving a careful dose of Cannabis to their child is making a difference to their quality of life. Some families are reporting that their autistic child becomes more attentive, calmer and is able to absorb more information and therefore learn in a much more effective way than before.

When the child concerned suffers from dangerous self-injury due to destructive behavior, parents have found that medical Cannabis has a stabilizing effectand the child is able to live a more normal, less stressful life. For these parents, the benefits of this drug outweigh the risks and they are not deterred by the cautionary advice of medical associations. Families who need extra guidance about the treatment of behavioural conditions are able to accessguides that give useful advice and peace of mind about the medication and treatments available today.

Effective Treatment without Side Effects

Medical Cannabis is considered less risky than many pharmaceuticals in the treatment of autism because it is not seen to have side effects. Moods can be

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Parents have stressed that too little is not effective, whilst too much makes a childsleepy and so giving the right dosage is important, although research shows that there is no lethal dose for Cannabis, making it safer to use in self-medication than other drugs and easing anxiety for parents and carers.

At the University of California, it was discovered that Cannabis reacts in a certain way with the human brain and this could lead to treatment for a number of conditions such as schizophrenia and Parkinson's Disease, as well as autism. The cannabinoids within the drug work with the body's own innercannabinoid system and can prevent brain cells from degrading, as well as regulating emotion.

The latest study is significant because it shows that medical Cannabis affects the bodily processes that are blocked by autism, such as hunger signals or pain. This type of autism is known as Fragile X-induced autism and is thought to be the most common genetic cause of the disease. The synaptic failure in the brain can affect childrens' motor skills, which teaches them how to behave in situations and also basic walking and talking skills. Cannabinoids are thought to block the enzymes that affect the poor signals that take place in autism sufferers. By giving the body the essential cannabinoids it needs, marijuana helps to restore the brain and communication functions.

Researchers believe that these cannabinoids can relieve the symptoms of autism and of other diseases, while not being able to cure them outright.

The use of medical Cannabis remains a controversial issue in the U.S, but with new research, the health implications are reaching a wide audience and promoting the benefits of this drug throughout society. S***OURCE = American Alliance for Medical Cannabis (AAMC). OCTOBER 2013 Newsletter * Contact them at 44500 Tide Ave · Arch Cape, OR 97102 or by visiting - http://www.letfreedomgrow.com***

<continued from CANNABIS AND THE BRAIN: A USER'S GUIDE, page 1 > abnormalities, modern research suggests what many cannabis enthusiasts have speculated all along: ganja is good for you.

Cannabinoids & Neurogenesis

"Study turns pot wisdom on its head," pronounced the Globe and Mail in October. News wires throughout North America and the world touted similar headlines -- all of which were met with a monumental silence from federal officials and law enforcement. Why all the fuss? Researchers at the University of Saskatchewan in Saskatoon found that the administration of synthetic cannabinoids in rats stimulated the proliferation of newborn neurons (nerve cells) in the hippocampus region of the brain and significantly reduced measures of anxiety and depression-like behavior.

The results shocked researchers -- who noted that almost all other so-called "drugs of abuse," including alcohol and tobacco, decrease neurogenesis in adults -- and left the "pot kills brain cells" crowd with a platter of long-overdue egg on their faces.

While it would be premature to extrapolate the study's findings to humans, at a minimum, the data reinforce the notion that cannabinoids are unusually non-toxic to the brain and that even long-term use of marijuana likely represents little risk to brain function. The findings also offer further evidence that cannabinoids can play a role in the alleviation of depression and anxiety, and that cannabis-based medicines may one day offer a safer alternative to conventional anti-depressant pharmaceuticals such as Paxil and Prozac.

Cannabis & Neuroprotection

Not only has modern science refuted the notion that marijuana is neurotoxic, recent scientific discoveries have indicated that cannabinoids are, in fact, neuroprotective, particularly against alcohol-induced brain damage. In a recent preclinical study -- the irony of which is obvious to anyone who reads it -- researchers at the US National Institutes of Mental Health (NIMH) reported that the administration of the non-psychoactive cannabinoid cannabidiol (CBD) reduced ethanol-induced cell death in the brain by up to 60 percent.

"This study provides the first demonstration of CBD as an in vivo neuroprotectant ... in preventing binge ethanol-induced brain injury," the study's authors wrote in the May 2005 issue of the Journal of Pharmacology and Experimental Therapeutics. Alcohol poisoning is linked to hundreds of preventable deaths each year in the United States, according to the Centers for Disease Control, while cannabis cannot cause death by overdose.

Of course, many US neurologists have known about cannabis' neuroprotective prowess for years. NIMH scientists in 1998 first touted the ability of natural cannabinoids to stave off the brain-damaging effects of stroke and acute head trauma. Similar findings were then replicated by investigators in the Netherlands and Italy and, most recently, by a

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<continued from previous page> Japanese research in 2005. However, attempts to measure the potential neuroprotective effects of synthetic cannabinoid-derived medications in humans have so far been inconclusive.

Cannabinoids & Glioma

Of all cancers, few are as aggressive and deadly as glioma. Glioma tumors quickly invade healthy brain tissue and are typically unresponsive to surgery and standard medical treatments. One agent they do respond to is cannabis.

Writing in the August 2005 issue of the Journal of Neurooncology, investigators at the California Pacific Medical Center Research Institute reported that the administration of THC on human glioblastoma multiforme cell lines decreased the proliferation of malignant cells and induced apoptosis (programmed cell death) more rapidly than did the administration of the synthetic cannabis receptor agonist, WIN-55,212-2. Researchers also noted that THC selectively targeted malignant cells while ignoring healthy ones in a more profound manner than the synthetic alternative. Patients diagnosed with glioblastoma multiforme typically die within three months without therapy.

Previous research conducted in Italy has also demonstrated the capacity of CBD to inhibit the growth of glioma cells both in vitro (e.g., a petri dish) and in animals in a dose dependent manner. As a result, a Spanish research team is currently investigating whether the intracranial administration of cannabinoids can prolong the lives of patients diagnosed with inoperable brain cancer.

Most recently, a scientific analysis in the October issue of the journal Mini-Reviews in Medicinal Chemistry noted that, in addition to THC and CBD's brain cancer-fighting ability, studies have also shown cannabinoids to halt the progression of lung carcinoma, leukemia, skin carcinoma, colectoral cancer, prostate cancer and breast cancer.

Cannabinoids & Neurodegeneration

Emerging evidence also indicates that cannabinoids may play a role in slowing the progression of certain neurodegenerative diseases, such as Multiple Sclerosis, Parkinson's disease, Alzheimer's, and Amyotrophic Lateral Sclerosis (a.k.a. Lou Gehrig's Disease). Recent animal studies have shown cannabinoids to delay disease progression and inhibit neurodegeneration in mouse models of ALS, Parkinson's, and MS. As a result, the Journal of Neurological Sciences recently pronounced, "There is accumulating evidence ... to support the hypothesis that the cannabinoid system can limit the neurodegenerative processes that drive progressive disease," and patient trials investigating whether the use of oral THC and cannabis extracts may slow the progression of MS are now underway in the United Kingdom.

Cannabis & Cognition

But what about claims of cannabis' damaging effect of cognition? A review of the scientific literature indicates that rumors regarding the "stoner stupid" stereotype are unfounded. According to clinical trial data published this past spring in the American Journal of Addictions, cannabis use -- including heavy, long-term use of the drug -- has, at most, only a negligible impact on cognition and memory. Researchers at Harvard Medical School performed magnetic resonance imaging on the brains of 22 long-term cannabis users (reporting a mean of 20,100 lifetime episodes of smoking) and 26 controls (subjects with no history of cannabis use). Imaging displayed "no significant differences" between heavy cannabis smokers compared to controls, the study found.

Previous trials tell a similar tale. An October 2004 study published in the journal Psychological Medicine examining the potential long-term residual effects of cannabis on cognition in monozygotic male twins reported "an absence of marked long-term residual effects of marijuana use on cognitive abilities." A 2003 meta-analysis published in the Journal of the International Neuropsychological Society also "failed to reveal a substantial, systematic effect of long-term, regular cannabis consumption on the neurocognitive functioning of users who were not acutely intoxicated," and a 2002 clinical trial published in the Canadian Medical Association Journal determined, "Marijuana does not have a long-term negative impact on global intelligence."

Finally, a 2001 study published in the journal Archives of General Psychiatry found that long-term cannabis smokers who abstained from the drug for one week "showed virtually no significant differences from control subjects (those who had smoked marijuana less than 50 times in their lives) on a battery of 10 neuropsychological tests." Investigators further added, "Former heavy users, who had consumed little or no cannabis in the three months before testing, [also] showed no significant differences from control subjects on any of these tests on any of the testing days."

Original Article: NORML | NORML Foundation - Main » Library » Health Reports » Cannabis and the Brain: A User's Guide - by Paul Armentano, Senior Policy Analyst, NORML | NORML Foundation > http://norml.org/library/cannabis-and-the-brain-a-user-s-guide * SOURCE = American Alliance for Medical Cannabis *(AAMC).* OCTOBER 2013 Newsletter * *Contact them at* 44500 Tide Ave · Arch Cape, OR 97102 *or by visiting* - **http://www.letfreedomgrow.com**

<continued from FDA APPROVES INVESTIGATIONAL TRIALS ASSESSING CANNABIDIOL FOR PEDIATRIC EPILEPSY, page 1 > The two approved trials will take place at New York Medical School and at the University of California at San Francisco, according to an online report in the journal O'Shaughnessy's. The cannabidiol formulations in the trials will be provided by British biotechnology firm GW Pharmaceuticals, which produces organic cannabinoid extract medicines, including Sativex.

Cannabidiol has been documented to possess a variety of therapeutic properties in preclinical models, including anti-epileptic activity. Clinical trials have shown the oral administration of CBD to be "safe and well tolerated" in healthy subjects.

In recent months, several national broadcasts have highlighted the use of CBD-rich oils to treat seizures associated with a pediatric form of intractable epilepsy known as Dravet Syndrome. *For more information, please visit O'Shaughnessy's online here: http://www.beyondthc.com/comes-now-epidiolex-fda-approves-ind-studies-of-cbd/.*

<continued from PHARMACY GROUP ANNOUNCES FORMATION OF MEDICAL MARIJUANA TASK FORCE, page 1 > "Medical marijuana has come to the forefront of patient care in many of the diseases that Specialty Pharmacists treat including Multiple Sclerosis, Cancer, HIV and others," the association stated in a press release.

"More education for physicians, pharmacists and patients is needed to ensure individuals receive the correct product with the correct efficacy and drug delivery system to fit their disease. As an organization, NASP believes that it has the responsibility, intellectual advisors and obligation to take the lead on this emerging area of medical care."

According to the NASP website, the association - founded in 2012 - "represents specialty pharmacy professionals in all practice settings and highlights the unique value its members bring to patients and the healthcare system by focusing on building collaboration among all industry associations to improve patient outcomes." *For more information, please visit: http://www.nasprx.org/.*

Supreme Court Refuses To Review DEA's Denial Of Petition That Sought To Reclassify Cannabis

Washington, DC: The United States Supreme Court has declined to review a lower court ruling which upheld the federal government's classification of cannabis as a Schedule I prohibited substance that lacks medical utility or adequate safety.

This past January, the US Court of Appeals for the District of Columbia ruled that the US Drug Enforcement Administration (DEA) had acted properly when it rejected an administrative petition calling for a scientific review of marijuana's safety and therapeutic efficacy. Petitioners had requested a hearing to determine whether existing science contradicts the federal categorization of cannabis as a Schedule I controlled substance that possesses "a high potential for abuse;" "no currently accepted medical use in treatment;" and "a lack of accepted safety for the use of the drug ... under medical supervision." The DC Court of Appeals affirmed the DEA's position that insufficient clinical studies exist to warrant a judicial review of cannabis' federally prohibited status. On Monday, the US Supreme Court denied an appeal to review that decision, rejecting petitioners' argument that adequate peer-reviewed studies already exist to sufficiently contradict the plant's placement in Schedule I – the same classification as heroin and PCP.

Several recently published studies and papers directly challenge the DEA's position. For example, a 2012 review of FDA-approved clinical trials assessing the safety and therapeutic efficacy of cannabis, published in *The Open Neurology Journal*, concluded: "Based on evidence currently available the Schedule I classification [of marijuana] is not tenable; it is not accurate that cannabis has no medical value, or that information on safety is lacking."

For more information, please contact Allen St. Pierre, NORML Executive Director, at (202) 483-5500 or Paul Armentano, NORML Deputy Director, at: paul@norml.org. The case is Americans for Safe Access et al. v. Drug Enforcement Administration, case number 13-84, in the United State's Supreme Court.

THE MERCY NEWS REPORT

Veterans Day: PTSD and Marijuana's Cannabinoids – Show You Care … Smoke Out A Vet Today

America is becoming a country of *dumbed down specialists*. Specializing in the art of learning more and more *nuanced crap*, while knowing less and less **about the natural world around us**. Example: in this great country, the ass backwards relationship between our doctors and the industrialized pharmaceutical world is littered with the corpses of mind-numbing contradictions…and those who suffer for them. Highlighting this contradiction of the new dumb, are **America's returning vets** who fought valiantly for this country, and now ***suffer from post-traumatic stress disorder for their heroism***.

PTSD currently affects over 300,000 veterans on a daily basis*. Represented by extreme mental anxiety or emotional fatigue, more often than not the result of psychological or physical trauma. When humans are confronted with life-threatening situations, the natural response for most sane people is to feel fearful, anxiety – the need for fight-or-flight. A genetically predisposed condition. When the human response to these life-threatening situations has been altered/damaged – the PTSD sufferer feels frightened and or stressed even when there is no danger to be found. PTSD disproportionately ruins the lives of America's soldiers forced to witness the ruthless bloodshed of the innocent on a daily basis. More often than not, sending home emotionally crippled and shell shocked veterans – searching for peace, and sanity in a bloodlust world.*

As America honors its war heroes on Veterans Day 2013 – Dr. Raphael Mechoulam, a respected Israeli neuroscientist believes that **cannabinoids, not Risperdal** (the most commonly prescribed antipsychotic medicine for vets) are more effective in the treatment of PTSD. The Israeli neuroscientist has made a career of studying medicinal cannabis and the role it plays in "memory extinction." One of the primary components of post-traumatic stress disorder. Memory extinction is a human condition which occurs slowly, affecting all, and could hold the key to **helping those who sufferers with PTSD – according to the good doctor**. On this Veterans day, 2013, MERCY – the Medical Cannabis Resource Center - would like to thank all of the veterans who severed their country with honor. SOURCE = http://www.marijuana.com/news/2013/11/veterans-day-ptsd-and-marijuanas-cannabinoids-show-you-care-smoke-out-a-vet-today/

Medical Cannabis Legislative Updates

As Florida remains a "pill popper's paradise," the states would-be Democratic nominee for Governor, **Nan Rich,**proclaimed loud and clear on Friday that she fully stands behind **the idea of medicinal cannabis** and intends on supporting **Florida's proposed pro medical marijuana ballot initiative**, which would legalize the use of the beneficial herb in '*The Sunshine State*.' She then fired up the pro medical marijuana troops, in the pill-centric retirement capital of the US, stating that Florida should hop on **the medical marijuana bandwagon** and join the **20 states -plus the District of Columbia** – and cultivate their own medical marijuana laws.

Four Oregon cities hoping to ban medical marijuana collectives, concerned over the idea of damaging their reputation with the 55 and over set, or scaring off the states limited tourist's revenue, have just been issued a heated notice from the state's office of Legislative Council – telling them to ***stand down***. **After passing HB 3460** the state legislature has provided political cover for medical marijuana dispensaries – according to Charles D Taylor, the senior deputy legislative Council, the new legislation "preempts most municipal laws specifically targeting medical marijuana facilities." Sparked by Medford Oregon's fearful and ignorant city leaders who voted successfully to **ban medical marijuana dispensaries** in their *fair city*. Shortly thereafter – **Grant Pass, Madras, and Metolius** all followed the path of willful ignorance. SOURCE = http://www.marijuana.com/news/2013/11/marijuana-legalization-a-week-in-review/