

Information on Seizures and Medical Cannabis

This document was researched, prepared and presented as public service by
MERCY – the Medical Cannabis Resource Center
P.O. Box 1111, Cornelius, OR 97113 * 503.363-4588 *
visit: **MercyCenters.org**

Visit - http://mercycenters.org/libry/i_SEIZ.html - for the latest
info and to update everybody with yours.

Definitions.

What is a Seizure? A seizure is a sudden, involuntary change in behavior, muscle control, consciousness, and/or sensation. A seizure is often accompanied by an abnormal electrical discharge in the brain. Symptoms of a seizure can range from sudden, violent shaking and total loss of consciousness to muscle twitching or slight shaking of a limb. Staring into space, altered vision, and difficult speech are some of the other behaviors that a person may exhibit while having a seizure. Approximately 10% of the U.S.



population will experience a single seizure in their lifetime. (Source: The Epilepsy Foundation)

Seizures can have a significant impact on quality of life. They may cause serious injury if they occur while a person is driving a vehicle or operating dangerous equipment. Seizures are both mysterious and frightening, and can range from the mildly annoying to life threatening in severity. Seizures were often referred to historically as convulsions or fits. Seizures are classified on several dimensions, including the amount of the body they affect, the cause and the duration.

Types

Seizures can be broken down into 3 basic classes (there are many more, but in a big-picture sense) by how much of the body is affected:

Grand Mal

A Grand Mal or Tonic-Clonic seizure involves the complete body in a convulsion

Petit Mal

A Petit Mal or Focal seizure involves the convulsion of a part of the body

Absence

An Absence seizure is one in which the patient becomes unresponsive, often with little or no memory of the occurrence. The patient appears to be day-dreaming, but is non-rousable. (This is extremely rare in animals, and very hard to detect)

EFFECTS: Recurrent seizures may limit participation in school, employment and social activities.

► Symptoms.

Recurrent Seizures (Epilepsy)

It can be difficult to distinguish between a seizure-like episode that is actually syncope (or fainting), and a true epileptic seizure. This is because syncope often results in movements or behaviors that mimic those caused by a seizure -- these include muscle twitching, shaking, confusion, convulsions, and loss of consciousness.

Both syncope and epileptic seizures can occur suddenly and unpredictably. It has been estimated that 40% of people who experience syncope have seizure-like movements (Krumholz).

What happens in a seizure

In a seizure there is normally a **stimulus** that starts the brain down the path to seizing; this can be either something overt, such as ingestion of a drug, flashing lights or it could be some non-obvious change such as a drop in blood-glucose level or in body temperature. Often a patient's stimulus is the same, and after they reach their stimulus threshold, they will start the seizure process. Most patients, but not all, experience an **Aura** which can be a ringing or sound, smell or visual disturbance, shortly before starting into an active seizure. Most patients after experiencing a seizure will know to go lie down, or call for help, when they experience an aura. Animals may seek more or less attention, often hiding or cowering on the owners lap

At this point the patient will probably enter the seizure (in an absence seizure, they will simply appear to be daydreaming), which can range from uncontrolled twitching of a limb or facial muscle (focal), to a full grand-mal seizure, with full body convulsions. During a seizure of either type, the patient will not be responsive. During this time the body is using tremendous amounts of energy to sustain a seizure, and the danger here is that the brain is using up oxygen very rapidly. If the patient remains in this state for more than 5 minutes, it is called **Status Epilepticus** (often shortened to "status") which is a life threatening emergency, requiring immediate medical attention.

After the seizure has ended, in a isolated seizure, the patient will enter the **post-ictal** phase of the seizure. This can be thought of as the "resetting" period. The patient will often lie quietly, and allow for the body to return to normal. At this point one of 2 things can happen: The patient will return to normal, or re-enter the seizure phase. The reentry, if for a few times, is called a **Cluster Seizure**; if on the other hand, it is an endless cycle, this is in actuality **Status Epilepticus**.

Why are seizures harmful

The 2 basic reasons that seizures are harmful (in the short term) is that the patient can sustain trauma from the convulsions, and the brain can be starved of oxygen during sustained seizures. This can lead to brain damage, as any other oxygen deprivation of the brain will. There are also longer term, more subtle problems, but they are beyond the scope of this article.

▶ Causes, incidence, and risk factors.

People who have recurrent seizures that are caused by abnormal electrical activity in the brain are frequently said to have epilepsy. Epilepsy is not a disease but a term used to indicate recurrent seizures. Epilepsy affects approximately 4 million people in North America and Europe. Worldwide, 40 million people are believed to have epilepsy. (Source: World Health Organization)

▶ Treatment.

What do I do when someone (or animal) seizes

The basic field treatment of a seizing patient, is to assure that they do not hurt themselves or others while seizing. In an absence seizure, nothing needs to be done, as long as the patient emerges in a reasonable period of time. In a convulsion type seizure, the first step is to **remove dangerous objects** that they might hit (tables, chairs, tools...). If possible at this point, **place a pad or pillow under the head**, to protect it from banging into the ground.

Contrary to the old-wives tale, patients cannot swallow their tongue, but can choke on items in their mouth, such as food or their tongue. However, **DO NOT INSERT YOUR HANDS INTO A**

SEIZING PATIENT'S MOUTH. (this will simply add to the load of medical personell who now have a trauma patient as well) Remember the patient is not in control of their muscles, and the jaw has a set of muscles designed to cut through meat (such as fingers)!!! There is a special device called a tooth-screw designed to open the mouth of a seizing patient, that some EMT/Paramedics may have with them.

If the airway is occluded, the patient will, eventually stop seizing from lack of oxygen, and it is then safe to reach in (carefully!) and remove the obstruction, using CPR techniques. Remember that the patient could reenter the seizure, when you get enough air back into them.

If your patient has not exited within 5 minutes, or has reentered more than twice, you are now facing a much more serious problem, of having a seizing patient that needs immediate medical intervention. In the case of a human patient, call 911 (or your emergency number), and inform them that you have a patient in continuous seizure, and you need Advanced Life Support who carry the necessary drugs. If this is an animal, or ALS is not available in your area, you need to get the patient to a hospital as soon as possible. It is very important that you inform the hospital of your problem, so that they can prepare for your arrival. Tell them the following information:

- The length of time of the seizure
- The type of animal/Size
- Age
- Known epileptic/seizure prone (If so, what drugs are they on)
- Cause if known (such as toxin)

If neccesary, you will have to transport them yourself; this is hard, but they could die without anti-seizure medications. It is better to cause skeletal trauma, even breaking an arm or leg to get them into a car, than leaving them in "status".

▶ Signs and tests.

People with recurrent seizures are typically treated with antiepileptic drugs ([AEDs](#)), intended to reduce the frequency of the seizures or eliminate them altogether. Other treatment options, such as neurosurgery or special diets may be considered. However, approximately 25% of people with recurrent seizures are not helped with any treatment. (Source: The Epilepsy Foundation) All

too frequently, people are told they must learn to live with the limitations of their treatment-resistant seizures.

Not a Seizure but "Syncope"?

Now, there may be new answers for people who continue to have seizures despite taking antiepileptic drugs. [Recent medical research studies](#) have found that some people with seizure-like episodes may not be having seizures at all, but rather may be experiencing "syncope." Syncope (pronounced sing'-koh'pee) is the medical term for fainting. It is caused by a reduction in blood flow and oxygen to the brain and results in loss of consciousness and physical collapse. Syncope is often due to a treatable cardiovascular cause.

More on Causes ...

Seizures are caused by abnormal electrical discharges in the brain. Symptoms may vary depending on the part of the brain that is stimulated, but seizures may be associated with unusual sensations, uncontrollable muscle spasms, and loss of consciousness.

Some seizures may be the result of a medical problem. Low blood sugar, infection, a [head injury](#), accidental poisoning, or drug overdose may cause a seizure. A seizure may also be due to a brain tumor or other neurological abnormality. In addition, anything that results in a sudden lack of oxygen to the brain can cause a seizure. In some cases, the cause of the seizure may not be discovered. When seizures recur, it may indicate the chronic condition known as epilepsy.

Febrile seizures are relatively common in children younger than 5 years old. Febrile seizures can occur when a child develops a high [fever](#), usually with the temperature rising rapidly to 102 degrees Fahrenheit or more. While terrifying to parents, these seizures are usually brief and rarely cause any problems, unless the fever is associated with a serious infection, such as [meningitis](#). A child who has a febrile seizure is **not** more likely to develop epilepsy.

The Causes of Seizures and Seizure-like Episodes , continued

Although the cause cannot always be identified, there are many different conditions that can cause seizures or seizure-like episodes. These can be grouped into four categories: neurological, cardiovascular, psychological, and other causes.

- **Neurological** conditions stemming from infections, brain injury, tumors, stroke, etc. These most often lead to changes in the brain's electrical activity and are sometimes referred to as "epileptic seizures."
- **Psychological causes** including panic attacks, hysteria, emotional distress, etc. Seizures caused by psychological conditions are often referred to as psychoseizures, pseudoseizures, or non-epileptic seizures.
- **Cardiovascular conditions** caused by heart rhythm abnormalities, blocked vessels, blood pressure irregularities, etc. These can lead to symptoms that are nearly identical to seizures from neurological conditions.
- **Other causes** can be related to metabolism (electrolyte imbalance, low blood sugar), diabetes, a high fever, etc.

Discovering why seizures occur can be difficult because there are so many possible causes and because seizures often happen infrequently and unpredictably, making them difficult for a doctor to assess with medical testing. In addition, some people have more than one condition that is causing seizures. Unfortunately, in up to 70% of cases, the cause of a person's seizures remains unknown. (Source: The Epilepsy Foundation)

The following chart lists some of the possible causes of seizures and seizure-like episodes.

Causes, Summary

The causes of these seizures can include:

- Alcohol Poisoning
- Drug Overdose/Reaction
- Hypoglycemia
- Poisons (including toxins thrown off by liver or renal failure)
- Head Injury
- Neurological defect (normally genetic)
- Fever (common in children)
- Sepsis (especially in the brain)
- Brain Tumor
- Stroke or other vascular problem
- Many other known/unknown causes

Possible Causes of Seizures and Seizure-Like Episodes	
<p>Neurological</p> <ul style="list-style-type: none"> • Head injury • Brain tumor • Stroke • Migraine • Degenerative brain disease (e.g., multiple sclerosis, Alzheimer's disease) • Movement disorders (e.g., Parkinson's disease) 	<p>Psychological</p> <ul style="list-style-type: none"> • Extreme stress • Panic attacks • Emotional trauma • Mental illness • Hyperventilation • Hysteria
<p>Cardiovascular</p> <ul style="list-style-type: none"> • Abnormal heart rhythms • Cardiac outflow obstructions • Sudden drop in blood pressure • Blocked blood vessels • Heart valve disease • High blood pressure 	<p>Other Causes:</p> <ul style="list-style-type: none"> • High fever • Changes in hormones or electrolytes • Drug or alcohol abuse • Sleep disorders • Infections • Toxicity • Diabetes • Drug complications • Birth defects • Low blood sugar • Unknown

more Info on Seizures and Medical Cannabis

▶ These are articles related to Epilepsy issues. Epilepsy Menu - 3/23/95 to 10/17/96 Cannabis and Epilepsy (7/22/96) <http://neuro-www.mgh.harvard.edu/neurowebforum/EPArchive2.html> where you'll find: 1. Karler, R and Turkenis, S. The Cannabinoids as Potential Antiepileptics. J.Clinical Pharmacology. 21 (suppl):4375-4485, 1981.

2. Feeney, D.M. Marihuana and Epilepsy: Paradoxical Anticonvulsant and Convulsant Effects. in Marihuana: Biological Effects, ed. Nahas, G.G. and Paton, W.D>M., Pergamon Press, Oxford, 1979, pp.643-657. also see article, Cannabis and Epilepsy, by Karler and Turkenis in same book as 2 ---, pp. 619-641. how cannabis helps ... General Feedback Menu - Archive 1/6/97 to 1/27/97 visit: <http://neuro-www.mgh.harvard.edu/neurowebforum/GFMArchive14.html>

▶ with testimonials such as ... EPILEPSY AND CANNABIS I HAVE SUFFERED FROM GRAND MAL SEIZURES THE AGE OF 12. I AM NOW 24 AND HAVE USED 300 MG DILANTIN NIGHTLY TO CONTROL PRIMARILY SEIZURES BEGINNING AT 6:00 A.M. I HAVE BEGUN SETTING MY ALARM CLOCK FOR 5:45 AND WAKING UP. I AM NOT CONVERSANT IN EPILEPSY TERMONOLOGY, BUT I DO KNOW THAT BETA-BRAIN WAVES ARE IMPORTANT IN MY EPILEPSY. BETAS OCCUR DURING DEEP SLEEP. IF I WAKE UP, THEN MY THRESHOLD WINDOW IS SET BACK MANY HOURS. AT THE SAME TIME, I HAVE REDUCED DILANTIN INTAKE, ALTERNATELY OF 200 OR 300 MG NIGHTLY. I HAVEN'T HAD ANY PROBLEMS YET. I HAVE READ MUCH RECENTLY CONCERNING THE THERAPEUTIC VALUE OF MARIJUANA IN SEIZURE CONTROL. THERE ARE QUITE A FEW REFERENCES TO BE READ, MORE THAN YOU'D THINK. CONTACT YOUR NEUROLOGIST FOR MORE INFO. From: <http://neuro-www.mgh.harvard.edu/neurowebforum/GeneralFeedbackArticles/1.15.974.58PMepilepsycannabis>

▶ aesnet.org | The American Epilepsy Society promotes research and education for professionals dedicated to the prevention, treatment and cure of epilepsy. Membership in the Society is made up of clinicians and researchers investigating basic and clinical aspects of epilepsy, and other health-care professionals interested in seizure disorders. The American Epilepsy Society is one of the oldest neurological professional organizations in this country. The Society seeks to promote interdisciplinary communications, scientific investigation and exchange of clinical information about epilepsy. Membership consists of clinicians, scientists investigating basic and clinical aspects of epilepsy, and other professionals interested in seizure disorders. Members represent both pediatric and adult aspects of epilepsy.

The American Epilepsy Society's Annual Meeting features symposia, lectures, poster presentations and exhibitions. The AES Annual Meeting provides an open forum for members to communicate and disseminate current findings in the field of epilepsy. Contact the staff at 860.586.7505 at the extensions below or send an e-mail. AES 342 North Main Street West Hartford, CT 06117 ct our office to request a letter by e-mail, phone-860.586.7505 or fax-860-586-7566

In the Epilepsy Currents section: Endocannabinoids and Their Implications for Epilepsy Endocannabinoids are released by bursts of action potentials, including events resembling interictal spikes, and probably by seizures as well. Inasmuch as THC is a plant- derived compound not produced in mammals, endogenous ligands must exist for the cannabinoid receptor, that is, endocannabinoids. Synthesis and release of anandamide and 2- AG can be initiated by an increase in intracellular neuronal calcium concentration.

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Cannabinoids: Defending the Epileptic Brain Furthermore, we determined that during an short- term pilocarpine- induced seizure, levels of the endogenous CB1 ligand 2- arachidonylglycerol increased significantly within the hippocampal brain region. These data not only indicate anticonvulsant activity of exogenously applied cannabinoids but also suggest that endogenous cannabinoid tone modulates seizure termination and duration through activation of the CB1 receptor. By demonstrating a role for the endogenous cannabinoid system in ... visit: <http://www.aesnet.org/>

▶ ENDOCANNABINOID EFFECTS ON FEBRILE SEIZURES: NOT JUST A TOKE(N) MECHANISM CURRENT LITERATURE ENDOCANNABINOID EFFECTS ON FEBRILE SEIZURES: NOT JUST A TOKE(N) MECHANISM Long- term Plasticity of Endocannabinoid Signaling Induced by Developmental Febrile Seizures Chen K, Ratzliff A, Hilgenberg L, Gulyas A, Freund TF, Smith M, Dinh TP, Piomelli D, Mackie K, Soltesz I Neuron 2003; 39: 599? 611 Febrile (fever- induced) seizures are the most common form of childhood seizures, affecting 3% to 5% of infants and young children. The potentiation of endocannabinoid signaling ... visit: [mayoclinic.com](http://www.mayoclinic.com)

▶ Seizure disorders (svc, onl) A seizure occurs when some brain cells send abnormal electrical signals. This can lead to temporary changes in sensation, behavior, movement or consciousness. Understanding seizure disorders Epilepsy Febrile seizure Grand mal seizure Petit mal seizure Temporal lobe seizure Managing seizure disorders Cell phones: Can they trigger seizures? Epilepsy surgery: A viable treatment option Frontal lobe epilepsy Epilepsy By Mayo Clinic staff visit: <http://www.mayoclinic.com/invoke.cfm?objectid=352B66F5-CF68-45A7-A0E816C2832ABA06>

▶ Overview Article sections: Overview Signs and symptoms Causes Risk factors When to seek medical advice Screening and diagnosis Complications Treatment Self-care Coping skills Approximately 2 million people in the United States have epilepsy, a chronic disorder of the brain that causes a tendency to have recurrent seizures. Two or more seizures must occur before a person can receive the diagnosis of epilepsy, also known as a seizure disorder. It's not uncommon for children to have a single seizure, and an estimated 5 percent to 10 percent of the population will experience a seizure at some time in their life.

Marijuana as medicine? Marijuana may help relieve pain and other symptoms, but its use in medicine remains controversial. Marijuana as medicine? By Mayo Clinic staff People have used marijuana as a medical treatment for thousands of years. Such uses extend even to modern America. Marijuana was listed by the US Pharmacopeia, the organization that sets quality standards for approved drugs in the United States, until the 1940s, when political pressure against marijuana's recreational use triggered its removal. visit: <http://www.mayoclinic.com/invoke.cfm?objectid=339FC92E-C775-4333-97FA4625C7B27705> by Mayo Foundation for Medical Education and Research visit: <http://www.mayoclinic.org/patientinfo/>

▶ ASA : Press Room Home » Press Room » ASA in the News » Medical marijuana Medical marijuana Epilepsy patients are smoking pot by Helen Fields, U.S. News & World Report December 6th, 2004 Even though there's not a lot of evidence that it helps, many patients with epilepsy use marijuana, hoping it will reduce their seizures. Researchers in Alberta, Canada, asked epilepsy patients if they were smoking pot. What the researchers wanted to know: How common is marijuana use among epilepsy patients? What they did: Patients seen at the University of Alberta Epilepsy Clinic were called and asked about their condition and whether they use medical marijuana. What they found: Of 136 subjects, 48 (35 percent) had used marijuana in the past month. Nearly half had used it at some time in their lives, and four were determined to be dependent on the drug. People with frequent seizures or who'd had the disease longer were more likely to use marijuana frequently—which could mean that using marijuana makes seizures happen more often but could also mean that patients whose disease was worse were more likely to try alternative treatments. Not surprisingly, people

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who used other illicit drugs were also more likely to smoke marijuana. What the study means to you: Many people with epilepsy seem to think marijuana helps. visit: <http://www.safeaccessnow.org/article.php?id=1638>

▶ YouTube - Medical Cannabis Testimonies: ... Mark lives in the City of St. Louis. ... found that cannabis eased his anxiety ... Seizures brain medical cannabis epilepsy hb1830 marijuana disabled legalize ... Mark lives in the City of St. Louis. He had been living a relatively healthy life up until about a year ago. A seemingly innocent sinus infection turned life-threatening, culminating in brain surgery. His life was turned upside down. He soon found himself on many prescription drugs, disabled, and prone to seizures. Mark found that cannabis eased his anxiety and lessened his seizures. To view all our Medical Cannabis Testimonies, please visit my youtube channel CannabisPatientNet, and to view our legislative reform, go to www.markpedersen.com and www.gstlnorml.org. source: <http://www.youtube.com/watch?v=bS5Em8KlbfA>

▶ Is marijuana an effective treatment for ... 4 May 2009 ... Denis Petro, MD, Founding Director of Patients Out of Time, stated in his 1997 paper "Seizure Disorders" published in Cannabis in Medical ... Medical Marijuana Home Page > Diseases / Conditions > Epilepsy / Seizures > Is marijuana an effective treatment for epilepsy (seizures)? General Reference (not clearly pro or con) The Institute of Medicine wrote in its Mar. 17, 1999 report, "Marijuana and Medicine: Assessing the Science Base": "Epilepsy is a chronic seizure disorder that affects about 2 million Americans and 30 million people worldwide. It is characterized by recurrent sudden attacks of altered consciousness, convulsions, or other motor activity. A seizure is the synchronized excitation of large groups of brain cells. There are anecdotal and individual case reports that marijuana controls seizures in epileptics (reviewed in a 1997 British Medical Association report), but there is no solid evidence. While there are no studies indicating that either marijuana or THC worsen seizures, there is no scientific basis to justify such studies." Mar. 1999 - Institute of Medicine "Marijuana and Medicine: Assessing the Science Base" (988 KB)

Donald Gross, MD, Assistant Professor of Neurology at the University of Alberta, et al., stated in their June 8, 2004 article, "Marijuana Use and Epilepsy; Prevalence in Patients of a Tertiary Care Epilepsy Center," published in Neurology: Twenty-one percent of subjects had used marijuana in the past year with the majority of active users reporting beneficial effects on seizures. Twenty-four percent of all subjects believed marijuana was an effective therapy for epilepsy. Despite limited evidence of efficacy, many patients with epilepsy believe marijuana is an effective therapy for epilepsy and are actively using it. June 8, 2004 - Donald Gross, MD visit: <http://medicalmarijuana.procon.org/viewanswers.asp?questionID=000139>

▶ Medicinal Uses of Marijuana: Epilepsy McCaffrey: Ms. Corral is an epilepsy sufferer for whom medical marijuana has proven the only effective treatment for controlling her grand mal seizures and ... Medicinal Uses of Marijuana: Epilepsy Excerpts from the American Public Health Association (APHA) amicus brief in Conant v. McCaffrey, (2001 filing): Marijuana is effective in controlling seizures Clinical experience and emerging research further indicate that marijuana can help control epileptic seizures.(45) Cannabidiol (CBD), one of the primary (and nonpsychoactive) cannabinoids present in the cannabis plant, appears to be of particular benefit, allowing patients who ingest it at certain times to avoid seizure activity. Some epileptics who cannot tolerate other antiseizure medications have been able to use marijuana to successfully control their seizures, without experiencing debilitating side effects.(46) (See complete APHA amicus brief for footnotes.) Epilepsy Association of Toronto Regina v. Parker Amicus Brief. Declaration of Valerie A. Corral, in the landmark medical marijuana case, Conant v. McCaffrey: Ms. Corral is an epilepsy sufferer for whom medical marijuana has proven the only effective treatment for controlling her grand mal seizures and which does so with far fewer side effects than anti-convulsant drugs available through prescription. Joy, Janet E.; Stanley J. Watson, Jr.; John A. Benson, Jr., Eds. Marijuana and Medicine: Assessing the Science Base. Washington, DC: Division of Neuroscience and Behavioral Health, Institute of Medicine. 1999. 259 p.

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(Chapter 4 of this report contains a section on epilepsy) visit:
<http://www.drugpolicy.org/marijuana/medical/challenges/litigators/medical/conditions/epilepsy.cfm>

▶ Medical Marijuana for Pain and Depression | Medical Cannabis - Politicians in the Australian Capital Territory voted to ... medical condition that produces cachexia, persistent muscle spasms or seizures, ... Medical Marijuana Marijuana is one of the most beneficial and therapeutically active substances known to man. Medical Cannabis refers to the use of the drug cannabis as a physician-recommended herbal therapy, most notably as an antiemetic. Cannabis has been used for medicinal purposes for approximately 4,000 years. Writings from ancient India confirm that its psychoactive properties were recognized, and doctors used it for a variety of illnesses and ailments. These included a whole host of gastrointestinal disorders, insomnia, headaches and as a pain reliever frequently used in childbirth. In the 1970s, a synthetic version of THC, the primary active ingredient in cannabis, was synthesized to make the drug Marinol. Due to the prohibition of marijuana however; it's use as a medicine is restricted. However, recent Canadian government legislation have made it more available to patients. Patients are now able to apply for personal possession and even a limited cultivation license. Epilepsy - in some patients, epileptic seizures can be prevented with Marijuana use. visit:
<http://www.disabled-world.com/medical/pharmaceutical/marijuana/>

▶ Medical Cannabis Awareness - A 'Fair go' for all -- Seizure Disorder | Bringing awareness to the subject/issue of medical cannabis in Australia. On this page.... Cannabis as an Anti-Convulsant Cataplexy - David's own personal testimony CANNABIS AS AN ANTI-CONVULSANT 1) Cannabis' power to control spasticity and convulsions has been applied in folk medicine for thousands of years. The first European report of this effect was published in the 1830s by Dr. William O'Shaughnessy, who stated that "The [medical] profession has gained an anti-convulsive remedy of the greatest value." Dr. J. Russell Reynolds, who was Queen Victoria's personal physician for 30 years and administered cannabis to her, praised the anti-convulsive virtue of hemp. He wrote that "There are many cases of so-called epilepsy... in which India hemp (Cannabis Indica) is the most useful agent with which I am acquainted."

3) "Cannabis Indica was applied to every conceivable spasm or convulsion, from simple stomach cramps to tetanus, epilepsy and rabies." ('Article on Indian Medicinal Practice.' Journal of Psychoactive Drugs vol 13, 1981).

4) "Patients have found it (Cannabis) useful as an anti-convulsant". (Prof. Lester Grinspoon, Harvard University, USA) (June 1995 - Journal of the American Medical Assoc.) 5) Medical World News reported in 1971: "Cannabis ... is probably the most potent anti-epileptic known to medicine today." (Mikuriya, Marijuana Medical Papers 1829-1972, page xxii

6) Cannabis is beneficial for 60%+ of all epileptics. It is definitely the best treatment for many, but not all types of epilepsy, and for victims' post-seizure mental traumas. Cannabis extract is more effective than Dilantin (a commonly prescribed anti-epileptic with severe side effects). (Jack Herer. "The Emperor Wears No Clothes" book extract.)

7) In animal seizure models CBD [cannabidiol] has been shown to have anticonvulsant properties with potential in grand mal, cortical focal, and complex partial seizures. (Denis Petro, M.D., in his 1997 paper "Seizure Disorders" published in the 1997 book) visit:
<http://www.freewebs.com/medcanaware/seizuredisorders.htm>

▶ Epilepsy Cannabis analogues have been shown to prevent seizures when given in combination ... Do you find that cannabis helps you with this, or any other, medical condition? ...

Epilepsy Epilepsy is a neurological condition which affects approximately 1 in 100 people. Depending on how wide spread in the brain the neurological disturbance is (the focus), there are a range of possible seizures

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from lapses in consciousness (absence) or convulsions (Grand Mal) to grimacing or repetitive movements (temporal) to just odd sensations (auras). Epilepsy is as individual as the people who have it and everyone has their own patterns of seizures. There are sometimes triggers for seizures such as sleep loss, low blood sugar, stress or even boredom. Some common causes of epilepsy include head trauma, birth injury, hormonal imbalances, and viral attacks.

Some kinds of epilepsy can be well controlled by anti-convulsant drugs, but a few forms do not react well to these. Anti-convulsant drugs have potentially serious side-effects, including bone softening, reduced production of red blood cells, swelling of the gums, and emotional disturbances. Other occasional effects include uncontrollable rapid eye movements, loss of motor co-ordination, coma and even death. In addition, these medications are far from ideal in that they only completely stop seizures in about 60% of patients. Cannabis has long been known to have anti-convulsant properties, and these have been investigated from the 19th century. Large amounts of anecdotal reports and 1-patient case studies indicate the assistance of cannabis in controlling seizures. Cannabis analogues have been shown to prevent seizures when given in combination with prescription drugs. Patients report that they can wean themselves off prescription drugs, and still not experience seizures if they have a regular supply of cannabis. visit: <http://www.ukcia.org/medical/epilepsy.php>

▶ Medical Cannabis Testimonies: Mark Pedersen of Missouri - February 7, 2009 | Medical Cannabis Testimonies: Bill T. of North Carolina. Michael Phelps: Still an ... Medical Cannabis Testimonies, Migraines, Missouri, Neuropathy, Seizures ... Posted in Autoimmune Disease, Depression, Fibromyalgia, Medical Cannabis Testimonies, Migraines, Missouri, Neuropathy, Seizures (Epilepsy), chronic pain Tagged Cannabis Patient Network, HB277, Migraines, Missouri, seizures My history I'm not much different than most medical cannabis patients. Just another criminal statistic in our government's war on its own people. You see, that's what I am in the eyes of our justice system, a criminal. visit: <http://cannabispatientnet.wordpress.com/2009/02/07/medical-cannabis-testimonies-mark-pedersen-of-missouri/>

▶ Vaporizers and Medical Cannabis This report confirmed the medical utility of cannabis, but showed concern about ... Seizures also decrease in response to medical cannabis. ... Vaporizers and Medical Cannabis Earleywine, Mitch, "Vaporizers and Medical Cannabis." Prof. Mitch Earleywine is back with ammunition against the arguments that marijuana is not medicine because of the dangers of smoking it. Read on for details about Vaporizer use, and feel free to contribute your own thoughts and experiences in our Discussion Forum. Polls suggest as many as 80% of U.S. citizens support medical marijuana. I'd like to arm them all with information to dispute the arguments of the 20% who don't. The Office of National Drug Control Policy still claims that cannabis can't be a medicine because it is smoked. They often mention the Institute of Medicine's 1999 report Marijuana and Medicine: Assessing the Science Base. This report confirmed the medical utility of cannabis, but showed concern about burned material entering the body. Although studies show few respiratory troubles in cannabis users, perhaps the medicine could harm the lungs in the long term. Maybe smoking cannabis every day for twenty years could create coughing, sputum, or even lung cancer. But let's be honest: Wouldn't AIDS or cancer patients trade their symptoms for a little wheezing? Smoked cannabis can alleviate pain as effectively as established analgesics like codeine. It lowers nausea and vomiting quickly at less than half the price of other medications. Many case studies and a few controlled experiments suggest that cannabis can decrease the uncontrollable muscle spasms associated with spinal cord injury and multiple sclerosis. Seizures also decrease in response to medical cannabis. It's also non-toxic, with no cases of death by overdose. (Even aspirin can't make that claim!) visit: <http://www.drugpolicy.org/library/mitch3.cfm>

▶ Erowid Cannabis Vault : Medical - Cannabis | 'Proven: Cannabis is Safe Medicine', by Ian Williams Goddard ... uses such as the prevention of blindness and epileptic seizures [1] ... In reaction to medical

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cannabis access referendums on the ballots in Arizona and California, former presidents Gerald Ford, Jimmy Carter, and George Bush signed a letter stating that they "categorically oppose" access to cannabis for its many proven therapeutic uses such as the prevention of blindness and epileptic seizures [1]. Their chief concern was that legal medical access would send the message that cannabis is safe. The presidents can, however, lay their safety concerns to rest because the scientific literature overwhelmingly confirms that cannabis is both an effective and safe medicine. The Cannabis Safety Profile The journal PHARMACOLOGICAL REVIEWS [2] reports that decades of research prove that, "Compared with legal drugs...marijuana does not pose greater risks." Yet based upon mortality statistics, we can safely conclude that cannabis is one of the safest medical drugs known, for, while prescription drugs, defined as safe by the FDA, kill up to 27,000 and aspirin up to 1,000 Americans per year, cannabis kills 0 per year [3]. When we know the facts we can understand why in 1988, after extensive review of the scientific literature, the DEA's own administrative judge Frances Young concluded that "Marijuana is one of the safest therapeutically active substances know to man." [4] visit: http://www.erowid.org/plants/cannabis/cannabis_medical_info2.shtml

▶ CCRMG | Practitioner's Perspective Don't Lie to Your Doctor By Frank Lucido, MD Many patients seek out cannabis consultants because they don't feel comfortable disclosing to their regular doctors that they have been self-medicating with cannabis.

Although I require that a patient's primary provider or other appropriate practitioner be following the serious illness for which cannabis is used, I do not require that the patient disclose his or her medical cannabis use to these providers in all cases. I explain: "In a perfect world, you should be able to tell your physician everything. But unless, and until the federal government, employers and insurance companies no longer discriminate against medical cannabis users, there is valid reason not to have cannabis mentioned in your medical records." I ask the patient to assess whether he or she feels safe in telling their doctor "off the record" that they're using cannabis medicinally. If the answer is yes, I encourage them to do so. Your own doctor knows you best. Although I don't require that a patient mention their cannabis use to their own physician, I cannot support a patient hiding other significant information, such as whether they have discontinued medicines their doctor has prescribed. The following correspondence with patient P, a 30-year-old man, illustrates my approach.

April 11, 2005

Greetings Dr. Lucido,

I am writing you because a friend gave me your website address and I have some questions. I started having seizures about 3 years ago. They became more frequent over the years and I had my first grand mal seizure 2 months ago. I hurt myself pretty bad (my ribs and back) during the seizure and I am still recovering from it.

Since I have a low income, I was only able to be helped through CMSP (which is like Medi-Cal) but this system is a problem because it takes months to get an appointment or see a neurologist. Since I had to wait several months to talk with a neurologist and was terrified of having another big seizure I researched alternative methods of seizure control on the internet and read about cannabis... I was able to obtain some cannabis from a friend. I didn't want to smoke it so he helped me make cookies with it. I tried eating these cookies right before I went to bed so I would not be drowsy during the day. I still experienced some drowsiness after waking up but it usually goes away after a couple hours.

I did notice that the little seizures have become a lot less frequent and I often don't have any for several days in a row now. I used to get them often several times a day and now maybe once a week. In a few days I have an appointment with a neurologist but I am worried that he will prescribe some seizure medication to me that

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has a lot of side effects. I also don't want to tell him that I have used cannabis to control the seizures successfully. If I would make an appointment with you, what do I need to bring with me?

Sincerely, P. Hi P,

Treating seizure disorder can be an appropriate use for medical cannabis, if it is truly helping you. However, I would require that you have regular neurological and primary care and follow-up care before I would consider approving your use of cannabis as an adjunct to your treatment. There are many good neurologists who understand that cannabis can help in the overall treatment plan. You may have to ask a few before finding one. If you have concerns about medical cannabis being mentioned in your medical records, you may want to ask the doctor if you can tell him/her something "off the record." His/her answer to that will suggest whether you can confide in your doctor.

I will need some documentation of your diagnosis. I will also require that you have ongoing care with your physician for your condition. You will also have to have a valid California ID or driver's license, and you must be 21 years of age. (Any exceptions to these requirements must be discussed before making appointment.)

peace and health,

Frank Lucido, MD

visit: <http://ccrmg.org/journal/05aut/perspective.html>

▶ Medical Marijuana - ProCon.org ... pros and cons including scientific marijuana research and expert opinions on medical cannabis ... Epilepsy / Seizures. Glaucoma. Hepatitis C. Migraines ... Should marijuana be a medical option? Medical Marijuana ProCon.org presents laws, studies, statistics, surveys, government reports, and pro and con statements on questions related to marijuana as medicine. For the best overview of this website, start with the four boxes below: 1-Minute Overview, expert responses to our core question "Should marijuana be a medical option?," Top 10 Pros and Cons, and fun facts in Did You Know? Diseases / Conditions AIDS (HIV) & AIDS Wasting Alzheimer's Disease Appetite / Nausea Arthritis Asthma / Breathing Disorders Chemotherapy Crohn's / Gastrointestinal Disorders Epilepsy / Seizures visit: <http://medicalmarijuana.procon.org/>

▶ Medical Marijuana Information Resource Center - the Therapeutic Uses of Medical Marijuana by Patient Group with links | Background. Epilepsy is a condition in which certain brain cells (the epileptic focus) become abnormally excitable and spontaneously discharge in an uncontrolled way, causing a seizure. In grand mal or generalized epilepsy, the abnormal cells are on both sides of the brain, and the discharge produces convulsions (violent muscle spasms) throughout the body.

Epilepsy is treated mainly with anticonvulsant drugs including carbamazepine, phenytoin, valproic acid, phenobarbital, primidone, ethosuximide, and clonazepam. About 70 per cent of patients get relief from one of these drugs, and another 10 per cent are helped by some combination of them. Focal seizures and temporal lobe epilepsy, however, often respond poorly to these drugs. Furthermore, anticonvulsants have many potentially serious side-effects, including bone softening, anemia, swelling of the gums, double vision, hair loss, headaches, nausea, decreased libido, impotence, depression, and psychosis. Overdose or idiosyncratic reactions may lead to loss of motor coordination, coma, and even death.

Many patients report that inhaling a small amount of cannabis daily will reduce and, in some cases, eliminate their seizures. Using cannabis when a prodrome (i.e., pre-seizure aura) occurs has been shown to be effective in aborting the seizure. Extracts of Cannabis sativa have a long history in the treatment of various neurological diseases, including epilepsy. However, cannabinoids have been reported to exert both pro- and

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anti-convulsive activities (1). visit:
<http://www.medicalmarijuanainformation.com/therapeuticuses/patientGroups.php?groupID=13>

▶ **C A N N A B I S: MEDICAL REALITY VERSUS AUTHORITARIAN BRUTALITY** by Ian Williams Goddard Of all governmental outrages, perhaps none is as illogical, tyrannical, inhumane and fallacy founded as is the prohibition of the god-given herb cannabis, also know as "marijuana." With a referendum for medical cannabis access on the ballot in California, politicians are back in the news claiming once again that cannabis has NO medical value and thus access to it must be barred by force. The following freely flowing fountain of facts lays this government funded pharmacological fraud to rest forever.

CANNABIS: THE MEDICAL REALITY Classified by the DEA as a "Schedule One" drug, cannabis is defined as extremely dangerous possessing NO MEDICAL VALUE. This classification stands in sharp contradiction to the medical reality. Medical Cannabis: the 20th Century During the 20th century cannabis has been discovered to be an effective treatment for many more ailments. For example, based on major research, Dr. Van Sim concluded that "`marijuana ... is probably the most potent anti-epileptic known to medicine today [8]." More powerful than standard anti-epileptic drugs, cannabis totally eliminated epileptic seizures in children not responding to legal drug therapies [9]. But of course, as our benevolent Drug Czars remind us, healing the sick and aiding those who suffer could "send the wrong message to children." Let the children suffer and seizure in silence, just don't kill our prison proliferating pot prohibition pogrom. visit:
<http://www.ukcia.org/research/MedicalRealityVsAuthoritarianBrutality.html>

▶ Therapeutic Uses of Cannabis in general Therapeutic uses of cannabis (medical marijuana), including asthma, glaucoma, tumors, nausea treatment, AIDS, cancer therapy, sea sickness, epilepsy, multiple sclerosis, back pain, muscle spasms, Cannabis users' epileptic seizures are of less intensity than the more dangerous seizures experienced by users of ... visit:
<http://www.electricemperor.com/eedrom/TEXT/TXTCH07.HTM>

▶ Erowid Cannabis Vault : Medical #3 | History of the Medical Use of Marijuana from the National Commission of Marijuana and Drug Abuse see also: The History of the Intoxicant Use of Marihuana From: Marihuana, A Signal of Misunderstanding, the Report of the US National Commission on Marihuana and Drug Abuse, 1972 The term "marihuana" is a word with indistinct origins. Some believe it is derived from the Mexican words for "Mary Jane"; others hold that "marihuana" comes from. the Portuguese word marigu-ano which means "intoxicant" (Geller and Boas, 1969: 14). This chapter outlines the many and varied uses of marihuana through history, and deals with its use in medicine and its use as an intoxicant. In 1949, Davis and Ramsey reported a study of the effect of THC on epileptic children. "The demonstration of anticonvulsant activity of the tetrahydrocannabinol (THC) congeners by laboratory tests (Loewe and Goodman, Federation Proc., 6: 3521 1947) prompted clinical trial in five institutionalized epileptic children" (David and Ramsey, 1949: 284-285). Of these five children, all had severe symptomatic grand mal epilepsy with mental retardation; three also had cerebral palsy; and three had focal seizure activity. The EEG tracings were reported to be grossly abnormal in all five children. The results after treatment with homologues of THC, were reported as follows: Three children-responded at least as well as to previous therapy. Fourth child-almost completely seizure free. Fifth child-entirely seizure free. As a result of their study, David and Ramsey (1949: 284-285) felt that "the cannabinols herein reported deserve further trial in non-institutionalized epileptics." Dr. Vansim of Edgewood Arsenal has written in a recently published book "Psychotomimetic Drugs," that the synthetic preparations of cannabis are of interest. There are three areas where they may be of definite use in medicine (Efron, 1969: 333-334). One concerns the use of a cannabis analogue which Dr. Walter S. Loewe reported very effective in preventing grand mal seizures if given in small doses. visit:
http://www.erowid.org/plants/cannabis/cannabis_medical_info3.shtml

▶ CannabisMD.net Cannabis Medical Dictionary | Medical Marijuana - Epilepsy History of Medical Cannabis. Immune Responses. Incarceration. Insomnia ... to utilize cannabis to control an otherwise unmanageable seizure disorder. ... Epilepsy Epilepsy is a recurrent disorder of cerebral function characterized by sudden, brief attacks of altered consciousness, motor activity, or sensory phenomena. Epilepsy includes a broad range of seizure disorders caused by microscopic brain lesions occurring during birth or during traumatic head injury. Epileptics often lead normal lives that are sporadically interrupted by violent seizures. Epilepsy is usually treated with barbiturates, benzodiazepines, and other powerful anti-seizure medications that render the patient incapable of normal activity. Prescription anticonvulsants are no effective for 20-30% of epileptic patients. Many patients suffer intolerable, and sometimes fatal, complications from standard pharmaceutical medications. Some epileptics find that marijuana controls their seizures without causing the physical and psychological depression typical of pharmaceutical therapies. [1], [2], [3] Animal studies indicate that several cannabinoids not found in the synthetic THC pill have notable anticonvulsant properties. For example CBD, one of many medicinal compounds not available by prescription, has been shown to completely control partial seizure disorders. [4] Marijuana is the only source of CBD and other cannabinoids that can help control the agony of epilepsy attacks. visit: <http://www.cannabismd.net/epilepsy/>

▶ Marijuana EPILEPSY People using marijuana to control epilepsy should be aware that withdrawal from any medication that controls seizures may leave you more susceptible to the ... EPILEPSY Epilepsy is a persistent (chronic) condition of the brain. It involves unpredictable abnormal electrical discharges or misfirings of brain cells (neurons). This misfiring in the brain can cause episodes of bodily convulsions, loss of coordination, loss of consciousness or altered sensory states. These episodes are commonly called seizures. People with epilepsy have persistent and recurring seizures. One may be born with epilepsy, or may acquire it as a result of disease or injury. Epileptic seizure are often classified as partial seizures or generalized seizures. Partial seizures are more common and start in an isolated part of the brain. Partial seizures can be described as either simple or complex. When a simple partial seizure occurs, a person retains consciousness. The person with epilepsy may experience uncontrollable twitching or stiffening in a limb. There may be a tingling sensation, a change in consciousness or an odd smell without a source. The subjective sensations that may warn of an impending event are called an "aura".

Complex partial seizures cause an impairment of consciousness. During this type of seizure, a person may act confused, aimless, fidgety, emotional or disturbed. They are likely to have no memory of the event after it is over. A simple partial seizure may progress to a complex partial seizure and then become a generalized seizure as the abnormal electrical discharge spreads to the entire brain. Generalized seizures involve abnormal discharges or misfirings in all regions of the brain and result in impairment of consciousness. Behavior during generalized seizures may range from a blank stare with little or no movement (petit mal or "absence" seizures) to dramatic bodily convulsions (grand mal seizures). During these convulsions, the patient may have difficulty breathing and turn blue. They may also bite their tongue and may lose control of urine or stool. When they regain consciousness, they do not remember the event and are very sleepy.

Epilepsy is conventionally treated with a class of drugs called anticonvulsants. Standard drugs in this class include carbamazepine (Tegretol), phenytoin (Dilantin), primidone Mysoline, valproic acid (Depakote), clonazepam (Klonopin), ethosuximide (Zarontin) and phenobarbital. Newer drugs are coming on to the market but there is less experience using them. Doctors prescribe anticonvulsants or antiepileptic drugs according to the types of seizures patients experience and how well the patient can tolerate the drug. Many patients have a poor response to these drugs even when taken in combination. In addition to problems with effectiveness, there can be serious side effects resulting from the use of anticonvulsants. While these side effects do not always occur, they can include nausea, headaches, loss of hair, swelling of gum tissue, impotence, depression, poor coordination (ataxia), liver failure, depressed blood counts and even psychosis.

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Some people with grand mal seizures say they can prevent their seizures entirely by smoking marijuana. Others, who suffer complex partial seizures, report that marijuana also curbs their symptoms and prevents loss of consciousness. Marijuana is not considered useful for treating petit mal or absence seizures and may even worsen them. Some patients find that marijuana works in conjunction with other drugs they are taking. Others find that marijuana works best for them when it is used without other drugs. Either way, these epileptic patients have made marijuana a necessary part of their medical treatment.

People using marijuana to control epilepsy should be aware that withdrawal from any medication that controls seizures may leave you more susceptible to the seizures. Marijuana is no exception. Patients with epilepsy are advised to exercise caution when using oral THC because there is not sufficient knowledge about the convulsive or anti-convulsive properties of the single compound. visit: <http://www.mellowgold.com/medical/epilepsy.html>

▶ Marihuana and Epilepsy by Tim and Pattie... Because of this I could not take my seizure medicine. However I was able to smoke marijuana. My seizures were completely controlled during this time. ... Marijuana and Epilepsy by Tim and Pattie Shellman Epilepsy is a condition in which certain brain cells become abnormally excitable and spontaneously discharge in an uncontrolled way, causing a seizure. In grand mal or generalized epilepsy, the abnormal cells are on both sides of the brain and the discharge produces convulsions (violent muscle spasms). In absence seizures, the generalized brain discharge causes a lapse of consciousness, but not convulsions. Partial seizures result from abnormal discharge in an isolated area of the brain and may occur with or without a change in consciousness. Partial seizures with a change in consciousness, known as complex partial seizures, are caused by damage to the temporal or frontal lobes of the cerebral cortex. They were formerly known as psychomotor seizures because the symptoms also include motor activity (grimacing and repetitive mouth or hand movements are especially common). When overexcitation is confined to a very small area, the patient with epilepsy may have a strange sensation of déjà vu, vertigo, fear, or an odd smell without a source. This experience, known as an aura, may or may not be followed by a full complex partial seizure.

Although the anticonvulsant properties of cannabis have been known since ancient times and were explored in the nineteenth century, this therapeutic use of the drug has been largely ignored in the past hundred years. Although the medical establishment is still showing little interest, more and more epilepsy sufferers are discovering the usefulness of cannabis. Tim Shellman has suffered from grand mal epilepsy since he was 15 years of age. He and his wife Pattie describe his use of cannabis in the treatment of his convulsive disorder. My name is Tim Shellman and I am 29 years old. My wife and I have two children. I am currently disabled due to epilepsy. I quit school after the eighth grade so I could go to work. I began using marijuana recreationally soon thereafter. visit: <http://www.rxmarijuana.com/epilepsy.htm>

▶ Medical cannabis From Wikipedia, the free encyclopedia (Redirected from Medical Cannabis) Jump to: ... Medical cannabis specialist Tod H. Mikuriya recorded over 250 indications for ... seizures from epilepsy. ... Medical cannabis (commonly referred to as medical marijuana) refers to the use of the Cannabis plant as a physician-recommended drug or herbal therapy, as well as synthetic tetrahydrocannabinol (THC) and other cannabinoids. There are many studies regarding the use of cannabis in a medicinal context.[2][3] Use generally requires a prescription, and distribution is usually done within a framework defined by local laws. There are several methods for administration of dosage, including vaporizing or smoking dried buds, drinking or eating extracts, and taking capsules.[4][5] The comparable efficacy of these methods was the subject of an investigative study by the National Institutes of Health.[3]

In Canada, the regulation on access to marijuana for medical purposes, established by Health Canada in July 2001, defines two categories of patients eligible for access to medical cannabis. Category 1 is comprised of any symptoms treated within the context of providing compassionate end-of-life care or the symptoms associated

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with medical conditions listed below: severe pain and/or persistent muscle spasms from multiple sclerosis, from a spinal cord injury, from spinal cord disease, severe pain, cachexia, anorexia, weight loss, and/or severe nausea from cancer or HIV/AIDS infection, severe pain from severe forms of arthritis, or seizures from epilepsy.

In Spain, since the late 1990s and early 2000s, medical cannabis underwent a process of progressive decriminalization and legalization. The parliament of the region of Catalonia is the first in Spain have voted unanimously in 2001 legalizing medical marijuana, it is quickly followed by parliaments of Aragon and the Balearic Islands. The Spanish Penal Code prohibits the sale of cannabis but it does not prohibit consumption. Until early 2000, the Penal Code did not distinguish between therapeutic use of cannabis and recreational use, however, several court decisions show that this distinction is increasingly taken into account by the judges. From 2006, the sale of seed is legalized, possession or consumption is still forbidden in public places but permitted in private premises. Moreover, the cultivation of cannabis plants is now authorized in a private place.[citation needed] Several studies have been conducted to study the effects of cannabis on patients suffering from diseases like cancer, AIDS, multiple sclerosis, seizures or asthma. visit: http://en.wikipedia.org/wiki/Medical_Cannabis

▶ Active State Medical Marijuana Programs ... For a list of California doctors who recommend medical cannabis, please ... epilepsy and other disorders characterized by seizures; glaucoma; HIV or AIDS; ... Patients diagnosed with any debilitating illness where the medical use of marijuana has been "deemed appropriate and has been recommended by a physician" are afforded legal protection under this act. Conditions typically covered by the law include but are not limited to: arthritis; cachexia; cancer; chronic pain; HIV or AIDS; epilepsy; migraine; and multiple sclerosis. For a list of California doctors who recommend medical cannabis, please visit: www.canorml.org/prop/215physicians.html source: http://norml.org/index.cfm?Group_ID=3391#California

▶ Medical-Freedom.com ... defense of medical necessity" if they are arrested on cannabis charges. ... medical condition that produces cachexia, persistent muscle spasms or seizures, ... States that Support Medical Freedom Below, you will find a brief summary of state laws and the dates they were put into effect. Sadly, there are only twelve states that have laws enacted to date.

ALASKA Medical conditions affording legal protection: cachexia; cancer; chronic pain; epilepsy and other disorders characterized by seizures; glaucoma; HIV or AIDS; multiple sclerosis and other disorders characterized by muscle spasticity; and nausea.

▶ Cannabis TV - Cannabis Videos, Hemp Videos and more | Become a Medical Marijuana Patient in California Learn how to become a legal Proposition 215 medical marijuana patient in California. Eligible Conditions: AIDS, anorexia, ... seizures, including seizures ... Info Description Learn how to become a legal Proposition 215 medical marijuana patient in California. Eligible Conditions: AIDS, anorexia, arthritis, cachexia, cancer, chronic pain, glaucoma, migraine, persistent muscle spasms, including spasms associated with multiple sclerosis, seizures, including seizures associated with epilepsy, severe nausea; or ANY other condition for which medical marijuana may provide relief. Become a legal Medical Marijuana Patient (Text) visit: <http://www.cannabisearth.com/tv/view/5951/howto-become-a-medical-marijuana-patient-in-california>

▶ Become a Medical Marijuana Patient in Ca... Medical Cannabis Patient Resource Platform. Medical Marijuana Directory, Medical ... Seizures, including, but not limited to, seizures associated with epilepsy; ... Become a Medical Marijuana Patient in California In 1996, California voters enacted the Compassionate Use Act (CUA), which made California the first state to legalize marijuana for medical use. Subsequently, in 2004, the California's medical marijuana law was amended with SB 420, which added additional protections to the Compassionate Use Act. As a result of these companion policies, California has the most comprehensive

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medical marijuana law in the country. The CUA and SB 420 have been codified as Health and Safety Code 11362.5 - 11362.83 and provides the following protections and limitations. Seizures, including, but not limited to, seizures associated with epilepsy; visit: <http://imedicalcannabis.org/california/legal/become-a-california-medical-marijuana-patient>

COLORADO Medical conditions affording legal protection: cachexia; cancer; chronic pain; chronic nervous system disorders; epilepsy and other disorders characterized by seizures; glaucoma; HIV or AIDS; multiple sclerosis and other disorders characterized by muscle spasticity; and nausea.

HAWAII Medical conditions affording legal protection: cachexia; cancer; chronic pain; Crohn's disease; epilepsy and other disorders characterized by seizures; glaucoma; HIV or AIDS; multiple sclerosis and other disorders characterized by muscle spasticity; and nausea.

▶ Marijuana and Seizures | Michigan Medica... Marijuana and Seizures. View ? What links here. Information forthcoming. ... Increase in the amount of Medical Cannabis patients are permitted to possess. ... visit: <http://www.michiganmedicalmarijuana.org/node/1159>

MONTANA Medical conditions affording legal protection: cachexia or wasting syndrome; severe or chronic pain; severe nausea; seizures, including but not limited to seizures caused by epilepsy; or severe or persistent muscle spasms, including but not limited to spasms caused by multiple sclerosis or Crohn's disease.

NEVADA Medical conditions affording legal protection: AIDS; cancer; glaucoma; and any medical condition or treatment to a medical condition that produces cachexia, persistent muscle spasms or seizures, severe nausea or pain.

OREGON Medical conditions affording legal protection: cachexia; cancer; chronic pain; epilepsy and other disorders characterized by seizures; glaucoma; HIV or AIDS; multiple sclerosis and other disorders characterized by muscle spasticity; and nausea.

RHODE ISLAND Medical conditions affording legal protection: cachexia; cancer; glaucoma; Hepatitis C; severe, debilitating, chronic pain; severe nausea; seizures, including but not limited to, those characteristic of epilepsy; or severe and persistent muscle spasms, including but not limited to, those characteristic of multiple sclerosis or Crohn's Disease; or agitation of Alzheimer's Disease.

WASHINGTON Medical conditions affording legal protection: cachexia; cancer; HIV or AIDS; epilepsy; glaucoma; intractable pain (defined as pain unrelieved by standard treatment or medications); and multiple sclerosis. Other conditions are subject to approval by the Washington Board of Health. Patients (or their primary caregivers) may legally possess or cultivate no more than a 60-day supply of cannabis. The law does not establish a state-run patient registry. AMENDMENT: Washington's Medical Quality Assurance Commission approved Crohn's disease, Hepatitis C, and "any disease, including anorexia, which results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, and/or spasticity, when these symptoms are unrelieved by standard treatments." visit: <http://medical-freedom.com/history/index.html>

Organizations, Contacts and other Resources

▶ **AAMC: Can Cannabis Help Multiple Sclerosis? (Article and Org) Can Cannabis Help Multiple Sclerosis? An International Debate Rages** Jay R. Cavanaugh, PhD **Multiple Sclerosis is a disabling neurological disorder that afflicts approximately 350,000 Americans and ...** Cannabis has been reliably reported to help alleviate many symptoms of MS including spasticity, seizures, neuropathy, ... visit: http://www.letfreedomgrow.com/cmu/can_cannabis_help_ms.htm

▶ (biz) Epilepsy Healer Seizures and epilepsy elimination. Most cases healed or helped. Ivan Gellner specializes in treating a range of health problems, skin disorders, drug addictions and mental health problems, such as Eczema, Anorexia, Bulimia, Coeliac/Celiac disorder (gluten intolerance), Epilepsy, Drug and Alcohol addictions, Immune system disorders and many other problems. He is also known to be capable of removing so called "ghosts", "noisy ghosts" (Poltergeists) and sever negative energies. Visit: <http://www.healer-cz.com/>

▶ American Epilepsy Society (org) Featured Review. Febrile Seizures and Messial Temporal Sclerosis Epilepsy Currents, Volume 3, Number 4... Sep 19 11:41 PM Redding effective as Mets end losing streak at six - Newsday Sep 19 8:38 PM Switching From Valproate to Lamotrigine Improves Cognitive, Motor ... - DG News Sep 19 2:05 PM Wally Lewis tells how he overcame epilepsy - Courier Mail more articles ... 2008 Annual Meeting Symposia Now available ! Read more: <http://www.aesnet.org/#ixzz0RbwLix5Y> or visit: <http://www.aesnet.org/>

▶ Brain Injury Information Page. Understanding brain anatomy and conditions, such as seizure, is one of the focuses of The Brain Injury Information Page for TBI survivors, spouses and caregivers. The Brain Injury Information Page provides information about brain injury, concussion, coma and head injury, for TBI survivors, spouses and caregivers. Our goal is to provide education and assistance with the process of diagnosis and proof of brain injury, sometimes called head injury. This page features articles, information and graphics about traumatic brain injury. Our View of Advocacy: We of the Brain Injury Law Group make our living as advocates. But advocacy implies more than being a lawyer. It means dedicating oneself to the community we serve - the survivor, the family member of the survivor, the medical professional. To that end, we have created this home page, to provide information, resources and links, to help you learn and solve the problems you face. Visit: <http://tbilaw.com>

▶ National Institute of Neurological Disorders and Stroke (NINDS). (link=info, org; subj=Seizures and Epilepsy: Hope Through Research) Information booklet on seizures, seizure disorders, and epilepsy compiled by the National Institute of Neurological Disorders and Stroke (NINDS). Visit: http://www.ninds.nih.gov/health_and_medical/pubs/seizures_and_epilepsy_htr.htm

▶ Epilepsy Foundation of America Head Office - Dedicated to the welfare of people with epilepsy. Mission is to work for children and adults affected by seizures through research ... Learn about what happens in the brain during a seizure. Also, find out about types of seizures, medications, first aid and more. Visit - <http://www.epilepsyfoundation.org/>

▶ Seizures.com - Developments in the treatment of epilepsy. Management of Seizures. Updates and New Info. ... Related Articles. Initial Management of New Onset ... Seizures: to Treat or Not to Treat? Women and Epilepsy. the North Pacific Epilepsy Research Center the home of studies, research projects, and his office.

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Dr. Yerby speaks internationally on a variety of subjects. For professional engagements, contact NPER to find out more about his topics and projects. Visit: <https://www.seizures.com/>

▶ **Epilepsy and Seizures - Neurologychannel.** A clearinghouse for neurology news and information, neurologychannelMD gives physicians access to current CME, the latest procedural videos, discussion boards and more. Formerly MDOnly, neurologychannelMD still has all the features NeurologySite members have come to know, including website statistics. There are many disorders that cause seizures, epilepsy is only one. Learn about treatment and diagnosis of seizure disorders. ... It is not a distinct disease, it is a group of disorders for which recurrent seizures are the main symptom. ... visit: <http://www.neurologychannel.com/seizures>

▶ **Mission Statement | Patients Out of Time Cannabis'** therapeutic value was no longer taught in medical schools; it vanished ... of chronic pain, and controlling seizures associated with seizure disorders. ... Patients Out of Time shall focus its power to re-institute cannabis as a legitimate medicine for use within the United States. Cannabis, under modern research protocol has been found to be effective in reducing intraocular pressure in glaucoma, reducing nausea and vomiting associated with chemotherapy, stimulating the appetite for persons living with AIDS and suffering from wasting syndrome, controlling spasticity associated with spinal cord injury and multiple sclerosis, reduction in the intensity of chronic pain, and controlling seizures associated with seizure disorders. visit: <http://www.medicalcannabis.com/ms.htm>

▶ **Medical Marijuana Los Angeles-Medical Ma...** Providing Medical Cannabis Per California Proposition 215, California State ... (10) Seizures, including, but not limited to, seizures associated with epilepsy. ... HOLLYWOOD HOLISTIC IS A MEDICAL MARIJUANA COLLECTIVE, LOCATED IN WEST LOS ANGELES, WE PROVIDE MEDICINAL CANNABIS IN COMPLIANCE WITH CALIFORNIA PROPOSITION - 215 AND CALIFORNIA STATE SENATE BILL 420.

WE PROVIDE CANNABIS MEDICINE AT LOW DONATIONS, WITH "NO ATTITUDE", OFFERING SAFE ACCESS FOR ALL OF YOUR MEDICINAL NEEDS. Serious medical condition means all of the following medical conditions: (1) Acquired immune deficiency syndrome (AIDS). (2) Anorexia. (3) Arthritis. (4) Cachexia. (5) Cancer. (6) Chronic pain. (7) Glaucoma. (8) Migraine. (9) Persistent muscle spasms, including, but not limited to, spasms associated with multiple sclerosis. (10) Seizures, including, but not limited to, seizures associated with epilepsy. visit: <http://cannabislosangeles.com/index.html>

▶ **Online Medical Service lookup & registry. Seizures (Search FastHealth.com) Seizures; Convulsion First Aid Epilepsy/Seizures Febrile Seizures First Aid - Seizures First Aid for Seizures First Aid For Seizures - COPE First Aid For Seizures ...** Visit: http://www.fasthealth.com/dirs/em_seizures.php ▶ **Mayo Clinic** is a charitable, not-for-profit organization based in Rochester, Minn. Its mission is to provide the best care to every patient every day through integrated clinical practice, education and research. It is governed by a 31-member Board of Trustees composed of public members and Mayo physicians and administrators. Mayo Clinic Locations: Arizona | Florida | Minnesota How to Contact Mayo: visit: <http://www.mayoclinic.org/contact/>

▶ **Seizures and Children.** Seizures are caused by abnormal electrical discharges in the brain. Find out what you need to know about seizures and what to do if your child has one. Welcome to KidsHealth! KidsHealth is the largest and most visited site on the Web providing doctor-approved health information about children from before birth through adolescence. Created by The Nemours Foundation's Center for Children's Health Media, the award-winning KidsHealth provides families with accurate, up-to-date, and jargon-free health information they can use. KidsHealth has been on the Web since 1995 - and has been accessed by over

Information on Seizures and Medical Cannabis

100,000,000 visitors. KidsHealth has separate areas for kids, teens, and parents - each with its own design, age-appropriate content, and tone. There are literally thousands of in-depth features, articles, animations, games, and resources - all original and all developed by experts in the health of children and teens. Visit: http://www.kidshealth.org/parent/firstaid_safe/emergencies/seizure.html

▶ Seizure Medication Studies in Children. Clinical trials of epilepsy drug recruiting children having seizures and Clinical trials of epilepsy drug now recruiting children under 4 years old having seizures. Clinical trials are scientific research studies designed to find better ways to treat or prevent diseases. Our goal is to help you make educated decisions about participating in a clinical trial and to help you understand the trial experience. Participating in a clinical trial is an important personal decision. This section will help you gain a better understanding of what is involved in clinical trials and includes FAQs, a glossary of terms, the basics about informed consent agreements, and the ability to find the right clinical trial for you. Visit: <http://ctrials.novartis.com>

FORUMs Section

▶ **Seizures and medical marijuana from epilepsy.com | Home › My.epilepsy.com Community › Blogs › All Blogs › Seizures and medical marijuana >> seizureprone134's blog - 27 Apr 2008 | my fiance has had seizures on and off for about 6-7 years now, beginning when she was 16. They began immediately when she began puberty and was diagnosed with juvenile myoclonic epilepsy. The first medicine that she was prescribed was depacote, one of the more common anti epilepsy drugs. Because the medication was not controlling tremors even though it was controlling seizures, the doctor boosted the dose up multiple times until it reached a toxic level and she had to be taken off of it. The next medication that was tried was lamictal, with devastating results, she became extremely angry and manic and began throwing things at one point, because she was psychotic and she had to drop out of school.**

she also had so many different side effects from the lamictal that she After lamictal, she was put on kepra, which was working at first, but then she had an unexplained seizure and was put on an overdose of it. The doctor that she had at this point was extremely irresponsible and figured rather than changing medications the doctor uped her dose to a near toxic level again. She then became suicidal, homicidal, manic, depressed and had insomnia. her best friend then took her to a doctor and the doctor whom was biased would not believe that she had epilepsy and her medication was making her act like this and they claimed that she was just a college student who had overdosed on drugs which was b.s.

Well the point of this is that there has been one miracle medication that has worked for her everytime she feels seizure brain activity and keeps her mood calm enough to not have seizures, and that medication is marijuana. For her epilepsy marijuana has been a godsend. Ever since she started smoking it regularly she has not had a seizure and it has kept her seizures at bay when she misses doses of her regular medications. suprisingly it is much much much more easy for her to lead a functional life while high on marijuana, thanm the extreme intoxication that topamax, lamictal, etc. brings. I have read that marijuana prevented seizure activity but never believed it before. but now i am convinced. When she was having seizures she was not using marijuana, and then her doctor suggested it because it is a known alternative to people whom normal epilepsy meds don't work for, and once she found high grade marijuana, her seizure syptoms anf seizures dissapeared almost immediatedly even though she was on the same prescriptions. And when she stopped marijuana, the symptoms that precede seizures began to return. so to anybody out their that doubttd the healing power of cannabis, you are living in a closed minded world of pharmaceutical industry prpaganda. Even though medical marijuana id not legal for seizures it should be it has saved people from seizures.

▶ **Marijuana and seizures | Epilepsy.com is an online resource provided by the Epilepsy Therapy Project. Our mission is to inform and empower two groups of patients and their families: those facing newly diagnosed epilepsy, and those struggling with epilepsy that has resisted treatment. To learn more about our mission, please visit epilepsy.com."** So ive been hearing alot about weed and seizures and how it can help and stuff. Im only 14 but i dunno...does anyone know if it actually works? By sydney at Sat, 05/21/2005 | Re: Marijuana and seizures. My boyfriend is 23years old and gets seizures all the time. The neurologist says he dont have epilepsy but he gets more then 3 month. There not very serious ones but there often. One day I was watching somthing on TV about vaporized marijuana helping control seizures. I was wondering if there was any true to that and if you think my boyfriend would benefit from it. He's also in kidney failure but hes always had seizures liek this they've just been getting more often and it seems to me like the meds arent working. Can you help me?

Re: Marijuana and seizures It is the Cannabinoid Cannabidiol that is a natural AED. So the type of weed you're smoking (should be vaporizing) matters. CBD's exist in higher concentrations with Indica or wide leaf varieties of marijuana, up to 40%. Thin leaf varieties or Sativas have lower concentrations but still average 8-10 percent of the active ingredients in those breeds of marijuana. Currently the US doesn't seem to have the scruples to fund the same research models that Europe, Canada, and others have. So Cannabidiol may not become available for awhile here. In the mean time..14 years old is young, if you were my kid it would be canna foods that I might allow you to try if your seizures were beginning. But be careful canna food is strong and you'll have to grow up a little so u don't dose your friends for fun....with your disorder comes a greater responsibility to yourself and others. You're gonna want to drive someday...if you have seizures and an accident you'll lose you license...so as with your meds also comes great responsibilities. Good Luck and be careful visit: <http://www.epilepsy.com/discussion/829784>

Epilepsy.com is an online resource provided by the Epilepsy Therapy Project. Their mission is to inform and empower two groups of patients and their families: those facing newly diagnosed epilepsy, and those struggling with epilepsy that has resisted treatment. visit: <http://www.epilepsy.com/blogentry/960990>

▶ Cannabis Forums Message Boards - Medical Marijuana, Cannabis Club, Dispensary, News > Medical Marijuana > Medicinal Cannabis and Health Medicinal Cannabis and Health Medical cannabis and related health discussion. Smoking marijuana and seizure like symptoms... | 11 Dec 2008 ... Me and my friend have been smoking together for 5 years or so now, and about three times he's had these weird things happen.. First two times he has fallen down and goes into a seizure like mode for like 30 seconds.. The last time he was holding himself up and only lasted for a few seconds but his head was twitching a bit and the only way I can really describe it is seizure like.. Anyone know anything about this? i've never heard of this happening, but since i myself have epilepsy, i feel i must pose some questions. what is this "seizure-like mode" you mention? is it like loss of consciousness with shakes/tremors, or is it more like just a vapid stare, with him responding to nothing? either way, seizures are caused (simply put) by too much electrical activity in the brain. worst case scenario, these are pre-ictal (pre-seizure) symptoms. please, advise your friend to get an MRI and/or a sleep-deprived EEG.

Yes I have experienced something similar but it is not a seizure. I have had Petit Mal and Grand Mal seizures due to an abnormal brainwave pattern that is epileptic like but not epilepsy. In fact my last EEG came back normal, at age 50, after suffering with this since I was 12, and I was told that would never happen! I attribute the restoring of my brainwave pattern back to normal as a direct result of smoking marijuana on a regular basis for over 25 years . As far as what your friend is experiencing I can't say for sure but what happens to me, especially if it is heavy headed pot, is I feel like I have several rapid "brain shorts/or blanks." They happen so fast there is no memory loss or unconsciousness state, but I feel like my brain is shorting out, my head bobs/jerks back a bit while my vision seems to have blackouts coinciding with the head jerks but I have never fallen or lost consciousness. This all happens in less than 5 or 10 seconds and goes away leaving no bad side effects. But I do not believe that is a seizure, at least not a Petit or Grand Mal seizure that I can tell you from experience. visit: <http://boards.cannabis.com/medicinal-cannabis-health/167249-smoking-marijuana-seizure-like-symptoms.html>

▶ any other Viable Forums, chat rooms and other such online resources will be listed here as we learn about them. Got one? [Post It](#) for everyone or give us [Feed Back](#).

NEWS Section

▶ cannabispatient.net | Cannabis Patient Network - Giving a voice, and hope, to those who have none, the chronically ill | Rod's Story - July 30, 2009 | Posted in Medical Cannabis Testimonies, Missouri, Seizures (Epilepsy),

On the evening of January 15th, 2008, Rod Wells went out on the deck of his St. Charles, Missouri home. It was chilly, in the thirties, but bearable for a mid-winter evening. He let his dogs out to run in the back yard, as he would often do before bed. He lit a large candle that sat in a clay container over the TV in the corner. He then became involved with his pets. Shortly thereafter, he went to bed. About 3am, Rod's wife awoke to the sound of a crashing noise. She asked Rod if he would go and see what it was. Entering the living room, he could see flames out on the deck. His house was on fire.

He got his family safely out-side. Already, the flames had reached his neighbor on one side and was threatening another. Standing with roughly a hundred of his neighbors, he was soon sought out by the Sheriff. He told Rod that the firemen had discovered his "grow". Also, a stash of dried cannabis was discovered along with rolling papers inside a locked steel desk that had been opened. Apparently, some member(s) of the St. Charles County Fire Departments who were called in to fight the fire were more interested in offensive police actions than protecting the property of county residents. While Rod's house was still burning, a deputy handcuffed Rod, his hands behind his back and placed him in a patrol car. He protested this use of handcuffs, explaining that he had epilepsy and a seizure could cause considerable bodily harm restrained that way. The deputies ignored his pleas, stating that it was "procedure".

Four months later, in the midst of Rod and his family's efforts to rebuild their lives, the St. Charles County Sheriff's Department returned an indictment, charging Rod with manufacturing a controlled substance, distribution, and a host of other charges, standard fare for anyone who is caught growing cannabis in the state of Missouri, no matter if its grown strictly for one's own medicine or not. Rod has been offered six months in prison, five years probation. Rod thought that was too extreme, refusing to plead to a felony. The punishment outweighs the crime, in his words, "ten fold. A class B Felony puts me in the same category as violent criminals, meth dealers, larcenists.

Rod's seizures are the result of a brain aneurysm that was diagnosed and subsequently removed in 1984. He experiences what is called tonic-clonic (grand mal) seizures and partial complex or absence (petit mal) seizures. Generalized tonic clonic seizures are the most common and best known type of generalized seizure. They begin with stiffening of the limbs (the tonic phase), followed by jerking of the limbs and face (the clonic phase). Absence seizures are lapses of awareness, sometimes with staring, that begins and ends abruptly, lasting only a few seconds. There is no warning and no after-effect. More common in children than in adults, absence seizures are frequently so brief that they escape detection, even when experiencing 50 to 100 attacks a day. visit: <http://www.cannabispatient.net/>

▶ Medical Cannabis Testimonies: Richard M. | In spite of everything he's been through, Richard is a remarkably easy going guy. Unless you knew him, you'd never know that he was chronically ill. But then, his more obvious scars have healed. In 1991, while working construction, Richard fell over 40 feet, severely dislocating his left shoulder. Five surgeries were to follow, so was pain that would not go away. This was in addition to three herniated discs in his neck and seizures that he has suffered from as a result of multiple head injuries. Through it all, he has seen 7 pain management

Physicians. They instead doled out the usual fair of highly toxic prescription pain killers, - OxyContin, Methadone, Morphine, and Percocet - common opiates. In addition, he was given Dilantin to offset the seizures. These drugs, though highly addictive, can be quite effective in reducing or even eliminating pain in the short term. Unfortunately, because of their toxicity, they are normally only prescribed for short durations. People with chronic pain are almost always left lacking once their physicians have exhausted their short list of narcotics. These toxic pain killers racked Richard's body with a host of side effects:

*Dilantin is an anti-epileptic drug, an anticonvulsant. Side effects include: hives, difficulty breathing, swelling of the face, tongue, or throat, swollen glands, fever, sore throat, headache, skin rash, confusion, hallucinations, unusual thoughts or behavior, slurred speech, loss of balance or coordination, restless muscle movements in the eyes, tongue, jaw, or neck, tremor (uncontrolled shaking), extreme thirst or hunger, urinating more than usual, nausea, stomach pain, low fever, loss of appetite, dark urine, clay-colored stools, jaundice (yellowing of the skin or eyes), easy bruising or bleeding, swollen or tender gums, changes in the shape of the face or lips, itching, dizziness, nervousness, sleep problems (insomnia), twitching, vomiting, constipation, headache, and joint pain.

His only choices were to live out the rest of his life in excruciating pain and disability, or seek out a holistic alternative that would by-pass the liver entirely. Cannabis is the only medication that fits that bill. When Cannabis is smoked or vaporized, it provides a holistic treatment for pain, seizures, and many other very serious health conditions like Multiple Sclerosis, Muscular Dystrophy, Alzheimer's, Fibromyalgia, Lou Gerick's Disease, and others. For those who are suffering from liver disease, Cannabis can be safely ingested through the lungs, thus bypassing the liver and avoiding any unnecessary distress. What's more, studies have shown that when heavier narcotics are required for pain or relief from seizures, dosing with cannabis can reduce the amount of prescriptions required to as little as 1/3. Cannabis is not only the best choice for Richard medically, it's his only choice. ... visit: <http://www.ireport.com/docs/DOC-59351>

▶USNews.com | Health | In Brief | Medical marijuana - Epilepsy patients are smoking pot - By Helen Fields, 12/6/04 | Even though there's not a lot of evidence that it helps, many patients with epilepsy use marijuana, hoping it will reduce their seizures. Researchers in Alberta, Canada, asked epilepsy patients if they were smoking pot. What the researchers wanted to know: How common is marijuana use among epilepsy patients?

What they did: Patients seen at the University of Alberta Epilepsy Clinic were called and asked about their condition and whether they use medical marijuana.

What they found: Of 136 subjects, 48 (35 percent) had used marijuana in the past month. Nearly half had used it at some time in their lives, and four were determined to be dependent on the drug. People with frequent seizures or who'd had the disease longer were more likely to use marijuana frequently—which could mean that using marijuana makes seizures happen more often but could also mean that patients whose disease was worse were more likely to try alternative treatments. Not surprisingly, people who used other illicit drugs were also more likely to smoke marijuana.

What the study means to you: Many people with epilepsy seem to think marijuana helps. Animal studies have come up with conflicting results—in some, marijuana increases convulsions, while in others it has an anticonvulsant (somewhat more desirable) effect. In any case, if many patients are using marijuana, it seems worth studying more. ... People with frequent seizures or who'd had the disease longer were ... of Medical Marijuana are—no surprise—in favor of medical marijuana. ... visit: <http://health.usnews.com/usnews/health/briefs/alternativemedicine/hb041206.htm>

▶ The Third National Clinical Conference on Cannabis Therapeutics - May 20-22, 2004 Video Presentations | Cannabinoid System in Neuroprotection, Raphael Mechoulam, PhD Professor at Hebrew University in Jerusalem, Dr. Mechoulam gives a brief history of Medical Cannabis, then describes the role of Cannabinoids as anti-inflammatory for arthritis, as neuroprotectant for brain injury and as a possible treatment for PTSD. Dr. Mechoulam first isolated THC in 1964. Pediatrics and Medicinal Cannabis, with Ethan Russo, MD Dr. Ethan Russo presents worldwide history of medical marijuana used for childhood diseases: including colic, seizures, pertussis, diarrhea, parasites, wasting syndrome, asthma, tetanus and others. Founding editor of the Journal of Cannabis Therapeutics, Dr. Russo also addresses recent science on anti-cancer agents in Cannabis, ADHD and epilepsy ... colic, seizures, pertussis, diarrhea, parasites, wasting syndrome, asthma, tetanus and others. ... Third Conference Faculty and Agenda ... visit: <http://www.medicalcannabis.com/video/video2004.html>

Cannabis as Medicine

▶ RxMarijuana.com | Marijuana: The Forbidden Medicine. (ORG, inf, Book) Featured Medical Marijuana Patient Accounts * to share website visitors' medical marijuana histories to provide insight into uses for this medicine which are not widely known. ... If you wish to send us a personal account of your medical marijuana experiences, ... Cannabis and Seizures by Michael McKenna ... visit: www.rxmarihuana.com/shared.htm

▶ Sick of Suffering -by D. Nentwig - 1 free medical cannabis book highlighting peoples needs in poems, parodies, quotes and other information ... that even though medical cannabis has proven itself ... WELCOME This book is a collection of quotes, poems, parodies and politics on the subject of Cannabis as a medicine. This book will be of interest to not only medical cannabis patients, but also carers, advocates and anyone else who is interested in learning the truth about this much maligned medicine and plant genus that provides it, plus the sufferers who benefit from it. "To alleviate suffering for those who either are forced to suffer all of their lives, or suffer acutely, is justice. Medical Cannabis is about medical necessity, not recreational frivolity. Please do not confuse the two". - D. Nentwig visit: <http://www.freemedicalcannabisbook.webs.com/>

▶ Medical-101.com (web-ring / link-list) * Your starting point for the best medical info. Free Medical Cannabis info Find what you're looking for! Visit: www.medical-101.com/s/medical_cannabis