

AHG Professional Member Survey: Medicinal Use of Cannabis

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Cannabis has long been an important herb in American herbalism, and has been included in traditional formulae for conditions as varied as trigeminal neuralgia and neurasthenias, chronic cystitis, urinary incontinence in the elderly, and spermatorrhea. Cannabis is included in numerous classic Eclectic publications, including Felter's *Eclectic Materia Medica, Pharmacology and Therapeutics*. Due to its illegality in the US for much of the 20th century, many herbalists have avoided being publicly associated with this very useful medicinal herb while other herbalists have advocated its use more – or less – publicly.

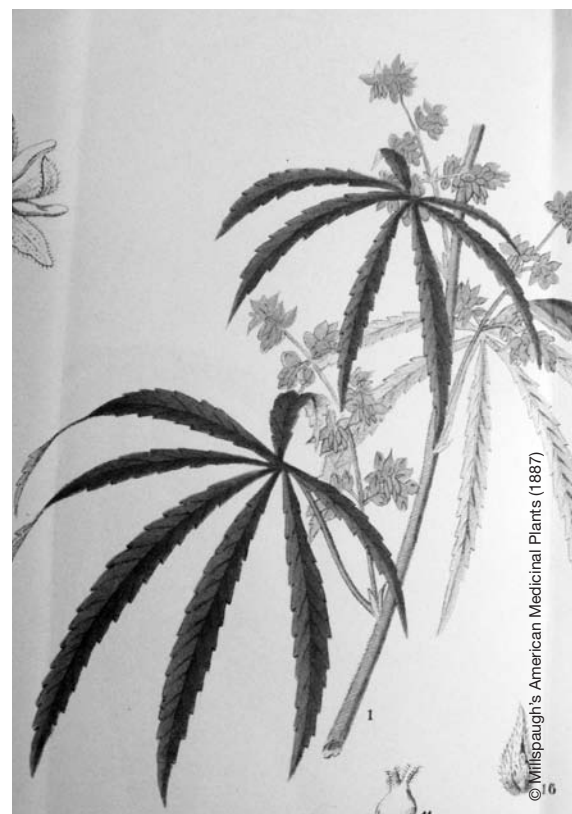
The resurgence of cannabis as a recognized and acceptable medicine in the treatment or palliation of numerous medical conditions is welcomed by many of us who have long endorsed its medicinal use and opens the door for herbalists to potentially educate clients about one of the most effective analgesic, sedative, anti-nauseant, anti-anorexic herbal medications we have. As the first in the revival of the American Herbalists Guild's Botanical Medicine Survey Series we have chosen to inquire about cannabis use and perspectives amongst our professional membership. We welcome comments and letters to the editor from our readers regarding this study.

Summary

We sent this survey out to our 224 professional members and received a 30% response rate (n=73). Most respondents defined themselves as western herbalists (90.4%); about 1/3 of respondents are TCM practitioners (34.2%). The majority of respondents (55.6%) have never recommended cannabis to their clients, but close to half had used cannabis clinically. Illegality is the main reason given almost unanimously (90.5%) for avoiding cannabis

use in practice; 79.5 percent of professional members stated that were there not legal prohibitions they would use cannabis clinically. Tincture is the slightly preferred form of use, however, it is almost equally used in smoked, vaporized, and edible forms. It is almost always used as a single product. Fewer than half of respondents gave a preference for species, with most citing lack of knowledge as the reason. Appetite loss, cancer, pain, glaucoma, and insomnia are the most frequently cited reasons for use by herbalists; clients themselves cite pain relief and anxiety as the most common reasons for use, with “relaxation” as another important reason for use. It is considered addictive by 56.4% of professional members. While 74.9% consider it safe for adults, 78.4% consider it unsafe for pediatric medicinal use. Three-quarters of respondents similarly consider it unsafe for medicinal use during pregnancy.

In reviewing this survey data, it is clear that herbalists are generally not familiar with the broad possibilities of medicinal use for cannabis, its low level of addictiveness, and the data suggesting safe *medicinal* use in pregnancy, i.e. for nausea. It will be interesting to see whether herbalists embrace cannabis as a valuable part of the herbal pharmacopoeia as its medicinal use becomes more widely accepted.



Cannabis sativa (marijuana)

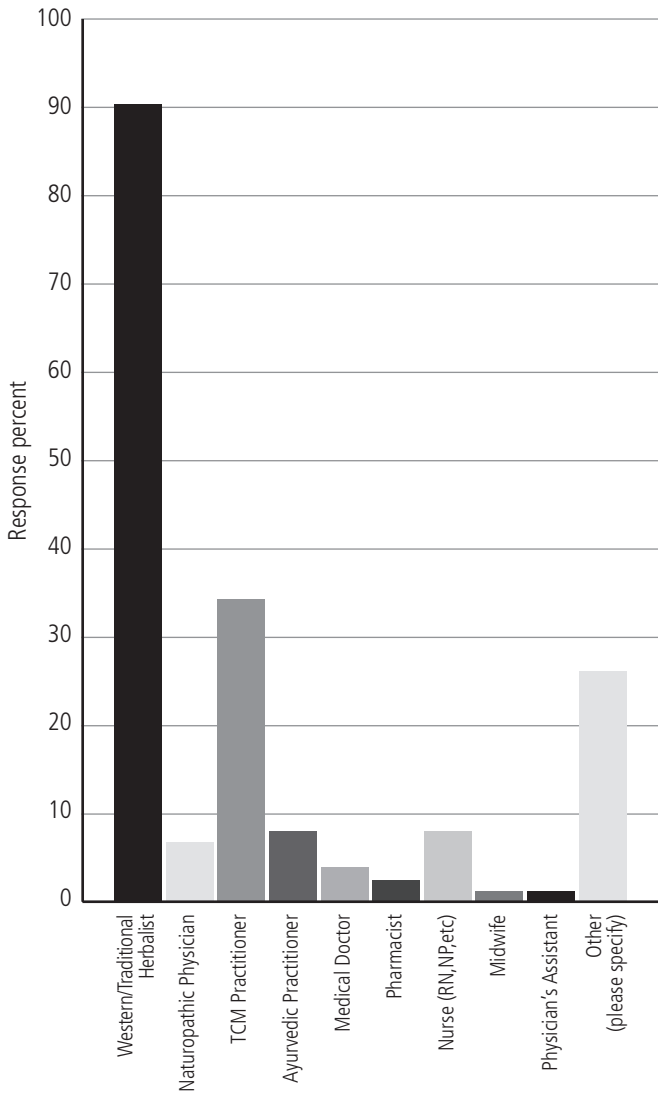
1. Are you a current professional member of the American Herbalists Guild?

Yes	100%
No	0%

(73 people answered this question)

2. Please select ALL of the options below that best describe your credentials.

(73 people answered this question)



Other (please specify):

- | | |
|---------------------------|-----------------------------------|
| Nutritionist | Chiropractor |
| Native American herbalist | Chemical Dependency Professional |
| Licensed acupuncturist | Health educator |
| Psychotherapist | MD in China & Japan |
| Research scientist | Non-TCM Chinese Herbalism |
| Certified Nurse Midwife | Substantial naturopathic training |
| | TCM herbalism |

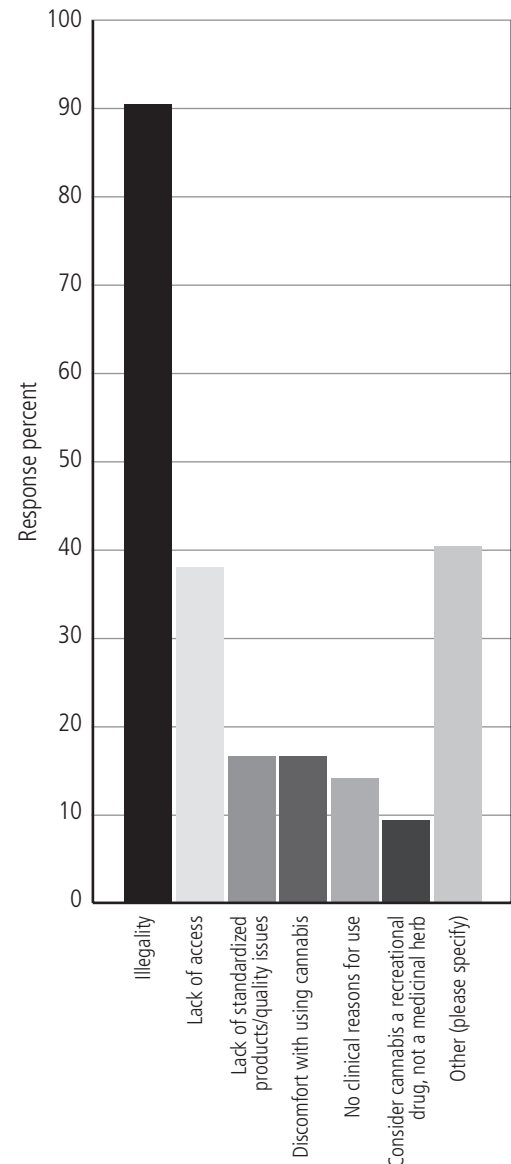
3. Do you currently, or have you ever, recommended or educated your clients about the clinical use of any cannabis products?

Yes	44.4%
No	55.6%

(72 people answered this question)

4. If you answered "no" to question 3 please specify the reasons that have kept you from using cannabis medicinally and exit the survey after question 6. Please select all appropriate answers.

(42 people answered this question)



Other comments:

- I limit this recommendation to select patients who will be comfortable with the suggestion of cannabis' medical uses, and even then, only in cases such as anorexia/cancer, glaucoma, and migraines that do not respond to other Tx, but I would recommend it more often and in different forms if it were legal.
- In Canada, individuals (patients) can get permission to use marijuana medicinally from a licensed MD, ND, or Doctor of TCM. As there is no licensing of Clinical Herbalists in Canada, I can't prescribe/access it for clients. If I could, I would. I look forward to further increased access to this most useful herb.
- Lack of good data!!! I'm interested in the use of non-psychoactive cannabinoids and recently attended a really good workshop on this. Non-psychoactive cannabinoids are available if the cannabis is neither heated nor dried, therefore making a fresh tincture possible. I have also hesitated due to the illegality. If it is legalized here in California I will certainly recommend it medicinally as a non-psychoactive.
- If I could find cannabis that was NOT illegal to purchase AND had measurable amounts of CBD I would encourage its use.
- I am not convinced that the usage of cannabis is sufficiently non-problematic. Specifically I am concerned about its immunosuppressive properties and potential for dependency.
- I have concerns about cannabis depressing the immune system.
- After 30 years of full-time clinical services seeing 1000 patients a year, I have never felt the need for its use. Not once.
- Perception of clientele

5. If you responded that you do not recommend the use of cannabis in your practice due to legal restrictions on this herb, would you do so if cannabis were available legally?

Yes	79.5%
No	20.5%

(44 people answered this question)

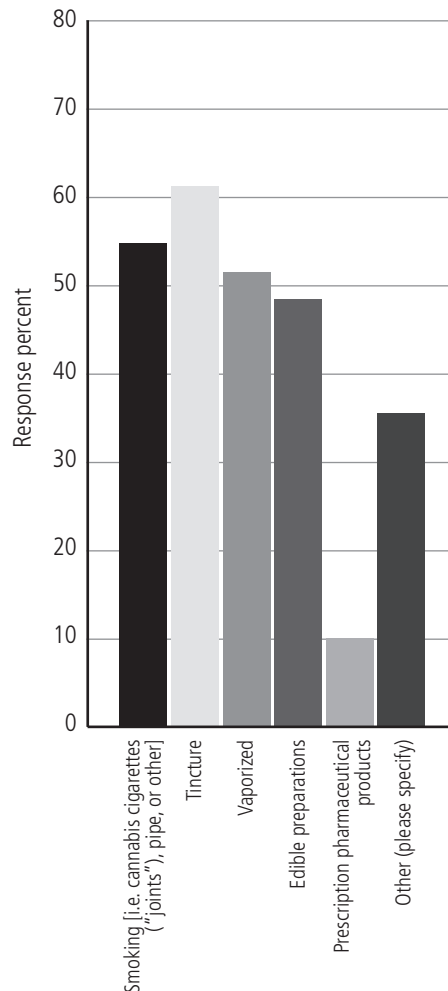
6. If you responded that you do not recommend the use of cannabis in your practice due to lack of standardized or reliable quality products, would you do so if such products were available?

Yes	61.9%
No	38.1%

(21 people answered this question)

7. If you answered "yes" to question 3 please specify the form(s) you have recommended clinically. Please select all appropriate answers.

(31 people answered this question)



Other (please specify):

Oil
 Use of Cannabis seed in some herbal formulas
 Salves and infusions – have also tried lozenges, but don't have the recipe quite right yet.
 I do not recommend edible preparations because I find it difficult to control the dosing and the dose can really add up this way.

8. Briefly describe the dosing strategy/range you use for the cannabis products you specified using in the previous question.

Smoking

- Half a rolled pot cigarette, as needed
- 1-2 inhalations for nausea/vomiting (for GI disturbances and anxiety-related nausea) at the time symptoms are experienced. For chronic pain issues, 1-2 inhalations as needed up to 5 times per day.
- Smoke prior to meals to increase appetite.
- Pin joints – one to several tokes as needed for symptom control.
- Vaporizing. Most of the edibles contain sugar, dairy or gluten. Consumption tends to make people more tired than smoking.
- Small amounts for periodic pain and tension. Maximum of 0.5 g (of bud) /day.

Client-regulated

- Dose? What dose? I think at best pot will always wind up to be self-regulated, and that can be the problem.
- I've only used it rarely and as needed in individuals who have used it before and can manage their own dosing. I wouldn't know how to dose since I think it would vary greatly in individuals.
- Smoke as needed for relief of pain or nausea, being aware that dependence is a potential side effect.
- As needed, smoking
- Self titrated for symptom relief

Variable

- Dosing for each preparation and individual varies, perhaps more so than other herbs I use, probably due to the variable psychotropic nature of many of the effects and also previous exposure, willingness to experiment, and value basis of each client. These affect how each responds to (a) the suggestion and (b) dosing strategies. For tinctures, I prepare a 1:4 and suggest 30gtt PRN. I also prepare a tincture in isopropyl alcohol for topical application only. I've tried to extract in oil for a topical application without consistent success. Edible preparations? I prefer butter extractions but really don't like the taste much. I find fat and other food administrations very difficult to standardize. This means that it's hard to gauge not only the effect of the herb on pain but also just how stoned someone gets! Due to the variability of the latter, sometimes clients need/want to preserve cognitive clarity.
- For acute pain, such as menses cramps, I recommend smoking a few puffs in whatever manner they currently do. If it is for more long-term chronic pain, I recommend using a tincture of the female buds, usually homemade. In both instances, the dosage depends on the strength of the cannabis and the quality and type of product. The dose also depends on the type of person taking it and how strongly it may affect them – hence variable dosing.
- A wide range of doses, from a few puffs of a joint to ½ brownie or pot cookie, especially for increasing appetite, to a joint every other hour in one case of advanced glaucoma for relief of intraocular pressure. At that dose, little to no mental or emotional effects were registered by

the patient.

- Use standard dosage and adjust depending on condition and client's feedback.
- 0.5-3 gram bid to tid of infusion, smoked or vaporized.

Tincture

- 5-15 drops; repeat if needed to alleviate symptoms
- Glycerin tincture, 1:8 extract, 2-6 mL as needed
- 1 mL tid, or as needed
- Great for sleep and pain relief
- 5-25 drops; repeat in 30 minutes if needed and then every few hours.
- For elderly, 5 mL tincture tid; for younger or stronger, 15 mL tid
- Tincture in 90% alcohol; in mixtures (e.g. cough mixtures) 10-40mL per week; as a simple for pain 5-20mL daily
- 30-60 drops, 3x day depending on the issue being addressed
- 5-10 drops of tincture as needed for pain
- I generally try to use tincture as a method to wean people off of smoking marijuana. I find that it is not nearly as effective or enjoyable for those who are accustomed to smoking regularly. 20-40 drops 2-4 x daily of a 1:5 tincture of bud.

Seeds

- As a stool softener/fiber/oil nutrient, 15gm each morning
- Cannabis seed is incorporated in formulas for specific patients in accordance with its need within the formula.

Edible

- A spoonful of butter a day
- Small amounts edible forms to treat anorexia
- Depends on the person, whatever they find works, typically a few squares of chocolate or a few small pieces of cake daily

Titrate

- Since products vary greatly in strength, I recommend starting quite low and tapering up.
- I generally advise clients to start all herbs with smaller doses. Since people have variable reactions (threshold, not side effect) to cannabis, I suggest beginning with only one puff and increase slowly to an effective level.
- I always advise patients to titrate the dose upward, starting small and increasing until symptoms are effectively relieved. This may be anything from one inhalation of smoke or vapor to 15-30 drops of tincture to ¼-½ serving of a cannabis confection.

Topical

- Mixed with other botanicals in a base of magnesium gel and arnica gel – this is for specific types of pain.
- Infused oil – short term topical application for muscle spasms and tension.

(37 people answered this question)

9. Please specify, in order of most to least, the species, if any, you consider most effective medicinally.

- 14 of the 33 respondents to this question did not feel that they had enough reliable information on this topic. As one respondent expressed it: "Because the cannabis most people can obtain is not labeled with species, or any other useful information for that matter, I honestly can't say I know the difference medicinally from C. indica to C. sativa. This would be a very useful benefit of legalization!"
- Sativa seems to have a more cerebral/emotional/psychological effect, while indica is more focused on body relaxation and other somatic effects.
- Cannabis indica is more conducive to treating pain.
- Sativa is energizing; indicas more sedative.
- Sativa for more clear-headed, creative, less drowsy appetite stimulation and indica for more sedative qualities.
- C. indica more psychoactive, analgesic, sedative. C sativa poor appetite, anxiety

(33 people answered this question)

10. Do you consider the different species to have different indications (e.g. effects more on psychological or physical)?

Yes	69.0%
No	31.0%

(29 people answered this question)

11. Please select all of the conditions for which you have recommended the medicinal use of cannabis.

See graph on page 32.

(36 people answered this question)

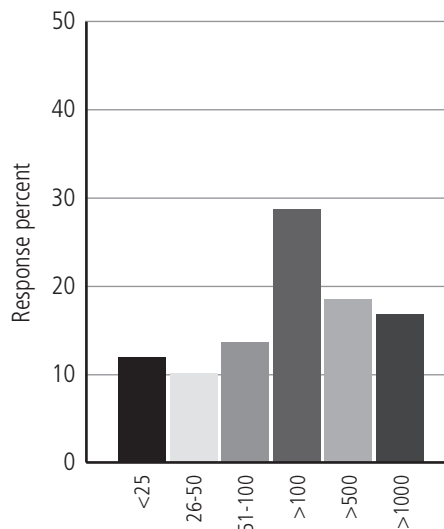
12. If there are conditions for which you recommend cannabis that are not listed above, please list them below.

- Constipation (2)
- Childbirth
- Failure to thrive (in adults)
- Inability to focus
- Osseous metastases
- Social anxiety disorder
- Stuttering
- Twitches
- Used in Ayurveda in early stages of common cold due to drying effect

(13 people answered this question)

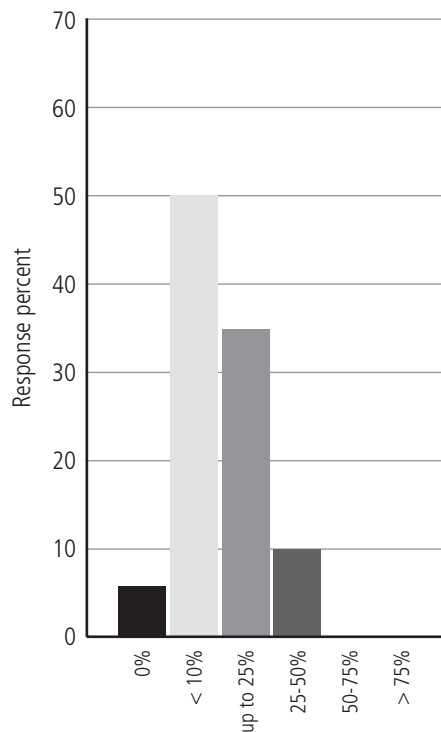
13. How many clients do you estimate that you see per year?

(59 people answered this question)



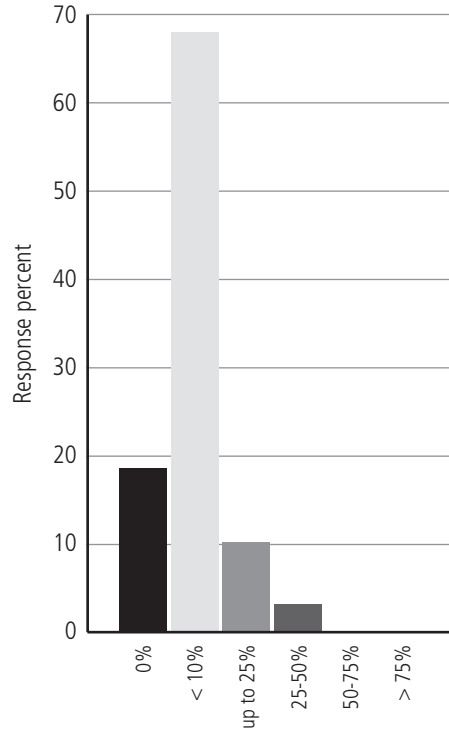
14. What percentage of your clients would you estimate use cannabis for recreational purposes?

(60 people answered this question)

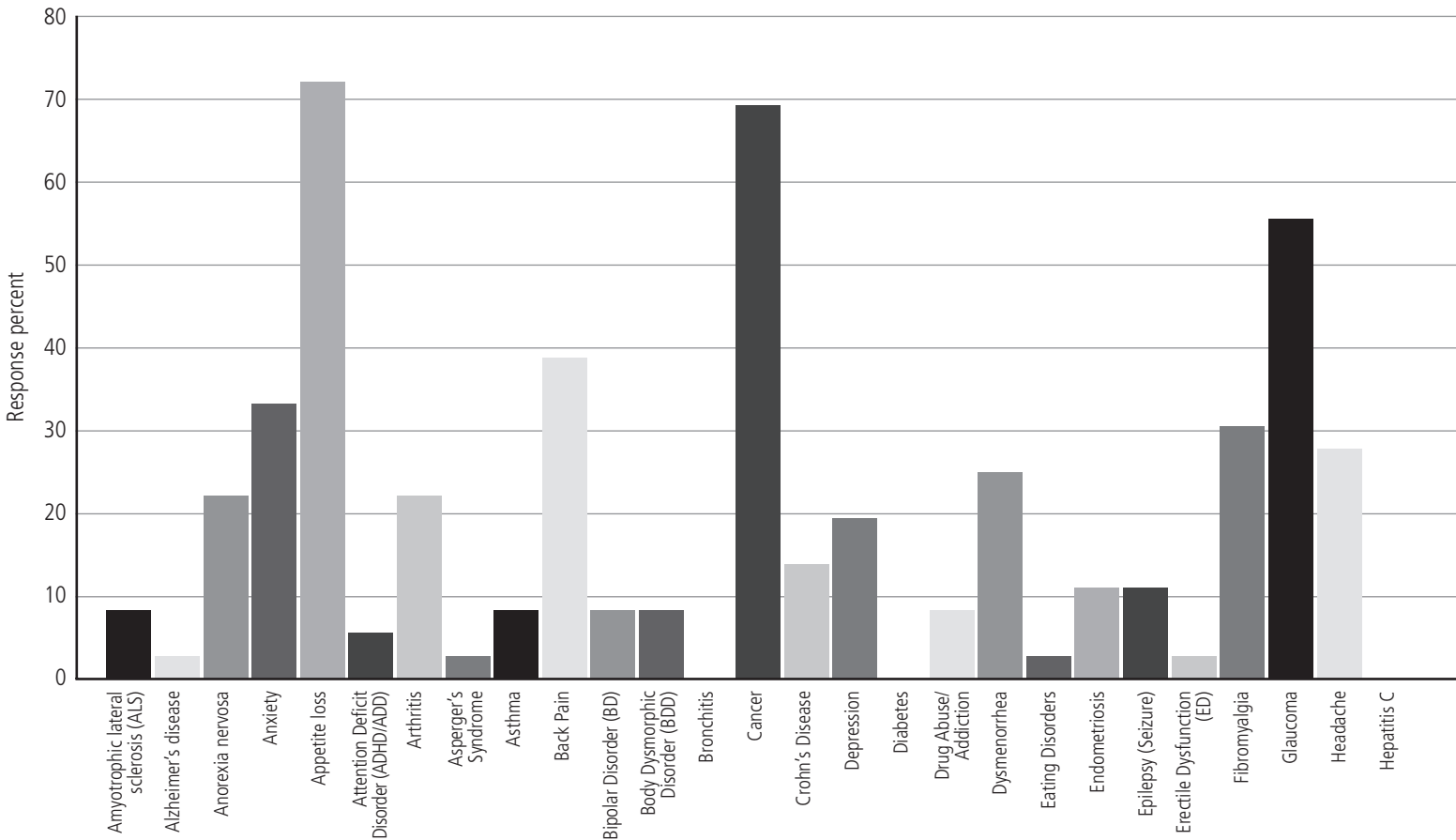


15. What percentage of your clients would you estimate are using cannabis for medicinal purposes?

(59 people answered this question)

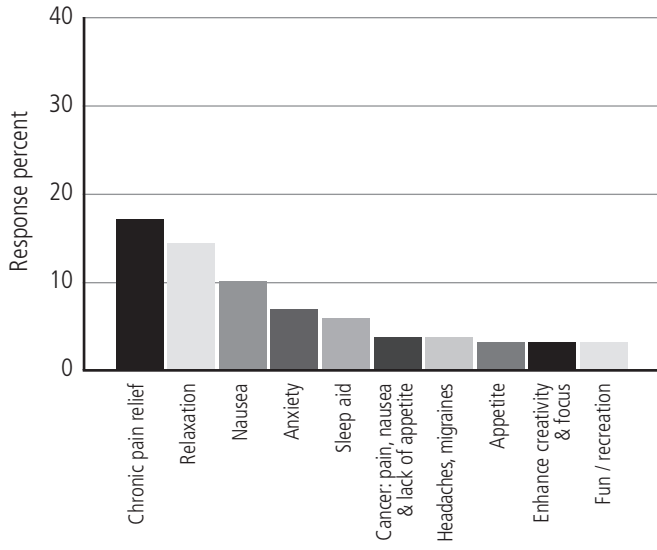


11. Please select all of the conditions for which you have recommended the medicinal use of cannabis.



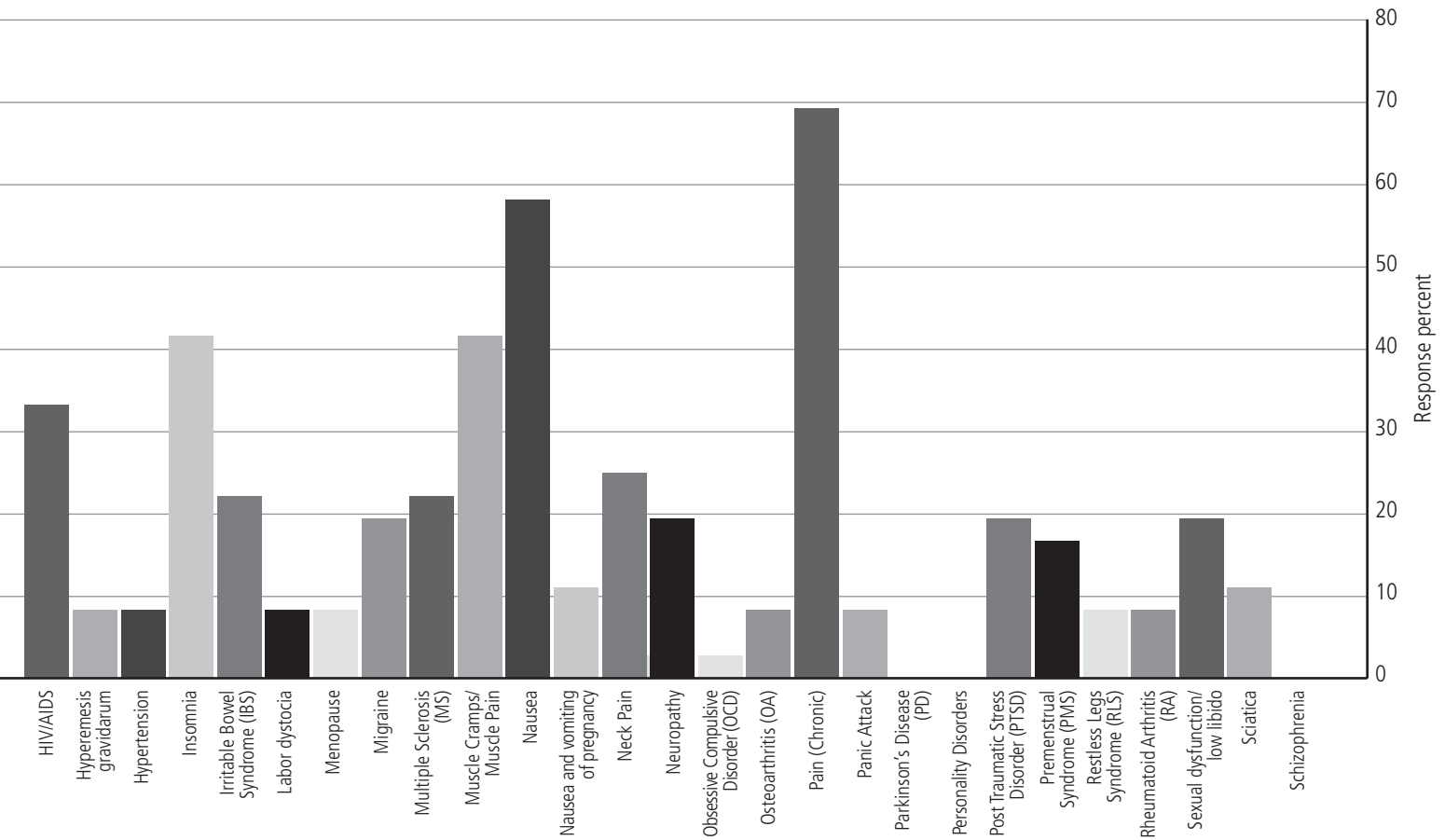
16. Please list up to 10 reasons your clients give for cannabis use.

(45 people answered this question)



Others listed (n=):

- Glaucoma (6)
- Increases appetite (6)
- Anti-depressive (5)
- Addiction/Dependency/Habit (4)
- Safety compared to pharmaceutical preparations (4)
- Digestive issues / IBS (3)
- Aid libido (3)
- Relieve muscle tension/spasms (3)
- “Serious” mental health conditions (3)
- Multiple sclerosis (2)
- Premenstrual syndrome (2)
- Spiritual (2)
- Eases hot flashes
- Eating disorders
- Efficacy
- General achiness
- Helps connect with nature
- Less expensive than pharmaceuticals
- Menstrual cramps
- Restless leg syndrome
- Skin conditions



17. Have you ever used cannabis (not hemp!) products topically for medicinal purposes?

Yes	16.7%
No	83.3%

If yes, please specify the products and reason(s) for use:

- Oil-based preparations for pain relief (4)
- Salve for musculoskeletal pain (3)
- Made a salve for a person with a fear of flying, but must travel often for work. No smoking in airports and carry-on liquids are limited. Combined cannabis with California poppy
- Menstrual cramps
- Oil topically for skin, scarring, pain, skin cancers, skin tags

(60 people answered this question)

18. If cannabis were legal and quality assured, do you think more of your clients would use it medically?

Yes	83.9%
No	16.1%

(62 people answered this question)

19. Have you observed or have your clients reported adverse effects associated directly with cannabis use?

Yes	60.3%
No	39.7%

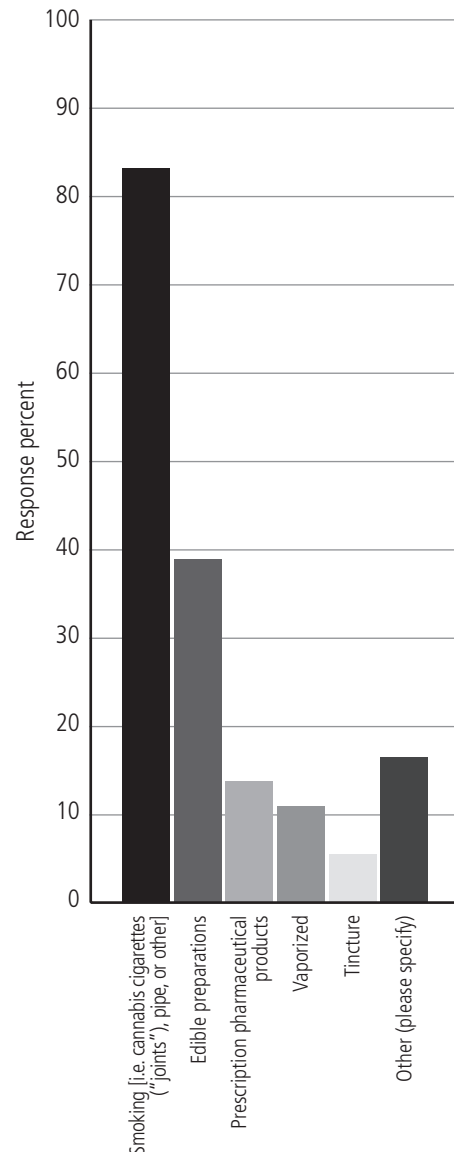
If you answered Yes, please list the top 5 adverse reactions.

Paranoia (13)	Difficulty communicating (2)
Lack of motivation (10)	Decreased libido (2)
Cognitive dysfunction; slow mental processing (8)	Disorientation (2)
Psychological dependence/addiction (9)	Dizziness (2)
Anxiety; panic reaction (7)	Increase of heart rate (2)
Fatigue/Lethargy (7)	Memory loss (2)
Overeating (5)	Drymouth
Dysphoria (4)	Fear of being arrested
Lung irritation/cough (4)	Hallucinations
Euphoria (3)	Headache
Slow reaction time; impaired hand/eye coordination (3)	Lack of dreaming
Blood sugar imbalance (2)	Nausea
	Pseudo-psychosis in patients with mental health histories
	Unwanted psychotropic effects

(58 people answered this question)

20. With which types of products are adverse effects most commonly observed in your practice?

(36 people answered this question)



Other (please specify):

Especially when they use it rolled in papers.

Hybrids containing sativa

Most sold edibles are mild and very expensive way to dose.

Sugar, gluten and dairy might be what many people need to avoid. Homemade edibles can be very strong and one doesn't know how much is too much until it's too late.

Mostly people with previous recreational exposure and other emotional and psychological issues that are poorly addressed are the ones who have "adverse reactions"

Topically

21. Do you commonly recommend cannabis as a single product or in combination with other herbs?

Single product	80.0%
With other herbs	20.0%

If you typically recommend cannabis with other herbs, please list up to ten herbs you most commonly combine it with.

- Typically: belladonna, aconite, cayenne, arnica, hypericum Hypericum, rosemary, arnica, cayenne and different essential oils
- Essential Oils: birch, ginger, frankincense
- Other: Magnesium, DMSO
- Internal Use: California poppy, Corydalis, Ginger, Ginseng, Hops, Lavender, Nettles, Peppermint, Reishi, Rhodiola, Salvia divinorum & other psychedelic drugs, Skullcap (2), Tulsi, Valerian (2)
- Nausea due to chemo, combine it with fu zheng herbs
- Combined effectively with other herbs, especially anxiolytics.

(30 people answered this question)

22. Do you consider cannabis addictive?

Yes	56.4%
No	43.6%

If you answered Yes, please explain why in less than 35 words.

Psychological

- Too often leads to psychological dependency.
- Mentally, not physically
- Psychologically habit forming if the client has not done other work to address problems in social behaviors and relationships. Most medical substances with significant effects on emotion or pain have this potential for misuse. Whole person healing involves addressing these issues as well as physiological needs for relief.
- It is highly psychologically addictive in some people and can cause emotional retardation in chronic long term users especially if they started smoking in their early to middle teen years. Any drug that people continue to use (smoking it) when they can hardly breath because of severe COPD is addictive in my mind (I have seen this many times), as well as destroying relationships, interfering with work and family life.
- It is psychologically addictive in that people become dependant on its relaxing action. Many people find the numbing effects enjoyable and continually use it for this effect. But mainly, they cannot stop using it, even when it interferes with their life negatively – psychologically.
- It is sometimes used to numb emotions instead of confronting them. The emotional numbing effect is addictive.
- Not addictive, but habit forming
- It may not be physically addictive, but many patients feel they need it emotionally to help relax and relieve stress. Perhaps an emotional addiction.

- I feel it mostly psychologically addictive. Used similar as a “crutch” to western pharmaceuticals without dealing with the cause of anxiety.
- To an extent it is but it is a psychological addiction. It is definitely not addictive in the traditional sense in my opinion.
- People can develop psychological dependency if they have an addictive tendency.
- Only psychologically addictive
- Only in a very small percentage of people (less than 10% of general population). There can be physiologic and psychological withdrawal symptoms (sweating, increased heart rate, shaking, nausea, rebound anxiety). Otherwise, I do not believe it is addictive in most people.
- Addictive is the wrong word. Cannabis use can become habitual and users can develop physical and mental/emotional dependency. While sudden discontinuation of use of cannabis does not induce traditional symptoms of withdrawal symptoms, people will often experience anxiety, nervousness, difficulty sleeping, loss of appetite and fatigue for a period of time.
- I have observed many friends, acquaintances, and patients who are absolutely addicted to marijuana. The majority of people I come in to contact with who smoke marijuana have been doing so for many years (10+) and absolutely must smoke every day and several times a day in order to be functional. The possibility of them not having marijuana would be devastating to their life by their standards.

(55 people answered this question)

23. Do you consider cannabis a safe herbal medicine?

Yes	74.6%
No	25.4%

If you answered No, please explain why in less than 35 words.

- Loss of judgment and because of all the other symptoms that arise. It sedates the water element i.e. kidney-adrenals organ-meridian complex, this leads to a lack of will power which in turn based on 5 element analogy means that water does not control fire which in TCM is the psychological aspects associated with Heart qi – this leads to delusions, excessive dreams, fantasies (not always good) and Heart Fire being out of control. It in turn overstimulates its ‘child’ element which is the spleen-pancreas that stimulates appetite, usually for strong sweets not just simply wholesome food. Sedating Kidney Water in turn means that Liver Wood is not nourished and thus one is more prone to emotional mood swings and irritability.
- With reasonable precautions, in a medicinal context, I think that cannabis can be useful for a number of physical conditions. It can be dosed more specifically than Marinol.
- Because cannabis affects the brain in some of the same ways that other drugs do. Also, it is an addictive substance. It may exert complex effects on male and female sex hormones. And high doses of THC suppress several aspects of the immune system. It possesses psychic side effects (anxiety, restlessness, insomnia) and physical symptoms

(diarrhea, muscle weakness, etc.) may occur.

- Don't know enough to answer. Concerned about estrogenic potential, but no studies seem to confirm this.
- For the most part, like any other agent of the type that can cause euphoria, sexual stimulation, other changes in consciousness, some people become fascinated with using it and overdo it – sometimes to the point they cannot function well; especially with users who “wake and bake”.
- People need to be taught how to use it safely. We need a reformed drug education.
- Actually yes and no. For some it is a relatively mild but effective analgesic and anti-nausea medicine that is much less harmful than pharmaceutical meds. For some it becomes a problematic drug that changes them, usually not for the better.
- Recommended by cannabis-literate practitioners, it should be very safe.
- This question cannot be answered in a black and white way. Used correctly when indicated it is safe. When used incorrectly it is not.
- I would consider it in the medium risk category. I use many mildly toxic herbs. They are used with experience and great thought and usually for a short-term function. So ma huang is safe if used correctly. I think of cannabis like this as well.
- I feel that in certain individuals and situations it is safe, however, it can also be highly addictive. If smoked regularly, it seems to encourage a very heavy/sticky/stuck phlegm in the lungs.
- Not at this point and that would be for reasons of SOURCE.
- I am actually not sure about this as cannabis is illegal in England. Personal observation amongst friends and acquaintances who use the drug for recreation has led me to believe that it should be used for short periods only and for medical not recreational purposes because of possible long term mental problems arising from continued use.
- It affects memory and cognitive function, so must be handled with care.
- Lack of experience (5)

(59 people answered this question)

24. Do you think that cannabis should be legalized for general or medical use?

Yes, for general use	62.9%
Yes, for medical use only	29.0%
No, I do not think cannabis should be legalized	8.1%

Please explain your response in less than 35 words.

Yes

- In the same way I consider that alcohol should remain legalized. We all know the abuse of alcohol, some choose to indulge, others can control it. Smoking pot is victimless in terms of affecting others – though this may be changed with more open widespread use. Hopefully, there will be some regulations (i.e. driving, public use, etc.). I think in general it

should be decriminalized as cigarettes are.

- Until we have a social consensus and mechanisms in place to control cannabis, I think it should be legalized for the many medicinal uses. That said, many people use it recreationally in a reasonable manner and eventually it should probably be legal but controlled.
- Because its medical use hasn't been strongly proven yet, it should get further study. How to minimize its side effects and maximize its medical effects? It is not good time to widely use it now, I think. Even if herbalists really plan to treat patients with it, please do it with caution.
- I think the legal authorities have no right to restrict the use of reasonably safe intoxicants and people can take responsibility for themselves
- It's a naturally occurring plant, end of story . . .
- With cautions once more is known about it – its various species distinctions, its hormonal activity, its genetic variants in how people respond, etc.
- Though I observe adverse effects the culture is in a state of extreme need, from medical need, and alternatives to far more dangerous methods of the general public self-medicating. The War On Drugs is as disastrous as the war in Afghanistan.
- Unless we make alcohol illegal, we might as well make cannabis legal.
- Legalizing it would open doors for taxing it, making safer preparations and reducing drug wars. The tax dollars could be reinvested in our health care system, (i.e. for addiction programs or for natural medicine research)... but that's a long way away. It should definitely be legalized for medical use in all states.
- Although it is not completely safe, I feel that the time effort and money spent in law enforcement and the subsequent criminalization of users is not warranted by the degree of potential danger from its use.
- Is a valid medical herb with indications and/or imbalances.
- There are a number of patients/clients who respond better to marijuana than conventional herbal preparations or pharmaceuticals. It tends to work much better for chronic nerve pain than any other product. It is the only effective prophylaxis for glaucoma – all the AMA meds only decrease current pressure, but do not stop the disease process from continuing.
- In my experience, cannabis has considerably far fewer adverse effects than alcohol. If legalized for general use, this would include medicinal use.
- I think it should be legalized for both general AND medical use (i.e., different (stronger) grades & types of products for medical use than general (recreational) use)
- People that are going to use it will, and many of them lead exemplary lives with good families and professions. Police have more important tasks to do. In the year that cannabis has been widely available here, it seems the spirit of co-operation and community is stronger than ever here. Crime and accidents have not increased.
- The medicinal uses will reach far beyond the psychoactive qualities if it is legalized. We can begin to see great research on the non-psychoactive benefits then.
- Personally, I think that cannabis is a safe medicinal herb . . . sure there is potential for abuse, but that exists with many things, substance or

not. If it were legal, I would recommend it more often. Currently I only suggest it to clients that I feel may already enjoy it socially.

- I think of cannabis like booze...a euphoric. One is legal and the other is not. Seems the prisons and police could find better things to do with their resources.
- Less government spending on drug trafficking, taxing the purchase of cannabis would benefit our government, benefit the economy
- Because of the illegality and the fact that it is so widely used as a recreational drug, I believe that the valuable medicinal properties of cannabis are being overlooked which is a tragedy.
- It should be standardized to a mild or moderate level so people can use it for recreation safely.

No

- Making it legal has been a nightmare in the UK where it was legalized for a short while. The "medical reasons farce in California is reason enough!
- It would be abused if made legal for all.
- Not for general use, medicinal use yes
- Legitimate uses for cannabis are many. But like most other things I have seen it abused too often to support is becoming more readily available.

Maybe

- As a clinician I would like to see more studies done before it becomes fully "over the counter," just as alcohol should have been.
- Because of the potential for misuse that any medication with emotional effects and pain relief ability, it is necessary to provide control and support for the use of this intervention. All psychological and social issues must be considered in a whole person treatment strategy.

(62 people answered this question)

25. Do you consider cannabis safe for pediatric medicinal use?

Yes	21.6%
No	78.4%

If you answered No, please explain in less than 35 words.

- Don't know enough to answer; need more safety evidence (20)
- Concern about side effects (6)
- Psychological concerns (i.e. impair development) (5)
- I might use it for oncological purposes (3)
- External use only (3)
- Very occasionally it seems to control certain conditions in children. I think that it has more potential hazards for pediatric use however since the brain has not finished developing.
- My true answer is "maybe" Yes for pain/nausea, especially if around pediatric oncology. No for mental-emotional, behavioral

reasons – too alluring, easily psychologically addictive, prefer teen brain development to occur without it.

- I guess it just doesn't seem right... definitely not in smoking. I would not hesitate to use it for extremely serious or painful conditions.
- Children should generally not use mind-altering drugs in my opinion. However, this is not a hard and fast rule. I would prefer cannabis to synthetic meds for chronic pain, sleep syndromes, adjuvant to cancer tx (chronic nausea), etc.
- Very difficult to determine safe and effective dose for children under the age of 12-13
- I think it will be years before this will be investigated. However, please check out the You Tube: Alexneedshelp. Cannabis is certainly safer than many pharmaceutical drugs.
- Only in medically supervised situations when other remedies are not working, and cannabis is indicated
- I would think it is not needed. There are so many great herbs and formulas out there and infants are so easy to fix. I can't imagine a need for such a strong herb.
- I do not consider smoking appropriate for pediatric pts; tincture most appropriate. Would reserve for conditions such as seizure where it may be safer than pharmaceuticals; ideally a pharmaceutical grade product would be available for pediatric patients.

(51 people answered this question)

26. Do you consider cannabis safe for medicinal use in pregnancy?

Yes	24.1%
No	75.9%

If you answered No, please explain in less than 35 words.

- Not enough information; need more evidence on safety (23)
- Its side effects that may hurt pregnant women and foetus' brain and nerve cells more than its therapeutic effects. The most harmful issue is that the addiction from cannabis.
- Only with careful deliberation
- A qualified No... All smoke has been shown to cause ill effects on the unborn. Eating cannabis may be safe for pregnant mothers and the developing unborn where its properties help the mother (appetite, avoiding worse drugs, migraines, etc.) but I have no information on this.
- Again, why take the risk when there are herbs with more empirical safety evidence.
- I do not recommend herbs in pregnancy unless absolutely necessary anyway.
- I do, but I generally don't recommend it to pregnant patients at this time due to insufficient evidence-based research.
- It lowers the white count, which is never a really good idea in pregnancy. I am also not in favor of introducing any type of medicine in the first trimester that may cause potential harm.

- I'm not sure. I think this would depend upon a mode of administration. A confounder might be stimulation of the appetite and the complexity of [excessive] weight gain. Personally, I would avoid its use here until I'd spoken with others with experience.
- I'm not in favor of any exogenous drugs during pregnancy that can change consciousness – this is going to affect the development of the fetus for sure. Without having thoroughly looking at the literature, I would guess that THC has some estrogenic action, not good during pregnancy. The same provisos as above are in effect though – if nothing else is available that will help reduce insomnia, appetite loss, pain syndromes, etc. I prefer it to synthetic agents typically.
- Research indicates otherwise
- Cannabis has estrogenic effects that should be avoided in pregnancy, especially with male fetuses. Also, no smoking should be allowed during pregnancy
- It alters hormone levels
- Without seeing the research to show safety for the developing fetus, I follow the general guideline that most ALL herbs and medications

should NOT be used in pregnancy.

- I have read the research of increased axion gaps from the use of cannabis and can't imagine that would be a good thing for a developing fetus
- I would not want to be subjected to marijuana while in the womb. I would not use it.
- We don't fully know the effects on neural development in utero.
- In general, I would avoid it like alcohol. Why not, when the baby is grown, can it not have its own choice as to what influences it wants.

(54 people answered this question)

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