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Medical cannabis: Miracle or myth?

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Introduction

Cannabis has a long history of medicinal use, dating back thousands of years (1). However, with the discovery of morphine, hypodermic needles and other fast acting synthetic opioids in the ninetieth and the turn of the twentieth century- cannabis use declined as a medication(2).

For most of the past six decades, cannabis has been considered a recreational drug, and was considered illegal in many jurisdictions. Yet in the past few years its association with medicine has made a dramatic comeback. As illustrated in figure 1, over the past six years (2010-2016) the terms "medical cannabis" and "medical marijuana" has seen a 4- to 5-fold increase in references based on a historical trend analysis of the terms noted in the PubMed database. It would appear that the term medical cannabis is most often used over medical marijuana, in the emerging literature.

In the past several years, claims on the potential for cannabis to treat, cure and prevent a number of diseases and conditions has led some to query whether these claims are overstated.

A game changer for medical cannabis has been the ability to consume it without a need to actually inhale it along with other negative products of combustion. Newer technologies that allow for the vaporization of the full plant has made it less of a health concern (3).

Noticeably the evidence on medical cannabis is lacking in both quality and quantity. To date most of the research has been conducted in Israel, however, with cannabis set to be legalized for use in Canada (4) and in a recent move in the United States, by the Obama administration (5), to remove barriers should allow researchers greater access to medical cannabis for testing in well-designed clinical trials.

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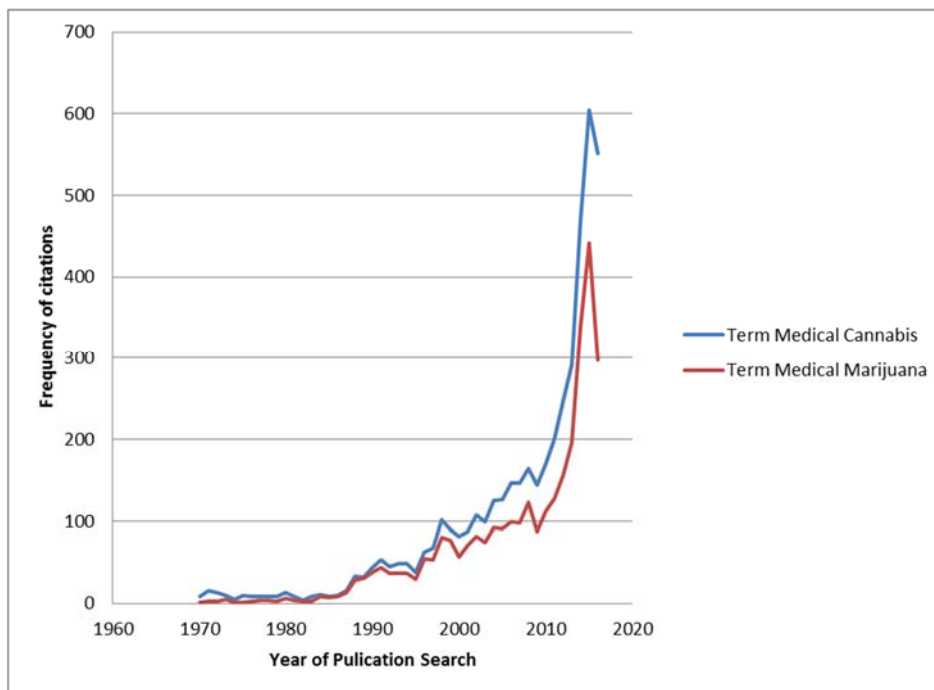


Figure 1. Number of article titles using the terms: medical cannabis and medical marijuana in PubMed.

In Canada, the federal marijuana regulations were updated in the summer of 2016 with the introduction of the *Access to Cannabis for Medical Purposes Regulations (ACMPR)*. The aim of this newly update regulation (*ACMPR*) is to treat marijuana like other psychoactive drugs used for medical purposes. Many of the Colleges (eight provincial) in Canada prohibit or at best strongly discourage its members from dispensing, providing or accepting delivery of marijuana for medical purposes (6). Of major concern for most Colleges has been a lack of good evidence on both medical risks and therapeutic benefits of marijuana- intimating that physicians' currently prescribing cannabis may be falling short of a fulsome informed consent process.

The typical recommendation for Canadian physicians is that medical cannabis should not be a first line therapy and that documentation should outline that conventional therapies were attempted but were not successful (6). The legal defense organization for physicians practicing in Canada- the Canadian Medical Protective Association (CMPA), updated its guidance document following the passing of *ACMPR* regulations- a cursory read through this document quickly identifies a less than positive endorsement for physicians, highlighting mainly

potential risks and limitations to physicians potentially interested in adding medical cannabis to their treatment recommendations.

As the medical community has been slow to start-noticeable in the grey literature is the proliferation of website by patient and advocacy groups making claims that cannabis has the potential to treat ailments and symptoms ranging from AIDS related illness, Asperger's, Bulimia, carpal tunnel syndrome to whiplash- making the differentiation between the miraculous and mere hype all the more challenging to identify (7-9).

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