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Post TYExpo...jubilant exhaustion!

I write this editorial with jubilant exhaustion since it is a matter of days after the Third Annual Treating Yourself Expo which was held in Toronto.

The show has evolved and will always remain a work in progress. This year, we added a glass blowing competition to the event which was spectacular. The glass artists worked incredibly hard throughout the event and it was great to see them in action. Their finished pieces can be seen at 1of a kind glass store in Toronto where they will remain on display for fans to see. We are also publishing articles on the glass blowers so you can find out more about their work in the magazine.

The show also saw many businesses from around the world and activists who share their passion for educating people and pushing the movement towards ending prohibition. There was a variety of people giving speeches on the main stage, compassion clubs and an overwhelming variety of businesses linked to all aspects of growing and production of this much valued medicine. The vapour lounge was back and there were new features such as Pot TV with the crew from Vancouver's Cannabis Culture keeping Marc Emery's name at the forefront of the political movement. We look forward to inviting Marc to attend the show when he is finally released and uniting the major players together politically, to present a force to be reckoned with.

There are too many people to say thank you to. This event would not take place without an extensive list of supporters, staff, volunteers and friends who provide assistance and encouragement on a continual basis. My show manager Jim has been a pillar of strength too and is vital to pulling this whole thing together.

As an activist myself, it is important that we don't rest on our laurels but keep pushing for a system that is fair and transparent. One issue that we need to look at is the prospective remodeling of the medical marijuana system in Canada and stop the demonizing of doctors in a recent documentary. Certain doctors have been "outed" publically such as Dr, Kamerman, who is seen by many sick and ailing people as their savior. Many of us are aware that Health Canada telephones doctors, spreading fear, while trying to talk them out of prescribing the required dosage of cannabis needed by the patient. They are not qualified to do this. We need to fight this "God" complex they have and stop them sabotaging the program in the media and destroying reputations and lives like this.

On a lighter note, I hope you enjoy this issue of Treating Yourself and keep educating people about the medical value of cannabis.

Take care and Peace,

Marco





Issue 35 - Advertisers Index

IFCover, 3 1of a Kind Glass

95 BC Bud Depot

24 Cannasseurs Inc.

40 Contest: Herbal Aire Give Away

120 Contest: TYROOR Vape Kit

13 David B. Allen M.D.

30 Dolce Vita Magazine

119 First Class Seeds

BCover Green House Seeds

77 GrowHD TV

31 Harborside

103 HempFest

10.59 IvanArt

51 Kannabia Seed co.

107 Karma Genetics

59 KDK Distributors

107 LA Containers

39 MedcannAccess

4 Michelle Rainey

39 MMA

64-66 MM Seeds Wholesaler

73 Mr.Nice Seedbank

46 Nirvana

IRCover Paradise Seeds

91 Persei Portable Vaporizer

27 Planetary Pride

121 RooR

85 Serious Seeds

24 THC Farmer

27 THSeeds

21 Trimpro

67 True North Seedbank

5 TYMM&HExpo DVD

6 TY Subscribe

122 Vape on the Lake

49 WeedWorld

38 Zenit & Badabing

Cartoons/ Illustrations

Ivan Art 11, 40, 100, 101

Georgiatoons 15, 20, 50, 84, 94

Josh Boulet



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• Full page: 203 x 276 (wxh) + 3mm bleed on all edges. / 8in x 10.9in + 1/8in bleed

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Inside Issue 35 of TreatingYourself





Teen Speaks Out About Tourette's & Cannabis p.34



SPOTLIGHT on G'Day Garry p.56



The Rootless Transport Mechanism _{p.74}



Pictorial
Nimibin's
Mardigrass
Australia
p.106

Q

CONTENT

Editorial

7 Marco's Editorial



12 Letter to Senator Deborah Dawkins



14 Request for a Letter of Intent...

16 Patients Get the Shaft in the Aloha State

Cannabis 451



25 Just Who is Patricia Allen

28 Living and Dealing with ADHD

32 Michelle Aldrich: Milagro Oil for Lung Cancer

34 Teen Speaks Out about Tourette's & Cannabis **Hemp Chronicles History:**

36 A History of Medical Cannabis

Health

41 Inflammatory Comments

47 Opium Made Easy



Spotlight TY Interviews:

52 Philly Blunts

56 G'Day Garry

Strain Report

60 BC Blue God

62 Cannaeese Bubble Hash

Cultivation

68 Seed Quality and Packaging .

74 The Rootless Transport Mechanism

78 Silver Thiosulfate (STS)



Reviews

Products:

Bubbleator

88 Persei Portable Vaporizer

90 Happy Daddy Pipe Tools



92 Cannabinomics



Story

96 Redemption



100 Keeping PACE Everywhere

104 National Home & Garden Show

106 Nimbin's Mardigrass 2012







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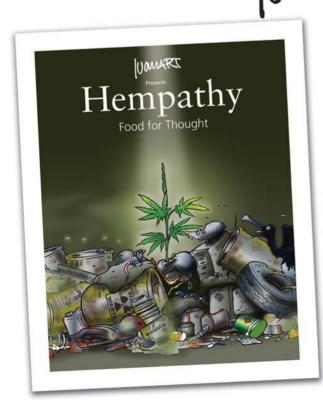
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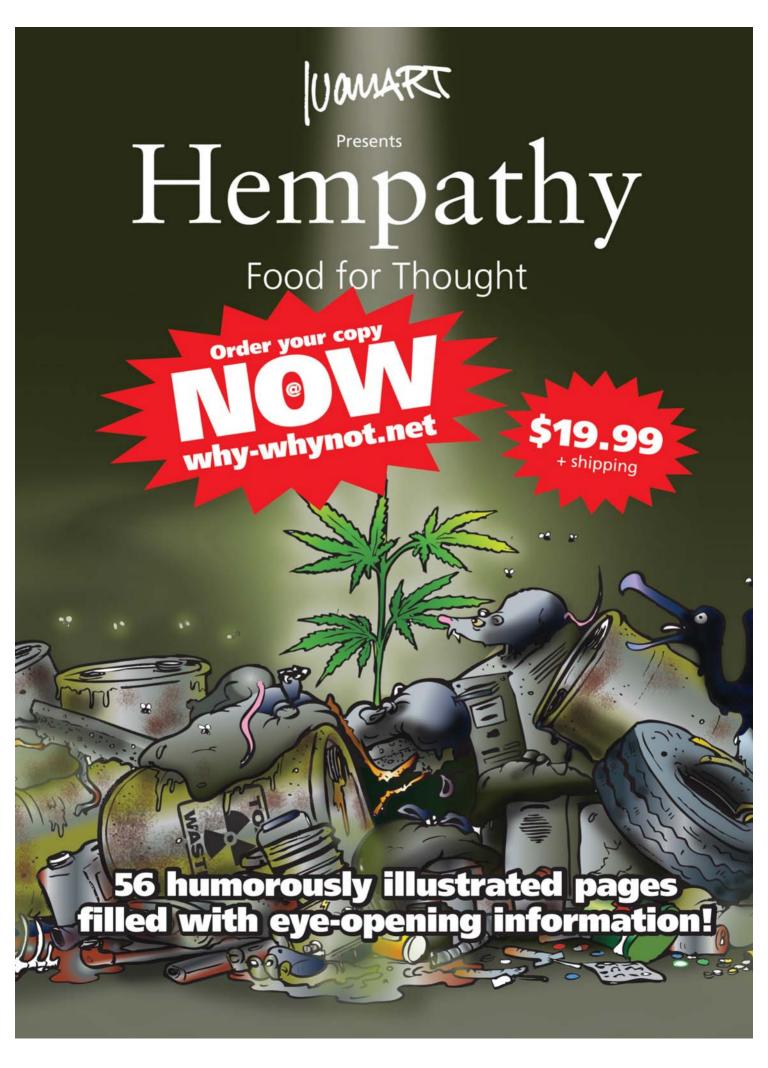
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TY PRESS RELEASE

End of Marijuana Prohibition letter

2/26/12

Senator Dawkins;

My name is David B. Allen M.D.. I had previously sent you a copy of my press release. I expect you have received it.

I am writing you to direct your attention on a United States Patent 6,630,507 of Cannabinoids as Antioxidants and Neruoprotectants.(attached) The Patent is quite complex and hard to read for most lay public. I am a professional scientific journal reviewer by my credentials as a heart surgeon. This Patent; which by acceptance by the patent office, is evidence that everything contained in that patent is considered the Truth. If you look on page 17 (of 26 total pages) and read column 16 under example 7 in vivo rat studies line 60 thru 63 it states the following; "This data shows that infarct size (the size of the Stroke) was approximately halved in the animals treated with Cannabidiol, which was also accompanied by a substantial improvement in the neurological status of the animal."

This is proof by the governments own hand, that Cannabidiol and THC both Decrease the size of a stroke by 50%. Since Cannabidiol is extremely safe in large doses in humans and does not have any euphoric effects (doesn't get you high); It would not change the physical exam of a patient having a stroke, and could be used without masking any change in the neurologic status.

Each year there are 800,000 strokes in the United States, of these 150,000 die and the rest are left to suffer the consequences of the stroke. A 50% reduction in a stroke would be a miracle as no other drug available today can decrease stroke size by any percent. (clot busters excluded) The difference of 50% reduction would mean the difference between the stroke victim being able to walk or not or talk or not. The monetary savings in health care and the human suffering make this issue too important to ignore.

Based on this US Patent and the safety factor of Cannabidiol there is no excuse for not doing clinical phase 3 human trials. I suspect many people would volunteer to receive this safe drug if they had a chance to reduce their stroke by 50%. I know I would. This medicine Cannabidiol could be available as a urgent as needed basis

or as a daily supplement in high risk patients. The chances of drug diversion of this medication would be ZERO.

This is no mistake; There is also evidence in the British Journal of Pharmacology entitled "Acute administration of Cannabidiol in vivo suppresses ischaemia-induced cardiac arrhythmias and reduces infarct size when given at reperfusion." (also attached) This complex title states Cannabidiol reduces arrhythmias caused by low blood flow and decreases the size of the myocardial infarction. This study in and of itself, is not proof, but is very good evidence, that heart attacks are also diminished by approximately 50% please see figure 3 pp 1238 This is copy from the study;

Effect of CBD on infarct size

Figure 3 illustrates the effects of the higher dose of CBD ($50 \text{ mg} \cdot \text{kg-1}$) on both area at risk (percentage of left ventricular area) and infarct size (percentage of area at risk). Area at risk was similar across all groups. Administration of CBD ($50 \text{ mg} \cdot \text{kg-1}$) prior to coronary occlusion significantly reduced infarct size, as did its administration immediately prior to reperfusion, when compared with vehicle-treated control rats (both P < 0.001; Figure 3).

In my opinion the study is not well written and they do not state exact percent of heart muscle saved but figure 3 shows about 50% reduction. (see attachment)

I have read the adverse articles printed in the local Mississippi newspapers about Mississippi Medical Marijuana bill (Bill 2252). The above information is not known to the public and would silence anyone who thinks there is no medical utility for cannabis. This is of course only a small application of the medical utility of cannabis. (Marijuana is improper terminology)

I would like to further discuss many more articles showing proof of medical utility of Cannabis, and absents of harm. I have NIH studies that show improvement in reaction time of Drivers using cannabis.

No one can deny the science. Cannabis is not only a medicine,; It is Life Saving Medicine! This medicine will be used legally here in California with great benefit, but this benefit may be unnoticed. We need to allow formal Clinical trials but this is not possible in today's political environment. There is a virtual moratorium of free scien-

TY PRESS RELEASE

to Senator Deborah Dawkins

tific medical study of cannabis in the United States. Many studies could be done with little risk to patients and to delineate the potentials of this medicine. The patients are already using the medicine, we just have to do organized study of them.

This Medicine will be used legally in California and in states where **LAWMAKERS** do not prevent sick and dying patients from receiving this life saving medication. I suspect that once the medical utility is proven without doubt that no politician will want to have been on the side of the law that incarcerated citizens for using life saving medicine. Cannabis prohibition cannot stand much longer. The science is behind this miraculous plant.

I write this letter not because I have anything to gain. I write this letter because I have suffered because of the unjust laws that hurt our society. It is past time to end the suffering of the illnesses and suffering from the laws.

I pray this letter is a National call to reason.

Romans 14:2

For one believes that he may eat all things: another who is weak eats herbs.

Romans 14:3

Let not him that eats (herbs) despise him that eats not;

And let not him which eateth not (herbs) Judge him that eateth

King James ver.

By this very statement in the bible it is religious persecution to incarcerate me for herbs.

I urge you to introduce legislation to end the prohibition of scientific research on Cannabis caused by the Conspiracy of the Drug War Proponents.

Please contact me at 510-421-6179 or email cali215doc@gmail.com

Thank you for helping the stroke and heart attack patients.

David B. Allen M.D. May be reprinted by anyone.



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Request for Letter of Intent Regarding the M.M.P.A. and Rights of Association

To John Vasconcellos and Mark Leno

By Jason Browne

In the past year, an alarming legal argument has been put forward by the opponents of patients' rights to access medicinal cannabis, and it's being used to deprive qualified individuals of the right to even present a medical defense to criminal charges, in municipal courts throughout California. Many District Attorneys have relied on this legal strategy to deprive patients of their rights under the CUA and MMPA, and many offices of County Counsel have utilized it to draft onerous legislation aimed at depriving qualified individuals of their rights of Association. This is negatively impacting criminal defense cases around the State, as well as supporting city and county ordinances meant to deprive whole communities of safe access to cannabis. For these reasons, it is imperative that our movement confront this legal strategy head on, both in our criminal and civil courts.

Our opponents have completely misread the M.M.P.A., and have strewn together a series of arguments, both out of context and in defiance of the English language. They assert that only primary caregivers can ever exchange money for products or services, while reversing the entire meaning of the M.M.P.A. in the process. The operative words "in order collectively or cooperatively to cultivate marijuana for medical purposes", are being misread in such a way as to limit the protections that follow ("shall not solely on the basis of that fact be subject to criminal sanctions..."). The real operative words in this section are actually "qualified (individuals) who Associate in the State of California"...

In other words, it's our right to associate that is being delineated here as the primary reason that qualified individuals are not subjected to the listed sanctions. The fact that we form such associations for the purpose of cultivating cannabis is subsequent to the matter of allowing for us to freely associate together at all. The freedom to associate for any cannabis related purposes (including but not limited to cultivation) is the real reason for listing these specific statutes in the M.M.P.A. (Sections 11357, 11358, 11359, 11360, 11366, 11366.5, or 11570). Our ability to form collectives and cooperatives was not directly protected under the C.U.A., but collectives and cooperatives arguably are allowed to form, even under the C.U.A., due to the AG arguments made in the voter information prior to the election, which established voter intent to allow qualified individuals to form associations. Once "SB-420" was passed into law as the M.M.P.A., this matter was directly addressed. Section 11362.775 reads, in part, "Qualified (Individuals) who associate within the State of California in order collectively or cooperatively to cultivate

(cannabis) for medical purposes, shall not solely on the basis of that fact be subject to state criminal sanctions...".

There is only one fact being represented here. Since we already know that the C.U.A. protects qualified individuals from sanctions for the cultivation and possession of cannabis, it is absurd to suggest that cultivation alone is the reason for exempting qualified individuals from prosecution for all of these listed statutes. Rather, the MMPA was California State's attempt to clarify the scope of the CUA, under the authority granted to the State by the electorate. The only single fact that could reasonably be inferred as being represented by this Section of the Statute is that qualified individuals are protected from Sanctions that are based on their formation of such Associations. For it's unquestionable that the actions undertaken by such Associations are the only facts that would lead to criminal charges being filed regarding these listed statutes in the first place. If an Association rents a space to cultivate or dispense cannabis, its members could be charged with "maintaining a space". If an Association transports cannabis from one point to another, its members could be charged with "transportation", etc. None of these circumstances would lend themselves to charges of only "cultivation", to which the members are already exempted under the C.U.A.

The opposition is essentially declaring that, with their newly found explanation of this statute, the practical effects must be that every group of patients who associate together may only cultivate their cannabis, but may never harvest it, process it, share, remunerate or otherwise "dispense" it, possess or use it, transport it, store it, provide a space to do any of those things with it, etc...In other words the effects of the statute must be to enforce the opposite of what the entire statute purports to do.

We must not allow the purposes of the M.M.P.A. to be reversed, by allowing our opponents to continue misreading it to mean the opposite of what it says. The operative words here are really that "qualified (individuals) who associate in the state of California...shall not solely on the basis of that fact be subjected to criminal sanctions." This whole matter of remov-

ing the enumerated protections (immunity from 7 entire statutes), based solely on the fact that only one of those protections (cultivation) is mentioned in the first part of the sentence as a reason for qualified patients to associate together, is complete balderdash and is a most tortured use of the English language.

Furthermore, the MMPA goes on to protect qualified individuals from these very statutes in the subsequent section (11362.765). Because this Section includes language regarding the reimbursement of "primary caregivers" (11362.765 (b) (3) (C)), prosecutors and law enforcement officers are mistakenly assuming that Collectives and Cooperatives do not already possess legal methods of seeking reimbursement for their operating expenses. In order to apply this logic, prosecutors have lately relied on some very strange hypothesis. Namely, that Collectives must be communist-run farms in order to qualify...or that the staffing of any non-profit or notfor-profit associations can never be paid positions...or that labor is not an operating expense, when applied to cannabis farms or dispensaries that operate in a collective or cooperative manner. All three of these assertions are patently absurd, vet they are being argued in courtrooms across California, as we speak.

While some of the cases affected by this are winding their way through the appeals court process. However, many more defendants are being denied their right to even present a medical defense, because municipal court judges are buying into this very flawed legal argument, and as you know, most qualified patients cannot afford to appeal these rulings, and are thus being denied their rights of Due Process entirely. Additionally, many cities and counties have mistakenly defined collectives or cooperatives to mean only "dispensary", so that when they attempt to legislate on matters involving the licensing or zoning requirements of dispensaries, they instead are restricting patients' rights to associate for any purposes whatsoever. According to the language of many such ordinances, if two or more patients are doing anything together they are classified as a "dispensary". Obviously, this situation needs to be resolved and patients' rights to associate together, for any purposes (including the cultivation, procurement or uses of cannabis), need to be acknowledged and protected. A congressional letter of intent would go a long way towards educating prosecutors and our courts, so that legitimate associations of qualified individuals can exercise their rights under California laws, without running afoul of our criminal justice

Thank you for your time and consideration of these matters.

Sincerely,

Jason Browne (Expert Witness), Full Circle Cannabis Consultations courtservices@fullcirclecannabis.com

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Patients Get the Shaft in the Aloha State

By Mary Lou Smart

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awaii's approach to medical marijuana is unique. Because of the way that the state's Narcotics Enforcement Division (NED) administers its program, the sick are profiled and treated like criminals, research is disregarded, myths are glorified, and physicians are intimidated.

One noteworthy example is NED teaming up with the police departments on the islands of Hawaii, Maui and Kauai to distribute a colorful brochure, stamped with their logos, that informs readers that "MARIJUANA IS NOT MEDICINE. MARIJUANA IS ADDICTIVE." The brochure is handed out in public places like shopping malls and at gatherings such as Rotary Club meetings. Teri Heede, a patient and an advocate, found out that she was a target at one of these anti-marijuana police presentations.

"The police chief put my picture up on the screen for everyone to see and said that I am the kind of person that testifies to the legislature," she said.

Depending on how her day is going, Heede, who has multiple sclerosis, gets around town with a cane, a walker or a motorized wheel chair. She uses smoked or vaporized cannabis to help with vision and mobility.

Studies show that neurodegenerative conditions like multiple sclerosis respond well to cannabis therapy for painful cramping and muscle spasms. Perhaps the best document describing the medicinal value of cannabis is the United States Patent # 6,630,507 B1, owned by the U.S. Department of Health and Human Services, and entitled Cannabinoids as Antioxidants and Neuroprotectants. This federal rhapsody on the medicinal benefit of cannabis delves into the usefulness of cannabinoids in treating myriad oxidation-associated diseases, including inflammatory and autoimmune diseases. Inflammation is a problem with neurodegenerative diseases such as multiple sclerosis. As an anti-inflammatory, cannabis has been shown to slow the progress of multiple sclerosis.

A few years back, Hawaii's Department of Public Safety,

6'0"
5'6"
5'0"
4'6"
4'0"
3'6"
ALOHA STATE HAWAII
HPD- 420 OFFENDER
MARCH 2012

which oversees NED, released its entire medical marijuana registry database, cram-packed with supposedly confidential information, to a newspaper reporter. Heede's records were among the 5,000 patient records that were released.

"With Hawaii's program, we grow cannabis," she said. "We do not have dispensaries. So handing out my address put me at risk for theft. What they did is against all regulations, but I guess that doesn't apply to law enforcement."

You might ask, with good reason, why a law enforcement agency is tasked with overseeing a medical program. Apparently, Hawaii's legislature is well aware of how screwed up the situation is, but, worried about the cost of transferring the program to another agency during poor economic times, they have done nothing...for 12 years.

"The Department of Health won't touch it, because they do not feel that they have the funding," said Clif Otto, MD. "That does not make any sense at all. With a \$25 annual registration fee to at least 8,000 patients, you'd think that a couple hundred thousand dollars a year would allow them to print up the registry cards. So instead we have an agency that is in clear violation of its duty to faithfully execute the program."

There are approximately 11,000 patients in Hawaii's medical marijuana program, according to information released by NED in January.

Studies show that neurodegenerative conditions like multiple sclerosis respond well to cannabis therapy for painful cramping and muscle spasms. Perhaps the best document describing the medicinal value of cannabis is the United States Patent # 6,630,507 B1, owned by the U.S. Department of Health and Human Services, and entitled Cannabinoids as Antioxidants and Neuroprotectants.

Most of the 17 medical cannabis programs in the United States came about by way of public referendum. Not in Hawaii, where, thinking it was the right thing to do, legislators designed and enacted the program in 2000. And then, to the bewilderment of many, these same legislators decided that the right thing to do was to give oversight of a medical program to its law enforcement arm. The story goes that the intent of the law was to give oversight to the Department of Health, but squabbles over administration and budgets pushed it into the realm of the Department of Public Safety where NED gleefully grabbed control.

Since that time, advocates have tried, without much success, to convince the Department of Health to add new conditions such as post-traumatic stress disorder (PTSD) to a short list of qualifying conditions.

PTSD is considered the fourth most common psychiatric disorder, affecting 10 percent of all men and 18 percent of all women, with rates much higher in high-trauma locales such as war zones or extreme-poverty areas. PTSD is something that many suffer from after experiencing or witnessing trauma. The National Center for PTSD, operating within the U.S. Department of Veterans Affairs, estimates that up to 8 percent of the country's population will have PTSD at some point in their lives, and that approximately 5.2 million adults will have PTSD during any given year.

While trying to get the condition added, these advocates were initially told that the department does not have the authority to add new conditions. When it was pointed out that the statute governing the law clearly states that the Department of Health does have the authority to add new conditions, a spokesperson from that agency said that inadequate evidence exists about cannabis and PTSD.

"So without even public hearings, they invoked their rulemaking authority and said that there is inadequate evidence," said Otto. "They don't even have a medical advisory board or administrative rules to address adding new conditions."

Otto, an ophthalmologist and retina specialist, is a veteran. "I've treated patients over in Japan who were getting deployed all of the time and were definitely suffering from

PTSD," he said. "I've seen PTSD myself in practice. From talking with patients, and from what I've read about the neurochemistry behind the effects of cannabis, it appears that cannabis could be very useful in treating PTSD."

As a physician, Otto does not recommend patients for the program. He views the reporting requirements as being too stringent, and the time required to receive the approval, up to six months, as being ridiculous. Legislation proposed, HB1963, would have mandated that physicians register all locations used to recommend patients, and would move the incidence of any false statement on a medical marijuana application from petty misdemeanor to Class C felony. To the relief of patients, advocates, and supporting legislators, the NED-inspired bill is dead. The Chairman of the House Judiciary Committee refused to hear it, which effectively killed it. As a result of well-documented intimidation of physicians by NED since the inception of the program, however, few physicians are willing to make patient recommendations.

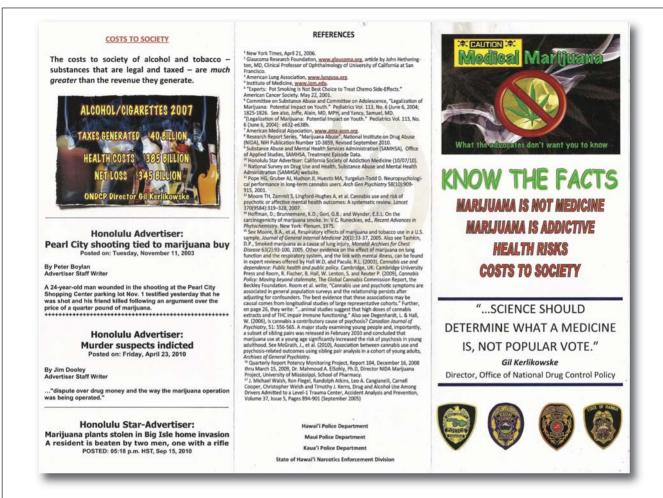
The logic of NED, in turn, holds that since just a few doctors are recommending cannabis to patients, these few are obviously abusing the system. Keith Kamita, the head of NED, has been known to reveal the identities of doctors and portray them as criminals.

"He has been overseeing this program since its inception, and he's actually been caught giving presentations out in the community, slandering recommending doctors," said Otto. "He has given Power Point presentations with actual names of recommending doctors, and told people in the community that these are criminal doctors."

When the sick, on the other hand, call the same agency to ask for the names of doctors that might be able to give them a recommendation, they are told that this confidential information cannot be released. It goes to reason that anyone desperate enough to call an agency called the Narcotics Enforcement Division to ask where to find a marijuana recommendation is in need of help, most likely diagnosed with a serious medical condition, and without connections in the trade. No criminal looking for marijuana would call the police, and not offering to help the sick is inhumane.

While Otto might not want to risk his license by recom-





mending cannabis, he has noticed that more and more of his patients, particularly the older ones, are curious about the plant's medical benefit. Many, for instance, want to know about how cannabis can relieve symptoms in eye conditions such as glaucoma.

"Cannabis lowers pressure by about 25 percent in about 60 percent of the population, but you have to use it about every three hours," he said, adding, "You will not develop a tolerance to the pressure-lowering effects either."

In Search of Compassionate Care for the Traumatized Hawaii's environment nurtures more than gorgeous tropical plants; the state is home to many veterans.

Combat injuries inflicted on military veterans make them much more likely than the general population to experience PTSD. Many rely on cannabis for therapeutic benefit. With PTSD, there is no shortage of information that cannabis does double duty; it alleviates the high anxiety, panic attacks and recurring nightmares; and helps wean people off of the opiates that doctors prescribe like jelly beans to treat PTSD.

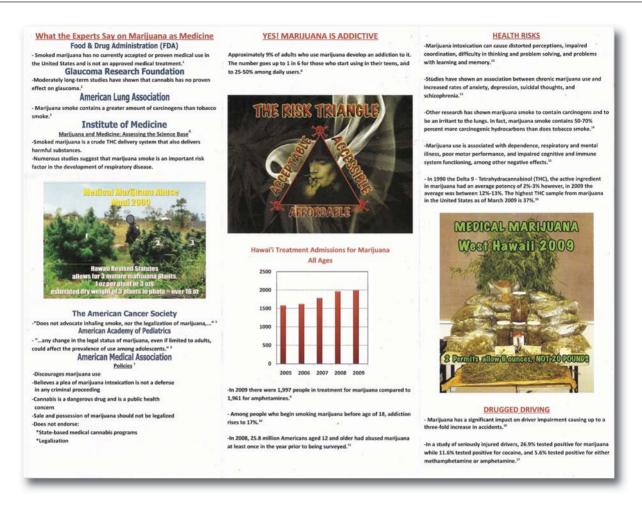
Alfred Wylie is a 100-percent disabled Vietnam-era veteran. As a naval nuclear weapons specialist working on a combat aircraft carrier, he was sent on missions to Russia, Lebanon and Cuba between 1958 and 1961. He was left with painful scars and PTSD.

"I had nightmares every night from 1960 until 1998," he said. "Nightmares of killing people. Every single night."

Wylie began smoking cannabis to treat the PTSD in 1965. Only with in-depth therapy in the 1990s did he feel that he was making significant progress in overcoming his mental anguish. Cannabis has always helped him to cope.

Wylie has a master's degree in psychiatry. "What you have to understand about PTSD is that when you are in a situation where people are being killed all around you, you just literally numb out," he said. "Cannabis is a somatic drug. That means that it brings in body consciousness. That is why it is popular to those suffering from trauma. They can feel their bodies again. When their feel their bodies again, it is not in a painful, hurtful manner."

According to statistics assembled by the Pew Research Center, one out of every 10 veterans alive today was seriously injured at some point while serving in the military; three-quarters of those injuries occurred in combat, and those with significant service-related injuries are more than three times as likely as other veterans to experience PTSD. Estimates put troops returning from Iraq and



Afghanistan with PTSD, depression and traumatic brain injury at well over 300,000.

While cannabis has been shown to help PTSD patients, legislators have been reluctant to admit PTSD as a qualifying indicator. To get around the omission, many qualify for a recommendation with indicators such as pain. In yet another blatant display of its anti-medical, anti-compassion agenda, the NED-inspired, now defeated HB1963, would have eliminated pain as a qualifying condition. Eighty percent of those qualifying for a medical cannabis card in Hawaii used pain as their qualifying condition.

Wylie grows his own, and finds gardening to be therapeutic.

Hawaii's medical marijuana law does not mention dispensaries. Each patient is allowed to grow seven plants. Patients who are too sick or otherwise unable to grow cannabis are permitted to have a caregiver. A caregiver can only grow for one patient.

For the state's law to be truly compassionate, according to Wylie, PTSD should be added as a qualifying condition and dispensaries should be established. Standing in the way, he feels, are pharmaceutical companies, which do more than any entity to keep cannabis away from those who need it most.

"There is a lot of pressure from the alcohol, tobacco and sugar industries, but it's really the pharmaceutical industry that is doing everything it can to control it," he said. "If it were up to them they would keep it illegal, and shoot people trying to sell it. They have billions of dollars and they pay off legislators to make sure that these laws are in place."

The influence of the law enforcement community hinders reform, according to Jeanne Ohta, executive director of the Drug Policy Forum of Hawaii. While a growing body of research shows the benefit of the natural alternative of cannabis therapy, NED has gone to great lengths, even flying in colleagues from other states, to push the anticannabis agenda that keeps its officers employed.

"It is hard to make headway because law enforcement has so much say in policy," she said. "Legislators believe them."

Teri Heede views using cannabis for medicine as a civil





right. In light of the way that she and others are targeted, she feels that cannabis should be completely deregulated.

"Before I started using cannabis as medicine and advocating for the sick and dying, I saw no reason for legalization," she said. "Now that I've started this, I see every reason for legalization. We need research. We need to get the criminals out of the equation. We need to protect sick people. If it were decriminalized, the really sick who do not have the lead time to grow could buy small quantities easily without fear of prosecution."

Heede is a Vietnam-era veteran and a longtime advocate for many causes. Other patients have told her that they are intimidated by police harassment. Her physician, who was threatened by the police after making a house call to Heede when she was bedridden with an especially bad relapse, is intimidated. She is not.

"As long as I can roll in on my scooter, walk in on my crutches, or hobble in on my cane, I will be coming in to testify at the state legislature," she said. "I'll also write letters, speak to the media and advise patients. Having the Narcotics Enforcement Division overseeing our medical marijuana program is like having the fox guarding the hen house."





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Cannabis 451

by Carl Hedberg

Carl Hedberg is a writer, speaker and medicinal use explorer working with legal cannabis care growers and their patients in New England. This argument is from the lecture; Cannabis Rising: Truth and healing on the front lines of the battle to restore our right to choose.

he cannabis wars are heating up in North America as Obama sends in the troops to put down a healing and enterprise revolution that has grown out of control; that is, fallen into the hands of the people. This politically-motivated action has cut over 2,500 jobs in California alone, and driven thousands of patients back into the black market. The storm is rolling east, but it's a big country and Federal prohibition forces will surely run out of will and resources long before they make it to New England—where there are certain sections I wouldn't advise they try to invade...

Well aware that legalization is inevitable now that the truth can be found online, industrialists who have long benefitted from prohibition are quietly researching opportunities, filing patents, and doing their best to shape regulatory and commercial frameworks in the emerging cannabis trades. As if to head off the growing demand for the flower itself, Western governments (while still insisting cannabis is not medicine) have approved drugs like Marinol and Sativex, cannabis-derived pharmaceutical products that patients often report are more expensive and less effective than the real thing.

In Canada, the re-birthplace of agricultural hemp in North America, the ruling parties are taking a similar hard line. Vancouver activist and entrepreneur Marc Emery experienced their harsh resolve when his own government handed him over to serve five years in a US Federal prison—for the crimes of selling seeds, sowing the truth, and making good money in the cannabis trades.

The Tyranny of Modern Medicine

As portrayed in Upton Sinclair's 1906 book The Jungle, 19th century enterprisers were more concerned with making money than producing safe products for their customers. In those days drug makers were busy inventing conditions and aggressively marketing cure-all remedies containing dangerous and addictive ingredients. Imagine that. In the interest of public health, the federal government stepped in to oversee, regulate and police the industrialists.



This may have seemed like a good idea at the time, but there was a flaw; freely elected governments with appointed officials have proven easy to infiltrate. By the end of the 20th century Washington was operating on the assumption that what was good for big business would ultimately be good for the nation; jobs, revenue, growth, captive markets, and lots of consumer spending. To make it all work, they had to deny some fundamental human rights like privacy and the right to grow and responsibly use medicinal flowers.

At the heart of this global scheme to control for profit what we use for medicine is a deep-rooted propaganda campaign that has installed the societal impression that prohibition is a fringe issue, and that cannabis is pot, a smoked substance for slackers that crafty stoners are calling medicine in an effort to free up their favorite party drug.

At the same time, billions of people have bought into the idea that 'modern' healthcare is about having insurance, meeting with doctors, filling prescriptions, and following instructions. As a result of this aggressive marketing approach, four out of five adults and half of the children in America take at least one prescription pill a week, and prescription drugs are now the 4th leading cause of death in America. To keep the truth at bay and everyone in line, many doctors are forbidden by their insurance carriers to discuss cannabis options with their patients, and some willingly disavow their Hippocratic oath by refusing to treat patients who confess to using the banned flower for medicine.

In the name of public safety and winning the war on drugs, the government has now put itself in charge of educating our children about the evils of cannabis. Parents like President Obama who used cannabis in their youth to no ill effect are expected to keep quiet (lie) about it and let DARE officials do what they have to do. Astonishingly, even empty nesters who enjoy cannabis tend to play by the rules because socially it would be way too unpleasant to do otherwise. In New England, smoking weed is a fine practice for prep school and college, but if you're a fifty something professional with teens in the house, you're probably still in the closet.

Cannabis the Exit Drug

The first generation of school children to go through the DARE program are now in college. Given the popularity of the book Marijuana is Safer, and the proliferation of Students for Sensible Drug Policy (SSDP) chapters around the world, it's clear that they've grown up and decided to think for themselves—and fight for the right to add cannabis to the party mix.

Let's be honest; consuming alcoholic beverages can be a fun way to celebrate, but let's also cut the crap. Alcohol kills; cannabis doesn't. Cannabis isn't physically addictive; alcohol can be. Cannabis-infused gatherings are famously peaceful, while alcohol-fueled celebrations are notoriously unstable. Now we're learning that cannabis can help quell the use of pills and spirits.

In 2009 researchers at the School of Social Welfare, University of California, Berkeley found that "medical cannabis patients have been engaging in substitution by using cannabis as an alternative to alcohol, prescription and illicit drugs. In late 2011, Maia Szalavitz reported for Time Magazine that "states that legalize medical marijuana see fewer fatal car accidents, in part because people may be substituting marijuana smoking for drinking alcohol."

These findings are hopeful news for heavy drinkers and the people trying to help them—but many will first need to shake the notion that the only cure for alcoholism is sobriety. Here's an example from a prohibition state on the east coast:

An elderly Purple Heart veteran is dying of cancer; cared for by his daughter and her husband—in a cramped two-bedroom apartment. For too long her old man has been dealing with his pain with a volatile mix of prescribed meds and Stoli shots, which he loudly raves for all day long.

The weary couple can usually hold him to four or five, but every night he's bitter, loud, and abusive. Three months before her father dies, his daughter begins coloring his Stoli shots with a solid dose of alcohol-based cannabis tincture she found at a local freedom festival. The change is miraculous. The old guy is suddenly talkative, relaxed, and down to three shots a day. In those final weeks he took a renewed interest in watching his favorite old war movie s. He got some rest, and died in his sleep.

Truth, Healing and Enterprise

With no danger of a lethal overdose or physical addiction, cannabis is well-suited to personal exploration, including strains, edibles, raw juice, extracts, salves; whatever works. Seeds, clones, home remedies and care strategies are being shared, sold and bartered through a cautious and well-hidden community of growers, patients, healers, and practitioners. Weekend freedom festivals are the market square of the movement; a place to connect, toke, brag, haggle and sample kitchen creations made from flowers lovingly grown in private.

Like the persecuted book lovers Ray Bradbury depicted in his chilling 1953 novel Fahrenheit 451, cannabis aficionados are fundamentally law-abiding citizens who have been driven to secrecy by oppressive laws and social contracts that have neighbors watching neighbors for signs of moral decay. Since it is impossible to know who they can trust, cannabis consumers have become very good at hiding their forbidden behaviors.

In the privacy of their own lives, cannabis patients are quietly conducting home research that includes experimenting responsibly on themselves, and sharing with people who want to know. The bravest among them are reaching out online with lectures, books, and compelling homemade videos of rediscovery and healing. As the truth comes out, the walls are coming down—and legal enterprisers are rushing in.

The cannabis trades, which Washington is simultaneously attempting to deny and crush, are nevertheless delivering jobs and opportunity to recession-weary carpenters, electricians, plumbers, practitioners, care growers, vendors, inventors, publishers, promoters, educators, online enterprisers...and a few are already making a living at it.

So the war is on; but take heart; pioneers like Oaksterdam trained a small army of growers and enterprisers. Nearby Harborside Healthcare delivered truth and healing to thousands of patients. It's not over yet, but we're in the waning years of prohibition, and powerful interests on all sides are fighting it out over how best to shape and control and tax this emerging frontier.

Meanwhile, more and more patients are simply turning away from the whole ugly scene and heading for the underground—where they may well remain until Americans finally discover what cannabis really is and what it could do for them. When that happens they'll rise up in a Gore minute and end this cruel war faster than a front runner can just say no.

Twitter questions and comments @cannabisrising or visit Carl on Facebook (thefinestgreen).

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Just who is Patricia Allen?

By Patricia Allen

hen I first shared the truth about when I actually began smoking Cannabis, later during the mid-70s, there was a shudder of a response. I am able to this day to visualize those and more faces with jaws dropping.

I was eleven years of age.

It was in May of 1969, a month after my eleventh birth-day, at the peak of the peace and love generation, and Woodstock. I had recently ordered a paperback regarding Woodstock from the Scholastic Books flyers they handed out at school. My brothers ranged in age up to 9 years my senior, and I can clearly recall my second brother, Robert, in 1968, walking into my mother's sewing room wearing pastel colored striped bell-bottoms. He wanted to borrow her sewing machine to put paisley patches on his blue jeans. He was home for the summer.

Robert had been sent away to military school, which was at the time, the solution for problematic teens from wealthy families. Not so true anymore. Nevertheless, he was considered a problem teen, or a "hood," as my parents referred to him. I only learned recently that his antics were far more than problematic.

Upon his first visit back home, Robert, now considered to be an ideal example of a well-disciplined soldier of youth, was asked to take me for a walk and "talk some sense" into me, his little sister. I was indeed a handful, as rebellious and undisciplined as a pre-teen could be. No one knew why; I was the first daughter, a gift to my father after siring four sons, and I was babied to the point where my brothers supposedly carried me instead of making me walk to my destinations. I didn't walk until almost the age of three.

Robert took me on a walk and talk down the road, and we paused across the street from the barn, where he told me "...and this is how you deal with Mom and Dad," and held a joint in the air. The only lecture I received was one on how not to be obviously stoned and raise suspicion.

"Don't head right to the refrigerator, because you will be hungry," followed by " you must use Visine and carry it with you at all times." I remember his instructions to this



day, almost 43 years later. The best advice he did give me is still true today. "If it goes out, leave it alone. You don't have to smoke the whole thing."

The sad irony in this true scenario is that Robert was one of my abusers as a toddler. Yes, sexual abusers. But I didn't remember. I had successfully numbed and repressed the memories of sexual abuse by both Robert and my oldest brother, Richard. And I did it with narcotics, beginning at the age of 8. When one brother went off to college and the other to military school, my abusers/protectors were gone. The dynamics of incestuous relationships are deep and complex, but I did miss them dearly for reasons I could and would not comprehend for years to come - 24 years, to be exact.

As is now considered a common sign of an abused child, I was constantly falling and breaking my arms, ankles, and spent more time in casts in elementary school than I did in actual classrooms. Mentally, that is. I was fortunate to have a safe haven in the old library at the top of my street. I would toke on my walk up the road to the street, and then curl up in a cushy leather chair and read historical novels until evening.

The child of a family of medical professionals, my home was an extension of the pharmacy my father frequented in town. In the same cupboard as the coffee cups was a bottle of Paregoric. And In a basket at my father's office there was a sampling of Percodan pills, as well as Darvon, to be doled out after tooth extractions and such.

I was raised in the legal drug generation. If I had an earache, there was Paregoric, an opiate. Paregoric tasted



good, too, with a hint of licorice when my mother mixed it with water and sugar and gave it to me like a shot of good whiskey. Many of us know we all are biologically predisposed to have endocannabinoid receptors in our bodies. Well, we also have opiate receptors, also. I responded to these opiate receptors quite nicely at a very young age, coincidentally during the sameperiod of time that my brothers were practicing their newfound sexuality on me. Simply, Percodan and Darvocet, and the occasional swig of Paregoric, took the unidentifiable pain away and afforded me a less stressful and restful diversion – listening to music and reading.

I can now admit that I was a self-medicating, narcotics addict at the age of eight. Dad's office, the medicine cabinet, and the plentitude and subversive support for their use were actually nurtured in my early childhood years. I responded with both a sense of peace and relief, and while still in grade school, began feeding myself opiates simply because they made me feel good. I was an excellent student, from a competitive, education-oriented family of seven children, and as the rarely dutiful child of a narcissistic mother, I found my bond with opiates to be more natural than my bond with my own mother. I never told her about her sons. I was afraid to be the one to ruin the family vision of wholesomeness.

Repressed memories are difficult for many to comprehend. There was much ado about this topic when my memories finally did return, 22 years ago, when I was 32. This is the reason I completely discredit Freud, as it was he who ultimately suggested to author, Virginia Wolfe that it was all in her imagination; that somehow she wished it so.

The way I am able to best describe repressed memories is to make a point of asking someone what their most embarrassing moment in life was, and then observing a turn of the head and a pause. Most people think they will instantly remember, but when summoned to answer the question, nearly all were at a loss. That is repression. It is a necessary coping skill for survival, and I took both necessary and unnecessary coping skills into consideration for reasons I never knew existed. I was a child. Perhaps it was my predisposition from my early youth, but then it was in my early youth that I was, as we all refer to it now, molested. It is indeed difficult to separate the two needs for opiates, while both are indeed related to pain relief.

The currently suggested and recognizable signs of sexual abuse in a child were ignored or misinterpreted, possibly intentionally in my early youth. I was clumsy. I was moody and "too sensitive," as my mother would say when I made my signature move when teased by my brothers: running upstairs to my room in tears, locking the door, and waiting for someone to knock and ask what was wrong. There never was a knock on my door, though,

and The Beach Boy's song "In My Room" became my anthem. Music, I have now concluded, was the better drug of choice, but I had quicker relief readily available, and taking a Percodan, Darvon or a shot of Paregoric was much more effective in soothing my emotional pains.

I think it almost comical that my parents never noticed. I believe they were simply relieved to see me in a more docile state of mind. When I began "mumbling" instead of speaking articulately in sixth grade, my Smith College English major of a mother who didn't believe in "baby talk," quickly sent me off to elocution lessons. There was no consideration whatsoever regarding why I was mumbling. I was taking up to four Percodan a day. Fortunately, in the present time period, if my child were to suddenly develop a sudden speech impairment, I do believe I would give strong consideration to the use of opiates, or at the very least, an underlying emotional problem related to communication.

That joint that my brother held before me and smoked with me was the very significant end of my opiate addiction to emotional pain relief. This is why I am writing and sharing this highly personal account of my love affair with narcotics, which ended when I met and mended with that one joint in 1969.

Post Traumatic Stress Disorder was originally assigned to those who served in the military and witnessed horrors that led either to narcotics abuse, suicide, or alcoholism, to name a few "coping" methods. Now, it is recognized as a diagnosis relating to many other trauma related conditions.

When I reveal to people that I've been smoking pot since the age of 11 now, I get mixed, but less severe reactions. When I admit to my affair with narcotics, opiates since early youth, and state that it was one joint that ended that unhealthy, dangerous addiction, I am met with priceless expressions of surprise and mortification combined.

I have been studying my own path with Cannabis for many years now. I have been both an advocate and activist for its benefits in treating PTSD, among other ailments, ranging from mild to severe, which I will address in future in these pages of this publication. Now there is a plentitude of clinical proof substantiating the benefits of Cannabis as treatment for PTSD. There are so many citations and publications that lend scientific opinion to this topic. I feel no need to cite a reference. I cite myself.

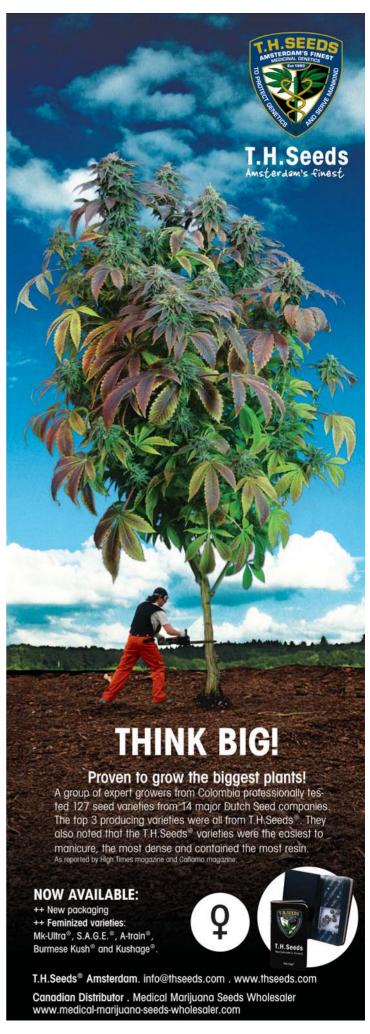
Quite simply, that one joint was my path away from a narcotic addiction that lasted from early childhood and into my early adolescence. It allowed me to step back from the emotional pain that was buried and resurfaced without warning, but stung and ached like a fresh wound each time.

I am very pleased to see advancements made in the recognition of Cannabis as an effective, albeit temporary treatment for PTSD. Psychotherapy and behavior modification techniques that we adapt to our lives as individuals help in the healing process and control of triggers. I don't always have to reach for that joint.

More so, I feel very strongly about how the use of Cannabis negated my need for narcotics, and in fact allowed me to completely stop using them without any symptoms of withdrawal. It is now a fact that Cannabis has the capability, if utilized with proper perspective, to help narcotics addicts ease off the Pharma train and onto the tractor in a field of green.

And yes, I am quite eloquent and articulate. Next stop on the Pharma train: ADHD.







Living and Dealing with

ADHD

by Patricia Allen

It was back in 1974 that I first became familiar with the term Attention Deficit Hyperactivity Disorder (ADHD). Prior to that "diagnosis," I believed ADHD was simply the "way" I was and we as a family were, and I attributed it to coming from a large family, where if you had something to say at the dinner table, you had to respond or say words quickly in order to have your voice heard. That made sense to me, because the dinner table was the forum for conversation, the gathering of family, and the only platform from which to convey a point of interest, whether it be related to the events of the day or what we referred to it in school as current events.

I failed to see ADHD as an impairment or mental disease. Speaking fast was a necessity, comparable to being able to "think on one's feet" in a lively debate. And I was admittedly very adept at speaking fast and thinking on my feet. In a family where the boys far outnumbered the girls, as well as a time period – the '60s to '70s – it was, to me, a successful tool to join in on conversations and be assured my opinion was heard. We children were all informally well-versed in rapid speech, and I have little doubt that it was borne out of necessity in order to be actively involved in any of the topics of conversation that took place at the table.

As the fifth child and the first daughter to follow four sons, perhaps for the sake of competition and proving my self-worth in not only a male dominant family, but male dominant society, as well, I adapted in order to communicate my thoughts and join in on conversation. And I was very good at it. I was so good at it that I intimidated my brothers, and to this day continue to intimidate others who insist I "talk too much," when I, in actuality, simply am a quick thinker and quite articulate.

As I wrote in my previous article, I was no stranger to smoking pot, and in fact, had been doing so consistently since the age of eleven, albeit a secret my parents were clueless to, credit being given to my discretionary use.

Of major importance regarding this rapid speed speech dinnertime scenario is the fact that I personally benefited from the "high," particularly when it came to voicing my opinions succinctly at the infamous rectangular roundtable. What was purely experimental at first – getting high before dinner – served me quite well; it allowed me

to be more rational and less emotional when the words became heated and the competition was both on and in my face. Although my mother was indeed educated, her voice was rarely a factor in these lively conversations, nor was my grandmother's or my sister's, simply because they chose to let the opposite sex dominate the dinner table podium.

Rebellious since youth, I had an uncontrollable desire to be heard because I believed my opinion mattered. I still do. I suppose, in retrospect, I was never running a popularity contest, because these discussions were more akin to debates than simple conversations and the sharing of ideas. I wanted in, and regardless of the open criticism, I found strength in speaking my mind, particularly fueled by the era-based notion that women were to remain silent, while intelligent conversation was left to the boys and men.

To this day, I can still recall the firm supportive grip of my grandmother's hand, out of sight, beneath the cover of the linen tablecloth at the dining room table. My grandmother was a woman far ahead of her time, a suffragette, a self-employed businesswoman who boldly opted out of an arranged marriage in the 1930s and privately encouraged me to express myself whether it was considered acceptable or not. She, herself, was rarely outspoken at the dinner table, but those bony yet soft fingers held tight to my hand in support. I recently had the pleasure of viewing the film "The Help," and the one line that stands out the most in my mind to this day was "...sometimes courage skips a generation." I believe if my grandmother were alive, she would agree. I believe she remained silent out of respect for my father, her son-in-law whom she had great respect for, as I did. Interestingly, I do not recall a time when my father did not welcome my voice, although my brothers certainly did object and did so with insults and mockery, imitating my voice to initiate a meltdown and quick exit from the table. But by my early teens, I was far past the teasing that led to my traditional retreat to my room upstairs. I was gaining strength by being my own voice of reason.

When the diagnosis and suggestion of treatment for ADHD first emerged I was a teenager and under the scrutiny of my educators, who insisted I suffered from what is now considered a learning disability. Even worse, that diagnosis, first identified by theory, not fact, in the mid-'70s was the cue for the pharmaceutical industry to produce a cure, as well as turn over a profit by producing a drug by the name of Ritalin, the first of many to follow to "cure" my quick thinking and rapid responses. And after being literally dragged out of classrooms by my hair and into the vice principal's office for disciplinary measures, I actually began to believe I did have a problem. My friends were not supportive, and told me I spoke too fast, and worse, accused me of failing to listen, when in actu-

ality I was and still am quite capable of listening, retaining AND speaking at the same time with incredible accuracy. My question now is, and I smile as I write this: Is that NOT what a lawyer, an esteemed and educated professional, practices on a daily basis?

Leaping forward to the years that followed, while being mindful of the years passed, it is now obvious to me why I chose to write instead of speak with my voice, rather than risk constant reprimanding and the condemnation of my family and my peers for "talking too much," of which I am still accused to this day. My usual response was of no help, but I did commonly respond with the words "no, it's not me; it's that you can't listen fast enough."

The words you are reading are a reflection my voice, of speech. The writer within me is the product of my ability to communicate on different levels, albeit now in writing it is without interruption and criticism for speaking, rather than the topic I chose to address, and the consequences of voicing my opinion. Writing is merely a tool for communication, pared down to words on paper, instead of spouting from a face "too cute" to be taken seriously and from a female amongst vocally dominant males. An interesting point here is how I adapted my speech to the written word, coincidentally at the same time I began smoking pot. I think of my writing as a direct reflection of my voice, and find humor in that it is more acceptable for me to write than to speak to this day.

By my junior year in high school, after having been criticized for so long, particularly by teachers, whom I somehow managed to intimidate, as well, that I questioned their ability to teach me and set out to prove that I was quite capable of doing it myself.

I concocted a plan to discredit my teachers for attempting to silence me. Quite simply, I did not attend class. I spent my days riding my bicycle through the countryside, stopping occasionally to take a few puffs off a joint. My thoughts as I pedaled up hills and through valleys were coherent and flowed without interruption. It was the finest form of mental and physical freedom I had ever experienced. With the assistance of a few classmates, I was able to complete and turn in homework assignments, as well as ace tests, all without attending class, aside from the hours that the tests took place.

This brilliant concept, however, backfired miserably. I was unaware of a school rule stating that if more than seven classes were missed, the teacher was entitled to give me a failing grade, regardless of my test scores, which were indeed as high as I was most of the time. My French teacher, in particular, began a crusade to have me expelled, and this is where the issue regarding pharmaceutical treatment first was addressed.

When my parents learned that I was about to be expelled from high school, despite my excellent grades, because of my lack of attendance only, they were called into a meeting with the principal of the school, also attended by various educators and psychiatric professionals. The outcome of this meeting was sad indeed, yet to this day is an example of how the term ADHD and the pharmaceutical industry stood for profit, as well as the medical profession, and at my expense.

I was indeed removed, but as they stated, it was in order to assure that no other students would take on the same challenge, I was not formally expelled, but was isolated from the only public school for secondary education in my small, yet affluent hometown. I was required to see a psychiatrist, as was required to avoid the high school and my peers altogether. A private tutor was hired at the expense of the town's taxpayers, and the plan was for student and tutor to meet at the elementary school, in the music room in the basement, to complete the necessary credits in order for me to receive my diploma. At 16, I was prescribed Ritalin and warned to stop smoking pot. I did not stop smoking pot, however.

Fortunately, my reaction to Ritalin and change in demeanor was bizarre enough for my father to insist that I discontinue taking it. I recall feeling "up," but more scatterbrained than ever before. I simply could not focus, that is, unless I smoked pot while taking it, which I believed at the time negated its effect on me.



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As for my continuing education, and my desire to graduate from high school and move onto the college level, well, that dream was stunted as was my social life. But being resourceful by nature, yet another asset of those often diagnosed with ADHD, I did succeed in convincing Springfield College to allow me to take a junior level sociology class, without the two year prerequisite courses. This "in their face" move proved to my advantage, as after closing grades, the college sent a letter to my high school praising my successful efforts despite the obstacles, and requesting more students like me take on the college challenge.

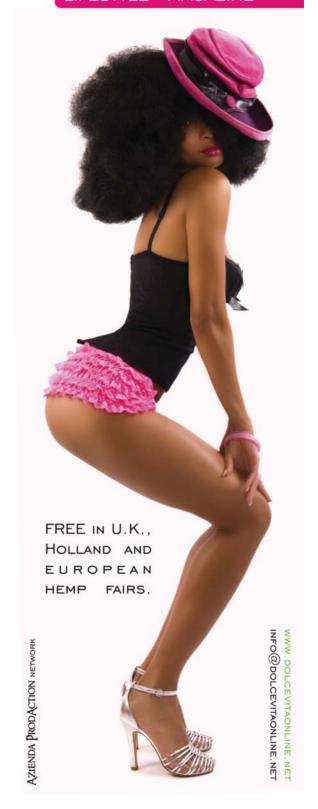
Recently, it was suggested to me that my diagnosis of ADHD was one of a learning disability. My immediate response reflects what I believe we need to seriously-consider today during what I believe is the peak of the pharmaceutical age and rage. I suggest we throw out the notions of additives and genetic predispositions to this bogus diagnosis, as well as the even more ridiculous notion that smoking pot literally fries your brain. In my life, it is a staple, no different than food for nourishment or water for hydration. It is my brain food.

Please give consideration to a theory I read that made absolute sense to me when my own son was diagnosed ADHD at the age of seven. As written by authors Edward M. Hallowell, M.D. and John J. Ratey, M.D. in the book Driven to Distraction, there are simply different personality types in society, and they are all part of the diversity that contributes to society itself. This one book validated a theory I had yet to identify, let alone consider, but a gift of an analogy that I have cherished and believe to this day. Basically, this book explains that there are both "hunters" and "farmers." each of whom combine and benefit society as a whole. Had I actually conformed I would have betrayed my own unique role in society. I am a huntress. I am highly cognizant of my surroundings, adept at noting indiscrepancy, and a decidedly content nonconformist.

I am not suggesting that every child or adult would benefit from Cannabis as I have, but I do believe it, in consideration of my previous article, is of benefit to me and my voice, whether it be written or spoken aloud. From a strictly anthropological, historical point of view, I have to question whether some of history's greatest minds would have stunted and blunted by the side effects of pharmaceutical treatment for what I now refer to as a learning ability, not a learning disability. And I have to question how many of these great minds secretly used Cannabis as I did and still do in order to maintain a healthy focus amidst a continuously expanding and diverse range of distractions in what we know call the age of both misinformation and information at the same time.



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Michelle Aldrich:

Milagro Oil for Lung Cancer

By Mary Lou Smart

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Compassionate care advocates Michelle and Michael Aldrich at Patients Out of Time's Seventh National Clinical Conference on Cannabis Therapeutics.



or the fight of her life, an advocate's arsenal includes whole plant therapy.

For Michelle Aldrich, Patients Out of Time's Seventh National Clinical Conference on Cannabis Therapeutics in Tucson, Arizona in April was a homecoming. She found her life's calling in advocacy when she founded an Alateen Program in San Antonio, Texas in 1958. She supported drug policy reform, first while living in Washington D.C. and later in California. Living in San Francisco throughout an HIV-AIDS epidemic that killed 46 of her friends in one year alone, she pushed for needle exchange programs. She worked on California's Proposition 215, the 1996 ballot initiative that legalized the medical use of marijuana in the state, and then helped to set up its dispensary protocol in San Francisco. She is an advisory board member of Patients Out of Time and of the California chapter of NORML.

In January, when diagnosed with lung cancer, Aldrich, 65, began the toughest battle of her life. A tumor was found on her lung, and cancer cells were also found in three lymph nodes. It was estimated that the disease might have been lurking in her body for over a year, putting prognosis estimates between 2 and 5 percent.

Her dedication to compassionate care and community causes has led to an incredible network of support that includes friendships with Donald Abrams, M.D., chief of Hematology and Oncology at San Francisco General Hospital; Ethan Russo, M.D., senior medical advisor, GW Pharmaceuticals; and integrative medicine guru Andrew Weil, M.D. All have helped her through this difficult time.

Following the advice of her oncologist, Aldrich began a full regimen of chemotherapy drugs including Avastin, Carboplatin, Alimta and Neulasta. Avastin has been shown to slow the growth of new blood vessels. Alimta inhibits three enzymes with a goal of preventing the formation of DNA and RNA, required for the growth and

survival of both normal and cancer cells. Carboplatin also interacts with DNA. Neulasta reduces the risk of infection in patients receiving chemotherapy, which is known to decrease infection-fighting white blood cells.

The experience drained her. She was nauseous six or seven times each night, and was not sleeping. She lost her appetite. She lost 20 pounds.

Long-time advocates to the cause of making marijuana use legal and safe, Michelle and her husband Michael knew to incorporate cannabis into the therapy. Within one week, she was taking a weak dose of cannabis oil with the goal of working up to a pure concentration. She reports that the taste of the oil extraction is awful.

Upon diagnosis, Dr. Abrams recommended a strict diet — no sugar, no alcohol, no dairy, little meat and lots of fish — to starve estrogen-craving, sugar-hungry cancer cells. Dr. Weil, who supports a similar anti-inflammatory diet in his integrative medicine program, offered similar advice.

When discussing the new diet, Aldrich laughs and her eyes sparkle.

"I grew up in Texas," she said. "I'm a meat eater. Meat and potatoes, and so is Michael. We've been friends of Andrew's for 40 years, but that doesn't mean we follow his diet. I can't even stand carrots. I hate fish, and I'm eating fish every night."

While she initially referred to her cannabis oil as Rick Simpson's oil, her medicine is made by a chemist at WoMen's Alliance for Medical Marijuana (WAMM), a patients and caregivers collective in Santa Cruz, California. The cannabis grown at the collective is used to make the extraction, which WAMM has named, at the suggestion of a Spanish patient, Milagro Oil. Aldrich's oil is made with a blend of Indica and Sativa strains.

Valerie Corral, WAMM director, doesn't make any specif-

ic claims about the oil. An epileptic, Corral experienced as many as five grand mal seizures a day, with loss of consciousness and violent muscle contractions, before she began smoking cannabis. She's been growing cannabis for her own illness for 38 years. She has been collecting patient data for 18 years, and said that patients report that the oil helps with pain and nausea.

In addition to his work at San Francisco General, Dr. Abrams is also a cancer and integrative medicine specialist at the University of California, San Francisco, Osher Center for Integrative Medicine, where he provides integrative medicine consultations for cancer patients and has completed research in complementary and alternative therapies including mind-body treatments, botanical therapies, medical use of marijuana and traditional Chinese medicine herbal therapies.

A speaker at Patients Out of Time's conference, he spoke about cannabis therapy as a complement to conventional care. His patient research indicates that cannabinoids have anti-inflammatory effects, are effective in preclinical models of neuropathic pain, and can stimulate the appetite. His randomized controlled trials have shown that smoked cannabis is an effective treatment in patients with painful HIV-related peripheral neuropathy.

Dr. Abrams advised against putting too much faith in online videos such as Rick Simpson's that promote cannabis oil as a cancer cure. He gave as an example a Hodgkin's patient who lost precious time self-medicating with cannabis oil when a proven chemo regimen could have prevented what occurred, which was cancer racing through his body to the point where he could not regain lost ground. Abrams said that it saddened him to see people betting on unproven science.

"Cannabis may be a good adjunct, but not a cure," he said. "I don't think that we can claim that these things cure cancer. We want to say that we are integrating things that complement conventional therapy."

The story of Rick Simpson — whereabouts unknown after well-publicized accounts of run-ins with the Royal Canadian Mounted Police — is easily found online, as is Run From the Cure, his video that discloses a basic hemp oil recipe. Cram-packed with testimonials from relatives, neighbors and friends that he gave the oil to, the video includes disclaimers about the hazards of making the oil extract as well as claims that it will cure all kinds of aches, pains, infections and diseases, even cancer. While online videos such as Rick Simpson's might seem far-fetched, research outside of the United States continues to show the potential of cannabis in fighting cancer.

At the convention, Christina Sanchez, PhD, a clinician at Complutense University of Madrid, Spain, spoke about phytocannabinoids in the treatment of breast and brain cancer. Ten years ago, and quite by accident, she and fellow colleagues realized that cannabinoids used in experimentation were killing cancer cells. Curious, they did a bit of research and realized that the phenomena of cannabinoids attacking cancer cells had been found before, as reported in the Washington Post in 1974, by scientists at the Medical College of Virginia. Following this indoctrination into the United States' anti-science Prohibition on a harmless plant, they designed a few basic studies with rats that indicated that cannabinoids do, in fact, interact with CB1 and CB2 receptors, causing cell death. Sure enough, the scientists at the Medical College of Virginia were onto something.

The initial experiments in Madrid have resulted in more than 10 years of solid research. Cannabis seems to have the ability to block tumor growth and block metastasis of cancer cells. Combinations of cannabinoids have shown profound anti-tumor responses. Moving on, they focused on certain types of treatment-resistant tumors in breast cancer, in animals, and again found strong preclinical evidence that phytocannabinoids exhibit strong anti-tumor effects with no toxic side effects.

Encouraged by this strong preclinical evidence, physicians in Madrid are stepping forward to participate in clinical trials with humans.

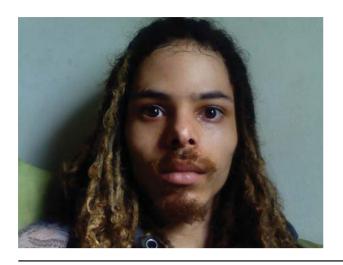
In the United States, despite the federal government's Prohibition on compassionate care, courageous souls like Michelle Aldrich, bolstered by faith in what they've learned over the years, pave the way.

From the initial diagnosis, Aldrich's approach has been to do everything possible to boost her chances of survival. Finding the cannabis oil to be unpalatable, she transferred it into capsules, which she takes twice a day. She noticed a profound change in her body chemistry — extremely dry eyes and mouth — the day after her first dose of pure oil extract. To help with nausea and anxiety, she also occasionally uses a vaporizer and a CBD-rich tincture.

Aldrich wants to make sure that her experience is documented. Her first CT scan following four rounds of chemotherapy and ongoing cannabis oil treatment show that the tumor in her lung has shrunk 50 percent in size.

"I want to make sure that we have established protocols for chemo and cannabis oil," she said, adding, "So that other people will know how to do it and what to expect."





Courageous Teen Speaks Out About

Tourette's & Cannabis

By Mark Heinrich

Introduction from Mark Heinrich

I have the pleasure of introducing TY readers to a most courageous young man called Preston. I have been following Preston's case for some time now, after seeing an amazing video on YouTube where this young man spoke out about Tourette's and his use of cannabis to treat it.

That video is here - http://www.youtube.com/watch?v=vlki3GpFsdl It was very confronting to view and it struck a chord with me.

Preston's Tourette's is quite bad. It impacts in all aspects of his life, yet you would not know it as the kid is bubbly and bright, with a real passion about his use of cannabis to treat his symptoms. I urged Preston to document his illness, and also to expand on his videos at Youtube.com so that others could learn from his experiences. He has gone and done that. BRAVO PRESTON!

Many people are unkind and laugh at folks with Tourette's. I know that after you read Preston's story, you will be standing and applauding this brave young man.

My name is Preston Desue. I am nineteen years old, and I suffer from Tourette's Syndrome.

At 11 years of age my first bout of tics started when I was at a youth center. They were having a party for anyone who wanted to attend. How it started was - I was just sitting at a table and someone came up to me, I don't remember who talked to me, but I remember after words. Everyone was somewhat freaking out; about what, I was not sure of at the time.

I was taken to the hospital and eventually I was diagnosed with motor tics. It was only the muscle fibers ticing the first time. After that it changed into motor tics, but was not disabling. The tics manifested before bed time as head jerks and arm rising. The tics became a bigger problem in the 8th grade. It was after we had moved to Tennessee a few months into enrolling into school.

I was in class and my arm was rising over and over. I knew it was a motor tic since I had them before. After that the tics started changing. I started standing up, clapping and stomping repeatedly, all at once. Sometimes the tics made me jump out my chair while at other times it made me throw stuff. Other times it was just clapping over and over. It caused me a great deal of pain in my hands.

When I went to the doctor to see if I could get some medicine, I was prescribed Zoloft. The medicine had no effect on my tics and caused extreme dizziness to the point I passed out when walking. I discontinued usage. We were planning on trying another medicine but the tics died on their own, and then turned back into minor motor tics. The second time I had a bout of tics I did not know it was tics. I would stutter constantly. That is a form of Palilalia. I assumed it was just because I got really nervous. At the time I did not know of this form of tic.

The next time I had a tic bout was in the 12th grade. It started with neck jerking and eye blinking. The tics started changing and getting stronger. The neck jerking and eye blinking became stronger, causing a lot of immense pain in my eyes, neck and shoulders; the only thing I have to help the pain is to get massages. I also started symptoms of coprolalia, saying words like shit and fuck.

The tics became so bad I had to become homebound from my school, only going one day a week. I was luckily able to graduate school in time.



Tourette syndrome (also called Tourette's syndrome, Tourette's disorder, Gilles de la Tourette syndrome, GTS or, more commonly, simply Tourette's or TS) is an inherited neuropsychiatric disorder with onset

in childhood, characterized by multiple physical (motor) tics and at least one vocal (phonic) tic; these tics characteristically wax and wane. Tourette's is defined as part of a spectrum of tic disorders, which includes transient and chronic tics.

Tourette's was once considered a rare and bizarre syndrome, most often associated with the exclamation of obscene words or socially inappropriate and derogatory remarks (coprolalia), but this symptom is present in only a small minority of people with Tourette's. Tourette's is no longer considered a rare condition, but it may not always be correctly identified because most cases are classified as mild. Between 1 and 10 children per 1,000 have Tourette's; as many as 10 per 1,000 people may have tic disorders, with the more common tics of eye blinking, coughing, throat clearing, sniffing, and facial movements. Tourette's does not adversely affect intelligence or life expectancy. The severity of the tics decreases for most children as they pass through adolescence, and extreme Tourette's in adulthood is a rarity. Notable individuals with Tourette's are found in all walks of life.

Genetic and environmental factors play a role in the etiology of Tourette's, but the exact causes are unknown. In most cases, medication is unnecessary. There is no effective medication for every case of tics, but there are medications and therapies that can help when their use is warranted. Explanation and reassurance alone are often sufficient treatment; education is an important part of any treatment plan.

The eponym was bestowed by Jean-Martin Charcot (1825–1893) on behalf of his resident, Georges Albert Édouard Brutus Gilles de la Tourette (1859–1904), a French physician and neurologist, who published an account of nine patients with Tourette's in 1885.

Source: Wikipedia

Continued...

I tried again to find some medicine that could ease my tics and bring me some relief, but none of the medicine worked. They would either make me sick or have no effect.

How I found Cannabis worked through all this - I was smoking with some friends and just noticed I was not ticing any more. I was not sure at the time what made it stop but assumed it was the Cannabis.

So I waited until the next day when I was ticing again, and smoked some more Cannabis. The tics went away, and it was an almost instant effect! I was instantly over joyed and told my mother.

After that, I stopped searching for treatment since the other medicines, Tenex, Haladol and Orap, had no to ill side effects on me.

The kinds of tics I have, started to become quite self-injurious and severe. I have started punching myself in different parts of my body, from chest to legs to face and head. I punch walls, cabinets and whatever else is near. I have also banged my head against the wall a few times. As well I started biting my arms and heading walls and such. It causes me great deal of pain in my arms and makes it hard to pick up objects.

The coprolalia has increased as well, to saying several curse words and phrases: while the coproprxia, or ticing lewd gestures, increased and became worse. I have echolalia and echopraxia, or echoing people's words and actions, as well as palaila and palaprxia. All forms have gotten worse.

Motor tics I have range from cart wheeling and running, to giving the finger and other lewd gestures. Without being able to smoke Cannabis, the tics become so severe that I am in so much pain I cannot walk or even leave the house. I become scared to do my laundry since my washer and dryer is located downstairs, and I fear slipping in my shower and hurting myself. I have difficulties fulfilling my hygienic needs, like brushing my teeth and clothing myself.

The only able time I get relief from my tics without the use of Cannabis is when I am sleeping or during the week when my tics wane. After that, my tics will increase and change, with new tics being added and old tics being subtracted.

It is only because of Cannabis I have some kind of normality to my life and am able to function as well as I do now. @



Treating yourself:

A History of Medical Cannabis

By Hari Resin

ecently, in The Netherlands, Cannabis Pollen was found in a 4200 year old grave; it is the first time such a discovery was made. The grave, near the city of Hattemerbroek, was discovered 5 years ago during routine upgrades on the nearby train rail. It took them close to five years to excavate the site. The pollen was found in small containers buried with the skeletal remains. Alongside the Cannabis pollen scientists found many other plants including the pollen from the Filipendula ulmaria, commonly known as Meadowsweet. This plant is also used in homeopathy and was also used heavily in the ancient world as a medicinal plant. Archeologists have therefore reasoned that the Cannabis was used for medicinal purposes as a pain killer. The grave contained other artifacts that place it in the Bell-Beaker culture, which was a Neolithic western European culture that existed from 2800-1800 BC. The term comes from the style of pottery and cups they drank from, no beaker bongs have yet to be found.

As we know Cannabis has been used as a medicine for thousands of years. It is only in our modern era that the powers that be decided we should be separated from our favorite medicine. The Cannabis plant has been used by humans since the beginning of recorded time. Some of the earliest Cannabis found dates back over ten thousand years ago from the stone age and was found on the island of Taiwan. It was found in the form of fibers woven into pottery.

From that time Cannabis spread west to mainland China, here hemp was heavily used in all parts of daily life, the fibers were used for clothing and for paper. In this time hemp was one of the main crops in China, through their extensive use of the plant they began to uncover all of its secrets, including that it was a dioecious plant. (this is even evident in the chinese character for Cannabis). They recognized that the female was better suited for flowers and seeds while the male plant was better used for fiber. It was through this extensive use that Cannabis found its way into the hand of the shamans and witch doctors, the ancient worlds medical professionals. Ancient Chinese medicine was based on totally different concepts than western medicine. They believed in three energy forces that were responsible for our health, in those ancient times



An archaeologist looks at the discovery in Hattemerbroek, © ANP

they believed demons would enter our body and wreck havoc on those three energies thereby creating physical disharmony and illness. The early shaman doctors used many different techniques to rid the body of those demons, including charms, chants, drug therapy, and sacrifices. One early tool used by the ancient doctors was Cannabis stocks that were bound together with snakes carved into them. The doctors would beat the bed in an attempt to scare away the demons.

Researchers believe the association between snakes and Cannabis comes from a famous Chinese parable. In the story a man was out in the fields one day chopping down hemp stocks when he saw a snake, fearing an attack he shot the snake with an arrow. The next day he returned to the same spot to work in the feilds again and he heard the sound of a mortar and pestle. Following the noise he found two young boys grinding up Cannabis leaves. He asked what they were doing and they replied making a salve for their master who was shot by an arrow yesterday. The boys eventually ran off and left some of the salve. The man packed it in a jar and saved it, as the story goes he was later himself shot by an arrow and relied on the salve he had procured that day to save his life. This parable sets the tone for future use of Cannabis salves in early

Chinese medicine. **Shen-Nung** an early Chinese emperor from around 2700 B.C is credited with writing one of the first medical books called the Pen Ts'ao. He had vast experience in his life before being emperor as a farmer and plant botanist. He decided he would experiment with many different poisons in an attempt to



find their plant based cures, using his earlier life experiences. In this way he went through many herbs and flowers including Cannabis. In his book he mentions Cannabis or the Chinese word for it, MA. This is one of the earliest times Cannabis is mentioned in a medical text. He also had the foresight to understand that it was the female flowers that contained the most powerful medicines. In later years a Chinese doctor known for his surgical techniques named Hua T'o used Cannabis combined with wine to make an anesthetic. He would use the anesthetic



on his patients before operating on them, they would then wake up totally free from having experienced the pain of surgery. As Cannabis became more and more prevalent it's use eventually spread through the ancient world.

In India Cannabis became an important part of their culture, their ancient religious texts speak of one of their gods Lord Shiva, coming to earth and finding shade under a Cannabis tree. So much enthralled by the shade he was receiving he decided to eat one of the leaves, he was so refreshed by the plant it became his favorite. That's where his name lord of bhang originates, bhang is a drink commonly used and served in India made from Cannabis. A study done in the late 1890's concluded that cannabis was an integral part of Indian culture to the Hindu the plant is holy. At this point they were using the plant already for thousands of years. As a medicine they used it for dysentery, sunstroke excessive phlegm, and countless other ailments. They believed it freshened the intellect and mind.

These two are amongst the many examples of Cannabis used in ancient times. I'm always impressed when I see things that make me realize how much more intelligent we were in the past.



Cannabis sativa from the Vienna Dioscurides. Arabic words at left appear to be ginnab bustani mor "garden hemp" 512 AD

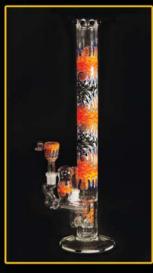
Unfortunately these days humanity is governed by its need to acquire money and wealth rather than striving for a society free of illness and filled with happiness. We should take the time to demonstrate to our leaders that it is high time for this to stop, how can we stand by and watch as one horrible decision is made after another. I look around and see a world in chaos, suffering from a financial crisis created by the very governments that are meant to help us. I really do hope for some cataclysmic event this year as prophesied by the Mayans. Maybe it will finally wake this planet up. It's high time we stopped following the demands of big business when it comes to governing how we live our lives. The fact that drug companies today have so much power is a terrible thing it puts too many important decisions in the hands of people who are only concerned with the bottom line. The fact that we live in such a technologically advanced society yet have such a backwards thinking when it comes to how we allow people to govern us, especially when it concerns our health. It's amazing that in some way our ancestors were wiser than us. It's high time we embraced the best parts of our past, combining them with our forwards thinking in a goal of peace and happiness.

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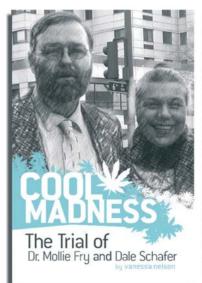
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COOL MADNESS, The Trial of Dr. Mollie Fry and Dale Schafer is the riveting true story of a medical marijuana doctor undergoing a federal trial for the first time in history. The main character of Cool Madness is Dr. Marion "Mollie" Fry, a cancer survivor who learned about the benefits of medical marijuana while enduring chemotherapy and a double mastectomy. After recovering, Dr. Fry set up a practice in the small northern California town of Cool and began recommending medical marijuana to her patients in accordance with state law. However, California's medical marijuana laws are not recognized by the federal government, and this legal conflict put Dr. Fry's activities under the scrutiny of authorities. Law enforcement surveillance on her home led to a raid that netted a meager 34-plant garden in September 2001.

BOOKS BY VANESSA NELSON

In 2003 former "High Times" columnist Ed Rosenthal was convicted for growing and distributing medical marijuana, an activity legal under California law, but illegal under federal law. The jurors, who were prevented from hearing about California law, staged a revolt after learning that they had convicted a medical grower. Their public outrage matched the response of the activist community and pressured the judge into handing down a remarkably light sentence of just one day in jail, time Ed had already served. Coming 4 years after the original guilty verdict, the re-trial packs a heavier punch than ever before. During repeated outbursts in the courtroom, the loquacious defendant alternately ridicules his prosecutor and demands that his judge step down from the bench. The bombast becomes infectious, and soon everyone is speaking his mind in court, from outraged prospective jurors to righteous witnesses who refuse to testify. By the end, even the defense attorneys are threatened with jail time for c o n t e m p t.

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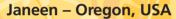
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Inflammatory Comments

by Bill Drake

As a long-time TY reader I've noticed what seems to me to be a rather over-whelming number of stories of other TY readers who suffer from so-called gastro-intestinal 'diseases'. I say so-called not because I am an expert, or a doctor, or a scientist, but because the person I love most in the world has been on a very long and painful seven year journey during which she has been continually failed by every expert, scientist and doctor we have asked for help - although there have been a few who sincerely tried to be

helpful. During this journey we have had to basically help ourselves because as I'm sure you know if you have a medical problem that can't be easily 'cured' most doctors quickly lose patience with you and can't wait for you to disappear and stop ruining their self-image as infallible healers. So for years my wife and I have spent hundreds of hours researching the literatures of medicine, science, nutrition, folk-medicine, healing arts, and anywhere else we could think of looking, trying to discover what makes sense and what doesn't. I would like to share some of what we believe are useful discoveries with you - in addition of course to the one that all TY readers already understand, the almost magical properties of Cannabis and some of the other medicinal plants that we believe are gifts of the Great Spirit to the People of the world.

Your Tube

Your gut, as you know, is a long tube running from your mouth to your anus. It's natural to think of your gut as being inside your body, but think about that for a minute and you'll realize that whatever is inside your gut, that 36' or so of tube, is actually outside your body. In a very real sense, the walls of your gut are the outside of your body very much like your skin, and whatever is inside your gut

is not very different that whatever is on your skin - both are outside your body. The reason this is important to understand is that when your gut is compromised what is inside your gut, and therefore is naturally supposed to be kept outside your body, can move into your body in ways that nature did not intend. Just like when your skin is broken and you get an infection because foreign materials (and bugs) have moved into your body and your body rallies its defenses, led by its #1 defense inflammation, when your gut is compromised materials (and bugs) that are supposed to be kept outside can move into your body where they trigger the

body's defenses.

The skin is obviously somewhat permeable, but not in the same

way as the wall of the gut. In other words, you can absorb certain kinds of things through your skin, but your gut tissues are designed to be much more absorptive. One big difference between your skin and your gut is that the tissues of the gut are very specialized and are designed to allow nutrients from your food through so that you can be nourished. And that is where the beginnings of so many of our GI 'diseases' occur. When the gut tissues are compromised, and the barriers that have previously only allowed fully digested nutrients to move through the gut wall now allow other materials, like undigested proteins, to move through the wall, the body's immune system is triggered and all kinds of hell break loose.

Good Bugs/Bad Bugs

One of the realities of our gut is that it is absolutely chock full of bugs. All kinds of bacteria thrive in our gut, which as far as the bugs are concerned is divided into two sections - the upper gut and the lower gut. To oversimplify a little - not much - the good bugs live in your upper gut and the bad bugs live in your lower gut. The good bugs are all those species that are involved in keeping you healthy, helping you digest your food, creating hormones that help regulate your body's functions and, importantly, keeping







the bad bugs where they belong by colonizing the upper gut so completely that there is no place for the bad bugs to get a foothold even if they wanted to.

Now take some antibiotics. It doesn't really matter what kind - any anti-biotic will do. What happens? Well of course the anti-biotic is designed to kill bacteria and while some antibiotics kill only bad bugs like those causing an infection somewhere in your body, many antibiotics kill bugs rather indiscriminately. So, one of the realities of life is that it is harder to kill bad bugs than it is to kill good bugs, so anytime that strong systemic antibiotics are used there is a big die-off of the good bugs in the upper gut, whereas the bad bugs in the lower gut hang in there. But the story doesn't end there, unfortunately. After the battle there is lots of open territory in your upper gut where colonies of good bugs used to live, and the bad bugs somehow know that this is the case and they begin migrating upwards, staking out ground as they advance. And keep in mind that the bad bugs doing this are the ones who survived the antibiotics - only now they are resistant and much harder to kill.

One of the reasons that these are bad bugs, or pathogens, is that they don't live in harmony with their host. When they are kept down in the lower gut, there are strong natural barriers to keep them from breaking down the tissues

of the gut wall wherever they establish their colonies, but in the upper gut there are no such defenses and before long these colonies of bad bugs begin creating weak spots in the wall of the upper gut. They do this in various ways - by secreting acids that eat through the tissues, by killing off the specialized cells that regulate nutrient transport, and by slipping through the gut wall themselves to make a new home somewhere comfy like your heart or brain. Medicine even has a name for this situation SIBO, or small intestine bacterial overgrowth. And the almost invariably prescribed 'cure' for SIBO? Well, you guessed it. More anti-biotics. If the phrase 'vicious cycle' is running through your mind at this point, you're on target.

By the way, I'm sure you already know about the importance of taking wide-spectrum Pro-Biotics to help restore the good bugs in your intestines after taking any kind of anti-biotic. Most doctors will not tell you this - they just prescribe or use these 'medicines' on you and then let you walk away to deal with the almost inevitable consequences. If I were a more cynical person I might suspect that they do this because it is good for business - they 'cure' or 'protect' you with anti-biotics and then because your gut has been compromised you come back to them with all kinds of other problems that they can also charge you for 'curing'. But that would be really cynical of me, wouldn't it?

Please realize if you don't already that it isn't enough to just eat yogurt containing acidophilus bacteria - in nature there are dozens of different kinds of bacteria and other micro-organisms that live in your gut, and just like in a forest or meadow diversity is the key to ecosystem health, so too in your gut. There are many different brands of wide-spectrum Pro-Biotics, and you don't have to spend a fortune to get a good one. My advice - for what its worth - is to look for a brand that has at least 3-4 billion bacteria per dose and has at least 6 different species of bacteria.

The Problem With 'Medicines'

If you are one of millions of people who have been diagnosed with gastrointestinal disease you already know that none of the expensive, often toxic 'medicines' and 'treatments' actually help much although, as my wife and I can testify, the 'system' is set up to keep draining you financially until there is nothing left at which point you are cast aside, with your life ruined and your health unimproved. Readers of TY also know that not only medical marijuana but many other inexpensive natural medicines can help tremendously, although there is still no cure for these diseases, merely better more natural ways of managing the symptoms than what conventional medicine has to offer.

Before I get into some of the things that my wife and have found actually can make a huge difference in your health if you are living with a compromised gut, let me first bring up what we have learned about an undiagnosed problem directly related to a compromised gut that actually can be very effectively diagnosed and managed, and that affects at least 10-15 million people in North America alone without most of them knowing they are slowly being literally eaten alive.

It all begins with your body's immune system. I don't pretend to understand this complex system of defenses, but I do know one important thing, and that is that the immune system can sometimes go a little crazy and start doing things it was never supposed to do - like attacking the body itself rather than attacking outside threats to the body that have somehow entered or invaded the body. This is called an auto-immune response, headed by inflammation, and is I believe at the root of a huge undiagnosed problem that I hope readers of TY will think about carefully.

Many if not most people who suffer from intestinal diseases also have been diagnosed, or just simply know from their own experience, that they are either sensitive to or intolerant of gluten. Briefly gluten is a naturally occurring protein found concentrated in wheat and related grass seeds - what we call grains in our diet. Without going into detail, which is readily available elsewhere, modern wheat bears little if any resemblance to its natural ancestors. The two biggest ways that modern wheat varies is that it is extremely high on the glycemic index, and it is extremely high in gluten.

But this article isn't about gluten, so let me move to the key point I want you to know. When the body is gluten-sensitive or intolerant this can only occur because the gluten is moving from inside your gut through the wall of the gut as an undigested protein, and the immune system which is always on high alert for foreign proteins (like bacteria or viruses) sees it and attacks. The results are so unpleasant that many people try, and some succeed, in switching to a gluten-free diet. But here is the important point. What these folks, and those who don't stop eating gluten, don't realize is that the gluten protein molecule is a precise double for a protein found in the human thyroid, and once the immune system has been triggered to attack a gluten molecule that has migrated through the intestinal wall it is forever on the outlook for precisely that protein. Whenever it detects that protein it will attack and destroy it.

Which means (I know you're ahead of me here) that once your immune system is trained to attack gluten it will start attacking your thyroid too and will not stop until your thyroid is destroyed. There is a name for this process and it is Hashimoto's Thyroiditis, and it is estimated that 10-15 million people in North America have it and don't know it and so, of course, are not treating it. The really strange part of this is that while your immune system is attacking and destroying your thyroid, the most common tests for thyroid function that doctors order - the T3 and

T4 tests - will almost always show that your thyroid is normal. Unless your doctor orders two tests for thyroid antibodies (names of tests) there is no way to know whether or not your thyroid is being destroyed by your body's immune system. But once you have these simple, inexpensive tests, if they reveal that you do have Hashimoto's, a small miracle will come your way. Once you begin hormone replacement therapy, which is as simple as a very small dose of thyroid hormone every day, you will be amazed at how much better you begin to feel almost immediately. Many of your gastrointestinal symptoms will in fact begin to diminish and disappear. If you have been going through these painful, unpleasant, debilitating symptoms for many years, and many people have, it will seem almost too good to be true. And while it is not too god to be true, it is still not enough - there is more that you must do. But at least you will now be getting significant relief.



The Role of Diet

I've already promised that I won't try to propose some universal cure for GI "diseases" like IBS, colitis and Crohns. For many TY readers it is enough that medicinal marijuana provides daily relief, and some may not want to go to the trouble of going further in self-treatment, especially through making dietary changes that can be difficult. But for those who are motivated I would like to make a few recommendations for things you might try. No promises, but these methods have worked for my wife and for others.





We've already discussed the role of gluten in triggering body's vour immune system, but for people with a compromised gut, whether from bacterial overgrowth due to misuse of antibiotics or for whatever reason, it is very important to ensure that

no proteins can make it through your gut walls into your bloodstream because while the immune system is on guard for many different kinds of things, foreign life forms are always protein-based, and so any proteins - not just gluten - that get through the gut wall barrier trigger a massive immune response led by whole-body inflammation. This inflammation isn't easy to understand or diagnose - it can mask itself as weight gain or as a wide range of other symptoms which appear to have no specific origin. Also whole-body inflammation isn't like an infected finger or toe - it isn't localized and therefore doesn't stand out from the surrounding tissue. It is everywhere, and it is so subtle that most of us never spot it the way we would a more localized infection with inflammation.

Fortunately there is a relatively simple change that you can make that will reduce the migration of proteins through the gut wall and therefore greatly reduce the inflammation that always accompanies immune system's inflammatory auto-immune response and that, in turn, lies at the heart of so much of what we call disease - especially disease that appears to Western medicine to have no specific cause. If it isn't a bug or virus causing the disease, or an injury, or a cancer, or degeneration of an organ-then Western medicine is pretty much stumped. While many doctors are beginning to appreciate the role of inflammation in these diseases without an obvious origin, allopathic (Western) medicine still has very few effective tools for dealing with inflammation, which means that you are pretty much on your own.

But, here's what you can do. It is called partitioning your diet, and the principles are simple. You divide your meals into two parts. Part one is the protein, and Part two is everything else. Since undigested proteins are one of the major triggers of immune system's auto-immune response leading to inflammation, divide your meals into a protein part which you eat first, and then wait 30 minutes for your stomach acid to break it all down into the smallest

possible components that can then be processed by the enzymes in your upper gut so that no undigested protein remains to penetrate the compromised wall of your gut. It takes about 30 minutes for the protein component of your meal to be broken down. Since so many 'treatments' of GI problems involve taking 'medicines' like Omeprazole that act to reduce stomach acid, if you are taking any of these drugs you may need to look into natural digestive aids like enzymes to help you break this protein down once it makes it into your upper gut. It is important not to drink liquids during the time your protein meal is in your stomach - this dilutes the stomach acid and defeats the goal of complete breakdown of the proteins.

Once you're confident that your stomach has emptied go ahead and enjoy the your veggies and, if you can tolerate them, maybe non-gluten grains like rice and quinoa although some people simply have to get all grains out of their diet. If you have had a compromised gut for a while you may also have developed multiple food allergies. Some of these can seem very strange. My wife, for example, reacts very strongly to all citrus, to pineapple, dairy and simple carbs like potatoes. She has decided that she just has to adjust to life without these things in her diet and is strong-willed enough to stick to her decision. I know that there are times she would kill for a bag of potato chips or a pizza with triple cheese, but she has made the decision that she would rather not be sick and so these things are gone forever. I hope that you, reading this, are not forced to such extremes but if you are I hope and pray that you will find the strength to treat yourself right and do whatever is necessary.

In honor of the central theme of Treating Yourself, the role of marijuana in self-treatment of a wide range of disease, let me offer three research citations that show that Marijuana plays its therapeutic role by reducing inflammatory responses - in other words, by regulating the immune system to reduce its auto-immune activities. These studies point to why so many TY readers who are using Marijuana to treat their inflammatory diseases, whether of the bowel or elsewhere in the body, are having so much relief.

I'm writing this article to urge you not to stop there, but if you are not already taking some of the other steps covered here to treat the underlying cause of the inflammatory response rather than simply treating it with Marijuana, you might benefit greatly from doing so. The changes that you have to make to get further relief may or may not be drastic - everyone is different. But since you already know that there is at least one natural way to treat a medical problem that has the best minds in Allopathic medicine pretty much stumped, why not consider going even further and acting to remove some, if not all, of the major underlying causes of the problem that arise from what you eat and how you eat.



Israel Med Assoc J. 2011 Aug;13(8):455-8.

Treatment of Crohn's disease with cannabis: an observational study. Naftali T, Lev LB, Yablecovitch D, Half E, Konikoff FM.

Source

Institute of Gastroenterology and Hepatology, Meir Medical Center, Kfar Saba affiliated with Sackler Faculty of Medicine, Tel Aviv University, Ramat Aviv, Israel. naftali@post.tau.ac.il

BACKGROUND:

The marijuana plant cannabis is known to have therapeutic effects, including improvement of inflammatory processes. However, no report of patients using cannabis for Crohn's disease (CD) was ever published.

OBJECTIVES:

To describe the effects of cannabis use in patients suffering from CD.

METHODS:

In this retrospective observational study we examined disease activity, use of medication, need for surgery, and hospitalization before and after cannabis use in 30 patients (26 males) with CD. Disease activity was assessed by the Harvey Bradshaw index for Crohn's disease.

RESULTS:

Of the 30 patients 21 improved significantly after treatment with cannabis. The average Harvey Bradshaw index improved from 14 +/-6.7 to 7 +/- 4.7 (P < 0.001). The need for other medication was significantly reduced. Fifteen of the patients had 19 surgeries during an average period of 9 years before cannabis use, but only 2 required surgery during an average period of 3 years of cannabis use.

Journal of Molecular Medicine (Berlin).

2009 Nov; 87(11):1111-21. Epub 2009 Aug 20.

Cannabidiol, a safe and non-psychotropic ingredient of the marijuana plant Cannabis sativa, is protective in a murine model of colitis.

Borrelli F, Aviello G, Romano B, Orlando P, Capasso R, Maiello F, Guadagno F, Petrosino S, Capasso F, Di Marzo V, Izzo AA.

Source

Department of Experimental Pharmacology, University of Naples Federico II, via D Montesano 49, 80131 Naples, Italy.

Abstract

Inflammatory bowel disease affects millions of individuals; nevertheless, pharmacological treatment is disappointingly unsatisfactory. Cannabidiol, a safe and non-psychotropic ingredient of marijuana, exerts pharmacological effects (e.g., antioxidant) and mechanisms (e.g., inhibition of endocannabinoids enzymatic degradation) potentially beneficial for the inflamed gut. Thus, we investigated the effect of cannabidiol in a murine model of colitis. Colitis was induced in mice by intracolonic administration of dinitrobenzene sulfonic acid. Inflammation was assessed both macroscopically and histologically. In the inflamed colon, cyclooxygenase-2 and inducible nitric oxide synthase (iNOS) were evaluated by Western blot, interleukin-1beta and interleukin-10 by ELISA, and endocannabinoids by isotope dilution

liquid chromatography-mass spectrometry. Human colon adenocarcinoma (Caco-2) cells were used to evaluate the effect of cannabidiol on oxidative stress. Cannabidiol reduced colon injury, inducible iNOS (but not cyclooxygenase-2) expression, and interleukin-1beta, interleukin-10, and endocannabinoid changes associated with 2,4,6-dinitrobenzene sulfonic acid administration. In Caco-2 cells, cannabidiol reduced reactive oxygen species production and lipid peroxidation. In conclusion, cannabidiol, a likely safe compound, prevents experimental colitis in mice

Arthritis Res Ther. 2008:10(2):R43. Epub 2008 Apr 16.

Characterisation of the cannabinoid receptor system in synovial tissue and fluid in patients with osteoarthritis and rheumatoid arthritis.

Richardson D, Pearson RG, Kurian N, Latif ML, Garle MJ, Barrett DA, Kendall DA, Scammell BE, Reeve AJ, Chapman V.

Source

Centre for Analytical Bioscience, School of Pharmacy, University of Nottingham, Nottingham, NG7 2RD, UK. denise.richardson@pfizer.com

Abstract

INTRODUCTION:

Cannabis-based medicines have a number of therapeutic indications, including anti-inflammatory and analgesic effects. The endocannabinoid receptor system, including the cannabinoid receptor 1 (CB1) and receptor 2 (CB2) and the endocannabinoids, are implicated in a wide range of physiological and pathophysiological processes. Pre-clinical and clinical studies have demonstrated that cannabis-based drugs have therapeutic potential in inflammatory diseases, including rheumatoid arthritis (RA) and multiple sclerosis. The aim of this study was to determine whether the key elements of the endocannabinoid signalling system, which produces immunosuppression and analgesia, are expressed in the synovia of patients with osteoarthritis (OA) or RA.

METHODS:

Thirty-two OA and 13 RA patients undergoing total knee arthroplasty were included in this study. Clinical staging was conducted from x-rays scored according to Kellgren-Lawrence and Larsen scales, and synovitis of synovial biopsies was graded. Endocannabinoid levels were quantified in synovial fluid by liquid chromatography-mass spectrometry. The expression of CB1 and CB2 protein and RNA in synovial biopsies was investigated. Functional activity of these receptors was determined with mitogen-activated protein kinase assays. To assess the impact of OA and RA on this receptor system, levels of endocannabinoids in the synovial fluid of patients and non-inflamed healthy volunteers were compared. The activity of fatty acid amide hydrolase (FAAH), the predominant catabolic endocannabinoid enzyme, was measured in synovium.

RESULTS:

CB1 and CB2 protein and RNA were present in the synovia of OA and RA patients. Cannabinoid receptor stimulation of fibroblast-like cells from OA and RA patients produced a time-dependent phosphorylation of extracellular signal-regulated kinase (ERK)-1 and ERK-2 which was significantly blocked by the CB1 antagonist SR141716A. The endocannabinoids anandamide (AEA) and 2-arachidonyl glycerol (2-AG) were identified in the synovial fluid of OA and RA patients. However, neither AEA nor 2-AG was detected in synovial fluid from normal volunteers. FAAH was active in the synovia of OA and RA patients and was sensitive to inhibition by URB597 (3'-(aminocarbonyl) [1,1'-biphenyl]-3-yl)-cyclohexylcarbamate).

CONCLUSION:

Our data predict that the cannabinoid receptor system present in the synovium may be an important therapeutic target for the treatment of pain and inflammation associated with OA and RA.



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By Dr. Z

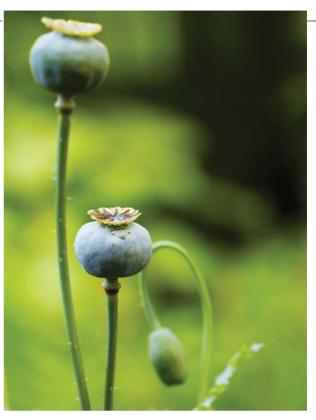
The new Oxycontin formula speaks to people's ability to snort or inject the old formula, but it is the same drug. The change means you have to eat it, but does not address the mechanisms through which oxycontin made it from the factory to the street, or its addictiveness. Making people eat it therefore just increases effective demand for a dangerous product, which will increase the company's profit, but that's all. In my experience, it is less effective but more addictive, and I think I can explain why (There's a few issues here). I'd like to tell people how to grow their own, and how to process it. Treating Yourself seems like the right place for this dialogue to happen.

have a chronic pain condition and like many Canadians spent 10+ years without a family doctor, and so with no regular care. I have used marijuana daily for this condition for over 20 years now, and have stumbled upon the medical benefits of raw opium. I write as a patient and as a social philosopher, not as a medical doctor or qualified pharmacist. I have two aims in writing this:

First, to share my concerns about the new oxycontin: I think the new formulation will not help the addiction problem, but will simply increase demand for the manufacturer's product, who will then continue to profit from its addictiveness;

Second, where many of us now recognise that marijuana had been unjustly demonized, and suspect a pharmaceutical industry threatened by a natural plant, I argue that the same has happened with poppies, papaver somniferum. The same poppy whose seeds we eat on bagels and in deserts. It is similarly cheap, easy to grow, yields food and medicine, and I offer my own experience as evidence that it is not as addictive or dangerous as we've been led to believe. I would like to invite a dialogue about this, see what others have to say.

What's my condition? I have had many diagnoses (allergies, crazy, immune problems) the most stable of which is Frye's Syndrome. It is a neurological disorder. My salivary glands are "wired" to sweat glands in my face and scalp, so things that make anyone salivate also make me sweat. Just as your mouth is always a little wet (and it's supposed to be), so my scalp would always be a little sweaty. When



I eat I can sweat, profusely, but just from my face and scalp, enough that it runs down my neck. My case was noteworthy enough to be filmed in a hospital with medical students all around, who can't do anything for me. It's not just embarrassing (imagine), but painful-I have a hard time explaining that part, as I've never met anyone else who experiences pain like this, nor do I feel pain when I sweat normally, from exercise or heat. The most uncomfortable reaction is caused by peppery, savoury flavours and even scents-just like Pavlov's dogs, we start salivating when we smell tasty food, which for me is both pleasure and pain, in proportion. The things I enjoyed the most, like garlic and onions or anything spicy-hot, are accompanied with intolerable discomfort. I avoided public places as much as possible, since you can never predict a hot-dog cart, a food court, or a nearby restaurant browning garlic and onions and pumping it out into the street. The fake scents that are everywhere are another issue, particularly those that are designed to make the person wearing them smell 'good enough to eat.'

As everyone knows, marijuana gives you a dry mouth: shut off my salivary glands, and the rest is prevented, or at least bearable. It feels like a miracle.

During a decade without a doctor and nearly two without a diagnosis, you can well imagine I tried anything I could, including a bunch of herbal remedies, and had no idea why marijuana would make me feel better. I would try to get professional medical care by showing up at walk-in clinics from time to time, but you had to have a family doctor to get treatment for a chronic condition, and no one was willing to take me on. The doctors I got to see by



these means suggested I was having an anaphylactic-type of reaction, which certainly didn't encourage me to go out in public. Other doctors then honed-in on the part of my story that said I was staying away from public places, as if it were my own choice, and told me I was agoraphobic—but they could never explain why marijuana should make me feel better, or why I was not afraid to see them about it, or why I should be afraid of onions. With the fear of anaphylactic death, the anxiety of a mystery, and the desire to lead a pain-free and ordinarily social life, I tried opium. I had already tried Hawthorne flowers, elimination diets, cramp bark, dandelion roots, valerian, burdock root, yarrow, cat-nip, stump-water, eye-ofnewt...even therapy. I wouldn't know where to get opium. But my colleagues already put anything interesting they found about marijuana in my mailbox-I was "that guy" in the Philosophy department-and one day there was an article in Harper's Magazine called Opium Made Easy, which offered basic instruction.

It worked remarkably well. I grew some poppies and made a disgusting tea out of them. It's the worst thing you'll ever do twice. Following the dose prescribed in the article, I was high for 2 days! And it was accompanied by some vomiting, but not as severe as when you drink too much alcohol or have food poisoning; it was more like you'd feel queasy for a minute, and then throw up, and then feel fine again. It was also delightful, of course. But more to the point, I had very little inclination to sweat or feel the pain that, for me, goes with it. For the first time in years, I ate pizza.

I found in time that a much smaller dose was sufficient to bring that about, or at least to bring my discomfort down to a tolerable level, enough that I could go out to a restaurant with friends and family and participate in a social occasion. No vomiting. I still can't eat many things, but can tolerate smelling them, being near them. It lasted longer than smoking a joint would, and it was something I could do when there was no opportunity to smoke. Before I was diagnosed with Frye's Syndrome, I had feared my sweating was an anaphylactic reaction, dangerous in itself. So it made sense, if you can put yourself in that position, to go ahead and take the tea every day while I was working as a handyman in town. My first batch lasted me about six months, taking a dose of the tea every day.

When I ran out, nothing happened. I noticed some changes, of course, but not what I expected opium withdrawal to be. My shoulders were a little sore—a symptom I'd read about—but if I hadn't read about it as a withdrawal symptom, I would have attributed the soreness to the work I was doing, my sniffles to ragweed or dust, the level of sleep disturbance to too much coffee. It passed in a couple of days. There were these withdrawal symptoms I guess, but it was nothing like getting off cigarettes was, if any of you have tried that. I had images of tremors and

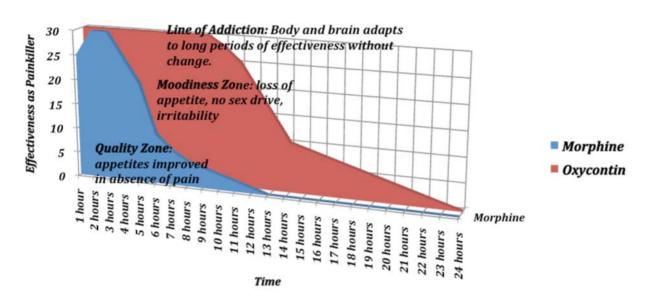
sweats and anxiety from somewhere, movies about drug addicts drying-out, or maybe I was thinking about alcohol.... It sure popped the bubble for me about the dangers of opium when it didn't happen.

Opiates mean I can be in a public place with people, like a restaurant, or the cabin of an airplane, or a shopping mall, where you can't avoid smelling these things. My doctor knows I use marijuana and has recently prescribed morphine sulphate and Cesamet so that I can travel, participate in conferences: you can't take a marijuana prescription to another country anyway. I was unofficially advised by lawyers not to participate in the medical program, because they were aware that the government would like to turn the list of patients into a list of criminals. I tip my hat to those of you who are blazing that trail.

That's kind of a long story, but it will make sense of what else I have to say, in particular, about the new oxycontin. I think I am like many chronic pain patients in that I usually have a worst time of day and a better time of day. It means that, while my prescriptions bottle says 5mg up to 4 times a day, I have found that 10 mg once a day is usually sufficient, and one dose is more thoroughly out of my body before another comes. For me, if I can get through the morning and get a good meal into me, I can usually get through the day without another dose—that is, if what I am taking is morphine sulphate (or a home-made poppy extract). I might sweat a little through dinner, but if I am at home and so in control of spices and so on, and I can smoke when I need to, it's more bearable, and I don't need another dose.

Oxycontin lasts longer (that's what the -contin means), but that doesn't mean I actually needed it to, just that I am buzzing along with it. 'Seems neat at first, but I noticed fairly quickly that the extra time I was buzzing along came with increased anxiety, angry-moodiness, a loss of appetite and lost sex drive. But I wanted the painkiller to help me eat and socialize. This stuff was killing healthy appetites along with the pain. The effects seemed to last longer than I needed them to and interfere with the quality of my life, in a way that poppy tea did not. If I use some oxycontin to facilitate dinner in a restaurant, for example, I can feel it working in me all through the next day. At the same time, I think the long period of effectiveness in the -contin formulation is also more addictive, since it creates a longer steady state in your body at a peak of effectiveness, which you then get used to. It's pretty much what happens if you take several doses of morphine per day, trying to stay "high" at the peak of effectiveness. That means you would have to go out of your way to get addicted to morphine sulphate or poppy tea, to get a similar 'line of addiction' to the steady state created by oxycontin. And we've heard lots in the media about what oxycontin withdrawal is like. I tried to illustrate this com-

Subjective Effects of Morphine and Oxycontin



parison in the chart below: the numbers are rough and ready, subjective, but seem real to me.

Big Pharma is claiming it has changed oxycontin to make it less addictive, because its addictiveness and its ubiquity in the streets have gained lots of negative media attention lately. This attention has made doctors wary of prescribing oxycontin, so they're giving less of it out, and pharmacies are tracking patients across the country to make sure they only get one prescription. Sales must be down. It is also true that people have been crushing oxycontin tablets and snorting them, and there is a way to inject them. I have no idea how that works, but they say snorting it or injecting it makes it many times more powerful than eating it. Some people doing oxycontin in the streets are therefore injecting and snorting to make their stash go further, some to get higher from a smaller amount. It is also true that it's harder to get codeine over-the-counter, as fewer pharmacies are carrying it, even though it has always been legal in Canada.

Big Pharma has altered the formula for the tablet (not the drug) so that now you have to eat it to use it, you can't snort it or inject it anymore. I don't know, maybe they

wrapped each molecule in plastic, so that it needs to be digested. They are suggesting this will address addiction. and that they are being socially responsible. But the drug is the same. Making it un-snortable does not address the mechanisms through which oxycontin made it from the factory to the streets. It might make doctors feel, falsely, that addictiveness has been addressed, and so it's alright to hand these out again. Given how addictive it is and what we've heard about withdrawal, we know that users will still be looking for it when the formula changes. When this happens, oxycontin will not disappear from the streets-instead, there will be a greater demand for the product, since you can no longer multiply its effects by snorting or injecting it. You have to eat it. And that means that the manufacturer will make more money, since, however it is oxycontin was getting from the factory to the streets, it was mostly paid for, not stolen, and the pathway is still open. More will have to be manufactured to fill this demand. Sales will go up.

Ordinary morphine is easier on the system, it seems to me, cheaper, less addictive. Poppies are good too. But you can grow your own poppies, and you can't patent them, and it's illegal to do so.

so it's like choosing between strains of marijuana and when they are harvested, depending on the effect you need. The natural plant therefore offers a greater variety of medicinal values and effects than a pharmacological reduction to one or two active ingredients. We have been led to believe that it is extremely dangerous. I have not found it to be so, after a decade or more of using it on a regular basis, and in fact it seems much safer to me than oxycontin, which has for years now been offered as a "safe" alternative to ordinary, and much cheaper, morphine.



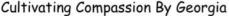


I think we need to have a more public conversation about these medicines. Circumstances forced me to have a level of experience with Opium Poppies, papaver somniferum, which I would not otherwise have had. I would have avoided it, based on unfounded fears and its prohibition. It has become something I use therapeutically on a regular basis, though not daily, and I make sure I dry out for a couple of weeks every year. Maybe that's some left-over fear.

Still, my journey of discovery has been remarkably parallel to a story we are familiar with about another safe medicine I do use every day. It is a plant with many varieties, offering food, medicine, and pretty flowers. Although we have, for centuries, extracted codeine and morphine from raw opium, the plant's latex (which Bayer turned into heroin), there are many more opiates, or active narcotics more than THC, medicinal poppies are about more than morphine content. Different levels of different drugs are available at different times from different parts of the plant—so it's like choosing between strains of marijuana and when they are harvested, depending on the effect you need. The natural plant therefore offers a greater variety of medicinal values and effects than a pharmacological reduction to one or two active ingredients. We have been led to believe that it is extremely dangerous. I have not found it to be so, after a decade or more of using it on a regular basis, and in fact it seems much safer to me than oxycontin, which has for years now been offered as a "safe" alternative to ordinary, and much cheaper, morphine.

I'll close with a little story. My roots are in the old world, where herbal remedies were normal, and going to one of these newfangled doctors or taking patent medicine was viewed with suspicion as alternative medicine. You can't see what the hell is in that, you don't know where it came from. My father remembers pulling males in a field of cannabis—farm chores for kids—which you would not do if you were just making rope. Although I never met him, my mother's father kept a medicinal garden and was known in his community for his remedies. When I started growing poppies, my mother watched me tending them and said I looked just like her father did when she was a little girl, tending his poppies. He had a big field of them, an acre or more. He would go out at dawn, she said, before the poppies dropped their sepal, and collect the little green sleeves that disarticulate as the flower opens. She didn't know what he did with them. I do. He dried them out first. That tea is amazing, a rare and special treat like no other part of the plant.











Treating Yourself interviews Glass Gripper's

Philly Blunts

By Jeremy Norrie

www.TreatingYourself.com www.VapeontheGo.com www.BoroLehr.com

he marijuana industry never stops evolving. As such there are always new products and new innovations coming down the line. Sometimes a company will start with one product and eventually the popularity takes them to new product designs. One of these companies is Glass Gripper, who we have featured before. They are back at it again with a new product and yet another huge party in sin city, Las Vegas. The most recent party took place in the hardwood suite in the Palms and let me tell you, this was one hell of a good time.

First of all, we have to mention the previous parties Phil has thrown were epic and amazing. The first was the Playboy Suite then the next one at that huge suite in the Palms. Both were really excellent parties, so we expected nothing less from Glass Gripper but I was pretty blown away even still. We got to the party and there was a basketball court in the suite. It was not small either, it was like an NBA style court, it looked like a basketball fan's dream. The place was huge in addition to that, there was a bar and full catering. If that was not crazy enough, at one point beds literally folded out of the walls in the basketball court area. There were a number of celebrities there and my friend gave some of them their first introduction to dabbing! We invited some lovely ladies we met at CHAMPS and they could not have been more impressed. It was an amazing night. Lets hear from the man behind it all, Philly Blunts!

Thanks for taking care of us in Vegas and for taking the time to talk with us again.

Philly Blunts: It was my pleasure, you guys always bring the best goodies and the best people.

Our readers will remember the party at the Hugh Hefner Villa Suite at the Palms, it was incredible for us too! First tell them a little about the party you had in the summer of 2011 at the Champs show in Vegas. Philly Blunts: That's a party I'll never forget at the Hugh Hefner Playboy Penthouse, that night was epic. The party we threw in the summer of 2011 wasn't as big of a room as the Playboy Penthouse but the party was just as crazy and we put it together in only a couple of weeks. I wasn't planning on putting that party together until the last minute, that's why the room wasn't as big but the amount of people that showed up was twice as expected. The room was only 2,500 sq. ft but we packed the place up with plenty of dabbing stations, (courtesy of Dub Glass), and Tarantula blunts (courtesy of Raymond Johnson of Swisher Streets). The whole night we worried about security kicking down the door and shutting the party down, because the maximum capacity was 90 and we reached well over 190 people!



The party you just had for the first Champs show of 2012, that took place at the Hardwood Suite in the Palms, was absolutely crazy! What were some of the highlights and some behind the scenes VIP secrets?

Philly Blunts: Thank you so much it was a lot of hard work but it turned out even better than expected. I would like to give a big shout out to all my sponsors who helped make it an absolute success. First and foremost our main sponsor Couchlock, I highly recommend taking a shot of their prod-





uct and smoking a fatty. I wouldn't have it any other way :-). I would also like to thank my other sponsors, 420 Times, Twine Hempwear, TKO Novelties, Pot Bunnies, Arizona 420 Clinic, Doc Rob 420 Clinic, Green Glass Clean, Tokeez, Diffuser Beads, The Digger One Hitter, SKUNK Magazine, TY Magazine, ReLeaf Magazine, Magnum Detox, Hemp Beach TV, Hot Breath Magazine, Bad Habitz, Mary Jane Smoke Wear, Dime Piece Models, B.I.G., C.K. Wholesale Expo. LSO Magazine. Rolling Fire Glasswork. MediCali, Along Came Mary, Battlestudies, Bootube, Hemp Vision TV, Inetworx Magazine, Blackout Entertainment, RAW Vaporizers and I have to give a special thank you to the DJs that tore down the house, DJ G-Kidd, DJ DUBBZ, and DJ Crime. One of the major highlights was waking up in a 11,500 sg ft penthouse with an NBA Basketball court in the living room, there was a unisex locker room which had about 8 showers, and in the basketball court there were beds that folded out of the wall!. I had a remote control for the scoreboard and throughout the night I quaranteed no sleep by pressing the buzzer every time I found someone passed out throughout the penthouse, if you don't believe me ask Sota I wouldn't let him get one second of sleep without hitting that buzzer (and that shit was fuckin loud!). There was a 7 person jacuzzi in the living room, and up on the second floor there was a pool table across from a rotating couch were a lot of crazy shit went down. Some other highlights were being able to have the chance to smoke some of the best weed (courtesy of Along Came Mary) and dab some of the finest oil (courtesy of S.F. Stoner Family) out of some of the best glass in the industry (courtesy of Rolling Fire Glassworks, Dub Glass and MediCali). Some of the celebrities that we CAN mention are, Sleepy Brown of Outkast, Coolio, Adrianne Curry, and a couple of NBA and NFL stars that we can't name because we don't want to get them in trouble LOL! We had great performances by Philly Blunts Productions artists, Yungn and Sota, and other artists that also killed the mic were, Kush House and Real One. There were many artists in the building Such as, Swisher Streets (Meen Green), Sky Writer, Ed King, Andrea Parnell, Blackout Entertainment









Perry from Dime Piece Modles, Sleepy Brown Outkast and Philly Blunts



Coolio and Philly Blunts

(Kasper) and a few more that I can't remember because I was so fucking high! I wish I could give away my V.I.P. secrets Jeremy, but I can't ;-). One thing I can tell you my friend, is that there will be more G.G. V.I.P. after parties to come, so sponsors get at me!!!

I understand you got a new product, what a brilliant idea it is! Whoever helped think of that is very clever. Can you tell us a bit about it and how it came to be developed?

Philly Blunts: Well the first thing we did was upgrade the old foam G.G. to the all new G.G. 2.0. The G.G. 2.0 is hand made out of super high quality epoxy gel (and each one takes 3 days to cure), and are also made with a really strong 3M adhesive sticker, that peels and sticks to the bottom of your bong to protect your piece from chipping or breaking. They now come in 10 different colors, 3 different sizes, and are available with different logos for wholesale or custom orders. The product you're referring to Jeremy is our new G.G. Glow, that lights up any water pipe, hookah, mug, cup, or anything you can think of. It's a plastic G.G. available in different sizes and colors, that has a bright LED light with 3 different modes, fast blinking, slow blinking, or continuous glow. In the last four years since I've made G.G. people have always said, "Wouldn't it be cool if there were a light?" So after hearing it probably 5 or 6 times I eventually decided to look into it. I found a few different types of materials that would work, but didn't because the light or battery was too big, so I gave up. Then one day at Champs, speaking with you Jeremy you brought up the same point, "Wouldn't it be cool if there was a light in it?" So after a year of giving up on the light you gave me the incentive to start up the search again. By this time they had created an LED light and battery that was thin enough for what I needed it to be and the G.G. Glow was created!!!

We know how seriously you handled the original glass gripper designs, how was the process of get-

ting this design manufactured up to your high standards?

Philly Blunts: They both took me awhile because I had to find the right materials to do the right job. The original G.G. had to be improved. One of the complaints I got from the old G.G. was that the sticker would eventually come off when exposed to condensation. Another improvement we had to do was apply other companies logos, pictures, and find the right individual packaging. That's what I had to do for the all new G.G. 2.0. Now the G.G. Glow was a little more difficult. I knew I wasn't going to be able to use the same material I used for G.G. 2.0 and incorporate a light into it, so my next choice was a thin plastic material that was able to hold a thin replaceable battery and an LED light and at the same time have a removable adhesive sticker on the back. Now that I knew what I had to do I had to find the right place to get all of it manufactured at the best price. Like I said before, I can't reveal all my secrets, but I can say that I did smoke a lot of blunts and spent a lot of long hours Skyping people all over the world and eventually did find the right companies. After lots of trial and error, we finally received the first batch of G.G. Glows, (they were made out of a GOLD plastic material). They were almost perfect, but the light wouldn't stay on and the foil part that held the battery kept falling out, but not on all of them. That was definitely a problem, but something that can easily be fixed :-). Our second batch of G.G. Glows were 100% perfect and, (and were made out of a BLACK plastic material). If anyone has a defected (GOLD Glass Gripper Glow, any size or color), you can send it back to our address and we will send you TWO new Glass Gripper Glows on us!!! One thing I did learn is that hard work does pay off, and you always have to take care of your customers.

I know you already have other new products in the mix, can you tell our readers about the newest innovations you have been making?

Philly Blunts: One of our new products coming out are our





Blunts and Babes

all new G.G. 2.0 Grinders. They are one of the best grinders on the market. What makes these grinders stand apart from the rest is the fact that our grinders come equipped with the G.G. 2.0 on the bottom, so after you're done grinding your herbs you can pack it down on any surface to get the keef through the screen with ease and you don't have to worry about damaging your grinder or your counter top. We have other products also in the making such as our GravCap, so stay posted stoners.

We expect big things from Glass Gripper in the future, any hints as to what might be coming along down the line? and of course where can everyone buy your products?

Philly Blunts: Well as many of you now know G.G. is more than a product, it has become a brand name. Not only do we deal with products, we've ventured off into parties, promotions, events, modeling, fashion, music, and much more. G.G. has now branched off into Philly Blunts Productions which handles all of the above. I just recently signed these 2 new up and coming artists, Yungn and Sota, that now go by "Yungn & Sota" A.K.A #TeamGG who caught my eye for not only having million dollar music but for having a million dollar hustle. Right off the bat not only was the music on point but their work ethic, drive, and determination reminded me of myself with G.G. Just like them from the beginning I knew I had a good product but I just had to get it into the right hands and right people. Since they reminded me of myself I decided to take them under my wing and create Philly Blunts Productions. They started with a buzz in FL and since traveling with me and performing at my crazy penthouse parties they have taken that buzz to an international level with their latest single, Addicted. Their next big show after the Hugh Hefner Playboy penthouse party (On 3/27/12) will be, at Sex On The Beach Expo in Miami, FL (9/28/12-9/30/12). At the Sex On The Beach Expo they will be opening up for Alist entertainers such as Gucci, Luda, and many more well know artists. You can check out their music at www.GlassGripper.net and for booking info email: GlassGripper@Gmail.com or call 941-349-0879. Follow us on Twitter @GlassGripper @thatboysota @iYungn

Thank you for everything, we all look forward to future Glass Gripper products and parties!

Philly Blunts: You're very much welcome, it's always a pleasure doing business with wonderful stoners such as yourself. Make sure you check out www.glassgripper.net for future parties, events, shows, booking info, and latest products. Book your next convention show party with us and become a sponsor

Make sure you all catch up with us again next time, I hope you will be able to use this article to find yourself a Glass Gripper 2.0 and a Glass Gripper Glow. Maybe you have been thinking about some way to protect your water pipes and add a bit of electronic flavor. Contact Phil at Glass Gripper for your future parties as well, he throws the best ones. Next issue we will talk about more cannabis related news. If you enjoy these articles, follow me @Professor420 on Twitter for more personal stories & behind the scenes details & pictures from my articles, including things that don't make it in the magazine, and get them as they happen live. We have a new website for end high including art functional glass, www.BoroLehr.com. Also don't forget to check out www.VapeontheGo.com to get the absolute best performing, most economical, portable, and re-chargeable essential oil vaporizer on the market. Take it easy, have fun, don't believe the hype! Find suc-

cess and make it work for you. Good luck.



Treating Yourself interviews Australia's Breeder

G'Day Garry

"Rainbow Dreaming"

Under the Southern Cross

By Mark



The awesomely potent, cannabis sativa strain "Rainbow Dreaming", bred by legendary Australian grower, Garry Von Billen, took the Australian marijuana world by storm when it was unleashed in 2003. Von Billen took the time to tell Treating Yourself a little about his connoisseur strain and the story behind it.

This will be the first in a series of interviews with Australia's top breeders.

G'day Garry, and welcome to Treating Yourself. I want to thank you for taking the time to speak with us about your breeding work and your amazing strain "Rainbow Dreaming". Can you explain to our readers how this terrific Australian strain came to be?

"Thanks for the welcome Mark. By the way, I have been a huge fan of Treating Yourself Magazine for some time now. It's pretty cool how Marco Renda supports the cannabis movement here in Australia. For the last few years I have been picking up my copy of Treating Yourself from the Nimbin Hemp Embassy. I never miss a copy (laughs)"

Yes Garry, Marco has been a staunch supporter of the cannabis scene in Australia for some years now. I know for a fact that he has invested thousands of dollars towards our movement and the push for cannabis law reform in Australia. Treating Yourself has been a huge factor in educating Australians about the wonders of medicinal cannabis. Marco is considered "The Gentleman of Cannabis" in many circles

"Regarding the Rainbow Dreaming, I was lucky enough to buy some Jack Flash (Jack Herer crossed with Haze x

Superskunk) way back in 2002; on the street in Nimbin. I grew and pollinated the buds with a strain I have been growing for 25 years called Carrot (sativa that was smoked in Sydney in the late 70's), and the result was the Rainbow Dreaming strain".

"I used the Carrot in the creation as I was looking for an increase in potency to the Jack Flash. The union of the two strains did lead to a significant jump in potency, but at the expense of the flowering time. However, once I had smoked Rainbow Dreaming, I knew the longer flowering time would be mitigated by the potency, aromas, and colours".

How did that strain go down with your mates in Nimbin? I know there is a lot of great pot in Nimbin and local judges can be hard task masters when it comes to assessing cannabis strains. I am interested in hearing their reaction.

"To be quite honest Mark, I was totally impressed and so were my friends. They would ask me where I got the hash from (laughs). I entered it into the Australian Cannabis Cup held in Nimbin at MardiGrass time, way back in 2003. The judges loved it and it won hands down! It was entered again in the 2004, 2005, 2006, and 2007 Cups, and won each year except for a second place in 2006."

Garry, that is quite an amazing record mate! I would imagine that with the strengths of its varied genetics, it would be very potent and have an interesting aroma profile influenced by the Carrot.

"The taste is very reminiscent of Jack Herer, with a very very uplifting high from the Carrot. The potency has been rated at 9.5 and the smoothness at 9.5 (out of 10). The high lasts







for hours and does not result in a headache as you are coming down, like some other strong sativa strains can do."

"Growing this strain is a long-term project. The plant grows fast under the Aussie sun, and the plants are voracious feeders. They grow to 4m (13 feet) and are quite bushy. My friends call them Christmas trees on 'roids (laughs). An interesting grow trait is that the stem attached to each leaf has a vibrant purple streak on top, and the leaves are medium to light green".

What can you tell me about the Carrot strain?

"The Carrot is an interesting strain. As I mentioned earlier, the Carrot is a 1970's sativa with an energising high! I do not find the aroma too pleasant (carrots), and the branching is not strong enough to fully support the heavy buds as they ripen. I think this factor was why a lot of growers in Australia did not keep this

strain going. I liked the potency and always figured I could breed in branching strength, which I did successfully with a number of subsequent hybrids: Rainbow Dreaming being one."

Garry, the images of Rainbow Dreaming that you have provided do show an interesting bud structure and some beautiful colours.

" Yes, the buds do have quite an open structure, which allows the sun to penetrate deep into the forming calyxes. My view is that this sun penetration increases the psychoac-

tivity of the resins. The colours I guess are what prompted me to call the strain Rainbow Dreaming".

And how does it perform indoors versus outdoors?

"This strain is better suited to growing outdoors, although it will perform well indoors if you go straight into 12/12 after germination. This strain has a flowering period of 12 to 14 weeks indoor, and is ready in the Southern Hemisphere in June".

And what about end result? I know sativas can yield quite well so I am keen to see if the lengthy flowering period justifies the long flowering time.

"If you can't get a yield of three pounds from one of these girls, then your growing methods should be adjusted. Indoors you need to be careful during the flowering period to not overdo the ferts, but other than that it is a trouble free strain"

Now mate, as you well know, Treating Yourself is all about medical cannabis. How do you rate this strain for medical use?"

"Well Mark, I will be honest and say this strain was specifically bred for medical use. Three of my friends/acquaintances have used the buds in their last weeks with cancer, and their families said it was the best way for them to gojust so peaceful."

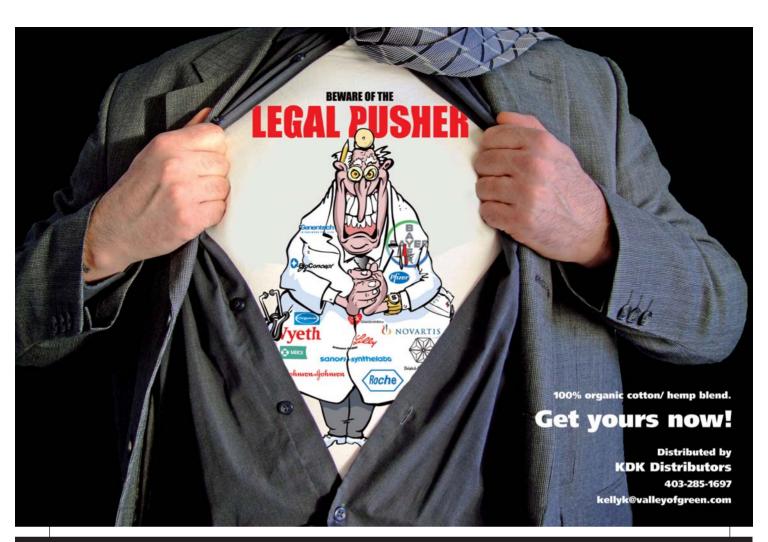
"Rainbow Dreaming is a very effective treatment for pain, and the euphoric, soaring high helps patients through the anguish and grisliness of the dying process. I see this strain having great potential in a hospice situation; or for those patients with depression, Post Traumatic Stress Disorder, and various other neurological issues. I reckon it is a terrific medical strain"

Garry, have you got any other strains in your breeding stable?

"Funny you should say that as I am smoking one of my new strains as we speak. Lately I have been playing with bringing the flowering time down for the Rainbow Dreaming. I decided to trial crossing the Rainbow Dreaming with Rockbud, and also with Shiva. Both of these new hybrids do have the shorter flowering period I was after and, surprisingly, there was NO dimunition of potency. In fact, the cross with Rockbud, which I called Rainbow Chunky, is excellent for potency and medical use. The newer cross using the Shiva is also excellent, and is also destined to be a medical strain".

Well mate, that is about it for this little chat. Is there anything in closing you would like to say to the readers of Treating Yourself?

"Mark, the final thing I wish to say is, 'Keep up the good fight for pot law reform' and "Hemp Hemp Hooray for cannabis!"



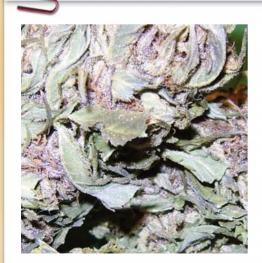




BC Blue God



BC Blue God



BC Blue God



Physical Test

Strain: BC Blue God

Breeder: Jordan of the island

Grower: Dusty Miller

Judge: Skunk-mad, miss knapper & Dusty Miller

Date: February 25, 2012

1. Visual Appeal: 8 *Visual appeal of the buds from* 1-10 *unappealing-excellent.*

2. Visible Trichomes: 7 *Visible trichome content from* 1-10 *none-totally covered.*

3. Colors that are present in the trichome heads under magnification:

Clear 5% Cloudy 20% Amber 50% Dark 25%

4. Colors present in the buds *and/or on a scale 1-9 light-dark:* Brown 2, Green 5, Red 2, Rust 3, Orange 6

5. Bud density: 7 *Bud density from* 1-10 *airy-dense.*

6. Aroma descriptors: scale from 1-9 upon freshly broken bud where a one indicates a subtle presence and 9 indicates a pronounced presence.

Berry 3, Floral 4, Blueberry 5, Fruit 5, Hash 2, Skunk 6, Citrus 5, Lemon 2, Orange 2

7. Aroma: 9 *Aroma from 1-10 repulsive-delightful.*

8. Seed content: 0 *Seed content from* 0-10 *none-fully seeded.*

9. Weeks cured: 6+ *If know the number of weeks your sample has been cured.*

Comment - This bud has been grown and cured to perfection giving off a lovelly fruity floral aroma when broken up. The trichomes are very long stemmed with small but fat amber head`s this strain hit,s you with so many aromas you cannot pin it down to one smell a very fruity number with a hint of blueberry is as close as I can get. The bud although cured to perfection still has a slight stickyness to it and grinds up great.



Smoke Test

- 1. Utensils: TY RooR, Verglow vapor pipe, Wickie pipe, Headquarter Hemp papers, Jamaican Rum Blunts
- **2. Taste descriptors:** Use numbers 1-9 that apply to the taste where 1 indicates a subtle presence and 9 indicates a very pronounced presence Berry 3, Floral 4, Blueberry 4, Fruit 5, Bubblegum 7, Hash 2, Skunk 5, Citrus 6, Lemon2, Orange 2
- **3. Taste:** 9 *Impression of the taste from* 1-10 *unpleasant-delicious.*
- **4. State of dryness: 5** 1-10 wet-dry where 5 is ideal.
- **5. Smoke ability:** 10 *smoke ability of the sample from* 1-10 *harsh-smooth.*
- **6. Smoke expansion:** 1 *smoke expantion in the lungs from* 1-10 *stable-explodes.*

Smoke Test Comments: - This is by far the smoothest smoke we have had the pleasure to try we were taking huge hit,s from the TY RooR and the smoke expansion is amazing you can actually feel the good medicinal quality`s dissipating through your body straight to the head. The head buz is long and intense so a strain not for the light weight. On the inhale you get a super fruity blueberry taste combined with a lush hash last the exhale is when you get the citrusy skunk overtones. A very fast pain reliving medicine with a very psychoactive effect & uplifting high overall a tremendous all round strain but work`s best in our opinion for severe pain issues.

FOLLOW UP QUESTIONS

- **1. Dosage:** 2 bowls, 1 joints to reach desired effects.
- **2. Effect onset:** 1 Rate of how quickly the effect hit from 1-10 immediate-major creeper.
- **3. Sativa influence:** 5.5 Sativa influence (best described as a clear and energetic mental effect) detected from 0-10 none-extreme.
- **4. Indica influence:** 4.5 indica influence (best described as a sedative, lethargic or numbing effect) detected from 0-10 none-extreme.
- **5. Potency:** 8 Rate the potency of the sample from 0-10 none-devastating.
- 6. Duration of effect: 2+ hrs
- **7. Tolerance build up:** 8 Rate of how quickly tolerance builds from 0-10 none-rapid.
- **8. Usability:** from 1-9, a one indicates the worst time of day to consume this strain and a nine represents the ideal time of day.
 - Morning/wake up 5 Day/work 6 Evening/relax 8 Night/sleep 7
- **9. Overall satisfaction:** 8 Rate your overall satisfaction from 1-10 poor-Holy Grail.
- **10.** Ability and conditions: 8 Rate your overall ability to judge from 1-10 low-high.
- 11. Do you personally consider this strain a keeper for long term use? Yes
- **12. Effect:** What effect did the strain have write P if the you got a POSITIVE effect and N if you had a NEGATIVE effect

P Ability to rest or sit still - Paranoia relief
Anxiety relief P Sex drive
P Appetite P Sleep

- Audio perception - Speech process
- Humor perception - Taste perception
P Imagination/creativity P Thought process

Pain relief N Visual perception

Extended Medical Survey:

- ADD/ADHD - Depression - Muscular movement disorders
- Allergic rhinitis - Diarrhea - Nausea
- Amphetamine Dependence - Epilepsy P Panic Attack
- Anorexia - Glaucoma - Peripheral nerve pain
- Arthritis/Musculoskeletar pain - Hepatitis - Post traumatic Stress Disorder

Anorexia
 Arthritis/Musculoskeletar pain
 Hepatitis
 Hepatitis
 High blood pressure/Racingpulse
 Bipolar disorder
 Cancer/Chemotherapy
 Glaucoma
 Hepatitis
 Post traumatic Stress Disorder
 N PreMenstrual Syndrome
 Sedative/Opiate Dependence
 Schizophrenia

- Cancer/Chemotherapy – Itching – Schizophrenia - Chronic fatigue – Migraine/vascular headache – Spasticity in Multiple Sclerosis

P Crohn's/IBS – Muscle Spasm

FINAL COMMENTS: - Well what a great little strain we have here not only was this the smoothest smoke I have ever had but it also worked well for numerous ailments specifically severe pain issues. This strain has helped a stage 4 neck and head cancer to totally kick prescribed pharmaceuticals and replaced them with BC Blue god in my view that evidence speaks for itself. A true medicinal quality strain thank you jordan of the island and dusty miller for this gem of a strain.

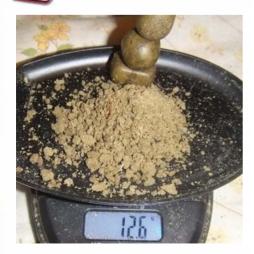




Cannaeese Bubble Hash



Cannaeese Bubble Hash



Cannaeese Bubble Hash



Physical Test

Strain: Cannaeese Bubble Hash

Breeder: Dinafem & Resin Seeds (cheese & Cannatonic)

Grower: Skunk-mad

Judge: Skunk-mad, miss knapper & Thomas Tucker

Date: January 3, 2012

1. Visual Appeal: 10 *Visual appeal of the buds from* 1-10 *unappealing-excellent.*

2. Visible Trichomes: 10 *Visible trichome content from* 1-10 *none-totally covered.*

3. Colors that are present in the trichome heads under magnification: Clear 5% Cloudy 55% Amber 35% Dark 5%

4. Colors present in the buds and/or on a scale 1-9 light-dark: Brown 8, Gold 7, Black 4

5. Bud density: – *Bud density from 1-10 airy-dense.*

6. Aroma descriptors: scale from 1-9 upon freshly broken bud where a one indicates a subtle presence and 9 indicates a pronounced presence.

Pepper 2, Fruit 7, Hash 9, Skunk 2, Citrus 6, Spice 2

7. Aroma: 10 *Aroma from* 1-10 *repulsive-delightful.*

8. Seed content: 0 *Seed content from* 0-10 *none-fully seeded.*

9. Weeks cured: 2 *If know the number of weeks your sample has been cured.*

Comment - This is by far the best looking bubble hash I have made and had the pleasure to test. All 4 grades look excellent with the color going from a deep brown from the 150u bag down to a near pure gold color from the 25u bag. The hash is very hard once pressed but softens up very easy and has retained the lovely cheese skunky smell.





Smoke Test

- 1. Utensils: TY RooR & Tulip joints made with pure hemp papers, Jamaican Rum blunts
- **2. Taste descriptors:** Use numbers 1-9 that apply to the taste where 1 indicates a subtle presence and 9 indicates a very pronounced presence Hash 9, Skunk 8, Citrus 4
- **3. Taste:** 10 *Impression of the taste from* 1-10 *unpleasant-delicious.*
- 4. State of dryness: 5 1-10 wet-dry where 5 is ideal.
- **5. Smoke ability:** 8 *smoke ability of the sample from* 1-10 *harsh-smooth.*
- **6. Smoke expansion:** 10 *smoke expantion in the lungs from* 1-10 *stable-explodes.*

Smoke Test Comments: - When bubble hash is in the skunk-mad house all the family get `s together to test my hash making skills and we all came to the conclusion that this is the best hash I have ever made. The smoke was ultra thick giving a very heavy but stable hit from the TY RooR bong with a very fast all most immediate high. The amazing taste of cheesey hash came through on the inhale with a lovely musky fruity taste on the exhale. We had 4 grade `s of bubble hash to test 150u,120u,75u, & 25u, usually the full melt bubble hash comes from the 75u bag but all 4 grades were full melt bubble hash leaving nothing behind when burned except from happy giggly faces. This was a great family get together with some of the finest bubble hash on the planet, everyone chatted late into the night and left with a lovely warm feeling like you were wrapped up in a blanket.

FOLLOW UP QUESTIONS

- **1. Dosage:** 2 bowls to reach desired effects.
- **2. Effect onset:** 1 Rate of how quickly the effect hit from 1-10 immediate-major creeper.
- **3. Sativa influence:** 5.5 Sativa influence (best described as a clear and energetic mental effect) detected from 0-10 none-extreme.
- **4. Indica influence:** 4,5 indica influence (best described as a sedative, lethargic or numbing effect) detected from 0-10 none-extreme.
- **5. Potency:** 10 Rate the potency of the sample from 0-10 none-devastating.
- 6. Duration of effect: 3+ hrs
- **7. Tolerance build up:** 0 Rate of how quickly tolerance builds from 0-10 none-rapid.
- 8. Usability: from 1-9, a one indicates the worst time of day to consume this strain and a nine represents the ideal time of day.
 - Morning/wake up 4 Day/work 6 Evening/relax 9 Night/sleep 10
- **9. Overall satisfaction:** 9 *Rate your overall satisfaction from* 1-10 *poor-Holy Grail.* **10. Ability and conditions:** 9 *Rate your overall ability to judge from* 1-10 *low-high.*
- 11. Do you personally consider this strain a keeper for long term use? Yes
- **12. Effect:** What effect did the strain have write P if the you got a POSITIVE effect and N if you had a NEGATIVE effect
 - P Ability to rest or sit still Paranoia relief
 P Anxiety relief Sex drive
 Appetite P Sleep
 Audio perception Speech process
 P Humor perception Taste perception
 - P Humor perception Taste perception
 P Imagination/creativity P Thought process
 P Pain relief Visual perception

Extended Medical Survey:

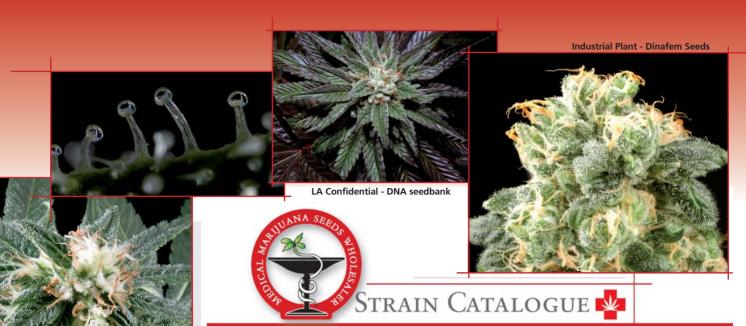
- ADD/ADHD P Depression Muscular movement disorders
 Allergic rhinitis Diarrhea Nausea
 Amphetamine Dependence Epilepsy P Panic Attack
 P Anorexia Glaucoma Peripheral nerve pain
- P
 Anorexia
 Glaucoma
 Peripheral nerve pain

 P
 Arthritis/Musculoskeletar pain
 Hepatitis
 P
 Post traumatic Stress Disorder

 Asthma/Cough
 High blood pressure/Racingpulse
 P
 PreMenstrual Syndrome

 P
 Bipolar disorder
 P
 Insomnia
 Sedative/Opiate Dependence
- Cancer/Chemotherapy Itching Schizophrenia
- P Chronic fatigue P Migraine/vascular headache Spasticity in Multiple Sclerosis
 P Crohn's/IBS Muscle Spasm

FINAL COMMENTS: - This amazing bubble hash was made from the left over sugar trim from a previous harvest. It was made with 85% cheese trim & 15% cannatonic trim in total 90g of sugar trim produced 126 gram of excellent medicinal quality bubble hash in 4 grades from 150u-35u. Hash specifically bubble hash is one of my favorite concentrates mainly for the use in insomnia treatment and bi-polar disorder but it also work severy well for multiple ailments. We were amazed at how fast this bubble hash worked for pain relief giving a very fast almost immediate relief from medium/severe pain issues along with moderate anxiety relief. As the hash trade has almost seized here in the UK im so glad that I invested in a set of bubble bags 3-4 years ago with these results I will never throw away any trim again. This was a very productive bubble hash run which produced my best bubble hash to date in my opinion the cheese strain is the best strain yeild wise to create some of the best bubble hash in the world hey if I can do it anyone can.





BARNEYS FARM

FEMINISED PACKS OF 5 8 Ball Kush \$44.00 \$51.00 Blue Cheese G13 Haze \$59.00 LSD \$56.00 Pineapple Chunk \$51.00 Sweet Tooth \$57.00 Tangerine Dream \$59.00 Vanilla Kush \$63.00



BC BUD DEPOT

REGULAR PACKS OF 12 Black, The \$90.00 \$90.00 Blue Berry \$75.00 Burmese God Bud \$105.00 \$90.00 Mango Pine Warp \$90.00 Purple Buddha \$75.00 Purps, The \$105.00 Sweetgod \$90.00 \$90.00 Sweetooth Texada Timewarp \$90.00

FEMINISED PACKS OF12

Jack Herer \$150.00



FEMINIZED PACKS OF 5	
Deimos Auto	\$60.00
Pulsar	\$70.00
Quasar	\$70.00
Red Dwarf Auto	\$45.00
Syrup Auto	\$55.00
White Dwarf Auto	\$60.00



DINAFEM SEEDS

FEMINIZED PACKS OF 5	
Haze Automatic	60.00
Blue Fruit	53.00
Blue Hash	66.00
Blue Widow	60.00
California Hashplant	72.00
Cheese	53.00
Cloud # 9	45.00
Critical Jack	56.00
Critical+	68.00
Critical+ Automatic	60.00
Diesel	48.00
Fruit Automatic	45.00
Industrial Plant - 74.00)
Jack Automatic	\$56.00
Moby Dick	\$83.00
Moby Dick #2	\$71.00
Moby Hash	\$74.00
Power Kush	\$53.00





PNA FEMINIZED PACKS OF 6 Cataract Kush \$90.00 60 Day Wonder Automatic \$83.00 C13 Haze \$60.00

\$60.00 Cannadential \$75.00 Chocolate Kush \$105.00 Chocolope \$90.00 Confidential Cheese \$75.00 Connie Chung \$83.00 Fxodus Kush \$105.00 Hashplant Haze \$60.00 Holy Grail Kush \$105.00 Kushberry \$75.00 LA Confidential \$90.00 LA Woman \$90.00 Lemon Skunk \$60.00 Martian Kush \$105.00 Martian Mean Green \$105.00 ReCon. \$83.00 Rocklock \$60.00 Sharksbreath 09 \$60.00 Sleestack \$90.00 Sour Cream \$60.00



\$ 60.00

\$105.00

\$105.00

EVA

Sweet Haze EVA SEEDS

Sour Cream

Sweet Haze

FEMINIZED PACKS OF 6	
African Free	\$56.00
High Level	\$56.00
Jamaican Dream	\$88.00
Missing	\$80.00
Monster	\$56.00
Nexus	\$56.00
Papa's Candy	\$80.00
Pink Plant	\$96.00
TnT Kush	\$88.00
Veneno	\$98.00



FINEST MEDICINAL SEEDS

 FEMINIZED INDICA PACKS OF 5

 Citrus Skunk
 \$75.00

 Medi Kush
 \$75.00

 Medifemss
 \$75.00

 Peace Maker
 \$75.00

 Skunk NL
 \$75.00

 White Rhino
 \$75.00

 White Widow
 \$75.00

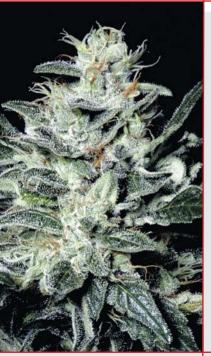
FEMINIZED SATIVA PACKS OF 5

Amnesia Haze \$95.00
G13 \$95.00
NL 5 Haze \$95.00



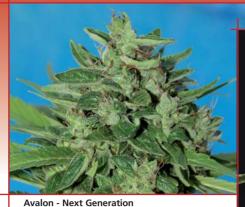
GREEN HOUSE SEED CO.

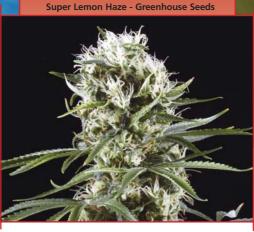
FEMINIZED PACKS OF 5 AMS \$35.00 Arjan's Haze #1 \$62.00 Arjan's Haze #2 \$62.00 Arjan's Haze #3 \$38.00 Arian's Strawberry Haze \$62.00 Arjan's Ultra Haze #1 \$62.00 Arjan's Ultra Haze #2 \$62.00 \$48.00 Auto Big Bang \$60.00 Auto Super Critical Big Bang \$30.00 Black and White Mix \$48.00 Bubba Kush \$52.00 Cheese \$42.00 Chem Dog \$48.00 The Church \$35.00 Dam Sour \$52.00 Diamond Girl \$38.00 Fl Nino \$55.00 Exodus Cheese \$35.00 Great White Shark \$55.00 Green-O-Matic (auto) \$48.00 \$62.00 Hawaiian Snow Himalavan Gold F \$48.00 \$48.00 Indica Mix E Indica Mix F \$48.00 \$48.00 Indica Mix G \$48.00 Indica Mix H \$48.00 Indica Mix I \$48.00 Jack Herer Kaia Kush \$52.00 Kalashnikova \$35.00 \$48.00 Kings Kush \$52.00 K-Train Ladyburn 1974 \$38.00 Lemon Skunk \$38.00 \$48.00 Moby Dick Neville's Haze \$62.00 NL5 Haze \$48.00 Pure Kush \$42.00



Peacemaker- FMS Seeds

Sensi Star - Paradise Seeds







Super Silver Haze - Mr. Nice

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Karnabia 🕕

KANNABIA	
FEMINIZED PACKS OF 5	
Auto La Blanca	44.00
Afrodite	44.00
Auto Afrodite	44.00
Auto BCN Diesel	44.00
Auto Big Band	44.00
Auto Flash	44.00
Auto Gnomo	44.00
Auto Mataro Blue	44.00
Auto Power Skunk	44.00
Auto Smile	44.00
Auto Special	44.00
Auto Thai Fantasy	44.00
Auto White Domina	44.00
Big Band	44.00
Citrus	44.00
Dr Jekill	44.00
Kannabia Special	44.00
La Blanca	44.00
La Reina De Africa	44.00
Mataro Blue	44.00
Original Berry	44.00
Power Skunk	44.00
Queso	44.00
Smile	44.00
Thai Fanatsy	44.00

FEMINIZED MIXED PACKS Classic Auto Mix 6 Pack \$54.00 White Dominas Pack \$44.00 Sativa Auto Mix 6 Pack \$54.00 Sabor Mix6 Pack \$54.00 Outdoor Mix 9 Pack \$76.00 Indica Auto Mix 6 Pack \$54.00 Guerrilla Mix6 Pack \$54.00 Flamenco Mix 6 Pack \$54.00 Crystal Mix 9 Pack \$76.00

MR NICE MR.NICE

REGULAR PACKS OF 15	
Afghan Haze	102.00
Angel Breath	120.00
Angel Heart	102.00
Black Widow	102.00
Critical Haze	120.00
Critical Mass	102.00
Critical Skunk	86.00
Devil	86.00
Dreamtime	53.00
Early Queen	68.00
Early Skunk	86.00
Early Skunk Haze	Pack
G13 Skunk	86.00
Mr Nice - La Nina	120.00
Mango Haze	240.00
Mango Widow	146.00
Master Kush Skunk	86.00
Medicine Man	\$120.00
Neville's Haze Mango	\$90.00
Neville's Skunk	\$240.00
NL 5 Haze	\$120.00
NL 5 Haze/Afghan/Skunk	\$102.00
NL5 Afghan	\$86.00
NL5 Skunk	\$86.00
Nordle	\$86.00
Ortega	\$102.00
Shark Shock	\$86.00
Shit	\$53.00
Skunk Haze	\$60.00
Spice	\$86.00
Super Silver Haze	\$173.00
The Cure	\$102.00
Walkabout	\$55.00



٩	NIRVANA Feminized Packs of 5	
-	Aurora Indica	\$38.0
	Auto Jock Horror	\$46.0
	Blackberry	\$45.0
	BlackJack	\$45.0
	Blue Mystic	\$70.0
	Bubblelicious Auto	\$70.0
	Chrystal	\$38.0
	Ice	\$38.0
	Kaya Gold	\$38.0
	Master Kush	\$38.0
	Medusa	\$38.0
	Northern Lights	\$70.0
	Northern Lights Auto	
	Papaya	\$38.0
	Raspberry Cough	\$45.0
	Short Rider Auto	\$70.0
	Snow White	\$38.0
	Super Skunk	\$38.0
	Swiss Cheese	\$38.0
	Venus	\$38.0
	White Castle	\$38.0
	White Rhino	\$38.0
	White Widow	\$38.0
	Wonder Women	\$38.0
	REGULAR PACKS OF 10	
	Aurora Indica	\$30.0
	Bubblelicious	\$30.0

Chrystal \$30.00 Ice \$30.00 Medusa \$30.00 \$30.00 Papaya PPP \$40.00 Snow White \$30.00 Super Skunk \$30.00 Swiss Miss \$30.00 White Castle \$30.00 White Rhino \$30.00



PARADISE

FEMINIZED PACKS OF 5	
Acid	\$75.00
Allkush	\$75.00
Atomical Haze	\$60.00
Automaria Auto	\$60.00
Automaria II Auto	\$60.00
Delahaze	\$75.00
Dutch Dragon	\$60.00
Ice Cream	\$75.00
Jacky White	\$75.00
Lucid Bolt	\$75.00
Magic Bud	\$45.00
Nebula	\$5.00
Opium	\$75.00
Pandora Auto	\$60.00
Sensi Star	\$90.00
Sheherazade	\$90.00
Spoetnik #1	\$60.00
Sweet Purple	\$45.00
Vertigo	\$60.00
Wappa	\$45.00
White Berry	\$75.00
-	

RESERVA PRIVADA

ILDEILAY I IIIAN	~
FEMINIZED PACKS OF 6	
Cole Train	\$75.00
Confidential Cheese	\$75.00
Kandy Kush	\$90.00
Kosher Kush	\$105.00
OG Kush	\$105.00
Purple Wreck	\$75.00
R.K.S.	\$60.00
Silver Bubble	\$60.00
Silver Kush	\$90.00
Sour Diesel	\$105.00
Sour Kush	\$105.00
Tora Bora	\$90.00

REGULAR PACKS OF 13 \$105.00 Kandy Kush Tora Bora \$120.00 x18 Pure Pakistani \$76.00



Photo of seeds: www.stallonedavide.com



\$30.00



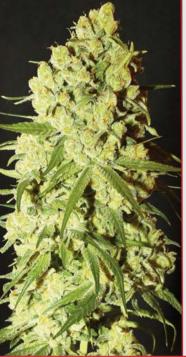
MK Ultrawreck - THSeeds





STRAIN CATALOGUE





Cannatonic- Resin Seeds



RESIN SEEDS FEMINIZED PACKS OF 10

Carmatoriic	\$170.00
FEMINIZED PACKS OF 5	
Cannatonic	\$85.00
Critical Haze	\$85.00
Sour P	\$85.00
Sour P	\$85.00



ROYAL QUEEN SEEDS

FEMINIZED PACKS OF 5	
Auto Easy Bud	\$41.00
Auto Royal Automatic	\$49.00
Amnesia Haze	\$60.00
Auto Quick One	\$45.00
Auto Royal Dwarf	\$38.00
Blue Mistic	\$45.00
Critical	\$52.00
Fruit Spirit	\$52.00
Ice	\$52.00
Indoor Mix	\$45.00
Northern Light	\$52.00
Outdoor Mix	\$45.00
Power Flower	\$52.00
Royal Cheese	\$52.00
Royal Moby	\$59.00
Shining Silver Haze	\$52.00
Skunk #1	\$45.00
Special Kush #1	\$20.00
Special Queen #1	\$21.00
White Widow	\$45.00



SERIOUS SEEDS

REGULAR PACKS OF 11	
AK47	\$120.00
Bubble Gum	\$105.00
Chronic	\$105.00
Double Dutch	\$105.00
Kali Mist	\$120.00
Motavation	\$100.00
Warlock	\$80.00
White Russian	\$105.00

FEMINIZED PACKS OF 6 AK47 \$120.00 Chronic \$105.00 Double Dutch \$105.00 Kali Mist \$120.00 Warlock \$80.00 White Russian \$105.00



TGA

REGULAR PACKS OF 10	
BD The Third Dimension	\$105.00
Agent Orange	\$105.00
Apollo-13	\$105.00
Cheese Quake	\$105.00
Chernobyl	\$105.00
Dairy Queen	\$105.00
Deep Purple	\$105.00
lack The Ripper	\$105.00
IC2 "Jack's Cleaner"	\$105.00
Iilly Bean	\$105.00
Kaboom	\$105.00
Pandora's Box	\$105.00
Qleaner	\$105.00
Querkle	\$105.00
Space Bomb	\$105.00
Space Jill	\$105.00
The Flav	\$105.00
The Void	\$105.00
√ortex	\$105.00



THE CALI CONNECTION

THE CALL CONNECTION		
REGULAR PACKS OF 10		
Blackwater	\$110.00	
Chem 4	\$110.00	
Chem 4 OG	\$110.00	
Chem Valley Kush	\$110.00	
Corleone Kush	\$110.00	
Deadhead OG	\$110.00	
Hazey OG	\$110.00	
Jamaican D	\$110.00	
Jamaican Me Crazy	\$110.00	
Jamaican OG	\$110.00	
Julius Cesar	\$110.00	
Larry OG	\$110.00	
OGiesel	\$110.00	
Original Sour Diesel	\$110.00	
Purple Chem	\$110.00	
Purple Diesel	\$110.00	
Regulator Kush	\$110.00	
Sour OG	\$110.00	
Tahoe OG	\$110.00	





THSEEDS

REGULAR PACKS OF TO	
A-Train	\$105.00
Bubblegum	\$135.00
Burmese Kush	\$110.00
Chocolate Chunk	\$82.00
Da Purps	\$90.00
Darkstar	\$125.00
Heavy Duty Fruity	\$105.00
Kushage	\$105.00
Lambo	\$120.00
Mendocino Madness	\$60.00
MK-Ultra	\$140.00
PG-13	\$102.00
S.A.G.E.	\$05.00
Sage n Sour	\$120.00
Skunk XXX	\$30.00
Skunkage	\$45.00
The Hog	\$150.00
Wreckage	\$90.00
Zero-Gravity	\$102.00
FEMINIZED PACKS OF 5	

A-Train \$60.00 Burmese Kush \$60.00 Kushage \$60.00 MK Ultra \$75.00 S.A.G.E \$60.00 Sage n Sour \$67.00 Wreckage \$65.00





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Next Generation **FEMINIZED PACKS OF TEN** ROMULAN X TIMEWARP

TIMEWARP **ROMULAN HASH PLANT ROMULAN X DIESL**



FEMINZED PACK OF FIVE

AUTOMARIA #1(AUTO FLOWER) **AUTOMARIA #2(AUTO FLOWER)** VERTIGO (AUTO FLOWER) SENSI STAR SHEHERAZADE OPIUM

SPOETNIK ICE CREAM JACKY WHITE WHITE BERRY DELAHATE

NEBULA ACID ALL KUSH



FEMINZED PACK OF FIVE

CANNATONIC SOIIR P CRITICAL HAZE



REGULAR PACKS OF TEN

JILLY BEAN JACK THE RIPPER QUERKLE QLEANER SPACE QUEEN VORTEX

OUTCH PASSION

FEMINIZED PACKS OF FIVE

AUTO BLUBERRY BLUEBERRY DUTCH CHEESE **DURBAN POISON** MAZAR **ORTEGA INDICA PAMIR GOLD** PASSION # 1 POWER PLANT PURPLE # 1 SKUNK # 11 **SNOW BUD** STRAWBERRY COUGH THE ULTIMATE **ULTRA SKUNK** WHITE WIDOW **FEMINIZED PACKS OF 10** JORGE'S DIAMONDS

Serious Seeds

REGULAR PACKS OF TEN

KALI MIST **BUBBLE GUM** WHITE RUSSIAN CHRONIC AK 47 FEMINIZED PACKS OF SIX CHRONIC WHITE RUSSIAN



AK-47

BARNEY'S

FEMINIZED PACKS OF FIVE

TANGERINE DREAM **VANILLA KUSH** LSD PINEAPPLE CHUNK **SWEET TOOTH** CRIMEA BLUE RED DRAGON VIOLATOR KUSH **NIGHTSHADE** DR GRINSPOON



FEMINIZED PACKS OF FIVE

LOWRYDER **LOWRYDER #2** EASY RIDER

CALIFORNIA HASH PLANT

CLOUD 9 CRITICAL JACK CRITICAL INDUSTRAIL PLANT

Royal Seeds 1

MINIZED PACKS OF FIVE

POWER FLOWER SHINNING SILVER HAZE **NORTHERN LIGHT** CRITICAL

EASY BUD (AUTO FLOWER) **ROYAL AUTOMATIC** (AUTO FLOWER) NORTHERN LIGHT (AUTO FLOWER) ROYAL BLUEMATIC (AUTO FLOWER)



FEMINIZED PACK OF FIVE

BURMESE KUSH A-TRAIN KUSHAGE MK-ULTRA S.A.G.E. SAGE N SOUR

REGULAR PACKS OF TEN

SHUNK XXX **MENDOCINO MADNESS** DARKSTAR THE HOG

88 GENETICS

FEMINIZED PACKS OF SIX CATARACT KUSH

CONFIDENTIAL CHEESE HEADBAND / SOUR KUSH KANDY KUSH KUSHRERRY **OG KUSH SOUR CREAM** C 13 HAZE RECON CHOCOLOPE 60 DAY WONDER (AUTOFLOWER) OG #18

annabia

SILVER BUBBLE

SOUR DIESEL

FEMINZED PACK OF FIVE

BCN DIESEL **MATARO BLUE** MATARO BLUE (A) WHITE DOMINA

REGULAR PACKS OF TEN WHITE WIDOW AK-48

B52 BIG BUD BLUE MYSTIC BUBBLELICIOUS CALIFORNIA ORANGE FARIY RIID **EARLY MISTY** WHITE RHINO

FEMINIZED PACKS OF FIVE

A.M.S. THE CHURCH **BIG BANG** WHITE WIDOW WHITE RHINO HIMALAYAN GOLD SUPER SILVER HAZE SUPER LEMON HAZE FL NINO **GREAT WHITE SHARK ARJANS STRAWBERRY HAZE ARJANS HAZE #1 ARJANS HAZE #2 ARJANS HAZE #3 ARJANS ULTRA HAZE #1 ARJANS ULTRA HAZE #2** ALASKA ICE TRAINWRECK KING KUSH **LEMON SKUNK DAMN SOUR** GREEN - O - MATIC (AUTO FLOWER) K-TRAIN **NL HAZE HAWAIIAN SNOW** JACK HERER CHEESE **BUBBA KUSH** KAIA KUSH DIAMOND GIRL THAI **EXODUS CHEESE**

SUPER CRITICAL BIG BANG (AUTO FLOWER) SUPER CRITICALL (AUTO FLOWER) MIXED PACKS CALL FOR DETAILS

SATIVA / INDICA MIX PACK INDICA MIX PACKS SATIVA MIX PACK **BLACK & WHITE MIX PACK**

other popular breeders stocked.... call for details.



















RASTA MIX PACK

KALASHNIKOVA

LADYBURN 1974

MORY DICK

PUR KUSH

SUPER BUD





BRAINSTORM

EUFORIA

The Flying Dutchman







INTERNATIONAL MONEY ORDERS PAYABLE TO NASB WE ALSO ACCEPT CASH, USE A BUBBLE ENVELOPE DO NOT MAKE IT OBVIOUS THE PACKAGE CONTAINS CASH! INCLUDE \$20.00 SHIPPING FEE - WORLDWIDE!





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Total:



any people think seed packaging is colourful, gimmicky and intended for marketing a seed strain from a specific company only! In recent years and with the increase cross section of the population all lining up asking for medical seed, there is an increased importance for all companies to abide by a set of standardized rules that protect the growers and farmers who buy seed.

A lot of mails/letters have arrived over the years asking me to deal with the problem of storing seed and how seed packaging influences the shelf life of the contents. So in recent times I have been reading quite some articles related to the grain and vegetable seed world; their ideas behind why they choose certain materials for packaging and how the influences that prey on seed should be dealt with. Considering Cannabis seed is very much part of agriculture and its applications and storage as well as its testing (which is something missing to

this date), there are strong parallels drawn from the vegetable, seed and sprout industry.

Across the sprout, vegetable and grain industry it is unanimous that seed storage and how the seed is packed can and does have a huge impact on the seed ultimately used as a food source, fodder or genetic storage unit for the future. So it is a major influence on the health of the dormant embryo inside the shell and therefore it is imperative that certain guidelines are adhered to.

Throughout the world farmers and growers have clear demands of the seeds they sow and purchase. First they want the species and variety to be consistent with what they believe they have bought. Secondly they want that seed to achieve uniform and successful establishment of a weed free crop that will develop well and harvest without harmful diseases from seed-borne infections.

WHAT IS SEED QUALITY AND HOW TO MEASURE IT?

Variety Testing

There are two aspects to variety testing. The first is to ensure that a sample is the required species or variety and the second to ensure the purity of the variety, that is, that the variety is not contaminated by the seed of other varieties. The Morphological methods; where the characteristics of the seeds may be compared for example, differences in seed colour my reveal that varieties have been mixed. Alternatively the characteristics of seedlings may be observed in the laboratory or in the field, or other plant or fruit characteristics may be observed in the field.

More modern methods of variety testing can involve a range of biochemical and molecular techniques.



hoto: stallonedavide.com



The analysis of the analytical purity of the seed examines the extent to which a seed sample is contaminated with other seeds (weeds and other crops) and other plant and inert material. It therefore reveals the extent to which the seed that a farmer buys is actual-

ly the desired seed.

Germination Tests

The aim of a germination test is to provide ideal conditions for germination so that the maximum potential of the seed is revealed. The ideal conditions for germination of different



species may differ in terms of the substrate, temperature and time. The substrate for germination may be sand, an organic medium, on top of paper or between papers. Temperatures for germination are either constant or alternating, where one temperature is applied for a specified length of time, followed by another temperature for the rest of a 24-hour period. Finally the time allowed for germination in agricultural and vegetable species can range from as short as five days for jute (Cochorus olitorius and C. sativum) to as long as 35 days for Tetragonia tetragonoides (New Zealand spinach).

Another characteristic of seed to be considered in a germination test is seed dormancy. In many plant species the presence of dormancy means that the viable seeds will not germinate even when the ideal conditions are present unless they have received a specific environmental cue. This evolutionary trait is a survival strategy which

ensures that seed will only germinate when the environmental conditions are suitable for seedling growth and plant establishment and also spreads the germination over a period of time.

The requirements for a germination test, the pre-treatments necessary to break the dormancy of many species have also been identified. Treatments to break physiological dormancy include dry storage, which usually applies to species that have a short period of dormancy; moist pre-chilling, usually at temperatures of 5-10oC for agricultural and vegetable seed and 1-5oC for tree seeds; pre-heating; light; and potassium nitrate or gibberellic acid provided during germination. Physical dormancy arises due to a hard seed coat that prevents the uptake of water at the beginning of germination. This so called 'hard-seededness' can be broken by soaking in water for 24-48 hours, mechanical scarification or acid scarification.

Dormancy is not often seen in many crops, having been selected out by the act of cultivation over thousands of years. There can be problems however in years when the weather causes problems during harvest or in species brought into cultivation more recently.

At the end of a germination test, a seed is said to have germinated successfully if it has developed to the stage where the appearance of the seedling indicates whether or not it is able to produce a satisfactory plant in favourable field conditions. Such a seedling is described as a normal seedling. If a normal seedling is not produced, the seedling is described as abnormal and would



not be expected to produce a plant in the field. The result of a germination test is reported as a percentage of normal seedlings, abnormal seedlings, hard (unimbibed), fresh (i.e. moist but firm) and dead seeds.



Tetrazolium Tests

The tetrazolium test is a biochemical test that provides a rapid assessment of the viability of the seed by assessing the degree to which the tissue of the embryo of the seed is living by using a stain.

Vigour Tests

Germination tests are the primary assessment of the ability of seed to germinate and emerge in the field. However, although the results of the standard germination test give a good correlation between germination and field emergence in favourable conditions, germination can fail to indicate the ability of a seed lot to establish a crop in poor field conditions, for example, cold, wet soils. There have been instances described in a wide range of species where seed lots having equally high laboratory germinations show wide differences in field emergence.

This failure of the germination test to predict differences in field emergence, particularly in poor field conditions, suggested that there is a further physiological aspect to seed quality, which has come to be referred to as seed vigour. Seed lots having high germination, but poor emergence are referred to as low-vigour seeds, whereas those giving good emergence are termed high-vigour seeds. Vigor is also reflected in the rate of germination and seedling growth, in both favourable and unfavourable conditions for germination and emergence. Low-vigour seeds germinate slowly over a long period of time to produce a range of seedling sizes, whereas high vigour seeds germinate rapidly and synchronously to produce large and uniform seedlings. Furthermore, high vigour seeds have good storage potential while low vigour seeds lose the ability to germinate more rapidly during the storage period.

The results of a vigour test give a farmer more information about the potential of a seed to perform in a range of soil conditions; seed company information for man-



aging its seed stocks, both in store and in marketing; a seed producer guidance regarding where seed quality may be reduced and how this can be minimized.

Seed Health Tests

Seed health tests to detect whether seeds are contaminated with or infected by a plant pathogen are important for a number of reasons. The presence of seedborne inoculums may cause disease within a crop giving an opportunity for very rapid spread of disease, may introduce a new disease into new regions or countries and may reduce the germination of seeds by reducing the percentage of normal seedlings produced. In addition, the results of testing can indicate the need for seed treatments.

The term "seed health" includes the incidence in the seed lot of fungi, bacteria, viruses, and animal pests such as nematodes and insects.

Seed Moisture Content

The moisture content (MC) of the seed is an additional characteristic that does not have an immediate, direct effect on quality, but is highly important.



Tests of seed MC fulfil three main purposes.

Firstly to prepare the seed for long- and short-term storage, secondly, the seed MC will influence the price paid for a weight of seed and thirdly the MC will determine the response of seeds to dormancy breaking techniques and vigour tests.

The most significant effect of MC is on the rate of seed aging and hence the rate of decline in seed quality during storage. Thus, as the seed MC increases, the rate of aging also increases. As a rough guide, suggestions that an increase in seed MC of 1% will double the rate at



which germination declines! During storage the MC of the seed moves into equilibrium with the relative humidity (RH) of the store, therefore the RH during storage has a crucial effect on the MC and seed aging. In addition the storage temperature affects the rate of aging, with an increase of 50 C doubling the rate of aging . The impact of MC and temperature on seed quality are therefore of particular significance in tropical countries where ambient conditions will tend to lead to rapid loss in seed quality.

An increase in the storage RH not only leads to more rapid seed aging, but the activity of saprophytic fungi, insects and mites also increases as the RH and seed MC increase.

Uniformity in Seed Testing

Having a standardized test or series of tests in place will only aid all those who use produce or sell seed. If the same tests are recognized by the buyer of seed and asked for before purchase it will make seed producers and resellers be aware that inferior seed in the market place will be found out and reputation will be at stake.

Concluding Comments

Seed quality is the sum of multiple components. The most important of these are species and cultivar purity, analytical purity and germination, while other significant components of seed quality are seed vigour, seed health and moisture content. Assessments of seed quality are possible through field tests and a range of laboratory tests to ensure the reliability and uniformity of test results from different laboratories. The completion of such tests provides information about a seed lot that is useful to the seed producer, the seed company and the farmer, to guide decisions during seed production, marketing and storage with the ultimate aim of achieving successful and efficient crop production.

SEED PACKAGING:

what aspects to look out for to tell if the company is looking out for you the grower.

Seed companies who are serious about selling good quality seeds that pass all the tests for storage and longevity in shelf life do not expose the seeds to sunlight.

In other words seeds that are stored in unbreakable vessels within humidity controls, out of direct sunlight and sealed in temperature controlled material will be far likely to have better germination levels and seed vigour. The companies who expose their seeds to direct sunlight or allow the seeds to be seen in packets will be more prone to lower germination levels even when the seed is produced fresh and stored well before being packed.

Generally seed should have a 2-5 year shelf life from the time of production if all goes accordingly and if stored in cool shaded areas. It is important to be able to see this date the seed is made or packed as it is a prerequisite for all other industries to show a use by date for products. If Cannabis seed is to follow the rules set by the seed industry it must



comply with certain basic requirements for a grower to know before purchasing.

Seed can be stored in a freezer and in an air tight contained to disallow humidity to infiltrate it...but it is advisable to only store seed in a freezer one time then in a fridge after that if the seed is still unused.

So buyer beware of any companies who have seed visible and hanging in shops without a batch number (that can be checked for a date) or a date packed printed on the back...especially in hotter climate countries. It is possible you are buying old seed









stock (if no date is printed on it) as well as the possibility of buying dead seed since it may have been exposed to sunlight and heat inside the shop while it awaits the buyer. Seed packets should be kept in a cool environment with low humidity and it is advisable to keep sealed in a fridge if not in use. Sealed or resealable packaging is idea if you intend to use half a packet and store the other half.

Seed needs to be kept in sealed packets to avoid contamination from air borne pathogens. It is difficult to argue with a company if the seed is sold in sealed units and vacuum sealed in an aluminium foil zip lock just as the vegetable seed is sold in supermarkets. To claim a company made an error in seed storage and packaging can only be justified if the company does not vacuum seal the seed and keep it out of visibility to the sun.

Other important aspects of seed packaging to consider are indirect sunlight, heat extremities, temperatures, relative humidity, chemicals, X-rays, irradiation exposure, rollers in post office sorting points, time in transit, length of time held in stock, age at the time of planting. Many take for granted that seed will germinate no matter what, but all these facets will cause disturbing influences on the percentage germination and type of plant that will grow from compromised seed.

There are so many aspects to take into consideration in the seed industry and behind the scenes. A fancy and colourful seed packet may be a perfect distraction to the real point of purchase. But in the end 'the proof is in the seed' and once the grower decides to germinate the seed the answers will follow. It is therefore a big responsibility for a seed company to do testing and hygienic seed production

and packaging to maintain the integrity of their product, and the time it can be used with success. The onus for the grower is to do their best to educate themselves on what constitutes a good seed company who will support their own products all the way through to harvest!





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The Rootless Transport Mechanism

The RTM or Dr. Allen's Procedure and the simple principal of Osmosis and Tonicity.

Original article printed in Treating Yourself Magazine Issue 18, 2009 pp 80

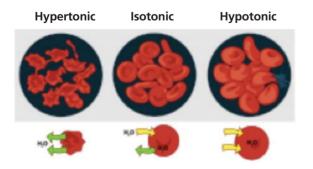
David B. Allen M.D.

Cardiothoracic and Vascular Surgeon, Member I.C.R.S. Cali215doc@gmail.com

The Rootless Transport Mechanism or RTM procedure is a way to flavor your cannabis any flavor you choose. With this technique I make Vanilla flavored Cannabis. The RTM procedure has potential to deliver precursors of THC to the plant and allow it to make more Cannabinoids. To understand the RTM procedure you must first understand Osmosis and Tonicity.

Semi-Permeable Cell Membrane

To understand Osmosis and the concept of tonicity you have to first understand cell wall function of plants and animals. Each cell wall is composed of a phospholipid (fat) membrane which regulates the amount of fluid and salt that the cell can have in it and still have metabolic function. The cell wall has pumping mechanisms to regulate the amount of salt content in the cell to provide optimal enzymatic function. Too much or too little fluid or salt will cause changes in the cell that can help or hinder cell function. The cell wall is a membrane and is called a semi-permeable membrane, because it allows some things to pass through it and keeps other things out. This means that the cell wall has the ability to pass molecules like water and other small molecules that are not highly charged and keep out large particles and highly charged particles. This semi-permeable cell membrane separates the cell from its environment and allows normal cell func-





tion to proceed. Without this mechanism the cell would not be able to regulate its salt and fluid content and either swell with fluid until it burst or dehydrate and shrink like a raisin. Neither of the two extremes would allow delicate enzymes in the cell to function. The cell actually expends a lot of its energy, by utilizing a cell wall transport mechanism that actively pump salts out of the cell to maintain equilibrium or homeostasis.

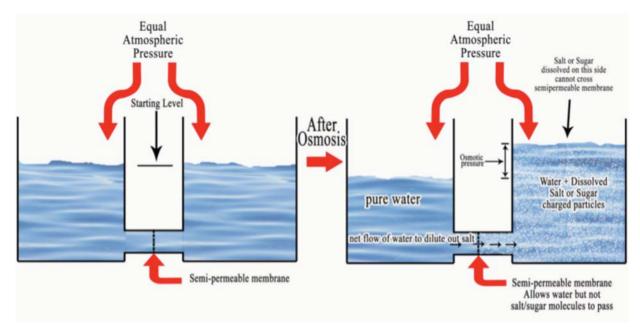
Tonicity

To demonstrate this phenomenon, we can see what happens to a red blood cell (RBC) when placed in 3 different concentrations of salt water. When the RBC is placed in a solution of low salt

Content or pure water (this is referred to as a Hypotonic solution) the water tries to dilute out any dissolved substance found inside the cell. This causes the cell to swell with the incoming water and eventually burst. (this is seen in the far right example of a Hypotonic solution.)

When the cell is in a solution where the concentration of salt is the same both inside and outside the cell, then that fluid is referred to as isotonic fluid and this fluid will not cause a net movement of water into or out of the cell. This is ideal and allows the cells metabolic machinery to function properly. (This is demonstrated in the middle example of a RBC in an isotonic solution above.)

The Third possibility is a cell in a solution that has much more dissolved salts in the solution than what is present inside the cell (This is a Hypertonic solution) and this causes the water in the cell to move towards a higher concentration of salt in the surrounding solution and causes the cell to shrink. This is not good for the metabolic machinery to function properly and can cause cell death from dehydration of the cell. (This is demonstrated in the left side of the example on the left.)



Osmosis

To understand osmosis you have to be familiar with a few terms. A solute is a solid substance that can be dissolved in a liquid called a solvent. Salt and sugars are common solutes and water is the universal solvent. The combination of a dissolved salt in a solvent forms a solution. The dissolved salt is considered ionized and has a charge associated with it. Given enough time, the dissolved salt will distribute itself to a uniform concentration through-out the entire volume of the liquid. This will happen even without stirring or agitation of the solution. This is called "Even distribution of the solute in solution"

Osmosis simply stated; Is the process of a solvent (water) passing through a semi-permeable membrane from a low concentration of dissolved salt to a higher concentration of salt. In effect the water molecules try to dilute out the high concentrations of salt. The Solvent dilutes out the solute. This process continues until atmospheric pressure or other force opposes the osmotic pressure. The classic diagram of this is depicted below by two open beakers of water separated by a semi-permeable membrane. Initially the beakers are filled with water and since water can pass the membrane both containers will equilibrate to the same volume. Atmospheric pressure being the same in both beakers will cause this equilibration. If you add salt or sugar or other dissolved solute on the right beaker and allow osmosis to occur then; The solvent (Water) on the side with less dissolved salt or sugar will go to the side with a higher concentration of solute. Note the change in height of the two columns of fluid, this height difference is referred to as the osmotic pressure. If you add more salt or sugar to the right side of this example, it adds more osmotic "load" and this will increase the net water flow to the right beaker and increases the volume on that side. This causes a net movement of water towards the higher concentration of solute, until the atmospheric pressure is equal to the osmotic pressure of the solute. (salt) Now that we have the science down, we can have fun with the plants.

The plants roots are a semi-permeable membrane that allows water, small particles and particles with minimal electrostatic charges, to pass thru the root membrane and enter the plant. So water and other small molecules will pass into the plant and larger highly charged molecules stay in the soil. This filtering mechanism is what the roots use to protect the plant from the "shit" in the soil. (Literally and figuratively) This mechanism allows the plant to regulate the concentration of salts and water in the xylem or blood of the plant. Too many charged particles in the soil act like a salt and would cause an osmotic pressure and in effect draws water toward it. This is exactly why putting too much fertilizer in the soil will kill the plant. The high concentration of charged particles (salt), sucks the water out of the plant and it dies of dehydration.

The Rootless Transport Mechanism (RTM procedure)

I was doing and experiment trying to make root beer flavored pot. I thought that by putting a dilute solution of root beer in the soil that the roots would take it up. The plant was killed in my experiment, and so I had to find another way to solve this problem.

I smoked a big fatty and re-thought my experiment to myself; I reasoned that Christmas trees once cut, can be kept from dehydration by placing a freshly cut trunk in water and sugar solution. I also had seen grade school experiments where you place a freshly cut daisy in a solution of colored dye and the plant takes up the dye and becomes the same color as the dye. The dye is sucked up by capillary action into the leaves of the plant.



It became clear that the root of my problem was the roots of the plant. The protective mechanism that roots provide, prevent any flavoring agent from entering the plant. Flavoring agents called flavanoids are large molecules that are highly charged and will not pass through the root membrane.

So I decided to try an experiment by flavoring a fully mature, ready to harvest cannabis plant with Mexican Vanilla Extract. This is an alcohol extract. I cut the mature plant trunk off just above the soil line and **immediately** placed the plant in the Vanilla Extract solution. Within 24 hours you could smell the vanilla in the bud. I was surprised as how quickly the plant sucked up the Vanilla solution and had to refill the jar several times. I left the solution for about 1 week and it took about 2 extra weeks of drying. The buds were a beautiful brown color with no green and were fragrant of vanilla. When we tried the cannabis it didn't make you cough and had an unusual flavor that was hard to correctly name. Everyone loved it.

There seems to be a time frame where the plant must be exposed to the flavanoid and if less than about 4 days the cannabis had the smell but not the taste. Between 4-7 days seemed optimal for producing cannabis with good flavor and longer than that resulted in a harsher taste. Undoubtedly there will be an optimum concentration and length the plant has to be exposed to produce the best results. If the flavanoid is left too long the cannabis will be gummed up and impossible to dry out. I am sure these experiments are now being done as the news of this technique spreads. I have already heard of success with Blueberry flavoring used on branches of the plant. Using this technique you can flavor any plant with anything you can think of! Coffee, Tea, Coke, Lemon, coconut, bubble gum the list is endless. Please no tobasco! Obviously no safety studies for the pyrolysis of these things exist but flavored tobacco products are already everywhere, and have set the standard.

This technique could also be used to flush plants fed too much nitrogen with water or isotonic solution and in effect be like placing the plant in the ICU. You could feed the live freshly cut plant an isotonic solution that would preserve cell function much like humans receive Ringers Lactate or Normal Saline IV infusions. Then you could experiment and add different "Herbs and Spices" to the isotonic synthetic xylem. You could add **Antibiotics, Steroids, Bronchodilators or Opiates** to the solution and the plant could have additional medical applications. Combination drug possibilities are endless. (Viagra??/Boner Bud?)

The potential brilliance in this technique lies in the fact that you could give a plant the precursors to THC. If you could give the plant the building blocks to make THC then the plant could potentially produce **Super Pot**.

THC or tetrahydorcannabinol is the medicine in cannabis responsible for the majority of the medicinal effects. THC is a dimer (consisting of two compounds) of Phenols and Turpenes. The cannabis plant combines these two compounds and forms THC. The phenols and turpenes are bound together by a condensation bond. This bond is formed by the removal of a water molecule and is not a real strong bond like a covalent bond. (There is no shared electron) The bond is easily broken by heat and both compounds evaporate easily with a distinctive fragrant smell.

So if an isotonic solution was made with phenols and turpenes, the plant could potentially use its unique metabolic machinery to combine these and form THC in much higher concentrations.

MK ULTRA;

In 1953 the US government was seeing the effects of Soviet, Chinese, and North Korean use of mind control techniques on U.S. **prisoners of war** in Korea. In response the CIA started a program called MK ULTRA which sought to expand our knowledge on mind control, torture and brainwashing. Untrained CIA operatives conducted medical experiments on unknowing subjects using experimental drugs. Many drugs including; LSD, Amphetamines, alcohol, heroin, Morphine. MDMA, Mescaline, Psilocybin, Scopolamine, Marijuana, Sodium pentothal and ergine were used. For interesting reading please see MKULTRA and Manchurian Candidate on Wikipedia.

During these experiments they tried to make super pot by giving the plant precursors to THC, but these experiments failed because there was less understanding of the problems semi-permeable membranes posed to their experiments. Like me the government scientist put THC precursors in the soil and it killed the plant. I suspect they didn't smoke a fatty and re-think their experiment. It has been previously quoted by government scientist, that you cannot give a cannabis plant precursors to THC and have it produce more THC. I am not sure that is true.

Banning scientific research on Cannabis is crazy. Busting the Oaksterdam University is an attack on Scientific Knowledge. The End of Marijuana Prohibition is Near. Science and Moral Right are on our side.

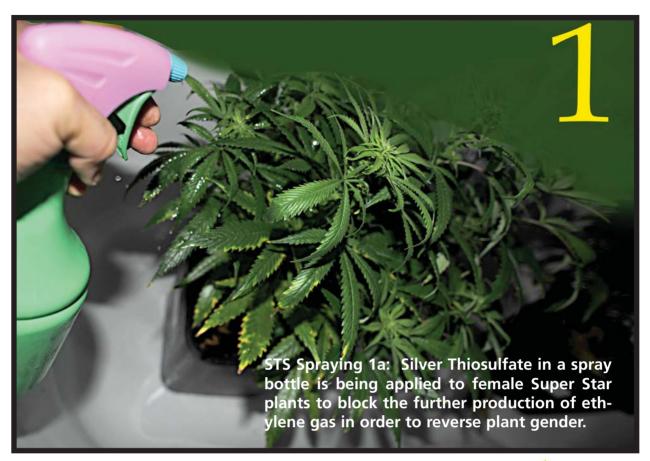




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SILVER THIOSULFATE (STS)

By ED Borg Delta-9 Labs



ost cannabis plant breeders and seed producers have by now experimented with or are well aware of Silver Thiosulfate or more commonly known in the cannabis/plant industry as STS. Silver Thiosulfate is the combination of two chemicals, one being Silver Nitrate, the other Sodium Thiosulfate.

It is the most feasible and preferred method of creating female only seeds. The more stable the variety, the better the results since many varieties have a tendency to hermaphodite during the later weeks of flowering.

The sole purpose of spraying STS on the donor plant is to reverse the plants gender. This happens within three weeks of spraying STS, which blocks the ethylene gas formation.

STS in any concentration is only effective at inhibiting ethylene for almost 3 weeks; at that point the plant's natural female metabolism begins to take over again. A sec-

ond spraying allows inhibition to last through week 6, which is more than enough time to release pollen.

There is a wide range of usable formulas that will work, however the second spraying within 12-14 days is crucial at getting the ethylene gas production to stop. You can store the working solution you used for the first spraying in the refrigerator for two-three weeks as it is not necessary to make a new batch each time.

There are various concentrations of STS that will work fine, however a stronger mixture does not make a plant more likely to produce pollen, it only burns and stresses the plant as our experiments have shown. In one of the photos of the "Super Star ladyboy" you can notice a slight burn on a few leaves. Doing a second spraying 12-14 days later is paramount at producing plenty of pollen. By coming from an insurance/risk management industry background and to guarantee our results at generating optimum pollen production we recommend having one ladyboy STS donor plant for every 5 plants you want to

How to Prepare STS Solution

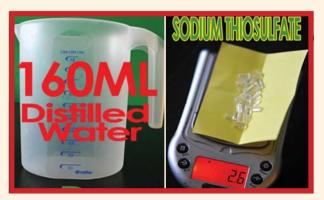
To prepare STS you need to first make a stock solution that consists of two parts, **A & B** that are initially mixed separately, and then mixed together. **Part A is always mixed into part B** while stirring rapidly since it dissolves faster than the latter. Use distilled water, as it is pure and mineral free. The silver nitrate dissolves within 15 seconds, while the sodium thiosulfate takes 30-45 seconds to dissolve. The resulting blend is stock silver thiosulfate solution (STS).

Weigh each chemical separately as follows.



Part A

0.7 gram Silver Nitrate stirred into 40ml distilled water



Part B

2.6 grams Sodium Thiosulfate stirred into 160ml distilled water.



Combine Part A into B

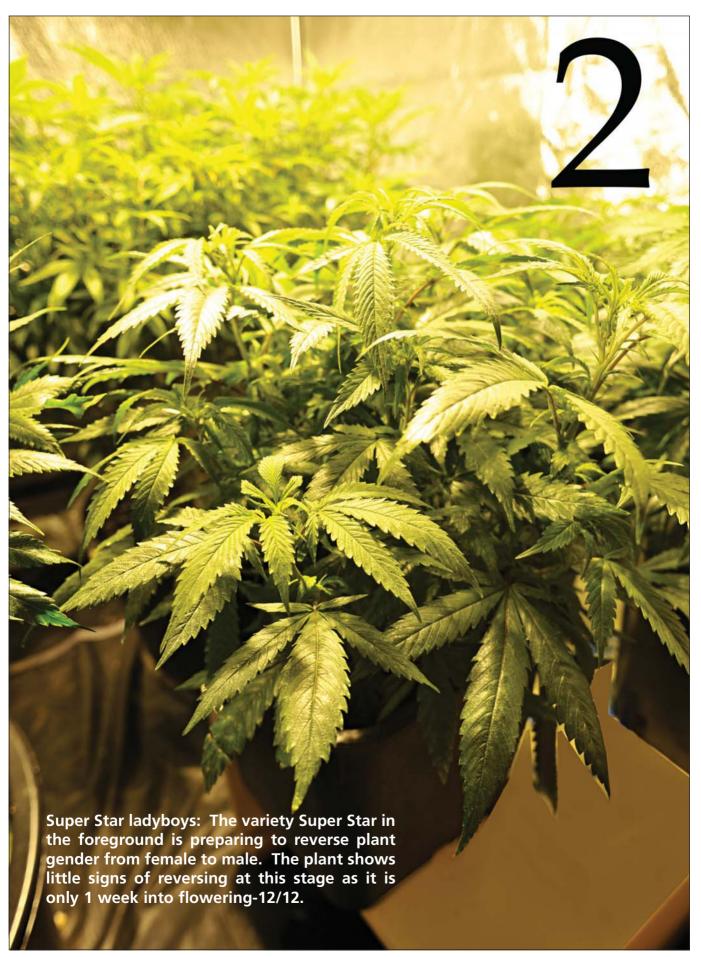
Now slowly add the silver nitrate solution to the sodium thiosulfate solution while stirring. This combination is then added to 800 ml of distilled water to equal 1000ml/1 liter.



Final Stock Solution

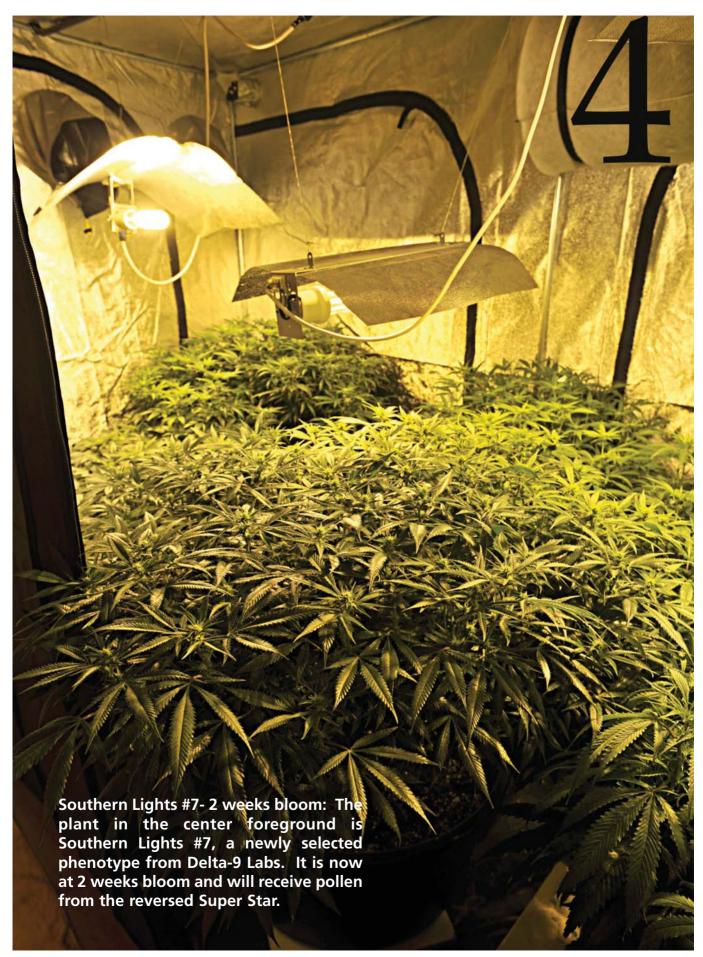
This is the final stock solution. I like to store it into a 1-liter spray bottle immediately for ease and storage. The spray bottle is kept sealed in plastic in the refrigerator until it is sprayed on the target plant/s. In addition, keep all chemicals stored in the refrigerator to avoid activity loss.

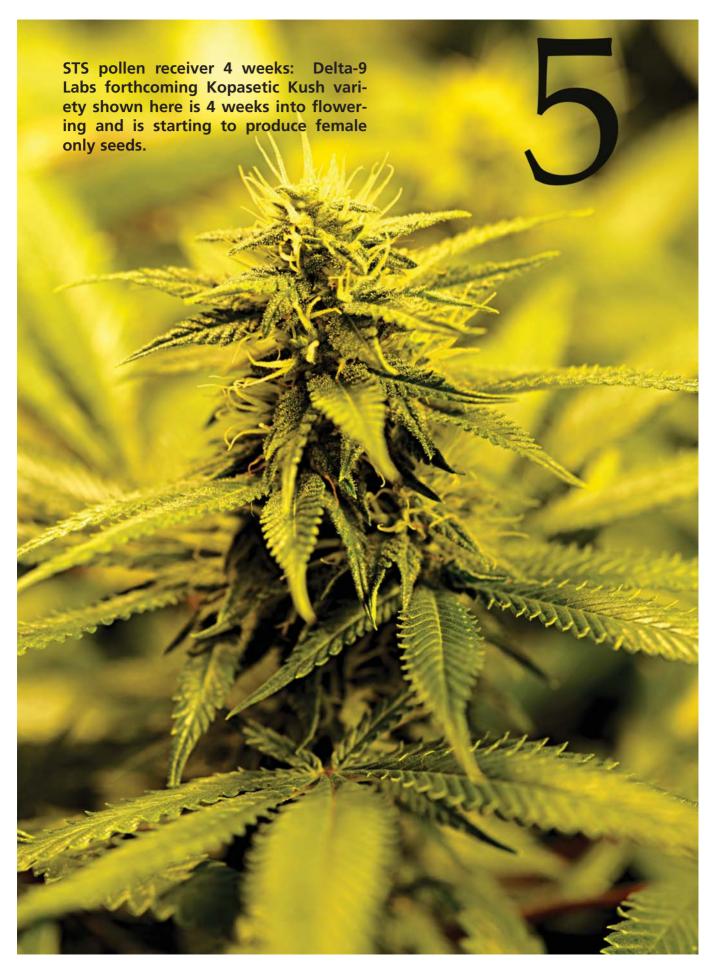




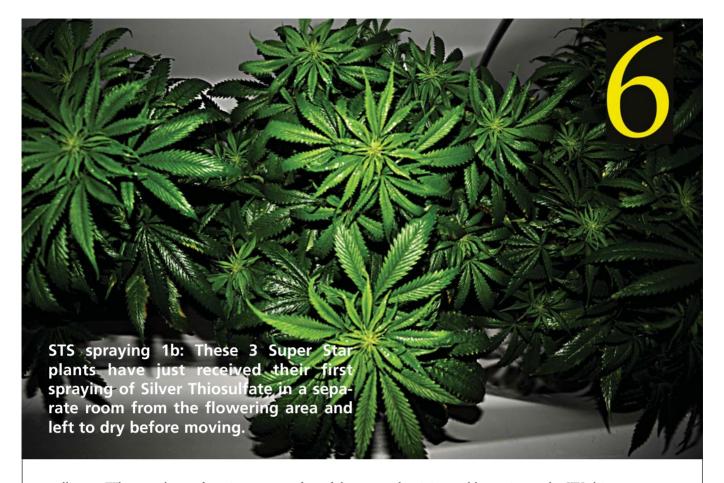












pollinate. What we also perform is to spray a few of the donor plants at 5-7 day intervals for up to 3 weeks if necessary so that we achieve the most pollen per plant at varying intervals, resulting in more viable seeds per plant as well.

Use care and caution while mixing and using these chemicals in a properly ventilated area. A mask will prevent the breathing of any dust, which is caustic. STS is colorless and odorless, and poses minimal health risks if used as described here. Bring your donor plants to be sprayed in an area that can later be washed off is thoughtful to

avoid staining and browning as the STS dries.

In the next issue I will be showing you the photos of the fully reversed female ladyboys. They have now fully reversed after 16 days and the pollen sacs are starting to develop. The buds are becoming pollinated and will continue to produce ripe robust female seeds.

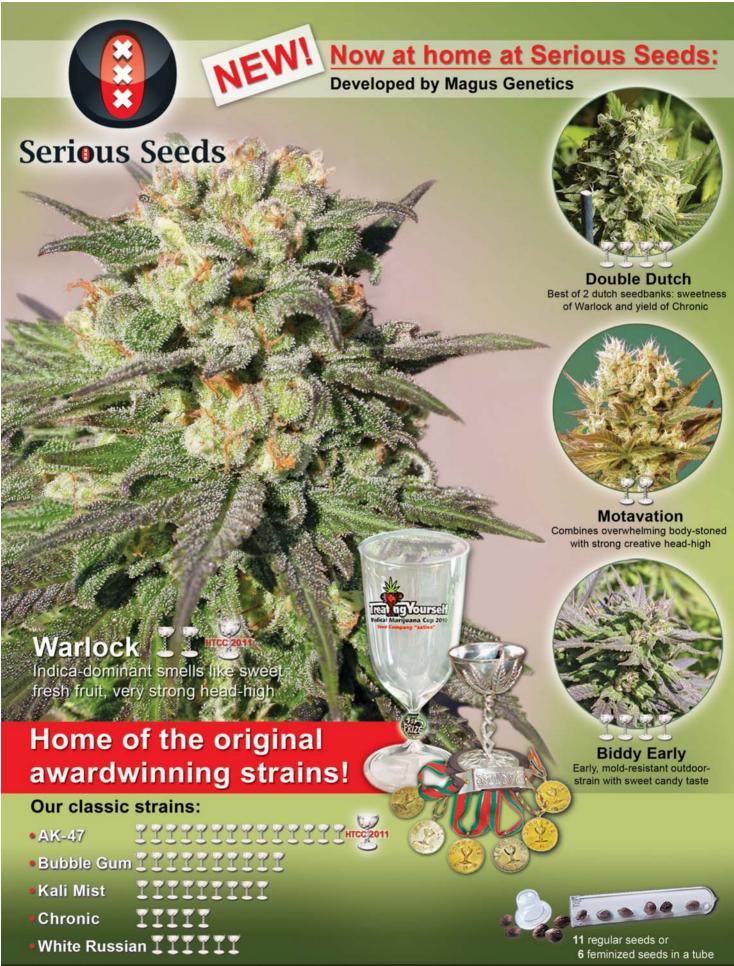
Get ready for the next issue!!

I wish you all great success in becoming future female seed producers.





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Bubbleator

By Skunkmad

As some of you know I love making bubble hash from my left over sugar trim and until now I have made it by hand which can be a pain, doing the agitating with a kitchen whisk or electric drill around water is by no means safe but it did the job ok until I came across this great new self contained machine. The name of this machine is the Bubbleator and was devised by Mila Jansen the owner of the pollinator company and who has been part of the cannabis scene in Holland since the 1960,s. Mila was the original bubble hash maker and came out with the bubble bag system first which you get with your Bubbleator system, they are called ice-o-lator bags which you use to filter your hash through and come in 8 different grades from 220u-25u so you catch every precious trichome that comes out of your Bubbleator.

The Bubbleator is the latest development from Mila's Pollinator Company. It has a 400 gram capacity and is geared towards professional intensive use and a rapid turnover.

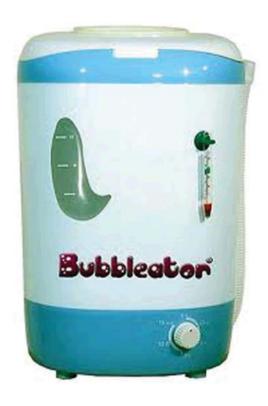
The system is a complete fully operational setup. The setup is compact and discreet. It is light and can be transported with the built in handles.

It features a drive system that invokes motion of the plant material through non-intrusive means.

Now for the first test run.

I had 200g of sugar trim and proceeded to fill the pyramid bag with it, I then put 10I of water and 1.5kg of ice into the Bubbleator machine followed by the pyramid bag containing my trim. The lid was then closed and the timer set to 15 minutes to give the mixture a good agitation to remove all the precious trichomes. When I make hash by hand I spin for 20 minutes so that what I did with the Bubbleator. Once spun in the Bubbleator I opened the lid and removed the pyramid bag to leave just the water containing the lovely trichomes which when filtered through the ice-o-lator bags will leave some beautiful bubble hash.

I set my ice-o-lator bags in order smallest 25u(micron)-220u(micron) in a bucket and set the Bubbleator above my bucket so gravity will do its thing. I started to empty the Bubbleator with the handy pipe on the side of the machine



which only took a couple of minutes and then the mixture was now in the ice-o-lator bags and ready to be pulled out.

I had 8 bags but only used 5 of them and the 1st out was the 220u bag which is basically to catch any unwanted material which was minimal, but still around 3g of bubble hash. Now onto the good stuff the next bag was the 185u bag which held around 5g of bubble hash, next was the 120u bag which had slightly less than the 185u bag at just over 4.5g. Now onto the money bag the 70u bag which to my surprise had an amazing 11g of full melt bubble hash. Finally the 25u bag which also surprised me with just over 7g so my total yield was around 30g of excellent bubble hash. When I make it by hand I usually get a 8-10% yield so with a 30g yield from 200g was closer to 15% which is an excellent result and a much safer way to make bubble hash.

If you also like making bubble hash I would highly recommend that you look into a Bubbleator machine. It is a much safer way to produce hash with it being a self contained system with an increased end yield and as bubble hash is so nice the Bubbleator machine is definitely the way of future bubble hash making.

TY Product Review

















www.pollinator.nl or contact KDK Distributors who will be more than happy to help you to get one if these amazing machines. Before long you will be making your own bubble hash from your unused trim. Thank you to Mila for creating another great hash making machine





Persei

portable vaporizer

By Skunk-mad

I love medicating using concentrates like iso, bho, budder etc, so when I was told that there was a new vaporizer specifically designed for concentrates & essential oils I was intrigued. The name of this new vaporizer is called the Persei and is an amazing piece of kit designed for the beginner right through to the expert. This is mainly due to its variable voltage capabilities & the different ohm (Ω) cartridges available.

The Persei is the world's first variable voltage essential oil vaporizer that uses no other ingredients mixed with the oil, just pure essential oils. Vaporizing essential oils just got a lot easier, faster and convenient.

The fill it yourself cartridges the Persei uses contain no cotton, just stainless steel, silica wick and ceramics. The cartridge design is patent pending and has been tested to over 400+ 6 second hits.

The Persei is capable of delivering monster hits with it's two cartridge "double barrel" configuration, or smaller controlled, consistent dosages using a single cartridge.

Now I have told you a little about this great piece of kit let the testing begin..

Day 1:

I started by filling 2x5ohm (Ω) cartridges with iso oil, I filled each cartridge with 0.7g of oil using the handy fill tool that comes with your Persei. As I was new to this piece of kit I started off with 1 x 5ohm (Ω) cartridge & the lowest volt battery the 3.7v. I started to pull very slowly but got very little vapor so I switched the battery to the 7.4v which did the trick. Now I was firing on all cylinders I began my test. From 1 cartridge filled with 0.7g I got over 200+ hits of thick vapor throughout the day which was an amazing result from such a small amount of concentrate & very efficient. through all my years of testing devices, I have never come so close to chucking a whitey from taking just a few too many hits off the Persei, so please take things nice and slow. Now it's time to put the twin top on & see how that performs.

After refilling my spent cartridge with another 0.7g of iso & swapping to the double top with both cartridges it was time to give the Persei a good test run.



Day 2:

I gave the twin barrel Persei to my wife to take out shopping with her & she found it a very easy & useful device. She had around 50 hits whilst shopping & then we tried it together to test out how many hits the double barrel configuration gives & we were amazed as we hit the 300+ mark with still 0.3g left in each cartridge. The hits were ultra thick kind of like carrying a portable skillet but much healthier & constant thick vapor which we all know is healthier than smoking.

Day:3

Now onto the bho test.

I filled 1x2.4ohm (Ω) cartridge with 0.8g of bho & put my single top back onto the Persei with the lower 3.7v battery. We found that if you pull/draw on the Persei to hard then some oil can come up the cartridge. We found that drawing "Sherlock style" nice and slow works the best & from the 0.8g of bho I got over 300+ hits over a 24hr period all super thick vapor. 0.8g of bho is a very small amount of concentrate & it kept me nice and medicated throughout the day with no other medication needed. This truly is the most efficient way to consume your concentrates & is exactly what we need as no one can afford to waste medication.

Here is what you will get with your Persei vaporizer & some planned attachments that will make the Persei the no one vaporizer on the market.

We found that the lower ohm (Ω) cartridges 1.5-3.0 worked better with the 3.7v battery & the 4.0-5.0 ohm (Ω) cartridges worked better with the higher 7.4v battery but a little trial and error is needed by the user. As with any new piece of equipment I suggest that you read the detailed manuals that come with the Persei as it is a complex piece of equipment but once you get the hang of it you will find it very easy to use and it will not leave your side.

TY Product Review

Included in the Persei Kit:

- 1 x Persei Body (Black with Chrome Rings) or (Chrome with Black Rings)
- 1 x Persei Single Top
- 1 x Persei Double Top
- 1 x Trust Fire 18650 Battery, Li ion with Protection Circuit. (able to do 2 x 2.4ohm (Ω) cartridges at 3.7v)
- 2 x Trust Fire 18350 Batteries,
 Li ion with Protection Circuit. 7.4v
- 1 x Battery Charger for 3.7v Lithium Ion Batteries. Will charge 18650, and 18350 batteries
- 2 x 5.0 ohm (Ω) Cartridges
- 2 x Aluminum Mouth Piece (Slow inhales are required when using this mouth piece)
- 1 x Fill Tool
- 1 x Battery Adjustment Tool

Manual Variable Voltage is controlled by the battery combinations:

- 1 x 18650 battery = 3.7 volts
- 2 x cr123a battery = 6.0 volts
- 2 x 18350 battery = 7.4 volts

You get the 3.7v and the 7.4v battery's with your Persei & you can get different ohm (Ω) cartridges in these ohms (Ω).

- 1.5 Ohm (Ω)
- 2 4 Ohm (O)
- 3.0 Ohm (Ω)
- 4.0 Ohm (Ω)
- 5.0 Ohm (Ω)

Other attachments planned for the Persei look great & will be available in the near future

- Pass thru system with variable voltage
- The Hammer ceramic heating tip to dab concentrates, light a bowl etc.
- An LCD variable voltage oil top
- An LCD variable voltage herb top
- Click on, click off button top
- Nail cartridge
- High power flashlight top, fully functional, the ultimate disquise "just a flashlight officer".

Now that I have been using the Persei I am pleased to say that I have given up smoking & have been using solely the Persei. My chest & more importantly health has started to improve & I have been using less medication so a huge thank you to the Persei creator

Warning

Please understand that this is a TOMV (Tool of Mass Vaporization) If not used properly it will damage cartridges, it will leak if you miss use it, it will clog if you over use it, think of it as a race car. It will do what it is intended to do, but will break if you do not know how to use it. So please read all the relevant information to keep your Persei performing at it s full potential.

For more information on this amazing piece of kit please contact

www.planetvape.ca or www.delta9vapes.com who will be more than happy to help you.





Happy Daddy Pipe Tools

By Lexx

This is the perfect example of American technology and old school blacksmithing. Best part of this tool is that it is creating more jobs to train more workers for our under-employed state of Oregon.

If you have ever felt most hand made tools, they feel like they are not quite finished. Not so with these tools. The Happy Daddy line of tools; Pipe Pal, Bowl Buddy and Big Buddah are fabricated in a truly high tech shop. State of the art presses, polishing machines and metal fabricating that is at the cutting edge of technology. Producing tools that are a joy to hold and use, while being something so nice it fits that niche of being one of the most highly prized bling blings to own and use for your own smoking pleasure. Surgical quality Stainless steel with a feel and balance reminiscent of a surgeon's scalpel from days past when every tool was made by hand and the best felt like they were custom made for each and every individual user.

All those scrapers and spoons made of Aluminum will vaporize at a very low temperature adding a risk of exposure to illnesses caused by the breathing in of those Aluminum vapors.

The very low cost and lifetime of use of these tools makes them an essential part of every conscious smokers tool kit.

There is also the kindness behind this company that is employing and training young apprentices and many of the chronically un-employed of our state, to have a skill and a trade to keep them employed into their future.

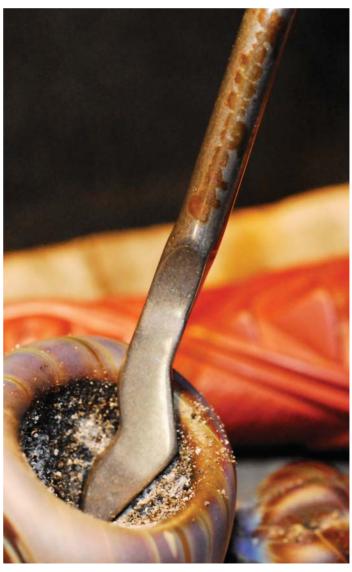
There is so much forethought in these tools that as soon as you buy them and start to use them, you will discover even more uses for these most remarkable new products than even I could have ever thought up!

This tool, the company and folks behind it win my personal accolades for best new company and product for Medical Cannabis patients, Cannabis consumption.

I love it!!!







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THE HAMMER

OMICRON FERTURES

DISCREET AND PORTABLE
REPLACEABLE BATTERY
6061 T6 ALUMINUM BODY
HEAVY DUTY BUTTON
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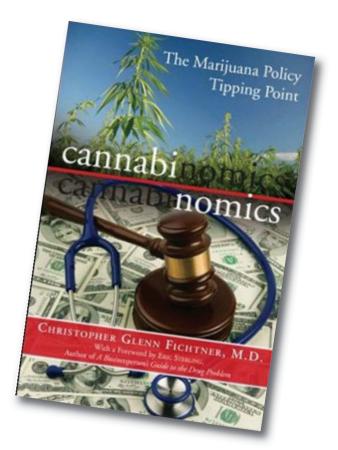
Marijuana's Tipping Point?

A Chat with
Dr. Christopher Fichtner,
Author of Cannabinomics

By Kevin M. Patten

hen discussing any illicit substance, health and safety is usually the first concern made clear. If marijuana were legalized, more people would use it, it would lead to harder drugs, our youth would become decadent and depraved, and our great society would come to an end – so says the average prohibitor. Such abold statement is neither helpful nor accurate when discussing such an important issue, the likes of which already prosecute nearly one million people every year. Although you wouldn't hear it from one of these advocates – who are now in the minority – three different angles of the same topic are now coming together; all leading to the irresistible conclusion that cannabis prohibition must come to an end

The cover of Dr. Christopher Fichtner's book Cannabinomics: The Marijuana Policy Tipping Point has all of the trajectories nicely depicted. There's a stethoscope, showcasing the medical benefits that countless studies have proven; a judge's hammer, alluding to the failed Drug War; and money, because "cash crop" is not just a catchy saying. Fichtner believes that the converging of these revelations is at lastmarijuana's "tipping point" - that Rubicon that must soon be crossed, when cannabis can finally be freed from the clutches of government persecution. As he laments in his book's forward, quoting from Dan Baum: "Just Say No finished the job...of closing the debate. Don't talk about why people use drugs...Don't talk about the tendency of prohibition to promote violence...Don't talk about the lives, taxpayer dollars and civil liberties sacrificed for the Drug War...Don't talk about the medical potential of illegal drugs. Don't talk at all. Just say no." He hopes that by merging these different angles he can bring about a new language, which he has named "cannabinomics," and that it will reverse the popular trend of criminalization,



allowing people to finally realize the obviousness of such a backwards policy.

I first received the book from his publisher last year, and met up with him at his office in Hemet, California not long afterwards, where he has been a practicing psychologist for many years. He greeted me wearing blue jeans and a black shirt, unshaven. "Hey Kevin," a smiling face said, shaking hands. I followed him into his back office; crammed bookshelves were everywhere. I set up my camera and set it on the table directly in front of him. "Dr. Christopher Fichtner..." I said, first askinghow he got involved with this subject. "Well I'm a psychiatrist," he started, "and I finished my training in '91. I started working for the VA (Veterans of America) System – treating veterans with PTSD in Illinois. A coalition of several groups was trying to pass a medical marijuana law in 2003 or so." He recalled, as he does in his book,his meeting with Julie, telling me about her multiple sclerosis and how she used edibles to help calm her symptoms. "She told a very compelling story," Fichtner said, even watching her give testimony to the state legislature. "She was a major influence, who even schooled me on use of the word 'marijuana.'" The true professional as he is, he prefers the term "herbal cannabis" over any other because of the negative connotations. "High," afortuitously-used word, has so many "Degrees of it," he says, "There's a euphoria that would be extreme, and it can lead to giddiness, an inability to interact in a reasonable

TY Book Reviews

social manner." I added, "Butnot dangerously though." He agreed emphatically: "No, not dangerous, but there's a mood elevation, which is just a reduction in anxiety, a feeling of greater well-being."

Curious about his profession, which requiresprescribing large amounts of psychiatric medication, I asked him at what point he would suggest cannabis as an alternative. Unsurprisingly, I learned that Riverside, the county where he currently works, doesn't have a policy supportingsuch recommendations. "I've done a few outside of that on a private basis – not very many," he answered. As a medicine, Fichtner says that it's "always okay to talk about cannabis, as long as there's a defined problem; like major depression; bipolar disorder; PTSD." As psychiatrist, he says he's first "going to go with the meds that are FDA approved. Herbal cannabis comes in when someone says, 'I haven't been able to tolerate this, but have experience with cannabis and found that it is helpful.'"

The Drug War proponents need not panic. Having this conversation doesn't mean anybody wants to allow cocaine vendors to set up down the block, or have businesses named "Heroin R'Us" directly across the street. Such demagoguery is not allowed in the offices of Dr. Christopher Fichtner. Everybody already knows that the ingestion and consumption of strange substances can hardly be good for one's health. Anybody can tell you that. But the list of such substances can grow upon closer inspection, and can come to include many things you might or might notconsider to be dangerous. "Smoking is never good for the respiratory tract," Fichtner says," but when you go look for the relationship between lung cancer and marijuana, you just don't find it the way you find it with alcohol and tobacco." Several times in the bookhe mentions the potential of substituting the two big killers with cannabis. Discussing a 2009 university study, Fichtner tells me that it "[dealt with] Squamous cell head and neck carcinoma, cancer - which alcohol and tobacco are major contributors to. Once they factored out the influences of those two, what they found was not only was there no positive relationship with cannabis, [there was] a statistically significant inverse correlation. In other words, those who used marijuana were less likely to get head and neck cancer!"

Dealing with the Drug War in his book, Fichtner introduces us to "Garry," a medicalcannabis patient whose Southern California home was invaded by Federal goons. Garry sustained serious injuries, was no longer able to work, went on social security, took more pain pills, and eventually had to foreclose on his house – all part of America's new standarddomestic policy, with menacing faces like Gil Kerlikowske and Eric Holder

standingclose by approving of it all. In the book, Fichtner compares America's collective attitude to this war with Professor Jerry Harvey's tale of The Abilene Paradox – or, as Harvey summarizes it, "the tendency for groups to embark on excursions that no group member wants."

I asked him the general "up-or-down" guestion: "Do you think the Drug War is a failure?" He answered with a familiar sense of obviousness: "Oh yeah. So many have spoken to that. They just had the Global Commission, and then pursuant to that you had Jimmy Carter who also wrote in June – maybe it was even the day of – the 40th anniversary of Nixon's War on Drugs. Jimmy Carter wrote a piece in the New York Times talking about how it's been a failure; harkening back to 1978 when he first said we oughta implement the recommendations of the Commission [on Marihuana and Drug Abuse]...that did some very good work under President Nixon, who just paid no attention at all to them." Why would there be any disconnectbetween the President and his Commission? As everyone should know by now, the unanimous conclusion made by Nixon's staff was that marijuana should largely be made legal. Bringing the results of this policy up to date - to a sort of social reckoning – Fichtner cites several popular headlines throughout his book (including the LA Times' permanent project), concluding that "What Forbes magazine called the 'Mexican Meltdown' competes with the economic crisis, healthcare, and our foreign policy more broadly as the news item most likely to be updated on the front page of major American newspapers." The latest development? As of May 13th, fortymore decapitated bodies have been dumped on a major highway near Monterrey; the Zetas claiming responsibility yet again.

I asked his opinion on whether or not there was an underlying reason why "drugs" were criminalized so harshly. "We'll first of all," he answered somewhat sharply, "I think partly the way out of this is to stop talking about 'drugs' in a generic way." While praisingthe work of LEAP (Law Enforcement Against Prohibition), he said they had habit of doing this. "It's too big a conversation to have; too big a piece to bite off. I think the conversation should start off with specific substances, rather than lumping them altogether...Coming back to your question – what do I think is sustaining this? – I think it's partly the failure to parcel-out the language." Dr. Fichtner thinks that instead of just saying "drugs" and being done with it, a person should resist the urge to be overly presumptuous when considering this question." Then we ask: 'cannabis vs. alcohol; cannabis vs. tobacco; cannabis vs. opiates'; and so on. Cannabis is something we'll look at fairly quickly because of its relatively favorable safety," he says.

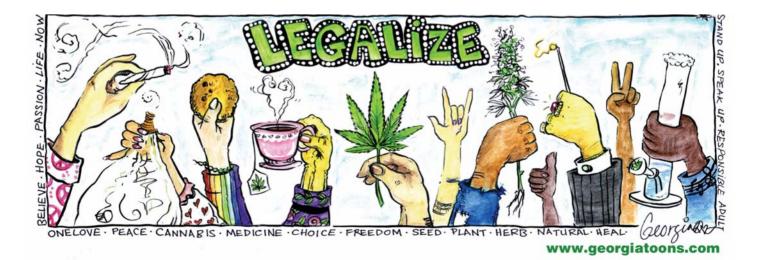
Book Reviews

Although a newcomer to this discussion, Fichtner was surprisingly articulate and well-read on the topic. He thinks that because of its "inclusion clause," California's current medical policy is the best in the country. With other states having specific guidelines, the Golden State has almost none. I told the doctor about my experience getting a medical 215 card; about the price drop from \$150 down to \$80; and the odd parallels between a California "caregiver" and a Kirby Vacuum Salesman. Again with naïve professionalism, he told me that people he knew in the industry "at least favored it for medical use," adding that most doctors "who do really good check-ups [and exams] believe cannabis should be sold over the counter." As the Devil's Advocate, I reiterated the sentiment: "Maybe you and I wouldn't look at it that way, but for othersthat's borderline recreational use." Fichtner made clear that his concern was more for patients willing to try it for themselves, instead of worrying that someone might get ahold of a substance far less harmful than those already available. "It certainly opens the door to recreational use, but there will be a percentage who uses it recklessly and it could lead to other problems, and you'll also have a percentage who will substitute it for alcohol or tobacco," he says.

Finishing up my questions, the doctor stopped me to ask one of his own: "Which is more important?" he asks, "the probability of some users who may not exercise good judgment, and that the system may be abused or the possibility that a lot of people who are being denied access for its therapeutic benefits [could get it]?" If it has not already been made clear, Dr. Fichtner believes that people should be allowed to make their own decision. "People with all these diseases are usually on a

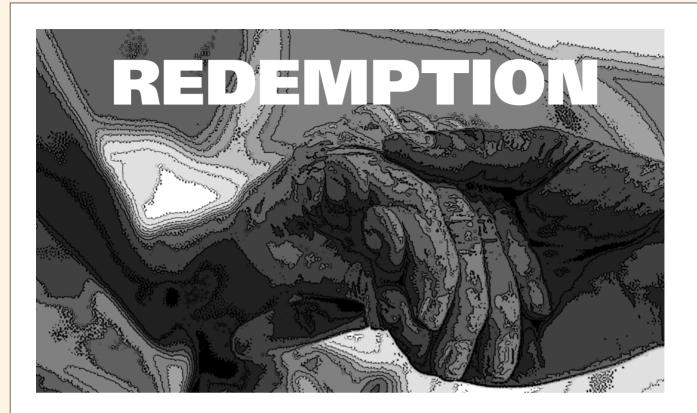
cocktail of different medicines each with their own side-effects, so when you're on a cocktail, you have to add all that up," he says, rhetorically asking "why you wouldn't want to consider a naturally occurring substance" that has "an array of structural-related molecules that do different things? Some of them elevate mood, some reduce anxiety, and some of them may even have anti-psychotic and mood stabilizing properties." And unknown to be dangerous. Cannabinomics, he believes, could become a language known toboth liberal Democrats who are worried about Civil Liberties, and libertarian Republicans that are concerned with State's Rights. He ends his book by saying that marijuana is "the low-hanging fruit of drug policy reform and medical marijuana is so ripe it's falling off the tree."

A question that escaped me during our discussion was Fichtner's reportage on the progress of Sativex (RT), which he talks about throughout his 227-page book. The GW Pharmaceutical creation, Sativex is a lab-grade synthetizing of several cannabis components. Popular in Europe, the drug has been given an exclusive patent by the U.S. Government. An interesting thought of the doctor's was that "our federal government currently actively denies American cannabis producers the opportunity to enter into the business in the open marketplace, in which the demand for cannabis – for medicinal and personal use – is quite high." He also admitted to me, somewhat remorsefully, that the issue of hemp was only briefly mentioned in his book. I had one last question: "Will you sign my copy?" He smiled, and thanked me for reading it. "Here's to finding a better way to manage medicinal herb in America!" he wrote, signing it in the best regards.









think you better get a job."

She looked around at the shabby apartment: beer cans, scattered laundry, UFO dishes, over-flowing garbage, unfinished graffiti on the walls, two cavorting kittens, and a toxic litter box.

In the middle of it, sipping a beer, was her clueless boyfriend, Johnny. Hearing the word "job" shock-waved his lazy demeanor to attention. With one long gulp, Johnny dusted the rest of his favorite refreshment.

"I don't want to look for another job already, Sylvia. We're doing alright, aren't we?"

She wanted to slap him. The good times rolled when they were high together, but she found his irresponsible behavior somewhat appalling.

"Your rent's due, Johnny. You spent the rest of your money on that case of Coors. You're out of food. Don't you know you're about to get kicked out of here?"

"So I'll move."

"Where? Back with your parents? They won't help you. They hate you, Johnny."

Johnny looked suddenly forlorn. This girl wasn't as tolerant as he thought. The hammer was coming down. "Look at all the jobs I've had this year, Sylvia. It's not like

I haven't been trying." The list was only impressive to Johnny. Unskilled, mindless labor: dishwasher, bus boy, janitor, curb painter, lawn mower. bird feeder, baby sitter, after-school basketball coach, experimental test subject...

"See, that's a lot of jobs, Sylvia. I got fired every time. They discriminate. They hate hippies."

Sylvia grimaced. "What was wrong with this guy? "You can't hold down a job, and party all night, every night. You don't get to just have fun all the time, Johnny. The world doesn't work that way. And by the way, couldn't you at least have passed some of your classes? You were taking really easy stuff."

"I tried, Sylvia, but I just couldn't concentrate. Don't you remember all that mescaline and peyote we ate last quarter? Shit, I'm still tripping."

"That stuff only lasted twelve hours, Johnny. That's just another excuse. I got all A's last quarter."

"I know, Miss Perfect. You always do." Johnny laughed uproariously.

Now Sylvia's face flushed red with anger. "Look, Johnny, either get a job, or I'm done with you. I don't want a bum for a boyfriend. People work in this world." This was a bum who was also hopelessly in love. "OK, I'll try again. Any suggestions?"

"They need an orderly at the convalescent hospital where I work. I already told the charge nurse you were available. Don't screw this up, Johnny. The shift starts at 7Am, so we better get some sleep.

She slammed and locked her bedroom door, leaving Johnny to contemplate his mess and bleak future.

Johnny smoked a big fatty on the way to his 7AM shift, ripped out of his mind for the first encounter with his new boss.

"Ever worked in a hospital before?" The charge nurse was an old hippie named Steve, with a heavy east coast accent.

"No," Johnny said obliquely. Although he was secretly relieved that Steve seemed so non-threatening.

"Well, this job isn't rocket science. You got to have a strong back." Then he peered into Johnny's bloodshot eyes, laughing. "More important is a positive attitude." Then Steve laughed again. "You look like you got a pretty good attitude so far—just being nice to these old people is a good start."

Johnny mumbled something about doing his best, as the charge nurse walked away. "At least that guy won't try to bust me."

Johnny walked into his assigned ward: six debilitated old men with varying degrees of dementia, physical impairment, and eccentricity. Two were completely comatose. A seasoned orderly showed him the ropes, only briefly. Get them up in wheelchairs. Feed them, bathe them, dress them. Every day, eight hours, no excuses, \$1.75 per hour.

Johnny stayed very stoned while he worked, and was a horrible nurse's aide that first day. He fumbled with their clothes, throwing disheveled patients into wheelchairs, in varying stages of undress. The oatmeal drooled like Dickensian gruel, when Johnny tried to feed them breakfast. Finally, as a last resort, he undressed them all again, rolled them down to the shower room, and hosed them off.

A semblance of cleanliness. At least his job was temporarily saved.

Johnny was frantically finishing his last patient. The shift was almost over. He gathered the frail body up into a giant bear hug, hurling the poor old man into the wheelchair.

"Ouch!" the patient called out angrily. "Why are you such an asshole?"

"Uh...sorry" Johnny stammered. He really was an asshole. This broken down, alien body was hiding a real person

"Look, kid, you can't be as stupid as you look. I can tell you what I need. Slow down, and show some respect, will you?"

Johnny looked over at the name on the bedside table: Henry Cook. There wasn't much left of Henry's ancient body: bony, contorted, stiff. He breathed like a struggling locomotive, and his voice was raspy sandpaper. Henry had a full head of thick brown hair, though, and piercing, beady eyes. These eyes were fully alert, now that Johnny was paying attention. A trifle agitated, but Johnny sensed a little bit of playfulness in the old man.

"Look, kid, finish getting me dressed, and take me down to the smoker. Get the Marlboro's out of my drawer."

Johnny fetched the pack. "Where do you want them, Mr. Cook?"

"In my shirt pocket." It was obvious that Henry's cooked arm could not perform this action independently. Johnny placed the pack of cigarettes in the old man's shirt ever so tenderly. "Ready to go, Mr. Cook?"

"Let's go, kid. I need a smoke before your shift's over. I swear, you're the slowest damn orderly I've ever had. Just let me have my smoking time, kid. Get me dressed without hurting me, fill my damn lungs with smoke when I want to, and set me back in bed. Can you handle that kid?"





Johnny swore he saw a mischievous glimmer in the old man's eyes. "Sure, Mr. Cook, let's go have that smoke. It beats working..."

Henry sputtered, coughed, and smiled. "Yeah kid, it shore beats the hell out of working."

Going into a convalescent hospital's "smoker" in those days was like entering Dante's Inferno.

Old men and women inhaling and exhaling tobacco smoke for all they were worth. The stench of so much tar and nicotine was nauseating, even to Johnny. All the old fingertips in the room were stained with gooey brown residue from the cigarettes.

Cook was in a hurry. "Light me up, kid."

Johnny took the pack of Marlboro's from the old man's shirt pocket.

"Give it to me."

His gnarly old fingers could still grasp that cigarette—straight into the mouth it went.

Johnny lit him up, and old Cook went to town: dancing smoke rings, gigantic puffs, mixed with gruesome hacking.

"Damn," Johnny thought, "this old guy really likes to smoke."

Johnny had an idea amidst this Philip Morris carnage. Serendipity was about to benefit a good-hearted, irresponsible kid, and a courageous, dying old man, who never lost his sense of humor.

Henry finished his cigarette. "Take me back, kid. I'm ready for bed."

Johnny wheeled him back to the bedside. He looked at

Henry's body again. All those misshapen limbs. "He hurts," thought Johnny, "this old guy's in a lot of pain."

"Want to smoke something different before I put you to bed, Mr. Cook?"

"Hell yeah. What's you got, kid?"

Johnny whipped out the spiff. "Columbian Gold, Mr. Cook, the best on the market."

"That marijuana, kid?" Cook laughed and shook. His eyes got real fierce.

Johnny fired up the joint, then held it for Henry.

The old man toked like a Rasta Shaman! Inhaling deeply, he coughed wildly, blowing copious amounts of marijuana smoke around the small hospital room.

"Hold it in longer, Mr. Cook." "You'll get even more stoned."

The old man held that shit in, till his face turned bright red, and his bulging eyes watered.

"This guy really wants to get high," thought Johnny.

When they were done with the joint, Mr. Cook was already dreamy-eyed.

Johnny lifted him majestically, and laid him safely in the white sheets. Johnny had skill, now. And confidence. And compassion. A reason to be a good orderly.

Henry Cook looked up at Johnny. The once grouchy old eyes were transformed into a kaleidoscope of love and wonder. "I think I'm going to sleep good tonight, kid."

Johnny tucked him in.

"Sweet dreams, Mr. Cook."











Everywhere

by Al Graham

P.A.C.E.

www.peopleadvocatingcannabiseducation.org

Recently I was asked by a person, what my goal was with P.A.C.E.? For me that was quite simple, to educate people about a natural whole plant medication that has worked for me. To have them learn for themselves what the cannabis plant can do, not only medically, but also for its fifty thousand other uses. It's not about building a large organized group but about helping others understand the benefits of cannabis and to get them to speak up and spread the truth onto others.

When I was raised and when I raised my children, little non harmful lies could be tolerated but out and out lies, that made a victim of someone, were not accepted. Back then that was what got us grounded; it is now what partially drives me to keep educating people about cannabis. I was no different than anyone else. I listened to the mistruths throughout my youthful years and then years later come to find that it would be the longest medication that I would be taking. My goal is to get others like you and me, people that are from the grass roots, people that are my friends, people that your friends and even loved ones to speak up and spread the truth. The more people that are educated the better off we'll all be.

Helping others help

One of the ways we do this is through the P.A.C.E. Cannabis Educational Series that I have written about many times before. This series allows regular people a chance to hear directly from the researchers, the doctors, the historians or those in authority such as judges and lawyers. We do this by touching on the science to the prohibition of cannabis. No one knows it all but P.A.C.E. has found a way to bring these educated people to you through these movies and documentaries. This is education that the people who are against cannabis do not want you to see or hear. Remember they say it doesn't exist and hasn't been studied enough yet, which these shows prove



EMC Events

BELLEVILLE

THE ANAF Unit 201 Pipes and Drums is recruiting members. Free lessons and Band practices are at the ANAF Unit 201 (upper Floor) 187 Front St, Belleville, Tuesday nights from 630-830pm. For more information please visit our web site at www.anaf201.ca

PEOPLE ADVOCATING Cannabis Education present the history of cannabis hemp. Saturday April 14 at 4pm, P.A.C.E. and The Studio Cafe in downtown Belleville will present the Emperor of Hemp, outlining the history of hemp, Jack Herer and his fight with the USA government to make it legal. Free Admission and Cafe food available. Open discussion and live video Skype interview follow.

EASTMINSTER UNITED Church at 432 Bridge St. E. Belleville presents Monday Night at the Mov-

TOASTMASTERS, ALL

Every Thursday Noon, 1:00, Eastminster Churc stairs. Bridge St., E & He Belleville.

FOOD ADDICTS in F Anonymous meets We 7 p.m. in Hillcrest Commitre, 69 Centre Street, Be those suffering from or food obsession, underbulimia. For more inform 613-471-0228 or 613-35 visit foodaddicts.org.

of Ontario (Belleville spring luncheon at 1 minster United Chu Wallbridge-Loyalist Belleville, at 11 a.m. o April 17. Following a h dinner, Dave and Kay Sr friends will entertain with a square dance d tion. For more inform to reserve your place,



Patricia of the Studio

otherwise. While some of it can get technical most of it is done on a level that people can understand.

The recent addition to our educational series, our live Skype interviews has been a success and such a bonus as they have allowed P.A.C.E. to go where we never thought we could. Since doing this we have touched base with people on the east and west coasts as well as many places in between. It has been very informative to be able to talk with people such as the former Deputy Police Chief Steve Downing of the LA Police Department to Ontario based patient advocates such as Storm Peschel. In my interview with Steve he shared with us his experience of enforcing prohibition in the City of Los Angeles's while Storm, who at the age of fourteen was the youngest person to be involved in Canada's medical marijuana program, talked to us to about his cannabis use and explain his medical condition. To learn much more about Storm you can read his story in issue #29 of Treating Yourself. If you don't have a copy of it you can find it at the "Past Issues" page at treatingyourself.com

We were also able to talk to a terrific lady by the name of Dr. Lynnice Wedewer. I was able to get a hold of Dr. Lynn after a friend of mine; Fourtwenty Deb posted an article about her on my Facebook page. Shortly afterwards I contact Dr Lynn and told her what P.A.C.E. was about and how things were done. At that point we started communicating a little bit before agreeing on a day for her to be our

guest, which happened to be the same day that we presented Len Richmond's film What if Cannabis Cured Cancer.

When I got to interview Dr Lynn I was able to find out that she has suffered from some form of cancer since her mid-teens. She has gone through numerous attempts of radiation and chemo but her body rejects it. With her having to battle not one or two cases of cancer but Dr Lynn, who is closing in on her third PhD in religion is presently in her eighth, that's correct her eighth battle against this nasty disease. As we spoke she told me that all but one of her battles has been won because of cannabis with the other one being surgically removed. To learn more about this terrific and strong lady please go to her website at http://www.lynnicewedewer.com

As I write this report we have arranged for a return of Casper Leitch from time4hemp.com for our History theme. The month of April is when we lost cannabis hemp advocate Jack Herer because of this we plan on showing a documentary about Jack and his life. Casper worked alongside Jack so we feel it's only fitting to have Casper join us while we celebrate a man, who was determined till the day he died, to prove cannabis hemp could save the world.

During our grow op tournaments we are with like minded people but that doesn't always mean that they are com-



My friend Casper always says" if you're sitting on the couch waiting for legalization to happen then you ARE part of the problem". With that in mind always remember "don't be part of the problem, be part of the solution" and become people advocating cannabis education.

pletely educated on the subject. Just because someone has consumed it for a number of years it doesn't mean that they understand what is actually happening and why. These tournaments allow us to help educate these people and also allow advocates a chance to get together. At our last tournament which was held back at Glen and Cindy' brought out some new people in William and Anjo, a couple who have been attending the movies for some time. It was great that they chose to join us and give the game a try. It allowed them to met other advocates and to start new friendships as they did with Scott, who himself was out playing the game for the first time. It also brought back one of our former champions in Dan, who by the way won again.

You can also reach out to businesses or the owners of places that support the uses of cannabis whether they're cannabis related businesses or not. Being able to have a brochure or some kind of information handy for their customers is yet another way of spreading the truth. Before you know it you have built up a good relationship and you can possible build things up from there. This was what P.A.C.E has done for the last eighteen months and it has allowed us to spread the education onto people that we'd never know we'd touch. It has also allowed us to grow from one location to three with number four knocking on our door. Before you know it you'll have a place like The Studio in Belleville who distributes our movie posters onto other businesses that visit them. It's great to know that these places request our poster but it's also nice to know that something like this can spread where you don't expect it.

Being able to reach out to people at the trade shows that we attend through Treating Yourself is something that I feel every patient advocate should experience. Its one thing to stand at a booth at a cannabis event but it's another to talk to people that don't expect to see you. While a majority of them do support what we are doing there are some who don't. A perfect example would be when we were at the National Home and Garden Show in Toronto. We had a lady come to the booth in her electric scooter shaking her head at us. When she spoke all she said was "no no no, all you're doing is spreading radiation from person to person" then she made her way along.

Not only do we participate in these public shows with Treating Yourself but we also attend to other events such as the Peterborough 420 rally where P.A.C.E. will be a sponsor. This year P.A.C.E. participants Jen and Sharon will be attending this 420 Rally while I'll be off doing



another event. During this rally the two of them will be doing the same thing that we do at the larger shows, educating the public about cannabis, handing out TY magazines, TY Expo flyers and our brochures.

Another way to reach out to people is through your local papers. It can be something as simple as an ad promoting an event or how about an ad that just promotes the benefits of cannabis? A well written letter that's fewer than 300 words can explain things in layman terms and will mostly likely get a chance to get published. I have found through my experiences with our local papers than none of my letters have ever had a negative response to them. We also run ads in these papers for our movies which includes our email address that helps to bring people forward.

In the end my goal is to get more people involved in speaking up and becoming advocates, to get more people questioning what they have been told by those who control the message, to release the cannabis plant from the terrible grip that some have imposed on it but most of all so that the people and the planet can become a much healthier place because of it.

My friend Casper always says" if you're sitting on the couch waiting for legalization to happen then you ARE part of the problem". With that in mind always remember "don't be part of the problem, be part of the solution" and become people advocating cannabis education.



CRANK SOUND DISTRIBUTION





National Home Show & Canada Blooms

Toronto

by Al Graham

P.A.C.E.

www.peopleadvocatingcannabiseducation.org

What happens when you put two large trade shows together to create one big one? Besides a little confusion you get one of, if not the largest show of its kind in all of North America. This is exactly what happened when the Toronto National Home Show joined forces with Canada Blooms to form this massive event.

The show attracted over 800 vendors that touched on everything from landscaped gardens, such as the special one created for musician Jann Arden, to a custom built dream home with so many "green" items that it will last a lifetime.

While the show itself was huge, the ten daylong event held from March 15 – 25th was long enough to make sure everyone had a chance to get down to the Direct Energy Building and be part it.

The Treating Yourself booth was returning to the National Home Show part for the second time. Last year we had a hard walled booth that we plastered with TY Expo posters. This time there were no walls but a large TY Expo Media Center set up for us to use. Our booth had two tables covered in issues of TY as well as the P.A.C.E. brochures. We also had the Volcano Vapourizer and for a few days the VerDamper Bong Vapourizer sitting on top of the tables. Both of these devices attracted many people to the booth as they were curious as to what they were. We used them to help explain to people that you don't have to smoke cannabis but you can vapourize it as well. The magazines were piled up nicely with some of them opened up to display three pages within. This





would include the TY Expo, 1 of A Kind Glass and the Vape on the Lake lounge which are all businesses connected to the magazine. While not everyone had heard about the Expo or the glass show surprisingly many had heard of the lounge. At this time Vape on the Lake had only been open for five months so it was good to hear that many people had heard about it. If the person didn't know about the lounge they were only to happy to hear that it was located in the west end.

Because of the enlargement of this show we found ourselves in a hall that had never been used by either show in the past. The area was big enough to hold several vendors but had a low ceiling compared to the other halls. For some though they believed this provided them with better lighting to help showcase their booth. The building wasn't the only thing that was new as this was the first time in a few years that Treating Yourself and P.A.C.E. were alone in a booth as we have always been joined by a compassion club in the past.

With no compassion club being involved this would mean that we would have to double the numbers of volunteers for the booth. Knowing this I put the call out to several patient advocates that live in and around Toronto. Answering my call for assistance were people like Scott Lynch. With me being located hours away from the show Scott was my contact and fill in person. If someone was going to be late or had to cancel Scott would get the call. Then there was Erin Maloughney that came to bat to work the first three days. In a text message to me she said "so many positive stories and great questions out there".

She went onto say that "Canadians are quite aware!"

While some say it would be nice to have people that could work every day at these shows we can't so we like to get everyone that we can to help out. This includes people such as Naomi Poley who said that she was only available for one day. The idea is to get more people involved and not less so if a person can help out for a day and it's a benefit, then that's what it'll be. At the end of each day I would text a "thank you" message out to everyone who had assisted that day. When I did this with Naomi she replied to say "The main customers were middle-aged women who were users or their son or daughters smoked." She went on to say that "99% of the people say it should be legal" and asks "how did bill C-10 get through?" Naomi is correct when she asks how those crime bills get through when over 60% of the voters, who voted, didn't vote for the "Harper Government".

When the show was finished Naomi wrote to say "Thank you for the experience Al. I was there on St. Pat's Day & we got lots of attention because of being the truly "green" booth." When I asked her to share an experience she said "My experience of memory was sitting outside in wet & cold medicating when a Toronto officer of the law walked out of the door into my cloud. He was cheery & polite. He chose not to charge me despite expired card & papers. It was an amusing encounter." So even though she wasn't educating inside the show she never stopped as it continued outside.

In order to make this feel a bit of a family affair we had





Naomi's daughter Chelsea join us at the booth. Chelsea was a battling a bit of a flu bug that was going around but still managed to get some time in. Unfortunately for our friend Jim Brydges he couldn't beat that same flu and missed out on helping out. He wrote to say that he was disappointed but was too ill to attend.

My friend Marie Tripp was another person battling along through thick and thin. While she wasn't battling a cold we worked around her medical appointments so that she could spend some time at the booth educating people. When each of her days was over she always texted messaged me afterwards to say "Thanks again for another great day educating".

Then finally there was Scott McDowell and Jennie Coxwell, two people that have been helping out with P.A.C.E. for quite a while. Both of them have helped out at the TY Expo and many other shows over the years. Often we will get asked about mental health conditions and with Jennie there she steps right up to the plate and allows her university education and hands on experience to take over and explain the many benefits of cannabis.

Throughout the week and a half that we were there many people would share their stories. It's as if they were all bottled up and wanted to speak to someone or as some call it, come out of their cannabis closet. As people advocating cannabis we were more than willing to spend time with these people and talk to them about their situation. Some were people who have been trying for years to get their medical license while others were people who just plain knew the truth and felt that the war on cannabis is wrong. Many felt that the all out war on drugs was a fail-

ure and that it was time to change our drug policies.

On one of my days there I was there I was able to speak to a lady who told us about her live back at her home land of Jamaica. She told Marie and me that the medicine that you see here in Canada is not always readily available, never mind affordable for the people back home. As she went along she told us that as a young child seventy years ago that her mother would give her and her siblings a "green" tea to help keep them healthy and to deal with illnesses. A little while later a group of three ladies in their sixties stopped by and told us the same general story thus backing up what the previous lady had told us.

A few hours after these people had shared their stories of back home a guy from Trinidad stopped in to tell us the exact same thing. This leads me to say it's obvious that here in North America we have been misled for a long long time.

The stories don't end there. We had an eighty five year old man from India stop by to tell us about his days as a child and how mom or dad would have a medicinal opium ball present in the house. He went on to let us know that his parents educated them on the problems with using too much and that this medicine was only to be taken when given to him by his parents.

Besides hearing stories from back home we also had many people interested in the medical articles that are in Treating Yourself. Our display consisting of issues 32 and 33 which were quite popular as one of them covered autism and cannabis and the other touched on how cannabis may keep coronary heart stents stay open

longer. During one of the exchanges with a middle aged couple, that had said no thank you to a free magazine, we pointed out that many issues have recipes in them for baked goods. His wife spoke up and said that her husband can't eat baked goods because he just had heart stents implanted. With issue 33 on the table all of us quickly pointed to the heart stent article in it which got them to stop. After a long conversation they made sure that they had a copy of it to read at home.

This couple wasn't the only ones to say no but go home with a magazine. There were several but once they listened to what we had to say, they agreed to take a magazine home for a loved one. With Issue 32 touching on Autism this prompted many people to grab a hold of it because they knew of someone who could use it. I had one lady stop in and tell us that her sisters eight your old son was just diagnosed with autism and she was concerned due to the drugs she feared her nephew would be put on. While she doubted her sister would listen she figured it was worth a try because you never know, once a person gets some information they may latch onto it and go from there.

Patients weren't the only ones stopping in to see us as the booth was visited by people such as the owner of Perkins Mailing Services who distribute the magazine, Jim from Canada Showcase stopped in to see how things were going as did Paul from Showcase Marketing. I hadn't seen Paul in sometime so it was nice to talk with him again and for him to inquire about us coming back to one of his events. There were also vendors that we had seen at other events that stopped in to say hi and to reminisce about the past, the days of when we would have large fully bloomed plants as part of our display.

The people who worked the booth during this show had nothing but good things to say about it. This includes the security staffs that were friendly and polite, when we had a question the front office was there for us and the vendors in our area all worked together when it came to watching each other's booths. Our hard work lead to twenty one boxes of magazine being handed out as well as an uncountable number of P.A.C.E. and TY Expo brochures.

A big thank you goes out to Marco and Treating Yourself magazine for allowing P.A.C.E. the opportunity to educate the educated as well as the uneducated. There is no doubt in our minds that many many people are educated on cannabis and more are getting educated everyday because of patients like ourselves that are people advocating cannabis education.







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THE APOCALYPSE

























GHOSTING THE MESSAGE

By Mark Heinrich

As I drove out of Nimbin, I stopped at the local creek just outside of town and rolled up a joint. I wanted to take in my last moments in Nimbin and savour the memories of the last few days. As I watched a platypus ducking and diving, and frogs hopping to escape, a wedge-tailed eagle soared over head. I felt they were putting on a display just for me, and perhaps they were - a gift to me from the Ganja Faeries. I had made many friends in Nimbin, and my task of writing articles on Mardi Grass was complete. I felt content in the knowledge that I had been a part of something very special; something that would stay with me forever.

Climbing back into my car, I took a large toke on the fresh air in Nimbin, deeply inhaling all the wonderful things I would be leaving behind.

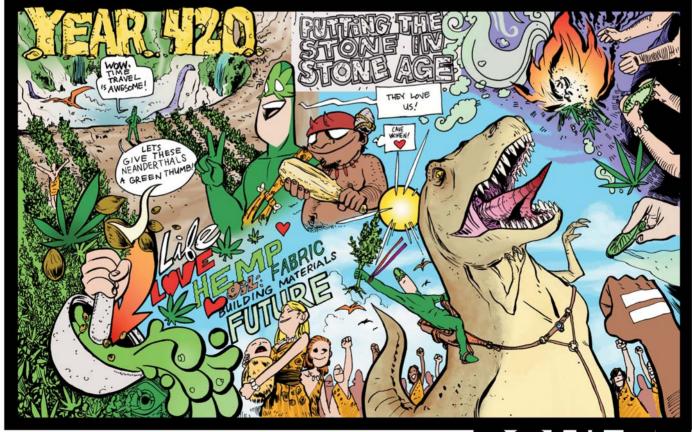
All the friends, the dreams, the passion I held inside, and I simply "ghosted" the toke and drove away.

15 km from Nimbin, I had a last reminder of what I had been in Nimbin for. I had just come on a Random Breath Testing bus. A cannabis warrior to the last!





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Only 1 entry per person.

If more than 1 entry is received then you will be disqualified from the contest.

Deadline for contest entry is **August 1, 2012**

Winners name will be announced in Treating Yourself issue # 39 Winner will be contacted by phone / mail / email so please be sure to provide your contact information in full.

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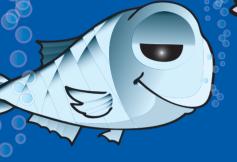
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