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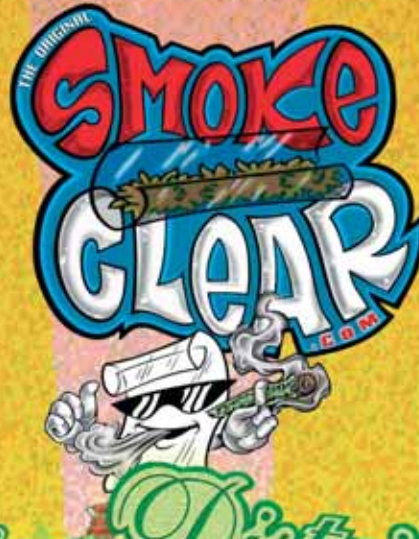


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Well, I really can't believe that our web site has been online for seven years already. There have been many changes over the years but one thing that hasn't changed is the legality of marijuana. I am happy to say that I am now a FREE MAN. I have just finished my sentence of two years probation for pleading guilty to Public Mischief for trying to help medical marijuana patients worldwide. The BC 3 is now becoming the BC 1 because Marc Emery will be fighting extradition by himself. Michelle Rainey and Greg Williams will be sentenced on July 17, 2009 to two year's probation for their part in the Emery Seeds case. You know it's a real shame that anyone has to spend even a day in jail for marijuana. You would have thought, with the Supreme Court Order to have a medical marijuana program in place for those in need, that sick patients would have had a supply of QUALITY MMJ but that hasn't been the case. We patients in Canada still have to fend for ourselves as Health Canada still isn't abiding by court orders. Our brothers and sisters in the USA still have to deal with the DEA raiding clubs in California even after electing President Obama. We see more States looking at changing the cannabis laws in their State. In California their movie star 'Governator' Arnold (I toked) Schwarzenegger is even looking into full legalization of the kind herb in order to help generate some much needed tax revenue. Many of us have been saying all along that the best thing to do is LEGALIZE, REGULATE and TAX all pot sales. States and Countries are losing billions of bucks in potential tax revenues; instead they waste millions more by jailing people for growing and using an HERB. It is time that the elected politicians realize that REEFER MADNESS isn't the way to go, people (including the nonuser) are getting informed that they were LIED to for decades about the harm of marijuana. So I ask you, our readers, to NOT give up as we are gaining ground on the naysayer. For those who don't need to use marijuana presently, marijuana might help you cope with your future ailments one day, you just never know.

Take Care and Peace

Marco



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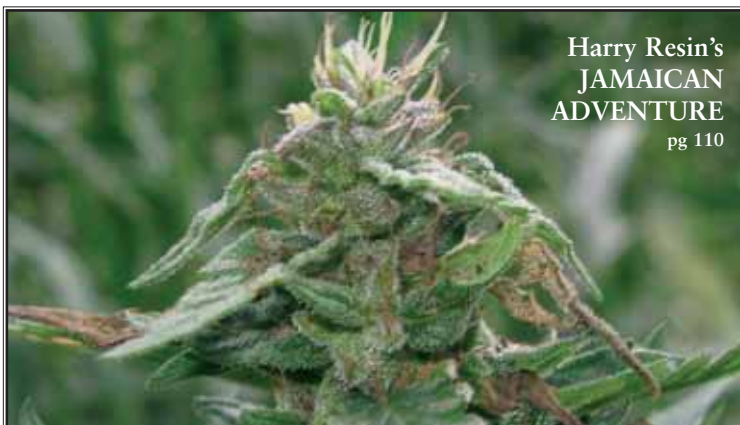
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- Format:** JPG, TIFF or EPS in (CMYK) **Resolution:** 300dpi at 1/1 (actual print size)
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Text: submitted in a Word document with photo files attached separately as JPG's, captions to be written in place of name on the photo file
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Please take photos of objects or buds with a neutral background (preferably white).

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Homecoming for Leonard Peltier?

By Jeff Armstrong



The Turtle Mountain's Reservation's most famous citizen — arguably one of the best-known political prisoners in the world today — wants to come home. It has been more than three decades since Leonard Peltier has set foot on his home reservation. Gerald Ford was president when the June 26, 1975 shootout on the Pine Ridge reservation left FBI agents Jack Coler and Ron Williams dead. Amnesty International and at least 55 U.S. congressional representatives have since questioned the fairness of the trial and called for executive clemency or a retrial, yet six presidents have snubbed pleas for his release. International political leaders who have been in Peltier's position, such as the Dalai Lama and Nelson Mandela, have been outspoken in their calls for his freedom. However, non-Indian elected officials in the Dakotas have avoided the issue like the plague. Most recently, U.S. Senator Byron Dorgan, chairman of the Senate Committee on Indian Affairs, claimed in a letter to the Leonard Peltier Defense Office Committee (LPDOC) that Peltier's trial was "fair and just" and that he was, in essence, receiving due justice. The LPDOC had faxed 34 pages of petitions containing hundreds of signatures from Turtle Mountain residents to Dorgan, calling for Peltier's freedom after 33 years of captivity. The Turtle Mountain tribal council has passed three resolutions in the last year calling for Peltier's release or transfer to tribal custody, as Peltier prepares for a major parole hearing this year. LPDOC organizers say Turtle Mountain's support will be critical in holding the federal government to its 30-year rule, under which life prisoners are presumed eligible for parole in the absence of serious prison offenses or threats to reoffend. Sara Jane Moore, a white radical sentenced to life imprisonment for attempting to assassinate President Ford, was released from custody recently under the parole commission rule. The reservation

has agreed to hold Peltier in its custody pending his parole and to provide tribal housing if he is released. However, LPDOC executive coordinator Betty Peltier-Solano, Leonard's sister, cautioned that the Turtle Mountain resolutions have had all the resonance of one-hand clapping. "We're grateful for the symbolic support of the tribal council, but it's time for them to put their money where their mouth is. We haven't even been able to meet with them lately. My brother was just assaulted in prison and we need to stand up and make our voices heard. We urge Turtle Mountain members to contact their tribal leaders, as well as Senator Dorgan, to demand that Leonard be allowed to return home," said Peltier-Solano. Unlike the self-styled "wars" waged by Moore and other white radicals, the conflict on Pine Ridge in the 1970s was a very real battle in which AIM was the last line of defense for traditional Lakotas from federally-backed goon squads that terrorized the reservation. The LPDOC has long called for a comprehensive congressional investigation of the federal government's role in the violence on Pine Ridge. The 1975 shootout led to the cancellation of a Senate committee's investigation of FBI infiltration of AIM. "We have to remember that the FBI agents were only two of the dozens of victims of violence on Pine Ridge. Leonard has expressed regret for the deaths of the agents, even though he was not responsible. When will the U.S. government do the same for the victims of BIA police and goons, like Pedro Bissonette?" asked Peltier-Solano. If the FBI has its way, however, the only way the American Indian Movement activist will leave federal prison is in a body bag. Outgoing U.S. Attorney for North Dakota Drew Wrigley predicts that they will succeed. "We are going to continue to fight to uphold a just verdict. He should be in prison for the rest of his natural life."



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Ask MEDICINAL Michelle

Hey Michelle,

I admire you as a medicinal patient so much you have no idea! It's hard for me being a medicinal patient from New York because they are taking a long time to pass new laws here for it. I was diagnosed with severe anorexia and anxiety-depression when I was only 14 and used normal medications and counseling for four years with no progress and I was in and out of the hospital for low weight until a family member from California introduced me to medical marijuana when I was 18 and it is a miracle. It not only relieves my anxiety (which anchors my anorexia) but it stimulates my appetite and completely relieves me mentally and physically with no side effects! My parents never condoned me smoking pot until it was medicinal and they realized how much it really helped me function fully every day since I have used it. I hope someday I can experience the freedom of medicinal marijuana like you and not feel like a criminal for using medicine to function every day and work and pay taxes like the government should want me to do. Thanks for your time and your hard work as an activist. What admires me most about you is that after you fought as hard as you did for yourself to get your medicine you didn't stop and you keep fighting for everyone else.

GOD BLESS!
Nick

Dear Nick,

Thank you for having the courage to share your story with myself and TY. Anorexia nervosa is the third most common chronic illness among adolescents. The average age of onset is 17 with females being the majority. Standard treatments are ongoing medical care, regular therapy, nutritional counseling, and possible medication. The latest statistics show over 20% of youth is also suffering from emotional problems causing depression and suicidal thoughts. Traditional anti depressant drugs are poorly tolerated by teenagers because of common side effects, including drowsiness and sedation. The family member who suggested medical marijuana should be commended for their progressive advice in treating your difficult conditions. Considering the negative side effects that pharmaceuticals can have on a young mind and body using marijuana as an alternative approach was a brave choice. Currently 13 states in America allow for medicinal purposes and more will follow now that a new compassionate President has called an end to raiding legal cannabis dispensaries. Nick you should never have to feel like a criminal for treating yourself like the millions of other responsible medicinal cannabis consumers. North America is closer now than it has ever been to ending cannabis prohibition. My faith, confidence, and determination remain strong as I continue to advocate for the gentle souls like yourself that deserve a choice in their own health care.

xxxxoooMedicinal Michelle

Hi Michelle,

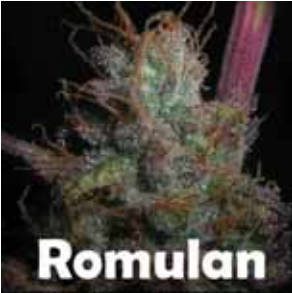
I was hoping on getting that information package you offer. My name is Marc and here's a bit of my story. I'm a 31 year old stay at home dad of 2 married to my high school sweetheart. For as long as I remember I've suffered from extreme anxiety and panic attacks which in turn made me depressed (unable to hold a job made me feel useless). Chronic back and neck pain as well as daily headaches increased my depression. I've been taking anti-depressants everyday for about 12 years now, switching types of meds when one would stop working all having side effects. Taking Tranquilizers before bed to help me sleep and Tylenol all day for various types of pain, as well as smoking a pack of cigarettes per day, my body was a toxic dump!! I've been smoking cannabis since the age of about 15 as well. (Recreational smoker) About 19 months ago I decided it was time to flush my body of as many chemicals as possible, starting with cigarettes. That very same day I ran out of my sleeping pills, so I stopped taking those too. I obviously went through all kinds of withdrawal symptoms. My savior has been, CANNABIS. It helped me get to sleep, get my appetite back, calms my anxiety, it's taking care of my pain issues as well, although I still require a few Tylenol once in a while. I was also diagnosed with Irritable Bowel Syndrome many years ago. The increase in appetite has improved my diet which in turn has dramatically improved my body's ability to digest properly. Basically I feel like a new man, full of energy and full of smiles for my kids! Thanks for putting yourself out there and risking so much to help people like me, I'm extremely grateful. I'm still taking a small dose of anti-depressants daily, but hopefully someday I'll be pharmaceutical free!!

Thank you, Marc

Dear SD,

Many individuals suffer from chronic debilitating migraines and have found cannabis to alleviate the pain. The prescribed medication for people with severe migraine attacks are triptans. Sumatriptan (Imitrex) was the first drug specifically developed to treat migraines. Related medications include rizatriptan (Maxalt), naratriptan (Amerge), zolmitriptan (Zomig), almotriptan (Axert), frovatriptan (Frova) and eletriptan (Relpax). Side effects of triptans include nausea, dizziness; muscle weakness and, rarely, stroke and heart attack. It would be safe to say that cannabis is a much safer choice. My Medicinal Cannabis Education Package is in the mail to you SD! It will guide you through the necessary steps to continue treating yourself! If I can assist further please let me know.

XO Medicinal Michelle



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Get Serious!

with medical marijuana

By Otto Williams (The Canadian refugee)



I've thought about ways to say this without offending people, but after a lot of consideration I've come to the conclusion that its impossible. Whenever you comment on religion somebody is going to be offended, no matter how nice you say things. People in the marijuana industry tell me to just drop this subject, but I can't. I see this as a fundamental problem in North America and in the marijuana movement as a whole. We will never be taken seriously if we use the religious approach, its time to get the scientific community behind us with more cold hard facts.

The proliferation of people in the marijuana movement that are calling themselves Reverend, drives me crazy, give me a f'n break already! Maybe in America this looks impressive, but to the rest of the world all his pseudo religious bullshit looks like a bunch of charlatans and con-men. While the rest of the civilized world is embracing the truths of the scientific and casting off the superstitions of the past, America seems

to be backsliding into a dark age of religious psychosis.


Church of the Holy Gimme My Grass, or whatever you want to call it! If this is the approach we are going to use to gain our legal freedom, I'm afraid we're all doomed. I understand that calling yourself a church or religion can give you some legal protection in the USA, but in the end I think its just shooting yourself in the foot. Nobody with half a thought can take these people seriously, I certainly can't. Its embarrassing to be put in the same classification as them. If these are the people we present as our community examples and representatives, we defiantly won't have the support of most smokers.

The Doctors and professors amongst us need to be presenting the facts about marijuana if we want to be taken seriously and have the support of society as a whole. If a doctor with a scientific paper says that marijuana can control seizures, people will listen. If it's a long haired

hippy who calls himself "reverend" presenting the same information, it will be ignored and laughed at.

Its time to get smart with this legalization fight, not just emotional! Its just marketing people! We know the truth about the benefits of marijuana, and we all desire to use it freely. Its time to package our movement in a non-offensive, media friendly way, with extra stress on the scientific facts and not the spiritual.

Thanks Marco for focusing on the clinical medical uses in TY, the spiritual stuff is ok in small doses(for some people).

Ps.. and please, no offence to any reverends out there, its not about you personally.. most "reverends" out there that I've met are great positive people. I don't know if Marco will publish this, but I think its important to share these common views even though it may be offensive to many readers here. 

Ditch Those Plastic Sandwich Bags!

By Anthony C. Brucato
E-mail: buffalocannabis@gmail.com
Edited by: Dr. Gail Rothman-Marshall, Ph.D

Cannabis is an eco-friendly herbal substance that is as easy to grow. Every human being should have the right to grow and consume cannabis for medicinal, therapeutic, and responsible adult recreational use. One ecological rationale for legalizing cannabis is that, unlike synthetic medications, it does not need to be processed to become medicine.



Compared to growing outdoor cannabis, producing synthetic pills takes a lot more energy while creating unnecessary waste and pollution. Cannabis can be grown, picked, and left to dry before consumption just like other common herbs with no negative impact on the environment. This herbal plant that many medicinal cannabis users applaud for its array of healing and meditative properties is not only a totally natural product, but it could actually add a benefit to the earth, because any waste products can be recycled through composting. In addition, any tax money collected from legalized sale of cannabis could be earmarked for environmental clean up and sustainability research. Although legalizing cannabis could help reduce the carbon footprint and negative environmental impact associated with the black market economy that now exists, there is still much that growers, traders, and consumers can do now to go green.

One of the green steps cannabis consumers can take is to stop purchasing cannabis in plastic sandwich bags. It is astounding to think about the numbers of sandwich bags once stuffed with cannabis that are thrown away daily only to sit in some landfill for hundreds of years before breaking down. Cannabis traders and consumers could reduce their negative environmental impact by simply replacing plastic sandwich bags with reusable containers such as medicine bottles or classic glass jars, or biodegradable material such as recycled paper envelopes. Cannabis traders could request their customers to bring reusable containers along with them. If a town is very strict on cannabis possession and plastic sandwich bags are deemed the only safe way to conceal the cannabis, then reusing sandwich bags from previous purchases would still be helpful to preserve our increasingly fragile environment.

Another step in going green is to buy local homegrown cannabis. Buying imported cannabis from other countries or even from across our own country creates a large carbon

footprint because of the energy needed to transport it long distances to the consumer. Buying local home-grown cannabis or cannabis that is grown as close as possible to where it will be distributed could have a positive impact on curbing the amounts of carbon emissions created by the transportation process.


Although buying locally is definitely an eco-friendly concept, it is not always possible to find out where cannabis comes from, especially because cannabis growers and traders might lie to protect themselves from being busted. If buying local cannabis is a problem, consider growing a few plants for your personal use. If you have access to high quality cannabis seeds, you could experiment by growing different strains or you could stick with the favorite strain of your choice. To make less of a negative impact on the environment from growing cannabis, look for Energy Star and eco-friendly supplies, appliances, light bulbs, and alike. Use timers to cut down the excessive waste of electricity and water. Use composted soil, organic fertilizers, and biodegradable materials to avoid chemical-laden products, and use grey water to feed your plants and reduce water consumption. Cloning your plants can reduce the overall growing time and electricity consumption before harvest.

If you have an appropriately private setting and adequate growing season, the best way to go green is to grow cannabis outdoors. Growing cannabis outside means free solar energy from the sun and water from the rain. The earth will naturally take care of this hardy “weed” for you as long as you watch out for extreme weather conditions, animals, and insects that could harm your outdoor crops.

Producing homegrown cannabis will keep you out of the black market and with a little caution and common sense also keep you out of jail.

It is a risky business to grow and

trade local cannabis, but as people begin to understand the impact of current practices on their environment, they will also see the need for eco-friendly changes within the cannabis market and how repealing cannabis prohibition can be one more step toward saving the planet. To change the status quo, cannabis users must work to help legalize medicinal and recreational cannabis in their country. Repealing the cannabis prohibition can be fostered by educating the general public, local law enforcement and politicians at all levels of government about the public safety, economic and environmental benefits of growing cannabis locally. We need to give our decision makers information that will convince them to support an end to cannabis prohibition once and for all.


Once cannabis prohibition is fully repealed, going green in the cannabis markets will be much easier to do. Legitimizing cannabis markets could provide more green choices for consumers by allowing medicinal and responsible adult recreational cannabis consumers to demand to know how and where their cannabis was grown, and to encourage growers and traders to use eco-friendly growing and packaging practices. If you have any green ideas or eco-friendly suggestions, please share them with us! 



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From the **Needy** to the **Greedy**

How Sacramento has Perverted California's Medical Marijuana Law.



In 1996, California passed the first medical marijuana law in the United States. The intent was to relieve the suffering of seriously ill and terminal patients. Since then, the indeterminate nature of the law has given rise to widespread abuse and misuse of medicalized cannabis. The average medical cannabis patient uses about twelve ounces of marijuana per year, which is less than the production of one average plant. If every legitimate patient or caregiver could grow two good-sized plants, there would be no need for dispensaries of dubious qualification. The article that was written by John Rolling Thunder is very accurate in his claims regarding how dispensaries in Sacramento are run. They are making huge profits for the owners, who behave more like ven-

ture capitalists than advocates. These businesses are being run as de facto for-profit entities, charging unaffordable prices to patients and obtaining some of their cannabis from drug dealers and thieves. Although they are not professional medical facilities, they are storing the confidential financial and medical information of patients, unprotected by doctor-patient confidentiality laws. Patients have no idea who is looking at their files and don't know anything about the workers at the dispensaries, who are not required to have any qualifications for the job, other than to be still breathing. Patients also don't know who they are associating with at club meetings, functions and other gatherings because virtually anyone can get a recommendation for cannabis and be accepted at a

Sacramento club, even drug dealers, addicts and convicted felons. Unsuspecting patients, thinking they are joining an advocacy organization, place themselves in a precarious position and find themselves with no backing if they have trouble. Medical cannabis has helped a large number of very sick people, particularly AIDS and cancer patients, and those who cannot tolerate conventional medications. We need to find a better way of regulating it to shut out the predators and safeguard those who need help. Otherwise, those who oppose this medication will continue to hold up the perversions of the law that are occurring in Sacramento as proof that medical use of cannabis should be ended. Maybe Sacramento is just too lawless to have any dispensaries at all. 

Are We Addicted?

Vycki Fleming



I feel a bit exhausted from the constant debate surrounding whether or not cannabis is addictive. Many physicians convince themselves and their patients that they are addicted to cannabis. I became driven to write this article after a conversation with a long-time user last week for whom I have much respect. He was telling me how his doctor knew he was addicted to marijuana. He even, with a great sense of self-doubt, began to tell me of all the reasons his physician gave him that he was beginning to believe. It saddens and amazes me how even the strongest of hearts and minds can become contaminated and turned from their own beliefs when faced with too much doubt, propaganda and nay-saying. Worse still, in the face of someone intelligent and educated, it is even easier to believe that they may know better than one's own self.

It seems that we don't understand this issue and our doctors are confused as well. Truly though, how can we expect our physicians to have a good understanding of addiction when there is debate amongst themselves? Due to the confusion caused by changes made to the DSM labeling of "addiction" being changed to "dependence," many doctors were left to wonder about many of their patients. In the past, they may have only considered them physically-dependent, but now they are falling under the criteria of "addiction." What muddy waters we tread when physicians, patients and moralizers are all confused about addiction and what it really means...

This very issue is discussed in an article published in May of 2006 in The American Journal of Psychiatry. The authors of this article point out that

"anyone who takes medications that affect the CNS" can become physically-dependent and that this is totally normal. Physical dependence is seen in persons taking heroin and alcohol as well as those that take psychoactive medications such as anti depressants or beta blockers. We would never consider those patients on antidepressants or beta blockers to be "addicted" — the medicine they take is necessary for alleviation of their symptoms of serious cardiac disease or depression. We would think them crazy to risk their health in not taking them. They would not miss a dose and would take them every day at regular times as anything else would likely be a risk to their condition. Yet when persons medicating with cannabis do the same, we think that they cannot do without the drug, somehow forgetting all at once that if it were treated as medication for a condition, the use would be the same.

So with all this in mind, how do we come to a consensus about this? I have always had only one test myself, but it is merely an opinion and not at all objective. Thus, I want to begin by examining the current criteria for addiction as it stands in the DSM IV. Taken from the addictions and recovery website, the definition is as follows:

Medical Definition of Addiction

The medical definition of addiction has seven criteria. This definition is based on the criteria of American Psychiatric Association (DSM-IV) and the World Health Organization (ICD-10). DSM stands for The Diagnostic and Statistical Manual of Mental Disorders.

An addiction is any behavior that meets at least three of the seven criteria during the same 12-month period.

1. Tolerance. Has your use of drugs or alcohol increased over time?

2. Withdrawal. When you stop using, do you experience at least one of the following symptoms: irritability, anxiety, shakes, sweats, nausea, or vomiting?

3. Difficulty controlling your use. Do you sometimes use more or for a longer time than you'd like? Do you drink to get drunk?

4. Negative consequences. Have you continued to use even though there have been negative consequences to your mood, self-esteem, health, job, or family?

5. Significant time or emotional energy spent. Do you spend a significant amount of time or thought obtaining, using, concealing, planning, or recovering from your use?

6. Put off or neglected activities. Have you given up or reduced social, recreational, work, or household activities because of your use?

7. Desire to cut down. Have you repeatedly thought about cutting down or controlling your use, or have you made unsuccessful attempts to cut down or control your use?

(Source: <http://www.addictionsandrecovery.org/definition-of-addiction.htm>)

Let us now examine each of these points, my cannabis use, some medical research, how these questions relate to me and what they really mean.

1. Tolerance: The very first point the DSM looks at is tolerance and yet, in the article discussed above as well as an article published in *The Journal Of Neuroscience* on April 11 of 2007 entitled "A Molecular Basis of Analgesic Tolerance to Cannabinoids," both authors talk about the very real circumstance of repeated dosing exposure creating a physical tolerance that is very different from the compulsive, drug-seeking behaviour demonstrated in serious drug addiction. "In summary, this study establishes a crucial functional link between lysosomal sorting of CB1 and tolerance to cannabinoid induced analgesia and clarifies the molecular mechanisms underlying these biologically and clinically significant phenomenon."

(Source: *The Journal of Neuroscience*, April 11 2007, 27(15)4165-4177; doi: 10.1523/JNEUROSCI.5648-06.2007)

It would seem to me, that in the face of this kind of scientific information, one can no longer really equate tolerance or the requirement to have more to achieve the same effect as a criteria for addiction. Each and every patient taking a medication that affects the Central Nervous System would have physical tolerance and, in fact, this is why many medications must be weaned both up and down in dose and are not safe to stop taking without the advice of your physician. This very confusion is what has many pain patients under-medicated, even with traditional pain-relieving medications. Either their physicians are afraid to give them more, or worse, they are afraid to take them for fear of the very real possibility of physical dependence.

2. Withdrawl: It would seem that this point is related to point one. If one achieves a physical tolerance to a medication and this can be proved to scientifically be a chemical fact of the compound having been used in question, then how can the expected physical withdrawal be an indication of addiction? It would seem to me

that it is merely a confirmation that you use the drug in question. Perhaps you have become tolerant to it or dependent on it for relief and that your cellular response to that medication is perfectly "normal" given the expected action and side-effect profile of this drug. Again, I am not sure how this can become a criteria to help someone truly define if another individual has a serious problem or not. For personal reference, I would have answered yes to both one and two, leaving us now only needing one more "yes" to consider me addicted.

3. Difficulty Controlling Your Use:

I can only respond to this point in a more subjective and less scientific way. From my own personal experience as a non-smoker, it was so hard for me to choose this type of medication. All of the things that go along with choosing a medicine that has a smokeable form that is most easy to dose regulate and tolerate, do not come along with any positive points to argue — unless, of course, you are already well-read, researched and comfortable with the substance. Years of propaganda and hiding of ongoing real scientific studies have kept many intelligent minds in fear of trying something that may help them. I felt like a criminal the first time I tried it. I had been ill and in pain for months with no pharmaceutical offering me any relief, and yet here I was, in a back alley, puffing on a joint with a "kid." He was 20, I was 32. I hated to smoke, hated the smell (At first; funny how that comes to change...) and was afraid of the smell on my clothing. It didn't take much then. A small hit and nausea was long gone, along with the muscle spasms in my back. How could this be illegal, when in minutes it did what pills, physiotherapy, massage and psycho therapy had not done? I couldn't figure it out myself, but still I felt wrong each time I sought relief in this way. This feeling of guilt could certainly lead the individual to think that they, perhaps, were having difficulty controlling their use, but this guilt does not mean they have a problem. To me, this is more indication of society's negative judgements

surrounding use. I tried to hide it and my mother would smell it on me. She would make negative comments on how people would perceive me and that this could be the reason I was having a hard time finding a job. I went to great lengths to hide the "shame" of the public judgement of what I was doing to seek relief. I had multiple showers, carried mouthwash and floss — I even had a purse-sized cologne for emergencies! I often wanted to use less. It cost so much. The more I used, the better I felt, so it was a constant battle to prove to myself that I really needed this medication. Was I really having difficulty controlling my use, or was I on a proper medication regime that needed a steady state to achieve relief? If I hurt, I used. If I raged, I used. If I got sick, I used. I used for the pain. The worse the pain got, the more I needed to use. I was controlling pain and cannabis was all that helped. Could this really constitute proof that I am an addict, or does it merely prove that, in the face of great judgement and injustice, I was strong enough to make a choice that was in the best interest of my health and well being? My level of pain and anxiety has always controlled the amount I use, not the cannabis making me use more. Needing more is merely more proof of my biologically natural tolerance.

4. Negative Consequences: Again this issue is better dealt with from a more personal angle. There are numerous negative consequences in choosing to use a medicine that, by many, is considered illegal. My Mom, for a long time, had a hard time coming to terms with the fact that I did use and then subsequently how much I used and how often. We are still coming to a better place of understanding and she loves me. Imagine all those people out there that don't even know who I am, never mind that I am using legally, and with the sanction of my physician. They don't have to accept my use and are free to think the awful things they do. Repeatedly, I have heard that I don't look sick or don't appear disabled, as if somehow that label means that I am now not sup- ▷

posed to take care of myself, get exercise, be ambulatory or have a smile on my face. In the face of my pain, my life must continue. I still have to get groceries, go to the doctor and, on the few occasions where I can find a place to allow me to medicate either by vapourization or smoking, I then get to socialize for a short time. I deserve this kind of life. People not wanting to be exposed to my medicine can limit where I can go and whom I can be with. Immediately my life was smaller but does this negative consequence mean I am addicted? I think not. It would be hard to demonstrate that my desire to choose to feel at my best instead of being certain places or around certain people is not one of the most self-loving and sane choices I make on a daily basis. If I did not have my licence to grow, I could certainly have some negative consequences both societally and legally. Again, though — this is due to the culture of prohibition and the reefer madness that has continued unabated for decades. With Bill C-15 now on the rise for debate again, and mandatory penalties for growing even one plant, sick people all over Canada will be relegated to the status of criminals in droves. Does all of this mean that those who choose to defy this law are all addicts? Certainly not! They are either poor and driven by need or they are just opportunists ready to take advantage of feeding an existing market. If the risk is the same for one plant as it is for 200, the decision would only make sense to grow for all your friends and try to pay off some vast medical bills or daily life needs that have not been met through your inability to earn. This would not make one an addict, but merely resourceful in dire circumstances. I have often felt that poverty leads people to make choices they may not have otherwise in order to survive. The negative consequences all come from the illegalities and penalties imposed by courts, friends, family and society as a whole.

5. Significant Energy Spent: Objectively or subjectively in the

cannabis world, unless you grow your own, there is often a significant amount of energy spent trying to locate your medicine as the illegality leads other people to be afraid to admit they use, admit they grow or even to help another for fear that their own license would be in jeopardy. To give even one gram is a legal offence for trafficking. To leave my roach behind in a public ashtray is considered trafficking. There is no consideration for altruism in the giving of a small amount, so there is no safe way for one person to assist another and not be breaking the law beyond what is defined in the very narrow confines permitted by the Designated grower (PPL & DPL) permits of the current MMAR. This is presuming one even has access to quasi-legal forms of obtaining the medicine, either through sick friends or compassion clubs. If one has no access to such liberties, one is forced to the street to find someone that will admit to dealing in cannabis. Many times, due to cost, one can only afford to buy a limited amount at a time, which leaves them out each week or as often as each day looking for medicine. The prices vary and quality medicine can cost as much as \$340 an ounce. If one had to procure the three ounces a week I use regularly, you can imagine the amount of time that would be spent trying to find, obtain and pay for such supplies. Many other medical patients, I'm sure, have nightmare stories like mine of going to an alley and waiting an hour for someone to show up with your medicine. We would love the freedom to walk into a store and see an array of strains from which to choose.

6. Put off or neglect activities &

7. Desire to cut down. These points cannot be any indication either really as part of the criterion. Most people do not like to take their medicine or even regular pharmaceuticals. Most people would prefer to not have to take anything to feel normal and cannabis is no exception. In speaking to many other medical users, I have heard time and time

again about the effort that is taken up in grinding and rolling their medicine, or the time it takes to sit and vaporize. Most of us would love to cut down so it didn't steal so much time from our day, or force us to choose what events we may attend by whether or not there is a place to medicate, or if it will be accepted, or if we will expose children. No medication that I can think of steals more from your time and leaves you out of more events than cannabis, but this is due to society's unwillingness to accept me and my medicine anywhere — not me giving up life to use cannabis.

In my opinion, through their best efforts, some of the physicians still have it wrong. They can't see past the illegality and presume their patients must have lost their minds to choose this medicine. They truly believe that there must be a traditional pharmaceutical to do the same but the truth of the matter is that people would not, in droves, be making this most difficult choice to use cannabis if there were any other workable alternative. The only true test I have thought defined addiction was to reduce yourself to activities or behaviour you normally would not on a moral ground to obtain your medicine. For a woman to sell her body to obtain drugs when this was normally against her nature, to steal from parents or family to feed the need, or in any way to hurt or harm another person to obtain financing for your drug. This more compulsive drug seeking behaviour has been the real defining line for me. The DSM is not just criticized by myself. I found this quote in Wikipedia, "The most fundamental criticism of the DSM concerns the construct validity and reliability of its diagnostic categories and criteria. Although increasingly standardized, critics argue that the DSM's claim of an empirical foundation is overstated." No matter how many ways I read the DSM IV's definition, my answer to myself remains the same.

Am I addicted?

I think not. 🍓

Who is Dr. Frankenbeanstein?

Joe Pietri

Editors note:

After printing part one of this article, Dr. Frankenbeanstein threatened to have all Dutch advertising cancelled in Skunk magazine, which amounts to 60 per cent of their revenue. This is the complete article in full as we believe readers should have access to the full story.

Are your expensive Dutch female seeds hard to clone, or when you try to breed them, all you get are hermaphrodites?



Thank Dr Frankenbeanstein, a.k.a. the Skunkman — real name, David Watson. At a 1997 Vancouver Hemp conference, Watson spoke of his research. His main focus was to stop growers from cloning nor being able to create any seeds, from strains being bred in Amsterdam. The funding for this research came partially from the Dutch Government, the rest from DEA. Watson had been busted for growing in Santa Cruz California in 1985 and resurfaced in Amsterdam to start his seed company Cultivator's Choice. DEA supported the Skunkman's application for a license to grow for research in Holland, even though they should have been extraditing him back to California for his 1985 grow bust in

Santa Cruz! DEA endorsement was so strong that he was the first to be granted a permit in Holland while several universities and domestic research groups with PhDs and legitimate reasons for research were denied! The Dutch government even supplied three greenhouses for Dr. Frankenbeanstein to do his heinous experiments, while normal Dutch growers lost all their equipment and had to serve murder-like sentences at that time! Dutch seed companies have become the Monsanto of the cannabis seed industry, and hope to make us all seed junkies at \$20 a seed!

The license gave Hortapharm/Skunkman/ DEA control over what researchers are allowed access to pedigreed seeds of predictable qual-

ity. The object is to patent up every possible combination of cannabinoids and terpenes with efficacy for every possible disease they can treat, and every possible genetic sequence. Once ready to make the move, they will shut down every medical cannabis grower for patent fraud, and those they can't will be run out when they produce a more effective product for significantly less than the \$250 an ounce the growers are getting. The Skunkman's company, Hortapharm, is the only private organization approved by the Drug Enforcement Agency to supply genetics to researchers to this day.

Gibberillen is a natural growth stimulant, that also changes the sex in plants, male to female, female to ➤

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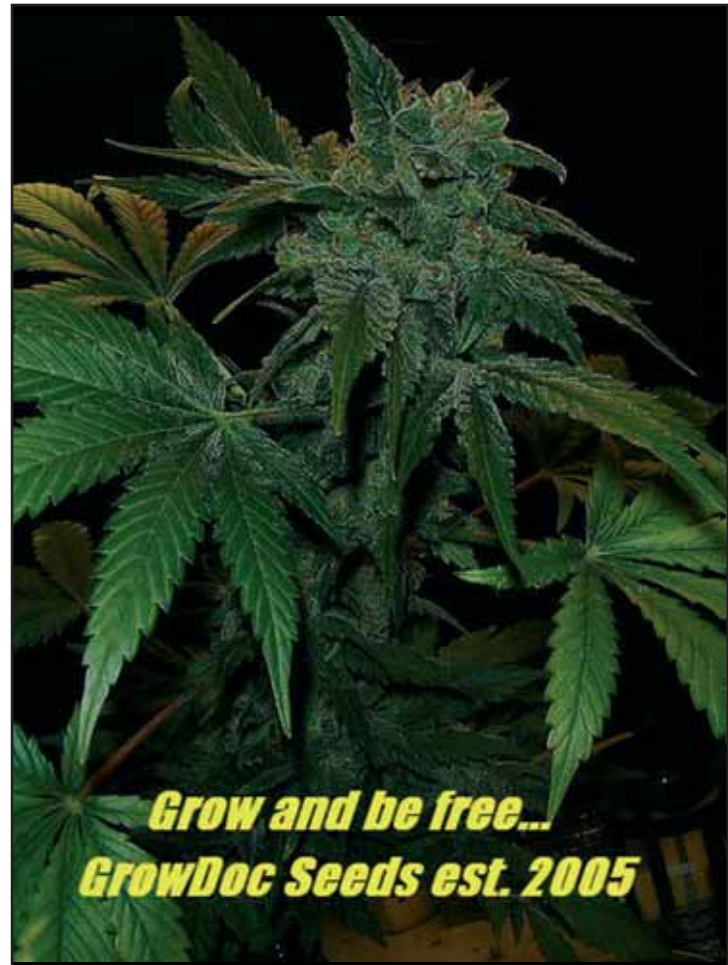
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COOL MADNESS, The Trial of Dr. Mollie Fry and Dale Schafer is the riveting true story of a medical marijuana doctor undergoing a federal trial for the first time in history. The main character of Cool Madness is Dr. Marion "Mollie" Fry, a cancer survivor 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.

www.MMAPUB.com

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 contempt.



male. First discovered in the 1930's by researchers looking for hormones to stop elongation of the stem during early growth stages of rice and prevent crop failures due to drought or excessive rain during early growth stages. After many years of research, in the 1950s, gibberillens were found that had the optimum of success in treating this problem. This is also when researchers discovered that gibberillens had beneficial effects on many food crops, increasing their yields tenfold. Professor Carlson of Midwestern University created sonic bloom in the late 70s, using gibberillens and fertilizers, that when applied to crops, then bombarded with sonic waves at a specific frequency, produced yields in most crops that were increased 4-10 fold!

The discovery of the effects of gibberillens were first noted by Sues, who discovered the product in the early 80s, and tried it as sold by Carlson for increasing his garden's yield by using their product and playing music to his plants. It worked! It not only increased his yields, but produced a few seeds in his stable of pure females plants! The ingredient was gibberillens! After using the product several times, he had seeds in every crop thereafter. Confused as to why, his research discovered the main active ingredient was gibberillens. After using this for several years, he noticed that, depending on when you sprayed, that there would be a few seeds or a large amount of seeds. Size pretty much increased every time. From these experiments, he discovered that pure stable female plants could be sprayed at the appropriate times and produce a few male stamens that would create exact duplicates of the mother and would be feminized seeds, sprouting out entirely female plants.

At that 1997 Vancouver Hemp

conference, Master Grower Seusmet Watson and explained his discovery and findings on gibberillens. That information went back with Dr Frankenbeanstein, and when he got back to Amsterdam, he called it his own invention and from there came the feminized seed phenomenon. Watson sold his new discovery to all takers. One Dutch seed bank even claim that it is their own invention — I guess because they bought the formula from Skunkman. However, over-application of gibberillens causes smaller and less-vigorous seed! Due to the habit of not letting them fully finish, the seeds are grey, indistinct and hard to sprout.

Recently, Dr Frankenbeanstein testified at another conference in Canada against the use of industrial hemp in Canada. GW Pharm/Hortapharm are scared of the hemp industry. Why? You see, low industrial hemp produces GW's miracle drug, CBD, as a by-product! There is primarily one gene that tells a plant to be either a primary CBD producer or a primary THC producer — the Bd gene produces the enzyme that converts cannabigerol into CBD, and the Bt gene produces enzyme that converts cannabigerol into THC. If a plant inherits a Bt gene from each parent, it will only produce the low cannabigerol of CBD, and visa-versa if it gets a Bd gene from each parent. If it receives a Bd from one parent, and Bt from another, it will be roughly a 50/50 chemotype, but this is not true breeding. Most herb in the med clubs is homozygous for BT, meaning that it does not produce appreciable amounts of CBD. Since CBD actually blocks the psychoactive effects of THC, it was selected against by American breeders, even though it is extremely effective in boosting the medical efficacy of cannabis, especially with regards to degenerative nervous condition — all without any psychoactivity.

CBD by itself has also been shown to be very effective in treating anxiety disorders with the effectiveness of valium and other benzo drugs and without the extreme addictiveness and potential for overdose. Valium and benzos are the most dangerous drugs to detox from, their withdrawal many times worse than crack or heroin.

The only time cannabis users ever really had access to a higher level of CBD was with hashish farmed with populations of varying ratios of Bd and Bt genes! So as it stands now, CBD is not available to any real extent to medical cannabis users. If industrial hemp farmers were to catch on, that they're producing a very needed medicine, it will harm GW Pharm/Hortapharm!

In the UK all you hear of is the dangers of the new Skunk weed: that it leads to psychosis, that it drives people insane. Just a few years back, it looked like cannabis laws in the UK were loosening. Cannabis was re-classified back down to level 2 and was made the lowest priority for the police. All of a sudden, however, this new Skunk strain is introduced, causing mass hysteria and reefer madness, to the extent that cannabis is reclassified back up to level 1! What happened?

One thing we know, the last thing that GWPharm/Hortapharm wants is the medical cannabis scene catching hold as it has in California. Hortapharm, with the support of DEA and GW Pharm, have introduced a genetically-engineered super strain of Skunkweed, that makes people paranoid, psychotic, and makes you completely stupid. If you're not an experienced smoker, you may not handle it well. First time smokers can be scared straight, never to use cannabis again! Remember that the chief lobbyist/spokeperson for GW Pharm is a DEA head! ▷

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Cannabis has only been illegal 72 years; it had always been legal before. 100 years ago, you could buy Cannabis Sativa Americana and Cannabis Indica extract from Parke Davis Pharmaceuticals at your local drug store. In fact, in the early 20th century, Parke Davis seed collectors introduced Indian sub-continent seed into Southern Appalachia to create Cannabis Americana of equal or greater potency to the Indian sub-continent product they were having difficulty importing due to World War I. Parke Davis collected seeds from India, Turkestan, and Nepal before sending them back to be grown in the Blue Ridge mountains and Mexico. Parke Davis scientists conducted blind trials on themselves and found the American product to be both more pleasant and more potent. Those heritage medical strains were selected from 100s of years of legal selective breeding. Nothing today comes close to the heirloom medical strains from that period. Anyone who states that the cannabis of today is stronger than yesteryear is dreaming. The pot they smoked in the tea pads of Harlem in the 1920s to '30s was much better than any concocted strains today!

Dr. Frankenbeanstein, with the help of Rob Clarke, Mel Frank, Ed Rosenthal and Milla, engineered the largest misinformation campaign in cannabis history, that only diluted the original Ice Water technique by attaching the ancient dry sieving method, to confuse the origin of the now-patented Ice Water method. Attaching this sieving technique to the Ice Water method enabled them to sell Nylon at wedding dress prices, but makes no sense! Due to their scam, most of the bag product is no progress since it contains more fiber than old-style quality, dry-sieved Hash, and lost taste and aroma!



Tincture Bottle by Parke Davis.

For numerous reasons this Parke-Davis Cannabis Fluid Extract Bottle has become the most famous and sought after of all Cannabis antique bottles, literally the pride of any collection. It literally represents the height of botanical medical technology.

In the Soumi LaValle book on hashish, you see firsthand the sieving technique used by a Lebanese family in Baalbek. The different screening process is shown in its entirety in the book; from that came the idea for bags. In a dry sieve, you don't release oils, so the natural terpenes are in the hash, which is sticky. The bag technique releases the oils but only collects broken pieces of resin akin to kief, not hash! The Lebanese women doing the sieving, could outperform 1000 people using bags. It wasn't a revolutionary technique in hash making, it was a backward step!

Yet clever Dutch and Canadian marketing sent out a huge learning curve, and people have been ruining there medicine ever since! This ripoff of a patent method will soon be settled in a Canadian court. I hate to burst your bubble but Milla and Bubbleman had nothing to do with inventing the Ice Water technique, except to register a patent which made all traditional forms of processing cannabis obsolete. Dr. Frankenbeans sold a patented method that did not belong to him, and laid the foundation for GW Pharmaceuticals — we all know that the first step of making Sativex is Ice Water Extraction! The damage that has been done to Cannabis

is immeasurable! He even sold Mexican and Central American genetics, as well as Afghan genetics to GW as his own! A call to GW, and we were told that David Watson and Robert C. Clarke no longer work there. Robert Clarke's book on hashish, as well as those by Rosenthal, Cervantes and Mel Frank, all wrote in support of the fraud. You see those idiots go by one rule — all stoners are stupid. They feed on young stoner's and medical patients with no cannabis knowledge. Since Dutch seed companies control the media and information, they feel that cannabis consumers will buy whatever they tell them to buy! When old school ran the cannabis scene, you paid \$30-50 an ounce for super Columbian gold and red, \$60 to 75 an ounce for high altitude seedless Mexican sativa, \$100 an ounce for the best Thai, \$150 for Hawaiian so strong you thought you were on acid! Now you pay \$35 for one seed of Jack Herer, which is Mexican genetics. Ed Rosenthal sold our pot culture to the Dutch Monopoly, and now the Dutch seed companies are selling it back to us at \$20 a seed!

By 2009, several old school pioneers published books debunking all the myth and outright lying surrounding David Watson/Dr Frankenbeanstein. The Dutch cannabis industry should thank Ronald Reagan by naming a sewer canal after him! Reagan shut them down, imprisoned them for years, stripped them of their wealth and left them with nothing to defend themselves with. In fact, the Black Tuna gang leader's still in prison after nearly 30 years and Brian Daniels, the Thai Stick King, recently released after 27 years. Howard Marks — who no doubt sold a lot of cannabis — was a spoke in the Daniels Wheel! The U.S. Air force, Navy, and the Coast Guard were used to shut down the entire Caribbean, Gulf of Mexico, the Eastern and Western seaboard. ▷

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They succeeded in finally shutting us down, but before we were shut down we had a baby, and that baby was called Home Grown American, from the seeds we brought back from Asia!

Watson's claim that he was the breeder of California Orange is debunked by Jerry Beisler's book, *The Bandit of Kabul*. In the book, Jerry shows his creation California Orange and some of the earliest photos of outdoor grows known circa 1973 to 74 — Jerry ran one of the earliest documented seed banks in California!

Without Ronald Reagan, the Dutch cannabis industry would have never happened. The pot scene is an American phenomenon that spread around the globe!

It is just a matter of time before one of the medical states legalizes and taxes and regulates cannabis. In fact, there is a bill being presented in California that would do just that. It would tax cannabis \$50 an ounce! The billions in revenue that would generate would cause other medical states to follow — remember folks, we are in a depression! California legalization is the Dutch Cannabis industry's worst nightmare. Once the coffee shops open in San Francisco, that will be the death of the Dutch ripoff scene. American seed banks will be able to operate openly on the world stage!

Organic landrace American seed unpolluted by Dutch genetics will take over the market worldwide! The original strains are still available and wild cannabis still flourishes. American growers are going back to the original heirloom medical strains and creating their own hybrids. Most of the original American strains have been bred and re-bred, engineered and re-engineered by the Dutch seed companies, that at this point are useless to the breeder.

Monsanto terminator technology is

being applied to our beloved cannabis by Dr. Frankenbeanstein at Hortapharm in Holland. Let me explain exactly what this means and use cotton as example. In the cotton example, the goal is to develop a variety of cotton that will grow normally until the crop is almost mature. Then, and only then, a toxin will be produced in the (seed) embryos, specifically killing the entire next generation of seeds. The system has three components: 1. A gene for a toxin that will kill the seed late in development, but that will not kill any other part of the plant. 2. A method for allowing a plant breeder to grow several generations of cotton plants, already genetically-engineered to contain the seed-specific toxin gene, without any seeds dying. This is required to produce enough seeds to sell for farmers' to plant. 3. A method for activating the engineered seed-specific toxin gene after the farmer plants the seeds, so that the farmer's second generation will be killed. These three tasks are accomplished by engineering a series of genes, which are all transferred permanently to the plant, so that they are passed on via the normal reproduction of the plant.

Dr Frankenbeanstein threatened *Skunk* magazine to have all Dutch advertizing cancelled, which amounts to 60% of their revenue, after printing part one of this article! This is the complete article. *Skunk*, *High Times*, *Cannabis Culture*, *Weed World* are in reality trade pamphlets that support the continuing rip off of our cannabis community by Hortapharm/GW Pharm/DEA and the Dutch Cannabis Industry.

The one beacon of truth telling in our community is *Treating Yourself* magazine. My only claim to fame being that I have always been a general in Lord Shiva's Ganja Army.

Bom Shiva Bom Shankar,
Joe Pietri 



Top
Joe Ganja

Bottom
Jerry Beisler Afghanistan 1972
Afghani Indica x Acapulco Gold

Here I am, in the “great Commonwealth of Kentucky,” on January 2, 2009 without a physician to attend to my health needs, after fifteen long years of struggle. Why? Because I smoke cannabis for pain and anxiety among other conditions.

Since 1998, I have been through at least eight “pain clinics” and a single M.D. that had stood beside me since 1995. But as of today, I have been “fired” as a patient for having a positive drug screen which only showed positive for Marijuana when he referred me to the last pain clinic.

Cut off, after fifteen years, for having used cannabis for my own health.

My medical history is complicated to say the least. I have been diagnosed with many things, and to this day I am not really sure what is wrong with me. In my experience, the doctors in Louisville like to “cut and release” — and if you ask questions, you will get the generalized answers that you already knew to begin with. In short, if your heart is still beating when you walk in the office, you must be okay.

The following is a short synopsis of my medical history, (though not all conclusive):

1960-1978 Tonsillectomy and Adenoidectomy due to chronic sickness up to 1970.

1978 – Diagnosed with chronic depression

1983 – Diagnosed with chronic depression/anxiety

1985 – Tubal Ligation

1990- Along with the “depression/anxiety” I began having chronic abdominal pain and bladder pain. I was (and had been all of my life) treated for chronic bladder infections.

I was having so much illness that it prompted me to leave my job of five years with a predominant

Why I was “fired” from my physician in Louisville, Kentucky.

By Sheree Krider
ShereeKrider@usmjparty.org

insurance company because I just could not cope with the pain and sickness anymore.

1991 – I was referred to a “women’s clinic” where I was continually seen for chronic cervical infections and bladder infections. Between 1991-1993 I had many trips to the ER because of those infections. Of note, they always attributed my pain to the depression and anxiety and never gave me any pain medication until a month before surgery in 1993.

1993 – The Gynecologist decided that I had several cysts on my ovaries after an ultrasound, and said that he would do a partial hysterectomy and a bladder tie and that that should take care of the situation. During the surgery, a needle was broken off in my pelvic bone, which they managed to extract after several additional hours in surgery. After the surgery, I continued to have pelvic pain, and bladder infections.

1994 – The Gynecologist decided it was probably adhesions, and that they would do an outpatient sur-

gery to try to resolve the problem. That did not work either.

1995 – I was finally put on Medicare after having been given Disability in 2003 for depression. After living through hell the previous ten years, I decided to go to an internist down the street from where I lived. At that point I was put on pain medication. However, there had been no real diagnosis of the pain I was having.

1995 – A friend encouraged me to see her “surgeon,” at which time I received emergency surgery for Gallbladder Disease. The Surgeons stopped counting after 60 large stones and informed my family that my “insides looked like someone took a hot glue gun to them”. The scar tissue had been so bad that they could not find my appendix or “I would have taken that out too”, he had said. Unfortunately for me, shortly after my surgery he left the state to go back to his home country.

1996 – Continuing on pain medication from my internist, and still having many bladder problems



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and pelvic problems, I went to another Gynecologist who offered to do a “total hysterectomy and adhesion removal.” I was sent to outpatient surgery, but ended up in the hospital for a number of days because the surgery was intense. I continued on through 1997 still having abdominal pain, and still on pain medication. In 1998 he referred me to a “pain clinic”.

1998 – After coming down with an unknown illness with a high fever, my internist admitted me to the hospital where the next day I had a CVA/Stroke. The pain clinic I had been seeing had me on oxycontin and hydrocodone, along with Neurontin and was located in the same hospital where I was admitted. However, somehow, when I was released 10 days later and was about to receive my medication to go home on, there was a mix up in the doctor’s names on the prescriptions and I was investigated for “doctor shopping” and released from their pain clinic. I was cleared of any wrongdoing but the damage had already been done. My internist continued to prescribe

my pain medication until 2003. Of note, I had stopped the oxycontin and Neurontin as they were really hard on my depression. The Neurologist that had taken my case in the hospital “fired” me for being “too ill for him to treat.”

2003 – I am forced into a pain clinic again. Incidentally, this clinic turned out to be the largest legal narcotic writer in Kentucky. I was given oxycontin, morphine, large amounts of hydrocodone or hydrocodone. The doctor attempted a “plexis block” of my abdomen at which time one or both of my Kidneys were punctured. I bled for 12 hours, but “I was okay, and it was nothing to worry about” — as per the doctor. Then came the methadone. I was frazzled all the time. I was a “legal” drug addict that almost burned down the house more than once. I tried to continue on and eventually quit taking everything except hydrocodone and an occasional soma. But in 2006, I was given a “drug test” which showed that I was smoking Marijuana and guess what...? They refused to fill any more narcotics except the

methadone. At that point, I gave it back to them and told them they could keep it. I “fired” them.

I then went back to my internist, who agreed to prescribe my hydrocodone. But between 2003 and 2008 I was turned down by many other pain clinics.

Then, in December of 2008, the decision was made that my internist could no longer fill my medications because of a PDS at the last pain clinic. He then “fired” me.

Of note, during the period of 2001 from 2008, I had lost my first grandchild to a stillbirth, cared for and lost my father in 2001 and continued to live with my Mother and care for her until she was so ill that I was forced to put her in a nursing home in 2007. My Mother died on November 24, 2008. Previous to that, I had lost my best friend “Sally,” my dog that had always been beside me through it all since 1993. My heart has been irreversibly broken. So with all of this loss on my mind, and then losing my only doctor of fifteen years, I have really been tested. I credit prayer and family and my “cannabis” for my survival. There were so many times I just wanted to call it quits. But there was always some “need” for me to be here.

Back in 2003 I had started researching online about “medical marijuana.” I knew I used it, and I knew I needed it, but I had just thought I was a “pot smoker.” I had never credited it with saving my life until after my Dad died in 2001. You see, he had called me about three months prior to his death and asked me if I could get him some. Because of my ignorance about the medical benefits of marijuana, my Father died without the medication that could have reduced his misery. My Mother was diagnosed with HBP and

Alzheimer's, which possibly could have been helped with marijuana, although I was too afraid of the "elder abuse" laws to try it. I feel guilty about that too. I might have had a healthier Mother for a few more years.

I have never had a police record. I only have a glass of wine a couple of times a year. I have even managed to stay out of the psychiatric hospital, although there were a few times I would have probably benefited from it.

And now, the doctor that I thought would always be there for me has left me in the cold, without even a personal phone call from him. The letter was signed by office staff. I do not hold any grudges against this doctor. He did what he had to do to save his livelihood. Although I do not know what the "pertinent details" of the situation where, I am assuming the DEA of KY was somehow involved.

In Kentucky it is called KASPER. "KASPER" in and of itself has become a syndrome in Kentucky. What I cannot understand is why, when KY is so known for its oxycontin abuse and deaths, should it be illegal for me to smoke Cannabis, in my own home, especially since I do have such a med-

ical record (I have never passed a drug screening test due only to Marijuana).

It reminds me of a "genocidal drama"... Give out all the narcotics that you can, which will downsize the population, and at the same time they can punish the people who are marijuana users and "force" them into forfeiting their marijuana, and using the "pharmaceutical death drugs."

There is no such thing as a marijuana-friendly doctor in Kentucky. They are all scared to death. I must say that if I had not been using marijuana for the last fifteen years or more, I sincerely believe that I would have died by now. I was even told by one doctor that I was "living on borrowed time." What kind of Government conspiracy would do such a thing as to make a "plant" illegal?

The truth is out there, just follow the money!

The state of Kentucky is for all practical purposes bankrupt. Violence and homelessness are continually on the rise. It is not marijuana that has caused this. Statistically, Kentucky, especially certain counties, is not a healthy place to live. And the members of my fam-

ily who do not use marijuana have had greater health problems than me in a number of cases.

Our Mayor calls it "possibly city". For most of us it is nearly impossible to live here. Lack of education and health care are abominable. If you are one of the lucky ones who make more money than you need and/or have the benefits of a major manufacturing company or other entity, then you may survive a little longer and a little better.

But most true Kentuckians have been laborers and farmers all of their lives. Their needs are never fully met, and the laws that prohibit marijuana are just another way to "keep us in our place."

It is a shame that we cannot grow marijuana and/or hemp on our own property, legally. So in all reality, we never truly own anything, including our own bodies and minds.

Marijuana and Hemp prohibition is just one of many dire problems which our country is facing today. But if we could "free these plants," that were put on Earth by God, to be used accordingly, then maybe, just maybe, it would be a sign of us being able to take back our country's freedoms for all people. ✚

Cartoon



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A Teenager's Medical Marijuana Story

By Mark Bogart

My name is Mark Bogart. I am 17 years old and I live in Charlotte, North Carolina.

Starting at about the age of 12, I started to experience one hardship after another, ranging from my parents getting divorced to my grandparents dying. This was when I first started to experience depression, though back then I wasn't quite sure what it was that I was feeling. Soon after, I started having problems with my dad. We would get in a fight almost every time we were around each other. After the fights started to become physical, I chose to stop living with him and went to live with my mom. I soon realized I had only traded one evil for another. Added onto all of this, one of my best friends was killed in a car accident. This became too much to handle. I stopped sleeping, I stopped eating, I found it hard to do anything at all. I went to multiple therapists and had multiple psychological evaluations which only led to me being heavily medicated for depression, insomnia and for being bipolar. But my problems didn't go away. One day when I was about 15, my friend introduced me to marijuana. Finally, an escape. Not only did it make me feel happier than I could ever remember feeling, but it also helped me sleep and it definitely gave me back my appetite. I had found the perfect medicine to cure what ailed me. I am now seventeen and I have been smoking marijuana regularly for



the past couple years. I had always been told by my parents and by the media about how bad drugs are and how bad marijuana in general is. Nowadays when I hear this, all I can think about is how ignorant most of these people are to it. How can you tell me how bad what I do is, when you have never even done it? Don't get me wrong, I don't believe in drug dealing and recreational use of the drug. But I do believe that it serves as a very useful medicine. I believe this not only because it is medically proven but because I know through experience that marijuana has helped me more than any prescription medicine I have ever used.

Marijuana had done nothing but good for me until about three weeks ago when I was arrested for possession with intent to distribute. I was not distributing nor had I ever been distributing. But because of the amount of marijuana I had on me, that is what they

charged me with. I had about a half ounce on me which, for me, is maybe two days worth of marijuana (Most people would probably think that this is an obscene amount but not all of this is smoked, I also use some of the marijuana to make hash to ingest the marijuana as food). Being arrested changed my entire life for the worst. I spent two days in jail (with a large black man named Diesel who like to eat my Bologna sandwiches and drink my juice boxes) before I was able to get out on bail. I am now facing possible expulsion from my school. Because of this, I have been without any marijuana for the three weeks since. Over those three weeks I have truly realized what marijuana did to help me deal with my mental ailments.

I have gone back to constant unhappiness and spending night after night without sleep. I am on probation for the next year and I am drug tested every two weeks. So it looks like I am going to be without my marijuana for a long time. But that does not mean that I am going to change my opinion of it. Not only have I been telling my story to people who have the same view of it as I do but I have also spent plenty of time emailing my senator and actively pursuing the legalization of medical marijuana. I believe with all of my heart that there is no reason for it not to be legal. And I will continue to do whatever I can to support this cause. 🍀

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Won't Somebody Please Think of the Children!

Endocannabinoid System Dysfunction and ADD/ADHD

By Ally (aka pflover)

"Preserve Neural Plasticity!"

ADD and Me

Attention Deficit/Hyperactivity Disorder (ADHD), inattentive type, used to be known as Attention Deficit Disorder (ADD). This class of conditions, including ADHD, hyperactive type, holds personal import to me and my family. In preschool, when the very rudimentary parts of reading were being taught, I appeared to do reasonably well "getting it" even if I did have trouble sitting through a whole lesson. In first grade, when the first real reading assignments were being given, I started to develop a troubling behavior. Instead of actually reading the stories in full sentences I would kind of skim through them, skipping from what seemed to be important word to important word, never really comprehending the attempted communication. Test results by the end of that year made it clear to my teachers that I was not doing my reading assignments, though I am not sure they suspected it to be anything more than laziness on my part. It was conveyed to my mother that I would be given a chance to progress to the next grade if I was able to complete the year's English curriculum over that following summer.

Having no doubts about my inherent curiosity and developing intellect, my mother was determined to have me caught up by the time school began. That summer was

spent out on the Californian coast in Mendocino County, where my father was stationed at PUC's marine biology field station. I am not sure what my mom thought of the fact that I appeared to be having trouble in English at the beginning of that summer, however, I remember very clearly the day it became evident to both of us that something was wrong, and that I was not progressing normally in the department of reading. My father was interim manager for the field station that summer while the college attempted to locate and hire a replacement for the previous manager, who had retired that year. This meant we were staying in the manager's cabin, which had more room and more luxuries of modern living than the student cabins we had stayed in the last two or three summers. One of these luxuries was a big viewing window looking out onto a small semi-private back lawn area, that sloped up to the richly-forested north wall of the canyon in which the field station was nestled. That day I had been subjected to another torturous reading assignment while my little brother and the rest of my family got to go play out in the yard, where I could see them clearly through that window. I was so jealous of their freedom and resentful of my reading. The assignment in question was a story involving a girl, a boy, and maybe a dog, and was about three pages long. Previously that summer I had managed

to glean enough information from what I was suppose to have read to at least meet my mother's minimum requirements for quizzes of later retention and comprehension. That day, however, the story just seemed so long and my brother was having so much fun outside — in plain view of my educational dungeon.

After struggling through a grueling two paragraphs, I no longer could stand it and began the most egregious skipping I had tried to get away with yet. I read three to five nouns and maybe a verb out of each of the remaining paragraphs, putting most attention to the first and last paragraph of each page as these parts intuitively at the time seemed most important to my young mind. Keep in mind I was only 5 or 6 at the time, and this seemed as logical a way as any to determine importance. "Skimming" through the last two and a half pages of my assignment, if indeed one could call the brevity of what I did skimming, I closed the book and went outside to join in the fun. Part of me knew what I had done was wrong. After all, I had not actually done everything asked of me and was trying get to the fun stuff without completing my responsibilities. However, I was not prepared for the look of concern that came over my mother's face upon my premature appearance outside. She asked dubiously if I had finished my reading and I said I had. She then said it was time to



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see how I had done and headed in to quiz me. I gulped a little at this but figured as in the past I had done enough that I could inch by and fool her again and would soon be out playing.

After a few questions however, my mom quickly confirmed I had not actually read the assignment and ask that I read it aloud with her. As I began to struggle through the text my mom started to realize, perhaps consciously for the first time, that I really had a problem reading. I could see and hear first the frustration and then the concern come over her. Because I never did finish the first grade English curriculum that summer and was not allowed to enroll in second grade, my mother began homeschooling me. My parents also decided to take me to a center in LA specializing in children with learning disabilities to have me tested. The results came back as

positive for dyslexia with aphasic tendencies. For the next two years, my mom continued to homeschool me and the following year began taking me to a tutor specializing in the Montessori Method. In a very real sense, my ability to read and write began here with this tutor, tracing three inch tall plates of the individual letters of the alphabet with my finger and then copying this shape in a tray of sand. After a short time of this, I graduated to reading the “See Dick, Jane, and Spot” books and with real pleasure found I could actually read and understand these simple stories. By fifth grade, I had entered the Montessori elementary school my tutor owned and operated with his wife. I had no concept at the time how much of a sacrifice my tuition must have been for my parents. After all, I was making friends with the children and grandchildren of some of the richest families in the

Napa Valley, including members of both the Martini and Mondavi families. Despite this lack of awareness of the expense at the time, I have always been very grateful for my time there. The techniques and coping mechanisms I learned from the Montessori Method have been invaluable in my continued education ever since.

In the sixth grade I entered public school. Despite the occasional bump, an understanding was reached between the schools, my teachers, my parent(s) and I, which lasted until I took the SATs and graduated high school. This understanding consisted of a set of coping mechanisms that allowed me to compensate for the fact that it seemed to take me three to four times as long to read or process information as my typical age-matched peer (I did not, and still do not, feel I have a learning disability ►

as much as a learning difference. After all, it is generally accepted that both Einstein and Edison had dyslexia.). These coping mechanisms and accommodations often included about one third the number of math problems on a given topic as was assigned to everyone else, extra time on tests, and sometimes extensions on longer written projects. I maintained a high GPA (grade point average) and in high school enrolled in as many advanced placement, honors and college prep classes as possible. Around my sophomore year of high school, a new policy was instituted which allotted a greater weight to the GPA calculation used for these advanced classes. Where classes historically get a max GPA rating of 4.0 for an A, these classes were given a GPA rating of 5.0 for the same grade. This resulted in a new trend that had never before been seen and I do not know how it ultimately got dealt with. GPAs higher than 4.0, or “perfect”, were possible and during my senior year — for the first time at my school — there were four valedictorians and we all gave speeches. My GPA was the highest of the four at 4.331, even with the four Bs I got for the last quarter of that year in my morning classes.

From here I spent a year at Fresno community college, where I was once again tested for learning disorders before being allowed any extra time on tests or other considerations. This set of tests lasted me through most of my following time at Reed College in Portland, Oregon until I decided I might want to eventually take the GRE. If I wanted to take advantage of the extra time which had been so crucial in my achieving even mediocre standardized test scores in the past, I was going to need a more recent and comprehensive set of documentation for my dyslexia. I applied for testing in the spring of my junior year and, after an introductory interview and a brief mental health survey, was assigned a testing time slot the following fall.

The psychologist testing me seemed convinced from the onset that I might have ADD and set out to prove it. Throughout the month and a half or so of family interviews and rigorous weekly testing sessions, some of which lasted for more than 6 hours, I was quite skeptical of his belief I had ADD. After all, I had not been that hyperactive as a kid; maybe a little fidgety, but nothing that excessive. I had met others diagnosed with

ADD before and I didn’t feel I was one of them most of the time. (I later learned that this was because most of them had the hyperactive sub-type of ADHD and I did not). However, when the testing was finally over and he went over his psychological write up with me, he concluded that I did in fact appear to have the inattentive subtype of ADHD formally known as ADD. When he was done, he handed me a photocopy from a book profiling the typical life of a person with adult ADD. I spent the next several days in a kind of shock because the words on the page seemed to describe me so well that I almost got paranoid someone was secretly watching me. That was nine years ago. I have since become comfortable with this addition to my perception of self. Considering my early struggles with literacy and that it can still take me three to four times as long to read a given length of text compared to most people I know (I still usually sub-vocalize every word as I read), I never would have thought the entire time I was growing up and even after I graduated from Reed that I would become a writer. In more ways than I might be able to express, I owe my current occupation and my success at it to cannabis.

Ptotic Enumerations: A Story of Cannabis Self Medication



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Before the age of eleven or so, I had no concept of cannabis, weed, pot, marijuana or whatever else one might call it. Then, one night when I was ten or eleven, I was woken up by a strange smell I did not recognize. I got up and asked my little brother if he smelled it too, he said yes, and we went to investigate its source. My parents appeared to have gone for a walk as they had recently been in the habit of doing and there was no one else in the house. The smell seemed smoky and strongest by their bedroom but we had no idea what it was, so went back to bed. For about a month or so, this became a fairly common experience until one day my dad decided he and my mom were going to sit both my little brother and I down individually and give use the marijuana talk. It consisted basically of, “Here is a thing we have been enjoying recently, you may not really understand now but in the future you will; don’t be tempted if someone offers you some at ▷

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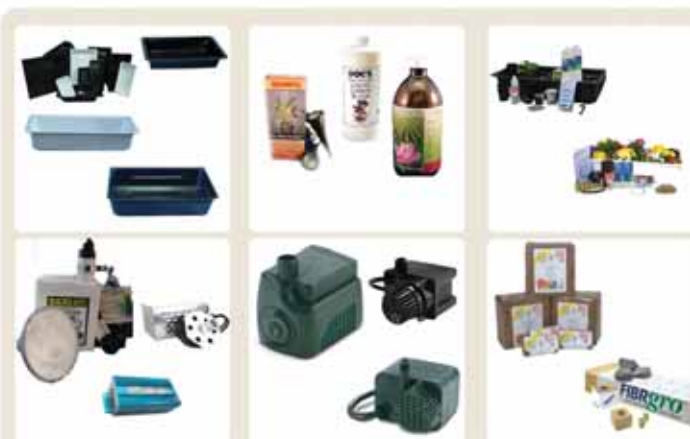
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school, you never know what's in it or if it's safe, so if you ever are tempted to try, it come to me and I will let you try some I know is safe." One thing was clear. Now was not that time, and anyway, I was not particularly interested (Although a year or two later I did try a bit of pot brownie my dad had wrapped in tin foil and "hidden" in the back of the freezer. I had no idea what it was, simply thinking it was a brownie. Luckily for all, I thought it tasted horrible and was probably bad so spat it out and threw away the rest. It wasn't until years later that we both learned the truth of that brownie and its fate.).

Through much of my time in junior high and high school I was strongly anti-drug, other than tobacco, completely buying into the whole DARE rhetoric. By early high school, I was aware that cannabis was probably a pretty innocuous drug and should probably be legalized for adult use and its many industrial uses, although I was still very anti-underage-use and discouraged my friends from such activities. This, however, is funny, since I identified myself as a "Stoner" since at least eighth grade, dressing mostly in black and hanging out with other "Stoners." I've always claimed that being a stoner is a state of mind and acceptance of a subculture, and that inclusion in this group does not require that one get stoned. Eventually, the day came, however, when I was interested and I spent several months of my junior year of high school planning how I was going to bring the topic up with my dad and step mom. So, during spring break on a visit to their tiny cabin in Gasquet, northern California, I broached the topic. That night, on the evening walk up Gasquet Flat Road, I was allowed to hit their little metal pipe a few times. After promising that I would never reveal this social atrocity which had just occurred to another living soul, I was warned

that sometimes you don't feel anything the first few times until you become sensitized to the effect, and mostly that seemed true for me that night. I went back and listened to Pink Floyd's "The Wall" before going to sleep. It seemed deeper and richer than usual, but that was about all I noticed.

A month or so later the Pink Floyd Division Bell Tour came to town (Well, the Oakland Coliseum) and I knew I had to go — after all, pflover stands for "Pink Floyd lover." I knew too that some kind of mind-altering experience was appropriate for the event. I wanted to get high at the show, and feel it this time. A week before the show, I smoked a small bowl after school at a friend's house and this time there was no question it had an effect and that I got high. What a bike ride home that was! Following the concert, I did not smoke again until school was out for summer. By the time my senior year of high school started, I had had a few more intense experiences with cannabis but was not by any means a regular smoker. Half way through that year, I got in a bike accident on the way home from school and badly skinned my knee. For the next week, it was excruciating to try and walk. I had occasionally smoked cannabis on my lunch break before this week but did not make it a regular occurrence because it was too overwhelming and disruptive. The day after my accident, I was given the opportunity to smoke a little cannabis off campus during lunch break. Lo' and behold, my knee felt much better and I could suddenly walk again. For the rest of the week, I self-medicated at lunch, allowing at least half my day to be pain-free with unhindered ambulation. A week or so later, I moderately twisted both my ankles and again had pain walking for about a week, and again relieved it each day at lunch. I was amazed to find that by the

end of week two I had little trouble functioning in my two after-lunch classes of Physics and Advanced Placement English. If anything, my performance appeared to improve. In fact, those were the only two classes in which I still had As that last quarter of my senior year. This began my nearly daily use of cannabis. By the time I had gotten through my first year of Reed College, I had become convinced that my cannabis use, when applied judiciously, was providing some benefit for my dyslexia. Fellow students and friends I talked to who used cannabis and had been diagnosed with ADD, dyslexia or both seemed to pretty universally agree with me. By our junior and senior years at Reed, many of us — including myself — felt that our continued success at Reed would not be possible without the benefit of the sacred weed, cannabis.

When I started the learning disability screening process my senior year, I had made the mistake of being too honest with my health care professionals about my past drug experience, especially my use of cannabis, and I was required to start taking urinalysis tests every few weeks to make sure I was not on the pot. Before the two months of testing could commence, I was first required to clear my system for a month. This three month abstinence was the first time I had not used cannabis for longer than approximately three weeks since



my bike accident seven years before. I found I had trouble controlling myself, I was emotionally impulsive, I got in significantly more fights with my spouse and I had trouble sitting still long enough to focus on my studies. Interestingly, those three months were the closest I ever came to landing on academic probation during my attendance at Reed.

The psychologist testing me, a man by the name of Dr. Bruce Kenofer,

was convinced my cannabis use was a bad thing, that I should start stimulant treatments right away, that I should be treated for my cannabis dependence and encouraged to make non-cannabis-using friends. He had to be specifically asked to include my nicotine dependence in the write-up, with a recommendation that I be treated for this as well. He appeared to have bought the party line concerning cannabis hook, line and sinker — and frankly, I found his unyield-

ing adversarial nature on the topic quite disturbing. I wanted to be able to contradict him but at the time there was virtually no literature on the topic. Even 3 years ago, when I wrote the article “Holy Hemp Nut” concerning the wonders of the hemp seed, there was essentially no direct literature on ADHD and cannabis use. Now there is a growing abundance of both directly and indirectly-related research papers on the topic.

This article is devoted to exploring our growing knowledge of how the endocannabinoid system relates to ADHD and how CB1 cannabinoid receptor agonists might produce the benefits reported by so many cannabis using ADD/ADHDers.

(Author's note: I did try stimulant therapy for a few years but found I needed other medications to control the side effects — like severe paranoid anxiety over the smallest thing, and explosive emotional sensitivity in the evening, sometimes called “the evening stimulant monster” by ADHDers. Although I did find stimulants to reduce some symptoms of the ADHD, I did not find them to work for all symptoms. On top of this, the “on the verge of snapping/on the verge of psychosis” feeling they produced after a short period of mood elevation was uncomfortable and the other side effects weren’t worth their drawbacks. Now there are only rare occasions for which I find them necessary or useful. It is worth noting that I was at a place in my life at this time where if Dr. Kenofer had treated me with a little intellectual respect, as an adult

capable of making informed decisions, and took a conversational approach which left room for discussion, instead of taking a condescending, inflexible, patronizing, authoritarian approach and actually just talked to me about cannabis, he quite possibly would have been able to convince me to stop using it during that portion of my life. The approach which he actually chose to take instead drove me to a determination to prove him wrong which can still be seen in my writing today. Interestingly, every time I saw Dr. Bruce on campus after my testing was completed, he got this strangely shameful look and would hang his head as he walked by. Perhaps this was because he could tell I was thumbing my nose at his wisdom by clearly still using cannabis and yet earned an academic commendation for that final year of college, even while writing a hundred

page research thesis. Or maybe it was just that no matter how he viewed the situation, I represent one of his failures. I may never know. Although the details may differ, the basics of the picture I have painted here are typical of the average cannabis-using ADHDer.) ▷



What is ADD/ADHD?

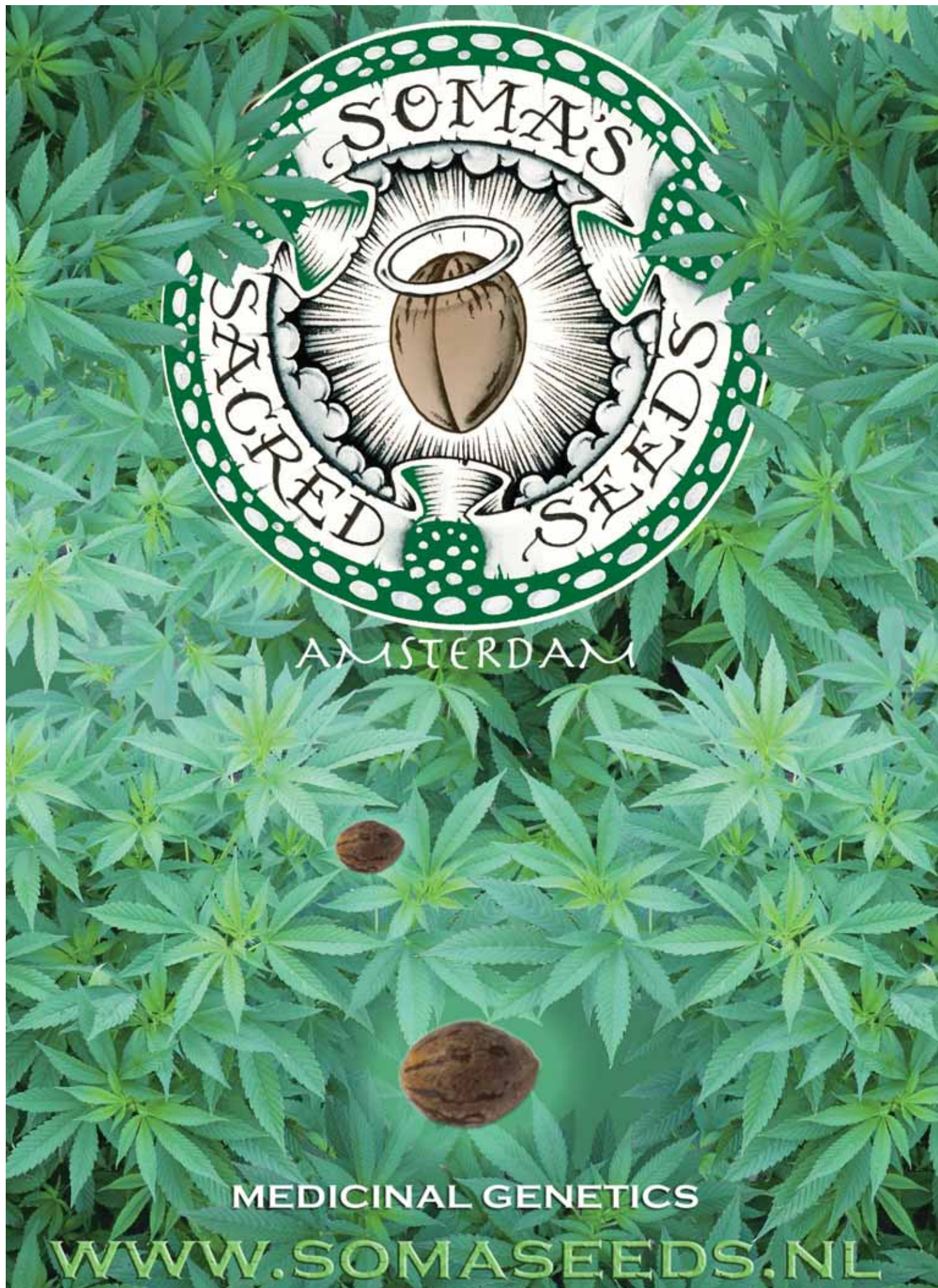
Currently ADHD is believed to be a neurobehavioral developmental disorder with a strong genetic component; however, we have yet to discover one agreed-upon set of pathologies which appear to be responsible for the occurrence of this condition. ADHD appears at a rate of 4% +/-1% in general population, with two out of three of those diagnosed being male. However, some have suggested this is due to observational bias. It is most commonly diagnosed in childhood but 30% +/-10% do not appear to grow out of it, expressing symptoms into adulthood. If left untreated, coping mechanisms are usually adopted on the path to adulthood in an attempt to compensate (1). The basic symptomology of ADHD consists of three main categories of behavioral issues. The most central behavioral set involves issues of impulse control such as emotional outbursts, disorganization in daily activities, quickly jumping from one activity to another, acting without thinking through the consequences, a tendency to blurt out inappropriate remarks and to interrupt the conversations of others. The next affected behavioral set concerns an inability to control locomotion, known as hyperactivity. When thinking of hyperactivity in children most people have an image of a child "bouncing off the walls," unable to sit still for any period of time, although this is only the most extreme part of the hyperactivity spectrum. It can also be expressed in more subtle ways such as fidgetiness, constant fiddling or tinkering with the hands, non-stop talking, simple restlessness and restless sleep. The final set of behavioral issues concerns an impaired ability to maintain attention for extended periods of time. This can manifest as difficulty listening or following simple sets of instructions unless delivered one at a time, day-dreaming, hyper-distractibility,

reduced processing speed, and difficulty finishing tasks and projects at school, home or work (2). Although the hyperactivity symptoms may often subside substantially or even completely by adulthood, the impulsivity and attentional deficits tend to be significantly more persistent (1). A new symptom belonging to both the behavioral set of inattentiveness and that of impulsivity has been recently identified in ADHDers. It is known as delay aversion and consists of a greater tendency to pick a much smaller immediate reward in favor over a much larger reward following a delay (3). This process can be seen in action in my account of the day my mother and I really realized I had reading problems. The cause of ADHD appears to be predominately genetic, involving the co-occurrence of variants of several different genes coding for specific components of the dopamine (DA) (1), serotonin (5-HT) (1), norepinephrine (NE) (4), and endocannabinoid systems (5, 6, 7, 8), resulting in specific alterations in CNS (central nervous system) functioning combined with cumulative effects from various environmental factors (1). Catecholamine dysfunction especially with DA, and to a lesser extent NE, is one of the primary theories of ADHD. This theory suggests that abnormalities in the availability of free dopamine and norepinephrine, combined with changes in the sensitivities and densities of their receptors, accounts for the majority of symptoms associated with ADHD (9, 10, 11). It is primarily this theory combined with their general efficacy which drives the use of prescription stimulant treatments such as methylphenidate (Ritalin and Concerta) and the amphetamines (Dexadrine, Adderall, d-methamphetamine) as well as the non-stimulant NE transporter inhibitor Strattera in the management of ADHD symptoms. However, a competing theory of phospholipid/endocannabinoid system dysfunction has also recently begun to develop

growing support in the medical and scientific communities (12).

Anecdotal and Case Reports

For years, the cannabis-using subpopulation of the ADHD community has reported that use of cannabis provided them with a degree of relief from their symptoms. Until Prop. 215 was passed in California many doctors simply took these reports as attempts to justify one's use of cannabis. This may have been in part due to the fact that ADHD and substance abuse disorders often co-occur and appear to have genetically related risk factors. However after Prop. 215 passed, a growing number of doctors began to take these claims more seriously and eventually case reports began to appear supporting what the cannabis-using portion of ADHDers had known all along. One such report, in this case by a surprised group of German researchers, involves the effect of THC and cannabis on driving skills in a 28 year old man diagnosed with ADHD. It is generally well accepted the ADHDers express deficits in driving skills with one study suggesting deficits on par with alcohol intoxication (13). Furthermore, as with other ADHD symptoms, these deficits are generally improved by stimulant medications (14). In the particular case in question, the young man had tried methylphenidate therapy but did not find it significantly improved his symptoms. His psychiatrist had then observed that cannabis appeared to provide noticeable symptom relief and prescribed THC in the form of Marinol. The young man had subsequently lost his driver's license after high levels of THC were found in his blood after being stopped for a traffic violation. After reapplying for his license the man was told he must▷



undergo an evaluation of his driving skills and that he must do so free of any medication or recreational drugs (15). The young man capitulated however the evaluation team was completely unprepared for the individual they were presented with upon his arrival. He was described as impatient, pushy, demanding, lacking distance, with a generally negative emotionality. He constantly shifted position, drummed his fingers on the table, and in general appeared easily distractible and physically agitated. When it came to discussing the effects of cannabis on driving and the terms of reinstatement of his license he was completely inflexible and quickly escalated to an aggressive approach which culminated in the young man getting up, grabbing the table, leaning forward and shouting that he required cannabis and he required a license. This presentation is reasonably typical of an unmedicated ADHDer and one that my family and I are quite familiar with. The evaluation team quickly determined that he would not be able to perform the

required driving performance tests in this disturbed state and he was offered the opportunity to undergo evaluation of his driving performance, as affected by Marinol, at a later date (15). The individual who appeared at the next visit was:

“fundamentally changed and was not disturbed at all. He stated that he had stopped smoking cannabis, was taking dronabinol on a regular basis and that he had consumed it just two hours ago. He appeared calm, but not sedated, organized and restrained. Unlike during the first meeting he was able to accept and discuss arguments. When trying to make clear that THC was indispensable for his quality of life he became more engaged but without losing restraint. Rather, he was understanding of the position of the expert and indicated that the path to get back his driver license may be long but that he was willing to undertake it. His behaviour, motor function, mood and consciousness did not give any indications of a prior use of a psychoactive substance (15).”

It was later determined that he had actually smoked a large quantity of cannabis before the meeting instead

because Marinol was too expensive (15). This extreme makeover which cannabis can produce on ADHD symptoms is again something which my family and I are very familiar with and why I emphatically insist cannabis “*makes me a better person.*”

The young man’s scores on the driving performance test were all at or above average, even in the very demanding tests of vigilance and divided attention (Figure 1). These findings lead the startled researchers to conclude “that the consumption of cannabis had a positive impact on performance, behavior and mental state of the subject (15).” This is in stark contrast to the effects of cannabinoids on healthy human subjects. In people without ADHD, THC and synthetic CB1 receptor agonists increase impulsivity, the reverse effect is produced by CB1 antagonists (16). Although few comprehensive studies of (endo)cannabinoid/ADHD interactions in humans have yet been conducted, there is a growing body of animal model and cell culture literature indicating an strong link between endocannabinoid system abnormalities and ADHD symptoms.

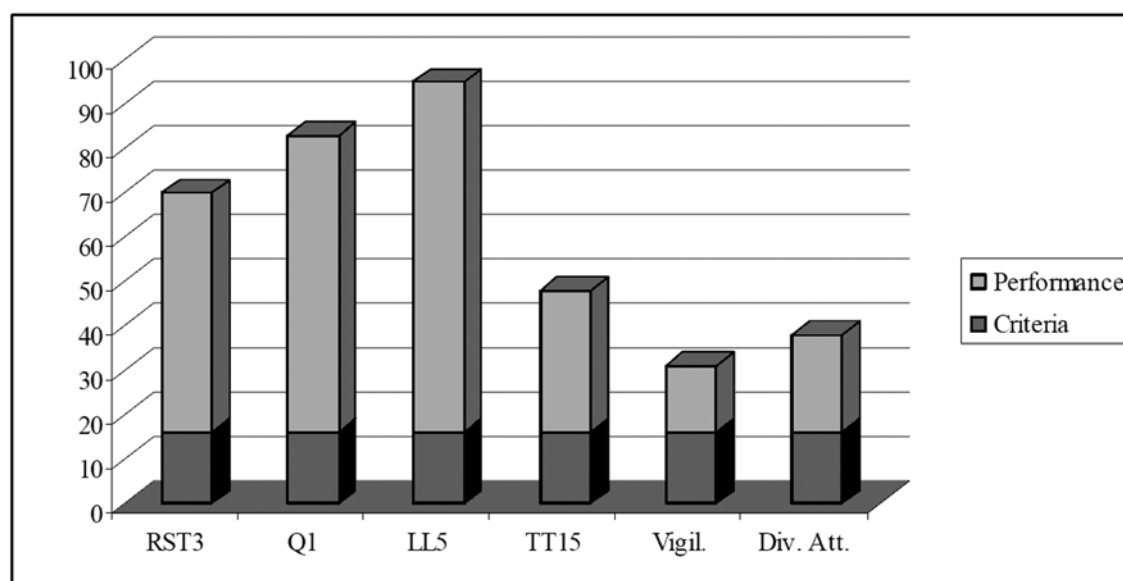


Figure 1: Subjects actual performance and minimum criteria.

The Adolescent Spontaneously-Hypertensive-Rat

The spontaneously-hypertensive-rat (SHR) is an accepted animal model of hyperactivity and impulsivity in the study of ADHD. There is one interesting difference between human ADHD and the SHR rats. Where pretty much all ADHDers are impulsive but only a portion of ADHDers appear hyperactive, the reverse is true for the SHR rats such that all are hyperactive but only a subpopulation are impulsive (17). As with ADHDers, this impulsivity appears to be linked to significant delay aversion (17). If the delay to reward gets long enough, some degree of delay aversion is normal and healthy. Although it is not clear what import, if any, the following finding has to human ADHD, the non-impulsive SHR rats appeared to show little to no delay aversion even with long delays. In other words, they appeared to lack even a healthy level of delay aversion (17). Now here is where it really starts to get interesting for us.

Compared to either wild-type controls or their non-impulsive SHR counterparts, the impulsive SHR rats expressed significantly lower CB1 receptor densities in the prefrontal cortex. Furthermore, administration of the synthetic cannabinoid agonist WIN55,212-2 (WIN) reduced impulsivity and normalized self control in this impulsive subgroup at a dose which did not appear to impact wild-type controls (17, 18). Methylphenidate (Ritalin) was also able to improve self-control in these rats (18). Interestingly, as observed above with humans (16), healthy rats which do not evidence any signs of preexisting impulsivity issues become more impulsive with CB1 agonist WIN but demonstrate reduced impulsivity when given a CB1 antagonist



(19). This further supports the notion that ADHDers respond atypically to cannabinoid administration when compared to the general population at large.

Genetic Evidence for an Endocannabinoid/ADHD Link

The finding that impulsive SHR rats express lower CB1 densities in their prefrontal cortexes suggests that there may be genetic components to the development of ADHD located within the genes encoding for the components of the endocannabinoid system. Some of the first evidence for such endocannabinoid gene variants being associated with ADHD was published in 2000 by Bennett and Horrobin. The endogenous agonists and antagonist for the endocannabinoid system belong to the group of chemicals known as phospholipids and fatty acids and both

include and are metabolized from the omega-3,6 & 9 essential fatty acids. Bennett and Horrobin found that a review of the literature indicated that chromosomal locations suspected to be involved with ADHD were also related “to the known locations of genes directly or indirectly involved in phospholipid and fatty acid metabolism (5).” Any change in phospholipid and fatty acid metabolic processes could alter availability of free anandamide, 2-AG, and other endocannabinoids, which could further result in alterations in corresponding receptor densities.

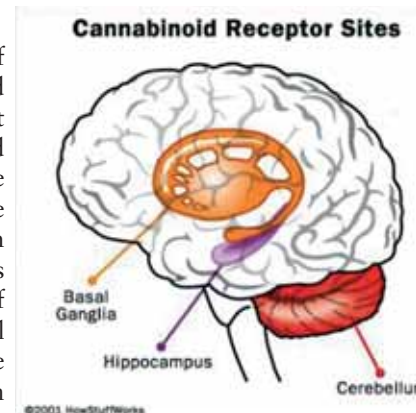
More recently, ADHD has been associated with specific variants of the CNR1 gene, the gene encoding for the CB1 receptor, in a diverse range of human populations. Specifically, the CNR1 gene carries a polymorphism (variant) encompassing the repetition of an allele consisting of the three nucleotides, ATT. In this particular polymor- ▷

phism, the allele can be repeated up to nine times. The longer the allele gets, the greater the association with ADHD, with alleles containing five or more repeats progressively correlating with both increased rates of ADHD and increased severity of symptomology. This result was first found in adult Spanish alcoholic males with a history of ADHD (6). It was again confirmed in a population of aboriginal Americans from Southwest Californian where the six allele polymorphism was found to be especially associated with ADHD. In addition, this study found that four single nucleotide polymorphisms (SNPs), in or near the CNR1 gene, were also strongly associated with ADHD (7). Last year, a study in Northern Finland found a specific SNP variant which was associated with ADHD with “a sex by genotype interaction” such that there was a greater association among males than females. That said, the association for both sexes was significant (8). This particular finding leads biological credence to the general observation that ADHD appears almost twice as frequently in males than in females (1). The Northern Finnish study was conducted on both a population of unselected adolescents and a population of selected trios composed of ADHD positive adolescents and their parents, confirming the heritability of the association between ADHD and having the particular CNR1 gene related SNP variant discovered in the study (8). Now that we have established that there is a likely link between abnormalities in genes encoding the endocannabinoid system and the manifestation of ADHD symptoms, the questions remain: Can we integrate these findings into our previous theories of ADHD, and how might we take advantage of this knowledge pharmacologically?

The Cannabinergic/ Dopaminergic Relationship

As mentioned above, the theories of ADHD which have been around the longest and gained the largest followings in the scientific and medical communities are those which involve dysfunction in the catecholamine systems, which include the dopaminergic systems of the brain (11, 20). In support of these theories, variants of several genes encoding for parts of the dopaminergic systems have been implicated in ADHD. These include the genes encoding for the DA transporter (DAT), the D4 and D5 DA receptors, DA beta-hydroxylase (the enzyme responsible for converting DA into NE), catecholamine-methyl transferase (the enzyme responsible for converting NE into epinephrine), and MAO-A (the enzyme which deactivates NE and 5-HT and one of two enzymes responsible for the deactivation of DA) (9, 20). Variants in the NE transporter gene have also been observed (4). These genetic associations are backed by numerous findings of physiological abnormalities associated with ADHD such as up to 70% more DAT activity in the brains of ADHDers compared to controls (21, 22) and depleted DA and NA levels in the prefrontal cortex (PFC) and striatum of ADHDers (9). When these abnormalities are addressed such as with NE transport inhibitor, Strattera, or with the psychostimulants like methylphenidate (DAT inhibitor) and amphetamines (stimulation of DA release, and inhibition of both DAT and MAO (23)) most ADHD symptoms are improved (1). In light of all, this it makes sense to ask how administration of a CB1 agonist like WIN or THC might affect DA levels throughout the brain given the ability of these drugs to improve symptoms of ADHD.

There are several lines of evidence suggesting CB1 activation might modulate dopaminergic functioning. To start with, the distribution of CB1 receptors appears to over-



lap with that of D1 and D2 receptors in several brain regions. In the striatum, CB1 receptors are co-localized with both excitatory D1 receptors and inhibitory D2 receptors, whereas in the hippocampus they were only found to be associated with the D2 receptors (24). This finding alone might not mean too much other than that the two systems might interact. A team investigating if the sedating effects of CB1 agonists like THC could be alleviated by activation of either the D1 or the D2 receptors found that administration of D2 agonists alone appeared to have little effect, whereas co-administration of a D2 receptor agonist with a CB1 agonist produced marked sedation over the same dose of CB1 agonist alone. Furthermore, it was possible to lower the sedation threshold for CB1 agonists by co-administration with a D2 agonist, meaning it took less THC to induce sedation. Co-administration of a D1 agonist with the CB1 agonist appeared to produce no significant interactions (25). Therefore, when cannabinoids are taken with either non-selective DA agonists like cocaine, methylphenidate or amphetamine or more selective D2 agonists like Zyprexa or Seroquel, a synergism of sedative effects may be observed. The use of such a combination could lead to a reduction in the size of psychostimulant dose required for people with ADHD-hyperactive type. Single acute doses of THC have also been found to result in a downregulation of D2 receptor

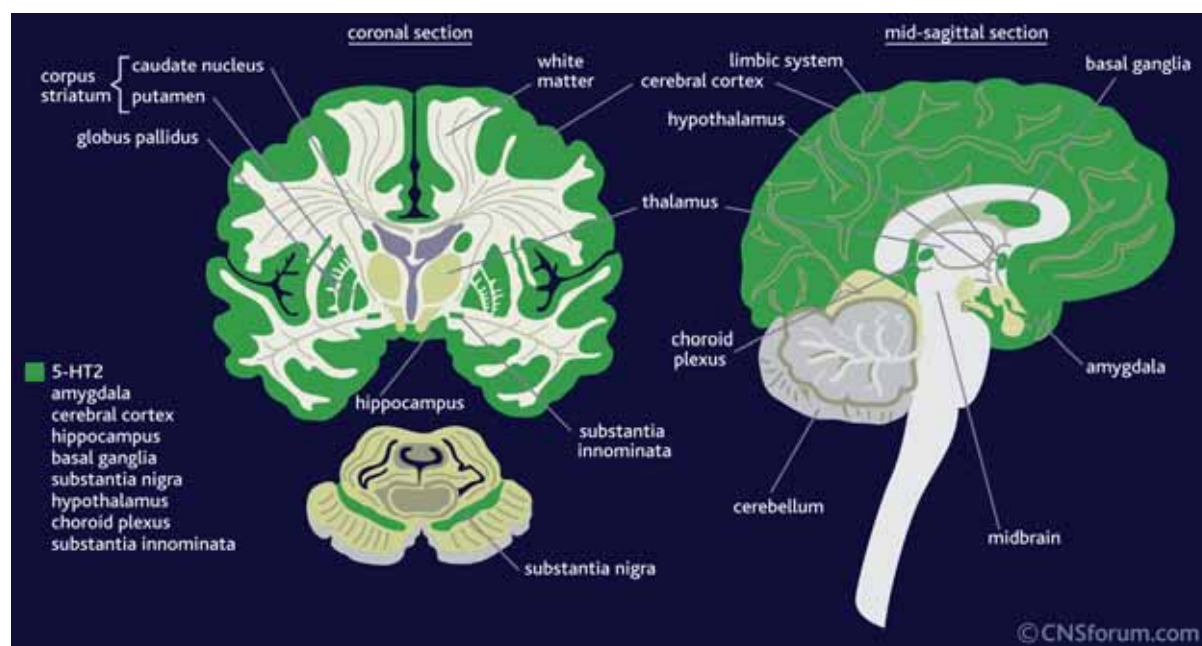
densities in the striatum at low doses and in downregulation of D1 receptors in the limbic forebrain at both high and low doses. Although their densities were reduced, no changes in the binding affinities of either type of DA receptor were detected in this study (26). DA receptors are also downregulated in humans with ADHD following stimulant treatment, an effect which correlates with improvement in ADHD symptoms (27).

In some cases, receptors can physically link into a larger receptor group with differential properties from either receptor expressed on its own. These structures are called heteromers. In heteromers of the CB1 and D2 receptors co-expressed in the striatum, the D2 side of the heteromer appears to have a reduced binding affinity. On a behavioral level this means that the hyperactivity produced by administration of D2 agonists can be significantly reduced or even blocked by administration of doses of CB1 agonists which do not effect locomotor activity when taken alone (28). Administration of THC can also stimulate the release of DA in multiple locations in the brain. Early investigations into how THC

might alter the dopaminergic systems of the brain only found hints suggesting elevated DA levels following use of THC. Indications of increased DA release following administration of THC have been found both in the form of an increase in relative DA levels compared to one of its metabolites in the hypothalamus and from evidence of increased DA-induced inhibition of prolactin in the blood stream (26). Another study has also found evidence implying an increase in DA release in the PFC following administration of THC (29). This last finding is especially important because the PFC has been found to play a critical role in behavioral regulation and the regulation of attention. A functional PFC is required for effectively divided attention, maintaining attention over a delay, and successfully inhibiting distraction. The PFC of the right hemisphere is especially responsible for top down behavioral control. Lesions to the PFC produce a nearly identical profile to ADHD including poor planning, impulsivity issues and hyperactivity. Interestingly, both too little PFC-catecholamine activity (sleepy or being sick) and too much PFC-catecholamine activity (stressed or

excited) produce very similar behavioral issues. The role of DA in the PFC appears to be in the regulation of “noise” in the cortex. Moderately activating D1 receptors in this region therefore results in a reduction of stimulation of this region. On the other hand, stimulation of NE release in this region increases signal strength. Changes in PFC/striatum interactions in particular appear to play a role in the expression of ADHD symptoms (30). For example, too little PFC activity can result in a disinhibition of the striatum and resulting ADHD symptoms, whereas moderately stimulating both DA and NE activity in the PFC improves ADHD. This finding lies at the center of the “lack of top down control” theory of ADHD, which posits that individuals with ADHD are unable to exert appropriate executive control over their own behavior.

More recent investigations into the effects of THC on PFC-catecholamine tone have found more direct evidence of enhanced DA and NE release in the PFC than the simple hints of this reported in earlier studies. In 1997, Jentsch, Andrusiak, Tran, Bowers and Roth ▢



found that THC increased both DA and NA activity in the PFC. The authors suggested that this could be responsible for some of the detrimental cognitive effects of acute cannabis use in healthy individuals (31). This year, THC was also found to produce marked increases in release of DA in the striatum (32). This effect of THC on dopaminergic tone in the striatum is shared with methylphenidate, Adderall and the other amphetamines used to treat ADHD. Novelty/stimulus seeking is another trait associated with ADHD and may be neurologically related to delay aversion. Novelty seeking appears to be induced by activation of the medial PFC region known as the infralimbic cortex which in turn stimulates dopamine release in the ventral tegmental area (VTA) via a brain structure known as the bed nucleus of the stria terminalis (BNST) (33, 34, 35). The axon terminals of neurons originating in the infralimbic cortex and extending into the BNST contain presynaptic CB1 receptors which when activated by a cannabinoid agonist like THC result in an inhibition of infralimbic cortex mediated activation of DA containing VTA neurons (35). One result of activating these particular CB1 receptors should be a reduction in novelty seeking behavior and may also account for the sense of complacency and ambivalence to less than satisfactory surroundings or circumstances which can accompany daily cannabis use.

In a similar process, catecholamine-containing pathways in the amygdala, hippocampus and primary somatosensory cortex can be modulated by activation of pre-synaptic CB1 receptors located on GABAergic and glutamatergic interneurons interfacing the PFC with the mid-brain. Interneurons are the traffic lights of the brain's information super-highways. GABAergic interneurons are the red lights and glutamatergic are green. Informa-

tion transfer slows down when the red lights come on and speeds up with green lights. If one of these interneurons interfaces with a post synaptic neuron which thinks the interneuron is doing its job too well, the post synaptic neuron has some recourse. On demand, the post synaptic neuron is able to release endocannabinoids by metabolically extracting them from the phospholipid structure of its own cellular membrane. When these endocannabinoids have reached a high enough extracellular concentration, they eventually bind to the presynaptic CB1 receptors on the axon terminals of the interneurons telling them to chill for a bit. This process is known as retrograde synaptic messaging (36, 37, 38). In 2000, The Neurosciences Institute of San Diego, California, published a report that the anandamide transport inhibitor AM404 — the active metabolite of Tylenol responsible for much if its effect — dose-dependently inhibited the hyperactivity associated with D2 receptor agonists without inducing signs of cannabinoid intoxication. This was achieved through a CB1 mediated mechanism. This same report indicated that AM404 was also able to reduce expression of the hyperactivity usually observed in adolescent SHR rats, our previously discussed animal model of ADHD (39, 40). In a mouse model which simulates some of the symptoms of ADHD, anandamide levels in the striatum are reduced. Increasing availability of anandamide through either inhibition of the anandamide transporter with AM404 or through inhibition of FAAH, the enzyme responsible for the metabolic breakdown of anandamide, reduces spontaneous hyperlocomotion in these animals. In this case, anandamide produces this reduction in hyperactivity via binding to the TRPV1 vanilloid receptor and not the CB1 receptor (41).

If an electrode is placed in the reward pathway in the midbrain

and a small electric current is sent through the electrode, DA is released in the pathway which produces a rewarding sense of pleasure associated with many drugs of abuse, including cocaine and morphine. Administration of such drugs will decrease the reward threshold of the electrical stimulation and increase the reward potential of the stimulation, in other words, increasing the incentive salience of the electrical stimulation. Interestingly, the administration of CB1 agonists like WIN and AM404 do not produce this potentiation of the electrical stimulation of the reward pathway. At higher doses, they even seem to actually inhibit the incentive salience of the electrical stimulation. Furthermore, both WIN and AM404 have been found to reduce the reward facilitating properties of dopaminergic agonists like cocaine. They are also able to reduce cocaine-induced hyperlocomotion at doses which do not significantly affect locomotion when administered alone. These inhibitory effects of WIN and AM404 on the DA linked effects of cocaine appear to be mediated through the CB1 receptor (42). Considering the highly addictive nature of psychostimulants like cocaine, methylphenidate and the amphetamines, being able to reduce their reward potential could be very advantageous when using them in the treatment of ADHD. For example, formulations of methylphenidate could be made which included AM404, thereby reducing the chance that excessive use would be associated with a sense of reward (a.k.a. a positive experience). At the same time, the AM404 would help reduce the anxiety-like effects produced by methylphenidate in some people. Indeed, moderate/intermittent users of cannabis who had ADHD and were receiving treatment for cocaine dependence were found to have better treatment retention rates compared to their counterparts who did not use cannabis or

used it heavily. In other words, moderate cannabis use appears to improve treatment outcome for cocaine dependence in individuals with ADHD (43).


Not all the positive benefits of cannabis consumption on ADHD symptoms may be due to THC. Other constituents of the cannabis plant, such as the atypical antipsychotic drug cannabidiol (CBD), can modulate the endocannabinoid levels. Although it is a weak reverse agonist at the CB1 receptor, meaning it binds to the receptor and activates it to produce the opposite pharmacodynamic effect of THC, CBD is also capable of inhibiting both the anandamide transporter and metabolic breakdown of anandamide via inhibition of FAAH. Cannabidiol therefore increases the availability of free intercellular anandamide. Cannabinoids like CBD may also be beneficial to ADHD because they are strong antioxidants and as such are neuroprotective (44). Some findings suggest that oxidative stress, specifically lipid peroxidation, may play a role in ADHD (45); however, this has not been universally confirmed (46).

ADHD as EFA Deficiency/Phospholipid Dysfunction

The concept that many developmental psychiatric conditions like ADHD, dyslexia and autism might be relate to either essential fatty acid deficiency (EFAD) or phospholipid dysfunction first really started to gain support in the scientific community around the turn of the millennium (47). Phospholipids are the primary structural component of cellular membranes and they are mainly comprised of a phosphate group and two fatty acid tails. Fatty acids are metabolic derivatives of the EFAs like the omega three, six and nine essential

fatty acids. What quantifies some fatty acids as “essential” is that the body cannot manufacture these building blocks of other fatty acids from raw materials and so they must be included in the diet. Foods rich in EFAs include fish, shellfish, most nuts, and some seeds especially hemp and flax. One important group of fatty acids and fatty acid metabolites include the fatty acid metabolite of Tylenol, AM404, and the endocannabinoids like anandamide and 2-AG. It has even been demonstrated that eating a diet rich in the right EFAs, for they aren’t all equal, can actually increase free CNS endocannabinoid levels by as much as tenfold (48). Any metabolic dysfunction in the processes between EFAs and phospholipids and from phospholipids back to fatty acids could present as symptoms of EFAD and would affect the endocannabinoid system. In 2004, researchers at the University of Guelph in Canada found significant changes in fatty acid levels of both the blood serum and the cellular membrane of red blood cells taken from adults with ADHD compared to their healthy counterparts. Most of the polyunsaturated fatty acids were lower across the board while monosaturated fatty acids and saturated fatty acids were increased in the serum and cellular membrane respectively (49). These findings were confirmed in 2006 by Antal, et al., who also found that children with ADHD had higher rates of excessive thirst and skin conditions like eczema which are strongly associated with EFAD (46). Phospholipids and the fatty acids they contain make up most of the mass of the brain and a neural imaging study has found lower neuronal membrane levels of specific phospholipids in the PFC and the basal ganglia of children diagnosed with ADHD (50). Some evidence indicates that omega-3 fatty acids are not particularly affected in ADHD rather the omega-6 fatty acids, from which arachidonic acid and its metabolite anandamide are

produced, are implicated in ADHD related changes in fatty acid and phospholipid levels (51). One potential source for these changes may be due to oxidative stress in the form of lipid peroxidation. Indeed, a meta-analysis of previous research found evidence of significant lipid peroxidation in ADHD and several other closely associated psychological conditions (45). Another selling point to this approach to ADHD is that unlike dopaminergic dysfunction, blood levels of endocannabinoids mirror their levels in the brain such that evidence of CNS endocannabinoid dysfunction should appear in the blood. Furthermore, a mechanism has been discovered that allows the CB1 receptors in the blood to cooperate with CB2 receptors in the CNS to drive the transport of anandamide and other endocannabinoids in a unidirectional fashion across the blood-brain barrier allowing the circulatory system to act as a reservoir of endocannabinoids for the brain (52); thereby, allowing increases in endocannabinoid and endocannabinoid precursor serum levels to drive up CNS endocannabinoid levels as well. Although they would not address all symptoms of EFAD or phospholipid dysfunction, the symptoms which were related to changes in endocannabinoid levels would be addressed by exogenous cannabinoids like THC, CBD, and preparations of whole cannabis.

Now, as mentioned before, when it comes to EFA supplementation for individuals with ADHD, not all EFAs or sources of those EFAs are equal. First off, the research team from the University of Guelph tell us that sources which contain more omega-6 fatty acids like arachidonic acid and its precursor, linolenic acid, may be preferable to omega-3 fatty acids. Borage, evening primrose and hemp seed are all significant sources of these omega-6 fatty acids, with borage having the highest percentage of omega-6 fatty 

acids to total oil content. Flax seed, on the other hand, contains almost exclusively omega-3 fatty acids and appears to provide minimal improvement in children with ADHD (53). Another study found that administering omega-3s in the form of phospholipids was significantly more effective at decreasing saturated fatty acid levels in cellular membranes when compared to omega-3s in the form of triacylglycerols (fish oil). Improved scores of attention only significantly correlated with changes in fatty acid levels in the group given omega-3 containing phospholipids and not those who received fish oil (54). Phospholipids are found more in meat than in oil and sources containing high amounts include chicken heart and seafood like krill, Atlantic mackerel and herring. Good sources with more moderate amounts of these specific phospholipids include tuna, dark chicken meat and chicken liver (55). Monitoring the ratio between arachidon-

ic acid (AA) and the long chain fatty acid eicosapentaenoic acid (EPA) and adjusting intake of EPA containing phospholipids so that the AA:EPA ratio is about 1.7 in individuals with ADHD appears to provide the most benefit from EFA supplementation (53, 56). Low dietary intake of omega-3s during gestation and early life are associated with reduced levels of omega-3s in the brain of males and with ADHD-like cognitive/behavioral impairments. Docosahexaenoic acid (DHA) levels in the CNS appear to be particularly affected. Reduced CNS levels of DHA may also be inversely associated with increased hyperactivity post-adolescence in these individuals (57). Therefore, maternal nutritional deficiencies may play a critical role in the development of some cases of ADHD, especially in boys. Such observations of nutritional imbalances in ADHDers asks the question: just how effective is targeted dietary supplementation at treating

ADHD compared to conventional treatments like the psychostimulants? At least one study has attempted to address this question and the results so far are quite promising. Using a shotgun technique, Harding, Judah and Gant, 2003, determined eight major risk factors associated with ADHD and constructed a nutritional supplement intended to address all eight risk factors as effectively as possible. This supplement contained "a mix of vitamins, minerals, phytonutrients, amino acids, essential fatty acids, phospholipids, and probiotics." Half the children in Harding, Judah, and Gant's study received the supplement while the other half received methylphenidate. Measures of ADHD symptoms improved in both groups to the same degree and in a nearly indistinguishable fashion (58). How I wish this supplement was commercially available!

"Won't Somebody PLEASE Think of the Children??!?"

Helen Lovejoy, *The Simpsons*

Some readers might think to themselves: how could anybody give powerful psychoactive drugs like cannabis and THC to children?

To me, the more immediate and important question is, how could anybody give psychostimulants like Ritalin, amphetamine and methamphetamine to children?

That said, perhaps you are right. Let us compare the side effect profiles for stimulants to Marinol, a.k.a. dronabinol.

Marinol

Common:

General weakness,
Forced, fast, or fluttery
heart rate, gastrointestinal
distress*



"(Amnesia), anxiety/nervousness, (ataxia) [a.k.a., difficult controlling movement], confusion, depersonalization, dizziness*, euphoria*, (hallucination), paranoid reaction*, somnolence*, thinking abnormal*"

*Incidence of events 3% to 10%

Occasional:

Hypotension, nonspecific muscular pain, diarrhea
"Depression, nightmares, speech difficulties, tinnitus"
flushing of the skin, vision difficulties

Rare:

Chills, headache, Anorexia, cough and sinusitis,
sweating

The THC in Marinol "is one of the psychoactive compounds present in cannabis, and is abusable and controlled [Schedule III (CIII)] under the Controlled Substances Act. Both psychological and physiological dependence have been noted in healthy individuals

receiving **dronabinol**, but **addiction is uncommon and has only been seen after prolonged high dose administration.**” Symptoms of severe overdose “include decreased motor coordination, lethargy, slurred speech, and postural hypotension. Apprehensive patients may experience panic reactions. The estimated lethal human dose of intravenous dronabinol is 30 mg/kg (2100 mg/70 kg) (59).” With a therapeutic threshold intravenous dose at approximately 0.01 mg/kg (0.7 mg/70 kg), that gives THC and cannabis a therapeutic index or index of safety of around 3000:1. That said, there has never been a confirmed death in humans from the administration of cannabinoids alone.

Let’s now compare this to Adderall, a mix of D-amphetamine and L-amphetamine salts. When looking up drug information on Adderall, this is the first thing you should see:

“AMPHETAMINES HAVE A HIGH POTENTIAL FOR ABUSE. ADMINISTRATION OF AMPHETAMINES FOR PROLONGED PERIODS OF TIME MAY LEAD TO DRUG DEPENDENCE AND MUST BE AVOIDED. PARTICULAR ATTENTION SHOULD BE PAID TO THE POSSIBILITY OF SUBJECTS OBTAINING AMPHETAMINES FOR NON-THERAPEUTIC USE OR DISTRIBUTION TO OTHERS, AND THE DRUGS SHOULD BE PRESCRIBED OR DISPENSED SPARINGLY. MISUSE OF AMPHETAMINE MAY CAUSE SUDDEN DEATH AND SERIOUS CARDIOVASCULAR ADVERSE EVENTS.”

Side effects of Adderall:

Heart attack, Hypertension, Fast fluttering heart rate, Sudden death, Overstimulation, Restlessness, Dizziness, Insomnia, Euphoria or dysphoria, Depression Tremor, Headache, Stroke (compare this to cannabinoids, which are neuroprotective during stroke), Seizure, Psychotic episodes at recommended doses, GI disturbances, Anorexia, Hives or rash, Anaphylaxis (Anaphylactic shock can lead to death), Toxic epidermal necrolysis, Impotence/changes in libido, Aggression, Disturbances to vision

“Amphetamines have been extensively abused. Tolerance, extreme psychological dependence, and severe social disability have occurred... The most severe manifestation of chronic intoxication is psychosis, often clinically indistinguishable from schizophrenia.” There is a long list of contraindicated drugs with the use of amphetamines. In a randomized study, Ritalin was found to inhibit proper growth in children and it is believed all stimulants carry this risk. Overdose

induces “restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states, hyperpyrexia and rhabdomyolysis... nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning is usually preceded by convulsions and coma (60).” Amphetamines appear to have a physiological therapeutic index for acute oral doses somewhere around 50:1 to 100:1. For methylphenidate, it appears to be a bit larger at about 200:1. However, the psychological therapeutic index for both these drugs, as defined by the appearance of adverse psychological reactions in a majority of users, may be as low as 2:1 or 3:1, especially with non-oral routes of administration.

It should be immediately clear which of these two drugs poses the most risk. It should also be taken into account that like many other psych-meds such as Strattera for ADHD, Paxil for depression, and Zyprexa for manias/psychotic disorders, but unlike psychostimulants, the acute effects of cannabinoid based drugs will differ from chronic administration. Most psych-meds do not start working right away and take some time to reach equilibrium with your system before the full beneficial effects are observed. Furthermore, their acute effects can be quite disruptive and even disturbing for the patient taking them. Cannabis is no different in this regard. When used to treat psychological issues, cannabis can produce an unwanted acute intoxication which tends to diminish to tolerable levels or even disappear with chronic administration. Cannabinoids also do not produce the severe and even potentially fatal withdrawal syndrome seen with so many of the other addictive psychoactive medications like the antidepressants and antipsychotics. Although a cannabinoid withdrawal syndrome does occur in some patients, it is generally mild and easily tolerated.

Conclusion

Let’s imagine you wake up one day and find you have a condition which, if left untreated, may significantly reduce your general success in life, as well as your overall quality of life. Or better yet, your child is diagnosed with this condition. Do you choose the treatment which, at recommended doses, can induce irrational outburst of anger and aggression, severe panic attack, stunted growth, psychosis, sudden death, stroke or heart attack? The treatment with a small therapeutic index and risk of severe addiction? Or, do you choose the treatment with minimal severe side effects, minimal addiction potential, neuroprotective properties, a huge therapeutic index, and which has never induced a single confirmed death when taken alone — even with severe overdose? If both treatments have similar success rates and induce similar degrees of improvement, ▷

the choice should be simple. The future of ADHD treatment, however, may start to move away from pharmacological intervention as a tier one treatment, opting instead to shoot for targeted nutritional supplementation based on individual genome and environmental risks. Treatment with pharmaceuticals would then take a back seat, only being used for the most severe treatment resistant cases. As you can tell, I've been thinking a lot recently about both the current state and the future of cannabinoid/endocannabinoid manipulation therapy for ADHD, and as I sit here loading this wonderful icon of the future my wife owns — her iPod — with the first episode of her favorite Canadian canna-comedy, while possible slightly overdosed on my meds (I'll never tell which one!), I have come to realize that quite possibly the future of ADD/ADHD med delivery may already lay in our hands. Something not much bigger than the recently speculated iPod touch 9" might be perfectly adapted for hypodermic spray delivery of one long term and maybe up to three short term meds for a healthy young adult. The drug could be in a pressurized format quickly degraded to non-active constituents when exposed to normal environmental conditions, and could only be administered on a given schedule. Depending on potency of the drug and frequency of administration, refills could last from a week to a month. There is a trend hypothesized by the show, *How William Shatner Changed the World* on the History Channel, which suggests similar recent oddities such as

this iPod itself were inspired by the mind of Gene Roddenberry and his *Star Trek* creations, so it's possible. On a related note, in the even more eminent future of the iPod, the line of devices will share stored apps and files on a much larger home portable hard drive devoted solely to this purpose. Apps capable of allowing the parental control of one or more slave iPod devices through encrypted passwords on a Master iPod are a logical next step. It would not take a huge leap from here to enable such a setup to allow parents the ability to monitor and control the drug delivery apps on their child's iPod. The age of the communicator is upon us, and as my cat says, the future is "Weow!"

Regardless of what the future holds, one thing is certain. There exists substantial evidence to back the anecdotal claims of the hoards of cannabis-using ADHDers for whom cannabis appears to offer symptomatic relief and improvements in quality of life. It is time we take them seriously. Risk of psychosis and sudden death syndrome should not be something parents have to face in order to improve the life prognosis for their child, especially when other less-dangerous options are both effective and available.

This work is dedicated to Jeffery Jefferies and his family.

For more information visit:

<http://www.jeffreysjourney.com/> 



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People with chronic pain are often challenged or misunderstood. They're frequently asked to prove objectively that they have an ongoing potentially disabling problem. Without a dramatic test result, they may be considered to be overreacting to their difficulty. This can cause trouble in interactions with physicians, family members and other relevant contacts.

Sure, there are malingerers exaggerating their symptoms for a free ride on disability insurance, a payout in a case of liability, or those seeking controlled drugs. There's a large group, however, of individuals experiencing pain and associated disability who are denied benefits or even simple validation due to lack of objective proof.

Many institutions are now considering "pain" as the fifth vital sign, (after pulse, blood pressure, respiration, and temperature). We don't have a test which is easily and readily available to measure pain like we do for blood pressure or serum chemistry parameters. Thus, we're left to measure pain by the subjective description of the patient who experiences it.

I believe we're about 40 years behind in our knowledge and understanding of pain compared to the science of depression and mood disorders. For those of us old enough to remember 40 years back, if someone was depressed it was considered something of an embarrassment; it was hush-hush, and others thought of these individuals as feeble-minded and overly focused on their problems instead of just picking themselves up and getting on with life.

Everyone now knows that, although there may be environmental stress triggers, depression is a biochemical "disease." There's an imbalance of neurotransmitters in the brain, i.e. serotonin. We use meds to help restore the neurotransmitter balance.

The fifth vital sign

We could really use some objective tests for pain

by Steve Blitzer, MD
From the Parkhurst Exchange
Vol.17, No.03, March 2009



declubz.com


A physiological disease

Chronic pain is also a physiological disease. There are biochemical changes in the nervous system and actual physical architectural alterations that occur in patients whose acute pain progresses to chronic.

Peripheral receptors may become overly sensitized by these chemical changes resulting in a reduced stimulus threshold for afferent input of pain to the CNS. Similarly, in the brain and spinal cord, alterations in multiple neurotransmitters will affect hyperexcitability of the relevant neurons and also reduce the effects of inhibitory pathways.

Neuroplasticity, the reorganization of neurons, is a positive physiologi-

cal process of ongoing rewiring in the CNS, which can also go awry and cause increased pain reception and feedback in prolonged pain syndromes.

The physical "disease" model is as relevant for chronic pain syndromes as it is for depression, and patients should be treated accordingly. 

Steve Blitzer, MD, DAAPM

practices family medicine in Thornhill, ON, and has a special interest in medical rehabilitation and pain management. He is on staff at York Central Hospital, Richmond Hill, and at St. Joseph's Health Centre in Toronto.

Living on Borrowed Time

by Tank



It's 1:23 a.m. and I'm awake. Guess that could be a good thing or not. In my case, it's an either/or.

Hi my name is Tank. I'm 47 and I have terminal cancer. I had a buddy that did two tours in 'Nam and was a POW for 4 years. He always said to me, "Any day you wake up, the rest is cheesecake." Chris, I'll always miss your advice. As I clear the various Oxy-codone or Oxycontin webs from my head with some coffee, I hope you have some as well. I'm going to tell you four years of Hell; the life of a cancer patient. This all started out for me in the early summer of 2005. I found a small lump just under my jawline, on the left side. I didn't think anything of it, so I called my general practitioner and showed her the bump. She wasn't too sure what to make of it, so I went on antibiotics and the thing went away, only to come back a year later on the right side of my neck. So off I go to see a Dermatologist. She suspects something isn't right, and gets me set up for a "Soft Needle Biopsy." Folks, let me stop here and tell you one thing — **THERE IS NO SUCH THING AS A SOFT NEEDLE.** Believe me! I've had more stitches put in me than a baseball.

Well, the biopsy comes back as Squamous Cell Carcinoma. I make arrangements to see a

Cancer Surgeon. He tells me it has to be cut out, but then I shouldn't have any more worries. I'm now set, and a little scared about surgery. He operates and splits my neck open, my head tilted back like a Pez dispenser — his words, not mine — and removes the black gunk and a lot of Lymph nodes from the right side. I do a day at the hospital and two weeks later the staples come out. Brass staples aren't any fun, either.

I then get set up for my first round of radiation. 43 one hour-long sessions, fouled me up bad again. Lost my sense of taste, which is a terrible, terrible thing to have happen. I managed eight of those, and quit when my tongue started to swell up and bleed. Six months go by, and I have a follow up with my Derm. She now doesn't like the looks of a mole on my left arm that has separated from itself — yet another biopsy.

It's Melanoma skin cancer. A bad one, too. So I'm off to see a plastic surgeon, because the area is so huge: 6 inches by 4 inches across. He plans a surgery and it's removed, and so is most of a very cool tattoo I got when I got my second black belt. Off to yet more radiation treatments, 48 20-minute sessions this time. Again, I lose my taste buds and my poor full beard, and now my neck muscles hurt, my tongue is swelling a

bit and I have radiation burn marks on the left part of my neck due to the treatments. I eat what and when, if I can. Pain pills do wonders, but will kill an appetite very quickly. I proceed to have a few more follow up treatments until one day, the back of my neck hurt like a badly-pinched nerve... I go talk to my G.P and she sets me up for an MRI. This is a machine with a huge, round magnet, that will pull your fillings out if possible. I get the scan done, which takes approximately two hours. The cancer is back with a vengeance, and I get set up for surgery again. This one was the big nasty, seems this cancer doesn't like being treated if caught rather late, it tends to move if it can.

I have my surgery set up, and this time, they worked my skinny arse over. I had my jugular vein on the left side removed (Didn't know that could even be done), all of the lymph nodes removed (About 200 of them) and about 25% of the muscle along the side and back of my neck. They then wheel in a radiation unit to zap my neck while it's exposed. Because my surgeon had to remove my jugular vein, he had to open my chest on the left side and physically detach my chest muscle from the ribcage and push it up under the skin, before attaching it to my left lower jaw. Anybody wincing yet? 85 to 90 brass staples go in to

close me up, and now I have 4 very long rubber hoses coming out of me like a lab rat. Somehow, I convinced my doctor to let me out of the hospital the next day. I can be persuasive when I have to be.

My dear wife Sandy is going to take care of me at home. She's got a heart of gold, this woman does, and I am no easy patient when it comes to being in pain. By now I'm eating 12 to 18 Oxycodones and Hydrocodones per day to deal with the pain. She forces me twice a day to get up and walk and to eat. She really had to bust my butt to eat, I went from 187 lbs. down to 135. Again pain pills are no fun. My wife even took gentle care of the drainage tubes in my chest. I couldn't have done it myself. I'm a wuss at times.


Back to radiation again for another round of 45 daily treatments — while still pulling a 40 hour work week. I actually had a job I liked, I was finally a baker. We get me fixed up and to a point where I can be trusted to be by myself at home, just me, my dog and the four cats. I go back for another followup. Guess what? Yep, the cancer is back again in my shoulders and neck.

By now I've gone through three sessions of radiation and two rounds of chemo. I am now set for yet another and final round of chemotherapy. This is going to be a bad one: I'm required to have a two hour-long chemo session each week, and then every third week I get two chemo drugs in a treatment that will take about five hours to complete. The last round was nasty enough, with the pains I would get after the steroids wore off. This round will make me go completely deaf. I have 40 per cent hearing (with tinnitus) in the right ear and have 60 per cent hearing in my left ear. I was not born under a good sign. I current-

ly have two large tumors on my shoulders and a large open one very near my left arm pit. Sometimes, the pain actually overrides the pharmaceuticals I'm taking.

That's when I turn to my other meds. I have been enjoying the advantages of marijuana for over 30 years. I'm not a slacker, nor your "typical" stoner. Granted, what I used to do for fun is now my pain and sleep meds. I'm a heavy indica smoker when I can get it or grow it out. I live in the U.S., but in the redneck section of the country and there's no way this state will allow Medical Marijuana to become an issue. Those of you that live in one of the 13 states here that allow Medical Marijuana use — congrats to you all. The rest of us can only hope and strive to be as fortunate. Until then, I must fly under the radar and try to live out the rest of my days without causing ripples in the big pond of life. My Oncologist knows I smoke. He's even given me Marinol to help stimulate my appetite, which hasn't really helped much but will let me pass a pee test, haha. My Oncologist isn't too hip about my condition and is trying what he can to keep me alive and still have a quality of life, something which a lot of doctors don't seem to care much about. I try to do what I can with the use of only one arm, and help out around the house when I'm able. Most days are just an Oxy haze and depression-

filled. This may sound funny to some of you, but I wish you an early Christmas because I probably won't be here to enjoy mine with family and friends. I would like to thank the friends I have made here at TY, for their moral support and other great kindnesses. I wish nothing but the best for all; these folks have been there and especially both Twisted Sister and Mamahawk6, love you ladies. DoobieDuck, for his inspiring pictures and courage. Netbuddy, for putting this project in my head. Sevens, Red Sky, Rynvllien, Someoneguy, My big Bro Lowkon XC — thanks for the help and encouragement. And a big hug and "love ya more" to my wife of twelve years, Sandy. I am so sorry you have had to deal with this...

You're my bestest friend. And to my daughters Diane and Jen, son Lonnie and my grandsons, Tim, Isaac & Keil (Whom I'll not get the chance to watch grow old and stumble through the early stages of their lives) — peace to you all on your various journeys. May your god go with you. Peace. Tank. 



Who is Pinky?



Pinky is personally fighting for the right to allow medical cannabis users to be able to self-medicate without fear of arrest or prosecution and he continues to support all users of cannabis.

I'm Pinky and I would like to tell you a little more about myself. I'm 34 years of age and a sufferer of chronic lower back pain. In 1999, my lower spine collapsed and the result was that I was left in a wheelchair until I could obtain pain relief. The pain was unbearable. It took two and half years for the NHS to provide me with a diagnosis for my condition. It turned out that I had ruptured discs in my lower back and other IVD degeneration. This, in turn, caused bilateral pressure on my Sciatic nerve which affected the use of my legs. I have never stood fully upright since.

It's hard to put into words the pain I suffer as a result of my injuries, it really is. The only way to describe it is if I were to ask you to imagine you had a knife embedded at the base of your spine. This in itself is a painful enough thought already, but now imagine that each subse-

quent movement of your spine results in feeling like the knife is being pushed deeper and deeper. It took me some time to get to grips with my disability as you can imagine, all the while suffering such chronic pain.

In 2003, I was hit from behind by a car and suffered further damage to my spinal chord. The gentleman driving the car that struck me was a pensioner with thick black glasses. He gave up driving after this accident as he admitted he was in the wrong. As a result of the RTA, I have been diagnosed with a damaged spinal chord (Syrinx) and Facet Joint Syndrome, meaning that I can't use my arms properly through constant pain.

Only cannabis relieves my pain to the extent where I have improved use of my arms.

The morphine I am prescribed only takes the edge off most of the pain I am in. The anti-epileptic drugs they provide make me feel sick to my core and negatively effect not only my body but my mind too. I've reached the point of being suicidal

through pain and depression on a number of occasions now and it is hard to describe why you go down that route; but you do. The constant exposure to chronic pain can drive such thoughts into your mind.

Without cannabis, I am bed ridden and I'm even unable to breathe properly as the movement, no matter how subtle, causes me to cry with the pain. I have even asked my doctor about euthanasia, but she was unable to help me at all. When the pain hits home, you will do anything you can to relieve it. It's not only life affecting, but life changing.

I'm someone whose only experience with synthetic drugs is as a result of my pain and I have been spoon-fed this diet of chemicals since my injuries happened. I'm forced to

I am currently prescribed the following medication and have to consume this to take the edge off the pain.

Lansoprazole (30mg per day).

Celecoxib (400mg per day).
It's interesting to note that this drug is banned now, unless you were prescribed it prior to the change in legislation. There has been no drug to replace it that has the same effects.

Baclofen (60mg per day).

Tramadol Hydrochloride (400mg per day).

Gabapentin (1800mg per day).

Oramorph (Morphine)
Steroid (150mg, as required).

Every single dose is killing me.

take morphine as I simply cannot cope with the pain I suffer from. Cannabis removes the need for me to take this drug.

Cannabis is the only substance that enables me to get up and out of bed and the only one that stops me from having to face this unbearable pain all of the time. I cry constantly through chronic pain without it.

Why must I and others have to live as criminals because the government can not see the efficacy of Cannabis as others can? Why can I not get this medication through the NHS, even though NHS doctors say I need it?

Chronic pain suffers such as myself have been given a license to use Sativex spray, but why should we pay the pharmaceutical companies over £200 for a synthetic substance that is found in its natural form in Cannabis? If I could afford Sativex, I would have to consume alcohol as it is an alcoholic suspension. Why should I have to do this when I can obtain medical Cannabis from a

dealer and I can make my own non-alcoholic tincture? It is taken the same way as Sativex (sublingually) but actually costs a fraction of the private prescription fee needed to obtain it. I also use cannabis in the form of a cream and can vapourize it to provide me with the pain relief I need. Cream and tinctures are not available with private prescription and I can't afford to line the already-bulging pockets of the pharmaceutical companies — especially when I can make my own medicine far more cost effectively.

I have written to the office of 10 Downing Street to raise my concerns but have had no response to date.

I have had medical backing for the use of cannabis and as soon as my GP or Pain Specialist can prescribe Sativex spray via the NHS, they will.

My GP provided me with 4 vials of Sativex when it first became available. On the very next day, the licensing laws were changed to allow only named people suffering with MS to receive this medicine. Until there is a change in the law, I am unable to get it. This is even despite the facts that my GP, MP and Acute Pain Specialist have written to the licensing board requesting I be allowed Sativex via the NHS.

This is not an acceptable situation to be in and I have just about had enough.

We must fight to help each other be free from pain where we can, until the day that we can grow our medicine or obtain it from licensed medical distribution outlets. We must push the government to make the changes to the law that allow us to be free from a life spent in pain and as criminals.

Since February 2008, I have been involved in the delivery of a petition to 10 Downing Street and have even smoked a joint on the front door step of number 10 in protest

of the ridiculous UK cannabis laws. Over 5000 signatures were handed over to the 10 Downing Street on the 25th June 2008.

The Home Office responded with a letter telling me to go and get cannabis from my doctor as it is available for people who suffer with pain. On the advice of HMHO, my doctor re-applied for the Sativex spray and it was refused yet again! Even upon appeal, the NHS would not allow it.

Collecting petition signatures in a street is my right and is protected under my basic human rights. It seems that the police will let anyone collect petition signatures in any town, apart from those that involve Cannabis. Why is this I wonder? I wish I knew the answer.

From my experience of collecting the petition signatures in the street, I have had many problems from the police. So much so, I have brought the actions of local police officers to the attention of the Independent Police Complaints Commissioner. My complaints resulted in four counts of infringing my human rights, two counts of unlawful use of their uniform and blatant discrimination. The outcome of this is the police have admitted mistakes have been made and yet no disciplinary proceedings have been exercised against the officers involved.

I have been told to continue collecting signatures on the petition, even though they know it was handed in as it was months ago. I am still awaiting a letter of apology from them for hampering the democratic process and infringing on my human rights.

I organised a protest in Whitehall (opposite Downing Street) in June. Gordon Brown had ignored my letters beforehand and I simply wanted to pose the question to him again, but this time in person. I still await a simple answer from the government to this question ▷





HOW DO YOU LIKE IT WHEN WE TURN OUR BACKS ON YOU MR BROWN?

This was asked in a cheeky manner with the letters making up the question emblazoned across our backs and a picture being taken. This picture was forwarded to Gordon Brown and taken in view of Downing Street. The police closed the centre of London to all traffic while we performed this stunt and to allow us to do it legally.

The protest went well in London. We laughed and smoked cannabis all day with the police present. They fully supported our cause and said that cannabis should be made legal for all. Some of the officers present at the event admitted to using cannabis themselves before they joined the Police.

Whilst I was busy campaigning for the right for people to be able to self-medicate without the fear of prosecution, MP Jacqui Smith decided to call for the re-classification of cannabis in the Commons. By pursuing this, she ignored the government's own experts including the ACMD (Advisory Council on the Misuse of Drugs). The ACMD recommended that cannabis should remain as a Class C substance. This was purely based on the toxicological analysis and expert testimony.

She stated in her reclassification speech that medicinal users of cannabis who constantly write to her claiming they spend hundreds of pounds a month alleviating their

symptoms should go and get more help from the NHS, or be prepared to face 5 years in prison. This speech hurt many medical users deeply, and showed the clear ignorance and prejudice she clearly employs in her role as the Home Secretary. She refuses to face scientific fact and legislate according to evidence, and she also laughs in the face of sick people.

I called a protest in Jacqui Smith's home town and constituency of Redditch in October 2008. Both medicinal and recreational users turned up to this event to show their support for the legalisation of cannabis. Simply based on the contemptible attitude Ms. Smith displayed, we decided to let the good people of Redditch know the truth about cannabis and how little she cares about people suffering in her own country. It is my fondest wish that this cost her votes and her seat, as people realise how unsuitable she is as their representative in Parliament.

We also asked Jacqui Smith this question:

The next protest will be on the 28th January 2009 in Parliament Square and will begin at 10am. Please donate if you can to show your support as this will keep these protests running.

I have been left by this government to strike deals with street dealers, simply to obtain any cannabis at all, must less medical-grade cannabis. I constantly run the risk of being poisoned by contaminated cannabis and ruining what is left of my health. Anything I can find that's halfway suitable is extortionately

priced and results in a far greater cost to myself and my family.

Why not give me a licence so I can grow my own medicine? This way I don't have to face gang members just to cure my pain. It's easier to find clean heroin and clean cocaine on the streets of the UK than it is to find cannabis free from harmful adulterants!

A licence allowing me to cultivate Cannabis for my own personal medical requirements would cost far less than constantly having to purchase contaminated Cannabis or even Sativex. And it would cost the NHS and the UK Treasury nothing at all.

As it stands now, I'm unable to find the medication I need and any money I would use to buy cannabis has to be used to fund the protest and fight my own ill-informed Government. I have already lost over four thousand pounds I had saved. I was going to use this to buy an MPV that could be adapted to accommodate my wheelchair. I currently have to use an old trailer to carry my wheelchair in. This is not particularly suitable for towns where you can't park a trailer, such as Weymouth, Poole etc. This is what I'm personally having to endure just to get the help the NHS agrees I need.

Most of the cannabis we get in the UK is contaminated, with engine oils, diesel, plastics, Ketamine (a powerful horse tranquiliser), and many other carcinogenic materials. You don't find these materials in our food stuffs so why should I have to endure this as my medicine? Unless the government takes action

on this contaminated cannabis, the national health will continue to be affected. The Government has tried to hastily find evidence of a link between cannabis and mental illness. The ACMD has concluded that this is not the case with cannabis alone. Maybe there are fresh instances of mental health illnesses due to the toxins people are forced to use? When was the last time anyone studied the effects of smoking Ketamine or Diesel with regards to the development of mental illnesses? It's not the cannabis causing psychosis, it the toxins from low-grade cannabis. Since when can this be considered a pragmatic harm reduction policy? How is the government looking out for the public good?

Cannabis contaminated with Grit (otherwise known as Grit Weed) has already put me in hospital after I unwittingly smoked it. These days, not even sensimelia or herbal cannabis is safe from adulteration. All cannabis users need affordable and clean access to this life-altering drug. Without cannabis, euthanasia is my only option in life. My only release from the pain I am in. Some grit weed I obtained locally was later found to be sprayed with ground glass. Adding artificial weight to their Cannabis means more money for them. Meanwhile, as an end user it affected my mouth and lungs and left me in severe spasms and doubled up in pain. It was almost like I was having painful, uncontrollable fits.

We continue to have to rely on this rubbish off the streets because there are no licensed cannabis coffee shops in the UK. I know people who wish to open a coffee shop business and could do so viably. They would still be able to undercut the street dealers who sell poison, despite having overhead costs such as premises.

There has never in history been a death from cannabis use. This is a fact.

Cannabis can cure cancers and does not cause them. This is a fact.

The government won't fund research into cannabis, as there is no money to be made in naturally occurring products. Whilst the pharmacology of cannabis is well known and documented to the hilt, it is impossible to patent it and for the pharmaceutical companies to reap money from it.

I have done all I can to stop the reclassification of Cannabis from class C to B, and to try and reverse the law. Many want to legalise Cannabis for medicinal reasons but I am now fighting for recreational users too. In times of dire need, they have helped me, so now it is time for me to help them where I can. The cannabis community is remarkably close-knit like this and people do look out for others, especially those in medical need. Where this government fails to do the job, we will do it ourselves. I will unite all and fight this unjust law.

Our government is allowing people who come from other UK countries to smoke Cannabis in bud form on our streets under the EU laws and the Schengen agreement.

This cannabis has been prescribed by doctors in Holland and elsewhere and can be possessed and used legally in the UK. We allow visitors to smoke cannabis in our country and we lock up our own citizens. Where's the justice in that? There is none – it's a crazy government with crazy laws.

As you know, I am giving all I can to this cause both personally and financially. I have a page on the Protest London website for people who can or would like to help me with funding. Please email me protestlondon@yahoo.com if you would like to sponsor or make a donation towards the costs of the protests. We do have a Paypal donate button at www.protestlondon.co.uk. We also hold specific fund raising events. The last was a raffle that

consisted of cannabis items, growing equipment and even webcams! We also run tombola complete with prizes, all to help raise funds needed for me to fight on. If you have anything you think we could use as a prize, please let us know!

Please, help myself and other cannabis users live our lives lawfully by getting these ridiculous laws overturned.

I am still waiting for the local Police Inspector to contact me over my complaint as he said he would do so within a couple of weeks. It is now months later and there has been no such contact from the Inspector. It's just another case of me being proven right and it being far too embarrassing for them to admit it.

I have been on Sky News in a live drugs debate and gained support from most of those who were against cannabis use at the start.

I want a debate with the government next. They have no choice but to relent and engage with me. They are my elected representatives.

I have been fortunate enough to find a fantastic Pain Specialist who appreciates the efficacy of cannabis and who isn't afraid to stand up and tell the truth.

I have been on the front pages of papers up and down the UK. Jacqui Smith has not been able to provide competent answers to my questions or to the press. This is the first time she has failed to give an answer to the Chief Press Reporter in her 19 year career.

The reclassification was quite simply a political move aimed at capturing the votes of people scared to death by the media. It was a posturing exercise of the most disgusting proportions, especially given the impact it has on you, me and all of us. ►

The fight goes on...



More information regarding the campaign can be found on the website. This includes information about myself, links to external sites, photos, posters and my letter to the Home Secretary. Videos will be released when edited.

My Face book page contains a whole host of information and photos from protests. Please search for Jim Pinky Starr.


There are videos available on You Tube under the username protestlondon08.

I highly recommend Pinky Vs the Police: Round 1. This shows me fighting to protect my human rights in the face of my local Police inspector. Those human rights were infringed upon and if you listen carefully, you can hear the Inspector promise to contact me.

Please email me

aceonejimmy@yahoo.com
or call 07796484707 (press only)

Regards Pinky Starr

Medicinal cannabis activist and
founder of
www.protestlondon.co.uk 



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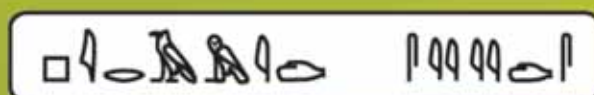


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Chronic Pain

and How a Simple Plant Gave My Life Back

Trevor Floth



Imagine this if you will: on a daily basis, incredible needle-like pain shoot down your legs, sharp throbbing pain hits your lower back, and sporadic muscle spasms control what you do on daily basis. Add limitations to mobility, decreased sexual function, limitations to what you can reach for, stoop down at, lift, or just plain do. Then apply this while trying to maintain a steady income and attempting simple daily tasks like loading the dishwasher, vacuuming, or taking out the trash. Sounds like fun, huh? Wait, not done yet! Add this pain to every day of your life, with a wicked repetitive nature, while losing precious sleep and gaining no ground... until you find a tool to combat this curse. This tool I am talking of is the plant of the genus *Cannabis*. But before I get to that, I want to talk about how chronic pain changed my life.

Personally, I have always sought the athletic, active lifestyle. Growing up I was very active, playing basketball, lacrosse, and street hockey while climbing to exceptionally high ranks in a couple of martial art disciplines. After school and jobs, surfing, hiking, mountain biking and martial arts anchored my will to keeping healthy. I was achieving what I wanted out of a physical workout and maintaining a healthy weight, lifestyle, and outlook on life. Sitting down is not a option for me, then or now, as I prefer being outdoors and working on a projects over being a couch potato. But, with every positive level of advancement and comfort, there is always a setback — enter my back injury.

Back Injury Threatens Career, and Wins

Horticulturalist by trade, I had never sheltered myself from hard work, and to this day, I still don't stray from it. True nursery work is damn hard work, and I loved it. It is not just physical, but can be very challenging and rewarding mentally. In all my nursery jobs, I was always the head guy to go to. My knowledge in horticulture, and botany, as well as commercial agriculture and organics, set a popularity note upon the public and private industry, especially as I always went above and beyond the call to get the right information and application to the customer.

"A plant database of information or encyclopedia," was a regular comment I heard from customers and strangers alike. With all my jobs, I always advanced to manager or department head, where I answered the call beyond my personal abilities. Long story short, I loved my career and I was terribly good at it too.

Then, in February of 2002, while performing daily routines of heavy work responsibilities, I was rudely awakened by amazing waves of pain I never felt before. Later that day, I could hardly tie my shoelace without crying. The injury was so horrible, that it caused tremendous muscle spasms and horrific stabbing pain from my lower back to my feet. I was at a loss. Little sleep, constant pain, constant mobility issues. It was time to find out what is wrong. Being a work-related injury, I had

to report it to the person who was in charge of the workman's compensation insurance handling.

With a long wait and a beat around the bush, a huge nightmare erupted. The insurance company dragged their feet and waited eight months before finally allowing a MRI to be performed on my back. After months of opiate medications, painkiller injections into the back and damaging sports rehabilitation, I refused to go any further with all the hogwash being performed on me.

Right before fall of 2002, the MRI was finally authorized and to no surprise, the MRI showed a slipped a disc in the lumbar part of my back, with additional notes of injury to vertebrae. This disc was pushing on my spinal cord so much that my neurosurgeon at the time said that my injury was so significant, that if I was to continue without surgery, that I could become wheelchair bound at any time. Commenting also on the severity of the nerve pain, my doctor told me of unforeseen damage to the nerves, which I continue to battle even today. He recommended surgery, and after a long trip with workman's compensation, it became a go.

The Dilemma Grows in to a Beast of Frustration

With all of this going on, neither the insurance company nor the nursery company I was working for ever told me to take time off to lessen the pain. My job and my career was

at stake, and, shortly after surgery, I was let go. Not because I did something wrong at work, but because my work limitations didn't meet the requirements of the owners anymore. It didn't matter I was their nursery manager of five years. It didn't matter I was the reason that many people drove out of their way to get reliable service with accurate information at their company. The mind was willing, but the body was not. So, I went on toward new horizons. Three months went by with little pain, but then the pain started to come back, limiting my mobility again and creating chronic showers of needle-like stabbing pain. I didn't understand; "What is this?" I asked. "I had corrective surgery, but now I have the pain back?" Fast-forward six years to now, and I still battle with chronic pain. But there is a difference now — I can control the pain and improve the sleepless nights. So what changed, you ask?

What changed is that I started to question the doctors' orders. All the doctors up to two years ago pushed the opiate painkillers, the muscle spasm medications and the anti-inflammatory pills. "Here you go, now pay your bill!" With their disregard to diet, nutrition, my health, appropriate exercises, and better medicine, I sought a new doctor that would have a different approach. After receiving his guidelines to nutrition and activity, he agreed to write a prescription for medicinal cannabis. With everything in the past related to just traditional western medicine stubbornness that ended up only masked the problems I was having, I was all for trying a new medicine.

New Medicine, New Outlook, New Effects

Cannabis is a tool, plain and simple. It is a tool to suppress my chronic pain for a period of time, so I can


function like a normal human being within personal limitations caused by my injury. When I use cannabis, my pain is lightened from a high of 9 or 10, to a 2 to sometimes even a 0, depending on the genetics of the selected plant and its properties. This period of little-or-no pain can last up to 8 hours, again depending on the potency and genetic makeup of that medicine. This, by far, was a real eye opener. This medicine was not like the opiate medications that only last 3 to 4 hours with unsettling results. Cannabis was actually helping me heal and lessen the worries of this grinding pain I deal with daily. Moods are regulated as well, and as anyone with chronic pain can attest too, CP can alter your mood or behavior dramatically. For those who don't know, let me define CP this way — if you are experiencing direct, high level pain to your body, would you be so cheerful? Apply that to twice a week; now, make it five times a week that you are engulfed with this chronic ailment... Finally, imagine that scenario 7 days a week, 365 days a year. Would you be cheerful all the time?

The effects of the medicine can become hard to define, and sometimes down right puzzling. Purple Kush was really the first plant to give me incredible pain relieving results, but I am not ruling out other varieties at all on their potential gift. This pain relief included a "massaging effect," which would relax all the tight muscles in my back while creating a soothing, massaging feeling down my legs. This would follow with complete comfort, no excruciating pain running down my back and legs, and would even knock out the pelvic pain that was caused by my injury. From the massaging effects and huge pain relief, I could now perform my daily routines, responsibilities and normal To-Dos. Other varieties have given me similar results, or completely different

pain-relieving symptoms.

At last, I have a safer tool to combat my CP. Along with the pain-suppressing factors and anti-inflammatory properties, Cannabis has allowed me to perform light exercising and limited stretching. This has helped me shed 70 lbs. off my body, something western medicine and the drug companies could not do with post-op immobility problems. Cannabis has also helped me transition to incorporating a healthier lifestyle, as now I am strict about what I put into my body. Finally, it has given my life back enough that even with some limitations, I can live with a true suppression of bodily pain. Yet, there is an unsettling issue I see now, and that is with the job market. That issue is a tale for a different time...

The Future

Lastly, I strive to document the effects of cannabis, and how the different cultivars work on different applications. As cannabis can help with a variety of important health issues, not all cannabis varieties are created equal, nor will the effects of the medicine be shared equally among patients. This really fascinates me, not because of my studies or horticultural trade, but being a patient myself. Here are some of my favorites for suppressing chronic pain due to musculoskeletal or nerve related injuries: Purple Kush, Master Purps, Romulan, Jack the Ripper, Purple Urkel, Old-Time Moonshine, Blue Dream, Grape Ape, Blueberry Kush and Platinum Kush. I am personally working on mapping varieties to see what they can achieve with ailments, thus creating more accurate information for an enriched community awareness, and focus on what is most important to the individual battling a life-altering hardship — pursuit of happiness, without being controlled by chronic pain! 

TV CENTERFOLD STRAIN DETAILS



Grapegod

by Next Generation Seed Company,
The Gold Seal Collection

Genetics

Grapefruit, Mother of original GodBud, selected
over 4 generations

Structure

Mostly Indica, branchy, large buds.

Flowering indoor

52 days

Flowering outdoor

Oct.1

Effects

Heavy sedating Indica strain, Thick fruity smoke.
High in THC and CBD's. Versatile strain for medical
users.

Magic Bud[®]

by Paradise Seeds

Genetics

Indica/ Sativa

Flowering indoor

approx. 56 days

Flowering outdoor

Middle of October (n.L.)

Yield

400 grams per m2 indoors.
Outdoors approx. 500 grams per plant

Suitable Environment

Indoors. Outdoors between 50' n.L. and 50'
s.L.

Effect:

Pleasant Sativa-Indica high

Smell/Taste

floral -aromatic

THC

16-20%

Magic Bud is a fine blend of Indica and Sativa. Her
appealing velvet looks during flowering are a
pleasure for the eye, and you have to be careful
that you (or your friends) do not give into the urge
to cut of a branch before she is fully ripened.

Because of the somewhat bushy growth patterns, a
little more space will show the full potential of this
plant.

When dried and cured the Magic smokes smooth
with a pleasant floral aromatic taste. The body
relaxing effect combined with a strong potent
high is magical, you will feel at ease with every-
thing you do.



Brainstorm Haze x G13

by Delta 9

Genetics

The Brainstorm Haze X G13 is a cross between a carefully selected female pheno from our original Brainstorm Haze series crossed with a male G13.

Flowering

This strain takes between 11.5-13 of bloom to complete.

Smell/Taste

It has the fragrance of the woody pine scent of Thailand (from our original line: pure Thai landrace crossed with our Stargazer).

Effect

The high is extremely uplifting and stimulating for about 20-30 minutes and the the strength of the G13 kicks in and relaxes you completely.

Critical Mass

by Mr. Nice Seebank

A reworked excellent version of an old breed once known as Big Bud. This is an absolute must for the cultivator who demands a high yield with an equally high stone. It is the heaviest plant currently in production for commercial farmers and outdoor crops, resembling the male genital protrusion of a giant donkey. Due to its heavy flower construction it can be susceptible to mould if the growing area is too high with humidity. So be warned, harvest on time!!! It has a genetic pedigree originating from a particularly heavy Afghani combined with the original Skunk#1. An expected yield indoors would be realistic at 650-750 grams per square meter...possibly more for the experienced cultivators?

If you cultivate outdoors then expect to harvest in September for the northern hemisphere and by March for those in the southern hemisphere. Breed by the original breeder and founder of the original Seed Bank.

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Afgaan

AK-48

Aurora Indica

B-52

Big Bud

Blue Mystic

Bubblelicious

Cal. Orange Bud

Chrystal

Citral

Four Way

Haze

Haze 19 x Skunk

Hindu Kush

Ice

Indoor Mix

Jock Horror

K2

KC33 x MK

Master Kush

Misty

Moroc x Afgaan

Nirvana Special

NL x Big Bud

NL x Haze

NL x Shiva

Northern Light

Papaya

PPP

Shiva

Silver Pearl

Skunk #1

Skunk Red Hair

Skunk Special

Snow White

Super Skunk

Top 44

White Rhino

White Widow

OUTDOOR STRAINS:

Durban Poison

Early Bud

Early Girl

Early Misty

Early Special

Four Way

Hawaii Maui Wau

Hawaii x Skunk #1

Hollands Hope

KC33 x MK

Mixed Sativa

New Purple Power

Swazi

Swiss Miss

THE SATIVA SEEDBANK:

INDOOR:

Indigo

White Lady

Mixed Sativa

Paia Hawaiiana

Sativa Mexicana

Sweet Sativa Special

OUTDOOR:

Cannabis Sativa Slang

Full Moon

Pakalolo

Haze

100% FEMALE STRAINS:

Eldorado

Daydream

= "Medical Strain"

= "White Strain"

100% FEMALE STRAINS:

Kaya

Medusa

Northern Bright

PPP

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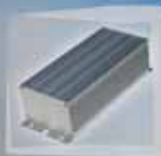


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kicking, year after year, is a great scenario and establishes consistency, popularity and recognition of a plant and its effects. In fact most plants you buy at a garden center like geraniums and lavender etc...are all cloned from established mother plants...that is why we can guarantee genetic replicas

time after time, and it will always be consistent, thus making it a stable and reliable product to sell, as people know what they are getting. Garden centers usually have stock plants growing outside for years to ensure this to be the case and to clone in the right season. Since Cannabis is actually a dioe-

cious (A plant species in which male and female organs appear on separate individuals). annual herb and relies on propagating from seed each year, it was not until we worked out the critical photo fluctuations like 18hr or more of daylight it vegetates and grows and 12 hours or less it flowers and dies. Different plants are activated with different photo periods and that is the reason they flower at different times.

To achieve keeping a plant alive for years, that would normally seed and die annually, you will need a well constructed and well planned grow room (more than 18 hours light per day), this is essen-

through the principles of selection along with a mother room changed the look and possible hybrids that would not have been able to occur in Nature. This all began with The Seed Bank originally set up by Neville in Holland in the 80s...and from that single Seed Bank grew all the multi-hybrids and true breeds which are the basis for all other seed companies that followed.

Beginning with a seed that comes from a reliable source of genetics will mean some level of selection has gone into the strain/hybrid, which in turn means the starting point should be a better place to begin than with bag seed or land

grow room to preserve the strain as a living plant form, otherwise we keep it as seed in a fridge. The advantage of clones is as soon as they are cut and rooted... 2-3 weeks they are in production... while seed plants vary and take between 6-8 weeks to be at the same state of maturity for production. So clone mothers are valuable in the respect that many people can grow off a single 18hr mother/clone setup...if they work together. One clone room for 20 flowering rooms or more, illustrates the importance of an 18hr vegetative room...if you want to be professional.

The single most important aspect



Two examples of MNS mother rooms kept at 18hr light and well ventilated



tial!!!. In this grow or vegetative room, mothers, fathers and clones can all root, grow and be cloned, making this room a big asset and the center of all operations to do with the production of a consistent strain. But management of any strain grown under artificial indoor conditions is a must if you wish to keep the same plant and a library of genetics alive and in production for the future. If this is something that interests you then read on...let's just say cloning revolutionized the Cannabis industry in the same way it did for the traditional Plant nurseries. Controlled pedigree breeding

aces or unrefined wild sown seed. Once you have selected your strain, grown the males and females, made a choice of the plants according to your criteria for selection, you are ready to begin the production side of growing for this strain. In other words initial seed work is only needed for the first stage as once you have found the plant you want; cloning makes it a stable, reliable and consistent industry, where the end product will only vary according to the climatic fluctuations it is grown in, but not genetically. All male and female parent plants need to be kept in an indoor 18hr

of the mother room is air movement, in my opinion. Air movement both within the room and incoming and outgoing air exchange should be made adjustable. That way one can move large volumes of air or small volumes of air depending upon the environmental influences, and therefore allows us to play god by controlling all aspects of Climate which in turn allows us to grow plants to their full potential indoors instead of being at the mercy of Mother Nature and the seasonal fluctuations. Considering a mother room goes year round, making it the laboratory type of setup is something to consider. ▶



Mr Nice controls a rooted clone



An example of using fluoro lights to grow mothers on the bottom shelf and clones

The better the facility, without it being too large the better chances of good clone production, stable and healthy mothers and fathers, and general good plant health is easier to maintain. Circulating air below the plants and above them will reduce the likelihood of molds settling and colonizing or laying eggs, in fact it makes it tough for all pests to settle in as the currents of air flowing between the plants do not allow for stagnation. Less plagues, infestations and disease come from rooms with large air movement... so keep the air moving!

Flowering rooms (12hours light per day or less) that are set up for rotational crops every 2-3 months, rely on a source of pest free clones, infection free and healthy clones coming from a healthy home. So it is imperative the source of the clones for these flowering setups come fit and healthy, otherwise a lot of rooms and different growers will suffer. Hygienic, clean and clear of decomposing organic matter is a must for any good mother room. Foot baths are easy to setup before entering the room and greatly reduce the chances of spreading pests or foreign bodies once inside. Simple detergent or Chlorine with water, enough for the soles of your shoes to be washed as you

walk through will do the job. Weekly spraying of all working areas with Hydrogen Peroxide (H₂O₂ 30%...mixed with water) including the walls and floor will be the best form of prevention if done on a regular basis.

However the most essential part of keeping a strain(s) going for many years in great health will be this single feature. Mother and father plants used to clone from and to maintain the genetics from are usually grown under artificial lights. To manage the fitness and health of the strain it is essential to cut a clone from the old mother/fathers, root them and grow them under natural sunlight for a period of about 1-2 months then bring them or a clone of them back inside to take over from the old parents as new mother/father plants. This single aspect of growing the plant outside for part of the year will ensure the new parent plants that the clones come from will be virile and strong, instilling a certain level of fitness in the strain. Repeat this year after year and the strain will out live you! My plant library exists since decades this way and they show no sign of deterioration, nor does a single clone coming from them!

For all you hobby breeders, cloning companies, or seed companies

keeping plants alive in grow rooms for many years, it is very important to keep fitness and health in a strain. An example of a plant that was only in clone form as a female that slowly lost fitness and eventually died without anything anyone could do was G13. This was one of Neville's creations as a seed that began a lot of hype, legends and stories of exaggeration since the early 90s, but alas lost in a pure form and only found in hybrids, nowadays.

If you find something worth to nurture for the future, make sure the mother/father/clone room is clean and hygienic, and the air is flowing well inside, exhausted well and one time of the year (preferable summer) that the plants get to grow in natural sunlight for a time...this will guarantee all you can do to preserve a strain for longevity. One strain grown and cloned in a one lamp room over many years can reach a lot of different people, growers and parts of the world that most people will never have thought possible. Not to mention it creates a consistent and reliable product that people can count on. Cannabis grown with care grows into medicine somewhere! 🌿




Top Clockwise:
Clones transplanted into larger pots
for seed production in a greenhouse

Clones grown for 3 weeks in real
sunlight after their life indoors


Labelling clones cut from
outdoor/greenhouse grown mothers
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To Hell In a Bucket

Jef Tek

Greetings from Vancouver, BC! 2009 is fresh on the horizon and I realize these last years were filled with many realizations as well as challenges that were surmounted; the future looks so bright I got to wear shades.

My last article has me setting up a 10,000 watt bud room with grow beds. Each bed was built from 2" by 12" outdoor-grade lumber, with a plywood bottom and covered with heavy-duty PVC pond liner. The beds were four feet square for ease of transport and designed to utilize one 1000 watt lamp hovering above. Various mediums were used and reused over the last 36 months including Pro Mix HP, Sunshine #4, Bio Canna Coco-based mix, Perlite, Hydroton, Rockwool and every conceivable combination thereof. With the many articles I read in current publications, there are some innovations, a lot of speculation, and no real follow-up to the system in actual practice. Here is what I have learned in the last 2 and ? years running a perpetual bud room with grow beds.

Trays are a necessity when growing indoors in pots because you need to have somewhere for the excess water to go. The classic molded plastic 4 x 8 tray is both-ersome on so many levels I won't even begin a rant here, suffice it to say they aren't very practical so I created my own. Into each one-foot deep bed I traditionally used two 3.8 cubic foot bales of Pro Mix HP professional soilless planting mix. The alternatives

included a large bag of Perlite or Hydroton lining the bottom to give extra air-space in my drain-less beds. Then the experimenting began to determine the most efficient number of plants to fit each bed. First I tried 5 rows of 5 for a total of 25 plants that were obviously a little bit crowded by week 8 (25 plants would fit nicely into 5-foot square beds.). Next, 20 were tried with 5 rows of 4 but they were still too crowded by end of cycle, and small. 4 by 4 was the magic number and the strain was the same — Sweet #16, a.k.a. Afberry Bluerider, one of the best phenotypes of the legendary Afghani Bullrider I scored in San Diego over 7 years ago. Once I got the numbers and the strain dialed-in, I harvested 16-16s over and over every 7-1/2 weeks like clock-work. I overcame over watering, pests and pestilence without shutting down even once! Not even an electrical panel replacement and a complimentary paint job completely shut down the line; I just rocked on.

I have used Botanicare Nutrients forever and there is no need to reinvent the wheel now, just the delivery systems. I did get to try a free sample of Canna Nutrients and soil and was impressed with the results. Cost is the only real factor and Canna Nutrients are expensive in Western Canada right now. Using Bloom food from the moment the plants were transplanted into a bed, I would feed them every 5 to 7 days with



a full 1000 parts per million feeding, until week 6 where they would then receive plain water only until harvest. About a liter per plant when small and two liters per plant when mature would last about a week so naturally I implemented an automated watering system using PVC pipe and some sprinkler valves. The valve on bed one was defective and by the time I realized the slow drip over-watered that crop there were yellow mushrooms growing in the soaked substrate. That was the first bed I had to completely remove the soil from and get a good look at the root structures within the bed. Careful examination revealed roots had traveled to every square inch, crack and crevice. That bed then received the Hydroton layer on the bottom and I returned to manually watering the room. I had one experimental tray reserved for Hydroponics growing, nutrient



experiments or containers. Hydro crops were massive but lacked the taste I prefer; other systems just never performed. I was searching for a better system, but the beds were productive and repeatable. Weeks turned to months and months turned to years and one day not long ago I decided to grow 9 plants in 5-gallon pails for a change. Using 5-gallon plastic buckets with no drain was pretty similar to beds, neither had a drain and since they didn't drain they didn't need a tray. That started me thinking. No trays – no bullshit.

Viola, just like that, I simplified my system and increased produc-

tivity at the same time. Fuck the beds! For the last 7 weeks I have been harvesting 16 plants, removing and recycling the beds, then replacing the whole shebang with 9 massive 4-foot tall plants vegged in 5-gallon buckets. The first three beds were dismantled and turned into 12 new treads on the back-porch stairs. The remainder will become a vegetable garden in our back yard this spring for the wife and the squirrels to enjoy. That is recycling!

Sometimes it is the simplest things that are right in front of us we don't see. I have used these hardware store plastic pails for everything you can imagine.

A few loose straps placed over the bottoms of two buckets with a few screws on each side makes a wicked-cheap foot-hold to make “bucket stilts” for painting or adjusting lights, Buckets for watering, buckets supporting the million-dollar hydro setup that just never performs. Buckets neatly stacked like soldiers waiting to storm the castle, and they only cost about 6 bucks a piece!

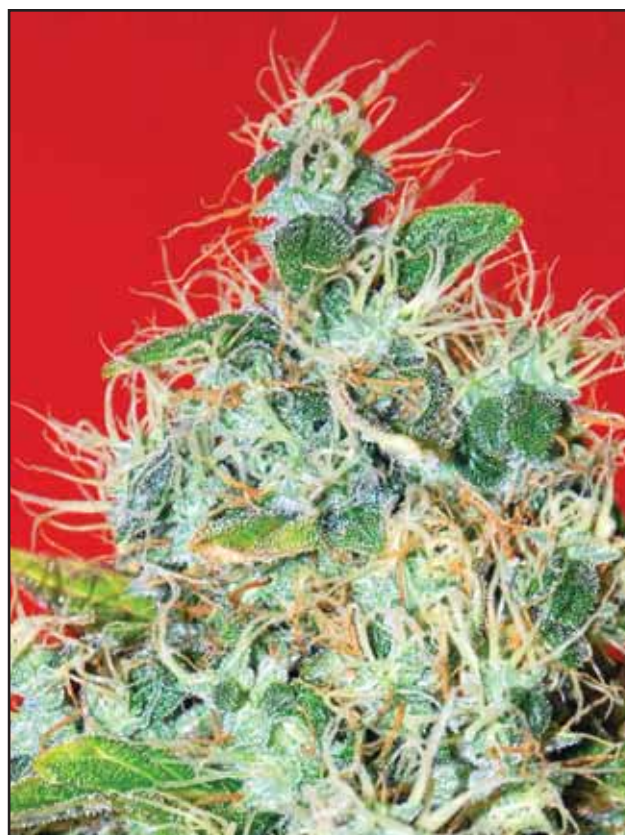
Now I can truly say, “I’m going to hell in a bucket,” and mean it! Veg your plants and let them tell you when they want to bud. I use a four-foot stake to support the plant just prior to its trip into the bud room. When the top is level with the bamboo, a quick ▶

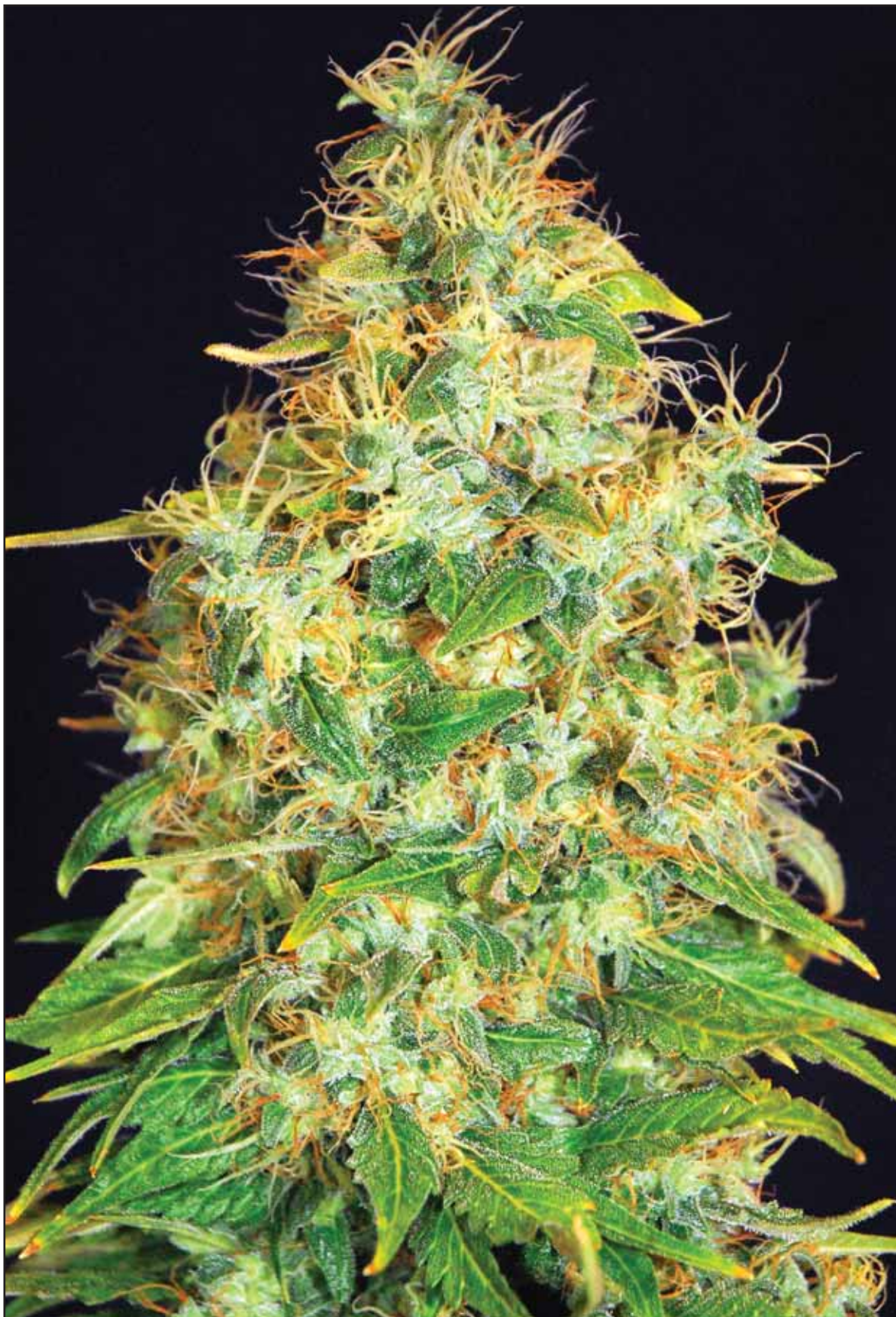
lolly-popping of any immature lower branches and a spray of some MM2000 makes them ready for their journey. Buckets are practical because I can move them around so each plant can receive optimum lighting and be checked for any maintenance. Now, if I have to raise a light, I can safely move a few plants without trying to balance on the beds above delicate buds. I used to have nightmares that I'd lose my balance and take-out a whole tray with my body, just as a white-hot 1000 watt HPS lamp comes crashing into my ass — whoa! Now the room seems brighter because the space between the buckets reflects light back up from the floor. The room is spotless; now it's so easy to keep clean with a simple dust-vacuum. The beds caused a lot of dust when removing root balls or replacing soil but all transplanting is now done outside of the bud room. From pots with trays to Grow Beds and back to buckets, right back where we started.

A good rule of thumb is to use about 2 liters or a half gallon of nutrient solution for each 5 gallon bucket. Water when the bucket is light then simply switch to plain water for the last few weeks of flowering. The leaves will yellow to show you the plant has used up the excess nutrients and now it is time to harvest. After removing the root mass, the rest of the soil can easily be recycled. Some of the soil in the beds was reused for well over a year with no detrimental effects. After two or three cycles, you are going to have to augment the soil with some worm castings and lime for continued use. Or just replace it and use it out in your back yard after its done creating buds. Buckets are so simple and a great way to grow your own medicine.

I hope this was enlightening and informative. Now go to hell — in a bucket!

Peace and Bucket Buds,
Jef Tek 🍀







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X18 Pure Pakistani	6 seeds €50
Tora Bora	6 seeds €60
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LA Confidential	6 seeds €60
Kushberry	6 seeds €50
Sharksbreath '09	6 seeds €40
Connie Chung	6 seeds €55
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Available 2009

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Sleestack
Cannadential
Recon

Martian Mean Green
Cannalope Haze
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Purple Wreck

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Growing with The Heart

By Soma

T I am writing this article to share what I feel is the most important ingredient of growing excellent cannabis.

In our modern age we can order all we need right over the Internet without even leaving our homes. All the material items that is. There is still the one ingredient that has to be cultivated. Doing with the Heart. When working with the plants you let your Heart guide you. You think of some of the people either in your own family or outside of it that this medicine will really help. That way as you farm it you visualize the healing nature of the crop.

When humans farm cannabis for medical purposes they give much more thought and care about what they put on it, and in it. I like to use neem oil for insect control. I can easily get it on my skin or mouth without any bad effects. The spider mites can't stand it though, and many other pests as well. I enjoy growing on soil. Organic soil. When using earth as your growing medium, you get the full chance of using

guano's as your chief fertilizers. The taste and THC quality achieved using guano's surpasses every other type of food I have ever used. When flushed correctly (a minimum of 2 to 3 weeks) from the time of harvest, nothing tastes better than the guano. It is used at many organic fruit farms to make the fruit taste and grow as good as possible.

When I am growing I like to imagine myself as the plant. I think is there enough fresh air? Enough air movement? Not too hot? Not too cold? Any light leaks when the lights are off? Any bugs crawling on me? PH correct? Now there's a subject PH. The PH is all-important, without the PH being correct you can never get a great crop. Cannabis likes to take up different nutrients in a whole range of PH. When the PH is between 5.8 and 7.0 cannabis grabs the nutrients it needs. Nitrogen will be absorbed at one level while Zinc will be absorbed at a slightly different level. When the PH of the water you are using is lowered to the desired level it automatically starts to go ►



back up with time. As it goes through the range of between 6.0 and 7.0 it is able to take up all the nutrients that are needed. When that range is incorrect (below 5.8 or above 7.0) you get what's called fertilizer-lock-up. Although there may be plenty of nutrients present in your growing medium, the plants are unable to take them out of the soil because of the PH imbalance between the molecules of the plant and the soil. There are several ways that the plant will react if the PH is off. Leaves will curl up or down with a cringe, almost looking like a human hand tightening in an uncomfortable position. The color of the leaves will lose its deep green color and become paler. The leaves will also lose their shine and become duller looking. The tips of the leaves will have a slight burning, or the entire leaf may turn yellow and fall off. Calibrate your PH meter at least once a month (they go off).

It's important to spend some of your time with your plants, they breathe in your carbon dioxide, and you their oxygen. It is a non-verbal interchange between you and your plants where you exchange life-enhancing elements with each other. It also gives you the time to look closely at the leaves to see if you see anything that should not be there. I am definitely aware of a healing that happens to my being as I gaze at the plants, their leaves moving in the breeze, their green hues entering my eyes, the fresh air, I pour my heart into them, and they pour their heart into me and mine. Try putting the Heart into everything you do.

Love and Light...
Soma

www.somaseeds.nl 🇳🇱



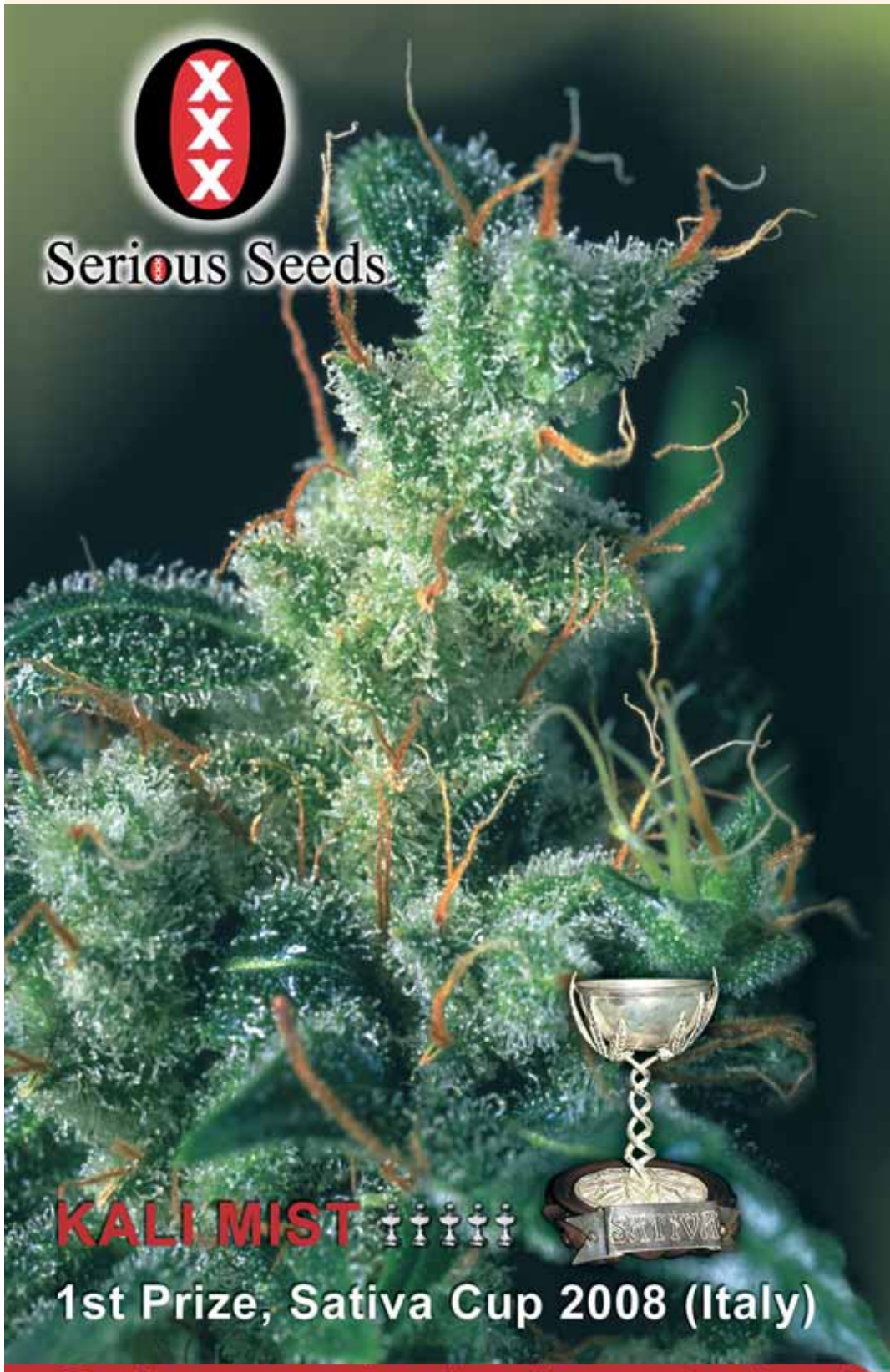
Above: Lavender with male banana

Below: Lavender with male banana and female seed





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DNA Genetics goes

Feminized

Purple Wreck

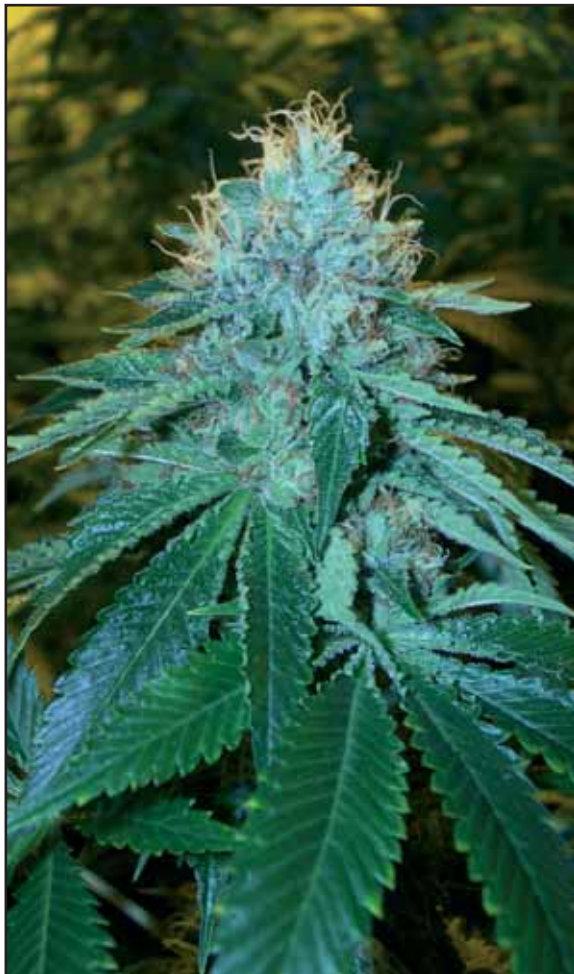
DNA Genetics has been working hard to introduce a full list of feminized strains. These new varieties include some of the most sought-after strains in the world. Finally, they are available to the masses in seed form. The following is a list of all the feminized strains DNA has come out with as of yet.

Later in the year, the following strains will also be available in feminized version:

OG Kush
Cataract Kush
The #18
Headband
Kandy Kush
LA Woman
Master Martian
R.K.S. Silver Bubble
X18 Pure Pakistani
Tora Bora

Sour Diesel
Sleestack
Martian Mean Green
ReCon
Cannalope Haze
Anunnaki
Cannadential Purple Wreck

Chocolope
LA Confidential
Kushberry
Sharksbreath '09
Connie Chung
Lemon Skunk
C13 Haze
Sour Cream
Sweet Haze
Rocklock



The #18



Sour Diesel

The feminizing method that DNA uses is called Silver Theo Sulphide, or STS. It is sprayed on the donor female at the beginning of its flower cycle, two weeks prior to flowering the rest of the plants. The donor plant puts off male flowers and pollinates the rest of the room, creating seeds that are all female. Feminized seeds have been around for over 25 years. STS has been used in the vegetable industry for decades. The flowering time, indica/sativa ratio, yield, taste, smell, strength of mothers and clones, and look of the plants grown from feminized seeds are the same as plants grown from regular seeds. The feminized seeds are all female, no hermaphrodites or males. They are all stable and have been thoroughly tested.

The original **OG Kush** is one of DNA's favorite strains. Stars smoke it, rappers rap about it, it's just that good. The boys grew up smoking it when living in LA and want to be able to provide everyone the opportunity to medicate themselves with this powerful and tasty variety. There is no original male, so the OG Kush could not be made into regular seed form unless an addition-

al gene pool was to be introduced. The boys have thus decided to cross their award-winning LA Confidential to the OG Kush, creating another strong strain, which they call **Cataract Kush**. It has an incredible medicinal high, with great flavors and purple hues. During a test grow of the feminized OG, a selection was made and one special phenotype was found, **The #18**. It is a better yielding OG, with a taste and smell that is more fuely and soury. This pheno was isolated and then feminized, and is now available in seed form. **Sour Diesel** hails from the same roots as the OG Kush, but leans more on the sativa side flowering in 10 weeks. It is a much more clear, heady high with a great taste. It has a good yield and will be available in seed form in the later part of 2009. **Headband**, a cross between the OG Kush and Sour Diesel, is good-yielding strain with distinct flavors and a strong high. Compared to the OG, the Headband has bigger buds, stronger branches, and is a much wider plant. **Kandy Kush** is another phenomenal OG cross, OG Kush x Train Wreck (T4). This strain has many medicinal benefits, with a great candy taste and extremely frosty buds. ▷



Tora Bora

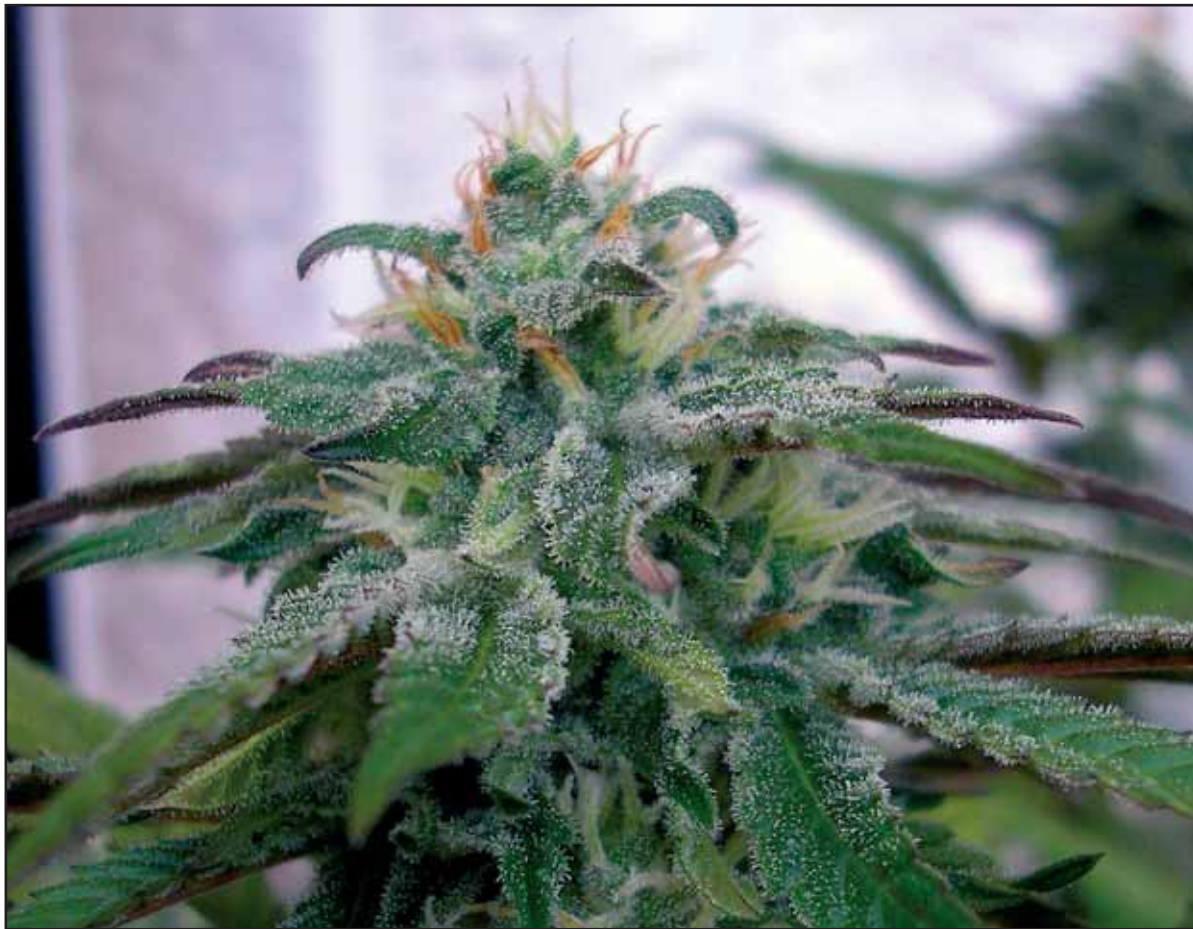
The 2005 High Times Cannabis Cup winning strain, Martian Mean Green, is unique in its taste, smell, and effect. LA Confidential has won many awards at all different competitions and is loved by all who try it. What a better combination for a new strain: MMG x LA, creating **LA Woman**. This cross generates a taste that is sweet and robust, and buds that pack on the weight. DNA choose to also combine Master Kush to the Martian Mean Green, which they've called **Master Martian**. She leans more on the hazier side with big buds, and she has the strength of a nice indica. The resin content is that of the Master Kush, making her exceptional for hash. **Sleestack** is a sativa/indica hybrid that flowers in 9 weeks with heavily resinous buds. The mother of the Sleestack is the Schrom, which is known for its fuely smell and taste, and the father is Martian Mean Green.

The **R.K.S.** has the great old school flavor with a high that is up and very strong. She will finish the first week of October outside, and if this strain is grown inside, good carbon filtration is a must because she will stink like the Real Killer Skunk. The **Silver Bubble** is mold resistant and can handle the cold. She is a moderate to

heavy eater and will stretch a bit if not controlled. Classic Haze flavor from the smell, to the smoke, to the after taste, classifies her as being a "complete" smoke.

The **X18 Pure Pakistani** is a legendary landrace strain in its own right, handed down to DNA to keep the genetics alive and available to the public. The old Pakistani blue is pungent and very medicinal. The buds are dense and rock hard, crusted in resin and very easy to manicure. The X18 is obtainable in both regular and feminized packs. It was crossed into the LA Confidential to produce another female strain called **Tora Bora**. Tora Bora is a quick-vegging and early-finishing strain, producing dark green buds with blueish, rock-hard nugs encrusted in crystals.

Most of the regular strains on DNA's menu will also be feminized shortly. Some of which are already available in female version. These strains include: **Chocolope, LA Confidential, Kushberry, Sharksbreath '09, Connie Chung, Lemon Skunk, C13 Haze, Sour Cream, Sweet Haze, Rocklock, and Purple Wreck**. DNA sells their feminized seeds in packages of 6, whereas their regular

**X18 Pure Pakistani by Random00****Purple Wreck by BombBH**

seeds are packaged in either 6 or 13 seeds.

DNA will forever have their listing of regular seeds and will never get rid of their true-breeding males. Males take time to find. They feel it is much easier making feminized seeds due to the fact that any female plant or clone can now be turned into seed form, no selection necessary. This is why they market their feminized seeds cheaper than their regular seeds. Breeding with males costs more because of the selection process, more time and effort goes into creating a new strain and, thus, feminized seeds are cheaper. They feel in no way their female strains are inferior to their regular strains; they are just easier to make. 🍌



Seedmania

MASSIVE REDUCTION ON ALL SEEDS!

R = Regular Seeds
F = Feminised Seeds

BARNEY'S FARM 10 Seeds (Reg.&Fem.)

Amnesia Lemon £52.50/\$105R £59/\$120F
Blue Cheese £38/\$75R £46/\$90F
Crimea Blue £40/\$80R £48/\$96F
G13 Haze £51/\$102R £78/\$155F
Honey B £41/\$82R £49/\$92F
Laughing Buddha £46/\$92R £72/\$145F
L.S.D. £46/\$92R £59/\$120F
Morning Glory £37/\$76R £60/\$120F
Night Shade £37/\$76R £59/\$120F
Phatt Fruity £35/\$70R £42.50/\$45F
Red Cherry Berry £33/\$71R £44.50/\$94F
Red Diesel £42/\$89R £62/\$129F
Red Dragon £54/\$115R £67/\$140F
Sweet Tooth £41/\$87R £66.50/\$136F
Top Dawg £38/\$87R £51/\$105F
Utopia £54/\$115R £67/\$140F
Violator Kush £46/\$95R £72/\$145F
8 Ball Kush £37/\$75R

BIG BUDDHA 10 Seeds (Fem.)

Blue Cheese £45/\$90F
Cheese £45/\$90F
G-Bomb £45/\$90F
Buddha Haze £45/\$90F

DANK DAIRY 10 Seeds (Reg.)

Jack's Surprise £45/\$90R
Lemon Venom £54/\$108R
Pablo Cheese £40/\$80R

DINAFEM 10 Seeds (Fem.)

Blue Hash £77/\$155F
Blue Widow £69/\$140F
Cali Hash Plant £90/\$182F
Critical+ £79/\$160F
Moby Dick £95/\$193F
Moby Hash £87/\$170F
Powerkush £61/\$120F
Royal Haze £103/\$206F
Santa Sativa £99/\$200F
Shark Attack £83.50/\$168F
Super Silver £92/\$185F
White Widow £87.50/\$171F

DUTCH PASSION 10 Seeds (Fem.)

Blueberry £106.50/\$215F
Blue Moonshine £97.50/\$195F
Brainstorm £44.50/\$91F
California Orange £71/\$145F
Dolce Vita £80/\$161F
Durban Poison £66.50/\$130F
Euforia £79/\$151F
Flo £106.50/\$215F
Frisian Delir £66.50/\$125F
Green Spirit £71/\$142F
Hollands Hope £57.70/\$115F
Isis £97.50/\$197F
Jorge's Diamonds £80/\$161F
Khola £62/\$125F
Masterkush £71/\$142F
Mazr £84.25/\$169F
Oasis £75.50/\$153F
Orange Bud £62/\$128F
Passion #1 £57.70/\$115F
Power Plant £76.50/\$153F
Purple #1 £57.70/\$115F
Sacra Frasca £71/\$142F
Shaman £48.80/\$98F
Skunk #11 £44.30/\$91F
Skunk Passion £62/\$125F
Skywalker £111/\$223F
Strawberry Cough £64.25/\$129F
Super Haze £71/\$142F
Trance £57.70/\$115F
Twilight £53.20/\$106F
Ultra Skunk £75.50/\$151F
Voodoo £53.20/\$106F
White Widow £97.50/\$195F

DNA GENETICS 13 Seeds (Reg.)

Annunaki £60/\$120R
C13 Haze £50/\$100R
Cannalope Haze £66/\$132R
Cannadental £60/\$120R
Connie Chung £66/\$132R
L.A. Confidential £75/\$150R

Lemon Skunk £60/\$120R
Pure Afghan £27/\$54R
Sour Cream £60/\$120R
Super Cannalope £50/\$100R
Sweet Haze £30/\$60R

FLYING DUTCHMAN 10 Seeds (Reg.&Fem.)

Alphania £31/\$67R
Amsterdam Mist £75/\$152F
Arctic Sun £40/\$80R
Aurora B £28/\$56R
Blueberry Skunk £79/\$172F
Dante's Blanche £79/\$172F
Dutch Delight £61/\$133F
Royal Orange £31/\$67R
Early Durban £23/\$50R
Edelweiss £70/\$151F
Feminised Mix £49/\$102F
Flying Dragon £61/\$132F
Fuma Con Dios £31/\$67R
G Force £57/\$123F
Hayleys Comet £36/\$79R
Haze Mist £45/\$98R
Kerala Kush £27/\$56R
Mixed Sativa Diva's £36/\$79R
Nepal Kush £97/\$205F
Original Haze £58/\$129R
Pineapple Punch £40/\$87R
Pot of Gold £40/\$87R
Power Skunk £79/\$172F
Real McCoy £40/\$87R
Skunk #1 £52/\$112F
Skunk Classic £70/\$151F
Swazi Safari £40/\$87R
Temple Haze £68/\$191F
Thai Tonic £27/\$56R
The Pure £15/\$35R
Titan's Haze £45/\$98R
Voyager £61/\$133F
White Widow £88/\$193F

GREENHOUSE 10 Seeds (Fem.)

Alaskan Ice £43/\$86F
AMS £29/\$60F
Arjan's Haze #1 £57/\$120F
Arjan's Haze #2 £57/\$120F
Arjan's Haze #3 £52/\$110F
Arjan's Strawberry Haze £61/\$122F
Arjan's Ultra Haze #1 £61/\$122F
Arjan's Ultra Haze #2 £61/\$122F
Big Bang £24/\$48F
Bubba Kush £47/\$94F
Cheese £38/\$76F
Chemdog £43/\$86F
The Church £29/\$58F
El Niño £52/\$109F
Great White Shark £52/\$109F
Hawaiian Snow £71/\$143F
Himalaya Gold £43/\$86F
Jack Herer £43/\$86F
K-Train £47/\$98F
Kaia Kush £47/\$98F
King's Kush £43/\$86F
Lemon Skunk £33/\$66F
Neville's Haze £71/\$144F
NL5 Haze Mat £43/\$86F
Super Silver Haze £66/\$132F
Train Wreck £43/\$86F
White Widow £57/\$115F
White Rhino £57/\$115F

HOMEGROWN FANTASEEDS 10 Seeds (Reg.)

Alphani £28/\$52R
Armageddon £53/\$106R
Australian Blue £53/\$106R
Amazing Haze £53/\$106R
Big Bud £31/\$62R
Blue Haze £53/\$106R
Blue Pearl £53/\$106R
California Orange £26/\$52R
Carmella £31/\$62R
Cheese £53/\$106R
Citral £26/\$52R
Early Girl £22/\$44R
Eclipse £49/\$100R
First Lady £53/\$106R
Flashback £31/\$62R
Fourway £26/\$52R
Genie Of The Lamp £45/\$90R
Haze £40/\$80R
Indoor Mix £18/\$36R
Jah Herer £53/\$106R

Kumamist £49/\$99R
K2 £26/\$52R
Mango £26/\$52R
Master Kush £26/\$52R
Millennium £40/\$80R
Northern Light £35/\$70R
Original Mist £49/\$100R
Outdoor Mix £13/\$30R
Purple £22/\$44R
Shiva £26/\$52R
Shiva Afghan £35/\$70R
Skunk #1 £22/\$44R
Super Crystal £53/\$106R
Top 44 £31/\$62R
Train Wreck £53/\$106R

KIWI SEEDS 15 Seeds (Reg.)

2 Pounder £51/\$102R
Algeria £68/\$134R
Daddy's Girl £47/\$95R
Hindu Kush £32/\$64R
Indoor Mix £37/\$75R
Kiwiskunk £23/\$50R
Mako Haze £94/\$190R
Milky Way £51/\$102R
Mt Cook £47/\$95R
Outdoor Mix £37/\$75R
South Star £56/\$113R
Tasman Haze £66/\$134R
White Island £51/\$103R

MAGUS GENETICS 10 Seeds (Reg.) / 5 (Fem.)

Biddy Early £30/\$60R/F
Biddy Sister £30/\$60R
Double Dutch £55/\$120F
Exile £55/\$120R/F
Motivation £55/\$120R/F
Warlock £45/\$102R/F

PYRAMID SEEDS 12 Seeds (Fem.)

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New York City £110/\$220F
Northern Lights £100/\$200F
Shark £95/\$190F
Pipi £95/\$190F
Nefertiti £105/\$210F
Wembley £100/\$200F
Lennon £110/\$220F
Galaxy £65/\$130F
Tutankhamon £65/\$130F

RESERVA PRIVADA 6 Seeds (Fem.)

R.K.S. £35/\$70F
Silver Bubble £35/\$70F
Snowcap Romulan £50/\$110F
Tora Bora £50/\$110F

SEEDSMAN 10 Seeds (Reg.&Fem.)

Afghani #1 £20/\$45R
African Buzz £20/\$45R
Ata Tundra £20/\$45R
Columbian Red Haze £20/\$45R
Early Durban £20/\$45R
Haze Mix £13/\$30R
Hash Passion £20/\$45R
Hindu Kush Skunk £20/\$45R
Hawaiian Skunk £20/\$45R
Indian Skunk £13/\$30R
Jungle Wreck £20/\$45R
Narkush £20/\$45R
Mama Mia £35/\$80F
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Northern Lights £20/\$45R
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Outdoor Mix £13/\$30R
Original Haze £13/\$30R
Original Skunk #1 £35/\$80F
Power Africa £35/\$80F
Purple Bud £20/\$45R
Skunk Haze £13/\$30R
Skunk Mix £13/\$30R
Swazi Skunk £20/\$45R
Skunk #1 £20/\$45R
Sugar Haze £20/\$45R
Velvet Bud £35/\$80F
White Widow £20/\$45R £35/\$80F
Top Skunk 44 £20/\$45R

SENSI SEEDBANK 10 Seeds (Reg.&Fem.)

Afghani #1 £45/\$98R
American Dream £61/\$129R
Big Bud £78/\$176R £88/\$189F
Black Domina £85/\$184R
California Indica £39/\$88R
Durban £49/\$109R
Early Girl £49/\$109R
Early Pearl £49/\$109R
Early Skunk £29/\$65R
Ed Rosenthal Superbud £125/\$270R
First Lady £45/\$98R
Four Way £88/\$189R
Fruity Juice £88/\$189R
Guerrilla's Gusto £22/\$53R
Hash Plant £106/\$222R
Hawaiian Indica £61/\$130R
Hindu Kush £29/\$65R
Indoor Mix (25 Seeds) £49/\$109R
Jack Flash £88/\$189R
Jack Flash #5 £97/\$204F
Jack Herer £133/\$280R
Jamaican Pearl £49/\$109R
Maple Leaf Indica £45/\$98R
Marley's Collie £106/\$222R
Mexican Sativa £20/\$45R
Mother's Finest £71/\$155R
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Ale Keppel

Organic Outdoor Grown Cannabis

By Bud King

Outdoor grown cannabis produces more volume, stronger potency and is earth friendly.

With the proliferation of hydroponics shops urging people to set up their own indoor grow rooms, and local authorities implementing regulations regarding cannabis gardens, it is time to take a closer look at the benefits of organic, outdoor-grown cannabis.

1. Energy

The key driver of photosynthesis is light, so no matter how perfect the fertilizer mix, grow medium, and environment, growth is still limited to the amount of light available. How much electricity is required in the attempt to simulate the sun with electric lights? Let's look at the fossil fuel required to power a single 1000-watt grow light. Using a typical 10-week indoor cycle of 2 weeks vegetative at 18 hours per day, then 8 weeks flowering at 12 hours per day, power consumption will be as follows:

Vegetative:

1kw x 18 hrs = 18 kwh x 14 days = 252 kwh (kilowatt hour)

Flowering:

1kw x 12 hrs = 12 kwh x 56 days = 672 kwh

Total = 924 kwh for a single 1000 watt light, add ventilation to round up to 1 mw per light, per cycle.

One kilogram of coal makes about 2 kwh of electricity, so this single light will require 500 kilograms, or about a half-ton of coal, to power one grow light for one cycle.

While some claim up to a half-gram or more of usable bud per watt, yield from a short 10-week cycle is more likely to produce about 4 ounces. Let's compromise and say we will get 8 ounces of usable ▷



tammi.tamu.edu

bud. Is burning a half-ton of coal a good way to get less than one pound of bud? Can these few ounces of buds be truly called “organic” when the light used to grow them consumed a half-ton of coal (or 400 pounds of natural gas) to generate the electricity? Indoor cannabis produces less volume and lower potency despite the vast amount of electricity required to bring in a crop because the actual lumens the plants get is only a fraction of that available from natural sunlight.

2. Toxicity

Indoor plants grown in soil will almost certainly be subject to an aphid/mite problem. Chemicals will probably be used that may include systemics like Abamectin that are neurotoxins, pyrethroid (the synthetic version of natural pyrethrum), and Carbaryl under various brand names and concoctions. These synthetic insecticides have been linked to harmful health effects in humans, but perhaps more importantly threaten the food chain itself because they are extremely deadly to bees and aquatic life, both of which are key to the food chain and our existence on earth.

If the plants are grown using hydroponics (including rock wool and coir), it is important to note that most fertilizer solutions used in hydroponics are urea based. Urea is derived from petroleum and natural gas. Read the label. If you see the word, or a derivative of it, ask yourself, “can this be used to grow organic bud?”

Healthy plants resist pests and disease. While pests are present in an outdoors garden, natural predators are abundant and Integrated Pest Management (IPM) techniques very effective. Healthy soil has the full package of nutrients and trace minerals required for healthy plant growth. Exotic hydro solutions that are urea based anyway go to great lengths attempting to provide thousands of minerals and nutrients that occur naturally in healthy soil.



sweetleaf.co.uk

3. Mold

The powder mold challenge is second only to aphids/mites for indoor cannabis crops. Even well-ventilated rooms cannot replicate the sanitizing value of dry air and bright sunshine. Left unchecked, powder mold can ruin a crop and it loves a poorly ventilated room with high humidity and stressed plants. Building mold also loves a moist, warm, poorly ventilated environment, such as an indoor grow room. This mold causes property damage that costs money to clean up and can lead to health problems.

4. Safety

High wattage lights, ventilation, pumps, fans and other electrical devices all need adequate electrical wiring beyond that normally found in homes. Most 110-volt residential circuits are rated at 15 Amps and are quickly overloaded with more than one grow light per circuit. Often substandard wiring and extension cords are used to overcome tripping breakers creating a very real fire and electrical shock hazard. Large tanks full of fertilizer solution are heavy and may leak or spill over, causing floor damage and increasing the electrical shock hazard.

5. Security

In residential areas, neighbors of grow houses are rightly concerned about attracting criminals intent on breaking in and stealing the crop. What if they break in to the wrong house? What if there is gunfire, will a stray bullet catch their sleeping child? Please note, the backyard of a residential house may not be a suitable place to grow cannabis either, and, if not done in a very secure structure with excellent odor control, could actually attract thieves with the pungent odors emitted during flowering.

Property values are affected by the diminishing value due to damages and neglect, and as mentioned before, the crop is a prime target for thieves. The short indoor

cycle's low yield and potency leads to high plant counts, which can be used to increase a sentence in the unfortunate event of a bust. Remember, even baby clones count in court.

6. Volume

Everyone knows outdoor produces more volume, but how much more? Given the often-cited 1/2 gram per watt, the best indoor grower will produce about a pound per light. Each light will cover 32 square feet, so one pound per 32 square feet. Keep in mind, most growers only get about half that, 8 ounces, as discussed above. Outdoor plants, in the ground, will routinely produce 3 to 4 times that amount in the same amount of space with fewer plants.

7. Quality

An outdoor cycle starts in the Spring and harvest is early Fall, about 6 months, which allows about 4 months from when flowering begins to finished buds with fully ripened trichomes. The longer cycle explains the increase in volume, but what about potency? Using a 60x lighted microscope, buds are examined to monitor the expression of THC trichomes. They start out clear and grow in size over time. As the plant matures, the trichomes continue to grow and change from clear to cloudy. When ready for harvest they begin to turn amber and collapse or fall over. Maturity and maximum production are not reached until a full 90 days or more after the onset of flowering. Therefore, indoor crops with less than 90 days flowering time will produce less volume, the trichomes will be smaller, and more (if not all) will be clear. It is commonly held belief that the effect of cannabis with mostly clear trichomes will be more cerebral and "up" while the effect of cannabis with a greater percentage of cloudy to amber trichomes will be stronger and have more of a "body stone" with increased appetite, "munchies", and induces sleep. In other words, if the goal is just to get high perhaps indoor is a good choice, but if you are looking for that couchlock dreamland of pain relief, a mature organic outdoor grown choice will better serve your needs. In any case, a longer outdoor cycle will increase the density and volume of trichomes, thereby increasing potency.

8. Edibles

Indoor grown cannabis seems unsuitable for conversion to concentrates intended for human consumption due to the high risk of ingesting toxins from fertilizers, pesticides and molds common to most indoor cannabis gardens. Currently, there is no regulatory body or organization to certify organic cannabis

growers or methods while there is a myriad of toxic products marketed to cannabis growers by promising increased yield and potency. Desperate growers give in and use the product they can get that kills the pest, and some self-proclaimed experts even openly recommend products like Avid™ and Sevin™ to control aphids and mites. Outdoor cannabis grown using organic practices is the kind safest for conversion to concentrates intended for human consumption in food.

9. Cost

Lights, fans, timers, tanks, pumps, containers, grow media, special nutrients, property damage, and energy all cost money. It can take several crops to recover the investment, and one mistake or accident can result in a total loss or even worse, may include costly property damage. With organic outdoor grown cannabis, the only cost is fertilizer, seed, water and Integrated Pest Management (IPM).

10. Joy

Nothing can replicate the sheer joy of growing and harvesting a plant from seed to a towering monster with pounds of buds. The cannabis plant is a vigorous annual that wants plenty of room, good soil, sunshine and 6 moons to fully mature and deliver the entire non-toxic, earth-friendly gift it has to offer.



Fuel needed to run a 100W light bulb for a year (876 kWh)

- 400 kg (876 lb) of coal
- 230 kg (508 lb) of oil
- 170 kg (377 lb), 255 m³, of natural gas
- .006 kg (.014 lb) of uranium
- .0000075 kg (.000016 lb) of the Sun

Sources:

http://en.wikipedia.org/wiki/Heating_value
<http://en.wikipedia.org/wiki/Abamectin>,
<http://en.wikipedia.org/wiki/Pyrethroid> <http://en.wikipedia.org/wiki/Carbaryl> http://en.wikipedia.org/wiki/Urea#Agricultural_use
http://en.wikipedia.org/wiki/Indoor_air_quality#Molds_and_other_Allergens





HERBAN GUERRILLA GROWER

By Sagemasta

AMSTERDAM – Just because you live in the city does not mean you cannot grow outdoors. Yes, you have more problems such as ambient light, neighbors, rip-offs et cetera, but with proper planning and a few stealth techniques, anyone with the right conditions can pull off a bumper crop.

The first thing you need to do is to get seed stock. Seeds are better than clones for many reasons. First of all, seeds do not bring unwanted pests and disease as clones can. Furthermore, seeds grown side by side with clones express more explosive growth and bring in bigger yields. Not to mention, every seed is an individual, and has the chance to be the next great variety. After all, Bubblegum, LA Kush, Sour Diesel, and all great strains were at one time one seed. Seeds should be started indoors to keep temperatures stable (18 – 22°C), and moved outside after they have been properly hardened off (When plants are about 30cm tall). Seedlings need at least five hours of direct light to get enough energy to make it to the next stage that will produce monster yields. If you live in a more suburban area and are able to grow your plants directly into the ground, a little preparation will help you achieve outstanding results. Always choose a sunny and well-drained area. For example, inside of blackberry bushes serve as a great stealth spot, as the “prickers” will keep the “pickers” out of your patch. It is also a good idea to dig out a 1-meter square hole for each planting site, and to amend the soil with a bit of bat guano, worm castings, and coco coir to help with drainage, but to not draw attention as perlite or vermiculite do.

When growing outdoors, always choose a sunny and a well-drained area. Remember to give your plants plenty of room, as some plants such as the Heavy Duty Fruity™ (HDF) can get as wide as tall — up to three meters! Another stealth technique is to stake down the plants. This will change the natural shape and make detection harder. Remember, when the plants get a bit bigger, they will need more water. If you are not lucky enough to be growing close to water and have to trek into the bush, it is a good idea to tape off the bottom of your shoes. This way you do not have the tell-tale footprints leading the way to your secret patch.

Light pollution is the number one enemy of a city grower. Plants need a rigorous 12/12 cycle to achieve maximum results. A streetlight or porch lamp can ruin a plant's chance to fully develop. If you want to get the most out of the outdoor season, you will need to incorporate a dark cycle to give the plants the dark time required for proper flowering. If your plants are on a balcony, or easy to move, you can put the plants inside a



EXTRA TIPS

Soil mix for Success

Soil mixes depend on how your original soil starts. A good general mix would be 1/3 coco 1/3 soil 1/3 worm castings, with a handful of dolomite lime to regulate Ph at the bottom of the hole. Before putting in the soil mix, sprinkle a layer of bat or seabird guano. This will give your plants that phosphorus boost it will need when it is in the explosive flowering stage. The phosphorus boost breaks down very slow, so by putting it in early, gives it a chance to be more accessible at the right time. The flavor that is drawn out by the guano is amazing!

Label your babies

If you plan on continuing to grow indoors after the vegetative stage, it is a good idea to take some clones off each plant and keep these as potential mothers. Label each group of clones and give each plant within the group a different code, e.g. HDF #1, HDF # 2, et cetera. Keep these going in a separate indoor room/tent.

GROW 

lightproof box, shed, or just inside. If inside, then they need to stay 100% dark. If the plants are outside in the ground then you will have to cover them up individually with a lightproof bag. An extra large trash bag works well. The secret is giving them 12 hours of the best sun possible. Pick a time that you can be there at both times of the day e.g., in the morning bag off and at night bag on. This is probably the hardest part of force flowering. If you do this for a month starting around the middle of June, you can stop when the photoperiod adjusts to the 12/12 cycle, around middle of June (here in Holland). This gives you the critical extra month and makes it possible to flower almost any variety anywhere in the world.

This year, we introduced our first 100 per cent female range, including strains such as; **S.A.G.E.™**, **Burmese Kush™**, **Mk-Ultra™**, and **A-train™**, to help first-time growers and anyone who wishes to experience the satisfaction of producing their own crop of cannabis. We also introduced a new guerrilla outdoor/indoor contender named **RAMBO™**. This sativa-dominant hybrid is your best bet to win the outdoor battle. As this plant is highly bug and mold resistant, **RAMBO™** will deliver where others fail. The resulting plant delivers the goods in 8 to 9 weeks and has colossal buds. The large resin-coated buds have an incredible flavor. **RAMBO™** is only available in regular male/female seed form, and is for the more professional grower.

If you are lucky enough to be able to grow outdoors, then by all means, **do it!** Free energy, unlimited ceiling height, and the ability to do this all truly organic makes it possible to get the most flavor and a big yield — two things most growers do not mind.

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The Joy of Container Gardening

By Jay Generation

For many people setting up an indoor grow-room is out of the question. No extra room, bad landlord, too many children around, etc. On the other hand being a guerrilla grower is also impractical and difficult for many, medical disabilities, trapped in the city, or lack of imagination can get in the way. For these reasons the most common and simplest gardening style for novice (and professional) growers is container plants in a private balcony or backyard. It's a joy and thrill to watch you garden grow. My favourite way to start the day is with a big cup of coffee, a large joint, and to enjoy them both outside with my plants.

Indoors I always grow in a soil-less mix of peat-moss, perlite and add all the nutrients in the water. In my experience in container growing outdoors, I've found it much better to add and mix amendments into the soil before planting. I still use Peat and perlite as the base but now I add several different amendments; earthworm castings, a mix of composted manures (steer, mushroom, chicken, etc), bat guano, fish-bone meals. Most organic additives will do fine, just don't overdue it on any one thing. Having a healthy mix of nutrient available in the soil will make it very easy for watering threw-out the growing period. Only small amounts of nutrients my need to be added part way threw.

In British Columbia we're lucky to have clean quality water. Low levels of dissolved minerals make salt build ups very, very rare. However in most other parts of the world and in city's, the quality of water for plants can be a problem. One great thing about growing cannabis outdoors is that the plant will grow so fast and have little time to develop any soil problems



from salts and minerals. Reverse osmosis works great for cleaning the water if you have high salt problems, but using only osmosis water can leach the nutrient from the plants, so watch them for deficiencies(with a good mix of soil amendment like listed above this is not usually a problem). Almost all city water is chlorinated; in these large amounts it's harmful to your plants. All experienced growers I know let the water sit in a bucket for at least 1 day for the chlorine to dissipate.

All-in-all backyard container gardening is one of the simplest and cheapest ways to produce your own medicine. And in my opinion the most relaxing and enjoyable.. Now if I only had a larger, more private backyard....

A safe and happy gardening season everyone.

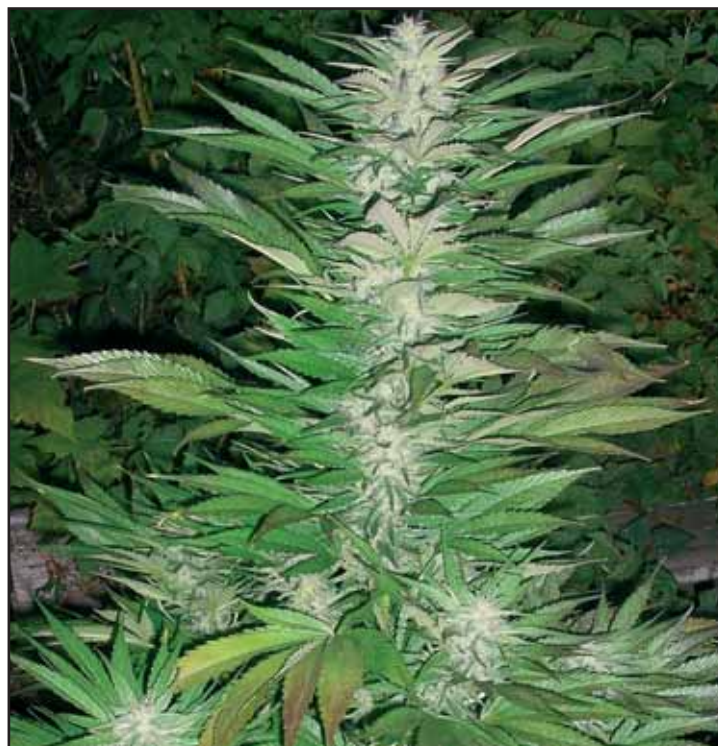
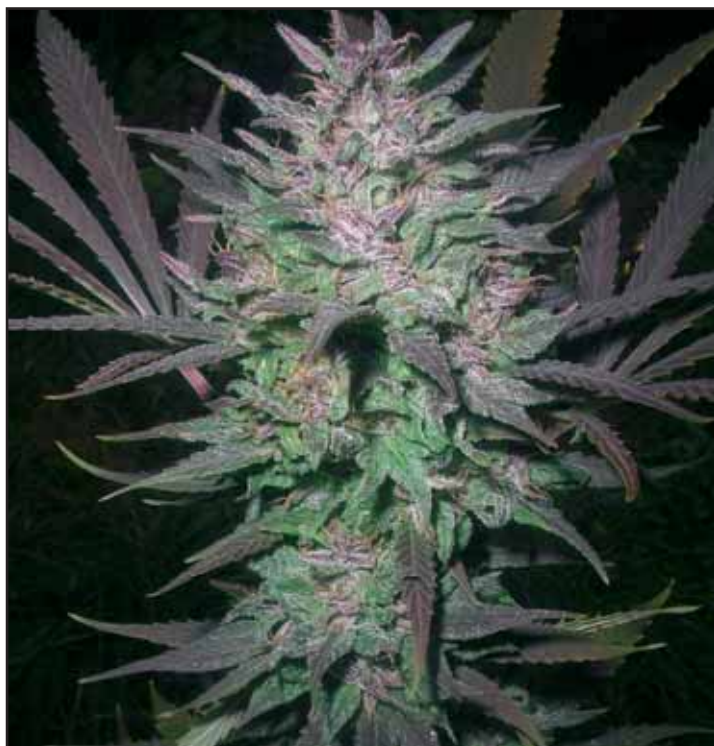
Jay 🍀

Many of our photo's and video's are posted online with
www.youtube.com/potphotoguy
 Check him out!



Cannabis is so much easier to grow under the natural sunlight, than it is under artificial lights - and much more enjoyable too. All you need is good soil, good water, and good genetics.

Clockwise from top left
Mostly BC BigBang in this corner
Grapefruit Kush on the left, Grapefruit Diesel on the right
Romulan x Diesel
Timewarp, containergrown
Harvesting some greenhouse buds





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Photo courtesy of Sonic

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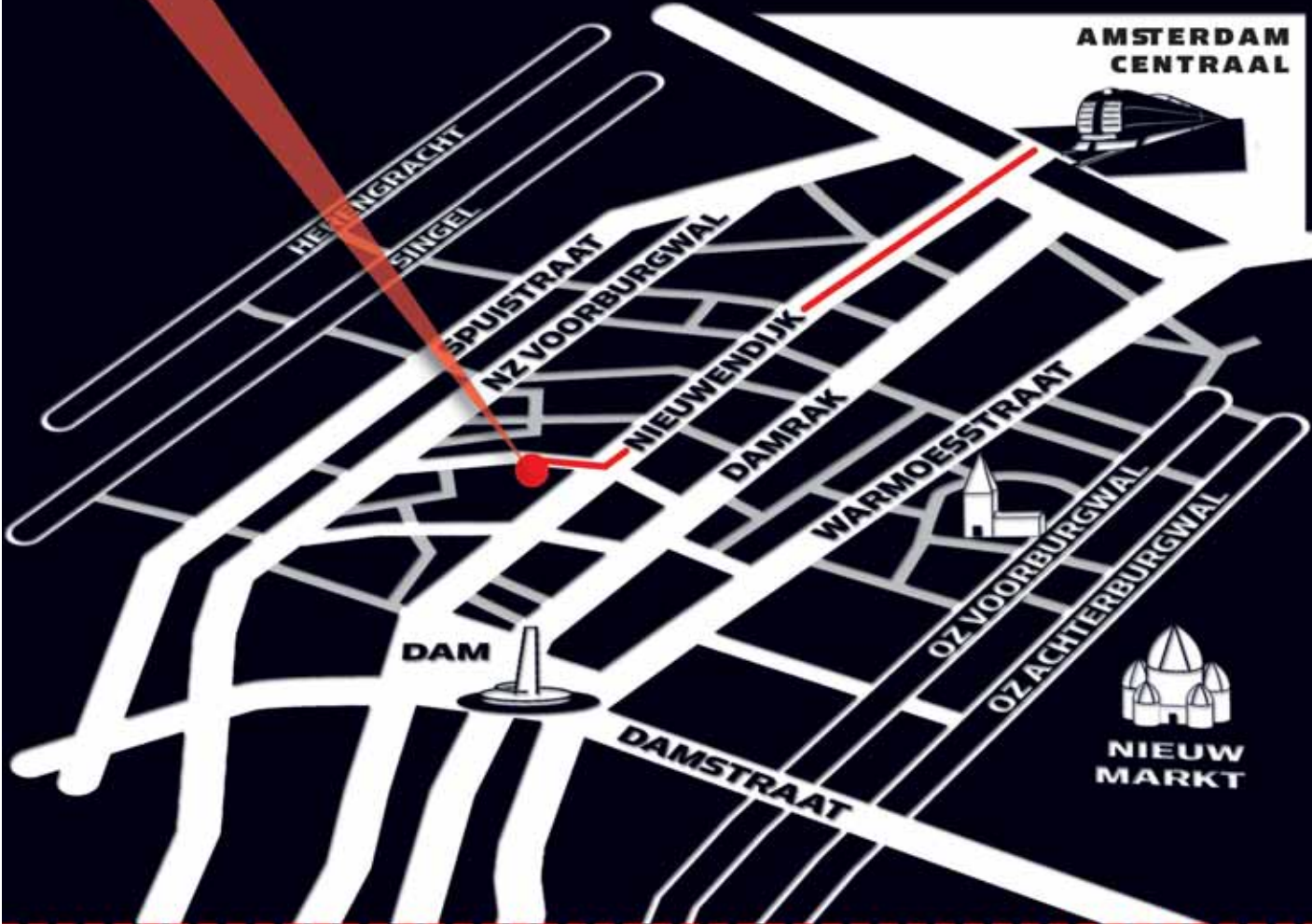
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Platinum Master Kush



Platinum Master Kush



Physical Examination

Strain: Platinum Master Kush
Breeder: Kind Meds
Grower: Kind Meds
Judge: Professor420
Date: December 2008

- Visual Appeal:** 7 Visual appeal of the buds from 1-10 unappealing-excellent.
- Visible Trichomes:** 8 Visible trichome content from 1-10 none-totally covered.
- Colors that are present in the trichome heads under magnification:**
 Clear x Cloudy - Amber - Dark -
- Colors present in the buds** and/or on a scale 1-9 light-dark:
 Green 8, White 2, Rust 4, Black 5
- Bud density:** 8 Bud density from 1-10 airy-dense.
- Aroma descriptors:** scale from 1-9 upon freshly broken bud where a one indicates a subtle presence and 9 indicates a pronounced presence.
 Earthy 3, Pine 4, Grass/hay 5, Skunk 8, Musk 6, Spice 5
- Aroma:** 9 Aroma from 1-10 repulsive-delightful.
 Use freshly crumbled bud for best results.
- Seed content:** - Seed content from 0-10 none-fully seeded.
- Weeks cured:** - If know the number of weeks your sample has been cured.



Smoke Test

1. Utensils: Vapolution

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
Grass/Hay 3, Chocolate 6, Mold 9, Musk 8

3. Taste: **7** 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: **7** smoke ability of the sample from 1-10 harsh-smooth.

6. Smoke expansion: **6** smoke expansion in the lungs from 1-10 stable-explodes.

Smoke Test Comments:

FOLLOW UP QUESTIONS

1. Dosage: **10 hits** to reach desired effects.

2. Effect onset: **5** Rate of how quickly the effect hit from 1-10 immediate-major creeper.

3. Sativa influence: **3** Sativa influence (best described as a clear and energetic mental effect) detected from 0-10 none-extreme.

4. Indica influence: **7** indica influence (best described as a sedative, lethargic or numbing effect) detected from 0-10 none-extreme.

5. Potency: **7** Rate the potency of the sample from 0-10 none-devastating.

6. Duration of effect: **1 hour**

7. Tolerance build up: **6** 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 3 Day/work 5 Evening/relax 8 Night/sleep 9

9. Overall satisfaction: **7** 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 check + off if the you got a POSITIVE effect and check - if you had a NEGATIVE effect

P Ability to rest or sit still	N Paranoia relief
P Anxiety relief	N Sex drive
P Appetite	P Sleep
P Audio perception	N Speech process
P Humor perception	N Taste perception
N Imagination/creativity	N Thought process
P Pain relief	P Visual perception

Extended Medical Survey:

- ADD/ADHD	- Depression	- Muscular movement disorders
- Allergic rhinitis	- Diarrhea	P Nausea
- Amphetamine Dependence	- Epilepsy	- Panic Attack
- Anorexia	- Glaucoma	- Peripheral nerve pain
- Arthritis/Musculoskeletal pain	- Hepatitis	- Post traumatic Stress Disorder
- Asthma/Cough	- High blood pressure/Racingpulse	- Sedative/Opiate Dependence
- Bipolar disorder	- Insomnia	- Schizophrenia
- Cancer/Chemotherapy	- Itching	- Spasticity in Multiple Sclerosis
- Chronic fatigue	- Migraine/vascular headache	
P Crohn's/IBS	- Muscle Spasm	

FINAL COMMENTS:

This strain was a very good help for my medical conditions. It was also affordable and fairly potent for its quality. I also liked the somewhat different genetics and their ability to treat my medical symptoms differently than the typical kush and purple strains.



Purple Rhino



Purple Rhino



Purple Rhino



Physical Examination

Strain: Purple Rhino
Breeder: Dr.Load
Grower: RatherBBurnin
Judge: RatherBBurnin
Date: Feb 27th 2009

1. Visual Appeal: 9.75 Visual appeal of the buds from 1-10 unappealing-excellent. This bud looks amazing. The dark purple isn't justified by a camera flash.

2. Visible Trichomes: 9 Visible trichome content from 1-10 none-totally covered.

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

Clear 10 Cloudy 50 Amber 40 Dark -

4. Colors present in the buds and/or on a scale 1-9 light-dark:
 Green 15%, Orange 25%, Purple 60%

5. Bud density: 8 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.

Earthy 1, Berry 2, Petroleum 1, Grape 2, Skunk 2

7. Aroma: 8 Aroma from 1-10 repulsive-delightful. Use freshly crumbled bud for best results.

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

9. Weeks cured: 3 weeks If know the number of weeks your sample has been cured.



Smoke Test

- 1. Utensils:** Volcano Classic on Setting 6.5 with 18" OEM volcano bag
- 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
Earthy 1, Berry 2, Floral 1, Petroleum 2, Skunk 3
- 3. Taste:** 8 Impression of the taste from 1-10 unpleasant-delicious.
- 4. State of dryness:** 9 1-10 wet-dry where 5 is ideal.
I could use a coffee grinder to a fine grind with no problems.
- 5. Smoke ability:** 8 smoke ability of the sample from 1-10 harsh-smooth.
- 6. Smoke expansion:** 6 smoke expansion in the lungs from 1-10 stable-explodes.

Smoke Test Comments:

Very clean inhale, with some lung expansion. Taste isn't outta this world, but it's there. It's a joy to smoke in a joint as well. Packs much of the same power as White Rhino, in a purple package. MUST HAVE!

FOLLOW UP QUESTIONS

- 1. Dosage:** 1g divided into 2 bowls. Each bowl fills two volcano bags, 4 bags total consumed over a 10 minute period to reach desired effects.
- 2. Effect onset:** 2 Rate of how quickly the effect hit from 1-10 immediate-major creeper.
- 3. Sativa influence:** 3 Sativa influence (best described as a clear and energetic mental effect) detected from 0-10 none-extreme.
- 4. Indica influence:** 7 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 hours
- 7. Tolerance build up:** 2 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 2 Day/work 3 Evening/relax 7 Night/sleep 9
- 9. Overall satisfaction:** 9 Rate your overall satisfaction from 1-10 poor-Holy Grail.
A true Purple strain, anyone who has seen it is impressed with the color as well as the smoke itself. A sure-fire conversation starter with even the most seasoned smokers.
- 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**
This is a definite keeper. Anyone who has seen the final product is at a loss for breathe. The purple is very overwhelming, and the high matches this.
- 12. Effect:** What effect did the strain have check + off if the you got a POSITIVE effect and check - if you had a NEGATIVE effect

7	Ability to rest or sit still	-	Paranoia relief
-	Anxiety relief	-	Sex drive
-	Appetite	P	Sleep
N	Audio perception	-	Speech process
-	Humor perception	-	Taste perception
P	Imagination/creativity	-	Thought process
P	Pain relief	-	Visual perception

Extended Medical Survey:

P	ADD/ADHD	-	Depression	-	Muscular movement disorders
-	Allergic rhinitis	-	Diarrhea	-	Nausea
-	Amphetamine Dependence	-	Epilepsy	-	Panic Attack
-	Anorexia	-	Glaucoma	-	Peripheral nerve pain
P	Arthritis/Musculoskeletal pain	-	Hepatitis	-	Post traumatic Stress Disorder
-	Asthma/Cough	-	High blood pressure/Racingpulse	-	Sedative/Opiate Dependence
-	Bipolar disorder	P	Insomnia	-	Schizophrenia
-	Cancer/Chemotherapy	-	Itching	-	Spasticity in Multiple Sclerosis
N	Chronic fatigue	-	Migraine/vascular headache		
P	Crohn's/IBS	-	Muscle Spasm		

FINAL COMMENTS:

The sample was grown indoors under 830w HPS in 3 gallons of Sunshine Mix #4. Using Advanced Nutrients Mother Earth Bloom Tea, Big Bud, Bud Blood, and Overdrive depending on the week, with Bontanicare Sweet Citrus throughout. Sample had full 10 day flush cut on day 57. Special thanks for Dr.Load for spreading these genetics around the world and taking the time to isolate the purple pheno of white rhino. This is a must-have for every garden, a true Purple strain with no cold weather tricks.



Sour Diesel IBL



Sour Diesel IBL



Sour Diesel IBL

MM

PATIENT'S TEST
MEDICAL MARIJUANA STRAIN EVALUATION

Physical Examination

Strain: Sour Diesel IBL
Breeder: Dr.Load
Grower: RatherBBurnin
Judge: RatherBBurnin
Date: Feb 27th 2009

1. Visual Appeal: 8.5 *Visual appeal of the buds from 1-10 unappealing-excellent. This bud looks amazing.*

2. Visible Trichomes: 9 *Visible trichome content from 1-10 none-totally covered.*

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

Clear - Cloudy 50 Amber 50 Dark -

4. Colors present in the buds and/or on a scale 1-9 light-dark:
 Green 50%, White 25%, Orange 25%

5. Bud density: 8 *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.

Ammonia 4, Earthy 2, Petroleum 7, Grape 2, Skunk 3

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

Use freshly crumbled bud for best results. It has a smell you will never forget. Simply amazing.

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

9. Weeks cured: 2 weeks *If know the number of weeks your sample has been cured. If desired repeat SSR after an additional two weeks of curing.*



Smoke Test

- 1. Utensils:** Volcano Classic on Setting 6.5 with 18" OEM volcano bag
- 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
Ammonia 4, Earthy 1, Petroleum 7, Skunk 3
- 3. Taste:** 9.5 Impression of the taste from 1-10 unpleasant-delicious.
Amazing taste, something you won't forget any time soon.
- 4. State of dryness:** 9 1-10 wet-dry where 5 is ideal.
Fine if using a coffee grinder to a fine grind.
- 5. Smoke ability:** 7 smoke ability of the sample from 1-10 harsh-smooth.
- 6. Smoke expansion:** 8 smoke expansion in the lungs from 1-10 stable-explodes.
Get very thick on the inhale; lung expander.

Smoke Test Comments:

Amazing taste on the inhale, but expands the lungs quickly. High has quick onset and lasts long. Smoke is a pleasure in the Volcano and tastes amazing in a paper as well. Has an insane odor; even double-ziplocked, it still smells up the room. Beware of smell.

FOLLOW UP QUESTIONS

- 1. Dosage:** 1g divided into 2 bowls. Each bowl fills two bags volcano bags, 4 bags total consumed over a 10min period to reach desired effects.
- 2. Effect onset:** 2 Rate of how quickly the effect hit from 1-10 immediate-major creeper.
No creeper here, this does what it's supposed to, and quickly.
- 3. Sativa influence:** 6 Sativa influence (best described as a clear and energetic mental effect) detected from 0-10 none-extreme.
- 4. Indica influence:** 3 indica influence (best described as a sedative, lethargic or numbing effect) detected from 0-10 none-extreme.
- 5. Potency:** 9 Rate the potency of the sample from 0-10 none-devastating.
- 6. Duration of effect:** 1.5hr
- 7. Tolerance build up:** 3 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 6 Day/work 2 Evening/relax 8 Night/sleep 2
- 9. Overall satisfaction:** 9 Rate your overall satisfaction from 1-10 poor-Holy Grail.
One of the best to come out of the closet, this is a true winner. Great taste, amazing high and a decent yield as well.
- 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**
100% keeper, something you would never get bored of smoking, but beware, the smell means big-time odor control.
- 12. Effect:** What effect did the strain have check + off if the you got a POSITIVE effect and check - if you had a NEGATIVE effect

- | | |
|--------------------------------|---------------------|
| 7 Ability to rest or sit still | 4 Paranoia relief |
| - Anxiety relief | - Sex drive |
| 4 Appetite | 9 Sleep |
| - Audio perception | - Speech process |
| - Humor perception | - Taste perception |
| 4 Imagination/creativity | - Thought process |
| - Pain relief | - Visual perception |

FINAL COMMENTS:

The sample was grown indoors under 830w HPS in 3 gallons of Sunshine Mix #4, using Advanced Nutrients Mother Earth Bloom Tea, Big Bud, Bud Blood and Overdrive (depending on the week) with Bontanicare Sweet Citrus throughout. Sample was taken at day 64 with a full flush of 10 days. This Sour Diesel is a real winner, I prefer it over the Soma version (I think!) but while both are amazing to smoke, I found this was easier to grow. Odor control is a must as both growing and storing this strain will stink up the whole house if you're not careful.



Jack The Ripper



Jack The Ripper



Physical Examination

Strain: Jack The Ripper
Breeder: -
Grower: Mz.Nice
Judge: John (Shiva)
Date: Mar 16/09

1. Visual Appeal: 8 *Visual appeal of the buds from 1-10 unappealing-excellent. This bud looks amazing. The dark purple isn't justified by a camera flash.*

2. Visible Trichomes: 9 *Visible trichome content from 1-10 none-totally covered.*

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

Clear - Cloudy x Amber x Dark -

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

5. Bud density: 6 *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.*

Floral 1, Mango 5, Fruit 2, Bubblegum 2, Lemon 6

7. Aroma: 8 *Aroma from 1-10 repulsive-delightful. Use freshly crumbled bud for best results.*

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

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



Smoke Test

1. Utensils: Joint, with Pure Hemp papers.

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
Petroleum 1, Citrus 2, Lemon 3, Skunk 3

3. Taste: 8 Impression of the taste from 1-10 unpleasant-delicious.

4. State of dryness: 6 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: 2 smoke expansion in the lungs from 1-10 stable-explodes.

Smoke Test Comments:

Very clean inhale, with some lung expansion. Taste isn't outta this world, but it's there. It's a joy to smoke in a joint as well. Packs much of the same power as White Rhino, in a purple package. MUST HAVE!

FOLLOW UP QUESTIONS

1. Dosage: 1 joint to reach desired effects.

2. Effect onset: 3 Rate of how quickly the effect hit from 1-10 immediate-major creeper.

3. Sativa influence: 6 Sativa influence (best described as a clear and energetic mental effect) detected from 0-10 none-extreme.

4. Indica influence: 4 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: 1 hour

7. Tolerance build up: 9 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 7 Day/work 7 Evening/relax 5 Night/sleep 5

9. Overall satisfaction: 9 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 check + off if the you got a POSITIVE effect and check - if you had a NEGATIVE effect

6 Ability to rest or sit still	8 Paranoia relief
8 Anxiety relief	- Sex drive
8 Appetite	5 Sleep
- Audio perception	- Speech process
- Humor perception	- Taste perception
3 Imagination/creativity	6 Thought process
- Pain relief	- Visual perception

Extended Medical Survey:

- ADD/ADHD	- Depression	- Muscular movement disorders
- Allergic rhinitis	- Diarrhea	P Nausea
- Amphetamine Dependence	- Epilepsy	P Panic Attack
- Anorexia	- Glaucoma	P Peripheral nerve pain
P Arthritis/Musculoskeletal pain	P Hepatitis	- Post traumatic Stress Disorder
P Asthma/Cough	- High blood pressure/Racingpulse	- Sedative/Opiate Dependence
- Bipolar disorder	- Insomnia	- Schizophrenia
- Cancer/Chemotherapy	- Itching	- Spasticity in Multiple Sclerosis
P Chronic fatigue	- Migraine/vascular headache	
- Crohn's/IBS	P Muscle Spasm	

FINAL COMMENTS:

This is one of my new favorite sativas. I'd rank this one right up there between Vortex and Tutti Frutti as my strains of choice. Excellent strain. Nice job, Mz.Nice!



Cherry Slyder



Cherry Slyder



Physical Examination

Strain: Detroit Lean aka: Cherry Slyder
Breeder: S_a_h
Grower: Sevens
Judge: Sonic Smoke
Date: January 5, 2009

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

2. Visible Trichomes: 6 Visible trichome content from 1-10 none-totally covered.

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

Clear - Cloudy x Amber - Dark -

4. Colors present in the buds and/or on a scale 1-9 light-dark:

Brown, Green, Grey, White, Rust, Orange

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.

Ammonia 3, Licorice 4, Peach 5, Berry 6, Blueberry 4, Fruit 9, Petroleum 1, Grape 2, Pine 3, Cedar 2 Grapefruit 1, Pineapple 3 Cherry 9, Citrus 3, Musk 3, Spice 6, Nutmeg 3, Strawberry 6, Coffee 1, Lemon 3, Orange 4, Vanilla 4

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

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

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

PHYSICAL EXAMINATION COMMENTS

Nice buds. Very dense and full of hairs. Gummy and dark. Sparkly



Smoke Test

1. Utensils: Volcano Digit

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
Ammonia 2, Licorice 3, Peach 7, Berry 7, Floral 2, Mango 2, Blueberry 4, Fruit 9, Petroleum 1, Bubblegum 3, Grape 5, Melon 2, Pine 5, Cedar 3, Grapefruit 2, Pineapple 6, Cherry 9, Grass/Hay 2, Skunk 2, Citrus 7, Musk 1, Spice 5, Coconut 3, Nutmeg 4, Strawberry 6, Coffee 2, Lemon 5, Orange 6, Vanilla 3

3. Taste: 6 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: 7 smoke expansion in the lungs from 1-10 stable-explodes.

Smoke Test Comments:

This is literally the sweetest marijuana I have ever tried. It is so sweet in fact, that I had to eventually mix it with some other strains in my Volcano to lessen the sweetness. I seriously cannot believe how much this tastes like cherries - almost maraschino cherries. The smell is almost exactly like that of a fruitcake. Actually, I smell nuts and fruit in the pre-vaped buds. When vaped, it is pure sugar.

FOLLOW UP QUESTIONS

1. Dosage: 6 hits to reach desired effects.

2. Effect onset: 8 Rate of how quickly the effect hit from 1-10 immediate-major creeper.

3. Sativa influence: 2 Sativa influence (best described as a clear and energetic mental effect) detected from 0-10 none-extreme.

4. Indica influence: 8 indica influence (best described as a sedative, lethargic or numbing effect) detected from 0-10 none-extreme.

5. Potency: 6 Rate the potency of the sample from 0-10 none-devastating.

6. Duration of effect: 1.5 hour

7. Tolerance build up: - 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 3 Day/work 4 Evening/relax 6 Night/sleep 9

9. Overall satisfaction: 4 Rate your overall satisfaction from 1-10 poor-Holy Grail.

10. Ability and conditions: 6 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 check + off if the you got a POSITIVE effect and check - if you had a NEGATIVE effect

P Ability to rest or sit still	P Paranoia relief
P Anxiety relief	P Sex drive
P Appetite	P Sleep
P Audio perception	N Speech process
P Humor perception	P Taste perception
P Imagination/creativity	P Thought process
- Pain relief	P Visual perception

Extended Medical Survey:

P Crohn's/IBS
P Depression
- Diarrhea
- Epilepsy
- Glaucoma
- Hepatitis
- High blood pressure/Racingpulse
P Insomnia
- Itching
- Migraine/vascular headache

FINAL COMMENTS:

I can tell that this was well - grown - so well cared for and a perfect job of drying and curing. This is such a super sweet taste. It is almost too sweet for me. Though, I had a connoisseur friend try it and he LOVED it. He thought it was just sweet enough. Strains like this blow me away; to actually have such a huge cherry flavor is insane. I am absolutely going to keep this strain around to sweeten up many a bitter bowl.



Harry Resin's

Jamaican Adventure

Three weeks ago, my Jamaican adventure materialized. I was in my apartment in Amsterdam with my buddies from Cubecap (Inventors of the plastic caps that fit on rock-wool cubes that are revolutionizing the hydro industry). We were talking about and looking at photos from their last Jamaican trip.

I was simply blown away by the photos and the stories they had. I decided it would make a great story and adventure, so airline tickets were booked and I was off to the land of Bob Marley. We would go into the fields and teach one of the rastas how to make bubble hash, a request left over from their last trip.

I flew from Amsterdam to Montreal as we would meet there and fly to Jamaica together. After arriving in Montreal, I was treated to a great selection of medicine. It was funny to walk into the hotel room and see three kind buds laid out in the bathroom on a white tray. It would be a great start to the trip. We had to wake up at 3 a.m. as the flight was insanely early, but after that early start, we finally made it to Jamaica.

We were picked up by Cubecap's bro, an awesomely friendly Jamaican — we'll call him Wasn't Me for the purposes of this article. He picked us up, led us to our black SUV and drove us to our villa. Quite the start to the day! At the villa we were presented with a bag of medicine that

he had selected for us. About an ounce and a half of ganja and about 115 grams of Jamaican gum. This is truly the most famous of Jamaica's ganja products, it is the famed hand-rubbed sativa hash: the stuff of legends.

After the five hour plane ride, we were eager to dip into the bags and medicate. We tore up the stash and rolled up a couple of Bob Marley-style cones, which we preceded to spark up poolside. We didn't have too long to hang out as we needed to get back to the airport to pick up another buddy, who was arriving with the bubble hash bags. He is one of the guys from High Times Canada and showed up with a bunch of much-needed grinders and the biggest bubble hash bags I had ever seen.

Everyone says Jamaica is just like the wild-west, this couldn't have been any more apparent then at the airport. People just waiting to hustle the next person to arrive in the country, everyone offering up ganja or hash. It was quite the experience to watch as they approached me, only to be disappointed when I pointed to Wasn't Me and explained we had already been taken care of. It would seem that Wasn't Me knew everyone on the island, as he punched fists with all the rastas who had approached us.

With our buddy from High Times Canada in tow, our first stop of the day would be an hour away in the parish of



Savanna- la Mar, a tiny community outside of Negril. This is where rasta Sunshine lived, the recipient of the 55-gallon bubble hash bags we brought. After smoking some of his herb, a combination of spicy and fruity flavours, we were shown his back garden, a tiny patch behind his house with about 15 plants in it for his head stash. This was the first glimpse of plants I would see on the trip and at first a rather unimpressive one. The plants were nice and full of THC but were really small and wispy. Sunshine would later explain why the plants were so small.

There is something to be said here about the Jamaican strains, the most famous being the Lamsbread. What we found, though, was that there were about 6 to 10 variations of strains from pure landrace wild sativas, to Skunks to indicas and Afghans. It was truly a wide range of hybrids and landraces. A tremendous amount of cross-pollination going on. As the stories go, many of the hash and ganja travelers of the '60s and '70s had brought seeds from their journeys all over the world. Over time, most of these have been cross-pollinated by the variety of males that they would have found, creating an incredibly diverse group of strains.

Those plants that we had seen in his head stash garden were an experiment in cloning — a rarity in Jamaica, as everyone grows from seed. This is why they had been so



Left to right
 Harry in field
 Bushier cu
 Ice strain
 Hazier purple
 Rastas in Medicinal shirts
 Sunshines gum

small. Sunshine also explained that they never use pesticides or feed the plants any kinds of food, only water. It's as organic as one gets. What set Sunshine apart was his desire to learn and improve upon his technique, and he was really eager to hear any tips we had for him. After the garden, we went back to his house and he pulled out a 16 gram piece of gum (pictured) that was one of the nicest of all the pieces we smoked. We told him what we would need for our bubble hash making day, and he said he would get all the equipment and ice together. We would then meet back at his house on Wednesday.

After Sunshine's house, we went on a quest to find some more great gum on the way back home. It's amazing, as every little roadside restaurant and bodega sells hash and ganja. We laughed as it was like every store was a roadside coffee shop. Of all the shops, two were the most impressive. One was the corn soup guy, the other was the wood carver's. The corn soup guy made some of the best soups I've ever eaten and had some of the best hash we found. Corn guy hooked us up with one his guys, who



Left to right
- Field shot
- Drying under the sun



drove with us to his house down the road where we met another rasta. This rasta had three balls of hash, two were actually bubble hash while the third was a decent piece of gum. We got a sample of the bubble hash and bought his gum and another couple ounces of ganja. This was some of the dankest of what we had found (pictured on frisbee). It was sticky and, as with all Jamaican weeds, a combination of things that ranged in smells from fruity hazes to a Skunk that smelled and looked a lot like the UK Cheese. It was a great evening smoke out after a great first day in Jamaica. Tomorrow would be a big day, as we would be going up to the fields in the mountains. On our next expedition, we stopped to fuel ourselves on fish tea and vegetable curries at a roadside restaurant that was right on the water. Stilts literally reached out the back, suspending the restaurant over the water. Also of note was the sandy dirt floor, a wild restaurant, with some of the best food we had on the trip. Great things sometimes do come in strange wrappings.

After a big meal, we piled into the SUV and drove up to the ganja mountain. Our buddy from Cubecap had been to the mountain two months prior to our visit and had witnessed them doing a ton of work with regards to harvesting and starting new seeds. They plant many seeds into small tiny dirt-filled bags and then, transplant the best of them to the fields. You'll see the view off of one of the mountain ranges, of an empty field. That same field is where we were now standing. As we emerged from the clearing, there were so many plants you almost didn't notice them at first as your eyes were fixed on the mountain in front of you. Looking around, there were about 8,000 plants facing the mountain. Spread out into one major field and one small field next to it, these can be seen in the photos. As we walked up the mountain I noticed all the white piping they had wired up onto and over the mountain. This was both their irrigation system for the plants and their source of water while they lived and worked up at the top of the mountain. The blue hut is where they dried the plants and had their mattresses set up for when they needed to crash. It was really a great camping ground, surrounded by fields of ganja. As we hiked up through the mountain, there were plants everywhere, up the side of the mountain, which had steppes on



it filled with plants. Once we got to the top, it dipped into another valley where there were thousands of more plants. In total, there were over 30,000. It was truly a site to behold as you'll see in the photos, ganja heaven.

The next few days were spent driving around and hunting for more pieces of gum. We tried to score that bubble from corn soup guy, but it would not be until two days later that we were able to track down his rasta and score the bubble. One piece was incredibly light in colour while the other was darker. It was great to try them, and both were really strong, but nothing has the taste of the gum. Another noteworthy piece was one we tried from the famed ice mountain region. This is where they grow some of the strongest ganja in Jamaica. We also got to try some of this fabled herb as we lucked out at the wood carver's, a shop that had some of the most amazing wooden sculptures we had seen. In addition, he had some ice ganja — a strain that is very light in colour and covered in resin. This ice ganja is what is grown exclusively on ice mountain. Another thing to add here is that along the way, most of the ganja we scored had little to no seeds. They really were very passionate about their sinsemilla. Some of the gardeners we encountered will keep a separate field just to make seeds in while keeping their other fields male-free. Wednesday quickly approached, and on this day we would be treated to a wonderful experience, making bubble hash in a ganja field next to one of the prettiest creeks I had ever seen.

**Top to bottom**

- Crossing creek
- Stick stir
- water pour
- Final product

We drove to Sunshine's and found that he had a surprise for us. He'd harvested some of the babies from his head stash garden and we got to sample a super dank bud, one of the best flavours yet. The piece we smoked was from the dark purple bud in the photos. After about fifteen minutes walking through fields and trails, we finally made it to the first creek we had to cross. We took off our shoes and carefully crossed the creek. On the other side we emerged up over a hill where we saw Sunshine's garden. This was actually a vegetable garden, as it was a bit exposed by a road. But amongst some of the nicest bok choy I had ever seen were a bunch of ganja plants. In fact, it seemed every spare place in the garden had ganja in it. As we got to a small bamboo table, we saw the area we would be making bubble in. Sunshine had not really prepared everything we needed as he only had about 300 grams of trim (Or "mash" as they like to call it) and he only had about 5 gallon buckets — far too small for the giant bags we had. However, as is typically Jamaican, we rolled up our sleeves and got to work making do with what we had. Sunshine's buddy, a super cheerful rasta named Willy, who had a big spliff in his mouth most of the day, joined us. Both were really great and super-friendly guys.

After grinding up the mash, we put it into the 220 screen, filled it with creek water and a bunch of ice they had hauled over. The first batch was by far the best. After working it with sticks and grinding it into the ice, we poured our water through the 25 micron bag. We figured for this first go it would be easier to collect everything. Having only made bubble hash under controlled circumstances, it was great to be spinning a load by a creek under the sun in lovely Jamaica; believe me, it beats a bathroom any day of the week. After using our primitive tools and the small buckets, we were able to collect a decent amount of hash. Sunshine wrapped the piece in a plastic bag, poked some holes into it and rubbed it flat with a bottle to get all of the moisture out. Once we were done, we tidied up and walked back to the house to weigh out our newly made piece of bubble hash.


In the end, it was about 20 grams wet. Even though I rinsed it in the creek, it was still pretty green, but was really sticky, even at this wet stage. All in all this was one of the coolest experiences I have ever had the pleasure to enjoy. It was such a great vibe with the rastas as they

really enjoyed learning the process. What a wicked time we all had!

It was time to bid farewell to Sunshine and go back to our villa, as I was leaving the next day. After enjoying the last sunset in Jamaica, we smoked the last of what we had accumulated and called it a night. The next day, Wasn't Me and the guys drove me to the airport to see me off. I was really sad to go. I'll say this about Jamaica, it was an incredibly friendly place and we were very lucky to hang out with the locals and live life a bit local style, but we were warned on many occasions that it is still a rough place. As Wasn't Me was driving us through some of the parishes on the trip, he pointed out several places where people had been killed. Generally, as a tourist, if you keep a straight head and smoke privately you'll never have a problem, just be safe. I would certainly recommend Jamaica to anyone wanting a great trip to the sun with some of the world's best hash and ganja to enjoy. I was sad to say good bye to Jamaica and my new friends, but look forward to a return trip to the land of irie mon. Jah bless.

Much thanks goes out to Marco, who picked me up from the airport in Toronto. And a big thanks to Buzzworthy and the TY crew I met in TO.

Keep your eyes peeled for a future Jamaican addition to the Strain Hunters series from the Greenhouse, as they were invited by my Cubecap buddy. Should be awesome.

Peace,
Harry Resin 



Product Review

“Sentinel” VCG27

propane burning CO2 generator



by Gord Hume

partially disabled ex CDN Armed Forces Mechanic.
Federally exempt medical marijuana grower-consumer.

This issue I will explore a couple of products from the “Sentinel” line-up.

The first is the VCG27 propane burning CO2 generator. This is a high capacity CO2 unit with a difference. My thanks go out to the great folks at www.growgps.com for providing this equipment for my review.

The VCG27 accomplishes CO2 production anywhere from 5.3 cubic feet per hour to a maximum of 26.7 cubic feet per hour of CO2 through the use of specially designed brass burners. We all know that one of the most common ways to boost CO2 is to burn propane and reap the benefits of the CO2 produced as a “by-product” of the combustion process. Here is where the VCG27 stands on its own — the VCG27 is an “adjustable output” CO2 generator. If you look at the detail picture, you will notice a couple of selector knobs, which dictate how many of the 10 brass burners are lit each time the unit is turned on. More burners equals more CO2 produced. More CO2 produced also means more heat produced, however, the folks at growgps.com are working to develop a heat extraction system for this sweet unit as this is written.

The control knobs allow you to select to use a combination of 2, 5, 7, or all 10 of the brass burners. This is a very handy feature to help you fine-tune your CO2 production and help you manage any excess heat produced more effectively.

The VCG27 comes complete with a power supply for the electronic ignition box (24 volts DC) as well as a 12 foot low pressure propane hose complete with a standard tank fitting connector (for use with a BBQ style propane tank). The top of the unit comes with attached hook eyes for suspended operation; please be very careful when choosing your hanging location, as there is a fair amount of heat that escapes from the top of the unit. Be sure to keep a minimum safe distance from any combustibles.

The ignition box is the brains of the unit. This little mystery box contains the ignition unit as well as a safety tip-over switch that will stop all function of the unit in the event of it accidentally falling over (past 25 degrees of slope). This is a great big plus as compared to the “standing pilot light” variety of generator, for at least a couple of reasons. The first is the obvious lack of an open flame that burns even when the unit is in stand-by mode. The second is the lack of excess heat generated by an un-needed pilot light.



The ignition box houses the unit's indicator lights as well. These indicator lights give you visual clues to show you how the unit is running: number of valves open, power on and trouble shooting information in the case of a non-functional unit. A nice feature built into this unit is the use of “dual redundant” solenoid valves to control the flow of propane gas. Next to nothing is left to chance with this unit! If the unit does not sense a correctly burning ignition, the unit will shut off automatically.



The unit is very well constructed, with heavy-gauge metal and powder coated for a long lasting finish.

To sum up this device, I would have to say that on its own, this is one fine CO2 generator! You can use a timer to dictate your generator “on time,” but better yet would be a CO2 parts per/million controller/sensor. If you have a budget to supplement CO2, I would very highly recommend this unit as a great first purchase!

Definitely a “Two Thumbs Up” piece of gear! 🍀

Da Buddah Vaporiser and Oil Diffuser

By Dr Dog



whip to stretch it out seemed to do the trick.

A temperature gauge of some sort would be great as well, as there are no markings whatsoever on the unit. While you will get the hang of it with some practice, I do not recommend using at the highest temp setting as it must be the same as smoking the bud to start with. I was using mine at about the 75% area.

Well first off, while I can honestly say I would generally not even know what oils to put in here, I can think of one medicinal herb... As you can see, pretty plain, no-frills design.

It is heavy for its size, made from heavy duty aluminum. Da Buddah easily weighs a couple pounds.

It has a wide base that gives it a sturdy stance completed with rubber feet, preventing one from tipping this unit accidentally. Even hitting it with my elbows fails to knock it over.

This is a whip/wand style vaporizer, so it has no bags, just a piece of pyrex glass and a long food-grade rubber hose. I did find the hose a bit unmanageable at first because it was coiled, but I pulled and tugged on it to straighten it out.

It comes preloaded with a metal screen, making life a bit easier so essentially it is plug and play. Speaking of plugs, it comes with a 6 ft power cable, so you can easily sit far away from a wall or wherever

you decide to plug it in. I was using it on my coffee table and it was like it was cordless.



The on/off dial is pretty basic, a metal textured knob, with a solid "click" off state, making it easier to tell if you have left it on. There is also a small led indicator just above the power supply in case you don't see the red glow from the ceramic element.

I did have an issue with the torque the wand generates pulling the wand and whip out of the female adapter, thus spilling precious herb out of the wand. That seems to go away with use; a good pull on the



This unit lists for \$219 USD and comes with a few freebies such extra screens, a marble pick and a storage bag. It's design allows for upgrades and other attachments, letting you change almost all aspects from a wand to the base with colorful modifications.

If you are looking for a good vape that is not going to cost you \$400+, you may want to check this out!

Thanks to Steve at SSV for sending us this unit to try! 

Massively Medicinal Munchies from Moe's Medibles

the dog

When I first heard about this Moe Medibles thing, I was kind of left scratching my head, basically wondering why.

My only really experience with weed-infused anything was either a creation of my own or my buddy, grinding up a lot of trim and either adding it to a pre-made mix, or cooking it in butter for a while.

Needless to say, they were not the tastiest things out there, but would they ever medicate you. I am talking comatose, on the couch, asleep in an hour.

So why would anyone want to start a business making these things? They look terrible, and taste worse.

However, I was recently offered the opportunity to try some of these Medibles. Of course, having 75 per cent of my life devoted to cannabis, who am I to turn down an offer?

I first got them in a large ziplock bag, with "the dog" written on it. I love when people call me by my alias, makes me feel like I am doing something right.

The Medibles looked awesome! I could not tell that they had anything in them other than the obvious ingredients! And tasty-looking? I was impressed.

Alas, I had to drive the day I got them, so I could not try one then, having no idea what they would do to me. I anxiously awaited the arrival to my house, so I could try one of these bad boys and go watch some movie I have seen more times than I care to admit. A nice body high while vegging would have hit the spot that day — or any day, for that matter.

I first tried the chocolate chip cookie as I was told that there were two strengths: strong, and "go lay down." I figured I would start slow and try the strong choco chip, which tastes great. This has got to be too good to be true. So i go lay down on the couch. Well lo' and behold, my legs are starting to numb out a bit. Not in a bad way, but you know that feeling when you are just about to go to sleep, and you kind of lose feeling in your legs? Well, that is what it felt like.



The feelings of being medicated lasted long after my 6 hour nap. I have been eating them pretty frequently over the last few days, and I am far from being disappointed with the quality. And, most likely you will be impressed too! 🍀

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TY Continues the Education at the Toronto Home and Garden Show

By Al Graham

Photos by Frank T.C.C. # 058

An elderly man walks up to us and says, "Will marijuana help me with this?" as he removes a glove from his hand. I look down as he pulls his hand out, revealing fingers that are swelled up from severe arthritis and no longer pointing straight out from his hand, but more on an angle. The man continued, about how his doctor had prescribed many drugs over the years and that he had suffered many side-effects from them. A lady walks up and she is pale-looking. She says she is suffering from Crohn's disease and has had enough of the steroid treatment that her doctor has her on. As with the other gentlemen, she too wants to know if marijuana can help her.

Scenarios like this came at us all weekend long. After we talked with one person, another person would fall right in behind them with their story of a terrible illness, whether it was to a loved one or with them. Some of these were so sad that they can really touch not only you but also those around the area who are maybe listening in. Experiences like these and many more were repeated over and over again as our group, MA, assisted Treating Yourself founder Marco Renda at Toronto's Annual Spring and Garden Show. As with the past shows, the gang from the Toronto Compassion Centre joined us. It's always great to see Chad, Willow and Marko out to educate the uneducated. Every one of these people, with sad stories, left the booth with a smile, a wave goodbye and the assurance that there are people getting out there.

While last spring's show had an unexpected deep dumping of snow, this one showed no signs of the slowing economy as many people attended throughout the 4 days. This time around, it felt like some of those early shows, when the halls were pretty full and the booth was very active.

As in the past, the TY table had many Treating Yourself magazines on display, as well as our MA brochures. This time around we added a laptop to the

display, which allowed us to display pictures of previous home shows, as well as other event pictures. Of course, we had some nice crystal-covered bud shots included in the side show, which ran all day. Beside the laptop stood a Herbalaire vapourizer, which helped us to inform everyone on its medicinal benefits and how vapourizers work. Our group brought in 700 brochures and close to 500 handouts from previous shows. All were gone when we left four days later. Magazine sales were up as well, as we sold about 40 per cent more during this show than past ones. On display for the first time was the new Treating Yourself banner. It has the Treating Yourself logo in black while the material is white and light as a feather, but still big and durable as always. The medicinal red cross and green leaf stick right out and cannot be missed.

I must not forget the plants. As reported in the last show article, no plants were present because of some smell complaints management at previous shows. After some discussion, we were allowed to bring in some small plants that were still in the growing stage. The two small plants that we proudly displayed were a White Widow and a Medifem SS from the Finest Medicinal Seed Company. While everyone knows about the White Widow, many are just learning about the Medifem SS, which is a Sour Diesel crossed with S.A.G.E..

While we were busy doing this, the gang from the TCC were proudly displaying their new table. Along with educational information, the group had a very attractive alternative consumption method stand set up. On this stand were medibles, cannabrex pills, tinctures and balm cream. The display alone was attracting people and when they realized what it was, you could see the smile come onto their face. Many of those smiles turned into lots of questions about the display and how the items worked medically.


The first days while Shiva and I were there were

steady, but come Saturday and Sunday, things really picked up. Sunday was so crazy that while Rich and Grama Dee were busy handing out the paperwork, I worked full time putting handouts together. Even though we had more material than what we had in the past, I believe we'll have to double our educational material for the next show.

Reefer Reporter Wendal Grant, who broadcasts on the Quinte-area radio station, Rock 107, made his weekly report live from the booth. Wendal talked to his radio audience about the booth at the show and what all was on display. He touched on how supportive everyone was when they came to our booth and what they had to say to those working it. He let everyone in the radio world know that people were saying things such as, "We need more people like you guys educating everyone," "keep up the great work," and "I'm in the health field and my patients thank you." It's good to see that the station allows Wendal to do this and we know he is very thankful for the opportunity to do so. If you want to catch more of Wendal, you can catch his live cannabis news reports every Saturday at 4:45 p.m. EST at www.rock107.ca

Every day, the booth had a familiar visitor. Hashimoto stopped by and so did Mamahawk. There was the group that came from Belleville to help Wendal cheer on the hometown crowd while he was doing his live broadcast. As well, the crew from Moe's Medibles made an appearance. There were even two guys who arrived clutching a MA card, telling me where he had gotten it while requesting some information about his application. It's nice to see support from local friends as well as those that travel a long distance to get to the show.

Many of those who came to us were above 45 years of age. I would say many were in their mid-fifties to the early seventies. When you do the math, you see that these are the flower children of the '60s and are no longer the older grouchy, leave-me-alone older person that we knew of while we were younger. These are the people who understand marijuana more than what many would think. They are not the stereotype "old person," but more of an educated person from a different time. It is these people who will help make marijuana a more acceptable medical alternative within society.

As in the past, our group thoroughly enjoyed to have this opportunity to help educate the uneducated. We'd like to thank Marco for allowing us the chance to do this in such a large public setting. Our group has now taken this experience and has started to participate in wellness fairs, fairs that invite people to come and see an alternative in healthcare that doesn't come in a pill. 

Top to bottom

The group, almost all here. Missing are Shiva and Marco
Shiva and Al ready to get started
TY founder Marco Renda talks with a supportive visitor
TCC alternative method display



The Continuing Adventures of MA

By Wendal Grant

The Evening of Love - 02/14/09

In the continuing adventures of MA (Medicinal Marijuana Awareness) our group ventured off once again to the big city of Toronto, this time to attend The Evening of Love fundraising event. This celebration of love was held Valentines' Day evening at a hall deep inside the city. Of course there was the Valentine's Day celebration but there was also the atmosphere of togetherness as everyone was there to help out those who help the sick. Those people would be the fine people who suffered from the recent raids to Buzzworthy's and the Kindred Cafe. These are two places that end up having their employees paying the price by being charged with different cannabis related charges — merely for helping us sick people.

Hotel

With so many of us from the group coming from different areas and places, we all decided to meet at our hotel room. When we all arrived to our motel rooms, got all settled in and then gathered together. Our hotel allowed us to medicate in our "smoking" rooms, which we were very grateful for. Our friend Vycki uses this hotel often and has been able to form a first-name basis with many that work there.

Vycki and her friend Stoniepooh, who had spent the previous night at the same hotel, were there and ready to greet us as we arrived. Shiva attended with his family, who had just arrived from a few days at Niagara Falls. Robert and Barb were in the process of going from here to there and seemed to have been on the road for a few days before arriving at this hotel, while Rich, Bill and Grama Dee and myself came along in the mid-afternoon after a busy morning of shopping. We all gathered in Robert and Barb's room for a meet-and-greet session. Some of us, like Robert and I were meeting for the first time while others were getting reacquainted with fellow Hempfest friends. There were many handshakes and hugs passed around as everyone arrived.

When everyone was counted there were ten of us to shuttle south to the night's event. With so many of us present, we had to come up with a way to get there all safe and sound. The previous day, Vycki and I had discussed this problem and came up with many options. Do we take 3 cabs; do we take a few of our vehicles or what about a limousine? Vycki made many calls and then informed me that the limo was actually cheaper than the cabs and we all know it's safer than us taking our own vehicles.

Once everyone had eaten a light dinner and our new friend Kyle arrived, we all went up to the front door for what was for most of us our first ever limo ride.

Limo Virgins

The limo ride was a true ride of limo virgins. A show of hands showed that a majority of us had never even been inside a limo before.

The limo arrived shortly after we had all gathered at the front door of the hotel. Tonight's ride was to be in a stretched Ford Excursion. It was all decked out in chrome and a bright white paint job. The limo had a corner booth section in the rear while it had a bench running up the side behind the driver's seat. Of course all the seats were covered in leather. Across from the bench were the bar and two T.V. monitors. While we didn't find any alcohol in the bar we did find the ice cube container full. This ice came in handy when we departed. Later that night it would be needed to fill our 2 Buzzbuckets. With the dark tinted glass it was hard to see outside, but with the flashy light show going on, on the inside, who really cared what was going on outside? The inside of the limo was like driving in a lit-up disco lounge.

Colours were flashing and streaming on every edge and surface you could see as the music filled our ears.

Our driver was making sure we had a trip to remember and that he did. Thank you, Frank.

Fundraising Party

As sick people we don't often get a chance to have a good time so when the opportunity comes that you can attend, we get there. This fundraising event, The Evening of Love, was just that — an evening of love. The place was full of people who support the workers of these two cafes



and they were not disappointed. The event had several musicians and comedians on the bill for the evening which would keep everyone either tapping their toes or laughing in their seats.

When our group first arrived I noticed the prize table sitting out front. There were many prizes on the table for everyone to get a gander at while more prizes were inside. Just inside the door was a long table featuring Moe's Medibles. Moe had a list of medibles that will make your mouth water. He had quite an assortment on the table for everyone to try with a list of other baked goods he has available in his cookbook. The first lucky ones to arrive tonight each got a free sample of Moe's baking. All agreed that they would enjoy of his medibles as the night went on. Along another wall was the food. There were salads, soups, lasagne and vegetarian dishes, as well other delicious-looking foods for all to enjoy.

The musicians took turns singing in between comedian performances while lawyer Paul Levin got to get a few words in on the status of the marijuana issues and other related topics. The place filled with supporters as the night went on. There were many TY people present. Behind us were Mamahawk and Clear Head C; both made the many hour journeys from way north of the city to attend, while others like Pothead Pete drove for a much shorter 3 hours to arrive here tonight. It was great to see people willing to drive so far to support these people.

The night's events just didn't include music and comedy. There was also a magician present in the gathering. He spent the night going from table to table doing card tricks and keeping people entertained. As the night got closer to an end it was his turn to take the stage. He performed many acts that left everyone wondering, "how'd he do that?"

Then the prize draw started and boy did it start flowing. There were many prizes to be handed out and for the people sitting at our table they were able to see them up close. They were able to do so as it seemed that almost every other prize came our way. It came to a point that when a number was drawn, the crowd would look our way. Buzzbuckets, posters and many other items were sent our way as lucky number after lucky number was drawn. It was just as surprising to us as it was to those in attendance. When our driver arrived we had to depart. So we handed off our tickets to others that sat around us. We were told afterwards that the new owners of them went home with something.

When I arrived home the next day I realized my digital camera's memory stick was missing and of course the pictures from this event. After a few quick calls I was able to retrieve my memory stick and the pictures within this article. Thank you Buzz, "M" and Marco!

MA members would like to thank all who put on such a wonderful time for the many that attended. Without you, these events just wouldn't happen.

Grow Op Tournament 03/01/09



Once the Evening of Love was completed, we moved our sights onto something new. We wanted something different and something that we haven't read about anywhere. It had to be something that we could do inside in the middle of winter and would bring people together. After some discussion amongst the group we decided to hold a board game tournament featuring the "Grow Op" game.

If you've never heard of this game before, think of the game Monopoly. Almost everyone has played this game and a lot of the stuff in Grow Op comes from the same thinking. There are differences, but the idea is similar.

A location was picked and a list of people to invite was made up. As we planned this day, it was decided that our group would supply lunch for everyone. As well, it was decided that our group would purchase some prizes that we could hand out to the winners. Vycki contacted her friend Theresa at the Peterborough, ON Chills store to see what our group could get for our money. After some searching through the store and discussing it with her friend, Vycki was able to come home with some worthy prizes for all the top three positions. For coming in third you would win a Chills fridge magnet, 3 packs of Chills papers and a Chills rolling machine while second place earned you a locally hand blown glass pipe. The top grower on the day would go home with a Tommy Chong approved "CHILLTRONIC" LED light-up Zong. This bong not only glows in the dark but it's also equipped with a flashy base that has more colours and moves than a disco ball. Chills has a Tommy Chong autographed version of this bong on display at the store so the business backs that claim. Once everyone was invited and the guest list was filled, things got rolling. It was decided that we would go with 15 to 18 people to fill the three game boards we had available to us. This list didn't take long to fill up and it would allow 5 or 6 people play at each table. It was determined that this would make for a good game at each station. Out of all these people, less than half of them had ever heard of the game, never mind playing it.

Once the day arrived Bill got the chili cooking while Grama Dee got the place all set up. Once everyone had arrived and did the meet and greet thing, we had to get seated. The tables were numbered one to three and every-

one was assigned a number to sit at a table. This allowed us to mix everyone up and allowed everyone to sit with people they didn't know. The one thing that we did make sure of was that each table had an experienced person to be able to deal with any questions.

Before we got going, I reviewed the general rules with everyone and reminded everyone to speak up if they had a question. With this game being like Monopoly, in the way it could take days to end; we chose to set the day up with two, two-hour games. Your total score of these two games would end up being your total score for the tournament. On display for the day was a sample of TY ROOR Bong that everyone has a chance on winning. We reminded the players that whoever had a copy of the last two issues of TY magazines should get their entries in on this marvellous piece of work ASAP. As well, off to the side were the ever-flowing chocolate fountain and the infamous Buzz Bucket for those who could and needed to medicate.

Away we went, almost on time.

Game one got started before eleven so we could finish up at one for lunch. As things got going, you could hear the sounds of moans as people were led off to jail or the screams of excitement as people were successful. The screams got louder as people were able to get bigger harvests off and were able to reap the benefits of prohibition. The "benefits of prohibition" you ask? Prohibition keeps the cost of cannabis high, so prohibition is a benefit to those who profit from it illegally. Lynn, a newbie to this game, ended up being the winner of round one as she was able to accumulate an estate worth over \$135,000.

After lunch, we reset the tables again. Like in the first game, everyone was given a number to direct them to a table. This worked well the second time as only a few people actually stayed where they were seated. Like the first game, the noise was loud and the action fast and furious. People were getting houses set up and then losing them to the police or bikers as they tried hard to catch up with Lynn's excellent first game score. Many took risks which ended up putting them in jail and eventually leading them to bankruptcy. Just like in the first game, time really flew and before we knew it, time was almost up. We gave everyone a ten minute warning and before calling it quits. Everyone added up their estate value again and handed me their scores. Once all the scores were added up, it was getting really close to 4:20 p.m. and we thought it would be nice to end the day at the best time of the day. I announced out the winners from third to first. Third place went to Shiva as he battled hard in his first-ever experience playing this game. Second went to our friend Mike, an owner of one of these games, but he had to have a super

second game to narrowly beat out Shiva for the glass pipe. No one could catch the red hot, the inexperienced Lynn. Lynn showed that her first game score wasn't just luck as she beat her first game score to become MA's first ever Grow Op Tournament Champion. Just as we crowned Lynn the winner, the alarm clocks within the room started to ring and sing as our cell phones struck 4:20.

MA would like to thank everyone for attending our tournament. As well, we would like to extend a thank you to Chills in Peterborough.

A special thank you goes to Ross, Mike, Deb and Bonnie for supplying us with their game boards and last but not least to our hosts, Bill and Dee — without your hospitality we may never have pulled this off.

MA can be reached at ma@treatingyourself.com 🍁



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Carrie's Extra Strength Canna Extra Virgin Olive Oil

This is a strong olive oil done by a double extraction, with 2 batches of meds infused into 48 oz of olive oil. A batch is made from 1 oz indica buds and 4 oz of nice leaf (sugar leaf if possible) and makes 1 tbsp = one strong dose. I use this olive oil for my topicals and love adding it to hummus and pastas.

Items needed

- ✓ crockpot
- ✓ lined baking sheet
- ✓ metal wire strainer
- ✓ turkey baster (optional)
- ✓ clear large container
- ✓ 48 oz extra virgin olive oil
- ✓ 28 grams bud
- ✓ 112 grams leaf



i.ehow.com

co-abundance.com.au

First extraction

1. Preheat oven to 300° Fahrenheit
2. Crumble 1/2 oz bud and 2 oz leaf, spread evenly on the lined baking sheet (do leaf and bud separately for even results!)
3. Bake in the middle of oven for 4.5 mins
4. Add to crockpot with olive oil (no water yet). Keep on low for 2 hours, stirring as much as possible. If the "low" setting on your crockpot is making the oil too bubbly and hot, use the "keep warm" setting.
5. While it's still hot, strain the oil through strainer. Be sure to squeeze the hell out of the weed to get all oil out.

Second extraction

6. Add strained oil to crockpot with the 24 oz water, the last 1/2 oz bud and 2 oz of crumbled leaf. Stir well, put on "high" for 2 hours, then on "keep warm" for around 18 hours (Great to leave overnight).
7. Pour the oil through strainer. Be sure to squeeze well again.
8. Let cool. Put into a clear or transparent container in order to see oil and water separation. Use the turkey baster to take off top oil layer or freeze and chip the separate oil when more solid (5 hours worked nicely to freeze and scoop off top water)
9. Store in a cool dark place; for longer periods, store in freezer.



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ARJANS HAZE #1	\$185.00
ARJANS HAZE #2	\$130.00
ARJANS HAZE #3	\$125.00
ARJANS ULTRA HAZE #1	\$125.00
ARJANS ULTRA HAZE #2	\$125.00
ARJANS STRAWBERRY HAZE	\$125.00



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EARLY MISTY	\$105.00
WHITE RHINO	\$105.00
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KUSHBERRY	\$235.00
LEMON SKUNK	\$235.00
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List of Feminized Indica Strains \$75 / Euro 50 per pack 5 seeds



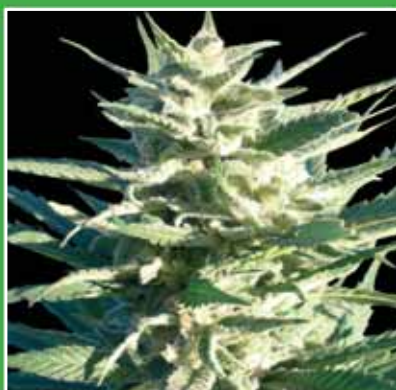
White Rhino

Genetic origin:
Afghanistan, Brazil, India
Flowering time indoors:
8 weeks
Production indoors:
up to 2.5 oz per square foot
Flowering time outdoors:
harvest end September-begin October
Production outdoors:
up to 1.8 pounds per plant,
depending on size
Smell and taste:
sweet, fruity smell. Taste is very intense,
sweet and floral
Effect:
narcotic, very stoned
Medicinal properties:
used with great success as pain relief,
against ms, and as a sleeping aid



Citrus Skunk

Genetic origin:
Citral x Skunk #1
Flowering time indoors:
8 weeks
Production indoors:
up to 1.8 oz per square foot
Flowering time outdoors:
harvest end September-begin October
Production outdoors:
up to 1.8 pounds per plant,
depending on size
Smell and taste:
sour, citrus-like skunky smell,
pungent tangy lemony taste
Effect:
strong hit, high cannabinoids content
Medicinal properties:
pain relief, depression



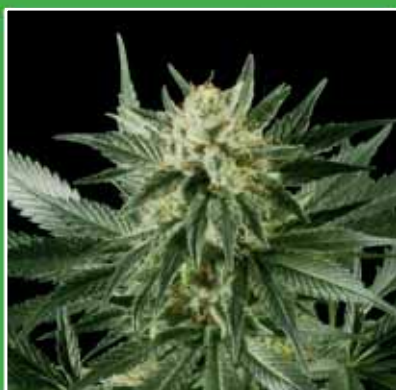
Skunk NL

Genetic origin:
Skunk #1 x Northern Lights #5
Flowering time indoors:
8 weeks
Production indoors:
up to 1.5 oz per square foot
Flowering time outdoors:
harvest end September-begin October
Production outdoors:
up to 1.5 pounds per plant,
depending on size
Smell and taste:
sweet apple smell, fruity taste
Effect:
mild high, mild stoned
Medicinal properties:
the high CBG content makes it very good
against high blood pressure



White Widow

Genetic origin:
Brazil, India
Flowering time indoors:
8 weeks
Production indoors:
1.5 oz per square foot
Flowering time outdoors:
harvest end September-begin October
Production outdoors:
up to 1.5 pounds per plant, depending on size
Smell and taste:
pungent, spicy, peppery indica smell,
with a sweet and a spicy side taste
Effect:
very intense, fast flowing, high and stoned
Medicinal properties:
indicated for appetite stimulation, anti-depressant
and pain relief



European Distributor:

KULU TRADING

Spanish Distributor:

World Seeds
www.worldseeds.com

Online retailer:

Seed&Spark
www.seedandspark.com

List of Feminized Sativa Strains \$95 / Euro 70 per pack 5 seeds

MediKush

Genetic origin:
Kush x Sage
Flowering time indoors:
9 weeks
Production indoors:
up to 2.3 oz per square foot
Flowering time outdoors:
harvest mid-end October
Production outdoors:
up to 2 pounds per plant,
depending on size
Smell and taste:
sweet and musky, with a very moss-like
background. Intense kushy flavor.
Effect:
stoned, yet creative and social
Medicinal properties:
pain relief, depression, insomnia, ms



G13

Genetic origin:
US government secret labs
Flowering time indoors:
11 weeks
Production indoors:
up to 2 oz per square foot
Flowering time outdoors:
harvest end October-mid November
Production outdoors:
up to 2.5 pounds per plant, depending on
size
Smell and taste:
mint, fresh smell. Strong forest and musk
flavor, spicy background
Effect:
very high, creeps up fast and lasts long
Medicinal properties:
depression, appetite stimulation

MediFem SS

Genetic origin:
Sour Diesel x Sage
Flowering time indoors:
9 weeks
Production indoors:
up to 2 oz per square foot
Flowering time outdoors:
harvest mid-end October
Production outdoors:
up to 1.5 pounds per plant,
depending on size
Smell and taste:
sour and tangy, smells like kitchen
herbs, thyme and sage. Pungent flavor
Effect:
fast hitting, long lasting, mild stoned,
creepy high
Medicinal properties:
appetite stimulation, arthritis, pain relief



Amnesia Haze

Genetic origin:
Super Silver Haze x Cambodian
Flowering time indoors:
10 weeks
Production indoors:
1.8-2 oz per square foot
Flowering time outdoors:
harvest end October
Production outdoors:
up to 2 pounds per plant,
depending on size
Smell and taste:
nutty, spicy, peppery sativa smell.
Taste very incense-like and musky.
Effect:
high, very cerebral
Medicinal properties:
depression, appetite stimulation

Peace Maker

Genetic origin:
India, Brazil, Skunk #1
Flowering time indoors:
7-8 weeks
Production indoors:
up to 2 oz per square foot
Flowering time outdoors:
harvest end September
Production outdoors:
up to 2 pounds per plant,
depending on size
Smell and taste:
sweet, fruity smell and a peach-apricot
flavor, with a chemical note to it
Effect:
strong body effect, long lasting,
very stoned
Medicinal properties:
ms, arthritis, insomnia



Northern Lights 5 Haze

Genetic origin:
Northern Lights #5 x Haze
Flowering time indoors:
10 weeks
Production indoors:
1.6 oz per square foot
Flowering time outdoors:
harvest mid-end October
Production outdoors:
up to 1.6 pounds per plant, depending on
size
Smell and taste:
chemical and hazy smell, with a softer
taste of moss and forest dew
Effect:
high, long lasting, very social
Medicinal properties:
pain relief, appetite stimulation

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One lucky winner will be chosen for each prize. GOOD LUCK!!!

Deadline for contest entry is August 1/09



complete with carrying case!

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Treating Yourself
The alternative medicine journal

Deadline for contest entry is August 1/09

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Address: _____
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Postal / Zip Code: _____ Country: _____
Home Phone # : _____ Best time to call? _____
Email Address : _____

Please mail completed entry form to:

Treating Yourself,
Attn: Roor contest,
250 The East Mall, P.O. Box 36531,
Etobicoke, Ontario.
M9B 3Y8 Canada

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 1/09

Winners name will be announced in Treating Yourself issue # 19

Winner will be contacted by phone / mail / email so please be sure to provide your contact information in full.

ALL INFORMATION WILL BE DESTROYED IMMEDIATELY AFTER A WINNER HAS BEEN PICKED AND CONTACTED

KDK DISTRIBUTORS & HERBALAIRE GIVEAWAY Winners

Our latest 2 winners are Nicole and Kyle.



Nicole B.
Washington, USA
Nicole is a medicinal patient and advocate.



Kyle Andrews
Ontario, Canada
Kyle is a medical marijuana patient who volunteers his time at Rainbow Medical Cannabis.

Yes, we are still giving away herbalAire Vaporizers!

Each and every issue of TY Magazine, HerbalAire and KDK Distributors will each donate a HerbalAire Vaporizer to deserving med patients. Thanks to all those who have responded to our contest. We have received many letters from eligible people around the world. Judging the entries is never easy, but we believe we have chosen two more winners who are truly deserving of a HerbalAire.

Issue 15

TY ROOR® Contest WINNERS

Roor package winner:

J.H. from Jamestown, New York

Volcano winner

K.S. from Arlington, Virginia

Online Roor Package winner

N.C. from Belleville, Ontario

**Please keep those entries coming.
We know there are many more lucky winners.**



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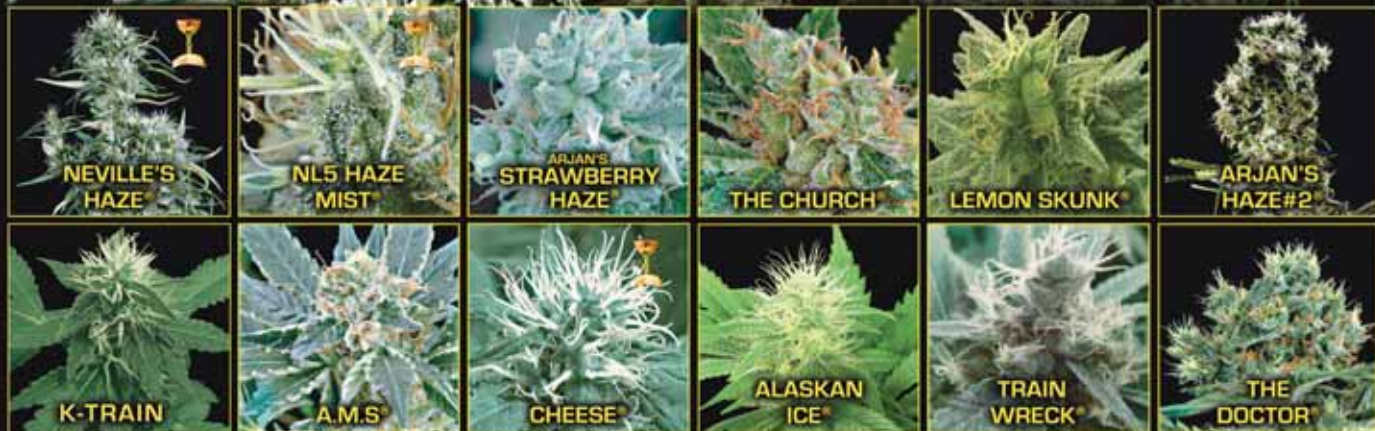
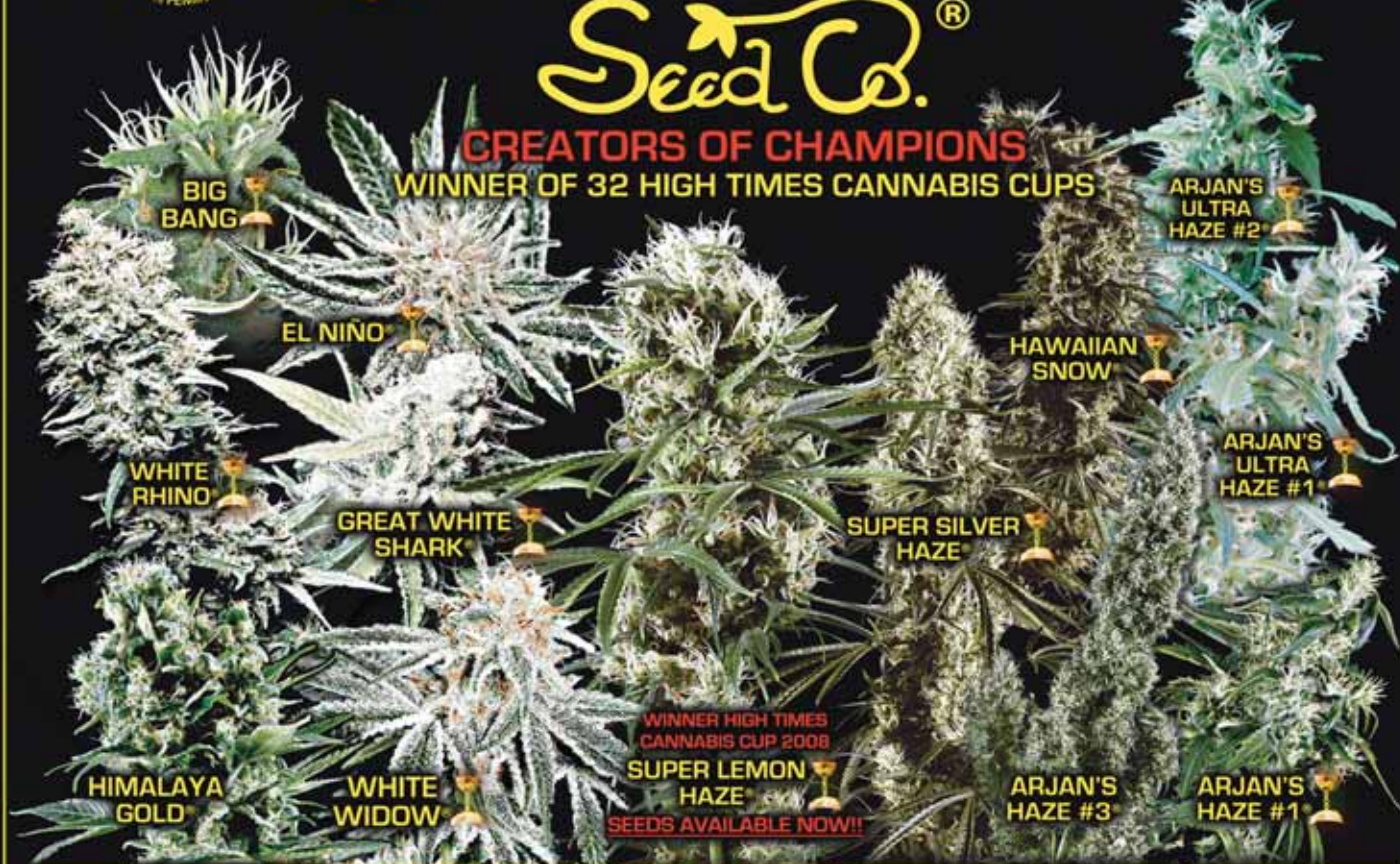


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