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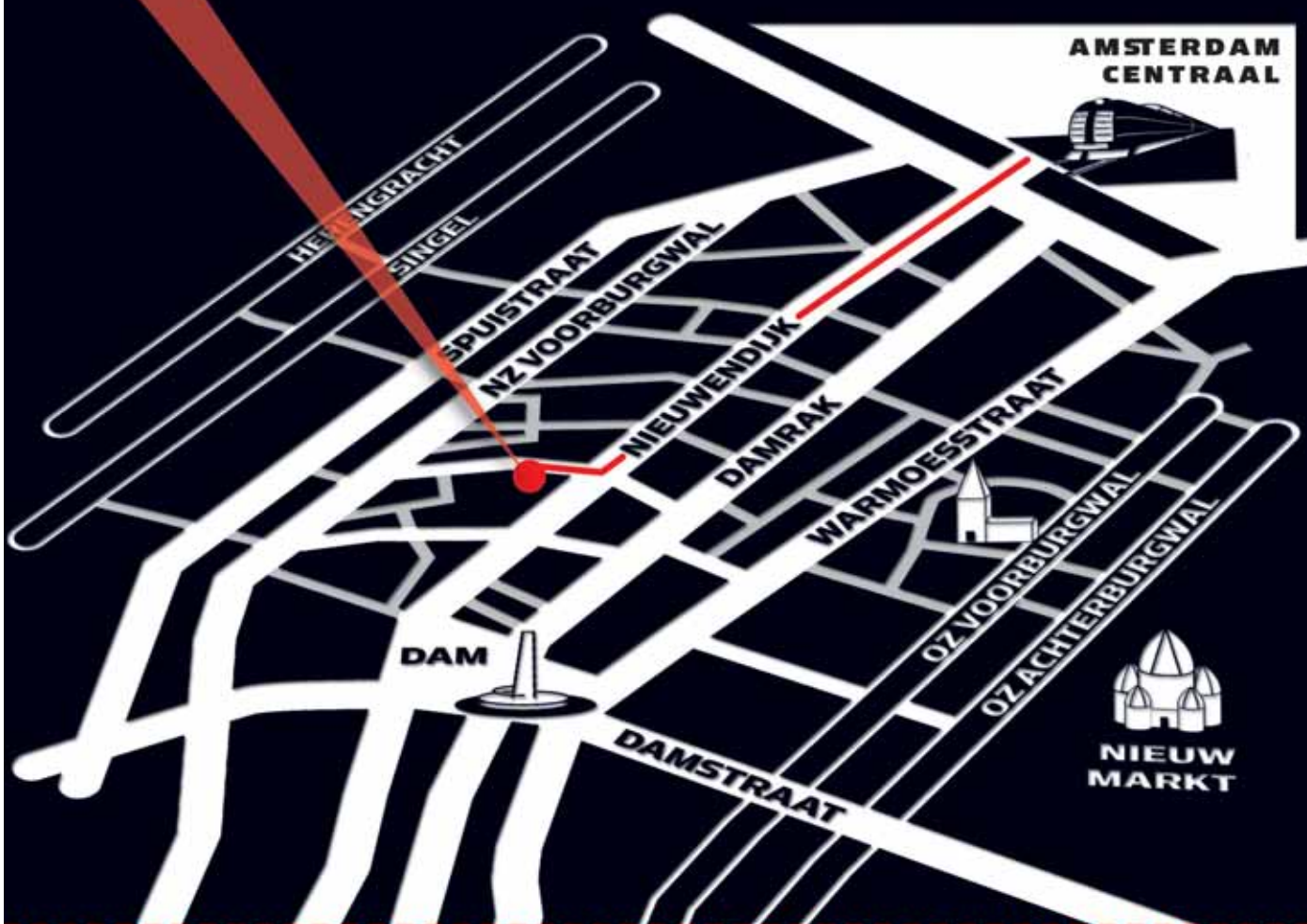


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Marco's Editorial

We're starting the New Year off with a BANG! Medical marijuana is becoming acceptable by the majority of voters in more States in the USA and is gaining acceptance in various countries World Wide. All the acceptance brings us the opportunity to put on events and fairs where the uninformed can attend and not only mingle with patients who choose marijuana as their medicine, but have the opportunity to learn about the medicinal value of the plant.

I am pleased to announce that Treating Yourself will be participating in several events around the globe in the coming months. The first will be at Michigan Caregivers Cup in January. Next will be Spannabis in Barcelona, Spain in February followed by Cannapalooza in Las Vegas in March. We will then attend the Total Health Show and return to the International Home & Garden Show both being held in Toronto in March. Following this, we will head to the International Cannabis & Hemp Expo in San Francisco, California and the THC Expose in LA, California. Both of these shows are being held in April. Last but not least is the Freedom Festival in Toronto in May 2010.

For some time now, having been inspired by attending shows like this, I thought that Treating Yourself should host their own informative Expo. While I'm on a roll, I thought that I would top it off by having a Medical Marijuana Cup built into this event. So on July 16 – 18, 2010 at the Metro Toronto Convention Centre in Toronto, Ontario, we will be hosting our own Educational event and cup. On **page129** you will find the **application form to be a VIP Judge** which you can photocopy and mail in. On **page120** you will find the **dinner menu for our VIP evening boat cruise on Lake Ontario** which includes unlimited non alcoholic drinks. Unlike the Cannabis Cup, which is held in Amsterdam, in November the cost of our Judges Pass includes all the samples that are to be judged. The VIP Judges will be judging samples from Private Growers and Compassion Clubs. There's a limited number of VIP Passes available and they are on a first come first serve basis. Now there WON'T be any medical marijuana sold at our Expo so we ask that all patients who plan on attending bring their own medicine with them. We have secured a 4,600 sq ft room at the MTCC to be our Vapor Lounge where patients can try various vaporizers. For those wishing to smoke their medicine, we are making arrangements with outside venues for the patients to go to.

Now I really need to apologize to my good friend and contributing writer Jerry Beisler for not only misspelling his last name but for also not including the following picture with his article.

Until next time. Wishing you all the best
Take Care and Peace



Photographer/adventurer Bill Coz was omitted from The Legacy of Kachook article. Photo by Jerry Beisler, North of Pagan Village, 1972. Kachook right center.



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- 1/4 page: 95mm x 132mm (wxh) / 3.74in x 5.2in
 - 1/2 horizontal: 195mm x 132mm (wxh) / 7.7in x 5.2
 - 1/2 vertical: 95mm x 267mm (wxh) / 3.74in x 10.5in
 - Full page: 203 x 276 (wxh) + 3mm bleed on all edges. / 8in x 10.9in + 1/8in bleed

Articles

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
 Photo format: JPG, 300dpi at actual print size. The more pixels the better!

Note

Please take photos of objects or buds with a neutral background (preferably white).

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Snow White, Polar light, Humber Valley, Paradise Seeds



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Ask MEDICINAL Michelle

Hi Michelle,

My name is Sean. I'm 28. I know you're probably very busy. I felt like I needed to write you, in a good way. That sounded a little too ominous. Up until eight months ago I was an alcoholic and had a pretty serious cocaine addiction. I had tried to quit before several times with no luck. This time I had made a decision, my life had to change. I also suffer from anxiety and depression which I was prescribed medications for. Needless to say the booze and drugs were not having a positive effect. I would have crushing anxiety attacks and thought I might die. This led to me not wanting to leave the house.

When I finally made the decision it was three days before new years and I quit both cold turkey. I had some serious urges to drink and for the last six years I haven't been able to even have a single beer without having many more, snorting lines and staying up all night. This began to lead to me going to work in that state. So I knew I couldn't take a single sip. This time when overwhelming urges hit, I would go to my room roll a perfect joint and put on a movie or draw.

The urges got less and less powerful then less frequent. I started feeling better and retraining my mind not to jump at beer in promise of a joint that night. Then I would just smoke to enjoy usually at night. I began to notice I'm feeling more rested and alert than I have ever been. My whole outlook on life has changed; I can deal with stress much better and haven't had an anxiety attack in months. I hadn't even notice I stopped taking my medication. I just felt good. My temper is cooled right down. I've started my own wood working business and life is better than it ever has been. Now, that I'm growing a couple plants I'm going to incorporate real leaves under urethane on my furniture and boxes. Plus use roots for handles, so I make use of everything when I have to kill my babies.

When I started to grow that's when my research started, hours and hours of it. I love learning about this fascinating plant, That's when I also researched the legal aspects of growing marijuana to fully understand what I was doing having plants. Then I added the politics. I didn't even know the difference between Sativa and Indica a few months ago. Now I'm cloning in a fog box, it's crazy. In my research guess whose name came up???? That's right you!!!

I think what you are doing is courageous any very honorable. I feel like I've opened my eyes to a whole new way of life and thinking. Anyone I know just smokes weed. They don't know much and don't care. When I read your story I thought, wow! She knows what the potential of this amazing plant is and is fighting so that it can be used to help others. If it ends up being prescribed regularly you may even be fighting for people who don't even know you're doing it. This is the noblest thing I can think of. I also thought here is someone who's used Cannabis to change her life and so have I. In no way am I drawing a parallel between alcoholism/substance abuses to Crohn's disease. However I do feel unity in the fact we both want change. I forget where I read the quote but "We need to legalize this plant before we can fully explore its amazing potential. I want to learn everything I can. What can I do to get active locally in spreading awareness and is there any literature you would suggest on any topic cannabis related? I need more info, FEED ME SEYMORE!!!

I'm sorry that ran on a bit long. When I got my Medicinal Cannabis Education package today and saw everything I was impressed. I had to write you and get it all off my chest. You're one super lady and much respect to everyone you work with. You are all doing good work.

Thanks for listening,
Sean.

Dear Sean.

A similar question was asked about needing more information about ending cannabis prohibition in our last edition (TY#20) but I feel it absolutely necessary to share your personal experience with our readers. Alcohol in my opinion is the most destructive man made legal substance if not used in moderation. Many countries including Canada, America, Russia, and UK, all have alarmingly high rates of alcohol abuse. At least 40% of the American population has a family member or knows someone who suffers from this potentially harmful addiction. The consequences can exceed most other intoxicants. Domestic abuse, vehicle fatalities, health risks to numerous to type. Society has put booze on a pedestal convincing us without it we are not functional when really it has perpetuated more dysfunction than any illegal drug. Add cocaine into the equation and now you're on your own pedestal to self destruction. The high priced white powder became popular throughout the 80's and still is. Cocaine is a temporary euphoria, adrenaline starter, which if used in excess will have the same destructiveness as alcohol, lethal combination. Cocaine and alcohol both have their legitimate medical uses just as cannabis which is by far the least harmful of all.

There are various methods used to combat alcoholism and cocaine addiction all depending upon ones individual strength and courage. Support groups, councilor/therapists, and pharmaceuticals, have all proven helpful but many are choosing cannabis to alleviate withdrawal symptoms. Certain strains of cannabis calm the nervous system allowing the body to heal internally as well as mentally. Some pro-marijuana physicians even suggest using it as permanent part of their patient's treatment to abstain from the proverbial 'falling off the wagon'.

Thank you for your inspiring story and kind support. I always suggest getting involved with your community politically, investigating who can assist in cannabis reform. Respectfully educating individuals who have bought into 'reefer madness', with proven facts regarding its therapeutic value can only gain support for our plight. Below are a few more organizations that I failed to list in my last column.

SAFER,

Safer Alternative For Enjoyable Recreation,
<http://www.saferchoice.org/>

MedPot,

<http://www.medpot.net/>

Cannabis News,

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

LEAP,

Law Enforcement Against Prohibition,
<http://www.leap.cc/cms/index.php>

Decade

by Jef Tek



I'm a man of constant new beginnings, this seems to be the theme of my life, I can't help reflecting, the year **2000** seems just like yesterday: I was listening to heavy metal music in my Chicago basement, keeping the plant count low to avoid Federal prosecution should it be discovered, having weed when everyone was out, trying in vane to control the odors, wondering what the next step would be...

2002 brought another new beginning in California's southern sunshine for a small hiatus, only to literally re-root and replant in Canada early in **2004**.

Then, in **2005**, on July 4th at the last party of the Fourth Annual Cannabis Culture Tokers' Bowl, Michelle Rainey & I wed in front of 250 red eyed guests and friends...Three weeks later, my wife Michelle along with **Greg "Marijuana Man" Williams** and **"The Prince of Pot" Marc Emery** were arrested on Canadian soil by the US DEA for selling marijuana seeds, conspiracy and money laundering. The last 5 years have been a roller coaster ride from hell. The journalist in me emerged, I began writing and photography came as a byproduct of growing fine strains of cannabis I wanted to share with the world.

July **2009**, **Michelle and Greg surrendered to the American authorities** and were sentenced to two years probation in Canada. Marc Emery has surrender to Canadian authori-

ties, spent 7 weeks in confinement, got released on bail, (which expired this Friday) and is currently awaiting Chief Justice Minister Nicholson's choice to sign his Extradition papers to the US, or not. He will most likely make a deal sometime this year, but with the New Obama administration, maybe they have finally realized the folly of the ridiculous accusation made by the then Washington State DEA Prosecutor Karen Tandy, right after their arrest back in **2005** that, **"Marc was one of the 50 most wanted people in the world."** The US originally called for life sentences for the BC-3, and Marc may yet face 5 years imprisonment in the US for charges that are still not crimes in Canada - Worldwide marijuana seed sales continue unabated, life goes on, and every couple of months brings a new harvest of fresh organic medicine for my wife who uses cannabis in her battles with Crohn's disease and now melanoma cancer. She is one of around 4000 Canadian citizens who are legally allowed to use marijuana medicinally. She hasn't used any pharmaceuticals for over a decade and has now helped hundreds of Canadian patients to get their legal designations to grow and possess their own medicine. She is a living saint, an amazing person and medicinal canna-advocate. What a team!

Arthritis and potential back surgery lead me to marijuana, marijuana is expensive and over a decade ago I decided to take the bull by the horns, learn to grow, and medicate myself. I have spend enormous amounts of

time alone tending to the plants that ease my spinal arthritis, herniated discs and degenerative bone disease the doctors told me I needed surgery to cure. They had me on pain killers, muscle relaxers and mood enhancers (the whole enchilada) in **'98-'99** and all I really needed was rest & reefer, **I quit all pharms in 2000 and started growing mini-farms**, indoors, instead. Since then is has been daylong trimming sessions, transplanting sessions, cloning, cleaning or maintenance sessions, hash making/hash equipment cleaning sessions, and these tasks could never be accomplished with the cacophony of rampant thoughts, lyrics and weird noises bouncing around inside my metal head, no. Music sessions keep my working sessions fun and fresh and my pod with close to a thousand favorite metal artists' songs urge me through my darkest dankest drudgery.

As one crop finishes another crop just begins its journey to fruition, and so the cycle of life goes, I don't like endings but I do look forward to the new beginnings and I look forward to spending some more quality time with my metal masters. My marijuana mistresses keep me busy tending their every need until they yield the meds I need but my Mp3's ask for so little in return for the countless hours of soothing metal they provide. Growing keeps me moving forward in my life and marijuana has always been used by manKIND to treat everything from simple skin rAShes to sexual disFUNction. Alcohol kills, we all know this to be self evident,



2005



2006



2007



2008



2009



but the music your mother once warned you about is now the music your mother listens to while trimming-up her HalloWeeD nugs for all the good little neighborhood freaks. Not one single person has ever died from Marijuana or Death Metal, for that case, not that I know of. I tried Speed Metal and I still have all my teeth, never pawned a friends TV while he went to score some more and then pretended to help him look for the culprit! I'm addicted to metal on a daily basis and yet I've never had to drive to the "scary side" of town to cop some more, just my neighborhood record store. (That may vary by location but you know what I mean.)

Marijuana, Metal and Mother Nature are all poised in 2010 to do some healing on a very wounded world. Can't you hear it coming? **Talking with the road crew from Mastodon last April 23rd 2009 at the Commodore Brawl Room**, they wholeheartedly agreed with me that pot is not the devils weed their Atlanta, GA., schoolteachers warned them about, in fact Vancouver's openness to pot was their reason for kicking off their tour here, as well....My openness and honesty about smoking weed has propelled me from dime bag buyer to grower and from growing to photography and writing and now videography. Cannabis crosses all social-economic boundaries and encompasses a myriad of behind-the-scene services and goods required for success. Recently on **CNBC**, a documentary called **Marijuana Inc.** shows the **US DEA**

acknowledging that without the financial benefits created in the marketplace by marijuana, most of Northern California would be a ghost town. Truckloads of buckets, soil, timers, lights, nutrients etc. would never have been ordered, delivered or purchased without pot smokers and pot growers contributing to the economy, not to mention food, clothing, shelter and vehicles to haul the loads. Easily a 10 billion dollar market just in Northern California alone, **Governator Arnold is presently hearing strategies for legalizing the bud** and Mexico has legalized small amounts of ALL drugs, effectively being the first in North America to push the **War on Drugs** further underground.

Your music, your dwelling, hell, even your career might be underground but that is no reason to hide, be proud that we have created this alternative environment in which to reside! These ARE the golden years, now, it doesn't get any better than this....

As a long-lost friend once wrote about me:

*Dude,
You mechanical slut,
With your asporatical point of
view and wild taste in women.
Bee cool - the mind will fool,
Prosper & Thrash*

-K Reed

Jef tek is my name and growing med-

ical grade marijuana is my game. I'm not playin' though, this is some serious life saving medicine and the feedback has been enormous. My friends **D.J. Splif & Krissi Steel** host a metal radio show on Chili Rock Radio **www.chly.ca** Monday nights from 11 p.m. to 3 a.m. called **"Drop The Hammer."** I regularly call in and we discuss the current world developments of marijuana and metal. My wife Michelle has a very informative website at **www.michellerainey.com** with up-to-the-minute pot news from around the world and every link imaginable. Check us out some time and we will check you out. Between the two of us we have over a hundred videos on YouTube @ MichelleRainey and JefTekGrowCam.

Between waterings I also write for High Times, SKUNK, Canamo (Brasil) and others, as well as writing & editing for an alternative medicine journal out of Toronto called Treating Yourself Magazine. TY is published 6 times a year and available in fine bookstores. Marco "RADICAL" Renda is the genius behind TY and its worldwide success. Thanks Marco!

**If there's a new way
I'll be the first in line,
But, it better work this time.**

Dave Mustaine
Megadeth

Peace, Metal & Buds,
Jef Tek 🍀

A Green Passion Point of View

By Jonny Appleweed



Recent breakthroughs in the study of THC on our bodies have been suppressed by our media for too long. It's time to break the silence and stand up, sound out and take back our god given rights to be HEALTHY. We now have 13 brave states that have taken the stand against "Marijuana has no medicinal value" propaganda and listened to their voters and passed patient rights laws in favor of Marijuana as a treatment for many people.

A study from 2006 shows that the Cannabinoids contained in THC can cause our brains to grow NEW CELLS!!!

http://bodo.gnn.tv/blogs/17618/Study_Shows_Marijuana_May_Increase_Brain_Cell_Growth

A study from the University of Spain 2009 found that by injecting a THC compound into 2 patients TERMINAL BRAIN CANCER TUMORS they created AUTOPHAGY of the tumor cells (self digestion)

<http://www.webmd.com/cancer/brain-cancer/news/20090401/marijuana-chemical-may-fight-brain-cancer>

So our Governments argue that " Marijuana has no Medicinal Value " is as they call it "A Lane Duck" argument. In my study of this issue I have visited many websites, read thousands of blog entries and personally followed up on all the information I could find that is out there. And after communicating with hundreds of the people whom claimed to have been given RELIEF from their DISEASES, and some have been CURED. I've come to the conclusion that if so many people are getting relief from a simple plant there must be a MEDICINAL VALUE to it...

I also learned from reading and discussing health issues with these people that they didn't suffer from

most of the ailments and diseases as do the Non-Users. The Marijuana has helped their bodies and they don't need as many or as much of their prescription medicines anymore. I have received these types of reports from all of them. So doesn't it stand to reason that if people had access to this PLANT everywhere and started including it into their diets, we would live a healthier life and not be inflicted by most of the diseases that are killing our friends and family members. And here's the BIG PLUS TO IT, if we are healthier there is no strain on the HEALTH-CARE SYSTEM.

I have studied the turmoil created when a State first allows for Medical Marijuana use by patients. They have no type of support network in place to assist these Doctors or Patients with, so patients go on being left out in the cold. There is so much information available out there, but it's spread out and people are concerned about the validity of it. In my searching the internet I have come across a unique website that has put into place a group of site moderators that have decades of experience, the staff and members are all willing to help lead you to the answers you desire.

<http://www.greenpassion.org>

One of their moderators is "Storm Crow" she is the author of "Granny Storm Crow's List" a list compiled over the past 40 years of any medical research study into Marijuana. An A-Z list of most all the diseases that our society suffers from.

<http://www.greenpassion.org/showthread.php?t=14144&highlight=grannys+list>

I would like to challenge all the readers to find out the truth, it's out there and you don't have to look very hard to find it. I DID!!!

Gods speed on your journey for the truth!!! 🍀

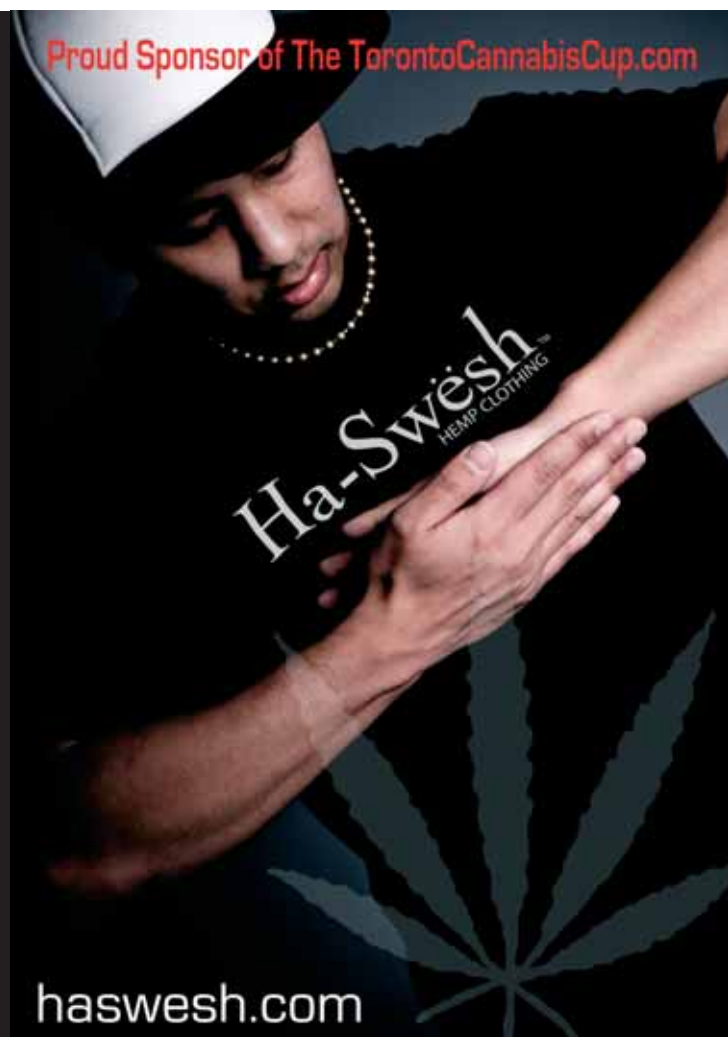
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What Does it Cost?

Gregorious Mandlebrot

How much does it really cost to grow an eighth? In turn, how much should it cost a patient to buy an eighth of high grade medicinal cannabis?

I started smoking the super kind at about age 13. I'm 31 now, so for around 18 years I have had a pretty good hand on the pulse of the west coast high-grade cannabis market. In the northwest in 1993, we had strains like the Oregon Purple Thai, the Snow Bud, the true G-13, NL 5 x 2, the Grape Big Bud, the U-Dub, the Death and countless others. All of these were superb super-chronic indoor grown-headies — not warehouse-grown commercial or from mountain bunker diesel generator 100 lighters, but small basement or attic clandestine scenes. In 1993, the price of gold ranged from \$328.00 per ounce to \$391.00 per ounce over the course of a year. In the northwest in 1993, the price per ounce for high grade cannabis ranged from as low as \$180.00 an ounce for killer Northern Lights in Portland to as high as over \$300.00 an ounce for regular good outdoor in Southern Humboldt; mind you, these prices were from the grower, I'm sure on down the

line everyone got their nickel or dime on it. An eighth generally cost somewhere between \$30 and \$60, averaging around \$40 and an ounce was generally between \$200 and \$325, averaging around \$250.

So how much does it really cost to grow an eighth? If you figure that an illegally-grown eighth of the kind from someone's clandestine six-light garden sold for \$40, why is it that legally-grown cannabis sells for as much as \$75 an eighth in the dispensaries? I've been growing indoors and outdoors off and on for the better part of the past 16 years, and as growing and breeding cannabis is my passion, I feel that I am a qualified person to help take a look at what is really going on in this budding new industry.

Let's say you decide to set up one light, and let's say you don't know anything about growing or anyone in the business, so you buy a grow guide for \$40. Next you go to your local LA hydro shop and they can tell you're a



rookie, so you get taxed. You end up spending \$600 for one ballast, bulb and hood, \$400 on pots, soilless mix and nutrients, and \$160 on random things the guy says you'll need, such as pH test drops and the like. Now you've spent \$1200 and are ready to get set up. You go down to your favorite club and pay \$10 each for 25 clones of your favorite strain, another \$250. Your initial outlay now totals \$1450. Next comes your monthly overhead; let's say you pay \$4 a square foot for the space you're going to grow in. A 5x5 space being 25 square feet costing \$100 a month. Next is the power bill: say you pay \$0.25 a kilowatt hour for your power and you plan to run your lights for 18 hours a day for 3 weeks (vegetative) and 12 hours a day for 9 weeks (flowering), your total kilowatt hour consumption for one cycle will be $((18 \times 7) \times 3) + ((12 \times 7) \times 9)$, or 1134 kilowatt hours. Multiply that by \$0.25 and you have a total power cost of around \$250. So now add \$1450 (start up) and \$250 for clones and \$300 for rent and another \$250 for power and your grand

total for your first run is somewhere in the neighborhood of \$2250. Next, let's assume that you've got a green thumb, and you're literate, and that you can bake a cake using a mix from a box. At the end of three months, you will have about a pound of killer bud to smoke. Now we take \$2250 (the amount of money we spent) and divide it by 454 (the number of grams in a pound) and we multiply that by 3.5 (the number of grams in an eighth) and our grand total is \$17.35. That's right, \$17.35 an eighth. These figures are based on a one-light residential scene, with all the costs inflated to prove a point. What grower pays \$4.00 a square foot for grow space? Our collective pays \$0.55 per month per square foot in rent and around \$150 per 1000 watts in total power consumption, including flowering, cloning, pre-veg, and vegetative stages. We yield approximately 20 ounces or 500+ grams of high grade medicine per 1000 watt light every 70 days. Our expenses include rent, power, soil, nutrients, water, bulbs, and labor, and believe me, those hours add up. I estimate that the real end cost is somewhere under \$100 per ounce for production of the highest grade OMRI certified organic, soil-grown, indoor Kush you have ever smoked.

So why are the dispensaries willing to pay \$4800 per pound and then sell to their patients for double what they paid? Supply and demand. I learned today of a formula used in several clubs in the LA area to set the eighth price: take the grower's price of \$4800 and divide it by 454 and then multiply by 7 — in this case, \$74 dollars per eighth. This seems like an absurd way of providing care for anyone, whether they are terminally ill or just stressed out insomniacs. I personally don't see anything compassionate about making a 100% mark up on medicine for people who need it to be well, not to mention holding up the bar for dispensaries to pay more than three times the cost of production as an industry standard. I find that the reason for these inflated prices really comes down to a supply that doesn't meet the demand. With the risk of federal prosecution for medicinal cannabis on the decline, and the interest of many new legitimate investors coming into the canna-business world, it seems as though we as a community are ready for the next evolution of the California cannabis movement.

Los Angeles county has somewhere in the neighborhood of 500 dispensaries, the busier of those probably see close to 200 patients a day, the smallest probably as few as 20 patients a day. If the average patient buys somewhere between 1 and 14 grams per visit, and the average club sees between 50 and 100 patients per day, then the 500 or so clubs sell between 50 and 1400 grams each, or between 25,000 grams and 700,000 grams in total each day. That's right, LA's medical patient base consumes somewhere between 25 and 700 kilos of medicinal cannabis each day. My guess is upwards of 250 kilos (550 lbs.) of cannabis is consumed in the LA county every day. My next question ►



is, is it really all grown right in Los Angeles county? 200, 750 pounds a year, grown in Los Angeles county? By my calculations, that would mean 1,254,687.5 square feet are currently in cultivation in the county and are being harvested at a rate of 20 grams per square foot per 90 days. 50,187,500 watts of power running 12 hours a day, not to mention the vegetative rooms it would take to supply clones for 50,000,000 watts of flower rooms. Somehow, this doesn't really sound like a sustainable plan; the carbon footprint from that much indoor being grown is likely to give the rest of us cancer before we manage to cure anyone.

Let's look at a different model. Let's look toward a future where cannabis is grown in commercial agricultural environments, state-wide collectives for patients of every coun-

ty to join. Collectives that lease their production facilities for \$0.055 per square foot and use good, old fashioned sunshine, and relatively humble climate control systems on their green houses. Collectives that test each batch of medicine to make sure that it is free of fertilizers and pathogenic molds, and test the cannabinoid content of each crop so that known dosages can be administered. Collectives that make medicine affordable to the patients. Collectives that gainfully employ hundreds of people rather than dozens. Collectives that generate enough taxable revenue to help our state's crumbling economy. Let's do something to make a difference in the medical cannabis evolution. Let us leave greed and paranoia by the door and work together to create an abundance of high quality medicine and use the revenue from its taxation to improve healthcare and education in our state. 🍓

How much should an eighth cost? The answer: eight bucks, plus tax. I'll grow the kind for eight hundred a pound!

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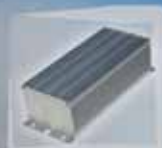


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Regulating the Dispensaries:

How states and cities are handling this intellectually thick issue

By Hempalachian



In 2009, one of the major issues involving medical cannabis was the regulating of medical cannabis dispensaries in the states that allow these organizations. There are only six states that allow dispensaries, cooperatives, or some public access to medicine, four presently allow: California, Colorado, New Mexico, and Michigan; and two: Maine and Rhode Island that are determining at present how to regulate dispensaries into their respectively passed laws. One of the large reasons is because of the Obama administration and the U.S. Department of Justice's reversal of federal policy in enforcing federal cannabis laws by busting individuals and organizations for their actions in states that allow the medical use of cannabis. After this public reversal there was much less fear for states to look at passing not only allowing medical cannabis legislation, but also for states in which the use was approved to look at the regulation of how this medicine will make it to the patients. In the following the five states will be looked at individually, helping to give a better understanding of how these states are attempting to regulate.

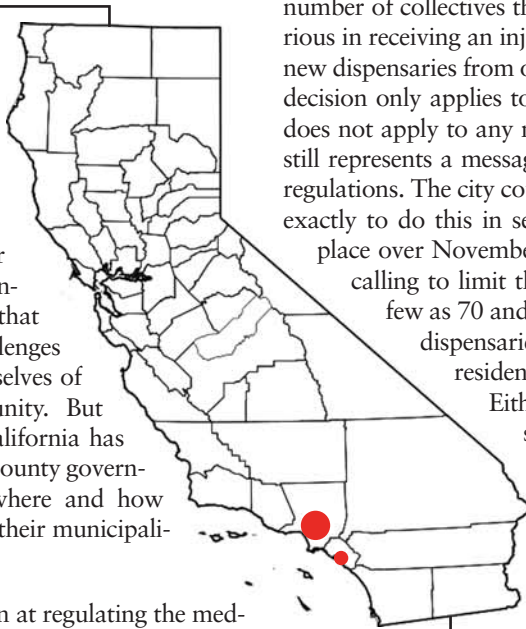
California ●

Medical cannabis dispensaries have been a part of the ever-burgeoning patient scene that has been going on in California since the passing of Prop 215 in 1996. And in 2003, the legislature went to act to help define the legality for medical cooperatives and dispensaries to operate. And since that law, there have been sparse challenges by California cities to rid themselves of the medical cannabis community. But looking at 2009 specifically, California has been a hotbed on how city and county governments are going to regulate where and how many dispensaries can work in their municipalities.

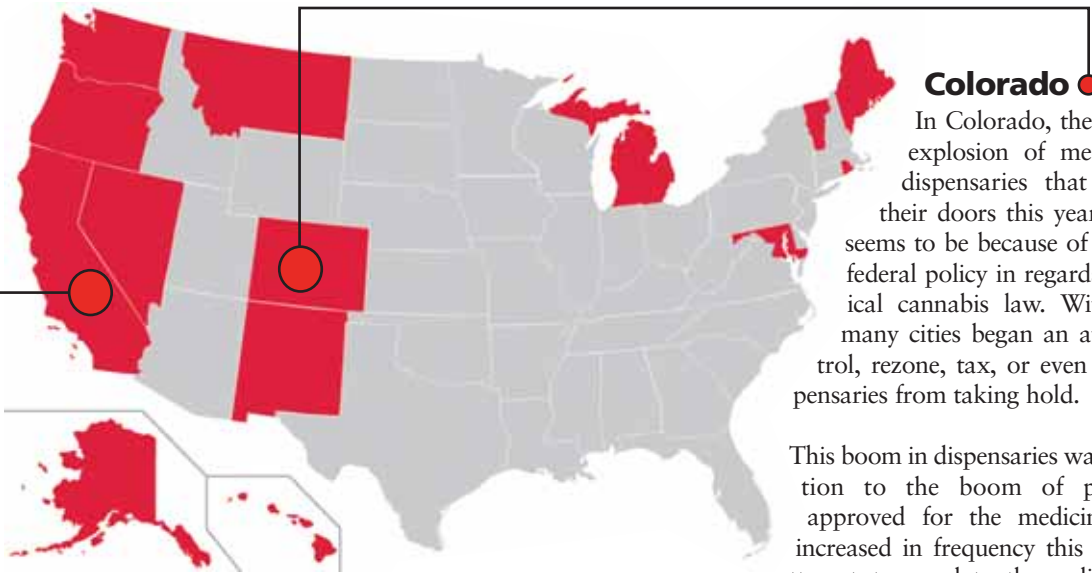
Los Angeles began to look again at regulating the medical cannabis dispensaries because of their continual increase to between 800 to 1,000 dispensaries; outnumbering Starbucks among other businesses. The actions

in L.A. began a watershed effect in the state, where cities and counties across the state were putting moratoriums on any future dispensaries, banning any dispensaries, attempting to put zoning restrictions, and even taxing dispensaries. All these actions by city councils and county governments have had and will have different effects on the medical cannabis community. Many of the smaller cities were putting off any action in their jurisdiction; essentially waiting for what action L.A. would take in attempting to regulate their ever-bustling medical cannabis dispensary business. Though there are nearly 130 cities that have implemented bans on dispensaries. More cities have put into place moratoriums or continue extending moratoriums on future dispensaries. Waiting to see how the Los Angeles will handle the situation. Although Los Angeles first adopted a moratorium on the opening of medical cannabis dispensaries in August of 2007, the most recent moratorium issued is allowing 186 dispensaries to stay open legally, though they have had little effect on the majority of dispensaries that are remaining open, and many more new hemp business opening their doors. In October of 2009, a number of collectives that had sued the city were victorious in receiving an injunction against the city's ban on new dispensaries from opening. And though the judge's decision only applies to the defendants in the case and does not apply to any new dispensary from opening, it still represents a message that the city must enact hard regulations. The city council has been mulling over how exactly to do this in several meetings that have taken place over November and December. The council is calling to limit the number of dispensaries to as few as 70 and up to possibly 200. Also for the dispensaries to be at least 1,000 feet from residential property, among other rules.

Either way, the regulation of dispensaries will be decided by Los Angeles at the beginning of this new year, and whether these regulations will hold up to legal challenge or adhere to state law is left to be seen.



Though there are some cities that have banned any dispensaries, or cap the number of these medical facilities



Colorado

In Colorado, there has been an explosion of medical cannabis dispensaries that have opened their doors this year. And again it seems to be because of the reversal of federal policy in regards to state medical cannabis law. With this boom, many cities began an attempt to control, rezone, tax, or even ban these dispensaries from taking hold.

This boom in dispensaries was in direct relation to the boom of patients being approved for the medicine, which did increase in frequency this past year. The attempt to regulate these dispensaries has

and grandfather-in a small number therefore causing other dispensaries to close down. In the municipalities that have banned medical cannabis dispensaries there have been multiple lawsuits fighting to overturn the bans and injunctions and allow the dispensaries to open shop...again. Unfortunately the state Supreme Court has declined to hear these appeals, therefore leaving these municipally-banned dispensaries closed crippling their ability to keep the business intact, and beyond that, causing patients in these restricting cities to have more trouble obtaining their medicine. There have been Superior Court rulings for some dispensaries that have challenged the legality of city bans, with a handful of dispensaries granted a preliminary injunction against such municipal bans.

There is one pivotal case in **Anaheim** that is being watched closely, which has made it to the state appeals court. The case comes from a 2007 ban on medical cannabis dispensaries to operate in the city, which followed with one dispensary suing the city for their respective actions. In reviewing this case, the appeals court is likely to struggle with the question of whether it's legal for cities and counties to prohibit medical cannabis. Therefore, the ruling from this case potentially could impact how these municipalities legally deal in their attempts to restrict medical cannabis dispensaries.

There are many other lawsuits, with some already successful, along with city council battles in almost every municipality across the state. Therefore it should be noted that the happenings regarding medical cannabis are much more prolific than can be summed up in the aforementioned news. For the first part of 2010 we will see this ever-expanding medical cannabis scene in California come directly face with municipalities looking to regulate these medical dispensaries. Hopefully, we will see fair, just, and compassionate regulation to help the security of patients and the availability of their medicine.

been a question across the state and there have been two draft bills on this regulation put together. The two bills were written by Colorado State Senator Chris Romer and another "tougher" bill from the County Sheriffs of Colorado. Though state legislation on how medical cannabis dispensing should be regulated is something that will inevitably happen and should take place. These two bills mentioned have been noted by medical cannabis advocates, to potentially endanger patients by jeopardizing their safety, their access to medicine, and the cost of their medicine.

But in the current flurry of municipal governments attempting to put a handle on dispensaries from opening up, there was one that is worthy to discuss as it may have repercussions across the state of Colorado. The city of Centennial ordered a cease-and-desist order to a medical dispensary, CannaMart, calling for the business to close its doors because the city is banning any dispensaries in their city. Their rational was that since distribution of cannabis is against federal law it therefore violates their city land-use law. This reasoning has been used by other cities in an attempt to ban or rid themselves of dispensaries across Colorado and in California as well. After Centennial took this action, CannaMart sued the city, and in a recent judicial decision, the city was banned from forcing the dispensary to close. As District Judge Christopher Cross said in his ruling, "The city of Centennial cannot sue the potential violation of a federal law to order a business legally operating under our state constitution to cease-and-desist its business." This decision is a pivotal note for Colorado even though this decision is not yet a part of case law and or a precedent as the trial has not yet taken place and could take more than a year to decide. Nonetheless, a positive note it is, and hopefully more dispensaries and patients will take their local governments to court or at least the court of public opinion and hold their leaders responsible for assuring that sick and dying patients' are able to receive their medicine. ▷

"The city of Centennial cannot sue the potential violation of a federal law to order a business legally operating under our state constitution to cease-and-desist its business."

In other recent news in Colorado, the city of Denver which has been dubbed by some as the new "cannabis capital of the U.S." has began **deliberations to regulate their over 300 sales-tax licensed dispensaries**. Whether the city is able to put these regulations in place fairly and successfully, like other cities, they will wait on the hope of state regulations of medical cannabis dispensaries, and it is still yet to be seen. Along with this, the state Board of Health which over last summer declined to set limits on the amount of patients a caregiver can serve, is now attempting to put stricter definitions on what defines a "caregiver". The board has postponed discussions as of yet, but the issue is one to pay attention to in the next year as it could effect the entire medical cannabis community in Colorado.

Along with these attempts officials are also attempting to crack down on physicians who are approving cannabis as a medicinal option, pointing to the high percentage of patients who were approved by a low number of doctors. The logic is slightly flawed, because many doctors have previously been fearful to prescribe cannabis mainly due to the presence of federal prosecution or the loss of their license to practice medicine. Since the Obama administration decided to back off states with medical cannabis in 2009, physicians have felt comfortable enough to try this plant as a medication. Of course, like any medicine, few want the medicine to be abused or over-prescribed, but punishing physicians who are willing to try this extremely beneficial medication is moving backward on the issue.

New Mexico

In New Mexico, there is not necessarily a regulation problem in regards to locations where dispensaries can operate. Largely due to the fact, that until the latter part of 2009, there was only one legal non-profit dispensary, to serve the

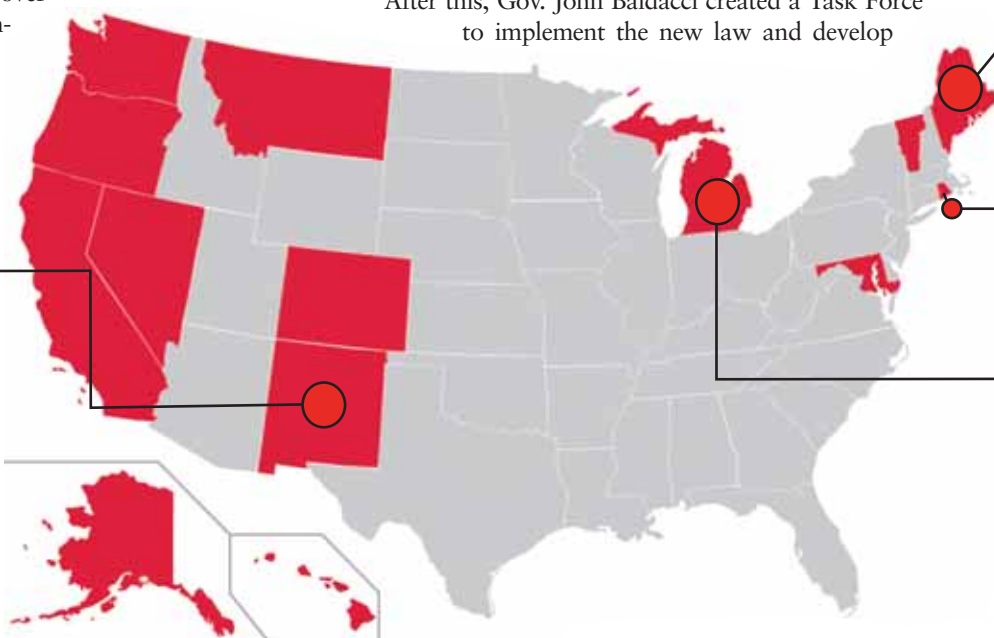
entire state's medical cannabis patients. This causes obvious problems such as people not being able to receive enough medicine at once, not being able to transport themselves to pick up their medicine, and problems for the dispensary to deliver the medicine efficiently. And with over **750 medical cannabis patients registered**, it can be seen how problems may occur. And because of this, toward the end of the 2009 summer, the dispensary was virtually sold out.

The New Mexico government has approved four new applications to open dispensaries which should alleviate the stress of a single dispensary, and stress of patients attempting to obtain their medication. The state's logic was that each new dispensary will treat 100 patients. And although the math may not add up, it still creates easier ways for New Mexico patients to obtain their medication.

Maine

This past November, Maine voters **decided with 60% on the vote to expand their medical cannabis law** which approved guidelines to add more ailments that qualify patients for medical cannabis to the state list on the subject. It also called to establish a method to regulate a system of dispensaries where patients can buy the medicine.

After this, Gov. John Baldacci created a Task Force to implement the new law and develop



guidelines to prevent abuse and help keep the dispensing of medical cannabis under control. The task force has met twice in December struggling to balance the patients' needs with the public interest and safety. The task force has even brought in experts from California to advise the group on the best way to run their state medical cannabis program. Importantly the panel is recommending that the location of dispensaries be public. This would be important when dealing with local municipalities who wish to control where dispensaries will be located.

The new law will not go into effect until summer, but the decision of the task force will affect how caregivers and others decide to get into the medical cannabis dispensary field. Either way, it seems that Maine medical cannabis patients will now have much easier access to proper medicine.

Rhode Island

Rhode Island passed its medical cannabis law in 2007, but it left out any language on the dispensing of the medicine. Rhode Island, like other states that allow medical cannabis, allowed caregivers to grow for patients and distribute the medicine to them. The state has around **900 patients with 725 caregivers** to grow their medicine. So in the spring of 2009, the state General Assembly created a law allowing compassion centers. The job for creating a guideline for these dispensaries was passed to the state Department of Health, who after some delay have as of last month issued proposed rules for licensing and operating up to three compassion centers in the state. These rules covered many issues of operating such a medical facility such as security of patients, the legal history of those operating, and the amounts of cannabis that can be dispensed.

These compassion centers are to be run as a not-for-profit organization and are defined in the proposed rules as an entity that "acquires, possesses, cultivates, manufactures, delivers, transports, supplies or dispenses cannabis...to registered qualifying patients and their registered primary caregivers." **Other rules include: a limit of 2.5 ounces every 15 days;** each compassion center must develop an operations manual to create a safe workplace and included in the manual outreach policies to teach patients on techniques and safety concerns; and also worth noting, schools, employers and landlords would not be able to penalize someone for being involved in the dispensation or use of medical cannabis.

Michigan

The medical cannabis laws that were passed in Michigan in 2009 do not address the issues of dispensaries, and despite no protection from the state law for dispensaries, many are attempting, some successfully, to operate in this new medical cannabis state grey area.

Multiple cities have moved to ban dispensaries, after Livonia successfully did such, causing cities to reverse their plans on dispensary regulation and follow Livonia's ban approach. These bans potentially hinder patient's ability to obtain their medical cannabis. Other cities have put in place a moratorium until laws can be made to regulate, with many claiming that dispensaries violate state law or even federal law. Some cities have already taken action with zoning ordinances, such as Roseville which has zoned dispensaries to be in commercial, industrial or office districts and prohibit them from locating within 1,000 ft of a church, school, residential district or other medical cannabis facility. Also on the more progressive end, the city of Hazel Park will hear a business proposal early this year from a group that wants to open a cannabis facility in the industrial district that incorporates a clinic, school and facility for picking up and smoking cannabis.

As seen in other states, without the state medical cannabis law in Michigan addressing the dispensing of medical cannabis, in an organized business facility, municipalities are forced to take prompt action in attempting to regulate these facilities. Regulation or some sort of ordinance is necessary for the safety and quality of medicine. Outright bans of dispensing a medicine, or the unfair and unjust treatment of these legitimate medical facilities, should, and with the action of cities thus far, must be addressed by the courts, or the state legislature in the next year.

Conclusion

No matter how you feel about the regulation of dispensaries, most would say that we do need some form of regulation, especially if patients want cannabis to be viewed as legitimate medicine world wide. Of course there will be many cities and counties that attempt to push the patients to the edges of towns, which will come from strict and unfair zoning regulations. That said, many local legislatures are attempting to provide a safe and reasonable place for these dispensaries to operate. Regardless of any local government actions, patients and caregivers in the medical cannabis movement, must stay involved and continue to make sure that all municipalities are making their ordinances and regulations in a fair manner. While treating medical cannabis as a respectable medicine, and showing compassion to all those who suffer endlessly. 🌿



Wild Wild West

Story and Images by DoobieDuck



A True Story of the Stigma Medicinal Cannabis faces throughout the Rural Ranch and Farm Communities in the Western U.S.



Will medical marijuana ever be approved of by the red-neck, old time, ranching and farming communities of the Wild West? Will the medical use of pot be accepted among generations of families who homesteaded in this neck of the woods? When most read the words “wild west” they think of times past, of a place where gunfights and bank robberies happened daily. But this place still exists; the robberies and gunfights have diminished some but it can still be considered pretty wild even today. The everyday working life here is mostly ranching and farming but those daily activities sometimes include many wild moments. The brandings and round-ups still go on, the farm machinery can be very hazardous, and just riding a horse hurts...I can testify as someone who seldom does this equestrian activity and may attempt it once every ten years, if that often.

Our story begins as I awake to the sound of an alarm clock at 5:30AM in an old two-story ranch house. This 60-year-old place is in a tiny ranching community in the northern part of Montana. Montana adopted a medical marijuana act in 2004, I believe, and this community is struggling, as many old time western areas are, with the acceptance of marijuana, medical marijuana, in their midst. The sign on the outskirts of town reads POP 168...yes, that is the population and it hasn't changed in over 50 years. People come and people go, but their numbers always seems to even out, so nobody says anything and the sign remains unchanged. The house I'm staying in is the typical white wash with peeling paint, big windows, and big high ceilings, hardly improved since its construction 60 years ago. When the wind blows outside you can feel it inside!

I stayed the night here last evening with my friend Roy, and now he calls out “Are you getting up..come on... get up Doobie, we gotta go!” Roy is 60 years old, he is my late 1960s high school buddy, showing his age and graying nicely now. He always was a lady charmer and still has that magic twinkle in his eyes. Roy rushes outdoors, his clothes still not all buckled, to start the 1970 Chevy pick-up. Everyone in these parts owns a pick-up, no SUVs, no crossovers, just dent-'em-and drive-'em-till-they-quit pick ups. You can buy an old beater PU for five hundred bucks, so why bother with anything newer? The outside temperature is a cool ten below Fahrenheit, (-10), and from my chair I can hear the crunch, crunch of Roy's over boots on the ice coating ▷



the snow-covered drive as I yank on my insulated boots. The motor in the rig turns a bit slow today and I hear from Roy outside an "Uh-oh", but then she sputters some, a puff of blue smoke from the tailpipe, then roars a sound only a thirty-five year old tired 350 engine could produce. Then I hear "Woo..thought she was going to fail us today Doobie." Roy steps back inside through the back door, sees me, smiles this big smile, and says, "Ready, Duck?...we'll let her warm up a moment and then get going...come on."

The ranch spread I'm headed for is a 6000+ acre family-owned ranch located in between lava strewn bluffs with a beautiful fertile river valley occupying the bottom land. Prime alfalfa fields, some grain, some hay, all farmable, with stunning views from every fence line and a nice river running smack dab down the middle. Pastel, oil, and water color artists would swoon over the diversity of color and hues here.

The family homesteaded this property in the late 1800s and is still together working her now. Mom and Dad are not in good health, in their 90s, their faces showing the long hard life they endured here, but with smiles and eyes that inspire my mind to only guess all the memories hidden within. The two brothers and two sisters are running things now and have diversified the farming and ranching, as times mandate, to stay alive. You



hear that often here, this "stay alive" comment; among this community it is actually what most of them are doing. They are living off the land, trying to exist, not profit. Just trying to keep this way of life, and the land, in the family for years to come.

As we grab a last sip of coffee, we hear the pickup sputter outside. Roy lunges from his stool, and we're out the door. The next real treat in store for me is "sittin my butt" down on that old bench pickup seat at ten below zero. The seat lets off a crack as I almost slide off the vinyl, it is so slick and cold. I grab the door handle to steady myself, the door screeches this awful sound as I slam it hard to close it. Roy fumbles and yanks hard on the stick shift trying to get her in gear, a few gear grinds, and a-rumblin' down the ranch road we go. Have you ever seen a heifer cow, in the headlights, in the middle of the road, exhaling clouds of warm breath in the ten below fridged air? It is body chilling. You wonder how the hell they make it through the night, burr! That's when it hits me, "What the hell am I doing out here?" This is how Roy's work day starts; for me it is how friendship is shared in these parts. This ranch supports 1000 head of cattle and that is just our assignment for the day...feeding those cold cows. But first, the cook house, and full blown breakfast. Yes, there are a few places still practicing this wonderful morning get together. Just a quarter mile from my bed is the breakfast, the cookhouse. I think sometimes these new motel joints stole that "bed and breakfast" name without including all the hard work one has to do after eating. Some "dude ranches" are



now charging guests for a night's stay, breakfast, and all of these activities including the wranglin' and ropin', and that just baffles these cowboys.

The two sisters were up here at the cookhouse at 5:00 AM, and I can smell the meal lofting in the crisp air before the pickup even comes to a stop. Like sniffing a fresh picked cannabis bud, your senses capture all those different smells, each with its own unique aroma. Today's smells are bacon, sausage, hash browns; my senses are overwhelmed. The line of headlights is a steady stream heading into this parking lot, the main ranch headquarters and cook house, as a family of four, a work crew of nine, and I, are expected to chow down this morning. It is amazing to me how all these ranch hands are here on time, kicking the snow off their boots and spending little time to chat outside. But.. breakfast is served at 6:00 AM sharp and they're a hungry bunch. The only rule is you keep both feet on the floor while eating. The breakfast conversation is always interesting and starts anywhere from politics to who saw the local movie last night. The sisters serve the scrumptious looking meal and the place quiets quickly. After breakfast the boys go through a quick plan for the morning, everyone jumps to their feet, then back out in the cold. Roy and I are off to the feed wagon. We fire up, start, an old 1958' International Harvester flat bed that was loaded with hay the day before and we shake, rattle, and roll down the road again. That's what this truck does at 10 below zero with a couple ton of hay on its back. Besides, this

ol' rig has been doing this all its life, the endless work and heavy loads taking their toll. We're off to the fields where the cows are awaiting us.

You can hear them cows baying from a half mile away as this is the routine every day of winter and they know what time it is: it's "feedin' time". The herd is all bunched up at the gate awaiting our arrival. How special they make me feel, needed. We travel back and forth through the fields pushing off bales of prime feed to the herd. After all the hay is fed off the truck there are many more tasks for the boys to complete, like sometimes shipping a load of cows out by truck to greener pastures. The workers that like riding mount their horses for separating cows and calves, and yes, brandings still happen. Roy just so happens to be the "do all guy" around the ranch. He welds, mechanics, just about anything that is a priority that day he will get started on. The workload is endless around here, there is always something to do. They work all day in all the conditions Mother Nature can dish out until evening, when they can relax and "call it a day".

Roy and I went to high school together here in the late 1960s and it was then we were introduced to marijuana. Roy had to keep a pretty low profile being a rancher's son, as he surely did not want the family to know he was experimenting with that forbidden substance. We considered it more forbidden by the community ▷



ivannat

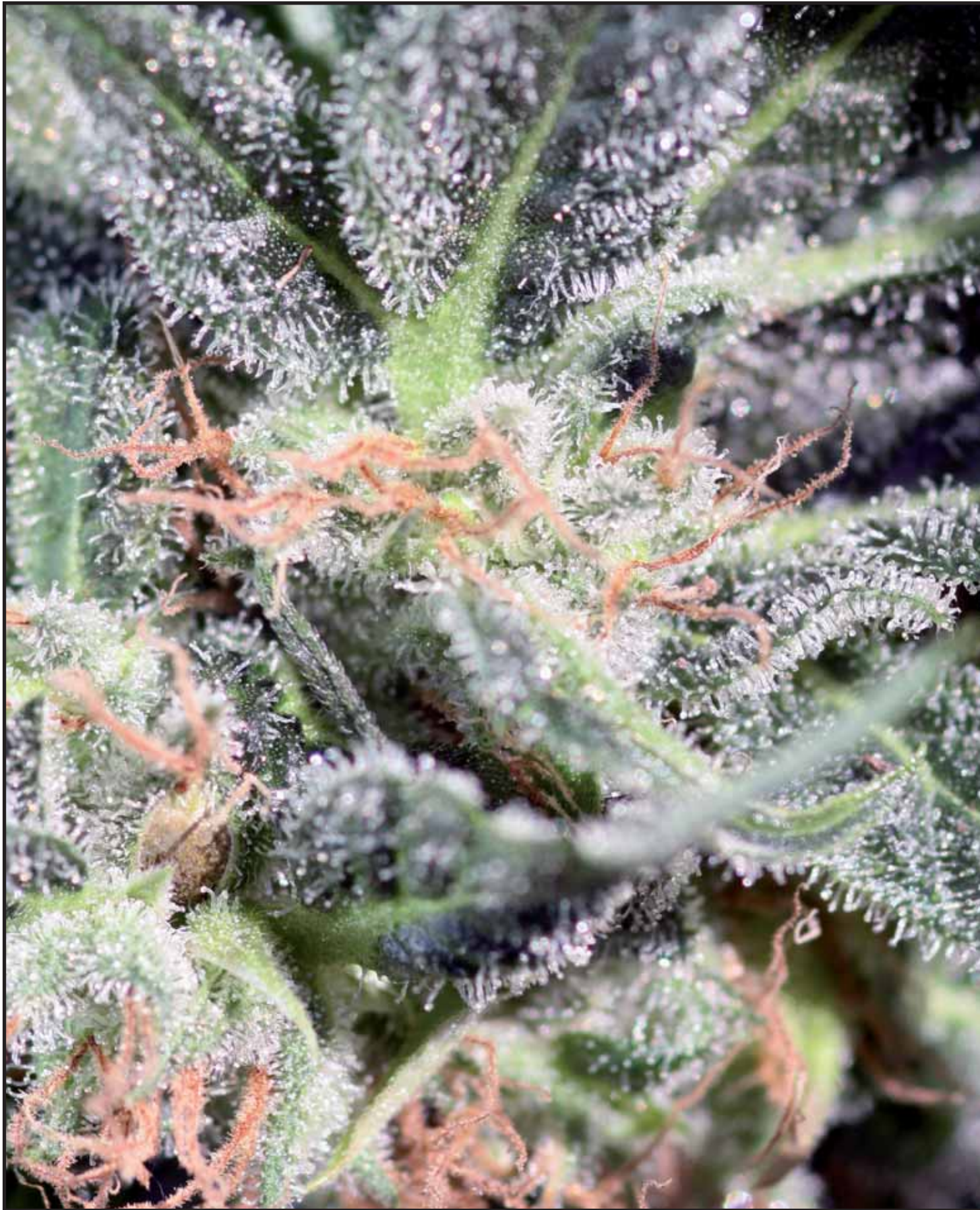




back then than against the law. At that age we were worried more that the punishment our fathers would lay on us would be much worse than what the local police could dish out. The damage you could do to your family and your family's reputation was unthinkable. Entire families sometimes moved from this community rather than endure the scorn if their kids happened to "get busted for pot." The people here were distraught by the hippies and drug movement. I was kicked out of my high school class and told to go home and shave my sideburns when they lowered to my earlobe. Long hair...let us not even go there...but let's do. This community, still to this day, does not accept long hair on men. I have long hair past my shoulders now and attended a fiftieth wedding party for a personal close ranching couple a few months ago in town. The comments, looks, and gossip my long hair caused set

off shockwaves across the auditorium. Merle Haggard and "We don't smoke marijuana" is still on the local jukebox and gathers clapping along with boisterous shouts every time it is played in the local bar. The community is so "close knit" you can not avoid everyone finding out what you did around this town any day. Everyone here knows everyone and what each other is doing all the time; the phone lines are just a-buzzin'. Why I've sometimes wondered, but always come up with the same answer ..it is because they care, they like to help one another, they, the entire population, is one big family. I think that it so cool, it is actually about as friendly as you can get, but if your marijuana use is revealed, "hang on baby" for the ride.

Well, Roy got hurt a while back in an accident on the ranch and now suffers from severe pain in his shoulder. ▷





He still works the routine on the ranch everyday, which doesn't help his condition improve any I might add. He also works in those miserable weather conditions to boot. This does not help his condition improve any I might add. He also works in those miserable weather conditions to boot. Considerable time has past, and his injury is preventing him from sleeping now. He has turned to our old nemeses medical marijuana for help. After a little persuasion he traveled with me to an appointment with the medical marijuana physician I have been seeing for years and was promptly given a prescription. Now at night he is getting some fantastic relief and results, including just plain old sleeping, using medical marijuana. He does not smoke all day on the ranch, he does not smoke recreationally. He uses it when he needs it.

How can we as patients bridge this gap with our neighbors, move past this underlying stigma, inform as well as educate these folk of the positive things med mj is doing for patients today? Educate them I think is the

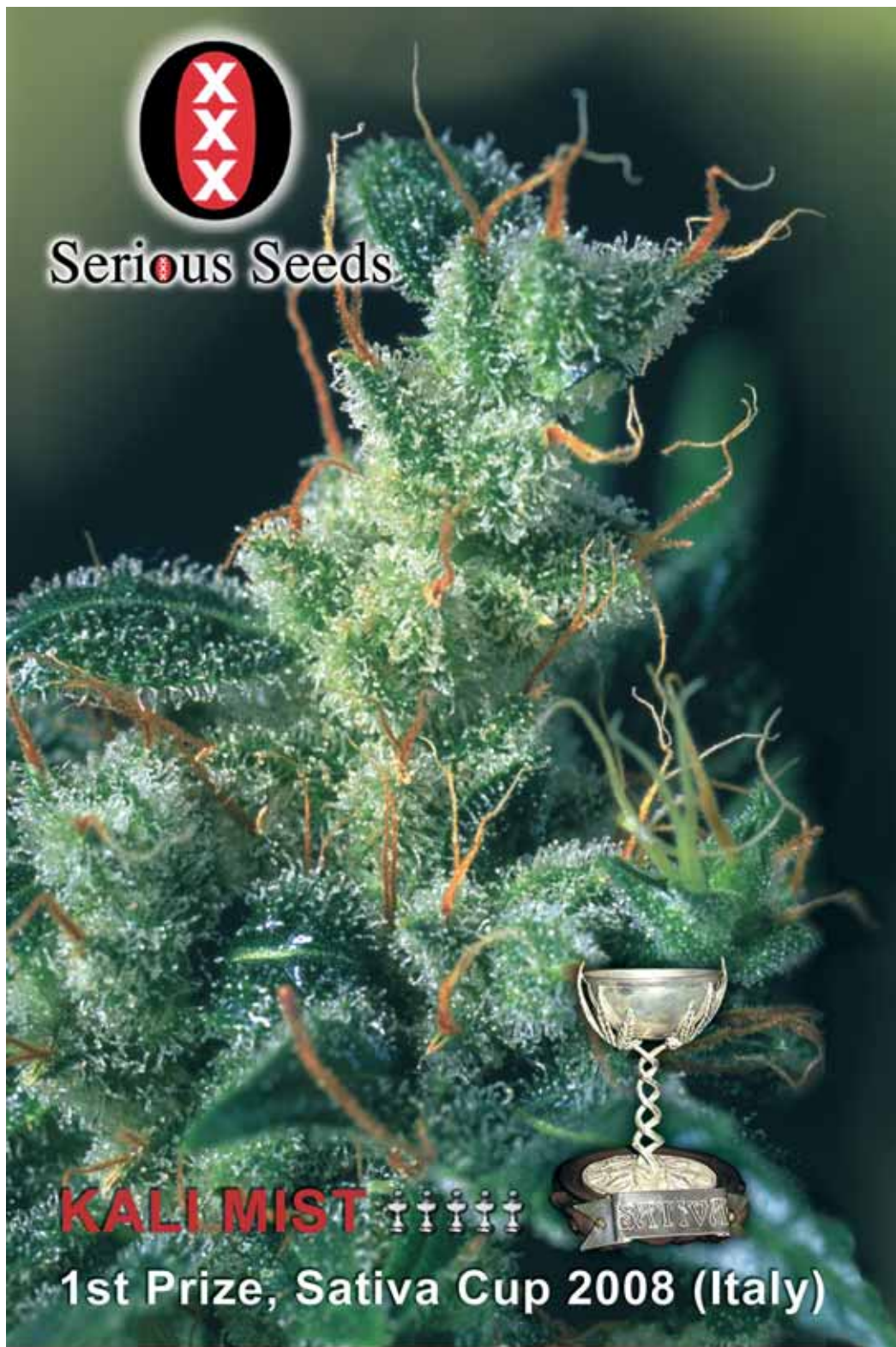
key. Share with your friends and neighbors your side of the story. Bring home those medical reports, the news stories, introduce them to your friends that are patients. Show them the facts, the research by known authorities and well known medical institutions. When they realize the patients are using pot to help them with pain relief, sleep, depression, so many other chronic conditions rather than using opioids and the numerous other dangerous addictive prescription drugs. I think the compassion within them will surface, they will understand and possibly be willing to help med patients.

The legalization of cannabis is being recognized, and marijuana is used by needy patients within our rural ranching and farming communities everywhere, both in states that have and have not passed medical marijuana laws.

But the acceptance and toleration of it has a long, winding, cow-patty filled road ahead out here in the Wild Wild West. 🍀



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Medical Marijuana Prescriptions

for Qualified Medical Marijuana Patients Who Are On Probation Though Denied Their Right to Safe and Natural Medication to Help their Rehabilitation and Corrections

by Barry D. Newman

Medical marijuana is the new issue these days and it has been a long battle to even bring it out into the public due to the fear many have of standing up for what they want. There have been many deaths and much pain and suffering due to the fact the government is controlling a substance that my God — who I put all my faith and trust in — has blessed myself and many others with.

I first learned of the power of marijuana when I was 15 years old, and I was able to understand its power and use it wisely; it has never been a destructive substance in my life, although alcohol has been. At that point in my life, I decided to stand up for marijuana legalization. I am now 30 years old, so I have been living in fear for 15 years, for simply wanting the freedom to use the natural substance that my God gave me to use. I am currently a student taking an associate's degree in plant and soil science at Michigan State University, the best agricultural science university in the world in my opinion. My main goal is to attain a scientific knowledge and understanding of Mycology, the science of fungi or mushrooms. I decided over eight years ago to attempt to grow the mushrooms that have been, to this day, impossible to grow to a quality of the wild ones found throughout the world, but specifically native to here in Michigan. I am soon to be in my fourth semester and I can honestly say that science is not an easy task. It has been a tough struggle to maintain sufficient grades, all while having a hard time keeping enough work to pay the bills and finding time to study for days. My lack of having a driver's license has not helped at all.

I was in the process of leaving Michigan back in 2007; I had signed up to join the Army and I had only \$2000 in fines to pay off before I could hop on a bus and

leave. I was trying to save up the money, though I had a hard time finding work and that is why I wanted to leave, so I could get an education and good employment with benefits in the Army. Before I could leave, I ended up in a bad situation, and I had to make a decision while I was under the influence. I tried to avoid a bad situation while intoxicated, and I drove away, though that was a bad mistake. I wish I would have made a better decision though I was definitely not in a state of better judgment; I was in the middle of nowhere, and I had nobody to call for a ride. I went off the road, and got my car stuck, and was arrested for drunk driving. It would have been my second offense (though I had no idea that governor Jennifer Granholm had changed the law so there is no longer a statute of limitations); I was then given a court-appointed attorney, William Burdette, who, along with county prosecutor Joe Hubbel, tricked me into pleading guilty to a third offense under a promise that my charge would be reduced to a second offense afterwards pending acceptance to a drug court treatment program. I was desperately trying to get into the drug treatment program and was denied, though I was more than qualified — the department made up some false excuse to not accept me.

I wanted desperately to avoid the felony charge and maintain my eligibility for future enlistment into the Army at a later date, though the system worked against me and was not looking for the best possible way for me to better myself. I was sentenced to nine months in jail and five years probation; furthermore, the nine months in jail was spent at least half in isolation for the fact I could not get along with inmates allowed by Leelanau County jail staff to harass, intimidate, fight and break all simple rules. The staff just did not want to deal with them, so they just punished me, taking all



my simple jail freedoms away. They isolated me, all while I was the only one who respected the rules. I was treated so horribly and had a lot of my civil rights violated while in their correctional facility, and I was harassed physically and verbally by the staff as well. I can assure you that I was visited by the Devil himself while I was in that facility.



After my release, I was immediately enrolled in college at Michigan State University, and I started out doing really well in my classes and working as much as I could. I had no problems and never had a reason to be drug tested. I occasionally smoked marijuana legally, as under state law I was protected because I was in the process of getting my medical marijuana card. I legitimately need one for chronic pain, and I can prove it in court if I have to defend myself legally before I got my card. I went to see my probation officer for my monthly appointment, and Steve Brett told me that I had to take a drug test, which was unusual, as I had never been randomly tested before. I was told someone had said I was using marijuana while on probation, and they did not like me, and they wanted to see me penalized, and that they thought my using while on probation was inappropriate, though the word they used was a lot worse. I cannot say who told on me, but I can assure you that they are a marijuana user themselves because it would have had to be someone I smoked with at some point. I proceeded to tell Steve Brett I was in the process of getting my medical marijuana card, and that I was protected under the law. He told me that I could not smoke, though if I got my card he said I could smoke marijuana in his office and he wouldn't even care. I stopped smoking for a while and I then proceeded to get my medical marijuana card. I started smoking again, under the assumption that if I was tested, I would be okay now. I went in to see him again for a monthly appointment and I was given another random drug test, and I came up positive. I explained to Steve Brett how I was only using because he said I was permitted, and he said that he had never stated that I could use my prescription with a medical marijuana card. I reminded him of what he said, and he continued to deny that he had said that and told me that if he said that that he was mistaken, and that the judges had decided to deny patients on probation the right to medical marijuana prescriptions. I stopped smoking from that point forward, and upon my next monthly appointment, Steve Brett told me that he remembered telling me I could use my prescription

if I had a card, but he has to follow the rules, and the rules stated that I cannot use while on probation. I have requested more information about the law and how this came to pass, but I haven't been given much, and I have never received a response from my sentencing judge, Thomas Powers, even though I have written him many letters since 2007. As of the next monthly appointment, I came up slightly positive since there was still trace amounts of THC in my system, and Steve Brett sealed my urine in a vial and sent it off to a laboratory for further testing.

Consequently, as of 12/1/09 upon my most recent monthly appointment, I was served a court order from the judge, because Steve Brett recommended me for monthly drug screening until the end of April because of my positive test results. I am now being punished for a positive test result that only resulted because Steve Brett himself told me I could use my prescription while on probation legally if I have my medical Marijuana card, and I was within the law as far as I was told. I have explained it to him, and I have stopped smoking, so why should I have to waste my time, and have to ride my bike across town in the snow, to take a drug screening once a month until the end of April, when I did nothing wrong, and it should have never even been brought to the judge's attention?

I am on probation until 2012 and I want the law changed to allow patients on probation equal civil rights to use medical marijuana. I am going to need the help of the public as well as anyone who can help politically. I have suffered tremendously during the times I have stopped smoking, and my grades have fallen as well. I have a hard time studying, focusing, relaxing, reading, et cetera. I have a degenerative disk in my back, as well as arthritis, a fractured wrist, an ACL knee problem, a fractured toe and I do not want to take man made pharmaceuticals. I do not want to take prescription medication that may lead to the destruction of my liver, or an addiction to potent pain killers. The safest natural medication for my needs is medical marijuana, and it has helped me in my studies as well. As a plant and soil scientist, I have read much scientific information about marijuana and I know its potential; I do know that it is the best thing to help me in these hard times in my life, and I am now suffering in many ways because the powers that be are more harmful than helpful in my rehabilitation.

Genesis: 1-12 states that God gave us all seed bearing plants and herbs to use.

When I am off probation in 2012, and when I decide to start drinking again because of the harmful stress that has resulted from my being denied my right to natural safe medication, it will be that the Department of Corrections, the taxpayers, the counselors, probation officers and others have completely wasted their time and money in their efforts to rehabilitate me. Marijuana has helped a lot in maintaining my sobriety, more than anything else it helps me to relieve the stresses of everyday life instead of my having to go to alcohol. I am merely trying to get a point across, and explain how the powers that be are now more harmful to my rehabilitation. Corrections needs to be open, understanding and willing to listen to someone like me, who has been through these struggles and studied how this medical prescription is helping not only me but many other people I have met personally who have the same struggles in life, and how marijuana simply helps people rehabilitate.

Steve Brett told me that I am just replacing my alcoholism with another substance addiction, though that is not the case; I have always felt the need to treat myself with marijuana and I just quit drinking. I have sat in many counseling sessions with many other people who are like me and who have a problem with alcohol; they simply just want to be able to cope with the way things are and use marijuana like myself. It is so crazy that marijuana is such a prohibited substance — it is completely natural, it is less harmful than a cigarette when used in a vaporizer and it was put here on this planet by my God. *Genesis 1-12 states that God gave us all seed bearing plants and herbs to use.*

However, much more harmful substances are permitted — for example, Alcohol, Cigarettes, Vicadin, Oxycontin, et cetera — and alcohol is the substance that got me into trouble — not Marijuana. I believe that if marijuana had been legalized many years ago, I may not have become so addicted to alcohol in the first place.

I have been in contact with the American Civil Liberties Union, as well as other marijuana associations and lawyers. I have had no luck with a lawyer; I simply cannot afford a good attorney. It would take \$10,000 and five years, so there isn't much point since I will be off probation in less time than that. Also, I am not able to afford expensive medications, and medical marijuana is a substance that I could grow at home to treat myself and save a lot of money. Yet I am not allowed, and that is more harm to me financially. As well, I don't have much money due to school expenses and lack of work. I am writing this letter in hope that I can notify the public of the way that things really are and in hope that I can get the support of the people. Together we can work to change the law to allow medical marijuana patients on probation the treatment they deserve, and to help them through their struggle with rehabilitation. We must not allow the powers that be to continue to destroy the lives of patients while inhibiting rehabilitation and treatment.

Thank you all for your support and consideration about this issue.

Barry D Newman. Fuzzbuzz1979@yahoo.com
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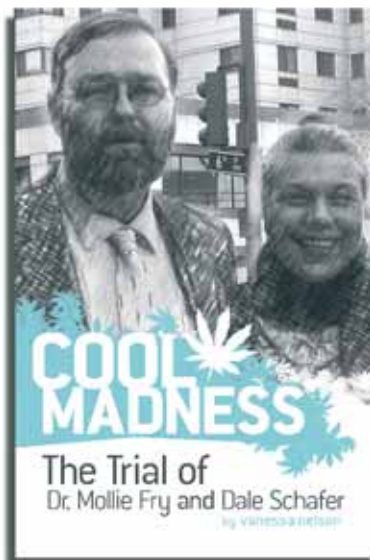
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COOL MADNESS, The Trial of Dr. Mollie Fry and Dale Schafer is the riveting true story of a medical marijuana doctor undergoing a federal trial for the first time in history. The main character of Cool Madness is Dr. Marion "Mollie" Fry, a cancer survivor 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.



Implementation of the

Compassionate Use Act

In a Family Medical Practice: Seven Years' Clinical Experience



**By Frank H. Lucido, MD, with
Mariavittoria Mangini, PhD, FNP**

Clinical medicine, as I have experienced it during a quarter century of practice, is a constantly evolving system. Every practitioner has a different approach to gathering clinical information, diagnostic reasoning and therapeutic decision making.

There is rarely a single correct way to care for patients. Instead, there is usually a wide variety of acceptable approaches, any of which may be appropriate in a given situation¹. (Goldberg, 2002b). Particularly for the student, but also for the experienced clinician working to incorporate a new technique or finding into his or her established practice, the array of choices may be disconcerting and may provoke a feeling of reluctance to enter into unfamiliar clinical territory.

The use of medical cannabis to provide symptom relief to seriously ill patients is a practice that has been rediscovered and refined following the 1996 passage of the California Compassionate Use Act ("Proposition 215," which became Section 11362.5 of the state Health and Safety Code).

A Medico-Legal Consultation

After the passage of Proposition 215, I began performing cannabis evaluations on a very limited number of my existing primary care patients, who requested it and whom I knew had clear indications such as nausea of cancer chemotherapy, severe migraine headache, and chronic pain. Soon I was receiving referrals for medical cannabis evaluations for patients I had not seen before. These referrals came from both patients and other health care providers. This is not surprising, since most doctors are reluctant to approve medical cannabis. Most physicians don't know the law, and have never studied the medicinal uses and history of cannabis. Medical schools do not teach about cannabis' potential benefits, medicinal uses and history. When this lack of information is added to concerns that many health care providers have about the legal and

professional implications of cannabis recommendation, it is understandable that a minority of doctors are doing the majority of evaluations on cannabis patients.

As I began seeing more patients who were benefiting in a wide variety of ways, it became clear to me that I had to become better acquainted with the professional literature on cannabis as a medicine. To the extent that my general primary care practice is typical, I would guess that most general primary care practices in the Bay Area have seriously ill patients likely to benefit from the use of medical cannabis. Possible benefits might include improved symptom relief, fewer side effects, and/or lower cost than many commonly prescribed pharmaceuticals.

What is not typical about my practice is that even among the limited number of doctors who are performing medical cannabis evaluations, I am one of the few who does them in the context of a full-scope general medical practice. So, for more than seven years, I have been conducting medico-legal consultations for patients who are weighing cannabis as a treatment option. I have worked to develop my own standards by reading the scientific literature, learning from the experience of other practitioners, and through application of my past experience in making clinical decisions.

In describing my own approach, I in no way intend to define the standard that is appropriate for all providers or all clinical situations. Rather, this article represents the accumulated insights from my experience with medical cannabis as a treatment, with patients who have benefited from its use, and with the practice of family medicine in a patient population that includes persons from a wide variety of backgrounds, age groups and states of health.

My goals are to give patients some ideas about what might be expected from medical cannabis consultation as it would be conducted in my office, and to give clinicians some information about which aspects of the patient's history, diagnosis and physical condition I consider most rel-

evant in decision making about medical cannabis use.

"Acceptable Standards"

Because medicine is a constantly evolving field, there is a wide range of acceptable standards of care for treating many specific problems. This is more noticeable in dealing with symptom management as opposed to curative therapy; it is particularly relevant in a new field such as Cannabis Therapeutics, in which research has historically been constrained by legal considerations.

In my practice, cannabis is most frequently employed for symptom management (Larson, 1992) as well as for the reduction of what has been termed "symptom distress" - the physical or mental anguish or suffering that results from the symptoms the patient is experiencing (Rhodes & Watson, 1987).

With appropriate use of medical cannabis, many of these patients have been able to reduce or eliminate the use of opiates and other pain pills, Ritalin, tranquilizers, sleeping pills, anti-depressants and other psychiatric medicines, as well as to substitute the use of medical cannabis as a harm reduction measure for specific problematic or abused substances with a much more serious risk profile (including alcohol, heroin/opiates, and cocaine). The diagnoses of my medical cannabis patients (see sidebar "USES/INDICATION") are consistent with the bulk of my medical practice diagnoses.

Symptoms are subjective phenomena by definition, and as such are difficult to evaluate. Symptoms include, but are not limited to: fatigue, insomnia, depression, anxiety, nausea, vomiting, anorexia, elimination problems, and breathing difficulty.

The control of symptoms and the alleviation of symptom distress are some of the most important therapeutic uses of cannabis. Both the alleviation and the control of symptoms remain areas in which further research is

needed (Grant, 1992).

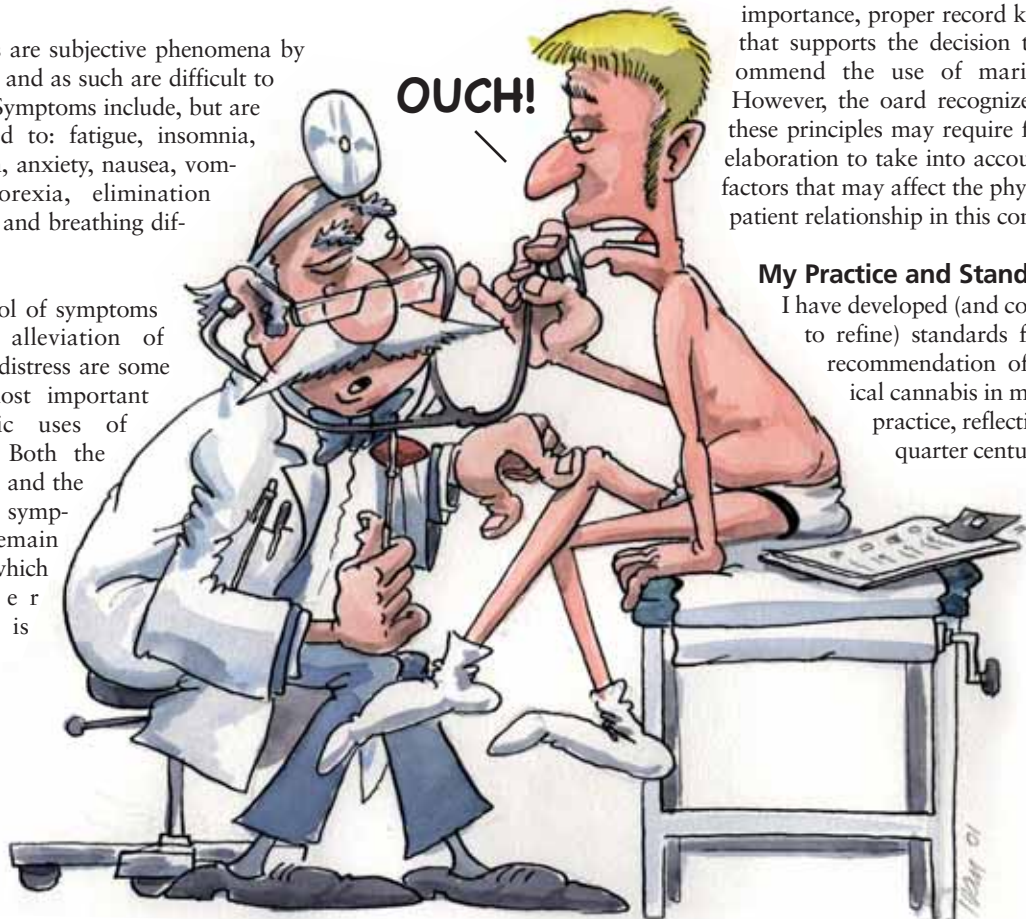
The need for additional research on symptom management is compounded by the lack of research and standards for the use of cannabis therapies. Legal disapprobation, restrictions on the opportunities for clinical research intrinsic to cannabis' status as a Federal Schedule I Controlled Substance, and a long historic gap in the accumulation of clinical writing on cannabis therapeutics since criminalization in the 1930s have resulted in there being relatively little clinical literature from which we can seek guidance.

The Medical Board of California (MBC) and the California Medical Association (CMA) have a "working group" drafting guidelines, but seven years after the therapeutic use of cannabis was legalized, there are no practice standards other than what is usually expected of any clinician in the course of his or her practice.

"Any physician who recommends the use of marijuana by a patient," according to the Medical Board's July 2003 Action Report (repeating a 1997 edict), "should have arrived at that decision in accordance with accepted standards of medical responsibility, i.e., history and physical examination of the patient; development of a treatment plan with objectives; provision of informed consent, including discussion of side effects; periodic review of the treatment's efficacy and, of critical importance, proper record keeping that supports the decision to recommend the use of marijuana. However, the board recognizes that these principles may require further elaboration to take into account the factors that may affect the physician-patient relationship in this context."

My Practice and Standards

I have developed (and continue to refine) standards for the recommendation of medical cannabis in my own practice, reflecting my quarter century as a



Board certified Family Physician providing primary health care. These are my own standards and should not be construed as criteria for any other physician practicing within the scope of his or her training and license.

General requirements

- 1 The patient should have a current source of primary care -a Primary Care Provider (PCP)- whom he or she sees regularly.
2. The patient should be seen regularly for the serious illness or symptoms for which medical cannabis is used, by either the PCP or by a specialist, chiropractor, or other health practitioner of the patient's choice.

These requirements accomplish two important objectives:

- Affirming that the patient has access to primary care.
- Clarifying my role as a consulting physician, and not the primary care practitioner (a common misunderstanding).

Even if the serious illness or symptom is stable, I advise the patient to see his or her physician yearly, to review and update the history and physical.

I generally describe this requirement to the patient by saying: "I don't want to be the only physician who is aware of your illness or symptom, since I am NOT your primary care practitioner."

My medical cannabis evaluation is a medical-legal consultation, and is not to be confused with the provision of primary care.

Phone screening

Patients calling for a medical cannabis evaluation are screened by phone to make sure they understand my requirements prior to being given an initial appointment, and to eliminate those who clearly do not qualify.

Pre-appointment

A 45-minute appointment is scheduled for new patients, or 30 minutes for annual re-evaluations. The patient is mailed a detailed questionnaire, along with release forms to obtain records that will be required for the visit. The patient must fill out the questionnaire in advance of the visit, and must request or bring medical records related to his or her serious illness.

Appointment

The medical cannabis evaluation is conducted in a face-to-face office visit, which includes the collection of relevant history, problem-specific physical exam, and review of the completed questionnaire and outside medical records.

A written summary of the patient's interview and history



Lucido at his desk

is completed for the patient's chart.

All of these data are assessed for indications that cannabis may be of benefit for the patient's symptoms or problems.

Pros and cons of medical cannabis use are discussed with the patient, and informed consent documents are reviewed and signed. Patients are advised that they should continue to assess the benefits that they receive from medical cannabis, and should

continue its use only if it continues to benefit their symptoms.

Based on all of the above, a decision is reached on whether or not to recommend cannabis to the patient.

Limited approval -for three months or less- may be given in cases where there exists some documentation or physical evidence of a serious illness for which cannabis might be beneficial, but more recent records are required and/or expected to arrive.

Follow-up

Appropriate follow-up appointments are arranged for patients receiving recommendations. Yearly re-evaluation is a minimum. Our staff is available to help patients complete requests for medical records, and to assist patients in collecting and collating their medical documentation.

More frequent follow-up visits may be required in certain circumstances, such as in some psychiatric diagnoses and some mood disorders, especially if the patient is not receiving ongoing psychiatric care. In this instance, I may require the patient to return with a family member or close friend to corroborate that patient does better with cannabis than without it.

Patients are to continue regular follow-up with the PCP and/or specialist for the serious illness or symptom for which the patient uses cannabis medicinally. At yearly renewal re-evaluation visits, I expect the patient to bring in documentation that his or her primary provider is aware of the serious illness or symptom, and is seeing the patient for re-evaluation at least yearly.

Forms

I have developed the following forms for use in conducting medical cannabis evaluations:

- Consent to assume risk for medical marijuana.
- A questionnaire (adapted from the questionnaire developed by the California Cannabis Research Medical Group).
- Recommendation/approval form.

If a 12-month recommendation is provided, it is dated to expire on the last day of the month, to allow the patient a one-month window to be re-evaluated in their anniversary ▷

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month. Lately I have embossed the original recommendation with my seal, and added small lettering on certificate that says "original is embossed." The embossing limits the reproducibility of the original. I began doing this after finding that a patient had altered his original certificate. (An extremely rare occurrence.)

Safety

Regarding safety, U.S. Administrative Law Judge Francis L. Young in September, 1988, after reviewing all the evidence on rescheduling cannabis from Schedule I to Schedule II, stated:

"In strict medical terms marijuana is far safer than many foods we commonly consume. For example, eating ten raw potatoes can result in a toxic response. By comparison, it is physically impossible to eat enough marijuana to induce death. Marijuana, in its natural form, is one of the safest therapeutically active substances known to man. By any measure of rational analysis marijuana can be safely used within a supervised routine of medical care."

Limitations

Significant limitations on my discussions with medical cannabis patients are imposed by federal government requirements or threats.

For example, I don't suggest an amount of cannabis to use unless it's to suggest "less" or a safer method of ingestion for harm reduction/risk minimization purposes.

Experienced medical users will know how to titrate their dosage to achieve the desired effect.

Experienced medical users will know how to titrate their dosage to achieve the desired effect. In my experience, medical cannabis users consume widely varying amounts. (The handful of patients who remain in the Federal IND program, which supplies cannabis to patients, receive six pounds per year in tinned, pre-rolled cigarette form.)

Nor do I discuss the locations of dispensaries or how to obtain cannabis. If asked, I explain that federal law prohibits my doing so.

Because accurate information is vital to health and patients should always have access to accurate information, I make available a list of resources other than dispensaries through which they can learn more. These include:

- California NORML's website:
<http://www.canorml.org/>
- Americans for Safe Access 510-486-8083
- The Oakland Cannabis Buyer's Cooperative 510-832-5346 (which also provides patients with a photo ID that is easier to carry in one's wallet than my full-page recommendation form).

I don't sign any forms from dispensaries, and I don't sign caregiver forms.

The designation of a caregiver is not a medical decision,

but is determined by agreement between the patient and the caregiver, as defined by Health & Safety Code section 11362.5 (Prop 215).

Documentation -Pros and Cons

There is a wide range of acceptable standards in medicine. Some doctors have been criticized for not requiring documentation of diagnosis when they approve cannabis use. Others feel that the requirement creates unnecessary barriers for patients. My arguments for requiring documentation include:

- It is common in other situations in health care.
- It enhances patient protection, both medical, legal and financial.
- It gives me more confidence that, if called upon to do so, I could successfully defend a patient's appropriate medical use in a court of law.

If law enforcement calls me to verify compliance with Prop 215, I am able to say: "Not only did I assess the patient, but I have independent documentation of the diagnosis for which the patient uses cannabis."

In most cases, law enforcement officers have been polite and replied something to the effect of: "Thank you, doctor, we just wanted to make sure it was a valid recommendation."

The following arguments have been made against requiring documentation:

- It is not necessarily consistent with the long tradition in medicine of a trusted doctor/patient relationship.
- It may imply that it is less than acceptable for a doctor to do his or her own evaluation, and determine that cannabis will or won't benefit a particular patient.
- Records may be unavailable or difficult to obtain.

Consider the situation of a patient who suffered a traumatic injury many years ago, and doesn't have ongoing care for chronic pain. The patient has been self-treating effectively, and now wants to comply with state law. In this situation, the history and physical examination might be enough to make me feel comfortable without further documentation of the diagnosis.

Notes on Confidentiality

Many patients seek out cannabis consultants because they don't feel comfortable disclosing to their primary care providers doctors that they have been self-medicating with cannabis. Although I do require that the patient's primary provider or other appropriate practitioner be aware of, and follow, the serious illness for which cannabis is used, I do not require that the patient disclose his or her medical cannabis use to these providers in all cases. The wording I generally use in explaining this is: "In a perfect world, you should be able to tell your physician everything. But unless, and until the federal government, employers and insurance companies no longer discriminate against medical cannabis users, there is valid reason not to have

cannabis mentioned in your medical records."

I ask the patient to assess whether he or she feels safe in telling their doctor "off the record" that they're using cannabis medicinally. If the answer is yes, I encourage them to do so. Your own doctor knows you best, and in a perfect world, one should be able to tell his or her doctor everything.

I don't accept insurance for medical cannabis consultations, nor do I recommend that the patient bill the insurance company, unless the patient is willing to have his/her insurance company see these records.

Special circumstances

Some patient-care situations deserve special mention, as they present unusual complexities or problems.

Should a patient's medical cannabis use be questioned, some presentations or diagnoses are particularly likely to be challenged by school, probation or law enforcement authorities.

Psychiatric Patients

Psychiatric diagnoses, particularly if unstable, are likely to raise this kind of "red flag." In such cases, it is important to have a good history of the efficacy of cannabis for the patient. Approval of the therapist is desirable; next best is a significant other who can attest to the patient's condition being improved by medical cannabis use.

Minors

The recommendation of medical cannabis use to minors is an area of controversy. As in all of medicine, one must make a risk/benefit assessment. The developmental needs of adolescents and children suggest that cannabis use should be discouraged, unless, as would be true in a person of any age, the medical benefit obtained outweighs the risk. Recommendations for medical cannabis for minors should be issued conservatively, and evidence of effectiveness should be well-documented, as should be parental consent.

Elders and/or naive users

Many elders have never been exposed to a social environment in which cannabis is used recreationally. For these patients, as well as for any naive or first-time user, the psychological effects may be disturbing. The extensive report on medical cannabis prepared by the National Academy of Sciences Institute of Medicine in 1999 suggests that "for some patients -particularly older patients with no previous marijuana experience- the psychological effects are disturbing (p. 4)."

In the years following the legalization of cannabis for medical use, only a small fraction of patients seeking physician approval have been cannabis-naive. At least 90 percent of those seeking approval from CCRMG-affiliated physicians already know that, for them, the benefits outweigh any adverse effects. More naive patients can be expected to inquire about cannabis as a treatment option as favorable research results from Europe are reported in the literature.

How will patients learn to use?

An additional question in relation to the inexperienced user is that of how the patient will learn to use cannabis.

- *Who is available to teach the patient?*
- *Will an informed, experienced user be available when the patient first tries medical cannabis?*
- *In what form will the patient ingest cannabis?*
- *Does he or she understand the concept of titration of the dose?*
- *Is there a protected environment available to the patient for his or her initial and subsequent use?*
- *How should the patient be counseled about the possibility of unwanted effects?*
- *What precautions or preparation should the patient be advised to use?*

Conclusions

Physicians who are considering whether to approve cannabis use by their patients must first educate themselves on the subject. Cannabis has a long, impressive history as a safe and effective medicine. Although the United States has limited studies on the benefits of cannabis, the National Institute on Drug Abuse has funded significant research into its mechanism of action. Universities and major pharmaceutical companies are conducting groundbreaking studies. Much of this research is available in: Grotenhermen and Russo: "Cannabis and Cannabinoids: Pharmacology, Toxicology, and Therapeutic Potential."

My advice to colleagues, in brief:

- Practice responsible medicine, including encouraging patients to obtain appropriate follow-up of their illnesses from their primary care practitioner.
- Maintain good documentation, both of previous history and outside records, and of your own history, physical, assessment, and follow-up plan.
- Be able to explain your decision-making process in a court of law should you be called upon to support a legitimate patient, or to discuss a patient's cannabis use with an employee health clinician. On occasion, a question may arise as to whether a patient can perform safety-sensitive functions in the workplace. It may be important to document that the patient does not use cannabis in a specified time frame in relation to hours of work.
- Do not assist anyone in breaking the law. The vast majority of medical cannabis patients are honest and appropriate medical users under California law. (Notwithstanding the situations in which doctors have had visits from undercover agents posing as patients). I find cannabis patients to be, on the whole, as honest and forthright as patients or people in general.

It should go without saying, but I will say it: No matter how convinced you may be of the relative benignness of cannabis, do not agree to do anything illegal. Undercover agents have been known to say to a doctor: "I don't have an illness, I just want to be able to smoke marijuana." It ►

should be clear that this is not a legitimate use of the Compassionate Use Act .
There are millions of real patients to help.

Office Setting

My office is close to the University of California campus in a lovely 60-year-old brick medical-dental building in Berkeley that reminds me of the medical buildings I went to when I was a kid in Michigan in the '50's. There is a small garden behind the office and a generally welcoming and calm atmosphere, surrounded by the bustling activity of a busy academic community. We share the office building with a dental practice, and there are persons of all ages, backgrounds and walks of life in our waiting room. We have a multi-cultural staff, and several languages are spoken in the office.

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Full Disclosure

I am one of approximately nine physicians who have been investigated by the Medical Board of California in relation to recommending medical cannabis. My strong belief that I was practicing the highest standards of medicine provided a level of comfort and confidence that I would not have expected to maintain during such a stressful, time-consuming ordeal. I was also reassured by having good legal counsel and the support of many fellow physicians, as well as my patients, family, and friends. In August, 2003, one year after I was served a subpoena to appear at a Medical Board hearing, I was effectively exonerated. Regrettably, my experience with the Board has been shared by a number of other responsible physicians who were also inappropriately targeted for investigation for having recommended medical cannabis. The complaints triggering these investigations have not come from patients or caregivers, but from officials in various branches of law enforcement. The few exceptions include a complaint from a spouse in the midst of a bitter divorce, and a complaint from a high school principal.

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Anyone who uses cannabis or other cannabinoids for medicinal purposes and has experience with two or more of the following substances or modes of delivery are invited to participate:

- Smoking cannabis
- Inhalation of cannabis via a vaporizer
- Oral use of cannabis as a tea
- Oral use of cannabis in baked goods/cannabis tincture
- Oral use of dronabinol/Marinol (THC)
- Oral use of nabilone/Cesamet
- Inhalation of dronabinol (THC) with a vaporizer
- Sativex
- Other use.

Participants remain anonymous.

The survey was approved by the Ethics Committee of the Medical School of Hannover

and is headed by the chairwoman of the IACM,

Dr. Kirsten Mueller-Vahl,

Professor at the Medical School of Hannover (Germany),

in cooperation with

Dr. Arno Hazekamp

of the University of Leiden (The Netherlands),

Dr. Donald Abrams,

Professor at the University of California San Francisco (USA),

Dr. Ethan Russo,

Adjunct Associate Professor at the University of Montana (USA),

Dr. Franjo Grotenhermen

of the nova-Institut (Germany),

Dr. Mark Ware,

Assistant Professor at the McGill University, Montreal (Canada),

Dr. Ricardo Navarrete-Varo,

Malaga (Spain), and

Dr. Rudolf Brenneisen,

Professor at the University of Bern (Switzerland).

The questionnaire is available at

www.cannabis-med.org

The following are direct links to the questionnaire in different languages:

English:

<http://www.cannabis-med.org/limesurvey/index.php?sid=91387&lang=en>

German:

<http://www.cannabis-med.org/limesurvey/index.php?sid=91387&lang=de>

Spanish:

<http://www.cannabis-med.org/limesurvey/index.php?sid=91387&lang=es>

French :

<http://www.cannabis-med.org/limesurvey/index.php?sid=91387&lang=fr>

Dutch:

<http://www.cannabis-med.org/limesurvey/index.php?sid=91387&lang=nl>

Major Depression:

By Ally (aka pflover)

"Nothing is wrong, Everything is on track."

In the last issue I discussed how cannabinoids interact with manias and bipolar disorder. It only seemed natural to follow that with the other major mood disorder, depression. To date, there have been absolutely zero studies in the scientific literature concerning the endocannabinoid system and either postpartum depression or seasonal depression, known as Seasonal Affective Disorder or SAD. For that reason, the vast majority of this discussion will focus on major depression and the endocannabinoid system, on which a disproportionate number of studies have been conducted.

Major Depression is the most common and by far the most potentially lethal psychopathology afflicting humanity today. Women are about twice as likely to experience major depression as men. Worldwide, the lifetime prevalence of this condition is between about 8% and 12%, with the United States taking the lead at 17%. Of those suffers in the U.S., 3.4% take their own lives. Conversely, as much as 60% of suicide victims had previously received the diagnosis of major depression or some other affective disorder. Women are more likely to attempt suicide; however, men are more frequently successful (1).

I expect most readers have a sense of what it means to be "down" or "under the weather" without being physically sick, and the majority of us probably even understand the basics of what it means to be depressed. In such a state, we may have trouble sleeping, have no appetite or may be unable to stop feeding the hole inside; things which normally bring us pleasure bring none or even annoyance, and any negative memory seems unbearably bad while positive memories are nowhere to be found. This state for most of us is a transitory experience. However, for a small portion of us, this state is a trap which is nearly impossible to escape from without external intervention (1).

SSRIs and Tricyclics vs. Cannabinoids

We have begun to elucidate many aspects of how the brain and its functions differ in depressed individuals compared to their healthy counterparts. Some of our theories are based on a combination of what medications have helped, actual differences observed in the blood, brains or genes of depressed individuals and suicide victims, and thousands of animal studies using reliable models of depression. Although often viewed as individual theories, the most complete picture appears when all theories are viewed as aspects of one larger set of dysfunction. These theories include: the monoamine (serotonin, norepinephrine and dopamine) system dysfunction; inhibiting of neurogenesis in distinct brain regions and related deficiencies in brain-derived neurotrophic factor (BDNF); hyperactivity of the hypothalamic-pituitary-adrenal axis (HPA axis), which regulates hormone functions, with corresponding high hypothalamus-produced corticotrophin-releasing hormone (CRH); and poor-serotonergic-system-tone-induced overactive REM sleep cycling (1). Relatively recently, a new component has been added to this list, brain region specific endocannabinoid dysfunction. Indeed, in the last four years at least seven different reviews have been published in the science trade journals on the topic, covering a wide array of studies evidencing such a connection between the endocannabinoid system and major depression (2,3,4,5,6,7), only one of which was negatively biased against cannabinoid-based therapeutics (8). The rest of this article will be devoted to exploring this connection and when possible how it relates to cannabis use.



On the Threshold of Eternity
Vincent van Gogh, 1890)

Rimonabant and other CB1 Antagonists

During the first half of this decade, rimonabant, the first cannabinoid antagonist to ever see clinical use, was lavished with much attention. Rimonabant was primarily sold as an anti-obesity drug which also showed promise in aiding in the treatment of metabolic and cardiovascular disorders and possibly as a generalized anti-addiction drug as well. There was even some evidence that CB1 receptor antagonists like rimonabant possessed some degree of antidepressant properties since they reduced over-eating as well as improved memory and cognitive deficits, symptoms often associated with depression. Early studies of cannabinoid antagonists in animal models of depression also showed some degree of antidepressant effect, although generally it

appears emotionally healthy animals were used in these studies (9,10). For what it is worth, these early studies were also mostly conducted by laboratories run by the large pharmaceutical companies.

In an almost humorous turn of events, the early hopes placed on cannabinoid antagonists by the pharmaceutical industry appear to be very misguided. Rimonabant actually appears to produce depression and suicidality in a statistically significant portion of those using it (11), approximately twice as often as what is seen from placebo alone (12). And it was this that got it pulled from both the U.S. (13) and European markets (14). One study has suggested at least one cognitive mechanism by which rimonabant might be facilitating depression and suicidality. This study found that ►

after even a single clinically relevant dose of rimonabant, the ability to recall positive memories or conjure up positive adjectives to describe oneself was significantly impaired even though participants could not detect any change in their subjective mood (15). So even if you did not realize it, taking rimonabant or other cannabinoid receptor inverse agonists could be working against your ability to maintain a positive mood from the very first dose.

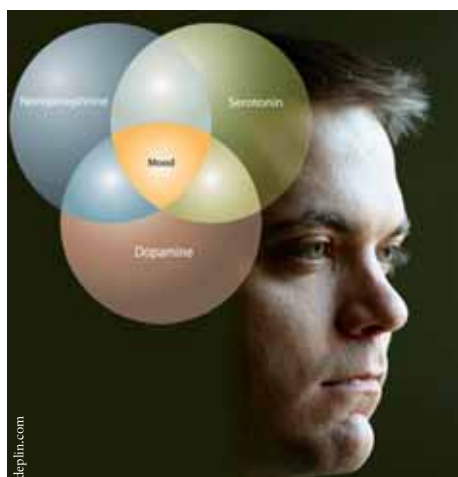
All hope may not be lost for the future of cannabinoid antagonism, as some have suggested that inverse agonists like rimonabant which activate the receptor to produce the opposite effect it usually does “do too much.” Instead, they suggest that simple blockade of the receptors without inverse agonism might be more pharmacologically neutral with less severe side effects. However, one has to wonder about this conclusion when one considers that mice lacking the genes for the CB1 receptor known as CB1-/- mice manifest a very similar behavioral profile as that seen in patients taking rimonabant.

Interestingly, one recent study found that when sub-threshold doses of a CB1 inverse agonist and an SSRI were combined that significant evidence of antidepressant effect was observed in a reliable animal model for depression. When either dose was administered alone no effects at all were observed suggesting that the two drugs together interact either additively or synergistically. This led the authors to suggest that used clinically, such a combination therapy might significantly, if not completely, remove the occurrence of SSRI-related side effects (16). This is particularly interesting since similar things have been anecdotally reported by the cannabis-using depressed population for years about the combination of cannabis and SSRIs. These patients report that typical SSRI doses can be reduced by 50% or more when combined with regular use of cannabis.

Healthy vs. Dysfunctional: Differential Response to Cannabinoids

I have mentioned this many times in my articles in the past but it bears repeating: cannabinoids often have differential effects on healthy vs. dysfunctional systems, tissues, organs or animals. This appears to be no different for depression. In one study on rats bred to express signs of depression such as helplessness, doses of a potent selective CB1 agonist appeared to improve their

functioning on a test which required accurate timing. Normally, these congenitally helpless rats and rats which have experienced repeated mild stress have poor acuity on such tests. The CB1 agonist normalized their responses at doses which clearly impaired unstressed wild-type rats (17).



Imbalances between the three monoamines result in depression

Serotonin, Cannabinoids and Depression

One of the central theories in our attempt to explain major depression is the monoamine hypothesis. It posits that certain imbalances between the three monoamines (serotonin, norepinephrine, and dopamine) result in depression. This hypothesis is supported by the efficacy of drugs which modulate these neurotransmitter systems, such as SSRIs, although it is limited by an inability to explain all differences observed in the brains of depressed individuals or how some drugs produce their antide-

pressant effect (1).

Even so, low serotonin levels are believed to be related to compulsions, anxiety and obsessing; norepinephrine is also believed to be related to anxiety as well as interest in life, attention and alertness, and sensation of energy level; dopamine is also related to interest in life and attention as well as reward, motivation, and pleasure. All these factors controlled by the monoamines can be adversely affected in depressed individuals and, when they work, improved by antidepressants. Knowing these relations, however, can help us target the right drugs to the right individuals. Depression with strong anxiety features is best treated by SSRIs and norepinephrine reuptake inhibitors, or drugs which do both. Depression which is predominately anhedonic in nature (loss of the ability to feel pleasure) should be treated with drugs which modulate norepinephrine and dopamine system components. Serotonin also appears to regulate other neurotransmitter systems. If serotonin levels are low, as they frequently appear to be in most individuals with major depression, the deregulated neurotransmitters which rely on it go haywire. When norepinephrine levels drop because of low serotonin, depression is particularly likely to develop (1).

Depressed individuals are also frequently plagued by an overactive REM cycle such that intense and vivid dreaming sets in shortly after going to sleep, often making sleep itself disturbing for these people. REM sleep requires low serotonin in the brainstem where the primary serotonergic nuclei in the brain are located, the

raphe nuclei. Antidepressants, particularly SSRIs, increase the tonic activity of these neurons and it is the dorsal raphe nucleus which many believe to be the primary target for SSRIs (1,18).

It is therefore reasonable to wonder how cannabinoids interact with the monoamine systems, particularly the serotonergic one. As we saw in the last section, SSRIs and cannabinoid reverse antagonists can produce antidepressant effects in healthy rats when administered together in doses which individually had no observable effects. What is not known yet is if this combination would have the same effect on depressed animals such as those which have experienced chronic unpredictable mild stress (CMS). One reason to wonder is that often modulation of the endocannabinoid system will have divergent effects on healthy versus dysfunctional animals.

The picture of how cannabinoids interact with the serotonin system is somewhat complicated. For one, chronic activation of the CB1 receptors by endocannabinoids may not produce the same result as chronic activation of these receptors by exogenous cannabinoids like THC. Although not seen with a single dose of THC, repeat doses of THC appeared to reduce serotonin activity specifically in the rat frontal cortex. The authors found this concerning because there is evidence that many individuals with major depression also have low serotonergic activity in the frontal cortex (19). Again, this was conducted on healthy rats and it is not known if the finding would be the same in CMS exposed rats. When anandamide levels are increased by inhibiting the enzyme which deactivates anandamide, FAAH, a different pattern has been observed. FAAH inhibitors (FAAHIs) increase anandamide which in turn increased dorsal raphe nucleus (DRN) serotonergic activity and locus ceruleus noradrenergic activity (Note: noradrenalin and norepinephrine are different names for the same neurotransmitter). These changes in neural activity were accompanied by a pronounced antidepressant effects in both mouse and rat models of depression. Furthermore, these changes did not appear subject to development of tolerance as they were sustained with repeated administration of FAAHIs (20).

The effects of endocannabinoids in the DRN, however, still are not clear since attempts to find how anan-

damide controls serotonergic activity in this structure found that acutely anandamide inhibits excitation of DRN serotonergic neurons by inhibiting their activation by glutamate neurons enervating with the DRN. Furthermore, it was found the DRN serotonergic neurons released anandamide as a means of controlling the

flow of stimulation by the glutamatergic neurons enervating with them. These effects of anandamide were mimicked by the potent CB1 agonist WIN55, 212-2 or WIN (21). Considering this, it is unclear how systemically increasing the amount of available anandamide would result in a general increase in DRN serotonergic activity as it did in the last study.

Some effects of cannabinoids, especially the exogenous ones, appear to be biphasic. In other words, they have one

effect at small doses and another at high doses. Bambico, Katz, Debonnel and Gobbi, 2007, tested the antidepressant effects of WIN at several systemic doses on rats. None of the doses tested produced obvious signs of intoxication as measured by changes in locomotor activity so all doses were small to moderate at most. They gave the rats three doses over a 24 hour period; what is known as subchronic administration. At the doses of 1.0mg/kg or higher, they found that WIN had no effect on measures of depression and lowered activity of DRN serotonergic neurons. When they tested doses between 0.05mg/kg and 0.2mg/kg, they found a dose-dependent antidepressant effect peaking at 0.2mg/kg which was dependent on parallel dose-dependent increases in DRN serotonergic activity. This antidepressant effect was nearly identical to that produced by the SSRI Celexa but not what is produced by a noradrenergic reuptake inhibitor. When either serotonin was depleted or CB1 receptors were blocked, the antidepressant effect of WIN was prevented. This antidepressant effect was produced by WIN given systemically. To elucidate exactly which cannabinoid receptors in the brain were responsible for this effect, Bambico and his colleagues tested micro injections of WIN in several brain locations to determine where the increase in DRN serotonergic activity originated. When WIN was injected specifically into the medial prefrontal cortex (mPFC), DRN activity increased and this was blocked by co-administration of the antagonist rimobant (22). This suggests that while CB1 receptors in the DRN may tone down serotonergic activity, this effect may be overridden by mPFC CB1 receptor activation. ▷





King Alcohol and his Prime Minister
circa 1820

Suicide, Alcoholism and the Endocannabinoid System

Often times one of the only ways to get a really clear understanding of how receptor densities and/or binding efficacy may differ in the brains of individuals who have a psychopathology like major depression or schizophrenia is to analyze their brains post-mortem. Trying to understand what is different about the brains of people who commit suicide is of particular importance in this field of research. Recent findings indicating a link with both depression and alcoholism and changes in

the endocannabinoid system led one group of researchers to investigate how the endocannabinoid system might differ first in the brains of suicide victims vs. normal controls and then in the brains of alcoholics who had committed suicide vs. the brains of persistent alcoholics who had died of other causes.

Both studies found that the CB1 receptors in the dorso-lateral PFC were significantly over-expressed compared to their control counterparts. Although binding affinity for these receptors was not altered, their response or activation efficacy was enhanced. In other words, these CB1 receptors were hypersensitive. It appears that endocannabinoid levels were not compared in the first study on suicide vs. normal death, however, in the second study on alcoholic suicide victims, both endogenous CB1 agonists, anandamide and 2-AG, were significantly elevated in the DLPFC. Overall, these findings suggest that an overactive endocannabinoid system in the PFC or at least the DLPFC may be playing a role in suicidality and that taking steps to tone down the endocannabinoid system in the DLPFC may help save their lives (23,24).



The Way Out -
George Grie, 2007

As some of you may know, the TY forum has a relatively new member who uses cannabis for pain caused by a degenerative condition in his legs but predominantly as a mood stabilizer/anti-suicide agent. He is diagnosed with rapid cycling type II bipolar disorder. What follows is anecdotal, but he claims that cannabis is the only thing which effectively relieves his powerful and chronic suicidality, a claim which appears to be confirmed by outside observation of his demeanor, emotionality and behavior. He has attempted suicide numerous times, the first when he was 18; he's 37 now.

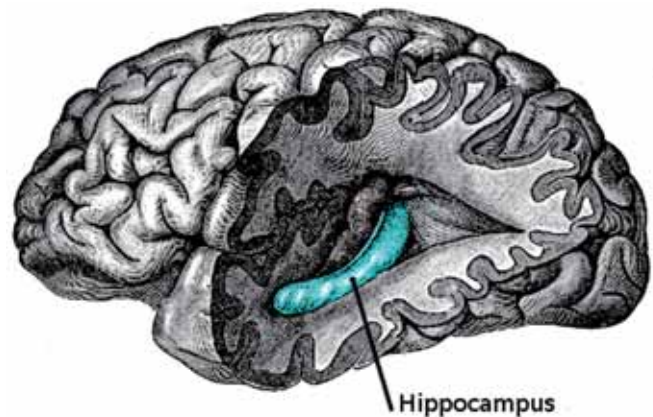
Cannabis is the only medication he has tried which appears to produce a general mood improvement, allow him proper sleep and most of all, reliably inhibits the chronic and devastating dark suicidality he normally faces as a regular feature in his life. His daily dose of typical good quality cannabis is 1g/day to remove the darkness and 2g/day to actually feel happy and normal. His claims appear quite plausible in light of the above findings when one considers that part of the tolerance produced by THC is a generalized reduction in cannabinoid receptor density throughout the brain (25). Although these changes would not be specific to the DLPFC, they would produce the reduction in endocannabinoid tone required in this structure.

The Hippocampus, Neurogenesis and the Endocannabinoid System

One of the commonly observed differences in the brains of individuals with major depression is a smaller hippocampus than what is seen in healthy controls. This is accompanied by reductions in the number of hippocampus neurons and is considered to be a sign of impaired neurogenesis in this brain region (1). Neurogenesis is the process of growing and maintaining new neurons. In the adult brain it primarily occurs in the hippocampus and is believed to play a role in learning, memory and the related neuroplasticity which accompanies learning. Furthermore, stress and chronic sleep deprivation both appear to inhibit healthy hippocampal neurogenesis (26). Antidepressant drugs promote neurogenesis and it is believed that this may play a significant role in their efficacy. This action appears to be primarily the result of stimulating BDNF — one of the main neurotrophins responsible for adult neurogenesis — which is low in depressed individuals (1). In light of this, it is completely reasonable to ask what effect cannabinoids have on neurogenesis and BDNF levels.

One of the first studies to really address these questions was published in 2005 by Jiang et al. These researchers found that adding the extremely potent CB1 agonist HU-210 to cultured embryonic rat hippocampal cells promotes proliferation of these cells through a CB1-dependent mechanism. In live adult rats, acute administration of HU-210 did nothing to hippocampal neurogenesis; however, it was promoted by twice daily administration of moderate doses of HU-210 for ten days. Low repeat doses had no effect. A month after the ten day HU-210 treatment, there was a greater rate of new cell survival and utilization of these cells compared to that seen with placebo treated rats. On top of this, a month after the ten day HU-210 treatment, treated rats in this group showed evidence of an HU-210-induced antidepressant/anxiolytic effect when

compared to their normal counterparts in a rat model of depression. These behavioral effects of prior HU-210 treatment were dependant on the HU-210 induced neurogenesis, suggesting the antidepressant effect of cannabinoids is neurogenesis-dependent (27).



This antidepressant effect of HU-210 in the rat hippocampus was confirmed two years later in 2007 by McLaughlin, Hill, Morrish and Gorzalka. They found that following three infusions of HU-210 directly into the hippocampus over a 24 hour period, rats appeared to experience an antidepressant effect in the same model of depression used above. This effect was inhibited by co-administration of a CB1 antagonist. Curiously, elevation of anandamide levels following three hippocampal infusions of a FAAHI did not result in a measurable antidepressant effect (28).

HU-210 is a chemical analog of THC and is between 100 and 800 times more potent (29), depending on which species or measure of potency is used. HU-210 is capable of bringing about 100% activation of the CB1 receptor system, where THC is only capable of about 50% activation at any one time. Furthermore, its effect lasts significantly longer than THC (29). In cases where it is 800 times more potent than THC, HU-210 has a dose size similar to that of LSD to produce a similar effect to a typical dose of THC. Considering these facts, it is unclear if chronic THC exposure would produce the same effects in the hippocampus on neurogenesis. Some evidence suggests that it might not. When serum levels of the neurotrophin, BDNF, were tested after a single IV dose of THC in cannabis-naïve humans vs. light users of cannabis, the serum levels of BDNF were elevated in the THC-naïve participants. The light users of cannabis, however, had lower basal levels of BDNF to begin with and did not appear to experience an elevation of BDNF serum levels following acute IV administration of THC. This led the authors to suggest that this may be playing a role in apparent cannabis-related depression observed in some users (30). ▢

Interestingly, CB1^{-/-} mice which lack the CB1 receptor have low hippocampal BDNF levels (31,32). They are also prone to anxiety and depressive issues, and always score as more depressed compared to their wild-type cousins in animals models. Direct hippocampal infusions of BDNF appear to normalize much of the depressive behaviors evidenced by these animals (31). The changes in BDNF levels in CB1^{-/-} mice appear to be the same regardless of sex (32).

The available evidence so far says that the endocannabinoids themselves help regulate neurogenesis in a generally inhibitory fashion. In 2002, it was found that in cell cultures, anandamide was able to inhibit human neural cell differentiation from a stem cell state to a mature state. This same study found that rats chronically treated with a synthetic version of anandamide, methanandamide, which FAAH does not deactivate, showed significant signs of reduced hippocampal neurogenesis while rats treated with rimobant showed increased neurogenesis (33). The dose of 5mg/kg to me seems somewhat high, but I do not know enough about systemic methanandamide doses to make a definitive statement. That said, in light of the biphasic responses to WIN on depression scores, I have to wonder if the effects would be the same at lower doses. Another question is if the effect is the same in stressed vs. healthy rats.

Anandamide, like THC, is only a partial agonist of the CB1 receptors capable of about 50% total receptor activation. Considering this, one might also wonder if 2-AG, the other primary endocannabinoid which is a full CB1 agonist like HU-210, has differential effects on neurogenesis compared to anandamide like HU-210 is comparable to THC. It does not appear that this question has been addressed directly in the literature yet but there is indirect evidence suggesting that this is not the case, since during development and differentiation of neural stem cells the enzymes responsible for the synthesis of 2-AG are downregulated in these cells (34). This would effectively decrease the availability of these enzymes during the process of differentiation, something which would be required if 2-AG inhibited the process of neurogenesis. That said, at least one neurotrophin involved in hippocampal neurogenesis, BDNF, appears to be involved in a positive feedback loop with 2-AG. Not only does BDNF appear to upregulate the expression of neural CB1 receptors, it also inhibits the enzyme responsible for the metabolic deactivation of 2-AG, which should therefore increase the bioavailability of 2-AG (35). In other words, not only does BDNF increase the amount of 2-AG available, it also makes the neurons more sensitive to it by increasing its ability to bind to them. It would be interesting to find out how 2-AG and anandamide effect hippocampal BDNF levels, but this does not appear to

have been addressed in the literature yet. That said, it is quite possible that they inhibit the expression of BDNF. If this is the case, then if there was more BDNF, it would stimulate the production of more CB1 receptors and of more endocannabinoids to activate these receptors, thereby affectively turning down its own production.

In support of the ongoing argument that research should not be conducted primarily on male animals/participants only, another study has found that changes in hippocampal CB1 receptor levels following CMS were dependant on the sex of the animal test. It was then discovered that there appeared to be differential densities of these receptors in the two sexes to begin with, such that healthy males had about twice as many as healthy females. In male animals, it had already been well established that CMS produced a reliable reduction in hippocampal CB1 receptor density, by about 50%. This study, though, found that female animals experience an approximate 150% increase in CB1 receptor density following chronic stress. Hippocampal FAAH levels were higher in both sexes following CMS and did not differ between the sexes in healthy animals (36). The increased FAAH levels suggest reduced hippocampal anandamide levels in depressed individuals might play a role in the loss of neurogenesis typically observed in their brains. Furthermore, estrogen is known to inhibit FAAH production in certain systems of the body as well as produce antidepressant and anxiolytic effects very similar to those seen with FAAHIs. This suggests that women may be especially sensitive to FAAH-based antidepressants (37). The sex differences observed here are particularly interesting considering women are about twice as likely as men to experience depression at some point in their lives.

Historic Antidepressant Treatments and the Endocannabinoid System

One of the more interesting findings concerning the relationship of depression and the endocannabinoid system comes from studies of how the antidepressant treatments commonly used to date effect this system. In fact, all known antidepressant treatments interact with the endocannabinoid system in some fashion or another. This includes MAOIs, tricyclics, electroconvulsive shock (ECS), and SSRIs.

As mentioned earlier, stress-induced hyperactivity of the HPA-axis resulting in elevated release of the hormone cortisol and other related glucocorticoids has also been linked to depression (1). Antidepressants are able to help downregulate this hyperactive HPA stress response. In 2006, it was discovered that a three week treatment with the tricyclic antidepressant desipramine significantly increased hippocampal and hypothalamic CB1 receptor densities while decreasing signs of stress-

induced increases in glucocorticoids in the hypothalamus. The latter finding was CB1 receptor dependent such that the hypothalamic stress response returned to normal overactive levels, when in desipramine treated animals, rimonabant was administered shortly before exposure to stress (38). To add to this picture, another study found that animals given a 10 day pretreatment with the full CB1 receptor agonist, HU-210, expressed a nearly indistinguishable antidepressant effect to that observed following the 21 day desipramine treatment (39). The antidepressant effect of desipramine and the SSRI, Paxil, are not dependent on CB1 receptors though, because they still produce an antidepressant effect, even if altered, in CB1-/- mice bred not to have this receptor (32).

The following year in 2007, the effects of ECS on the endocannabinoid system were investigated. An acute ECS treatment amounts to a general down regulation of the endocannabinoid system throughout the brain. When ECS was repeated daily for ten days, PFC CB1 receptor densities, levels of anandamide and FAAH activity were all reduced, while efficacy of CB1 activation in the amygdala was enhanced (40). This suggests that there is a divergent role of the endocannabinoid system in depression such that it is upregulated at the cortical level and downregulated at the subcortical level, and that the reverse is true for antidepressant treatments.

In 2008, we greatly expanded our understanding of the degree to which tricyclics can counteract the changes to the endocannabinoid system which are produced by stress and linked to depression. In this study, CMS was applied to rats for 21 days with or without the tricyclic, imipramine. Then elements of endocannabinoid system tone were measured and compared between the two groups and that of unstressed control animals. Exposure to CMS produced behavioral depression accompanied by a similar change in endocannabinoid system profile to that observed in the brains of depressed and alcoholic suicide victims such that PFC CB1 receptor densities were upregulated while they were downregulated in the subcortical regions hippocampus, striatum and hypothalamus. In all brain regions tested in this study, CMS downregulated anandamide production. Co-administration of imipramine did not prevent reductions in anandamide levels but significantly inhibited stress-induced alterations in CB1 densities except in the hippocampus (41). These findings mirror those observed following repeat ECS treatments and are similar to those seen with other tricyclics.

That same year, the question if SSRIs interacted with the endocannabinoid system in the same fashion was addressed. A study actually found that a 14 day treat-

ment with the SSRI, Celexa, reduced the efficacy of CB1 receptor binding. The effect was the strongest in the hypothalamus where the ability of HU-210 to activate the CB1 receptor after binding to it was completely abolished, but was also significant in other brain structures including the hippocampus (42). This study suggests an opposite effect on the subcortical endocannabinoid system following SSRI treatment compared to other antidepressant treatments. Interestingly, this is compatible with the finding that subthreshold doses of Celexa and rimonabant potentiate each other (16). In a rat model of depression, Celexa was also able to counteract the enhancement of depressive scores produced by acute doses of THC, which did not otherwise evidence signs of intoxication. The enhancement of depressive behavior by THC in this study was found to be dependent on the CB1 receptor and was mediated through a 5-HT(1A) serotonergic receptor-linked mechanism (43) (Yet from personal experience, I know that Celexa does not inhibit the subjective feeling of "high" produced by cannabis.).

The effects of another SSRI, Prozac, on the endocannabinoid system have not been so clear. In 2008, Hill, Ho, Hillard and Gorzalka found Prozac administered for 21 days was found to upregulate CB1 receptor density in the PFC of healthy rats (44). This finding suggests that changes in the endocannabinoid system following treatment with SSRIs like Prozac may play a role in the enhancement of suicidality observed in some depressed individuals treated with these drugs. However, one must consider that this might be the result of use of Prozac in healthy rats and that the effect would be different when Prozac was used in an animal model of depression. When an operation known as a bilateral olfactory bulbectomy is performed on rats, they develop multisystem signs of depression which are accompanied by both significant upregulation of CB1 receptors in the PFC and enhanced sensitivity to activation of these receptors. This hyperactivation of the PFC cannabinoid system was completely reversed following a 14 day treatment of Prozac. Perhaps the Prozac was effective in the second study because twice the dose was used compared to the first study, or perhaps there are differential effects of Prozac on CB1 receptor levels in healthy vs. depressed rats. Both an acute dose of THC and the 14 day Prozac treatment prevented the hyperactive locomotor activity in rats which have gone through the operation, yet at the dose tested, THC had no effect on the locomotor activity of control rats (45). This last finding suggests that chronic THC might actually have a depression enhancing effect on these animals, but that was not tested.

Another class of antidepressants, MAOIs, is also able to affect the endocannabinoid system. After a 21 day treatment in healthy rats, the MAOI, tranylcypromine, ▷

produced significant increases in both PFC and hippocampal CB1 receptor densities. This was accompanied by significant downregulation of anandamide content in the hypothalamus, hippocampus and PFC, but an upregulation of PFC 2-AG levels (44). One has to wonder if these changes would be the same in depressed vs. healthy animals since a similar finding was reversed with Prozac when depressed instead of healthy animals were used.

Cannabinoid Receptor Variants Affect Susceptibility to Depression

Another way to examine if there is a connection between depression and the endocannabinoid system is to look at whether or not depression is associated with any particular variants, or polymorphisms, of the genes encoding for this system. Probably one of the first studies to address this question investigated the possible genetic link between Parkinson's disease and depression. The rate of depression in those suffering from this disease is approximately 40%, which far exceeds that found in the general population. In the participants of this study, depression was far more common in the Parkinson's group than in the controls and most common in those with the most severe immobilizing akinetic form of the disease. However, it did not appear to correlate with stage of disease progression. There were too few depressed individuals in the control group to provide functional comparison between the within group genetic relationships to depression. The CNR1 gene encodes for the CB1 cannabinoid receptor. Within the Parkinson's group, depression appeared to be associated with the shorter alleles of the ATT polymorphism (with less than 16 repeats) in the CNR1 gene. On the other hand, having two long CNR1 alleles of 16 or more ATT repeats appeared to offer substantial prophylaxis against the development of comorbid depression in the Parkinson's group. There was a trend in this direction in the control group as well, however there were too few depressed individuals in this group for statistical significance (46).

In 2008, a significantly larger cohort of individuals with major depression was investigated for antidepressant response vs. presence of particular CNR1 variants. This study found that one CNR1 variant, designated the rs1049353 G allele, was associated with treatment resistance especially in women with the anxious phenotype of depression. This allele was further associated with an impaired sub-cortical response in the basal ganglia to social reward stimuli (47). This suggests that people with the rs1049353 G allele of the CNR1 receptor are more susceptible to anxious depression and that they may have issues detecting when others are happy or pleased with them.

Last year, in a sample of over twelve hundred individu-

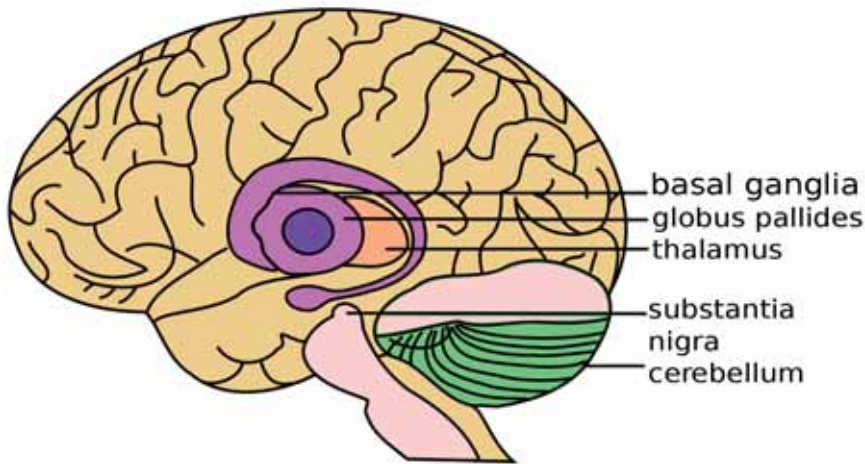


Parkinson Disease sketch
Sir William Richard Gowers, 1886

als taken randomly from the general U.K. population, researchers at the University of Manchester found that yet another CNR1 variant to be associated with depression. In this case, variant rs7766029 was found to be associated with having depression after experiencing recent significant life adversity (48). Ever wonder why some people experience major depression in the face of adversity, while others find ways of moving on? Well, this finding indicates that genetic variation in endocannabinoid system functionality can alter susceptibility to depression in response major life changes, especially subjectively negative ones.

Anxiety and depression appear to be closely related conditions often sharing symptoms. The complexity of conditions such as these is mirrored in their polygenic, or multigene-based, nature. An even more recent study has for the first time addressed how variations in the promoter genes for both the CNR1 receptor gene and the SLC6A4 serotonin reuptake transporter gene act synergistically to produce either exceptionally high or exceptionally low synaptic cleft serotonin levels. Promoter genes control if a particular gene is used or not and constitute much of the "genetic envelop" which controls how our genome gets expressed. Individuals who had two copies of both the SS variant of the 5-HTTLPR promoter gene for the SLC6A4 gene and the GG variant of the rs2180619 CNR1 promoter gene were 4.6 times as likely to have symptoms of anxiety compared to other genotypes (49). Although this possibility has yet to be tested, this combination of promoter genes for both CB1 receptor and the serotonin reuptake transporter may affect susceptibility to

Basal Ganglia and Related Structures of the Brain



Structures of the Basal Ganglia

John Henkel, from the FDA

depression as well, especially anxious depression.

At least one study has also reported that the Q63R polymorphism of the CNR2 gene encoding for the CB2 cannabinoid receptor is associated with depression in at least the Japanese population. Whether this finding can be generalized to the rest of the world population is yet to be seen. This same study also reported that CB2 receptors are upregulated in CMS treated mice, that acute doses of CB2 agonists appeared to be anxiogenic and that chronic administration of CB2 agonists were anxiolytic (50). It is as of yet unknown if CB2 and CB1 mediated effects on depression work separately or in conjunction with each other.

Cannabinoids and the HPA-Axis

As mentioned above, the HPA-axis appears to play a role in depression by producing an overactive stress response in the hypothalamus, resulting in a general hyperactivity of the HPA-axis. This increase in stress-induced hormone release is driven partially by excess glucocorticoids in the hypothalamus, but mainly by excessive corticotrophin-releasing hormone (CRH). So far, it is unclear if CB1 receptors are able to mediate this process at the top of the chain through inhibition of hypothalamic CRH. That said, here is what is known.

In the hypothalamus, the endocannabinoid system appears to be intimately involved in the feedback loop which regulates the release of glucocorticoids. When glucocorticoids are released in sufficient quantity, they activate the release of endocannabinoids from the

membranes of nearby neurons, which in turn bind to the presynaptic excitatory glutamate neurons inhibiting the firing rate of these neurons and thus the future release of glucocorticoids from the post-synaptic neurons (51). This is essentially the same mechanism through which tricyclic antidepressants suppress the HPA-axis (38).

Another study has shown that cannabinoids can suppress CRH release in other subcortical brain regions besides the hypothalamus. This study found that the full CB1 agonist, HU-210, suppresses the release of CRH in the amygdala. On the other hand, it also observed an acute antidepressant and anxiolytic effect

which disappeared after a 14 day chronic administration of HU-210. Furthermore, an anxiogenic response to forced withdrawal via administration of rimonabant was observed which temporally coincided with the return of amygdaloid CRH levels to the pretreatment baseline/control levels (52). Thus changes in the HPA-axis could actually play a role in the cannabinoid withdrawal syndrome some users experience.

Are FAAHs the Next Generation Antidepressant?

At least three reviews in the science literature have recently touted the untapped potential of cannabinoid system tone enhancers, particularly FAAHs, in the treatment of depression (5,7,53). Considering the general aversion to the psychoactive effects of direct CB1 agonists still expressed by many in mainstream research and medicine, it seems reasonable to ask if this might be the next wave in the pharmaceutical treatment of depression. Considering the common and frequent prescription of opiates, the above mentioned bias is one of the most bizarre and outdated hypocrisies present in the practice of medicine today. There is simply no rational explanation for it as a generally applied rule.

So far, the evidence concerning FAAHs is by and large very promising. In 2005, the standard of the industry FAAHI was demonstrated to produce a similar degree of antidepressant effect to that seen by the tricyclic antidepressant desipramine and the two SSRIs Paxil and Prozac in healthy animals. The FAAHI was also able to stimulate DRN serotonergic activity as well as the release of norepinephrine in the locus ceruleus.▷

Remember, norepinephrine is one of the other monoamines besides serotonin which are important to depression. These FAAHI-induced effects remained stable over four days of administration (20). In 2007, the same FAAHI was found to counteract stress-induced reductions in caloric intake and body weight in CMS rats in a fashion almost identical to that seen with the tricyclic antidepressant imipramine (54). This suggests the effects of FAAHIs are the same regardless of healthy vs. dysfunctional status.

Finally in 2008, AM404 the FAAHI which is the primary active metabolite of Tylenol, was found to also possess strong antidepressant properties. AM404 was found to have similar potent antidepressant properties to the FAAHI used in the last two studies, as well as the potent CB1 agonist CP-55,940. However, subthreshold doses of the industry standard FAAHI and CP-55,940 were only able to potentiate antidepressant effect of subthreshold doses of imipramine while subthreshold doses of AM404 were able to potentiate subthreshold doses of both the tricyclic, imipramine, and the SSRI, Celexa (55), suggesting it may have even more antidepressant utility than the other two cannabinoids tested.

Conclusion

Direct CB1 receptor agonists appear to be pretty universally antidepressant/anxiolytic at acute doses while frequently demonstrating tolerance to this effect and sometimes even a depression/anxiety enhancing effect after chronic administration. However, this tolerance/enhancing effect seen with repeat exposure is not universal, as some studies have reported quite the opposite with repeat exposure. Furthermore, in cases involving suicidality, the tolerance (at least in the PFC) may actually be a plus. These different results may result from differences in dose, in health/functionality of the subjects, or in their genetic profiles as all these factors have been shown to modulate the affective response produced by chronic exposure to cannabinoids.

Type of depression may play a significant role in how an individual responds. For example, my personal experience with depressed individuals suggests that those with SAD living in more extreme latitudes may experience a particularly strong enhancement of depressive issues from cannabis but that when they move closer to the equator, these individuals can usually use cannabis with impunity. On the other hand, **malignant suicidal depression may generally benefit from CB1 agonist therapy including cannabis since this would inhibit the hyperactivity of the endocannabinoid system found in the DLPFCs of these individuals.** In fact, cannabinoids may be a significantly safer and wiser choice than treatments like SSRIs, or some anti-convulsants used for bipolar depression, which are actually known to induce suicidality. SSRIs have also

been found to increase PFC endocannabinoid system activity which is the likely neural mechanism by which they induce suicidality.

Not only do most if not all forms of antidepressant treatment used thus far act to modulate the endocannabinoid system in some fashion or another, cannabinoids are capable of producing the majority of neurological changes associated with antidepressant treatment. This includes increasing levels of all the monoamines but especially that of serotonin and primarily in the DRN and the hippocampus; reducing HPA-axis hyperactivity, specifically glucocorticoid release in the hypothalamus; stimulate neurogenesis particularly in the hippocampus by stimulating BDNF in this structure; and improve REM sleep cycles in the depressed by suppressing REM sleep by stimulating DRN serotonin. Furthermore, because they potentiate each other, certain subthreshold cannabinoid/antidepressant combinations may be particularly effective at reducing depression while significantly reducing the occurrence of side effects when compared to effective doses of the antidepressants alone. In the same way that genetic abnormalities in the serotonin reuptake transporter have been linked to anxiety and depression, so too have genetic abnormalities in the CB1 and the CB2 receptors. When certain abnormalities in these two sets of genes occur together in the same person, they appear to produce excessively altered availability of serotonin in the synaptic cleft resulting in a significant increase in the chance that the individual will develop anxiety and possibly depression.

The most reliable and promising future cannabinoid-based treatments of depression are likely to be designed around FAAHIs and possibly FAAHI/SSRI and FAAHI/norepinephrine transporter inhibitor combinations. Not only do FAAHIs fail to be recognized by rats trained to recognize the effects of THC, but they do not produce evidence of reward like conditioned place preference as do THC and other exogenous CB1 agonists. This fact alone makes them preferred by most in the medical community but it is not the real reason why they are a good choice. They are a good choice because their antidepressant effects are more reliable and easier to maintain/demonstrate after chronic treatments. That said, they are likely to be the wrong choice for those with malignant suicidal depression as FAAHIs universally elevate anandamide levels throughout the brain, including the DLPFC, whereas these individuals require less activation of this system in the PFC and not more. For these individuals, THC or another exogenous cannabinoid is likely a better choice.

At least one thing should be apparent by now: the ways in which the endocannabinoid system is involved in depression and/or may be useful in the treatment of

Malignant suicidal depression may generally benefit from CB1 agonist therapy including cannabis since this would inhibit the hyperactivity of the endocannabinoid system found in the DLPFCs of these individuals.

depression are complex, at times contradictory, and may vary depending on the type of cannabinoid used, genetics and specific type of depression. As a result, it simply can't be said that cannabis is either good or bad for depression. By and large it appears to depend very much on the individual and their personal circumstances. At best in most cases from a medical perspective, this would relegate cannabis and other cannabinoids to third or fourth tier treatment options, something to be tried after every other option has been

exhausted. How exhausting. Not the best news for someone who already knows it works. All the more reason to actually listen to what the patient brings to the discussion, unless all that money which would otherwise go to big pharmaceuticals is your primary concern. After all, can you imagine anything more depressing than the knowledge that something which worked was available but would not be made available to you until you had fought a long and grueling uphill battle costing much money, time and potential headway? 🚬



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Medical Marihuana Files

Making Medicinal Marihuana Oil with Alcohol is Done Like This!



By Wernard Bruining
Tiel 10 Augustus 2009

Marihuana oil is regarded a potent medicine, just Google “*Run from the cure*” and you will find on YouTube the Rick Simpson story. In this internet movie you will hear people explain how they got miracously cured by eating at least 4 drops of marihuana oil per day for a period of 60 days. The oil seems to be able to cure all sorts of internal cancers but also skin cancer and eczema’s. In *Run from the Cure* the oil is distributed in plastic syringes. I have tried the syringe technique and found that the thick oil is hard to administer, before you know it you push out a squirt instead of a single drop.

That’s why I dilute the marihuana oil with some ordinary hempseed oil. The thick marihuana oil becomes more fluid and can be administered per drop with a



pipette. **Administering the oil under your tongue has the advantage that the oil becomes effective in 5-10 minutes**, you can feel the drops fall and count them. Ingesting oil under the tongue is a third way of ingesting cannabinoids besides **inhaling (effective in 10-20 seconds)** and **through the stomach (effective in 40-60 minutes)**.



Rick Simpson

In *Run from the cure* you can see how Rick makes the oil by evaporating the alcohol in a rice cooker. He describes this process as extremely dangerous. I have developed a method that is so simple and safe anybody can do it at home on his kitchen sink!



Oil can give you a nice feeling for 5-6 hours!

I call marihuana oil the great stabilizer; it brings balance in your life after using it for a couple of weeks. The high is different than smoking or eating, less pushy, less dominant, more relaxed and contemplative. As if you look at events from a distance while going with the flow. In contrary with smoking one does not feel tired afterwards. The red-eye effect is also less visible. Even when massively overdosed consumer does not lose control but experiences a light trip, proving the medicine to be safe. If you suffer from low levels of anandamine (that makes you happy) take a drop of oil. If you want to relax, poor some in a hot bath!

Did you know that?

One out of four adults gets cancer during his/ her life time. 50% of cancer patients die within 5 years after diagnosis. There are no real good medicines against cancer. There is surgery, radiation, hormone treatments and chemotherapy but they all have their limitations and downsides. Chemo is basically a poison administered in the hope it will kill the cancer before it kills the patient. Chemo is also a serious threat to the immune system; it breaks it down, making the patient vulnerable to any other disease or infection.

How does marihuana oil actually work?

A recent research project (2008) from the Complutense University in Madrid, working with scientists from other universities, found that the active component of marijuana, tetrahydrocannabinol (THC), causes cancer cells to undergo a process called autophagy -- the breakdown that occurs when a cell is programmed to die, falling apart in the initial components that are reused again by the human body. The other medicinal effect of marihuana oil is that cannabinoids reduce the amount of VEGF (vascular endothelial growth factor). VEGF is a biomolecule that's essential for development of new capillaries. VEGF is abundantly present in the fetus and later in mature life only in minor amounts for the restoration of damaged tissue. It is assumed that cancers can only grow when an abundance of VEGF is present in the human body creating new capillaries so the growing tumor can be fed. So reducing these VEGF molecules with cannabonoids stops cancers and tumors from growing.

Finally

Rick Simpson claims he has cured hundreds of patients in the past five years. I have less experience since I've only experimented with oil for a couple of months now. But I do have some excellent results in treating chronic pain, depression, loss of appetite, nausea, ADHD, Herpes labialis, excema, sleeping disorders, high blood pressure, trauma's and basically all the medical problems people usually smoke cannabis for. Oil makes cannabis as a medicine interesting for everybody, it is easy to make, easy to take and easy to store. The oil can be tailor made in various strength according to specific needs. I usually dilute the oil 5,10 or even 20 times. Poor some 20 times diluted oil in a hot bath tub and enjoy!

www.cannabisconnections.nl
www.mediwiet.nl

Google: Run from the Cure, the Rick Simpson story
Google: Medical cannabis testimonies
Google: Cancer cure by Robert Melamede. ▷

Disclaimer:

Beware: The law in some countries considers marihuana oil a hard drug due to its high concentration of cannabinoids. Therefore I advice to dilute the oil at least 5-10 times with hempseed oil. Diluting brings down the THC level and allows easier tailor made dosage.

Making medicinal marihuana oil with alcohol

By Wernard Bruining

A



There are two kinds of alcohol you can use:

Pure alcohol (96%).

Depending on the country you live in this ethyl alcohol can be obtained from a pharmacy or a company that sells products

you need for making your own beer wine or liquor.

Ordinary alcohol from a liquor store, such as vodka and rum. Best is of course to pick out a drink with the highest percentage of alcohol and the least amount of added flavor such as sugars. Usually such drinks have an alcohol percentage of 40-50% the rest is water. When you want to evaporate the fluid after extracting the cannabinoids, the

water is the hardest to get rid of. Alcohol evaporates much easier then water, so evaporating the water as well will take more time. The other disadvantage is that the fluid contains only half the amount of alcohol, so alcohol from the liquor store has only half the capacity of dissolving cannabinoids.

Beware: there is also a cheap alcohol for cleaning purposes, but it contains the dangerous, poisonous methyl alcohol and is not suitable for human consumption. It does irreversible damage to human organs and eyes, and can turn people blind! In order to scare of potential drinking a bitter taste is added. Of course the alcohol is mainly evaporated, but stay safe; do not use this kind of alcohol! Marihuana buds, but clippings and leaf is also ok.

Tip: check for 95% pure alcohol and hempseed oil the internet!

B

For producing your own marihuana oil with alcohol you need:



Requisites

- ✓ A baby bottle heater with adjustable heat.
- ✓ An air pump as used for aquariums
- ✓ Pure alcohol 96% or strong liquor with a high alcohol level
- ✓ A thermometer
- ✓ Two small mineral water bottles that will fit in the bottle heater
- ✓ A funnel
- ✓ A package of nylon socks, a sort of short nylons
- ✓ A few new glass bottles (10 CC) with a pipette screwed on top
- ✓ Hempseed oil. This is oil made out of industrial hempseeds. The oil does not contain any cannabinoids

1



Crumble the marihuana and fill the first bottle for 25- 75%. Now add the alcohol and fill the bottle almost up to the top. Let it sit for two days and shake frequently. The alcohol will turn green as the alcohol dissolves the cannabinoids.

2



Slip a fine nylon sock over the first bottle and pour the green colored alcohol through the funnel into the second bottle. Position the second bottle in the bottle heater. Refill the first bottle with fresh alcohol and soak the marihuana a second time, to make sure you extract all cannabinoids.

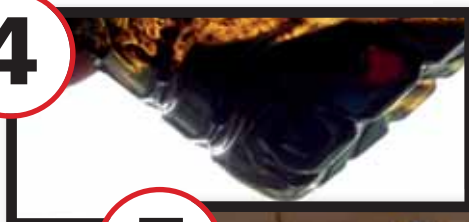
3



Position the second bottle with the green colored alcohol in the bottle heater. Fill the bottle heater with water to improve heat transmission (au bain marie). Guide the tube of the air pump first through the water surrounding the bottle to increase air temperature, then straight into the bottle, all the way to the bottom. Do not use any device on the end of the tube. Switch on the air pump and the bottle heater. Stick a thermometer next to the bottle in the water and adjust the temperature to 34C, or 93F. This low temperature evaporation will protect some rare cannabinoids and improve the quality. Refill the bottle in the heater with green alcohol from the first bottle if you like. Evaporation of a full bottle of alcohol takes about 24 hours.

Alcohol is inflammable and alcohol fumes in a closed environment are explosive, so ensure evaporation takes place in a well ventilated area.

4



After 12-24 hours of heating and bubbling you will see a thin layer of thick oil at the bottom of the bottle.

Make sure all the alcohol is evaporated, if not let the evaporation process continue for another day.

5



Pour some hempseed oil in the bottle, diluting the marihuana oil 10-20 fold.

Diluting the marihuana oil makes dosage safer and more flexible, (One can choose between 1-20 drops per day).

6



Mix the oils well and pour the mix into several pipette bottles. ▷

Usage



Dropping oil, the third way

Applying oil is the third way of administering medicinal cannabinoids.

Smoking is the number one method, it works within 10-20 seconds and last an hour or so.

Eating or drinking is the second method. It works after 40-60 minutes and lasts for 5-6 hours.

Taking oil under the tongue is the third way. Oil under the tongue becomes effective after 5 minutes and works for about 4-6 hours.

Oil can also be eaten, just drop some on a piece of bread and swallow it. If you do not want to get high, (to fight nausea for instance) just use 1-2 drops. If you need to take more, take them during the course of the day.

Increasing effectiveness

In Run form the Cure you see people working with big buckets filled with product and lots of alcohol. This will cost you a lot of alcohol. There are two things you can do to reduce these costs and increase effectiveness: reducing the volume of product and recycling the alcohol

1. Reduce volume of product by pollinating it or applying the ice-o-lator technique. There are several types of pollinators and ice-o-laters available in grow shops or on the internet. Typically these techniques reduce volume of

product to 20-30%. These powders can be easily extracted in the small bottles. And of course powders absorb less alcohol than the leafy material.

2 Recycling the alcohol. When making marijuana oil on a more regular basis you will find that reducing the cost of alcohol becomes an important factor. The ultimate way of doing that is by recycling the alcohol by condensing the fumes.



Punch two round holes in the screw on cap of the second bottle. Make sure the wholes are round, yet hold the tubes tight. Use a nail or any other round pin to punch the wholes. Guide the tube of the air pump through one of the wholes. Make sure the tube will reach the bottom of the bottle!

This tube will pump in the fresh pre-heated air and build up an air pressure in the bottle. Take a second tube and insert it just a couple of inches or cm through the second whole. This tube will be the outlet of the alcohol fumes. Lead the second tube to a third bottle in which you want to collect the alcohol. ➤



There are two methods to condensate the alcohol gasses

Ice bucket

Place the third bottle in an ice bucket. Hold the empty bottle in place with three big elastic straps to prevent floating. Guide the condensation tube through the ice water first, then straight in to the third bottle, all the way to the bottom.



Refrigerator

This is the most functional, easiest method. Punch a small hole in the plastic rim of a refrigerator. Punch the whole right under the magnetic rim to ensure a complete airtight seal when the door is shut. Guide the condensation tube through the whole and into a third bottle that is placed in the bottom section of the refrigerator door. Place the bottle heater and the air bubbler on top of the refrigerator, switch them on and leave them on for a day or so! +

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African Buzz £20/\$40R
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Hash Passion £20/\$40R
Hindu Kush Skunk £20/\$40R
Hawaiian Skunk £20/\$40R
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Nemesis £35/\$70F
Northern Lights £20/\$40R
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Original Haze £13/\$26R
Original Skunk #1 £35/\$70F
Power Africa £35/\$70F
Purple Bud £20/\$40R
Skunk Haze £13/\$26R
Skunk Mix £13/\$26R
Swazi Skunk £20/\$40R
Skunk #1 £20/\$40R
Sugar Haze £20/\$40R
Velvet Bud £35/\$70F
White Widow £20/\$40R £35/\$70F
Top Skunk 44 £20/\$40R

SENSI SEEDBANK 10 Seeds (Reg.&Fem.)

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Big Bud £78/\$156R £88/\$176F
Black Domina £85/\$170R
California Indica £39/\$78R
Durban £49/\$98R
Early Girl £49/\$98R
Early Pearl £49/\$98R
Early Skunk £29/\$58R
Ed Rosenthal Superbud £125/\$250R
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Fruity Juice £88/\$176R
Guerrilla's Gusto £22/\$44R
Hash plant £106/\$212R
Hawaiian Indica £61/\$122R
Hindu Kush £29/\$58R
Indoor Mix (25 Seeds) £49/\$98R
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Jack Flash #5 £97/\$194F
Jack Herer £133/\$266R
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Shiva Skunk £59/\$118R
Silver Haze £78/\$156R £88/\$176F
Silver Pearl £61/\$122R
Skunk #1 £26/\$52R £35/\$70F
Skunk Kush £73/\$146R
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Sensi Female Mix £67/\$134F

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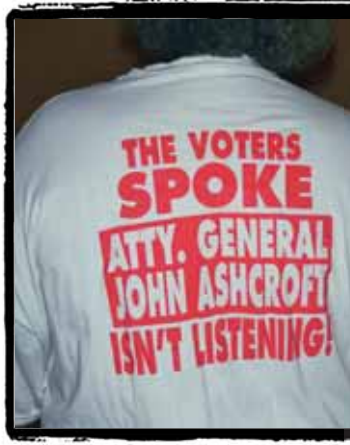
Interview with

Steve Corchado

by Jeremy Norrie

TreatingYourself.com
FutureofFighting.com RLDDVD.com

When I first heard about the person I am interviewing today, I really doubted his story. I heard this guy wanted a chance to tell his story and it seemed a little farfetched. A mutual friend had told me about this guy who had the first medical marijuana dispensary in Southern California, and how he was the first person ever to be raided by the police, et cetera. I asked around more and when I found out his place was supposedly open in 1993, I really thought it was all a big fairy tale, mainly because I thought the first place was opened after Prop 215 was passed in 1996. I was wrong.



A short time passed and my friend brought this guy over to meet me. This was a surprise for me, he looked nothing like the people I heard he was associated with. In fact, a person would never know he was as accomplished as he is just by looking at him. After a small bit of research, I found an article in the LA Times about this same gentleman, and their story was quite a read. Seemed like a good bit of what I was being told turned out to be true. We talked some more and after a short time, I knew we could do the interview, even if it was just to hear things from his perspective. We sat down and had a great conversation about his experiences in the past and I think we finally allowed him to tell his side of the story. I have kept you waiting long enough; the guy I am talking about is Mr. Steve Corchado, who has been a huge part of the medical marijuana movement since the very beginning. Mr. Corchado had a great deal to tell about his life and how he plans to move ahead in the future.

Thanks for sitting down with us today, Steve.**Steve:** My pleasure, thanks for coming out.**Where should I begin? First tell me about your medical condition — How did you get sick? Tell me about Vietnam and all of that.**

Steve: I was wounded in Vietnam. It's kind of hard to understand Vietnam if you weren't there. A mortar landed about three feet away from me when I was lying on the ground. Pieces of the mortar went everywhere, including in me. I got it in the arm, some shrapnel, and in the neck and the back. We got wiped out that day — 13 of us walked out, the rest were carried out. Out of the thirteen, I was the only wounded one. I was 18 or 19 years old, something like that. They couldn't get the people out, so what happened was gangrene set in. My arm was yellow and blue, red, green, purple; it was interesting. I was supposed to lose the arm but a visiting surgeon from I think Boston did a new procedure and he saved the arm; it's no good, but he saved it. This



was near the end of my days in Vietnam. They brought me back on a stretcher to the States

How did you get asbestos disease?

Steve: Well, I grew up in New York in the '50s. Asbestos was everywhere; they didn't have wallboard, they had asbestos plaster. It had asbestos in the fibers and the pipes were all coated with asbestos and whatnot. Eventually they started cleaning it up, and the janitor had us and some other kids cleaning it up. Then I was a plumber for 30 years.

One day, I was sitting down and all of a sudden I threw up. So for another month and a half, I was throwing up everywhere for no reason at all. Driving down the street, opening my car door and throwing up outside, even on the freeway. It's amazing how fast people will get away from you when they see you throwing up. That went on for a month and a half, and I told them I needed to see a lung doctor. My doctor said he was a pulmonary doctor and he checked me out, and he told me I had asbestos. So he sent me to a specialist and he said I had asbestos.

How did you discover that marijuana would help you with your problem?

Steve: My Doctor! Because I was in Alcoholics Anonymous at the time, I didn't even do aspirin. So my family doctor says, "I want you to get this movie and do what's in the movie." So I ask what movie, and he tells me "I love you Alice B Tokelless." It's an old Peter Sellers movie from the '60s about marijuana. She makes brownies and stuff, it's a great movie. I went through hell finding it, [but I] watched it and went back to my doctor and said, "You want me to do this?" He said it's either that or all these other pills and opiates and stuff like that. So I said I would do what's in the movie.

Were you using marijuana at all previously?

Steve: No, at this time I had been totally sober for six and a half years.

How did you meet Mr. Richard Eastman?

Steve: I met Richard sometime in the '70s in Hollywood. I had two Great Danes and a St. Bernard mixture; they were huge. I met Richard just walking down the street one day, mainly because when I walked down the street with my dogs everybody just got out of the way. I would be up and down Hollywood Boulevard, it was different then. I met Richard and he seemed like a good enough head, and then one day he says he's going to save the Hollywood sign. I said great, but I think that was the last time I saw him until Marine Street.

That's where the original club was, Marine Street. He likes to call it the illegal club, because we were doing it when it was still illegal, but that's how we got started.

How did you get started with that place?

Steve: What happened was when I got sick in '93, in '94 Scott Emler came down from San Francisco. He didn't



know it, but I was already selling medical marijuana down there out of my apartment. We have the witnesses and whatnot for anyone who doesn't believe it. I wasn't doing as much then as we ended up doing, but I was doing my part too, and I was sick already, so why not?

When was this?

Steve: This was in '93. The bill wasn't passed until '96, but that's because we were some of the ones who helped pass the bill.

'94 is when I hooked up with Scott, and for about a year and a half we went to Marine Street. I could not join Scott's club or clinic until I got him a doctor's report about my cancer; you couldn't just get in there. I got my report and gave it to Scott months after I originally went there. Scott heard the commotion and came down stairs because I was a special patient.

How did Scott's club work?

Steve: It was really strict, you couldn't just get in. You had to pass the introduction.

In about '95 he decided to listen to Richard and move to West Hollywood. Now, they never got busted on Marine Street. They might have been hot but they never got busted. So they moved to West Hollywood and the first place they moved to they got busted. Then they moved to the place they were at when the bill was passed; I think Gardner on the south side of Santa Monica. Before they moved there, we kept saying to Scott, "We know you need a couple bucks, and we're willing to help," and we were telling him this for 6 months to a

year but didn't want to push the issue. By the time they moved, they were this high up in bills, so I went to Scott and I said, how does 50 grand sound? And they went and looked at it and he said sure. So at first we gave him 10 grand and then another 10 grand, but we noticed they were going too slow, so we just gave them the rest.

That was prior to the 215 bill being passed?

Steve: Yeah, the night the bill was passed, Richard came from Europe — England or somewhere like that — and he got back just in time to hear the announcement.

So you were part of the group that helped get 215 passed? How were you involved?

Steve: We did whatever they wanted us to do. Not a volunteer, but kind of. I don't think they gave me enough credit as far as being able to speak; they didn't really know me, so that was cool.

Can you tell me about opening the Comfort Care Group in 1999?

Steve: That's a tough one because I got to be careful how I say that one. In 1997 Scott said something in front of a whole bunch of people that I didn't like.

Was Scott's place still running?

Steve: Yeah, it opened in 1994 and was still going in 1997. By then we were going full swing. I mean, we're trying to do things right, but when someone's mentality is having their eyes closed like a blind man, well it's kind of hard to explain to them what you're trying to do. When there are a bunch of guys yelling and screaming and what not, it's hard to achieve your goal.

So first thing they wanted to know was what our goals were, but they didn't want to speak with us. I did understand that; I do know they wanted to put us in jail, that was their objective but they didn't want to listen to us. The night the bill got closed there were special people there and they were celebrating.

That's great and so that allowed you to open your own place then?

Steve: Yeah we opened Comfort Care in 97. Something was said that I didn't like, so I went off on my own. Then Richard went with me; why, I'm not sure, but he went with me.

So that was the place they spoke of in the LA Times article about you?

Steve: Yes, that is the one.

You may not have read this, but the LA Times said you were arrested in 2001 and charged with growing and distributing marijuana as medicine, and that you stated that LA County Sheriff Lee Baca had given you permission to do so. Can you tell me about that?

Steve: Yeah that's true. Occasionally we would go to functions, and we got a picture together at one of these

events. The one in West Hollywood. So I saw him at a couple conventions and decided, hey I'm going to ask him. So I told him I was going to open this place, you got any problem with that? He said as long as I do it clean and safe, he's got nothing to say.

Later he denied saying those things, isn't that right?

Steve: Yes, that's also true, in front of the judge.

So why did they say they had a problem with your distribution of medical marijuana?

Steve: Well, I had this relative kid working for me. He was from Hawaii, so I thought he could do something (growing) and so I brought him out. The problem was he wanted to give it all away to girls or to anyone who said they were his friends. The terrible thing about it was I was taking tax. I paid tax and everything.

So he was selling outside of the store and not paying taxes et cetera?

Steve: Yeah, and they were watching him. I knew they were watching him.

So what did they say?

Steve: Well they just told me I was selling illegally and that's it. They refused to allow me to use medical marijuana as a defense.

Were you able to produce proof of your illness and paperwork that recommends you use marijuana?

Steve: My doctor showed up to talk to them at the hearing and they didn't want to talk to him. They refused to talk to him.

The article states that there was a ruling about federally prohibiting marijuana and then shortly thereafter, acting on a tip, a Santa Monica police officer acting undercover bought marijuana from you with a doctor's note from someone you recommended. Police arrested you, and then searched your condo where they found 26 marijuana plants, drug-making materials etc. Can you tell me what happened?

Steve: I was talking to a new patient and from around the corner, this guy with a gun comes up and kicks my screen door off. The rest of them came afterwards, they just kept piling in. They saw the way my guy was spending money and they thought I was richer than anything.

So it's been some time now, what happened with the case?

Steve: Three years before they did anything, and then they put me on double and triple secret probation, and they just said stay clean for a year and a half.

Did you serve any time?

Steve: Just the time it took my wife to bail me out and that's it.

Can you tell us more about your relationships with Mr. Eastman and Mr. Baca now?

Steve: Well, like I said, when Scott and I split, Richard and I got to talking and he remembered me from seeing me on Hollywood with my dogs. That's how I re-hooked back up with Richard.

Was he involved in the Comfort Care Group?

Steve: Not much.

So when things went bad, what did you do?

Steve: We worked harder? He came by the court case occasionally but as it went longer, less people came. We were cordial to each other.

So in what way have you progressed since the early days?

Steve: We got a new idea and now no one can steal it. I took it to Paul Koretz Office.

What did you take there?

Steve: We came up with an alternative to the dispensary system. After I got busted, I laid low and I watched all this madness. I really didn't feel bad for these guys taking a letter to get some weed, I was really concerned about the patients. While I was with Scott's club, we had patients die on us; we had one patient with bad cancer and when we first saw her she was yellow. After a few hits she went to pink, everyone was there, doctors and lawyers and everything. She still died but they all learned; her husband had wished he would have known.

I didn't think the truly sick should have to intermingle with these other guys. What I was afraid would happen did happen, which was stop and shop. Quick stop and shop and get out, you know. There are a few clubs with compassion, but this is how it is mostly. These are the same people who are hurting the movement when they show up at the functions in the first place. They try to get me to sit up front, but I sit in the back and watch. If someone is going to get up there and say something, let it be something good and not something dumb. People get up there and they say something like "Marijuana has been very very good to me" you get it? That's not why they gave us a chance to do this.

So you had paperwork drawn up stating the way you think it should be done?

Steve: Yeah, we had a proposal and I brought it to Villaraigosa's guy, Steven Simon, and he said it's the best thing they've got so far; go ahead and do it as soon as possible. Well, you can't do something like this too fast, so we parted ways. I waited a few years and then I took it to Paul. I knew him from before and I knew I would get a fair shake. They read it and they said it's definitely better than anything out right now. He liked it. I'll show it to you but you can't comment on it in the interview.

No problem. (Steve shows me his paperwork) It definitely is impressive and seems like a better way to do things more realistically and seems to be much more of a medical focus than the way it seems to be now.



Steve: Well, you have to excuse me, but there is a difference between medical and street. Without checking somebody, without passing the idea over somebody — I mean, some of these guys are charging money just to be a consultant over some of this stuff. I am a strong believer in compassion and that's not it.

So your proposal in a nutshell is basically a more scrupulous screening process for first-time patients, where your "medical professionals" will determine the validity of a need for medicine as based on speaking with their doctor and the amount of paperwork and background information they will need to provide. Also, your proposal will be determining the amount of money a patient will need to pay to compensate the club as determined by their income level and need, rather than by the amount and quality of the medicine they obtain.

Steve: Hey I'm one of the grand pappies of this. This is my way of saying you won't get away with this. There's no compassion for the patients. I'm not in this to hurt you, this isn't a get rich quick and get out thing for me. My way is to find out, could it be done differ-

ently? Not for me, but for the patients. Even at my own place, I will be a patient and I will pay for my own medicine. No volunteers, we have to hire the best. They see money and a lot of weed and they think, “Why am I here, working for free?”

What message would you like people to get when they read this article?

Steve: Basically, if you’re a real patient, then you’ll try to get in with my clinic.

So, your message is to all patients, saying that if you as a patient want to be as legitimate as possible, and you don’t want to have to deal with people in this for the wrong reasons or people who are just trying to get money or high, then you should seek out your new clinic and become a member?

Steve: Yeah that’s about it. For the people in the movement who never made it this far, I don’t believe you’re forgotten, but your message is being drowned out. We’ve got to bring it back. One of the things I am doing is not taking a paycheck. I don’t want them to feel like they’ve been forgotten.

What are you waiting for now?

Steve: The city. They have to approve it. Then we can start opening. It’s none of my business if they close the other places either. We would be open and we would be another choice, the first of this kind. Somewhere in Los Angeles for sure.

There are people who are hurting and my message to them is that they should have thought about doing things differently. There are people representing California, people representing Los Angeles, San Francisco and quite a few other places, that really are looking toward their own pocket more or less. Activists in it for their own gain, and a lot of these patients are new guys who read it on the computer. You know, I heard of one guy who gets \$5000 just to talk to businessmen about medical marijuana. I hear another guy he’s charging how to tell you how to open a club, and its all bologna. Pure BS.

Me, I’ll even tell you what to do and what not to do if you want to franchise with me, but then we got to bring in all the lawyers and what not; I don’t do things on a handshake anymore.

How about the current administration, do you like what they are doing?

Steve: I’m 60 years old and I have opinions about life, and one of my opinions is because I shed blood for this country. White people are not white, they are pink; I hate to give you a wake up call, but you’re not as white as a dog — even albinos aren’t as white as that dog. When I meet people and I tell them that, they get offended. It’s like, hey, I didn’t tell you that you weren’t a person, I didn’t tell you that you were anything, I just told you that you’re not white, you’re pink. One girl told me, “Well, my mommy...” and it’s like, hey man, your

mom’s been lied to so much it’s a miracle she knows where up and down are regarding the law against medical marijuana. Why was it such a big thing? Well, simple — somebody’s rich kid got in trouble with marijuana and they took it all the way.

People keep treating this gentleman like he’s pure black, and I hate to give you a wake up call, but there are very few people of color in this country who are pure black — they got white and Latino mixed up in there and everything else. You might raise your kid not to talk like that, hell you might even raise your kid not to think like that, but eventually the kid’s going to get a wake up call. Pink America’s wake up call, well, they had to; the first was that, hey, your kid isn’t that good, as they are finding out later in life — no, your daughter isn’t that prissy and white, I’m sorry. Obama is being hoodwinked and he’s not falling for it; did I vote for him? No, I didn’t, but I didn’t vote for anybody else. I was thinking, hey, you show me; now Obama is starting to show me, the guy might be okay. The other politicians I am almost disgusted with them.

America got a wakeup call first in 1937 with the let’s keep our children separate thing. Then they got another wake up call on September 11. That was a real wake up call; whoever did it, it was a warning shot. Now all these guys who ran, or one way or another didn’t go to Vietnam, are now there trying to run this country with a war going on.

Okay, well, thanks for talking with us Steve; I hope everything goes well for you in your future plans and with your proposal. Good luck!

What a wild guy. Steve definitely said some things that made me think. I too have been worried about where this thing is going to go here in Southern California. There certainly is a huge gap between people in this for the right reasons and people who are simply not. Many of the things Steve says are true, some I really can’t comment on, but there are definitely some solid points to be made here. I also am really curious about his new alternative to the dispensary system and I look forward to following up on that as things transpire.

That concludes this issue’s in-depth look at Mr. Steve Corchado and his experiences. Hopefully the article was interesting and you were able to find out more interesting information about the medical marijuana movement here in California. Maybe you have been thinking about looking into this dispensary issue more for yourself and now you can use this info to further your search. Watch out for the next issue, where we will talk about more cannabis related news. Don’t forget to check out www.FutureofFighting.com to bet on fights and get the latest news about UFC and Mixed Martial Arts, also www.RLDDVD.com for the very best DVD about Amsterdam’s Red Light District. Take it easy, have fun, don’t believe the hype and find what works for you. Good luck. 🍀

Physical Examination

Strain: Grape Escape
Breeder: Humber Valley Seeds
Grower: Badfish
Judge: H.U.M.A.N. Compassion Club Member
Date: October 09



Grape Escape



Grape Escape



Grape Escape

- 1. Visual Appeal:** 9 *Visual appeal of the buds from 1-10 unappealing-excellent.*
 - 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 x
 - 4. Colors present in the buds and/or on a scale 1-9 light-dark:**
 Green, Blue, Orange, Purple
 - 5. Bud density:** 9 *Bud density from 1-10 airy-dense.*
 - 6. Aroma descriptors:** *scale from 1-9 upon freshly broken bud where a one indicates a subtle presence and 9 indicates a pronounced presence.*
 Berry 6, Grape 8, Melon 4, Hash 6,
 - 7. Aroma:** 7 *Aroma from 1-10 repulsive-delightful.*
 - 8. Seed content:** 0 *Seed content from 0-10 none-fully seeded.*
 - 9. Weeks cured:** 8 *If know the number of weeks your sample has been cured.*
- Smoke Test Comments:** -



Smoke Test

1. Utensils: Joint with Smoking paper

2. Taste descriptors: Use numbers 1-9 that apply to the taste where 1 indicates a subtle presence and 9 indicates a very pronounced presence
 Berry 3, Grape 7, Hash 6,

3. Taste: 7 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: 7 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: -

FOLLOW UP QUESTIONS

1. Dosage: 5 hits to reach desired effects.

2. Effect onset: 3 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: 8 Rate the potency of the sample from 0-10 none-devastating.

6. Duration of effect: 2 hours

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 4 Day/work 6 Evening/relax 8 Night/sleep 8

9. Overall satisfaction: - 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	- Paranoia relief
P Anxiety relief	- Sex drive
P Appetite	P Sleep
- Audio perception	- Speech process
- Humor perception	- Taste perception
- Imagination/creativity	- Thought process
P Pain relief	- Visual perception

Extended Medical Survey:

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

FINAL COMMENTS:

A nice heavy indica strain. Its very dense and covered in trichomes. It smells and tastes like sour grapes and hash.



Sweet 6



Sweet 6



Sweet 6

Physical Examination

Strain: Sweet 6
Breeder: Humber Valley Seeds
Grower: Badfish
Judge: H.U.M.A.N. Compassion Club Member
Date: October 09

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

2. Visible Trichomes: 8 *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 x

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

Green, Gold, White, Orange

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.

Pine 6, Cedar 6, Hash 6, Citrus 6, Spice 2, Lemon 8

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

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

9. Weeks cured: 10 *If know the number of weeks your sample has been cured.*

Comment -

Smoke Test

1. Utensils: Joint Raw paper

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
Pine 6, Cedar 8, Hash 7, Citrus 8, Lemon 8

3. Taste: 9 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: 9 smoke ability of the sample from 1-10 harsh-smooth.

6. Smoke expansion: 8 smoke expansion in the lungs from 1-10 stable-explodes.

Smoke Test Comments:

Very strong smelling unique smoke.

FOLLOW UP QUESTIONS

1. Dosage: 6 hits to reach desired effects.

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

3. Sativa influence: 5 Sativa influence (best described as a clear and energetic mental effect) detected from 0-10 none-extreme.

4. Indica influence: 5 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: 2 hours

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 8 Day/work 8 Evening/relax 8 Night/sleep 8

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

10. Ability and conditions: 9 Rate your overall ability to judge from 1-10 low-high.

11. Do you personally consider this strain a keeper for long term use? Yes

12. Effect: What effect did the strain have write P if the you got a POSITIVE effect and N if you had a NEGATIVE effect

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

Extended Medical Survey:

- ADD/ADHD	- Depression	- Muscular movement disorders
- Allergic rhinitis	- Diarrhea	- 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	
- Crohn's/IBS	- Muscle Spasm	

FINAL COMMENTS: -

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Papaya
PPP Pure Power Plant
Short Rider
Snow White
Super Skunk
Swiss Cheese
Venus Flytrap
White Castle
White Rhino
White Widow
Wonder Woman

The Sativa Seedbank:

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BlackJack
Eldorado
Full Moon
Hawaii Maui Maui
Haze #13
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Urban Poison

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Shantibabab's

GROW tips



www.mrnice.nl

Monoculture farming

for food crops affect all growers, since air has no borders!

The rise in pest plagues, certain diseases like oidium, botrytis, fusarium and powdery moulds are indirectly related to the rise in the practises of monoculture agriculture (single species agriculture).





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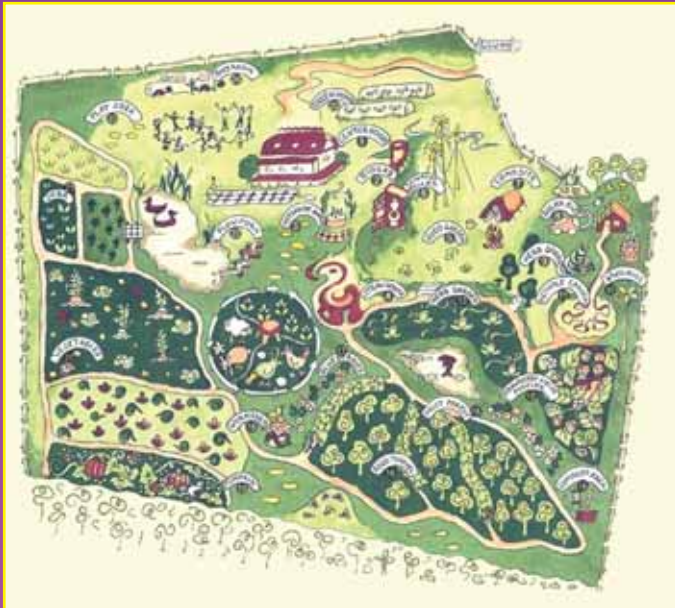
ipm.iastate.edu

Clockwise:
 Botrytis on grapes
 Botrytis on strawberries
 Fusarium on corn
 Stem rot on cannabis
 Oidium on cannabis

Modern day greenhouse techniques for growing tomatoes and cucumbers have developed due to an all year round demand from the consumer, us! In turn certain preventative insecticides are used to control the actions of pests and fungal attacks, but these attacks carry on just move to other plants less well defended from them. This year an outbreak of macro-mites in Spain caused many indoor and outdoor Cannabis grower's immense suffering from the cloning stage onwards and new diseases and pest plagues sit dormant waiting to attack when climatic conditions are in their favour. The enticement of greater yields, pest resistant crops and increased quantities of active ingredients, amongst other positive promises, with time, emerge as negative developments with devastating consequences. That is one folly of Man and there are examples everywhere to be seen. So how does the average Cannabis grower help combat large company's claims and survive in this day and age? ►

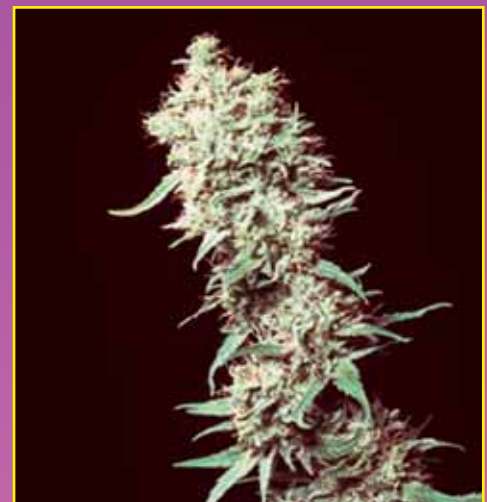


thefarmer.com



Clockwise

- A macro photo of a typical mite that goes on working since it is not visible to the naked eye.
- Monoculture chemical overflow
- Mr Nice Medicine Man and Super Silver Haze show biodiversity development within a plant family.
- Permaculture design



The simple solution is to try your best to replicate Nature's solution and that is to grow diverse and complimentary plants together rather than apart. So if you are an indica grower mainly and suffer each year from powdery mould around August/ September, then plant several different (preferably local) strains or herbs like basil, thyme, mint, or garlic in a scattering around the indica clones. Consider adding a few sativa strains or different hybrids, not necessarily for the production of flowers or even to finish, but to act as decoys for pests in your garden. Read up and research Permaculture techniques and practises, it will aid you in all to do with your gardening. (This is a practise adopted in the 1970s by two Australians to aid self subsistence farming and mimic the local ecology of one's flora and fauna.)

Monocultures used in agriculture are usually single strains that have been bred to be high yield and resistant to certain common diseases. As all plants in a monoculture are almost entirely genetically identical, if a disease strikes to which they have no resistance, it can destroy entire populations of crops, whereas in a polyculture, some portion of the crop will usually



Local strain of herbs that help keep away powdery mould (Thyme, mint, garlic)

survive due to natural variation giving some of them resistance. There is increasing support for moving away from monocultures towards a mixture of varieties as a way to limit the impacts of disease to these sorts of crops, and some studies have shown planting a mixture of crop strains in the same field to be effective at combating disease.

The environmental movement seeks to change popular culture by redefining the "perfect lawn" to be something other than a turf monoculture, and seeks agricultural policy that provides greater encouragement for more diverse cropping systems. Local food systems may also encourage growing multiple species and a wide variety of crops at the same time and same place. Heirloom gardening has come about largely as a reaction against monocultures in agriculture.

The promise of larger than normal yields, inevitably mean compromises of other traits such as flavour, aromas, effects and resin production. It is time to not only think of economics in a long term set up for your garden but to take into consideration more unique and special traits certain plants offer in lure of huge yields. This will increase cultivation of biodiversity within a plant strain and help evolving hybrids to adapt and flourish. Increasing grower numbers and biodiversity of Cannabis increases the chances of discovering new plants beneficial to medicine, food and industry.

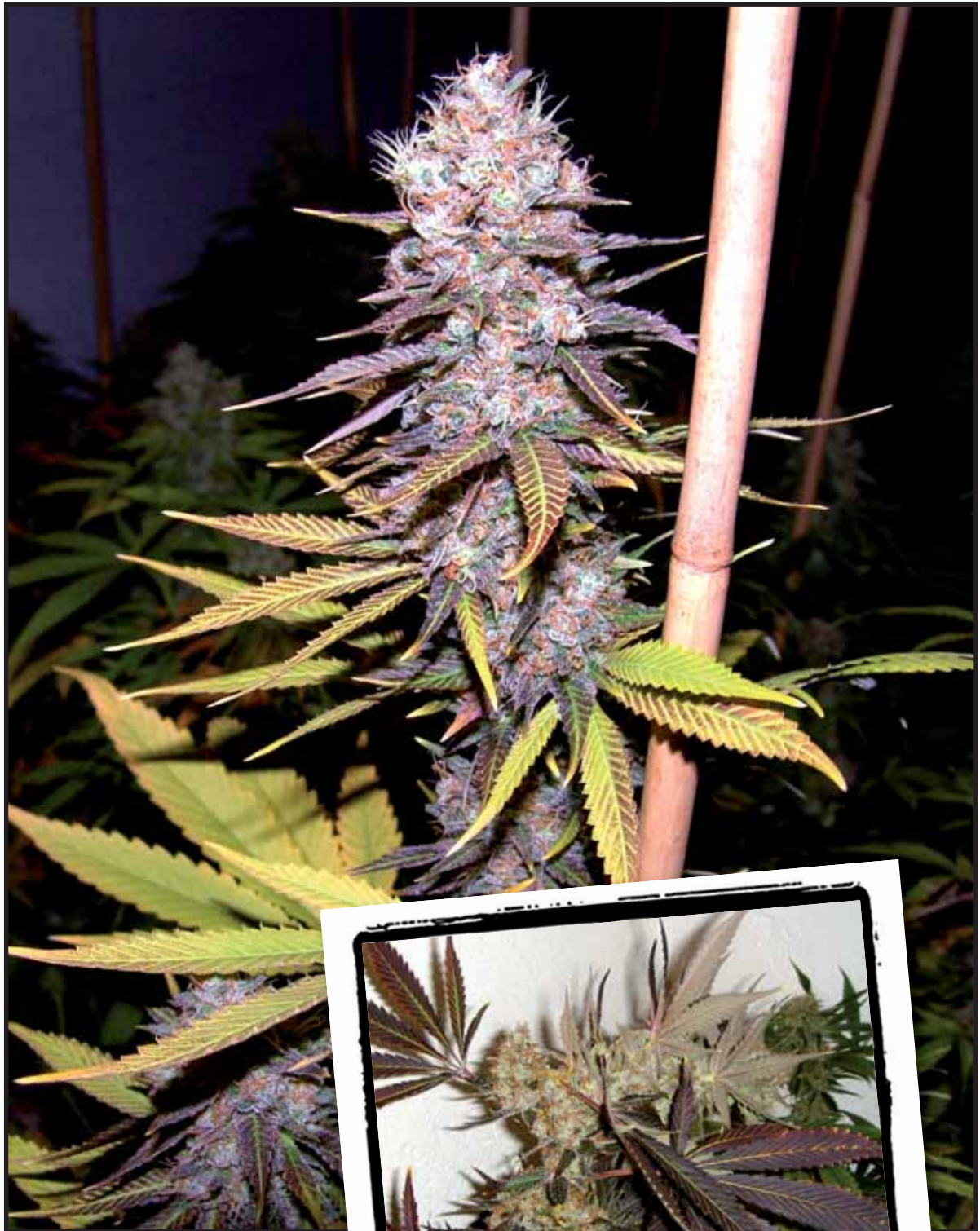
Man began to grow local seed of plants species native to his area as well as travellers introduced unknown strains and that gave rise to a lot of unique pockets of agriculture. For example, this is why the merlot grape was favoured in certain regions and the tempranillo grape was favoured in other areas. Specialisation began and cloning of selected plants increased to guarantee a consistency in a final product as well as reliability from the plant. The similarities for Cannabis growers in certain countries begin to follow suit since larger operations are beginning to gain permissions due to medical reasons. But what comes with these so-called advances in developments is not always predictable and in many cases lead to devastation, soil leeching and over dependency on toxins and insecticides. Clones favoured and adapted to one area do not always perform as well in other areas close-by due to small ecological differences that cannot be

measured. Therefore, it does not mean we all have to only grow what is popular because it is easy? Easy for some is difficult for others with the same setup and methods of cultivation, so be aware of this when using clones from another area or climate. The trial and error approach to sort out problems related to the environment can be costly and time consuming, and inevitably can lead some growers to give up hope and stop!

Cannabis growing is a skill that now has become a legitimate vocation depending upon the country you live in and the reasons or permissions that entitle you to grow certain numbers of plants. With experience of certain plant strains individual growers have lead the way and created trends or popularity of certain named hybrids. Stories grow along with the reputations of particular plants and tend to over grow the plants potential at times creating inflated legends. The new growers easily believe these urban legends and cause demands for these hybrids, and the cycle continues.

Selective breeding has lead our plants to the modern day ways of agriculture, flower production and food development. Humans have made mistakes. As a consequence of economic selection we have lost a lot of more specialised rare breeds of plants we had great diversity on before.... like the potatoes or apple! Cannabis has survived well due to its sub-cultural diversity and cottage farmer approach (unique pocket breeds being developed by hobby farmers worldwide). Due to an increase in legitimate Cannabis harvests for various reasons world wide, clone production has increased to make a consistent product once it is discovered, but it can cause a lack of diversity amongst growers. Monoculture is a choice not a necessity! So choose for genetic diversity first, and then the traits that fit best to your choice of medicine and we will avoid running down a path that has only a one-way direction!

We need every grower to be responsible for his and her world. Through honest education and making people aware we will do our best to help work with Mother Nature rather than add to the man made problems already seriously affecting us in the world. The plant kingdom has been evolving long before man came along, and it was doing fine. Let's not be the species responsible for harming genetic diversity on earth more than we already have! 🌱



Lavender showing its colors

Clockwise opposite page
Kushadelic baby from seed
Kushadelic outdoor cola
Soma's Amnesia Haze bud cured





The California Gold Rush

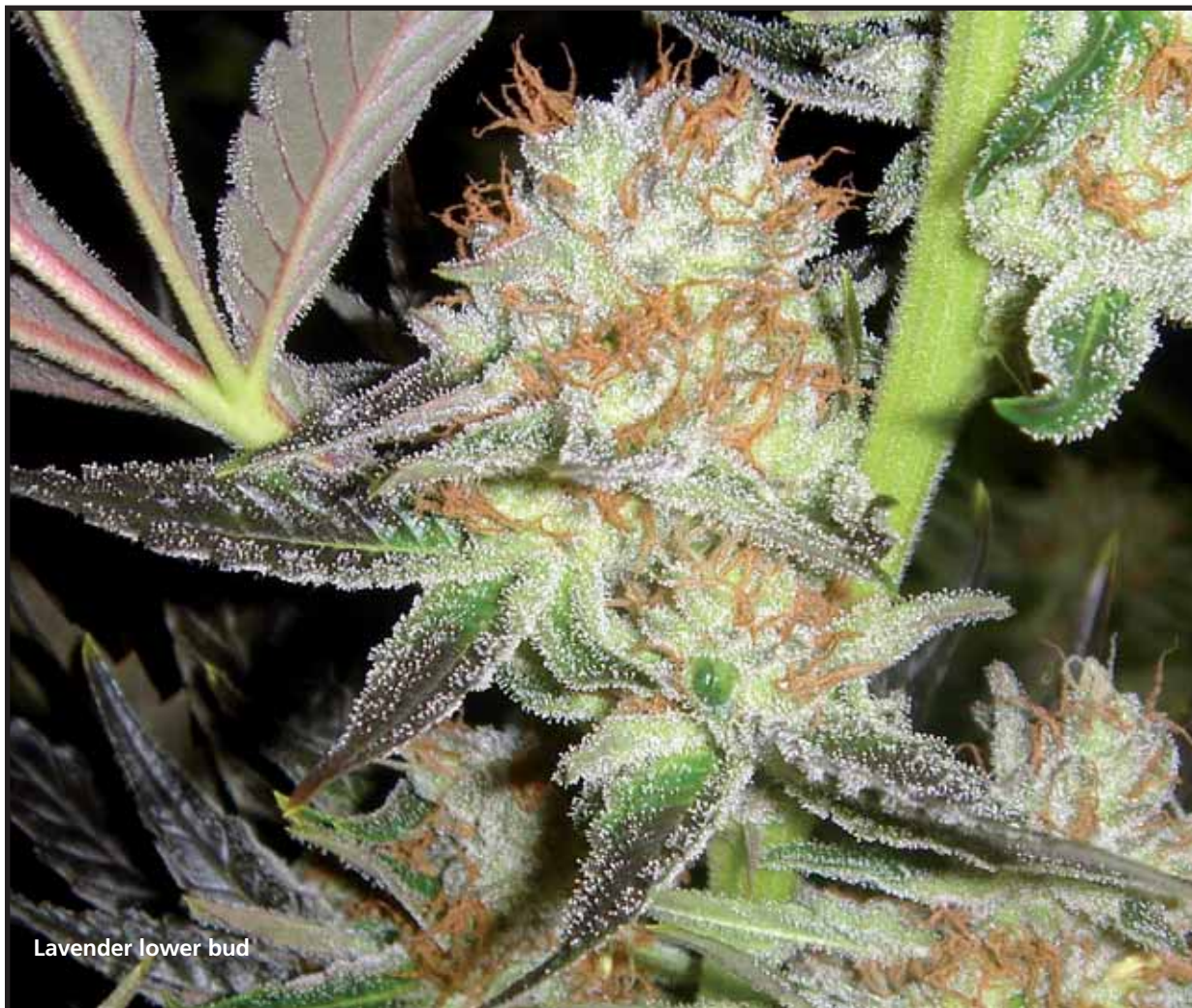
2010, a New Year and with it comes many new opportunities. With the economic meltdown starting to go into full Detroit, new solutions have got to be come up with. One of those great solutions is Medicinal Organic cannabis.

Being a patient recovering from open-heart surgery since 2005, cannabis is my sole medicine. It for sure helps me heal and stay healthy, and helps to relieve so much of the stress of this unbalanced modern world we live in. It gives me the inspiration to breed this sacred plant; constantly searching for the finest medicinal properties existence has to offer.

Breeding is now starting to come to Cali. With so many medical dispensaries opening up, and with so much relief for medical users, humans naturally start to breed either by accident or intentionally. If you

grow enough cannabis you know that with a little bit of stress you can come up with a few male flowers that I call male bananas. These so-called bananas can make a few seeds, which will be all female. With all the cannabis farmers in California, this thing happens and someone who wasn't growing for seeds ends up growing some.

The other side of the coin is someone who intentionally grows fine organic medicinal quality seeds, in order to spread the genetics more easily into the medical community. 2010 will be the year this starts to happen in a big way. I know of several fine breeders who are starting to let the genetics out. One such outlet is The Southern Humboldt Seed Company. They are starting to breed some of my most favorite medicinal strains. Lavender, Amnesia Haze, Kushadelic, and many more in the works. The seeds are starting to show up in many clubs around the ➤



Lavender lower bud

State. And its not just California, but Colorado as well is fast becoming another cannabis capitol. The medicinal cannabis movement is good energy. It does a number of things for sure it gives patients real-time relief and easy availability without having to deal with criminals or court and prison. It frees up taxpayer money that would go to pay for the courts and prisons. It provides work for many people and is earth friendly. With the current state of the economy it is the shot in the arm it could really use, yes we really could outgrow all this debt and foreclosure.

With seeds and genetics starting to become available more and more people will start to grow their own medicine, learn to save money, and learn how to work with the plant kingdom all at the same time. It all starts with freedom and this plant has been waiting for us humans to gather our freedom once again and truly find out about all the good things this sacred plant can be used for to heal this planet and us.

Of course this plant can be grown in many different ways, but I always stress organic. Organic soil, organic nutrients, and a lot of loving thoughts.

My prediction for 2010 is for much positive enthusiasm for the medical marijuana movement, not just in California and Colorado, because I believe they are just the first in a series of new role models that our modern societies can start to follow and implement.

Medicinal Cannabis works, ask any user, be it MS, Aids, Cancer, stress relief and so many other ills. Last but not least, cannabis is so much fun to smoke, it lightens the load that our modern dysfunctional world throws at us, helps us to socialize in a warmer way, and is an extreme boost to our creativity. It also helped me to realize that God is not dead. Divine energy is alive and well in California.

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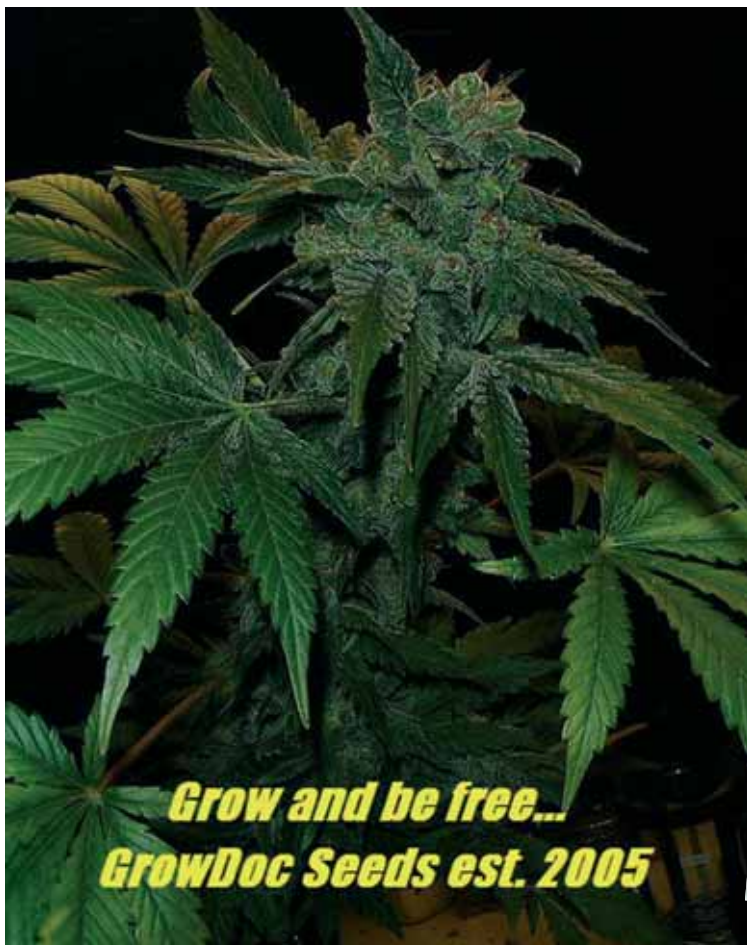


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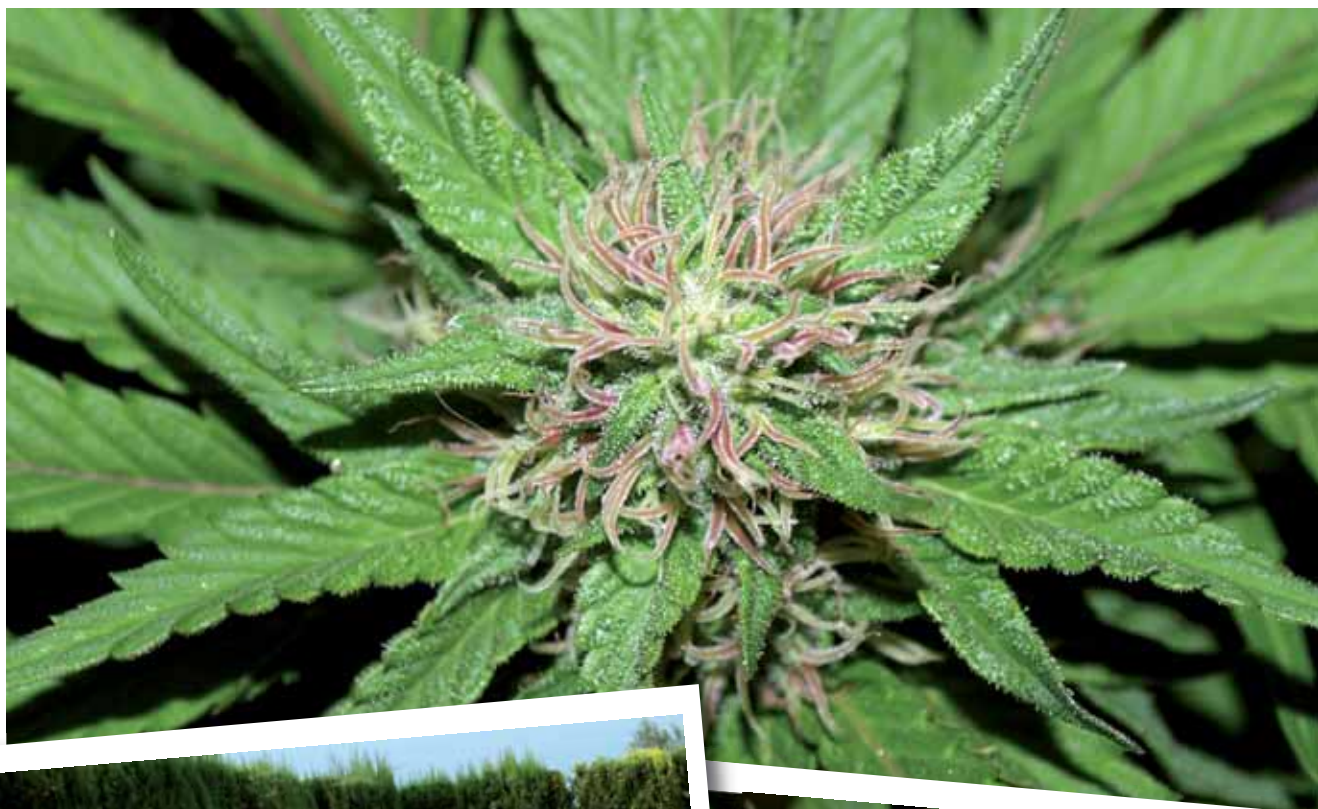
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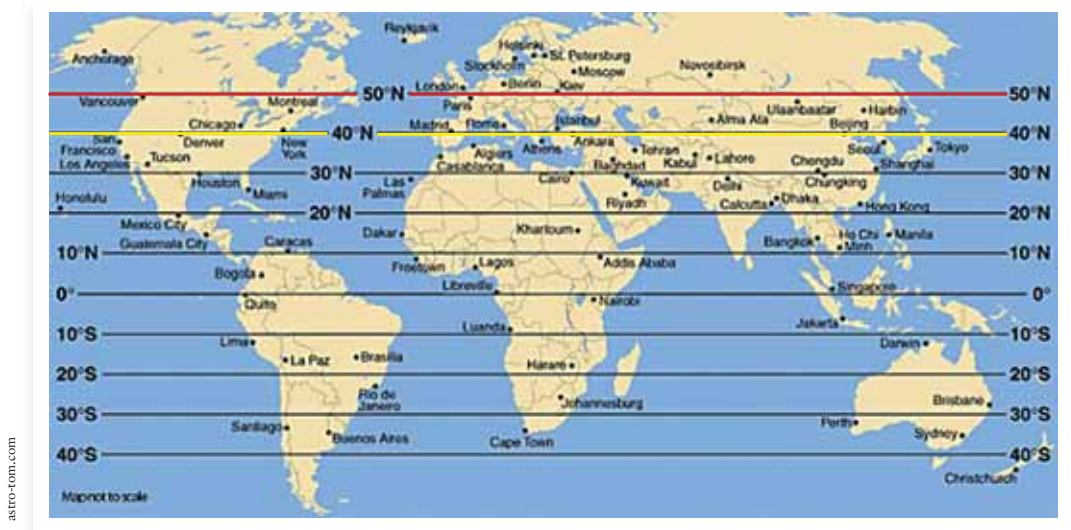
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Romulan Max close up
Romulan Max close up with caterpillar
Pool garden



Fast Flowering Canadian Strains:

A Guide to Outdoor Seed Selection

By Jay Generation

The Canadian climate has a widely-varied climate, but all of which is cold or harsh. If you're going to grow outdoors here you better have an appropriate strain; most regions require a strain that finishes flowering by the third week of September for best results. Many growers in some parts of Canada have better conditions and can leave the plants growing until the first week of October, but not much weight is put on in the last weeks. It's thus best not to waste your time on strains that finish flowering after September 25.

When selecting the strain you want to grow, be realistic. If you live between Calgary and Thunder Bay, it's not recommended that you grow your typical indoors strains outside. No Haze crosses, no typical sativas, no Northern Lights or True Skunks. Specialized strains are a necessity. There are many strains that have been acclimatized and selectively bred to these northern climates; these are typically the best selections for the long-term grower. However, in the last few years, auto-flower strains are becoming very popular.

There are many reasons auto-flower strains have become popular, but not all are good reasons. Auto-flower seeds simplify the selection process for people who don't want to research the appropriate strain for their region or who don't care about having high-quality buds. Growing an early-flowering outdoor strain instead of an auto-flower strain will usually provide a larger yield of better quality buds.

Other growers have had bad experiences in the past with Dutch seed company flowering times and don't trust the times listed. The Dutch companies always have tended to exaggerate the flowering times of their seeds, only listing the best possible results for an extraordinary season or in a greenhouse condition. In this area the Canadian breeders are superior and more honest. Most Canadian breeders list the real finishing time, no exaggerations! When you buy a pack of seeds and it says they will finish by September 25, at least 90 per cent better be ripe, fat, and ready for cutting. With the Dutch strains, you're lucky if 20 to 30 per cent are done on time.

Research growing:

In the past few years we've had the opportunity to test grow many Canadian outdoors breed strains at different latitudes. We've had many interesting results that have taught us a lot about our strains. Different phenotypes are expresses and thrive in different regions and latitudes. The latitude our research gardens is similar to that of San Francisco, New York, Spain, Afghanistan, etc.

One of the things that pleased me most was that some types of seeds I breed outdoors in Canada are flowering faster at a more southern latitude. Some strains matured as much as 3 weeks faster, others only a week faster. The farther south you get from Canada, the more choice you get with strain selections, but it's often smart to choose something fast, even in a more temperate climate. ▷

Examples of different harvest times at different latitudes:



Bonkers

Most crops of Bonkers grown are outdoors from seed. Clone crops of Bonkers are rare because it takes a skilled grower to get multiple generations of clones. Bonkers plants tend to start flowering early under any light regime. Earlier cropping times have been reported from many growers in different regions, but the dates listed here are very safe harvest times.

Harvest Time:

50th parallel – September 20 - 25

40th parallel – September 5 -15



October 5 - 40th parallel

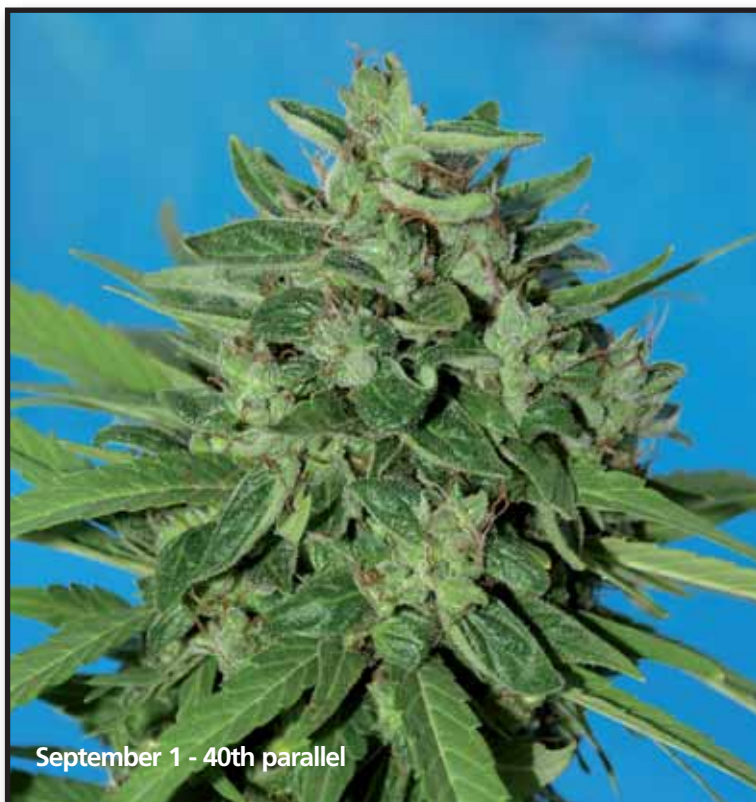
Grapefruit Haze

A very potent hybrid that we've never been able to grow successfully outdoors in Canada. The high percentage of sativa genes prevents large yields in northern climates. However, when you travel a little closer to the equator, the yields and quality is outstanding! It has the potential to yield several kilograms per plant, and the buds are some of the most potent I've ever smoked.

Harvest time:

50th parallel – October 30 (Not recommended.)

40th parallel – October 5 – 10 (Highly recommended.)



September 1 - 40th parallel

Avalon

One of the first outdoor strains I ever developed and continue to develop, it's always large and resinous, outdoors and indoors. Every year of selective breeding I looked for the fastest, largest and stickiest parents. A very heavy sedative Indica high. Outdoor plants in the ground don't get more than 1.5 meters tall; they grow with a massive main cola. If grown in containers, they will stay under a meter tall when flowered under natural light. In the 2008 season, harvests as early as August 30 have been reported in parts of the east coast of North America (Nova Scotia and Maine). Clones of this strain flower about a week faster than the plants grown from seed.

Harvest Time:

50th parallel – September 15 – 25

40th parallel – September 1 – 15



Grapegod

In the last few years, I've become increasingly proud of this seed line. Its selection process has been focused on four main aspects: fruity flavour, large yields, potency and amazing sales presentation. In Canadian climates, it has been recommended as indoor or greenhouse only. But when you travel south a few degrees, the outdoor crops have been astounding. From the farming fields of the mid-west, the private gardens of California, or the giant trees grown in southern Europe, Grapegod has been thrilling everyone who tries it.

Harvest time:

50th parallel – October 1 – 5
40th parallel – September 25 – 30



Island Sweet Skunk

This is one of my favourite strains in my catalogue. It's a sativa-dominant strain and packs a powerful punch that leaves the smoker feeling immediately hit. In Canada, under natural light it's difficult to get good yield from the ISS. The plants grow large but don't finish flowering until late October, making for inconsistent yields from season to season, depending on the yearly climate. However, in gardens below the 40th parallel, the results are amazing! More than 3 kilos per plant have been reported on more than one occasion in southern Spain, in a climate that's the same as southern California!

Harvest time:

50th parallel – October 30 (Not recommended.)
40th parallel – October 15 (Highly recommended.)



Timewarp

This is one of British Columbia's most popular outdoor strains. It's famous because of easy clone-ability, mould resistance, early flowering, great yields, and, last but not least: great taste, effect and smell. It's everything a serious outdoor cannabis farmer needs, at any latitude.

Harvest Time:

50th parallel – September 25 – 30
40th parallel – September 5 – 20

Latitude comparisons (Approximate):

50th parallel

Vancouver, Winnipeg, Newfoundland,
London, Berlin.

40th parallel

San Francisco, New York, Valencia, Istanbul,
Tokyo, and Northern Afghanistan.



STRAIN CATALOGUE



Delta 9 Labs

White Widow, Mekong Haze, Aiea, Super Star, Canna Sutra, Stargazer, Southern Lights, Brainstorm Haze, Brainstorm Haze x G13, F.O.G (Fruit of the Gods), Double Kush



DNA Genetics Amsterdam

Purple Wreck, Sour Cream, Kushberry, Lemon Skunk, Cannalope Haze, Connie Chung, ReCon, Chocolepe, LA Confidential



Dutch Passion Seed Company

Skunk #11 100%, Brainstorm 100%, Passion #1 R 100%, Orange Bud R 100%, Durban Poison 100%, Frisian Dew R 100%, Euforia R 100%, Power Plant R 100%, Jorge's Diamonds #1 100%, Mazar R 100%, White Widow 100%, Blueberry 100%



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List of Feminized Sativa Strains

G13, Amnesia Haze, Northern Lights 5 Haze



Greenhouse

The Doctor, Big Bang, The Church, A.M.S., Lemon skunk, Cheese, Trainwreck, NL5H, Alaskan ice, Kings kush, Chemdog, Jack Herer, Sat/ind mix A, Sat/ind mix B, Sat/ind mix C, Sat/ind mix D, Indica mix E, Indica mix F, Indica mix G, Indica mix H, Indica mix I, Black & white J, Rasta K, Himalayan Gold, K-train, Bubba kush, Kaia kush, Sativa mix, El Niño, White Widow, White Rhino, Great White Shark, Arjan's Haze #3, Arjan's haze #, Arjan's Haze #2, Arjan's Ultra haze #1, Arjan's Ultra Haze #2, Arjan's Strawberry haze, Super Silver Haze, Nevill's haze, Hawaiian Snow



Genetic Collections

Warlock/Two-tone*, Exile/Two-tone*, Double Dutch/Two-tone*, Biddy Early/Two-tone*, Motivation/Two-tone*, Biddy's Sister/Two-tone*, Masibindi/Two-tone*, Mosaic/Two-tone*

Feminised packs of 5

Warlock/Monotone*, Exile/Monotone*, Double Dutch/Monotone*, Biddy Early/Monotone*, Motivation/Monotone*, Biddy's Sister/Monotone*, Masibindi/Monotone*, Mosaic/Monotone*



Mr Nice

Devil, Dreamtime, Walkabout, Neville's Skunk, NL5x Afghan, NL5x Skunk, Mango Haze, Early Skunk Haze, Critical Haze, Afghan SKunk x Afghan Haze, Master Kush Skunk x Afghan Haze



Next Generation

Avalon, Blue Dynamite, Bonkers, Brain Warp, Dynamite, Grape God, Grapefruit Haze, Grapefruit Kush, Jamaican Grape, Northern Flame, Romulan Hash Plant, Romulan Island Sweet Skunk, Romulan Time Warp



Nirvana Growth Solutions

Indoor

B-52, Big Bud, Blue Mystic, Bubblelicious, Chrystal, Citral, Haze, Haze 19 x Skunk, Hindu Kush, Ice, K2, Maroc x Afghaan, Misty Nirvana, Special, Papaya, PPP, Snow White

Outdoor

Durban Poison, Early Bud, Early Girl, Early Misty, Hawaii Maui Wau, Hawaii x Skunk 1, Hollands Hope, Kc33 x Master Kush

Feminised

Kaya, Medusa, Northern Bright, Super Girl



Paradise Seeds

Non Feminised

Magic Bud, Bella Donna

Feminised

Delahaze, Ice Cream, Jacky White, Nebula, Opium, Sensi Star, Sheherazade, Spoetnik #1, Wappa, White Berry



Pyramid

Galaxy, Tutankhamon, Pipi, Tiburón (Shark), Wembley, Northern Light, White Widow, Nefertiti, New York City, Lennon

Feminised

Galaxy, Tutankhamon, Tiburón (Shark), Pipi, Wembley, White Widow, Northern Light, Nefertiti, New York City, Lennon



Sativa Seed Bank

Indoor

Indigo, Mixed Sativa, Paia Hawaiiana

Outdoor

MSRP, Cannabis Sativa Slang, Pakalolo

Feminised

Daydream, Eldorado



Photos courtesy of Gregorio Fernandez "Goyo"



Photos courtesy of DavideStallone.com



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Photo courtesy of Sonic

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Serious Seeds

Bubblegum, Chronic, White Russian,
AK-47, Kali Mist



Soma Seeds

Lavender, Buddha's Sister, Kushadellic,
Sogouda, NYC Diesel, Amnesia Haze,
Hash Heaven



Photo courtesy of Gregorio Fernandez "GOYO"



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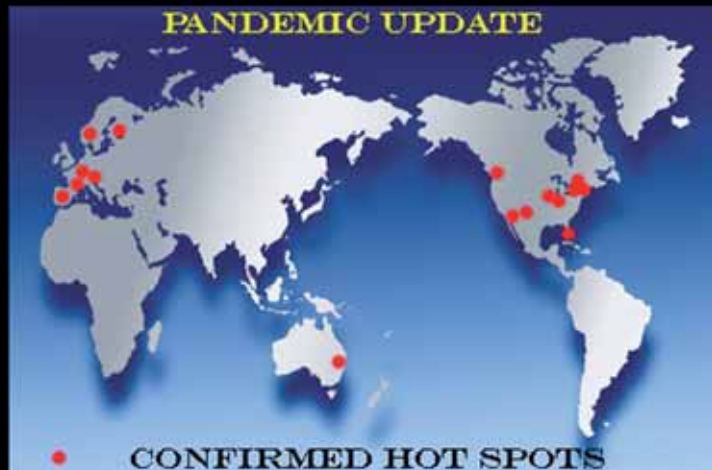


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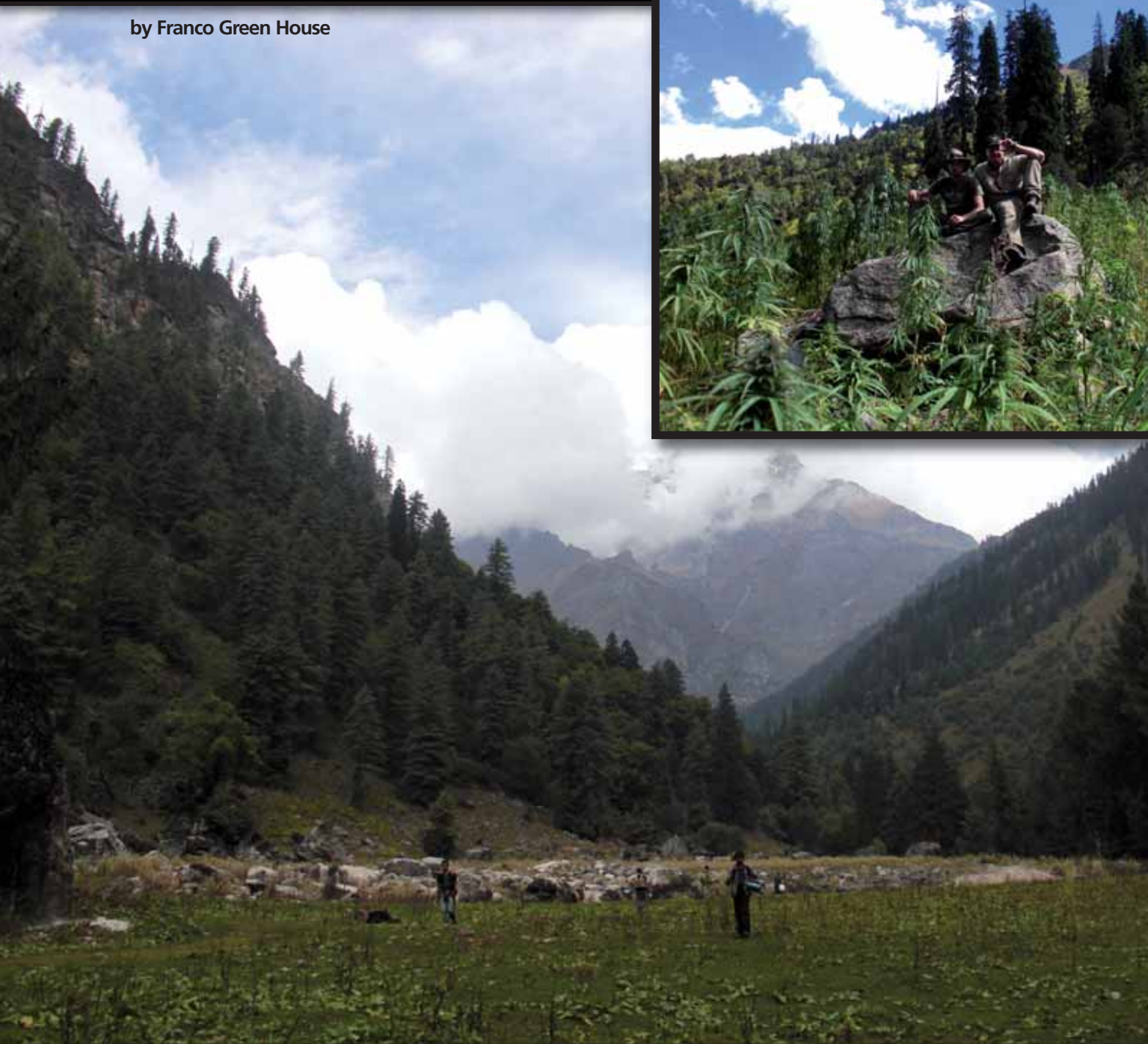
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STRAIN HUNTERS

INDIA
EXPEDITION
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by Franco Green House





Strain Hunters are people that can't sit still for too long. After completing the Malawi expedition in 2008, Arjan and myself began to think about the next mission. We had many destinations in mind, because the list of places where amazing landraces are awaiting is a long one. After much thinking and talking we selected a few "top-spots" on our list, and started gathering information and ideas.

It became very clear that there was one place that could not be overlooked: the region of the Himalayas, particularly the Indian side, where the best charras and creams are from. Ever since 1993, when the Green House won the Cannabis Cup with a cream from Malana, Arjan wanted to explore the origins and the history of this wonderful hashish. His last trip to India was in the 1980s, when he acquired the genetics that gave birth to the Himalaya Gold, one of the most acclaimed outdoor strains ever produced. So we

decided time had come to go strain hunting in India.

Now we needed a good guide, someone that could show us the right path to the highest fields, the tastiest creams, and the holiest of mountains. A few years back, during one of the Cannabis Expos we attended in Europe, we met Italian book writer and connoisseur Franco Casalone, author of the most famous books on cannabis written in Italy. He lived in the Indian Himalayas for several years, living the life of a true charrsí (master of charras-making). We suddenly had the feeling that he was the right man for our mission, so we contacted him. Loving the chance to get back to his beloved mountains, he accepted to be our guide, to become a Strain Hunter, and to make our dream possible. What started as an idea was now becoming reality. Time to organize a scouting-trip to have a look at the area and prepare the path for the realization of the second Strain Hunters documentary. ▷

In June 2009 we boarded a flight to Delhi, and the adventure began. We spent two weeks trekking the mountains and the valleys of Himachal Pradesh, meeting several key-players in the area, from mountain guides to growers, and we visited more than 30 fields for the production of charras and cream. In this area the seeds are planted in May, so we could see tens of thousands of young plants already growing in the fields. For most of the fields we visited, we sampled

found an amazing place with amazing people. In these mighty mountains charras has been used for thousands of years, and only recently the Indian government, under US and EU pressure, is acting against it. Since 2003 the police started chopping down cannabis crops and arresting people who produce charras. New dam-projects are underway, and the life in this region will change forever once they are completed. The entire cultural heritage of these mountain will be washed



the charras made the previous season. This way one can select the best fields and the best growers and charras makers. Planning for a documentary involves truly challenging logistics: every route has to be walked in advance, camp sites have to be checked, and because electricity is needed to charge batteries and back-up of tapes it's not easy to stay too long away from civilization. Moreover, moving through rough mountain terrain with a whole camera-crew can prove difficult, unless every detail is considered and every issue is addressed and solved beforehand.

When we were satisfied with our plan, we went back to Amsterdam to start organizing for the mission ahead. We were excited because we knew that we had

away in a few years, unless people around the world become aware of the problem. So we felt it was our duty to expose the situation of the cannabis plant and the people that live in these areas, victims of an out-of-control globalization madness. We planned to go back to India at the beginning of October, when the first crops would be mature and the people would be busy making the charras and the creams the whole world want to smoke. The months went by fast, because life is busy at Green House Seed Company, and we never have time to get bored.. before we knew it, it was time to go back to the holy mountains of Shiva and Parvati.

We arrived in India on a hot night, the air was sticky and the intense smell of the city was hard to accept

after a long flight. Simon was there waiting for us, another Strain Hunter joining the mission from a far corner of Africa. The crew was complete, and the spirits high. After another short flight to Kullu, Himachal Pradesh, we started driving. The car: a Mahindra, the roughest of Indian off-road vehicles. For 14 days we drove, we rode Enfield bikes, but most of all we walked up and down the mountains and the valleys of this amazing part of the world. We smoked great char-

we were able to collect many seeds from different phenotypes of the same landrace, as well as some variations crossed with other genetics imported from Pakistan, Afghanistan and even from Swaziland.

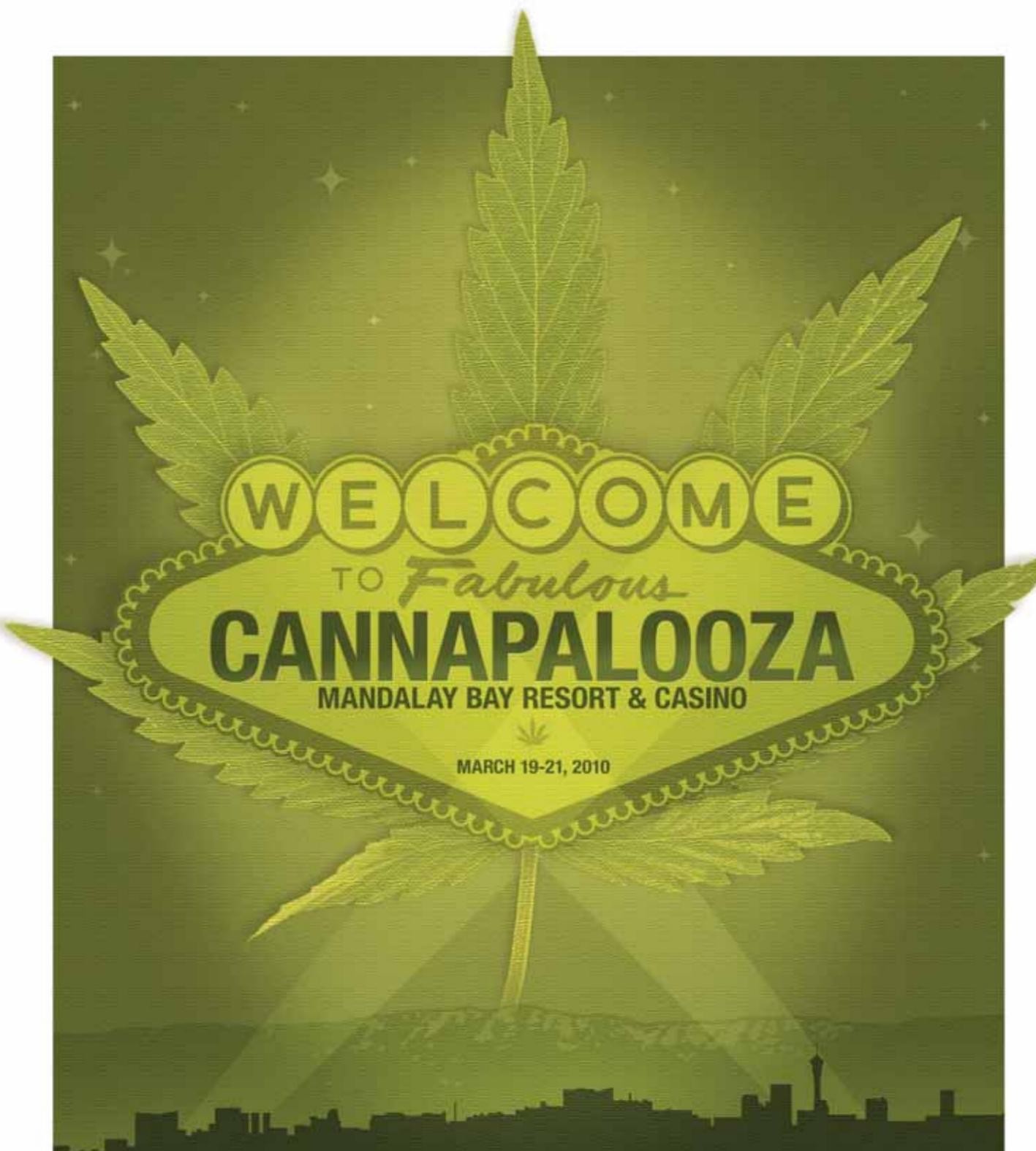
Now it's our time to give something back. In November we released the first 10 minutes trailer of STRAIN HUNTERS INDIA, while the complete documentary will follow in the first months of 2010.



ras and unbelievable creams, mostly 1 or 2 years old, but in some cases even 3, 4 or 5 years old; real connoisseur stuff, jealously preserved by many master makers. We rubbed many hands of cream, learning the secrets from those who have been doing it all their lives. We met amazing people along the way, people that are struggling to preserve their lifestyle, their environment, their values and their entire framework of living. Globalization is claiming their land, and forcing them to adopt the values of a consumer-driven society, where being self-sufficient in harmony with nature goes against the principles of the economy. For 14 days we witnessed the damage brought to these communities by the building of dams, roads and other massive infrastructural projects. During the traveling

Thanks to the cooperation between Green House Seed Company, the Green House Foundation and Gagarinpost Productions, a dream has come true. We are proud of it, and we look forward to the next dreams. 🍀





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The International Home Show

By Al Graham

Thanksgiving weekend is a time for celebrating our freedoms and giving thanks to those who came before us. It's also a time to enjoy a massive turkey or ham dinner with your family. For the members of MA and HUMAN, this was a weekend of getting out into the public to educate uninformed people on the benefits of medicinal cannabis.

That's correct, members of MA (Medicinal Awareness) and HUMAN (Hemp Users Medical Access Network) spent their Thanksgiving weekend giving thanks to our wonderful plant as they attended the International Home Show being held at the Toronto International Center.

For the members of HUMAN this was their first time joining us at this annual event. While they have participated in cannabis rallies and other events, it appears, for most of them, that this was the first time that they spent time educating the uninformed. Its one thing to work at a cannabis rally where you know everyone is aware of the plant but it's another to attend an event where you have to educate the people that come to you.

The first day saw MA members Rich, John and Kass make their way to the city to get things rolling. They met up with HUMAN members Sheena and Ned at the show to get day one started. When they arrived they set up our group's table display which showcased alternative methods of consumption, magazines and brochures, while

HUMAN's table was about hemp products and the valuable contribution that hemp has to our health. As well they had some nice emergency kits on display which came with a small glass jar, rolling papers, a lighter and some hemp lip balm. The glass jar would look nice with your days stash placed inside, while we all know what the papers and lighter are for.

The next day brought along a few new faces as Blaine and Jackie joined Grama Dee and me at the booth. When I arrived I was surprised to find Treating Yourself forum members Mamahawk and Pipes were in attendance. It turns out that they came to the show for the day and decided to stop in for a visit. We hadn't seen them since Hempfest so it was nice to see them once again. After saying "Hi" the first thing I did upon arriving was to let our little show girls out of their carrying case. Girls in a carrying case you're probably wondering? Yes, for this show and as in the past shows, we brought along some small cannabis plants for everyone to get a look at. These small plants were still growing and not yet into bloom. While it's nice to show off buds to the crowds its can be just as nice for them to see any cannabis plant no matter what stage they are at.

As it turns out Jackie was a tower of power when it came to educating people. She worked so hard and appeared to have a great time doing so. I think most of us enjoyed watching her as she sure was motivated by something. That something probably was the burning of joy from



Clockwise:

Treating Yourself booth
HUMAN shirt and emergency kits
Blaine educating the uninformed
TY and MA display table

Left:

HUMAN and MA members at the booth



within her heart as she spread the word to almost everyone who wanted to walk by the booth. She never rested or stopped for much longer than a minute at a time. Her positive attitude worked very well with the people she contacted. Meanwhile Blaine was able to answer all the questions from the people who were asking about participating in a compassion group. I must say having a compassion center in the booth is most certainly an asset to all.

Day three brought out HUMAN members Kevin and Patty, who joined Grama Dee and me at the booth. Both of them spent time chatting with people from the general public as they discussed the benefits that they find from using cannabis as medicine. Blaine and Jackie were back for another day as well.

Monday brought Rich and Sheena and I back to the booth while Dan joined us for the day. Dan's biggest test, if you want to call it that, was when two Peel police officers came to our booth. The officers had many questions for Dan and he answered every one of them as calm as calm can be. The officers informed us that Peel police only quote in their reports that a cannabis plant produces two ounces, thus each plant is only worth \$500 dollars not \$1000 as always quoted in the papers. I believe Dan wanted to go much further on this argument but felt it was argument that really wasn't going to change anything.

As in past shows this show was no different. The look on people's faces when they see us there is quite laughable. While being sick is never laughable, seeing the look on people's faces when or after they realize what the booth is about is. Some people take our paperwork and walk away without even looking at it. But when they get down the aisle and see what we gave them, they quickly look back or bring it to attention to the person they may be walking with. At this point many come back to see exactly what we are doing, some look at us with an agreeing smile while only a few have may offer it back to us.

One thing for sure, the members of MA will never tire out doing this. Educating the uneducated is one of the many things we do. Whether it's through conversation or through the educational information we hand out, it doesn't matter to us. The most important part is to get the information to the people, something our news media certainly lacks.

Both of our groups would not be able to do this without the assistance of Treating Yourself's editor and publisher Marco Renda. Both groups would like to extend a super big THANK YOU to Marco for giving us the opportunity to educate the masses at these shows.

MA can be reached at ma@treatingyourself.com 🍀

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The Continuing Adventures of Medicinal Awareness

By Wendal Grant

Education is the key to almost any success. It's something I've believed for a long time and it's something that the members of MA (Medicinal Awareness) also firmly believe in. Educating is one of the things that have kept us very busy. Educating the uninformed is so important to the medical marijuana/cannabis movement; it's going to take people, regular people like you and me, to get politicians to change our laws. It's going to take people to speak up and tell others that they are closet medical users of the cannabis plant.

MA is doing this and it's helping others do likewise. We're talking to some media and getting out there in the public. If you have a problem with going public, do it in a quieter manner. Once you've educated one, it leads to many others as good news always spreads fast. We're also aware that we have to relax and have some fun with friends as well, to gather our wind, our strength and to just catch a breath for the next time Marco calls to assist him, or we participate on our own show.

Time4Hemp

MA member Al Graham recently went very public, not on a regular radio station but on an Internet-based streaming station out of the United States, during American Freedom Radio's live Time4Hemp radio broadcast. Located at americanfreedomradio.com, the Time4Hemp live radio broadcast airs at 6 p.m. CST. The website has a page full of past shows for free download. Al usually writes the group's home show articles, so I'm sure he's planning on writing something about his experience on the Time4Hemp radio broadcast.

Grow-Up Tournament

Board games were something I used to play as a youngster. I'd gather with a few friends or with my siblings every once in a while and play many different kinds of board games. While many of the names escape me now, the game Monopoly will always stick out in my mind. That game really wasn't a game; it was a marathon. We would set it up, play it for hours and leave the game for



days on end. This would go on for day after day after day to determine a winner.

Now that I am much older, things haven't changed a lot. While my older and younger siblings don't often gather around for board games, my friends at MA and all of their friends do. The Grow-Op Tournament was something that started out as a one-time thing but has now started to grow legs; they are becoming a quarterly thing. Presently, we are running these tournaments every three months, which is not too far apart but not too close either. We don't want people to get tired of them and we don't want them to forget either. The only ones I'm aware of who don't like it are those who miss out as they realize it's going to be another three months before the next one.

As we do more of these tournaments, we learn from our mistakes. This last tournament saw us at one of our member's homes, who is single and only has silverware for a few. This was mistake one at this particular tournament. Mistake two, people need to drink, and of course, we have a third one — bring raffle tickets if you're holding a raffle. No one ever said we were perfect! Everyone and anyone makes mistakes or forgets things, whether they medicate with cannabis, pharmaceuticals or any other medicine.

Just as everyone arrived, we realized no one had brought drinks. This problem got solved with a short thirty-minute drive to the closest town. The silverware issue came up at lunch time as people started to eat. After only about six people, it was quickly learned that there was no silverware. We solved this by taking turns eating by hand and fork. We weren't eating caveman-style, but who needs a fork when you have a Kaiser full of freshly-cooked turkey? If you were eating your Kaiser, you gave up a fork you weren't using. It's called "sharing," something we are taught as kids. Meanwhile, John took charge of the raffle tickets. He grabbed some paper and just started writing down numbers in two columns. One column was for the purchaser and the other was for the draw bowl. Who needs store bought items when you can make things yourself?

Going into this tournament, the gang attempted to make it as a self-sufficient set up, one where the host would only be supplying us with a house, but as per



Grandma Dee figuring out her next move

above, we had some issues. We've learned from this and have now started a box to keep our tournaments supplied with everything we'll need. This includes plasticware and raffle tickets.

For this tournament, the flu got the best of a few people as four players cancelled that morning. It's unfortunate these people got sick, but they all know another tournament will be coming up soon enough. The healthy ones that made it moved right along. The tables got set up and the boards were prepared. This time around, we only had three inexperienced players playing in this

tournament, which was nice to see, but unfortunately, I didn't give them the "how to play the game" speech at the beginning. Instead, I relied on the people at the tables to teach them. I did tell them though that only the inexperienced win these tournaments and I wasn't kidding. I guess maybe it's because us experienced people are just too cautious and they're not.

The final thing we had to do before we got started was to get some game music going. Instead of playing the same old CDs or playing the radio as background music, we chose to go with music from Time4Hemp. Time4Hemp can be found at time4hemp.com. Time4Hemp host Casper Leitch plays some of the top cannabis music around and interviews the movers in the cannabis movement. For this tournament, I decided to burn three days worth of podcasts and live radio shows onto a DVD. This way it could be played all day long without having to get up to change anything. I suggest you all do likewise!

In our first game (two game total score set up), I was seated beside Kent. I thought Kent had played this game once before but he quickly reminded me that he hadn't. It seems I had brought the game to his place once to play but we didn't get to it. This didn't matter to him and it didn't slow him down as he came flying out of the gate. His first karma card gave him a \$10,000 bonus, while in his next two turns he was able to rent a couple of grow places. Of course, he did this right before landing on the free equipment square, thus giving him thousands more in grow equipment. Talk about beginner's luck!

The luck didn't stop there. Over on another table, Kent's friend Barb was raking in the dough. Mid-way through that first game, her table started to yell out big

numbers and were adding them up. It seems Barb was going to take the go big or go home approach to this game with her set up in three grow houses. That harvest sold for over \$150,000 and since it was her first sale, others knew then that her total was going to be hard to beat. This made me wonder — with Kent going strong and Barb doing likewise, were the rookies once again going to take the title as our G-O champion? For me, a veteran of this game, I could do nothing as I spent all but the final minutes trying to get equipment to grow. It just goes to show it doesn't matter how many times you play this game, it's really all in the dice and where you land.

At the end of the first game, the totals were added up and the scores were marked down. Then it was time to eat. The food for this day was brought in by the core of the MA group. Some brought salads while others brought buns, plates, napkins and whatever else we believed we needed. The group itself purchased a turkey, which Grama Dee cooked up the day before. Just before we ate, John sliced and diced it up for everyone. Once he was done, everyone filled their Kaiser buns full of turkey and then got themselves a plate full of potato or macaroni salad, or maybe side order of Caesar salad with a handful of potato chips.

The second game saw us mix up the tables and do it all over again. People like 420Deb, who never gets a garden off, couldn't believe it as she got at least five in her second game. First game winner Barb was also moving along quite well. As usual, Lisa, another veteran of this game, was doing her usual thing, which is, get a house ready to harvest but unable to land on the "organization" square to sell it off. This means you're a sitting duck as you go around the board, hoping the policeman doesn't land on your square. As usual for her, she got busted and the agony could be heard all around the room.

Of course, while this was going on, our favour treat was flowing in the corner. As in every tournament, the chocolate fountain was running. One of the cancellations was to bring some fruit to dip into this but Lisa came to the rescue and supplied us with watermelon, apples and bananas to dip into this fantastic chocolate mix. At 4 p.m., the day was called and the winners were announced. This time though, we had a new award, While we wanted to make sure the winner got



Dipping into the chocolate fountain

something, hydrodeb made sure she brought along something special for those who needed help. What she did, unknown to us, was put together a little gift for the person with the lowest score. This award we named the Black Thumb Award, which gets awarded to the worst grower. John with his total score of 8500 was the worst on this day. His prize was a green light that clips on your ear so you can work in your garden in the dark.

The overall winner got to choose their prize. The Intergalactic Trading Company

out of Peterborough really enjoys *Treating Yourself Magazine* and supports what our group does. As the Chills distributor for Canada, store owner Dion offered our group two Chills bongs as prizes. The person to get this honour was, as I mentioned in the beginning, the rookie Barb. Her first game total was just too much for anyone to catch. Meanwhile, Kent also did very well, as he placed third overall while our other rookie Kass finished up where the rest of us did — off the winner list.

Once all the winners were announced, the group moved onto our raffle draw. The prizes for this were either donated or made by group members. Our group would like to thank the Intergalactic Trading Company, BMA Hydroponics, *Treating Yourself Magazine* and Time4Hemp for the donated prizes. As well, members brought in a few things that were new but not likely to be used. You might as well recycle what you're not going to use; maybe someone else can use it. The prize table consisted of an unmarked envelope donated by BMA, a Chills Bong, Time4Hemp recordings, *Treating Yourself* magazines, a Medicinal Awareness hoodie and bud calendars, as well as a few other smaller items.

Even with the few problems we had, things worked out very well. MA would like to thank all those who attended and once again, a big thank you to our supporters!

Whole Life Expo

During the weekend of Nov. 27 – 29, the members Medicinal Awareness were at the Whole Life Expo, Canada's largest of this kind, at the Metro Toronto Convention Center in the downtown area of the city. There we were once again out in the public, educating the uneducated. Our group enjoys this so much that I

think if we could find a show to do every couple of weeks or so we'd be up to that challenge.

The time that we get to educate people is really awarding to all involved. Everyone, from our group to HUMAN and TY, and especially the general public, all find these shows very helpful for our cause.

This is the first time that TY, MA and HUMAN have participated in this show and I can tell you, we were not disappointed. The attendance at this show could almost be described as "packed." The reason I say "almost" is because we did spot the odd location on the floor where nobody was standing.

Participating in this show or any of the others that we do brings all of our group's right into the general public where people will see us. What I have found over time, by attending smoke outs and these shows, is that people listen to us at these shows; they want to hear from us and they really want us to keep on educating people out in the public. But while we're at the smoke outs, I feel some look at us as being disrespectful. Maybe it's because they believe we are breaking the law and that we are criminals.

When we arrived at the Expo, we were able to locate the booth pretty quick and get things set up. The crew from HUMAN had already been in earlier and they were all set up and ready to go. A quick look around at the other booths revealed a mix of alternative health care groups. On one side was a group promoting their friendly stones, while to the other side was some special skin creme. A look across the aisle revealed healing by sound, as Michael Moon was set up almost right across from us. Those wanting to feel better through exercise were not left out as directly across from us was the Nintendo Wii Fit booth. Seeing this, Al made sure that he wore his WiiD shirt to the show on Saturday. The people in that booth loved it and wondered where he had found it. A trip around the event would allow you to see other alternative health care methods such as Reiki, oils, Hemp products, vegetarian foods, sound and touch healing and meditation — to just name a few of them. Our table display was very similar to the other events we do. We had Treating Yourself magazines, our



Donna speaks to a person about HUMAN

informational brochures, as well as our alternative consumption tower. This tower has worked very well for the group. It allows people to see and learn about non-smoking ways of consuming cannabis. People want to know about the pills, the tinctures and the butter, as well as the vaporizer. It's unknown to them and people are very interested in these items.

The group from HUMAN, which can be found online at human-hemphealth.ca, had their table display set up featuring the hemp products that they carry. They also

displayed their t-shirts, educational information and some smaller products proudly featuring the HUMAN logo and information on the group. The wall behind our table display featured the banners of all three groups involved. Everyone who looked in our direction was well aware of what the booth was about.

Attending these shows has allowed everyone involved to grow. Whether it's an increase in awareness or in one's confidence to speak publicly, the experience is good for everyone involved. It also allows us to make new friends inside and outside this movement and to reach out to so many. Our group usually gets emails from these shows and I'm sure the other groups involved get some as well. On top of that, HUMAN would be getting more inquiries on their services, while TY gets lots of exposure for the magazine and new people flocking to the website.

Grama Dee, Bill, John and I made the trip to the city for this event and it was nice to once again meet up with Blaine, Jackie, Sheena and Donna while meeting another HUMAN member, Paul, for the first time. The booth was also visited by a new Treating Yourself forum member, rocket_science, or Matt. Matt was new to the area and had come all the way from Australia to Canada to help us out. By us I mean, ALL OF US — not just our group. Matt is very intelligent when it comes to how cannabis grows and works. He can be described as a walking dictionary when it comes to this plant. In a conversation with him, he talked about the xxxx and yyyy chromosomes of the plants while mixing them into xxyy plants. He can talk the science of the plant and I can see why he picked "rocket science"

as his forum name. Welcome aboard, Matt!

Also around for one day was BC Fudge. BC is the organizer of a cannabis rally held on Cannabis Day in the City of Oshawa. BC has joined MA and looks forward to helping us out at upcoming events. When he arrived, he thanked us for our efforts and was very happy at how well the booth was being received. In appreciation for our efforts, he brought our group a large cannabis tincture made from wine. Before we departed from the weekend, this fine bottle was split with HUMAN. This allowed others to test BC's efforts on yet another alternative way of consuming our medication. Thank you, BC Fudge!



A gift from BBC Fudge

The booth was also visited by a television crew, a first since I've been involved. The TV crew was from Bite Television, which airs a show called The Conventioneers on Rogers and Bell networks. The show goes to events and conventions and put on a comedy situation while interviewing you. The thing is that if you're not aware of them, you're not going to know what's going to happen. Our interviewer had a good time with Sheena, Donna and me during this interview and I'm sure he had a good time as well. Before he left, he told us that we had done a great job and that he believes our segment will hit the air in March. If you miss the airing of the show, I'm sure it

will be available at bite.ca/conventioneers, where you'll also find other interviews. While the group was in this fine building, we took the opportunity to check out the home of the Treating Yourself Medical Marijuana and Hemp Expo. This venue is huge and will do a fantastic job hosting this first of its kind expo in Canada. To learn more on this upcoming expo, please check out medicalmarijuana-hempexpo.com.

When the Whole Life Expo was over, HUMAN and ourselves found our trip home was lighter, much lighter. As the show was winding down in the final hours, we found both groups were quickly running out of medicinal brochures. When the show did end, both groups were left with just business cards to hand out and the boxes of our brochures were very empty. A job well done by all. Medicinal Awareness and HUMAN would like to once again thank Treating Yourself publisher Marco Renda for allowing us this great opportunity to educate the uneducated. Don't forget to check out the link to the Treating Yourself Medical Marijuana and Hemp Expo at medicalmarijuana-hempexpo.com. Medicinal Awareness will be there helping out and we hope to see you there as well!

Medicinal Awareness can be reached at ma@treatingyourself.com

Cartoon





EXPOcannabis SUR 2010

It seems it was only yesterday when we opened the first Hemp Fair in Spain. That fair broke the mould in a society hidden behind false beliefs, stereotypes and a moral full of hypocrisy. Since that Spannabis was celebrated in Palau Sant Jordi in Barcelona, six more editions, all notably successful, have followed in Barcelona as well as five Expocannabis editions in Madrid.

The social movements focusing on cannabis have been opening doors throughout these years. Every edition of Expocannabis and Spannabis were warmly received by visitors, exhibitors and media, increasing its international recognition as well as the number of visitors at both events each year.

After these years of experience, and to live up to visitor's and exhibitor's expectations, we have decided to create an edition in the south of Spain.

For that purpose we have chosen Málaga, the Costa del Sol (Sun Coast) capital, as the place to celebrate it. After having considered other provinces and venues, we settled on the Palacio de Ferias y Congresos of Málaga (FYCMA) for many different reasons.

The FYCMA is a recently constructed architectural gem which incorporates the most modern advances to facilitate all types of celebrations and events. The Palacio's contemporary architecture blends maritime Malaga tradition with avant-garde trends of the XXI Century. It is a building whose spirit reflects elegance, modernity and functionality. The building site of the Palacio houses a total of 60,000 m2, with its exhibition area of 17,000 m2 split amongst two pavilions, two auditoriums, two conference rooms, a space for exhibitions, fifteen multipurpose rooms, three areas for restaurant operations and 1,200 parking spaces. These facilities can easily handle more than 20,000 visitors.

It is also a multipurpose and functional business centre which complies with the strictest demands.

The Palacio de Ferias y Congresos de Málaga has been conceived as a strategic place for business with the vocation to become a leading referral centre for conventions and fairs activities in the national and international arena, currently leading the convention business among countries in the Mediterranean basin.

The Palacio is situated just 5 minutes from Pablo Ruiz Picasso, Malaga's international airport (which has direct international flights to all of Europe and to New York), and just a few minutes from historic down town Malaga. As Andalusia's economic engine, it is the perfect privileged space for the celebration and organization of any kind of event.

Furthermore, our business centre includes an added value that very few can offer, a destination in itself: The city of Malaga, birthplace of the brilliant painter Picasso, is the perfect place to host large events of any kind thanks to the high quality of resources available, and easy access to an extended transportation network on land, air and sea; a modern, cosmopolitan city with a high quality infrastructure and its own unique flavor, warm climate and beaches. El Palacio de Ferias y Congresos of Málaga and excellent hotel facilities consolidate together to form the ideal headquarters for gatherings and events.

We hope this first installment of Expocannabis Sur achieves its intended goals and, as always, that it is a great success both for the public as well as the exhibitors.

For more information:
www.expocannabisur.com
info@spannabis.com
Tel. +34 91 658 45 20

21st, 22nd, 23rd May 2010



EXPOcannabis

2010

PALACIO DE FERIAS Y CONGRESOS DE MÁLAGA

21st, 22nd, 23rd May

EXPOSITIONS MUSIC CONFERENCES

Cannabis
Magazine
www.cannabismagazine.es


BARNEY'S
FARM
www.barneysfarm.com


LeafLife
www.leaflifemayorista.com

EXPOcannabis
www.expocannabis.com


plantasur
DISTRIBUCIONES
www.plantasur.com


Green House
SEEDS
www.greenhouseseeds.nl


HIPERSEMILLAS.COM
El supermercado de semillas de cannabis
www.hipersemillas.com


CAÑAMO
La revista de la cultura del cannabis
www.canamo.net


POSITRONICS
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PYRAMID
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www.feriadeltabaco.com

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GLOBAL MARIJUANA MARCH

May 1, 2010

Its that time of year again! Time to start getting ready for the Annual Global Marijuana March. So far, 181 cities have signed up! Events are held Worldwide the first Saturday in May.

Find the cities in your area that are participating at http://cannabis.wikia.com/wiki/Global_Marijuana_March_2010 <http://cannabis.wikia.com/wiki/Global_Marijuana_March_2010> .

The Global Marijuana March (GMM) is also known as the Million Marijuana March (MMM). Since 1999, 583 different cities from 56 different nations have participated in this event. Times, locations, and events will vary depending on the participating city. Check your local city information for event times and location. GMM events worldwide are held the first Saturday in May, or thereabout.

Do Your Part and PARTICIPATE! This is one of the easiest forms of activism. Show up and SUPPORT Medical Marijuana, and Marijuana Legalization. Let your voice be heard and make a statement! Support medicinal users who are being denied safe alternative medicines. Just show up and be seen. There is POWER in numbers, and WE NEED YOUR PRESENCE! Invite your family, friends, and neighbors. EXTEND THIS INVITE TO EVERYONE! This is an opportunity to enjoy our herb in public, among friends, without fear of prosecution! It's the only day of the year in my city that this public, personal use of MJ is overlooked by law enforcement offi-

cers. It's a PRIVILEGE to attend, and the opportunity to do so should be taken advantage of by all. There are many things you can do to participate, the most important one being SHOW UP! You can bring a sign to carry in the march. You can dress up in costume to celebrate. If you have any knowledge of MJ you can share it. You can briefly speak about experiences you have had with MJ. You can sign petitions for various MJ issues. Write a personal letter before hand to congressman, senators and such and pass it around for signatures. While your there, join sponsoring organizations (such as Norml) to get educated and stay up to date on the Marijuana issues in your area.

What can you expect if attending for the first time? Depending on the city you are participating in, and the organizations who are sponsoring the event, the event itineraries can vary dramatically. The basic concept usually consists of a rally or gathering place to start. While at the rally, you may hear speakers or musicians and get the chance to sign petitions. There might be different booths set up, distributing things such as information pamphlets to selling t-shirts. The rally will last aprox. 1-2 hours. From the rally, the crowd will line up and begin to march a designated route. During the march, you will be escorted by city officials through the streets. You can chant, or peacefully walk, displaying your sign and support. Your march will either lead you back to original location, or a new location where some type of festivities might be held. Festivities include anything from additional guest speakers, to musicians, to Weed Olympics and Stoner Awards.



Contests may be held for best sign or costume. So, basically you can expect a good time, among good friends, with a definite smell of MJ in the air! AAAHHH What a way to take a deep breath and relax!

May 2, 2009
Cleveland, Ohio Global Marijuana March
Rally sponsored by:
Laura Kosa – Ohio Cannabis Society
Festivities sponsored by: Ohio Norml

I found out about the GMM last March while browsing the Internet. I was amazed to read it was an annual event that had taken place in my city for the past 10 yrs. This really came as a shock to me as I have been a daily MJ user for almost 15 years. I have a huge family, and lots of friend, all who toked, and no one was aware of this event. We live in a small town, aprox. 30 miles from the event location, so surely word would've spread this way after 10 years? NOPE. I was invited by accident? I found this to be strange, and started investigating into it a bit more. Imagine my surprise when I discovered one of the main sponsors also lived in my same small town? I couldn't believe this fact, so I asked her person. She admitted she did live just 2 minutes from me. I couldn't believe it. I explained my shock, and the fact that No-one I had spoke with in this town had ever heard of this event before. She just laughed, and said "I hate that town". I was more than puzzled? One of the main sponsors lives in a small town she hates, so she refuses to release info about this

event in that town? It didn't make sense to me. Especially since I know HOW MANY MJ

Friendly citizens this town has?

I had shared the invite to as many as I could, and I gathered a small group of 4 to attend. We did not know what to expect, but we showed up armed and ready! We had made matching T-shirts, and signs to carry. We also made 20 extra signs that we distributed in line before the march. We came up with little phrases, and each one of us wore corresponding phrases on our shirts and signs. We put a lot of thought into our shirt slogans, and the signs to go along with them. We rolled some of our finest herb and headed to the city.

We attended the rally at High Noon located in Public Square. While there, we mingled, and toked, talked and joked. We heard some good tunes, and met a few good people. We were being guarded by the city police, who was on the outside of the rally, minding their own business. The smell of sweet skunk was in the air, and petitions were being passed. We signed a few petitions, a joined 1 of the sponsoring organizations. It was a relaxing good time, with no threat from the officers or onlookers. The time was relaxed, more along the lines of a great outdoor jam.

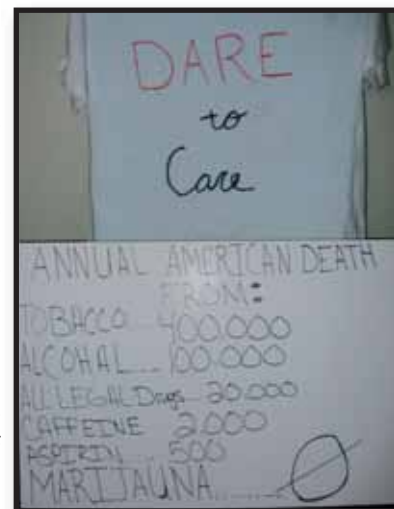
Then there was an announcement that the march would begin in a few minutes, so the group began to line up. It

was announced that the officers would be escorting us through the city, circling the Justice Center and Courthouse. As the group lined up, Laura Kosa, from Ohio Cannabis Society announced the chant she would like us to follow her along with. She grabbed the microphone, and began to yell “The Only Way To Make Us Bleed, Is To Bust Our Ass And Take Our Weed!” OMG-WTF? My small group looked at each other in disbelief. Is she for real? Is this the chant she wants us to repeat? OMG she says it again! “You have got to be kidding me” my father replies. “I AM NOT chanting THAT” my sister proclaimed. I was SOOO EMBARRASSED! As the crowd takes off, with all eyes on them, being led by the cities finest, my small group just stood there gathering our thoughts. We stayed behind and got at the end of the crowd. We silently marched, proudly displaying our signs, and showing our support for Marijuana Legalization, and Medicinal Marijuana. We passed a few puffs, and enjoyed the cities scenery.

The march led us to a park where there were festivities beginning. We entered the Best Sign contest, and took 2nd place. By the end of the contest my Dad was done with the days events. He was kind of disappointed in what he felt to be a lack of valuable information. He heard the

announcement that the Weed Olympics would be starting, and he didn’t have the desire to stick around for that as he was not feeling his best that day. He announced his plans to leave, and the rest of the group decided to follow him out.

We laughed and joked about the day, and got more than 1 laugh out of the chant! We bragged to all of our friends who skipped out about the fun time they missed out on. After the excitement of the day had worn off, along with our buzz, we began to discuss what had just taken place. We all came to the agreement that Cleveland really missed the boat on delivering an educational message. I must admit, we did not stay for the last part of the party, but the first half was missed opportunity for sure! We had the whole city watching us, and we didn’t have anything important to say? We had people walking by on the streets, but



Here is the list of Cities that have already signed up as of 12/01/2009.

1. **Abbotsford** <<http://cannabis.wikia.com/wiki/Abbotsford>>
2. **Aberdeen** <<http://cannabis.wikia.com/wiki/Aberdeen>>
3. **Akron** <<http://cannabis.wikia.com/wiki/Akron>>
4. **Albuquerque** <<http://cannabis.wikia.com/wiki/Albuquerque>>
5. **Alicante** <<http://cannabis.wikia.com/wiki/Alicante>>
6. **Alva** <<http://cannabis.wikia.com/wiki/Alva>>
7. **Amsterdam** <<http://cannabis.wikia.com/wiki/Amsterdam>>
8. **Ann Arbor** <http://cannabis.wikia.com/wiki/Ann_Arbor>
9. **Athens** <<http://cannabis.wikia.com/wiki/Athens>>
10. **Atlanta** <<http://cannabis.wikia.com/wiki/Atlanta>>
11. **Auckland** <<http://cannabis.wikia.com/wiki/Auckland>>
12. **Austin** <<http://cannabis.wikia.com/wiki/Austin>>
13. **Bakersfield** <<http://cannabis.wikia.com/wiki/Bakersfield>>
14. **Barcelona** <<http://cannabis.wikia.com/wiki/Barcelona>>
15. **Basel** <<http://cannabis.wikia.com/wiki/Basel>>
16. **Bellingham** <<http://cannabis.wikia.com/wiki/Bellingham>>
17. **Benton Harbor** <http://cannabis.wikia.com/wiki/Benton_Harbor>
18. **Berlin** <<http://cannabis.wikia.com/wiki/Berlin>>
19. **Berne** <<http://cannabis.wikia.com/wiki/Berne>>
20. **Bilbao** <<http://cannabis.wikia.com/wiki/Bilbao>>
21. **Boise** <<http://cannabis.wikia.com/wiki/Boise>>
22. **Boone** <<http://cannabis.wikia.com/wiki/Boone>>
23. **Boston** <<http://cannabis.wikia.com/wiki/Boston>>
24. **Boulder** <<http://cannabis.wikia.com/wiki/Boulder>>
25. **Brussels** <<http://cannabis.wikia.com/wiki/Brussels>>
26. **Budapest** <<http://cannabis.wikia.com/wiki/Budapest>>
27. **Buenos Aires** <http://cannabis.wikia.com/wiki/Buenos_Aires>
28. **Burlington** <<http://cannabis.wikia.com/wiki/Burlington>>
29. **Cadiz** <<http://cannabis.wikia.com/wiki/Cadiz>>
30. **Calgary** <<http://cannabis.wikia.com/wiki/Calgary>>
31. **Champaign-Urbana** <<http://cannabis.wikia.com/wiki/Champaign-Urbana>>
32. **Charlotte** <<http://cannabis.wikia.com/wiki/Charlotte>>
33. **Chicago** <<http://cannabis.wikia.com/wiki/Chicago>>
34. **Chico** <<http://cannabis.wikia.com/wiki/Chico>>
35. **Christchurch** <<http://cannabis.wikia.com/wiki/Christchurch>>
36. **Cincinnati** <<http://cannabis.wikia.com/wiki/Cincinnati>>
37. **Cleveland** <<http://cannabis.wikia.com/wiki/Cleveland>>
38. **Colorado Springs** <http://cannabis.wikia.com/wiki/Colorado_Springs>
39. **Columbia** <<http://cannabis.wikia.com/wiki/Columbia>>
40. **Columbus** <<http://cannabis.wikia.com/wiki/Columbus>>
41. **Comodoro Rivadavia** <http://cannabis.wikia.com/wiki/Comodoro_Rivadavia>
42. **Cordoba** <<http://cannabis.wikia.com/wiki/Cordoba>>
43. **Denver** <<http://cannabis.wikia.com/wiki/Denver>>
44. **Detroit** <<http://cannabis.wikia.com/wiki/Detroit>>
45. **Dinuba** <<http://cannabis.wikia.com/wiki/Dinuba>>
46. **Dnepropetrovsk** <<http://cannabis.wikia.com/wiki/Dnepropetrovsk>>
47. **Dover** <<http://cannabis.wikia.com/wiki/Dover>>
48. **Dunedin** <<http://cannabis.wikia.com/wiki/Dunedin>>
49. **Edmonton** <<http://cannabis.wikia.com/wiki/Edmonton>>
50. **Eugene** <<http://cannabis.wikia.com/wiki/Eugene>>
51. **Flagstaff** <<http://cannabis.wikia.com/wiki/Flagstaff>>
52. **Flint** <<http://cannabis.wikia.com/wiki/Flint>>
53. **Florianopolis** <<http://cannabis.wikia.com/wiki/Florianopolis>>
54. **Frankfurt** <<http://cannabis.wikia.com/wiki/Frankfurt>>
55. **Ft. Bragg** <http://cannabis.wikia.com/wiki/Ft_Bragg>
56. **Ft. Collins** <http://cannabis.wikia.com/wiki/Ft_Collins>
57. **Gainesville** <<http://cannabis.wikia.com/wiki/Gainesville>>
58. **Garberville** <<http://cannabis.wikia.com/wiki/Garberville>>
59. **Greenbay** <<http://cannabis.wikia.com/wiki/Greenbay>>
60. **Hachita** <<http://cannabis.wikia.com/wiki/Hachita>>
61. **Halifax** <<http://cannabis.wikia.com/wiki/Halifax>>
62. **Hamilton** <<http://cannabis.wikia.com/wiki/Hamilton>>
63. **Helena** <<http://cannabis.wikia.com/wiki/Helena>>
64. **Hilo** <<http://cannabis.wikia.com/wiki/Hilo>>
65. **Holland** <<http://cannabis.wikia.com/wiki/Holland>>
66. **Homer** <<http://cannabis.wikia.com/wiki/Homer>>
67. **Indianapolis** <<http://cannabis.wikia.com/wiki/Indianapolis>>
68. **Istanbul** <<http://cannabis.wikia.com/wiki/Istanbul>>
69. **João Pessoa** <http://cannabis.wikia.com/wiki/Jo%C3%A3o_Pessoa>
70. **Johannesburg** <<http://cannabis.wikia.com/wiki/Johannesburg>>
71. **Kamianets-Podilskyi** <<http://cannabis.wikia.com/wiki/Kamianets-Podilskyi>>
72. **Kansas City** <http://cannabis.wikia.com/wiki/Kansas_City>
73. **Katmandu** <<http://cannabis.wikia.com/wiki/Katmandu>>
74. **Kiev** <<http://cannabis.wikia.com/wiki/Kiev>>
75. **Kokomo** <<http://cannabis.wikia.com/wiki/Kokomo>>
76. **La Laguna** <http://cannabis.wikia.com/wiki/La_Laguna>
77. **Las Palmas de Gran Canaria** <http://cannabis.wikia.com/wiki/Las_Palmas_de_Gran_Canaria>
78. **Las Vegas** <http://cannabis.wikia.com/wiki/Las_Vegas>
79. **Lawton** <<http://cannabis.wikia.com/wiki/Lawton>>
80. **Lefkosa-Nicosia** <<http://cannabis.wikia.com/wiki/Lefkosa-Nicosia>>
81. **Lincoln** <<http://cannabis.wikia.com/wiki/Lincoln>>
82. **Lisboa** <<http://cannabis.wikia.com/wiki/Lisboa>>
83. **Los Angeles** <http://cannabis.wikia.com/wiki/Los_Angeles>
84. **Lyon** <<http://cannabis.wikia.com/wiki/Lyon>>
85. **Madison** <<http://cannabis.wikia.com/wiki/Madison>>
86. **Madrid** <<http://cannabis.wikia.com/wiki/Madrid>>
87. **Medicine Hat** <http://cannabis.wikia.com/wiki/Medicine_Hat>
88. **Mexico City** <http://cannabis.wikia.com/wiki/Mexico_City>
89. **Miami** <<http://cannabis.wikia.com/wiki/Miami>>
90. **Miamitown** <<http://cannabis.wikia.com/wiki/Miamitown>>
91. **Minneapolis** <<http://cannabis.wikia.com/wiki/Minneapolis>>
92. **Missoula** <<http://cannabis.wikia.com/wiki/Missoula>>



nothing important enough happening to make them stop? Nothing informative to hand them. The medicinal aspects of Marijuana was never discussed while we were there? The measures needed to take place to make legalization a reality were never discussed? The most educational thing I read was the back of our signs (which displayed the # of annual deaths caused by different substances – Marijuana being 0!) It was kind of disappointing and I vowed to make a difference next year!

My plan starts by informing MORE PEOPLE that this event takes place annually. I plan on having more than just 4 people on our group this time. I plan on posting signs in MY TOWN, with event information on it. I plan on printing flyers with the event location, date, and time and scatter them in public bathrooms, bars and community boards. We will go with signs and T-shirts again, but

this time we want to pass out some educational Medicinal Marijuana Information. I hope to print and pass out copies of Granny's List. I would also LOVE to burn some educational DVD's to pass out. I would love to pass out information about Rick Simpson and his Healing Hemp Oil, made from cannabis buds. I have already contacted 1 sponsor of this event, and have offered my services. I would love to pass out info on Overgrowing the Government, and freeing the weed! I would love to print up a list of important, educational, online forums with some easy instructions on growing your own meds. There is SOOO much info that needs to be spread, I would LOVE to help make this next GMM as educational as the last one was FUN!

Our Motto- DARE to CARE

Communicate
Accommodate
Regulate
Educate

For The Patient, For Our Kids, For Our Future! 🍀

93. Montevideo <<http://cannabis.wikia.com/wiki/Montevideo>>
94. Montreal <<http://cannabis.wikia.com/wiki/Montreal>>
95. Moscow <<http://cannabis.wikia.com/wiki/Moscow>>
96. **Nashville** <<http://cannabis.wikia.com/wiki/Nashville>>
97. Newark <<http://cannabis.wikia.com/wiki/Newark>>
98. New Orleans <http://cannabis.wikia.com/wiki/New_Orleans>
99. New York <http://cannabis.wikia.com/wiki/New_York>
100. Nimbin <<http://cannabis.wikia.com/wiki/Nimbin>>
101. **Odessa** <<http://cannabis.wikia.com/wiki/Odessa>>
102. Ogden <<http://cannabis.wikia.com/wiki/Ogden>>
103. Olympia <<http://cannabis.wikia.com/wiki/Olympia>>
104. Omaha <<http://cannabis.wikia.com/wiki/Omaha>>
105. Orlando <<http://cannabis.wikia.com/wiki/Orlando>>
106. Osaka <<http://cannabis.wikia.com/wiki/Osaka>>
107. Oslo <<http://cannabis.wikia.com/wiki/Oslo>>
108. **Paducah** <<http://cannabis.wikia.com/wiki/Paducah>>
109. Paia <<http://cannabis.wikia.com/wiki/Paia>>
110. Palm Springs <http://cannabis.wikia.com/wiki/Palm_Springs>
111. Paris <<http://cannabis.wikia.com/wiki/Paris>>
112. Penticton <<http://cannabis.wikia.com/wiki/Penticton>>
113. Peoria <<http://cannabis.wikia.com/wiki/Peoria>>
114. Philadelphia <<http://cannabis.wikia.com/wiki/Philadelphia>>
115. Phoenix <<http://cannabis.wikia.com/wiki/Phoenix>>
116. Pittsburgh <<http://cannabis.wikia.com/wiki/Pittsburgh>>
117. Portland <<http://cannabis.wikia.com/wiki/Portland>>
118. Portland <<http://cannabis.wikia.com/wiki/Portland>>
119. Porto <<http://cannabis.wikia.com/wiki/Porto>>
120. Prague <<http://cannabis.wikia.com/wiki/Prague>>
121. Pretoria <<http://cannabis.wikia.com/wiki/Pretoria>>
122. Prince George <http://cannabis.wikia.com/wiki/Prince_George>
123. **Raleigh** <<http://cannabis.wikia.com/wiki/Raleigh>>
124. Redding <<http://cannabis.wikia.com/wiki/Redding>>
125. Regina <<http://cannabis.wikia.com/wiki/Regina>>
126. Riverside <<http://cannabis.wikia.com/wiki/Riverside>>
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V.I.P. Evening Menu

July 17, 2010

Entrées

Vegetable Crudités with Herb Cheese Dip;
Cheese Tray with Fruit, Crackers & Whole Wheat Baguette,
Tomato Bruschetta with Basil and Cheese,
Vegetable Spring Rolls with Honey Plum Sauce,
Chicken Kebob Teriyaki with Honey Plum Sauce
Pinwheel of Seafood Tortilla Wrap with Fresh Dill.

Salads

Holland Marsh Greens with Grapefruit, Papaya, Mango,
Huckleberry & Lychee with Raspberry Vinaigrette

Classic Romaine Caesar Salad with Roasted Creamy Garlic Butter;

Three Beans & Roma Tomato Salad with Jalapeno Vinaigrette;

Mediterranean Pasta Salad with Grilled Vegetables & Feta Cheese
Tossed with Kalamata Olive Pesto

Main Courses

Roast Prime Rib of Beef au Jus

Poached Filet of Atlantic Salmon with Large Shrimp,
Scallops and Crab Legs in White Wine & Fresh Cream

Parisienne Potatoes with Fine Herbs
Wild, Brown, and Long Grain Rice Timbale
Medley of Fresh Vegetables

Freshly Baked Focaccia, Calabrese, Multi Grain and Whole
Wheat Breads and Rolls with Sweet Burger

Desserts

A Selection of Cakes, Tortes, Pastries, Tarts and
Strudel Seasonal Fresh Fruit Platters

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Friday July 16	3pm - 8pm / Open to public
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How to make

Cannabis Gummy Candy

by Petey Mckenroe
BreedBay Forums



What you will need:

- 1/2 cup cold water
- 1 small pack jello powder
(any flavor — I used black cherry)
- 6 packs unflavored gelatin
- 1 gram hash oil
- Candy Molds



WARNING: DO NOT GET THE MUNCHIES AND EAT THE ENTIRE BATCH!!!



Mix powdered jello and unflavored gelatin in pot.



add 1/2 cup water

3



Mix well. At first, it will be a bit runny, but it will stiffen up. Mix until you get the same consistency of Play-Doh.

4



Place pot on medium heat. Mix until liquid.

5



Add hash oil. Mix very well.

6



This is really not necessary, but it makes the next step so much easier. Pour mixture into a Pyrex measuring cup.

7



Pour into molds.
Place in freezer for 10 – 15 minutes.

Remove from freezer and enjoy!

8



How to make Cannabis Pudding

by **Petey Mcenroe**
BreedBay Forums



What you will need.

1 pack of Jello cook-and-serve pudding mix
3 cups whole milk
1 pack of ice cream cones
Lots of sugar trim and bud.
I used about 20 grams of dried sugar trim and a half 1/8 of bud.

Everyone who knows me in real life knows that I prefer to eat my meds than smoke them, even though I will go round for round in a bong hitting competition and have dummy bars rolling crazy joints. Here's a nice little recipe for you: cannabis pudding. It's really a fun treat that is great to share with friends.

This is a great treat that is really easy to make so I urge everyone to give it a try. I also use this same recipe when I make cannabis fudge pops, just instead of putting it in the fridge, freeze them.



planetgreen.discovery.com



1



Measure out 3 cups of milk.

2



Add buds and sugar trim

3



Simmer on low heat for 35 minutes.

4



Strain the bud/sugar trim/milk mix. I like to filter it through a paper towel and a colander to make sure there isn't any greens in my milk.

5



Pour the milk back into your pot after you clean out the pot. The goal here is to not have any greens in the pudding.

6



Mix in the pudding mix. Turn it up to medium heat and stir constantly until it starts to boil.

7



Pour the pudding into a bowl

8



Chill for 3 hours. You can serve it hot, but I prefer it cold.



Enjoy!



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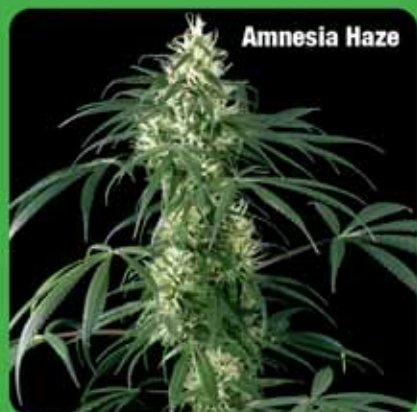
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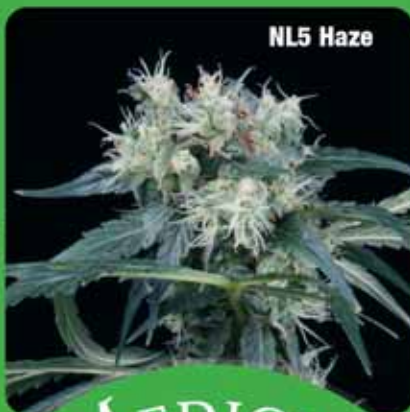
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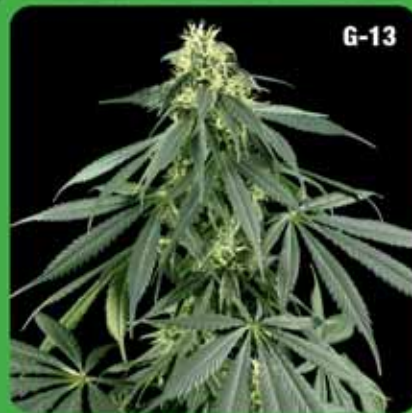


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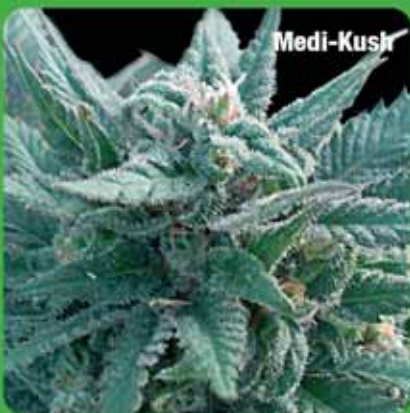
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If yes for what condition:

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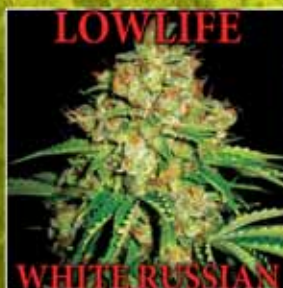
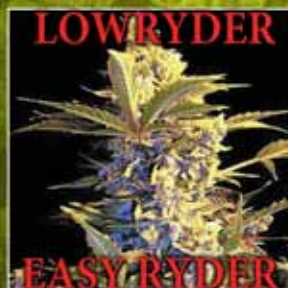
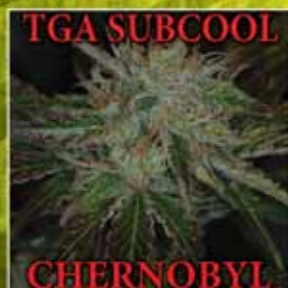
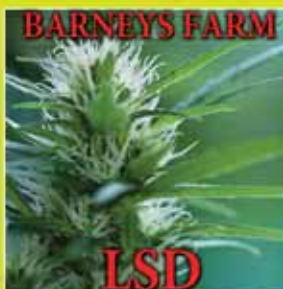
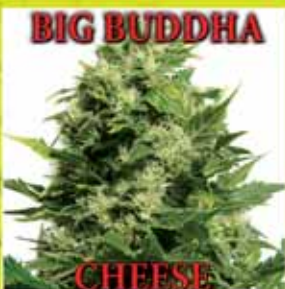
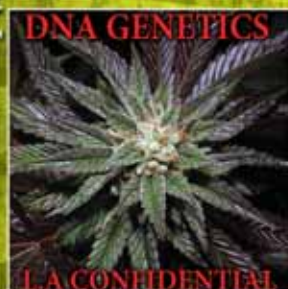
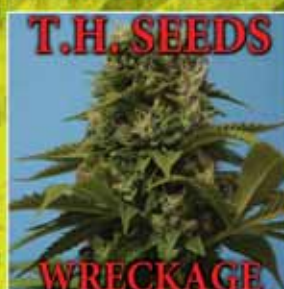
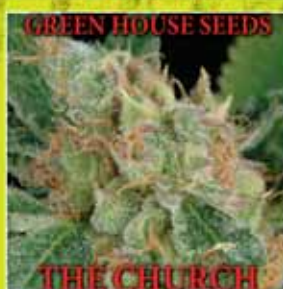
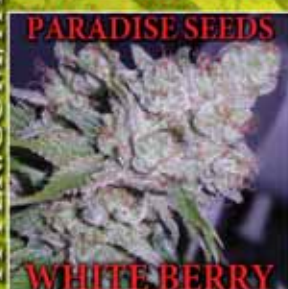
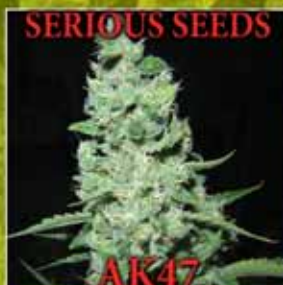
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