

# [Essay on the case for marijuana as a treatment for cancer patients](https://assignbuster.com/essay-on-the-case-for-marijuana-as-a-treatment-for-cancer-patients/)

[](https://assignbuster.com/)[Literature](https://assignbuster.com/essay-subjects/literature/), [Russian Literature](https://assignbuster.com/essay-subjects/literature/russian-literature/)

The legalization of marijuana has been a very controversial case for decades, with strong arguments on either side. For most of the 20th century and beyond, it has been illegal in the United States and other countries, turning its sale and usage into a vast underground market that has gone untapped by any professional outlet. Some say that it is a harmful, addictive drug that leads to health detriments down the line for those who use it. However, there are others who claim that it is perfectly safe, not addictive, and could be an incredible source of relief and treatment for those suffering from major illnesses, such as cancer. Given the substantial benefits provided to cancer patients, medical marijuana should remain a viable and continued practice.   
The way medical marijuana works is very similar to recreational use for marijuana; in effect, cannabis produces a resin that contains cannabinoids, which are a series of psychoactive compounds. These have a wide variety of effects on the human body when ingested, either through consumption in edible form or smoke inhalation; these include pain relief, appetite stimulation, antiemetic effects, and sleep improvements (Doblin, 1991). To that end, many states, including California, have approved marijuana for use for medical purposes - though the drug has not found widespread approval or official endorsement by the Food and Drug Administration (Doblin, 1991). While greater research on medical marijuana is yet to come, there is already substantial research to indicate that these cannabinoids provide a number of benefits to cancer patients.   
First, marijuana has not been shown or verified to have any detrimental effects on the human body. Also, marijuana has a substantial history of medical and clinical applications for people with certain conditions. Medical marijuana is often used as an anesthetic in a large number of countries all around the world (Koch, 2006). Glaucoma is another condition in which medical marijuana is distributed to patients, as it helps alleviate the symptoms and increase comfort in the person suffering, including lowering eye pressure (Southall, 2010). Fifteen states, as well as the District of Columbia, currently allow medical marijuana to be sold and prescribed to its citizens to this day (New York Times, 2011). Ostensibly, medical marijuana’s purpose is to relieve pain, nausea, and loss of appetite in those patients who have debilitating conditions, such as cancer or AIDS.   
When speaking specifically about cancer, there are a number of benefits that medical marijuana provides. First off, medical marijuana is typically considered an alternative cancer treatment – studies demonstrate that not only does medical marijuana not cause cancer, it can actually inhibit cancer cell growth in the lungs and the cervix, actually providing a viable treatment for cervical and lung cancer patients. Furthermore, cannabidiol (one of the five cannabinoids that are found in medical marijuana) has the ability to inhibit the growth of tumors in breast cancer and leukemia patients (Doblin, 1991). Recent studies have even attributed medical marijuana use to the complete stop in the spread of metastatic breast cancer. Given these extremely practical and effective benefits to using medical marijuana, it makes sense to allow its use as an alternative cancer treatment.   
Another way in which medical marijuana is used is to relieve symptoms and side effects from chemotherapy. As many cancer patients undergo chemotherapy, they can experience dramatic side effects that lessen their quality of life – including nausea, vomiting, weight loss and more. With the help of the cannabinoids in medical marijuana, however, these symptoms are relieved at least partly, allowing them to enjoy a greater quality of life as they undergo their treatment. Often, cancer patients develop anorexia during chemotherapy, as the pain of eating becomes too much to bear; with the help of medical marijuana, however, these patients can have an appetite stimulant to allow them to want to eat once more. This is extremely helpful, as cancer treatments dampen patients’ ability and desire to eat, which runs counter to the fact that they should be receiving more nutrition to get their strength up. Medical marijuana, in inspiring this kind of food intake, allows cancer patients to feel comfortable eating once more (Ellis et al., 2009).   
Brain cancer is another substantially devastating illness that medical marijuana can address; a study by the Complutense University of Madrid noted that cannabis actually encourages the death of brain cancer cells, due to a process known as autophagy. In essence, the cannabinoids in medical marijuana encourage the brain cancer cells to feed off themselves and consume each other, thus leading to an overall lower rate of cancer and the shrinking of tumors. The THC in marijuana was stated to eliminate cancer cells while preserving the healthy cells around it, while the patients experienced no toxic effects from using this treatment (Salazar et al., 2009). To that end, this provides further evidence that medical marijuana not only relieves symptoms of patients suffering from the side effects of chemotherapy, but can provide an active treatment in the fight against cancer itself.   
Individuals suffering from HIV or AIDS can also benefit from medical marijuana; studies have shown that patients who have these conditions find themselves experiencing less neuropathic pain related to their HIV. This is a significant victory, as neuropathic pain is one of the most painful and arduous elements of the life of an HIV patient, and medical marijuana has proven to improve the quality of life of these patients (Ellis et al, 2009). Furthermore, medical marijuana also acts as an appetite stimulant for those suffering from HIV-related anorexia as well; the drug provides similar benefits to HIV and AIDS patients as it does to cancer patients.   
There are many opponents to marijuana use for cancer patients, their reasoning being primarily health-based. First, they claim that marijuana is addictive, and that it can also act as a gateway drug to harder drugs, such as cocaine or heroin. It is implied that marijuana usage blocks neurons and replaces neurotransmitter chemicals, potentially causing permanent brain damage (Koch, 2006). Also, opponents state that marijuana use is not medically sound, and that there are no real measurable results found in people who take it to address medical conditions (Dixie and Bensinger, 2010). Since there is a relatively small amount of research that has been performed on medical marijuana, people are still dubious about its benefits, and simply believe that medical marijuana is an excuse to give recreational, illegal drugs to people under a legal excuse.   
These opinions could not be further from the truth. Experiments performed on the use of marijuana have found only positive results, and in some cases has helped people immensely with a variety of symptoms, including nausea from cancer treatments (Koch, 2006). To date, there are few drugs and opioids available that have shown such dramatic improvements in the quality of life and prognosis of the cancer patients who have used it (Ellis et al., 2009). In the chance that marijuana were to cause adverse side effects, government regulation of medical marijuana via its legalization would substantially increase quality control to the point where a patient can rely on the cannabis they get from their dispensary far more than any illegal dealer. Also, people who are prescribed medical marijuana in a legal state can be given protections against being fired from companies which have no-drug policies (Southall, 2010). A distribution network for medical marijuana would allow cancer patients to enjoy these benefits on a widespread level, without fear of government reprisal.   
In conclusion, the positive health effects that marijuana provides people from a medical context (anesthesia and the like) are far too widespread to be ignored. The cannabinoids found in medical marijuana have a great number of viable and effective benefits to those suffering from cancer; these include antiemetic effects, pain relief, appetite stimulation, better sleep, and many more. There is even evidence to support medical marijuana’s role in inhibiting the growth of certain kinds of cancer cells, making the appeal and utility of medical marijuana even greater. With this in mind, medical marijuana can provide a wonderful and much-needed service to those in need, and should be given further research and consideration toward that end. Medical marijuana, if used properly and as prescribed by a medical professional, has the capability to dramatically improve the lives of a great many people who suffer substantially.

## Works Cited

Bensinger, Peter and Dixie, Dora “ Marijuana is Bad Medicine, Bad Policy" USA Today. 24 Nov. 1992: 6A. LexisNexis.   
Doblin RE, Kleiman MA: Marijuana as antiemetic medicine: a survey of oncologists'   
experiences and attitudes. J Clin Oncol 9 (7): 1314-9, 1991.   
Ellis RJ; Toperoff W; Vaida F; Van Den Brande, Geoffrey; Gonzales, James; Gouaux, Ben;   
Bentley, Heather; Atkinson, J Hampton. “ Smoked Medicinal Cannabis for Neuropathic Pain in HIV: A Randomized, Crossover Clinical Trial". Neuropsychopharmacology 34 (3): 672–80, 2009. Print.   
Koch, Kathy. “ Medical Marijuana. Should doctors be able to prescribe the drug?” The Researcher, 9, (31), CQ Press, 2006. Print.   
Nadelmann, Ethan. " An End To Marijuana Prohibition" National Review. July 12, 2004. Print.   
Salazar M; Carracedo A; Salanueva IJ; Cecconi, Sonia; Pandolfi, Mar; González-Feria, Ainara;   
Iovanna, Patricia; Guzmán, Cristina et al. “ Cannabinoid action induces autophagy-mediated cell death through stimulation of ER stress in human glioma cells". The Journal of Clinical Investigation 119 (5): 1359–72, 2009. Print.   
Southall, Ashley. “ Washington, D. C., Approves Medical Use of Marijuana.” The New York Times (2011): 17. Academic Search Premier.