

Essay on medical marijuana

[Literature](#), [Russian Literature](#)



The exploit of cannabis as well as its ingredient cannabinoids such as Tetrahydrocannabinol (9-THC) as a physician-recommended form of medicine or herbal therapy is what is known as medical Marijuana (Marmora, 1998). Even though the degree of the medicinal value of cannabis has been debated against widely, it does have numerous well-supported favourable outcomes. Amid these are the reduction of nausea and vomiting and encouragement of hunger in chemotherapy patients. Its efficiency as a pain reliever has also been proposed to be true. Conversely, Marijuana is an illegal drug so this brings about the question of why marijuana should be used for treatment in cancer patients to relieve nausea and vomiting.

In depth, Marijuana is the universal name for Cannabis sativa. It is a hemp plant which grows mostly in temperate and tropical climates. As indicated earlier Tetrahydrocannabinol (9-THC) is the main psychoactive element in marijuana. When consumed, THC binds to its receptor in the brain. The existence of cannabinoid systems in the brain is strappingly tied to the roles and pathology of the brain. For instance, nausea and vomiting are fabricated by excitation of one or an amalgamation of triggers in the gastrointestinal tract, the brain stem, and higher brain centres (Hilliard, 2000). There are abundant receptors in the nucleus of the introverted tract, a brain centre that is significant in the management of vomiting.

In cancer patients, weight loss is frequent due to nausea and vomiting. Additionally, patients can break bones or burst the oesophagus while vomiting. As a result many patients stop chemotherapy treatments consecutively for the nausea and vomiting to end, even though they know it may mean death. Even though there are many appetite stimulating drugs

obtainable, many patients discover that they are not efficient or cause horrid side effects. However, Smoking marijuana appears to arouse appetite and improve the flavour of food. In a study by Hollister (1971), subjects who took marijuana felt hungrier and ate more. In addition, a 2002 review of medical literature, it was shown to have instituted effects in the management of nausea, vomiting, inadvertent weight loss, insomnia, and lack of appetite (2002).

Medical marijuana has also been established to alleviate certain symptoms of multiple sclerosis and spinal cord injuries by displaying antispasmodic and muscle-relaxant properties in addition to stimulating appetite. THC, one of the major elements of cannabis, has been found to decrease tumour enlargement in common lung cancer by 50 percent and to considerably diminish the capacity of the cancer to multiply, according to Harvard University researchers, who tested the chemical in both in vitro lab studies and in mouse studies. The researchers propose that THC could be used in a targeted approach to treat lung cancer. In addition, According to a study at the California Pacific Medical Centre Research Institute (2007), cannabidiol, a constituent of Marijuana, could stop breast cancer from extending to all parts of the body. These researchers suppose their breakthrough may offer a non-hazardous substitute to chemotherapy while attaining the same results without the aching and horrid side effects. They claimed it worked by blocking the action of a gene, Id-1, which is deemed to be accountable for the process of metastasis, which is the destructive spread of cancer cells away from the initial tumour sites.

Conversely, the most persuasive apprehensions concerning marijuana utility in cancer patients are the probable effects of marijuana on immunity. The patients by now have weak immune structures, so if marijuana reduces their immune reaction further, then they would be weaker to fight off the ailment. The human body defends itself from foreign materials, Pathogens via the complicated and active system of organs and cells. THC can adjust the role of immune cells in a variety of ways, enhancing or diminishing the immune response depending on such features as drug concentration, drug delivery to leukocytes timing in relation to antigen stimulation, and type of cell role. Besides Marijuana is addictive, and can lead to harder drug use. It can also interfere with fertility, impair driving ability, and injures the lungs, immune system, and brain. So should the above risks of marijuana keep patients from not obtaining it to alleviate their nausea and vomiting?

The problem is actually not whether or not marijuana can be employed as an herbal solution, but quite how well this solution meets today's standards of efficiency and safety. It is comprehended more than preceding generations about medical risks. The society commonly anticipates it's approved medications to be safe, dependable, and of proven efficiency. Is the society willing to overshadow the risks connected with using marijuana: tolerance, dependence, withdrawal, decreased immunity and cognitive ability, and changes in mood with the positives with positives like decrease in nausea and vomiting, weight gain, diminished pain perception, relief from muscle spasticity in neurological disorders, and lower arterial systolic blood pressure? Marijuana is categorized as a Schedule I material, described as having a high potential for abuse and no therapeutic value, so it is forbidden

in my areas. However, calls for a full review of the scientific research and medical practice regarding marijuana have been established with its benefits as a medicinal drug being pre-empted. There are accurately hundreds of articles that emerge in the peer reviewed medical and scientific literature that discuss marijuana's effects in pain relief, control of nausea and vomiting, and appetite stimulation. Perceptibly using marijuana is not risk-free particularly to respiratory organs and tissue.

Nevertheless, contrasted to the risks of a characteristic chemotherapy agent such as cytoxan which includes: urinary bladder, myeloproliferative, or lymph proliferative malignancies, probable sterility, urinary system hemorrhagic cystitis, hematuria, cardiac toxicity, anaphylactic reactions, significant suppression of immune responses, and sometimes fatal, infections; the risks of marijuana pale in comparison. And for cancer patients with superior cancers who want to develop the superiority of their life, jeopardy versus advantage analysis reflects on profoundly on the benefit side.

It appears to me, that medicinal marijuana should simply be used when no other treatments are triumphant and if the patient is made completely aware of the outcomes of ingestion. Many medications have unfavourable side effects, since no drug is ideal. Why should people suffer when there is assistance available?

References

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