History of the medical use of marijuana essay

The term “ marijuana” is a word with indistinct origins. Some believe it is derived from the Mexican words for “ Mary Jane”; others hold that “ marijuana” comes from. the Portuguese word marigu-ano which means “ intoxicant” (Geller and Boas, 1969: 14).

This section outlines the many and varied uses of marihuana through history, and deals with its use in medicine and its use as an intoxicant. The experience of the 1960’s might lead one to surmise that marihuana use spreads explosively. The chronicle of its 3, 000 year history, however, shows that this “ explosion” has been characteristic only of the contemporary scene. The plant has been grown for fiber and as a source of medicine for several thousand years, but until 500 A. D.

its use as a mind-altering drug was almost solely confined in India. The drug and its uses reached the Middle and Near East during the next several centuries, and then moved across North Africa, appeared in Latin America and the Caribbean, and finally entered the United States in the early decades of this century (Snyder, 1970: 129). Meanwhile it had been introduced into European medicine shortly after the invasion of Egypt by Napoleon and had a minor vogue as an intoxicant for a time in France. Regardless of which parts of the world are discussed, many of the same problems and concerns about cannabis are common to all, including the United States.

Understanding its various uses during many centuries in diverse countries and continents can perhaps lead to a better understanding of marihuana in general. History of the Medical Use The history of cannabis products and their use has been long, colorful and varied. To the agriculturist, cannabis is

a fiber crop; to the physician, it is an enigma; to the user, a euphoriant; to the police, a menace; to the trafficker, a source of profitable danger; to the convict or parolee and his family, a source of sorrow” (Mikuriya, 1969: 34). The fact is that cannabis has been held simultaneously in high and low esteem at various times throughout recorded history, particularly in our own times. The volume of information available on the medical application of cannabis is considerable.

Occasionally certain references have been condensed or deleted, but this should not detract from the completeness of the report. This historical survey of the medical uses of marihuana is introduced by abroad overview of its use, including brief notes on current and projected research, and then considers specific historical settings and circumstances in ancient China, moving on to Egypt, India, Greece, Africa, and the Western World. Cannabis sativa has been used therapeutically from the earliest records, nearly 5, 000 years ago, to the present day (Mikuriya, 1969: 34) and its products have been widely noted for their effects, both physiological and psychological, throughout the world. Although the Chinese and Indian cultures knew about the properties of this drug from very early times, this information did not become general in the Near and Middle East until after the fifth century A. D.

, when travelers, traders and adventurers began to carry knowledge of the drug westward to Persia and Arabia. Historians claim that cannabis was first employed in these countries as an antiseptic and analgesic. Other medical uses were later developed and spread throughout the Middle East, Africa, and Eastern Europe. Several years after the return of Napoleon’s army from Egypt, cannabis became widely accepted by Western medical practitioners.

Previously, it had had limited use for such purposes as the treatment of burns.

The scientific members of Napoleon’s forces were interested in the drug’s pain relieving and sedative effects. It was used during, and to a greater extent, following his rule in France, especially after 1840 when the work of such physicians as O’Shaughnessy, Aubert-Roche, and Moreau de Tours drew wide attention to this drug. With the rise of the literary movement of the 1840-1860 period in France (Gautier, Baudelaire, Dumas, etc. , cannabis became somewhat popular as an intoxicant of the intellectual classes. In the United States, medical interest in cannabis use was evidenced in 1860 by the convening of a Committee on Cannabis Indica of the Ohio State Medical Society, which reported on its therapeutic applications (McMeens, 1860: 1).

Between the period 1840-1890, Walton states that more than 100 articles were published recommending cannabis for one disorder or another. Concern about cannabis as an intoxicant led the government of India to establish the India Hemp Commission of 1893-94 to examine the entire question of cannabis use in India. Paralleling the question over cannabis use in the latter half of the 19th century was the growing medical use of other medications superior to cannabis in their effects and more easily controlled as to dose. Consequently, medical use of cannabis declined and cannabis began to lose support of the medical profession. During the years between 1856-1937, cannabis lost its image as a medicine and was left with a disreputable image as an intoxicant.

Strong public reaction coupled with a campaign in the public press led to a federal anti-marihuana law in 1937. The drug was illegal in many states before 1937.) The issue of medical use remained active, however, and Dr. William C. Woodward, Legislative Counsel to the AMA, an opponent of cannabis use and the only physician to be a witness at the Taxation of Marihuana hearings, stated: “ There are exceptions in treatment in which cannabis cannot apparently be successfully subsituted for.

The work of Pascal seems to show that Indian Hemp has remarkable properties in revealing the subconscious; hence, it can be used for psychological, psychoanalytic and psychotherapeutic research”. Hearings, House of Representatives, 1937: 91). Although cannabis drugs are generally regarded as obsolete and rarely used in “ western” medicine today, cannabis is “ still used extensively in the Ayruvedic, Unani and Tibbi systems of medicine of the Indian-Pakastani subcontinent” (“ The Cannabis Problem, 1962: 27). The Pharmacopoeias of India mention cannabis use in the recent past. Two preparations of cannabis, a liquid extract and a tincture, are listed in the 1954 and 1966 Pharmacopoeias of India which contain descriptions of cannabis and its extract and how it is made (Chopra & Chopra, 1957: 9).

A more recent source makes reference to the fact that “ in contemporary India and Pakistan, there continues to be widespread indigenous medical, ‘ quasi-medical,’ and illicit use of both opium and cannabis” (Chopra & Chopra, 1957: 12-13). Bouquet notes that hemp resin is occasionally used in the native medicines of the countries where it is collected. He points especially to India where, “ the medical systems . .

. make much use of cannabis as a sedative, hypnotic, analgesic, anti-spasmodic and anti-hemorrhoidal" (Bulletin on Narcotics, 1962: 27). According to the Canadian Commission of Inquiry into the Non-Medical Use of Drugs: " There is no currently accepted medical use of cannabis in North America outside of an experimental context. Although cannabis has been reported to produce an array of possibly useful medical effects, these have either not been adequately investigated, or can be replaced by using other more readily available and convenient drugs. The natural product's variability in potency and instability over time are among the factors which have led to its disfavor in Western 20th century medicine.

... annabis has often been employed in the past, and is currently used illicitly in North America, to reduce the secondary symptoms and suffering caused by the flue and the common cold.

These . . . alleged therapeutic properties of cannabis have not been adequately studied in a scientific context, and their general medical potential remains a matter of conjecture". (1970: 74). Similar statements regarding cannabis are to be found in Marijuana, edited by Erich Goode, and in the textbook Pharmacological Basis of Therapeutics by Goodman and Gilman (1970: 300).

Concerning therapeutic uses, the latter states: Although cannabis was once used for a wide variety of clinical disorders and has even been demonstrated to have antibacterial activity, there are at present no well substantiated indications for its use. It is no longer an official drug. Preparations are rarely available (cannabis preparation and synthetic THC are obtainable only for

research purposes), and prescriptions are regulated by special tax laws". Hollister (1971: 27) lists a few difficulties of the therapeutic use of cannabis: " The onset of the action of oral doses of THC is often rather slow, contrary to that of conventional sedative-hypnotics. Doses high enough to produce a marked hypnotic effect are almost always accompanied by some degree of psychotomimetic-like perceptual disorders, which many patients might find disagreeable.

The fine titration of dose required to provide sedative effects is likely to be difficult. The drug does not have novel effects compared with other sedative-hypnotics". The Department of Health, Education, and We] fare report to Congress in 1971, Marihuana and Health, repeats the statement of the Canadian Interim Report of Inquiry into the Non-Medical Use of Drugs, and states: There is no currently accepted medical use of cannabis in the United States outside of an experimental context". (DHEW: 1971: 27).

Allen Geller and Maxwell Boas (1969: 4) think that cannabis' " unsavory reputation has largely stymied further research. " Despite the many statements discounting cannabis' therapeutic usefulness, some authorities maintain that its medical value might be reborn through further research and/or use. David Solomon, in his foreword to The Marihuana Papers (1968: xxi) argues that: Marihuana should be accorded the medical status it once had in this country as a legitimate prescription item. After 1937, with the passage of the Marihuana Tax Act and subsequent federal and state legislation, it became virtually impossible for physicians to obtain or prescribe marihuana preparations for their patients. Thus, the medical profession was denied access to a versatile pharmaceutical tool with a

history of therapeutic utility going back thousands of years". In a 1970 article, " Pot Facing Stringent Scientific Examination ," reference is made to Dr.

Par who states that there are three areas in which " chemical and animal experiments are under way:" (1) Analgesia-mood elevation plus analgesic power may make useful drug. (2) Blood pressure reduction-hypertension may be helped by new drugs which lower the blood pressure by what seems to be action on the central nervous system. (3) Psychotherapeutic-new compounds are antidepressants and antianxiety drugs (Culliton: 1970). Mikuriya cites it studies concerning cannabis funded by the National Institute of Mental Health in 1961. The studies were " either specialized animal experiments, part of an observational sociologic study of a number of drugs, or explorations of chemical detection methods" (Mikuriya, 1969: 38). Feinglass has pointed to four general categories into which the clinical studies of marihuana could be divided (1968: 206-208).

They are: Anticonvulsant effects-treatment of tetanus, convulsions of rabies, epilepsy, infant convulsions, Psychotherapeutic actions – appetite-stimulation, treatment of depression, sedative and hypnotic in reducing anxiety, treatment of addiction, Antibiotic properties, Pain-affecting power. Grinspoon suggests: Very little research attention has been given to the possibility that marihuana might protect some people from psychosis. Among users of the drug, the proportion of people with neuroses or personality disorders is usually higher than in the general population; one might therefore expect the incidence of psychoses also to be higher in this group. The fact that it is not suggests that for some mentally disturbed

people, the escape provided by the drug may serve to prevent a psychotic breakdown. 1969: 24). Mikuriya lists many possible therapeutic uses of THC and similar products in his paper “ Marihuana in Medicine: Past, Present and Future.

” He includes: Analgesic-hypnotic, appetite stimulant, antiepileptic, antispasmodic, prophylactic and treatment of the neuralgias, including migraine and tic douloureaux, antidepressant-tranquillizer, anti-asthmatic, oxytocic, anti-tussive, topical anesthetic, withdrawal agent for opiate and alcohol addiction, child birth analgesic, and antibiotic (1968: 39).