



MEDICAMENTOS FORMULADOS COM CANABIS (PL 0399/15)

26 de novembro,
terça-feira,
às 14h





MEDICAMENTOS
FORMULADOS
COM DIEFFENBACHIA
SEGUINE

26 de novembro,
terça-feira,
às 14h



The background consists of a dense, overlapping pattern of red-outlined triangles, each containing a black question mark. The triangles are oriented in various directions, creating a complex, maze-like visual. A solid black horizontal bar is positioned across the middle of the image, containing white text.

É preciso uma Lei para determinar de que um medicamento pode ser feito?

ADVERTÊNCIA

Este texto não substitui o publicado no Diário Oficial da União



Ministério da Saúde
Gabinete do Ministro

PORTARIA Nº 3.916, DE 30 DE OUTUBRO DE 1998

O Ministro de Estado da Saúde, Interino, no uso de suas atribuições, e

Considerando a necessidade de o setor Saúde dispor de política devidamente expressa relacionada à questão de medicamentos;

Considerando a conclusão do amplo processo de elaboração da referida política, que envolveu consultas a diferentes segmentos direta e indiretamente envolvidos com o tema;

Considerando a aprovação da proposta da política mencionada pela Comissão Intergestores Tripartite e pelo Conselho Nacional de Saúde, resolve:

Art. 1º Aprovar a Política Nacional de Medicamentos, cuja íntegra consta do anexo desta Portaria.

Art. 2º Determinar que os órgãos e entidades do Ministério da Saúde, cujas ações se relacionem com o tema objeto da Política agora aprovada, promovam a elaboração ou a readequação de seus planos, programas, projetos e atividades na conformidade das diretrizes, prioridades e responsabilidades nela estabelecidas.

Art. 3º Esta Portaria entra em vigor na data de sua publicação.

JOSÉ SERRA

Secretaria de Políticas de Saúde
Departamento de Formulação de Políticas de Saúde

POLÍTICA NACIONAL DE MEDICAMENTOS

3. DIRETRIZES

Para assegurar o acesso da população a medicamentos seguros, eficazes e de qualidade, ao menor custo possível, os gestores do SUS, nas três esferas de Governo, atuando em estreita parceria, deverão concentrar esforços no sentido de que o conjunto das ações direcionadas para o alcance deste propósito estejam balizadas pelas diretrizes a seguir explicitadas.

- 3.1 Adoção de relação de medicamentos essenciais
- 3.2 Regulamentação sanitária de medicamentos
- 3.3 Reorientação da assistência farmacêutica
- 3.4 Promoção do uso racional de medicamentos
- 3.5 Desenvolvimento científico e tecnológico
- 3.6 Promoção da produção de medicamentos
- 3.7 Garantia da segurança, eficácia e qualidade dos medicamentos
- 3.8 Desenvolvimento e capacitação de recursos humanos







ácido valproico,
topiramato,
levetiracetam,
oxcarbazepina,
rispiridona
...
lamotrigina,
clobazam,
fenitoínas,
benzodiazepínicos,
complexo B



25 COMPRIMIDOS / DIA

Extrato / óleo de cannabis
rico em CBD

CBD: aprox. 41,7 mg/ml
THC: < 0,2 mg/ml



1 COLHER (1ML) 3 VEZES AO DIA



Sistema Endocanabinoide

CB1, CB2, 5-HT, TRVP1 (CB3) + AEA e 2AG + NAT, NAPE-PLD e DAGL α/β + FAAH e MAGL



Sistema Nervoso
Epilepsia



Sistema Endocanabinoide

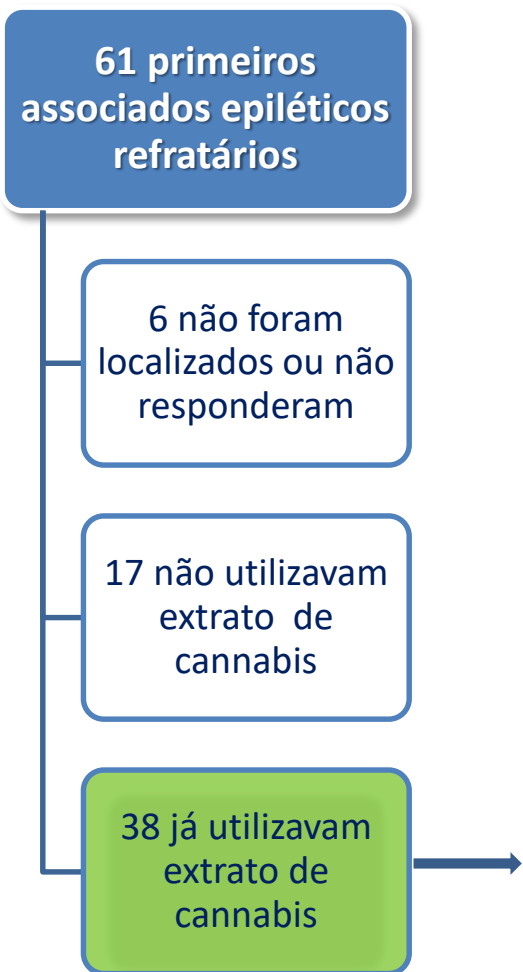
CB1, CB2, 5-HT, TRVP1 (CB3) + AEA e 2AG + NAT, NAPE-PLD e DAGL α/β + FAAH e MAGL



Sistema Nervoso
Epilepsia



***Uso de óleo de cannabis rico em canabidiol
para controle de epilepsia refratária:
estudo observacional***



Grupo AMA+ME
Associados epiléticos refratários
usuários de óleo de cannabis rico
em CBD (**OCE**)

Estudo Observacional AMAME Epilepsia Refratária

2015 - 38 pacientes



Parâmetro

Impacto

1 – Redução do número de crises convulsivas (>50%)	78,9%
2 – Redução na intensidade das crises convulsivas	94,7%
3 – Redução no uso de drogas anticonvulsivantes	73,0%
4 – Redução de internações hospitalares	83,0%
5 – Redução de atendimentos de urgência / emergência	87,0%
6 – Ganho importante na evolução psicomotora	42,1%

Efeitos colaterais: sonolência (21,1%), aumento de apetite (5,3%) e diarreia leve (2,8%)
Extratos ricos em CBD de 6 origens diferentes



III Congresso Internacional e XXIII Brasileiro da ABENEPI
XXIII Congresso Anual de la AINP
XX Congreso Latinoamericano de Flapia

SAÚDE, EDUCAÇÃO E DIREITOS: Crianças e adolescentes são priorizados?

Convention Center | Campos do Jordão - SP

De: 09 a 12/09 de 2015

CERTIFICADO

CERTIFICATE



Certificamos que o trabalho

USO DE ÓLEO DE CANNABIS RICO EM CANABIDIOL PARA CONTROLE DE EPILEPSIA REFRATÁRIA: ESTUDO OBSERVACIONAL

dos autores: LEANDRO CRUZ RAMIRES DA SILVA; PEDRO DA COSTA MELLO NETO; RENATO MALCHER LOPES;
PAULO FLEURY TEIXEIRA, foi apresentado, na modalidade Tema Livre ABENEPI, no evento III CONGRESSO
INTERNACIONAL e XXIII BRASILEIRO DA ABENEPI, XXIII CONGRESSO ANUAL DE LA AINP e CONGRESSO
LATINOAMERICANO DE FLAPIA ocorrido de 09 a 12 de setembro de 2015 no Campos do Jordão Convention Center em
Campos do Jordão/SP.

Campos do Jordão, 12 de setembro de 2015



Sylvia Maria Ciasca
Presidente do Congresso

Fludimar dos Santos Fieego
Presidente do XXIII Congresso AINP

Ana Christina Mageste
Presidente do FLAPIA

Sérgio Nolascio Hora das Neves
Presidente da ABENEPI

Autismo



Sistema Endocanabinoide

CB1, CB2, 5-HT, TRVP1 (CB3) + AEA e 2AG + NAT, NAPE-PLD e DAGL α/β + FAAH e MAGL

Sistema Nervoso
Autismo



frontiers
in Neurology | Neuropharmacology

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< Articles | THIS ARTICLE IS PART OF THE RESEARCH TOPIC
Cannabinoid Therapeutics: What's Hot [View all 24 Articles](#)

ORIGINAL RESEARCH ARTICLE Provisionally accepted The full-text will be published soon. [Notify me](#)

Front. Neurol. | doi: 10.3389/fneur.2019.01145

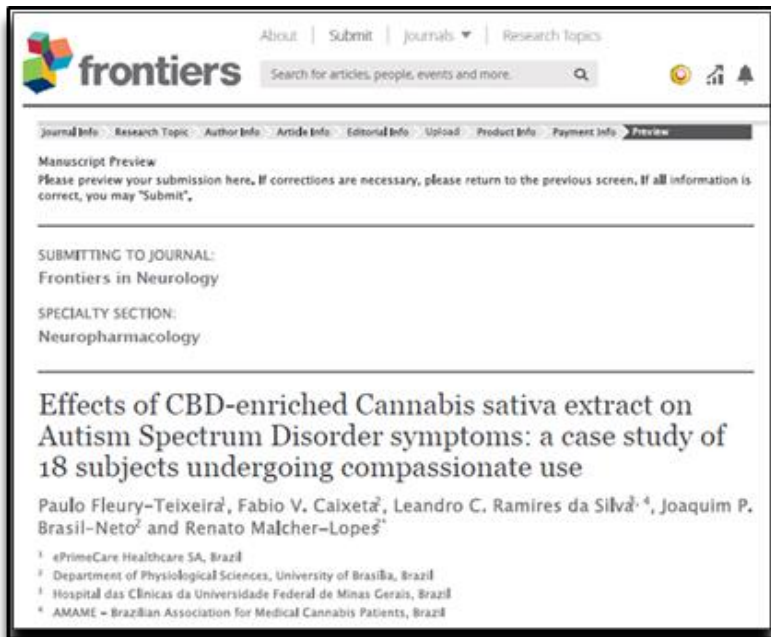
Effects of CBD-enriched Cannabis sativa extract on Autism Spectrum Disorder symptoms: an observational study of 18 participants undergoing compassionate use

Paulo Fleury-Teixeira¹,  Fabio V. Caixeta²,  Leandro C. Ramires da Silva^{3, 4},  Joaquim P. Brasil-Neto² and  Renato Malcher-Lopes^{2*}

¹ePrimeCare Healthcare SA, Brazil
²Department of Physiological Sciences, University of Brasilia, Brazil
³Clinical Hospital, Federal University of Minas Gerais, Brazil
⁴Associação Brasileira de Pacientes de Cannabis Medicinal, Brazil

Efeitos do extrato de Cannabis rico em CBD sobre os principais sintomas associados ao Transtorno do espectro Autista (TEA)

2016 - 18 pacientes



Parâmetro	Melhora
1 – Attention deficit / hyperactivity disorder	30%
2 – Behavioral disorders	20%
3 – Autonomy deficits	20%
4 – Communication deficits and social interaction	10%
5 – Cognitive deficits	25%
6 – Sleep disorders	20%

Dose média: 4,6mg/kg/dia. Extrato rico em CBD, padrão.

Efeitos colaterais: sonolência (20%), apetite (7%), diarreia leve (7%) e nictúria (7%)

Last 12 months



Views

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All

5,767
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26 dias (26/11/19)

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Effects of CBD-Enriched Cannabis sativa Extract on Autism Spectrum Disorder Symptoms: An Observation...

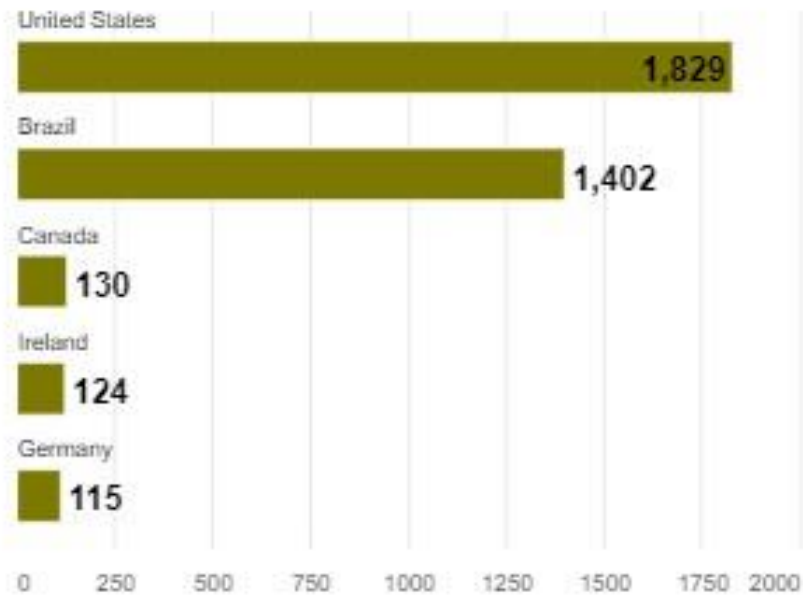
Demographics



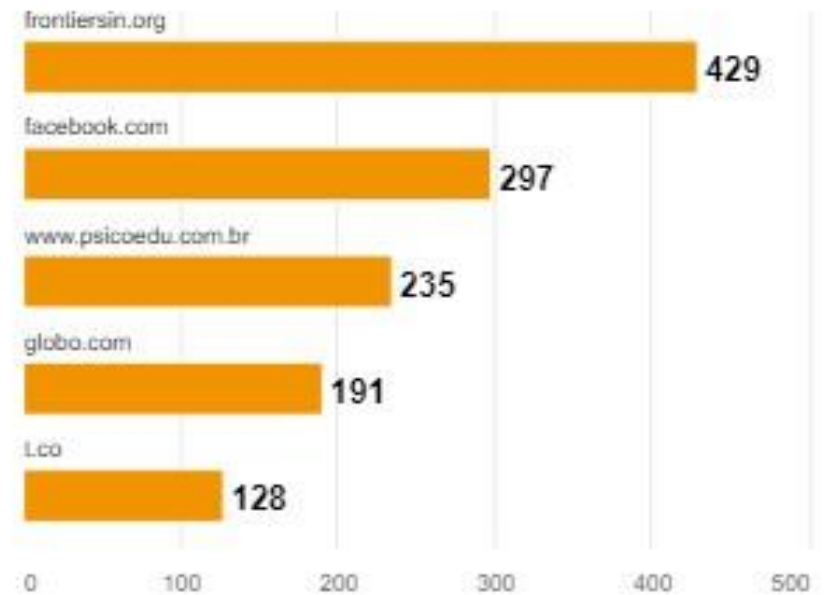
Effects of CBD-Enriched Cannabis sativa Extract on Autism Spectrum Disorder Symptoms: An Observation...



Top countries



Top referring sites



Acesso – Veneza (Itália)



SCEGLI LA TUA VARIETÀ

 <p>Amsterdam</p> <p>THC < 0,5% CBD > 26%</p> <p>0,8g € 12 2,0g € 28</p>	 <p>Barcelona</p> <p>THC < 0,5% CBD > 20%</p> <p>0,8g € 10 2,0g € 24</p>
 <p>Kingston</p> <p>THC < 0,5% CBD > 21%</p> <p>0,8g € 12 2,0g € 28</p>	 <p>Manali</p> <p>THC < 0,5% CBD > 10%</p> <p>0,8g € 18 2,0g € 35</p>
 <p>Toronto</p> <p>THC < 0,5% CBD > 16%</p> <p>0,8g € 10 2,0g € 24</p>	<p>Olio CBD</p> <p>20% - 5ml € 55 10% - 10ml € 55 10% - 5ml € 30</p>
 <p>Tisana CBD</p> <p>10 €</p>	

QUEM SOMOS

nossa Associação

HISTÓRIA

da Cannabis Medicinal

CANNABIS

Medicinal Hoje

CULTIVO

da Cannabis Medicinal

APOIO

Jurídico e Direitos

ASSOCIE-SE

para Pacientes

SEJA UM

Colaborador/Doador

FALE

Conosco

PERGUNTAS

Frequentes

NOTÍCIAS

OMS propõe mudanças na reclassificação da cannabis junto à ONU

26 DE MARÇO DE 2019



Economic and Social Council

Distr.: General
1 February 2019

Original: English

Commission on Narcotic Drugs

Sixty-second session

Vienna, 14–22 March 2019

Item 9 (a) of the provisional agenda*

**Implementation of the international drug control
treaties: changes in the scope of control of substances**

**Changes in the scope of control of substances: proposed
scheduling recommendations by the World Health Organization
on cannabis and cannabis-related substances**

Cannabis and cannabis-related substances

– **Cannabis and cannabis resin**

- To be deleted from Schedule IV of the Single Convention on Narcotic Drugs (1961)

– **Cannabidiol preparations**

- To give effect to the recommendation of the fortieth meeting of the ECDD that preparations considered to be pure cannabidiol (CBD) should not be scheduled within the International Drug Control Conventions by adding a footnote to the entry for cannabis and cannabis resin in Schedule I of the Single Convention on Narcotic Drugs (1961) to read "*Preparations containing predominantly cannabidiol and not more than 0,2 percent of delta-9-tetrahydrocannabinol are not under international control*"



o impacto...

By Ashley C. Bradford and W. David Bradford

DOI: 10.1377/jlthaff.2015.1661
HEALTH AFFAIRS 35,
NO. 7 (2016): 1230-1236
©2016 Project HOPE—
The People-to-People Health
Foundation, Inc.

Medical Marijuana Laws Reduce Prescription Medication Use In Medicare Part D

Ashley C. Bradford is a master of public administration student in the Department of Public Administration and Policy at the University of Georgia, in Athens.

W. David Bradford (bradfowd@uga.edu) is the Busbee Chair in Public Policy in the Department of Public Administration and Policy at the University of Georgia.

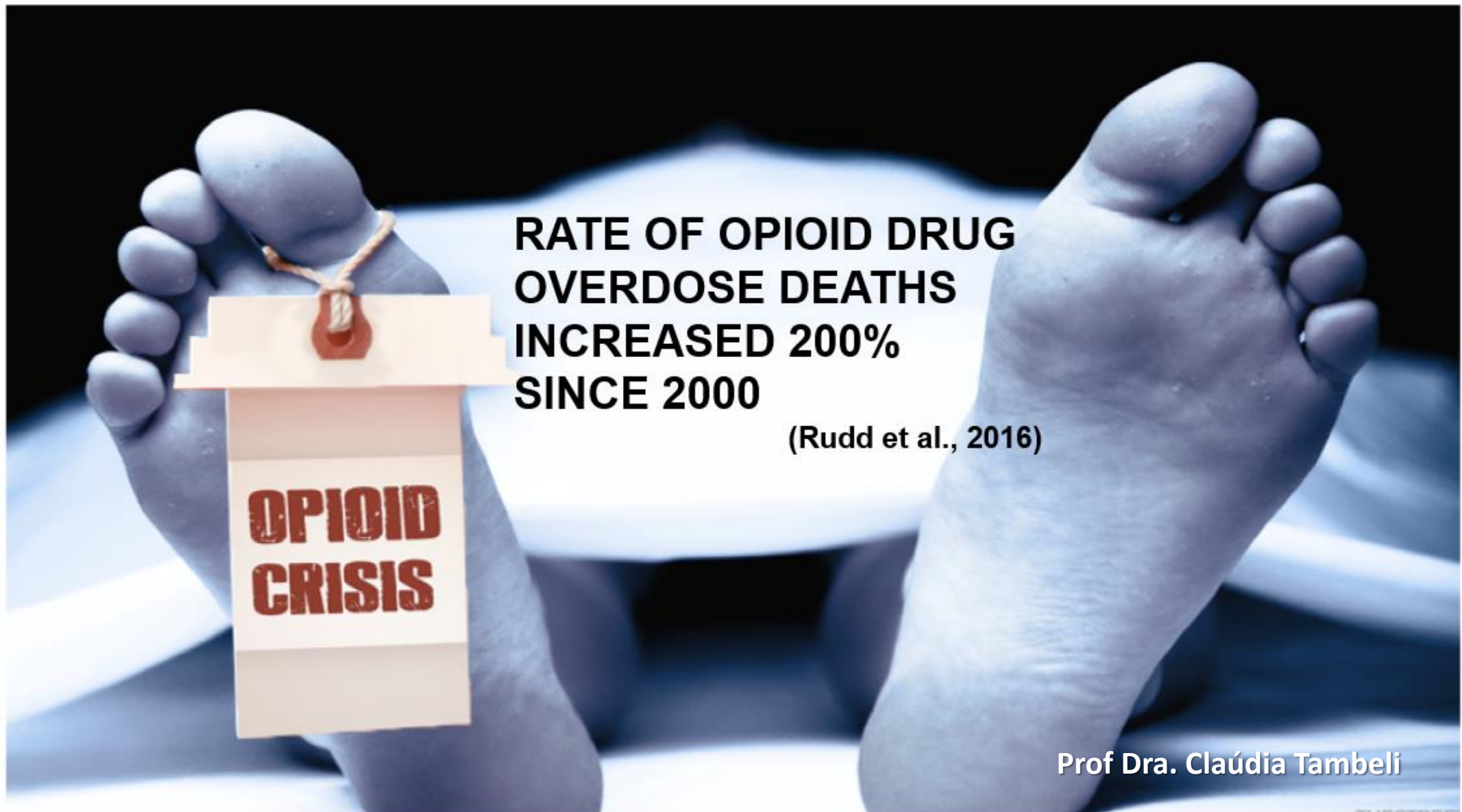
ABSTRACT Legalization of medical marijuana has been one of the most controversial areas of state policy change over the past twenty years. However, little is known about whether medical marijuana is being used clinically to any significant degree. Using data on all prescriptions filled by Medicare enrollees from 2010 to 2013, we found that the use of prescriptions for which marijuana could serve as a clinical alternative fell significantly, once a medical marijuana law was implemented. National overall reductions in Medicare program and enrollee spending when states implemented medical marijuana laws were estimated to be \$165.2 million per year in 2013. The availability of medical marijuana has a significant effect on prescribing patterns and spending in Medicare Part D.

\$165.2 million per year in 2013

EXHIBIT 1

Nine medical condition categories with at least one drug approved by the Food and Drug Administration for on-label use, and level of evidence for marijuana as a treatment for conditions in the category

	Condition category								
	Anxiety	Depression	Glaucoma	Nausea	Pain	Psychosis	Seizures	Sleep disorders	Spasticity
CLINICAL EVIDENCE OF MEDICAL MARIJUANA EFFECT ON CONDITIONS IN EACH CATEGORY									
Institute of Medicine (1999) ^a	Present	— ^b	Insufficient	Present	Present	— ^b	Insufficient	— ^b	Insufficient
Whiting et al (2015) ^c	Very low	Very low	— ^b	Low	Moderate	Low	— ^b	Low or very low	Low to moderate
DRUG CLASSES WITH AT LEAST ONE ON-LABEL OPTION FOR TREATING CONDITIONS IN EACH CATEGORY									
Adrenal cortical steroids					*				
Analgesics					*				
Antiarrhythmic agents							*		
Anticonvulsants	*	*			*	*	*	*	
Antidepressants	*	*			*	*			
Antidiarrheal agents				*					
Antiemetic or antivertigo agents				*	*				
Antimalarial agents					*				
Antipsychotics		*				*			
Antirheumatics					*				
Anxiolytics, sedatives, and hypnotics	*					*		*	
Central nervous system stimulants								*	
Functional bowel disorder agents					*				
Immunostimulants									*
Muscle relaxants					*				*
Ophthalmic preparations			*						
Proton pump inhibitors				*					
Respiratory inhalant products					*				
Sedatives and hypnotics	*					*		*	
Smoking cessation agents	*	*							



**RATE OF OPIOID DRUG
OVERDOSE DEATHS
INCREASED 200%
SINCE 2000**

(Rudd et al., 2016)

Sistema Endocanabinoide

CB1, CB2, 5-HT, TRVP1 (CB3) + AEA e 2AG + NAT, NAPE-PLD e DAGL α/β + FAAH e MAGL

Neuropsychopharmacology (2017) 42, 1752–1765

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www.neuropsychopharmacology.org

DOR

Review

Opioid-Sparing Effect of Cannabinoids: A Systematic Review and Meta-Analysis

**Suzanne Nielsen^{*,1,2}, Pamela Sabioni³, Jose M Trigo³, Mark A Ware⁴, Brigid D Betz-Stablein⁵,
Bridin Murnion^{6,7}, Nicholas Lintzeris^{2,6}, Kok Eng Khor⁸, Michael Farrell¹, Andrew Smith⁹ and Bernard Le Foll³**

¹The National Drug and Alcohol Research Centre, The University of New South Wales, Sydney, NSW, Australia; ²Drug and Alcohol Services, South Eastern Sydney Local Health District, Surney Hills, NSW, Australia; ³Translational Addiction Research Laboratory, Campbell Family Mental Health Research Institute, Centre for Addiction and Mental Health, Toronto, ON, Canada; ⁴Departments of Anaesthesia and Family Medicine, McGill University, Montreal, QC, Canada; ⁵School of Public Health and Community Medicine, The University of New South Wales, Sydney, NSW, Australia; ⁶Discipline of Addiction Medicine, University of Sydney, Sydney, NSW, Australia; ⁷Pain Management Centre, Royal Prince Alfred Hospital, Camperdown, NSW, Australia; ⁸Department of Pain Management, Prince of Wales Hospital, Randwick, NSW, Australia; ⁹Pain and Addiction Medicine, Centre for Addiction and Mental Health, Toronto, ON, Canada

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DOR

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¹The National Drug and Alcohol Research Centre, The University of New South Wales, Sydney, NSW, Australia; ²Drug and Alcohol Services, South
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Medicine, Centre for Addiction and Mental Health, Toronto, ON, Canada

19 Estudos pré-clínicos

17 mostraram evidências do efeito sinérgico do uso
Opioides + Canabinoides

09 Estudos clínicos

01 mostrou relação benéfica fraca
da mesma combinação

Sistema Endocanabinoide

CB1, CB2, 5-HT, TRVP1 (CB3) + AEA e 2AG + NAT, NAPE-PLD e DAGL α/β + FAAH e MAGL

Dor

Estudos Pré-clínicos

Review
Opioid-Sparing Effect of Cannabinoids: A Systematic Review
and Meta-Analysis

Suzanne Nielsen^{1,2}, Pamela Sabioni³, Jose M Trigo⁴, Mark A Ware⁵, Brigid D Betz-Stablein⁶,
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Dose Efetiva mediana (ED50)

3,6 vezes menor usando morfina + $\Delta 9$ THC
comparado com morfina isolada

9,5 vezes menor usando codeína + $\Delta 9$ THC
comparado com codeína isolada

THC / uso recreativo “o barato”

Um **efeito indesejado** do fumo de cannabis é uma perturbação reversível da memória de curto prazo. Exposição aguda quanto crônica à cannabis estão associadas a deficiências cognitivas relacionadas à dose, mais consistentemente nas funções de atenção, memória de trabalho, aprendizagem verbal e memória.

Persistiram após 28 dias de abstinência de uso pesado.

Bolla KI, et al. Neurology. 2002 Nov 12;59(9):1337-43

THC / uso recreativo “o barato”

Table 1 Demographic characteristics of marijuana users by amount used

Characteristic	All, n = 22	Light group, n = 7	Middle group, n = 8	Heavy group, n = 7
Age, y	22.4 ± 4.9 (18–37)	24.6 ± 6.1 (18–37)	21.9 ± 5.3 (18–34)	20.7 ± 2.4 (18–25)
Education, y	11.4 ± 1.5 (8–14)	12.7 ± 0.7* (12–14)	10.9 ± 1.5 (8–12)	10.7 ± 1.5 (8–12)
Shipley IQ	95.9 ± 10.9 (78–115)	101.9 ± 9.9 (86–115)	95.0 ± 11.2 (80–114)	91 ± 10 (78–115)
Sex, M/F	19/3	5/2	7/1	7/0
Ethnicity, W/AA/other	1/18/3	1/5/1	0/6/2	0/7/0
Handedness, R/L	19/3	7/0	6/2	6/1
Marijuana use				
Joints/wk	48.5 ± 36.9 (2–117)	10.5 ± 4 (2–14)	42.1 ± 18.2 (18–70)	93.9 ± 15.4 (78–117)
Days/wk	5.8 ± 1.7	4.4 ± 1.0	5.9 ± 1.9	7.0 ± 0.2
Duration, y	4.8 ± 3.1 (2–15)	3.4 ± 1.6 (2–6)	5.4 ± 4.2 (2–15)	5.3 ± 2.4 (3–10)
Alcohol use				
Days/wk	1.1 ± 1.3 (0–5)	1.0 ± 1.4 (0–3)	0.6 ± 0.7 (0–2)	1.5 ± 1.7 (0–5)
Drinks/wk	3.2 ± 4.2 (0–13)	2.4 ± 4.1 (0–11)	3.1 ± 4.6 (0–13)	4.1 ± 4.3 (0–13)
Duration, y	3.8 ± 6.1 (0–26)	2.3 ± 3.9 (0–10)	2.0 ± 2.1 (0–5)	3.0 ± 2.7 (0–7)

Values are mean ± SD (range).

* $p < 0.05$; Mean difference is between the light and middle and light and heavy groups.

Light group = 2–14 joints/wk; middle group = 18–70 joints/wk; heavy group = 78–117 joints/wk. W = white; AA = African American.

THC / uso recreativo “o barato”

Table 2 Linear regression analyses of outcome variables, demonstrating a significant dose-related effect with marijuana use

Dependent variable	Independent variable*	Exposure variable	p Value	Total R ²
RAVLT—delayed recall		Joints/wk	0.01	0.27
Symbol–digit paired associate learning	Joints/wk ² × Shipley IQ (<i>p</i> = 0.01)	Joints/wk ²	0.02	0.45
Stroop	Joints/wk × Shipley IQ (<i>p</i> = 0.01)	Joints/wk	0.01	0.45
WCST—categories completed		Joints/wk	0.02	0.28
Key complex figure—copy		Duration	0.05	0.19
RT—simple		Joints/wk ²	0.01	0.52
RT—repetition of numbers, number correct	Joints/wk ² × Shipley IQ (<i>p</i> = 0.03)	Joints/wk ²	0.01	0.57
RT—numbers in sequence, false positives†	Shipley IQ (<i>p</i> = 0.01)	Joints/wk	0.04	0.32
Grooved Pegboard—nondominant hand	Joints/wk ² × Shipley IQ (<i>p</i> = 0.01)	Joints/wk ²	0.02	0.44

* To control for possible confounding effects, these variables were retained in the model if a significant association (*p* < 0.05) was found with performance.

† For this variable, as marijuana use increases, performance improves; for all the other variables, as marijuana use increases, performance declines.

RAVLT = Rey Auditory Verbal Learning Test; WCST = Wisconsin Card Sorting Test; RT = reaction time from the California Computerized Assessment Package.

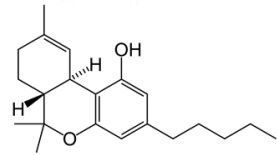
Efeito Stroop

AMARELO	AZUL	LARANJA
PRETO	VERMELHO	VERDE
ROXO	AMARELO	VERMELHO
LARANJA	VERDE	PRETO
AZUL	VERMELHO	ROXO
VERDE	AZUL	LARANJA



Cannabis Medicinal nos pacientes idosos

Qualidade de vida com fitocanabinoides



THC

(Δ 9 Tetrahydrocannabinol)

Fitocannabinoides

2018

Received: 16 November 2017 | Accepted: 11 March 2018

DOI: 10.1111/aci.12920

REVIEW

WILEY

Biphasic effects of THC in memory and cognition

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²Laboratorio de Biología, Escuela Preparatoria Regional de Autlán, Universidad de Guadalajara, Jalisco, México

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Funding information

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Abstract

A generally undesired effect of cannabis smoking is a reversible disruption of short-term memory induced by delta-9-tetrahydrocannabinol (THC), the primary psychoactive component of cannabis. However, this paradigm has been recently challenged by a group of scientists who have shown that THC is also able to improve neurological function in old animals when chronically administered at low concentrations. Moreover, recent studies demonstrated that THC paradoxically promotes hippocampal neurogenesis, prevents neurodegenerative processes occurring in animal models of Alzheimer's disease, protects from inflammation-induced cognitive damage and restores memory and cognitive function in old mice. With the aim to reconcile these seemingly contradictory facts, this work will show that such paradox can be explained within the framework of hormesis, defined as a biphasic dose-response.

KEYWORDS

Alzheimer's disease, biphasic dose response, cannabis, delta-9-tetrahydrocannabinol, hormesis, neuroprotection

LETTERS

nature
medicineA chronic low dose of Δ^9 -tetrahydrocannabinol (THC) restores cognitive function in old mice

Andras Bilkei-Gorzo^{1,4}, Onder Albayram^{1,4}, Astrid Draffehn², Kerstin Michel¹, Anastasia Piyanova¹, Hannah Oppenheimer³, Mona Dvir-Ginzberg³, Ildiko Rácz¹, Thomas Ulas², Sophie Imbeault¹, Itai Bab³, Joachim L Schultze² & Andreas Zimmer¹

The balance between detrimental, pro-aging, often stochastic processes and counteracting homeostatic mechanisms largely determines the progression of aging. There is substantial evidence suggesting that the endocannabinoid system (ECS) is part of the latter system because it modulates the physiological processes underlying aging^{1,2}. The activity of the ECS declines during aging, as CB1 receptor expression and coupling to G proteins are reduced in the brain tissues of older animals³⁻⁵ and the levels of the major endocannabinoid 2-arachidonoylglycerol (2-AG) are lower⁶. However, a direct link between endocannabinoid tone and aging symptoms has

and old animals. The difference between the groups persisted in the reversal phase of the test, which assessed learning flexibility. Thus, both THC-treated mature and old mice showed better performance than the vehicle-treated controls in the same age groups. In the probe trial phase of the test, which was conducted on day 6 before reversal learning and which is an indicator of long-term spatial memory, vehicle-treated old animals showed memory impairments, as indicated by reduced time spent in the target quadrant (Fig. 1c). Treatment with THC improved spatial memory in this age group to the level observed with the young controls. In young mice, THC treatment worsened performance, in good agreement with the known detrimental effects

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BRASILEIRA DE PACIENTES
DE CANNABIS MEDICINAL

QUALIDADE DE VIDA*

O EFEITO COLATERAL DA CANNABIS MEDICINAL*

2009

2010

2011

2012

2013

2014

2015

2016

2017

2018

Doenças	nº de pessoas	referências
1. Autismo	565.760	Link
2. Epi. Refrataria	450.000	Link
3. Parkinson	312.000	Link
4. Alzheimer	1.442.128	Link
5. Dor neuropática	7.280.000	Link
6. Câncer QT (70%)	389.732	Link
Total	10.439.620	

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Trump's Loss of the Lost (Soviet) Atlantis

Newsweek INTERNATIONAL

23.02.2018

THE BLUNT TRUTH ABOUT...



WEED & AUTISM

THE SNIPERS' TALE • SENATE BATTLES • A JESUS LINK?

TIME

IS AMERICA GOING TO...



TIME

The Highly Divisive, Curiously Underfunded and Strangely Promising World of Pot Science

BY ROYCE BARCUFF & MICHAEL O'CONNOR



Nature OUTLOOK

CANNABIS



Street: One Year Later

Fortune

IS POT ALREADY LEGAL?

Medical marijuana is doing more than changing the way the drug is perceived. It's giving activists a chance to show how a legalized pot business could work.

BY ROGER PARFITT



NATIONAL GEOGRAPHIC

JUN 2015

WEED & AUTISM



REPORTAGE KUMAR, LES DÉSESÉS VIVANTS DU NÉPAL | ASIE CENTRALE PEUT-ON SAUVER LA MER D'ARAL? | BIOLOGIE L'ABELLE MIRACLE AU SECOURS DE LA PLANÈTE

EXPLORER • DÉCOUVRIR • COMPRENDRE

NATIONAL GEOGRAPHIC

JUN 2015

Marijuana

UN SUPER-MÉDICAMENT? L'enquête scientifique inédite



mg

For the Cannabis PROFESSIONAL

ZEN & The Art Of Aaron JUSTIS

Packaging 101: What's New! What's Hot! What Sells!

One-on-One with Cannaki!



ff

Das Südtiroler Wochenmagazin

31. August 2017 (No. 38) € 3,40

POLITIK Wie ein Pustörer Bürgermeister Politik und Geschäft vermischt

WIRTSCHAFT Sellajoch Die Bilanz herzig

Should Cat Dolphins Be Freed?

KIFF DICH GESUND

Cannabis hat einen schlechten Ruf. Dabei ist die Droge eine Medizin, die vielen Menschen hilft



guerre du Hamas

Le Courrier International

RUSSIE Le glamour, folie nationale

ARGENTINE Tintin dans la Pampa

ÉCOLOGIE Bientôt des cimetières bio

CANNABIS

enquête

Pourquoi les pro rejoignent les anti et sonnent l'alarme



SUPER INTERESSANTE

UM SUBMARINO NAZISTA NO BRASIL

MACONHA & MEDICINAL

Como uma guerra judicial esboçada o cultivo, o uso e a governança, a literatura sobre as propriedades medicinais da maconha paga ao País.



PRODUTOS IMPORTADOS (COTAÇÃO)	CBD (mg)	Forma	Preço unitário	Frete	Produto+Frete	Produto+Frete	Preço de 100mg	100mg/dia/mês	100mg/dia/mês+Frete
			Dolar Turismo*	Dolar Turismo*	Dolar Turismo*	em Reais	Dolar Turismo*	em Reais**	em Reais
1 Cannameds 50 mg (60 cápsulas)	3000	Cápsula	150,00	75,00	225,00	945,00	5,00	630,00	945,00
2 CW Original Formula (frasco 100 ml)	5000	Óleo	250,00	75,00	325,00	1.365,00	5,00	630,00	945,00
3 Purodiol 200 (frasco 30ml)	6000	Óleo	299,00	80,00	379,00	1.591,80	4,98	627,90	963,90
4 Revivid Pure CBD (frasco 60 ml)	6000	Óleo	250,00	120,00	370,00	1.554,00	4,17	525,00	1.029,00
5 Elixinol 5000 (frasco 120ml)	6000	Óleo	399,00	50,00	449,00	1.885,80	6,65	837,90	1.047,90
6 EVR Filtered (Gold) 30% Hemp Oil Met Pen	5000	Óleo	299,50	75,00	374,50	1.572,90	5,99	754,74	1.069,74
7 Revivid Whole (frasco 30ml)	1500	Óleo	120,00	75,00	195,00	819,00	8,00	1.008,00	1.323,00
8 Greenmed nº 3 (frasco 30ml)	3000	Óleo	299,00	75,00	374,00	1.570,80	9,97	1.255,80	1.570,80
9 Isodiolex (frasco 120 ml)	2400	Extrato	249,00	75,00	324,00	1.360,80	10,38	1.307,25	1.622,25
10 RSHO - Hampmeds CBD BLUE (seringa 10 ml)	1700	Extrato	199,00	75,00	274,00	1.150,80	11,71	1.474,94	1.789,94

“The international market for cannabis is projected to hit \$31.4 billion by 2021”

FORBIS NOV 7, 2017. According to a new report from the Brightfield Group ([link](#))

The U.S. medical cannabis market is expected to be valued
at USD 19.48 billion by 2024

PRNewswire, NEWYORK, Jan. 3, 2018 ([link](#))

Potential medical marijuana market will hit 35.7 billion euros (\$42.8 billion)
Europe's Medical Marijuana Industry to Be Worth \$59 Billion, Says Report

European Cannabis Report - Prohibition Partners / Londres ([link](#))

“The size of global medical cannabis industry is expected to surpass \$50 billion by 2025”

Market Research Report: Trends, Industry Research Report 2025 ([link](#))



Mercado incipiente e promissor

Empresas de maconha medicinal crescem no mercado financeiro

Jornal “O Estado de S.Paulo”, 08 Agosto 2017 | 05h00 ([link](#))

Legalização de maconha medicinal no Brasil pode movimentar R\$ 4,5 bi, diz consultoria

Folha de São Paulo 30 Novembro 2017 | 11h00 ([link](#))

ESPECIAL
SAFRA 2020

A PALAVRA DO CAMPO

34 ANOS

GLOBAL

ISSN 0102-0170 00409
9 770102 017000
NOVEMBRO 2019 | Nº 401 | R\$ 16,00
CINQUENTA E SEIS ANOS DE HISTÓRIA

EDITORIA
GLOBO

**TOFU
MINEIRO**
A incrível história
do pecuarista
que virou vegano
e hoje faz queijo
de soja



Quem tem medo da cannabis?

- ✓ País tem clima e solo propícios
- ✓ Há demanda por medicamentos
- ✓ Potencial de lucro é alto
- ✗ Liberação do cultivo gera controvérsias

CAPA

A nova commodity do agro?

Esqueça a maconha, estamos falando da cannabis, que não dá "barato", tem uso medicinal, industrial e mercado crescente. O país tem solo e clima propícios para a planta, mas o cultivo é proibido

Texto: Aureliano Biancarelli e Emiliano Capozzi



STF - ADI 5708

Relatoria: Ministra Rosa Weber

“afastar entendimento segundo o qual seria conduta crime **plantar, cultivar, colher, guardar, transportar, prescrever, ministrar, e adquirir Cannabis para fins medicinais e de bem-estar terapêutico**”

Ação Cível – TRF

Número do processo: 1009932-12.2019.4.01.3800

Órgão julgador: 14ª Vara Federal Cível da SJMG

Jurisdição: Seção Judiciária do Estado de Minas Gerais

Classe: PROCEDIMENTO COMUM CÍVEL (7)

Assunto principal: Saúde

“Projeto de Cultivo Coletivo de Cannabis para Fins Medicinais AMA+ME”

(Memorial do Associados Pacientes participantes da Ação Ordinária)

Associados Pacientes participantes: 135

Mais novo: 1 ano

Mulheres: 68 (50,4%)

Mais idoso: 95 anos

Homens: 67 (49,6%)

Média das idades: 44 anos

Mediana das idades: 45 anos

< 18 anos: 18 (13,3%) > 18 anos: 117 (86,7%)

“Projeto de Cultivo Coletivo de Cannabis para Fins Medicinais AMA+ME”

(Memorial do Associados Pacientes participantes da Ação Ordinária)

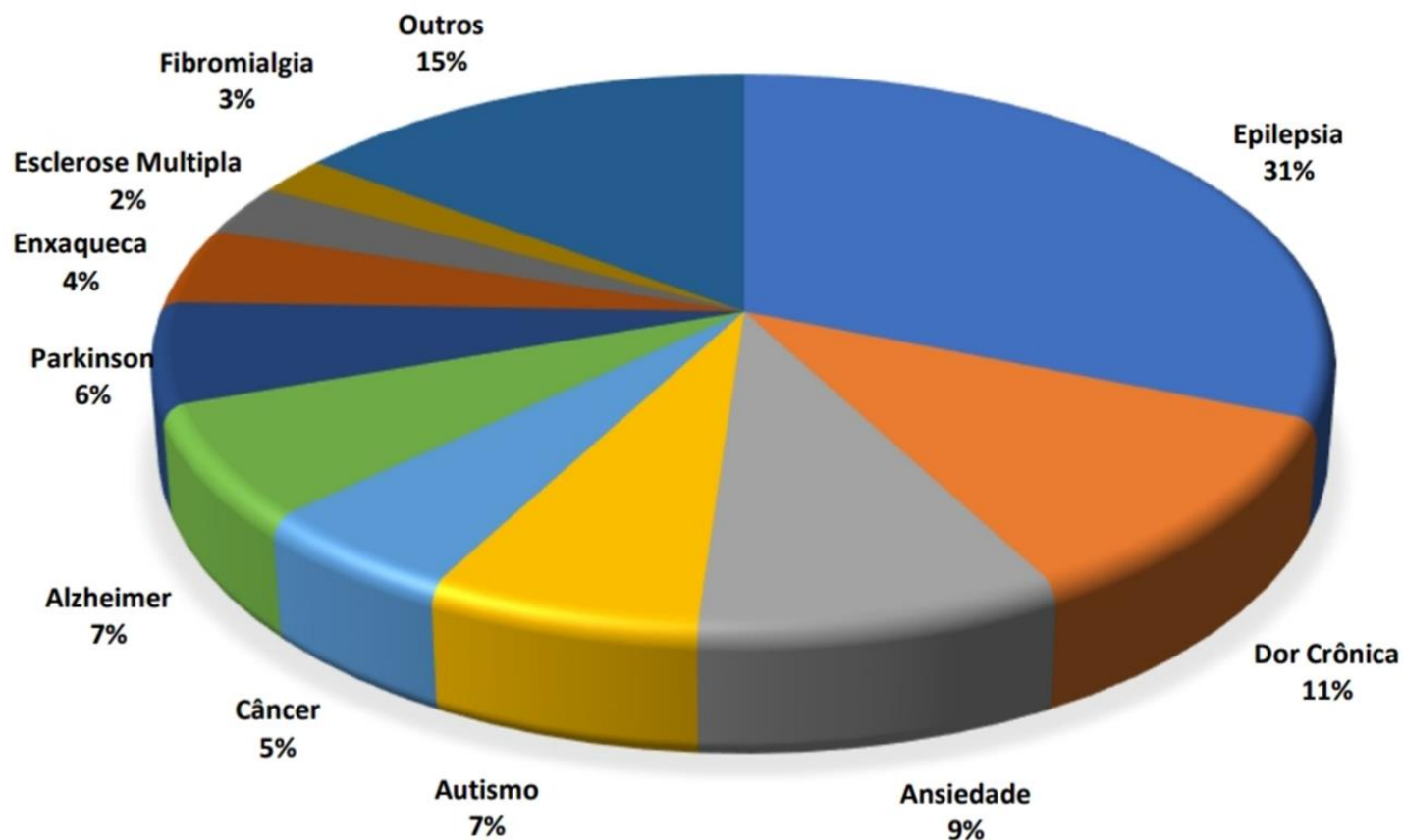
UF	(*)
SC	86
MG	31
RS	05
Rj	04
PR	04
SP	02
BA	01
SE	01
DF	01
Total	135



“Projeto de Cultivo Coletivo de Cannabis para Fins Medicinais AMA+ME”

(Memorial do Associados Pacientes participantes da Ação Ordinária)

Grafico 02. Distribuição dos diagnósticos principais por “Categoria” e “Subcategoria” do CID10 no **Grupo Pró Produção Nacional AMA+ME**



“Projeto de Cultivo Coletivo de Cannabis para Fins Medicinais AMA+ME”

(Memorial do Associados Pacientes participantes da Ação Ordinária)

%	Médico	Especialidade	UF
1	Patricia Montagner	Neurocirurgia	SC
2	Leandro Ramires	Cir. Geral	MG
3	Paulo Bittencurt	Neurologia	SC
4	Ricardo Ferreira	Cir. Coluna	RJ
5	Adilson Dallastra	Neurologia	SC
6	Andressa Feitosa	Neurologia	PR
7	Eduardo Faveret	Neurologia	RJ
8	Karina Loutfh	Neurologia	MG
9	Luiz Fonseca	Neurologia	MG
10	Paula Fabricio	psiquiatria	RJ
11	Pedro Weiss	Neurologia	SC
12	Pedro Pierro	Neurocirurgia	SP
13	Bruno Leonardo Zappa	Neurocirurgia	SC
14	Paula Dall Stella	Clínica médica	SP
15	Sergio Henrique Veiga	Neurologia	DF

No caminho da Federação de pacientes

REPENSE

campanharepense.com.br



Projeto de Lei do Senado (PLS) 514



SENADO FEDERAL

PROJETO DE LEI DO SENADO Nº 514, DE 2017

Altera o art. 28 da Lei nº 11.343, de 23 de agosto de 2006, para descriminalizar o cultivo de cannabis sativa para uso pessoal terapêutico.

Projeto de Lei do Senado (PLS) 514

O CONGRESSO NACIONAL decreta:

Art. 1º O art. 28 da Lei nº 11.343, de 23 de agosto de 2006, passa a vigor com a seguinte redação:

“**Art. 28.**

.....

§ 1º Às mesmas medidas submete-se quem, para seu consumo pessoal, semeia, cultiva ou colhe plantas destinadas à preparação de pequena quantidade de substância ou produto capaz de causar dependência física ou psíquica, ressalvado o semeio, cultivo e colheita de *cannabis sativa* para uso pessoal terapêutico, em quantidade não mais do que suficiente ao tratamento, de acordo com a indispensável prescrição médica.

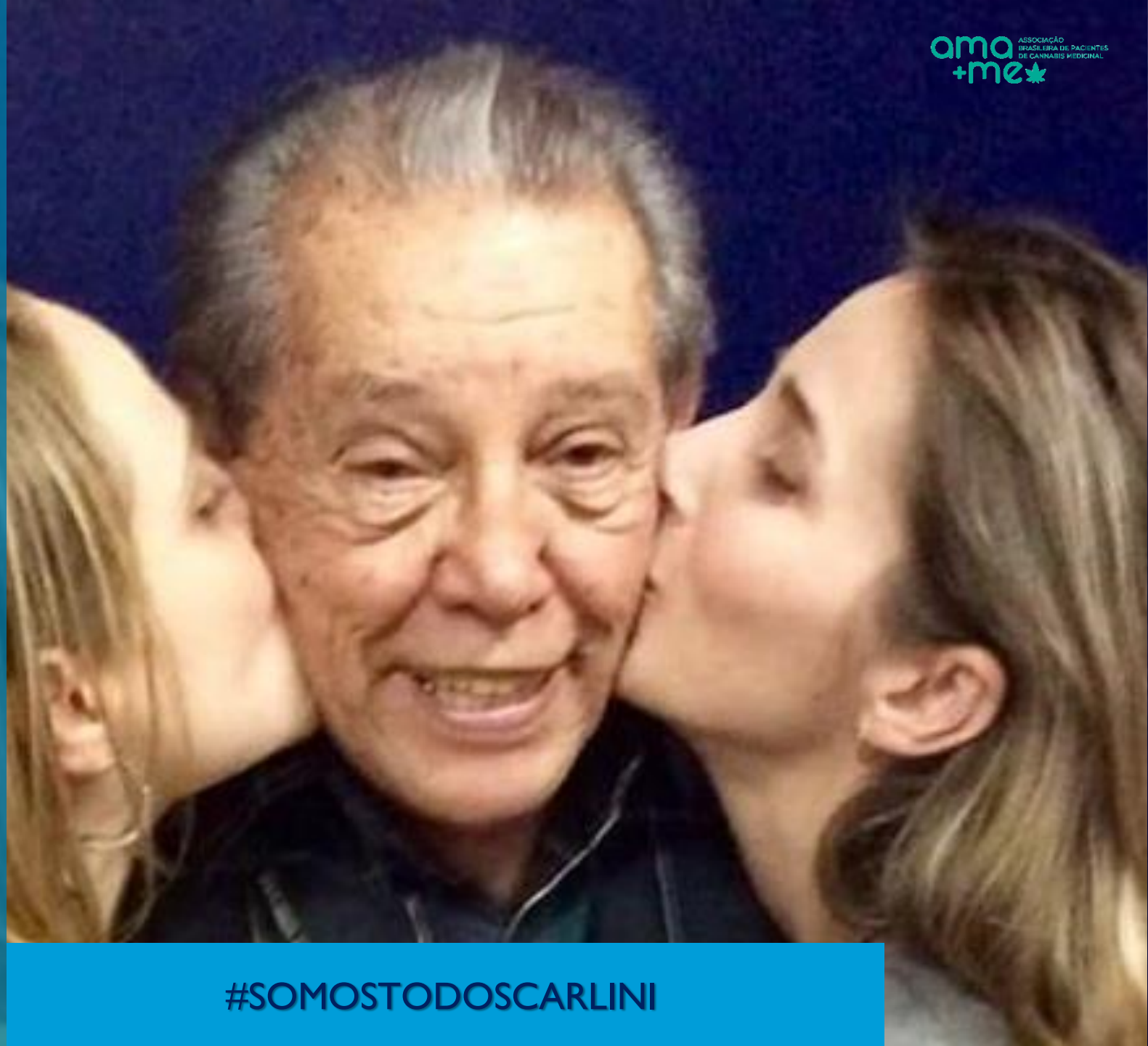
.....” (NR).

Art. 2º Esta Lei entra em vigor na data de sua publicação.

“Eu lutei por décadas para mostrar que a maconha é uma planta séria. Dezenas de países já regulamentaram maconha medicinal. A legislação atual é uma vergonha para a ciência brasileira e para o Brasil.”

Prof. Dr. Elisaldo Carlini

nature



#SOMOSTODOSCARLINI