

Enquiry Re Glaucoma And Cannabis Treatment



A Report

Enquiry Re Glaucoma And Cannabis Treatment The Facts, Human Rights and the Law

THE REPORT (page 6)

CANNABIS REDUCES INTRA-OCULAR PRESSURE (IOP) by approximately 30 per cent, with beneficial relaxation to the eyes noticed particularly by sufferers of high or increasing IOP (glaucoma). The whites of the eyes can become reddened for a short time as cannabis tends to dilate vessels.

This temporary effect occurs to a less noticeable degree than the bloodshot eyes associated with the use of alcohol, chopping onions, crying or a swim in a chlorinated pool. Physical tensions and symptoms of stress are alleviated, generally accompanied by slight dilation of blood vessels lowering blood pressure.

Note: That these effects are measurably mild and, confirmed by Modern Medical Case Histories, only ever do good to the human being (see Judicial Enquiry Data, ref. Part Four).

THE REPORT, page 22. Clinical Findings of Fact, c.)

Cannabis smoking is the only reliable countermeasure to glaucoma known to Man, consistently reducing intra-ocular pressure, dispelling glaucoma symptoms and saving eyesight. N.B. Tetrahydrocannabinol (THC; a synthesised laboratory concentrate which does not occur in nature) is not effective as medication for glaucoma; i.e, pharmaceutical Nabilone, Marinol, etc.

‘THC’ within the herb is compounded by nature into a disparate, safe, chemical compound which is the herb itself. See section “THC Is Not Cannabis” in Part One.

THE REPORT, page 23

The total difference between cannabis and THC is demonstrated by the fact that on its own, THC is a toxic substance causing negative, potentially fatal reactions in laboratory animals such as mice[1]. This is utterly different from herbal cannabis which is non-toxic and is incapable of causing fatality in humans and animals at any dose[2].

The completeness of the difference between THC and the cannabis plant is also well demonstrated by the fact that cannabis, the natural herb, so efficacious in prevention of glaucoma blindness, relaxes intra-ocular pressure (IOP) by approximately 30 per cent[3].

After THC is extracted from it, the remaining herb lowers IOP by approximately 10 per cent[4]; but THC, after approximately seven days' use during which fluctuating marginal effects are recorded, THC does not reduce IOP at all[5]' Patients' Medical Case Histories record the discomforts to humans caused by THC[6]. No such unfavourable response occurs in the same patients when the herb is smoked, taken instead of THC [7]. Whereas smoked cannabis is recorded as effective in treatments and as being health-promoting, the unpleasant characteristics of THC and its failures as medication[8], give reasons enough to avoid the pharmaceutical product.

Shown earlier, the official empirical clinical tests confirm (i.e. they are replicable) that smoking of natural herb cannabis produces no effect on, or, marginal improvements to: mental concentration; abilities and co-ordinative skills; use of machinery; driving a car; tests of memory (short and long-term); concept formation and mental adroitness. By contrast, doses of disparate-substance pharmaceutical-THC cause impairments to test subjects' performance, by nausea, unpleasant mental effects and headache.

The greater proportion of the population assert their need or preference for legal availability of a 'recreational' substance: it is deadly for 'law' to deny people the choice of cannabis, the only one which is safe, and which has the observed propensity to mitigate, to reduce—and often to preclude

altogether—people’s use of harmful drugs; alcohol, tobacco, opiates, etc. Cannabis smoking constitutes Preventive Medicine. The ‘law’ and all controls are legally untenable: clinical facts abrogate the lethal ‘law’.

Nota Bene: Cannabis is only and always benign and conducive to good health. The medico-scientific researches of long-term use conclude cannabis smoking has no adverse effects, and, in particular, cannabis protects the lungs from pollutants such as tobacco smoke (ref. Part One). Also, for example, the U.S. National Institute of Mental Health and Jamaican government empirical (human use) investigations of long-term use, with the specific medical brief to find negative results, if any, conclude that:-

Cannabis smoking has no adverse effect on mental or physical health. Clinical Findings of Fact throughout the Study support that conclusion. In particular, see pages: 78, 104, 143, 144, 148, 149, 150, 152, 155, 156 & 166; ref Bibliography.

Secondly (in addition to comprising the afore-described Preventive Measure which is preventive medicine), the use of cannabis is prophylaxis, i.e. preventive medicine, in that the regular ingestion of cannabis is demonstrated to prevent adverse medical conditions from occurring. Cannabis can also prevent the progressive worsening of conditions and diseases. (This is as differentiated from post facto, curative medicine; modern uses of cannabis as treatment and curative factor in medicine are considered in more detail hereinafter.)

For example, sufferers of multiple sclerosis have discovered that by the regular use of cannabis they have prevented the symptoms of the condition from affecting their normal lives, until the supply stopped. Sufferers from epilepsy, or asthma, arthritis, stress-related psychosomatic conditions, anorexia and anorexia nervosa, acute pruritis, and literally scores of other slight and serious afflictions (ref. Official Pharmacopoeias), have had the same experience.

Another example: it has never been possible to predict in any particular individual, the incidence of glaucoma, which can cause blindness.

Smoking cannabis reduces intra-ocular pressure, effectively preventing glaucoma, and saves eyesight. The use of cannabis is effective Preventive Medicine. Modern Medical Case Histories confirm the traditional applications: regular cannabis smoking prevents the incidence of adverse symptoms and onset of the condition. If cannabis had always been completely legal for any use, and thus the supply unimpeded, these people would not have developed serious symptoms; and they would hardly notice their illness or condition.

There can be few people who could honestly deny benefits from stress-relief. Stress is frequently the precursor to physical and/or mental degeneration, the stress itself being an aetiological (causal) agent in psychosomatically induced, adverse physical conditions, and/or negative behavioural patterns.

Cannabis Relegalised as over-the-counter commodity to be freely used as a matter of personal choice, or of medical recommendation, makes available the safe relaxant effective in relief of stress and preventive of the development of adverse symptoms. Such use of cannabis is prophylaxis, preventive medicine. Cannabis is thus required to be generally available to the public again as a substance of unrestricted cultivation, trade, possession and choice, as smoked tonic-relaxant and for occasional or regular dietary intake.

Definitively, personal use of cannabis serves one purpose: Health. Cannabis is of great value to Mankind to promote good health. Personal, or 'recreational', use is concurrently medical use as Preventive Measure and Preventive Medicine. When all the facts are truthfully confronted, there is only one category of cannabis for personal use: all use is medical.

THE REPORT, page 80.

Re-legalised today, cannabis has the potential to render redundant and effectively replace noxious prescribed pills and potions of dubious or no efficacy, which now accrue literally billions of undeserved dollars, pounds, yen, Euros, etc., of annual profits to the owners of the drugs' companies, solely because of the Prohibition on cannabis.... Viz: toxic addictive

benzodiazepines, phenothiazines, ‘tranquillisers’, barbiturates and hypnotics; habit-forming analgesics; the so-called ‘antiemetics’, steroids, and seldom-effective drugs now prescribed for glaucoma, multiple sclerosis, asthma, epilepsy, anorexia, etc.

THE REPORT, page 86+.
Reduction of I.O.P., Glaucoma

Glaucoma (acute and chronic) is a progressive adverse condition in which increased pressure within the eye (intra-ocular pressure or IOP) causes serious deterioration of vision, damages the optic nerve, and can lead to total blindness. In the U.S., there are over two million, two hundred thousand (2,200,000) people who suffer from glaucoma (CDC stats.).

Especial note should be taken of the fact that cannabis is effective where modern pharmaceuticals prescribed for glaucoma, at best produce minimal results for a short period of time, but generally are completely useless. Furthermore, cannabis has no harmful effect or side-effect, unlike the drug companies’ laboratory-concocted eye-drops which, while not helping the glaucoma sufferer, are intensely toxic, doing damage to the liver and kidneys, and are associated with catalepsy and sudden-death syndromes.

Glaucoma IOP does not develop in people and populations who are, from time to time, ingestors of cannabis in their food as part of a normal healthy diet, or smoked as sensible relaxant of choice. This is another example of cannabis as efficacious prophylaxis, Preventive Medicine.

In many different adverse conditions, the futile incapability of pharmaceuticals is constantly evident. The contrast is complete when comparing cannabis. The ophthalmological medical facts are that the relaxant effect of cannabis reduces intra-ocular pressure (IOP) by approximately 30 per cent, bringing glaucoma under control, preventing damage to the eyes, also preventing the condition from worsening. Cannabis smoking is the only reliable countermeasure to glaucoma known to Man, consistently reducing IOP, completely dispelling glaucoma symptoms and saving eyesight 2. Premeditatedly, Prohibition inflicts blindness. Ref. Déjà vu; Part Six.

**Studies; Harvard; Hepler & Frank; UCLA; ref
Bibliography.
Elvy**

Elvy Musikka of Hollywood, Florida, became the first American woman (and one of then only fourteen people) to receive legal cannabis from the federal government. Elvy has glaucoma. The following are extracts from her account:-

“I was diagnosed with glaucoma. I lost so much sight that I couldn’t return to work. This began a twelve year period during which I went through every known and experimental treatment for glaucoma. Everything that’s been experimented with for glaucoma, I’ve had it, pills, drops, surgery. I was a guinea-pig for anything and everything that was out, including the THC pills which only worked for me for about a week. Marijuana had been suggested to me by several doctors. I still thought ‘pot’ [cannabis] was something horrible.”“A doctor told me that if I did not smoke marijuana I would go blind. I’d been lied to so much about pot that I was terrified of it, but I was even more scared of going blind—so I tried it—and it worked. I learned that marijuana, one ‘brownie’ [chocolate cup cake] every twelve hours with a substantial amount of marijuana in it, kept my eye pressure under control. I didn’t have to worry about it at all. One of the nice things I discovered when I smoked marijuana was I didn’t find myself consumed with the thought of going blind, which I was most of the time otherwise. Instead, I found myself doing creative things, like writing music.”

The police arrested Elvy for possession and cultivation of cannabis. She continues:-

“Yet, I felt no fear. I knew I was on trial, but so was the obscene and immoral law which demanded blindness of me.”

The Jury and Judge Mark Polen acquitted, accepting Elvy's Defence of Medical Necessity Elvy began receiving cannabis from the federal government, which continues to this day. By mandatory IND medical monitoring, the most intensive scrutiny confirms only benign effects come from her long term use of cannabis. Elvy controls her glaucoma condition preventively 8 and effectively, by smoking five or six cannabis cigarettes every day, and taking a similar amount of cannabis in cookies.

Elvy now campaigns coast-to-coast for complete Cannabis Re-legalisation. The government supplies only the chopped male and female leaves of the plant, which are the lowest quality parts for smoking. With the relaxant rich flowers and buds of the female plant instead, only a third (1/3) of the amount would be equally effective.

Quote ends from Cannabis: The Facts, Human Rights and the Law, THE REPORT ISBN 978-1902848303 by [Kenn d'Oudney and Joanna d'Oudney](#),

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Reviews and Endorsements

“You have done a splendid job of producing a comprehensive summary of the evidence documenting that the prohibition of the production, sale, and use of cannabis is utterly unjustified and produces many harmful effects. Any impartial person reading your REPORT will almost certainly end up favouring the re-legalisation of cannabis.”**Nobel Laureate Professor Milton Friedman**; Economics Adviser to U.S. Government (Reagan Administration); Senior Research Fellow, Hoover Institution on War, Revolution and Peace; Professor Emeritus, University of Chicago; Author; TV. series & video writer and presenter.

“You represent a worthy part of the fight in many countries for the logical and beneficial use of cannabis. I thank you for that.” **Professor Patrick D. Wall, M.D.**, Author; Professor of Physiology, UMDS St. Thomas's (Teaching) Hospital, London; Fellow of the Royal Society; DM, FRCP. “You are to be congratulated on a work well done. Very readable. It is an important REPORT and I do hope it will be widely distributed and read.”

Professor Lester Grinspoon, MD, Official Adviser on Drugs to U.S. Government (Clinton Administration), Author, Professor of Psychiatry, Harvard University School of Medicine.

“The sections dealing with the rights and responsibilities of the jury are eloquent in their defence of fundamental individual rights. The authors correctly perceive the bedrock importance of trial by jury, and the significance of the jury’s right to judge the law itself. I welcome the addition of this REPORT to the world’s store of important writings on the subject of human liberty.”

DON DOIG, BSc., Author; U.S. National Coordinator, Co-founder, Fully Informed Jury Association (FIJA) / American Jury Institute.

“I am totally amazed at THE REPORT’s quality and overall goodness.”

DR. ANNE BIEZANEK, Authoress; ChB, BSc, MB, MFHom. “A fine document.”

U.S. Judge’s letter to Authors. “THE REPORT’s thesis is sound.”

U.K. Judge’s letter to Authors. “I did enjoy reading it. THE REPORT should contribute much.”

The Hon. Jonathon Porritt, Bt., former Adviser to U.K. government on Environment; Author; Founder, Friends of the Earth; TV series writer and presenter. “I have just finished reading your and Joanna’s book on Cannabis. It is a masterpiece on both drug prohibition and jury rights. Thanks to both of you for writing it.”

Professor Julian Heicklen, Jury Rights Activist; U.S. National Coordinator, Tyranny Fighters Campaign.

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Notes

(Ref. Parts [Chapters] Three & Four).

1 & 2 See: Medical Data, U.S. DEA, Administrative Law Judicial investigations.

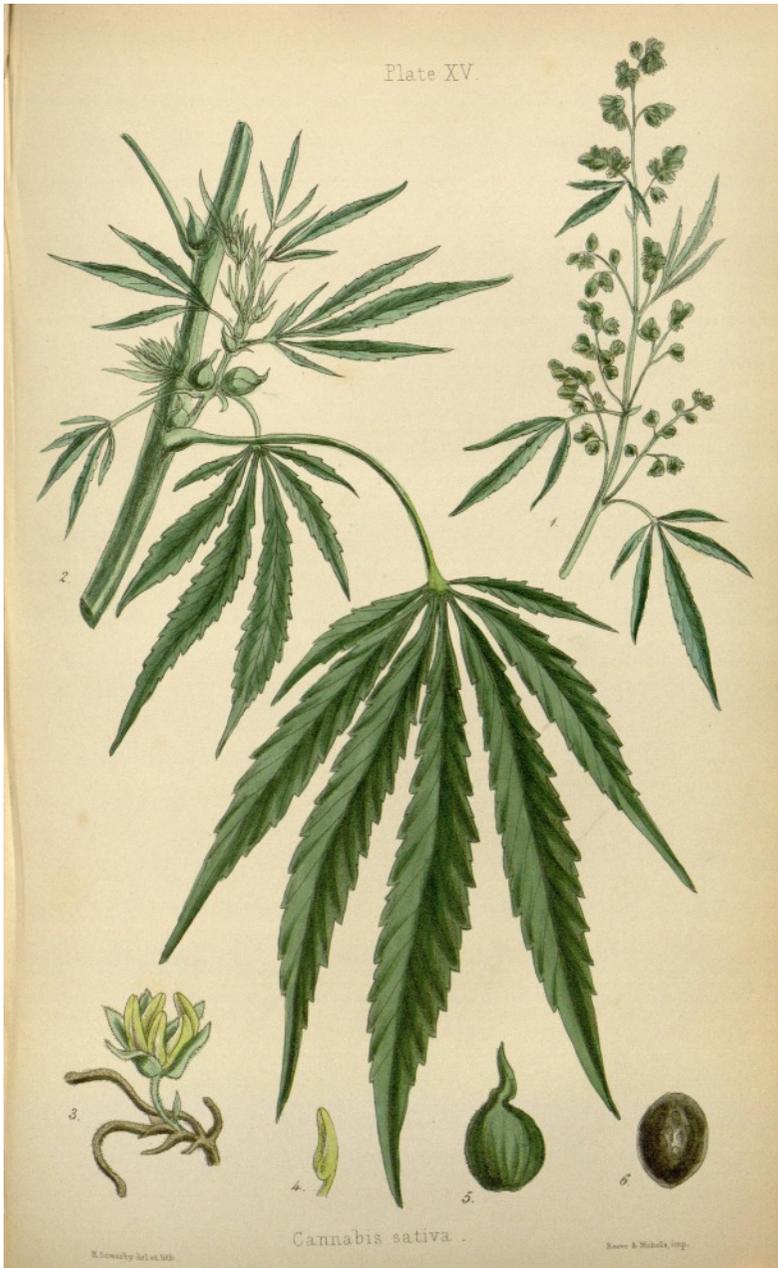
3, 4 & 5 Ibid.; also: Hepler & Frank, UCLA Coll. of Med. Ref. sections on glaucoma, & Elvy Musikka, Medical Case History in Part Three.

6, 7 & 8 See: Medical Data, U.S. DEA, Admin. Law Judicial investigations; ref. Part Four.

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