

¿Puede el cannabis curar el cáncer?

Fernando Caudevilla

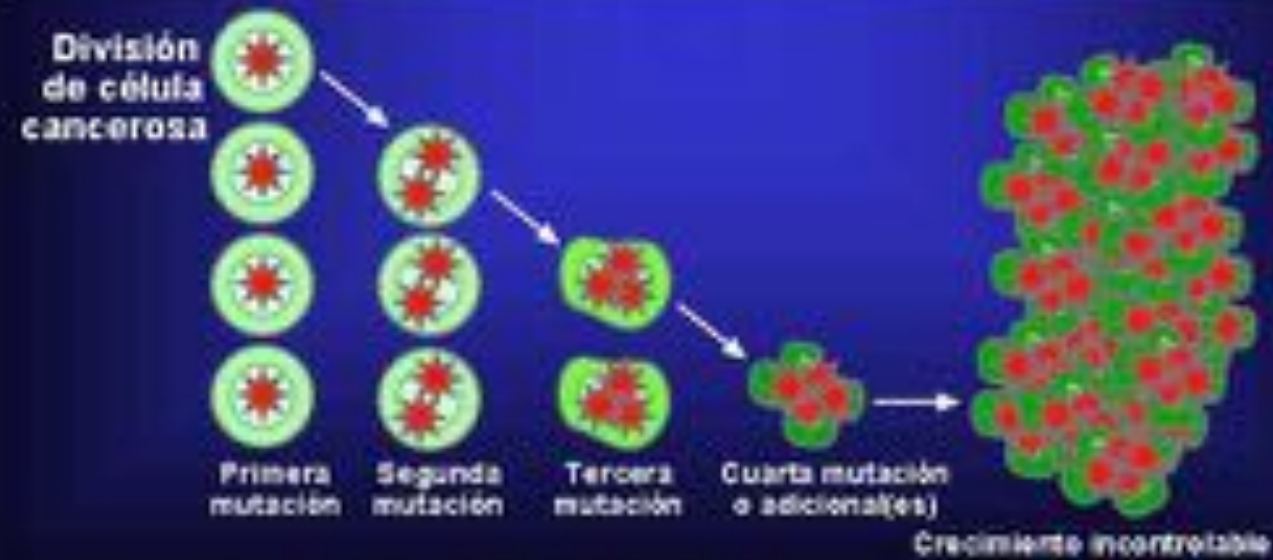
Médico de Familia *Spannabis*, 2014

¿De qué vamos a hablar?

- ¿Qué es el cáncer?
- Sistema Cannabinoide Endógeno, cannabis y cáncer
- El Cannabis en el manejo de los síntomas del cáncer
- El Cannabis en el tratamiento del cáncer

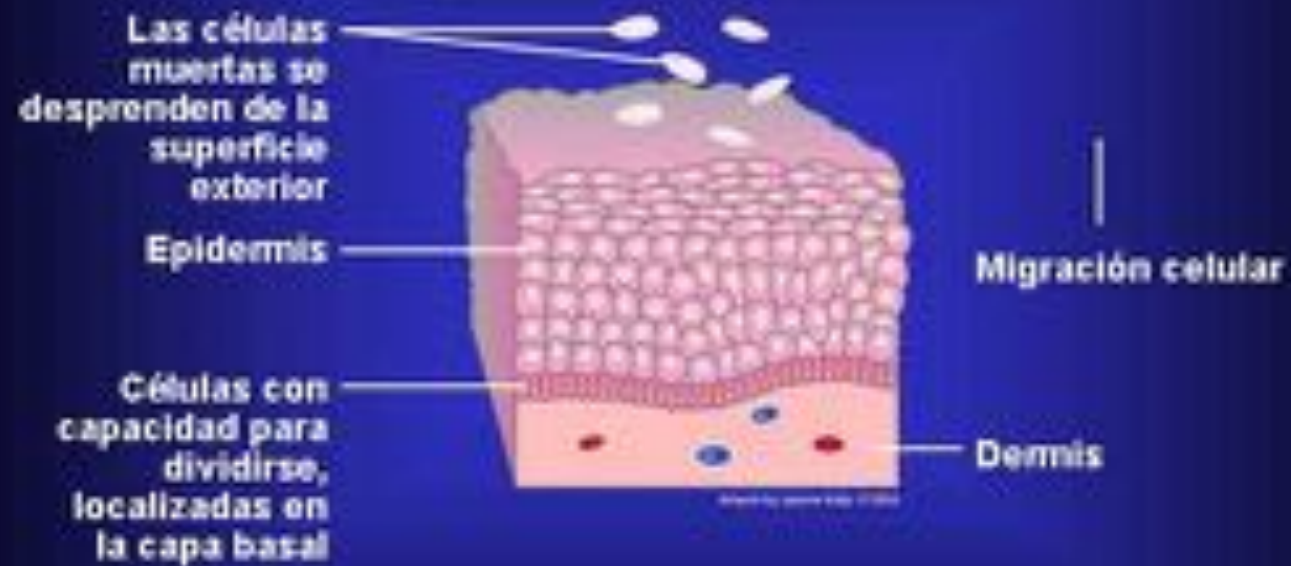
¿Qué es el
cáncer?

La Pérdida de Control del Crecimiento Normal



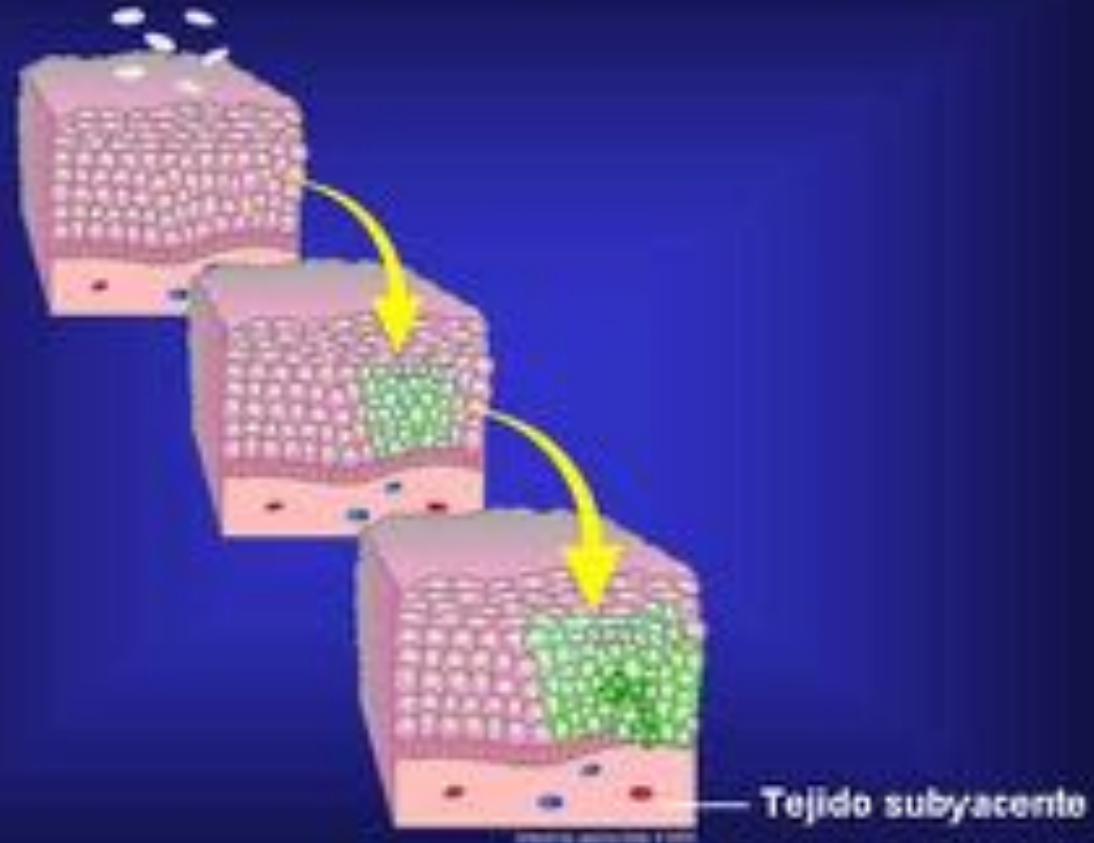
¿Qué es el
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Ejemplo de Crecimiento Normal

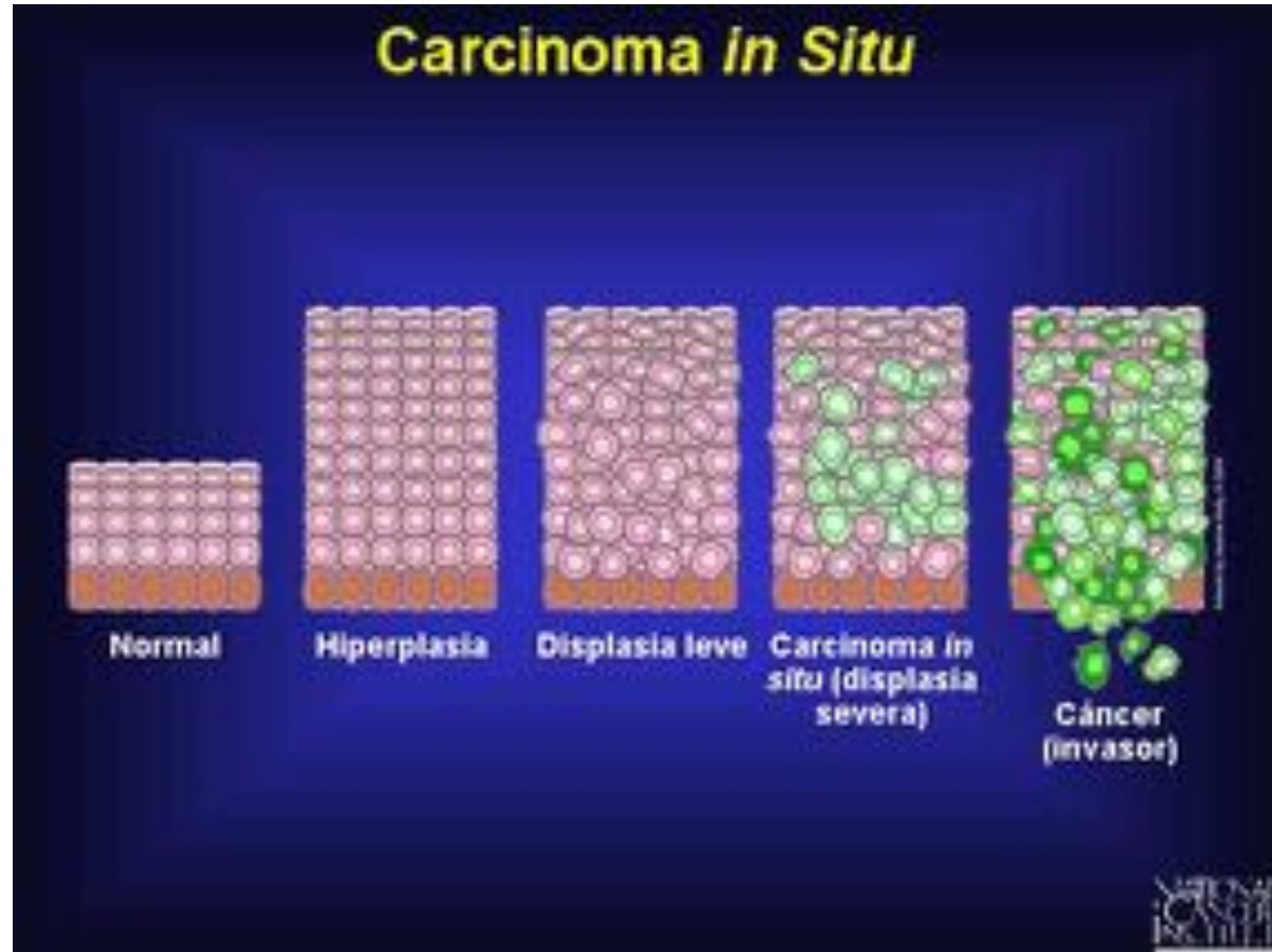


¿Qué es el
cáncer?

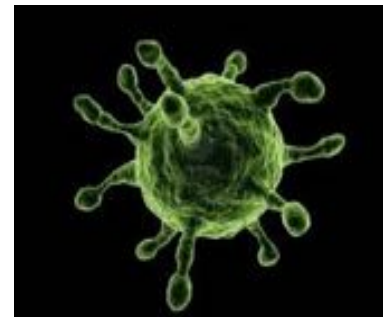
El Inicio del Crecimiento Canceroso



¿Qué es el
cáncer?



¿Cuáles son las causas del cáncer?



Tipos de cáncer

- Existen más de 150 tipos de tumores diferentes



Pronóstico y tratamiento

- El pronóstico depende del:
 - Estadío del tumor (TNM)
 - Tipo de tumor concreto
 - Características del paciente
- El tratamiento puede ser:
 - Cirugía
 - Quimioterapia
 - Radioterapia
 - Hormonoterapia
 - Vacunación

Pronóstico y tratamiento

Supervivencia media a los 5 años	
<u>Cáncer de colon y recto</u>	53%
<u>Cáncer de pulmón</u>	10%
<u>Melanoma</u>	85%
<u>Cáncer de mama</u>	79%
<u>Cáncer de ovario</u>	34%
<u>Cáncer de próstata</u>	74%
<u>Cáncer de testículo</u>	96%
<u>Enfermedad de Hodgkin</u>	80%
<u>Cáncer de páncreas</u>	5%

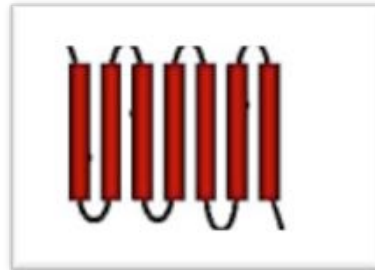
Cannabis y cáncer

Cannabis y cáncer : Sistema Cannabinoide Endógeno

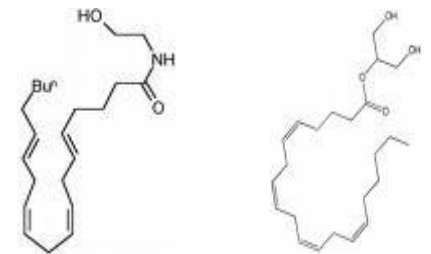


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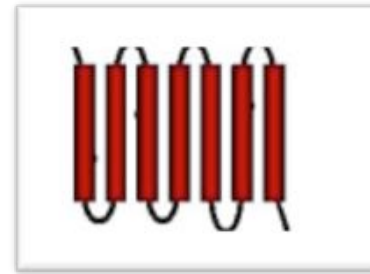
- CB1: Sistema nervioso central, corazón, testículo y retina
- CB2: Sistema inmune



- Cannabinoides endógenos:
 - Anandamida (1992)
 - 2-araquidonil glicerol (1994)



Cannabis y cáncer : Sistema Cannabinoide Endógeno



CB1: Sistema nervioso central



Control del movimiento
Control de TA y FC
Percepción del dolor
Efectos psicoactivos
Efectos sobre centro del
vómito

CB2: Sistema inmunológico



Efectos inmunomoduladores

Cannabis y cáncer

Uso del cannabis y cannabinoides en el
tratamiento de los **síntomas del cáncer**

Uso del cannabis y cannabinoides en el
tratamiento del cáncer como enfermedad

Cannabis y cáncer

Uso del cannabis y cannabinoides en el tratamiento de los **síntomas del cáncer**

Dolor

Pérdida de apetito

Náuseas y vómitos provocados por la enfermedad

Náuseas y vómitos provocados por la quimioterapia

Cansancio

Pérdida de peso

Síntomas psicológicos

Cannabis y cáncer

Uso del cannabis y cannabinoides en el tratamiento de los **síntomas del cáncer**

Dolor

Pérdida de apetito

Náuseas y vómitos provocados por la enfermedad

Náuseas y vómitos provocados por la quimioterapia

Cansancio

Pérdida de peso

Síntomas psicológicos

Existen **SUFICIENTES PRUEBAS CIENTÍFICAS** sobre
la eficacia de los cannabinoides en el control de
estos síntomas

- El control de náuseas y vómitos asociados a quimioterapia está avalado por dos metaanálisis (Tramer et al, 2001; Machado Rocha et al, 2008) y ensayos clínicos comparando con nuevos fármacos.(Meiri et al, 2007)
- Potencia el efecto analgésico de los opiáceos.(Narang et al, 2007)
- Incremento de apetito y ganancia de peso(Gorter, 1999)
- Efectos positivos sobre el insomnio y el humor (Walsh, 2003)

Tramer MR, Carroll D, Campbell FA, Reynolds DJ, Moore RA et al Cannabinoids for control of chemotherapy induced nausea and vomiting: quantitative systematic review. *BMJ*. 2001 Jul 7;323(7303):16-21.

Machado Rocha FC, Stéfano SC, De Cássia Haiek R, Rosa Oliveira LM, Da Silveira DX Therapeutic use of Cannabis sativa on chemotherapy-induced nausea and vomiting among cancer patients: systematic review and meta-analysis. *Eur J Cancer Care (Engl)*. 2008 ;17:431-43.

Meiri E, Jhangiani H, Vredenburg JJ, Barbato LM, Carter FJ, Yang HM et al. Efficacy of dronabinol alone and in combination with ondansetron versus ondansetron alone for delayed chemotherapy-induced nausea and vomiting. *Curr Med Res Opin* 2007;23(3):533-43.

Gorter RW. Cancer cachexia and cannabinoids. *Forsch Komplementarmed*. 1999 Oct;6 Suppl 3:21-2.

Walsh D, Nelson KA, Mahmoud FA. Established and potential therapeutic applications of cannabinoids in oncology. *Support Care Cancer*. 2003 Mar;11(3):137-43. E 2002

Uso del cannabis y cannabinoides en el tratamiento del cáncer como enfermedad



Sistema inmunológico

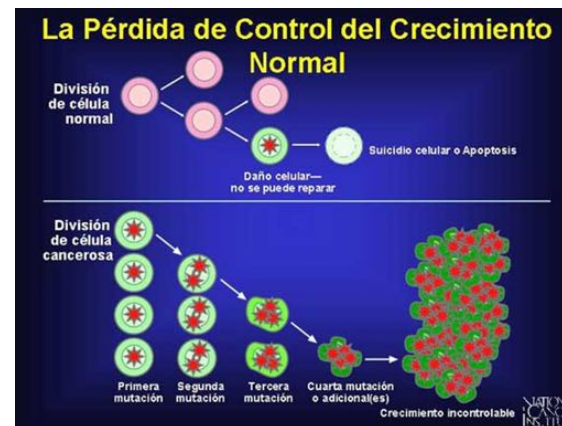
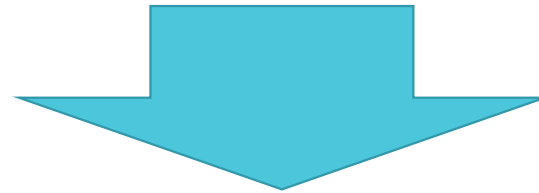


Table 1 A selection of cannabinoid receptor ligands and their specificities

Ligand	Source	Action	Specificity	K _i CB ₁ (nM)	K _i CB ₂ (nM)
Δ ⁹ -THC	Plant-derived	Nonspecific agonist	CB ₁ > CB ₂	5–80	3–75
Cannabidiol	Plant-derived	Low-to-no receptor affinity			
Anandamide (AEA)	Endogenous	Nonspecific agonist	CB ₁ > CB ₂	61–543	279–1,940
2-arachidonoylglycerol (2-AG)	Endogenous	Nonspecific agonist	CB ₁ > CB ₂	58–472	145–1,400
R-(+)-Met-anandamide	Synthetic	Nonspecific agonist	CB ₁ > CB ₂	18–28	815–868
WIN-55,212-2	Synthetic	Nonspecific agonist	CB ₁ = CB ₂	2–123	0.3–16
HU-210	Synthetic	Nonspecific agonist	CB ₁ = CB ₂	0.06–0.7	0.2–0.52
JWH-133	Synthetic	Selective agonist	CB ₁	677	3.4
SR141716	Synthetic	Selective antagonist	CB ₁	1.8	514
SR144528	Synthetic	Selective antagonist	CB ₂	50–10,000	0.3–6

Notes: K_i values are reported based on reported values for the in vitro displacement of [³H]CP 55,940 (CB₁)- or [³H]HU 243 (CB₂)-binding sites.

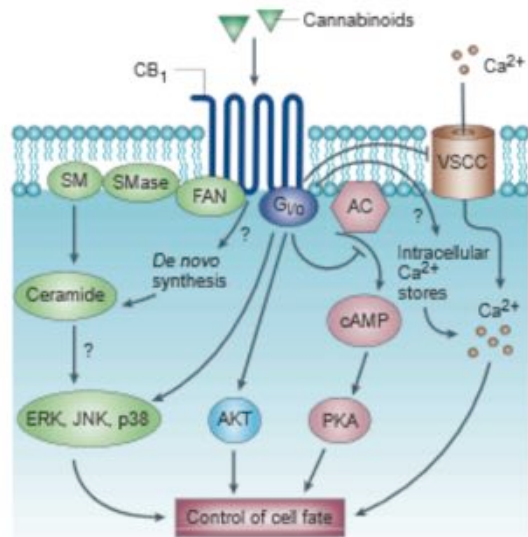
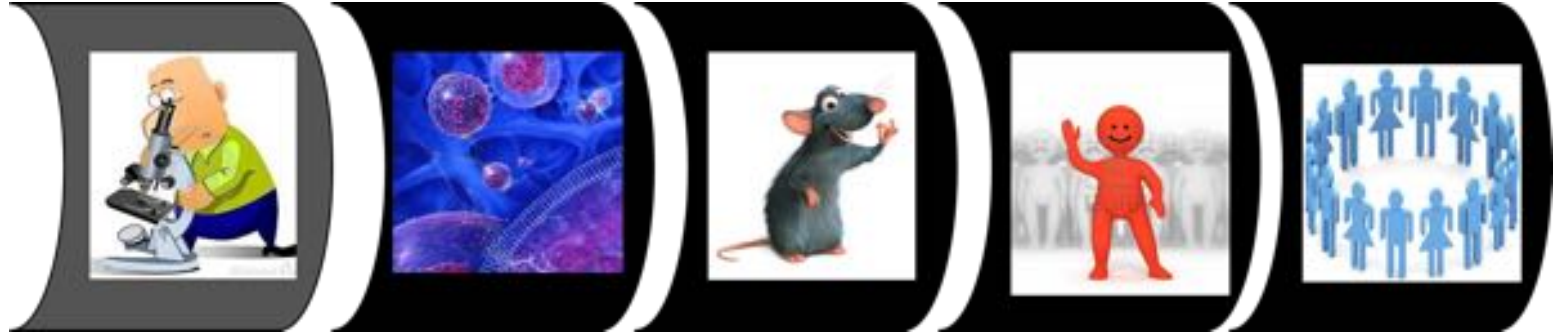


Figure 1 | Signalling pathways involved in the control of cell fate by cannabinoids. Cannabinoids exert their effects by binding to specific G-protein-coupled receptors. The cannabinoid receptor CB₁ signals several different cellular pathways. These include inhibition of the adenylyl cyclase (AC)–cyclic AMP–protein kinase A (PKA) pathway; modulation of

Table 2 | Tumours that are sensitive to cannabinoid-induced growth inhibition

Tumour type	Experimental system	Effect	Receptor	References
Lung carcinoma	<i>In vivo</i> (mouse); <i>in vitro</i>	Decreased tumour size; cell-growth inhibition	N.D.	29
Glioma	<i>In vivo</i> (mouse, rat); <i>in vitro</i>	Decreased tumour size; apoptosis	CB ₁ , CB ₂	50,51,53,85
Thyroid epithelioma	<i>In vivo</i> (mouse); <i>in vitro</i>	Decreased tumour size; cell-cycle arrest	CB ₁	60
Lymphoma/leukaemia	<i>In vivo</i> (mouse); <i>in vitro</i>	Decreased tumour size; apoptosis	CB ₂	96
Skin carcinoma	<i>In vivo</i> (mouse); <i>in vitro</i>	Decreased tumour size; apoptosis	CB ₁ , CB ₂	61
Uterus carcinoma	<i>In vitro</i>	Cell-growth inhibition	N.D.	97,98
Breast carcinoma	<i>In vitro</i>	Cell-cycle arrest	CB ₁	57–59
Prostate carcinoma	<i>In vitro</i>	Apoptosis	CB ₁ ?	54,59,99
Neuroblastoma	<i>In vitro</i>	Apoptosis	VR ₁	51,73

N.D., not determined; VR₁, type 1 vanilloid receptor



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The role of cannabinoids in prostate cancer: Basic science perspective and potential clinical applications

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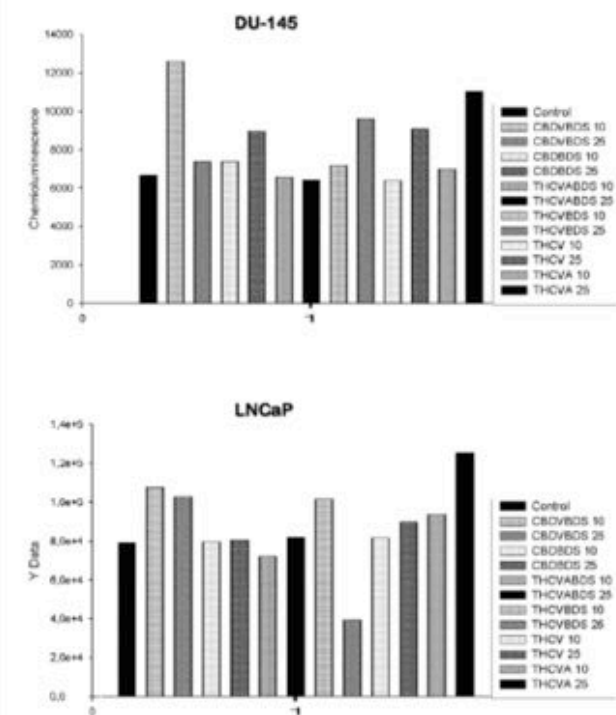
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Abstract

Prostate cancer is a global public health problem, and it is the most common cancer in American men and the second cause for cancer-related death. Experimental evidence shows that prostate tissue possesses cannabinoid receptors and their stimulation results in anti-androgenic effects. To review currently relevant findings related to effects of cannabinoid receptors in prostate cancer. PubMed search utilizing the terms "cannabis," "cannabinoids," "prostate cancer," and "cancer pain management," giving preference to most recent publications was done. Articles identified were screened for their relevance to the field of prostate cancer and interest to both urologist and pain specialists. Prostate cancer cells possess increased expression of both cannabinoid 1 and 2 receptors, and stimulation of these results in decrease in cell viability, increased apoptosis, and decreased androgen receptor expression and prostate-specific antigen excretion. It would be of interest

Figure 2: Effect of cannabinoids on apoptosis in hormone-insensitive prostate cancer cell line (DU-145) and hormone-sensitive prostate cancer cell line (LNCaP)



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Br J Cancer. 2006 Jul 17;95(2):197-203. Epub 2006 Jun 27.

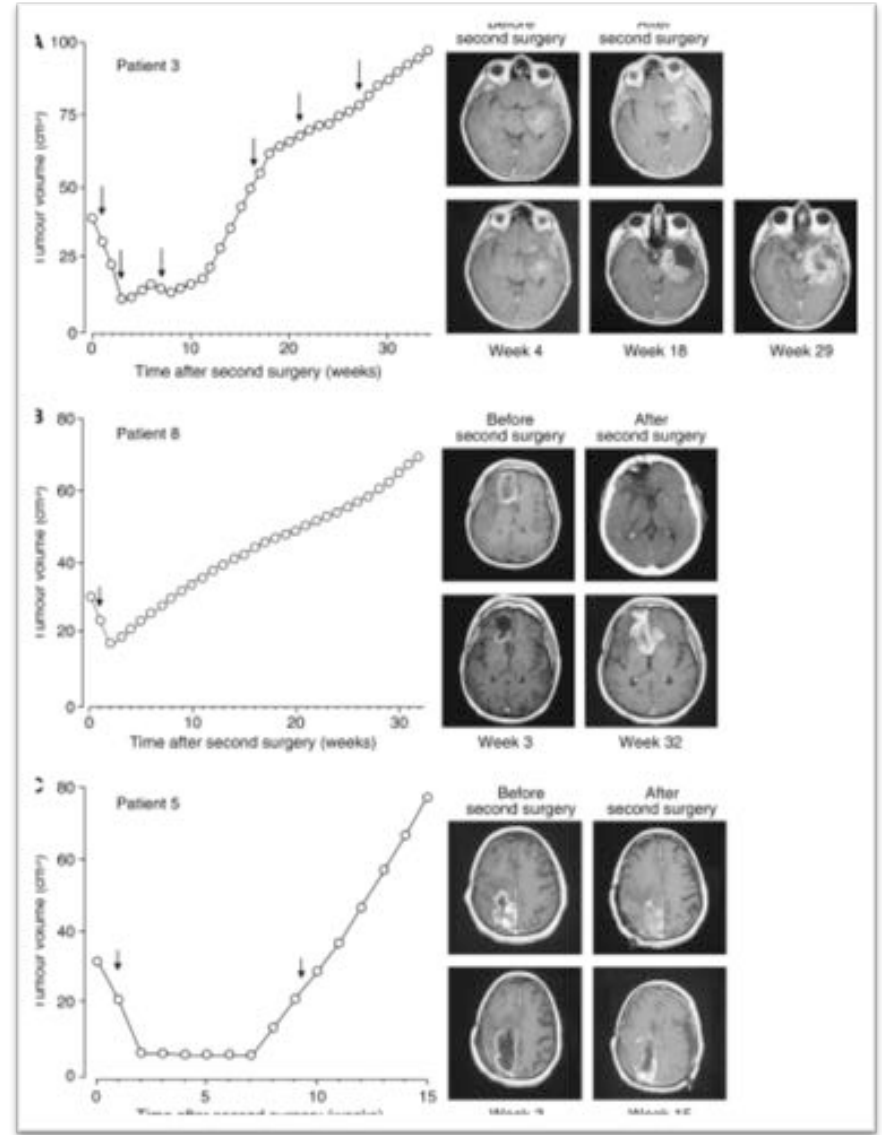
A pilot clinical study of Delta9-tetrahydrocannabinol in patients with recurrent glioblastoma multiforme.

Guzmán M, Duarte MJ, Blázquez C, Ravina J, Rosa MC, Gabe-Ropeth I, Sánchez C, Velasco G, González-Feria L.

Department of Biochemistry and Molecular Biology I, School of Biology, Complutense University, Madrid 28040, Spain. mgp@bbm1.ucm.es

Abstract

Delta(9)-Tetrahydrocannabinol (THC) and other cannabinoids inhibit tumour growth and angiogenesis in animal models, so their potential application as antitumoural drugs has been suggested. However, the antitumoural effect of cannabinoids has never been tested in humans. Here we report the first clinical study aimed at assessing cannabinoid antitumoural action, specifically a pilot phase I trial in which nine patients with recurrent glioblastoma multiforme were administered THC intratumorally. The patients had previously failed standard therapy (surgery and radiotherapy) and had clear evidence of tumour progression. The primary end point of the study was to determine the safety of intracranial THC administration. We also evaluated THC action on the length of survival and various tumour-cell parameters. A dose escalation regimen for THC administration was assessed. Cannabinoid delivery was safe and could be achieved without overt psychoactive effects. Median survival of the cohort from the beginning of cannabinoid administration was 24 weeks (95% confidence interval: 15-33). Delta(9)-Tetrahydrocannabinol inhibited tumour-cell proliferation in vitro as a decreased tumour-cell Ki67 immunostaining when administered to two patients. The fair safety profile of THC, together with its possible antiproliferative action on tumour cells reported here and in other studies, may set the basis for future trials aimed at evaluating the potential antitumoural activity of cannabinoids.




El timo de Rick Simpson





- Supuestamente cura el cáncer pero también todas las demás enfermedades
- Se oculta información sobre supuestos procedimientos
- Dosificación
- Inconcreciones y falsedades históricas
- Manipulación de datos de investigación de otros autores
- Recurso a la teoría de la conspiración
- Argumento histórico

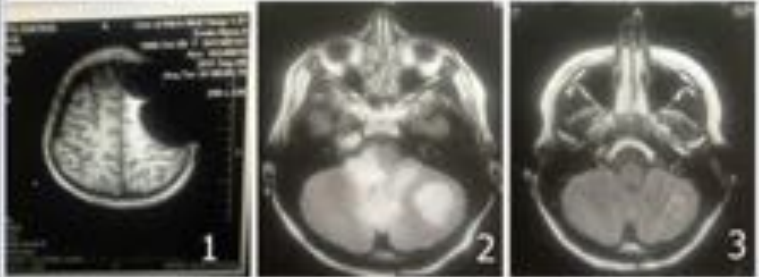
Algunas historias falsas que circulan por Internet



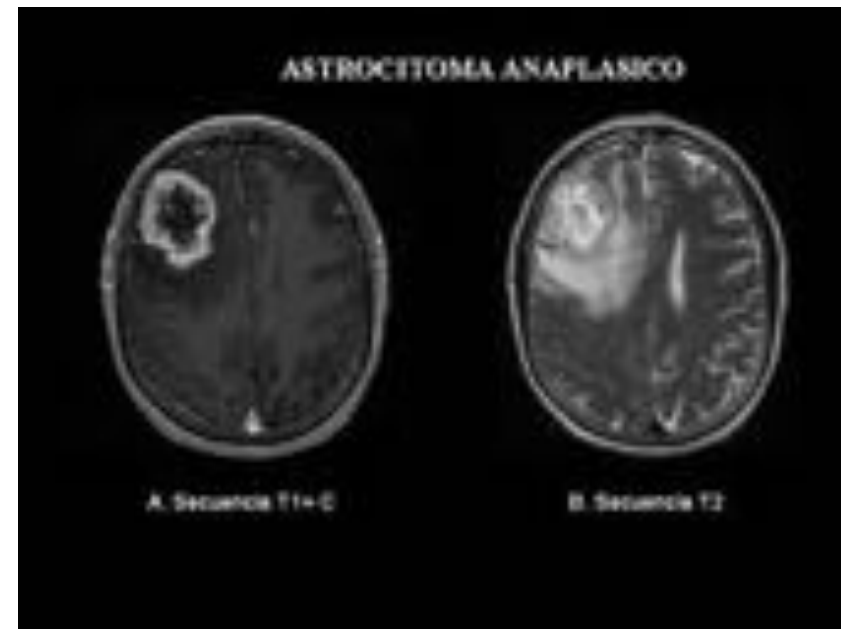
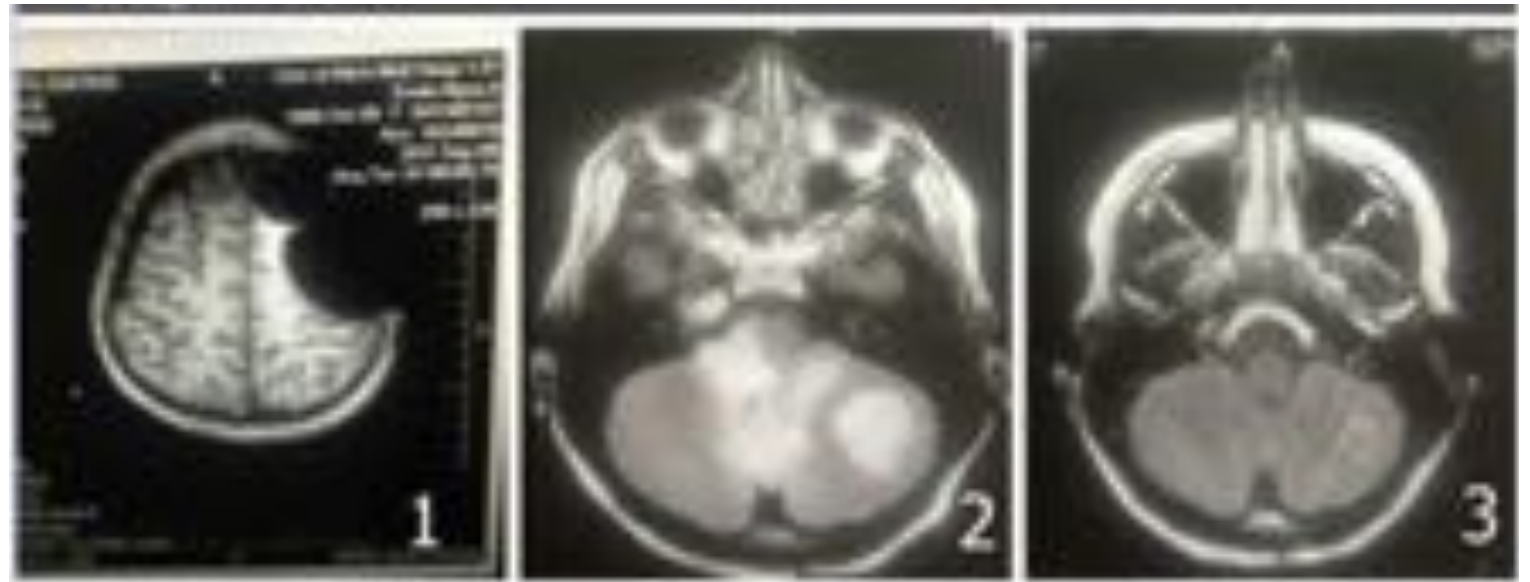
Grade 3 Anaplastic Astrocytoma Brain Cancer

My name is Alysa Erwin I am 16, I was diagnosed with Brain cancer when I was 14, July 15th of 2011. The Cannabis Oil worked just like in the film, "What if Cannabis Cures Cancer." 16 Months of Cannabis Oil and I'm happy.

Photo 1 shows my diffused cancer. Back in September 2011. Photo 2 shows my cancer capsulating. August 2012. Photo 3 shows me in remission, January 2013.



TO LEARN MORE ABOUT CANNABIS OIL VISIT :
WWW.PHOENIXTEARS.CA
PLEASE DONATE AT GOFUNDME.COM TO HELP ALYSA SHARE HER STORY AT THE 41ST ANNUAL CANCER CONVENTION IN HOLLYWOOD CA. SEPT. 2013.



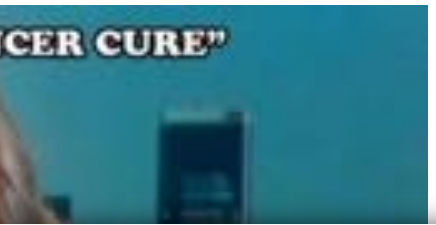


TOMMY CHONG
THE TREATMENT BOSS OF POWER THE "BOSS"

"I WAS DIAGNOSED WITH PROSTATE CANCER. I'M GOING TO START TREATING IT WITH Hemp Oil." - TOMMY CHONG

HEMP OIL

"GOT MY BLOOD TEST RESULTS BACK, THE HEMP OIL IS WORKING!"



Tommy Chong: 'I'm Cancer-Free!'

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After I came out with the news that I had prostate cancer, I had given up hope and researched a high frequency treatment that is not approved in America and cost me the sum of \$25,000. I researched several alternatives. I contacted my brother in law, who was about to receive a stroke and he happened to meet with a Dr. Williams in Indiana, IN. That doctor checked my diet and the oil supplements, and after a week brought my PSA numbers down drastically and eliminated the cancer threat. I will keep the doctor with hemp oil, omega 3, vitamin D, and the supplements and the fruit oil plus a protein with a amino acid and leafy green (broccoli and the green tea). That's right I used hemp oil for the magic plant because cancer with the right diet and supplements. The doctor advised that I should not take the doctor's advice to avoid any more of a cancerous part of the brain.

Dr. William Courtney Calls Child "A Miracle Baby"



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Dr. William Courtney Calls Child "A Miracle Baby"



Dr. William Courtney

Medical marijuana is gaining acceptance, but could it even help kids? Dr. William Courtney has seen it happen, and on Friday, told HuffPost Live host Alyssa Mitkowski about it. Saying he was "quite a skeptic" 5 or 6 years ago, Dr. Courtney explained that his youngest patient is 9 months old, and had a very massive centrally located inoperable brain tumor. The child's father pushed for non-traditional treatment utilizing cannabis. "They were putting cannabidiol oil on the baby's pacifier twice a day, increasing the dose... And within two months there was a dramatic reduction, enough that the pediatric oncologist allowed them to go ahead with not pursuing traditional therapy." The tumor was remarkably reduced after eight months of treatment. Dr. Courtney pointed out that the success of the cannabis approach means that **this child, because of that, is not going to have the long-term side effects that would come from a very high dose of chemotherapy or radiation... currently the child's being called a miracle baby, and I would have to agree that this is the perfect response that we should be looking to treat low therapy for all children before they launch off on all medications that have horrific long-term side effects.**





PubMed

(Courtney W[Author] MD) AND (animal) NOT (fish)

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A Resource For The Dietary And Medicinal Study And Use Of Cannabis

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Consultations

A book on Non-psychoactive Dietary Cannabis is in the pipeline. Until then the information found at Cannabis International is updated as frequently as possible.

A patient to patient blog with episodic participation by Kristen or William has been re-introduced.

Kristen Courtney brings a decade of personal experience and research to the area of dietary cannabis. With multiple autoimmune disorders: lupus, juvenile rheumatoid, interstitial cystitis, cervical dysplasia, vertebral fractures complicated by diverse pharmaceutical allergies. With 14 surgeries and 4 years of bed rest she has empathy as well as knowledge that has arisen from her education in statistics and research design.

Dr. William Courtney has seen over 7,000 patients whose diverse medical conditions have provided him with an education that has driven him to understand how raw dietary cannabis interacts with every cell of the body. If you are not his patient he cannot give specific medical advice but can speak in general about the experience he has had with others with similar conditions.

For individual consultations on specific questions:

	5 min.	15 min.	30 min.	60 min.
Kristen Courtney	\$20	\$50	\$100	\$200
William Courtney, MD, ANCH	\$40	\$100	\$200	\$400

To schedule a consultation

First, contact the Courtneys by calling (707) 961-1428. Once you've set up a date and time, then you can pay for the consultation by visiting drwilliamscourtney.com

Cannabis International

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Dates from Sat, 2011 Mar 27 to Sat, 2011 Mar 27 to Sat, 2011 Mar 27

Spontaneous regression of septum pellucidum/forniceal pilocytic astrocytomas—possible role of Cannabidiol inhibition.

Parvathi S, Henthorn S, Dorevick P, Sheth S

Department of Neurosurgery, Department of Surgery, St. Michael's Hospital, 3840 Sheppard Avenue East, Toronto, Ontario, Canada. info@stmichaelshospital.com

ABSTRACT

INTRODUCTION: Spontaneous regression of pilocytic astrocytoma after incomplete resection is well recognized, especially for cerebellar and optic pathway tumors, and tumors associated with fibrodysplasia type 1 (NF-1). The purpose of this report is to document spontaneous regression of pilocytic astrocytomas of the septum pellucidum and to discuss the possible role of cannabidiol in promoting regression.

CASE REPORT: We report two children with septum pellucidum/forniceal pilocytic astrocytoma (PA) tumors in the absence of NF-1, who underwent craniotomy and subtotal resection, leaving behind a small residual in each case. During Magnetic Resonance Imaging (MRI) surveillance in the first three years, one case was dominant and the other showed slight increase in size, followed by clear regression of both residual tumors over the following 3-year period. Neither patient received any conventional adjuvant treatment. The tumors regressed over the same period of time that cannabidiol was consumed via inhalation, raising the possibility that the cannabidiol played a role in the tumor regression.

CONCLUSION: We advise caution against instituting adjuvant therapy or further aggressive surgery for small residual PAs, especially in eloquent locations, even if there appears to be slight progression, since regression may occur later. Further research may be appropriate to elucidate the increasingly recognized effect of cannabidiol on neurogenesis or glioma.

PMID: 22246533 PubMed: abstract/22246533

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Related citations in PubMed

- Spontaneous resolution of a non-epileptic electroencephalogram in mesial temporal lobe epilepsy. *Epilepsia*. 2004;45(12):2004-10.
- Long-term follow-up of childhood cerebellar astrocytomas after. *Child Neurosci*. 2009;31(10):1855-61.
- Spontaneous regression of residual low-grade cerebellar pilocytic astrocytoma. *Child Neurosci*. 2005;27(12):1424-8.
- Genetic patterns and anaplastic change in a glioblastoma. *Pathol Res Pract*. 2007;103(1):1-4.
- Imaging the corpus callosum: tubular retractor and biopsy in glioblastoma. *Neurosurgery*. 2002;52(5):905-10.

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Dates from Sat, 2011 Mar 1 to Sat, 2011 Mar 1

Arrested growth and spontaneous tumor regression of partially resected low-grade cerebellar astrocytomas in children.

Liu JH, Liu JQ, Chu CQ, Hwang JL, Yang JL, Wang Q, Hwang JL

Department of Neurosurgery, Department of Surgery, Tianjin Medical University Hospital, 300070 Tianjin, China. hhwang@tjmu.edu.cn

ABSTRACT

PURPOSE: The prognosis of children with low-grade cerebellar astrocytoma who have partial resection of tumor is largely unpredictable. The purpose of this study was to assess the long-term outcome of such patients.

METHODS: The medical charts, imaging findings, operative notes, histopathological reports, and survival times of 12 patients with cerebellar astrocytoma were reviewed.

RESULTS: Five patients had total resection and seven had partial resection. Three patients had grade I histology and three patients had grade II. Follow-up duration ranged from 1 to 25 years. Among the seven patients with residual tumor, five had tumor progression, one had arrested tumor growth, and one had spontaneous tumor regression. Five patients with partial resection received radiotherapy and three had malignant transformation of tumor during follow-up. Six patients, including five who had partial resection, underwent a second operation. One patient with partial resection died of pneumonia 20 years after surgery.

CONCLUSIONS: Patients with complete tumor resection had a better prognosis than patients with partial resection. For patients with partial resection, we recommended a "wait and see" policy with surveillance using MRI. The phenomenon of arrested tumor growth and spontaneous tumor regression in patients with cerebellar astrocytoma who have subtotal resection warrants further study.

PMID: 21246533 PubMed: abstract/21246533

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- Long-term follow-up of childhood cerebellar astrocytomas after. *Child Neurosci*. 2009;31(10):1855-61.
- Residual or recurrent cerebellar low-grade glioma in children after tumor. *Child Neurosci*. 2002;24(12):1324-8.
- Long-term follow-up of pediatric large cerebellar astrocytomas. *Neurosurgery*. 2011;69(1):105-11.
- Cerebellar astrocytomas in children. *J Neurooncol*. 1994;13(2):105-11.
- Genetic patterns and anaplastic change in a glioblastoma. *Pathol Res Pract*. 2007;103(1):1-4.

See more...

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- En resumen:
 - Existen suficientes evidencias para recomendar el uso de cannabinoides en pacientes seleccionados para el manejo de algunos síntomas del cáncer
 - Existen datos de investigación pre-clínicos que sugieren que los cannabinoides tendrán algún papel en el tratamiento del cáncer en un futuro próximo
 - Internet contribuye a difundir mensajes erróneos sobre el Cannabis y el cáncer que pueden tener impacto sobre la salud de las personas.