

¿Puede el cannabis curar el cáncer?

Fernando Caudevilla

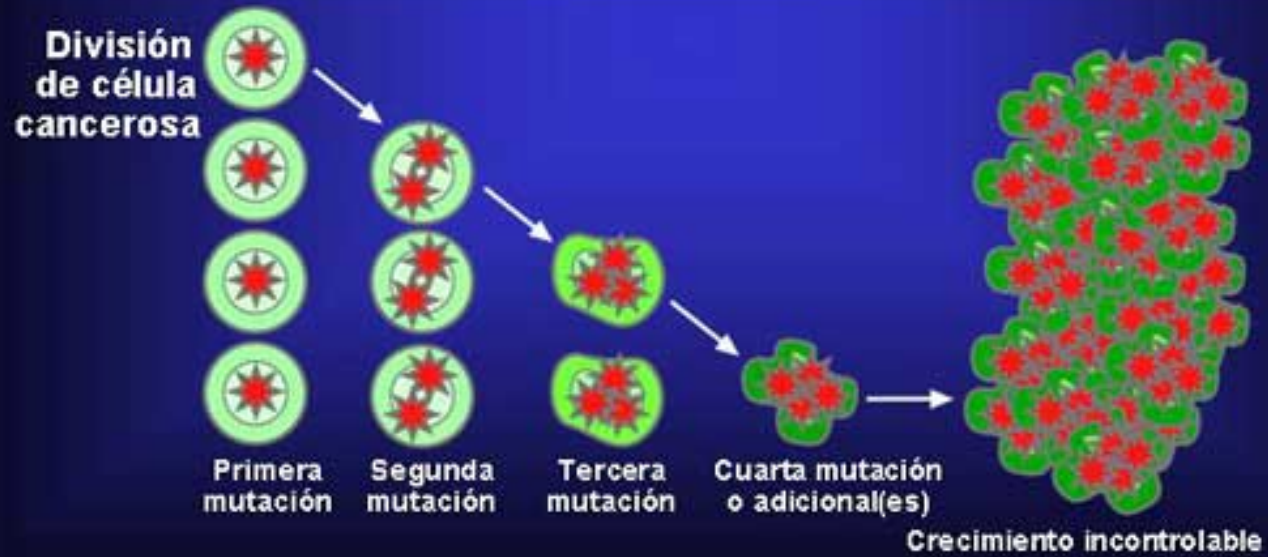
Médico de Familia *Spannabis*, 2014

¿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

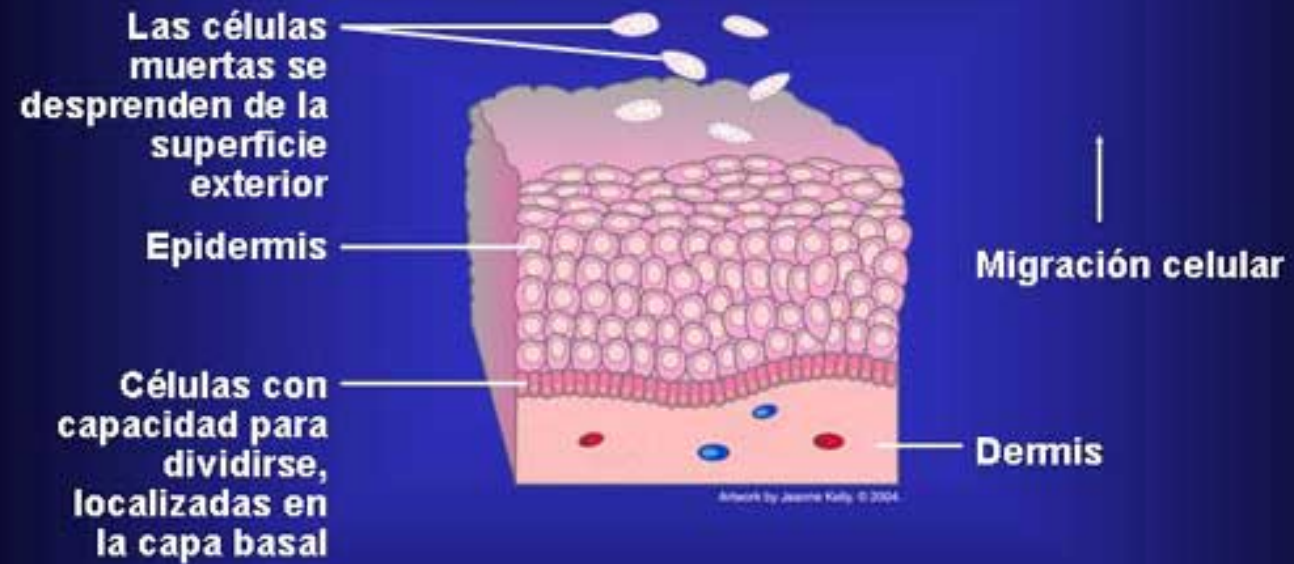
¿Qué es el
cáncer?

La Pérdida de Control del Crecimiento



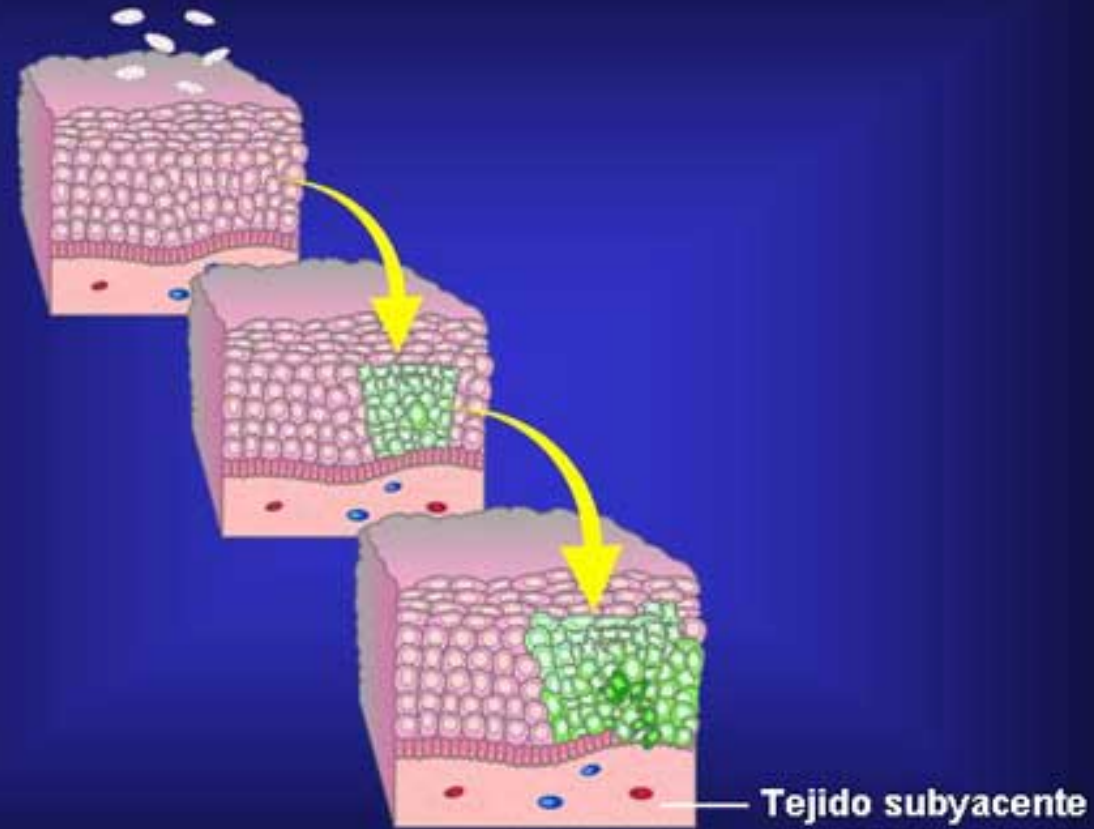
¿Qué es el
cáncer?

Ejemplo de Crecimiento Normal



¿Qué es el
cáncer?

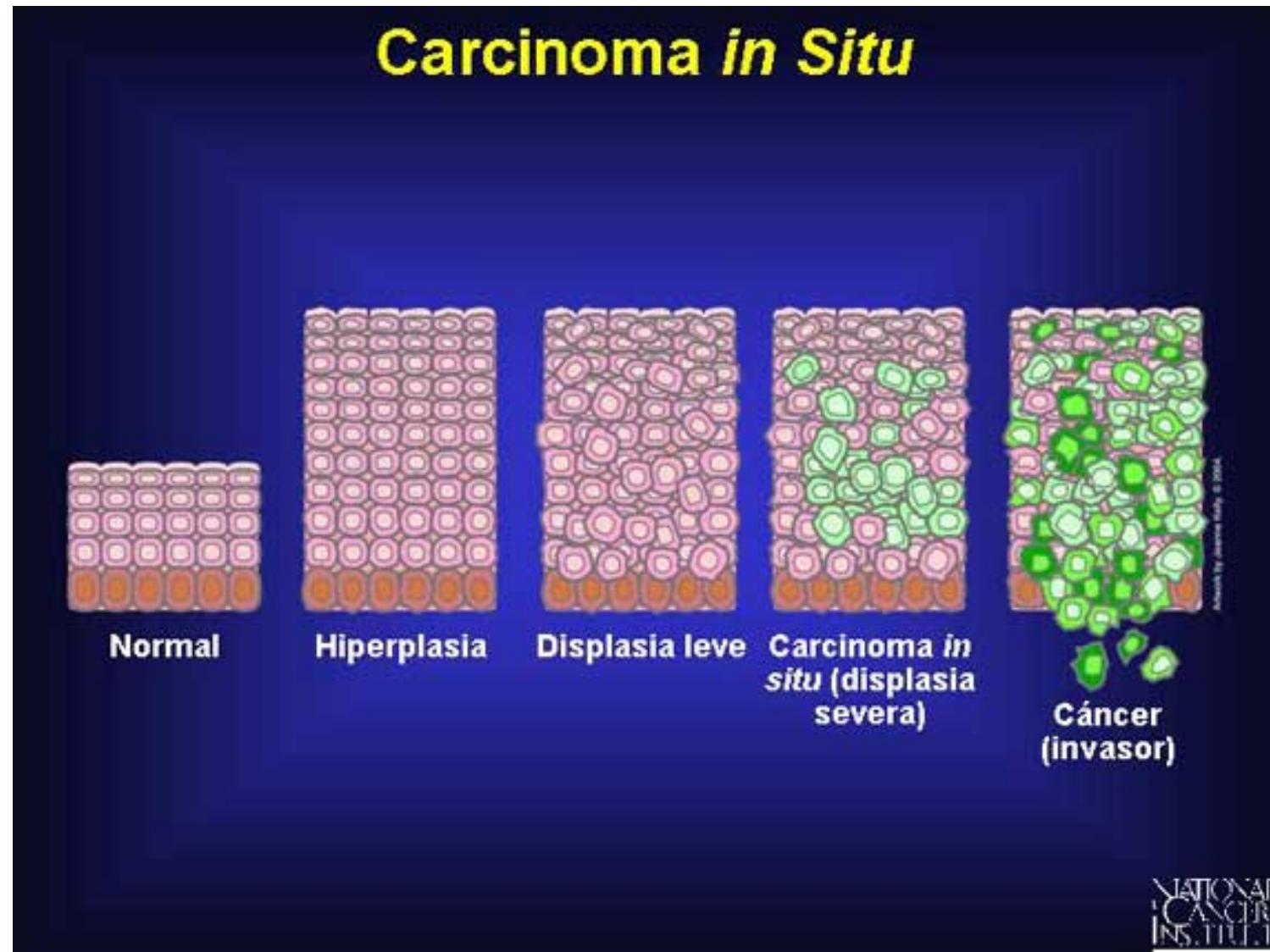
El Inicio del Crecimiento Canceroso



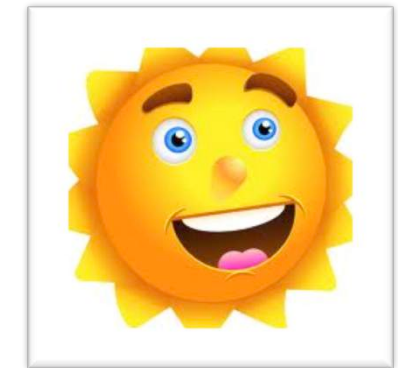
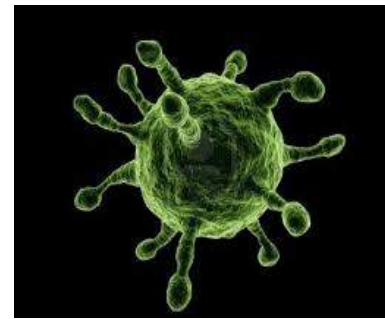
Artwork by Jeanne Kelly © 2004

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¿Qué es el
cáncer?



¿Cuáles son las causas del cáncer?



Tipos de cáncer

- Existen más de 150 tipos de tumores diferentes

Nombrando los Cánceres

Los Prefijos del Cáncer Señalan a la Ubicación

<i>Prefijo</i>	<i>Significado</i>
adeno-	glándula
condro-	cartilago
eritro-	glóbulos rojos
hemangio-	vasos sanguíneos
hepato-	hígado
lipo-	grasa
linfo(á)-	linfocito
melano-	célula de pigmento
mielo-	médula ósea
mio-	músculo
osteo-	hueso

Illustration by Jennifer Kelly, © 2004

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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%

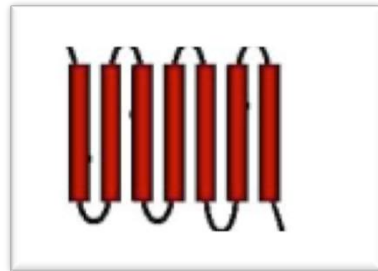
Cannabis y cáncer

Cannabis y cáncer : Sistema Cannabinoide Endógeno

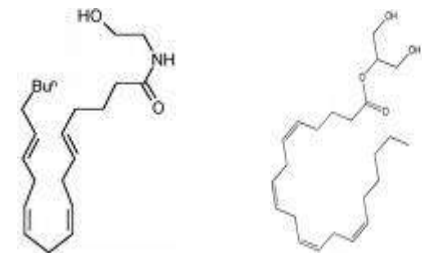


Receptores :

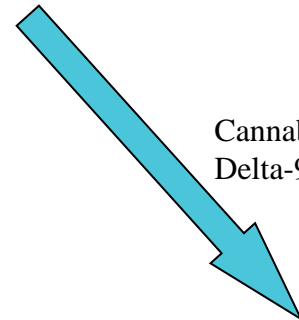
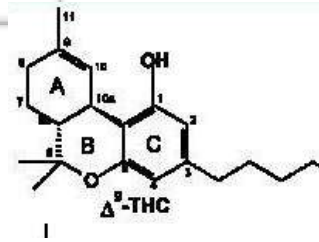
- CB1: Sistema nervioso central, corazón, testículo y retina
- CB2: Sistema inmune



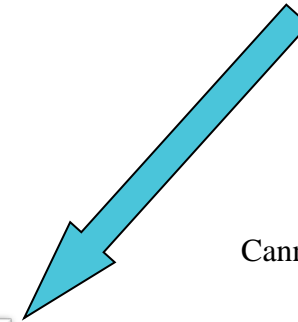
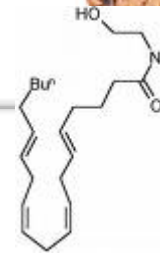
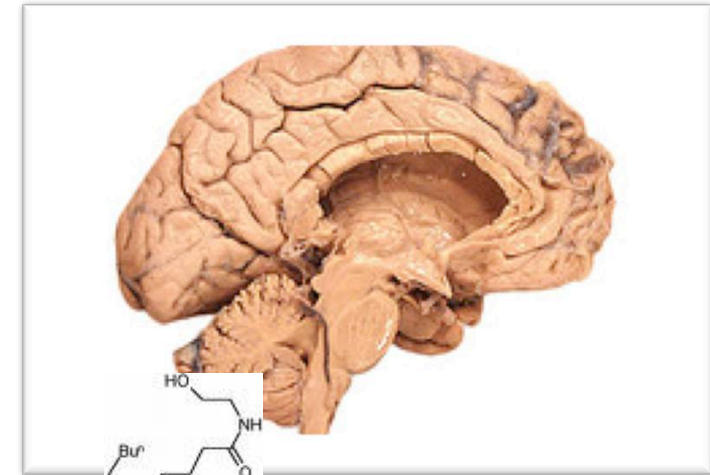
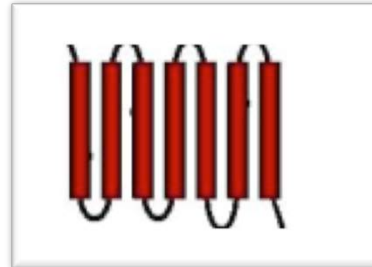
- Cannabinoides endógenos:
 - Anandamida (1992)
 - 2-araquidonil glicerol (1994)



Cannabis y cáncer : Sistema Cannabinoide Endógeno

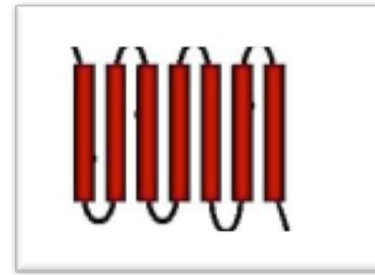


Cannabinoides naturales:
Delta-9



Cannabinoides endógenos:
Anandamida
2-araquidonil
glicerol

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 DXTherapeutic 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

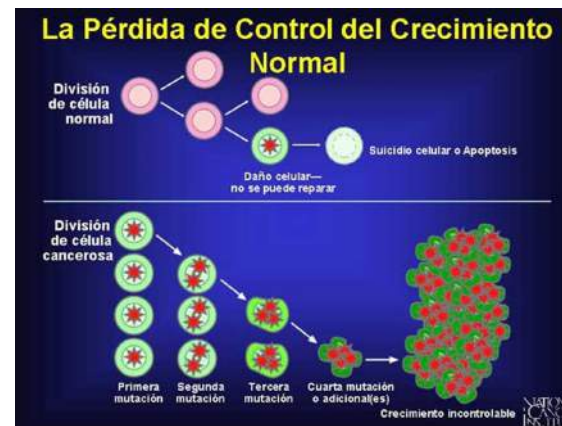
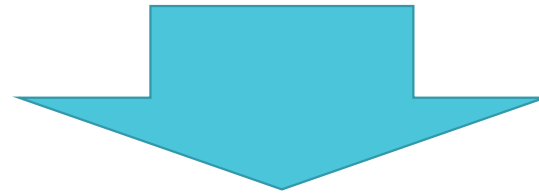


Table 1 A selection of cannabinoid receptor ligands and their specificities

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 ₂	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.

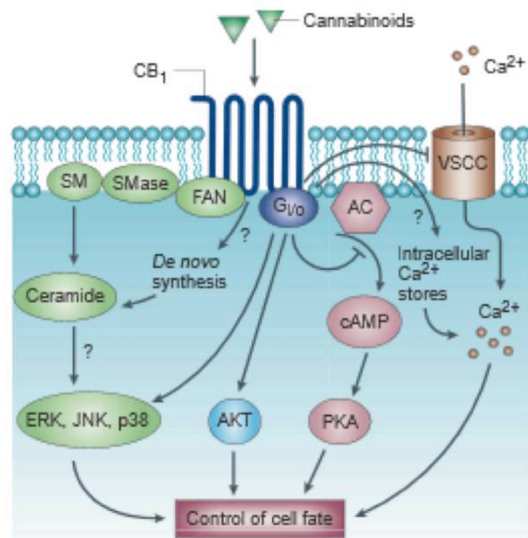


Figure 1 | Signalling pathways involved in the control of cell fate by cannabinoids. Cannabinoids exert their effects by binding to specific G-protein-coupled receptors. The cannabinoid receptor CB₁ signals several different cellular pathways. These include inhibition of the adenylyl cyclase (AC)–cyclic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



e of cannabinoids in prostat... x Recibidos (2) - caudevilla@gmail.c... x Hotel Costa Verde, Panoramic pict... x (1) Facebook x Irreversibilidad = Libertad | Bitcoin ...

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Indian J Urol. 2012 Jan-Mar; 28(1): 9-14.
doi: [10.4103/0970-1591.94942](https://doi.org/10.4103/0970-1591.94942)

PMCID: PMC3339795

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

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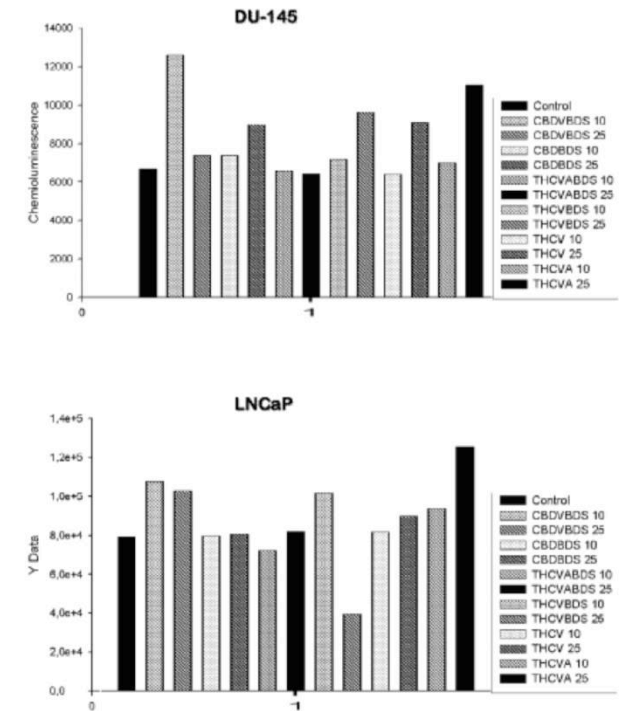
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Abstract

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)



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

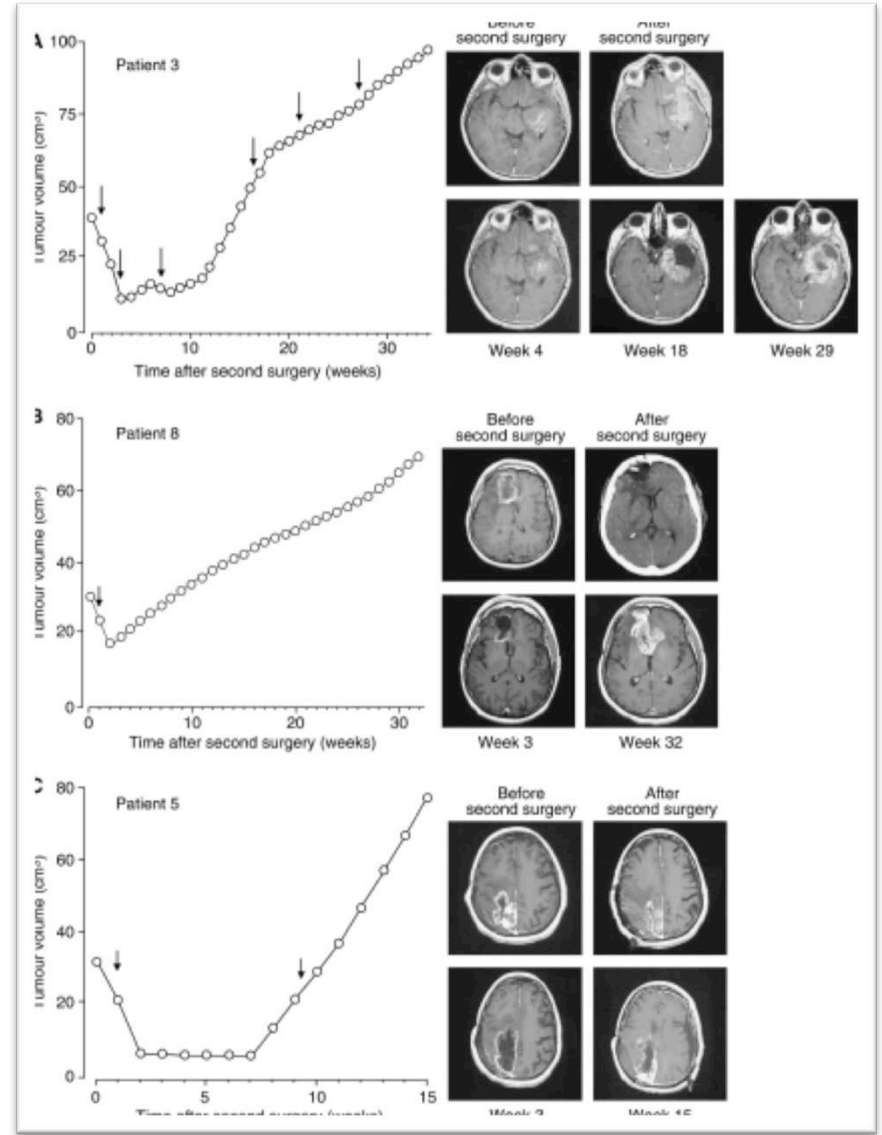
A pilot clinical study of Delta9-tetrahydrocannabinol in patients with recurrent glioblastoma multiforme.

Guzmán M, Duarte MJ, Blázquez C, Ravina J, Rosa MC, Galve-Roperh 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 and 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



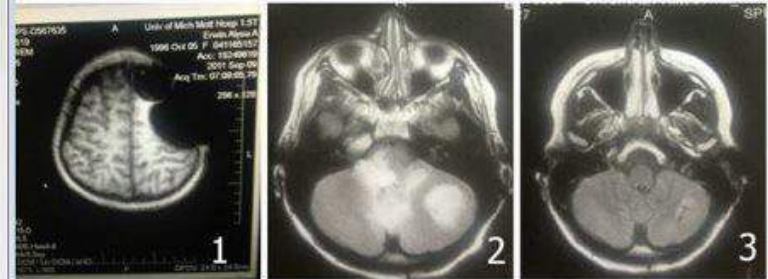
Grade 3 Anaplastic Astrocytoma Brain Cancer

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.

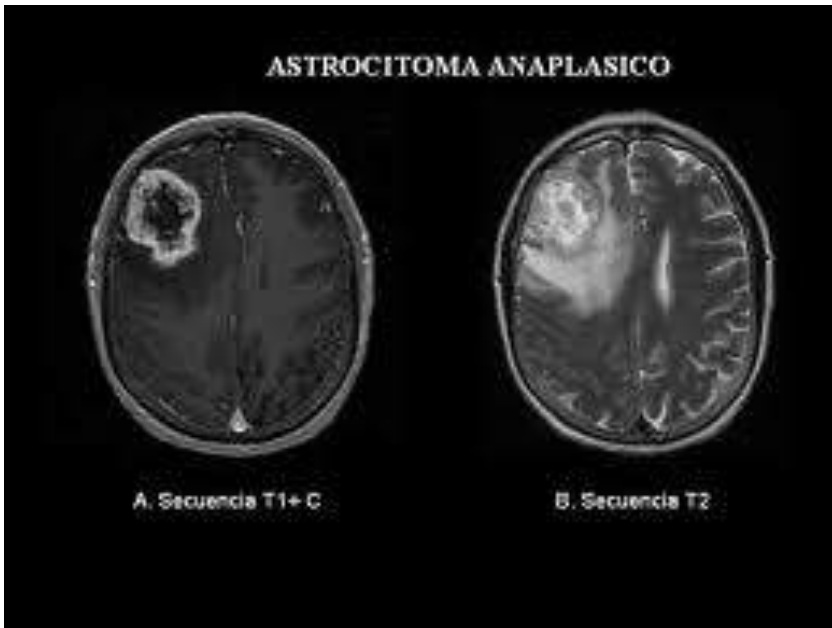
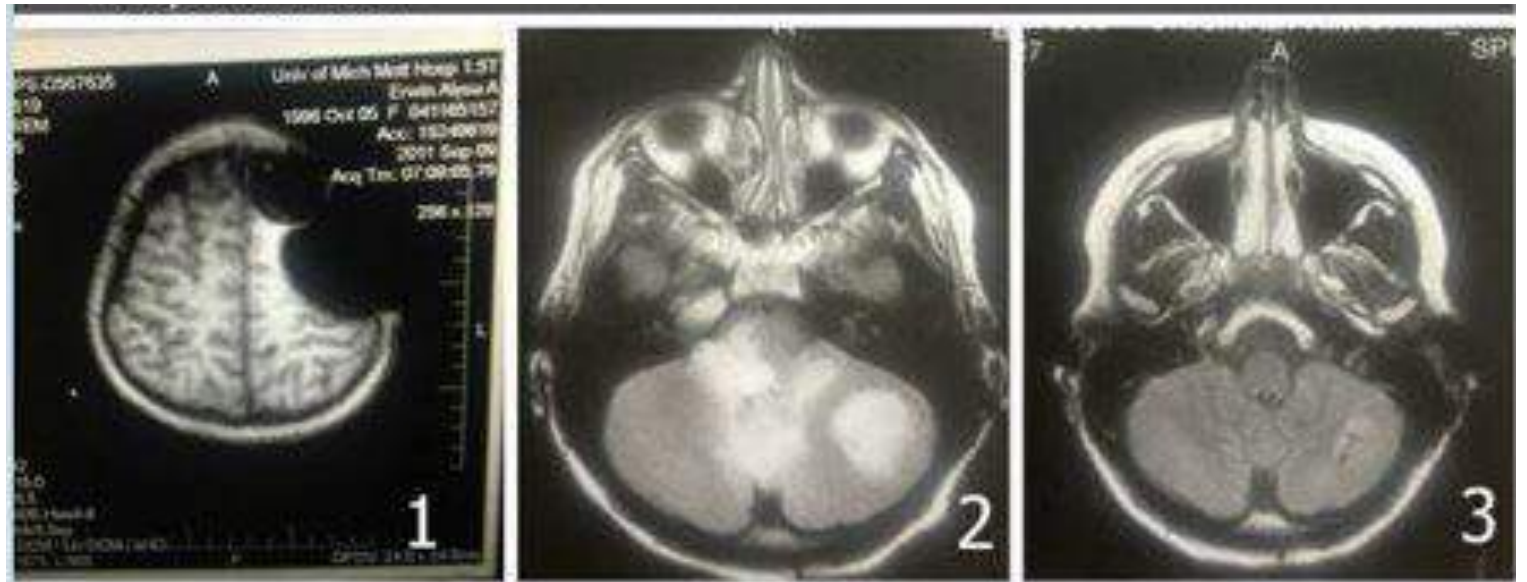
Photo 3 shows me in remission, January 2013.



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: 'I'm Cancer-Free!'

Comments (9) Tommy Chong May 6, 2013

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After I came out with the news last June that a cancer doctor told me I had prostate cancer and suggested a high frequency treatment that is not approved in America and could only be done in Mexico at the cost of \$25,000, I immediately looked at alternatives. I contacted my nephew in Vancouver, who was about to become a doctor, and he suggested I meet with a Dr. McKinnon in Victoria, BC. That doctor changed my diet and put me on supplements, and within a year I brought my PSA numbers down drastically and eliminated the cancer threat. I also treated the condition with hemp oil (hash oil). With the diet, the supplements and the hash oil, plus a session with a world-renowned healer, Adam Dreamhealer, I'm cancer-free. That's right, I kicked cancer's ass! So the magic plant does cure cancer with the right diet and supplements. I'm due for another blood test, MRI, etc., but I feel the best I've felt in years. And now for a celebration joint of the finest Kush...

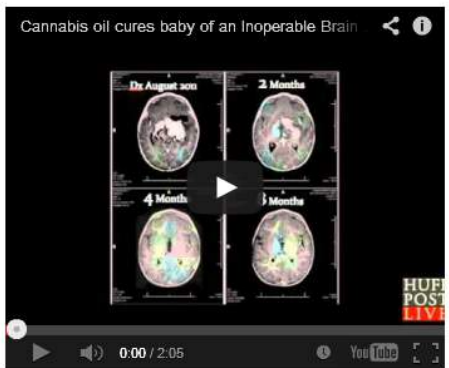


[Dr. William Courtney Calls Child "A Miracle Baby"](#)



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 Alyona Minkovski about it. Saying he was "quite a skeptic 5 or 6 years ago", Dr. Courtney continued that "my youngest patient is 8 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 cannabinoid 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 insisting is front line therapy for all children before they launch off on all medications that have horrific long term side effects."**



PubMed

(Courtney W[Author]) AND cannabis[Title/Abstract]

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- Human Genome
- Mouse Genome
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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, AACM	\$40	\$100	\$200	\$400

To schedule a consultation

First, contact the Courtneys by calling **(707) 961-1420**. Once you've set up a date and time, then you can pay for the consultation by visiting drwilliamcourtney.com

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Childs Nerv Syst. 2011 Apr;27(4):671-9. doi: 10.1007/s00381-011-1410-4. Epub 2011 Feb 20.

Spontaneous regression of septum pellucidum/forniceal pilocytic astrocytomas--possible role of Cannabis inhalation.

Foroughi M, Hendson G, Sargent MA, Steinbok P
 Division of Pediatric Neurosurgery, Department of Surgery, BC Children's Hospital, 4480 Oak Street, Vancouver, BC, Canada, V6H 3V4.

Abstract
INTRODUCTION: Spontaneous regression of pilocytic astrocytoma after incomplete resection is well recognized, especially for cerebellar and optic pathway tumors, and tumors associated with Neurofibromatosis type-1 (NF1). The purpose of this report is to document spontaneous regression of pilocytic astrocytomas of the septum pellucidum and to discuss the possible role of cannabis 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 excision, leaving behind a small residual in each case. During Magnetic Resonance Imaging (MRI) surveillance in the first three years, one case was dormant 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 cannabis was consumed via inhalation, raising the possibility that the cannabis 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 cannabis/cannabinoids on gliomas.

PMID: 21336992 [PubMed - Indexed for MEDLINE]

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 Spontaneous involution of a non-optic astrocytoma in neurofibromatosis [Acta Radiol. 2004]
 Long-term follow-up of childhood cerebellar astrocytomas after [Acta Neurochir (Wien). 2004]
 Spontaneous regression of residual low-grade cerebellar pilocytic astrocytoma [Pediatr Radiol. 2005]
 Recurrence patterns and anaplastic change in a long-term follow-up of pediatric cerebellar astrocytomas [Pediatr Neurosurg. 1997]
 Imaging the corpus callosum, septum pellucidum and fornix in children with pilocytic astrocytoma [Neuroradiology. 2009]
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Childs Nerv Syst. 2013 May 1. [Epub ahead of print]

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

Loh JK, Lieu AS, Chai CY, Hwang SL, Kwan AL, Wang CJ, Howng SL
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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 review 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. Nine patients had grade I histology and three patients had grade II. Follow-up duration ranged from 3 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 23 years after surgery.
CONCLUSIONS: Patients with complete tumor resection had a better prognosis than patients with partial resection. For patients with partial resection, we recommend 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.

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 - Internet contribuye a difundir mensajes erróneos sobre el Cannabis y el cáncer que pueden tener impacto sobre la salud de las personas.