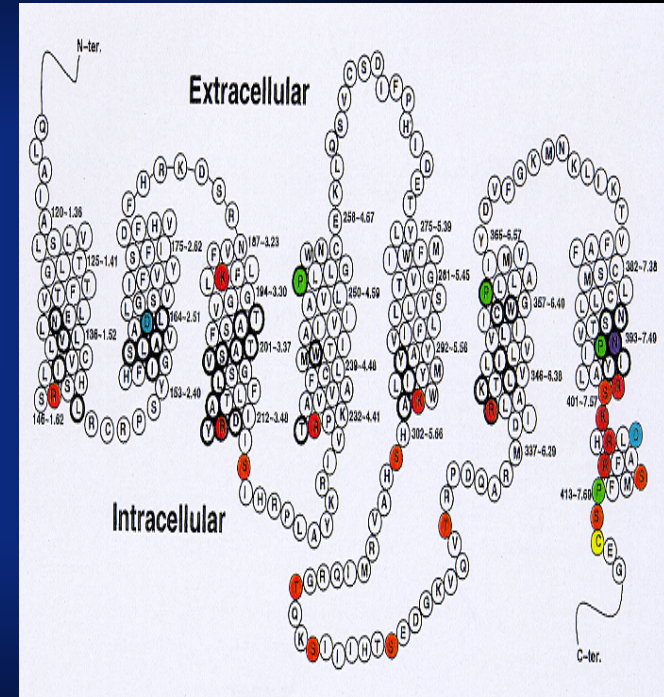
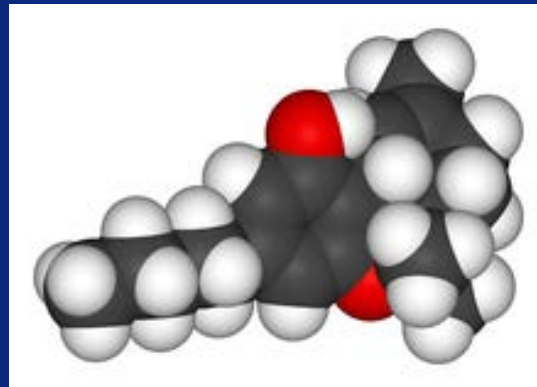


Phytocannabinoids in Medicine – An Option ?

UFS Bloemfontein December 11 2012



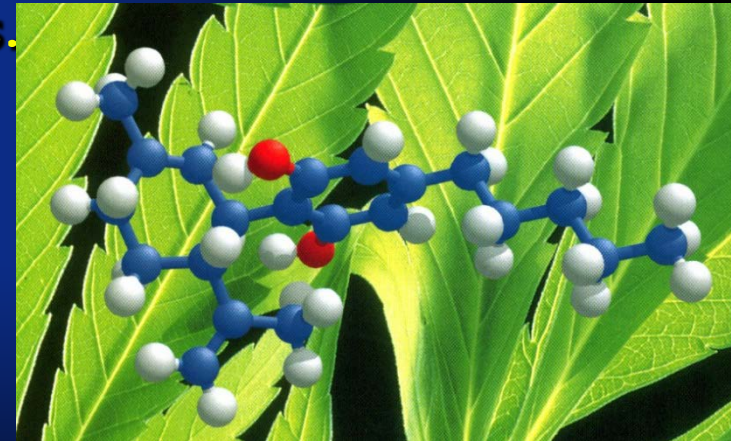
Rudolf Brenneisen
University of Bern, Switzerland

www.phytopharm.dkf.unibe.ch
rudolf.brenneisen@dkf.unibe.ch



Plant of superlatives

- With approx. 500 mio regular users Cannabis is World's most popular illicit narcotic.
- One of the oldest medicinal plant, >5000 years.
- Cultivable even under climatic stress conditions.
- One of the most fiber-rich plants.
- >25'000 publications.
- >480 constituents identified.
- Psychotropic principle (THC) is not an alkaloid.
- Own receptor system (ECS).
- Enormous therapeutic potential and very broad indication spectrum.



Cannabis in literature

Papers in "PubMed" -2012

| | | |
|----------------------------------|---|----------------|
| „Cannabinoids“ | ➔ | 10'826 |
| „Phytocannabinoids“ | ➔ | 69 |
| „THC“ | ➔ | 7'616 |
| „Cannabinoids + Medicine“ | ➔ | 1'734 |
| „Cannabis“ | ➔ | 11'590 |
| „Cannabis + Medicine“ | ➔ | 1'524 |
| „Tobacco“ | ➔ | 79'712 |
| „Alcohol“ | ➔ | 721'403 |

Reinventing the wheel ?



Chinese Emperor Shen Nung
Father of TCM ➔ „Pen Ts'ao“ („The Herbal“), 2700 b.c.
1. Cannabis Pharmacopeia Monography

Reinventing the wheel ?



Has Cannabis facilitated the discovery of America?

Board pharmacy of „Santa Maria“, 1492-93 a.c.

From the plant to the molecules



Cannabis sativa L.



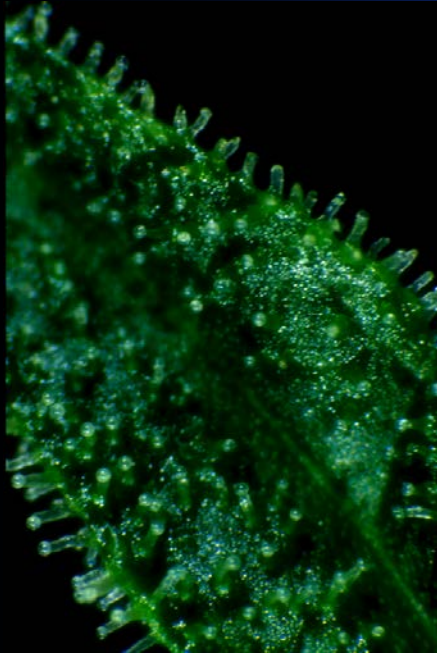
**Female
flowers (buds)/leaves**



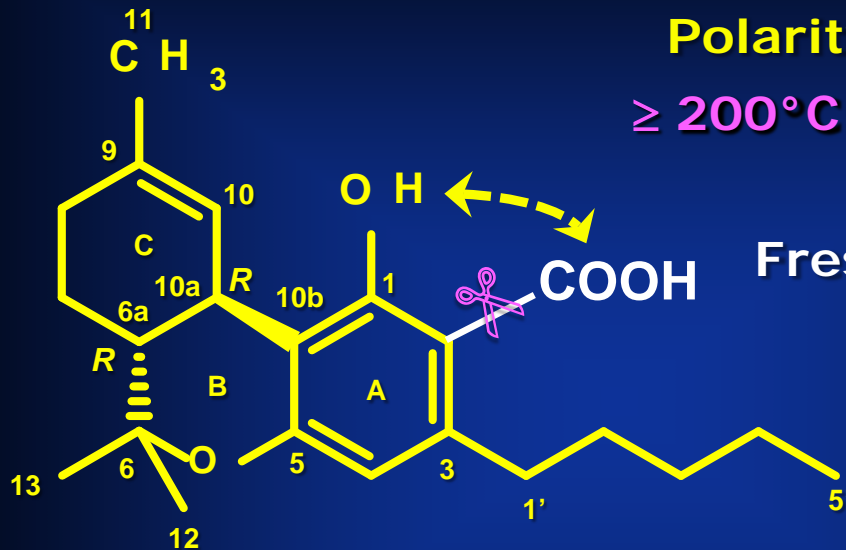
Glandular hairs/Resin glands



**Delta-9-tetrahydrocannabinol
(THC)**



Phytocannabinoids - The star



Polarity ↓

≥ 200°C: Vaporizer, Joint, GC

THC acid B

Fresh drug-type Cannabis

Biogenic precursor

Not psychoactive

Delta-9-tetrahydrocannabinol (THC)

6a,10a-trans-6a,7,8,10a-tetrahydro-6,6,9-trimethyl-3-pentyl-6H-dibenzo[b,d]pyran-1-ol

CB₁-, CB₂-R

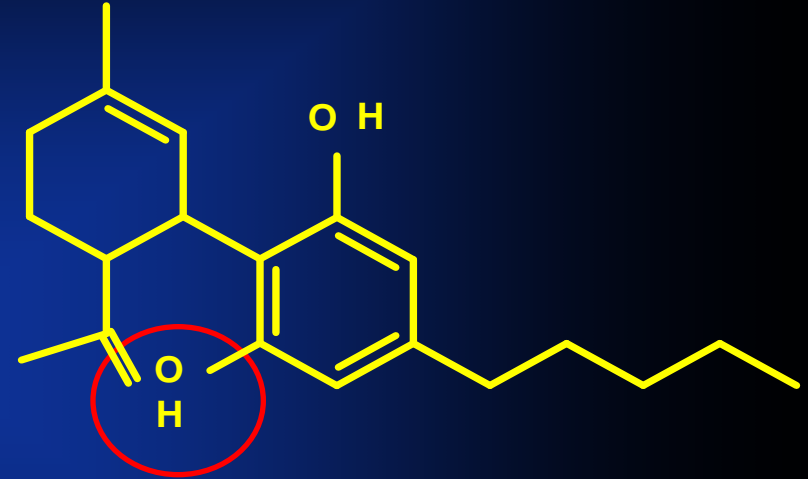
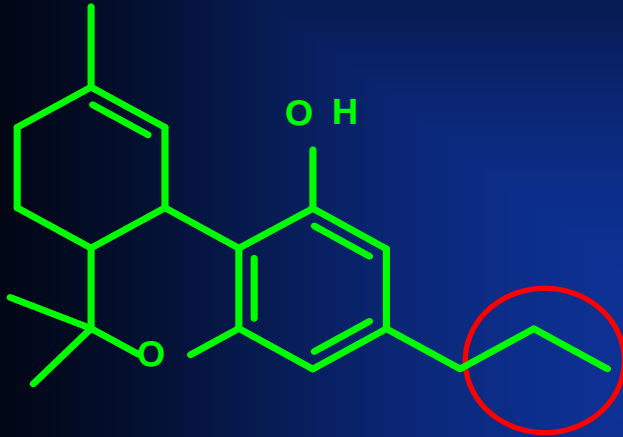
Psychoactive, multiple therapeutic effects

Isolated 1942, structure 1964 (Mechoulam et al.)



Phytocannabinoids – The wallflowers

66 identified, exclusively found in Cannabis



Δ⁹-Tetrahydrocannabivarin, THCV, THC-C3

CB₁-R antagonist

Anorectic, antiepileptic, bone-stimulant

Cannabidiol, CBD

Fiber-type (industrial) Cannabis

CB₁-R + CB_x-R ?

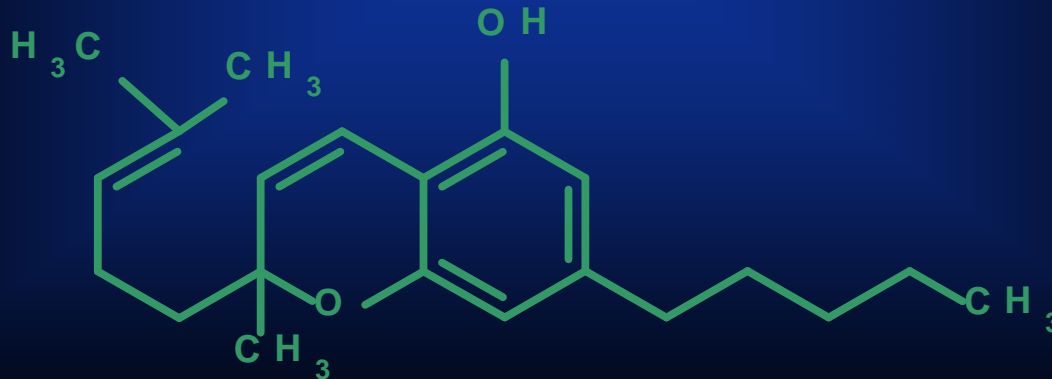
Antipsychotic, neuroprotective, anticarcinogenic, ...

Phytocannabinoids – The wallflowers



Cannabigerol, CBG

Antimicrobial, antiinflammatory, analgesic, bone-stimulant



Cannabichromene, CBC

Antimicrobial, antiinflammatory, analgesic

Non-cannabinoids

140 Mono- and Sesquiterpenoids identified



Myrcene



beta-Caryophyllene
CB₂-R agonist
Antiinflammatory

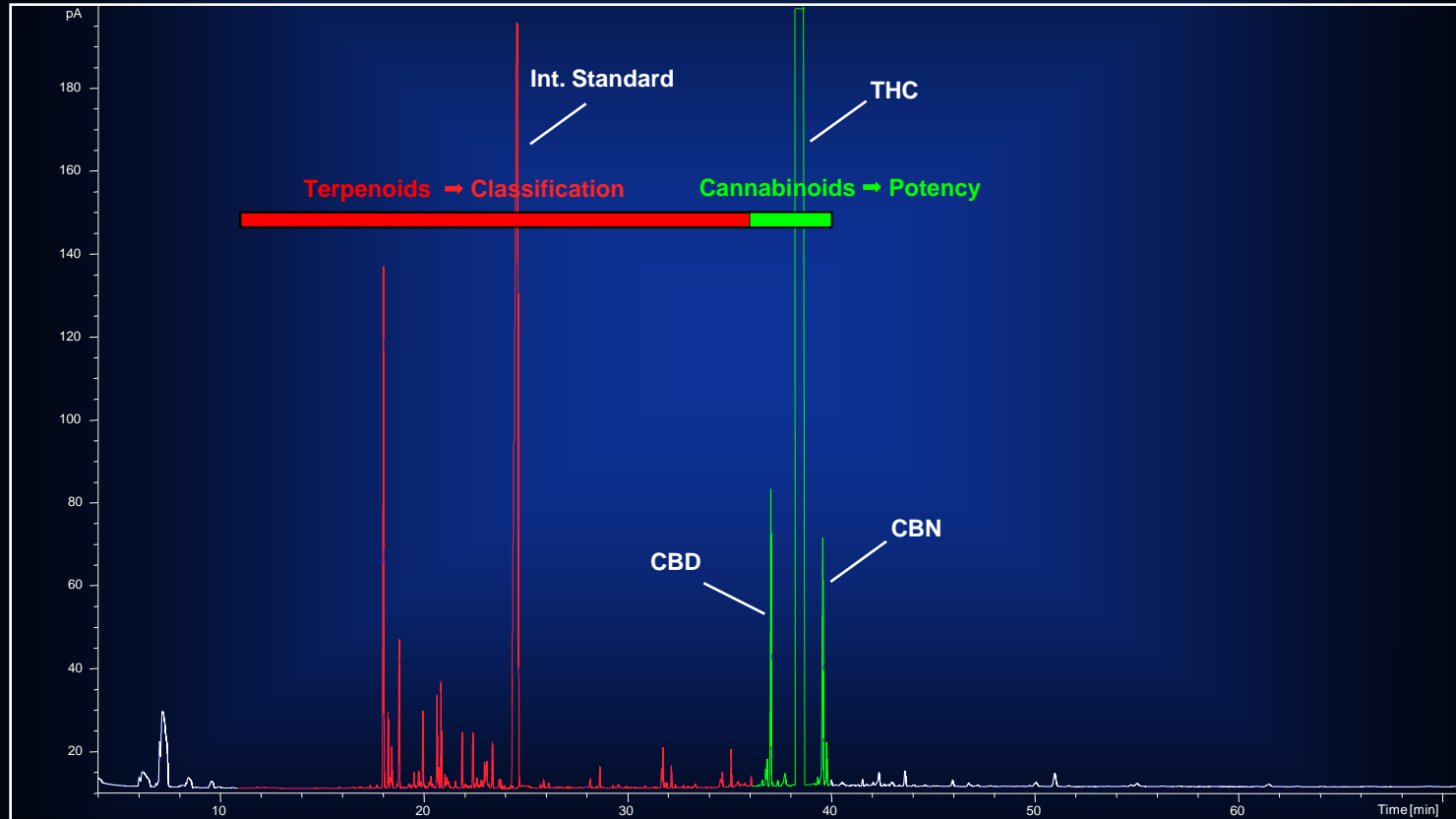
[Gertsch 2008]



Cannabis profiling

Gaschromatographische fingerprints

➔ QC, Forensics

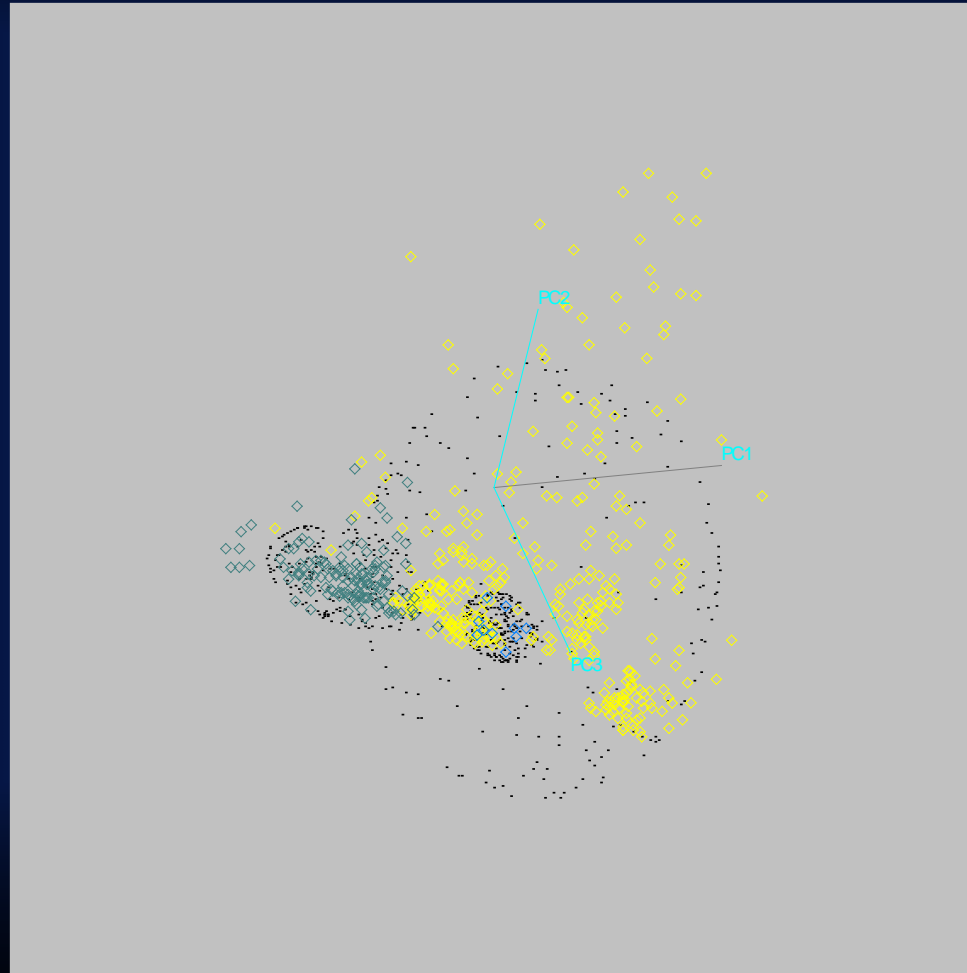


[Brenneisen, FOPH Final Report 2005]



Cannabis profiling

Chemometric clusters



Domestic Foreign Dutch coffee shops

Nature and/or lab ?

Phytocannabinoids, pCMs
Cannabis, CMs



Multi-component preparations
„Shotguns“



Synthetic Cannabinoids, sCMs
and Non-Cannabinoids



Mono-component preparations
„Silver Bullets“



Modulation of Endocannabinoids and EC receptors



Pharmacological effects



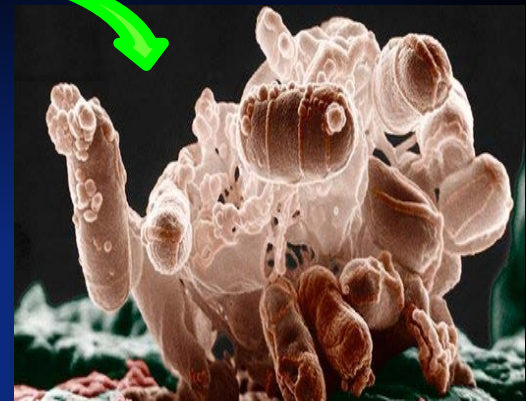
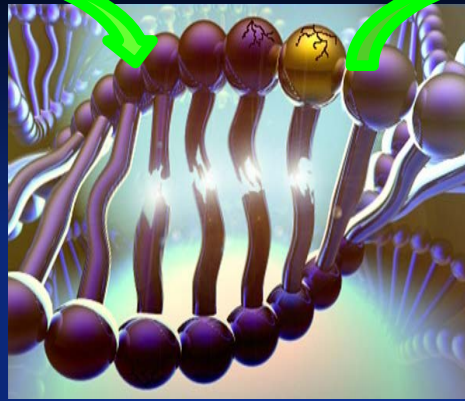
Cannabis from the State ?



Dutch Medicinal Cannabis



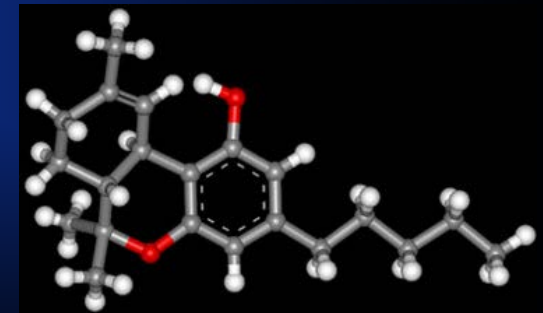
Logistic shortage - THC from E. coli ?



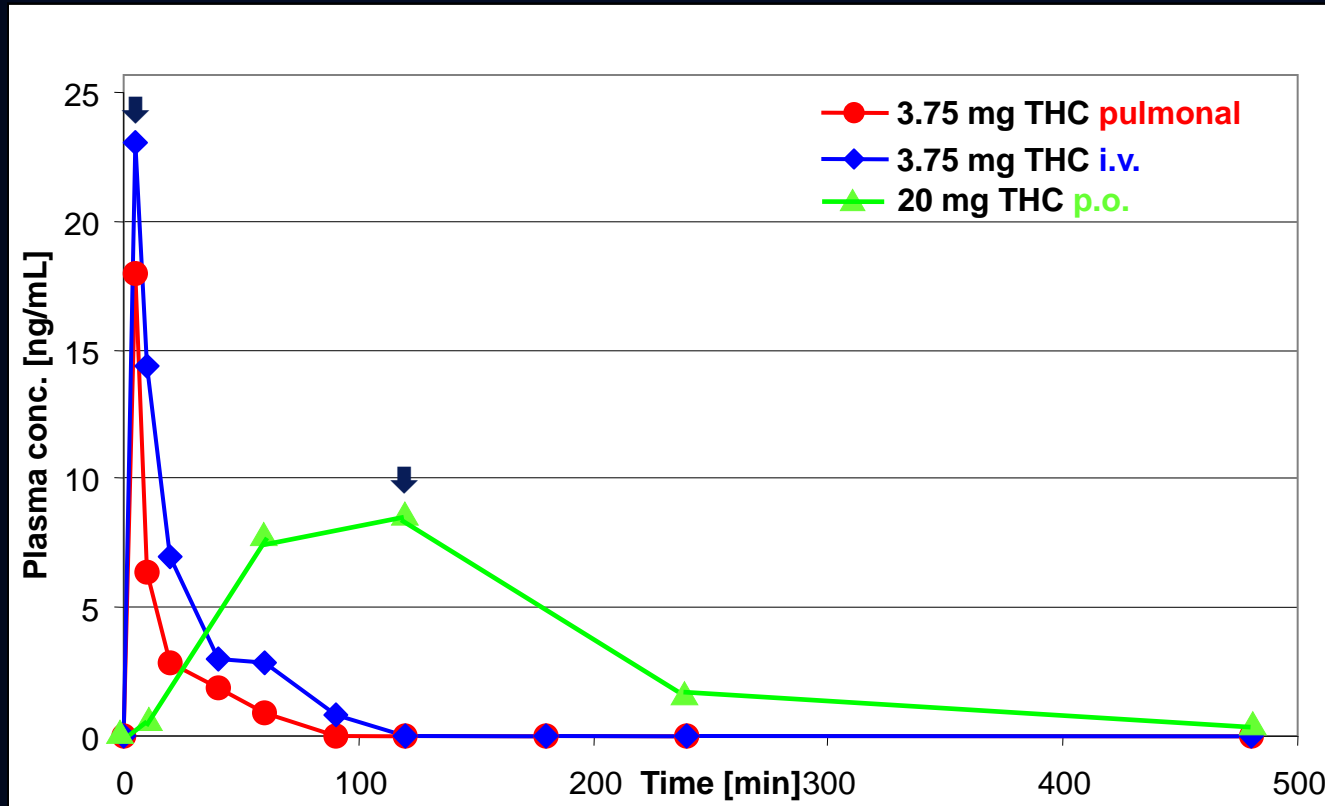
THC

Need Germany: 1 t THC/y.

- ➔ **Partial synthesis from CBD (industrial hemp): 50'000 €/kg**
- ➔ **Full synthesis: >>50'000 €/kg**
- ➔ **Biotechnol. prod.: 2'500 €/kg.**



Smoking, eating or injecting ?



Non-pyrolytic inhalation with Vaporizer:

- ☺ **Bioavailability 70-90%, rapid onset of action**
- ☹ **Psychotropic side-effects**

Cannabis in self-medication

Indications:

- ➔ Depression, multiple sclerosis, aids, migraine, asthma.
- ➔ Backache, hepatitis C, sleep disturbance, epilepsy, muscle spasm, headache, alcoholism, opiate addiction, glaucoma, nausea, appetite loss, polyarthritis, Tourette Syndrom, ...

Application:

- ➔ Joint, vaporizer, tea, Simpson oil.

Why medication:

- ➔ Alleviation of symptoms, relaxation, triggering euphoria and happiness, decrease of depression and anxiety, boosting energy, ...



Cannabis in today's school medicine

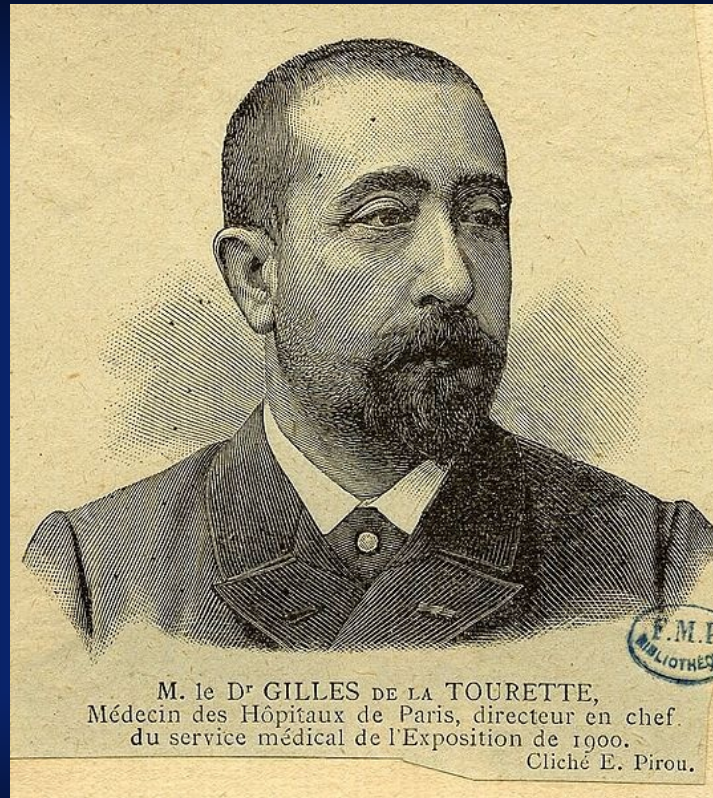


[IACM Data Base](#)



Rare neurological diseases

Tourette Syndrome



Tic Disease - Self medication

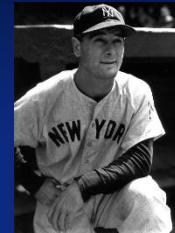
Is the criminalization of this patient medically and ethically justified ?



Rare neurological diseases

Amyotrophic Lateral Sclerosis (ALS, „Lou Gehrig Disease“)

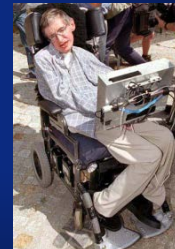
- **Preclinical tests:**
 - ➔ ALS mouse model
 - ➔ CB₁-R knockout mouse
 - ➔ Spinal marrow culture
- **Clinical trials with THC:**
Spasticity ↓, cell damage ↓, neuroprotection
- **Self-treatment with Cannabis:**
 - ➔ Home.made CBM, „Sativa-Oil“



Lou Gehrig
(1903-41)



Mao Zedong
(1893-1976)



Stephen Hawkin
(1942-)



David Niven
(1910-1983)

Modern civilization diseases

Appetite ↑ after Joint ⇒ THC as CB₁-R agonist

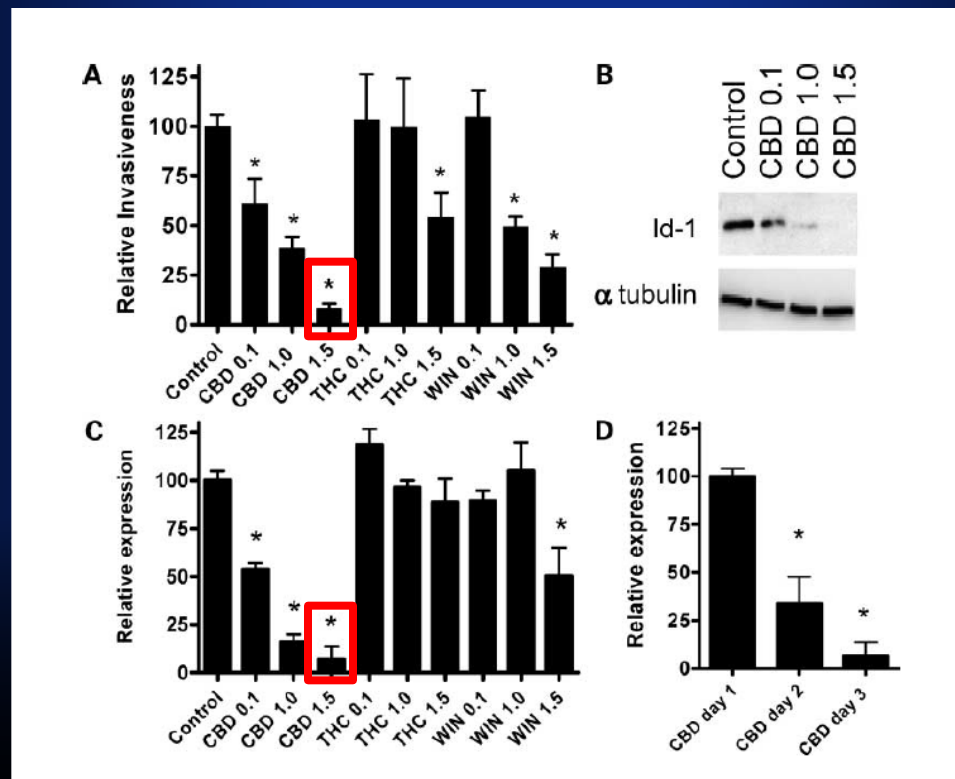


Obesity, Metabolic Syndrome
Appetite ↓ after rimonabant (Acomplia®)
⇒ CB₁-R blocker



Cancer

- „Id-1“ protein: keyplayer in the development of breast cancer metastases, also upregulated in many other tumors.
- Cannabidiol (CBD) ➔ Id-1 gene expression ↓ ➔ tumor aggressivity ↓; low toxicity, not psychoactive ➔ ideal candidate for chronic application.



[McAllister, Mol Cancer Ther 2007]

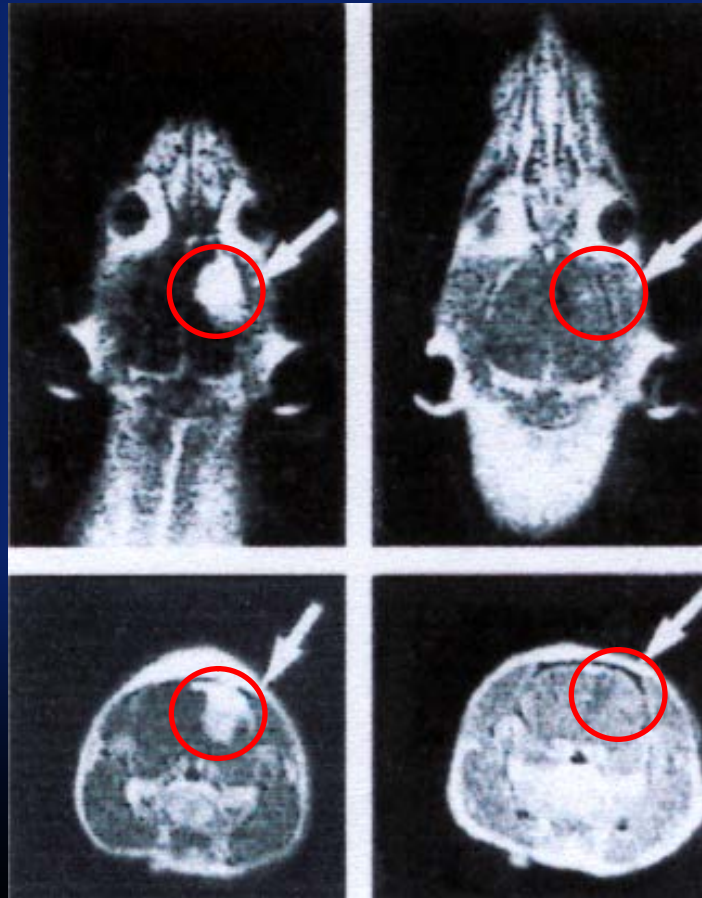


Cancer

Glial cell brain tumor (glioblastoma), rat, MRI

before

after **500 mg THC**



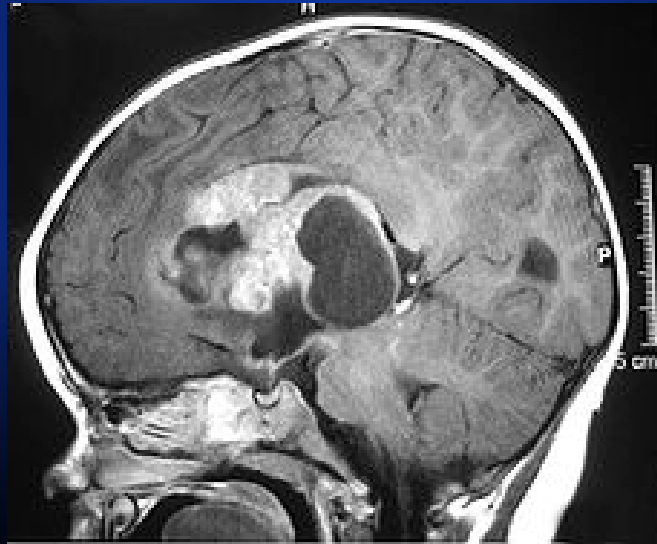
[Galve-Roperh, Nature Med 2000]



Cancer

Pediatric brain stem tumor

- **Infant, 2 y., Oakland Children's Hospital; multiple surgeries, radiation therapies, and bone marrow transplantation not successful.**
- **Doctor recommends 200 g/d „Cannabis juice“.**
- ➔ **Complete tumor remission after 2 years.**

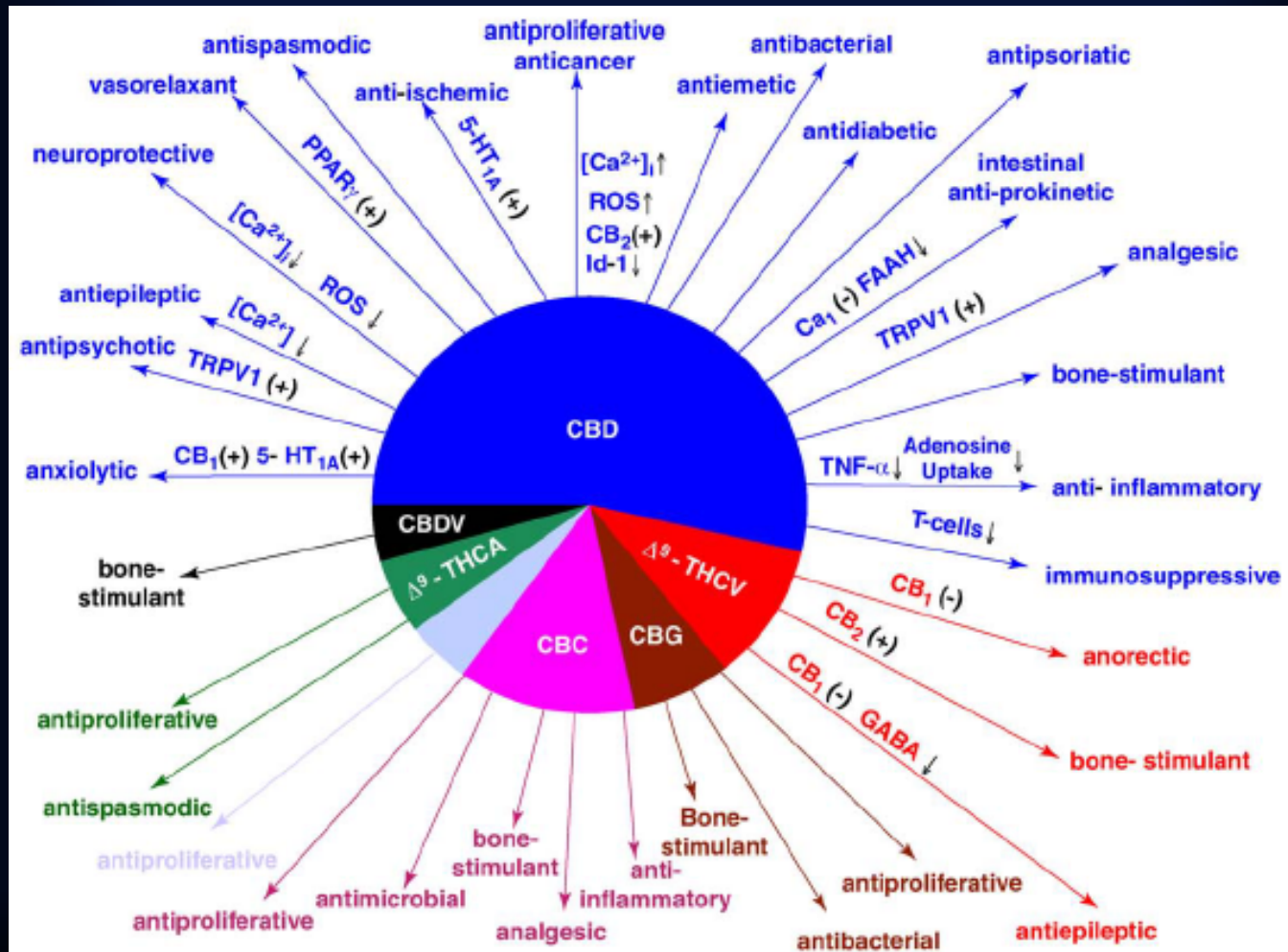


Rick Simpson's Hemp Oil



Indications, mechanisms of action

Non-psychoactive phytocannabinoids



[Izzo et al, TIPS 2009]



Approved indications for Cannabis in USA

Table 1. Diseases and Conditions for Which Medical Marijuana Use Is Permitted According to State Laws.*

| Qualifying Diseases and Debilitating Conditions | Alaska | California | Colorado | Hawaii | Maine | Michigan | Montana | Nevada | New Jersey | New Mexico† | Oregon | Rhode Island | Vermont | Washington |
|---|--------|------------|----------|--------|-------|----------|---------|--------|-----------------|--------------|--------|--------------|---------|------------|
| Cancer | X | X | X | X | X | X | X | X | X (if terminal) | X | X | X | X‡§ | X |
| Glaucoma | X | X | X | X | X | X | X | X | X‡ | X | X | X | X | X‡ |
| HIV-AIDS | X | X | X | X | X | X | X | X | X | X | X | X | X‡§ | X |
| Hepatitis C | | | | | | X | | | | | | X | | X‡ |
| Alzheimer's disease | | | | | | X | | | | | X | X | | |
| Nail-patella syndrome | | | | | | X | | | | | | | | |
| Amyotrophic lateral sclerosis | | | | | | X | | | X | | | | | |
| Cachexia, or wasting syndrome§ | X | X | X | X | X¶ | X | X | X | X¶ | | X | X | X | X‡ |
| Severe or chronic pain§ | X | X | X | X | | X | X | X | X¶ | | X | X | X | X‡ |
| Severe nausea§ | X | X | X | X | X¶ | X | X | X | X¶ | | X | X | X | X‡ |
| Seizures§ | X | X | X | X | X | X | X | X | X‡ | X (epilepsy) | X | X | X | X |
| Intractable spasticity | | | | | | | | | X‡ | | | | | X‡ |
| Anorexia | | X | | | | | | | | | | | | X‡ |
| Severe muscle spasms | X | X | X | X | X | X | X | X | | | X | X | | X‡ |
| Multiple sclerosis | | | | | | | | | X | X | | | X | X |
| Spinal cord damage, with neurologic indication of muscular spasticity | | | | | | | | | | X | | | | |
| Appetite loss | | | | | X¶ | | | | | | | | | X‡ |
| Cramping | | | | | | | | | | | | | | X‡ |
| Arthritis | | X | | | | | | | | | | | | |
| Migraine | | X | | | | | | | | | | | | |
| Muscular dystrophy | | | | | | | | | X | | | | | |
| Inflammatory bowel or Crohn's disease | | | | | | X | | | X | | | | | X‡ |
| Admission to hospice care or terminal illness | | | | | | | | | X | X | | | | |
| Any other chronic or persistent medical condition | | X** | | | | | | | | | | | | |
| Any other medical condition approved by state agency | X | | X | X | X | X | X | X | X | X | X | X | | X |



Indication lyrics ?

Chronic inflammations
(GIT, liver, joints)

ADHD,
Autisme

Drug dependency

Spasms

Depression, anxiety,
sleep disorders

Brain trauma

Asthma

Burnout

Pain

(chron., neuropathic)

Appetite loss,
cachexia

Cancer

Psychiatric disorders (PTSD)

Hiccup, tinnitus

Neurological diseases

(migraine, epilepsy,
Tourette, Parkinson etc.)

Nausea, vomiting

Fibromyalgia

Glaucoma

More to come !



Conclusions, Take-home messages

- ➔ **The amazing chemistry of Cannabis is almost completely elucidated.**
- ➔ **The main active principles are cannabinoids.**
- ➔ **Phytocannabinoids are safe but highly potent drugs without risk of dependency if used under strict medical control.**
- ➔ **Their acute physical toxicity is marginal.**
- ➔ **So far, the 2 options are biogenic/synthetic cannabinoid- (THC and/or CBD; pCMs, sCMs) or standardized Cannabis-based medicines (CMs).**
- ➔ **An obstacle are the particular pharmacokinetic properties requiring optimized application forms and devices.**



Conclusions, Take-home messages

- ➔ **The gap between traditional and evidence-based data must be bridged by intensified molecular biological (ECS!), pharmacological, pharmaceutical and clinical research.**
- ➔ **The ethnopharmacological bonus is not valid in school medicine.**
- ➔ **Negative image and stigmatization as „illicit drug“ and not yet fully available clinical evidence still inhibit justified remedicalization.**
- ➔ **Uncritical, non-controlled self-treatment with „Street Cannabis“ might be harmful, also risking patient's criminalization.**



Conclusions, Take-home messages

- ➔ **Despite its very broad indication spectrum, Cannabis is not an all-round and miracle drug.**
- ➔ **Preparations based on pCM, sCM and CM are narcotics, therefore cannot be sold as OTC drugs.**
- ➔ **If (i) only prescribed within approved indications, (ii) not applied by smoking, (iii) dosage carefully „titrated“, then the dependency potential is insignificantly small (see Mô).**
- ➔ **Today still niche player, tomorrow hopefully key player.**



Vision

According to the UN Universal Declaration of Human Rights 1948:

- ➔ **"Everyone has the right to life, liberty and security of person" (Art. 3).**
- ➔ **"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control" (Art. 25, § 1).**

Whereas this Declaration applies to everyone and all people, whereas many doctors are banned by legal requirements from treating their patients with cannabis-based medicines and whereas many people cannot afford access to cannabis-based medicines the IACM thus declares that:

- 1. Every medical doctor has the right to treat his or her patients with cannabinoids and cannabis products according to the rules of good medical care.**
- 2. Every patient has the right to access cannabis products for medical treatment supervised by a medical doctor, regardless of social status standard of living or financial means.**

[UN Declaration of Human Rights 1948](#)



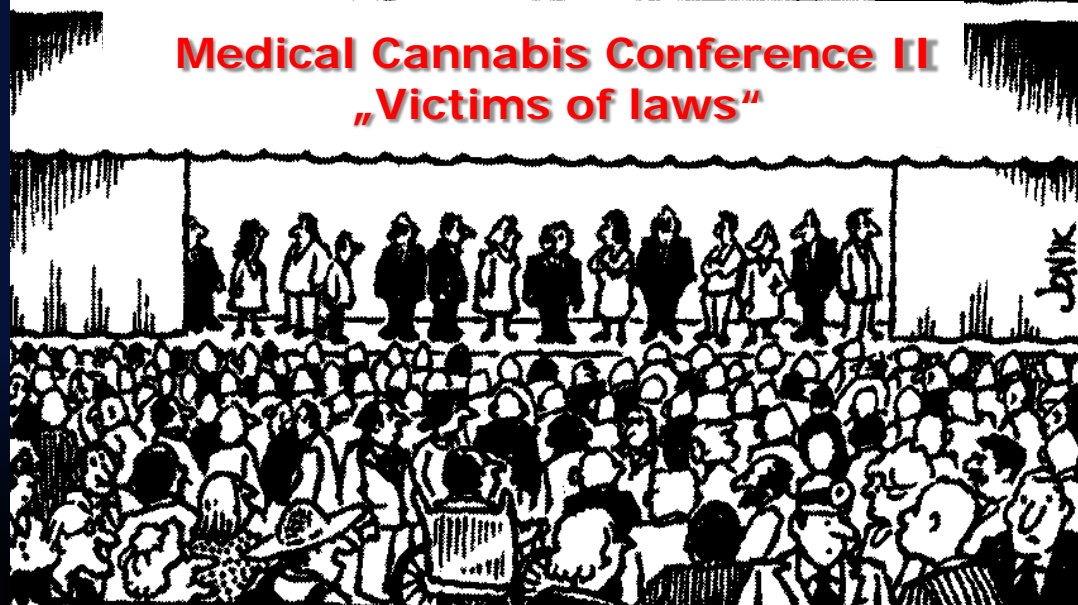
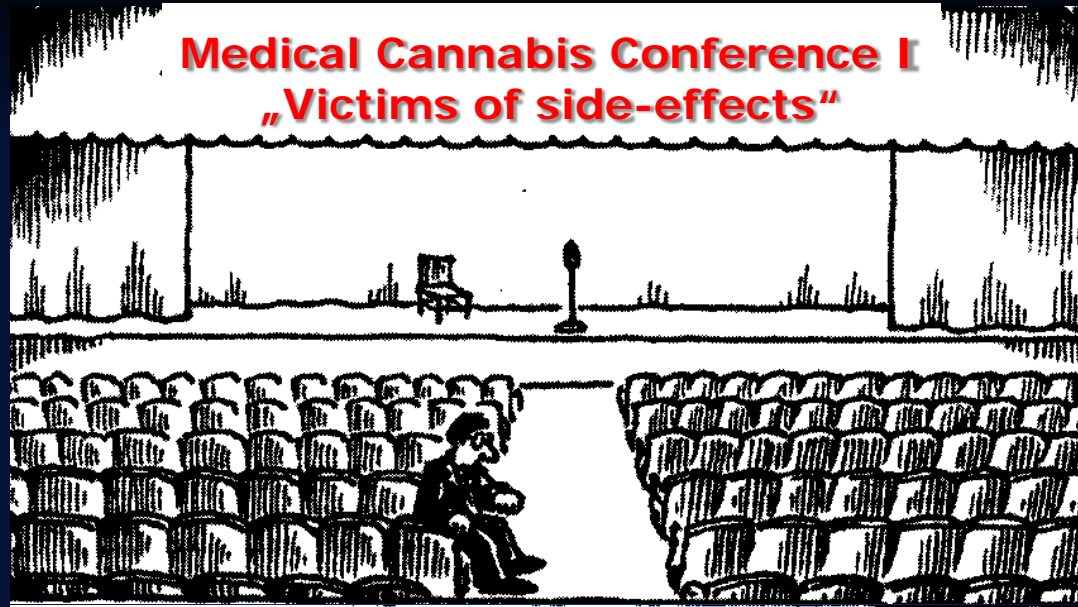
Vision



Phytocannabinoids and Cannabis in Medicine: An option !



Thank you !



...and to digest slides

www.phytopharm.dkf.unibe.ch



“Phytocannabinoids in Medicine - An Option ?”

