Surprising Cases Involving Cancer Patients

By Jeffrey Hergenrather, MD

It is well known that cannabis use helps cancer patients bolster appetite and reduce the nausea brought on by chemotherapy. For years I have been hearing anecdotal reports of patients specializing in cancer therapy suggests that cannabis also has direct anti-cancer properties. Some patients with stage 4 cancer have been found to have metastatic melanoma is associated with stopping or reducing the spread of cancer. Here are three case reports involving patients with confirmed diagnoses of metastatic cancer.

1. Glioblastoma multiforme—a aggressive brain tumor countered by cannabis

P.J., a 50-year-old man, was still enjoying motorcycling and surfing when he began having right peripheral numbness, resulting in frequent falls. By the time he was brought into the ER for a brain scan, P.J. was found to have a large 4-5 brain tumor, subsequently diagnosed as glioblastoma multiforme. P.J. got his brain surgery in July ’03 followed by radiation therapy, he was discharged and returned to his lifestyle at a major teaching hospital. Now, more than 4 years since his surgery, P.J. continues to improve despite the ominous prognosis. He attributes his glioblastoma multiforme to cannabis. Untreated patients are found to live about three months from diagnosis. Treated patients have a median survival of 14 months. The best case scenario for P.J. is that he is alive at 18 months and apparently very few are still alive after five years.

What’s different in P.J.’s case is that everyday he eats at least five cannabis capsules that he prepares for himself. The cannabis helps P.J. with his appetite and sense of well-being.

Of great interest is the fact that he has been seizure-free and there has been no recurrence of the tumor on his follow-up brain scans, MRI and PET scans (conducted annually since 2003). In fact, he has even taken to riding his bicycle on the rural roads with increasing confidence and he has re-applied for his driver’s license.

2. Neuroblastoma countered by cannabis

“Propagating of reliant and refractory neuroblastoma is uniformly fatal”—neuroblastoma research team.

Nick was 6 years old when diagnosed with Stage 3 neuroblastoma, later diagnosed as Stage 4 relapsing refractory neuroblastoma. Nick was enrolled in a metastatic neuroblastoma study group at UCSF for state of the art therapy. After about two and a half years all of his cohort group had died and Nick was in trouble. He had undergone numerous surgeries and numerous rounds of chemotherapy and radiation therapy. He had been a year on naco-gastro tube feedings and a year on total parenteral nutrition. Fearing that they would be losing him, his parents took 9-year-old Nick to Tod Mikiyura, MD, a pioneer in cannabis therapy. At the recommendation of Dr. Mikiyura, Nick’s parents began using cannabis for his pain, appetite, anxiety, and sleep. No medications worked as well as cannabis for these symptoms, according to Nick. He was referred to me at age 11 when his family moved to my town. He continued to use cannabis frequently needed for pain, nausea, loss of appetite, and mental ease. Nick’s cancer went into remission when he was 15 years old.

Last year at the age of 16 Nick died of sepsis from a perforated bowel—a complication of the extensive scarring and organ damage from his many surgeries and treatments. A few of the oncologists and research scientist wanted to know what Nick’s parents had done differently since they had never seen remission after such widespread refractory disease and prolonged treatment. When Nick’s mother asked if this was a good time to talk about cannabis, the researchers fell silent, as this was reportedly unacceptable in the clinical trial protocols. Despite the fact that their son had survived this cancer the use of cannabis could not be discussed. Preventing the cancer—Nick’s oncologist acknowledged that he had “bought many years of life” by using cannabis. The neuroblastoma researchers may still invite Nick’s mother to speak at a neuroblastoma conference in the future, but for now his remission has not been attributed to his cannabis use.

A website tells his story:

http://www.nickknow.com

3. Metastatic melanoma countered by cannabis

DS is a 53-year-old woman who at the age of 27 had a malignant melanoma removed from her left arm. She reports that the mole was misdiagnosed by her physician as a benign lesion that could be treated topically. The lesion was left to grow for more than a year until it was recognized as malignant melanoma. Seven years elapsed until a metastatic melanoma was found in her esophagus. Eighty percent of her chest tumor was removed and reconnecting her esophagus. Eighty months later a metastasis was found in her left ovary. Then another tumor on the right ovary and falllopian tube. Surgery, radiation treatments and chemotherapy were all used in an effort to stop the spread of the tumors. Dr. BCG melanoma antigen therapy at UCLA and Interlukin-2 therapy at the City of Hope, tumors re- turned in her thigh and several other bone sites. Metastases, radiation and chemotherapy ensured. Her course was further complicated by a new problem with seizures. A dermoid tumor was found in her brain, too was treated with conventional therapy and anti-convulsant medication.

Then a simple, lifesaving occurred. DS and her 14-year-old son moved to my town in Northern California where she believed she would live out her life in a peaceful community. At the suggestion of her son, who had done research on the internet, she got her recommendation to use cannabis and began using it so daily for her pain and failing health. The melanoma metastases stopped and health improved. She has been stable for the past 10 years with no additional conventional chemotherapy or anticonvulsant medicatics. Happy and healthy, she is working as a life coach specializing in yoga and nutrition.

Discussion:

These cases in which the use of cannabis is associated with reduced aggressiveness of highly malignant cancers are in accord with recent findings about the body’s endocannabinoid system. Researchers have established that activation of the CB1 and CB2 cannabinoid receptors promote cell death and reduce cell growth in many types of cancer. cannabinoids have been shown to inhibit angiogenesis—the formation of new blood vessels required by tumors for growth. Can- nabinoids (CBD), an important cannabis constituent, has been shown to potentiate a cancer gene and protein expression in breast cancer cells leading to down-regulation of tumor aggressiveness, thus inhibiting the metastasis of aggressive human breast cancers. We also know that CBD has been found at higher levels in other forms of cancer.

What is extremely promising about this research is that if CBD can inhibit Id-1 in breast cancer cells, then it may also prove effective at stopping the spread of cancer cells in other forms of the disease, such as ovarian, colon, brain, prostate, and pancreatic cancer where these genes and proteins are found.

Cannabis for Bipolar Disorder?

To the Editor:

I have a 22-year-old son who was diagnosed with bipolar disorder (type 2). From age 16 to 18 he was on various different medications which mostly sedated him. He has done better off his meds than on. He smokes marijuana at times & tells me that when he smokes he sleeps well (instead of being up for days), has good dreams instead of nightmares, feels “normal,” no longer has convulsant medication.

I don’t think that helps! I got your name from your mailing. I have a 22-year-old son who was diagnosed with bipolar disorder (type 2). From age 16 to 18 he was on various different medications which mostly sedated him. He has done better off his meds than on. He smokes marijuana at times & tells me that when he smokes he sleeps well (instead of being up for days), has good dreams instead of nightmares, feels “normal,” no longer has convulsant medication.

My son is now 32 and has been off all medication for the past 6 years. He smokes marijuana at times & tells me that when he smokes he sleeps well (instead of being up for days), has good dreams instead of nightmares, feels “normal,” no longer has convulsant medication.

I would be very interested in hearing what you have to say about the use of cannabis in treating bipolar disorder. Could you write me a brief summary of your views?

Margaret Mickens, Joplin, MO

On Being Called a "Potdoc"

By Randolph Clarke, MD

I’m a family doctor in East Contra Costa County (Antioch). My practice specializes in family medicine here in my hometown. I am used to being the “go-to” doctor for my patients (around 3,000), used to dealing with their many different medical problems. The patients that specialize in cannabis therapy suggests that cannabis and are different in that (1) they usually have their own primary care doctor (through Workers Comp, veterans, personal injury, etc.) and (2) they consider me as a “consultant” when issuing cannabis approvals (as opposed to primary care provider). I don’t think that helps! I got your name from your mailing. I have a 22-year-old son who was diagnosed with bipolar disorder (type 2). From age 16 to 18 he was on various different medications which mostly sedated him. He has done better off his meds than on. He smokes marijuana at times & tells me that when he smokes he sleeps well (instead of being up for days), has good dreams instead of nightmares, feels “normal,” no longer has convulsant medication.

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