History of Cannabis in Medicine

2700 BC:

Chinese Emperor, Shen-Nung, lists cannabis as being useful for more than 100 ailments, including rheumatism, constipation, and gynecological disorders. 1,2,3,4,5

1000 BC:

Cannabis is listed as one of the top 5 sacred plants of Hinduisim.¹

450 BC:

Herodotus mentions cannabis burning during funeral ceremonies for its euphoric effects in his ancient writings.¹

1 AD:

World's oldest pharmacopoeia by Chinese Emperor, Shen-Nung, lists cannabis as being useful for more than 100 ailments, including rheumatism, constipation, and gynecological disorders.¹

207 AD:

A mixture of wine and cannabis was used by Hua T'uo as an analgesic for his patients prior to surgery. 1,2,3

1000 AD:

Persian physician deems Cannabis as an effective treatment for gout, edema, infectious wounds, and severe headaches.¹

1500:

Cannabis makes its way to South Africa by way of the slave trade. Africans and cannabis seeds from Brazil were transported.¹

1611:

Hemp reaches America via Jamestown Settlers⁵

1762:

Penalties in Virginia issued to individuals who did not produce hemp.⁵

<u>1839:</u>

Cannabis is 1st seen in western medicine by an Irish Physician, William O'Shaugnessy, in his publication "on the Preparations of Indian Hemp, or gunjah.^{1,2}

1851:

First listing in U.S. Pharmacopeia as "extractum cannabis."²

1900: Cannabis is available in over-the-counter pharmaceuticals, Piso's Cure" and the "One Day Cough Cure."

Queen Victoria utilizes cannabis for menstrual pain.³

Immigrants from Mexico to the US during the Mexican Revolution introduce the recreational practice of smoking marijuana to the American culture.

1910: Cannabis begins to fall out of favor, fueling the decline was prejudices surrounding Mexicans who were immigrating during the Mexican Revolution.²

1911:

Massachusetts the first state to "outlaw" cannabis.5

1914-1925:

Cannabis outlawed by 26 states. Marijuana was rumored to fuel violent crime and threatened American Children.²

By 1931, 29 states had outlawed cannabis.

1937:

The Marijuana Tax Act is introduced and served to criminalize marijuana nationwide, essentially imposing a tax on the sale, possession or transfer of all hemp-based products leading to a significant decline in marijuana prescriptions.^{1, 5}

1941:

Cannabis is removed from the US Pharmacopeia¹

1951:

Boggs Act increases punishment for possession of marijuana.^{4,5}

1964:

Dr. Raphael Mechoulam discovers the molecular structure of delta-9 tetrahydrocannabinol (THC). 1,9

1970:

The National Organization for the Reform of Marijuana Laws (NORML) is formed.⁵

The Controlled Substances Act of 1970 is passed and signed into law by President Nixon.²

This repealed the marijuana Tax Act and placed marijuana as a Schedule 1 drug declaring no medical uses and high potential for abuse (similar to LSD, heroin, cocaine)."⁵

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1972:

A bipartisan "Shafer Commission" was appointed by President Nixon and determined that personal use of marijuana should be decriminalized. Nixon did not accept the recommendation.

<u> 1973:</u>

Individual state decriminalization of marijuana began and continued throughout the years to come.

<u>1975:</u>

Drug Enforcement Agency (DEA) is formed.5

1988:

Allyn Howlett and William Devane identify the CB1 receptor and determine it to be the most widespread neuroreceptor in the brain.¹

<u> 1992:</u>

The endocannabinoid, arachidonoyl ethanolamide (anandamide) is isolated by Dr. Raphael Mechoulam in Israel.³

Soon after, another endocannabinoid, 2-arachidonoylglycerol (2-AG) was isolated.

<u> 1985:</u>

U.S. Food and Drug Administration approved two drugs with THC that are prescribed in pill form, Marinol and Syndros (dronabinol), to treat nausea caused by cancer chemotherapy and loss of appetite in AIDs patients

1996:

Dr. Mikuriya's Cannabis Buyers Club established Proposition 215 lead to the legalization of Cannabis for medical purposes only in California (Compassionate Use Act of 1996).^{2,4}

Since 1996, many states have followed to legalize cannabis for medicinal purposes, all with different guidelines for therapeutic use and qualifying medical conditions.

1988:

Voters urged to reject medical marijuana by Ford, Carter, and Bush.⁵

1999:

Dr. Mikuriya founded The Society of Cannabis Clinicians (SCC) which was a product of the Cannabis Research Medical Group to conduct cannabis medical research.²

2001:

Canada became the first country to adopt a system regulating the medical use of cannabis

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2003:

United States government obtains a patent (Patent no. 6,630,507) for CBD as a non-psychoactive cannabinoid recognizing its role as a neuroprotective agent. This includes consideration for the treatment of Alzheimer's, Parkinson's, and HIV.⁵ The patent has since expired on April 21, 2019.

2006:

Cesamet (nabilone), a synthetic form of cannabis used to treat severe nausea and vomiting caused by cancer chemotherapy.

<u> 2011:</u>

The Israeli Cabinet recognizes the medical use of cannabis in certain cases.¹

2012:

California and Washington become the first two states to legalize the recreational (adult) use of cannabis. Many additional states have since passed similar laws.

<u> 2018:</u>

The FDA approves Epidiolex (cannabidiol) for the treatment of seizures with two rare forms of epilepsy, Lennox-Gastaut syndrome and Dravet syndrome in patients older than 2 years of age.

The Agriculture Improvement Act, also referred to as the "Farm Bill", was passed that legalized low-THC (less than 0.3% THC) hemp and hemp-derived products such as <u>cannabidiol</u> (CBD) at the federal level. What is referred to a low-THC cannabis products were also rescheduled to schedule 5.

2023

Bill H.R.610 — 118th Congress (2023-2024)

Proposed Marijuana 1-to-3 Act of 2023: This bill moves marijuana (THC) to a lower schedule of the Controlled Substances Act.

Specifically, it directs the Drug Enforcement Administration to transfer marijuana from schedule I to schedule III. A schedule I controlled substance is a drug, substance, or chemical that has a high potential for abuse; that has no currently accepted medical use; and that is subject to regulatory controls and administrative, civil, and criminal penalties under the Controlled Substances Act. A schedule III controlled substance is a drug, substance, or chemical that has less potential for abuse than a schedule I or II substance; that has a currently accepted medical use; and that has low or moderate risk of dependence if abused.

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