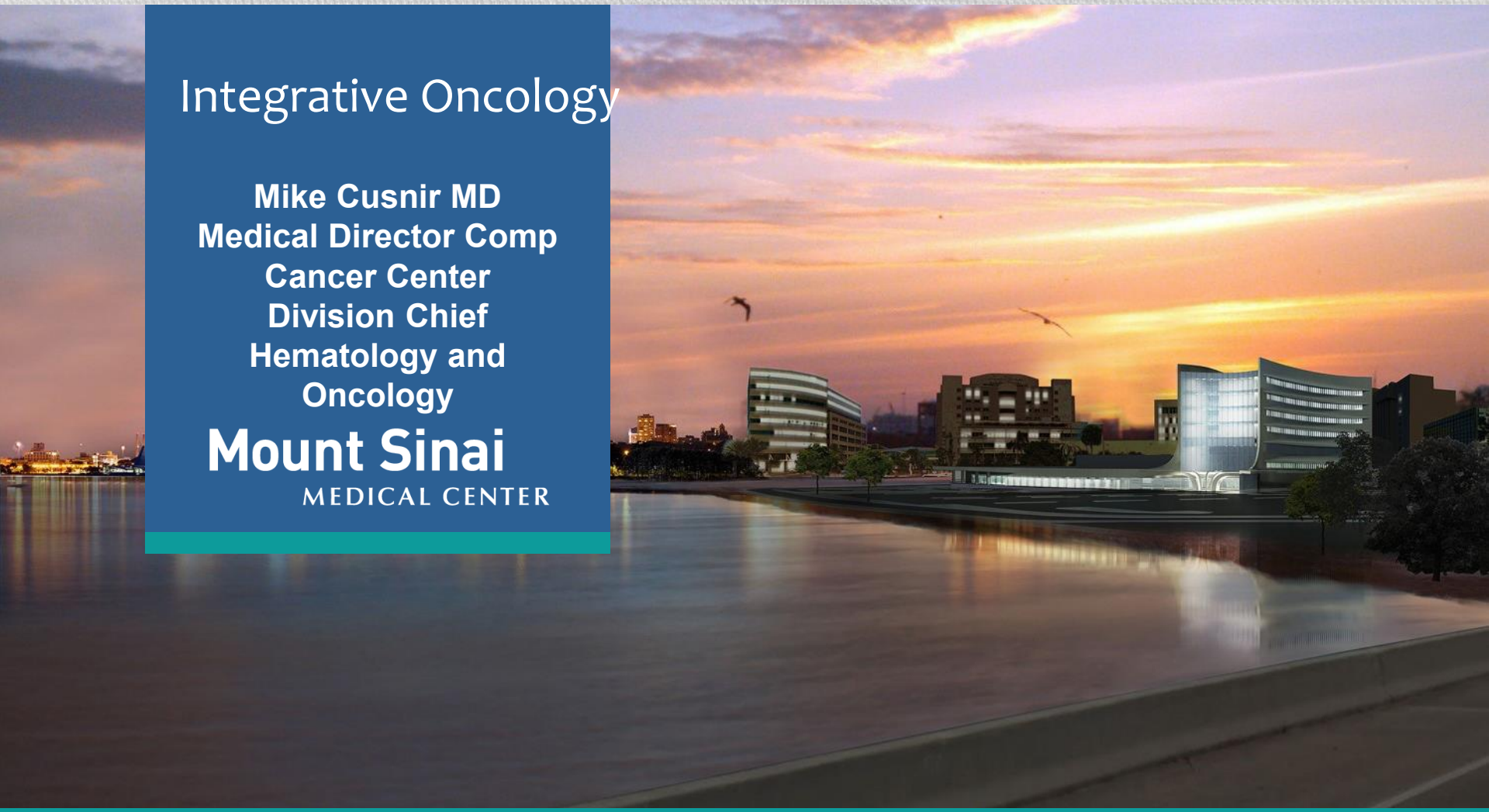
Integrative Oncology

Mike Cusnir MD
Medical Director Comp Cancer Center
Division Chief Hematology and Oncology
Mount Sinai
MEDICAL CENTER




Warning!
Irresponsible
people working

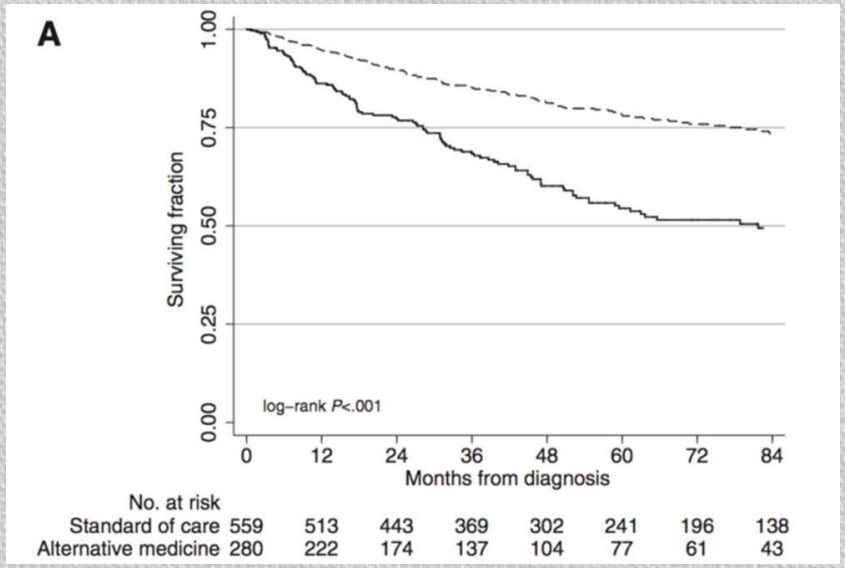
“ The good physician treats the disease; the great physician treats the patient who has the disease.”

~ Sir William Osler (1849-1919)

The physician is only nature's assistant.

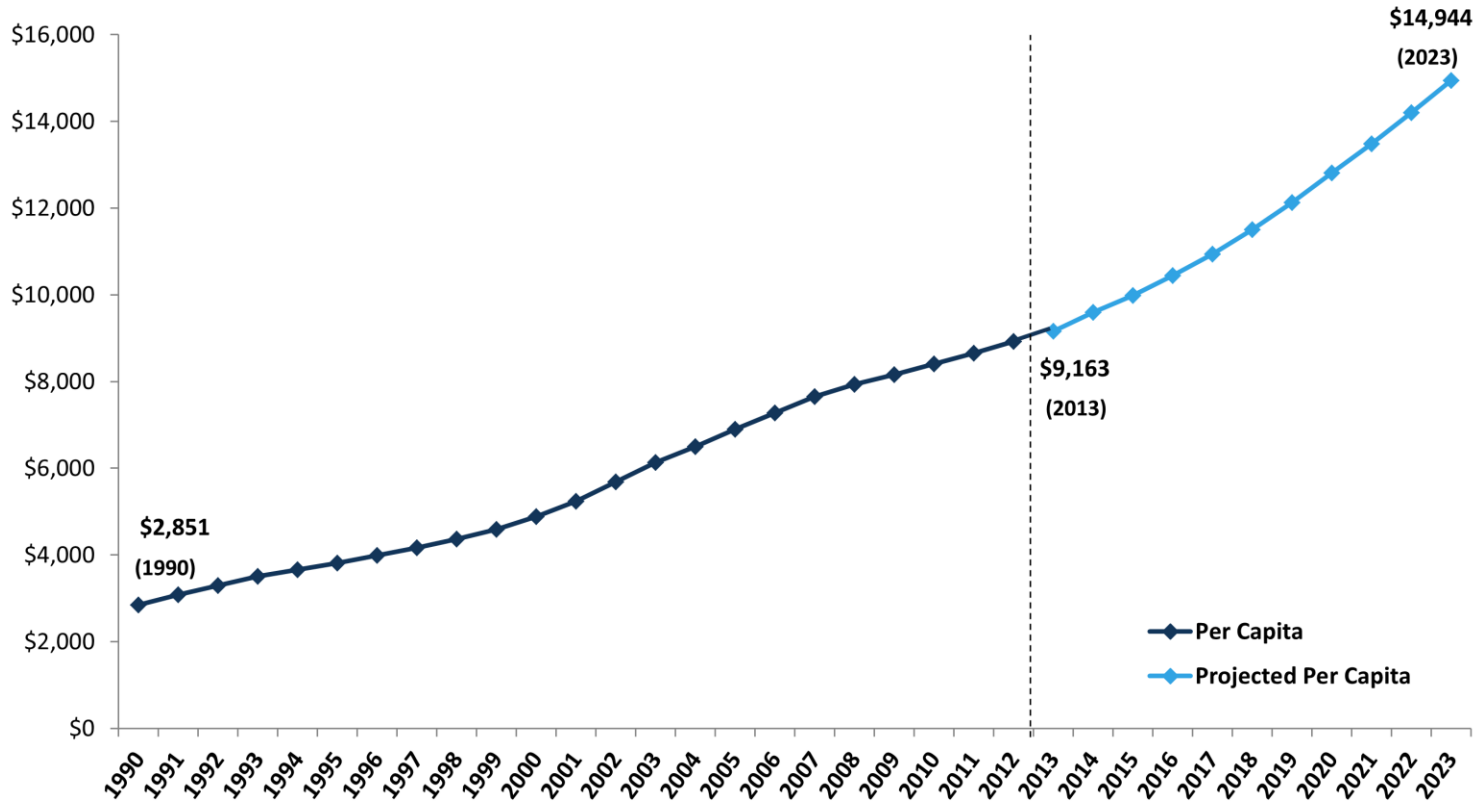
~ Galen

The National institute of Health defines complementary and alternative medicine (CAM) as a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine.



JNCI: Journal of the National Cancer Institute, Volume 110, Issue 1, 1 January 2018

National Health Expenditures per Capita, 1990-2023



SOURCE: Kaiser Family Foundation calculations using NHE data from Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, at http://www.cms.hhs.gov/NationalHealthExpendData/ (Historical data from National Health Expenditures by type of service and source of funds, file nhe12.zip; Projected data from NHE Historical and projections 1965-2023, file nhe65-23.zip).

THE HENRY J. KAISER FAMILY FOUNDATION

Integrative Medicine

uses all appropriate therapies, both conventional and alternative, to facilitate the body's innate healing response. IM neither rejects conventional medicine nor accepts alternative therapies uncritically.

Integrative oncology can be defined as the rational, evidence-based combination of conventional therapy with complementary interventions into an individualized therapeutic regimen that addresses the whole person living with or beyond cancer—body, mind and spirit.

- "Everyone has a doctor in him or her; we just have to help it in its work. The natural healing force within each one of us is the greatest force in getting well."

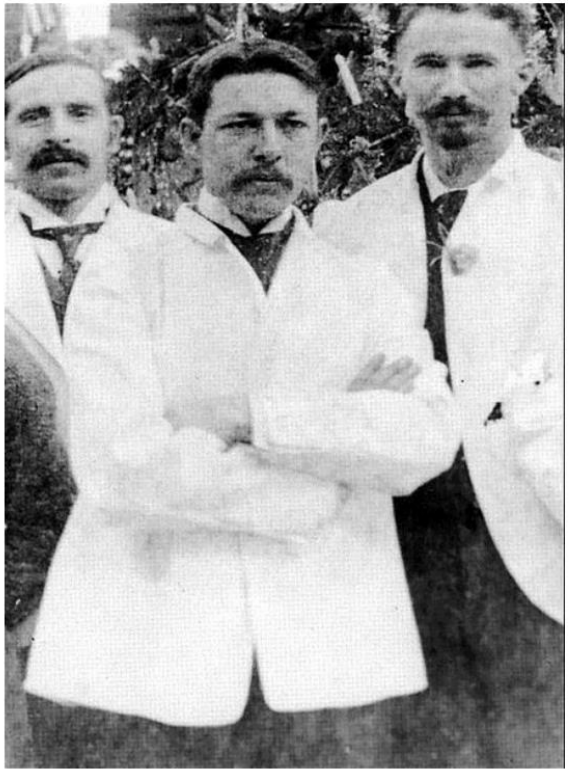
~Hippocrates (460-377 B.C.)

Reasons people used CAM

- CAM would improve health when combined with conventional medical treatment, 55%
- CAM would be interesting to try, 50%
- Conventional medicine would not help, 28%
- A conventional medical professional suggested trying CAM,26%
- Conventional medical treatments are too expensive, 13%

Alternative Therapies

William Coley and the beginnings of cancer immunotherapy



New York Times - July 29, 1908

ERYSIPELAS GERMS AS CURE FOR CANCER

Dr. Coley's Remedy of Mixed Toxins Makes One Disease Cast Out the Other.

MANY CASES CURED HERE

Physician Has Used the Cure for 15 Years and Treated 430 Cases— Probably 150 Sure Cures.

Following news from St. Louis that two men have been cured of cancer in the City Hospital there by the use of a fluid discovered by Dr. William B. Coley of New York, it came out yester-

Ehrlich and Metchnikoff won nobel prize 3 years later

Legal implications

- "In the treatment of all the patients in this case, [petitioner] demonstrated that he lacked the basic understanding of the disease from which all the patients were suffering."

- "it is well settled that a patient's consent to or even insistence upon a certain treatment does not relieve a physician from the obligation of treating the patient with the usual standard of care."

***Gonzalez v. New York State Department of Health*, 232 A.D.2d 886 (1996).**

FDA

- oversees the labeling of drugs and dietary supplements; manufacturing standards (GMPs), testing and drug approval process; and standards for devices and clinical laboratory practices. FDA is a REGULATORY AGENCY

FTC

- controls the **marketing** and **advertising** of foods, drugs and dietary supplements. FTC is an ENFORCEMENT AGENCY.

Common Practices

- Acupuncture*
- Ayurveda*
- Biofeedback*
- Chelation therapy*
- Chiropractic care*
- Deep breathing exercises
- Diet-based therapies
- Vegetarian diet
- Macrobiotic diet
- Atkins diet
- Pritikin diet
- Ornish diet
- Zone diet
- Energy healing therapy*
- Folk medicine*
- Guided imagery
- Homeopathic treatment
- Hypnosis*
- Massage*
- Meditation
- Megavitamin therapy
- Natural products (nonvitamin
- and nonmineral, such as
- herbs and other products
- from plants, enzymes, etc.)
- Naturopathy*
- Prayer for health reasons
- Prayed for own health
- Others ever prayed for
- your health
- Participate in prayer group
- Healing ritual for self
- Progressive relaxation
- Qi gong
- Reiki*
- Tai chi
- Yoga

- Nutrition
- Mind-body practices
- Manipulation practices
- Spirituality
- Energy practices
- Whole body system practices


Nutrition Facts
Serving Size: 1 Meal
Servings Per Container: 1
Amount Per Serving
Calories 1330 Calories from Fat 550
% Daily Value*
Total Fat 61g 94%
Saturated Fat 21.5g 108%
Trans Fat 2.5g
Cholesterol 155mg 52%
Sodium 1665mg 69%
Total Carbohydrate 146g 49%
Dietary Fiber 8g 32%
Sugars 67g
Protein 52g 104%
CHEMICAL ADDITIVES:
ethylenediaminetetraacetic acid, datem, ethoxylated monoglycerides, enzymes, tertiary butylhydroquinone, sodium acid pyrophosphate, dimethylpolysiloxane, azodicarbonamide, sodium stearoyl lactylate, monocalcium phosphate, thiamin mononitrate, mono/ diglycerides, potassium benzoate, ammonium chloride, ammonium sulfate, aspartame, sodium erythorbate, annatto, artificial color, high fructose corn syrup, ascorbic acid, autolyzed yeast extract, sodium phosphate, sodium propionate, calcium carbonate, calcium chloride, calcium peroxide, calcium propionate, calcium silicate, calcium sulfate, caramel color, citric acid, dextrose, dried beef extract, guar gum, lactic acid, maltodextrin, polysorbate 80, sodium benzoate, sodium citrate, sodium nitrite, caffeine, phosphoric acid, sorbic acid, soy lecithin, wheat gluten, yeast extract
If you can't pronounce it, don't eat it.
35% of all cancers in the United States may be related to diet
Both what we eat and what we don't
MODERN KITCHEN..
Kikor.com
COMMERCIAL PHOTOGRAPHY

- "No illness which can be treated by the diet should be treated by any other means."

~ Moses Maimonides (1135-1204)

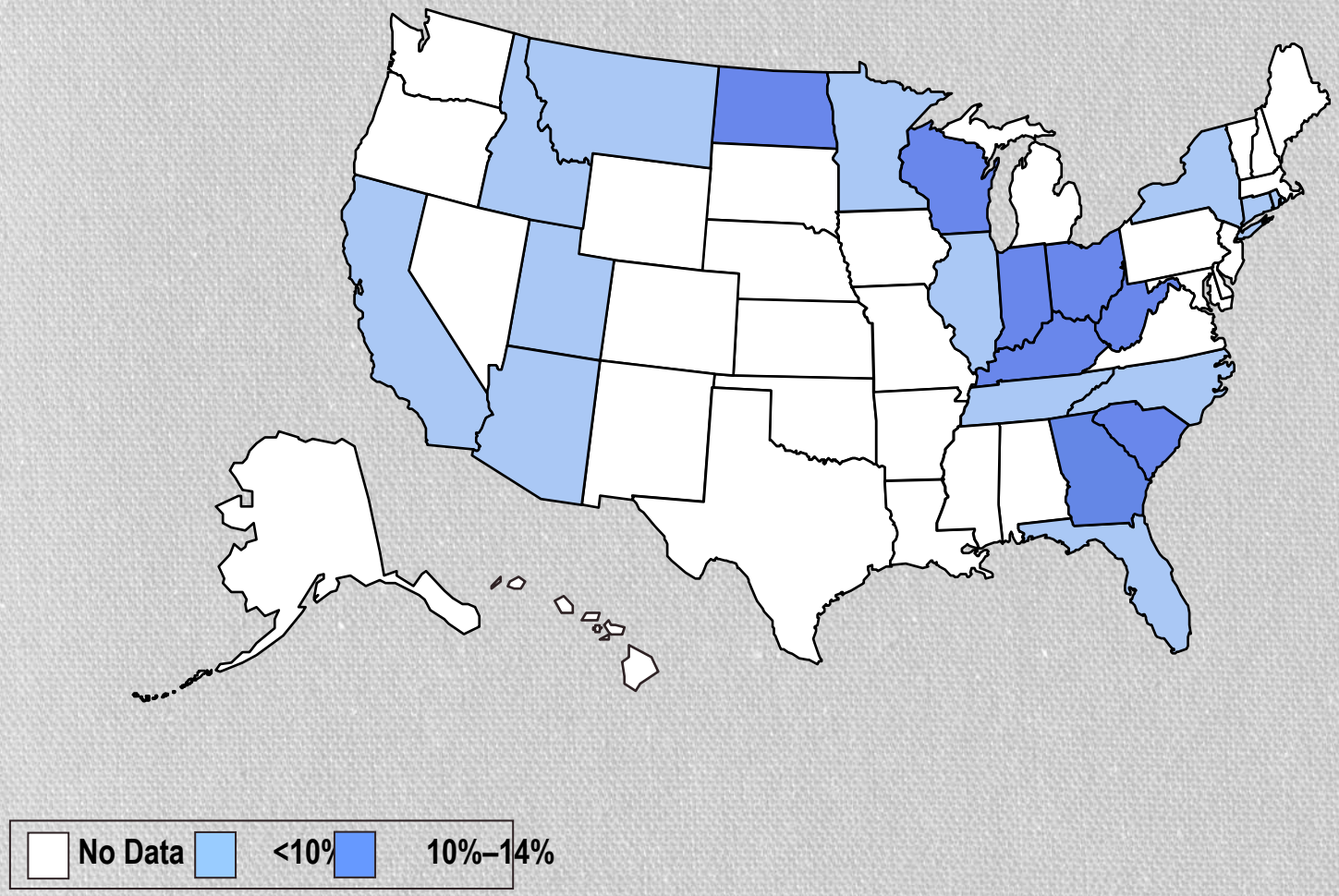
Only Irish Coffee provides in a single glass all four essential food groups: alcohol, caffeine, sugar, fat.”

—Alex Levine – Irish actor and musician

Obesity Trends* Among U.S. Adults

BRFSS, 1985

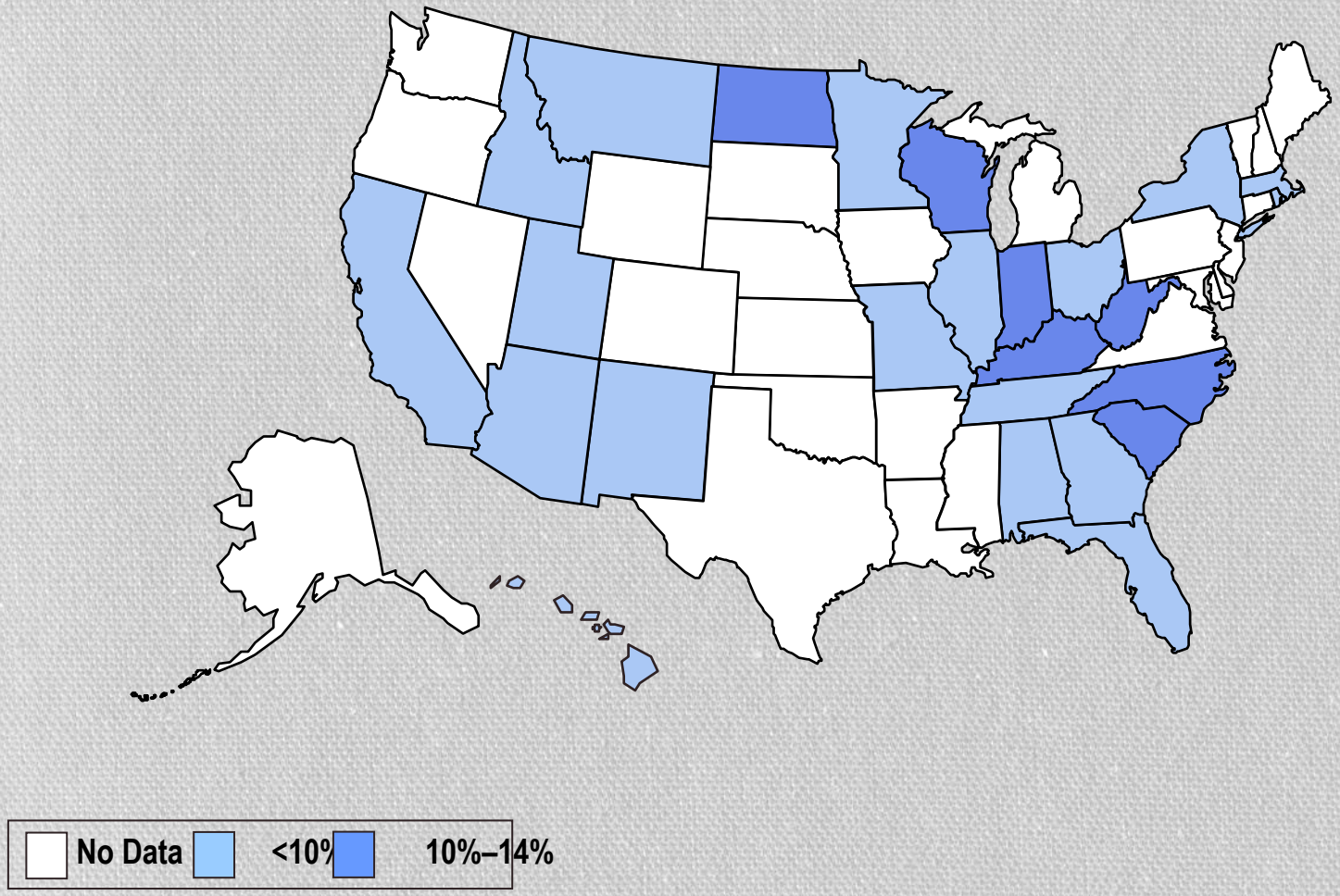
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 1986

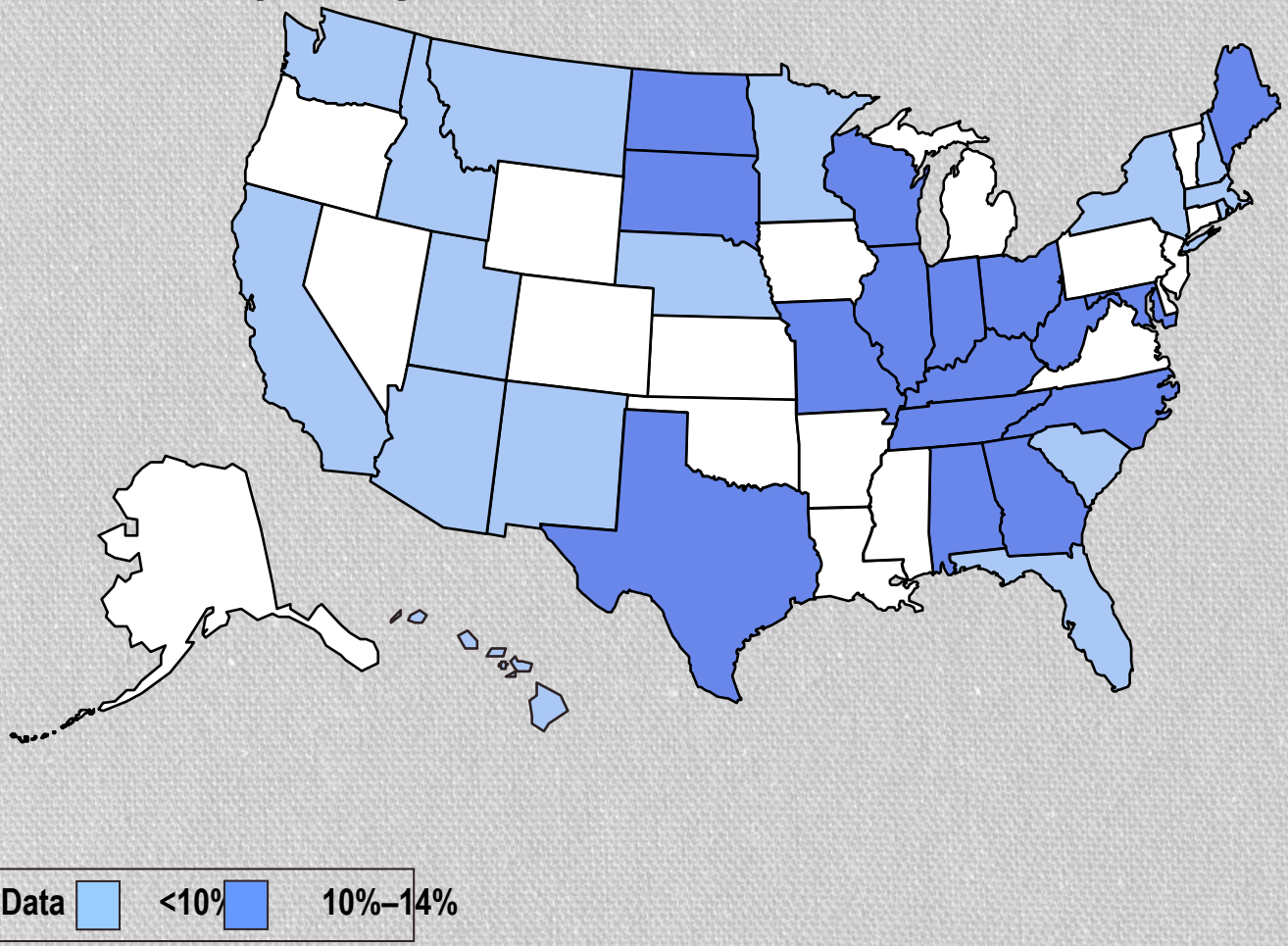
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 1987

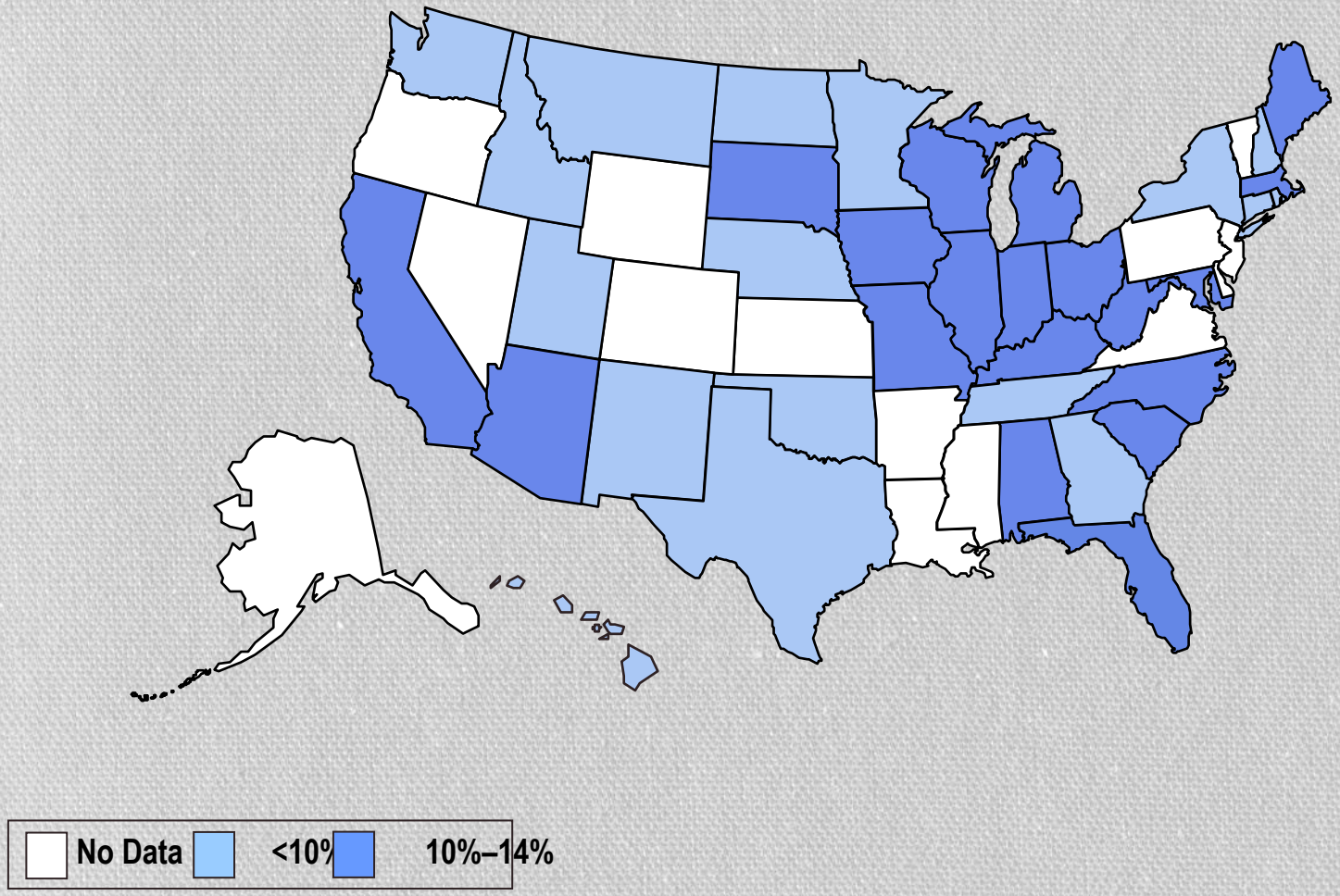
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 1988

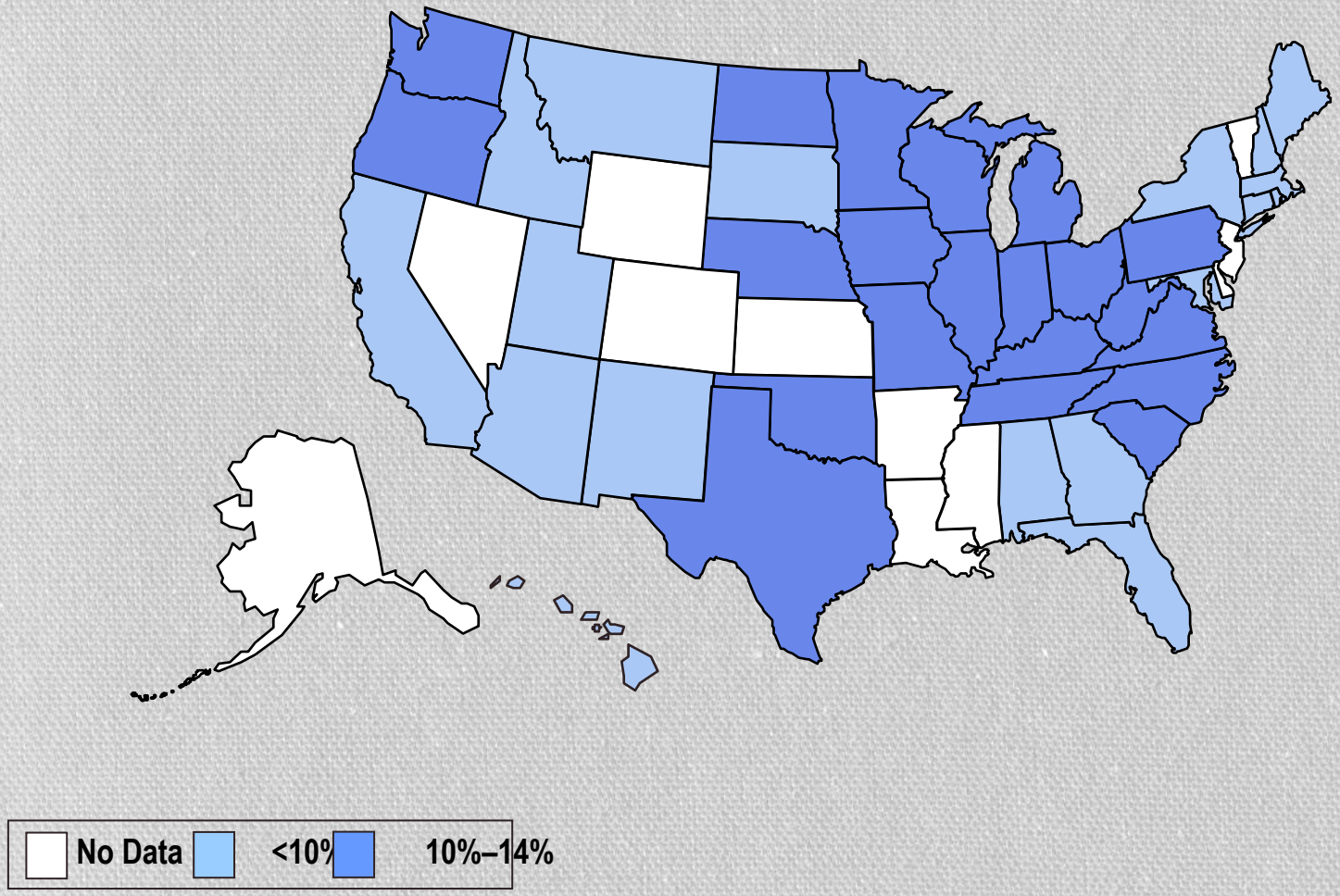
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 1989

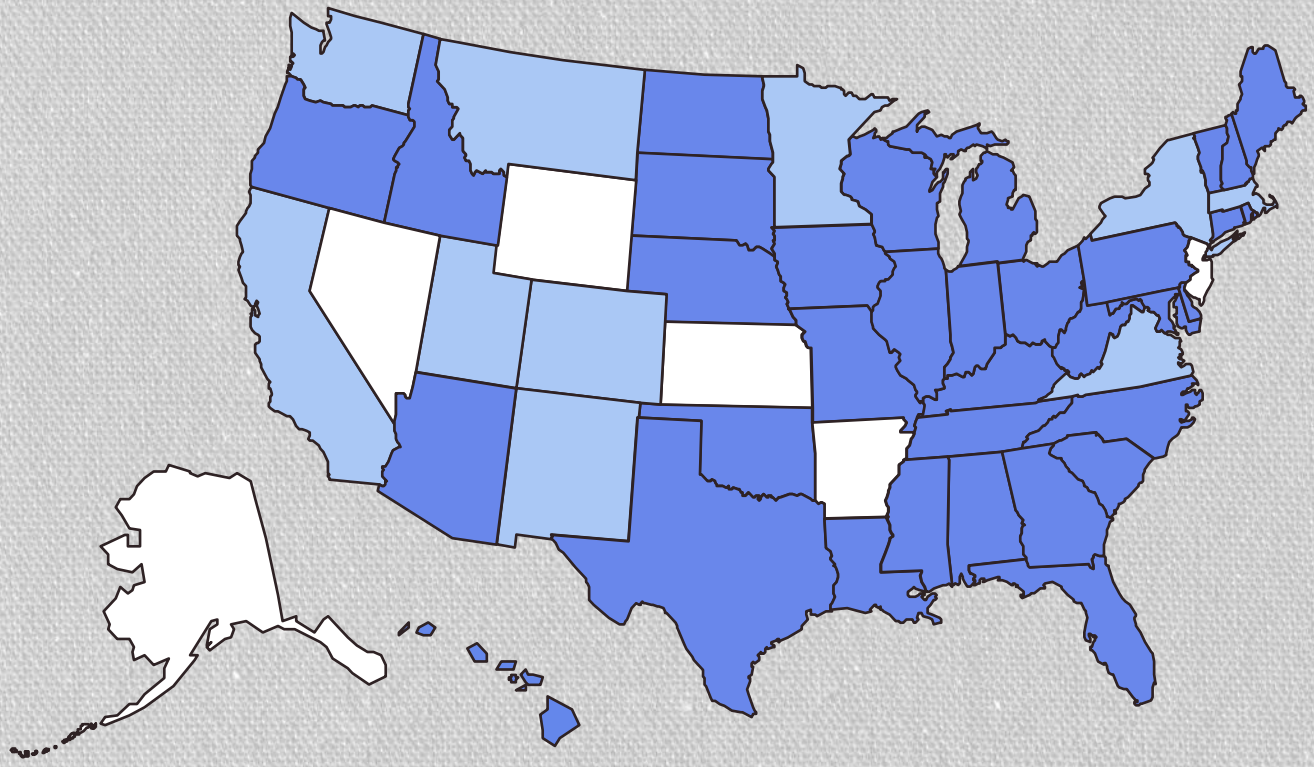
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 1990

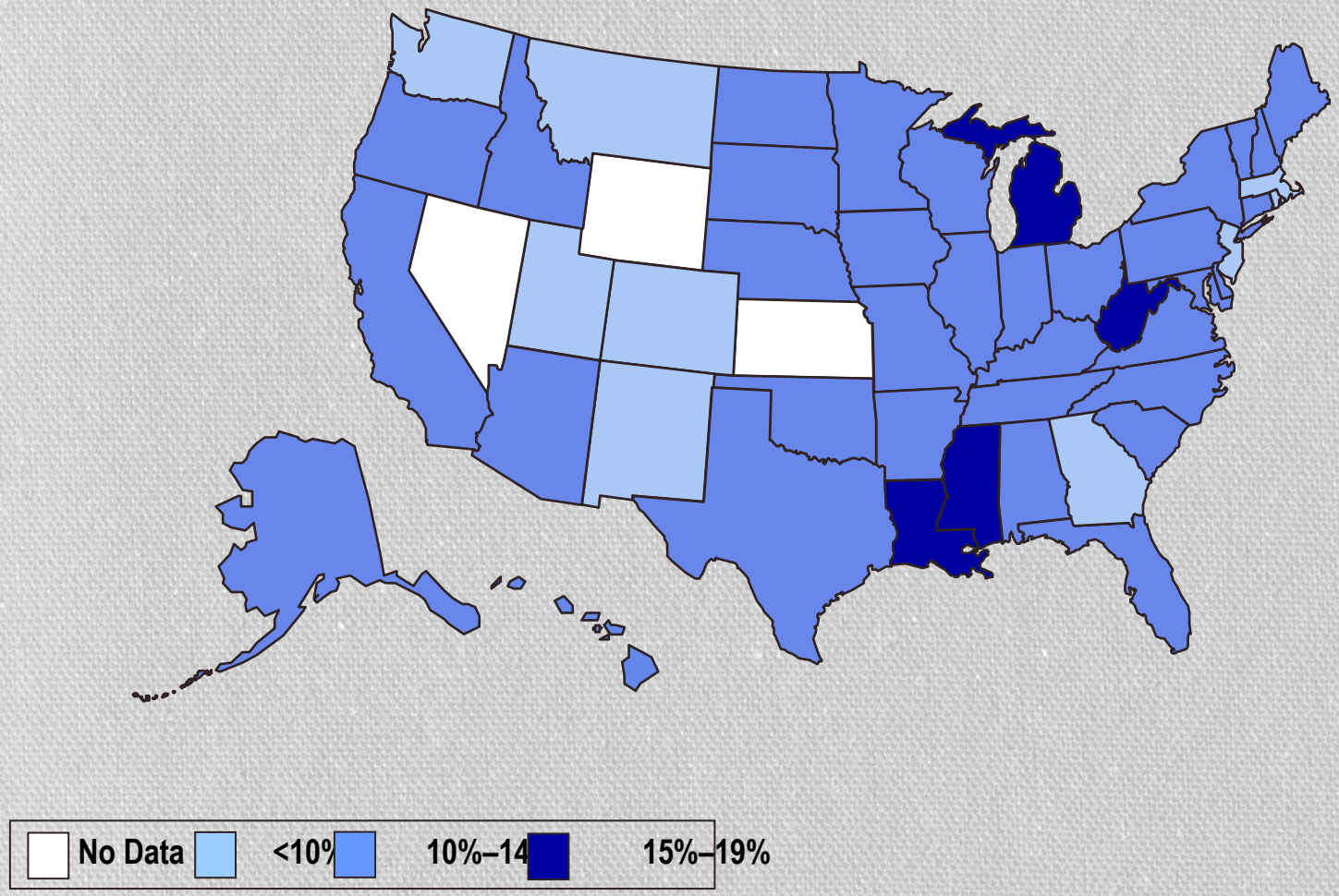
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 1991

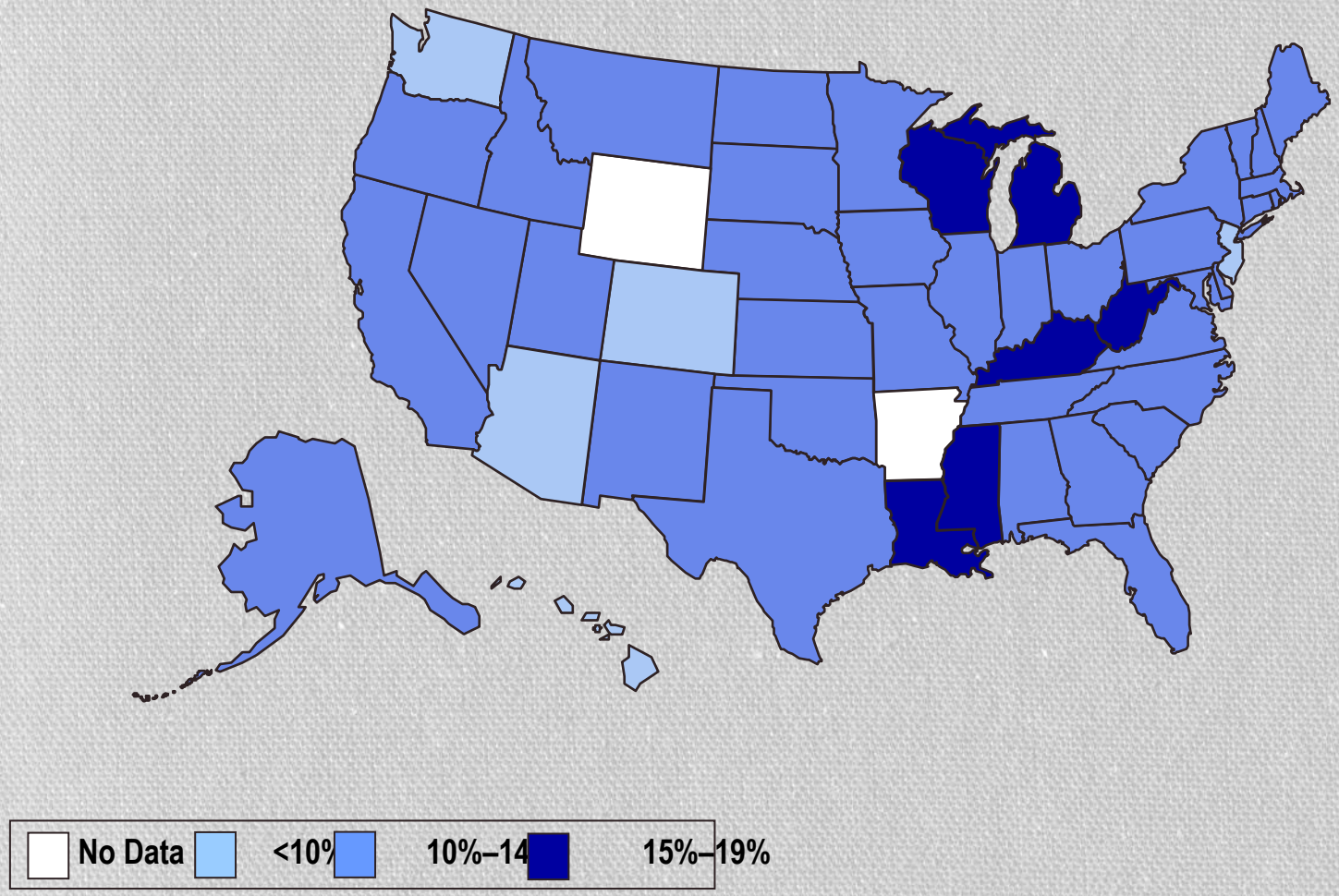
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 1992

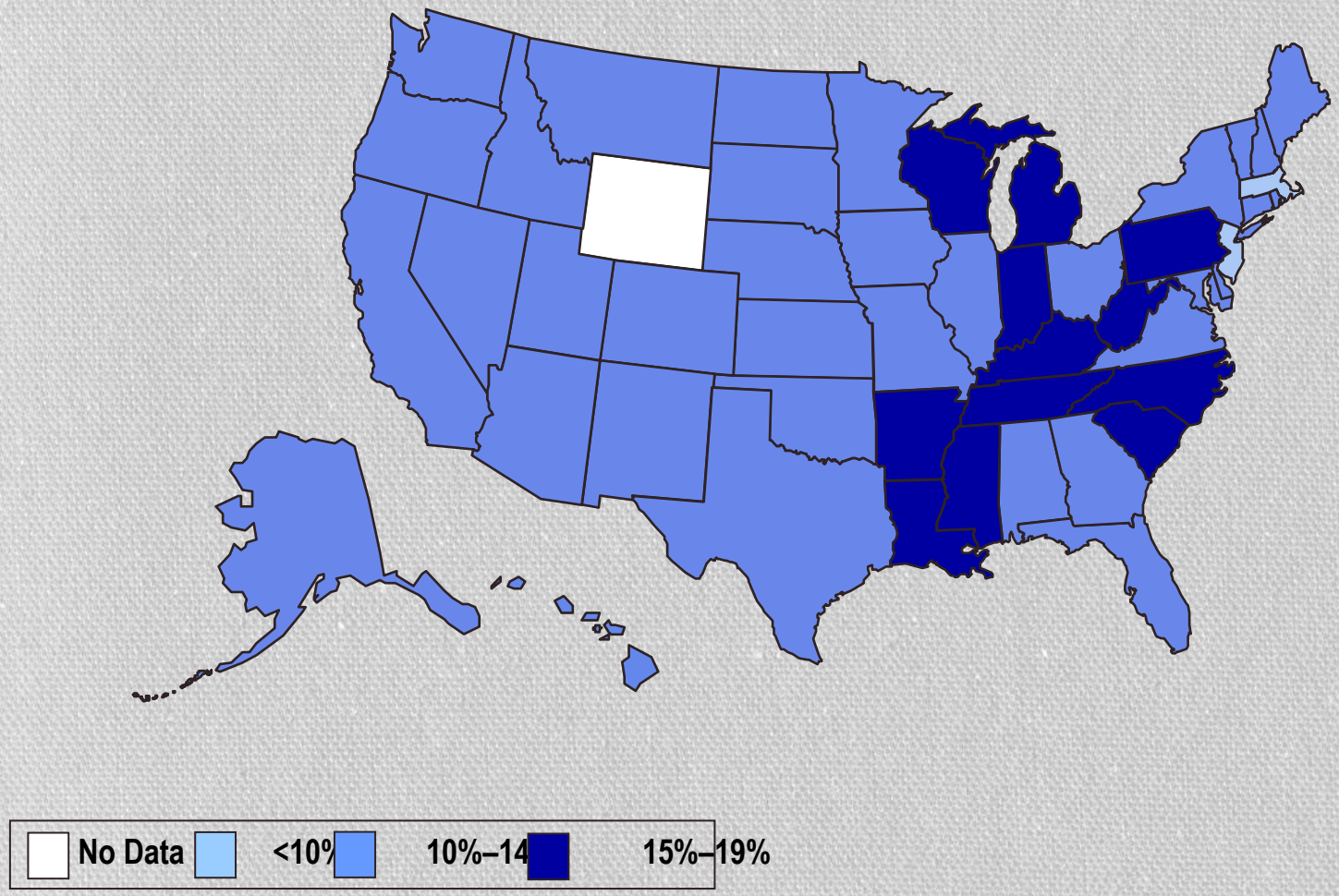
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 1993

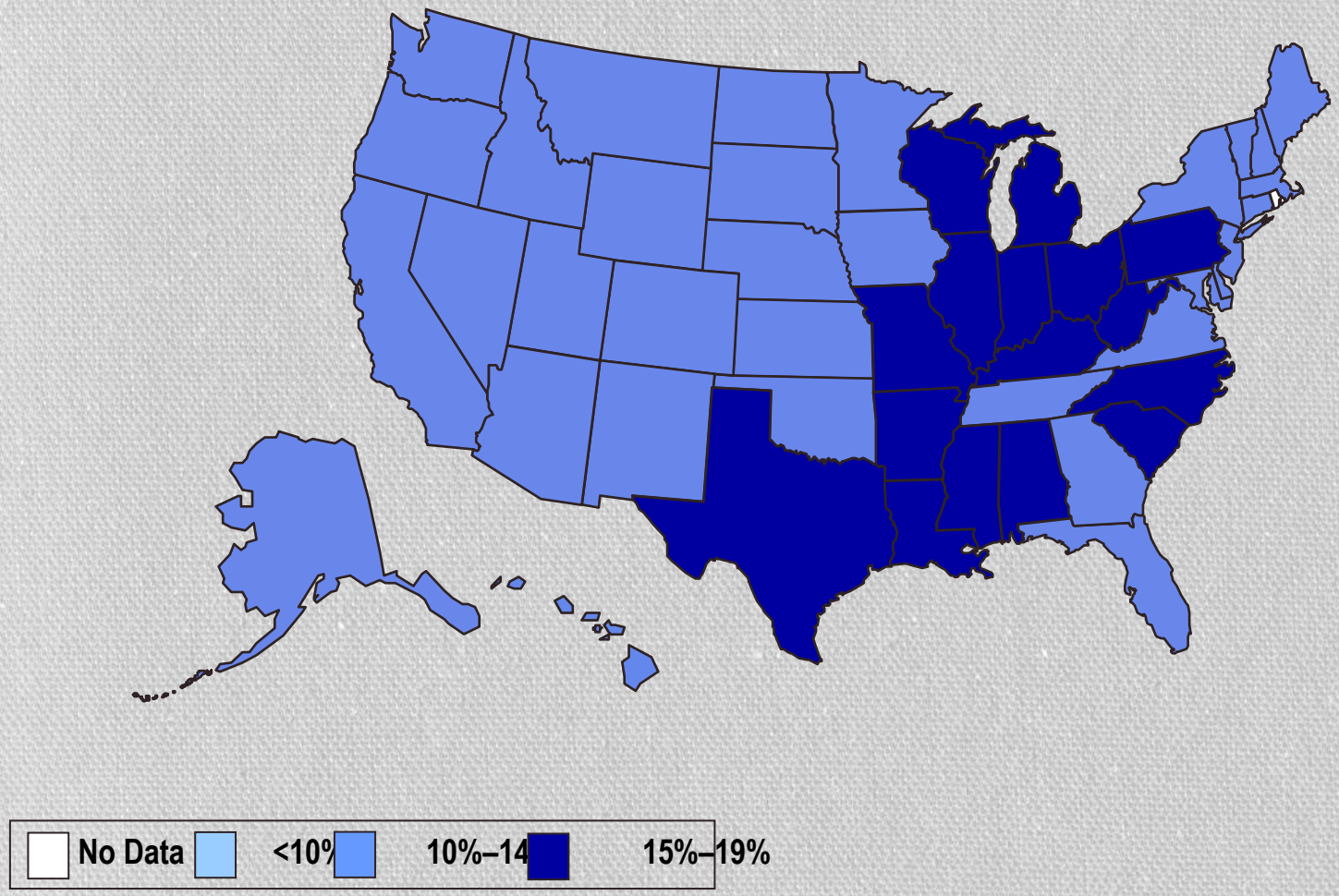
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 1994

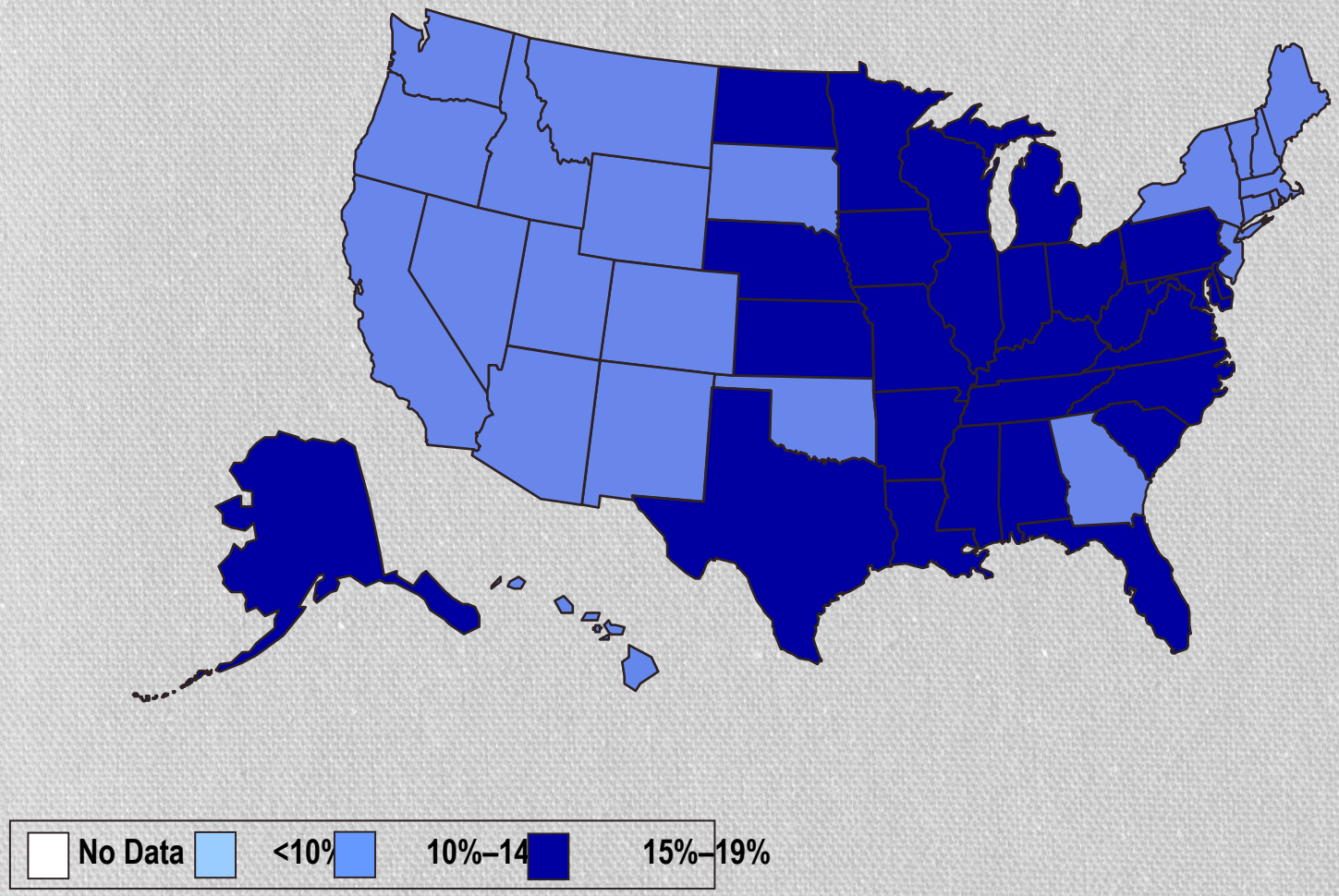
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 1995

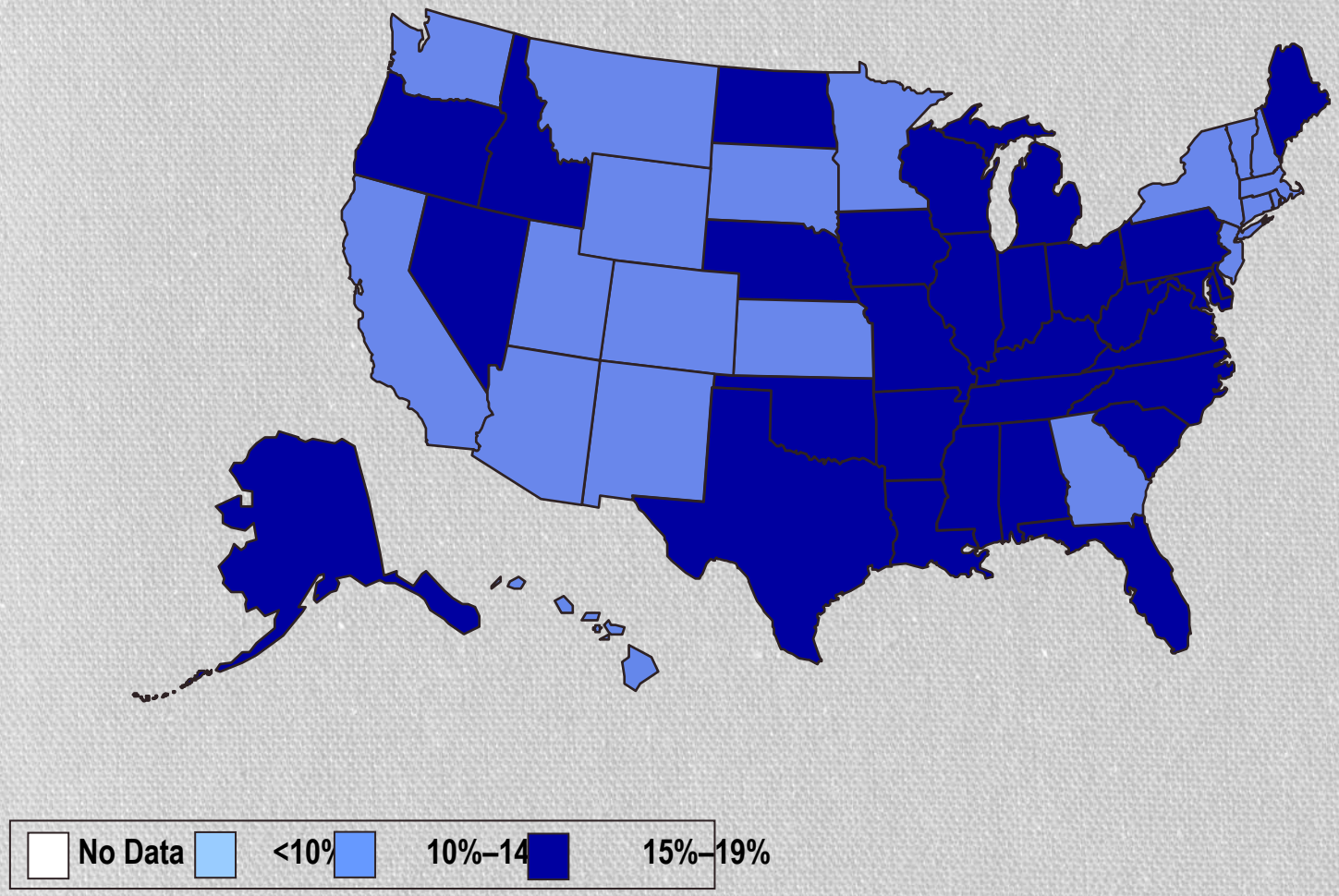
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 1996

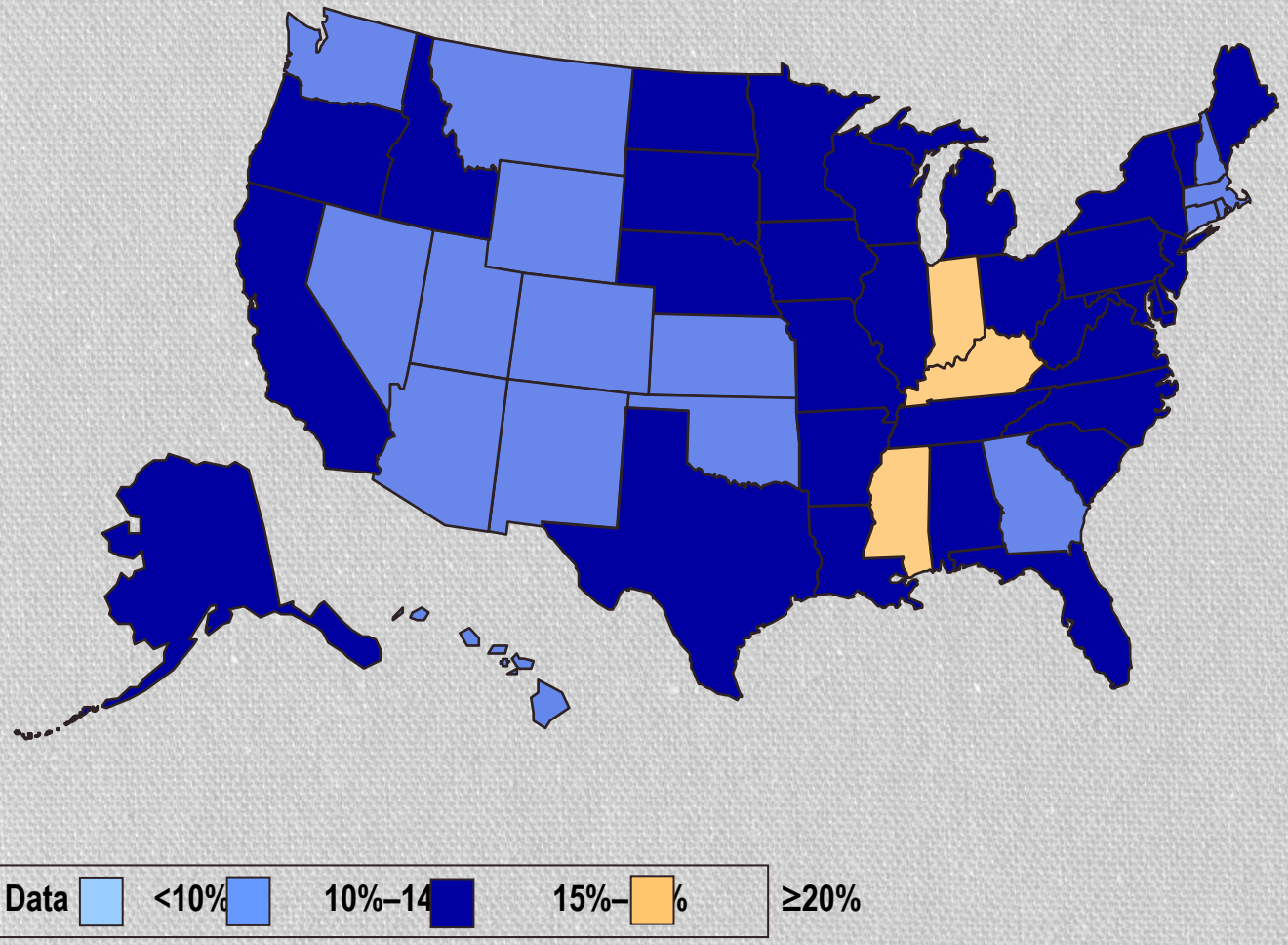
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 1997

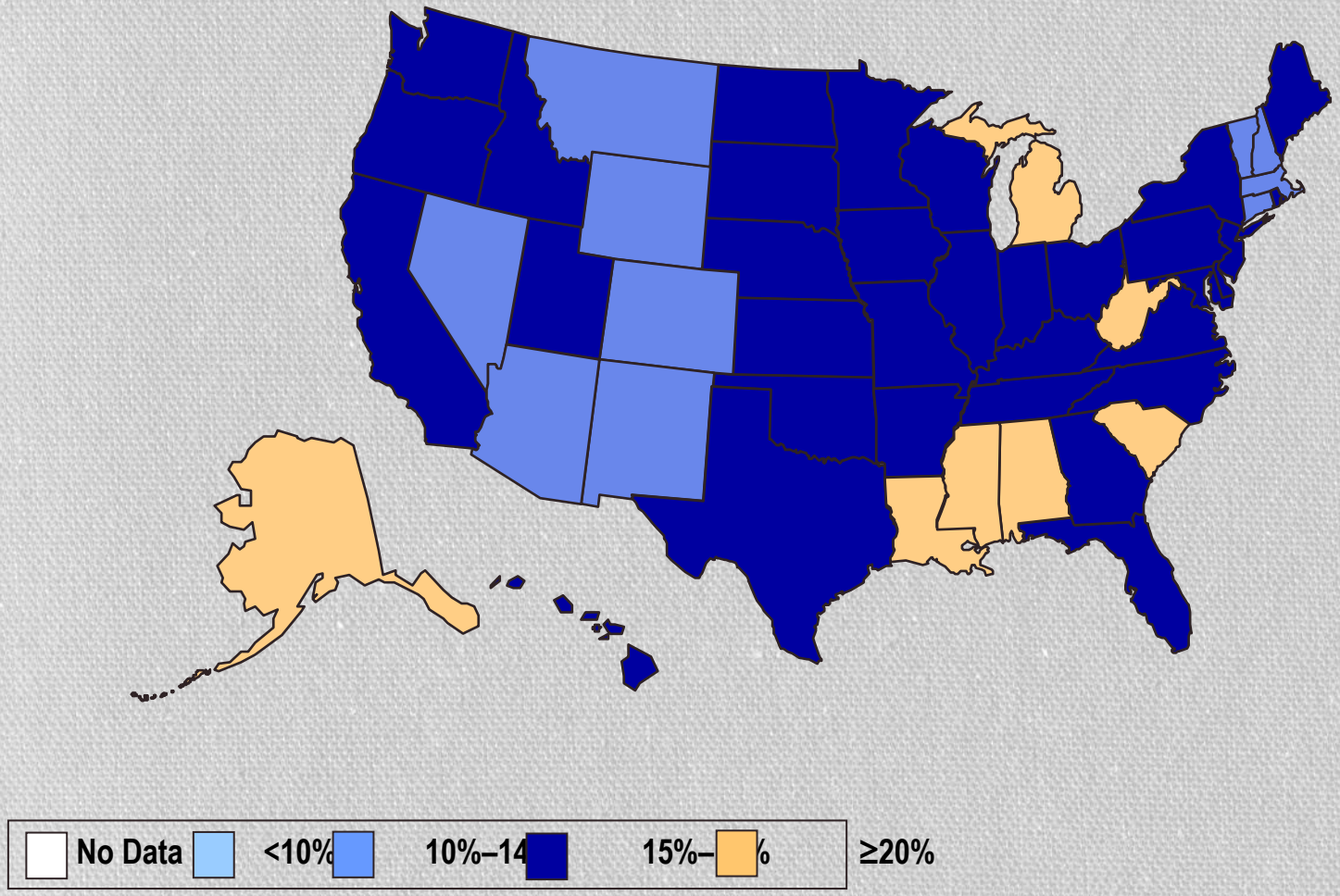
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 1998

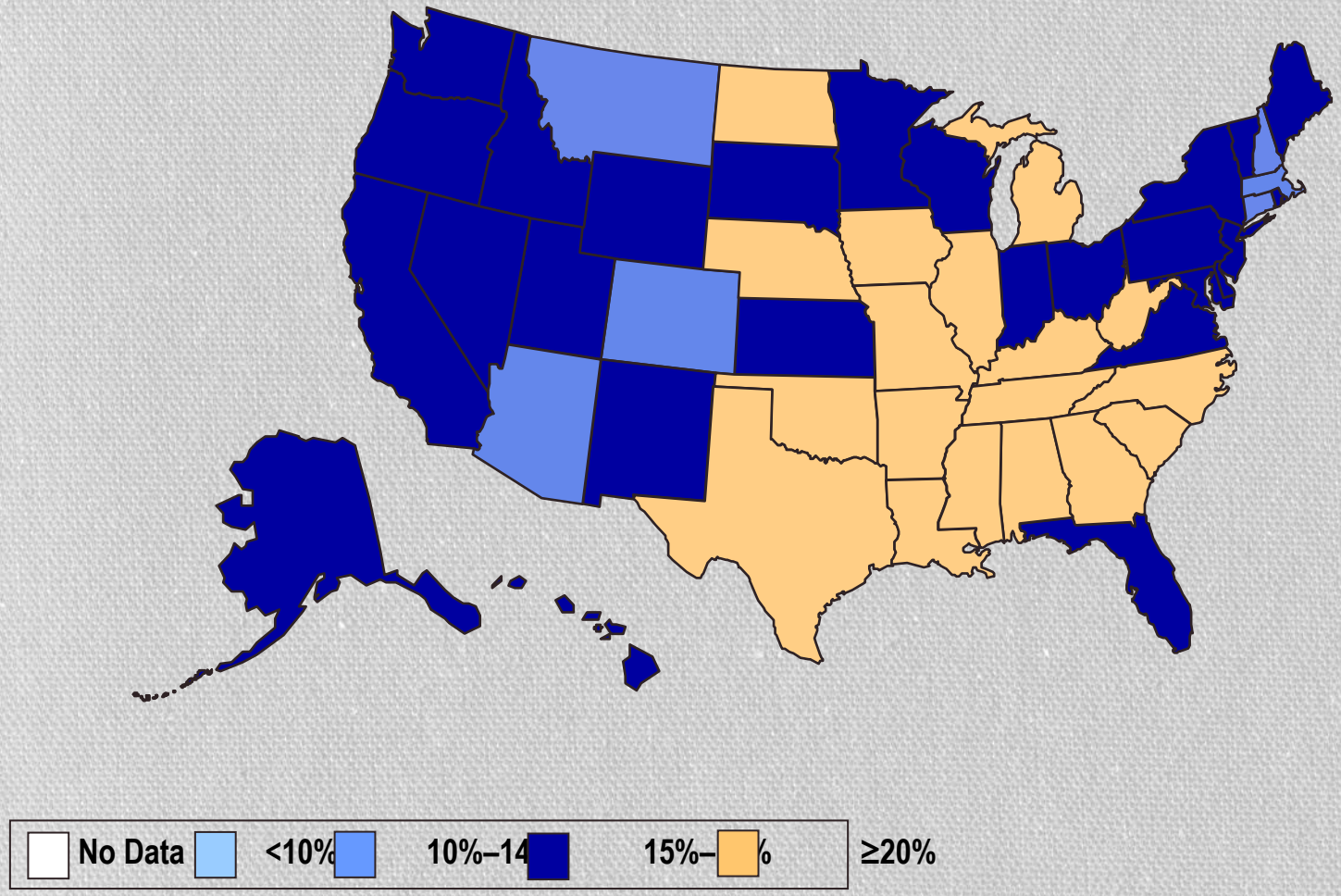
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 1999

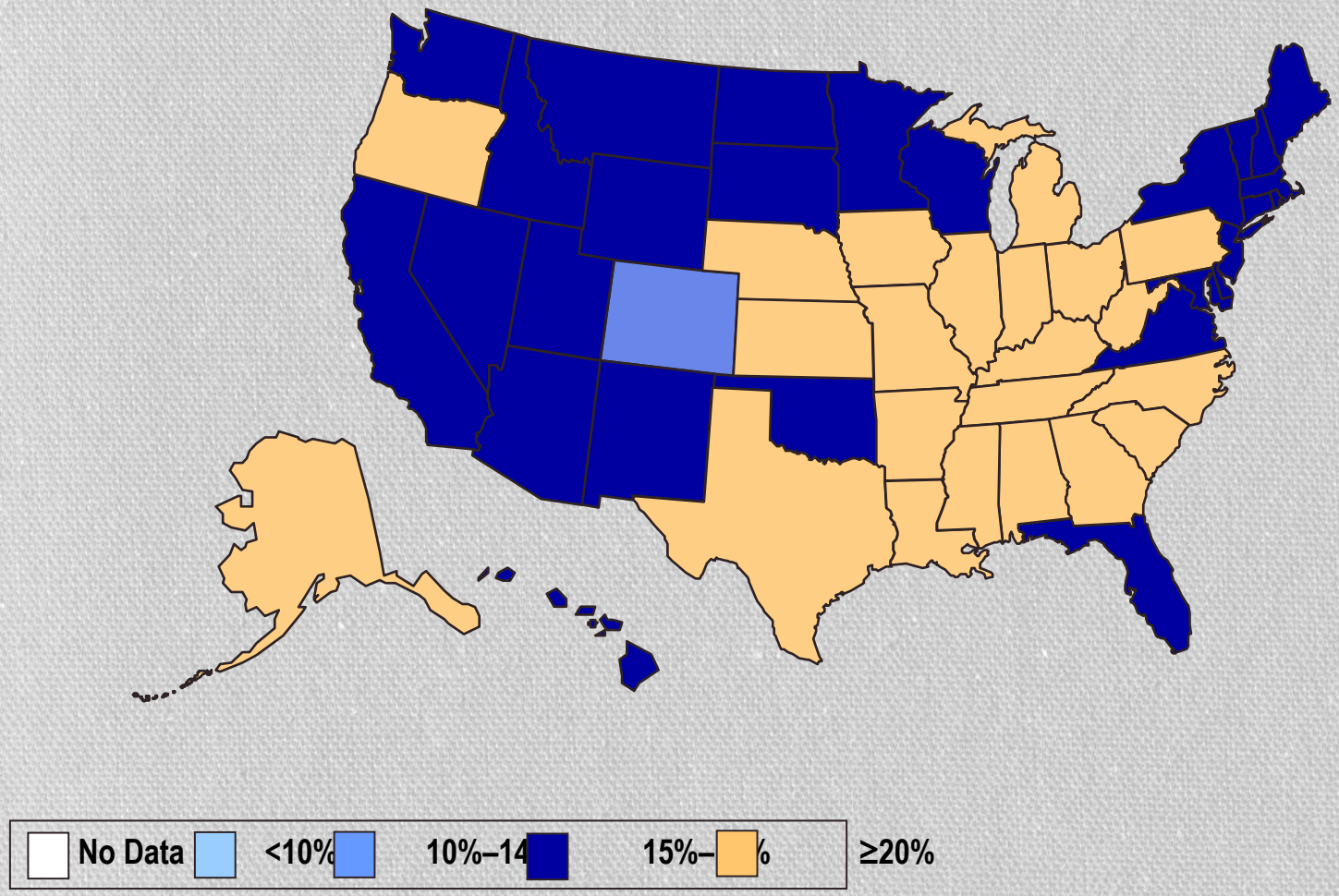
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 2000

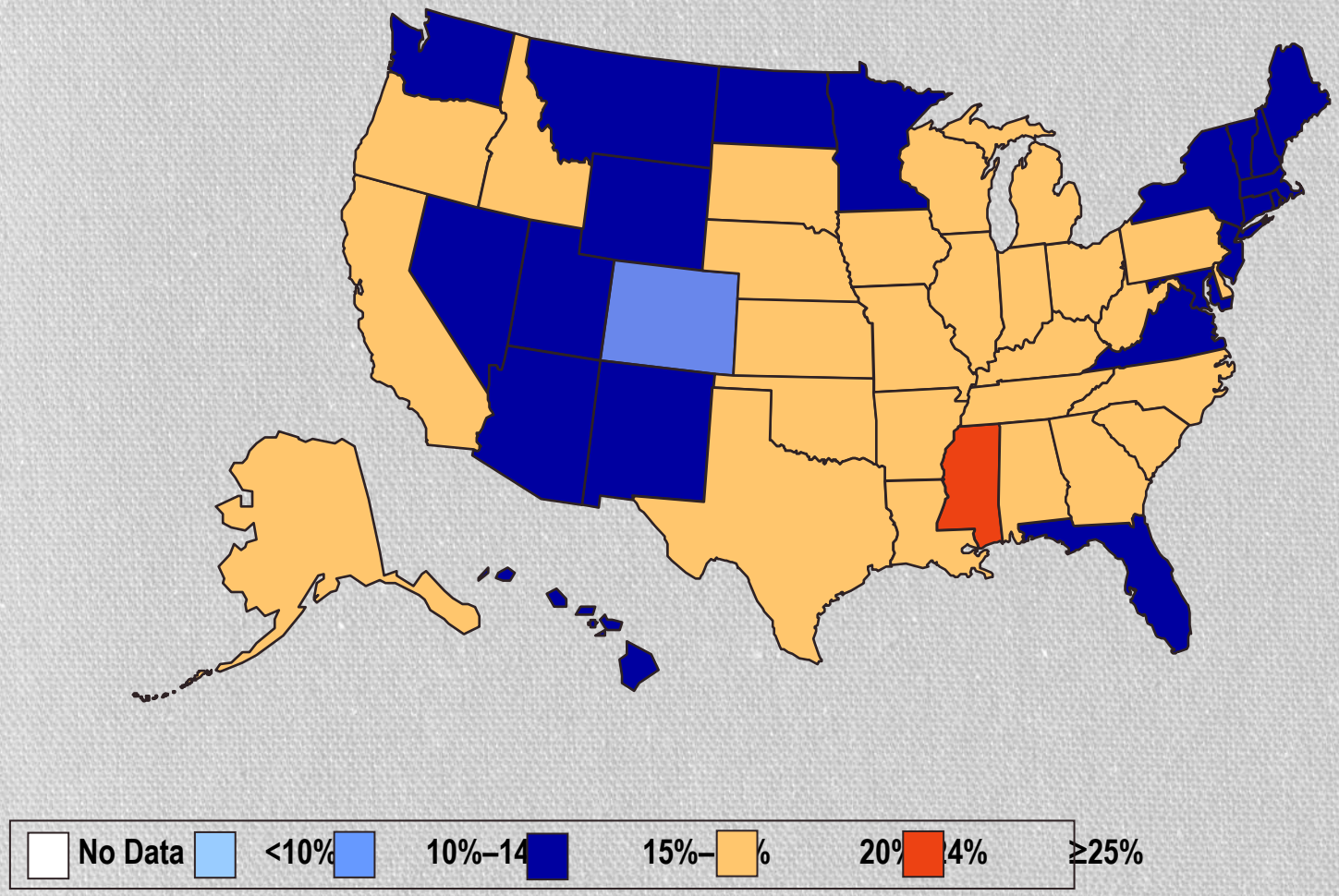
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 2001

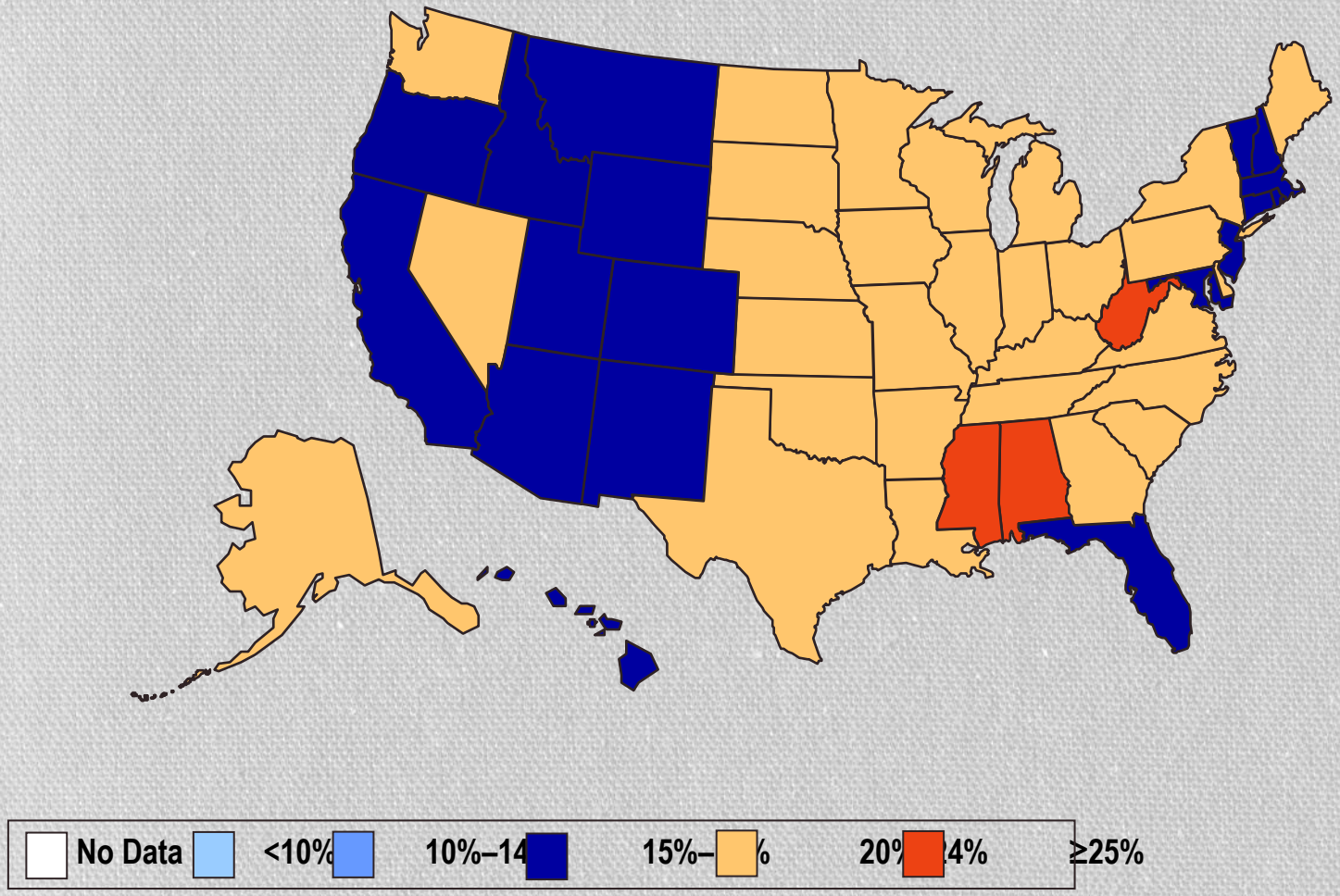
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 2002

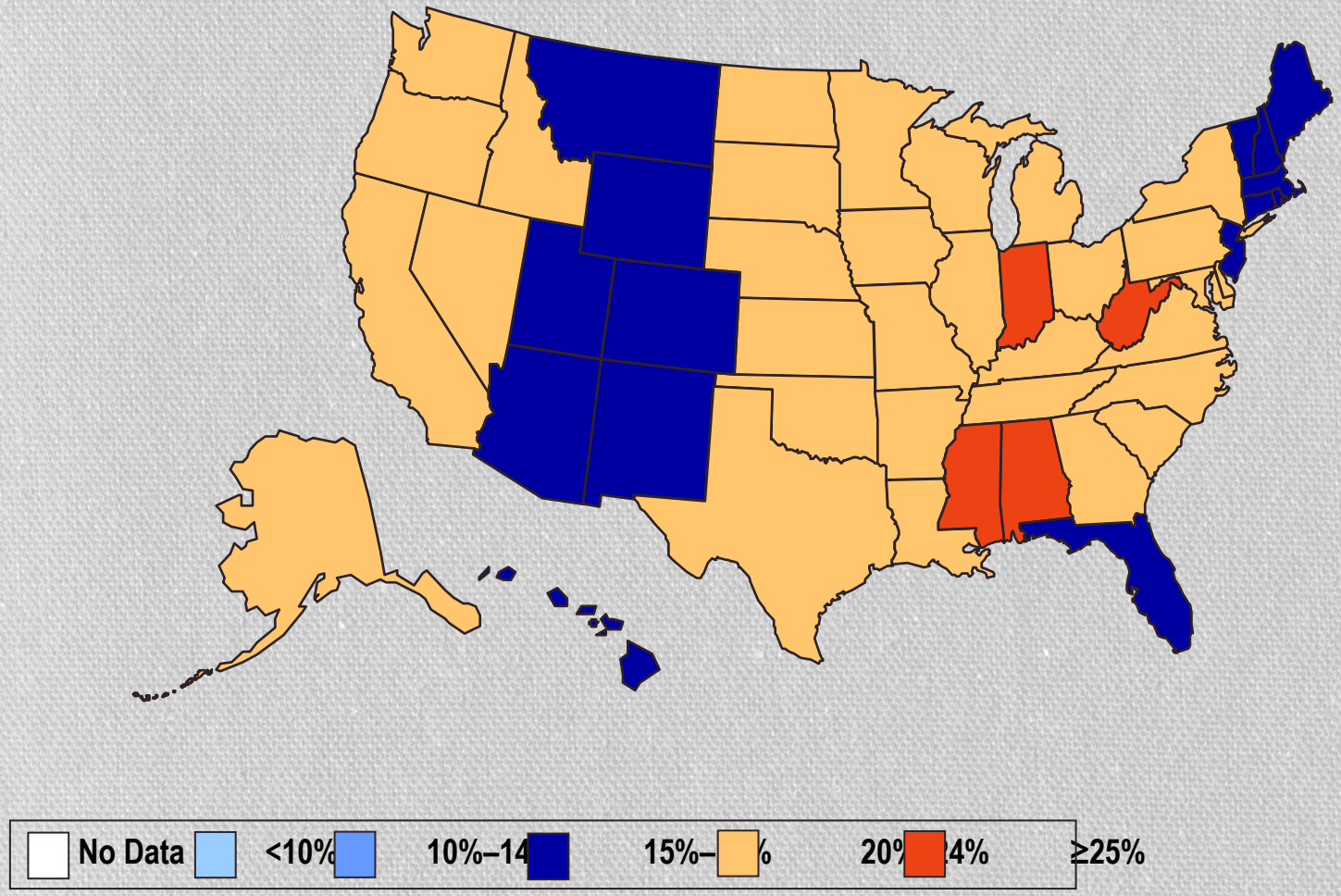
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 2003

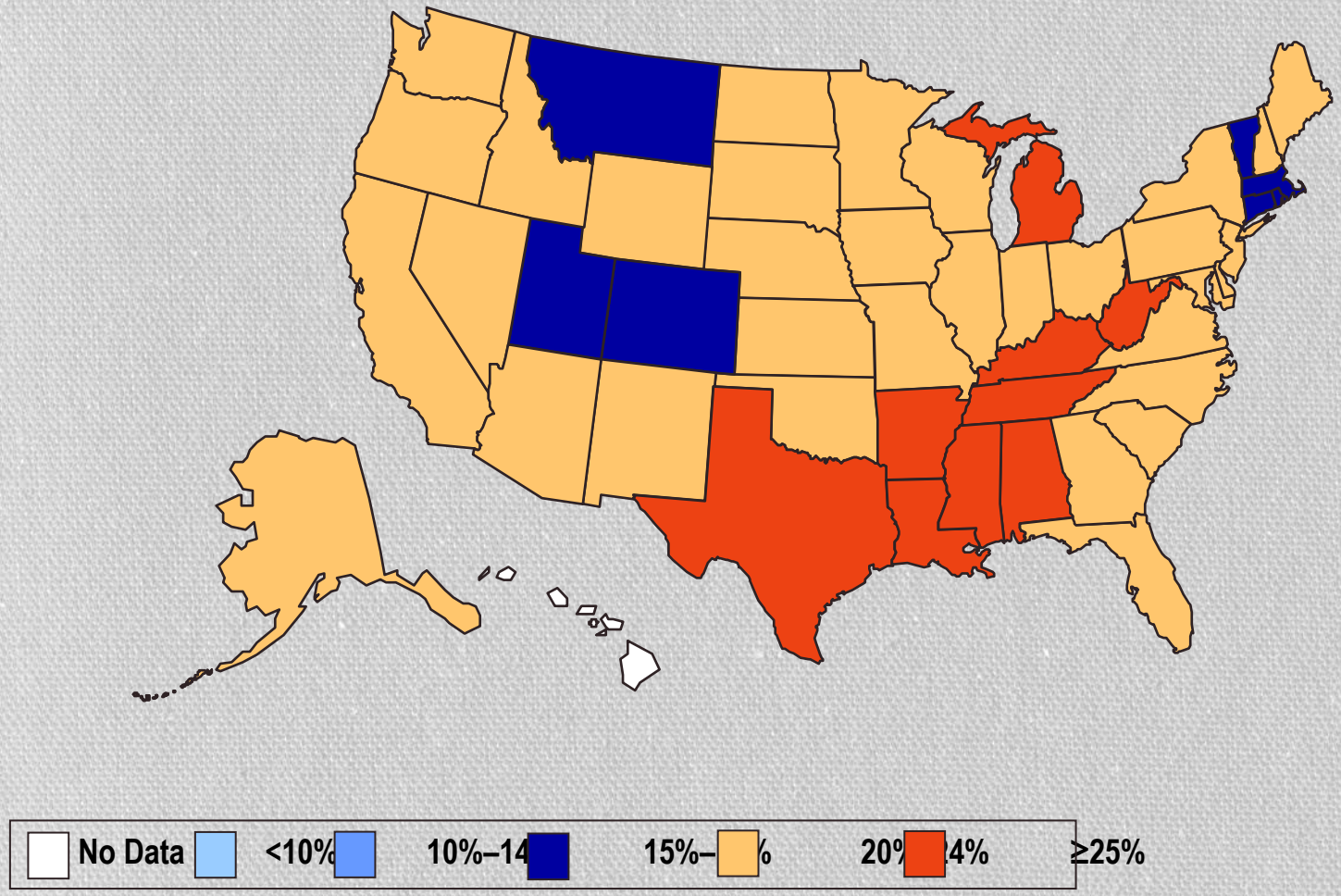
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 2004

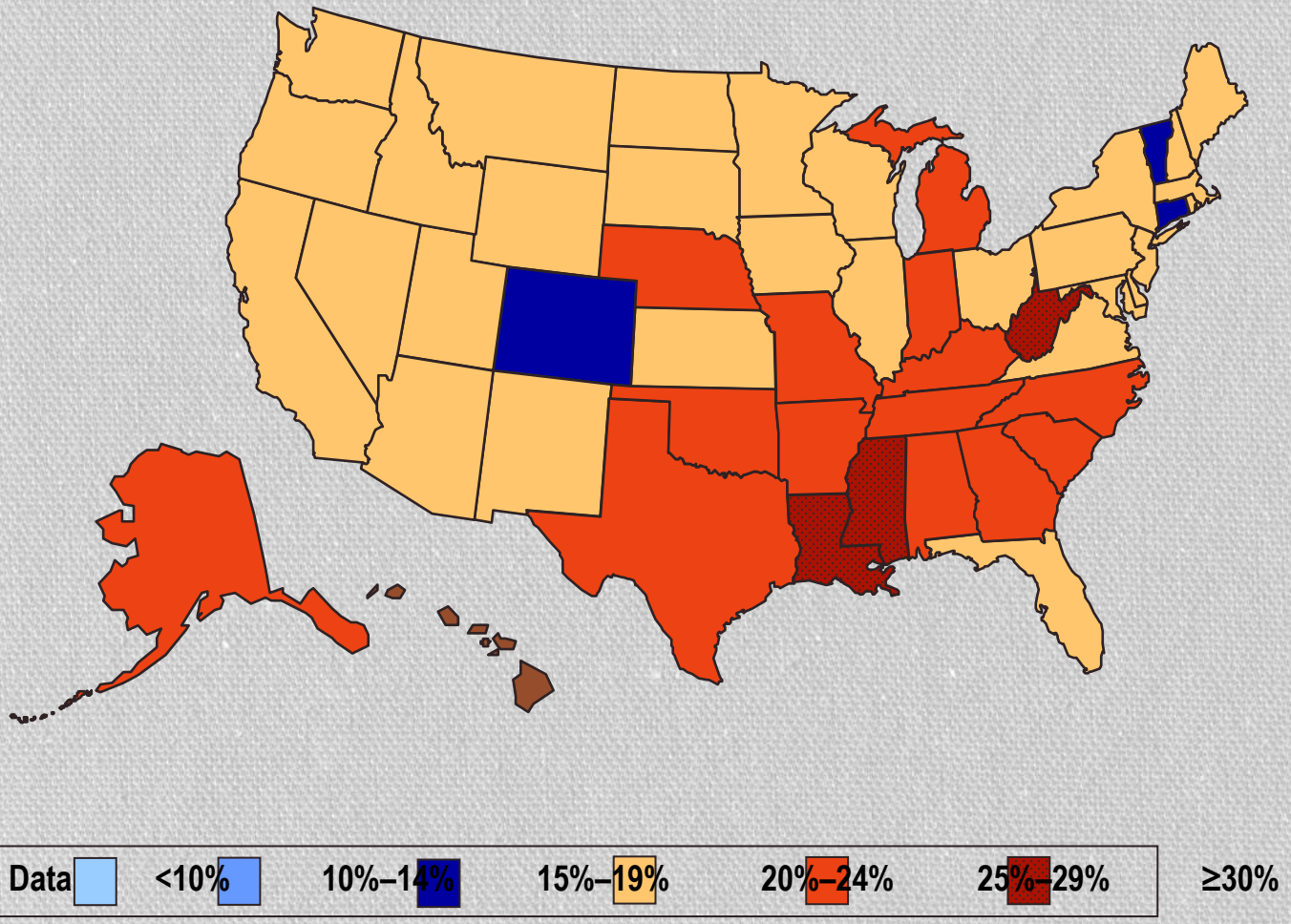
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 2005

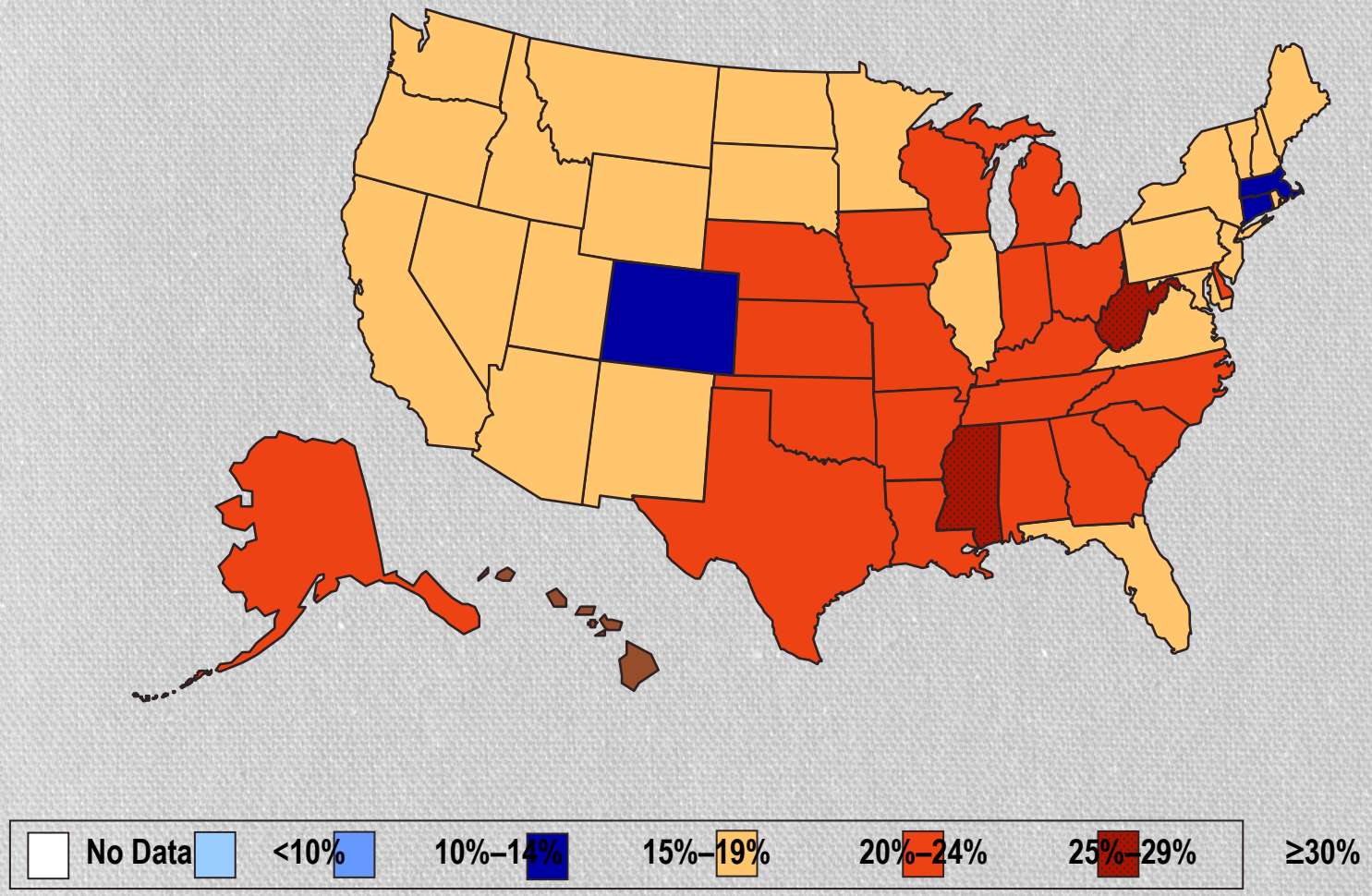
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 2006

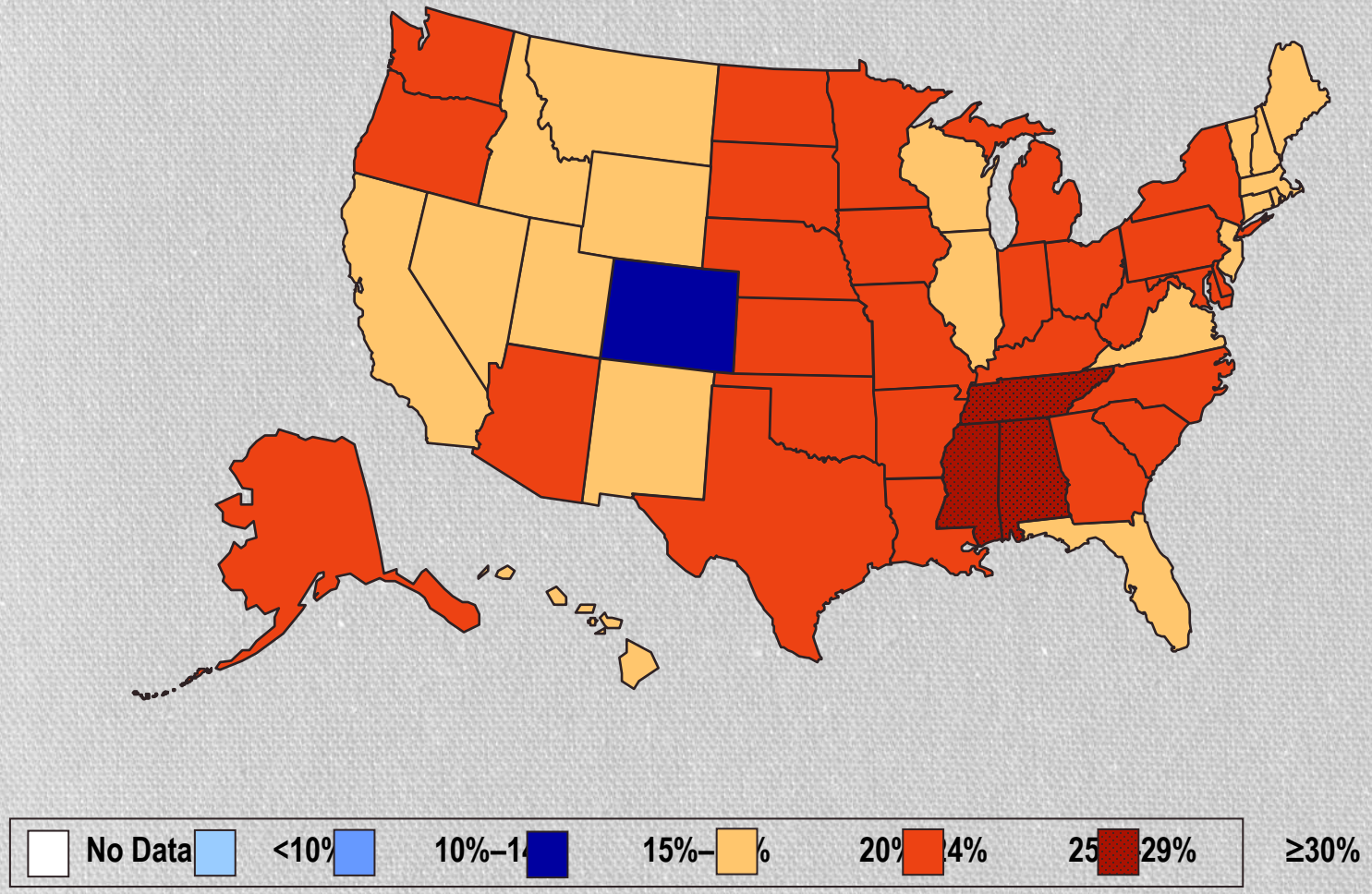
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 2007

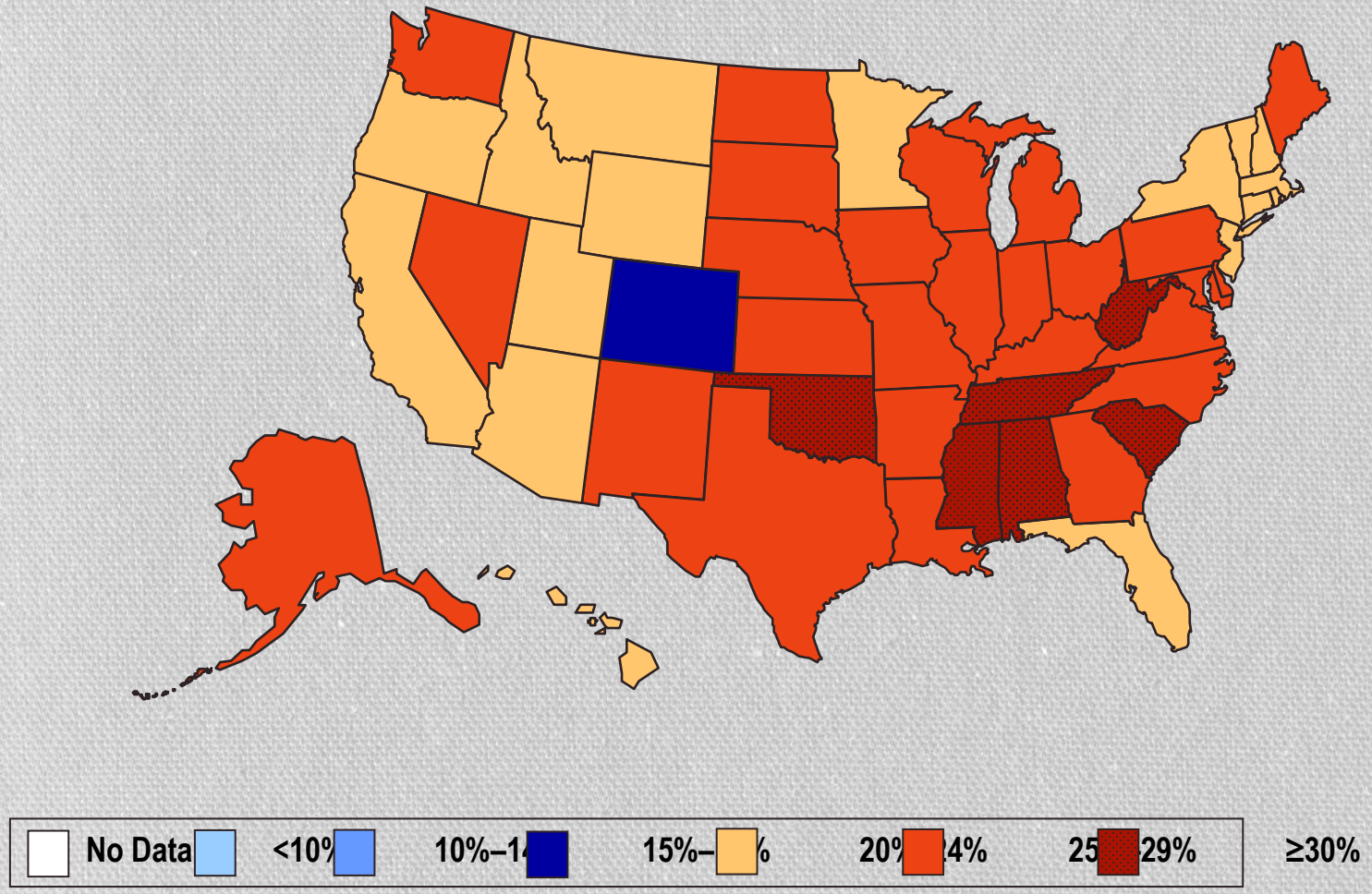
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 2008

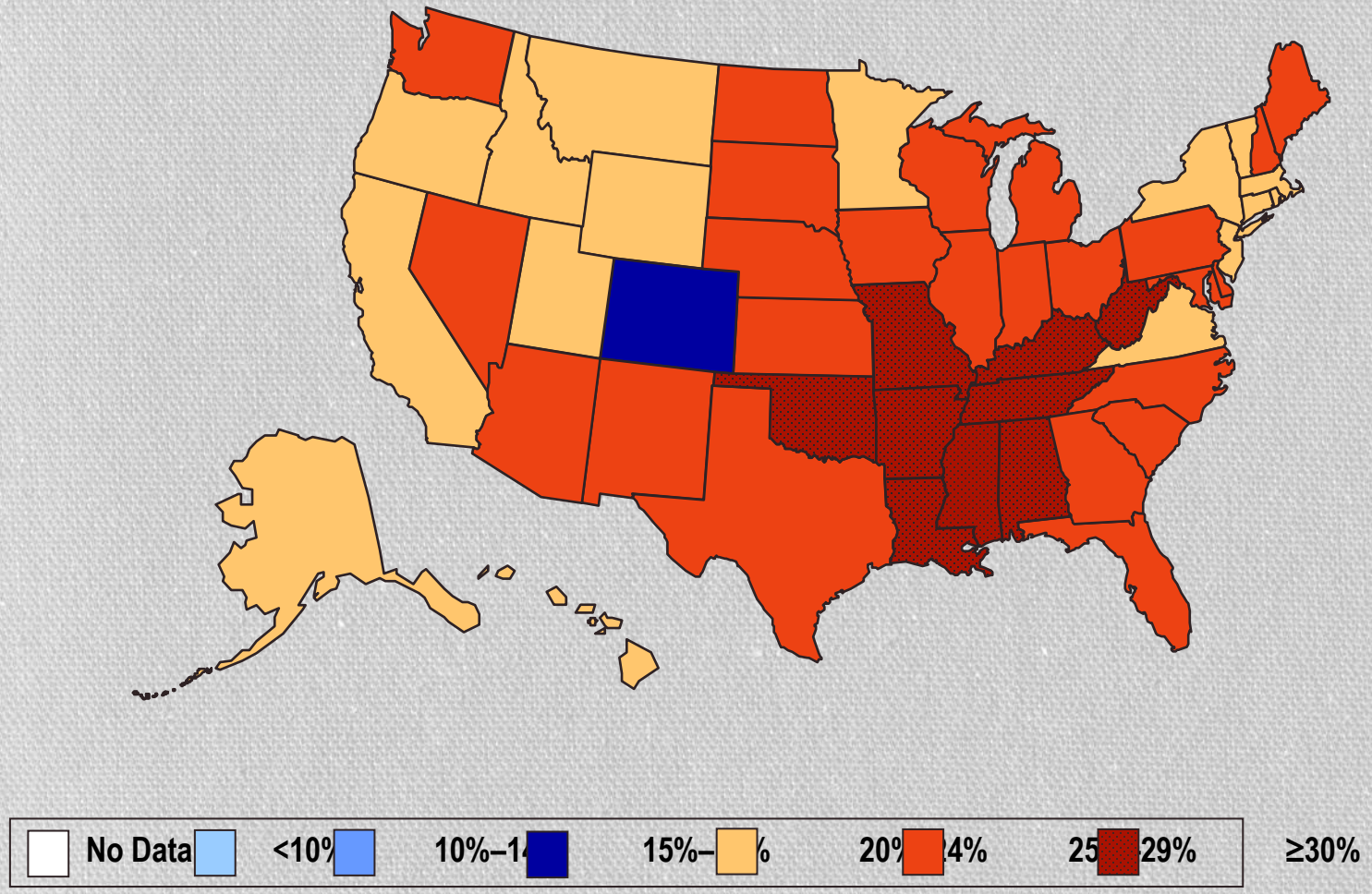
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 2009

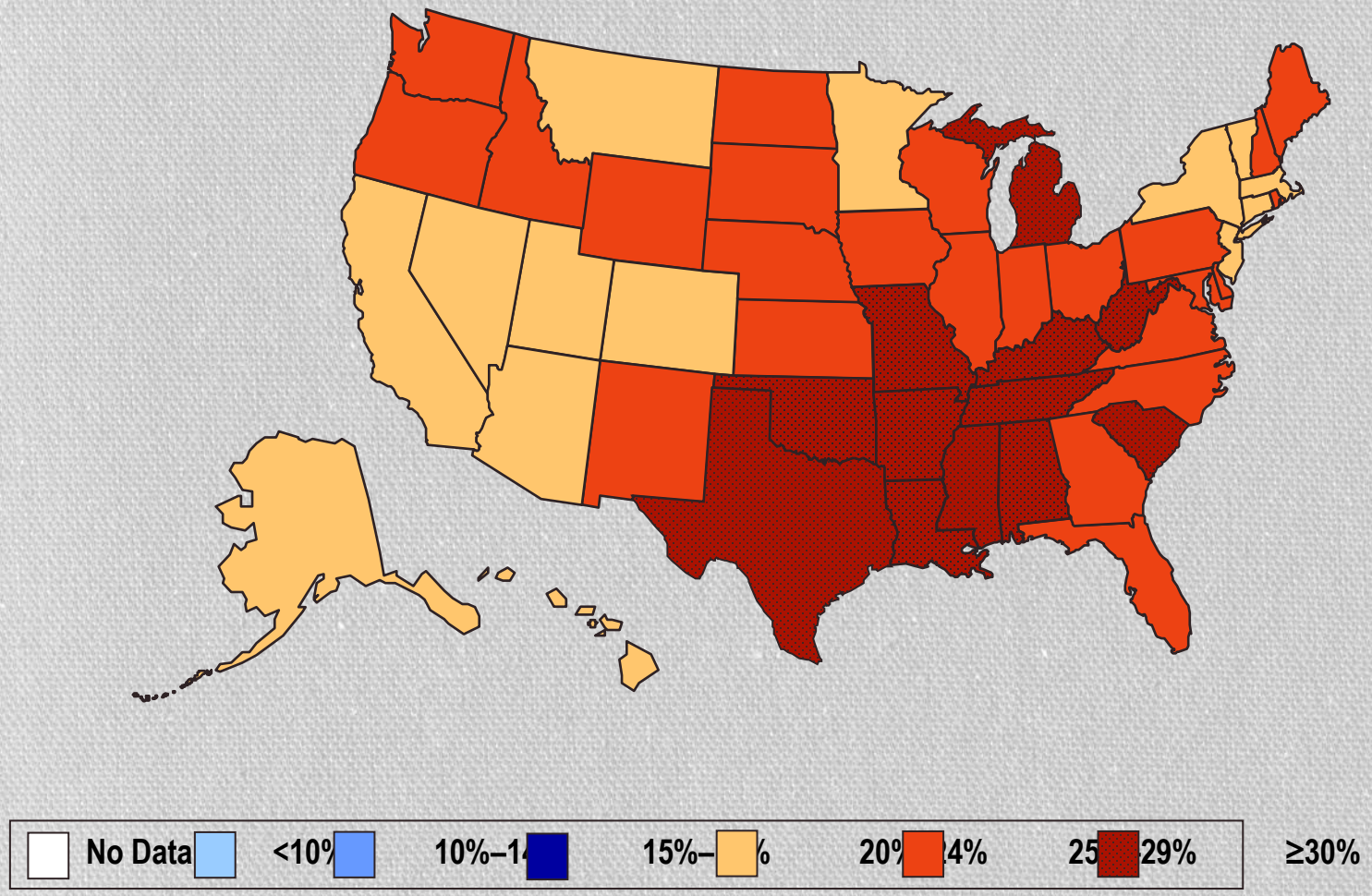
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Obesity Trends* Among U.S. Adults

BRFSS, 2010

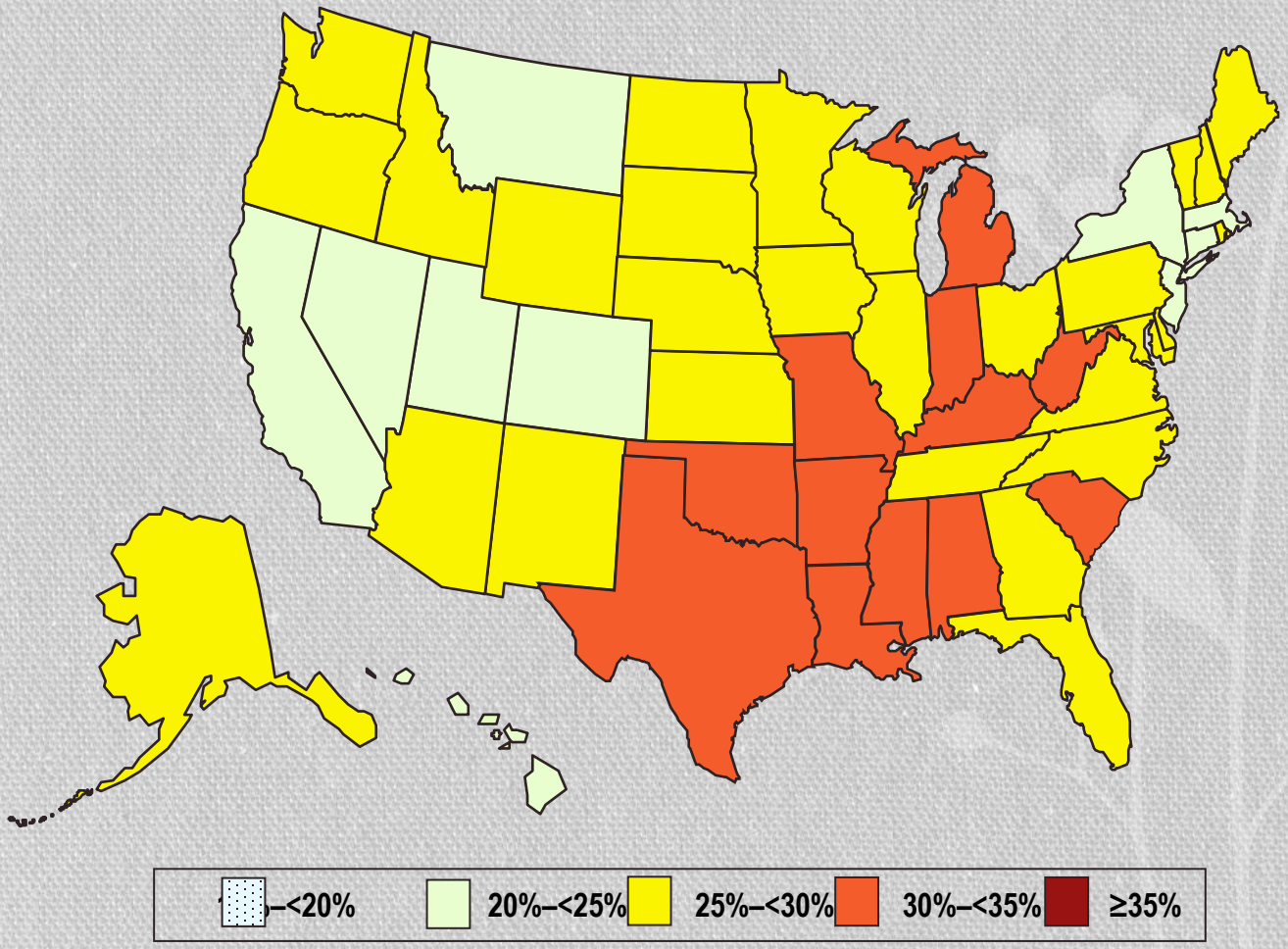
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



Prevalence* of Self-Reported Obesity Among U.S. Adults

BRFSS, 2011

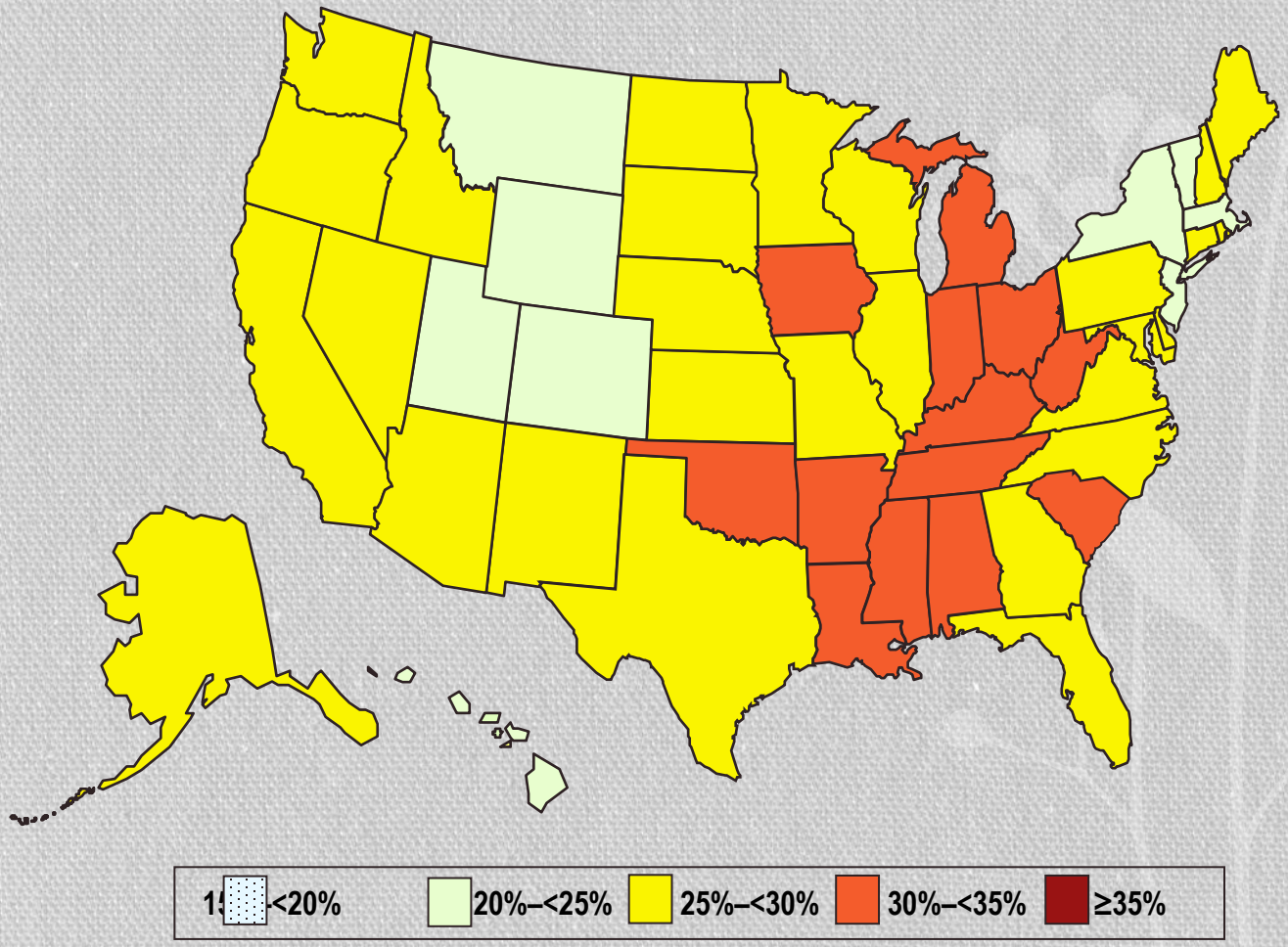
***Prevalence reflects BRFSS methodological changes in 2011, and these estimates should not be compared to previous years.**



Prevalence* of Self-Reported Obesity Among U.S. Adults

BRFSS, 2012

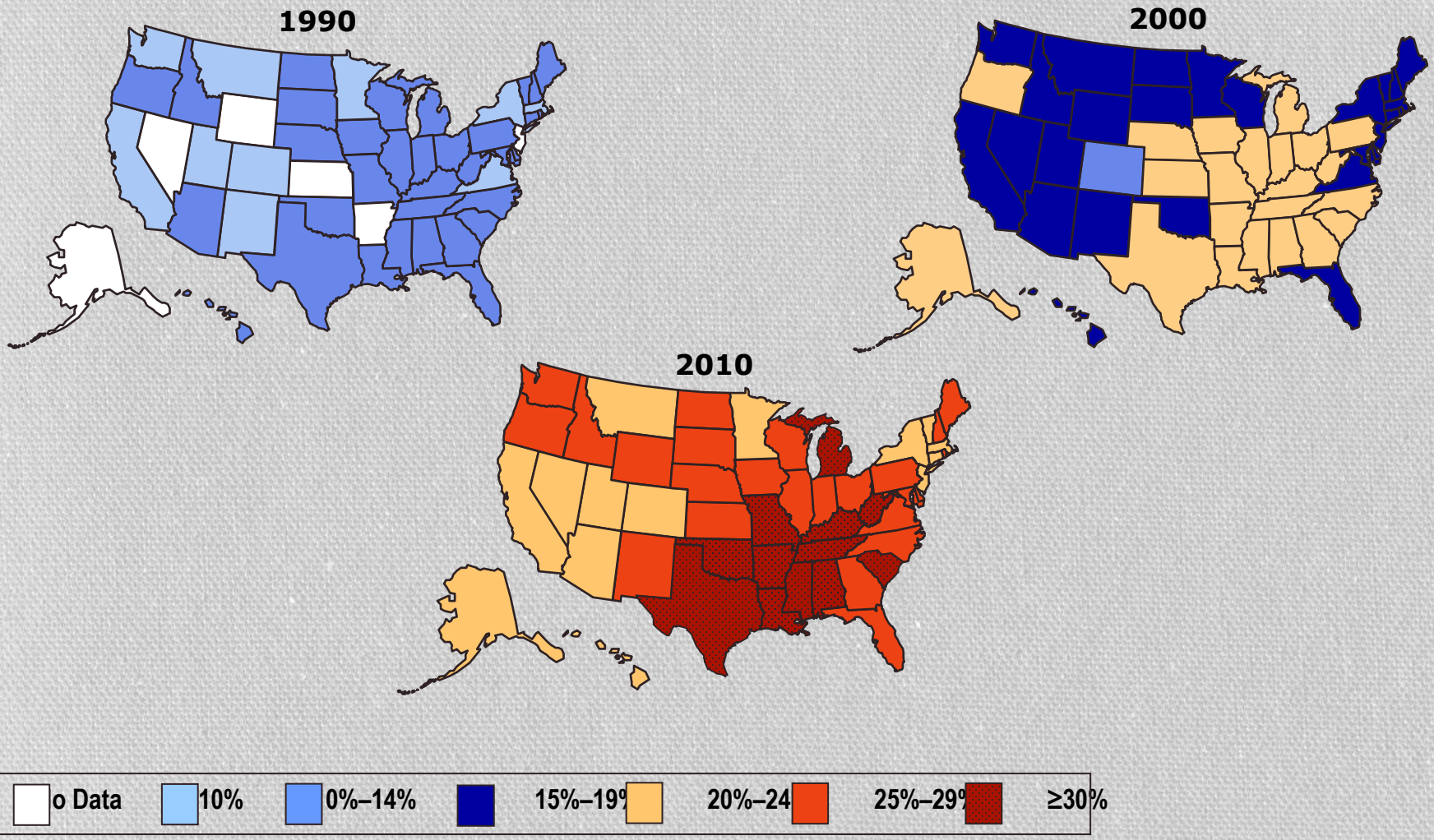
***Prevalence reflects BRFSS methodological changes in 2011, and these estimates should not be compared to those before 2011.**



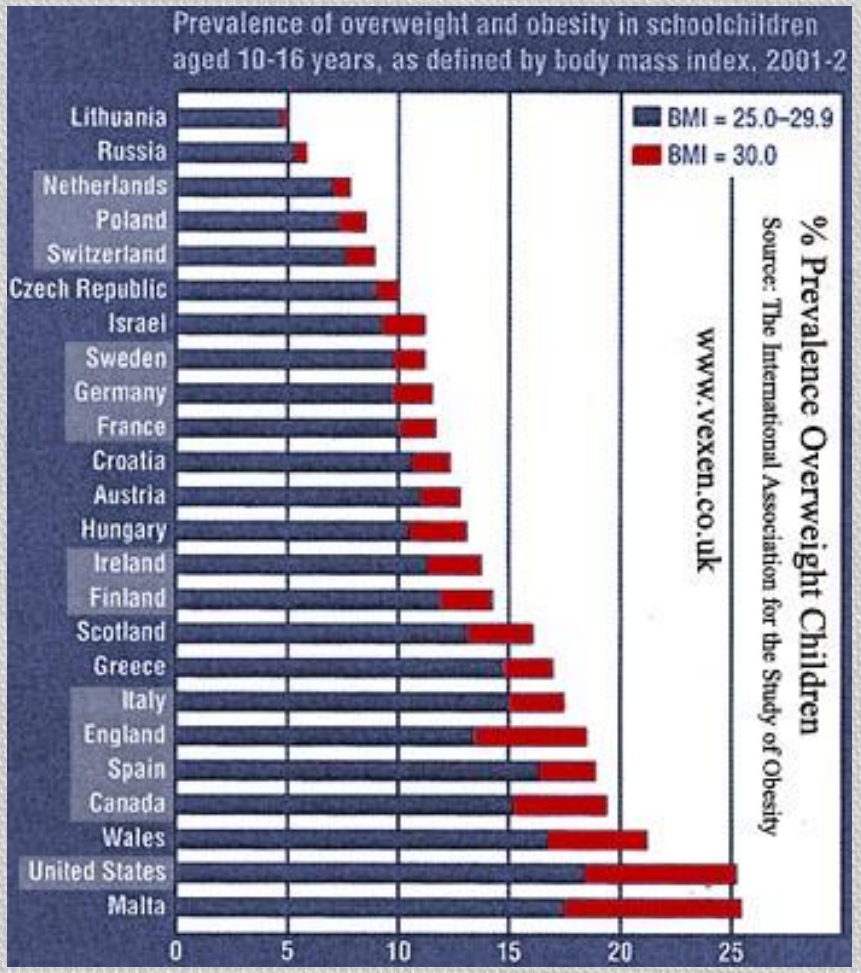
Obesity Trends* Among U.S. Adults

BRFSS, 1990, 2000, 2010

(*BMI ≥30, or about 30 lbs. overweight for 5’4” person)

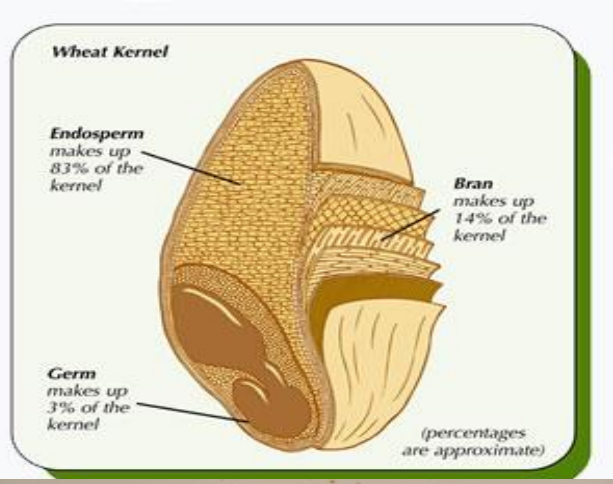


BIG & TALL Men's Clothing



SAD diet

- Standard
- American
- Diet



↑ Processing =

↑ Surface area =

↑ Glycemic Index/Load =

↑ Blood glucose =

↑ Insulin (Insulin like GF)=

↑ Storage / Inflammation / Tumor initiation & Promotion

Let food be your medicine, and medicine be your food.

Hippocrates


FARMÁCIA


Nature Made
SAM-E
COMPLETE


Carlson
Solar D Gems
Vitamin D3 & Omega-3
120 SOFT GELS 4000 IU
Puritan's Pride
CHELATED
CALCIUM
MAGNESIUM
250 Coated Caplets
Citracal
CALCIUM + D3
1200 mg of calcium &
1000 IU of vitamin D3
SLO-CAL TECHNOLOGY
SLOW RELEASE 1200
FREE
Patient
Samples
Patient sample. NOT FOR SALE.
CALCIUM SUPPLEMENT

Take any new reports of disease-preventing vitamins with a grain of salt. When this is all sorted out, it could turn out that we will all have to take 50 or 60 different nutrients to get a real benefit. "That's a possibility," says Goodman, of the Hutchinson Cancer Research Center. "It's called broccoli."

--Ross PE. Spinach in a pill. Forbes, November 4, 1996; 354-355

FINAL STATEMENT
AUGUST 1, 2006

National Institutes of Health State-of-the-Science Conference Statement

Multivitamin/Mineral Supplements and Chronic Disease Prevention

May 15–17, 2006

NIH consensus and state-of-the-science statements are prepared by independent panels of health professionals and public representatives on the basis of (1) the results of a systematic literature review prepared under contract with the Agency for Healthcare Research and Quality (AHRQ), (2) presentations by investigators working in areas relevant to the conference questions during a 2-day public session, (3) questions and statements from conference attendees during open discussion periods that are part of the public session, and (4) closed deliberations by the panel during the remainder of the second day and morning of the third. This statement is an independent report of the panel and is not a policy statement of the NIH or the Federal Government.

The statement reflects the panel's assessment of medical knowledge available at the time the statement was written. Thus, it provides a "snapshot in time" of the state of knowledge on the conference topic. When reading the statement, keep in mind that new knowledge is inevitably accumulating through medical research.

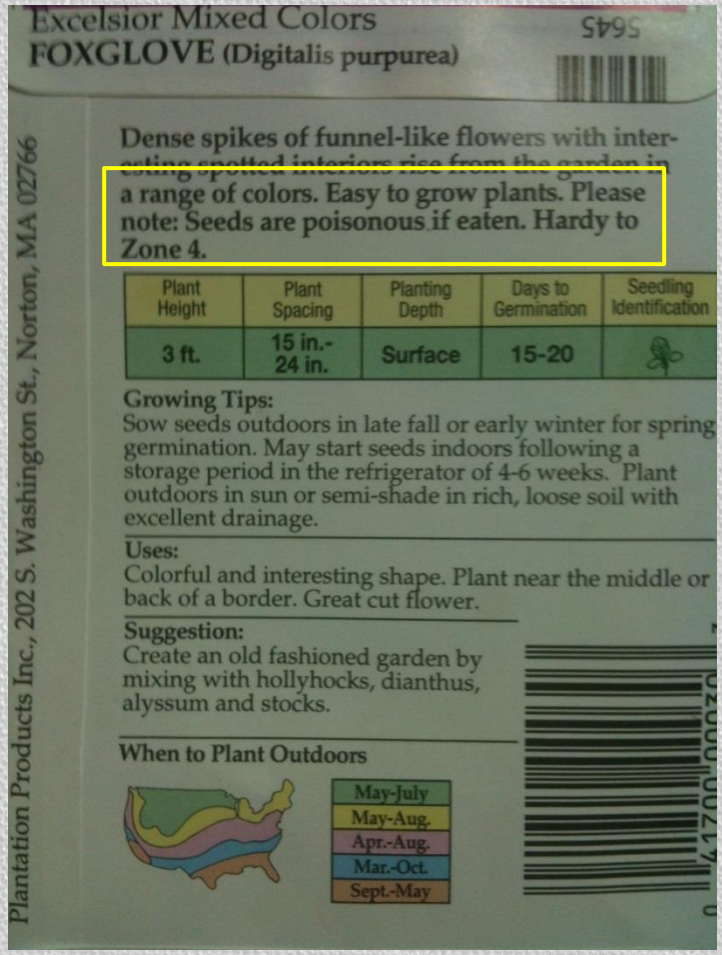
Individuals who wish to cite this recommendation stateme
National Institutes of Health State-of-the-Science conferei
supplements and chronic disease prevention. Ann Intern

Findings by Vitamin/Mineral

β-Carotene

Two large trials (1, 2) designed to test lung cancer prevention with β-carotene found a surprising increase in lung cancer incidence and deaths in smokers and male asbestos workers. There was no effect in preventing a number of other types of cancer, including gastric, pancreatic, breast, bladder, colorectal, and prostate cancer as well as leukemia, mesothelioma, and lymphoma. The overall mortality rate was elevated in women, but not men, treated with β-carotene throughout the intervention and postintervention period. A third large trial (3), in healthy American men, found no effect of β-carotene on cancer except an increased risk for thyroid and bladder cancer. Two other β-carotene trials (4, 5) to prevent nonmelanoma skin cancer found no effect on subsequent skin cancer incidence. A large study of healthy American women also found no effect of β-carotene on cancer incidence (6). Four of these β-carotene trials (2, 3, 5, 7) also evaluated cardiovascular disease (CVD) and found no benefits. In healthy women, there was a suggestion of increased stroke risk in 1 study (6) and an increased risk for CVD in women smokers in the Carotene and Retinol Efficacy Trial (CARET) (8).

Botanical Medicine



Enzyme	Substrate	Inhibitors	Inducers
CYP1A2	Caffeine, Clomipramine, Clozapine, Imipramine, Olanazapine, Ondansatron, Theophylline, Ropinarole, R-Warfarin	Cimetadine, Ciprofloxacin,**Echinacea**, Ethinyl Estradiol, Fluvoxamine, **Ginseng**, Isoniazid, Norethindrone	Charcoal-broiled meat, smoking
CYP2C9	Dronabinol, Fluvastatin, Glipizide, Losartan, Montelukast, NSAIDs, Phenytoin, S-Warfarin, Zafirlukast	Amiodarone, Cimetidine, Clopidogrel, Disulfiram,**Echinacea**, Efavirenz, Fluconazole, Fluvastatin,**Gingko**, Isoniazid, Itraconazole, **Kava Kava** (in vivo) Ketoconazole, **Licorice,**Metronidizole, Zafirlukast	Barbiturates, Carbamazepine, Griseofulvin, Nafcillin, Phenytoin, Primidone, Rifampin, **St. John's Wort**
CYP2C19	Carisoprodol, Citalopram, Diazepam, Proton pump inhibitors, R-Warfarin, Tricyclic antidepressants	Efavirenz, Felbamate, Fluconazole, Fluoxetine, Fluvoxamine, **Kava Kava** (in vivo), Omeprazole	**St. John's Wort**
CYP2D6	Carvedilol, Codeine, Dextromethorphan, Efavirenz, Flecainide, Fluoxetine, Haloperidol, Hydrocodone, Methamphetamine, Metoprolol, Oxycodone, Paroxetine, Propafenone, Risperidone, Thioridazine, Timolol, Tolterodine, Tramadol, Trazodone, Tricyclic antidepressants, Venlafaxine	Amiodarone, Chloroquine, Cimetadine, Diphenhydramine, Fluoxetine, Haloperidol, Paroxetine, Propafenone, Propoxyphene, Quinidine, Ritonavir, Sertraline, Terbinafine, Thioridazine	**St. John's Wort**
CYP3A4	Amiodarone, Azole Antifungals, Atorvastatin, Benzodiazepines, Bromocriptine, Buspirone, Calcium channel blockers, Carbamazepine, Citalopram, Clarithromycin, Cyclophosphamide, Cyclosporin, Dapsone, Delavirdine, Dexamethasone, Doxorubicin, Ergotamine, Erythromycin, Ethinyl Estradiol, Fentanyl, Finasteride, Indinavir, Lidocaine, Losartan, Methadone, Paclitaxel, Prednisolone, Quetiapine, Quinine, Ritonavir, Sertraline, Sildenafil, Tacrolimus, Tamoxifen, Testosterone, Vinblastine, Vincristine, R-Warfarin, Zolpidem	Azole Antifungals, **Cat's claw**, **Chamomile,**Clarithromycin, Cyclosporine, Diltiazem, **Echinacea**, Erythromycin, Ethinyl Estradiol, Fluconazole, Fluoxetine, **Goldenseal**, Grapefruit Juice, Indinavir, Isoniazid, **Kava Kava**,**Licorice,** Norethindrone, Norfloxacin, Prednisone, Quetiapine, Quinine, Ritonavir, Verapamil, Zafirlukast	Barbiturates, Carbamazepine,**Cayenne**, Dexamethasone, Efavirenz,**Garlic**, Griseofulvin, Phenytoin, Rifampin, **St. John's Wort, Valerian**(minimal effect)

Limitations of Botanical Research

- Lack of standardization
- Similar names with very different plants
- Part of the plant used
- Type of extract
- Concentrations
- Doses
- Difficulty in controlling placebo group

Mind – Body Medicine

- NCCAM defines mind-body medicine as "...practices (that) focus on the interactions among the brain, mind, body, and behavior, with the intent to use the mind to affect physical functioning and promote health. “

“ For this is the great error of our day in the treatment of the human body, that physicians separate the soul from the body”.

Plato 380 B.C.

- Relaxation
- Mediation
- Guided Imagery
- Biofeedback
- Hypnosis
- Cognitive Behavioral therapy
- Psycho educational approaches

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ORIGINAL REPORT

Randomized Controlled Trial of Mindfulness-Based Cancer Recovery Versus Supportive Expressive Group Therapy for Distressed Survivors of Breast Cancer (MINDSET)

Linda E. Carlson, Richard Doll, Joanne Stephen, Peter Faris, Rie Tamagawa, Elaine Drysdale, and Michael Speca

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The sponsors played no role in study design, execution, analysis, interpretation, or article preparation.

Authors' disclosures of potential conflicts of interest and author contributions are found at the end of this article.

Clinical trial information: NCT00390169.

Corresponding author: Linda E. Carlson, PhD, Department of Psychosocial

ABSTRACT

Purpose

To compare the efficacy of the following two empirically supported group interventions to help distressed survivors of breast cancer cope: mindfulness-based cancer recovery (MBCR) and supportive-expressive group therapy (SET).

Patients and Methods

This multisite, randomized controlled trial assigned 271 distressed survivors of stage I to III breast cancer to MBCR, SET, or a 1-day stress management control condition. MBCR focused on training in mindfulness meditation and gentle yoga, whereas SET focused on emotional expression and group support. Both intervention groups included 18 hours of professional contact. Measures were collected at baseline and after intervention by assessors blind to study condition. Primary outcome measures were mood and diurnal salivary cortisol slopes. Secondary outcomes were stress symptoms, quality of life, and social support.

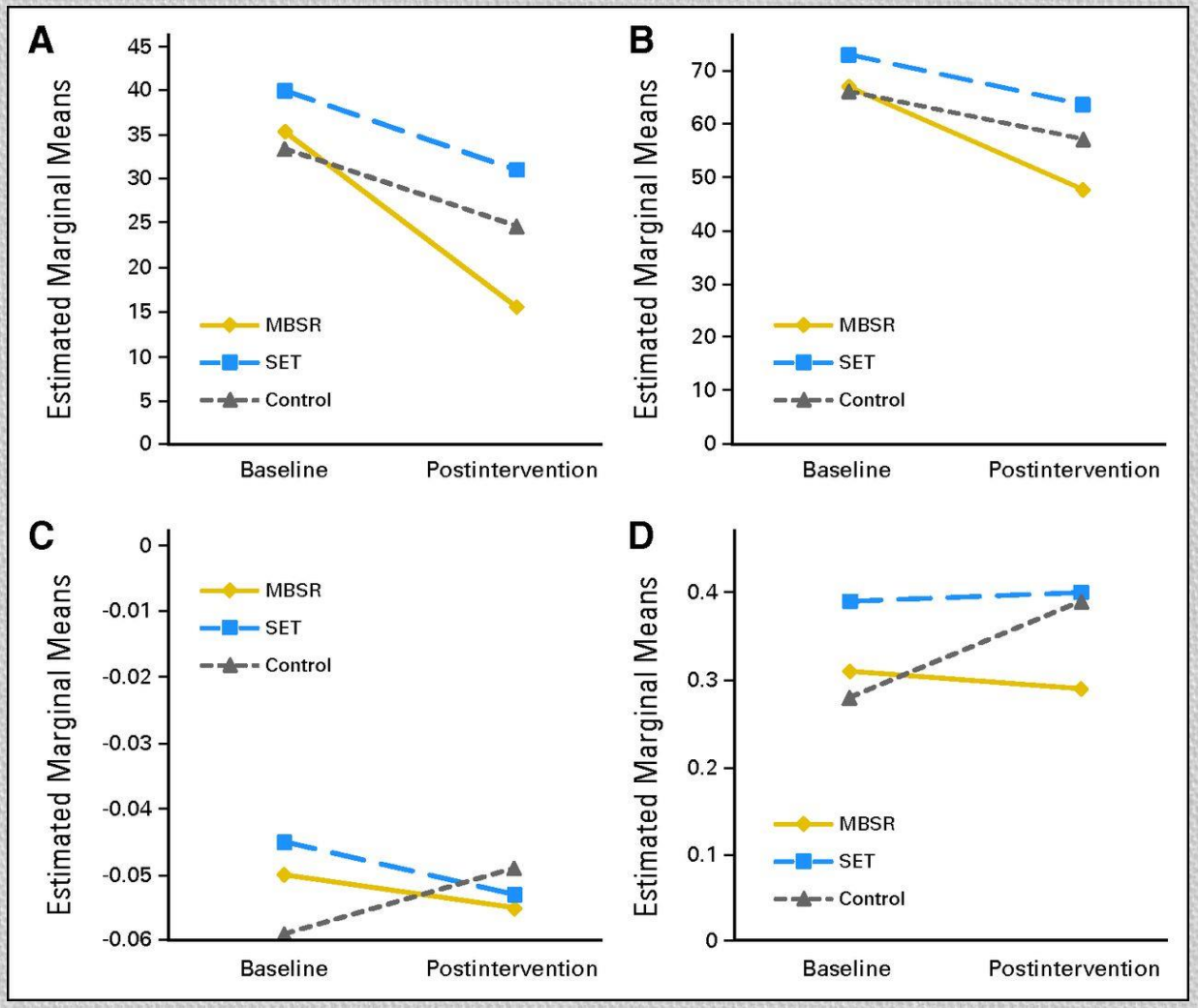
Results

Using linear mixed-effects models, in intent-to-treat analyses, cortisol slopes were maintained over time in both SET ($P = .002$) and MBCR ($P = .011$) groups relative to the control group, whose cortisol slopes became flatter. Women in MBCR improved more over time on stress symptoms compared with women in both the SET ($P = .009$) and control ($P = .024$) groups. Per-protocol analyses showed greater improvements in the MBCR group in quality of life compared with the control group ($P = .005$) and in social support compared with the SET group ($P = .012$).

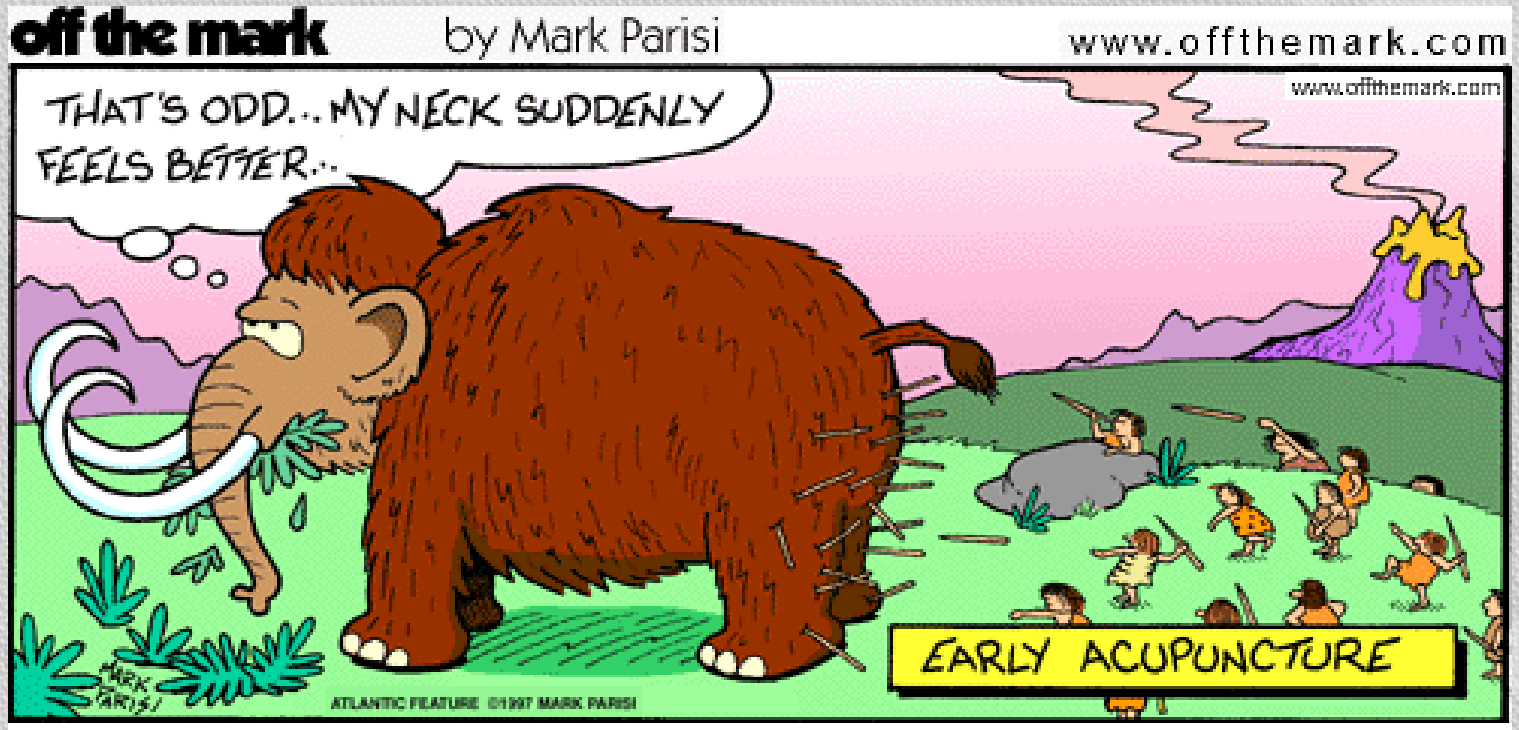
Conclusion

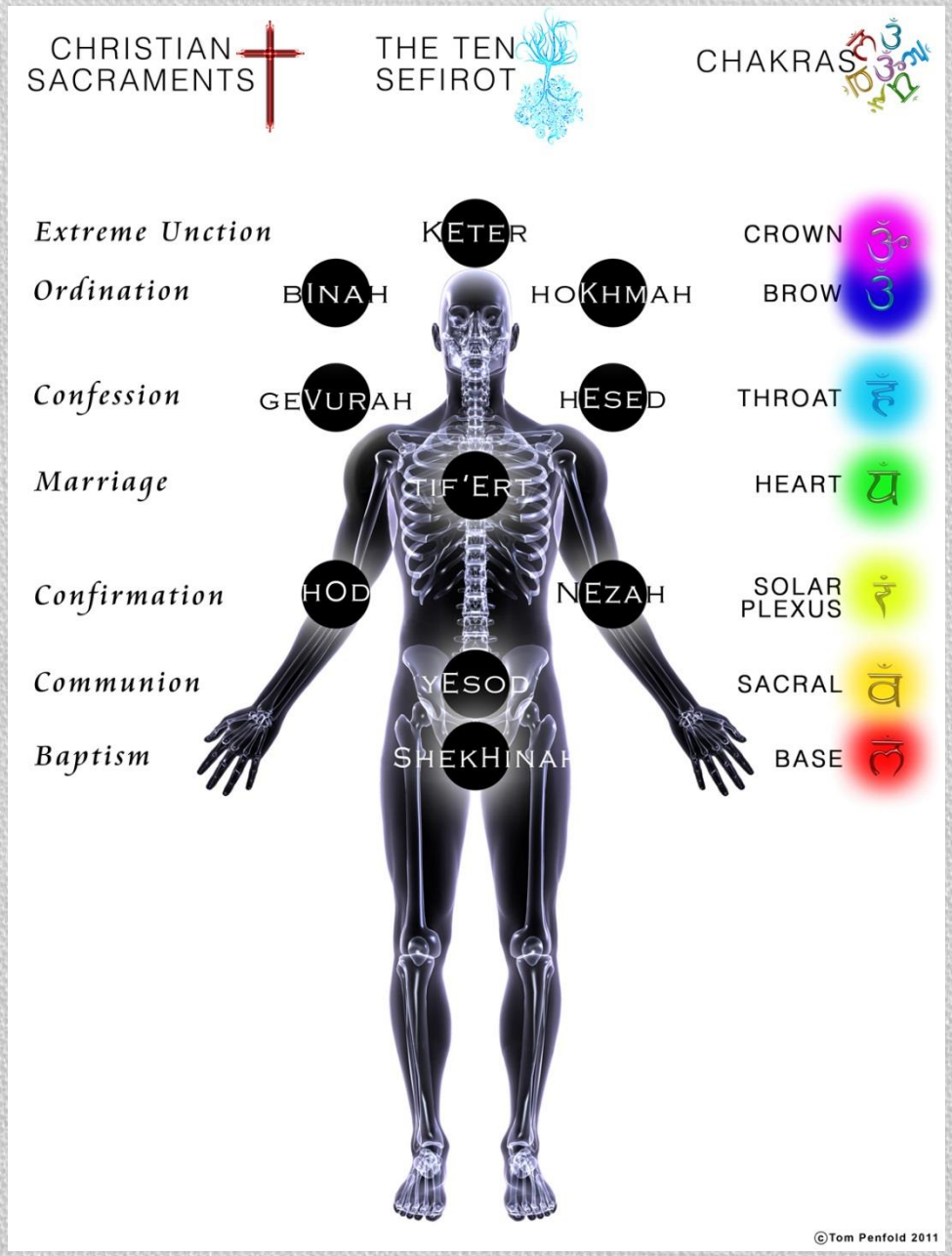
In the largest trial to date, MBCR was superior for improving a range of psychological outcomes for distressed survivors of breast cancer. Both SET and MBCR also resulted in more normative diurnal cortisol profiles than the control condition. The clinical implications of this finding require further investigation.

Estimated marginal means (intent to treat) for (A) Profile of Mood States Total Mood Disturbance; (B) Calgary Symptoms of Stress Inventory; (C) Ln diurnal cortisol slopes; and (D) Ln bedtime cortisol.



Carlson L E et al. JCO 2013;31:3119-3126




CHRISTIAN SACRAMENTS
THE TEN SEFIROT
CHAKRAS
Extreme Unction
Ordination
Confession
Marriage
Confirmation
Communion
Baptism
KETER
BINAH
HOKHMAH
GEVURAH
HESED
TIF'ERT
HOD
NEZAH
YESOD
SHEKHINAH
CROWN
BROW
THROAT
HEART
SOLAR PLEXUS
SACRAL
BASE
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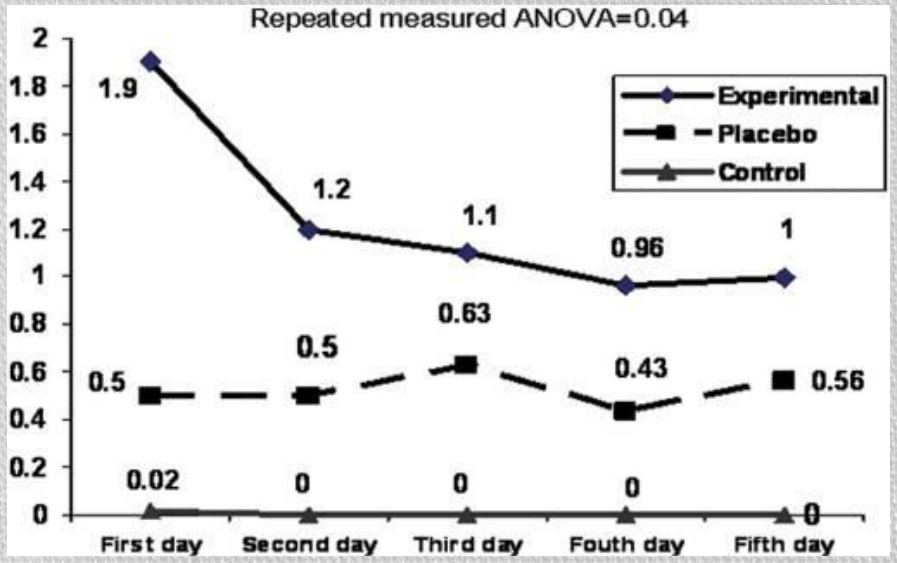
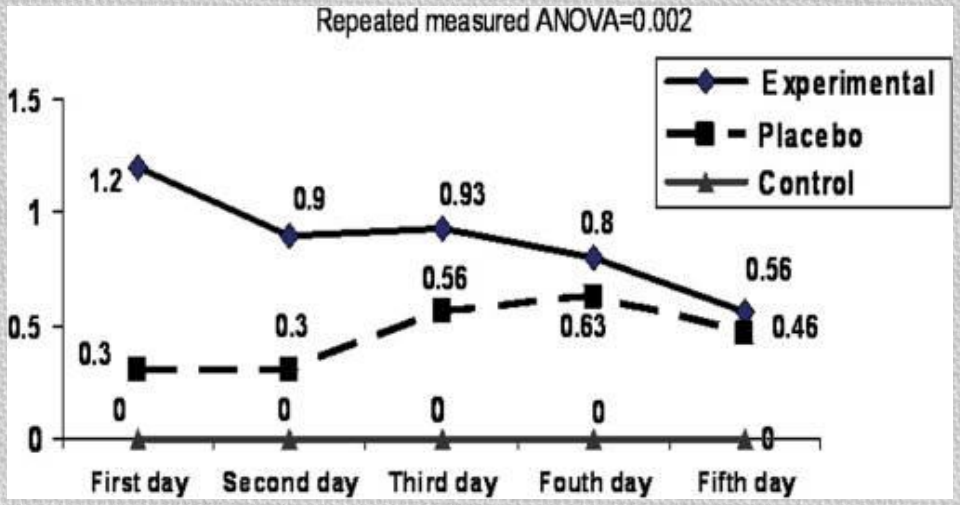
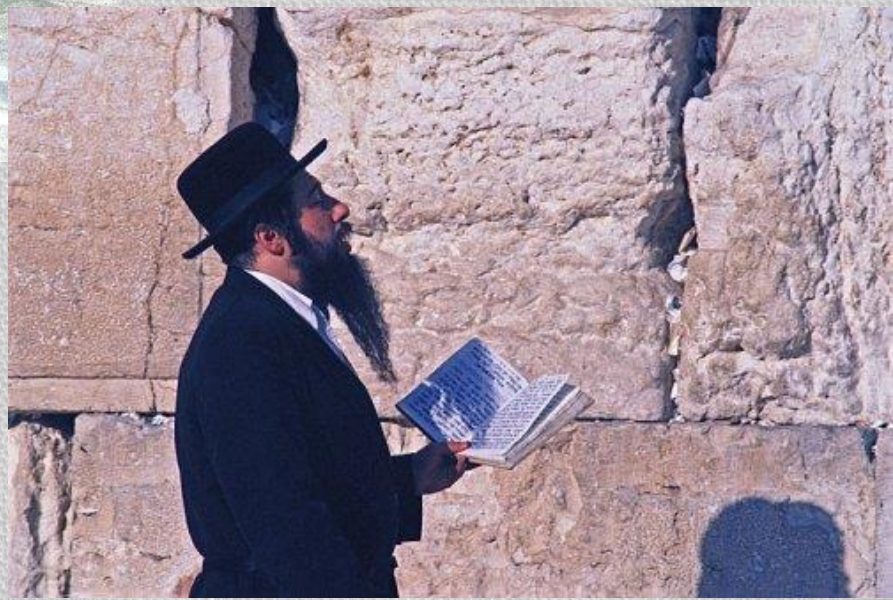
The Effect of Therapeutic Touch on Pain and Fatigue of Cancer Patients Undergoing Chemotherapy





Evid Based Complement Alternat Med. 2010 September; 7(3): 375–381.

Limitations



Da-ma

大麻

Fig S3B.

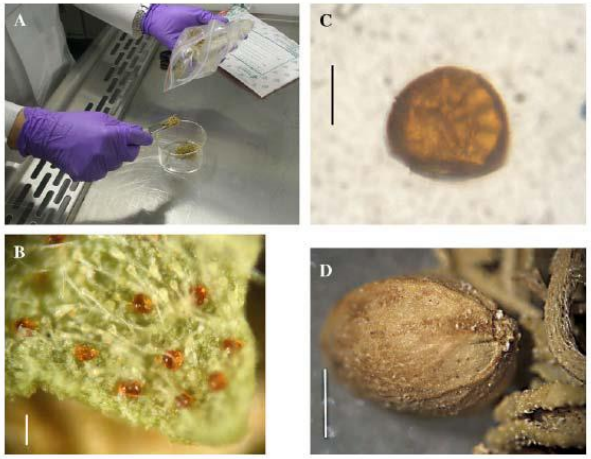
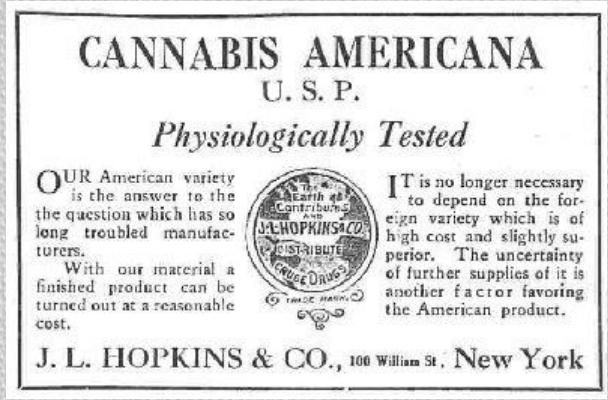


Fig. 2. Photomicrographs of ancient cannabis. (A) Photograph of the whole cannabis sample being transferred in laminar flow hood. (B) Photomicrograph of leaf fragment at low power displaying non-glandular and amber sessile glandular trichomes. Note retention of chlorophyll and

- Reports in medical use of over 3000 years
- Dr. W.B. O'Shaughnessy first reports in medical literature 1840
  - Analgesic
  - Sedative
  - Anti-inflammatory
  - Anti spasmodic
  - Anticonvulsant
- Listed in U.S Pharmacopeia 1850-1941
  - extracts marijuana & hashish were the 1st, 2nd, or 3rd most prescribed medication from 1842-1890s



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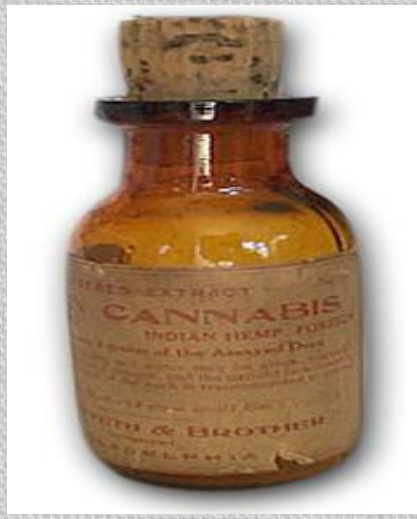
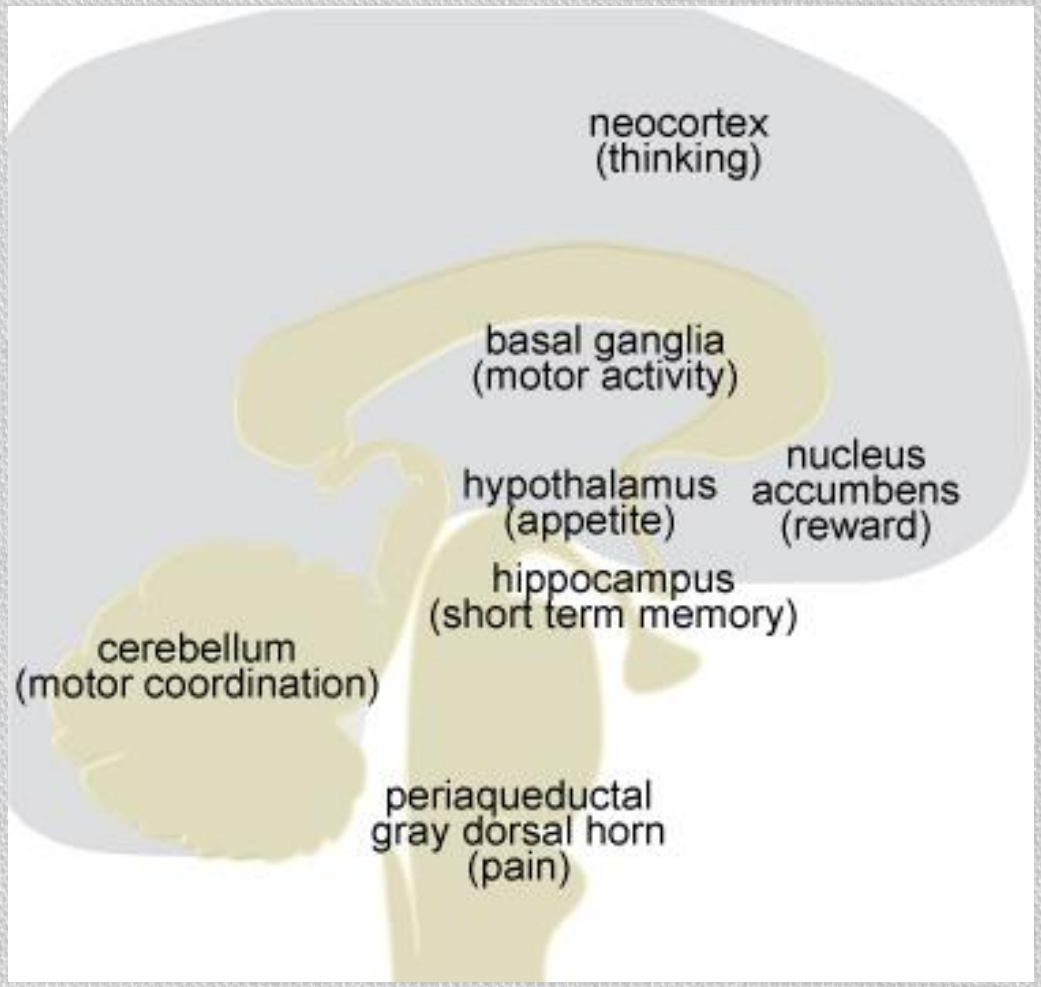


- Interest declines in 1900 with the discovery and approval:
  - Opioids
  - Barbiturates
  - ASA
  - Chlorhidrates
- First restriction en 1937
  - Taxed($1/oz medicinal use, $100/oz recreational)
  - AMA only opposition to restrictions
- Restriction to future investigations'
- Delisted from US Pharmacopoeia en 1942

- “Marijuana is the most violence-causing drug in the history of mankind… Most marijuana smokers are Negroes, Hispanics, Filipinos and entertainers. Their satanic music, jazz and swing, result from marijuana usage.”

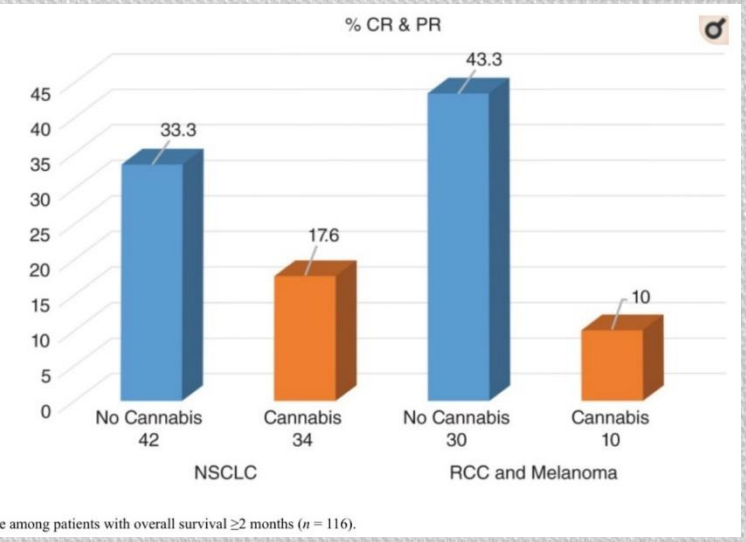
- Over 400 chemical compounds
- Highest concentration in resins from flowers of female plants
  - Delta-9-THC
  - 70 additional cannabinoids
  - delta-8-THC
  - Terpenes y Flavonoids

Distribution of CB1 & CB2 receptors

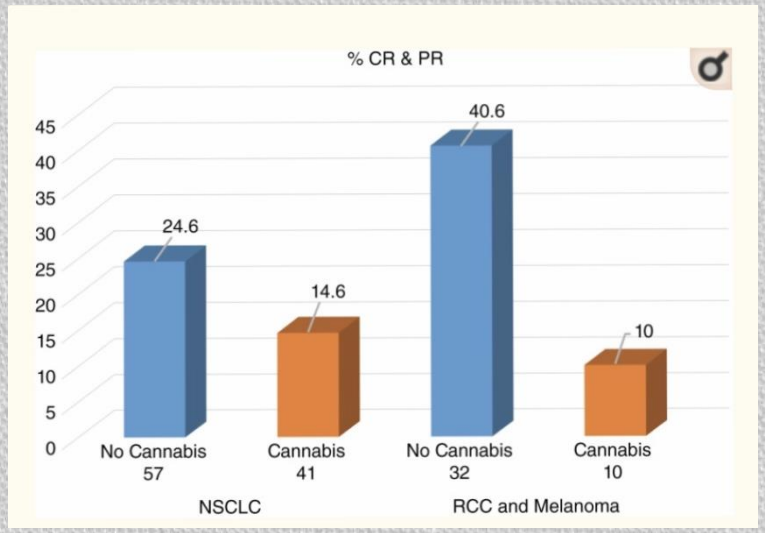


CB2

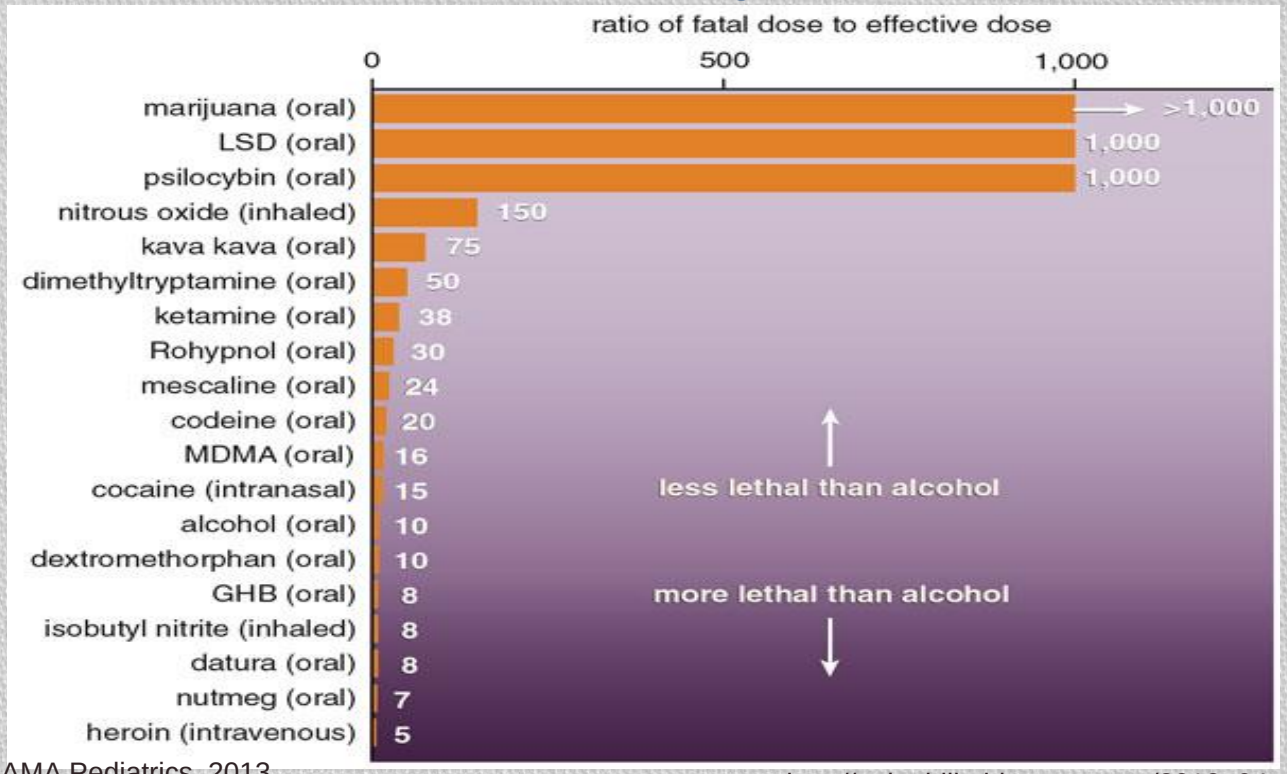
- immunologic cells (modulation cell migration)
- microglia (possible role in Alzheimer's?)



Response rate among patients with overall survival ≥2 months ($n = 116$).



Toxicity



- Hallucinations
- Tachycardia
- Labored breathing
- Obtundation

Wang GS JAMA Pediatrics, 2013

http://opiophilia.blogspot.com/2013_04_01_archive.html

Gable (2006) *Amer Scientist* 94:206.


STAR TRIBUNE/EagleCartoons.com
SACK
DEATHS FROM ALCOHOL
RIP
RIP
DEATHS FROM CIGARETTES
RIP
DEATHS FROM MARIJUANA

Marijuana Abuse/Dependency

DRUG	LIFETIME RISK OF DEPENDENCE
Nicotine	32%
Heroin	23%
Cocaine	17%
Alcohol	15%
Marijuana	9%

SOURCE: Bostwick, 2012 (reference list).

Marijuana's Medical Potential: Research Evidence

- Reduces nausea
- Stimulates appetite
- Pain relief
- Controls muscle pain, spasms
- Reduces tics (Tourette's Syndrome)
- Reduces convulsions (epilepsy)

SOURCE: Ben Amar, 2006 (reference list).

Research

- Cannabis 16919 articles
- Cannabis Cancer 517
- Cannabis Cancer (Clinical Trial) 19

Control weight

Healthy eating

Appropriate use of supplements

Regular physical activity

Breathing and stress reduction

Guided imagery or self-hypnosis

Connect with family and friends

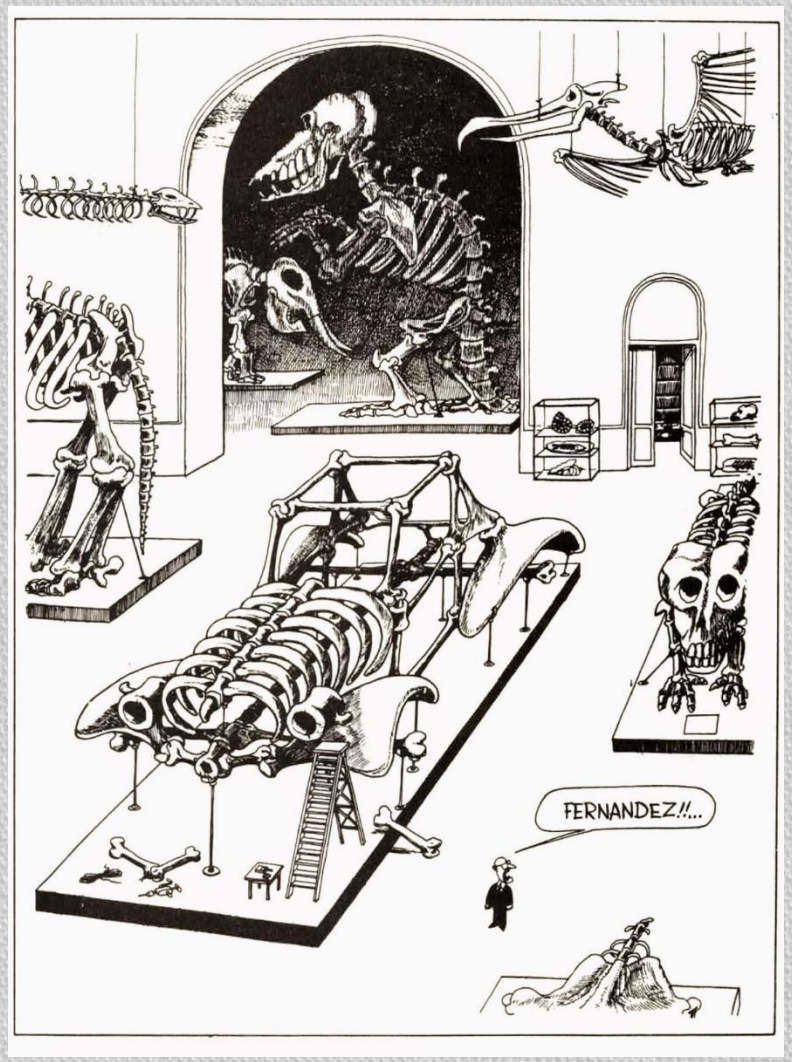
Engage in spirituality and religion

Healing Presence

1. **Breath in.**
2. **Breath out all you have been thinking about, or holding.**
3. **Again, breath in, and breath out, a letting go.** Allow your body to relax, place your hand over your heart and sternum. Feel your feet. Visualize roots going from your feet into the center of the earth, and energy coming up into your feet from these roots.
4. **Take one more aware breath, into your heart.** See if you are aware of a healing presence coming through you.
5. **Now, enter the room and greet the patient**

Absence of evidence is not evidence of absence

The risk of the intervention is what should drive the required level of evidence


FERNANDEZ!!...