Notes for a Biography

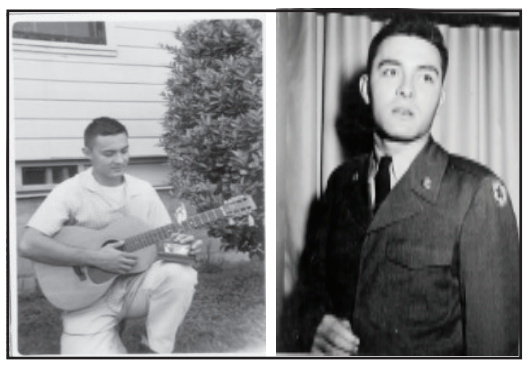
Tod Hiro Mikuriya was born in Eastern Pennsylvania in 1933 to Anna (Schwenk) and Tadafumi Mikuriya. His father was a Japanese Samurai who had been converted by Lutheran missionaries, his mother a German immigrant and practicing Baha'i. Tod and his two younger sisters went to Quaker meeting on Sundays.

"The Quakers were proprietors of the underground railway," Tod reminded an interviewer in 1996. "The cannabis prohibition has the same dynamics as the bigotry and racism my family and I experienced starting on December 7, 1941, when we were transformed from normal-but-different people into war-criminal surrogates."

Tod grew up listening to folk songs on Burl Ives records and learned to play them on the guitar. Their lyrics and spirit helped form him.

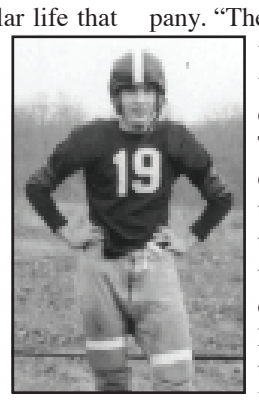
He prepped at the classy George School. He was almost expelled for protesting a decision not to admit the children of Ralph Bunche, a Black American diplomat. "I was one of the few tokens, and I began to see another side of the Quakers," he recalled. "They're tolerant, but 'not in my backyard.' I became active in opposing universal military training and went to lobby in Washington with a family named Cushmore —liberals from downtown Philadelphia. It wasn't official, the school didn't authorize it, didn't approve. In many ways the Quakers can be very rigid and authoritarian."

Tod got a scholarship to Haverford College but was expelled in the spring of his junior year after leading a panty raid on Bryn Mawr. He graduated in '56 from Reed College, a place he dearly loved, where he studied psychology and had a full extra-curricular life that included playing football and folk music.



Practicing outside the barracks at Brooke Army Medical Center in 1958. After Tod won first prize in the "vocal soloist" category in an All Army contest, the publicity photo at right was made.

In '57 he got drafted. After basic training at Fort Lewis, Washington, he was stationed at Fort Sam Houston, Texas as an attendant on the locked psychiatric unit at Brooke Army Hospital.



Tod, a lanky 6', played end ("wide receiver") in high school and college.

Sp4 Mikuriya got an early release from active duty to attend Temple University School of Medicine. As a reservist he drilled with a unit in Germantown, PA, and excelled on the pistol team.

No mention was made of cannabis in the lectures at Temple, but an unassigned chapter on the subject in a pharmacology textbook (*Goodman and Gilman, 2nd edition*) caught Tod's attention in March, 1959, triggering the interest that would define his career.

"I somehow got the message not to even discuss it with any of the professors," Tod said, looking back. "It would not have been good for my career to become known as a person with an interest in marijuana."

He read everything on the subject available in the library and resolved to obtain and try cannabis himself —but not in north Philadelphia, where an arrest could get him thrown out of med school. See "First Clinical Experiment," below.

Internship and Residency

Tod chose to do his internship at Southern Pacific Hospital in San Francisco. The SP railroad ran the hospital for its workforce and also treated employees of Greyhound and a large trucking company. "The coverage of health services was remarkable compared with the privatized rationed care of today," according to Tod. "The physician had control over the case and the patient could not return to work without an OK. All transportation and housing expenses were paid for by the hospital. There was no limitation or restricted formulary. If a test or medication was not available it was ordered without question.

"One of the best features about [my] rotating internship was the on-call schedule of every fourth night and no ER. As a result I was not operating at the sleep deficit level that interns and residents must endure at San Francisco General Hospital with their busy ER. My former housemate from Philadelphia chose 'the General' because it sounded nice and prestigious. When we finally were able to get together for a quick supper, he fell asleep with his face in his plate."

Tod chose to do his residency in psychiatry at Oregon State Hospital in Salem because it had a program that did not require him to undergo analysis. "I had decided to become a psychiatrist," Tod said, "*despite* my experience at Temple Medical School, where psychoanalysis was all the rage. Before that I had done real psychiatry on the locked ward at Fort Sam Houston —figuring out what it was that had driven people to end up there and how to help them. Then I found myself at Temple listening to these professors mouthing on about toilet training and these strange theories of behavior. I saw them as believers in the cult of Psychoanalysis.

"I had done real *psychiatry on the locked ward at Fort Sam Houston —figuring out what it was that had driven people to end up there and how to help them." —THM*

"I was impressed with how crazy analysands [people undergoing psychoanalysis] became —totally self-absorbed and self-preoccupied. Definitely in the grips of a cult that had grabbed the controls of medical psychology."

Until 1964, Tod said, "my social drug was alcohol, of course, and cigarettes." He was reintroduced to marijuana by a resident of Salem —an IBM executive— with whom he "created a joint grow for experimental purposes." Their garden was in his friend's backyard. "We assumed no one would recognize these plants," Tod said, "and no one did. It was below everybody's radar."

Whereas Tod had loved Portland

continued on next page

Southern Pacific Hospital, across Fell St. from the Golden Gate Park Panhandle, where Tod was an intern.

"My first clinical experiment"

In the summer of '59 Tod drove to Mexico in his Volkswagen beetle —"one of those rare, new German imports." He chose the town of Saltillo, inland from Monterey, a safe distance from the border. "Obtaining marijuana for my first clinical experiment turned out to be very simple," he recalled. "Got out of the car and started walking towards the hotel and was accosted by a street entrepreneur who said, 'You want a girl?'

Tod asked for marijuana instead. As he recounts the exchange: "'Si, si, no problemo. Come with me in my taxi and we'll go get it.' 'No, senor. You go get it and bring it here.'

"He came back with a half-full cigarette pack of rolled up joints and I told him I wanted him to come up to the hotel room. He looked a little apprehensive but all I wanted was for him to smoke some first. I was a naive gringo and I wanted to be sure that it was safe, that it wasn't loco weed or jimson weed. I pulled one out and he took a few puffs and I said 'thank you, senor.' He left, I locked the door and conducted my experiment.

"I found the experience interesting —fascinating. [Cigarette smokers know how to inhale and can initiate marijuana use effectively. Tod had been smoking cigarettes since age 17.] I had this rush of ideas and images. I can remember looking out the window and wondering what it would be like to fly—not that I felt any compulsion to do so, just musing about the sensation. Of course I wrote down my impressions."

The next day Tod drove on to Mexico City where he shared the rest of his stash with two friends from Reed. In that "group context," he concluded that cannabis was "easier to control than alcohol... and, relatively speaking, no big deal."

This foray satisfied his curiosity and Tod would have nothing to do with cannabis for five years.

Tod's "Grand Tour"

To celebrate finishing his residency Tod took a long trip that started and ended in Germany. He bought a new VW in Goettingen, where sister Beverly was studying. (Tod had learned some German from his mother and studied it in college.) In Geneva he visited the United Nations Narcotics Commission where an official showed him an unpublished manuscript about UN cannabis-suppression efforts in Morocco. Tod said he "used tracing paper to trace the map and overlaid it on a Michelin map and then I knew exactly where to go."

On the Isle of Capri he met two medical technicians from Baylor University and the three of them continued on to Northern Africa, where they made a shocking trio. Tod said goodbye to the women in Tangier after getting invited to visit a cannabis-growing area called Katama.

"They had never seen any Westerners there before." Tod recounted. "They made dinner for me native-style and I slept under the stars and the next morning I had breakfast with the local chief of police, who said, 'My policy is, if it's under two kilograms, it's for their own personal use.'

"There were checkpoints all aound staffed by Berber warlords. The Berber women didn't wear veils, they all carried guns. 'Only for decorative and ceremonial use,' I was assured by my hosts. Cannabis was growing everywhere, all along what passed for a road. No utilities, no electrification, no running water, just primitive. I picked this beauitful cannabis plant to take with me and a woman screamed. I thought 'Oh my God, I've committed some terrible sin.' But she was saying, 'Don't take that, I've got some that's dried.'

"They were aware of Interpol and police sweeps but cannabis was all over the place. You go for a shishkebab in the main square and automatically, out comes the *supsi* pipe. It was part of the deal —the appetizer," Tod laughed. "Their attitude was very accepting and friendly. I spent two weeks there staying at cheap hotels in the Casbah."

Tod was told at the American Embassy in Tangier that "They had never met a constituent who had mingled with the Berbers as I had."

A consular official made arrangements for him to visit a mental hospital where —according to the *International Bulletin of Narcotics*— research had established the harmful effects of cannabis. Tod interviewed the hospital superintendent and others involved in the cannabis program and "realized that they couldn't have done any medical research at all. They didn't have the capabilities. It was an institution with 2,000 patients and four doctors.They didn't have diagnoses as we know them.

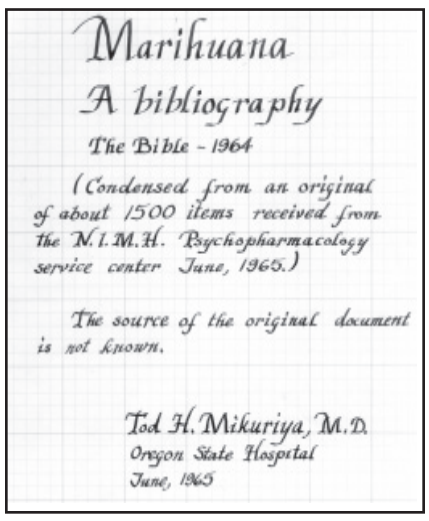
"They didn't have any psychiatrists in the whole of Morocco. I had to keep explaining that I was a doctor of the head because the word 'psychiatrist' meant nothing to them. They didn't have an x-ray machine. They didn't have a rudimentary laboratory. It was like a prison camp without much security. People there were strange for one reason or another. It convinced me that what was put out in the *International Bulletin of Narcotics* was a bunch of crap."

Hands-on research in Morocco, 1966.

Notes for a biography *from previous page*

while attending Reed, he did not find many kindred spirits in Salem. He began smoking marijuana on a daily basis and "experimenting with it surreptitiously in different social contexts. As in 'I wonder what it would be like to turn on and then not drink any alcohol at this cocktail party?' So, I tried that — —what an eye-opening experience! Jesus Christ! What a boring bunch!"

In 1965 he left for Mendocino State Hospital to finish his residency. "This


Marihuana
A bibliography
The Bible - 1964
(Condensed from an original of about 1500 items received from the N.I.M.H. Psychopharmacology service center June, 1965.)
The source of the original document is not known.
Tod H. Mikuriya, M.D.
Oregon State Hospital
June, 1965

Cover page of the master bibliography Tod began compiling in 1965 and added to throughout his life. He hoped to bring out an expanded version of Marijuana Medical Papers to include texts that had come to his attention since its original publication in 1973.

was right before the California mental hygiene system was dismantled by Ronald Dinosaur [Reagan] and his ilk in Sacramento," Tod said. "The superintendent, Ernest W. Klatte, MD had taken LSD as well as peyote and so had some of the staff.

"At that point I was increasingly drawn to psychedelia and had read the '*The Doors of Perception'* by Aldous Huxley. I knew that Huxley had been inspired by mescaline administered by Dr. Humphry Osmond, who coined the word 'psychedelic.' So, I applied for a position at the New Jersey Neuropsychiatric Institute, a regional treatment and research center near Princeton where Osmond was studying the neurological basis of schizophrenia."

Osmond and other researchers were also studying the effects of psychedelic drugs and some used them to induce disorientation akin to mental illness. Tod was not involved in these unethical projects during his year in New Jersey. He worked in the addiction treatment center, mainly with heroin addicts. Once a patient under his care relapsed while on pass and returned to the Institute with heroin. Tod's chief nurse called the state police, who took the patient off to prison over Tod's objections.

Soon thereafter a high-ranking researcher named Carl Pfeiffer showed Tod a safe in his office filled with illicit drugs, including hashish and LSD. Tod could not understand why Pfeiffer and Osmond were so cavalier about contraband on the Institute premises.

Not until 1986, when *Acid Dreams* by Martin Lee and Bruce Shlain was published, did Tod learn that the Institute honchos had CIA and Military Intelligence connections. Back in '67 he respected them as leaders in his field of special of interest —psychotropic drugs. He particularly admired Osmond for legitimizing "the personal- introspective, scientific-explorative use of psychedelic drugs. This was (and is) considered heresy by the psychological and psychiatric communities."

What the politically sophisticated scientists saw in Tod was a potential intelligence asset —an earnest young doctor with first-hand knowledge of the emerging counterculture. They soon steered him to a job in Washington, D.C., with a prestigious title —"director of non-classified marijuana research for the National Institute of Mental Health (NIMH) Center for Narcotics and Drug Abuse."

Reviewing the research grants that NIMH was funding in 1967, Tod was struck by how much money was going to projects that involved spying on marijuana users —"Drug Use Among College Students," "Identity and information control in social deviants," "Psychosocial networks of young, dangerous drug users," etc. etc.

"They were funding searches for harmful effects and detection methods," he would recall, "and some mechanism-of-action' studies. No interest in beneficial effects."

Tod wrote and submitted to the NIMH higher-ups a six-page, single-spaced "Position Paper on Marihuana" calling for a major change in U.S. government policy. Tod's paper was formal and succinct as an abstract; it covered "History and Description; Pharmacologic Action; Epidemiology; Physical, Emotional and Social Sequelae; Legal Status; Culture and Mores; Possible Courses of Action."

Tod's position paper stated: "Marihuana is not an addictive drug in that it does not produce physiologic or psychologic dependence, or lead to tolerance, defined as the need for increasing dosage to obtain a pharmacological effect...

"What is not clear is the extent to which marihuana precipitates psychiatric disturbance as contrasted to accelerating acute decompensation in an individual whose function is already borderline from a psychiatric standpoint...

"The relationship of marijuana use to subsequent heroin addiciton was at one point the subject of considerable contention. At this time it seems clear that there is no causal connection, with the overwhelming majority of marihuana users not turning to 'hard' narcotics."

Tod was assigned by NIMH to visit Northern California "to spy on hippies and find out what kinds of influence marijuana was having on this subculture that was perceived as a clear and imminent threat to national security."

The course of action Tod advocated was regulation of marijuana under the Food and Drug Administration. This would "impose a public-health rather than an enforcement approach to the problem. This proposed shift in responsibility would formalize Federal recognition of the dissimilarity between truly addictive agents and marijuana. Classification of marijuana use as a psychosocial rather than a criminal problem will facilitate a more rational and scientific approach to understanding, education and control. Critical research, particularly reliable epidemiologic studies, would become possible if there were no legal sanctions against self-identification of users."

Tod's bosses at NIMH were not interested in distinguishing between "soft" and "hard" drugs. They ignored his practical suggestion for reform. Before long he realized that what the higher-ups wanted was "to find anything that's wrong with marijuana so that we can develop a propaganda campaign."

U.S. military involvement in Vietnam was escalating in 1967 and so were protests by civilians and disenchantment among GIs. Tod was assigned by NIMH to visit Northern California "to spy on hippies and find out what kinds of influence marijuana was having on this subculture that was perceived as a clear and imminent threat to national security because of their anti-war proclivities...

"I recognized before I went out there that I was really one of *them*, not one of the people I was working with at 5151 Wisconsin Avenue in Chevy Chase."

The "repressed bureaucrats" who debriefed him upon his return seemed to Tod "obsessed with the image of bra-less hippie chicks." When it was discovered that he had brought back a kilo of marijuana to distribute to fellow users at NIMH, Tod was asked to resign. He wasn't fired outright because NIMH wanted to avoid negative publicity and further exposure of their staff. "They would have had the Justice Department clearing out everybody's workplace," Tod reflected.

During his year in Washington Tod spent as much time as possible reading and photocopying cannabis-related material from the National Library of Medicine. Since 1964, he had been compiling a master bibliography of writings on every aspect of the subject, and trying to locate the texts themselves, not just for his own education but for possible inclusion in an anthology that would serve as a textbook for his fellow physicians.

In late 1967 Tod decided to depart Washington and "the court of Lyndon Johnson" to finish his anthology in the San Francisco Bay Area. He worked part-time for the Alameda County Alcoholism Clinic and for the state Department of Rehabilitation, and faithfully on Marijuana Medical Papers. As of October, 1969, he was seeking advice from Osmond about a possible publisher.

In 1970 he bought a house on a steep hillside above Berkeley. It cost $36,000 and had a view across the bay to San Francisco. Owning this pleasant dwelling gave Tod a sense of basic financial security that helped him withstand the threat decades later when the medical board sought to revoke his license and fine him $75,000.

Soon after arriving in California Tod became a pro-cannabis political activist (as recounted in pieces that follow by Michael Aldrich and Gordon Brownell.) In 1970 he began a 21-year stint as an attending psychiatrist at Everett A. Gladman Memorial Hospital in East Oakland.

The Indian Hemp Commission Report

Tod would refer to *The Indian Hemp Drugs Commission Report of 1893-94* as 'my introduction to the pre-prohibition medical literature on cannabis... In 1967, when I was in charge of setting up research funding patterns and priorities for the National Institute of Mental Health, I ordered and received the 7-volume report from the National Library of Medicine archives. For the next six months I carried the documents with me and photocopied selected sections."

British governors in India began taxing cannabis sales in 1793, ostensibly "to check immoderate consumption, and at the same time to augment the public revenue." In 1893, responding to reefer-madness-type rumors, the House of Commons decided to get the facts about cannabis production and consumption and to assess its effects in Bengal Province. The Indian government then created a seven-member commission and expanded the scope of the investigation to include the whole, diverse country.

In a year and a half the Commission visited 30 cities in eight provinces and held 86 sessions at which they heard from 1,193 witnesses (including 214 medical officers and 144 cultivators). They used a 70-item questionnaire, which witnesses answered in writing and elaborated on in oral testimony. The responses were quoted at length in the *Report,* resulting in a 3,281-page opus —"by far the most complete and systematic study of marijuana undertaken to date," Tod wrote in 1967.

"Because of the rarity and, perhaps, the formidable size of this document, the wealth of information contained in it has not found its way into contemporary

writings on this subject. This is unfortunate, as many of the issues concerning marijuana being argued in the U.S. today were dealt with in the *Report."*

Among the questions the Commission asked about hemp: "Does it impair the constitution in any way? "Does it injure the digestion... does it cause dysentery, bronchitis, or asthma?... Does it impair the moral sense or induce laziness or habits of immorality or debauchery?.. Does it deaden the intellect or produce insanity? If it produces insanity, then of what type, and is it temporary or permanent?..."

The Commission concluded that "moderate use of hemp is the rule" and "the effect on society is rarely appreciable." Tod wrote, "The Report recognized the comparative safety of cannabis [and expressed] concern that its prohibition would cause the use of more dangerous drugs... It is both surprising and gratifying to note the timeless and lucid quality of the writings of these British colonial bureaucrats. It would be fortunate if studies undertaken by contemporary commissions, task force committees, and study groups could measure up to the standards of thoroughness and general objectivity embodied in this report. In the current context of violently polarized attitudes toward marijuana, the prospect of a study of similar stature is bleak."

Tod's 1967 paper on the *IHDC Report* was written with an eye towards interesting a publisher in reprinting the massive study, but that never happened. In 1994 he arranged for Last Gasp Press in San Francisco to bring out a condensed, one-volume version.

Tod in the '70s and '80s:

A Practicing Psychiatrist Under Prohibition

Back in 1971 Barbara Schneider answered a classified ad —psychiatrist seeking research assistant— that had been placed by Tod Mikuriya.

Schneider, a Stanford psychology major with relevant job experience, applied and got hired. She would work for Tod for 13 years in various capacities.

In '71 Tod's office was at Everett A. Gladman Memorial Hospital in East Oakland. "Tod was seeing his own patients and patients admitted to the hospital," Schneider recalled in a recent interview. "Only Tod and one other doctor were willing to treat people with drug-related problems at that time. It wasn't until the mid- '70s that the insurance companies started reimbursing for drug treatment and it became a lucrative thing to do."

Research projects on which Schneider assisted Tod in the early '70s included a collaborative effort with a UC Berkeley biologist to find a metabolic marker for schizophrenia (shades of Humphry Osmond), and a clinical trial in which schizophrenic patients and a control group were given megadoses of Vitamin C (as part of a large-scale study being conducted by Linus Pauling).

Schneider also did editorial and clerical work on "*Marijuana Medical Papers*," which Tod brought out under his own imprint in 1973.

It was also in 1973 that Tod and hospital director Arthur E. Gladman, MD, developed a strong interest in biofeedback, a stress-reduction technique. Gladman arranged for Tod and himself, —and their assistants, Schneider and Norma Estrada— to get trained by leading practitioners in the field, Elmer and Alyce Green of the Menninger Foundation.

Biofeedback involves using devices that can measure the tensing of a patient's muscles, skin temperature, sweating, brainwave activity, and other processes that the patient can try to consciously control.

"Tod used biofeedback to teach psychiatric patients to exercise self-control," says Schneider, who became certified as a biofeedback technician. "Tod was always interested in things that were new and different. Biofeedback was one that stuck.

"He was one of the first doctors to videotape families and people interacting. He would play the tapes back so they could see how they were relating to each other. He was doing that at Gladman when I first started working for him. He taught me how to film and edit."

Tod also developed an interested in orthomolecular psychiatry, which is based on the idea that disease results from missing elements in the diet — highly plausible in a country where the soil has been depleted of essential nutrients.

In the mid-70s Tod and Arthur Gladman began seeing patients in an office at the Claremont, a grand old hotel in the Berkeley Hills. Schneider worked for Tod part-time while setting up and running a biofeedback department at Gladman Hospital.

Most of the people for whom Tod recommended biofeedback were outpatients with headaches, chronic pain and other stress-related ailments; some were psych patients at Gladman. "Tod would do an intake interview and set up a course of treatment," says Schneider. "When he referred a psych patient he thought would benefit from biofeedback he gave me a detailed set of instructions —what to look for with this patient, what to work with. I would do that, chart it, and he would read the chart and discuss it with me."

Did Tod ever suggest to patients that smoking marijuana might reduce stress? According to Schneider, "Tod always believed that marijuana should have remained in the pharmacopaea. But because you couldn't prescribe it for anybody, he didn't do that. His interest in marijuana was on the political side. He did things in the political arena to try to move it towards being legalized, but he didn't use it in his practice."

Tod with a vintage Studebaker. Mechanically adept, for many years he worked on his own cars. He was a licensed pilot, too.

"If you came to him with a problem that he could treat, he would treat you —and he would treat you with great dignity. That's how Tod practiced medicine." —Barbara Schneider

Tod had established a treatment program for heroin addicts at Gladman in 1970 —the first such program in Alameda County. He wrote the protocol, which involved de-toxing people by providing methadone in diminishing doses until a maintenance level was achieved. According to Schneider, "This program morphed into Gladman's chemical dependency program when the insurance companies started paying for people to be sent to the hospital for treatment. That's when the other doctors decided that these addicts and alcoholics weren't so bad after all and started treating them.

"Tod had been treating them all along. He was the kind of doctor who, if you came to him with a problem that he could treat, he would treat you and he would treat you with great dignity. That's how Tod practiced medicine.

"He had an amazing, caring attitude towards patients. There are many good, caring doctors —I've worked with a lot of doctors in different branches of medicine— but with Tod there was a little bit more. I really respected him as a physician. I don't know how to explain it. He was special."

A Pro-Cannabis Political Activist

By Gordon Brownell

I first met Tod Mikuriya in December, 1971, at a meeting in the Haight-Ashbury home of community activist Rene Cazenave, where some of the original organizers of the 1972 California Marijuana Initiation (CMI) had gathered to discuss the final language of the initiative to be submitted to the Secretary of State. Leo Paoli, Michael Aldrich, and other organizers of CMI were present, as was Tod.

That evening represented my first introduction into marijuana politics in California after having previously worked at the Nixon White House and on the staff of Governor Reagan's 1970 re-election campaign. I had moved back to D.C. from California in the late summer of 1971, where I had met Keith Stroup and started doing some volunteer work for NORML.

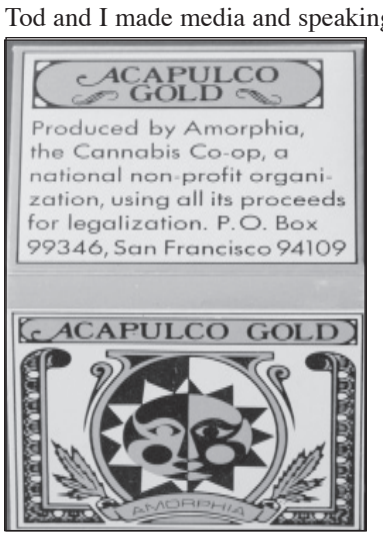
While I was at NORML, I met Blair Newman, one of the founders of Amorphia, the Cannabis Co-op, one of the earliest groups formed to legalize marijuana. Blair invited me to fly back to California for the December meeting of the CMI organizers and he later recruited me to return. In April 1972 I became the statewide political coordinator for the CMI campaign and joined the staff, board and family of Amorphia in Mill Valley.

In Tod, I found another libertarian Republican (not yet an extinct species) who talked about individual freedom and keeping the government out of our homes and private lives.

Amorphia sold Acapulco Gold cigarette papers and used the proceeds to fund CMI, which had made the ballot as Proposition 19. Tod was also a member of the Amorphia Board. In Tod, I found another libertarian Republican (not yet an extinct species) who talked much of the same language I did about individual freedom and keeping the government out of our homes and private lives.

I loved listening to the stories Tod would tell about cannabis and the British Army in India in the 1800s, the Indian Hemp Commission, and Dr. William Woodward of the American Medical Association, one of his heros, who resisted Harry Anslinger's efforts to outlaw marijuana through the enactment of the Marijuana Tax Act in 1937. Thus began a friendship which would last for more than three decades.

Tod and I made media and speaking appearances and also traveled together during the 1972 CMI campaign. (San Francisco drug treatment expert Joel Fort, MD, was the principal medical spokesperson.)



"Acapulco Gold" rolling papers were sold by Amorphia to finance the California Marijuana Initiative in 1972.

On one occasion we flew to San Diego in late October of 1972 to attend a big hotel dinner, where lots of physicans and health professionals were present, and where the Surgeon General of the United States, Dr. Jesse Steinfeld, was the featured after-dinner speaker.

There was a question period following Dr. Steinfeld's talk and our goal was to get Tod recognized as someone who could ask an after-dinner question of him. We were both dressed in suits and ties, like the rest of the men in the audience, and Tod raised his hand and got called upon; then he confronted the unsuspecting Dr. Steinfeld with a series of questions about why the Nixon Administration was not implementing the recommendations of its own National Commission on Marijuana and Drug Abuse and whether Steinfeld supported Proposition 19.

Marijuana was not the topic Dr. Steinfeld had come to talk about that night, and many of the conservative-leaning doctors in the audience appeared shocked by Tod's questions, but Steinfeld and Tod had a lively exchange which ended up being the highlight of the evening.

Activists in this period were mainly interested in the recreational use of marijuana. Tod was virtually alone in his focus on marijuana's medical history.

(Though Steinfeld took the Nixon Administration line in his responses to Tod's questions, in recent years, I understand that he has become a proponent of a patient's right to use cannabis under the treatment of a physician, something which would no doubt please Tod.)

Activists in this period were mainly interested in the recreational use of marijuana. Tod was virtually alone in his focus on marijuana's medical history. You could find references to it in text books on the subject, but it was really unknown. When Tod published "Marijuana Medical Papers" in 1973, many regarded the subject as antiquated history, not something that was coming down the track. Tod was *way* ahead of the curve.

Tod was a psychiatrist on the staff of Gladman Hospital throughout the 1970s and he was the Chair of the Department of Psychiatry at Eden Medical Center during part of that decade, in addition to working at several other hospitals. Tod also maintained his own private psychiatric and consulting practice at the Claremont Resort Hotel in Berkeley, where he could be found on the tennis courts several days a week.

After the defeat of CMI in 1972, the prospects for marijuana decriminalization in California seemed pretty bleak. Ronald Reagan was Governor and he had vetoed legislation to reduce the penalty for possession of marijuana from a felony to a misdemeanor. But good things were happening on other fronts. A Consumers Union report and the LeDain Commission in Canada came out with recommendations in 1972 that marijuana be either decriminalized or legalized. Change was in the air.

In early 1973, AMORPHIA decided the time was right for California to have its own "Marijuana Commission." Our

continued on next page

Prop 215: Victory and Disimplementation

"A unique research opportunity" is how Tod Mikuriya, MD, described the Cannabis Buyers Club that Dennis Peron launched in San Francisco's Castro District —then ground zero of the AIDS epidemic—in late 1991.

Dennis had drafted and successfully campaigned for Proposition P — a request by San Francisco voters that "Licensed physicians shall not be penalized for or restricted from prescribing hemp preparations for medical purposes to any patient." Prop P passed by a 4-to-1 margin and the city supervisors passed a corresponding resolution that Dennis would cite as "the authority by which the buyers club will supply cannabis to those who can benefit by it."

Tod drafted an intake protocol for the club — a letter of diagnosis from a licensed physician was the key requirement (which Dennis would waive for applicants 65 and older). Tod also arranged to interview members willing to take part in a study. The result was a formal paper that Tod eventually posted online, "Cannabis Medicinal Uses at a 'Buyers' Club." It was based on data from 57 SFCBC members (41 HIV+). They reported using for multiple purposes, according to Tod's abstract:

"Anorexia/nausea/vomiting/diarrhea 39, anxiety/panic attacks/depression 39, AIDS related illness 35, arthritis and other pain 22, muscle spasm 19, harm reduction: alcohol substitution 12, opioid substitution 6, amphetamine substitution

TOD PLAYING at a rally in front of San Francisco City Hall in 1992. Dennis Peron, proprietor of the nearby Cannabis Buyers Club, was running for office.

1, followed by migraine/vascular headache 11, cancer/cancer chemotherapy 10, asthma/cough 9, itching/hiccough 8, epilepsy 5, glaucoma 4, drusen of the optic chiasm 1, post-traumatic stress disorder 1, and pre-menstrual syndrome 1."

Tod concluded: "Cannabis is not a new drug. Medicinal applications reported by self-medicating buyers would appear to reconfirm descriptions in clinical literature before the drug was removed from prescriptive availability. Further clinical study is warranted. Restoration of cannabis to prescriptive availability is indicated."

Membership in the SFCBC grew steadily in the early '90s as people with conditions other than AIDS joined. Tod continued interviewing members and updating his master list of conditions treated successfully with cannabis.

The Run-up to Prop 215

"The movement that had been asleep for 20 years woke up when the medical dimension emerged on the scene," says veteran organizer Pebbles Trippet. Activists using Dennis's club as their informal headquarters helped draft and lobby for medical-marijuana bills introduced in 1994 and '95 by State Senator John Vasconcellos (D. Santa Clara). Both times the bills were narrowed in the legislature to apply only to patients suffering from AIDS, cancer, multiple sclerosis, and glaucoma. And both times the bills were vetoed by Republican Governor Pete Wilson.

"It's a good thing Wilson vetoed those bills," says Trippet, looking back.

Dennis and his allies responded with a popular initiative —a ballot measure that would legalize marijuana for medical use and could not be vetoed or legally altered by politicians in Sacramento. Dennis and Dale Gieringer of California NORMLwrote a first draft in July '95. It was revised in extended discussions that included Dennis's lieutenant John Entwistle, attorney Bill Panzer, Tod, Valerie Corral, and others offering their two cents.

There was consensus among the drafters that the bill should protect all medical users, says Gieringer. Mikuriya had documented the wide range of medical problems that SFCBC members were using cannabis to cope with. He suggested wording that conferred protection not just on cannabis users treating certain specific illnesses but on those treating "...any other illness for which marijuana provides relief." And

continued on next page

DENNIS IN THE DOORWAY of the San Francisco Cannabis Buyers Club, 1444 Market St. From his office on the second floor the Prop 215 campaign was launched in 1995.

Activist *from previous page*

efforts and those of our key ally, Senate Democratic Leader George R. Moscone of San Francisco, ultimately led to the state senate establishing a Select Committee mandated to review California laws controlling the use and availability of marijuana.

The Senate Select Committee on Control of Marijuana held public hearings in Los Angeles and Sacramento in 1973 and 1974. Testimony was presented from a wide range of law-enforcement, legal and medical experts. Private citizens such as Art Linkletter testified, as did Michael Aldrich, Tod and I. Our analysis documented that California spent about $100 million enforcing its marijuana prohibition in 1972, a year in which more than 76,000 marijuana arrests were made in the state.

Our "Costs of California Marijuana Law Enforcement" study was included in the Final Report of the Select Committee, which recommended "decriminalization of marijuana possession for private use."

Sen. Moscone cited both the committee report and our fiscal analysis in arguing for passage of his marijuana decriminalization bill, SB 95, which was enacted by the Legislature and signed into law by Governor Jerry Brown in the summer of 1975, ending decades of California laws which punished possession of as little as a single joint as a felony by up to 10 years in state prison.

After SB 95 was passed, Tod continued to make occasional trips to Sacramento to help advance marijuana reform legislation, including Willie Brown's "grow your own" cultivation bill in 1976-1979 and Senator Robert Presley's bill establishing the Cannabis Therapeutic Research Program in 1979-1980, which Tod had a lot of problems with, but which represented California's first official steps towards recognizing the therapeutic benefits of cannabis.

With his short hair, sharp clothes and pleasant smile, Tod was a good spokesperson in the legislative arena. He particularly liked it when he could confront a conservative Republican legislator and go up to him and say something like "Hi. I'm a medical doctor and a Republican. Do you support decriminalization of marijuana and getting the government out of our private lives?"

Tod also got involved in candidate politics, hosting a NORML-sponsored fund-raising party at his Berkeley home for Democratic Senator Nicholas Petris of Oakland, a key supporter of marijuana law reform in Sacramento. And, in 1980, Tod ran as the Libertarian Party candidate for Congress; up against Democratic Congressman Ron Dellums he garnered about 5% of the vote on an individual freedom and pro-marijuana platform.

In 1981, I got to spend some special time with Tod. I had graduated from law school in 1969, but was interested more in politics than practicing law at that time. When I finally decided to take the California Bar exam in '81, Tod offered me the downstairs bedroom of his Berkeley Hills home as a place to study, away from the distractions of my San Francisco apartment

I spent those few weeks living with Tod, in May and June of 1981, sleeping and working downstairs at night while taking Bar review classses at Boalt Hall. Tod and I would share dinners together, which he prepared, and then I would go downstairs and read Bar exam books. Tod was generous with his home and I have very fond memories of those weeks we spent together as roommates.

After establishing my law practice, I would see Tod socially and often used him as an expert witness or consultant in cases in which my clients had lost their jobs due to drug testing.

In January, 1997, Tod asked me to represent him in a defamation lawsuit against Clinton's Drug Czar Barry McCaffrey, who had ridiculed Tod's medical marijuana practice and studies on national television. We ended up not pursuing any legal action — I think it was a question of time and money, plus the *Conant v. McCaffrey* suit was in the works, with lots of resources and some really important goals. But it was fun while it lasted.

My wife and I visited Tod in August, 2006, which was our last real get-together. We spent a few hours having lunch at his home, where he showed us pictures of his recent college reunion at Reed and of his son Tada (Sean), and his daughter, Hero. Tod looked good that day and he spoke of his cancer diagnosis and prognosis as something which were not going to slow him down, though he had no illusions about how serious his condition was. Tod was enthused about his upcoming archival and writing projects, along with continuing to see patients.

Tod was a wonderful man, a devoted father, a caring and generous physician, a fearless challenger of the forces of darkness and ignorance and a special friend. I know that I am but one among many who miss him deeply.

TOD, JACK HERER AND FRED OERTHER JULY, 1984, after handing in more than 85,000 signatures to put the Oregon Marijuana Initiative on the ballot. The Secretary of State then disqualified enough —illegible signatures, new addresses, registering after signing, etc.— to undermine the effort.

HERO MIKURIYA (ABOVE WITH DAD) is now a junior-high school student in the East Bay. Tada "Sean" Mikuriya, 35, is a guitarist who has released Latin-Rock and meditation CDs through bludolphin-publishing.com. He is working on a solo

Reggae Roots album and a Dance Hall Dub album with Ralston Grant. His website is pelican pondstudios.com.

Victory and Disimplementation

that's how the initiative was sent to the Secretary of State.

The Professionals Take Over

By the start of 1996 it was becoming apparent that Dennis's plan to collect signatures through a network of volunteers was coming up short. A New York based reformer named Ethan Nadelmann, backed by George Soros and other billionaires (Peter Lewis, John Sperling, and Laurence Rockefeller), offered to fund a professional signature drive that could get the medical-marijuana initiative on the California ballot... on the condition that Dennis Peron be replaced as campaign manager by a Santa Monica p.r. man named Bill Zimmerman.

Dennis didn't acquiesce, so there were two "Yes-on-215" headquarters —his club in San Francisco, and Bill Zimmerman's office in Santa Monica— pushing different lines.

Zimmerman sought to reassure voters that if Prop 215 passed, law enforcement could still arrest and prosecute people for growing, distributing, and using marijuana; a doctor's approval would only afford a possible defense in court. Dennis saw Prop 215 as a bar to arrest and prosecution.

Zimmerman decried the "looseness" of Dennis's procedures and said that if Prop 215 passed, such clubs would vanish from the scene. Dennis saw Prop 215 as a referendum on his right to operate. Zimmerman made TV ads emphasizing that the beneficiaries of Prop 215 would be AIDS and cancer patients, the gravely ill. Dennis had been declaring "in a country that pushes Prozac on shy teenagers, all marijuana use is medical" to reporters who observed seemingly able-bodied young men at the buyers club.

Tod admired Dennis and generally agreed with his line and his approach. He regarded the SFCBC as "a therapeutic environment in itself." In this period Tod wrote protocols for dispensaries in Oakland, Santa Cruz, Hayward, Arcata, and others that would open after Prop 215 passed. And pass it did, on November 5, 1996, with more than 5 million Californians voting "Yes."

As of November '96, many oncologists and AIDS specialists approved marijuana use by their patients, but few other doctors were willing to do so. They hadn't learned anything about cannabis in medical school and so knew nothing about what conditions it treats, how it works, appropriate dosage, side effects, counter-indications, etc.

Moreover, they were afraid. The California Medical Association had opposed Prop 215. The state medical board had not issued any guidelines for doctors interested in cannabis as a treatment option. And federal officials were threatening to revoke the prescription-writing privileges of doctors who approved marijuana use.

"In a country that pushes Prozac to shy teenagers, all marijuana use is medical."

—Dennis Peron

Tod contacted the medical board and offered to teach them what he knew. Tod was not a cynical person —quite the contrary, he thought real-world government agents ought to comport themselves according to the principles taught in high school civics class. And when they didn't, he expressed dismay.

Tod learned from Investigator Tom Campbell that California law enforcement officials would be flying back to Washington to confer with their federal counterparts about a coordinated response to Prop 215. Earnest Tod wanted to take part. Rep. Ron Dellums's office tried but failed to arrange an invitation for him.

Reporter Pat McCartney would obtain documents showing that at the sessions from which Tod was excluded, California lawmakers conspired to block implementation of California law. The dominant strategists were from the pharmaceutical indusry, and they pledged to fund a renewed anti-marijuana campaign to roll back the reform movement.

The Dec. 30 press conference at which Tod was ridiculed by Gen. McCaffrey signaled the counterattack. The drug warriors had not expected the people of Caliornia to reject their propaganda after all those years. "If the other side could only hear us..." blurted Paul Jellinek of the Robert Wood Johnson Foundation.

Tod felt a sense of urgency about authorizing as many patients as possible.

Meanwhile, Back in California...

Tod was in great demand —a doctor known via the grapevine and the web to authorize marijuana use readily for various conditions. More than three million Californians were using the herb, some self-consciously medicating. Very few were willing to tell their regular doctors they used marijuana, let alone seek approval.

Tod felt a sense of urgency about authorizing as many patients as possible. He was 63 years old when Prop 215 passed, but he pushed himself to travel around the state conducting ad hoc clinics organized by local activists. His exam typically lasted 15 minutes, most of it spent taking the patient's history. As a psychiatrist, Tod did not conduct a physical.

Tod also saw patients at his home office in the Berkeley Hills.

"I lost my office at the Claremont Hotel after Prop 215 passed," he recounted. "There was a big crush of people wanting to see me —patients for certification, journalists for stories, police for surveillance or verification. Redwood City police requested of the management that they keep me under close observation. That outraged them but scared them at the same time. So, after 16 years, since there was a threat from the police, it's 'Goodbye Doctor Mikuriya, you're not part of our mix anymore,' to quote the mealymouthed bureaucratic phrase they used.

"By the way, the manager was a man whom I'd given a credit reference to when he was new on the job, and played tennis with. So much for friendship."

Tod saw patients at his home office until 2003, when the medical board ordered him, as a condition of his probation, to get a commercial space. He rented an office in a mall in El Cerrito and carried on the practice. "Many patients prefer coming here to driving or getting driven up the hill," he acknowledged.

Tod was youthful looking and athletic (he played in a regular doubles game on the Claremont tennis courts). His excellent health gave out in the Spring of 2003 when he had a heart attack followed by triple-bypass surgery. He was put on Lipitor, a cholesterol-lowering drug now known to cause muscle deterioration. Tod was convinced that Lipitor caused the lining of his biliary tract to slough off, resulting in severe jaundice. He said he had three patients reporting similar adverse effects from statins.

He was diagnosed in early March 2006 with cancer that had spread from his lungs to his liver. Dennis Peron and Dale Gieringer threw farewell parties for him. He canceled a trip to Hungary where he was to present a paper at the International Cannabinoid Research Society meeting. His office began steering patients to other doctors.

And then, thanks to a stent that restored his liver function, his condition improved. In late May 2006 Tod attended his 50th reunion at Reed College and sang rounds with his old madrigal group. His office geared up again. He wrote the lead section of an article recounting what California doctors had learned in the 10 years since the passage of Prop 215. He made plans with his son Sean to reissue "*Marijuana Medical Papers*." He had many visits from his 12-year-old daughter, Hero; they even went cross-country skiing one weekend. He attended the dedication of a laboratory named in his honor at Holy Names University in Oakland. "How wonderful," he said of that honor. "Who would have thought this would happen?"

photo by Hero Mikuriya

Benefactor George Zimmer and THM at the dedication of the Dr. Tod Mikuriya Laboratory in the new Science Building at Holy Names University in Oakland.

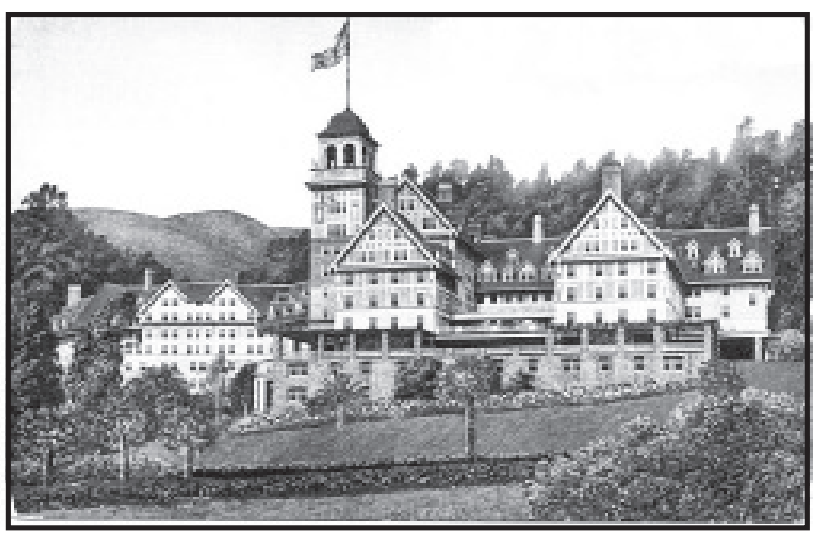
In March 2007 Tod played a key role organizing a Society of Cannabis Clinicians meeting at which retired colonel James Ketchum, MD, discussed the Army's secret search for a cannabinoid-based incapacitating agent.

Tod saw patients at his office in El Cerrito until early May, then his decline was very rapid. He died Sunday, May 20, at his home in the Berkeley Hills. In the final days he'd been in the care of his sisters, Beverly, a doctor from Bucks County, Pennsylvania, and Mary Jane of San Francisco, and his friend and assistant, John Trapp.

Beverly Mikuriya has been maintaining the practice by flying out to California for several days a month to see patients.

photo by Shelly Bennett.

Beverly Mikuriya, MD, dons a white coat with the insignia worn by brother Tod. She has taken over his practice.



The grand old Claremont Hotel in the Berkeley Hills, where Tod saw patients 1980-1996. Management would not lease him office space after Prop 215 passed and law enforcement asked that he be kept under surveillance... A regular tennis game with other MDs on the Claremont courts was a highlight of Tod'sweek for many years.

The Compassionate Use Act of 1996 (Proposition 215)

"The people of the State of California hereby find and declare that the purposes of the Compassionate Use Act of 1996 are as follows:

"(A) To ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes where that medical use is deemed appropriate and has been recommended by a physician who has determined that the person's health would benefit frm the use of marijuana in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or any other illness for which marijuana provides relief."

(B) To ensure that patients and their primary caregivers who obtain and use marijuana for medical purposes upon the recommendation of a physician are not subject to criminal prosecution or sanction.

(C) To encourage the federal and state governments to implement a plan to provide for the safe and affordable distribution of marijuana to all patients in medical need of marijuana.

(2) Nothing in this act shall be construed to supersede the legislation prohibiting persons from engaging in conduct that endangers others, nor to condone the diversion of marijuana for nonmedical purposes.

Notwithstanding any other provision of law, no physician in this state shall be punished, or denied any right or privilege, for having recommended marijuana to a patient for medical purposes.

Dr. Tod's Tactical Suggestion

An Audit to Monitor Compliance

By John Trapp

With the passage of Proposition 215 in 1996, Dr. Mikuriya's fear was that the plain language of the initiative would be suborned by federal and state officials. With the December 30, 1996 statement released by then Drug Czar Barry McCaffrey, Dr. Mikuriya's fears were realized. McCaffrey attempted to bring the full force of the federal government to bear in negating the will of California voters.

In response to this attack, Dr. Mikuriya's mantra became "implementation and compliance." In order to implement the new law, Dr. Mikuriya began performing clinics around the state. His stated goal was to create enough legal patients that their weight would prevent the federal government and the state Attorney's General office from rolling back the law.

Dr. Mikuriya started holding clinics in Red Bluff, Eureka, San Francisco and elsewhere. After his exam he would admonish the patient that if they appreciated the new law, then it was up to them to fight to keep it. In this manner citizen activists were created around the state, individuals with a vested interest in protecting the new law.

Dr. Mikuriya's mantra became "implementation and compliance."

When a patient who had complied with the law was arrested —as they often were in the early days— Dr. Mikuriya would call the offending office (usually county sheriffs and district attorneys) asking to see their training and information bulletins. He made "non-compliance forms" for the patients to fill out and file with offending agencies. He urged the patients at every opportunity to demand compliance from local and state officials.

In February 1997, AG Lungren put out the first *"Update"* to local officials monitoring the progress of medical marijuana cases through the courts. One *Update* asked any sheriff or DA who came across a recommendation from Dr. Mikuriya to forward a copy to Senior Assistant AG John Gordnier. This request led directly to complaints to the medical board regarding Dr. Mikuriya's actions in recommending cannabis to patients.

In response to these *Updates* from the Attorney General's office, Dr. Mikuriya pushed the idea of performing a systematic "audit" to track implementation and compliance with the new law by agencies at the state, county and municipal level.

Tod Mikuriya and John Trapp at Asilomar, June 2002

Leaders of the drug-policy-reform movement were committed to funding medical marijuana initiatives in other states; none were interested in paying staff to contact every sheriff and every child protective service agency in 58 counties —to use but two examples—to ask if they had revised their guidelines to not conflict with Health and Safety Code section 11362.5 (Prop 215).

Failing to gain support for the audit, Dr Mikuriya began collecting the necessary data himself. Over the next eight years he oversaw the contacting of each County Board of Supervisors, Sheriff, District Attorney, and Health Department (often several times each) requesting any implementation documents and/or training and information bulletins. Rather than interpret these documents, Dr. Mikurya had them posted directly to the Society of Cannabis Clinicians website.

Dr. Mikuriya's pursuit of implementation documents became so repetitive that some county sheriffs would forward documents as they were created rather than waiting for the inevitable request.

Now somewhat outdated, the audit can still be found online at http://ccrmg.org/audit.

This web archive served as an informational resource for patients attempting to comply with local regulations, attorneys researching local laws, and even for local public officials in developing their own regulations.

What Mikuriya Learned From His Patients

Ten years of monitoring patients medicating with cannabis brought Tod Mikuriya a sense of professional fulfillment, but his to-do list kept getting longer. One project he had planned was a companion volume to "*Marijuna Medical Papers*" — *"Cannabis Clinical Papers"* was the working title— that would include his own studies and those of doctors Tom O'Connell, Jeffrey Hergenrather and others who had been collecting data from California users.

To this end we conducted a survey in the Fall of 2006 —the 10th anniversary of Prop 215's passage. Tod's own responses represent a condensation of what he (and the others) had learned.

Approvals issued to date: 8,684.

Previously self-medicating: >99%

Category of use:
Analgesic/immunomodulator 41%
Antispasmodic/anticonvulsant 29%
Antidepresssant/Anxiolytic 27%
Harm reduction substitute: 4%

Results reported are dependent on the conditions and symptoms being treated. The primary benefit is control without toxicity for chronic pain and a wide array of chronic conditions. Control represents freedom from fear and oppression. Control —or lack thereof— is a major element in self-esteem.

With exertion of control, with freedom from fear of incapacity, quality of life is improved. The ability to abort an incapacitating attack of migraine, asthma, anxiety, or depression empowers.

Relief from the burden of criminality through medical protection enhances a salutary self-perception.

Alteration in the perception of and reaction to pain and muscle spasticity is a unique property of cannabis therapy.

Patient reports are diverse yet contain common elements. 100% report that cannabis is safe and effective. Return for follow-up and renewal of recommendation and approval confirms safety and efficacy.

Cannabis seems to work by promoting homeostasis in various systems of the body. Its salient effects are multiple and concurrent. They include—

• Restoration of normal functioning of the gastrointestinal tract with normalization of peristalsis and restoration of appetite.

• Normalizing circadian rhythm, which relieves insomnia. Sleep is therapeutic in itself and synergistically helps with pain control.

• Easement of pain, depression, and anxiety. Cannabis as an anxiolytic and antidepressant modulates emotional reactivity and is especially useful in treating post-traumatic stress disorders.

Patients treated for ADHD (ICD-9 Categories 314.00, 314.01, 314.8): 92

Patients using cannabis as a substitute for alcohol: 683.

The slow poisoning by alcohol with its sickening effects on the body, psyche, and family can be relieved by cannabis.

Medications no longer needed? Opioids, sedatives, NSAIDS (non-steroidal anti-inflammatories), and SSRI anti-depressants are commonly used in smaller amounts or discontinued. These are all drugs with serious adverse effects.

Opioids and sedatives produce depression, demotivation, and diminished mobility. Weight gain and diminished functionality are common effects. Cognitive and emotional impairment and depression are comorbid conditions.

Opioids adversely effect vegetative functioning with constipation, dyspepsia, and gastric irritation. Pruritus is also an issue for some. Circadian rhythms are disrupted with sleep disorders and chronic sedation caused by these agents. Dependence and withdrawal symptoms are more serious than with sedatives.

Opioids are undoubtedly the analgesic of choice in treating acute pain. For chronic pain, however, I recommend the protocol proposed by a doctor named Fronmueller to the Ohio Medical Society in 1859: primary use of cannabis, resorting to opiates for episodic worsening of the condition. Efficacy is maximized, tolerance and adverse effects are minimized. (Neither cannabis nor human physiology has changed since 1859.)

NSAIDs can be particularly insidious for those who do not immediately react with gastric irritation and discontinue the drug. Chronic irritation with bleeding may produce serious morbidity. Most often, the dyspepsia produced is suppressed with antacids or other medications. Many patients tolerate acute intermittent use but not chronic use.

SSRIs, if tolerated, coexist without adverse interaction with cannabis. Some SSRI users say cannabis is synergistic in that it treats side effects of jitteriness or gastrointestinal problems.

Many patients report pressure from the Veterans Administration, HMOs such as Kaiser Permanente, and workers' compensation contractors to remain on pharmaceutical regimens. A significant number describe their prescribed drugs as ineffectual and having undesirable effects. "Mainstream" doctors frequently respond to reports of adverse effects by prescribing additional drugs. Instead of negating the problem, they often complicate it. Prevailing practice standards encourage polypharmacy —the use of multiple drugs, usually five or more.

Out of the ordinary conditions?

While all pain reflects localized immunologic activity secondary to trauma or injury, the following atraumatic autoimmune disorders (listed by ICD-9 code) comprise a group of interest:

Crohn's disease 555.9
Atrophie blanche 701.3
Melorheostosis 733.99
Porphyria 277.1
Thallasemia 282.4
Sickle cell anemia 282.60
Amyloidosis 277.3
Mastocytosis 757.33
Lupus 710.0
Scleroderma 710.1
Eosinophilia myalgia syndrome 710.5

They are all clearly of autoimmune etiology, difficult to treat. Specific metabolic errors such as amyloidosis and certain anemias warrant further study and may elucidate the underlying mechanisms of the illnesses and the therapeutic effects of cannabis.

Multiple sclerosis 340.0 with its range of severity varies in therapeutic response to cannabis.

Demographic Data:
Male patients: 6,247 (72%)
Female Patients: 2,437 (28%)

Two differences were discerned in use pattern. Women are more likely to use cannabis for psychotherapeutic purposes (32% to 18%). Men are more likely to use for harm reduction (4% to 1%).

A roughly bell-shaped curve describes the age of my patients.

0-18 years 9 (1%)
19-30 1639 (19%)
31-45 3109 (36%)
45-60 3243 (37%)
>61 684 (7%)

Additional Observations:

Proactive structuralism works. Meaning: people can create something —and by doing so, set a precedent.

Medical cannabis users are typically treating chronic illnesses —not rapidly debilitating acute illnesses.

The cash economy works better than the bureaucratic alternative.

Word of mouth builds a movement.

The private sector is handling marijuana distribution because the government has defaulted.

Cannabis was once on the market and regulated, then it was removed from the market and nearly forgotten. Not all that we've learned in the past 10 years is new.

When Tod Met Merle

(Or, One Man's Closure is Another Man's Torture)

When Merle Haggard and the Strangers were coming to the Oakland Paramount in the Spring of '05, I asked Tod if his 11-year-old daughter might want to go. "Maybe," he said. "She's currently into Elvis." Then he added, to my surprise, "I met Merle once."

Their paths had crossed outside the Redding airport one Sunday afternoon in 1997 or '98. "It was not long after Prop 215 passed," Mikuriya recollected. "I was flying up there quite frequently to conduct weekend clinics in Red Bluff," i.e. to see patients who were afraid to discuss their cannabis use with their own doctors, or whose doctors were afraid to issue approvals.

Tod recognized and introduced himself to the musician and the woman he was with, who turned out to be Haggard's wife and manager. Tod explained what he had been doing in Red Bluff —"conferring legality on medical marijuana users." And then, Tod said, "I asked him why he was stand-offish on the issue while his buddy Willie Nelson spoke out."

How did the Haggards respond?

"They indicated that self-censorship was necessary in order not to endanger his career."

Tod decided not to push it. He told the Haggards that when "Okie From Muskogee" had come out in the early '70s, he'd written "an answer song." And then, *a capella* on the sidewalk outside the terminal, Tod sang for them his old expression of outrage and retaliation:

They rot their minds and bodies with white lightning
Strewing highways with slaughter of the drunks
While the cops are raiding bedrooms
Of the marijuana smoking leftist punks.

<u>Refrain:</u> I'm glad I'm not an okie from Muskogee
Where the mind and the conscience are asleep
Frightened and kept ignorant from childhood
Is it any wonder that they act like sheep?

The local campus hero is the jock strap.
Scholarship and brand new shiny car
Making business for the abortionist
who pays the sheriff who runs the local bar

American Legion and VFW veterans
March down the flag-draped Main street twice a year
Then sit around drinking beer and watching pornies
Just in case you'd wonder if they're queer.

Nixon, Mitchell, Agnew are their heroes
And the Indo China war's a holy cause
The widow's flags on our sons' pine boxes,
Repay us for a war outside the laws.

Sex education was sent here by the devil
We hear an aging pious preacher bray.
Keep our children ignorant as we are
And the welfare rolls keep rising day by day

<u>Refrain</u>

And how, I asked, did Mr. and Mrs. Haggard respond to the sidewalk serenade? "They seemed a little taken aback," said Tod, matter-of-factly. "Not particularly amused. But it was some closure for me."

Although Merle Haggard may have been reluctant to talk politics outside the Redding airport with a stranger —a singer-songwriter-psychiatrist— he certainly had his own reasons for deploring the marijuana prohibition.

In April, 1999, Haggard explained to a *Boston Globe* reporter that Canada used to be part of his New England tour, but by 1990 the indignity of crossing the border had become unacceptable. "If they find a seed of marijuana in your car or bus, they'll run it all over the news," Haggard said.

"I've got 30 people working for me. There is liable to be a seed of marijuana. So it makes it very uninviting to go into Canada, knowing that the United States is going to harass you coming back.

"They snatched some buses from people I won't name, and buses are not cheap. It costs us seven or eight years of our lives to pay for these buses, and they just take 'em. Like I say, you can't personally shake people down that work for you. I'm not going to do that. You don't know who's doing what and who isn't, but this 'zero tolerance' thing they've got going is really amazing. They've got private enterprise building prisons now. It's scary. It's overkill."

—Fred Gardner

The Doctor Who Believed His Patients

By Michael R. Aldrich, Ph.D.

When I first Tod Mikuriya in February 1969, I was already an activist —the occasion was the "New Worlds Drug Symposium," an event I organized in Buffalo, NY, that brought together 2,000 would-be reformers from around the world— yet I was unaware that cannabis had been widely, safely, and effectively used as medicine! It was Tod who educated me in this area.

It's no exaggeration to say that Tod educated the whole country in this area. Eighty percent of the American people now know that marijuana has medical uses —and they didn't learn it in school.

Tod resurrected the best cannabis-therapy papers of the pre-prohibition era, published them, and brought the old wisdom straight back into contemporary clinical practice.

Cannabis had been made illegal by a government bought out by a pharmaceutical industry that reaped greater profits from patented synthetics. Centuries of knowledge had been not merely forgotten but maligned as "drug abuse." Tod saw that the medical establishment chose to ignore cannabis, and personally took it upon himself to re-introduce it.

For many years he was the *only* source of education about cannabis as medicine. And his steadfast campaign grew and grew —many of us joined in to help carry the message— and now there are thousands of doctors using cannabis in clinical practice and researchers studying its mechanism of action in laboratories.

Tod and I arrived in Northern California within a year of each other and soon started working together on various projects. I was co-director and Tod was on the board of advisors to Amorphia, a reform group that sold Acapulco Gold rolling papers to finance the first California Marijuana Initiative in 1972.

When CMI garnered 33% of the statewide vote in 1972 without using paid signature gatherers— it was a signal to politicians that a genuine constituency existed for marijuana-law reform.

Tod and I worked with Gordon Brownell, the first head of California NORML, to urge State Senate Majority Leader George Moscone to hold hearings on decriminalization in 1974. Tod hired me to gather statistics on how much was being spent by the state to enforce the marijuana laws. At the time, possession of any amount —even a couple seeds in your pocket— was a felony. Moscone needed this information to open the eyes of Republicans in the legislature.

We were able to prove that more than $100 million was being spent on marijuana arrests, prosecutions, trials, and incarcerations, each year. As a result, Moscone was able to get the votes needed to pass Senate Bill 95, which made possession of an ounce or less a "citable misdemeanor" (a whole new offense category in state law) with a maximum $100 fine —our present California marijuana law.

Ten years later, Tod and I did a study published in the *Journal of Psychoactive Drugs (vol. 20, #1, January-March 1988)* confirming that California had saved a billion dollars in police, court, prison, probation and parole costs in the decade since the Moscone Act —SB95— took effect Jan. 1, 1996.

In the 1980s, the federal government under Reagan claimed that marijuana had become much stronger than strains available in the 1960s and 1970s. Tod and I collaborated on an article (published in the same 1988 issue of *Journal of Psychoactive Drugs*) showing that marijuana itself had not changed its potency since its introduction to western medicine in 1839, though high-potency sinsemilla was now more available.

We went decade by decade through the history of medical cannabis showing that highly potent preparations had been used throughout the pre-prohibition era. The government's potency comparison was based on police seizures of samples that had decayed in evidence lockers for years; it simply was not true that the potency had increased either for the plant itself or the tinctures and other medicaments made from it.

Another project Dr. Tod and I worked on intermittently for decades was a biography of W.B. O'Shaughnessy, the physician who brought cannabis to the attention of European doctors. O'Shaughnessy was a genius in several fields (he built the first telegraph system in Asia, among other achievements) and we wrote to many sources in the UK and India to gather the facts. Tod visited the UK twice to carry out this research, but died before we could finish the book.

Another hero of Tod's was Dr. William Woodward, the American Medical Association spokesman who tried vainly to stop the prohibition of marijuana in the 1930s. Tod lived up to Woodward's example, helping to roll back the prohibition in California.

Dr. Tod's legacy

Dr. Tod was involved in the drafting of Proposition 215 (as he had been with Proposition 19 in 1972). He was responsible for the all-important clause in the first sentence that says "...or any other illness for which marijuana provides relief."

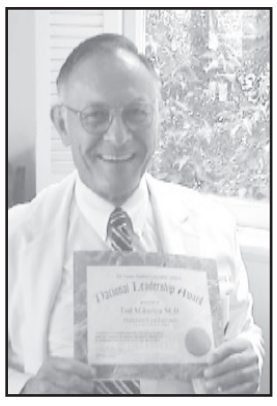
He wanted the wording to reflect the medical reality.

He had listened to his patients respectfully, believed their individual reports, and could back up them up with his own profound knowledge of history. He wanted California law to reflect medical reality: cannabis is used to treat an astonishingly wide range of conditions. He accurately surmised that government bureaucrats would try to define (and limit) the medical conditions for which marijuana use could be approved.

Michele and I think of him every day. He was funny, provocative, extremely intelligent, interested in everything. He was our doctor, our colleague, and our friend.

Michele and Michael Aldrich, Tod Mikuriya, and Dennis Peron at Dennis's premature farewell party for Tod in April 2006.

Tod'sAdvice for the Republican Party



The National Republican Congressional Committee in July, 2001, sent Tod Mikuriya, MD, a gilt-sealed certificate naming him Honorary Co-Chairman of the NRCC's Physician's Advisory Board. "Once you've given them money, you're on the mailing list forever," he remarked.

Mikuriya, who had approved marijuana use by some 5,000 patients at the time, sent his "grateful acceptance" to NRCC chairman Tom DeLay (R-Texas): "This award is a welcome antidote to being dissed by district attorneys and harassed by the California Medical Board," he wrote.

Mikuriya included programmatic advice for the Republican leadership:

• Repeal the Controlled Substances Act of 1970, which is unscientific and harmful to health policy.

• Transfer drug policy to the Surgeon General to substitute medical management for punitive and prohibitive enforcement solutions.

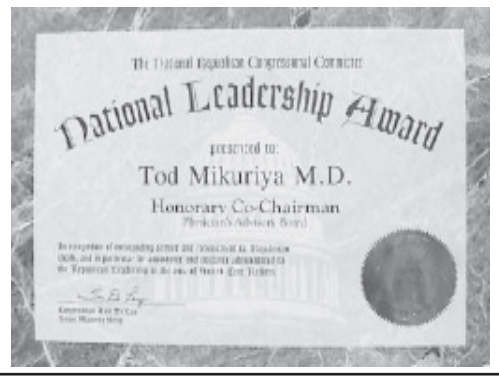
• Re-deploy DEA to EPA to prevent chemical terrorism and pesticide poisoning.

• Prohibit direct advertisement of all prescription drugs.

• Restore medicinal cannabis to availability with definitions in the U.S. Pharmacopoeia for composition and potency.

• Hold hearings on covert human drug testing by intelligence agencies and corporations.

• Review the scientific legitimacy of drug testing as an indicator of fitness for duty.



Exchange With a Woman who was Into Speed

Holy Smoke!

To the Editor:

...Long story short, I became dependent on the drug to deal with my depression and to help keep my weight down, which now, ironically, I see how the meth really didn't help with either. I only snorted speed and not very big amounts. And, I never smoked it nor shot it. When my sinus infections were at their worst (from guess what?), I would ingest speed orally. I think this is why I was able to "control" my dependency for such a long time, because I didn't smoke or use needles...

Earlier this year... I realized the stuff was quite literally poisoning me. I walked away from it and with the exception of one setback, I haven't used since. Though I made my own personal decision to stop poisoning myself, I knew in the early stages of my recovery that going cold turkey was going to be almost impossible as the drug was too intimate —too many "triggers..." So I turned to the least harmful drug I know —cannabis. It was on rare occasions that I would smoke marijuana during the last 10 years because I was all about "stimulants." However, at a friend's urging, I decided to use cannabis (sativa) anytime I got a "trigger" to use speed. And, Holy Smoke, it has worked like magic. The best part is that it's not something I use everyday (at most 3 or 4 times a week) and those "speed triggers" are becoming less and less...

...When using speed I also craved hard alcohol (vodka) and with the increasing use of speed I was also increasing my use of hard alcohol. Since I have quit meth, I have very little desire for hard liquor. When I smoke, the only thing I want to drink is water. I do still like my red wine, but I don't imbibe near as much as I did. I am now truly a light-to-moderate wine drinker.

I have more energy, more confidence, and most importantly more serenity... Sativa does NOT make me tired and I don't get the munchies. With the exception of mildly "zoning" out sometimes, there is nothing in the way of adverse effects from my marijuana use. However, I am monitoring this and will be the first to admit if it starts affecting me negatively. Oh yeah, I'm losing weight too! Who knew?

Some would argue that I have just traded one addiction for another. I don't agree at all. Marijuana is not "my poison." It's been my recovery tool. Besides, if you know anyone who has been in institutional rehab or recovery, with few exceptions, they get pumped with all sorts of prescription drugs to help them with their "recovery." I happen to think marijuana is a much better option than any prescription drug.

Believe me, after what I've done to myself the past three years, I am being extremely attentive to any kind of dependency or addiction patterns.

C.M., Santa Rosa

Dr. Mikuriya's Reply

Cannabis Follows the Fat

Dear C.M.

Thank you for your personal account of amphetamine problems and your discovery of cannabis substitution as a viable solution.

Each drug has a specific profile of action that has tremendous impact upon the psyche and physiology especially when used on a chronic basis. Physically, amphetamine (or for that matter, any biogenic amine), mimics the fight- flight response of the body, namely the sympathetic nervous system that produces adrenalin. and noradrenalin. Appetite is suppressed, there is a sense of improved attention/concentration, elevation of mood and decreased vulnerability to bad feelings. Decrease in empathetic awareness and connection is just one of the consequenses.

What goes up must come down. The biogenic amines all increase in tolerance and become ineffectual. The crash is inevitable. The withdrawal depression with its irritability and lethargy are most uncomfortable with the return of bad feelings now compounded by the physiologic state. Empathetic competence is toxically impaired with self-preoccupation and dysfunction. The use of amphetamine for the initial psychic discomfort has been gross overkill and problematic in itself. If only the amphetamines did not have this cyclic effect because of its short action and physical tolerance.

Enter cannabis. The pharmacological route is substantially different from other psychoactives. Cannabis follows the fat. Because the molecules are not soluble in water like other drugs, it travels the phospholipid pathways. Cannabis has a different effect on psychic discomfort. It modulates or eases emotional reactivity. Cannabis is an antidepressant with lifting of mood but without the stimulation or activation of the autonomic nervous system.

Unlike biogenic amines there is no suppression of appetite or digestion. When cannabis is discontinued there is less withdrawal and physical reaction. Sleep is enabled with cannabis compared with the stimulants that disrupt sleep and circadian rhythm. Amphetamines ironically diminish physical activity as compared with cannabis that facilitates.

You have discovered these differences that make cannabis substitution for amphetamine a viable pharmaceutical alternative. Your experience with amphetamine dependence is not dissimilar from alcoholism. Both amphetamine and alcohol poisoning can respond to cannabis substitution as a treatment. I have more than 500 alcoholic patients who have gotten their lives back. More than 500 families saved. With alcohol and amphetamine abuse empathetic competence is destroyed by toxic self-absorbtion. Cannabis substitution restores the ability to effectively relate to family and community.

Notwithstanding, addiction treatment programs remain totally ignorant of cannabis substitution as a substantive harm reduction intervention because of ignorance-based dogma. Furthermore, I am refused the opportunity to present these findings to my psychiatric colleagues who perpetuate rather than treat illness.

I am pleased to say that the Society of Cannabis Clinicians, a group of California cannabis physician consultants, would agree with harm-reduction-by-cannabis-substitution treatment.

Tod H. Mikuriya, M.D.

THM to Addiction Specialists:

Cancel My Denial

To: California Society of Addiction Medicine
74 New Montgomery Street, Suite 230
San Francisco, CA 94105

American Society of Addiction Medicine
4601 North Park Avenue Suite 101
Chevy Chase, MD 20815

Colleagues,

As I contemplated whether or not to renew this year with the not unsubstantial dues, I asked myself "Why should I?" Over the years since I joined the organization I have tried to raise the possibility of a harm-reduction option for the treatment of alcoholism. Notwithstanding my repeated and persistent entreaties, I have been repeatedly denied any opportunity for a collegial and professional forum. I have even offered to make my patients available for questioning and review. Nothing. Lame excuses —not ready yet.

Forays into spiritualism with self-styled practitioners responding to the "spiritual needs" of addicts was particularly disturbing. Somehow I don't remember any training in medical school in theological studies. The blurring of boundaries and confusion of identity diminishes, attenuates medical leadership, and reduces professional credibility to cultism. Medical Review Officers conducting forensic examinations are not engaged in a medical activity. Endorsing their enforcement of corporate authority diminishes medical leadership and reduces ASAM/CSAM to shills and trough feeders. The societies support the federal government's irrational drug-war policy while prominent addiction specialists seek to maximize their share of court referrals.

I officially give up on ASAM/CSAM and any possibility of a magical ethical transformation. I have been denied the opportunity to present a viable, effective, and medically appropriate intervention: cannabis as a substitute for alcohol and other addictive substances.

Retrospectively, I wonder why I waited so long to quit. I can no longer maintain my wishful thinking that somehow ASAM/CSAM could be fair, objective, professionally and medically correct.

I shall not be renewing my membership.

Tod H. Mikuriya, M.D.

Member since 1974
Certified by ASAM 1986
MRO Certified by ASAM 1992

P.S. From Dr. O'Connell:

Protective Effect Observed

Dear Tod,

Your key insights about harm reduction are supported and amplified by data gathered over the past five years in my practice. Each Medical Cannabis Applicant is queried about the age at which they first tried (initiated) alcohol, cannabis, and tobacco, as well as certain certain common milestones in their subsequent use of those agents. They are also queried about their possible initiations of seven other schedule 1 agents: psilocibin, LSD, peyote (or mescaline), cocaine in any form, meth, ecstasy, and heroin.When one correlates that data with year-of-birth cohorts, race, and gender, the inescapable conclusion is that the sooner a vulnerable adolescent begins chronic use of cannabis, the more protected they are against self-medication with alcohol, tobacco and those pharmaceutical agents sold as "therapy" for common emotional symptoms related to anxiety and depression.

Tom O'Connell, MD

Conditions Treated With Cannabis

As Reported to California Doctors Through 2005

Medical conditions that Californians have been treating successfully with cannabis are listed here according to ICD-9 number. The International Classification of Disease system was developed by the World Health Organization to promote comparability in the collection, processing, classification and presentation of mortality statistics. It is universally required by insurance companies to process claims.

Some 38,000 cases have been coded by ICD-9 number in the Oakland Cannabis Buyers' Cooperative database, and 8,500 in my practice. The number would be larger if the Act-Up San Francisco contingent had not objected —because of privacy concerns— when the city's Department of Public Health established their card system. —*Tod Mikuriya, MD*

Genital Herpes 054.10
Herpetic infection of penis 054.13
AIDS Related Illness 042
Post W.E. Enephalitis 062.1
Chemotherapy Convales 066.2
Shingles (Herpes Zoster) 053.9
Radiation Therapy E929.9
Viral B Hepatitis, chronic 070.52
Viral C Hepatitis, chronic 070.54
Other arthropod borne dis 088.
Lyme Disease 088.81
Reiters Syndrome 099.3
Behcet's Syndrome++ 136.1
Post Polio Syndrome 138.0
Osteoblastoma Ischium 170.6
Malignant Melanoma 172.x
Other Skin Cancer 173
Breast Cancer 174.x
Prostate Cancer 185
Prostate Cancer 186
Testicular Cancer 186.9
Adrenal Cortical Cancer 194.0
Brain malignant tumor 191
Glioblastoma Multiforme 191.9
Sarcoma: Head-neck 195.0
Cancer, site unspecified 199
Lympho & reticular ca 200
Hodgekins disease 201.9
Myeloid leukemia 205
Uterine cancer 236.0
Lymphoma 238.7
Graves Disease** 242.0
Acquired hypothyroidsm 244
Thyroiditis 245
Diabetes Adult Onset 250.0
Diabetes Type I, Unco ++ 250.01
Diabetes Type I Ctrld ++ 250.03
Diabetes Insulin Depend. 250.1
Diabetes Adult Ons Unctrl 250.2
Diabetic Renal Disease 250.4
Diabetic Ophthalmic Dis 250.5
Diabetic Neurpathy 250.6
Diabetic PeripheralVasc 250.7
Hypoglycemia(s) 251
Lipomatosis 272.8
Arthropathy, gout 274.0
Mucopolysaccharoidosis 277
Porphyria 277.1
Amyloidosis 277.3
Obesity, exogenous 278.00
Obesity, morbid 278.01
Autoimmune disease 279.4
Thallasemia 282.4
Hemophilia A 286.0
Henoch-Schoelein Purpur 287.0
Senile Dementia+ 290.0
Delerium Tremens+ 291.0
Schizophrenia(s) 295.x
Schizoaffective Disorder 295.7
Mania 296.0
Major Depression, Sgl Epi 296.2
Major Depression, Recurr 296.3
Bipolar Disorder 296.6
Autism/Aspergers 299.0
Anxiety Disorder+ 300.00
Panic Disorder+ 300.01
Agoraphobia 300.22
Obsessive Compulsive Di. 300.3
Dysthymic Disorder 300.4
Neurasthenia 300.5
Writers' Cramp**** 300.89
Impotence, Psychogenic 302.72
Alcoholism+ 303.0
Opiate Dependence+ 304.0
Sedative Dependence+ 304.1
Cocaine Dependence+ 304.2
Amphetamine Depend 304.4
Alcohol Abuse+ 305.0
Tobacco Dependence 305.1
Psychogenic Hyperhidrosi 306.3
Psychogenic Pylorospas** 306.4
Psychogenic Dysuria 306.53
Bruxism 306.8
Stuttering* 307.0
Anorexia Nervosa 307.1
Tic disorder unspec 307.20
Tourette's Syndrome 307.23
Persistent Insomnia 307.42
Nightmares 307.47
Bulemia 307.51
Tension Headache 307.81
Psychogenic Pain 307.89
Post Traumatic Stress Dis. 309.81
Org. Mental Dis.hd inj 310.1
Post Concussion Sydrome 310.2
Nonpsychotic Org Bra Dis. 310.8
Brain Trauma 310.9
Intermittent Explosive Dis 312.34
Trichotillomania 312.39
ADD w/o hyperactivity 314.00
ADD w hyperactivity 314.01
ADD other 314.8
Pschogenic PAT 316.0
Parkinsons Disease 332.0
Huntingtons Disease+ 333.4
Restless legs syndrome 333.99
Friedreich's Ataxia 334.0
Cerebellar Ataxia 334.4
Spinal mm atrophy II 335.11
Amytrophic Lateral Sclero 335.2
Other spinal cord disease 336
Syringomyelia 336.0
Reflex Sympath Dystroph 337.2
Multiple Sclerosis 340.0
Other CNS demyelinating 341.
Hemiparesis/plegia 342
Cerebral Palsy+ 343.9
Quadriplegia(s) 344.0x
Paraplegia(s) 344.1x
Paralysis, unspecified 344.9
Epilepsy(ies)+ 345.x
Grand Mal Seizures** 345.1
Limbic Rage Syndrome** 345.4
Jacksonian Epilepsy** 345.5
Migraine(s)+ 346.x
Migraine, Classical+ 346.0
Cluster Headaches 346.2
Compression of Brain 348.4
Tic Doloroux+ 350.1
Bell's palsy 351.0
Thoracic Outlet Synd 353.0
Phantom Limb Synd++ 353.6
Carpal Tunnel Syndrome 354.0
Mononeuritis lower limb 355
Charcot-Marie-Tooth 356.1
Neuropathy+ 357
Muscular dystrophies 359
Coat's Syndrome++ 362.12
Macular Degeneration** 362.5
Glaucoma 365.23
Dyslexic Amblyopia** 368.0
Color Blindness* 368.55
Conjuctivitis 372.9
Drusen of Optic Nerve 377.21
Optic neuritis 377.30
Strabismus & other binoc 378
Nystagmus, Congenital 379.5
Meniere's Disease 386.00
Tinnitus 388.30
Hypertension+ 401.1
Ischemic Heart Disease 411.X
Angina pectoris 413
Arteriosclerotic Heart Dis 414.X
Cardiac conduction disord 426.X
Paroxysmal Atrial Tach** 427.0
Congestive Heart Failure 428.0
Post Cardiotomy Syndrom 429.4
Raynaud's Disease 443.0
Thromboangiitis Obliteran 443.1
Polyarteritis Nodosa 446.0
Acute Sinusitis 461.9
Chronic Sinusitis 473.9
Chronic Obst Pulmo Dis 491.90
Emphysema 492.8
Asthma, unspecified 493.9
Pneumothorax, Spontaneo 512.8
Pulmonary Fibrosis 516.3
Cystic Fibrosis 518.89
Dentofacial anomaly pain 524.
T.M.J Sydrome 524.60
GastroEsophgeal Rflx Dis 530.81
Acute Gastritis 535.0
Gastritis+ 535.5
Peptic Ulcer/Dyspepsia 536.8
Colitis, Ulcerative 536.9
Pylorospasm Reflux 537.81
Regional Enteri & Crohns 555.9
Colitis+ 558.9
Colon diverticulitis 562.1
Constipation 564.0
Irritable Bowel Synd. 564.1
Dumping SydroPost Sur 564.2
Peritoneal pain 568
Hepatitis-non-viral 571.4
Pancreatitis 577.1
Celiac disease 579.0
Nephritis/nephropathy 583.81
Ureter spasm calculus 592
Urethritis/Cystitis 595.3
Prostatitis 600.0
Epididymitis** 604.xx
Pelvic pain 607.9
Testicular torsion 608.2
Pelvic Inflammatory Dis 614
Endometriosis** 617.9
Premenstrual Syndrome+ 625.3
Pain, Vaginal/Pelvic 625.9
Menopausal syndrome 627.2
Sturge-Weber Disease 759.6
Eczema 692.9
Pemphigus 694.4
Epidermolysis Bullosa 694.9
Erythma Multiforma 695.1
Rosacea 695.3
Psoriatic Arthritis 696.0
Psoriasis 696.1
Pruritus, pruritic+ 698.9
Neurodermatitis 698.3
Atrophy Blanche 701.3
Alopecia 709.x
Lupus 710.0
Scleroderma 710.1
Sjogren's Disease ++ 710.2
Dermatomyositis 710.3
Eosinophilia-Myalgia Syn. 710.5
Arthritis, Rheumatoid+ 714.0
Felty's Syndrome 714.1
Arthritis, Degenerative 715.0
Arthritis, post traumatic+ 716.1
Arthropathy, Degenerat+ 716.9
Patellar chondromalacia 717.7
Ankylosis 718.5
Multiple joints pain 719.49
Intervertebral Disk Diseas 722.x
L-S disk dis sciatic N irrit 722.1
IVDD Cerv w Myelopathy 722.71
Cervical Disk Disease 722.91
Cervicobrachial Syndrome 723.3
Lumbosacral Back Diseas 724.x
Spinal Stenosis 724.02
Lower Back Pain 724.5
Peripheral enthesopathies 726
Tenosynovitis 727.x
Dupuytens Contracture 728.6
Muscle Spasm 728.85
Fibromyagia/Fibrositis 729.1
Weber-Christian Dis++ 729.30
Legg Calve Perthe Dis++ 732.1
Osgood-Schlatter 732.4
Osteoporosis 733.0
Tietze's Syndrome733.6
Melorheostosis 733.99
Spondylolisthesis** 738.4
Cerebral Aneurism 747.81
Polycystic Kidney 753.1x
Scoliosis 754.2
Club foot 754.70
Spina Bifida Occulta 756.17
Osteogenesis imperfecta 756.51
Ehlers Danlos Syndrom 756.83
Nail patella syndrome 756.89
Peutz-Jehgers Syndrme** 756.9
Mastocytosis 757.33
Darier's Disease 757.39
Marfan syndrome 759.82
Sturge-Weber Eye Syn** 759.6
Nater's Syndrome++ 759.89
Insomnia+ 780.52
Sleep Apnea Unspecified 780.57
Chronic Fatigue Synd 780.7
Tremor/Invol Movements 781.0
Myofacial Pain Syndrme** 782.0
Anorexia+ 783.0
Bulemia 783.6
Hyperventilation 786.01
Cough+ 786.2
Hiccough+ 786.8
Vomiting 787.01
Nausea+ 787.02
Diarrhea 787.91
Pain, Ureter 788.0
Cachexia 799.4
Vertebral disloc unspec 839.4
Whiplash 847.0
Back Sprain 847.9
Shoulder Injury Unspec 959.2
Fore Arm/Elbow/Wrist 959.3
Hand except finger 959.4
Finger 959.5
Hip 959.6
Knee, ankle & foot injury 959.7
Motion Sickness 994.6
Anaphylactic or Reaction 995.0
Renal Transplant ++ 996.81
"Trachoria Growths"***

+ Represents citations from pre-1937 medical literature
++ Jeffrey Hergenrather, M.D.
* Eugene Schoenfeld, M.D.
** Dale Gieringer, PhD CA NORML Hotline
*** Robert Wilson, Hayward Hempery. Uncodeable and thought to be a specious disease submitted by an undercover agent who presented a false physician's note.
**** Barry R. McCaffrey 12-30-96 Press Conference (quote from John Stuart Mill 1867)

On Hypothermia

It has been observed by my office staff and confirmed anecdotally by colleagues that people seeking physician approval to medicate with cannabis usually register body temperatures markedly below 98.6.

Hypothermia in the mouse is one of the "classic tetrad" of symptoms indicating activation of the cannabinoid system. The genesis of hypothermia requires further study. The Indian Hemp Drugs Commission observed that one of the reputed benefits was to help laborers tolerate the heat. Cannabis was described as used to cool the passions —in contrast with alcohol, which heated them.

A slower metabolic rate, over time, might have implications for longevity.

Clinically, cannabis appears to actually lower temperature and a couple of patients have described a sense of cold with transient shivering. The question could be answered readily by comparing temperatures of persons who have THC metabolites in their urine and people who don't. If there turns out to be a significantly lower temperature in the cannabis-using population, one might posit a slower metabolic rate which, over time, might have implications for longevity. Temperature has a significant effect on metabolic rate. We have to understand the mechanism of hypothermo-genesis.

If there is a hypothermia, what influence is there on the HPA (Hypothalamus Pituitary Adrenal networks) and all of the interactions affecting levels of circulating cortisol and epinephrine, etc.? With management of diabetes, cannabis decreases blood sugar by diminishing gluconeogenesis, which plays out in decreased insulin requirement and improved stability.

This hypothermogenic effect appears to be dose-related and could contribute to a neuroprotective effect after trauma. The optimum delivery method will require study. Hopefully, we will see a vaporizer on ambulances for treatment of head injury and seizures, and at the bedside of pre- and post-neurosurgery patients.

In addition to external cooling, cannabis quiets the irritable CNS. A combination of inhaled and oral cannabis would be appropriate for acute CNS trauma from internal or external etiology. I predict this will become accepted and mainstream in the future.

Raphael Mechoulam's lab published a paper in 2003 showing that hypothermia appears to be an important factor as to why the synthetic THC analog HU-210 was protective in an animal model of stroke. [Leker, R.R., Gai, N., Mechoulam, R. and Ovadia, H. (2003) Drug-induced hypothermia reduces ischemic damage: effects of the cannabinoid HU-210. Stroke 34, 2000-2006]... If a patient presents to an ER with a stroke, the first thing they will do is put the patient's head in a cooler and pump them full of antioxidants (vitamin E).
—*T.H.M.*

Signing a worn paperback copy of "Marijuana Medical Papers" for a well-wisher at Dennis's premature goodbye party.