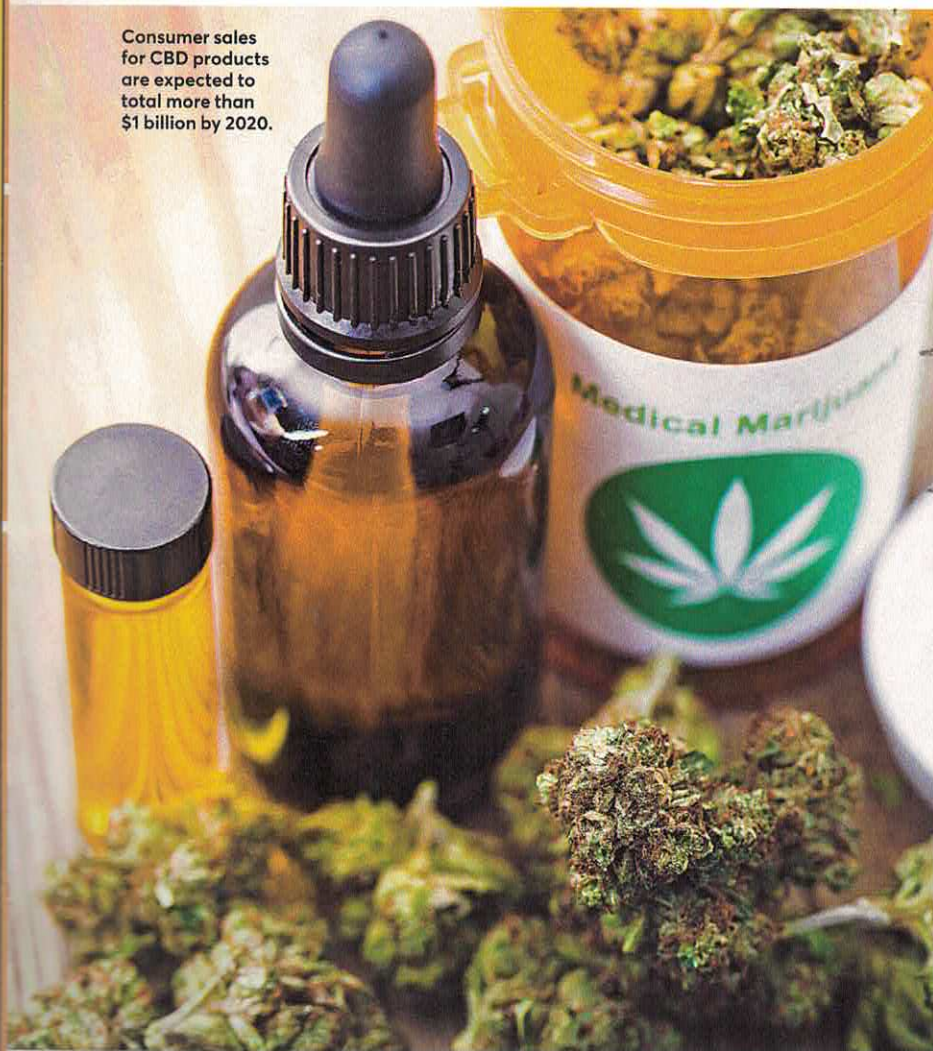


Q&A
MEDICALAsk the
DoctorA VETERAN PHYSICIAN WEIGHS IN ON YOUR
CANNABIS QUESTIONS. BY CRAIG TOMASHOFF

Dr. Rachel Knox
operates American
Cannabinoid Clinics
along with her mom,
dad and sister.

Consumer sales
for CBD products
are expected to
total more than
\$1 billion by 2020.

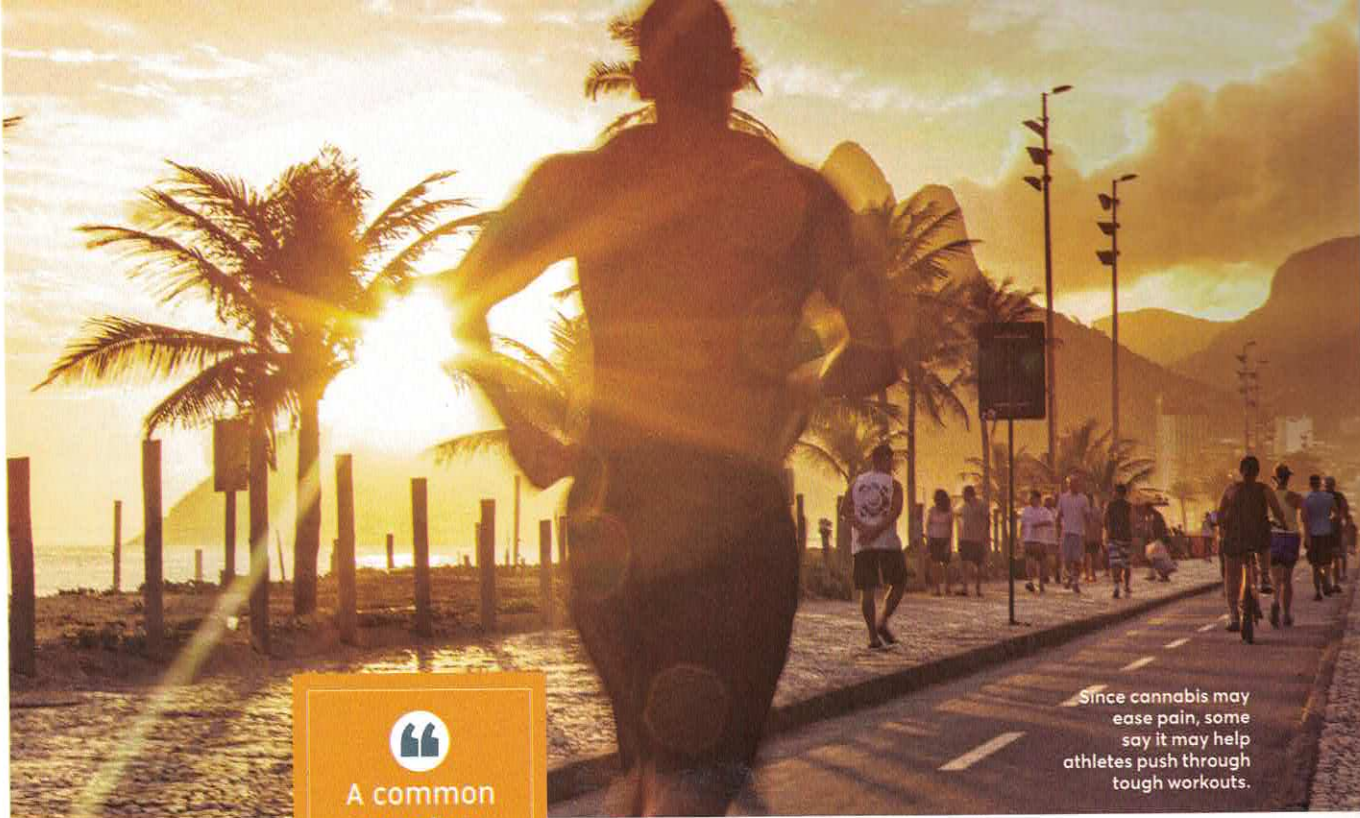


The more we learn about the healing powers of cannabis, the more we realize we don't really know. That's why we ran some of your questions by Rachel Knox, M.D.; she works with American Cannabinoid Clinics, which offers patient-centered, integrative cannabinoid care to patients looking for a personalized approach to addressing their health and healing.

Q Are doctors allowed to prescribe cannabis to patients they feel could benefit from it?

A Doctors in the U.S. are not allowed to "prescribe" cannabis, as it is unlawful for physicians to prescribe Schedule 1 drugs in this country. But not only this, there is no current mechanism by which a physician would prescribe a Schedule 1 drug, as there are no legal distribution centers who could process those prescriptions. In the case of cannabis distribution in legal medical cannabis states, dispensaries do not operate like pharmacies, where a physician "prescription" can be filled according to the clinical directions written therein.

As it currently stands, medical-cannabis states will grant permission and protections through legislation to specified provider types to evaluate patients to determine eligibility or to authorize



Since cannabis may ease pain, some say it may help athletes push through tough workouts.



A common mantra throughout the industry with regards to consumption is 'start low and go slow.'

—Dr. Rachel Knox

permission for cannabis use. An authorization for use simply grants a patient access to the legal market but does not function as a prescription that outlines product and dosing directions.

Physicians in most medical-cannabis states are allowed to consult with their patients, and discuss what the scientific literature has revealed or clinical relevance. In this way, patients can receive some direction on how to use their cannabis products beyond the authorization.

Q How do I know how much cannabis would be too much for me? Is there any way to know before I try it?

A There are currently no approved tests to determine how a person may react to any given cannabis product. That being said, the unwanted side effects from cannabis—e.g., i.e. dry mouth, red eyes, racing heart, increased anxiety, paranoia, transient elevation in blood pressure, etc.—are attributed to the intoxicating and euphoric effects of the phytocannabinoid, THC [delta-9-tetrahydrocannabinol]. A person may know that they have had “too much”

if they experience these symptoms to a degree that is unwanted or uncomfortable for them. “Too much” THC is a subjective experience.

And not everyone experiences one or more of these side effects—but to avoid them, patient-

consumers—what I like to call the average cannabis consumer—should limit the amount of THC internally consumed [inhaled, ingested, or inoculated in some other internal manner through mucosal membranes, such as in the mouth or anus/vagina].

A common mantra throughout the industry with regards to consumption is to “start low and go slow.” This means a

person should start with a small amount of THC, increasing over time to determine the “minimally effective dose,” or the lowest concentration of THC a person wants to tolerate while achieving the desired effects.

Q I love working out and doing a lot of running. How does using cannabis affect my ability to get a good workout?

A The long answer to this question is highly nuanced and scientific. The short answer is that a person needs to be aware of the effects that cannabis use has on them. Listening to the body—honing in on how it responds positively or negatively to foods, supplements, water and even cannabis (and the various methods of cannabis consumption)

Q Is it true that cannabis can hurt my sex life?

A It is true that cannabis can affect libido or physical function, but that occurs on a case-by-case basis and often in the setting of misuse—that is, overuse or abuse—and can typically be mitigated through adjusting consumption practices.

