



Aunt Zelda's

ALLEVIATING PATIENT SUFFERING THROUGH MEDICAL CANNABIS

Pediatric Cancer and Cannabis

CHANGING THE TREATMENT CONVERSATION

STEWART SMITH

MARA GORDON

AUNT ZELDA'S FAMILIES



THE SHOOP™

Cannabis Dosing Calculator



Patient X

Monday, August 25, 2014

STRAINS	1 Blue Dream Extract ID# 140711K003	
	2 ACDC Extract ID# EOIL-0059-R01	
Blue Dream	% THC Strain 1	62 %
	% CBD Strain 1	0 %
ACDC	% THC Strain 2	2.4 %
	% CBD Strain 2	58 %
	THC Target Dosage (mg)	200 mg
	CBD Target Dosage (mg)	100 mg
	How may doses per day?	3
Blue Dream	Use This Much Strain 1 per DAY (g)	0.316 g
ACDC	Use This Much Strain 2 per DAY (g)	0.172 g
Blue Dream	Use This Much Strain 1 per DOSE (g)	0.105 g
ACDC	Use This Much Strain 2 per DOSE (g)	0.057 g



Instructions:

Measure out the extract on your digital scale. You can use a piece of wax paper or rice paper, and then zero out the scale. Place the extract under the tongue, or rub it into the gums. Repeat after 6-8 hours.

We like to check in after a week to discuss the process, and see if we need to make any adjustments.

It is estimated that a grain of rice is equal to .05g ± .01.

This information is provided for reference purposes only.



Optic Pathway Glioma

- 8 ½ mo female presented with low grade Optical Pathway Glioma 06/23/2013 after parents noticed abnormal eye movement.
- Brain surgery to reduce cyst 10/2013, immediately start chemo with Tylenol, Keppra, and Decadron for 1.5 wks.
- Start cannabis extract treatment 10/2013. Start with low doses building up to approximately 450 mg THC and 275 mg CBD daily. Separate THC and CBD dosing times. (See Shoops)
- Separate chemo dosing to two hours before cannabinoid dosing to avoid interference with first pass renal enzyme activity (Cytochrome P-450 pathway).
- 11/2013 start Zofran, Decadron, and Benadryl. Continue through...
- 70-75% reduction in tumor mass. 85% reduction in cyst which is typically non responsive to chemo. (See Photos)
- Physician-predicted blindness in left eye, and compromised right eye has not occurred.
- Minimal chemo side effects including normal weight gain, low nausea, normal childhood development, regrowth of hair.



Optical Pathway Glioma – Treatment Plan

S R - 3 Dec 2013

Strain 1 - Girl Scout Cookies 1310010002
Strain 2 - Cannatonic 1309131022
Target Doses - 4x per day

GSC	% THC Strain 1	71.4 %
	% CBD Strain 1	0 %
Cannatonic	% THC Strain 2	15.87 %
	% CBD Strain 2	58.97 %
	THC Target Dosage (mg)	550 mg
	CBD Target Dosage (mg)	370 mg
	How may doses per day?	4

GSC	Use This Much Strain 1 per DAY (g)	0.631 g
Cannatonic	Use This Much Strain 2 per DAY (g)	0.627 g

GSC	Use This Much Strain 1 per DOSE (g)	0.158 g	← x4
Cannatonic	Use This Much Strain 2 per DOSE (g)	0.157 g	← x4



Optical Pathway Glioma – Treatment Plan, cont.

S R - 20 Dec 2013

Beginning date TBD

Strain 1	Purple Kush - 131206O005R1D2*
Strain 2	ACDC - 131213K005R1D2*
	Target Doses - 4x ea per day

Purple Kush	% THC Strain 1	66.07	%
	% CBD Strain 1	1.58	%
ACDC	% THC Strain 2	2.4	%
	% CBD Strain 2	70.2	%
	THC Target Dosage (mg)	432	mg
	CBD Target Dosage (mg)	280	mg
	How may doses per day?	4	

Purple Kush	Use This Much Strain 1 per DAY (g)	0.64	g
ACDC	Use This Much Strain 2 per DAY (g)	0.384	g

Purple Kush	Use This Much Strain 1 per DOSE (g)	0.16	g	← x4
ACDC	Use This Much Strain 2 per DOSE (g)	0.096	g	← x4

*Steep Hill Halent Test Results



Optical Pathway Glioma - Scans

BEFORE USING CANNABIS WITH CHEMO

AFTER USING CANNABIS WITH CHEMO



Rhabdomyosarcoma

- 10 yr old male presented with inoperable Parameningeal Embryonal Rhabdomyosarcoma in neck stage 3 group 3 Intermediate risk in 12/2012.
- Immediately start 43 weeks Vincristine, D-Actinomycin, and Cyclophosphamide. (VAC chemotherapy regimen)
- 2/2012 start 6 week radiation regimen 28 sessions.
- Severe nausea nonresponsive to conventional pharmaceutical medications including Marinol (synth THC) initiates search leading to cannabis.
- 6/13 start experimenting with cannabis for symptom relief.
- 8/13 start with dosed cannabis extract treatment, using high THC strains and high CBD strains for symptom relief and systemic relief (reduced cancer load).
- Using patient tolerance as a guide to titration, patient built up to a maximum of 900 mg THC/ day and 500 mg CBD/ day over a period of several weeks.
- Patient able to achieve significant reduction of nausea and increase appetite with increase up to maximum THC dose and reduction of CBD.
- Patient able to control neutropenia with increase of CBD up to maximum dose and decrease of THC.



Rhabdomyosarcoma, cont.

- Cannabis played a major role in alleviating negative symptoms from patient's difficult withdrawal from opiates (dilaudid then methadone).
- Even after missing 15 months of school, patient has caught up in school after 3 month tuition program, and still on a maintenance dose of 150 mg THC and 120 mg CBD daily.
- Cannabis is now helping with lack of appetite, pain from foot drop, physical therapy, aiding with weight gain, as well as giving a feeling of well being.
- Patient has been declared NED at treatment end scans in 11/2013 and remains in remission with continuing 3 month scans.
- Attending doctors have commented that this course of chemo and radiation treatment usually doesn't result in such loss of physical mass of tumor and scar tissue as in this case.
- Other than slight sleepiness during acclimation and possible withdrawal symptoms with missed cannabis doses, no other side effects from cannabis reported.



Rhabdomyosarcoma – Maintenance Plan

Strain	Strain 1 FireOG -
	Strain 2 CBDx - 3160-2

FireOG	% THC Strain 1	60 %
	% CBD Strain 1	1.5 %
CBDX	% THC Strain 2	16 %
	% CBD Strain 2	37 %
	THC Target Dosage (mg)	150 mg
	CBD Target Dosage (mg)	125 mg
	How many doses per day?	2

FireOG	Use This Much Strain 1 per DAY (g)	0.162 g
CBDX	Use This Much Strain 2 per DAY (g)	0.331 g

FireOG	Use This Much Strain 1 per DOSE (g)	0.081 g
CBDX	Use This Much Strain 2 per DOSE (g)	0.17 g



Rhabdomyosarcoma – Maintenance Plan

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Monday, September 1, 2014

STRAINS	1 Hindu Kush Kief ID # 140711K002	
	2 Yummie ID# EOIL-0058-R01	
	How may doses per day? 1	
HK Kief	% THC Strain 1	48 %
	% CBD Strain 1	10 %
Yummie	% THC Strain 2	15 %
	% CBD Strain 2	48 %
	THC Target Dosage (mg)	150 mg
	CBD Target Dosage (mg)	120 mg
	How may doses per day?	1
HK Kief	Use This Much Strain 1 per DAY (g)	0.251 g
Yummie	Use This Much Strain 2 per DAY (g)	0.198 g



Astrocytoma

- 2 yr 9mo female presented with Astrocytoma tumor in brain stem and spine on 2/6/2014 after parents noticed unexplained ear pain, little use of right arm and head tilt.
- After biopsy, multiple MRIs and concurrent testing, patient oncologist prognosis is 2 yr lifespan with most aggressive chemo and radiation therapy.
- Chemotherapy known to be not effective against low grade tumor and radiation side effects too catastrophic due to tumor location and patient age. Prescribed dilaudid for pain.
- Start patient on cannabis extract treatment using separate high THC and CBD strains (See Shoops) __/ 2014. Stop use of Dilaudid as cannabis controls pain. April, June, and August MRI scans show tumor stable with possible minimal shrinkage.
- Start patient on low carb, low glucose whole food cancer recommended diet.
- Start chemotherapy 8/2014. Cannabis controls pain, aiding sleep and appetite, mitigating chemo side effects. Chemo given before cannabinoids to avoid first pass drug interactions (cytochrome P-450 pathway).



Astrocytoma – Treatment Plan

M H RKO & Swiss Gold

Wednesday, April 16, 2014

RKO - 140312J045
Swiss Gold - 1403051009R
Target Doses - 2x per day

RKO	% THC Strain 1	66.2 %
	% CBD Strain 1	2.6 %
Swiss Gold	% THC Strain 2	11.8 %
	% CBD Strain 2	70 %
	THC Target Dosage (mg)	100 mg
	CBD Target Dosage (mg)	50 mg
	How many doses per day?	2

RKO	Use This Much Strain 1 per DAY (g)	0.139 g
Swiss Gold	Use This Much Strain 2 per DAY (g)	0.066 g

RKO	Use This Much Strain 1 per DOSE (g)	0.07 g
Swiss Gold	Use This Much Strain 2 per DOSE (g)	0.033 g



Pineoblastoma

- 4yr 8 mo male presents with Pineoblastoma 10/2013 after parents notice abnormal nausea, headaches and fatigue.
- 10/2013 insert shunt due to hydrocephalus, 11/2013- 1/2014 received 33 proton radiation treatments.
- 12/ 2013 start cannabis extract treatment using separate high THC and CBD strains. (See Shoops)
- 12/2013 insert g-tube, start low sugar, organic juicing diet.
- 2/2014 start 6 month chemotherapy, using Vincristine, Cisplatin, Cyclophosphamide, one of the stronger regimens.
- 2/2014 tumor reduced by 25%
- 5/2014 tumor lost color on 2nd MRI indicating tumor death according to neurosurgeon.
- 7/2014 tumor reduced to almost undetectable size.
- Comparison to other Pineoblastoma patients scans using same chemo, radiation therapy regimen, without adjunct treatment, reveal marked differences. The cannabis, juicing, low glucose diet protocol achieved better than physician predicted optimum results.



Pineoblastoma – Treatment Plan

E VG

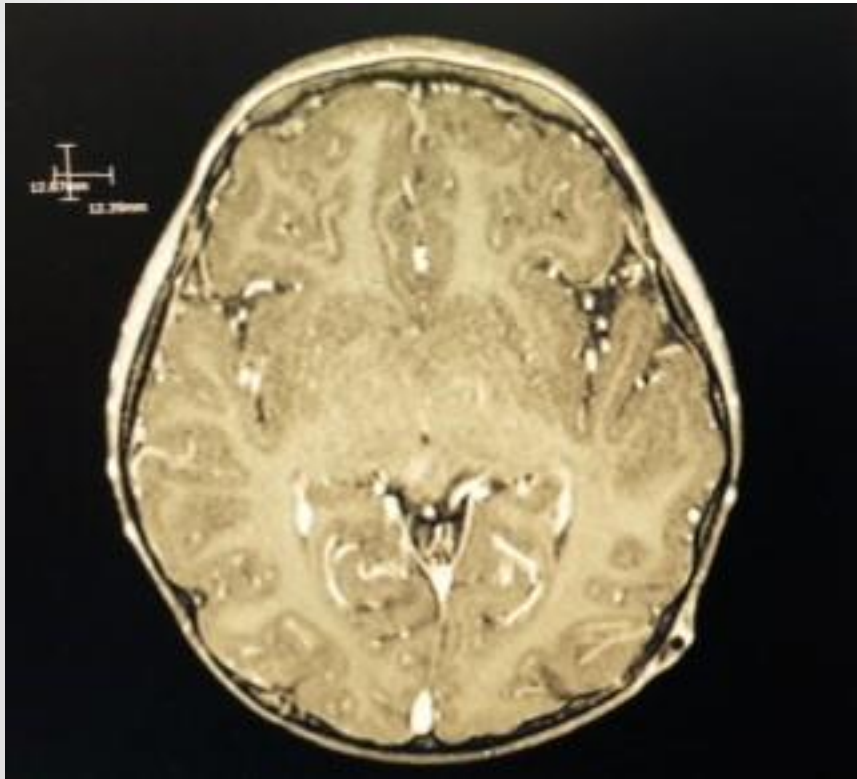
Sunday, December 8, 2013

Strain 1 - Pineapple 1312045004
Strain 2 - ACDC 131213K005
Target Dose - 3x per day

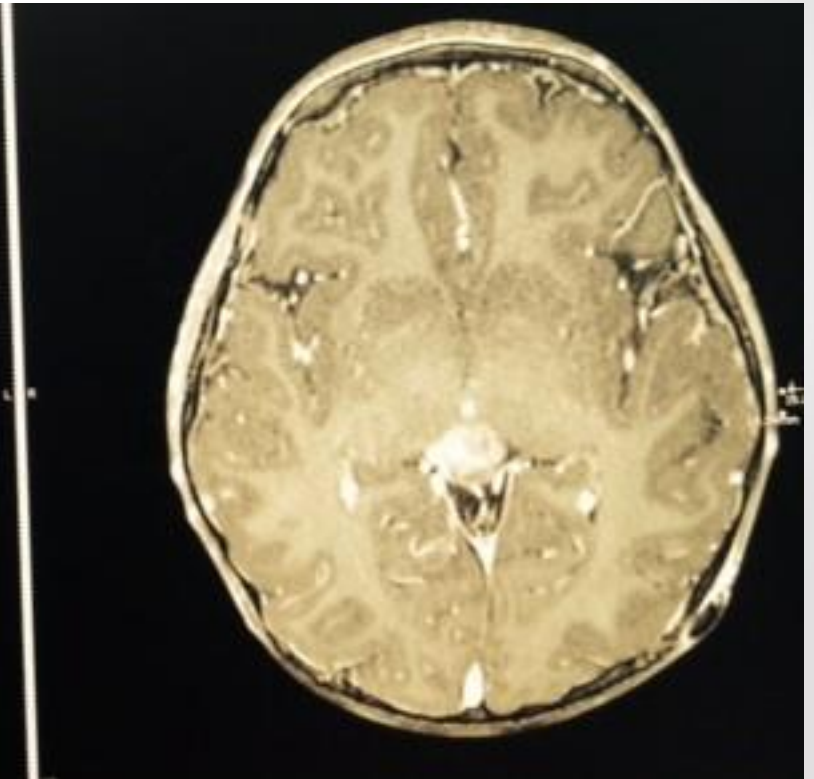
Pineapple	% THC Strain 1	59.1 %
	% CBD Strain 1	0.35 %
AC/DC	% THC Strain 2	2.4 %
	% CBD Strain 2	58.9 %
	THC Target Dosage (mg)	100 mg
	CBD Target Dosage (mg)	100 mg
	How may doses per day?	3
Pineapple	Use This Much Strain 1 per DAY (g)	0.162 g
AC/DC	Use This Much Strain 2 per DAY (g)	0.169 g
Pineapple	Use This Much Strain 1 per DOSE (g)	0.054 g
AC/DC	Use This Much Strain 2 per DOSE (g)	0.056 g



Pineoblastoma - Scans



May 2014



Feb 2014



Precursor B Acute Lymphoblastic Leukemia

- 1yr 7mo male presents with Precursor B Acute Lymphoblastic Leukemia 5/2013. After misdiagnosis of constipation 4/2013, extreme bruising and vomiting blood lead to ER visit patient flown via Flight for Life to UCSF near death.
- 5/2013 lymphoblast count 90% after immediate aggressive chemotherapy indicating slow responder to chemo.
- Patient placed in high risk category and placed on 3.5 yrs of aggressive chemotherapy using Cytarabine, Vincristine, Peg-Asparagenase, Methotrexate, Erwinia, Doxorubicin, Thiogaunine, Cyclophosphamide, and Mercaptopurine.
- Additional prescription meds to negate chemotherapy side effects: opiates, steroids, antacids, laxatives, anti nausea meds, anti fungal cream, antihistamines, and chemo “flushing” medications.
- After first high inpatient chemo dose, patient developed mucositis, appetite cessation, vomiting, head to toe rash, severe diaper rash, chemical burns (from chemo), and thrush.
- 6/2013 patient starts cannabis extract treatment using separate high THC and CBD strains (See Shoops) with immediate reduction in chemotherapy side effects, walks with assistance, and lymphoblast count is zero after 4 days on cannabis extract.



Precursor B ALL, cont.

- 7/2013 patient has anaphylactic reaction to 1 chemo infusion. Continue chemotherapy with remainder of chemotherapy drugs.
- 7/2013 patient walking unassisted, vocabulary explodes, and pharmaceuticals needed to reduce chemotherapy side effects are completely eliminated.
- Severe rashes mitigated by topical cannabis balm.
- After starting cannabis extract treatment, patient exhibits normal childhood development, did not lose hair for 7 months, has had normal weight gain, no neuropathy, no infections, no g-tube, and has a normal high quality of life.
- Patient has remained in remission since 6/2013.



Precursor B Acute Lymphoblastic Leukemia

– Treatment Plan

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Sunday, October 20, 2013

Strain 1 - Girl Scout Cookie 1310010002

Strain 2 - Cannatonic 1309131022

GSC	% THC Strain 1	71.4 %
	% CBD Strain 1	0 %
Cannatonic	% THC Strain 2	15.87 %
	% CBD Strain 2	58.97 %
	THC Target Dosage (mg)	300 mg
	CBD Target Dosage (mg)	100 mg
GSC	Use This Much Strain 1 (g) per day	0.382 g
Cannatonic	Use This Much Strain 2 (g) per day	0.17 g
GSC	Take this amount (3) x per day* (per dose)	0.13 g
Cannatonic	Take this amount (3) x per day* (per dose)	0.06 g

*rounded up



Conclusions

- It is possible to dose correctly and consistently
- Collaboration with medical team, and individualized treatment plans are key
- The cannabis plant is more than the sum of its parts. Whole plant works best
- Patient adherence to protocol is necessary
- Separating the THC and CBD doses vastly influence outcomes
- Cannabinoid treatment reduces negative chemotherapy side effects
- Best practices in extraction, testing, and advising need to be established
- Testing and supply chain must improve for cannabis to succeed as medicine



Gratitude

Thank you to the Warrior Moms and Dads, Sisters and Brothers, Daughters and Sons, who have committed to another way, and integrated path through their loved ones' cancer journeys.

We are eternally grateful to our patients for allowing us to be of service to them.

Stewart, Mara, Kiira, and Jeff

No two are alike.





Pediatric Cancer and Cannabis

IN THEIR OWN WORDS...



Optical Pathway Glioma – In Mom’s own words

“Sophie Isabella Ryan was diagnosed with a low grade, Optic Pathway Glioma brain tumor on June 23rd, 2013 at the age of 8 ½ months old. We were originally told that her only option would be a 13 month protocol of chemo using Vincristine and Carboplatin in hopes to arrest the development of the tumor. Since it is a low grade glioma, chemo was never meant to get rid of the tumor, and if we saw even minimal shrinkage it would be considered a huge success. After 11 months of chemo and high doses of cannabis oil, our daughter’s brain tumor is about 70-75% gone, and a massive cyst that had formed is about 85% gone. We were told that chemo would also not get rid of the cysts. We were told that she would for sure go blind in her left eye and her right eye would likely be compromised. Because of the shrinkage we have seen from the use of cannabis we have saved her vision, and the only challenge she has is a lazy eye that we are working on correcting. From what we can tell she can see perfectly, and has had zero complications due to sight loss.

Sophie has been on high concentrated THC and CBD cannabis oil at a gram a day since she started chemo in October of 2013. We worked her up to that dose slowly and the only side effects she ever had was a little sleepiness that completely went away as she acclimated to the oils. Now her only side effect is hunger, which is amazing since the chemo can affect her appetite.

When we give Sophie her medicine we separate them into 4 doses and give them 3 hours apart. The experts that we work with believe that by separating the THC and CBD it allows the THC to attach to the CB1 receptors, and the CBD to attach to the CB2 receptors without competition, which results in better absorption. We truly believe that THC plays a huge part in killing her tumor, and she has continued to be on approximately a 2:1 ratio of THC to CBD. The results we are seeing are just incredible! Sophie’s tumor has surpassed everything that doctors told us was possible with chemo alone, and we are now at month 11 of a 13 month chemo protocol.

On top of the amazing shrinkage we have seen, Sophie has also continued to gain weight and has a great quality of life despite having chemo once a week with short breaks from time to time. Her hair has grown back, she is advancing developmentally, and despite the need for frequent blood transfusions she is otherwise really happy and healthy. We truly, truly believe that we will completely get rid of this tumor, and Sophie will not have to live with a mass in her brain for the rest of her life.

Sophie’s pharmaceutical protocol is as follows:

October 2013 Brain surgery – Tylenol, Keppra, and Decadron for 1 ½ weeks

November Chemo starts – Zofran around the clock, Benadryl and Decadron as needed for nausea. Septra every Saturday and Sunday.

January - ongoing – Decadron and Benadryl is no longer needed for nausea. Melatonin/Chamomile children’s supplement at half the recommended dose is given every night for sleeplessness. Zofran around the clock and Septra on Saturday and Sunday is given when counts are low.

Diet plan – 100% organic consisting of 80% veggies & fruits, adding some chicken and very little red meat. Fish has only been given from time to time due to radiation scares in the Pacific. Modified ketogenic using no refined sugars or carbs, and an abundance of good fats is used daily and 20 minutes before every cannabis dose. Sophie drinks 20-30 ounces of breast milk daily from birth to present. Naturally occurring alkalized spring water is shipped in from Arkansas in glass jugs to be used as her drinking water.

In the video below you will see the tumor from September 2013 on the left and June 2014 on the right, as explained by the neurologist.”

<http://m.youtube.com/watch?v=tNdU06rEghI&feature=youtu.be> <<http://m.youtube.com/watch?v=tNdU06rEghI&feature=youtu.be>>



Rhabdomyosarcoma – In Mom’s own words

Chico Ryder Cannabis Oil Case Notes: Chico Ryder was diagnosed at the age of 10 with inoperable Parameningeal Embryonal Rhabdomyosarcoma in his neck, Stage 3 Group 3, Intermediate risk, in December 2012.

He started immediately on the standard protocol for this diagnosis – the VAC chemotherapy regimen (Vincristine, D-Actinomycin and Cyclophosphamide) for 43 weeks and also received 28 radiation sessions over the course of approx. 6 weeks which began approximately 6 weeks after chemotherapy started. The VAC regimen consists of weekly infusions (with several short breaks) of Vincristine and every three weeks, infusions of D-Actinomycin and Cyclophosphamide.

The tumor responded well to the therapy and significant shrinkage had occurred by the first three-month scans.

Chico suffered with severe nausea and vomiting as well as footdrop and peripheral neuropathy and within three months of treatment starting was in a wheelchair with severe mobility impairment.

His appetite was severely impacted by the chemotherapy, and eating was further compromised due to radiation treatment affecting his mouth, throat and salivary glands, resulting in drastic weight loss and he was put on TPN approximately two months into treatment.

Doctors initially prescribed Marinol when all other pharmaceuticals had failed to arrest the nausea and vomiting which was described as one of the most severe cases they had ever witnessed in the Pediatric Oncology Dept at UCLA.

The Marinol had limited success, showing promise at first with some initial appetite stimulation, but soon was judged by the family to be largely ineffective, at least at the dosage recommended.

After two separate caregivers privately suggested to the family that “the real thing” would work better than Marinol, they asked the doctors for a recommendation for medical cannabis which was given, on condition that it was not to be smoked, but vaporised or ingested. The family proceeded to try various edibles on their son without much success, given the patient’s reluctance to ingest any foods! It was at this point, approximately 5 months into the treatment in June 2013, that the family learned about the curative properties of whole plant cannabis extract medicine and decided to order some cannabis oil, which transpired to be approx. 60% THC with negligible CBD, and which isopropyl alcohol had been used as the solvent (when the supplier had claimed it was made with food grade alcohol and was 80% THC).

The patient ingested approx. 40g of this oil over the following two months and generally tolerated it well. Its efficacy in terms of symptom mitigation was inconsistent – extremely effective at times, and not effective at other times.



Rhabdomyosarcoma – In Mom's own words

In August 2013, the family found a more reliable source of oil (Aunt

Zeldas) and Chico then proceeded on a regimen of both a high THC and a high CBD oil, taken at a 2-1 ratio, THC to CBD. The daily dose was split into three doses given at 8 hour intervals. As CBD is known to sometimes suppress appetite, the dosage was adjusted according to his daily needs. He gradually built up to a dose of a total of 2 grams of oil per day, so effectively approx. 1.3g of high THC oil and 0.7g of the high

CBD oil daily. The percentages of CBD and THC varied according to which strains were given, but usually fell within the 55-80% range. This translates into a maximum daily dose during treatment of approximately 900mg per day of THC and 500mg per day of CBD.

The family noticed that his peripheral neuropathy was arrested despite the ongoing chemotherapy drug Vincristine continuing to be administered. Improvement in this common side effect of Vincristine was not achieved but the continuing deterioration of the neuropathy and footdrop was halted. He was able to be switched from TPN, which is known to cause liver damage, to feeding through a g tube from August 2013 as he was largely able to tolerate the feeds without the excessive vomiting which has previously occurred, preventing much g tube usage.

In terms of tumor shrinkage, the 6 month and 9 month scans showed continued shrinkage of what remained of the tumor, which was by the three month scan assumed to be dead scar tissue. It was expected by the oncologists that the size would remain the same, but continued shrinkage occurred throughout treatment.

The pattern for Chico was that every three weeks he would be admitted as inpatient for the infusion of the three chemo drugs. Then approximately ten days later he would develop a fever to coincide with neutropenia. In 13 out of the 14 cycles he developed a fever so had to be hospitalized for inpatient infusions of antibiotics. Only three times did infections present themselves. When they did, we increased the proportion of CBD oil.

During these hospitalizations he was prescribed large amounts of IV opioids, mainly Dilaudid. Chico's mother was able to wean him off these opioids very easily over the course of two to three days once he returned home, as it was felt that the oil helped to alleviate the withdrawal symptoms of the opioids. However, the medical team were very insistent towards the end of treatment that Chico be put onto a daily methadone dose. This caused tremendous problems as the team had great difficulty pinpointing the appropriate starting dose of methadone. With hindsight, we feel that the oil was masking the withdrawal symptoms leading to him being under-dosed with methadone. Eventually he was advised to stop taking oil while they ascertained the correct dose. Chico then began a two month wean from methadone. It was noted that the cannabis oil seemed to intensify the action of the methadone, so the oil dose was drastically reduced and titrated upwards as the methadone dose titrated downwards. This led to a relatively pain-free methadone detox. There were negligible withdrawal symptoms, and it was definitely noted that the cannabis oil was a very effective agent in detoxing from the methadone.

Chico finished chemotherapy on schedule in October 2013 and was declared NED at his treatment end scans in November 2013. Following his methadone detox, which finished in Feb 2014, he has been on a maintenance dose of cannabis oil of approx. 150g THC per day and 120g of CBD, broken down into two doses per day at 12 hour intervals. Happily his progress scans which are done every three months show him continuing to be in remission. He is now out of his wheelchair and is still receiving intensive physical therapy to reverse the damage done by the vincristine. He is now walking unaided but still has his heels off the ground but has been able to avoid tendon release surgery so far. He finds that vaporising cannabis before his physical therapy sessions helps. He is still struggling with appetite and is having a hard time gaining the weight back that he lost during treatment but the oil and vaporising do help to stimulate his appetite and he has been able to have his feeding tube removed. His parents suspect that he is THC dependent. On occasions when he has inadvertently skipped a dose, he suffered extreme nausea and vomiting.

There is no way of knowing whether or not this is latent chemo-related nausea which is failing to be medicated by the THC if the dose is missed, or whether it is a physiological dependency on the THC itself. The oncologists are saying that as his case of nausea and vomiting throughout the chemotherapy was so severe that it is not beyond the bounds of reason that the nausea he experiences still from time to time is related still to the chemo, but there is definitely a correlation between missing a dose of oil and the nausea and vomiting coming on. Other than this, there have been no negative side effects whatsoever from this now 12 year old boy ingesting cannabis oil daily for more than 14 months. He has sometimes (no more than perhaps 5 times) appeared to be giggly and a little silly, but never anything negative apart from one incident when he was first put on methadone and the oil dose had not been reduced and there appeared to be a very significant exacerbation of the action of the methadone by the oil. He presented as very drowsy and listless. This passed within a few hours and did not require medical treatment, although it was as a result of this incident that the oil dose was reduced and titrated upwards as the methadone was titrated downwards.



Rhabdomyosarcoma – In Mom's own words

Whilst we could never claim that cannabis oil in Chico's case cured his cancer, we can certainly assert the following:

1 – That the ingestion of cannabis oil did not interfere with the actions of the chemotherapy drugs and radiation and may even have helped them be

2 – The ingestion of oil certainly stimulated appetite – albeit not consistently, but certainly significantly.

3 – The ingestion of oil helped to curb nausea and vomiting – again not consistently, but certainly significantly.

4 – The ingestion of oil coincided with a halt in the deterioration of his neuropathy, despite him continuing to be given the drug known to cause peripheral neuropathy and foot drop.

5 – The mass that remained at his three month scans, which at the time was assumed to be dead scar tissue, continued to shrink throughout the rest of treatment, despite the medical team's expectation that it would remain the same.

6 – The ingestion of oil, and occasional vaporising of oil, certainly helped promote a feeling of calm and well-being in the patient.

7 – Chico missed school for 15 months and was able to catch up on his work over a three month period with just 6 tuition hours per week. There seems to be no mental deterioration as a result of ingesting oil.

8 – The patient continues to be in remission from the cancer and by continuing to give the patient a maintenance dose of oil, the patient and parents have a heightened level of peace of mind, knowing that they are taking a pro-active role in helping prevent relapse, rather than doing what the medical profession would suggest, which would be to metaphorically go home and keep their fingers crossed that their son will not relapse!

We have found two scientific studies demonstrating great potential for cannabis oil in the treatment of another (and more aggressive) subtype of Rhabdomyosarcoma (Alveolar Rhabdomyosarcoma). Here are the links:

<http://www.ncbi.nlm.nih.gov/pubmed/?term=thc+rhabdomyosarcoma>

<http://www.ncbi.nlm.nih.gov/pubmed/22037868>



Astrocytoma – In Mom’s Own Words

(This chapter of) our story began on February 6, 2014 about 1pm. We had just driven away from the hospital after an MRI that was prescribed to us by a neurologist to “eliminate all of the worst possibilities” for some strange symptoms (unexplained ear pain, hardly using her right arm, tilting her head to the left) our 2 year, 9month old beautiful daughter had been experiencing during the preceding 12 months. As we were pulling out of the hospital parking lot, my cell phone rang with an unfamiliar number. Having gone through a pretty intense morning of first time anesthesia, an MRI (and recovery), I let it go to voicemail. After the voicemail beeped I listened to the message which was the neurologist asking us to call her as soon as we got the message. We called her back while driving home and she asked that we pull over and stop in a safe location. The 90 seconds that it took to do so were easily the longest 90 seconds of my life. Then we got the news. They found a “mass” in her brain and wanted us to turn around immediately and go to the emergency room. The neurologist was reluctant to elaborate on anything but when she told us that the hospital was waiting for us and that they would have a room set aside for us in the Oncology ward, it hit me. Cancer. My precious little girl has cancer. The tumor is a Astrocytoma growing from the brain stem down her spine (roughly 9cmx3cmx3cm) We've all known someone touched by cancer but no parent thinks that cancer and their child would be used in the same sentence. Needless to say, the realization that our amazing Morgan would be battling this monster disease made us feel lost and broken. We met with so many doctors, nurses, specialists, social workers, etc., that the initial 5 day stay in the hospital was a blur. After a biopsy, a couple MRI’s, and countless tests, we were given an avalanche of information but the one piece of information that will forever resonate in my mind is: 2 years. When asked about what the future holds, the neurosurgeon told us that with successful Chemo and Radiation treatments, our daughter’s probable life span was 2 years. It wasn't hard to do the math: 2 years, 24 months, 730 days. Desperate doesn't begin to describe how we felt. After the initial shock/denial/grief, we set out to get educated on all things cancer and started to look for something...anything to help her odds and better her quality of life. Standard medicine has two treatments for her cancer 1) Chemotherapy 2) Radiation. Because her tumor is low grade our Oncologist initially said chemo would be ineffective. After researching Radiation treatments, it was easy to conclude that the potential side effects (many & all horrible) would put that option at the bottom of the list. We felt obligated to her to look for anything that might help or compliment the options available at the hospital. The internet is a double edged sword. The internet contains invaluable information but it also hosts endless misinformation.



Astrocytoma – Mom’s Words, cont.

Deciphering the difference was overwhelming but we were fortunate to have come across a few people that were able to point us in the right direction to learn more about cancer specific diets, alternative pain solutions and the medicinal use of cannabis. Soon after coming home from the hospital, we started a low carbohydrate, no processed sugar, whole foods diet. Having learned that tumors thrive on glucose, the diet was a relatively easy change. Because the tumor causes extreme daily pain, our doctors prescribed Dilaudid which is an opiate pain medication. After researching as best we could, we reluctantly decided to incorporate cannabis into her treatment plan to help with the pain and hopefully act in an anti-tumor capacity. We started with a low dose of cannabis and over the course of a month worked up to a gram a day. After starting the cannabis, we have not needed to use Dilaudid for pain. The pain has been completely mitigated. The MRI on April 11th showed the tumor was stable with possible minimal shrinkage. From there, we continued with the regimen of diet and cannabis. Her June MRI showed the tumor is stable but with possible enhancement. Because of the possible enhancement, our Oncologist wanted us to start chemo the next week. After pointing out that the April and June scans were done on different MRI machines and presenting both scans to the Oncology tumor board, they concluded there was no enhancement and agreed that the tumor has remained stable. Our most recent scans in August show that the tumor has remained stable. Although we are encouraged by the fact that the tumor, which is the size of a golf ball, has remained stable and not grown since the first MRI in February, we decided to start Chemo on August 14th. In a nutshell, we have one shot at this and we don’t want to look back and wish we had done something or wish we had done something sooner. We use cannabis along with acupuncture, reishi spore mushrooms and diffusing oils to help with the side effects of chemo. As we approach our third week of Chemo, she has shown no side effects. Cannabis has helped Morgan by mitigating her pain, maintaining her appetite and sleep. Before starting cannabis, she would not take a mid-day nap. Now she takes a daily 2 hour nap which we think helps her body stay healthy. Our protocol is this:

- • THC oil in the morning
- • 2 hours later CBD oil
- • 2 hour nap
- • THC Oil
- • 2 hours later CBD Oil
- We try to space the CBD and THC 2 hours apart, 4 times a day. (2xTHC, 2xCBD)
- This is all uncharted territory for us and we second guess everything we do but today, just like she has always been, Morgan is a healthy, happy, and brilliant little 3 year old. Any stranger seeing her out and about would only see an adorable little girl and would have no idea what she is fighting. During the initial hospital stay in February the doctors reviewing her MRI were absolutely dumbfounded that she could walk. She has been chasing the dogs around the house ever since. Who knows what’s been working to allow her to live fully and keep the tumor stable but for now, we plan to continue as we have.



Pineoblastoma – In Dad's Words

ELI AGE 4 YEARS, 8 MONTHS

DIAGNOSED WITH PINEOBLASTOMA OCTOBER 2013

. EARLY OCTOBER, ELI COMPLAINED OF HEADACHES, FATIGUE & NAUSEA.

. AFTER 3 VISITS TO HIS PEDIATRICIAN & BLOOD WORK, DOCTOR COULD FIND NO REASON FOR THE SYMPTOMS & SUGGESTED PERHAPS A SINUS INFECTION OR A MINOR CONCUSSION.

. MOTHER INSISTED ON MRI AND A TUMOR THE SIZE OF A SKITTLE ON HIS PINEAL GLAND WAS FOUND.

SHUNT WAS PLACED (10/22/13) DUE TO HYDROCEPHALUS & A BIOPSY WAS TAKEN WHICH CONFIRMED THE DEVASTATING NEWS THAT OUR SON HAD PINEOBLASTOMA.

WE DECIDED OUR MOST IMPORTANT JOB IN THE WORLD WAS TO ADVOCATE AND RESEARCH FOR OUR SON. OUT OF FEAR, WE FOLLOWED THE PROTON RADIATION & CHEMO PROTOCOL (A VERY STRONG CHEMO REGIMENT) AND HE UNDERWENT 33 PROTON RADIATION TREATMENTS (11/2013 THRU 1/2014 FOLLOWED BY A 6 MONTH CYCLE OF CHEMO (2/2014-7/2014) THROUGH OUR RESEARCH, WE LEARNED YOURSELVES OILS & NUTRITION WOULD PLAY A KEY ROLE IN FIGHTING THE CANCER, ALLEVIATING SIDE EFFECTS & HELPING HIM RECOVER FROM THE EFFECTS OF RADIATION & CHEMO. WE REQUESTED A FEEDING TUBE (12/31/2013) BE PLACED SO WE COULD GIVE HIM THE ORGANIC JUICING & SUPPLEMENTS THAT WE FELT WERE VITAL. THE RESULTS WERE SO EVIDENT WHEN COMPARING ELI'S PHYSICAL APPEARANCE AND MRI RESULTS IN COMPARISON TO MANY OTHERS WHO WERE ONLY DOING CHEMO/RADIATION.

HE HAS BEEN TAKING CANNABIS OIL FOR 9 MONTHS (BEGINNING 12/2013) FOLLOWING A STRICT DOSING PROGRAM OF BOTH THC/CBD OILS & WE HAVE HAD FANTASTIC MRI RESULTS. SINCE WE HAVE DONE NOT ONLY CHEMO & RADIATION, BUT ALSO NUTRITION & cannabis OILS, WE CANNOT SAY FOR SURE WHAT HAS GIVEN US THE GREAT RESULTS WE HAVE BUT WE FEEL CONFIDENT THAT HE WOULD NOT BE HERE WITH US TODAY IF IT WASN'T FOR THE cannabis OILS & ORGANIC JUICING! (

THE MEDICAL PROFESSION MUST RECOGNIZE THE BENEFITS OF cannabis & NUTRITION & THEY SHOULD BE THE NEW PROTOCOL IN THE FIGHT AGAINST CANCER & MANY OTHER ILLNESSES. IT CONTINUES TO BAFFLE US AS TO HOW cannabis OIL IS ONLY AN OPTION BASED ON YOUR ZIP CODE. THIS IS NOT ACCEPTABLE & IS CAUSING NUMEROUS PEOPLE TO LOSE THEIR LIVES WAITING FOR IT TO BE LEGALIZED.

PLEASE RESEARCH & STAND UP FOR THE MEDICAL BENEFITS OF CANNABIS AND HELP EDUCATE YOURSELVES & OTHERS (EDUCATION IS THE KEY) SO IT CAN BE AN OPTION FOR EVERY INDIVIDUAL NO MATTER WHERE YOU LIVE!

WE WOULD ENCOURAGE ANYONE TO THINK IN THIS LOGICAL MANNER.

WHEN AS A YOUNG CHILD YOU FELL AND SKINNED YOUR KNEE WHAT HAPPENED? MOM WOULD HUG YOU TELL YOU IT WOULD BE OK AND GIVE THE ADVICE TO NOT TOUCH IT SO AS TO PREVENT INFECTION AND SHE ALWAYS FINISHED WITH THE WORDS "LEAVE IT ALONE IT WILL HEAL ITSELF".

ISN'T IT LOGICAL THAT IF YOU GAVE THE INSIDE OF YOUR BODY THE PROPER NUTRITION AND HERBS IT COULD AND WOULD DO THE SAME THING?

IN CONCLUSION WE WOULD LIKE TO SAY THIS- EARLY ON IN OUR RESEARCH WHEN WE APPROACHED OUR DOCTORS & MEDICAL PROFESSIONALS AND ASKED THEIR THOUGHTS ON CANNIBIS OILS WE WERE MADE TO FEEL AS IF WE WERE DISCUSSING A "TABOO" SUBJECT. ALMOST FEELING AS IF WE WERE BAD PARENTS FOR EVEN BROACHING THE SUBJECT. WE OF COURSE REALIZE NOW THAT DUE TO IT BEING ILEGAL SOME OR ALL MAY HAVE FELT IT WASN'T PROPER OR THEY MIGHT JEPORDIZE THEIR EMPLOYMENT. PERHAPS A VERY REAL FEAR. BUT MAY I SAY THIS- OUR FEAR OF LOSING OUR SON WAS VERY REAL.... HOW SILLY THAT WE COULDN'T HAVE THIS DISCUSSION.

FARMS NOT PHARMS

KEVIN & SHEILA



Precursor B Acute Lymphoblastic Leukemia – In Mom's Own Words

Silas began showing symptoms of being ill back in April of 2013. He was misdiagnosed with constipation, we were given suppositories and sent on our way. It helped a little, but he wasn't getting better. He was lethargic, cranky, he wouldn't eat, was extremely constipated and gassy, he was bruising from every touch, he was having breathing issues, covered in petechiae. He stopped walking and talking all together. He finally vomited blood before they did a CBC.

In the ER on 5-12-13 we were told that Silas had an abnormally high WBC and needed to be flown to SF (300 miles) via flight for life immediately. The ER Dr. explained that his hemoglobin was at 2, he's severely anemic and they thought he may have leukemia. Once at UCSF he had 4 blood transfusions and 4 bags of platelets. He would not have made it much longer if we didn't get that blood into him asap.

After a port placement surgery, a lumbar puncture, and a bone marrow aspirate, Silas was diagnosed with precursor b acute lymphoblastic leukemia, or preB all.

-day 1 5-12-13, lymphoblast count was 90%

-day 8, 12% despite the significant drop, the doctors had expected the count to be zero. So was labeled a slow responder. Chemo wasn't working. He was upped from intermediate risk to high risk and placed on the highest most aggressive protocol. 3 1/2 years of aggressive chemo total.

-day 24, released from hospital, started cannabis oil.

-day 28, blast count zero!! Remission!

-day 32, 8 days on cannabis Silas began taking assisted steps again.

7-2-13 Silas has an anaphylactic reaction to one of his chemo infusions. His blood pressure dropped to 32/20. He turned grey and went limp in my lap. They called code white (life threatening situation). We were ran across the street by an EMT team and rushed into the PICU. We spent 2 nights there fighting for his life and were released with 2 epi pens and a class on how to use them. They have to go everywhere with him, should he have a recurring reaction.



Precursor B Acute Lymphoblastic Leukemia – In Mom's Own Words – cont.

7-4-13 Silas was walking unassisted, speech returned and his vocabulary exploded. As needed pharmaceuticals were eliminated. Neuropathy was reversed and never came back! Silas gets vincristine every month, and neuropathy is a very common side effect. The doctors prepared us for constipation with huge tubs of Miralax that he never needed, future flight for life rides that haven't happened, feeding tubes that were never even discussed later because he always maintained his weight. He even gained 7lbs through 16 months of aggressive chemotherapy, held onto a full head of hair for 7 months. He never had c-diff or other infections that plague most kids on treatment.

While doing the first high dose inpatient chemo, Silas got mucositis, had no appetite, vomited profusely, would get head to toe heat rash with vomiting episodes, diaper rash that turned into chemical burns, and thrush. He was miserable. The next round we went armed with a new cannabis oil regimen and an Aunt Zelda's cannabis healing topical. He didn't have ONE of those nasty side effects. Ever. Again. There were 3 rounds following, 4 total. The aromatherapy was like magic for him and he began clearing his methotrexate levels in record time.

We are now 16 months in, Silas is still cancer free, gained 7 pounds since diagnosis, full head of hair, walking running and jumping, speaking in full sentences and is recognizing letters and numbers. He is just like a normal little boy with super human strength. We credit cannabis for saving our sons life and protecting him from the damage the chemo was doing to his healthy cells. We are so proud of him!!



Precursor B Acute Lymphoblastic Leukemia – In Mom's Own Words – cont.

Silas Tedesco- HIGH RISK ALL Protocol drug list.

- *Clotrimazole- fungal diaper rash from frequent output, hydration for/and chemo.
- *Lidocaine- numb for pokes.
- *Nystatin- yeast diaper infection from frequent output, hydration for/and chemo.
- *Cherry Syrup- additive to crushed meds for taste.
- *Fluconazole- yeast diaper rash from frequent output, hydration for/and chemo.
- *Zofran- nausea from chemo and sedatives.
- *Oxycodone- pain from leukemia, chemo & steroid use.
- *Miralax- constipation from chemo.
- *Ranitidine- stomach acid used with steroids.
- *Mylicon- gas from chemo.
- *Ativan- anxiety, nausea from chemo.
- *Benadryl- nausea, rash, itching from chemo.
- *Magic Mouthwash- mouth sores from chemo.
- *Cytarabine- chemo.
- *Vincristine- chemo.
- *Peg-Asparagenase- chemo.
- *Methotrexate- chemo.
- *Erwinia- Chemo.
- *Doxorubicin- chemo.
- *Thioguanine- chemo.
- *Cyclophosphamide- chemo.
- *Mercaptopurine- chemo.
- *Septra- preventative antibiotic, given each fri & sat of the entire 3 1/2 year protocol.
- *Leucovorin- "rescue med" to flush chemo from major organs faster.
- *Dexamethasone- Steroid used during induction phase.
- *Vitamin D- for repair to level from chemo damage, and to supplement not being able to tolerate full sun while on chemo.
- *Prednisone- steroid used in maintenance phase.
- *Fentanyl- sedation for surgical procedure.
- *Ketamine- sedation for surgical procedure.

