

## Empowering You Organically – Season 2 – Episode 14

Jonathan: All right. Welcome beautiful people to another episode of empowering you organically. I'm joined today as always by my co-host TeriAnn Trevenen.

TeriAnn: Hey everyone.

Jonathan: We have our special guest back, John Malanca.

John: Hi.

Jonathan: Thanks again John for coming back. Listen, if you guys do know who John is, tune in to our last episode where we were talking all about cannabis and THC and the medical uses. You can hear John's story. It's a phenomenal episode. There's a lot of misconceptions out there about cannabis and I just can't encourage you enough to go listen to that episode and then come back and join us for this episode.

Jonathan: Today, we're talking about how do you use cannabis for specific ailments? Whether that's pain relief, anxiety, sleep, stress, diabetes, all sorts of them. And we're gonna talk as well about the differences between recreational use and medical of cannabis. We're gonna talk about different dosages that you can use and some of the different medical speak that's gonna be out there as you go and talk to your doctors and things like that. So this is a very specific podcast, I mean this for you to really get the how tos, of what you need.

TeriAnn: Yeah and let me just say too on our previous episode with John, if you don't understand cannabis and you're wondering you know, "Isn't this a controversial topic." And you're not educated on it, I encourage you to go back and listen for that reason as well. We really talk about the myths around it, what people understand about it, the history. And so I would highly encourage you even before listening to this one, go and get educated with our previous episode and then come back and check this one out. It's gonna give you a lot of good information going into this as well. Really important.

Jonathan: Absolutely. And that's the reality is it's a bunch of misconceptions and this is one of the most versatile plants in the world. I mean, it's been used for thousands of years, it's only the last 100-

John: They say 5000 years.

Jonathan: 5,000 years.

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John: 5,000 years. I didn't wanna cut you off.

Jonathan: You're good John.

John: I'm excited because-

Jonathan: You're our guest and you're welcome to. Let's talk for a second. This was something we didn't get to on that first episode and we talked about cannabinoids.

John: So, you mentioned in the beginning about talking to your doctors. And I think it's really important. It's not illegal, a lot of your followers are probably in illegal states and legal states. So, it's not illegal to have this conversation with your doctor. One question I'd have that I ask for your listeners. When you talk about it with your doctors, ask them if they know about the endocannabinoid system. So the endocannabinoid system, all mammals with a vertebrae have an endocannabinoid system. All mammals, not just human, all mammals have it. And so-

Jonathan: Which means?

John: Which means what its craving is cannabinoids. And what are cannabinoids? From cannabis plant. That's why for 5,000 years plus and probably even further than that. But I think 5,000 years ago was the first noted documentation or transcript ... is that the word, transcript. That people have actually knew how to write and write things down. And so before it was just stories. So the body ... all mammals that have a vertebrae are craving ... have an endocannabinoid system, they're craving cannabinoids which is cannabis.

John: You can also have endocannabinoid deficiency which is the root cause to many diseases which were leading into different types of disease, dis-ease of the body which is pain, inflammation. Inflammation is huge. Stress, you know stress is a number one killer.

John: So I recommend if anybody has tried cannabis before, or has not tried cannabis and they're in pain and they're listening to us right now. Take your own self-check, close your eyes, take a big breath, exhale and just see where your pain level is on a scale of 1 to 10. 10 being the highest, 1 being the lowest and just see where you are. And if you are in a legal state and you have tried cannabis, or you're in an illegal state and you have tried cannabis, just take that to see where you are. And ingest your cannabis if you are a user legally or illegally. Don't take a lot.

And just take a reassessment of where you are afterwards.  
Inhale, breathe out and just see where your pain levels are.

John: Some people can have success with 1 to 2 milligrams, some people need 100 milligrams, I don't think majority people need that. I think you can have success at one to two milligrams, nothing that you're gonna have any psychoactive effect. But it goes into the body, it's incredible. The number one ... I guess we use Google a lot. But the number one Googled term is for pain. And so back in our podcast one that we did, we spoke about the difference the difference with Secret Plant, We did season one which is seven part docuseries, season two which was another seven part docuseries both with webinars as well.

John: And then we just finished our pain masterclass. So we asked our followers, "What do you wanna listen to?" Our followers are over 190 countries, patients 190 countries both medical professionals, government officials and patients who are about to start the cancer masterclass. So cannabis helps ... it's an analgesic it helps with pain, helps with inflammation, helps with sleep, you know, there are so many ... We talked about the different types of uses and one thing that when I'd always speak, I always had the ... I mentioned in podcast one about the duct tape that I showed on our screen. People always ask me, "Is it like 101 million uses like duct tape." And it really is.

John: I don't wanna give anybody false hope. But there are so many benefits of this plant. You don't have to be high to use this plant.

TeriAnn: Let's talk about that for a second. I think that's a really great point. Let's talk about the difference between the medicinal side of it and the recreational side of it.

John: Got you. So in a lot of people's minds the recreational side is a bunch of kids smoking weeds, saggy pants and-

TeriAnn: Getting into trouble.

John: Getting in trouble.

TeriAnn: Yup.

John: Getting stoned.

Jonathan: It's a gateway drug.

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TeriAnn: I think that's a lot of people's perception. Don't even take the medicinal side of it. I think a lot of people just look at it as a recreational use product. It's not-

Jonathan: They think that it being approved for medical use. Is just for a bunch of stoners to get it legally.

TeriAnn: Yeah, yeah, and they just think, all of those things you just said. That's a lot of people's perception of this.

John: And it was our perception when we first got into this. I mean, my wife was, "Come on, give me a break." That's what her idea was, "Give me a break." It's just another legal way of people just to get stoned. And then we were thrown into this with my father-in-law and she was somebody who's never tried cannabis. She was never a drunk. I think she had her first sip of alcohol when she was 33 and we've never ... you know, glass of wine every four or five months is what our alcohol intake was.

John: But for her to see, we were thrown into this as we mentioned, cancer or any disease doesn't discriminate. We were thrown into this for listeners that did not listen to podcast one. We were thrown into this because my father-in-law was diagnosed with stage four lung cancer and I'll just fast-forward the story for the people that did hear it. He's still alive today and it will be 18 years.

Jonathan: He was given two weeks to live.

John: He was given two weeks to live with stage 4 lung cancer, metastasized to his brain. It will be eight years this February. So cannabis, we rolled our eyes to that. We also saw the benefits of this plant.

John: And so back to recreational and medical use, there really isn't a difference, there really isn't a difference, just the laws. California has been legal since 1996, 22 years for medical use. This past year, they passed into law for recreational use, for adults only 21 and over. In our industry, I get a lot of backlash on this because I voted no on it. Blows a lot of people's mind, "How could you vote no on this for recreational?"

John: Because we were so medical that I've seen what it's done in other legal states and hopefully that will change. But in California it's been considered the medical state, where Colorado has been the recreational state. I'm not saying one's better than the other. I'm just saying 99% of the patients who

come to us are true medical patients looking for health, "I have cancer, I have a disease, I need help with this."

John: What the recreational laws have done in these legal states and now happening in California, once they open the door for recreational use. Everybody is saying, "I don't need a doctor. I can just go in. I'm 21, just like going to be a bar and I can order myself a drink. I can go into a dispensary, like going into a 7-Eleven and I'll take that, I'll take that."

John: But they need to realize cannabis is not a one size fits all. Age, weight, current health condition, any medications you may be on should be looked at. I truly believe a pharmacist should be involved, because you go into your pharmacy right now, they have a section where you get it. But they also have a section, "Do you have any questions on this?" And they'll ask you, "What are the medications you're on?" There is drug-to-drug interactions. We speak in a lot of neuropathy groups, for diabetic neuropathy groups as well as cancer neuropathy groups.

John: And some of these patients are in so much pain that they're taking six Oxycodone a day. And then they try cannabis, they do two to three milligrams. And there is a study that shows cannabis can intensify a medication by up to two or three times. So imagine taking six Oxy a day, "I'm perfectly fine." Add two milligrams of cannabis your Oxy is doubled and now you're climbing the walls saying, "I'll never do cannabis again." When it really wasn't cannabis. It was a drug to drug interaction.

John: That is why I truly believe that a medical professional is needed, is why again I voted no on it because I've seen what it's done. It's pushed out ... in other legal states, Colorado, Washington, Oregon, it's pushed out the true medical professional doctor. Because no one's coming to the doctors and doctors are closing shop and either moving to another state or just saying, "They don't need my help to write recommendations or guidance anymore."

Jonathan: I mean it's everyone just trying to self-medicate, right?

John: Self-medicate and-

Jonathan: I guess there's somewhat a place for that. But the reality is, is most people are not ... maybe I'm wrong here. But most people are not recreationally using cannabis anyway. And a lot of people that are likely listening to this are learning for the first

time, or really understanding cannabis and maybe they smoked a joint back in high school, or hundreds of joints back in high school. But now they don't and they're trying to understand the medical use. And just going to the dispensary and grabbing yourself a gram and filling in a pipe and smoking it. That's not the way that you use it for medical.

John: Well, then you have the other side that argues, the recreational user. They say, "Listen, I have stress, anxiety, I'm not on my meds anymore. I'm not drinking alcohol anymore." A lot of people come home from work and have a martini or a glass of wine, and then wake the next day hangover, something like that. They say, "Hey, I'm using it for recreational use. But guess what, I'm hanging out at my house, we're not going down the bars fighting, we're not taking any pharmaceuticals. I'm not getting in my car and driving, crashing, getting a DUI." Which I don't recommend people to drive and use medical cannabis.

John: But in states that recreational laws have passed, DUI numbers have dropped down, opioid addiction has dropped down, opioid overdoses have dropped down. So these census and surveys are showing that it does help patients. Why I personally was against voting this, is because I've seen other patients in different states ... 'cause patients call us at United Patients Group. We have medical professionals who work with patients not only here in the U.S. but overseas, help give us guidance, dosing, formulation protocols, it's not a one size fit.

John: But they're also saying, "I don't have any more doctors in my area." Because the doctors are like, "People are self-medicating and they don't need me anymore." If you need help to sleep, go try it. If you're 20 years old, go try it. If you had too much you're like ... we've all had in our life, being a young kid and you're like, "Oh, I won't do that again."

Jonathan: Sure. Well, it's a little different. I mean I think that we're in the infancy of it becoming mainstream again. It went illegal in the 1937 I think and it's coming back to the main stream. And I'm all for it being 100% legal personally. Whether it's recreational, or medical, or that kind of thing. The challenge here is you don't go to your local grocery store or whatever, and you're feeling some pain and you buy some Ibuprofen, or Advil, or, Tylenol, and there's no dosage on there. You don't just get a bottle of 50 and then you decide, "Well, I'm just gonna take 20 of these 'cause I don't know."

TeriAnn: Yeah, I think that's a great example.

Jonathan: That's where I think your hesitation comes on the recreational side and I agree on that sense. Because you're not telling people, "Okay, well, just go buy some cannabis and you just decide how much you need." Well, I'll tell you right now, you go to your dispensary and you buy some 10 milligram edibles and you've never done it before and you go home and you eat two or three of those, you're gonna be out of your mind.

John: Great point on the edibles. So, your followers that didn't listen for podcast one. There are so many different delivery methods. Edibles is one. Edibles is ... they call medibles, medicated foods, brownies, cupcakes, lollypops, ice cream, drinks, you know, I'm missing it. But anything that you can make a food product they can ... now are making it popcorn, nuts, they can-

Jonathan: We can make it into a butter. You can make with butter. You can-

John: Totally. The thing with that is talking about direction in dosing, everyone is different. I'm a lightweight, I can have a glass of wine and sip on that whole glass of wine. That's all I need, two, I don't feel good. We have other friends who can drink two bottles of wine and go, "Man, I'm perfectly fine." That's not how my body works. I'm sensitive to salt and butters and stuff like that. And some patients are sensitive to cannabis, some people are allergic to cannabis, so cannabis is not for everybody.

John: But back to an edible, the delicious brownie, some the size of a 50 cent piece are 5 milligram dose and some are 100 milligram dose. You get rid of that wrapper you don't know what is what. And sometimes it takes minimum 45 minutes for you to feel anything. So, imagine eating something you're like, "45 minutes nothing, nothing, I guess I didn't take enough." They eat again and guess what, it comes on in an hour, now you have a double dose in you. And this happens to seniors all the time, happens to everybody all the time.

Jonathan: It happened to my mom. My mom just turned 70 years old. She was living in California a couple of years ago ... And I won't go too detailed into this mom so you don't get mad at me. She was having some pain, she was using some pain medication. Wanted to get off of that. Having neighbors that said, "Well, you oughta try some edibles, you know this will help you." So she ate a cookie, or a brownie, or something and 20, 30 minutes later didn't feel anything. Ate another one, and I think two hours later she'd had two or three. And I think her whole night was crazy.

John: Shaking.

Jonathan: Yeah, after that it's like, "I'm not touching that again." And the neighbor was like, "Oh my gosh, you ate all that." She would have gone and saw a doctor and just said, "Hey, help educate me. What do I need? Where should I start?" And it's like, "Well hey, maybe you shouldn't even start with a cookie to begin with. Why don't you try a little tincture, or try a little something here. Let's get it." And I'm gonna get into this for a second. Like, "But let's get the right ratio of CBD to THC so that there is no psychoactive response." 'Cause right now we're talking a lot about this and there's just a lot of people think there's a psychoactive response and there doesn't have to be. That only happens when you take a large dose.

John: Yeah, and you don't need to be high to have successful cannabis, and CBD which is making a lot of headway in the news right now. I think the media has confused a lot of people's thinking. CBD is the medical portion of the cannabis plant, the good portion of the plant, THC is the bad. And so THC, CBD, these are just different types of cannabinoids in the cannabis plant.

John: Currently, there are 113 different cannabinoids that have been discovered and more are being discovered each and every day. Some help with sleep, some help with inflammation, some help with anxiety, nausea, cancer fighters, seizures. You hear a lot of patient's CBD made it to the main stream because of children with seizures, not wanting the kids to get high. Brain development, I'm not a big fan of kids smiling it... and you don't have to smoke it. They're taking oils under the tongue, they're taking droppers under the tongue, they're taking transdermal patches for these patients.

John: There are so many success stories. One of my best friends, his child was Cash Hyde. I know your dog is named Cash. But they're out of Montana. And Cash was the pioneer, literally the pioneer. You google medical cannabis in children, nothing came up before cash. But it wasn't mainstream enough that Today's Show, Good Morning America, Dr. OZ, Anderson Cooper, they would contact him and saying, "Can we get you on it." "Yeah, yeah, yeah, we'll get back to you." And then calling him back a couple of days, "We can't bring in this. It's too controversial enough." Nowadays, child has hiccups and he's using cannabis, "Let's put it on The Today's Show."

John: And so Cash was the first legal medical cannabis patient and youngest legal medical cannabis patient in United States out of



Montana. He had a rare brain tumor. His mom Kalli is a delivery nurse. And so he was in the hospital, he was on chemo radiation. He was on a 49-day-coma, blown up like a Pillsbury Doughboy, the chemo cocktails are on. When he was going to the bathroom, his insides were shading like a snake, that's the chemo was doing.

John: And so Mike the dad went in there. It's like they've said, "Pull him, he's gonna be a vegetable, he'll never make it. Pull the codes and cut. And Mike said ... So he told his wife, "I wanna give him cannabis." And they said, "Are you out of your mind." And they said, "Look at him, he's two years old, look at him." He said, "If you don't let me do it, I'll steal him out of the hospital, and I'll go up the mountains and I'll treat my own son."

Jonathan: I have a two-year-old daughter. And so like-

John: So picture that.

Jonathan: ... you tell me that story and someone is like, "No, you can't do that." And she's already going through chemo. Yeah, I would [crosstalk 00:19:17].

TeriAnn: Well and talking about what state he was in just makes you sick. And it's like we talked about previously you get to the point where it's like, there's nothing you wouldn't do, especially when you see your child like that.

John: So he started putting cannabis oil in Cash's tube, and within hours-

Jonathan: I'm sure I've seen this video.

John: I highlighted him in the Sacred Plant to share the story. And so Cash wakes up and he wanted a cheese sandwich. And they said, "I'll be darned." He goes, "If I knew my son was hungry, I know he has ... and he was in a coma for 47 days. So he started eating, whole family is crying every night and the doctors would leave, he'd put cannabis oil in to Cash's tube. He's two. His pain medication went down to zero, his inflammation went down to a normal 2-year-old kid and he walked out of there, ringing the bell, the cancer bell and they thought, "Look what we did. All this stuff worked."

John: And so Mike was living ... they were from Montana but they were going back and forth to Utah. And so Utah at that time was an illegal state. And so he said, "We can't share." And

everyone was like, "You have to share the story." Mike finally ... they got back home and he shared the story. Three months later, they went back, they were checking and the brain tumor came back. And they said, "I'll be darned, let's do this again." And they started juicing the cannabis plant, which is THCA, which we can go into in a bit.

John: But they put it back into his feeding tube and the tumor disappeared again. So they said, "Oh my gosh, we have to do this on a regular basis as a wellness." So again, you can take this as a wellness preventative medicine just like you would take any of your nutrients. Just as a wellness dose, like you take vitamin [crosstalk 00:21:04]-

Jonathan: any kind of supplement.

John: The laws changed in Montana. So the laws were as legal, then the laws changed to illegal. And at four and a half, Cashy ... November, 14th 2012, Cashy was like, "No more pokes, no more pokes," the exact words. He was kind of tired of getting poked and prodded, poked and prodded. And his last night on earth was at our place in Montana. You know but it's been tough seeing death especially in a child, you having a two-year-old. But Cashy was the leader of people saying, "Oh my goodness, you can give this to children and have success."

John: So they started a foundation called the Cash Hyde Foundation for pediatric cancer. So you can take a look at that. They were one of the main families in the Sacred Plant. I know we got off track here.

TeriAnn: I think that's a great segue. That's one of the places where people have a misunderstanding of where it can be used and how it's being used. And we wanna talk a little bit today about ... and that's an incredible story and I know you have a lot of stories like that. We wanted to talk about some of the uses for it. And one of the things I wanna talk about. Very first you mentioned it in Cash's story is inflammation and inflammation is our body's ways of telling us something is wrong. And often times it's the beginning phases of knowing there's something else going on or warning you that you need to correct. So talk about cannabis and inflammation.

John: So one cannabinoid is THCA and the A is for acid, the acid form. So just like you would juice wheatgrass, you can juice a cannabis plant. Before it's heated, it's non-psychoactive. So you can juice it. If you have a cannabis plant ... not too many people have a cornfield of cannabis plant. But there's a famous doctor up in

Northern California who brought this to the public and his name is Dr. William Courtney. His wife Kristen had a major autoimmune disease. And they said, "You're toast. You'll never have children and you probably won't be on this earth for much longer."

John: Anyway, he is a major cannabis ... was activated and a doctor and he said, "You know juicing the cannabis plant, non-psychoactive. So she was juicing it, putting it in blenders and doing everything else like that. There's a great story so if you're ... again, I always go throw it back to Google. But she's alive, they have children now. So they're the ones that brought juicing the medical cannabis to the forefront. So that's great for inflammation, great for inflammation which is a lot of cases a root of disease and dis-ease in your body.

John: And so there are now lot of companies that make THCA tinctures infused in coconut oil, MCT oil, grape seed oil. The one thing about this and I chuckles, is because, if you ... a lot of women will keep it in their purse. I can share a story, we had a nice stand, but if it hits up, it will convert to THC. So a lot of patients will have it in their purse. You leave anything in your car or even a bottle of water-

TeriAnn: It's gets warm.

John: ... in your car. You know, "Oh, great," and come back, it will convert. So there's one day we had it on our nightstand at home and a new bottle and I would take it in the morning and I go to work. The next day, take it in the morning, go to work and there's one day I get to work, I'm feeling something. So I go into office and I say, "Karin, that bottle, What was it? She goes, "THCA, non-psycho ..." I said, "I'm feeling some right now." Well I didn't realize, we would leave in the morning where it was dark and we'd come home and it was dark and the sunlight is moving across the room by the bed side stand and it was in the sunlight and it converted to THC.

John: So, I think if you are gonna have medicine ... we don't have any kids around. But I advise everybody if you are gonna have this medicine around keep it in-

TeriAnn: In a cool place.

John: ... your refrigerator, or in a cool place, or in the dark place, away from kids, away from pets, away from others that come into your home.

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Jonathan: Like you would any other medicine.

John: Any other medication.

Jonathan: That's the things here and that's where I'm hoping this podcast and hundreds of other podcasts and interviews and your docuseries with the Sacred Plant does. Is it educates that this is medicine. It's a serious medicine, it's not high schoolers using it as a gateway drug to get high. This is a real medicine that is healing hundreds of thousands of people around the world and it's truly healing people.

John: Research, if you do wanna watch our series Sacred Plant, you can go to my website on [unitedpatientsgroup.com](http://unitedpatientsgroup.com), go online research the endocannabinoid system, talk to your doctor about the endocannabinoid system, ask them if they've studied this in medical school. Unfortunately, they don't talk about this in medical school.

TeriAnn: It's not surprising, isn't it?

John: Yeah, it really isn't.

TeriAnn: No.

John: When we do our seminars, our conferences, we have partnered ... we are the first cannabis company that partnered with the California State University, we did Day of Education for that. We're the first cannabis company that's partnered with education, with pharmacy organizations. Like it or not, it's coming, this type of medicine, this type ... just like chiropractic you know. I have chiropractors in my family. I'm a big fun of chiropractor , I'm a big fan of health. But chiropractors back in the '60s and earlier, even in the '70s were quacks, "Doesn't work, doesn't work, doesn't work."

Jonathan: Well, prior to that, it's what everybody body practiced and then it went through a period when mainstream pharma and medical is like, "Oh, that's all quackery." The same thing has happened to cannabis.

John: It has.

Jonathan: And now we are ... I mean, most of us know we go to a chiropractor, we go get adjusted, take a big deep breath again, feel good again, get your stuff realigned.

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John: Realigned.

Jonathan: It's gonna be the same thing with cannabis.

TeriAnn: Well yeah, they're running a business and all these natural ways that you can do it, so much cheaper and preventative medicine.

Jonathan: It prevents profits.

TeriAnn: Prevents profits and so it's not surprising. This is such an important aspect of our body. But no one is being trained on it.

John: And slowly but surely people are becoming trained on it. A lot of the universities now are talking about and doing it. I think even Harvard has done some conferences. We do our conferences. I don't want anybody to think this is the golden pill in plants as I mentioned in the podcast we did a while back. It doesn't work for everybody.

TeriAnn: But people should be aware of their options.

John: They should be aware of their options.

TeriAnn: And they should be educated on everything that's out there.

Jonathan: That's the most important thing.

John: Educate-

TeriAnn: I mean, that's the reason we do this podcast. Is people don't have all the information that they should. So you can make an informed decision if you don't know.

Jonathan: And if you choose to use it, great. If you choose not to, that's great too. This is your body but to not have the information is where we're failed as a society.

TeriAnn: So we've talked a lot about cancer and how people can use it for cancer and not only the first episode, but now this episode. And there's a few things I wanna touch on. One of the issues that this can really help with is sleep. So, let's talk about sleep and cannabis.

John: So, sleep alone is the root for a lot of disease. A lot of fibromyalgia patients. You know, it a domino effect. You work on your sleep, it'll help with pain. A lot of doctors who work with ... that's the first thing they say, "How is your sleep?" For

fibromyalgia patients. "What's your sleep like?" Let's work on your sleep, and it will be like I said, a domino effect on what-

TeriAnn: Sleep is so important.

John: Sleep is very important.

TeriAnn: We've talked about that, and just how critical it is.

John: It really is. And so a lot of patients come to us and say, "I have anxiety. I have depression. I have stress." The first thing I ask, "How's your sleep?" Look at your sleep see if everything ... How many times have we lost sleep and the next day your anxiety is up, your stress is up, and your mind's not working at it's full capacity. And so sleep, that's another ... Earlier we talked about one of the number one uses that people come to us with is pain. But I think sleep is a big thing as well.

John: When Corinne was battling cancer, we tried to get her to sleep as well. Just so your body can heal. So cannabis ... I just recently did something with M.D. Anderson and they said, "Less than six hours, and more than nine hours of sleep is bad." And so I think the sweet spot is of course six hours, seven hours, eight hours. I don't always get that. I don't know about you. But-

Jonathan: I wish.

John: But a lot of patients use cannabis for that right about an hour before bed, once so if they have a psychoactive effect, that they're not wanting, they can sleep through that. But two, it just helps them sleep, and when they wake up, they're not groggy, they do not feel like melatonin. I used to use melatonin and you have some crazy dreams on melatonin. Now I use L-Tryptophan. Like we have in ... do you guys sell that product?

Jonathan: We don't.

John: No. But I use that. I think it's 500 milligram, you know natural but I wake up perfectly fine. And a lot of patients use cannabis for the same things where they can take it. They fall asleep naturally, they wake up and they're not groggy. A lot of pain patients will use it before sleeping. Some will take in edible, we talked about edibles. But they'll do that. And sometimes they wake up in the middle of the night. We recently just did a thing on sleep and pain with our pain masterclass.

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John: Having the right mattress is important. Not having caffeine after a certain amount of time, not watching TV and having ... what is it? The blue-

Jonathan: Blue light.

John: The blue light. I'm guilty of the blue light. I like having noise, but I like falling asleep with the TV on and-

Jonathan: TVs, phones, all of it. There's a lot of things that definitely affect sleep. How does cannabis affect your REM sleep? I mean it's-

John: So, as I mentioned earlier, you have Indica, Sativa and the different hybrids, I will just go start with the three basic there. So, Indica is one of the varieties of different ... it's a variety of cannabis. Just like you have red, white and blush rose wines, the same thing. And I always use that 'cause I think people can understand about different varieties in cannabis just like you can with wines.

John: So you have Indica, which is a variety ... a certain type of a plant that helps for sleep, body pains and a lot of patients are in pain and it helps for sleep. Indica ... Remember when you were a kid and you have your left and right hand. "Oh, it's your left hand. Oh it's a L for left." So Indica and a lot of people to make it easy, Indica, in the couch. Meaning I should relax and I'm gonna fall asleep. And so a lot of people use that at night time for sleep.

John: Sativa, which is more of an upbeat daytime use. So people use that in the daytime, they can be active. You'll do that and then you have a hybrid.

John: So for sleep what I would recommend, what we see is people using Indica for night time dosing, more of a relaxation, sedative if you wanna say. But no side effects, there's not one reported death of medical cannabis. You can't say the same for alcohol. You can't say the same opioids.

Jonathan: Definitely can't say it for opioids.

John: And so-

Jonathan: For any pharmaceutical.

John: For any [crosstalk 00:33:05].

Jonathan: So, let's talk for a second. Because as people go and they talk to their doctors, I mean here's the challenges. They're gonna talk to a doctor and the doctor's not gonna know. And so the person can say, "Well, my doctor doesn't know enough about it. So it must not be good." How can we educate our audience? Let's give them some things to understand. So when they do talk to a doctor, they can find if that doctor really knows what they're talking about or not.

Jonathan: And let's talk for the first one ... Let's talk about ratios. 'Cause you've mentioned that before outside of the podcast and I wanna make sure that our audience knows that.

John: So ratios are THC:CBD ratio or CBD:THC ratio. A lot of companies ... I know now probably a lot of your listeners have seen CBD. So that's a CBD dominant. They can have 0.3 THC and they're not enough for you to feel anything. But there are a lot of companies in legal states in California ... I'll use that example, where before eight years ago when we got involved in this, you would see all the products would have a 4:1 ratio, a 2:1 ratio. And the 2, the first number was always THC:CBD, now a lot of these companies have said, "You hear a 2:1 ratio, 4:1 ratio, 8:1 ratio, 16:1 ratio is CBD:THC." So for our listeners here, always ask what that first number is. Don't be afraid to ask that question, what is that first number?

Jonathan: You're good that's exactly what we wanna know so-

John: So how important ratios are, so just because my father-in-law had stage four lung cancer metastasized to his brain, his ratio was four parts THC, one part CBD. Cannabis is not a one size fits all, other seniors 77 at the time, I have seen with lung to brain cancer, I've seen them have success with a 1:1 ratio which is 50:50, THC: CBD or CBD:THC. There's one company in the world which you're hearing now, it's a pharmaceutical company called GW Pharmaceuticals, which makes a cannabis non-synthetic. So there are synthetic THC out there which is called Marinol. The only health benefit there for cancer patients is that it helps with nausea and some pain, but it is synthetic canniba, and it has side effects.

Jonathan: We've talked a lot about synthetic-

John: Have talked about Marinol.

Jonathan: Not that specifically, but synthetic supplements versus wholefood supplements right? There's a big difference when



you go to your store and you buy just some cheap synthetic and how well your body can actually process it, and use it, and the side effects versus just using the wholefood which would be the same thing as getting just a real cannabis-

John: Product and I call that whole plant medicine.

Jonathan: Exactly.

TeriAnn: Well let me ask you a question on that 'cause I've been thinking about that for the last few minutes, we talked to people about being educated on how your supplements are manufactured, the source of the ingredients, there's not a lot of companies out there who care a lot about what they're doing. They're just caring about what they're making off from the product. How do people who are interested in cannabis do their homework and their research on reputable companies that are creating clean quality cannabis that they can use, what do they look for?

John: So first off, if you live in a legal state or you're traveling as we talk about cannabis refugees and before you actually uproot your family and yourself and your life and your job and your doctors and everything, to move to a legal state. If you're in a legal state like Texas and you wanna see if this even works. My advice before you move, or break the law and have it illegally sent in here, go to a legal state, obtain it from a legal reputable location, ask for test results. Test results should be mandatory, they aren't in all states. But they are to be going in that route, you are putting this plant and this medicine into your body so you should know what you're putting into your body.

John: So you're not responsible for getting the test results, the people you're purchasing your medicine from are, dispensaries or rather almost like a compound pharmacist ... I use that term loosely, but there's some great companies in this industry that test their products. They test for mold, pesticides, fecal matter, making sure that the ratio is the same. There are some great companies that will test their product before in its flower form. And then when they're making it into the medicine, they test it again to make sure the formulations stay the same. They're a lot of hemp companies ... Again I'm not ... I'm still on the fence with hemp so be careful because a lot of the hemp, CBD companies are manufacturing and producing this stuff in China and other in Canada, in Europe.

Jonathan: And let's clarify for the audience the hemp ... Hemp is the male version of the Cannabis plant correct, and Cannabis is the female version which gets the flower, or I'm I wrong on that.

- John: Yes and no. I'm not a big hemp expert and I think you can have both in the hemp plant, I could be completely wrong, so if anybody's out there who wants to educate me, I learn every day so I'm not telling you that I know everything and that's it. But there's a lot of ... there are different regulations in different countries. Hemp in the back day was always called ditch weed or mock weed and the reason it got that name was if there was a toxic spill which happened in Nevada numerous times with nuclear waste way back when, they would grow hemp. It would suck up the toxins in the ground. They do a couple of rounds of that, and then they go. Next thing you know they're dirt clean and they're farming on it, they're building homes, they're building schools and playgrounds.
- John: So hemp in history has been known as mock weed. It will also suck up a lot of metals and pesticides and other different toxins in the earth. Not saying anything bad about China hemp, but they're finding that there are pesticides and metals showing up.
- Jonathan: Simply from being in the soil.
- John: In the soil, and so if you are gonna go and you're stuck in an illegal state and your only option is a hemp product, I would go with a US-based, US-grown hemp product, but I'd ask that company to see the test results. If you're in a legal state the same thing ... finding a THC product, cannabis product. You wanna see the test results, ask them to see test results. If they don't have them and you're getting it at the dispensary, contact the manufacturer. "I wanna see the test results."
- John: If they don't have them go to another product, there are a million other products out there just like your supplements products. But you wanna find the company that has tested the product. Make sure that it's a recent test, don't use something that's been around, "Oh I have something from January 2017." "Okay, what have you guys been doing. Has it been-"
- TeriAnn: No and it should be tested regularly, we have to test our products regularly because you have to make sure that those ingredients are still clean every time you go through a new batch of products, then you need to know that that's still clean.
- John: Read the label, we do seal of approval for top companies, top organizations, top products in the industry, top doctors, top dispensaries.
- Jonathan: Who's we?

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John: Sorry our company, United Patients Group.

Jonathan: And so is it [unitedpatientsgroup.com](http://unitedpatientsgroup.com)?

John: I should give you, [unitedpatientsgroup.com](http://unitedpatientsgroup.com), we don't sell products but we're a patient advocates, we have medical professionals on staff that do consultations not only here in the U.S. but overseas via phone or video. We don't sell products, we don't have any ulterior motive to say, "Oh, you need this by the way." [crosstalk 00:41:08]-

Jonathan: Come on sell us one.

John: We don't do that.

TeriAnn: Just a place people can go for help and guidance

John: So this is a place where they come, "We need your phone or video guidance," and your own doctor is ... we always invite a family member, which we do recommend. And if your doctor is open to it or not, please invite them in. So we have a lot of doctors saying, "I need to learn, I wanna know what's going on." And I think everyone's on the same page 'cause this is their patient so why not be on the same page of conventional medicine with alternative medicine. All of our medical professionals come from a conventional medicine background who specialize in cannabinoid therapeutics.

John: And so with that, talking about the formulation and doses and ratio, it's not a one size fits all. You have to look at age, you have to look at the weight of the patient, my father-in-law who is in wasting syndrome. If we would have given him the gram amount that we talked about, he would not be here to day. He had a heart arrhythmia, so we could not give him a Sativa strain because it would have speed up his heartbeat. So you have to fine-tune.

John: Hopefully one day it will be like cancer, you know, hopefully one day, "Here you have this, take this. You have this, take that." So it's not like that, you are finding the sweet spot. So back to age, weight, current health condition. What are you battling, each cancer is treated differently, breast cancer. You have so many different types of breast cancers. Some breast cancers need a higher CBD ratio over a higher THC ratio.

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- TeriAnn: When you talk about people being on other medication and then adding this and to remain careful with that, so I think there's a lot that goes into it. You have to be really careful.
- John: It is medicine, you know, and so have this talk with your doctor, have this talk with the doctor if he or she has even researched into the cannabinoid system and cannabinoids. So we've talked about the docuseries, The Sacred Plant, that I host. It's great hearing patients saying, "I was in my doctor's office and they have your docuseries on a loop, or I have doctors, we speak in international oncology conferences every year, and they say, "You know what, we have your docuseries on a loop in our office."
- TeriAnn: Yeah, people are just becoming more aware. This has been so insightful for me and I have a lot of knowledge and background behind this just because of what we've been through and gaining knowledge through content, but I think this is gonna be very informative for people. But I think this is another thing where it's coming back to the forefront of people's minds. It's no longer just going to be a controversial topic, it's gonna be a well known topic and people are gonna be talking about it in a way that this can help you but you have to be careful just like all things. Too much of anything can be detrimental.
- John: Too much water can be detrimental, you know.
- TeriAnn: Absolutely, but the great thing about this and what I'm walking away with is, this is meant to be a part of us. The cannabinoid receptor we talk about, there are so many issues that this helps with, seizure, sleep, anxiety, stress, cancer, diabetes, auto-immune disease, pain, inflammation. The list goes on and on and on and it's just all about that education, what works for you, what doesn't work for you.
- TeriAnn: And this is something people need to be educated on and there's resources out there to learn more. The Sacred Plant is one of them, you know, you talking about the advocacy and the guidance that people can gain from what you've been doing. And this is something people need to listen in to, something they need to get educated on.
- John: You don't have to be sick to use medical cannabis, you can use it prevention, you can use it as a wellness-
- TeriAnn: Great point.

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- John: It's great for inflammation, it's great for sleep which are the root cause for a lot of other disease. Don't wait until you're terminal, don't wait. Get educated because I can't tell you how many patients we've had over the years that said, "You know. we saw the Cash Hyde story, and now my child without even knowing is going through this, and this allowed us to take the next step, watching the Sacred Plant. I was so on the fence, I was so anti-cannabis until we saw your docuseries on the benefits and the science behind all this, and now I'm a major advocate, I've changed my whole life on this."
- John: "My wife and I, cannabis was not our lifestyle we're thrown into this because my father-in-law was diagnosed with stage four lung cancer, metastasized to his brain, he was not eating, we did not know the medical benefits then, but we came across a study that showed 40% of cancer patients pass to malnutrition before cancer takes over. And so, that's where we were and so we asked his oncology about cannabis for appetite stimulation, not even knowing true medical benefits.
- John: And after we research and research and research his appetite, he started eating 24 hours later. And he continued to eat, he got his energy back, his complexion came back, his mood came back, his pain started to diminish. The next thing you know he's walking, shuffling, I should say, around the house. So we said, "Wow," he's like, "Well something is working." And we thought, "Great, he'll pass peacefully, he made it through a week." Our doctor gave us two weeks.
- John: Two weeks came, then six months came is when hospice fired him, and they would come over and just play cards. And it was kind of a joke like what do you ... "Well we're playing Gin rummy." And they finally said, "Stan I think you ... We're gonna have to fire you." And we laugh about the term fire. He got fired from hospice but that's basically what it is, it's like-
- TeriAnn: How many times do you hear that story, you don't, you don't
- John: It doesn't.
- Jonathan: So, to wrap things up here and I think the key here is, do your research, get educated and you can watch John's docuseries, [thesacredplant.com](http://thesacredplant.com). You can go to his website is well [unitedpatientsgroup.com](http://unitedpatientsgroup.com). Go to Google and start searching. Listen, Cannabis is not a dirty word, it's not an illegal word right, you can search cannabis on Google and you're not gonna have the alphabet boys knocking on your door 20 minutes. You can go search, get educated, understand all of the benefits of

Cannabis and understand all of the benefits all of the uses. And get very educated because there's too much misinformation out there.

Jonathan: And I even encourage you when hear other people putting out misinformation, challenge them. Challenge them on what do they know, what research have they done? Are they just repeating something that they've heard for the last 30 years because that's what somebody has said about cannabis.

John: It's not illegal to ask your doctor about cannabis.

Jonathan: I love that.

John: And ask your doctor about the endocannabinoid system, do they know about the endocannabinoid system? If not do a print out offline and say, "Here, I'd like you to read this." There's a lot of information out there, it's a lot of good information, a lot of bad information on any topic. But do your research.

Jonathan: Talk to a doctor. This is medical use, I mean, yes you can self-medicate if it's something simple like maybe I wanna sleep a little bit better or something like that, you can go try it right, why not, but really-

TeriAnn: Do your research behind that too though, I think you have to have your information right as well.

Jonathan: Exactly go talk to a doctor and figure out exactly what you need and try it out and try out the different ratios, try out different dosages.

John: And back to what you were saying, self-medicate, be careful with that, I'm not the one to say, "Titrating off your medication, go cold turkey because a lot of patients have been taking a sleep aid for years over the counter as well as prescription." So it's important to meet with someone who knows about titrating off medications whatever route you go. If it's, you know, you wanna get off your medication and you wanna go cold turkey, I think talk to your doctor about that anyway. If you wanna incorporate medical cannabis into titrating off your medications, talk to a doctor who knows medical cannabis.

TeriAnn: But when you said, you know, a few years ago and beyond, people weren't really educating on this in the medical field but now it's becoming more common. And so you're going to be able to find a doctor out there who can talk to you about this.

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Search until you find that, find someone who will talk to you about it.

Jonathan: If your current doctor doesn't know, go find one that does.

TeriAnn: Yeah absolutely.

John: Or ask him if he or she can recommend somebody that they might think may know because I think all doctors know, "Okay, I know Mr Jones down there is a little more open alternative to medicine than I am." I bet you a he or she would know about that. You were mentioning about how the topic before, a lot of doctors didn't talk about it so Karin and I would do a lot of medical conferences, we're the only cannabis company that they would invite. And we'd do trade show booths. We did pharmaceutical or pharmacy I should say, not pharmaceutical, pharmacy conventions, and the first couple of years people would walk by our booth like, "I'm not looking, I'm not looking."

TeriAnn: Couldn't forget you.

John: You know you have one or two straddlers and-

TeriAnn: So taboo, yeah

John: And now our booth is swarmed, "What information can you give us? talk about it and help us educate." Now they're saying, "Can you do a conference with us?" So, that's why all of our conferences are approved for CME by the AMA giving continuing medical education credits. Doctors and medical professions every year have to get a certain amount of credits, why not get it on something that their patients are starting to ask about right now. So-

TeriAnn: Thousands of years it's been around and it's gaining movement again, it's awesome.

Jonathan: Excellent I gonna plug one more time just so that people get it, you can go to [thesacredplant.com](http://thesacredplant.com), [unitedpatientsgroup.com](http://unitedpatientsgroup.com), You can also go to [empowringyouorganically.com](http://empowringyouorganically.com) to get the transcripts, the show notes, cleff notes, the links to everything that we've talked about here. And you can watch us on video, you can download the audio, so, however you want to enjoy these podcasts. Thank you so much John for joining us.

John: Thank you both, thank you very much.

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TeriAnn: It's been awesome, thank you.

Jonathan: Thanks TeriAnn, thank you everybody who's listening on the airways, thanks everyone.

TeriAnn: Thank you.