

Marijuana, Apathy and Chinese Medicine, Part 2

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A talented young woman presented herself with emotional mood swings, which included being nervous, anxious and jittery. The mood swings were related to confidence and lack of confidence to perform her work, to move ahead or retreat and procrastination was her leading problem. She was frequently and easily overwhelmed with more than she could do, which involved profound crying spells and the inability to function.

At this point, she was more affected by the misery of retreat than the fear of moving ahead, and while she regarded marijuana as her friend that made it possible for her to survive and function, it was now a matter of saying goodbye to a friend that had become her enemy. Furthermore, marijuana was her excuse for not living up to her potential. She felt that if she stopped using marijuana and failed that it would be devastating to her psyche. However, she noted that upon less use of marijuana, she was able to accomplish more. She came as part of "making a journey into understanding myself."

Related symptoms included increasing fatigue during the day with extreme agitation and restlessness at the end of the day, or the inability to focus on any one project. Apart from marijuana, bicycle riding at great speeds also helped her to leave everything behind.

While there were other symptoms, most relevant among them included nausea and abdominal discomfort with yellow sticky phlegm, including a "plum pit" sensation, and bowel movements that alternated between constipation to loose and floating. An earlier diagnosed Gallbladder Damp Heat condition (related to liver function discussed below) was successfully treated with Warm the Gallbladder Decoction.

Most prominent on her pulse was the left middle position that had constantly shifting qualities, empty quality (separating at the blood and organ depth), flooding excess and slipperiness, indicating a separation of *yin* and *yang*, and a Retained Damp Heat condition. Both the constantly shifting and empty quality are signs of severe separation of *yin* and *yang* of the liver, and characteristic of people using large amounts of cold substances, such as marijuana.

Her dilemma reached crisis levels when her family offered her the opportunity of leaving a profession she loved for one that she did not. However, this new opportunity would give her greater prestige and financial reward. It would also separate her from her partner of whom her family did not approve. She agonized over this and finally took the advice to stop using marijuana for three weeks to see how this might affect her decision making. With support from sober friends, she was able to accomplish this, and realized for the first time that she could successfully sort out issues and make firm decisions for the future.

Overall Diagnostic Concept

J., a serious and dedicated 25-year-old woman who was born with a mild constitutional Kidney Yang-Essence deficiency and Heart Qi deficiency, tried to solve her life problems, one of which was

a pernicious attachment to her mother, by using marijuana to deal with her stress. The excessive use of marijuana led to a greatly weakened liver (separation of *yin* and *yang*), depleted the moving function of her deficient Liver Qi-Yang, easy fatigue, erratic short and long term performance and low self-esteem. Vulnerability to infection is also enhanced as evidenced by flooding excess quality on the pulse.

Smoking marijuana for many years had created Lung Qi Stagnation, Parenchymal Damage and Lung Qi deficiency. There was also Spleen Qi deficiency with lingering consequences, especially the Spleen Damp Cold-Hot condition.

J.'s greatest dilemma was to overcome her dependence on marijuana, which she had been using to deal with her dependence on her mother. Additionally, her goal was to transform the bond she had with her mother to a different person, and to deal with her fear of failure, humiliation and disapproval. Secondly, she needed to strengthen, open and clear her heart in order to feel free and find joy in life.

Engaging a patient in a caring, respectful and honest way is a prerequisite to dealing with the awareness the patient may need to deal with the effect of the cold substance as related to their problems (fatigue, lassitude, procrastination, inability to act). This is a major challenge in a culture where marijuana use is considered the social norm.

CONCLUSION With Regard to SOCIETY

This country, the richest in the world, is number 38 with regard to health care and number one in health care expenditure. The United States is number 21 in the world with regard to education achievement, the same as Lithuania. We are not facing what is happening to our youth or future, but instead we are creating generations of people who cannot cope with the endurance of pain for gain, and who feel entitled to have what they should actually work for.

While I identify with the drug epidemic, and especially marijuana as significant contributors to this colossal degradation in our social fabric, I am of course aware of so many other contributors. All of these are correctly and hotly debated in the social-political arena with little result. I am avoiding that necessary deliberation here in order to focus on one facet that I consider very important - marijuana, as it has been a silent destroyer for 50 years. Three generations of our young people, to tolerate the inter- and intrapersonal frustration inherent to difficult long-term tasks. And now one of those generations is no longer young. Today not a few of these are introducing this drug to their young children, actually and not infrequently.

As mentioned above, during this period a narcotized working class, middle and lower, has lost its earning ability and its capacity to fight to keep it.

Freedom and justice have always had a price that was an active and usually painful effort. Marijuana has enhanced the 'feel-good society' in which those freedoms and justice for which we must struggle feel less urgent. The dire fate of the middle class in the last 40 years in which the richest one percent of the United States now own more wealth than the bottom 90 percent. The gap between the top 10 percent and the middle class is over 1,000 percent; that increases another 1,000 percent for the top one percent. The average employee needs to work more than a month to earn what the CEO makes in one hour. A 2011 study found that U.S. citizens across the [political spectrum](#) dramatically underestimate the current U.S. [wealth inequality](#) and [at the same time enigmatically] would prefer a far more egalitarian distribution of wealth.

Wealth provides for both short- and long-term financial security, bestows social prestige, and

contributes to [political power](#), and can be used to produce more wealth. Hence, wealth possesses a [psychological](#) element that awards people the feeling of agency, or the ability to act. The accumulation of wealth grants more options and eliminates restrictions about how one can live life. [Dennis Gilbert](#) asserts that the standard of living of the working and middle classes is dependent upon income and wages, while the rich tend to rely on wealth, distinguishing them from the vast majority of Americans. A September 2014 study by [Harvard Business School](#) declared that the growing disparity between the very wealthy and the lower and middle classes is no longer sustainable.

The important question relevant to this discussion is why neither the middle-class nor the more penurious lower classes do anything. I am 90 years old and recall that as a younger man there were incredible struggles by people organized in union fights in the streets and died for a better life for themselves and their children.

It is my experience that the change between the working classes struggle for a just and fair existence, which began in the mid nineteenth century, ended with the obvious approval by those most affected who voted for a president who broke the unions and their chances for a reasonably fair and decent percentage of the national wealth.

America, the human race, wake-up; marijuana and the narcotizing and stimulating stable of recreational substances, is devastating you as it soothes you into a permanent deep slumber.

Literature, Discussion

Mentioned above, one problem stated in the literature is that it has been difficult to obtain enough marijuana of uniform strength and quality to conduct large-scale research.

Most of what we read in the media states that marijuana is medically innocuous. Therefore, I was surprised that the majority of research documents that I found online indicated that marijuana is a serious medical problem.

In terms of usage, the ubiquity of the abuse of both prescribed and recreation drugs is simply incredible, increasing overall since the 1960s by a huge percent. According to Wikipedia, in the 1960s, the number of Americans who had tried marijuana at least once increased over twentyfold. In 1969, the FBI reported that between the years 1966 and 1968, the number of arrests for marijuana possession, which had been outlawed throughout the United States under [Marihuana Tax Act of 1937](#), had increased by 98 percent. Despite acknowledgement that drug use was greatly growing among America's youth during the late 1960s, surveys have suggested that only as much as four percent of the American population had ever smoked marijuana by 1969. By 1972, however, that number increased to 12 percent. That number would then double by 1977. (I refer you to the article on Wikipedia called Recreational Drug Use for exact citations.)

I especially refer you to a recent book called 'The Teenage Brain' by Frances E Jensen, M.D., a neuro-scientist, professor and chair of the Department of Neurology at the University Of Pennsylvania Perelman School Of Medicine in which she discusses the debilitating effects of marijuana in teenage brains. Unfortunately there is no room here for an in-depth review.

Editor's Note: For a complete list of references and to view part 1 of this article, visit www.acupuncturetoday.com.

