

Cannabis for medical use

Leoš Landa

Cannabinoids

Group of 21 carbon terpenophenolic compounds uniquely produced by hemp plants



NEED FOR A CHANGE OF THE ORIGINAL MEANING

Development of synthetic cannabinoids

Discovery of endogenous cannabinoids (endocannabinoids)

Cannabinoids

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graph TD; A[Cannabinoids] --> B[Phytocannabinoids]; A --> C[Endocannabinoids]; A --> D[Synthetic cannabinoids];
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Phytocannabinoids
= substances contained
specifically in hemp

Endocannabinoids
= natural cannabinoids in the body of
animals and human beings

Synthetic cannabinoids
= artificially produced

Phytocannabinoids

subclasses according to Elsohly et al. (2005):

- 1) cannabigerol type
- 2) cannabichromene type
- 3) cannabidiol type (CBD)
- 4) Δ^9 - trans-tetrahydrocannabinol type (THC)
- 5) Δ^8 -trans-tetrahydrocannabinol type
- 6) cannabicyclol type
- 7) cannabielsoin type
- 8) cannabinol type
- 9) cannabinodiol type
- 10) cannabitriol type
- 11) miscellaneous types



<https://cs.wikipedia.org/wiki/Soubor:HanDev.jpg>

Lumír Hanuš

William Devane

anandamide (N-arachidonoyl-ethanolamine, AEA) (Devane et al. 1992)

name based on the Sanskrit word 'ananda' (internal bliss)

2-arachidonoyl-glycerol (2-AG) (Mechoulam et al. 1995)

N-arachidonoyl-dopamine (NADA) (Bisogno et al. 2000)

noladin ether (2-arachidonoyl-glycerol ether, 2-AGE) (Hanus et al. 2001)

virhodamine (O-arachidonoyl-ethanolamine) (Porter et al. 2002)

Synthetic cannabinoids

Main purpose:
study of distribution and pharmacological
properties of cannabinoid receptors

HU-210 (CB₁ a CB₂ receptor agonist)

methanandamide (CB₁ receptor agonist)

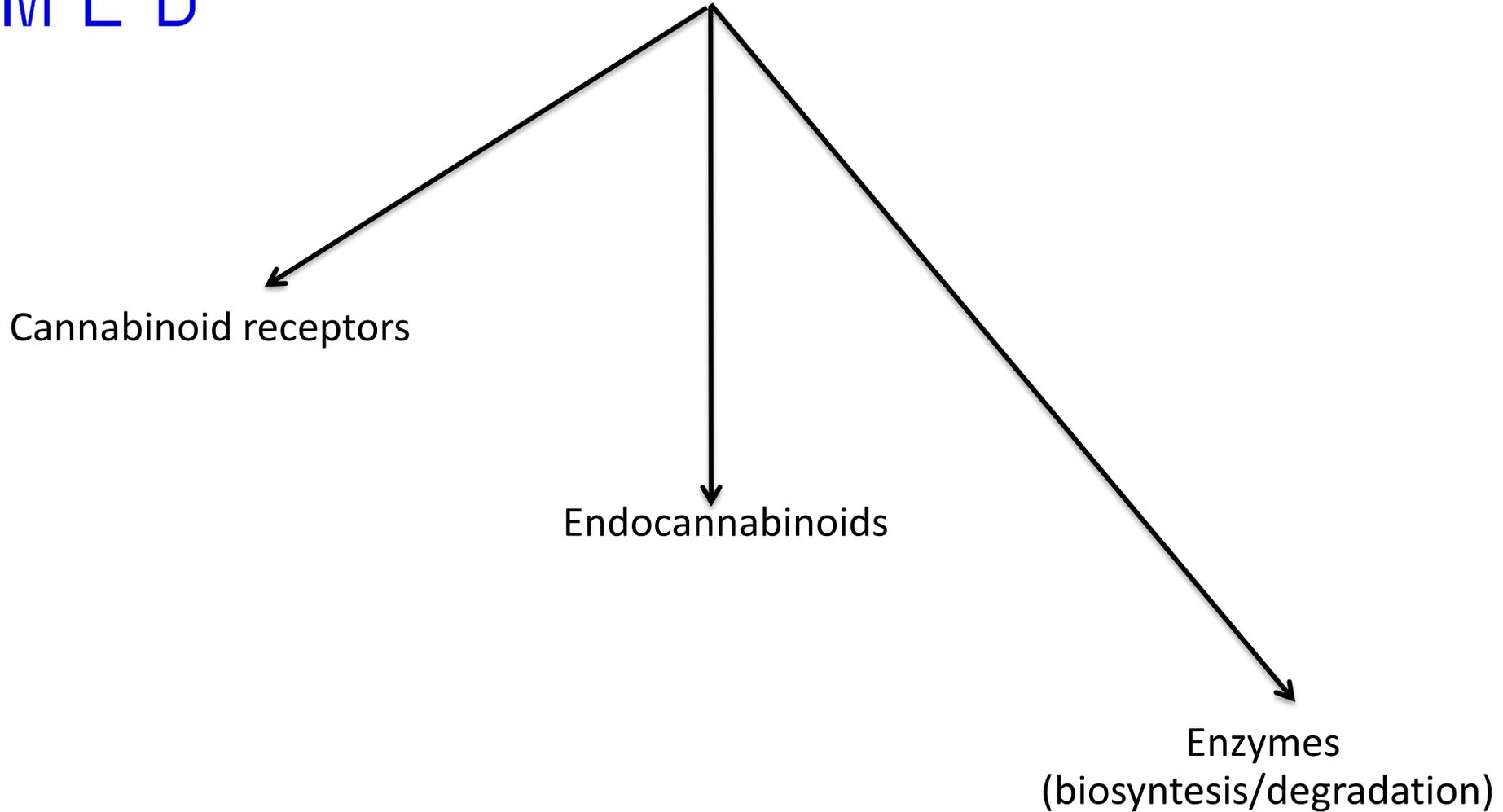
CP 55,940 (CB₁ a CB₂ receptor agonist)

WIN 55,212-2 (CB₁ receptor agonist)

JWH 015 (CB₂ receptor agonist)

AM 251 (CB₁ receptor antagonist)

Cannabinoids - mechanism of action (endocannabinoid system)



Cannabinoid receptors CB₁ and CB₂

CB₁ receptors - primarily in the CNS

regions of the brain responsible for **pain modulation**: certain parts of the spinal cord, periaqueductal grey (Grotenhermen 2006)

movement: basal ganglia, cerebellum

memory and learning: hippocampus, cerebral cortex

emotions: amygdala

sensory perception: thalamus (Velasco et al. 2012)

RESPONSIBLE FOR PSYCHOACTIVE EFFECTS

CB₂ receptors - particularly in the periphery

on immune cells, especially B-cells and natural killer cells (Pertwee 1997), also expressed in tonsils or spleen (Galiegue et al. 1995)

Other known cannabinoid receptors:

TRPV1 receptors

transient receptor potential cation channels subfamily V member 1

- also known as the “capsaicin receptor” and “vanilloid receptor (Ross 2003)

GPR18, GPR55, GPR119

(also called putative or non-classical cannabinoid receptors)

- structural similarity to CB₁ and CB₂
(Alexander et al. 2013; Zubrzycki et al. 2014)

Endocannabinoid system (ECS)

Synthesizing enzymes:

phospholipases

Degrading enzymes:

FAAH

(fatty acid amide hydrolase; post-synaptically)

MAGL

(monoacylglycerol lipase; pre-synaptically)

(Pertwee 2005; Muccioli 2010; Battista et al. 2012)

Endocannabinoids - mechanism of action

NTs bind to their receptors →
activated postsynaptic neurons synthesize
endocannabinoid precursors

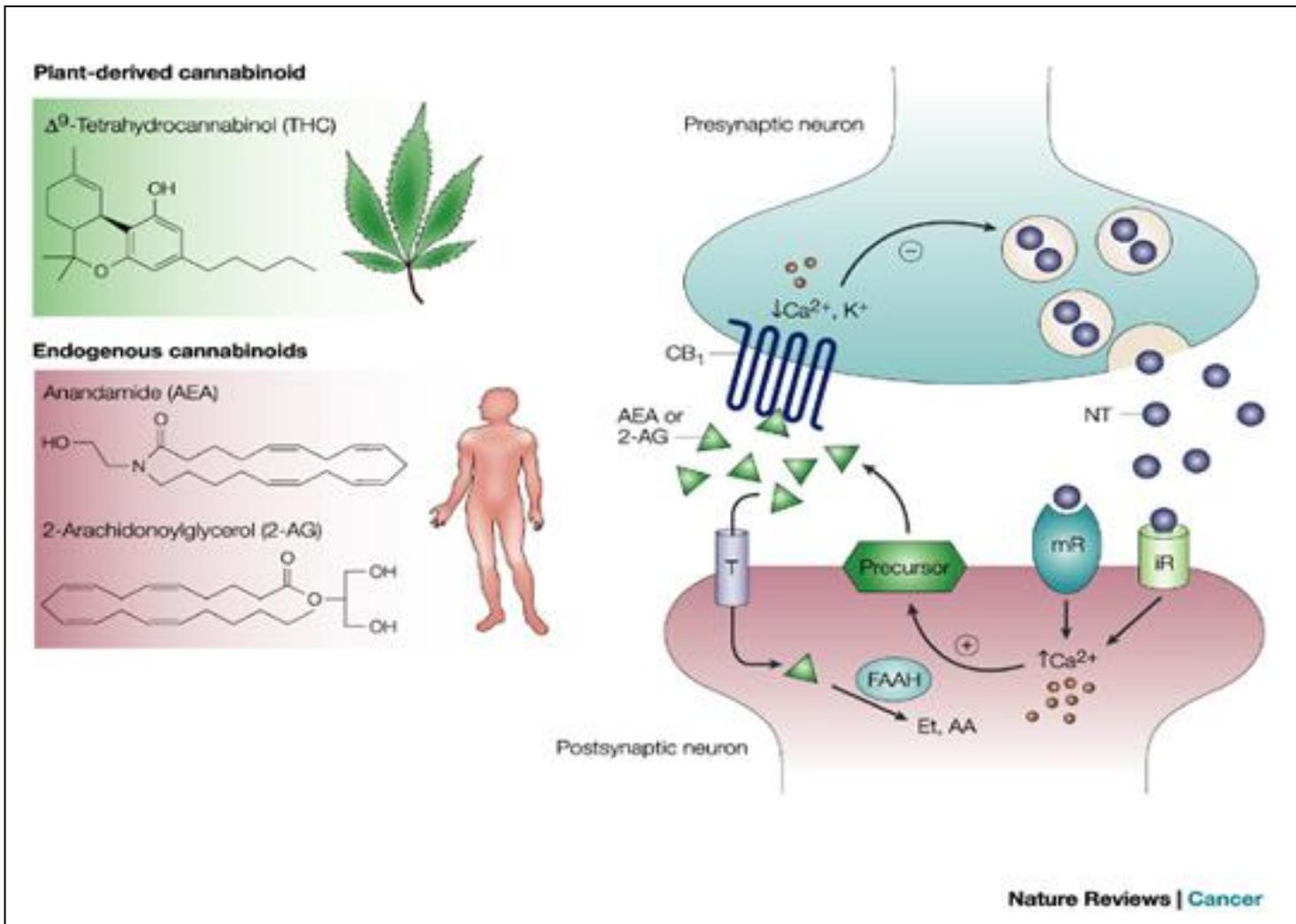
→ subsequent release of endocannabinoids

(This is generally induced by an increase in the cytosolic
concentration of free Ca^{2+})

Endocannabinoids - mechanism of action (THC)

Endocannabinoids act as retrograde synaptic messengers → bind to presynaptic CB₁ cannabinoid receptors

→ inhibition of NTs release: glutamate and GABA (Guzman, 2003).



<http://30c1be84fhhqj3xa1mshckme-wpengine.netdna-ssl.com/wp-content/uploads/2015/09/endocannabinoid-natur.jpg>

Physiological functions of ECS are very complex:

motor coordination

memory

appetite

modulation of pain

neuroprotective effects

maintaining of homeostasis, etc. (Pacher et al., 2006).

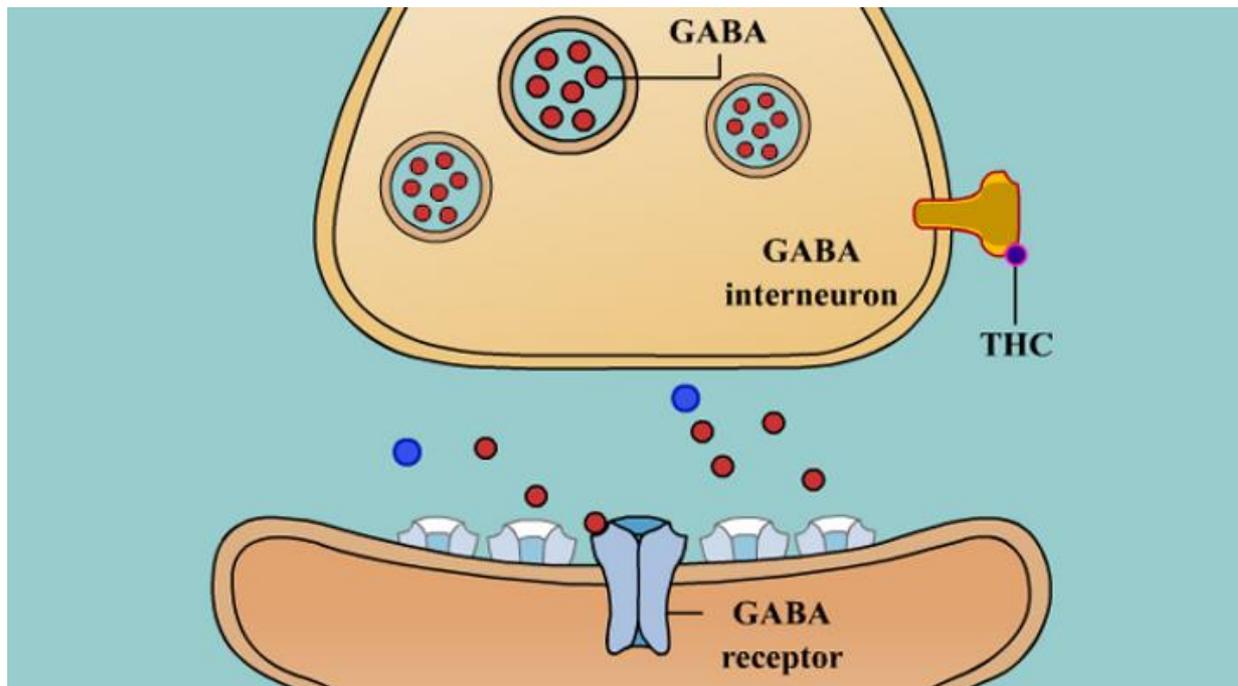
**Effect of THC on dopamine release
→ dependence potential**

THC stimulates neurons in dopamine reward system to release
(indirectly)

GABA normally suppresses amount of dopamine released in nucleus
accumbens.

GABA is blocked by THC → increase in dopamine release

Effect of THC on dopamine release → dependence potential



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M U N I M E D

Main medical purposes of use

chronic persistent pain – especially in association with cancer,

neuropathic pain, pain associated with glaucoma,

pain associated with degenerative disease of the musculoskeletal system,

spasticity and pain in multiple sclerosis,

tremor caused by Parkinson's disease,

nausea and vomiting particularly following cancer treatment,

stimulation of appetite in cancer and HIV patients,

Tourette syndrome

superficial treatment of dermatosis and mucosal lesions