





For conventional Western medicine, that meant a variety of chemotherapy drugs and other treatments. "I would have to be catheterized and then hold a bag full of these chemicals that they would put into my bladder, hoping that they would burn it and the lining would grow back healthy .... They did hydro-distensions where they would blow it up to five times its normal size to rip the nerves out, thinking that would help the pain .... There were a series of rods that they put in my urethra—it was akin to a medieval torture device .... It didn't help. I had it done twice."

Somehow, all of that seemed less extreme than ingesting a nontoxic plant with no serious side effects. In the meantime, Peskuski developed skin lesions and gained 60 pounds because of the medicines she was using. Her endometriosis became so severe that three different doctors recommended she undergo a hysterectomy. Peskuski declined, holding tight to her seemingly impossible dream of one day becoming a mother.

By now, even though she was still a teenager, Peskuski had been seen by some of the top specialists in the United States. "It wasn't an easy road even figuring out what was wrong with me," she says, adding that the thing she found "most frustrating" was that her doctors never really attempted to find an underlying cause to her problems: "It was always just, 'We're trying to figure out what you have right now."

Peskuski visited the Mayo Clinic five times. "I thought they were going to have the answers to all the problems I was having, but all they recommended were higher doses of medication ... and maybe Zoloft for depression." She lets slip a wry grin: "They thought I had a bad attitude about my illness."

Peskuski eventually lost her bladder function entirely and had to perform self-catheterization six times a day in order to urinate. Bedridden for three and half years, she was told that "we're doing what we can to make you more comfortable" by doctors who were no longer looking to cure or even diagnose her illnesses; they were only looking to ease her pain. She felt that she was going to die.

At one point, Peskuski was so drugged by what her doctors had prescribed that friends

Kristen believes these leaves have saved her life.

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carried her to the hospital after failing to wake her for 38 hours. In the spring of 2003, convinced that she had to do something drastic, she went cold turkey, quitting all her medications. She'd already noted that when she would "break down and use cannabis" during periods of intense pain, she didn't have infections and didn't have to go on antibiotics. But her then husband thought cannabis "was a horrible thing and a dangerous drug and illegal, so ... I would sneak around to use it when I was in the worst pain."

Now she hoped that cannabis would help her survive the pain of quitting all her other medications. And it did.

"I went through three miserable weeks," she recalls. "The only thing that made it bearable was cannabis." And she's still amazed: "I don't know a lot of people who can quit 120 milligrams of morphine and eight Percocet a day, plus Valium to help them sleep. Cannabis is what made that possible."

Quitting all her prescription drugs cold turkey apparently kick-started her immune system, and Peskuski got somewhat better and was able to attend school and go to work. But she was unable to medicate with cannabis on a regular basis and continued to get sick periodically. In 2004, she divorced her husband and moved back to Illinois. The following year, a recurrence of the throat infections kept her from smoking cannabis, now her primary means of medication.

By 2006, Peskuski says, "I had to go on pain meds just to get out of bed. They said I was allergic to trees, grass, mold, dust—basically everything. The doctor told me I should quit school, quit work and stay at home inside, where I wouldn't have any exposure to *anything*." She grimaces and continues: "Which is what everyone wants to hear when they're 26 years old."

Instead, Peskuski decided it was finally time to stop focusing on her symptoms and start looking for the root of her problems. Curious as to why she felt better and had fewer infections when she smoked marijuana, she started by studying the endogenous cannabinoid system, a series of naturally occurring compounds and receptors in the brain that regulate many physical processes—including

pain and memory—and are believed to play key roles in human female reproduction.

Through her research, Peskuski learned that the endogenous cannabinoid system is "the way our cells communicate with each other." The more she read, the more she became convinced that she suffered from endogenous cannabinoid deficiency disorder, a concept first articulated by Dr. Ethan Russo of the University of Montana's Department of Pharmaceutical Sciences in a study published in 2003. Russo believes that some people don't manufacture enough cannabinoids on their own, and this can lead to many illnesses, including irritable bowel syndrome, glaucoma and migraines.

Peskuski began to wonder if she might be able to ease her symptoms or even cure them by saturating herself with cannabis. All along, her doctors had studied different parts of her body and treated different things that went wrong them, but they hadn't been looking at the whole picture. The root of her problems, she came to believe, was that she needed to replace the cannabinoids her body failed to produce naturally.

Raw Medicine



She was delighted with her progress, but wanted more. That's when she met Dr. William Courtney, a well-known physician in Humboldt and Mendocino counties, who advised her to start eating raw cannabis. According to Dr. Courtney, most patients can consume only 10 milligrams of THC at a time before they find the high so intense that they're unwilling to keep ingesting the medicine. THC, well known as the main psychoactive component in cannabis, is found naturally in the "raw" plant in two forms, THC and the THC acid (THC-A). As the plant is dried, heated or burned, THC-A is decarboxylated into THC, greatly increasing its potency—which explains why eating raw cannabis, even mature buds, won't really get you stoned.

Meanwhile, heat not only increases the THC content of cannabis, but it may also destroy or degrade other medicinally beneficial cannabinoids found in the raw plant. Since Dr. Courtney wanted Peskuski to consume these additional cannabinoids in quantities far greater than what was possible through smoking, he instructed her to start swallowing capsules made of dried ground leaf, on the theory that this would provide higher doses of important cannabinoids like CBD and CBN without reaching an undesirable dose of THC.

As doctor and patient shared their passion for the marijuana plant, they became friends. Dr. Courtney began loaning Peskuski medical books and was enchanted by the fact that she actually read and understood them.

"Her IQ is twice what mine is," he says proudly.

Over time, they became a couple. And then, after several years of saturating her cells with cannabinoids, Peskuski found that her body had healed sufficiently for her to get pregnant, after countless doctors had told her that she never could.

During the pregnancy, the couple attended a conference of the International Cannabis Research Society in Quebec, where they learned that, in much the same way that "raw food" (fruits, vegetables and grains) contains beneficial enzymes and nutrients that are destroyed through heating, raw cannabis contains not just large amounts of CBD and other cannabinoids, but also enzymes and amino acids like THC-A that are largely or completely destroyed when cannabis is combusted, or even heated enough to create medical edibles. At the same time, raw cannabis provides little (if any) high—a drawback for recreational users and some patients, CONTINUED ON PG. 32

Raw Medicine



but a great boon to both the "cannabis naive," who want medicine without the psychoactive effect, and the "cannabis deficient," who need all of the plant's medicinal compounds in far larger amounts than smoking can provide.

It also means that when it comes to raw cannabis, the fresher the better—not just freshly picked leaves, but also juicing them as soon as possible and then consuming the juice while it's still fresh. Dr. Courtney recommends keeping cannabis juice refrigerated in a tightly sealed container for up to three days and dividing a single dose into four or five servings to be consumed every few hours over the course of the day. Most cannabis juicers suggest mixing it with apple, carrot, kale, lemon and other fresh fruits, both to mask the intense "green" taste of cannabis leaves and for an added dose of nutrition. (Also, masticating juicers tend to work better than centrifugal ones.)

Ideally, Dr. Courtney recommends that chronically ill patients ingest the juice of 15 leaves per day and add two raw buds, 2 to 4 inches long and harvested when the glands are clear and turning milky but not yet amber. Juicing is especially recommended for patients who would benefit from its anti-inflammatory properties as well as those with compromised immune systems.

Peskuski started juicing during her pregnancy and focused on the non-psychoactive forms of cannabis. Because of her history with endometriosis, Dr. Courtney and her other doctors worried that she wouldn't be able to carry her baby to term, so the couple put a lot of thought into selecting an ob/gyn. When they finally found one they approved of, it turned out that he was not only skeptical of medical cannabis but felt that cannabis use during pregnancy could cause problems.

After reviewing Peskuski's lengthy and extensive medical records and confirming that she really had been as sick as she claimed, however, he realized that her firsthand accounts were "true and horrific" and began to believe that raw cannabis leaf might indeed be helpful. Because of Peskuski's history, he sent her "many times" to the University of California at San Francisco Medical Center to see "the best minds I could find in obstetrics and rheumatology." He says the doctors there told him, "We don't know what's going on—we don't know why she's better now. [But] we would not change a thing."

According to Peskuski's obstetrician, the UCSF doctors "could not politically come out and say they recommended marijuana [for a pregnant woman] ... that is a politically volatile opinion for a faculty to have. But they said to me, basically, 'Continue doing what you're doing. We think it's helping. Don't change a thing—but we can't make a recommendation that she consume cannabis."

Peskuski continued to work as a medicalmarijuana advocate throughout her pregnancy. She was very healthy. "Originally, we thought that I was going to have to have a caesarean, but all the expectations that this was going to be a problem pregnancy didn't end up coming true. I had a perfect pregnancy. I felt better than I did in my entire life."

Except when her work posed problems. Traveling to Europe to attend an important medical-cannabis conference meant going without her medicinal juice. When Peskuski returned from the trip, her ANA test—which measures the presence of antibodies that work against the body's tissues—had climbed to a high of 30 (from a mere eight earlier). "My rheumatologist was concerned that I might not come to term, or that I might have to go back on prednisone—[or that] I was going to have to be hospitalized. She was very upset."

Peskuski immediately resumed an intensive juicing regimen. "Two weeks of being back on juicing and everything returned to

normal," she says. "I went off the antibiotics; the ANA went back down. I didn't have any further problems. After seeing my medical records, the rheumatologist said, 'I wish I could recommend this to my patients." But, of course, she can't—she values her job.

In fact, Peskuski's ob/gyn would speak to HIGH TIMES MEDICAL MARIJUANA only on the condition of anonymity. He worries that coming forward—even this much—could affect his job, but "it's information that needs to come out. Kristen is a miracle, and her story needs to be told."

That amazing story—backed up by Dr. Courtney's medical diagnosis and related word-of-mouth—has begun to spread raw cannabis juicing throughout Northern California and beyond. In fact, the Humboldt Patient Resource Center, a dispensary in Arcata, CA, now offers free leaves (120 grams per week) and free juicers to qualified patients who will participate in a trial study.

Chelsey Brown, a registered dietician made available to patients by HPRC at no cost, says: "Our free juicing program came about because of Dr. Courtney's work with the raw-leaf product. I have people keep track of how many leaves they juice every day and what they juice it with. I also have them fill out a health-assessment questionnaire in the beginning, and then again after three months."

The director of HPRC, Mariellen Jurkovitch, enjoys seeing the improved health of the patients in the juicing program. She says that smoking marijuana relieves pain and treats symptoms for many of her clients, thereby improving the quality of their lives, but she doesn't really see them getting that much healthier. Raw cannabis has changed all that. And she notes that even though juicing and cleaning a juicer are lots of work, "the people who are doing it are super into it, because they see results." \*