

MEDICAL MARIJUANA IN OHIO

Since the beginning of written history, about 3000 BC, humans have made use of the cannabis sativa plant as a source of fiber, seed oil, food, in religious and spiritual expression, and in medicine. Early recordings document its anti-oxidant, neuro-protective, and anti-inflammatory benefits. Today, a growing body of research continues to support these earlier findings.

The research is showing that there is a role for medical cannabis in the treatment of certain conditions, and that its use can be safe and effective when certain basic guidelines are followed.

In May 2016, Ohio passed HB523, legalizing medical marijuana. The Ohio Medical Marijuana Program Board (MMPC), which oversees the medical marijuana industry in Ohio, consists of three governing bodies including the State of Ohio Pharmacy Board, the Ohio State Medical Board, and the Department of Commerce. Collectively, they have spent the last two years establishing the rules and regulations for cultivation, processing, dispensing, and certification. Now,

thousands of Ohioans are waiting for medical cannabis (marijuana) to become available. According to a timeline established by the Ohio Medical Marijuana Control Program (MMCP), the launch date is set for September 8, 2018. As of June 13, 2018, approximately 139 physicians have already been certified to recommend medical cannabis to patients with qualifying conditions. Currently, there are 21 conditions that are recognized by Ohio's MMCP as treatable with medical cannabis. They include:

Acquired immune deficiency syndrome (AIDS/HIV)
Alzheimer's disease
Amyotrophic lateral sclerosis (ALS)
Cancer
Chronic traumatic encephalopathy (CTE, the degenerative disease most commonly found in football players and other athletes in contact sports)
Crohn's disease
Epilepsy or another seizure disorder
Fibromyalgia
Glaucoma
Hepatitis C
Inflammatory bowel disease
Multiple sclerosis
Pain (either chronic and severe pain or intractable pain)

Parkinson's disease
Post-traumatic stress disorder (PTSD)
Sickle cell anemia
Spinal cord disease or injury
Tourette's syndrome
Traumatic brain injury (TBI)
Ulcerative colitis
Any other disease or condition added by the state medical board under section 4731.302 of the Revised Code.

Should you consider medical cannabis? And how do you qualify?

Northeast Ohio touts some of the best medical care and hospitals in the world. Yet, for certain patients, even that care doesn't achieve successful treatment. In order to qualify for medical cannabis, a patient must be recommended by a physician who has received training and certification. An evaluation is conducted whereby the physician reviews the patient's medical records and treatment history. If the benefits seem to outweigh the risks, then an individualized treatment plan can be developed. Cannabis is not covered by insurance and an evaluation will cost about \$300, a common price point being established by others in the indus-

try. Once recommended, a patient will register with the State of Ohio Board. This registration site is expected to be available in July 2018, giving patients an opportunity to register prior to September 2018. However, it is uncertain when cards will be issued or when product will be available at the State's dispensaries. This ambiguity can lead to confusion for patients who are already suffering and frustrated with unsuccessful traditional treatments. Relying on a facilitating entity, such as the GreenCompassionNetwork.com, can reduce the confusion and expedite a patient's recommendation. Getting the paperwork out of the way and securing a certified physician will get those in need one step closer to finding relief.

Source: Green Compassion Network, LLC, July, 2018.

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Understanding Your Sleep Cycles

The first step to getting a good night's rest is knowing how sleep works. Sleep happens in cycles of repeating stages. Together, these stages make up your sleep architecture. It's a fragile framework, and everything from diet, exercise, and stress to your bedroom environment can protect or disrupt this architecture. During healthy sleep, your brain goes through two stages of non rapid eye movement (NREM) sleep, one more stage of NREM sleep called slow-wave or deep sleep, and one stage of rapid eye movement (REM) sleep. During NREM sleep, your body winds down. Heart rate slows, brain activity decreases, body temperature

drops and nerve activity lessens. During deep sleep, there is no muscle or eye movement at all. Deep sleep is the more restorative stage of sleep. It's hard to wake up during deep sleep, and when you do, you tend to feel groggy and unrested. A sleep cycle tracking app may help. They're designed to wake you up at the end of your REM stage, when you feel most alert and rested. This REM stage comes next, typically occurring 70-90 minutes after you fall asleep. During the REM stage, many parts of your body become more active again including the motor and sensory areas of the brain. Most dreams occur during REM sleep. Needless

to say, sleep is complex. But with the right sleep habits, it doesn't have to be elusive. For some of us, sleep can be hard to slip into and easy to slip out of. It doesn't help that the deep, restorative stage of sleep gets less deep and restorative as you age. Set yourself up for the best rest possible, and make sleep less elusive with these tips: **Avoid caffeine after lunch.** The effects of caffeine don't wear off for several hours. **Exercise before 2pm.** Being active promotes undisturbed sleep, but a workout close to bedtime makes it harder to wind down. **Make your bedroom more sleep-friendly.** Keep your room dark, cool, quiet and free from distract-



TVs and electronic devices. **Set a consistent sleep schedule.** Falling asleep and waking up at the same time every day helps your brain regulate its sleep cycles so you get the most out of your downtime.

Source: Affinity for You, Volume 10, Issue 1. Affinity Medical Center, 875 Eighth St. NE, Massillon, OH 44646

Beginning with Awareness

Kindness and caring for others doesn't only arise from good wishes. It can also emerge naturally from noticing fixed viewpoints and letting them go, however briefly. After all, when they arise again—as they will—we can simply repeat the process. *Notice irritation.* When you find you're getting edgy and irritable with what someone else is up to, see if you can take a break in the action and explore underneath the irritation, going to its roots. Don't waste time beating yourself up about it. Just take a moment to see what your curi-

ous, investigating mind is revealing. *Examine the story you're telling yourself.* Underneath the irritation is likely to be a story line, and the story is where the bias is held. "These people..."; "When someone does that, they're..."; "I can't stand it when..." Part of what's going on here is that the powerful discerning mind where we need to evaluate our own and others' behavior gets carried away. We've shut off our curiosity and decided what's what. See if you can drop the story without the world falling apart. *Enjoy the space.* In place of

the fixed story line, a gap will emerge. Without your predetermined and prepackaged label, you'll begin to notice more details. You'll begin to notice the humanity and vulnerability you share with others—however different and however flawed they may appear from your perspective. The less you "know" in this case, the better. You can see more clearly. *Share the warmth.* Chances are that, without the armor of your fixed label to create barriers and distance between you and another, you may be touched by their humanity.

It may soften you up and open your heart. You may find that a luminous warmth lies within. Let it be there. Appreciate it. It will spread naturally if you remain with it for a while. *Move on.* Avoid fixating on the process of unmasking as a big deal. The less you think it's a momentous thing, the more likely it is to become a simple habit, like drinking tea or coffee. **Source: Look on the Bright Side? (excerpt) by Elaine Smookler. Mindful,**



Things No Grieving Person Wants to Hear

“I know just how you feel.” Actually...you can’t. We might suffer exactly the same loss as someone else (of a parent, a spouse or, most appallingly, a child). But no one can know exactly how someone else feels. The relationship you had with your father who died isn’t the same as anyone else’s relationship with their father who has just passed. Just because a feeling is universal doesn’t mean it feels the same to everyone. That’s why there are a million different love songs. Our family has had a lot of loss over the past year or so. My mother died; and then my aunt; and then my wife’s father; and then an old childhood friend. Our cat, Leona lost a paw to cancer and is in the kind of decline that makes kind hearted, well-meaning friends say, “Any day now, huh?” So we’ve learned about some of the things people say that maybe they shouldn’t. Telling someone, “I know just how you feel,” can make it seem as if the person’s loss is routine and unremarkable, just one drop to evaporate from the ocean of life. This may be true, philosophically but save that wisdom for a philosophy class, or some long, sleepless night of your own. A friend doesn’t need to hear that you know just how he feels. He needs to know that you care about whatever he feels. **“Sorry about your loss. But you should hear about what**

happened to a friend of mine.” Maybe you can tell me that story some day, but not now. Someone who is grieving shouldn’t feel as if he or she is in some kind of heartache competition. Someone whose mother has just died peacefully, in her seventies, will not be comforted to hear that you have a pal at work whose parents died in a train wreck when he was 10, and isn’t that a real tragedy? A remark you may think will give them valuable perspective just sounds as if the death of someone they loved doesn’t count. One of the classiest human moments I’ve ever seen (and I saw something like it over and over) occurred when I was covering the siege of Sarajevo in the 1990s. People who had seen their children brought down by snipers would embrace and console people whose dog died. Their loss had been so profound that they understood how everyone’s is. **“It’s a blessing in disguise.”** This is often uttered after a long and debilitating illness. If death relieves prolonged and irreversible suffering, then the blessing is not disguised. We’ve probably all had relatives who have been kept minimally alive for a while, trapped in bewilderment and pain. Sometimes human beings need to die, just as they need to sleep or eat. One of the revelations my mother gave me during the last days of her life was that

she had decided that my father’s death had been a blessing—his. He was 48, and had drunk himself out of their marriage and many jobs. He died when I was 16, and even I could see how his death put him beyond any more hurt, and let us drop our anger and disappointment to grieve for him with love. “Your father died because he couldn’t help himself,” my mother told me in the hospital. “He didn’t want us going down, too. It was the last thing he could do for us and that’s what he did.” Her point was well made, but only long, long after my father’s passing. In those first few months of sadness, friends don’t help by sharing this kind of hard, sharp realization. It’s a time to be thoughtful, not insightful. Kind, not blunt. **“You gotta expect that at her age.”** Everyone knows the odds. As my mother got into her 80s, she had seen so many friends depart, she shivered when the phone rang. “I want to pick it up,” she said, “and just ask, ‘Cancer, stroke or heart attack?’” But when a person has been part of your life for so long, you begin to take them for granted, in the nicest way. If they’ve lived through illness and operations and come back roaring, you begin to think they are indestructible, if not immortal. The longer they go, the harder it can be to imagine life without them. If your mother is 80,

Hesburgh just died at the age of 97, and that Kirk Douglas is 98. Isn’t your mother worthy? Telling someone in grief what the actuarial tables say may be accurate, but it’s not comforting. **“He died the way he wanted to.”** I remember hearing that said when an old high school friend, who had joined the U.S. Forest Service, died in a copter crash while fighting a forest fire in Oregon. He was 22, a city kid who had just begun the life for which he’d worked. I don’t think he wanted to die that way at all. My mother was 84 when she died, with her son by her side after a week spent together in which we laughed, wept, and confided. Those were blessed and beautiful days that I’m sure my mother wanted to be a last enduring gift for me and for my family. But she also endured a lot of anxiety and pain that no one would want. Saying someone died as they wanted to is a hazardous observation, unless your 90-year-old aunt dies in the arms of Colin Firth. **“You’ve got to read (or listen to or watch) this. That’s what I did when (fill in the blank) died. Tell me when you’ve finished it and we’ll talk.”** Someday, they may pick up the book or music that you gave them—or something they find on their own that give them comfort or diversion. Share a line from a book, mention music and quote from favorite poem, but don’t give (continued on back page)

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Things No Grieving Person Wants to Hear

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homework to someone who is grieving. "... That's right—nothing. Don't let the fear that you may say something foolish frighten you into saying nothing. Say something—then listen. Friends who are grieving don't expect you to toss off some wise advice that will

instantly wipe away their sadness. What they could use most from you is an open heart and time spent listening. There are a few simple lines that have been tested by time and can be repeated with utter sincerity. None of them are original. But it's a time when it's more important to be reassuring:

"I'm sorry." Two true, simple words to let a friend know that their loss touches you, too.

"I love your mom. I'll never forget the time that..." A funny or moving memory can make someone who has just died return as a lively and vivid presence, right in front of us. That's what

Makes , wakes, and shivas some of the greatest parties of our lives.

"We're thinking of you." It reminds a friend who grieves that though they may feel their loss, they are not alone.

Source: Scott Simon. Author of *Unforgettable: A Son, a Mother, and the Lessons of a Lifetime.*

This is Your Brain on Mozart

The flood of emotions that accompanies hearing a beloved song is difficult to describe. Your mind is filled with memories ,and feelings rush back like it was yesterday. Though the power of music and its connection to your brain are not yet fully understood, research shows that songs and musical training can have an effect on memory; it's called the Mozart effect. After a 1993 study published in *Nature* in which participants who listened to Mozart's Sonata for Two Pianos in D major, K.448

had improved spatial reasoning. The study was later replicated in mice, and they also performed better on tests. Today, music is used to help patients with Alzheimer's disease, and many have seen surprising results. Some temporarily regain the ability to speak after listening to songs from their past, possibly due to triggering portions of the brain that are unaffected by the disease.

How can you harness the power of music to improve brain function?

- Musical training has been shown to improve recall times. If music lessons aren't for you, consider listening to music while you learn, which may improve your ability to remember.
- Setting facts to music makes them easier to remember. Next time something important comes up, try repeating it to yourself in a song. You'll be more likely to remember it when you need to.



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