



**The Good Clean Nutrition Podcast
Episode 17 Transcript**

Episode 17: The Evolution and Evidence on Cannabidiol (CBD) and Cannabis with Janice Newell Bissex, MS, RDN, FAND

Janice Newell Bissex:

Start low and go slow, because if my client can find relief with four drops of CBD, then that's great. I don't need them to take 20. So, we start low and we just increase until we get to the place where they say, "Okay, now I feel calm. Now my pain is lessened."

Mary Purdy:

Welcome to The Good Clean Nutrition Podcast. I'm your host, Mary Purdy, integrative dietitian and nutrition educator. Today, we're going to be talking about the potential applications for using CBD for a variety of health issues and explore how CBD can be used to manage pain, reduce stress, optimize sleep, and help with focus amongst other benefits. Joining us today is Janice Newell Bissex who is a Holistic Cannabis Practitioner, registered dietitian nutritionist, and author. Janice is a certified expert having completed training and certification through the Holistic Cannabis Academy and the Cannabis Fundamentals Certificate program at Green Flower. She teaches cannabis therapy and is program director of the Cannabinoid Medical Sciences at John Patrick University School of Integrative and Functional Medicine. Whether she's educating fellow healthcare practitioners on the science and medical uses of cannabis and CBD or using these products to help her clients find relief from conditions simple to serious, Janice is a go-to expert. I'm really looking forward to our conversation today. So welcome today, Janice.

Janice Newell Bissex:

Thank you, Mary. It's great to be with you.

Mary Purdy:

Let's start off by having you share a bit about your journey. We know you're a registered dietitian, but what actually led you to become interested in cannabis and cannabidiol, or CBD, to the point that you are now a credentialed holistic cannabis practitioner?

Janice Newell Bissex:

Well, it's funny. I usually tell people if there were such a thing, I might have been voted least likely to be in this type of business. I mean, I grew up in the "just say no" generation. I thought cannabis was a gateway drug. I used to say medical marijuana, using air quotes, because I bought into the whole stigma about cannabis and that it was bad. And then in 2016, my dad had some severe pain. He was in his 80s. He had a lot of pain from a surgery. So, they gave him all the traditional pain medications, which is what doctors do. He hated them. They made him groggy, and he was so severely constipated. It required a three-day hospital stay. So, we're dietitians. We don't need to go into detail there.

With the end of this hospital stay, I said to his doctor, "Isn't there anything else we can do for his pain?" And I just threw out there, "What about medical marijuana?" Because it had just been made legal in Massachusetts. And his doctor looked at me and said, "I think that's a great idea." I thought, "Oh my.



Now I need to do some research and figure out if this is for real." So I did. And the more I learned, the more I said, "Whoa, wait a minute. This plant has been used for thousands of years medicinally, and we're not offering this as an option for people." So, I got my dad certified. He tried it. We went to the dispensary, came home, got him a vape pen, tried to put it together. He took a couple of puffs. He stood up and he said, "I'm going to go take a nap." And he said, "Wow." And I said, "Are you okay? Are you dizzy?" And he said, "I'm not in pain." And that went from severe pain, driving to the dispensary, to him saying, "I'm not in pain."

So that day, I left my business of 15 years. You know Mary, I was a cookbook author, food blogger, radio podcaster. And I decided to go back to school to become a holistic cannabis practitioner so that I could help other people and teach fellow healthcare professionals about this.

Mary Purdy:

Wow. That's a remarkable story. Seeing someone going from being in severe pain to less pain or no pain with a simple application like that. That's amazing.

Janice Newell Bissex:

Yes.

Mary Purdy:

And this really is a controversial topic. I mean, you talked about stigma. I know many other people out there listening are likely thinking, "Well, what is this whole thing? Why do I need to know about this?" There's a real negative history about marijuana. Can you talk a little bit about that?

Janice Newell Bissex:

Yes. Well, first of all, cannabis has been used, as I said, medicinally for thousands of years. Doctors in the 1800s, early 1900s, they carried it in their kit along with willow bark, which is now aspirin, all these plant medicines. And then in the 1900s, there were people in charge, the guy who was in charge of prohibition, when prohibition of alcohol went away, he was going to lose his job. He needed something else to sort of vilify and he chose cannabis. He had many racist tendencies, and he didn't like Mexican immigrants. He didn't like the "satanic" Black jazz singers. So, he essentially made this plant illegal. The doctors fought against it. The AMA fought against it. Nobody wanted this to be illegal, but he won, it became illegal. It was a matter of politics and greed and racism and the greed factor.

The Hearst and the people who were in charge of newspapers and they had their paper mills. Hemp is very sustainable. Betsy Ross's flag was made of hemp. I mean, it was used for all these things, for textiles, and it was competition for the paper companies. So, there were multiple factors that went into making it illegal. And basically we took this medicine away from doctors and it has remained federally illegal for almost a hundred years now. And then in 1970, it was deemed a Schedule I substance, meaning it has no beneficial medical value and high potential for abuse, which is untrue. So, it's really tragic to me how this medicine, this plant-based medicine has really been taken away from so many people who could benefit.

Mary Purdy:

There's always more to the story than people think, isn't there?



Janice Newell Bissex:
Oh, yes. Yes, there is.

Mary Purdy:
You are using this word, medicine. And I think, again, if we bring that controversy in there, we've got the skeptics who are saying, "Well, what about the research? What does the research show us about cannabinoids and how they work?" What would you say the research is saying about it?

Janice Newell Bissex:
The research is saying that it's used medicinally for many, many, many applications. I mean, even the Institute of Medicine came out and said there is significant evidence that cannabis is effective for pain, for appetite, and couple of MS, couple of other things. I mean, the research is there. I mean, I have hundreds of research papers on my website, on Jannabis Wellness. You can go there. NIH. There's just so much research. And when people say there's not research, they're just not paying attention or they're not looking for it.

Mary Purdy:
Well, it sounds like this is something that you really passionately believe healthcare providers need to know about, individuals, consumers need to know about because of the beneficial applications. And I want to talk a little bit about some of the brass tax of this. So, we've got CBD, which is cannabidiol, and then we've got THC. These are both components of the cannabis plant, but they're different. And I think that's where the confusion comes in for many people. Tell us about what each one is and what each one does.

Janice Newell Bissex:
Okay. They're cannabinoids found in the plant, in the cannabis and hemp plants. There are over a hundred cannabinoids. THC and CBD get all the attention, but they're over a hundred. So, they have overlapping medical benefits. People say, "Oh yeah, THC, that's the bad one." It's not the bad cannabinoid. It gets a bad rap because if you overuse THC, you get stoned, you get high. And people say, "Oh, that's bad." Well, is it bad for you to have a glass of wine with dinner? No. Is it bad for you to have three bottles of wine at dinner? Yeah, maybe. So, it's a matter of, you can use THC medicinally very successfully. You just have to be careful not to consume too much because then it can be impairing.

CBD is non intoxicating. It's not correct to say that CBD is not psychoactive because CBD is neuro calming. It affects the brain. That's why it's so often used for anxiety for people, because it does tend to calm people. Some of my clients say, "It takes the edge off of my anxiety." So those are two of the cannabinoids, but also in the plant, there are terpenes. Mary, you know what terpenes are. There the things in plants that give them the smell, the odor. So, if you smell lavender, people say it's a little bit calming. That's because of the terpene linalool. Linalool is also in cannabis and hemp. So, the plant medicine, you can't just pluck out a CBD molecule or a THC molecule, even though the pharmaceutical companies want to do that and say this is going to be the most effective way to take it. It's not. It's the whole plant. It's the synergy between the cannabinoids and the terpenes in the flavonoids that work together, it's called the entourage ensemble effect. So that's what we want. We want a whole plant medicine.



You're a dietitian, Mary. We don't say to people, "Don't eat your winter squash and your broccoli. Just take a vitamin A pill." No, the beauty is the fiber and all the other flavonoids and things in the plant.

Mary Purdy:

Yes. That synergistic effect. And I think I have a new favorite word, linalool.

Janice Newell Bissex:

Linalool.

Mary Purdy:

Linalool.

Janice Newell Bissex:

It's a good one.

Mary Purdy:

It is. And so we've gotten a little bit about the history. We've gotten a sense of the controversy, some of the medicinal qualities. I would love to have a better understanding of this, the way that it actually works, the mechanism. And there's something called the endocannabinoid system. Tell us what that is and how it works.

Janice Newell Bissex:

I don't think that you were trained in this. I certainly wasn't. It's a system in our bodies. We have receptors, cannabinoid receptors from head to toe. We have cannabinoids that we make on our own, because really why would we have receptors for like THC and CBD in a plant? Why would we evolve as humans? The reason is that we make our own cannabinoids. Two of them, the most studied are anandamide or anandamide. And that's called the bliss molecule. It's a Sanskrit word for bliss. So Mary, if you make a lot of anandamide, which you appear, maybe that you do, because you're a happy person, you appear to be just easygoing and very low stress, low anxiety. Isn't that funny how we know that about people and we could be completely wrong. But if you make a lot of anandamide, then your incidents of anxiety is much lower and depression also.

So it's much like if someone doesn't make enough thyroid hormone, we give them a medication to supplement their thyroid hormones. It's the same thing. If someone has anxiety, it could be that their endocannabinoid system is out of balance. Maybe they're not making enough anandamide. So, if you give them CBD in particular, what it does is it allows your body to retain more of that anandamide, that bliss molecule. So that's how it works with your own system, as opposed to some pharmaceuticals. There are all different sorts of ways that they can help with anxiety and pain, but CBD really works with your own system, allows you to keep more anandamide.

Mary Purdy:

That is fascinating. So, we have this system, the goal is to keep this system operational. We've got these endocannabinoids in our brain and probably other receptors everywhere. I know that omega-3 fatty



acids also bind to those endocannabinoid receptors in our brain, which is why they're so helpful for depression and things like that.

Janice Newell Bissex:

Yes.

Mary Purdy:

And then we've got this specific cannabinoid called anandamide, which is our bliss hormone. This is terrific. So, let's actually talk about some of these applications, because I think this is where the rubber hits the road. We want to get to the bean of the matter, the pulse of the matter, as I like to say. How can people use these? You mentioned pain, you've mentioned anxiety. Let's talk a little bit about what other conditions from the simple, as you've mentioned earlier, to the serious. What are some applications for people?

Janice Newell Bissex:

THC and CBD are anti-inflammatories. They have strong anti-inflammatory properties. And as you know, many of our chronic diseases have inflammation as a component. So, if we can quell inflammation in our bodies using a plant, that's good. As far as pain, the signaling of pain is reduced when you use THC or CBD. So, the pain signals go from neuron to neuron. So, what it can do is alter those receiving the message. That pain message is dampened using THC and CBD. And I always tell people, it's probably not going to take a pain of ten to a zero. There was one big study in a cannabis clinic, and they found that an average pain of eight was brought down to a four. Now you might say, "Well, that's not miraculous." Well, if you're at a level of pain of eight and you can get it to a four, people say to me that's life changing. It's completely life changing. I can live with a pain of three or four, but these eights and nines are completely debilitating.

Mary Purdy:

That's huge. I mean, absolutely, even going from an eight to a six, I think would be a 20% reduction in pain. That's remarkable. So we've got pain, we've got the sense of anti-inflammatory properties. What about sleep? What about anxiety? How do we apply those in practice?

Janice Newell Bissex:

So, for sleep. Many of us, when we wake up in the middle of the night and can't go back to sleep, it's because our mind is racing. We're anxious about what happened yesterday, and what might happen tomorrow, and when all the things that we need to do. So, CBD by quelling the anxiety, it's neuro calming. The US government actually has a patent on CBD as an antioxidant and neuroprotectant. And this is a little off track, but back in the late 1900s, NIH scientists were looking for what would be best for things like Alzheimer's, Parkinson's, Huntington's. And the most promising compound that they found was cannabinoids. They have a patent, they applied for a patent in 1999 and they received a patent in 2003. So our government knows that cannabinoids can help with Alzheimer's and these other conditions. And yet it's still federally illegal. Doesn't really make sense. Anyway, that neuro calming effect can help people with sleep.

CBD on its own, I can't say to you CBD is sedating, because a small dose of CBD can actually be energizing for some people. So, they take their CBD in the morning. It helps them with focus. It helps



them be energized. If you take a larger dose, it can be sedating. But the way that it really works for sleep is that anti-anxiety and neuro calming effect. THC can help people sleep. So that cannabinoid can be a little bit more sedating and help people with sleep.

Mary Purdy:

I have recognized the effects of this myself personally because I do struggle with sleep. I have been trying a combination of a CBD and a THC, and that has actually helped a little bit. Although I think the dosing is still a little bit to be determined, which we'll talk about shortly. So, we've got these more simple conditions, although many people might argue that insomnia is not a simple condition. But for anxiety, neuro calming effects, you also mentioned Parkinson's, Alzheimer's. We've also heard about it for things like IBD or inflammatory bowel disease, other perhaps issues with cognitive function. Talk a little bit about the applications for more serious issues.

Janice Newell Bissex:

Well, Parkinson's for sure. I've had some clients with Parkinson's. One who would write me a little handwritten note and mail it to me and say, "Janice, I haven't fallen in 34 days." He was falling a lot and he started taking the CBD. He didn't fall as much. His doctor noticed, his physical therapist noticed that his gate was better. And so I had dinner with this man's son because he's a fellow dietitian. And he said, "It's really helped him a lot. In particular, it's made him a lot calmer and nicer to be around." And a lot of times it's the people who live with you who notice the effects of CBD, because it does make you a little bit more chill. Anyone who has a chronic condition or is in severe pain, it's hard, it's hard. Anxiety comes with that. Sometimes depression comes with that. So CBD can help not only with the inflammation and the pain, it can help with the anxiety. It's system wide. It helps to promote homeostasis in your body or balance. So that's why people find it useful for so many different conditions.

Mary Purdy:

And as someone who has a family member who lives with chronic pain, I really resonate with that, that watching somebody be in pain is very disturbing mentally and emotionally. So we are also the ones who can really witness the improvement. So that's a great way to think of it as being, not just a passive bystander, but an active observer of how that affects people that you know. The big question is dosaging. How the heck do we know how much someone needs? What form? Do we take gummies? Do we eat chocolate? Do we take a tincture? Do you take a pill? What's most effective and how do we know what to do?

Janice Newell Bissex:

Well, we don't.

Mary Purdy:

Okay.

Janice Newell Bissex:

I mean, because everybody's different and it takes a little bit of experimentation. So when I work with my clients, it depends on the condition, the lifestyle. The general rule is to start low and go slow. So we start at a very low dose because if my client can find relief with four drops of CBD, then that's great. I don't need them to take 20. So we start low and we just increase until we get to the place where they



say, "Okay, now I feel calm. Now my pain is lessened." So you can take a tincture under your tongue. Takes effect in about 20 minutes or so. I have a water-soluble tincture that people love. You put it in water, you drink it. And because of this nanotechnology, it's absorbed very, very quickly. So within minutes you can find relief.

Some people smoke either cannabis or hemp, and that's the fastest acting. So if you are having chemo and you need very fast relief from your nausea, then a vape pen might be the best thing for you because it's really fast acting. Doesn't last that long, but that would be a good option for someone like that. An edible provides longer lasting relief, six hours, eight hours, but not fast relief. But some people take that before bed, an edible either of CBD or THC, because it will last throughout the night. And if you have chronic pain, you don't want to have to get up every hour or two and take a puff on your vape pen.

Mary Purdy:

Wow, so it lasts longer because you're digesting, and it takes longer to get into your system?

Janice Newell Bissex:

Yes.

Mary Purdy:

That is fascinating.

Janice Newell Bissex:

And when people say to me that they've had a bad experience with cannabis, more often than not it's because they took an edible and they took too much. If you go to a dispensary... Someone in my yoga class brought a chocolate bar in one day and she said, "Janice, can you help me with this? I went to a dispensary. I told them I couldn't sleep well. They gave me this chocolate bar." And each chocolate had 20 milligrams of THC.

Mary Purdy:

I think that's a lot.

Janice Newell Bissex:

That's a lot. And yet, if you go to the dispensary, they're not always as educated as we would like. I'll leave it at that. So if she had gone home and eaten that, I said, "You would've slept all right, but you probably wouldn't be able to lift your head off the pillow for a while." So I start people on two to three milligrams of THC. That's a good starting dose. And then slowly increase if we need it. And with CBD, because it's not intoxicating, it's not a risk if you start with 10 or 20 milligrams, but I still like to start low just to ease them into it, make sure that their body is okay with it. Because some people, not many, but some people when they start taking even CBD, their GI system's a little bit wonky because we have all these receptors in our GI tract. And if they've never been activated and you suddenly wake them up, you'll say, "Ooh." And then after a couple of days, it settles down. So, it's not a problem, but it's just something new to your body if you're just starting. So always start low, go slow, try a variety of different methods of application.



I brought someone to the dispensary who has very severe pain from psoriatic arthritis last week. And we got a variety of gummies. They didn't have the tincture, but we're going back for the tincture and vape pens. And the three gummies, one had some melatonin, one had some extra turmeric or cumin, and one was plain, and they all had a different effect on her. So, you have to really play around with them and see what works best for you, which is what works for you is going to be different than what works for me.

Mary Purdy:

And that is personalized medicine right there.

Janice Newell Bissex:

That is.

Mary Purdy:

That applies to pretty much everyone in almost every situation, whether it's diet medication, or as you're mentioning, cannabis.

Janice Newell Bissex:

Yes.

Mary Purdy:

What about the combination? Sometimes it's a combination of THCs with CBDs. When is that appropriate for people?

Janice Newell Bissex:

Well, a lot. If you're going to take THC, it's best to take it with CBD because it tamps down on the psychoactivity. So if you need a big dose of THC, because you have severe pain, if you take it with an equal dose of CBD, you'll be able to tolerate it better. And that synergy between the cannabinoids. Some people take CBG. It's another cannabinoid that's really helpful and good for inflammation.

Mary Purdy:

Let's take a quick break to hear from the sponsor of this podcast, Orgain. Orgain's new HydroBoost Rapid Hydration Drink Mix provides clean and effective hydration using high quality food-based and certified organic ingredients. Made to meet the World Health Organization's guidance on fast rehydration, Orgain HydroBoost delivers five times the electrolytes with 50% less sugar and is enhanced with superfoods. Visit orgain.com to learn more.

Now, back to our conversation with Janice. So you discussed inflammation. What about applying this to these inflammatory bowel diseases or other gut health issues like irritable bowel syndrome? What are the applications for that? And especially when you mentioned that it might actually disrupt gut function, how do we actually help it to help our gut function?

Janice Newell Bissex:

The disrupt gut function is, it just takes a couple days to get used to it. And that's only happened to two out of hundreds of my clients. So I probably overstated that, but it's just to say that we start low and go



slow. So in addition to the anti-inflammatory properties to help with gut health we have, as I said, receptors, all lining our gut. Some research shows that there is more turnover of the cells in the lining of your gut using cannabinoid therapy, which is a good thing. We want the gut to turn over. The relationship between anxiety and IBD and IBS, there is a relationship there. The vagus nerve and the back and forth. So it can help in that way. And they've been lots of studies on patients who have these gut issues using both CBD and THC. And they find people say that, "It calms my gut." And if you're decreasing the inflammation...

But there's more to it. It's not just the anti-inflammatory. And we're still figuring it out. We just discovered this endocannabinoid system in 1990, '92. So it's still new science. I mean, even though we've had this stuff going on in our bodies, we're just discovering it. So we're still figuring out how exactly it works in addition to the anti-inflammatory and the neuro calming. And for concussion, for example, if you have a TBI, a traumatic brain injury, your body releases one of these endocannabinoids. It's called 2-AG. So your body knows, "Whoa, wait a minute. The brain has just been injured." It releases all this 2-AG. I've dealt with probably 10 or 12 people who've had severe concussions. When you take CBD, what it does is it increases GABA. When you have a brain injury, your body produces all this glutamate, which is this neuro excitatory. And when you take CBD, it increases GABA, and GABA and glutamate are sort of in balance, if you will. You get more GABA and it decreases the glutamate, and it decreases the long term damage from concussions.

When you look at football players who sustain concussions frequently, honestly, Mary, they should be required to use cannabis and CBD. And of course, it's been against the policy that they get drug tested. That's changing right now. The NFL is changing that, and they're spending millions on research into cannabis and cannabinoid therapy for concussion, but in the past, they weren't allowed to use cannabis. And that's the one thing really that's most proven to be helpful for concussions and TBIs.

Mary Purdy:

That could be an absolute game changer, no pun intended there for people who are working in sports. You're talking about so many amazing applications of what it works for. I'm just astounded by how many places we could put this into play. What about people for whom CBD/THC/a combination of that may not be appropriate either because of their constitution, their medical issues, pregnancy, being a child? Where are some areas where we need to be mindful about applying this information?

Janice Newell Bissex:

Well, one thing that I always check is the medications that someone is taking. So there are some medications that may interact with edible THC and CBD, for example, Coumadin. It's a blood thinner. It has a pretty narrow therapeutic window. CBD is metabolized by the same enzyme system, the CYP450 enzyme system that metabolizes Coumadin. So in theory, if you took a big dose of CBD at the exact same time as your Coumadin, it's possible that your blood levels could increase or decrease. And we don't want that. Not for Coumadin. There are some medications where there might be a slight interaction. With a statin, there might be a slight interaction. It's not enough at the doses that my clients are taking that would really cause any issue. So I always want to check that.

There are certain cancer treatments now, I'm talking to my students tonight about cannabis therapy for cancer at John Patrick University. I've got a bunch of nurses in my class and I want to get more dietitians,



I have some starting next semester. But we're talking about cancer. So cannabinoid therapy can be used in cancer. It's not a cure for cancer. You'll see that online somewhere, "Oh, cannabis can cure cancer." It does have anti-tumor properties. It can decrease metastasis of certain cancer cells. There's a lot of research on that. It is not a cure. It could be an adjunct to therapy. It can certainly help with chemo-induced nausea, vomiting, the pain that comes from cancer treatment. So it's a very, very effective adjunct to therapy that if someone is undergoing immunotherapy for cancer, it may be contraindicated to use cannabis and CBD. So you just want to be careful with that because CBD and cannabis, it's an immune modulator. So that's why so many people with autoimmune diseases find usefulness in cannabis therapy because it kind of tamps down your immune system. It prevents it from overreacting. But if you're doing immunotherapy for cancer, you want your immune system to overreact to attack the cancer. So we just have to be careful. So that's a group that we'd want to really be careful and make sure that it would be appropriate.

Mary Purdy:

Excellent to know. And what about kids? Kids are struggling with anxiety or focus. We're seeing a lot of ADHD being diagnosed right now. What are applications for kids?

Janice Newell Bissex:

Well, a lot of kids are taking these pharmaceuticals for ADHD, and I would argue that cannabinoid therapy might be a better option in very low doses. It would be mostly for kids, mostly CBD based. If a kid has Tourette's syndrome pretty severe, then a little bit of THC can be very helpful for that. But for ADHD, I have a boy who's 13 years old, who's a client, and he also has autism and ADHD. He uses water-soluble CBD, just five drops in the morning and five drops when he gets home from school. And he tells his mother that he's less jumpy when he takes his CBD. That's a win. That's how he can verbalize that this is helpful for him.

I've got a six-year-old little girl with seizure disorder, and she's been using CBD for couple of years. And her dad emailed me and said, "She hasn't had a seizure in a year. I'm going to send you a testimonial." It works for so many people. And the side effects, you look at many pharmaceuticals and the whole list of side effects, may cause, and it's three pages long. For CBD what I tell people, some people find that when they take CBD, they have more vivid dreams. And someone said, "Well, that's because they're going into a deeper, deeper REM sleep." Some people when they first start taking CBD, they say they feel a little bit fatigued. That's the neuro calming. It's almost like an exhale. We're used to being go, go, go, go, go and you take CBD. It's like, "Oh, okay. I could take a nap right now." The so-called fatigue doesn't last more than a couple days. People say, "Oh yeah, I adjusted to it. I'm not tired anymore."

Here's another potential contraindication. If someone has very, very low blood pressure, CBD is a vasodilator as is THC, which is good. It allows you to get more blood to your heart, more blood to your brain. That's not a bad thing, but if you have really low blood pressure and you take a big dose of CBD or THC, it could cause you to feel lightheaded. Now, I have really low blood pressure and I take CBD. I've never had an issue. And it would be a pretty big dose of CBD that would cause that. But THC, certainly, I've heard from people who have fainted taking THC, because they took an edible and they took too much. Their friend gave them a gummy and it was 10 milligrams, which again is too much for a first timer.



Mary Purdy:

So we go back to that idea of experiment, start low, go slow, maybe work with somebody who's knowledgeable about this. And I want to recap some of these amazing applications. We've got things like reducing pain, neuro calming, balancing the endocannabinoid system, helping with things like concussion, with focus, with autoimmune issues, with nausea related to chemotherapy, with issues around potentially seizures. So many applications, Parkinson's, Alzheimer's disease.

Let's say that there's a practitioner out there who is starting from ground zero, that doesn't really have any information about this, but begins to think about, "Gosh, I've got a lot of patients who are in pain, who are dealing with sleep issues, who are having these chronic health conditions that could potentially be benefited by these." How does someone get started? How does someone begin to learn about how to prescribe these or suggest these to patients provided that it's all legal and within the realm of their capacity? Where does someone start?

Janice Newell Bissex:

Well, they could either pursue some training so that they could become knowledgeable. They could refer out to someone who is knowledgeable about this and even just providing a nonjudgmental way of asking or looking at it. So saying to a client, "Have you ever used cannabis or CBD to help you manage this chronic condition?" And that patient, that client might be so relieved because they have, but they were afraid to tell you. Not that dietitian are judgy or that doctors are judgy, but there's such a stigma around this plant that people are afraid to share that. There was one study with people with, I think it was with IBD, inflammatory bowel disease. And of the people who used cannabis to manage their symptoms, less than half told their doctor, because some doctors will judge.

I have a friend whose 80-something-year-old mother was in severe pain. And I said, "Jane, you've got to ask the doctor about CBD because this might help her." The doctor said, "Oh, I don't think that's a good idea." Why? Why do you not think it's a good idea? Because you're uneducated. The research is there. Why? It's the stigma. And hey, I bought into the stigma too. So I was there six years ago, but it's time. Health professionals need to get on board because our clients are using it.

Mary Purdy:

Right. It's taking having conversations like this, getting educated, reading up, hearing the stories, looking at the research and really tapping into this fantastic medicinal plant that can have a myriad of health benefits or applications for so many. One last question here, which is, are you actually seeing in your practice, an increased demand for people who have this kind of expertise?

Janice Newell Bissex:

Yes, I am. Especially through the last couple of years with COVID, the anxiety levels are high. I mean, I recently said to someone, anyone who isn't at all anxious right now, given the state of our country and COVID and all of that, I worry about them. And I'm a little jealous of them if they're not anxious about all this stuff, but yes, I have seen an increase for sure. And so it's very rewarding work and to be able to provide the service and products.

I'm a dietitian. I never in a million years thought I would sell a supplement, but the FDA did a study and found that 70% of CBD products on the market are mislabeled. And so I said, "Oh..." Some of them had



zero CBD. So I had to make sure that my clients had a good quality product. So I did some research. I found one. And now at least when I work with my clients, when they use CBD and they say, "Maybe it didn't work," then we need to change the dose. Maybe try another method of administration, but I know it's not because it's a terrible product that has zero CBD. And if someone's looking for a product, they need to ask for a COA, or Certificate of Analysis, because anyone can put oil in a bottle, snake oil in a bottle and say, "This has 500 milligrams of CBD." Say, "Okay, can you show me the COA?" And if they say, "No," then don't buy the product.

Mary Purdy:
Okay. Certificate.

Janice Newell Bissex:
Yeah. I mean, it's a Certificate of Analysis. It will tell you how many milligrams of CBD are in there or THC or CBG or any of the other things, and you need to know that. You need to know that this is good quality product. I prefer organically grown hemp or cannabis just because these are bioaccumulator plants. So they draw toxins out of the soil. They planted acres and acres of hemp over in Chernobyl after the nuclear accident to clean the soil. So I prefer organically grown. I prefer to be grown in the US. And then you just have to make sure that the company that you're buying from is reputable, that there's someone there who can answer your questions and can give you a little bit of guidance.

Mary Purdy:
And what is the difference between cannabis and hemp?

Janice Newell Bissex:
They're same family, but hemp contains less than 0.3% THC. So it's sort of a cannabis plant without the THC, without the intoxicating THC molecule.

Mary Purdy:
So shoot for organically grown, look for reputable companies, seek out that COA. These are all great tips for us, Janice. I know that you have written books, you have many resources on your website. Where can people go to learn more about you and about the role that cannabis can play potentially in their practice or their health?

Janice Newell Bissex:
They can go to my website, jannabiswellness.com, J-A-N-N-A-B-I-S. It's cannabis with a J, jannabiswellness.com. And there's all sorts of information, research on there. They can look at my work at John Patrick University, if there are healthcare professionals out there who say, "You know what, I'd like to do this. I would like to learn about this and teach people." We have the first masters in integrative and functional medicine with a concentration in cannabinoid medical sciences. It's really cool. I love it. I mean, I teach doctors and nurses and social workers and dietitians because that's what we need to do. We need to all get educated in this so that we can really better assist our clients and patients.

Mary Purdy:
Well, we know that these chronic health issues and pain and insomnia and anxiety are not about to go away anytime soon. So having this information has really been critical, I think, to everyone listening.



So thank you so much, Janice, for speaking with us today.

Janice Newell Bissex:

Thank you, Mary. Always a pleasure.

Mary Purdy:

We look forward to having you join us for future episodes of The Good Clean Nutrition Podcast, sponsored by Orgain, where we will interview subject matter experts on a variety of health and nutrition-focused topics. To stay up to date on the latest episodes of this podcast, be sure to subscribe on your favorite podcast platform. Thanks so much for tuning in.