

EPOWERING YOU ORGANICALLY – SEASON 2 EPISODE 13

Jonathan: Welcome everyone to another episode of Empowering You Organically. I'm joined today by my cohost TeriAnn Trevenen.

TeriAnn: Hey, everyone.

Jonathan: Also joined by our special guest John Malanca.

John: Thanks for having me.

Jonathan: Thanks for being here, John. Today, we're going to talk about ... it's got to be the most versatile healing plant in the world. So, if you suffer from any kind of pain, or sleep insomnia, anxiety, stress, diabetes, autoimmune, inflammation, the list goes on, and on, and on, this is an episode that you need to pay very close attention to. So, John, why don't you give us just a little bit about your story.

John: So, my name's John Malanca, and back in 2011, my wife and I were thrown into this industry because my father-in-law was diagnosed with stage 4 lung cancer. [inaudible 00:00:49] to his brain. I had just lost my father not to disease, but a heart attack a year prior, so I was ... when I saw my father-in-law going through this ... I know that tissues are there, because I do get emotional. I was on him. I was his caregiver. The family was the caregiver, but he went from a healthy 77-year-old man, retired dentist, athlete to literally a prisoner of war, and wasn't eating, wasting away, and every day the phone would ring, we thought here's the call, here's the call.

John: And so, one day, I said, "I want to go to your next oncologist appointment," and so we went, and I picked him up, carried him. He was on full-time oxygen, and we went to the hospital. And we were in the room probably the size of the studio here, and I asked his oncologist, "How much time do we have?" And she said, she looked at us in shock, and said, "Do you really want to know?" And my father-in-law said, "This is my family. Share." She said, "Probably two weeks."

TeriAnn: Wow.

John: Get emotional just talking about it. And I said, "Well, what could we do?" And she says, "Really, nothing. I can give you a morphine," and he said, "I'm not in any pain." And I looked at my wife, and looked at my in-laws, and I said, "I don't mean to offend anyone here. We came across a study that showed 40% of cancer patients pass of malnutrition before cancer." So, I looked at everybody, and it's never been talked about, and I said, "I don't mean to offend you," I said, "What about medical cannabis?" We're from California," and I said, "And they're popping up everywhere." And I said, "What about medical cannabis for appetite stimulation?" Doctor said, "I know nothing about it." My family said, "We'll try anything." And I said, [inaudible 00:02:37] the caregiver, and we laughed, because I call Corinne Mary Poppins. Didn't drink to the smoke.

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John: And so, she's looking at me like, what am I going to do? I said, "Just do that, the blind leading the blind, and we'll do this." And so, we went around, and you know, there was no help. There was no help, and we just started. And we knew he couldn't smoke anything, so I found a coconut oil capsule infused with raw and heated cannabis, which I'll go further into that in the show here. But three milligrams, and we didn't know anything about dosing, so I just wanted to go minute, and we would give it to him. And within 24 hours, he was eating. And we said, "Okay, it's working. He'll pass peacefully."

John: Day two, day three, day five, he's still doing it, and by day eight ... and remember, he's on full-time oxygen. I mean, all you heard is ... you know. And so, day eight, we're at the house, and he's shuffling around the house now. And we looked at him, I said, "What are you doing?" And he's like, something's working. And I said, "Okay." And then I said, "Well, don't get too cocky on us." And he said, "Well, something's working."

Jonathan: I get chills just hearing it.

TeriAnn: I know, me too. [crosstalk 00:03:47]

John: I got chills on my arm.

TeriAnn: Yeah, yup.

John: So, I'm going to fast forward six months. Six months, he's walking, he's driving. Hospice has fired him as a patient, and we just thought, fantastic. And so, you asked me ... Kerry or Teri?

TeriAnn: Teri.

John: Teri with the [crosstalk 00:04:05]

TeriAnn: Yup, you got it.

John: I've had many years of walk-mans on, and so [inaudible 00:04:08].

TeriAnn: It's all right.

John: It's Teri I said.

John: So, six months later. You asked me what my background, so my background was branding marketing advertising. I worked for a travel magazine and websites for years, and so I just said, "God, there has to be a million other families out there like us that cannabis is not our lifestyle," and so I said let's build a website. And so, we built a website called United Patients Group. We don't sell products, we're strictly education and information. The leader of education and information, and we teach local, state, international governments, as well as

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local, state and international medical institutions about medical cannabis. All of our courses are CME approved continuing medical education.

John: So, that was at six months' mark. So, at the three month mark, we said, "This is a need," so we started building this, and then at the sixth month mark, we realized that who was good in the industry, who was bad in the industry, what was needed, and so we incorporated a little heavier dose, which was called full extract cannabis oil. A lot of people have seen it. It looks like molasses. We did such a minute amount with that. He would do it at night under his tongue before bed, so if he had any psychoactive feeling, he would sleep through it.

John: By that point, we had read a bunch of studies that showed THC has been proven to kill cancer cells. CBD, which is in the news every day, has been proven to stop cancer cells, as well as spreading. So, the combination of the two is what we were looking for. So, we incorporated a four to one ratio, four parts THC to one part CBD under his tongue at night before bed. Again, minute amount. Maybe about five milligrams, nothing major. And that was at the six month mark.

John: At the nine month mark, and they were never going to get scanned. At the nine month mark, it was 10:00 at night, Saturday night, and the phone rang, and we said, "Here's that call. Here's that call," to my mother-in-law, and we said, "Everything okay?" And she said, "Check your email. "We jumped out of bed, and it was the first scan that came back, it said, "No evidence of recurrent disease."

TeriAnn: Wow.

John: So, talk about just tears of joy. So, my background, cannabis, was never our lifestyle. For the first nine months, I didn't put Malanca on anything. We would do press releases, and I would just put John.

TeriAnn: So, you were just afraid of [crosstalk 00:06:36]

John: Well, because my background.

TeriAnn: Yeah.

John: My family.

TeriAnn: Yup.

John: Just relationships I've had in my life. A lot of people have this stigma, cannabis, drug user, stoner.

TeriAnn: And how long ago was this? What year was this in?

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John: This is 2011.

TeriAnn: 11.

Jonathan: It's the reason we wanted to do this podcast, right. And if you're listening, and you don't know much about cannabis, or all you know about it is that it's illegal, do not tune out. This is the stuff that you need to hear. This is the stuff that you're not hearing on your local news. This is the stuff that you need to understand, because I mean, this is a powerful plant that's been used for thousands of years, and for many different [crosstalk 00:07:21] ailments.

Jonathan: Not all treatments will you get quote unquote "high," or some sort of psychedelic response, or anything like that. So, there's all kinds of different things that you just got to stay tuned as we talk about this. And let's do that, let's talk about when this shift happened, because pre-1920, 95% of all nutraceuticals, pharmaceutical supplements, whatever-

John: Had cannabis in it.

Jonathan: Had cannabis in it.

John: As a medicine.

Jonathan: Right.

John: Can I back up before my brain goes elsewhere? My father-in-law's still alive, and he's had 17 lung and brain scans, and they all, knock on wood, come back with no evidence of recurrent disease.

Jonathan: Wow.

TeriAnn: Wow.

John: So, he is a happy senior living his life cancer free, and if I didn't see it with my own eyes and experience that, we would've never believed that. We would've never had believed that. And so, the goal I want people to realize that this is medicine. It doesn't work for everybody. I don't want everyone to think that this is the golden pill, the golden ticket, the golden everything.

Jonathan: Like anything out there, right. No diet works for everybody. No prescription med or health supplement.

TeriAnn: We talk about that. We talk about that a lot [crosstalk 00:08:42]

Jonathan: Everybody's different.

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TeriAnn: Everyone has a different body, different makeup-

Jonathan: Different metabolism.

TeriAnn: Everything works differently for everyone, but this could be something that impacts you in a positive way.

John: It can. The majority of the events that we go to, 99% of them that we speak to are not in the cannabis industry. It's all integrative oncology, epileptic, pediatric, seniors, geriatric. And I always do this one slide when I speak it, and it's my favorite slide, it's a big roll of duct tape, and I said, "People always ask me, does this work?" And I said, "I have the duct tape up here, because I don't want to say it's like duct tape with a million and one uses, but it truly is." I've seen it with arthritis. The elderly with sleeping. Depression, cancer, diabetes, autoimmune diseases, aids, the list goes on, and on and on, and you can Google these. You can go to Google Scholar. There are more studies done on medical cannabis, and the benefits than I think on other topics like this.

Jonathan: Absolutely.

John: So, it's not something that just popped up three years ago. The CBD phase came into effect, and so it's been around. It was banned in 1937. Our government banned it I think just because of different laws. I'm not into the whole politics, I'm not a conspiracy theorist, but they said it was the minorities used it, and it's bad, and it'll have these hoodlums come and take your white daughters away from you.

Jonathan: What I've read all about, right, where they gave it the street name marijuana.

John: Totally, right. Marijuana.

TeriAnn: Yup.

Jonathan: Changed it from cannabis to marijuana, and they were able to get laws passed, because people didn't realize that they were talking about cannabis, right. They thought it was marijuana [crosstalk 00:10:37]

TeriAnn: People are afraid of what they don't know and understand, and it wasn't understood.

John: We were those people.

TeriAnn: Yeah.

John: We were those people. And so, I never use the word marijuana. I never use the word cure. I use cannabis. I use heal. I use cannabis kills cancer cells, it's been proven. You can

search it, Google it. Everything's Google nowadays. Go to Google Scholar. But you will show that THC kills cancer cells while CBD stops the spread, and CBD and THC are cannabinoids. Just like the different varieties in wine, there are a bunch of different varieties in cannabis, with all different. There's 113 different cannabinoids in the cannabis plant, and still people are discovering more each and every day.

John: The most popular one is THC, which gives a psychoactive effect. Also, right behind there is CBD, which is a non-psychoactive, which you're hearing a lot of patients using for seizure disorders for children and adults. But if my father-in-law was on a straight CBD regiment, I know for a fact he wouldn't be here today. THC was needed.

John: Same thing with epileptic children. A lot of these states have CBD only laws, which they're designed specifically for the pediatric children. CBD works for epileptic children, epilepsy. With just straight CBD, it'll work about 12-15%. Add a minute amount of THC, that number will go up to about 70%. So, THC is needed. I don't want people to be afraid thinking CBD's the medical portion of the cannabis plant and THC's the recreational portion of the cannabis plant.

Jonathan: Well, and let's just talk about that, because most of us, or at least I'll speak for myself, right, in my teenage years, early 20s, right. What I know about cannabis is rolling it up in a joint, smoking it, sticking it in a bowl, smoking it. Nobody was using it for medical stuff then. Now, I mean, all of that's different. Let's talk about the difference between medical and recreational use, because you don't have to smoke it, right. You don't have to roll it up in a joint, you don't have to smoke it, you don't have to sit around somewhere and be lazy all day just smoking weed. We're talking about a totally different thing here.

John: Totally different thing. So, we speak at a lot of retirement communities around the country, and I always ask the seniors how many people have used medical cannabis? And at first, you'd have 8-12% of the room. Now, when I ask that question, it's like 90% of the room. But I ask the question, how many people think the only way of consuming medical cannabis is via smoking it? And the same thing, used to be at the 12%. Now, they look at me like, come on, throw us a harder softball question than that one.

John: So, you don't have to smoke it. There's tinctures under the tongue. There's topical, great for arthritis. Vaporization, which is another form of ingesting, but not lighting up your bowl, lighting up the flower material. Some people use it for suppositories. Now, they have patches, transdermal patches that you can put on your wrist, or your ankle, or your neck that will bring in the different types of cannabinoids. There's a lot of different companies that have different types of ... just like with your Organixx products, you have a line. So, they have a different line of different cannabis products.

Jonathan: Different delivery systems.

John: Delivery systems, but also different cannabinoids in those delivery systems.

Jonathan: 14:02 So, talk about that. I mean, because I want that education. What are cannabinoids?

John: 14:08 So, cannabinoids are part of the cannabis plant, and so just like in a variety in wine, you can grow a pinot wine, or a chardonnay wine. Merlot's and cabs. And the same thing with cannabis. So, now, you have a bunch of farmers growing different varieties of cannabis for different ailments. Again, THC was and has been probably the most popular, and it's gotten a bad name, because people assume that THC goes with the recreational stoner, and this is what you see the kids on the corner, which we saw in high school. That's what people used. And now, with people discovering different types of cannabinoids ... it's called an entourage effect when you're combining the different cannabinoids. It's like baking a cake, and forgetting you leave water, flour, eggs. Your cake is not going to rise.

John: 15:00 And the same thing with different types of cannabinoids. You can mix them in there. Some are better for sleep. Some are better for inflammation. THCA, which is a non-psychoactive, which I'm a big fan of. So, THCA, you're in the vitamins world. Remember wheat grass? I'm a big fan. I do wheat grass every day. And so, you can juice wheat grass. Well, you can juice cannabis plant. And so before, you have a beautiful cannabis plant in your backyard, and you can cut it down, and you can juice it, and you can juice it into wheat grass [inaudible 00:15:28]. Take a shot. Non-psychoactive, great for inflammation. Great for cancer fighters and other disease fighters. Great for dementia patients, for brain inflammation. Parkinson's. There's so many studies on dementia and Parkinson's now, and for some reason, I'm seeing more cases of dementia and Parkinson's than I ever have in my life.

TeriAnn: 15:47 Yeah, absolutely. Do we have a rough number about how many cannabinoids there are out there that are known right now?

John: 15:53 113.

TeriAnn: 15:53 113.

John: 15:54 113, and then you tie in the terpenes. Terpenes, myrcene, limonene. Those are the different smells. So, you got to a pinene, like you go up in the mountains. We're from California. You go up to Lake Tahoe, and you can smell the pine. That's pinene. Myrcene is in mangos. Linalool is in lavender. And so, I think you carry a lavender product, and I carry a jar in my briefcase just to smell for calming. And so, that's the difference.

John: 16:23 So, now, you have companies that are making different ... they're almost like compound pharmacists. They're not pharmacists, I'll use that term loosely, but they're making different formulations, and adding different terpenes in that you can smell, and it's for calming as well.

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John: 16:39 Perfect example why I truly believe a medical professional is needed, as well as a pharmacist is needed, is because my father-in-law had a heart arrhythmia. Now, I'm really going to go off the thing here, but in the cannabis plant, you have indica, which is for a lot of pain patients, helps with sleep. You have sativa, which is another variety for basically a daytime, and then you have a hybrid, of course, a mixture, which you're seeing again in wine. I use wine. My family's in the wine business, but I just use that example because people say, "I don't want to get high," and I say, "It's the same thing." You can have a sip of wine, or you can drink three bottles of wine. Same thing with cannabis. You can have a sip of THC, which you're not going to have major. But if you had three bottles of this THC like you would, you're going to feel something. So, again, more is not better in anything. Less is more. We're a big fan of micro dosing.

John: 17:39 One, it's better for your body, I believe, and it saves money. You were going to say something. Sorry, Jon.

Jonathan: 17:45 No, I'm listening, because I love your analogy to wine. I think that that is the most relevant analogy not just with the different kinds of wines that are out there, but the fact that we all know we may be able to have a half of glass or a glass of wine and be fine, and if we have a bottle, or two or three, we're not fine.

John: 18:02 You're going to feel something. Yeah.

Jonathan: 18:03 And I think that's where a lot of fear ... I think there's two places where fear comes in around cannabis, and I think that is, oh, it's illegal, which means it has to be bad, but which we could go down that rabbit hole. I don't think we're going to, because it's becoming more and more legal, and in a few years it's going to be legal everywhere.

John: 18:18 It's legal in 33 states in some form or another.

Jonathan: 18:21 Exactly. So, politics aside, I mean, this is going to be available to everybody very soon. The other fear is I don't want to get high. And I get it. I mean, there's a lot of people that don't consume alcohol, because they don't want to lose control, and they don't know what it's going to feel like. Am I getting high, am I going to see pink elephants? Like, they just don't know, right. That's not going to happen, because you can totally manage exactly your doses, your micro doses to just a little bit. And that's why you highly recommend seeing an expert about this, right? This isn't like sit at home, and try to get out your own little chemistry lab, and try to make up your own cures.

John: 18:57 That's a great point. So, cannabis is not a one size fits all. You need to look at age, weight, current health condition, your ailment, and any other medications you may be on, because there are drug to drug interactions, and so it's very important to have that. When we were 17 years old, you're like, oh, won't be doing that again.

Jonathan: 19:17 Right.

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John: 19:18 The majority of the patients we work with are ... I would say 99.9 are true patients battling something. We have about 65% of them are senior citizens who have never tried cannabis, or maybe they did it was 50 years ago. And so, it's changed a lot. It's become more of a science. The products are a lot more potent than they were then. I always use a pharmaceutical example analogy as well. Your doctor's not going to say take eight pharmaceuticals every hour. He or she's going to say take one every eight hours. And the same thing with cannabis, more is not better.

TeriAnn: 19:54 Well, you even said with your father-in-law, that you started out slow, but look at the impact. Because you didn't know dosage, so you wanted to be careful.

John: 20:02 We never went higher than that. So, I don't know.

TeriAnn: 20:06 He stayed on that same regimen.

John: 20:08 Same. And people used to doubt us at the very beginning. Impossible. I don't know if your listeners, how far they've delved into this industry. There's a lot of great information on any product's nutritional value. You know, your vitamins and stuff like that. And there's a lot of misinformation. There's a lot of misinformation on cannabis. A lot of people think you need to take a gram a day. To me, a gram a day is having a glass of wine one day, and two jugs of whiskey tomorrow. That's overkill.

John: 20:39 If my father-in-law went straight out of bat, and took a gram a day ... remember he wasn't eating, and 40% of cancer patients pass of malnutrition. He would've been so out of it stoned. I hate the word stoned, but stoned.

Jonathan: 20:51 That's what would've happened.

John: 20:52 And he would've just been stoned, and comatose in his bed, and again, he wouldn't of eaten, and he would've passed away, which has happened to a lot of patients. And so, less is more. And so, in a gram of oil ... this industry has a long way to go. They still use the measurement of a rice grain. Where did they come up with a rice grain of oil? I have no idea, but that's what stuck. And so, in a gram of oil, there are about 16 grains of rice in a gram of oil. This is what the internet says. Take a gram of oil.

John: 21:22 My father-in-law never exceeded a half a grain of rice. Never exceeded a half of grain of rice, and he's had success. So, people are like, impossible, impossible, you have to take a gram a day. So, now, a lot of doctors are saying, no, micro dosing, and they came back, and said, "How did you know that?" And Corinne and I were lucky. It was trial and error, we didn't have any error. We really didn't have an error. And so, I'd like to, I don't know when you want to talk about ... I don't know if you know, but I just recently lost my wife to pancreatic cancer, and cannabis did not help her.

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John: 22:01 Pancreatic is the worst of the worst. We're still scratching our heads. It's like, how did this happen to us? We saved my father-in-law. We've saved thousands of families.

Jonathan: 22:11 You and your wife together had.

John: 22:14 Sorry?

Jonathan: 22:14 You and your wife had saved thousands of people.

John: 22:17 Thousands of people. We've done a lot for this industry to change the stigma on this. I mean, we started our company, it's a nonprofit, and we were the first medical cannabis company in the history of the United States to be invited to the US Capital to speak, and it was an open mic. Next, it was United Patients Group come on in, and we did a day of education, and it was for Congress, bipartisan, and we were in the US Capital, and we did a lunch, and it was a full day event.

John: 22:51 We're proud to do that. We're not Mormon. We've been invited to Utah twice. We were part of the reason of them recently passing the law. But we've done this, and they look at us, because we don't sell a product. We're strictly education and information, and we have a great reputation, and I'd like to think that we're great ambassadors for this industry and for this plant.

John: 23:11 It helps a lot of people. Like my wife, it did not help her. Pancreatic is a tough, tough cancer to fight. I remember I used to call all of our patients when we first started. How is your husband doing? And this one lady said, "He passed on Tuesday." We cried every day. Good and bad. We cried every day. And I said, "I'm so sorry." She said, "John, you allowed him to get out of a hospital. You allowed he and his brother who were at odds because the brother was in denial that his brother was dying, but you allowed him to get out of the hospital, and we upped our daughter's wedding by three months, and we had it in the backyard, and he got to walk our daughter down the aisle, and he passed." And without cannabis, that wouldn't have happened.

John: 24:00 And so, it does a lot of good. I know it's not for everybody. I don't want to ever give anybody false hope. But hope, we had a lot of hope. I lost my wife in four months, and I'm still in shock. Like, how did this happen? She passed on the 19th, and today's the 19th. So, every 19th, I mean, it's-

Jonathan: 24:22 I'm sorry, man.

TeriAnn: 24:22 That's so hard.

John: 24:24 It is hard.

TeriAnn: 24:25 So hard.

John: 24:26 And flying out here. I mean, not only was she my wife, my best friend, my business partner. When I say we were together 24/7, we were together 24/7, and so having that other half my body, it's tough. So, if anybody's going out through this right now, I send you love, and prayers and a hug, because I've lived it. I've been on both sides. I've seen this plant be a successful medicine, and helping others, and losing someone as close as my wife.

TeriAnn: 25:05 I think your story's so important too. I mean, I appreciate you sharing, and that's a really personal story to share with people who are going to be listening, but we talked earlier in the episode, and we've talked about this a lot in the episodes about how every individual is unique and different. And the beautiful thing about your story is, is you've been through this incredible story of your father-in-law and all these people you've helped, and then to go through that with your wife, it's such a tender thing. And for you to feel like it didn't end the way we wanted it to end, but you're still here talking about this thing that you're so passionate about, you and your wife were so passionate about, you're still so passionate about. You've helped so many people. And every single person is unique, and every story's going to be different, and here you are still telling this story, because this can truly help people and change people, and you're not going to give up on that. And I think that's such a powerful story for people to hear.

John: 26:06 We do a lot with the International Integrated Oncology World, and so this last year I was in ... you asked me if I traveled a lot. Where was I? I was in Florida, and there was about 350 International Integrated Oncologists who have known us for the past seven years. We're the only cannabis company they ever invited in, and I stood up on stage. And these are doctors, International Integrated Oncologists, that do everything besides chemo and radiation. There's a 2.1 success rate of chemoradiation here in America. There's a 2.3 success rate in Australia. Why they use Australia as a marker, I do not know. So, I would never tell anybody not to conventional.

John: 26:45 I've had family members who have had success with conventional. My aunt is going through breast cancer right now and her daughter, and they've had success with breast cancer with conventional.

TeriAnn: 26:53 And everyone has choice, choice of your health is so important, right.

John: 26:56 Cannabis does work extremely well with chemo and radiation. It helps with not only inflammation, better mood, pain free, nausea, as well as appetite, and so they go well with each other. So, again, I don't ever want to tell anybody don't do this, and use this. Where was I going with this story, I don't know. I don't know, but it'll come back to me.

TeriAnn: 27:19 I want to touch on something as we've talked about this in this entire episode. We talked in a previous episode about nutraceuticals versus pharmaceuticals, and the history of that. Now, we're talking about the history of cannabis, and it all kind of happened at the same time. We talked about how did we get back to a world where supplements are accepted again, and people are taking them, and natural medicine is coming back into play, and something so unique and interesting about your story, is your bringing something that was so

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accepted before, and thousands of years this has been used, and just in the last 100 years did people start saying no, no, no, and they didn't understand it, and they were afraid of it. And here you are, this pioneer in cannabis and all that goes with it, and bringing it back to light again. It's another way of naturally treating yourself, and it's so misunderstood, and people don't take the time to educate themselves.

TeriAnn: 28:09 And just like Jonathan said, not everyone, but a lot of people just have this bad perception of cannabis, and they think, oh, it's this, it's that, it's illegal, it means drugs, and bad things happen, and crime. But it's not just that. Yes, there is that side of it. There's bad sides of everything. Too much can be detrimental, right, but it's just a very fascinating story, and I think people have to realize this is another part of the natural industry like supplements, like organic food and non-GMO that's coming back to light again, and people are noticing.

TeriAnn: 28:46 I was telling Jonathan the other day when we were talking about doing this episode. I saw a kiosk in the mall for cannabis, right, for CBD oil. Like, could you have imagined that even five years ago?

John: 28:56 No. You go into health food stores all across America, and I see that.

TeriAnn: 29:00 Yeah, absolutely.

John: 29:00 And it's frustrating, because just like in the supplement industry, there's a lot of-

Jonathan: 29:06 Junk.

John: 29:07 Junk. That's a good word.

TeriAnn: 29:07 Yeah.

John: 29:11 I was going to say something else. And that's a great point that you bring up, because it's frustrating because a lot of these companies, and I'm not against hemp CBD at all, but CBD, this craze has popped up, and everyone thinks CBD, CBD, CBD, and it's frustrating when I hear these big companies say CBB. And it's like, you're messing that up.

TeriAnn: 29:29 Yeah. Yeah.

John: 29:29 Cannabidiol is what a CBD. Charlie, Bravo, David. And you're seeing a lot of these people just jumping on board thinking it's a get rich quick industry, and it's frustrating. And it's frustrating for the people who have been in this from the ... I shouldn't say beginning, because we're not from the beginning. Cannabis has been legal in the state of California for 22 years. Corinne and I got into this eight years ago, so there's a whole pioneer before us that had to fight this fight to avoid the cops, and stuff like that, just for medicine.

John: 29:58 So, it's been used for medicine. It's always medically approved in California 22 years ago. People don't realize that. It was approved for glaucoma and AIDS patients, and then

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as time has gone on ... the joke is, when I travel a lot, it's like, everyone has glaucoma in California. But it's frustrating, because there are a lot of states that have approved qualified conditions where epilepsy is approved, and cancer's not.

John: 30:24 We were in Utah, and one of the parents I was speaking with, their child, they have two children, one has epileptic seizures, which is a legal patient, and their other child has cancer, which is an illegal patient. And I said, "Goodness gracious, what do you do?" He goes, "I break the law. I break the law." And he was high up in the church. He was high up in the church. And I said, "How awful is that?" He goes, "It is awful."

TeriAnn: 30:54 That you have to feel that way.

John: 30:55 You have to.

Jonathan: 30:55 Well, it's kind of absurd that they're making it ailment based, right, so disease based. So, yes, you can use it for this disease, but not that disease. I mean, come on.

TeriAnn: 31:04 Doesn't even make any sense.

Jonathan: 31:04 Right.

John: 31:06 Yeah.

TeriAnn: 31:06 Doesn't make sense.

Jonathan: 31:07 Yeah. And for those of you listening, we're going to go further down this rabbit hole. We're actually going to have John back, and we're going to do another episode after this where we talk about the specific uses, like exactly what to use, where to get it, who to talk to, so hang tight. Don't think that we're just doing a whole podcast where we talk about it, and you're left in the dark at the end saying, well, now what?

TeriAnn: 31:27 I want to ask one thing before we end today. This has led you on an amazing journey, it's connected you to a lot of people, but in those beginning years when you started with your father-in-law, and saw what it could do for him, what did you do? Because I loved how you were like, I wouldn't even put my last name on anything, and now you're just like, I don't care. Like, I know how this can impact people, so I'm going to share my story. That's so powerful. But what did you do? What did you and your wife do? Where did you go for information? Where did you go for your research and things like that? Because when people hear this, and they understand there's a different side to what they've always believed, the first question's going to be like, information, information, information, and I think you have a few good places to refer people to from what you've been through and now where you are on your journey.

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John: 32:11 So, the studies are out there. So, remember when I had my brain drained a minute ago when I said I forgot, about my name. So, that night when my mother-in-law said, "You guys saved your father's life," I said, "That's it. I'm never turning back, and the rest of the thing was-

TeriAnn: 32:27 My name will go on everything.

John: 32:28 Malanca was everywhere, because I had a lot of people in the industry when I was ... we would do press releases, and people would get upset with me. Like, how can you not put your name here? I said, "Well, this was not my lifestyle." And so, I do have other business colleagues that probably would just like, are you kidding me, what'd you do? So, anyway, after that, I put my name on everything.

John: 32:48 Where did we get information? We researched like crazy. My wife Corinne was a major researcher. My father-in-law, like I said, he's Stanford graduate, retired dentist, and so he loved these. So, we started handing him a bunch of research papers, and we'd read. So, there's more studies.

TeriAnn: 33:06 It's out there.

John: 33:07 It's out there.

TeriAnn: 33:07 You can Google it I'm sure.

John: 33:07 There's more studies. Well, nowadays, you can Google everything.

TeriAnn: 33:09 Everything, yes.

John: 33:12 I'll tell you a funny story. My brother was walking my little nephew to school one day, and he's like, "Dad, can I get a sister?" And he's like, "Well, that's something you need to ask your mom." He's like, "Why do we need to ask mom, you can just Google it and buy anything online." He's like, "Good point, kid."

TeriAnn: 33:27 So funny.

John: 33:29 But there are more studies done, this will blow your mind, in China, Czech Republic, Israel, all over Europe on cannabis than here in the United States. We should be the leader. We should be the leader, but they're leading the pack right now in this. It's turning around. We're starting to become-

Jonathan: 33:50 We were the leader at one point.

John: 33:52 And our government owns a US patent on medical cannabis CBD as a nutraceutical, but they also put it as a schedule one at no medical value. And my father-in-law,

we shared that with him, I don't know, seven years ago, and we were sitting up there at their retirement community, and he looked at us, and he goes, he's a very humble man, he said, "Why isn't someone suing the US government for murder?" And I said, "I'll be darned." We did an article on that. Not to throw anybody under the bus. We've done articles on side by side with fibromyalgia patients with Lyrica. We have a great, and I'll send it to you, but we have a great ad. It was a magazine ad that we've put out, and so many different, but it was a side by side of fibromyalgia, Lyrica, and the side effects, benefits and side effects, and cannabis side effects zero, sleeping, hunger, and the benefits, and I've had a lot of people call.

John: 34:43 This one guy called from Arizona, he said, "Is this John?" I said, "Yeah." He goes, "I think it's wonderful what you're doing, and I love that ad. I just wanted to talk to you before the pharmaceutical company takes you down." I don't want to look at as a pioneer or an outlaw. And we never looked at it that way. Maybe I'm jinxing myself here, but it was never. We never looked at it as fear. We just thought we're helping people.

TeriAnn: 35:10 Yeah. When I was talking about you being a pioneer, there's certainly people who have come before you, but you're getting the message out there. And now at this point in your life ... so lot of people can go and just Google the research [inaudible 00:35:19], and I'd love for you to send me that side by side so we can post it for the listeners. But where are you at now in journey as far as sharing the information?

John: 35:27 Yup, and so I was thinking on that too. And so, a couple years ago, Jon your dear friend, Manny Goldman, came to us, and he ... you guys have worked together for a while, and he wanted to do a docu-series, and getting the word out. He called it The Sacred Plant. And so, Manny's wish list and punch list was he came into the industry and spoke to a couple people. Ricky Lake, the talk show, and so she did a docu-series that we were involved with. He said, "Here's my punch list. Can you help me? I'm looking for one, a reputable company, two, a host, preferably a husband and wife team who has a good reputation," [inaudible 00:36:14] third one, there's my thing.

John: 36:16 She started laughing, she says, "Well, not only do I have that. It's the same people." You know, reputable company, reputable host, and they're husband and wife, and so Manny came to us, said, "Hey, I'm doing this docu-series, would you guys like to be the face of this docu-series on medical cannabis?" And over the years, we've been approached numerous times. And I said something my dad shared with my brother and I, he's like, you have one name, one reputation, don't blow it. And I said, "Manny, here's my punch list now of what I will do, what we will do, and what we won't do." He said, "Great."

John: 36:56 And reputation is huge, you know. Without our reputation, we wouldn't have been invited to Utah, we wouldn't have been invited to the US Capital in Washington DC. We wouldn't have been invited to the New Zealand Parliament, and stuff like that. And so, Manny said, "Here's what's going on," and I said I wanted to review everything before we spoke about it, and so we're about to finish season four. It's called The Sacred Plant. It's a docu-series all on medical, medical cannabis, the history, different types of ailments, speaking with doctors, and

scientists, and researchers, and nurses and other medical professionals, as well as patients, and the benefits of this. Just like the duct tape, we touch up on all that.

John: 37:43 And so, it's a free docu-series. The season one. We did seven docu-series, and then followed up with seven webinar series for live Q&As with interactions with patients, and we've reached 190 countries. I think we've had close to 600,000 viewers on that season one. Season two, it was healing secrets explained, I think is what it was called. Excuse me, and I'll give you the correct title. But we followed up with different patients, what it's like to speak to a doctor, what it's like to obtain medicine, why it's important to have tested medicine, why it's important that it's not a one size fits all, and we talk about dosing, and formulation, and ratios, and protocols, and guidance, why it's important for guidance. And bringing this talk to the masses. It's not illegal.

John: 38:30 A lot of patients, you know, we're here in Texas. We have so many Texans that we work with, and they're afraid to talk about this with their doctors. It's not illegal to speak about this with your doctors. Back to the senior community, I asked how many speak about this, talk about this with their doctors, and at first, the small hands, shortage of hands would raise, and now the whole room is up there. But then I said, "What was the reaction?" And she said, this 80 year old lady, she goes, "My doctor said if I hear you ask me this question again, I'm going to ask you to [inaudible 00:39:02] doctor," and I said, "What'd you do?" She says, "I fired my doctor." And the whole room chuckled, but it's the truth. You should have a right to try a different mode out. It's your health.

Jonathan: 39:14 I love that statement, it's your health, it's your body, it's your choice. We're all adults hear that are listening to this podcast, or living our lives, and quite frankly, it's BS when we're forced to only take this, or only learn about this information, and so it's upon you as a listener to do research. I mean, that's why we had John on here, and you can go to TheSacredPlant.com, and watch these docu-series. Educate yourself, hear all these stories, learn all the different treatments that it can be used for, and really get educated. And that way when you go talk to your doctor, if they don't listen, you can walk away and go talk to another doctor.

Jonathan: 39:51 And listen, you may need to hop on a plane, and go to another state to talk to a doctor that has more experience, or you might need to go somewhere else. This is your health, this is your body. You have the right to educate yourself and you have the right to take care of yourself.

John: 40:04 And you made a great point, go to a different state. So, a lot of our followers say, "John, I don't live in a legal state. How do I have access to it? I don't want to break the law." And so, it's legal in 33 states in some form, and so I always share with people before you become a cannabis refugee, which is literally uprooting your life and going. Some patients are forced to do that for their children or their loved one, or themselves. But go to a legal state. I would say go to California. California's been legal for 22 years. We consider that the medical state, where Colorado is a recreational state. I know we're going to talk about the difference

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between medical and recreational, but go there. Take a long weekend, four or five days, two weeks if you can, to see if this plant even works for you.

John: 40:50 If it does, then you know, okay, it's something I should look into to see how to obtain it. Do I go there? I'm not advising anybody to break the law, but I'm certain people do. I know a lot of Texans that we've worked with over the years have gone to different states, and obtained it, and how they get it back home it's up to them, but you better believe I would've gone to the end of the earth to do something for my wife, or my father, or anyone.

TeriAnn: 41:15 Absolutely.

Jonathan: 41:16 You have the right to life.

John: 41:16 Yeah, right.

Jonathan: 41:18 And so, if you need to go to another state, go to another state.

TeriAnn: 41:21 Absolutely.

Jonathan: 41:21 Nobody's saying to specifically do anything, break any laws, but you have the right to life, and to do what you need to do for you and your family.

John: 41:29 And when you're in a situation like I was with Corinne, and Corinne and I were together, I consulted with doctors in Australia, New Zealand, the UK, Italy, America. I brought her down to a clinic down in Mexico. And I would still go back down there, but our doctor in California said I think you should go down to Mexico. I said, "Come on. I'm not going to be one of those people taking my wife down to a Mexico clinic," but you know what, it was an American doctor who's been down there for 18 years. You know why he went down there, because he can try different modalities that are not legal here in the states. Cannabis was not one of them, but we did other things. Stem cells, different other types of treatment, and I would do it again. Pancreatic is just the worst of the worst. It sneaks up on you.

John: 42:08 We did all the blood tests when we first had some symptoms of sore back and stomach. All the blood tests can back negative. Okay, let's do food allergy tests. We did extreme food allergy tests. Oh, you have a little allergic reaction to pineapple and vanilla. Babe, we can live without pineapple and vanilla in our life. And then one day, it came on as a stomach ache, we went down there, we thought okay, maybe an ulcer. I mean, she doesn't drink, doesn't smoke, works out, stays on top of her health. Our life is nutrition. And it was a four centimeter mass in her pancreas. And so, it sneaks up on you. It doesn't discriminate. Disease does not discriminate. Cancer does not discriminate.

John: 42:50 And I know a lot of our followers not only at United Patient Group, but at The Sacred Plant, and I'm certain with yours, someone in their life has had a major disease.

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TeriAnn: 42:59 Everyone knows someone. And I think that's a great way to close out this episode. I think this is such a misunderstood topic.

John: 43:06 Totally.

TeriAnn: 43:07 And just like you would've done anything, I think that's how a lot of people feel, but you have to know what the options are, and they're not just necessarily what your doctor's telling you. And so, I think that people need to be educated. This is a topic people absolutely need to be educated on. When I asked you about where you've gotten your research and your information, obviously, you did a lot of prior to even coming into Sacred Plant, but you can go to SacredPlant.com, find a lot of information there, and I'm excited for where we're going to go in episode two talking about the recreational versus medical versions of cannabis, and then also talking about the different uses of it.

Jonathan: 43:46 Yeah. I mean, I think that's the thing to understand it is. Cannabis isn't just for terminal illnesses. You can use cannabis-

John: 43:50 Prevention, wellness.

Jonathan: 43:51 For prevention, stress, diet, inflammation, sleep insomnia. The list goes on. So, don't feel like, oh, well, I'll check out cannabis if I ever get diagnosed with cancer. If you're taking some prescriptions for most anything, why don't you do a little research and see does cannabis help that too. There's a reason it's illegal, right, because there's prescription drugs being sold to you for a much higher price than a cannabis treatment could be, and you could get a natural, all natural healthy response.

John: 44:22 Without negative side effects.

Jonathan: 44:23 Without the side effects, exactly.

TeriAnn: 44:25 Absolutely.

John: 44:25 And I know we're closing this out, but family's everything. My mom's everything to me, as well, and before my dad married my mom, I always heard that she was going to be a nun. So, my dad got a hold of her, like no, come back over here type thing. But our whole life, you know, we never talked about cannabis. It wasn't a topic. My dad passed away 10 years ago. It'll be 10 years this Christmas Eve. Death, I'm not a fan of death. I don't think anybody's a fan of death, but I remember all my mom's friends not only saw, have watched The Sacred Plant, but have watched Corinne and I, and her father-in-law, my father-in-law over the years with medical cannabis, and so they're saying, "Can I speak with John," so she's handing out my cards like lottery tickets, and I get all her friends from church calling.

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John: 45:14 And I remember one day I came back to the house, and there's a big beautiful bouquet of flowers. I'm like, wait a minute, who's sending you flowers, mom? She's like, that's MJ, you helped her, and she just wanted to say thank you for doing that.

John: 45:26 So, one night, Corinne and I are home, and I always talk to my mom three times a day, say goodnight to her, and she's 81, very active. If I said let's go for a five mile hike, she would go. I mean, she's active. So, one day, she says, "Can I ask you a question?" I said, "Yeah." I'm on the phone with her, and she says, "Do you think cannabis can help," you know, she was a tennis player, "My shoulder, as well as help with sleep?" And I said, "Yeah, why?" She goes, I've been taking some, and I was silent. And Corinne goes, "Be supportive. Be supportive."

John: 45:58 I'm like, "Yes, yes yes." And so, just to show you that she wasn't feeling comfortable about the topic. She didn't tell my brother for three months.

TeriAnn: 46:06 Wow.

John: 46:07 But she takes one little piece about two milligrams. She uses it in popcorn. Now, we didn't talk about edibles. You have edibles now, which that's another thing. Edibles, if you want to help with sleep and the inflammation, great, but for fighting disease, smoking is not the first source. I think you truly need to get sublingual in the gums and salivary glands, and get it that way. Edibles pass us through liver. I don't think it's good for sleep. Anyways. But not fighting major diseases. Anyways.

John: 46:40 She uses one piece of popcorn. She sleeps, she's rested. But she'll go, and she's like, "My shoulder doesn't hurt. I feel good. I sleep. I'm rested." She goes, "God, if I had knew about this when your dad passed, I probably would've taken this over an Ambien." I remember she took an Ambien, she had [inaudible 00:46:58]. She's like, I'm waking up totally cotton mouth, I'm just totally groggy. Now, she gets up, and go, go goes.

Jonathan: 47:05 Yeah, let's not even talk about Ambien, or a whole list of other pharmaceuticals. So, let me plug your site again.

John: 47:12 Yeah.

Jonathan: 47:12 It is TheSacredPlant.com.

John: 47:15 Yup.

Jonathan: 47:15 You can also go to EmpoweringYouOrganically.com, and we will have transcripts of this episode. We will have cliff notes. We will have links to everything that John has talked about. We will get that side by side up, and likely link out to some other studies.

Jonathan: 47:31 Stay tuned to our next episode. We're going to have John back. We're going to talk about specific uses for cannabis. So, we're going to talk about how do you use it

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for stress, how do you use it for anxiety? What are the best ways to use it? Where to go, how to talk to your doctor. We're going to go deep down this rabbit hole, as deep as we can on a podcast. And again, if you really want to go down that rabbit hole and learn more, I cannot encourage you enough to go to TheSacredPlant.com. Thanks, John, for joining us. Thank you, TeriAnn.

TeriAnn: 47:58 Thank you.

Jonathan: 48:00 Thank you guys for listening at home on your walks, in your cars, wherever you're listening, and we will see you on the next episode.

TeriAnn: 48:06 Thanks everyone.

Jonathan: 48:06 Be safe. Thank you. Bye, bye.