

# Expanding the therapeutic horizons of medical Cannabis — from menopause to neurodegeneration and mental health

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## Editorial overview

The therapeutic landscape of *Cannabis sativa* is rapidly evolving, with emerging interest in its application across multiple health domains. Cannabinoids such as  $\Delta^9$ -tetrahydrocannabinol (THC) and cannabidiol (CBD) interact with the endocannabinoid system, modulating mood, inflammation, neuroprotection, thermoregulation and sleep.<sup>1</sup> However, while preclinical and observational data suggest promising outcomes, the evidence base remains under-developed, warranting cautious optimism and further rigorous research. This editorial summarizes key insights from pilot and observational studies<sup>2</sup> conducted under the EcoLogic project and its associated nonprofit Mariju for All, which develops accessible, plant-based cannabinoid formulations in MCT oil and shea butter. These community-based efforts aim to integrate research, ethical access, and patient-centred innovation.

## Menopause: exploring symptom relief through cannabinoid-based topicals

Preliminary findings from a small case study<sup>2</sup> suggest potential benefits of a cannabis-infused shea butter + MCT oil cream applied vaginally for alleviating menopause-related symptoms such as hot flashes, vaginal dryness, sleep disturbance and mood instability. These findings align with survey work showing that many perimenopausal/post-menopausal women are using cannabis, primarily for sleep disturbance and mood/anxiety symptoms.<sup>3</sup> A systematic review further confirmed that data on cannabis use for vasomotor symptoms, mood, insomnia and sexuality remain extremely scarce.<sup>4</sup> Mechanistically, cannabinoid–estrogen interactions may influence thermoregulation and emotional balance via endocannabinoid signalling. While plausible, these mechanisms remain largely theoretical in humans at present. Although these early observations are encouraging, the data are not yet sufficient for clinical recommendation. Larger placebo-controlled studies are needed to establish efficacy, dosage standardization, long-term safety, and to compare formulations (topical vs systemic).

## Alzheimer's disease: a field of ongoing investigation

In another small-scale study,<sup>5</sup> patients treated with an MCT-based THC:CBD formulation reportedly showed improvements in sleep and caregiver-reported quality of life. This aligns with systematic reviews indicating that cannabinoid-based medicines (e.g., dronabinol, whole cannabis, CBD) have been used for behavioural, psychological and motor symptoms in neurocognitive disorders including Alzheimer's disease (AD) (Van den Elsen et al. 2022). Further literature notes the potential of CBD or cannabis extracts to attenuate amyloid- $\beta$  and tau pathology in experimental models of AD.<sup>6</sup> However, these outcomes

remain *observational* and should not yet be interpreted as clinical proof of neuroprotection or disease-modification in AD. Placebo-controlled trials with standardised cannabinoid ratios, cognitive endpoints, biomarkers (amyloid, tau, neuroinflammation) and long-term follow-up are required to validate these preliminary insights before adoption in clinical practice.

## Anxiety and depression: preliminary clinical observations

A pilot study involving 20 participants (Eichler-Barker 2025) indicated reductions in anxiety and depression symptoms following treatment with a *Cannabis sativa* flower infusion in MCT oil and shea butter. This aligns with broader literature on CBD and cannabinoids in mood and anxiety disorders: for example, a systematic review of 11 RCTs found modest improvements in anxiety with CBD but concluded evidence remains insufficient to recommend cannabinoids for affective disorders at present (Campos et al. 2023). Another recent review of medicinal cannabis and mental health outcomes found mixed benefits and emphasised risks, especially for THC-rich products (Holland & Groshkova 2024).

Again, the small sample size and lack of a control group in the Eichler-Barker study limit generalisability. These results should be viewed as groundwork for hypothesis-driven clinical trials rather than confirmatory evidence.

## Community access, ethics, and responsible innovation

The Mariju for All initiative promotes equitable access to cannabinoid-based products, producing ethically sourced formulations and designing delivery in MCT oil and shea butter for safe home or clinical use. Its approach bridges grassroots healthcare, normative therapeutics, research ethics and social responsibility. Such community-based models may provide valuable frameworks for future translational collaborations, especially in underserved settings where access to regulated cannabinoid therapies remains limited.<sup>7–10</sup>

## Conclusion

The integration of observational data, community engagement, and ethical formulation highlights the growing therapeutic interest

in *Cannabis sativa*. However, the field urgently requires rigorous, controlled and comparative studies to substantiate these early findings. While the studies by Eichler-Barker PB, Dahlgren MK<sup>2,3</sup> contribute valuable initial observations, they must be viewed as exploratory. Future directions should prioritize:

- I. Multicenter, randomized placebo-controlled trials with standardized cannabinoid ratios and routes (topical vs systemic)
- II. Biomarker validation, pharmacokinetics and pharmacodynamics of formulations
- III. Head-to-head comparison of cannabinoid vs standard therapies (e.g., HRT in menopause; AChE inhibitors in AD; SSRIs/SNRIs in mood disorders)
- IV. Long-term safety, adverse-event profiling, and real-world implementation pathways for community-based access models

In summary, cannabinoid-based therapies may one day offer safe, effective and accessible adjuncts or alternatives in menopause, neurodegeneration and mood disorders, but at present they remain an **emerging therapeutic horizon**, not a standard of care.

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## Conflicts of interest

None.

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