Medical Marijuana, Part 3: Does It Work, and What Does It Do to You?

by Walt Larimore, MD

Originally published on the DrWalt.com health blog, www.DrWalt.com

In Part 2 we sorted out what "medical marijuana" is and where the law stands. Now to the two questions every patient and every physician actually wants answered. Does it help? And what does it cost the body?

I should warn you that the honest answers are less satisfying than either side of the debate would like. Cannabis advocates will tell you it treats dozens of conditions. Opponents will tell you it is a gateway to ruin. The evidence supports neither claim in full. It supports a short list of real benefits, a longer list of real harms, and a very long list of "we don't know yet."

There is a reason for that last list. For more than fifty years marijuana sat in Schedule I, which made rigorous human research nearly impossible in this country. Most of what we have comes from small, short trials, often of pharmaceutical cannabinoids rather than the products people actually buy in dispensaries, or from observational studies that cannot separate cause from correlation. The April 2026 rescheduling should loosen that bottleneck. Until it does, we work with what we have.

How I sorted the evidence

I leaned on three sources that grade the evidence rather than cheerlead for it. The first is the 2017 report of the National Academies of Sciences, Engineering, and Medicine, which reviewed more than ten thousand studies and remains the most comprehensive single assessment. The second is a 2023 umbrella review in the *BMJ* that pooled 101 meta-analyses and graded the credibility of every finding. The third is the Agency for Healthcare Research and Quality's living systematic review on cannabis for chronic pain, which was updated for the fourth and final time in July 2025. Where NatMed's independent pharmacist ratings differ from these, I say so.

Where the evidence is reasonably good

This is a short list.

Nausea and vomiting from chemotherapy. The FDA-approved synthetic THC drugs, dronabinol and nabilone, work. This is the oldest and best-established medical use of a cannabinoid.

Muscle spasticity in multiple sclerosis. Nabiximols, the THC-plus-CBD mouth spray sold as Sativex outside the United States, modestly improves spasticity and pain, at the cost of dizziness, dry mouth, nausea, and drowsiness. The *BMJ* review graded this moderate.

© Copyright WLL, Inc. 2026. All rights reserved. Originally published at www.DrWalt.com

Seizures in three rare childhood epilepsies. Purified CBD, as Epidiolex. I covered this in Part 1.

Chronic nerve pain, with an asterisk. The AHRQ review's final verdict is worth quoting in plain language: some people with chronic neuropathic pain may get small, short-term improvements from products that balance THC and CBD or that are THC-dominant. The improvement is small. The trials ran four weeks to six months, so we know nothing about longer use. Dizziness, sedation, and nausea were common. And products that are mostly or entirely CBD were not associated with improvement in pain or function at all. Whole-plant dispensary cannabis has barely been studied. If you were hoping for evidence that a cannabis gummy will fix your bad back, this is not it.

Poor appetite and weight loss in people with AIDS. Dronabinol is FDA-approved for this, on older but adequate evidence.

Where there is some evidence, but not enough to rely on

Sleep problems in people with chronic pain, MS, or cancer. The *BMJ* review found improvement in sleep disruption in cancer patients, again with gastrointestinal side effects. Whether cannabis helps ordinary insomnia is not established, and chronic use tends to worsen sleep.

Anxiety, in the short term and at low doses. Higher doses of THC reliably make anxiety worse, sometimes dramatically. That is one reason so many people who "use it for anxiety" end up in emergency rooms with panic.

Post-traumatic stress disorder, Tourette syndrome, and spasticity from spinal cord injury. A few small trials each, with mixed results.

Where the evidence is thin or absent

Glaucoma is the classic example. THC does lower eye pressure, but only for three or four hours, which would require dosing around the clock, and the American Academy of Ophthalmology recommends against it. Then there is the long list of conditions for which states have approved medical cannabis without meaningful evidence: Crohn's disease and ulcerative colitis, Parkinson's disease, Alzheimer's disease, ALS, Huntington's disease, depression, autism, migraine, fibromyalgia, and the treatment of cancer itself, as opposed to its symptoms. For these, NatMed's ratings are "insufficient reliable evidence," and the National Academies found the same. I say this without any pleasure. I would love for a cheap plant to treat Alzheimer's disease. It just hasn't been shown to.

Inflammatory bowel disease is a good example of why patient reports and trial evidence can disagree, and of why both matter. In 2026 a University of Florida team surveyed 108 cannabis users at its IBD clinic and found that nearly nine in ten believed cannabis improved their quality of life, and many reported using less opioid pain medicine. The same summer, another University of Florida group, working with the FDA, published a systematic review of every controlled

© Copyright WLL, Inc. 2026. All rights reserved. Originally published at www.DrWalt.com

study of THC-containing cannabis for Crohn's disease and ulcerative colitis. They found four small randomized trials, all at high risk of bias, with no consistent benefit and no effect on remission or on what the colonoscope actually shows. Their conclusion was that the evidence does not support using cannabis in place of approved IBD therapies. Both findings are true at once. Relief that patients feel is real to them, and it is worth a physician's attention. It is not the same as evidence that the disease is being treated, and it is not the same as safety.

Remember what I said in Part 2. A state legislature's list of qualifying conditions is a political document. It tells you what a lobbyist persuaded a committee to include. It does not tell you what works.

What it does to you, short term

THC's immediate effects are well known: euphoria, relaxation, altered perception of time, hunger, dry mouth, red eyes, a faster heart rate, and impaired coordination, judgment, memory, and reaction time. At higher doses, or in a susceptible person, it produces anxiety, panic, paranoia, and in some cases frank psychosis that resolves as the drug wears off.

Edibles deserve special mention. Because they take thirty minutes to two hours to work, people take a second dose thinking the first didn't do anything, and then both hit. Emergency room visits for cannabis intoxication have climbed steadily in states that legalized, and two groups are overrepresented: young children who ate a gummy that looked like candy, and older adults who badly misjudged a dose. The *BMJ* review rated the evidence "convincing" that cannabis raises the risk of motor vehicle crashes by roughly a quarter. If you use it, you don't drive, and Canada's lower-risk guidelines suggest waiting at least six hours after inhaling and longer after an edible.

You will hear that no one has ever died of a marijuana overdose. It is true that THC does not suppress breathing the way opioids do. It is not true that cannabis doesn't kill. It kills on the highway, and it kills through the conditions I'm about to describe.

What it does to you, long term

Addiction. Cannabis use disorder is real, and the CDC now estimates that about three in ten people who use cannabis have it. The risk is higher for people who start young, use daily, or use high-potency products, and that describes a growing share of users. Starting before age fifteen roughly doubles the lifetime risk.

Potency. Much of what your parents remember about marijuana is obsolete. Average THC in cannabis flower has risen from about 5 percent in 2000 to about 20 percent today, and concentrates commonly exceed 60 percent. The product has changed, and the harms have changed with it.

© Copyright WLL, Inc. 2026. All rights reserved. Originally published at www.DrWalt.com

The developing brain. The human brain is not finished until the mid-twenties, and regular THC exposure during that window is associated with lasting effects on memory, attention, and learning, as well as lower educational attainment. The *BMJ* review's conclusion was blunt: convincing evidence supports avoiding cannabis during adolescence and early adulthood.

Psychosis and other mental illness. This is the harm I worry about most. The *BMJ* review found convincing evidence that cannabis use raises the risk of psychosis by about 70 percent in the general population, with stronger associations for daily use and high-potency products, and suggestive evidence for depression, mania, and suicide attempts. For someone with a personal or family history of schizophrenia or bipolar disorder, THC is not a risk worth taking.

Heart and blood vessels. This is where the evidence has moved most since I first drafted this post. A 2025 meta-analysis in the journal *Heart*, pooling studies of more than 400 million people, found cannabis use associated with a 29 percent higher risk of acute coronary syndrome, a 20 percent higher risk of stroke, and a doubling of the risk of cardiovascular death. A separate 2025 study of 4.6 million adults under fifty with no cardiovascular risk factors found cannabis users had roughly six times the rate of heart attack and four times the rate of stroke over three years. These are observational studies, and cannabis users differ from non-users in other ways, so the true effect is probably smaller than those numbers. But the direction is consistent across studies, and the editorialists in *Heart* concluded that cannabis should now be treated as a cardiovascular risk factor, like tobacco.

Cannabis hyperemesis syndrome. Long-term heavy users can develop cycles of severe nausea, vomiting, and abdominal pain that, strangely, are relieved by hot showers. Emergency physicians in legal states see it constantly. The only cure is stopping.

The lungs. Smoking cannabis causes chronic bronchitis symptoms. The link to lung cancer is unproven but not disproven. Vaping extracts carries its own risks, as the 2019 outbreak of vaping-related lung injury showed.

Pregnancy, nursing, teens, and older adults

Pregnancy. A living systematic review updated in *JAMA Pediatrics* in May 2025, pooling 51 studies and 21 million pregnancies, found that cannabis use in pregnancy was associated with 52 percent higher odds of preterm birth, 75 percent higher odds of low birth weight, and 57 percent higher odds of a baby being small for its gestational age, with moderate certainty. The odds of perinatal death were also higher, with lower certainty. THC crosses the placenta and concentrates in breast milk. The American College of Obstetricians and Gynecologists and the American Academy of Pediatrics both advise against cannabis in pregnancy and while nursing, and I do too. Many of the women using it are treating morning sickness. There are safer treatments. Ask.

© Copyright WLL, Inc. 2026. All rights reserved. Originally published at www.DrWalt.com

Teens and young adults. See above. The developing brain, the addiction risk, and the psychosis risk all peak in this group. Outside of intractable epilepsy and a few similar circumstances, I cannot think of a reason a person under 25 should be using THC.

Older adults. One in five Americans over 50 now reports cannabis use in the past year, and nearly half of regular users have not told their doctor. This group is at particular risk for falls, confusion, heart rhythm problems, and drug interactions. Both THC and CBD are metabolized by the liver's cytochrome P450 system, so they interact with blood thinners, sedatives, seizure medicines, antidepressants, and many others. Cannabis plus alcohol, opioids, or sleeping pills adds sedation to sedation.

Who should not use it

Drawing on the 2021 safety review I cited in Part 2, here is who I would advise to stay away from THC entirely, regardless of what a dispensary or a state list says.

- Anyone pregnant, trying to conceive, or breastfeeding.
- Anyone under 25, absent a severe condition with no better option.
- Anyone with a personal or strong family history of psychosis, schizophrenia, or bipolar disorder.
- Anyone with a current or past substance use disorder, including alcohol.
- Anyone with unstable heart disease, a recent heart attack or stroke, or a serious heart rhythm problem.
- Anyone whose job depends on a clean drug test or on being alert and unimpaired.
- Anyone taking sedatives, opioids, or other drugs that slow the brain, or who drinks regularly.

For inhaled products, add anyone with significant lung disease.

If none of those apply, and you and your physician have decided a trial is reasonable, the principles are simple. Start with a product that is mostly CBD with a little THC. Take it by mouth, not by smoking. Use the lowest dose that does anything, and increase slowly over days, not hours. Keep a written record of dose and effect. Do not drive. Tell your doctor and your pharmacist so they can check your other medications. And set a stopping point in advance: if it hasn't clearly helped in a month or two, it isn't going to.

A word to my Christian readers

I have written this post as a physician, and I've tried not to editorialize. But I will say this much before Part 4. When Scripture tells us to be sober-minded and self-controlled, it is describing a state the evidence above shows THC reliably erodes, and it is describing something more than avoiding drunkenness. It is describing a mind fit to love God and neighbor. Whatever

© Copyright WLL, Inc. 2026. All rights reserved. Originally published at www.DrWalt.com

conclusions you draw about medical use, draw them with your eyes open to what this drug actually does. The body is not a machine we own. It is a temple we tend.

The bottom line

- Cannabinoids have good evidence for chemotherapy nausea, MS spasticity, three rare epilepsies, and a small, short-term benefit in nerve pain. That is roughly the whole list.
- For most conditions on state qualifying lists, the evidence is thin or absent.
- Modern cannabis is three to four times as potent as it was a generation ago, and about three in ten users develop a use disorder.
- The best-established harms are addiction, psychosis and other mental illness, impaired driving, lasting effects on young brains, and, increasingly, heart attack and stroke.
- Pregnant women, teens and young adults, people with psychiatric or addiction history, and people with heart disease should not use THC.

Next time: what a follower of Jesus should make of all this.

This post reflects the medical evidence as I understand it in September 2026. It is not medical advice for any individual. Any decision to use cannabis should be made with your own physician and pharmacist.

Sources

1. National Academies of Sciences, Engineering, and Medicine. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research.* 2017. https://nap.nationalacademies.org/catalog/24625
2. Solmi M, et al. Balancing risks and benefits of cannabis use: umbrella review of meta-analyses of randomised controlled trials and observational studies. *BMJ*, 2023;382:e072348. https://pubmed.ncbi.nlm.nih.gov/37648266/
3. Chou R, et al. Living Systematic Review on Cannabis and Other Plant-Based Treatments for Chronic Pain: 2025 Update. Agency for Healthcare Research and Quality, July 2025. https://www.ncbi.nlm.nih.gov/books/NBK618040/
4. NatMed Pro, cannabis monograph (subscription).
5. Centers for Disease Control and Prevention. Understanding Your Risk for Cannabis Use Disorder. https://www.cdc.gov/cannabis/health-effects/cannabis-use-disorder.html
6. Storck W, et al. Cardiovascular risk associated with the use of cannabis and cannabinoids: a systematic review and meta-analysis. *Heart*, 2025. https://doi.org/10.1136/heartjnl-2024-325429

© Copyright WLL, Inc. 2026. All rights reserved. Originally published at www.DrWalt.com

7. Kamel I, et al. Myocardial infarction and cardiovascular risks associated with cannabis use: a multicenter retrospective study. *JACC: Advances*, 2025. Summarized by the American College of Cardiology: https://www.acc.org/About-ACC/Press-Releases/2025/03/17/15/35/Cannabis-Users-Face-Substantially-Higher-Risk
8. Lo JO, et al. Prenatal cannabis use and neonatal outcomes: a systematic review and meta-analysis. *JAMA Pediatrics*, 2025;179(7):738-746. https://pubmed.ncbi.nlm.nih.gov/40323610/
9. MacCallum CA, Lo LA, Boivin M. "Is medical cannabis safe for my patients?" A practical review of cannabis safety considerations. *European Journal of Internal Medicine*, 2021;89:10-18. https://doi.org/10.1016/j.ejim.2021.05.002
10. Cannabis Use Disorder. StatPearls, updated March 2026. https://www.ncbi.nlm.nih.gov/books/NBK538131/
11. Older Adults' Perspectives on and Experiences with Cannabis Use: Results From the 2024 National Poll on Healthy Aging. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC12763590/
12. American Academy of Ophthalmology. Does Marijuana Help Treat Glaucoma or Other Eye Conditions?
13. American College of Obstetricians and Gynecologists. Committee Opinion 722: Marijuana Use During Pregnancy and Lactation.
14. Daneshmand A, et al. Marijuana use for symptom control in inflammatory bowel disease: patients' perceptions and patterns of use. *Medical Cannabis and Cannabinoids*, 2026;9(1):211-223. https://doi.org/10.1159/000553354
15. Jugl S, et al. Effectiveness of THC-containing cannabis for inflammatory bowel disease: a systematic review. *Journal of Cannabis Research*, 2026;8:92. https://doi.org/10.1186/s42238-026-00456-2

About the Author

Walt Larimore, MD, has been called one of America's best known family physicians and has been named in the "Guide to America's Top Family Doctors," "The Best Doctors in America," "Who's Who in Medicine and Healthcare," and "Who's Who in America." He's a former Vice President and Physician in Residence at Focus on the Family and the American Life League has named him a "Rock-Solid Pro-Life" awardee. He's also an award-winning medical journalist and the best-selling author of over 40 books. He and his childhood sweetheart and wife of nearly 50 years, Barb, have two adult children and reside in Decatur, Georgia. You can find Doctor Walt's health blog at www.DrWalt.com and follow him on Facebook at "DrWalt.com".

© Copyright WLL, INC. 2026. This blog provides healthcare tips and advice that you can trust about a wide variety of general health information only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment from your regular physician. If you are concerned about your health, take what you learn from this blog and meet with your personal doctor to discuss your concerns.