

## Image Article

## Cannabis benefits for HIV / AIDS

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Received: 22 July 2020 • Accepted: 27 July 2020

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### INTRODUCTION

In the United States, cannabis had a long, demonizing, and even racist past. Nevertheless, laws are evolving around the country to allow the selling and usage of cannabis (also called marijuana, weed, and other common names) for both recreational and medicinal usage. Because to its proven anti-inflammatory and appetite-inducing properties, cannabis for medicinal purposes has become more common over the years, in addition to a variety of other beneficial benefits for many people living with various health conditions. In the HIV community, it is well known that cannabis use can help reduce the effects of muscle soreness, fatigue, loss of appetite and other symptoms that frequently come with HIV and the medications used to treat it.

Cannabis relieves a myriad of HIV / AIDS virus-induced symptoms and also appears to quench the side effects of conventional antiretroviral treatment. This treatment stops the virus from evolving and spreading across the body, but it also has side effects ranging from nausea, bone loss, tiredness, insomnia, anxiety and lipodystrophy. Cannabis prevents nausea, decreases osteoblast function, can relieve fatic, insomnia, and anxiety, and can regulate metabolism. In addition to its appetite-stimulating effects, marijuana was commonly used to treat the debilitating nerve disease called peripheral neuropathy, a side effect generally associated with HIV drugs of earlier generations. Although there is strong support for marijuana in treating HIV waste, work is still limited. In the end, many of the regulations prohibiting marijuana use in clinical settings have stifled rigorous medical study. Today, most medical strategies include a mixture of stimulants for appetite and anabolic medications to treat extreme waste. Numerous studies have looked at the effect marijuana has on how specifically those with HIV stick to their treatment, but findings have been mixed — with marijuana through adherence in some and hindering others.

