

Smoking Hashish (Chars) a Partial Blessing in Disguise

Muhammad Jalal

Assoc. Prof. of Biochemistry, Women Medical College, Abbottabad

ABSTRACT

Objective: To find out whether ingredients of hashish are helpful to treat anxiety, chronic pain, anorexia, insomnia and obesity.

Study Design: Cross sectional questionnaire based study.

Place and Duration of Study: This study was conducted in Karak City, KPK from March 2013 to march 2014.

Materials and Methods: A cross sectional questionnaire based study was conducted in the Karak city. A sample of 100 hashish addicts was selected. They were asked questions about their routine use, dosage and behavior changes while using hashish. Their general behavior was observed and laboratory tests like LFT (ALT and total bilirubin) and RFT (Urea and creatinine) were done periodically.

Results: It was noted that hashish addiction was more common in middle and lower class. Its use cause euphoria followed by 6 to 8 hours of sleep. Speech was coherent although they became more talkative. LFT's and RFT's were normal.

Conclusion: Although hashish is a substance of addiction but it also has many positive effects and further research should be done to see if some of its ingredients could be used in treating anxiety, chronic pain, anorexia, insomnia, obesity and chronic depression.

Key Words: Hashish, Addiction, Anorexia, Anxiety, Insomnia

Citation of article: Jalal M. Smoking Hashish (Chars) a Partial Blessing in Disguise. Med Forum 2015;26(3):14-16.

INTRODUCTION

Drugs and substance abuse is a menace to world population in general and Pakistan in particular. About 6.4 million people are addicted to drug and substance abuse, i.e. one in every 27 person in Pakistan is a victim of this menace. KPK is the worst affected province due to easy availability of drugs and substance. Chars (Cannabis) is the most commonly used substance in Pakistan and 3.6% of the adult population is chars addict. Drug/substance abuse is most prevalent in Khyber-Pakhtunkhwa where 11 per cent of the population uses drugs/substance, followed by Sindh 6.5 per cent, Baluchistan almost 5 per cent, while in Punjab, 4.8 per cent of the population is drug/substance addict¹. The great concern is the rapid inclination of jobless young people and students to the use of this substance. Probably the fast deterioration of social values, drifting away from religion and the effects of movies drive this segment of society to a world of fantasy, ecstasy and moral bankruptcy^{2,3}. The abuse of all drug and substances are banned by law and prohibited by religious code of conduct but the grip of laws and code of conduct is giving way very fastly. A

lot of drugs and substances like alcohol, opium, heroin, synthetic drugs, stimulants, tranquilizer and chars (hashish) are used by addicts⁴. The number of smoking hashish is greater than other substances in KPK because it is cheap and easily available.

Chars is derived from Indian hemp plant or cannabis sativa called dagga in south and central Africa and hashish in Egypt, widely grown in Asia⁵. The parts of the plant vary in potency. The resinous exudate of the flowering top of the female plant (chars, hashish) is the most potent, followed by dried leaves and flowering shoots of the female plant (bhang) and the resinous mass of small leaves of inflorescence (ganja) having rusty green color and characteristic odor. The least potent are the lower branches of the leave of the female plant and all parts of the male plant. Majun is a sweet meal made with bhang⁶.

The active principle in all of the above mentioned products is fat soluble oleoresin cannabiol (tetra hydro cannabinoid-THC⁷). The concentration of this active principle is 15% in bhang, 25% in ganja and 25-40% in chars. Apart from bhang all are usually inhaled by smoking in cigarette, hookah and pipe⁸. Bhang is used in flavor of beverages.⁶

The term marihuana or marijuana is derived from Mexican language meaning pleasurable. The cigarette contains 500 mg of marihuana which contains 5 – 10 mg of tetra hydro cannibiol.⁹ Effects occur in 10-20 minutes and last for 2-3 hours. The half-life of active

Correspondence: Dr. Muhammad Jalal,
Assoc. Prof. in Biochemistry, Women Medical College,
Abbottabad
Cell No: 0314-5035356
Email: docjalal60@gmail.com

principle is 7 days because it is fat soluble. The use and setting, as in psychedelic use are important factors in the effect of substance.^{10,11,12,13}

MATERIALS AND METHODS

This study was conducted in Karak city, a district in south of KPK bordering Kohat in north and Mianwali in south (Punjab). The tribal area is at distance of 30km, the main source of hashish, opium and heroin, so chars is easily available. The substance peddlers and the consumers are acquainted with each other and the salesman can be found at corner of the street. 100 chars addicts were selected all male in age group of 18 – 60 years to carry out the study.

The study was conducted from March 2013 to march 2014. A detailed history including personal bio data(name, age, occupation, & weight), complaints, previous history, family history, sexual history, current life functioning with attention to vocational social , educational , childhood development, adolescent adjustment. Additional information from the family was also included. Medical examination and pertinent social, cultural and environmental factors influencing the individual were recorded. A detailed record of duration, frequency, mode of intake (cigarette, hookah, pipe etc.) and timings were obtained. Laboratory investigation i.e. liver function tests (ALT and Total bilirubin) and renal function tests (urea and creatinine) were done at the beginning, middle and end of the study. Their physical and systemic examination was recorded. Their smoking habit, behavior all were closely observed by joining their sittings.

RESULTS

The observation revealed that the smoking of hashish is most common in lower and middle class. About 60% hashish was smoked in cigarettes 30% in hookah and 10 % by pipe. The majority of addicts enjoyed smoking in company and addiction brought them in close friendship without jealousy.

The effects occurred in 10-20 minutes and lasted for 2-hours. The hashish smoking is common in drivers, clerks, small business men, students, fakirs, mujawar of shrines and music lovers

The symptoms are euphoria, and sense of well-being and they become talkative, hallucinated, have a feeling of grandeur, followed by sleepiness and have aphrodisiac effect. Sleeps lasts for about six hours and wake up fully recovered without hangover. The addict is usually docile and sober. The soberness gives the name of smoking chars as the addiction of Malang.

Chars addict perform their duty normally to greater extent, if not taken in excess. Most of the drivers of public transport drive while under the influence of chars.

This study contradicts that its use leads to criminal acts like rape, theft and murder. Their constitutional build up may be responsible for these crimes, not the substance but it may have an influence.

Chronic use may bring mild personality changes like talkativeness, grandeur hallucination and abnormal optimism. The old people, who were chronic addict, did suffer from chronic bronchitis and COAD(chronic obstructive airway disease) but that was due to smoking and not due to the ingredient of chars. This study also contradicts that smoking produces infertility proved by their family history. LFT's and RFT's were normal.

The study revealed the following facts tabulated in Table - I

Table No.1: Changes noted in hashish addict after use of hashish

Characteristic of patient	Percentage
Initial Mood elevation	100
Later sedation and tranquility	85
Desire for use of other drugs	20
Weight normal	96
Weight gain	4
Increase of appetite	94
Decrease in appetite	6
Speech coherent	90
More talkative	89
Less talkative	11
Drowsiness/sleepiness	100
Gait normal	95
Constipation	5
Hallucination of grandeur	78
Soberness	84
Generally have sound knowledge of calculation, distance and events	80
Generally altered knowledge of calculation, distance and events	20
Craving for drug	88
Analgesic effect	32
Severe Withdrawal symptoms	10
Tolerance	30
Normal Orientation in time, place and person	98
Normal Knowledge of previous events	97
Psychosis in chronic heavy users	5
Normal LFT (ALT and Bilirubin)	89
Normal RFT (Urea and Creatinine)	94
Chronic bronchitis	80

DISCUSSION

The results revealed that this substance causes euphoria which is short lived, it brings sleep but no hangover^[14]. There is no ataxia; the person can perform his normal duties if he takes in less quantity. Hallucination is common and speech is normal but person becomes more talkative^{15,16}. It also has an aphrodisiac effect. The person's appetite increases with great relish of food

intake without increase in weight which attracts attention of research. Results have also shown that hashish has an analgesic effect in people suffering from chronic pain¹⁷. The withdrawal symptoms are mild. It does not provoke the person in theft, rape and murder crimes. The hashish does not affect the liver and kidneys to a greater extent, it is better than other substitute and drugs in the sense that it causes less tolerance, less withdrawal symptoms, less inclination to crime, rarely constipation, less psychomotor abnormalities, no delirium tremor but in contrast more docile and soberness. Certainly addiction has undesirable affects and in chronic user's psychosis occurs in 5% of people so the use of ingredients of hashish in treating psychosis is still debatable^{18,19}. The hashish is legalized in Uruguay, Netherlands and certain states of U.S.A^{20,21}, however charsi and bangi (a person addicted to chars and bhang) is a stigma to a person living in eastern and particularly in Muslim society like Pakistan.

CONCLUSION

The purpose of this study is not to justify or advocate the smoking of Hashish (chars). Addiction to any drug or substance is injurious to health. Most of the drugs and substance abuse is banned by law and religious code of conduct. Further research and exploration is required to identify, quantify the ingredients of chars which have favorable effects, if an oral preparation on the body to treat anxiety, chronic pain, anorexia, insomnia, irritability, depression in HIV patients and terminally ill patients. The edge of this drug would be easy availability, less costly, less tolerance, less withdrawal symptoms, less toxic to liver and kidneys. Its use in psychosis and as an analgesic is still to be evaluated.

Conflict of Interest: This study has no conflict of interest to declare by any author.

REFERENCES

1. <http://www.thenews.com.pk/Todays-News-6-185865-64-million-drug-addicts-in-Pakistan>
2. Fergusson DM, Horwood LJ Early onset cannabis use and psychosocial adjustment in young adults. *Addiction* 1997; 92: 279–296.
3. Silva PA, Stanton W Reds. From child to adult: the Dunedin multidisciplinary health and development study. Auckland: Oxford University Press, 1996.
4. Strang J, Witton J, Hall W Improving the quality of the cannabis debate: defining the different domains. *BMJ* 2000;320:108–110.
5. http://www.druglibrary.org/medicalmj/hash/guide_to_the_different_types_of_.htm

6. Davenport-Hines, Richard. The pursuit of oblivion: A global history of narcotics 1500—2000. London: Weidenfeld & Nicolson; 2001.p.1–2.
7. Greg Green, The Cannabis Breeder's Bible. Green Candy Press; 2005.p.15-16.
8. <http://www.druglibrary.org/schaffer/library/studies/ledain/ldc2d.htm>
9. Chen J, Paredes W, Lowinson JH, Gardner EL. Delta 9-tetrahydrocannabinol enhances presynaptic dopamine efflux in medial prefrontal cortex. *Eur J Pharmacol* 1990;190:259–62.
10. Dean B, Sundram S, Bradbury R, Scarr E, Copolov D. Studies on [3H]CP-55940 binding in the human central nervous system: regional specific changes in density of cannabinoid-1 receptors associated with schizophrenia and cannabis use. *Neuro Sci* 2001;103:9–15.
11. Macleod J, Oakes R, Copello A, Crome I, Egger M, Hickman M, et al. Psychological and social sequelae of cannabis and other illicit drug use by young people: a systematic review of longitudinal, general population studies. *Lancet* 2004; 363: 1579–88.
12. Khantzian EJ. The self-medication hypothesis of addictive disorders: focus on heroin and cocaine dependence. *Am J Psych* 1985;142:1259–64.
13. Verdoux H, Gindre C, Sorbara F, Tournier M, Swendsen JD. Effects of cannabis and psychosis vulnerability in daily life: an experience sampling test study. *Psychol Med* 2003; 33:23–32.
14. van Os J, Bak M, Hanssen M, Bijl RV, de Graaf R, Verdoux H. Cannabis use and psychosis: a longitudinal population-based study. *Am J Epidemiol* 2002;156:319–27.
15. Chen J, Paredes W, Lowinson JH, Gardner EL. Delta 9-tetrahydrocannabinol enhances presynaptic dopamine efflux in medial prefrontal cortex. *Eur J Pharmacol* 1990;190:259–62.
16. Swift W, Gates P, Dillon P. Survey of Australians using cannabis for medical purposes. *Harm Reduct J* 2005; 2: 18.
17. Noyes R, Brunk SF, Avery DAH, et al. The analgesic properties of delta-9-tetrahydrocannabinol and codeine. *Clin Pharmacol Therap* 1975;18:84-89.
18. Derogatis JR. SCL-90-R: administration, scoring, and procedures manual—II. Towson: Clinical Psychometric Research,1983
19. Sharpley MS, Hutchinson G, Murray RM, McKenzie K. Understanding the excess of psychosis among the African-Caribbean population in England: review of current hypotheses. *Br J Psych* 2001;178(suppl 40): S60–8.
20. Llambias, Felipe (11 December 2013). "Uruguay becomes first country to legalize marijuana trade". Reuters. Retrieved 11 December 2013.
21. Colorado Department of Public Health and Environment. Retail marijuana technical assistance. 2013. Web. 22 November 2014. <<https://www.colorado.gov/pacific/cdphe>>.