Floweret MD

Texas Medical Cannabis Clinic

YOUR TEXAS MEDICAL CANNABIS PRODUCT GUIDE

WWW.FLOWERETMD.COM



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Welcome

At Floweret MD, we understand that starting medical cannabis treatment can feel overwhelming, especially when you are navigating new terminology, product types, dosing strategies, and changes within the Texas Compassionate Use Program. This second edition was created to give patients clear, updated guidance as Texas expands access and product options.

New in this edition, we've added information on pulmonary inhalation products, including vape dosing guidance, safety considerations, and how inhaled cannabis may fit into care for breakthrough symptoms when medically appropriate. We've also updated the condition cheat sheet, integrated HB 46 qualifying condition and product expansion updates, and refreshed practical resources to help you better understand cannabinoids, product formats, label reading, absorption, and dosing.

Whether you are exploring cannabinoid therapy for the first time or looking to better understand your current options, our goal is to provide clear, accessible, evidence-informed information you can use to make confident decisions with your physician and dispensary team.

Please remember: this is a general resource. Your experience may vary, and it's important to listen to your body and consult your prescribing physician with questions or concerns. If you're a patient of Floweret MD, you're never navigating this alone—our team is always just a portal message or call away.

Let's get started.

1. Meet the Key Cannabinoids

Cannabinoid	What It Does	Best For	Products You'll See
THC (Δ-9-THC)	Primary psychoactive; reduces pain, nausea, and spasticity.	**Edible**: Night-time pain, appetite loss, severe nausea, spasticity, insomnia. **Cooling Balm**: sore, tight or stiff muscles; joint pain, dry skin, chest congestion	0:1 **THC only** or **Balanced formulas** (CBD:THC ratios 1:1, 3:1, 4:1) tincture oils, lozenges, chocolates, gummies, beverages.
CBD (also part of full-spectrum)	Non-intoxicating; calms anxiety, inflammation, seizures.	**High CBD**: Daytime clarity, seizures, depression, anxiety, Autism support. **Balanced**: pain, anxiety, spasms, nausea, appetite, tics, tremors, aggression, confusion. **Balm**: see THC	**High-dose CBD:THC** in 20:1 & 19:1 tincture oils, **Balanced formulas** CBD:THC 4:1, 3:1, 1:1 tincture oils, lozenges, chocolates, gummies, beverages, topical balm.
CBG	"Mother cannabinoid"; boosts mood, may ease IBS, glaucoma pressure, bladder spasms.	**Daytime focus**, mental clarity, **gut discomfort**, appetite loss, pain,, depression, inflammation.	Emerging CBG-rich tinctures and beverages.
CBN	Mildly sedating; may enhance sleep and relieve night pain.	**Insomnia**, spasms, nighttime nerve pain, night terrors, restlessness.	CBN:THC 1:1 oils, sleep lozenges, gummies.
CBC	Anti-inflammatory; shows promise for depression and migraines.	Mood lift, inflammation.	Limited products—look for CBC blends.
RSO (Rick-Simpson Oil)	Unfiltered, **full-plant extract**; thicker, often stronger THC dose.	**Oncology support/cancer-related symptoms**, severe chronic pain, insomnia, anxiety, appetite support, nausea, spasms.	RSO syringes labeled 0:1 THC.
Full-Spectrum	Contains THC + CBD + minor cannabinoids + terpenes, earthy flavor.	"Entourage effect" synergy, balanced relief.	Full-spectrum tinctures, balanced gummies.

2. Indica, Sativa, Hybrid—Does It Matter?

Indica-leaning products often include relaxing terpenes like myrcene—good for night pain.
Sativa-leaning options carry energizing terpenes such as limonene—better for daytime mood.
Hybrid blends aim for balanced effects.



Don't get hung up on the "indica vs. sativa vs. hybrid" labels; treat them as vibes, not guarantees. In Texas medical cannabis-THC products, terpene profile matters more than the old Indica/Sativa labels.

If you don't see a profile description, ask the dispensary pharmacist if the product is "uplifting" or "sedating." The medical cannabis state-licensed dispensaries are happy to assist you.

Still need a memory hook? Use the old rhyme as a rough guide only:
Indica = in-da-couch (more body-heavy, evening vibe)
Sativa = sunny sativa (brighter, daytime vibe)

4. Understanding Ratios & Label Reading



Quick Terms (*CBD:THC ratio means CBD in relation to THC*)**:**

- **"Balanced" = equal CBD and THC (1:1).**
- **"CBD-dominant" = high CBD, low THC (e.g., 4:1).**
- **"THC-dominant" = little or no CBD, high THC (0:1).**

While **1:1** is the **technically accurate definition** of a balanced CBD:THC ratio (equal parts of each), the term "balanced" is sometimes used **more loosely** in clinical and product settings to refer to **ratios where THC and CBD are both present in moderate amounts** and **CBD isn't overwhelmingly dominant**.

Here's how it breaks down:

Ratio CBD:THC	Common Label	Why It's "Balanced" (or Not)
1:1	*Truly Balanced*	Equal CBD and THC—effects are evenly shared.
2:1 through 4:1	*Mildly CBD-Dominant but still considered balanced, aka functionally balanced*	THC is still active in meaningful doses, but CBD provides some buffer to reduce intoxication.
5:1 through 10:1	*CBD-Dominant*	Effects shift more toward CBD; THC is less noticeable in its psychoactive/high stimulating effects.
15:1+	*Very CBD-Dominant*	Minimal to no intoxication at low doses; used when THC sensitivity is high.

⚠️ When reading cannabis ratios in Texas: Pay attention.

If you're new to medical cannabis in Texas, you might've seen product labels like 20:1 CBD:THC, 1:1 CBD:THC, or even 0:1 THC and thought:
"Wait, is the first number the strongest one?" *Not always, and here's why*:
"

📌 Texas uses a "CBD-first" format by design.

Cannabis product ratios are **intentionally written** with CBD or another non-intoxicating cannabinoid (like CBG) listed first—even when THC is technically stronger.

This CBD-first convention is used to:

✅ Emphasize **CBD-forward** and **low-THC formulations**, which are the foundation of Texas' medical program

✅ Help patients and providers **quickly** estimate how psychoactive or intoxicating a product might be

✅ Create a **clear and consistent** labeling system across dispensaries

🔍 What the Ratios Actually Mean

🌿 0:1 CBD:THC
→ CBD-dominant and very unlikely to cause intoxication
→ 20 parts CBD for every 1 part THC

🌿 1:1 CBD:THC
→ Balanced; may cause mild euphoria or calming effect
→ Equal parts CBD and THC

🌿 0:1 (or just THC listed)
→ THC-dominant, more sedating, may cause intoxication

➡️ A **1:2 CBD:THC** ratio means the product contains **twice as much THC as CBD**—but CBD still comes first because of Texas labeling rules. That's why it's always important to check the actual **milligrams per mL** or **milligrams per dose** listed on your label—not just the ratio.



🤔 What About CBN, CBG, or CBC?

Same rule applies! If the product is CBG:THC or CBN:THC, those non-THC cannabinoids come first—even when THC is stronger.
This makes it easier for:

- Patients to quickly identify how likely a product is to cause psychoactive effects
- Clinicians to recommend formulas based on goals like sleep, focus, or anxiety support

💡 Takeaway:

Texas ratios are listed with the non-intoxicating cannabinoid first (or least intoxicating cannabinoid first as in the case of CBN), then THC second—no matter which one is stronger.
So, again, always read the fine print and double-check the actual mg per dose (or per mL in tinctures) on your product label for a clear picture of what you're using. Don't rely on the ratio alone.



Outside of Texas? Double-check how your state formats cannabis ratios. Some list THC first instead.



5. *Types of Medical Cannabis Available in Texas

Oral & Sublingual

Type	Onset	Duration	Notes
Tinctures/Oils	15–30 min (under tongue)	4–6 h	Precise dosing with dropper or syringe; start low.
Gummies & Lozenges	45–90 min (ingested)	6–8 h	Stronger body effect; avoid driving until you know your response.
Beverages	30–60 min	4–6 h	Hydrating option; watch sugar content.
RSO Syringes	45–90 min	6–8 h	Traditionally, highly concentrated; grain-of-rice starting dose. Check label for your actual concentration

Topical & Transdermal

Type	Onset	Duration	Notes
Balms / Creams	15–30 min	2–4 h	Apply to sore joints; non-intoxicating.

Pulmonary Inhalation* (NEW June 2026)

Type	Onset	Duration	Notes
Vaporizer / Vape Pen	1–5 min	1–3 h	Metered-dose battery delivers 3–5 mg THC per draw; fastest onset in TCUP; ideal for breakthrough symptoms.

*Requires separate CURT authorization for pulmonary inhalation. Available through Texas Original and Fluent as of June 3, 2026; Texas Goodblend expected soon.

HB 46 expanded TCUP September 1, 2025. As of June 3, 2026, pulmonary inhalation (vaporizers) is officially available. Patches and suppositories may follow

6. Tips for Taking Tinctures & Gummies

Tinctures (CBD:THC Oils)

- Place the dose under your tongue (sublingually).
- Hold for 60 seconds, then swallow.
- Start low: 0.25-0.5 ml per dose.
- If your dose is more than 0.5 mL, divide it.
  - example, for 0.75 ml dose, take 0.5 ml, wait 60 sec, swallow, then 0.25 ml, wait 60 sec, swallow
- Wait 2+ hours before deciding if you need to increase your next dose.



Gummies

- Chew thoroughly before swallowing.
- Effects may take 45-90 min: be patient.
- Don't re-dose early. Wait at least 2 hours before adding more.

Tip: Keep a log or tracker to monitor what you took, when, and how it felt. You can download a tracker here.



7. The Cannabis Diet: Boosting Absorption

Cannabinoids are **fat-soluble,** which means your body absorbs them better with food containing healthy fats.

Before or with your dose, try:

- Avocados
- Nut butters
- Full-fat yogurt
- Eggs or olive oil-based meals

Avoid taking tinctures on an empty stomach, especially in the morning. You'll get more consistent results with a small, balanced meal.

Keep it clean. Limit ultra-processed, high-sugar snacks—chronic inflammation and blood-sugar spikes can blunt the calm you're aiming to achieve.

Hydrate and Replenish. Drink water or an electrolyte stick (watch sugar) to stay hydrated, especially if THC gives you dry mouth.

Simple Foods That Boost Your Dose

Goal	Simple Tip	Why It Helps
Boost absorption	Pair your dose with a *healthy-fat* snack—e.g., **olive or coconut oil drizzle, handful of walnuts, spoon of chia/hemp seeds, slice of cheese, square of dark-chocolate (>70 % cocoa butter), or a small piece of salmon/tuna**	Cannabinoids dissolve in fat. A high-fat bite taken within 30 min of dosing can raise CBD blood levels 4–14x compared with fasting
Support the endocannabinoid system (ECS, aka your internal, natural cannabinoid system)	Work omega-3s into meals: **fatty fish, flax or chia pudding, walnuts, algae oil capsules**	Omega-3s are the building blocks for "good-mood" endocannabinoids and keep ECS receptors balanced
Natural synergy / "entourage boost"	Add **fresh-ground black pepper, rosemary, thyme, cloves, citrus zest, or a few bites of ripe mango** to the plate	These foods carry the terpene **β-caryophyllene (peppery herbs) or myrcene (mango)**, which can activate CB_2 receptors or help cannabinoids cross the blood–brain barrier for smoother effects
Tame inflammation	Season with **turmeric + a pinch of black pepper** or sip golden-milk lattes	Curcumin in turmeric can activate CB_2 and adds an anti-inflammatory lift when paired with cannabinoids
Gentle on the stomach	Take tinctures *after* a small meal if you're prone to nausea; acidic coffee or alcohol on an empty stomach can make oils sit heavy	Food buffers gastric upset and evens out onset
Gut–brain harmony	Include **fermented foods** (kefir, kimchi, yogurt, sauerkraut)	A healthy microbiome communicates with the ECS and may improve mood and digestion
Better bio-emulsification	Blend oils into a smoothie with a teaspoon of **sunflower lecithin**	Lecithin acts as a natural emulsifier, helping oil-based cannabinoids mix with stomach fluids
Mind drug interactions	Skip grapefruit juice, Seville oranges, and large amounts of alcohol around dosing	They share liver enzymes (CYP450) with THC/CBD

8. Selecting Products for Common Conditions

Always follow your physician's guidance on selecting products, especially *pediatric* patients and *elderly*; and "start low, go slow"

What to Try? Condition-Based Cannabis Cheat Sheet

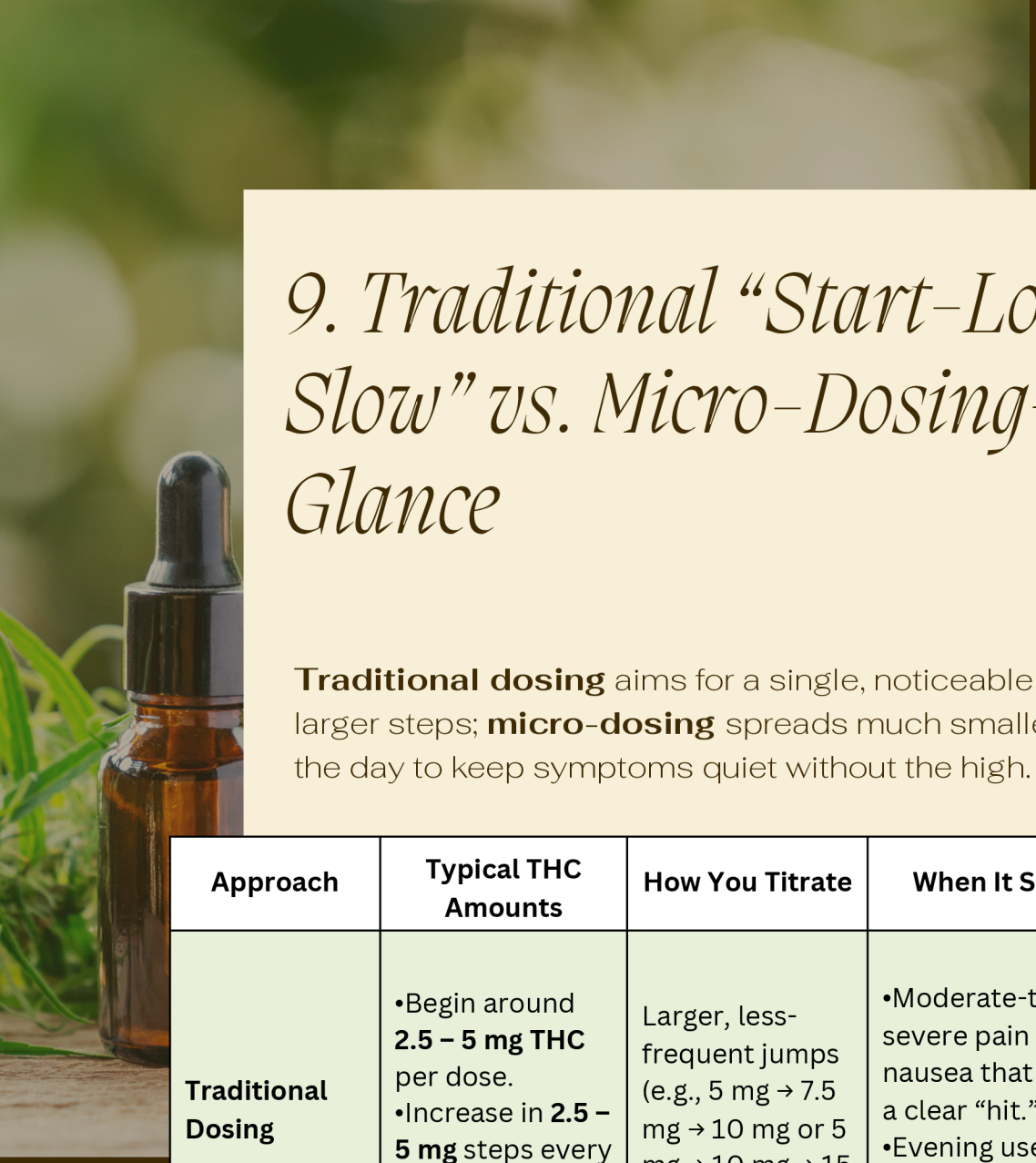
Condition / Goal	Suggested Ratio & Key Cannabinoids*	Best Product Formats	Helpful Terpenes / Extras	Quick Notes for Patients
Aggression / Agitation (dementia, TBI)	• CBD-dominant (≥ 10 : 1) ± tiny THC only at night	Oral oil or soft-gel/gummy twice a day	• β-Caryophyllene • Linalool	CBD calms limbic over-activation; pair with low-stim routines.
Arthritis / Muscle Ache	• 10 : 1 to 20 : 1 CBD : THC oral ± THC topical;	AM/PM capsule or tincture + roll-on	β-Caryophyllene • Humulene • Ginger	Oral CBD ≥ 50 mg/day eased knee OA pain; topicals add local relief.
Autism (pediatric irritability)	• 19 : 1 and 20 : 1 CBD : THC	Flavored oil/tincture (easy titration)	Limonene • CBDV (emerging)	High-CBD regimens reduce irritability/self-harm; consult doctor for starting dose
Cancer (chemo nausea, pain, appetite)	THC-leaning micro-doses **1 : 1–1 : 2 THC : CBD** for nausea & appetite. CBD-dominant for daytime and inflammation. **RSO** (Rick Simpson Oil) for deeper pain/sleep relief	• Fast-acting tincture 30 min before meals; vape pen for acute breakthrough nausea or pain (1–5 min onset)	Limonene • Ginger • β-Caryophyllene	Low THC helps nausea & appetite; CBD tempers anxiety. RSO is very potent—start with ⅛ rice-grain and titrate. Check for CYP3A4 drug interactions with chemo meds.
Chronic Pain/severe (non-neuropathic)	• Balanced 1 : 1 to 4 : 1 CBD : THC; 0:1 THC or RSO	AM/PM tincture or soft-gel + topical balm	β-Caryophyllene • Humulene • Boswellia	Equal CBD/THC mirrors nabiximols data; topicals give joint relief.
Glaucoma (IOP spikes)	• THC-dominant micro-doses. (≤ 2 mg) every 3–4 h	Fast-acting sublingual tincture (note: TCUP does not currently list glaucoma as qualifying)	β-Caryophyllene	THC lowers intra-ocular pressure ~4 h; frequent micro-dosing avoids heavy intoxication.

continued on next page

Always follow physician guidance and start low, go slow.

Condition-Based Cannabis Cheat Sheet (continued)

Condition / Goal	Suggested Ratio & Key Cannabinoids*	Best Product Formats	Helpful Terpenes / Extras	Quick Notes for Patients
IBS (cramping, diarrhea)	• 20 : 1 CBD : THC ± small CBG	Morning + evening tincture	β-Caryophyllene • Peppermint oil	CBD calms gut motility; CBG may ease cramping via α2-adrenoceptors.
Insomnia / Night Terrors	• CBN + low THC (≈ 2 mg CBN : 1 mg THC). • 1 : 1 CBD : THC if anxiety intrudes	Bedtime gummies/soft-gels (slow) or tincture 30 min before lights-out	Myrcene • Linalool • β-Caryophyllene	CBN extends REM & non-REM; start low to prevent grogginess.
Muscle Spasms & MS Spasticity	• 1 : 1 to 1 : 4 CBD:THC (nabiximols model)	1:1 tincture every 4–6 h; vape pen for sudden breakthrough spasms	β-Caryophyllene • α-Pinene	Proven in MS trials; titrate to reduce spasm frequency.
Nausea / GI Upset	• THC-forward micro-doses (1–2 mg) with equal CBD	Sublingual tincture; vape pen (1–5 min onset) for acute nausea waves	Limonene • Fresh ginger tea	THC acts on CB1 in brainstem; CBD tempers psychoactivity.
Neuropathic Pain / Peripheral Neuropathy	• THC-leaning micro-doses (≈ 1 mg THC : 1 mg CBD) every 4-6 h	Fast-acting sublingual tincture; vape pen for nerve pain flares	β-Caryophyllene • Eucalyptol	Low, frequent THC calms nerve firing; CBD limits intoxication.
Parkinson's (tremor / rigidity / RBD)	• Balanced 1 : 1 CBD : THC ± CBN at night	Evening tincture; daytime capsule if tolerated	Linalool • Myrcene	Small THC improves REM-sleep behavior disorder; monitor blood pressure.
PTSD / Anxiety	• High-CBD (≥ 10:1CBD:THC) ± CBG for focus	Daytime tincture/capsule; vape pen for breakthroughs	Limonene • α-Pinene • L-Theanine	High CBD blunts fight-or-flight; keep THC < 2 mg per dose.



9. Traditional "Start-Low, Go-Slow" vs. Micro-Dosing—At a Glance

Traditional dosing aims for a single, noticeable dose that you raise in larger steps; **micro-dosing** spreads much smaller amounts throughout the day to keep symptoms quiet without the high.

Approach	Typical THC Amounts	How You Titrate	When It Shines	Watch-Outs
Traditional Dosing	•Begin around **2.5 – 5 mg THC** per dose. •Increase in **2.5 – 5 mg** steps every day or two until symptoms fade.	Larger, less-frequent jumps (e.g., 5 mg → 7.5 mg → 10 mg or 5 mg → 10 mg → 15 mg).	•Moderate-to-severe pain or nausea that needs a clear "hit." •Evening use when mild euphoria isn't usually a problem.	•Higher chance of feeling high, sleepy, or anxious. •Tolerance can build quickly, leading to larger doses over time.
Micro-Dosing	• **0.5 – 2 mg THC** (often equal or higher CBD). •Taken **2–4× per day**.	Tiny adjustments (±0.5 mg) every few days; focus on total daily THC ≤ 5 mg.	•All-day functionality—work, driving, parenting. •Patients sensitive to THC (seniors, first-timers, pediatrics). •Conditions that benefit from steady receptor stimulation (anxiety, neuropathy, IBS).	•Requires accurate measuring (syringe, micro-tabs). •Relief is subtle, may seem slow if you expect an immediate "hit."



Micro-dosing

The goal of micro-dosing is steady symptom relief without the "high," grogginess, or tolerance buildup that can follow larger doses.

How Micro-Dosing Helps?

- Clearer head & daily function
  - Keeps THC below the euphoria threshold so you can work, drive, and parent safely.
- Lower side-effect risk
  - Less dry mouth, anxiety, sedation, or heart-rate spikes.
- Gentle entry for beginners
  - Lets you "learn your number" before exploring higher doses.
- Tolerance control
  - Tiny, repeated doses stimulate endocannabinoid receptors without down-regulating them, aka making them disappear.
- Flexible layering
  - You can stack micro-doses (e.g., 1 mg every 3 h) instead of one 5 mg bolus—great for breakthrough pain, IBS flares, or anxiety surges.

Who Can Benefit?

- Daytime professionals who must stay sharp
- Sensitive patients (first-timers, seniors, pediatric autism)
- Chronic pain & neuropathy sufferers needing all-day coverage
- PTSD / anxiety patients who want calm, not couch-lock
- Patients titrating up to find their minimum effective dose

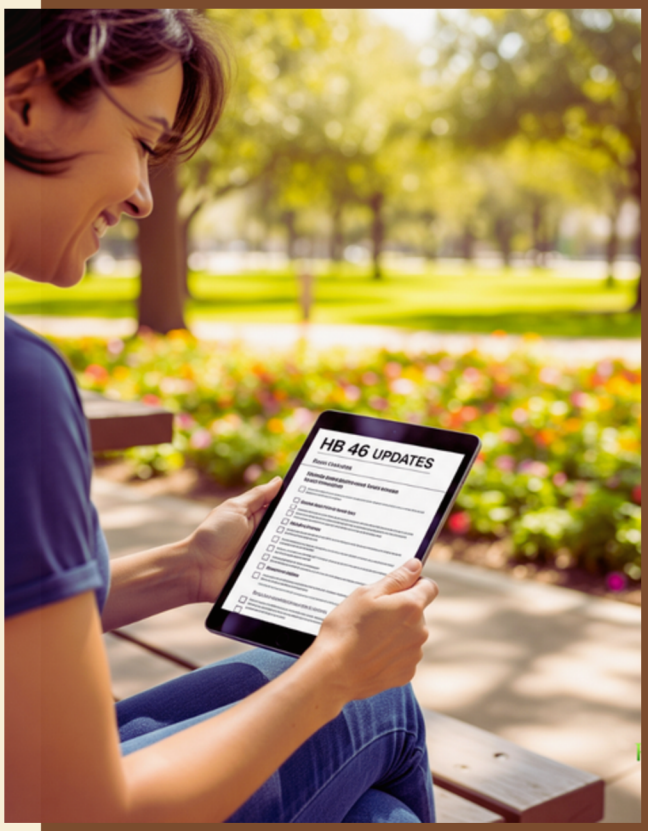
How to Micro Dose: A 7-Day Starter Plan

Day	AM Dose*	Mid-Day	Late Afternoon	Notes
1	0.5 mg THC / 1 mg CBD	–	–	Observe: any buzz? If yes, cut in half tomorrow.
2	0.5 mg THC / 1 mg CBD	0.5 mg / 1 mg (after lunch)	–	Track symptom change, side-effects.
3	0.5 mg / 1 mg	0.5 mg / 1 mg	0.5 mg / 1 mg (4 p.m.)	Aim for subtle, even relief.
4	1 mg / 1 mg	0.5 mg / 1 mg	0.5 mg / 1 mg	Increase only if symptoms persist.
5–7	Continue **total daily THC ≤ 2 mg**; adjust CBD upward (10–20 mg) if anxious or inflamed.			

- **No relief after 3 days**
  - Add +0.5 mg THC to each dose, keeping daily total less than or equal to 5 mg.
- **Mild buzz or fog**
  - Cut each micro-dose by 25–50 %.
- **Breakthrough symptoms**
  - Layer one extra 0.5–1 mg THC micro-dose, then resume schedule.
- **New side-effect (e.g., dry mouth, dizziness)**
  - Pause THC for 24 h; use CBD-only product; re-start 25 % lower.

Traditional or Micro-dose? Choose (or combine) the method that best matches your lifestyle, sensitivity, and symptom pattern, then **track results** and adjust with your care team or dispensary pharmacist.

10. What's New: HB 46 in Effect and Vaporization Is Here



HB 46 took effect September 1, 2025, expanding TCUP to include:

- **Vaporizers / pulmonary inhalation** (LIVE as of June 3, 2026)
- **Transdermal patches** (pending dispensary rollout)
- **Suppositories** (pending dispensary rollout)
- **Chronic pain, Crohn's/IBD, ulcerative colitis, TBI, and hospice/palliative care** added as qualifying conditions
-

For the first time since 2017, Texas is licensing 12 new medical cannabis dispensing organizations, meaning broader access and shorter delivery distances for Texans across the state.

Vape Pen Quick Start

Click to learn more in our Vape blog

Vape onset: **1–5 minutes**. Use only for breakthrough symptoms, not daily baseline coverage.

- Take **1 small draw**, then wait 10 minutes
- If symptoms persist and you feel okay, take **1 more small draw**
- Use the lowest amount that brings relief
- **May repeat every 3 hours as needed**

- **Stop if you feel sleepy, lightheaded, anxious, or confused.**
- **Do not drive, operate machinery, or mix with alcohol or sedating medications.**
- **Keep out of reach of children and pets.**

Pulmonary inhalation requires separate CURT authorization. Contact Floweret MD if your prescription does not yet include vaporization.

II. Questions? Reach Out Anytime

Have a question about a product's ratio, ingredients, or dosing? Reach out to me anytime—or call the dispensary's on-staff pharmacist; we're both here to make sure you get the right fit for your treatment plan.

You can reach me via:

- Message - directly in the patient portal
- Text/call - using the contact info from your visit

*The dispensaries' contact information is listed →

Medical Cannabis Dispensary Organizations in Texas

- **Texas Original Compassionate Cultivation** 512-614-0343, www.texasoriginal.com
- **TX Goodblend**
- 512-351-4600, tx.goodblend.com
- **Fluent Cannabis**
- 833-735-8368, www.getfluent.com

DPS maintains an updated list of licensed medical cannabis organizations



Disclaimer: This guide is for educational purposes only and not a substitute for medical advice. Always consult your physician regarding changes to your treatment plan.

References

1. Schwenger J P, Erskine J A. (2020). Lecithin as a natural emulsifier to enhance cannabinoid bioavailability in edibles. Journal of Cannabis Research, 2(1), 7.
2. O'Sullivan S E, Jensen S S, Kolli A R, et al. (2024). Strategies to improve cannabidiol bioavailability and drug delivery. Pharmaceuticals, 17(2), 244.
3. Herdegen T, Cascorbi I. (2023). Drug interactions of Δ^9-tetrahydrocannabinol and cannabidiol in clinical practice. Deutsches Ärzteblatt International, 120(49), 833-840.
4. Babson K A, Sottile J, Morabito D. (2023). Cannabinol and sleep architecture: preclinical and clinical insights. Nature Neuroscience.
5. Whiting P F, Wolff R F, Deshpande S, et al. (2024). Cannabinoids for chronic pain: an updated systematic review and meta-analysis. JAMA.
6. Suraev A, Stott C, Schneider J, et al. (2022). Efficacy of nabiximols on spasticity and pain in multiple sclerosis: a real-world review. Frontiers in Neurology.
7. Xiong W, D'Souza D C, Peng X, et al. (2025). Cannabidiol for neuropathic pain: mechanisms and clinical evidence. Pain Reports.
8. Bar-Lev Schleider L, Mechoulam R, Saban N, et al. (2023). Whole-plant CBD-rich medical cannabis for pediatric autism—12-month follow-up. Scientific Reports.
9. Stith S S, Vigil J M, Brockelman F, et al. (2024). Cannabis chemovars, terpenes, and patient-reported symptom relief. Frontiers in Pharmacology.
10. Cuttler C, Mischley L K, Sexton M. (2023). Δ^9-THC micro-dosing for chemotherapy-induced nausea: a pilot study. Journal of Clinical Oncology.
11. Martinez-Aguayo D, Rodríguez-Calvo R, Villanueva V, et al. (2024). Cannabinoids in Parkinson's disease: a systematic review. Movement Disorders.

References

12. Herdegen T, Cascorbi I. (2023). Drug interactions of Δ^9-tetrahydrocannabinol and cannabidiol in clinical practice. Deutsches Ärzteblatt International, 120(49), 833-840.
13. Babson K A, Sottile J, Morabito D. (2023). Cannabinol and sleep architecture: preclinical and clinical insights. Nature Neuroscience.
14. Whiting P F, Wolff R F, Deshpande S, et al. (2024). Cannabinoids for chronic pain: an updated systematic review and meta-analysis. JAMA.
15. Suraev A, Stott C, Schneider J, et al. (2022). Efficacy of nabiximols on spasticity and pain in multiple sclerosis: a real-world review. Frontiers in Neurology.
16. Xiong W, D'Souza D C, Peng X, et al. (2025). Cannabidiol for neuropathic pain: mechanisms and clinical evidence. Pain Reports.
17. Bar-Lev Schleider L, Mechoulam R, Saban N, et al. (2023). Whole-plant CBD-rich medical cannabis for pediatric autism—12-month follow-up. Scientific Reports.
18. Stith S S, Vigil J M, Brockelman F, et al. (2024). Cannabis chemovars, terpenes, and patient-reported symptom relief. Frontiers in Pharmacology.
19. Cuttler C, Mischley L K, Sexton M. (2023). Δ^9-THC micro-dosing for chemotherapy-induced nausea: a pilot study. Journal of Clinical Oncology.
20. Martinez-Aguayo D, Rodríguez-Calvo R, Villanueva V, et al. (2024). Cannabinoids in Parkinson's disease: a systematic review. Movement Disorders.
21. Texas Original. "HB 46 Updates." June 2025.
22. Russo, E. (2011). "Taming THC: potential cannabis synergy." British Journal of Pharmacology.
23. National Academies of Sciences. The Health Effects of Cannabis and Cannabinoids. 2017.
24. Goodblend Texas Product Catalog (2025).
25. Fluent Texas Dispensary Menu.

MEDICATION TRACKER

DATE	TIME	MEDICATION	DOSE	SYMPTOMS	SIDE EFFECTS