

EDEN'S HEALING GARDEN MINISTRIES

The History of Cannabis

Earth's Ancient Plant and the Questions
We Still Dare to Ask

A faith-informed, evidence-respecting introduction to history, healing claims, risks, law, and a responsible research agenda.

PUBLICATION 001

AUGUST 2026

EDUCATION • STEWARDSHIP • TRANSPARENCY

This publication does not offer medical or legal advice and does not encourage unlawful cultivation, possession, distribution, or use.

A Garden of Questions

We believe reverence and rigor belong together. Faith can inspire the question; evidence must discipline the answer.

Eden's Healing Garden Ministries begins from a conviction found throughout Scripture: creation belongs to God, human beings are called to steward it, and care for the suffering is a moral responsibility. Yet a plant's natural origin is not, by itself, proof that every preparation, dose, route of use, or claim is safe. Responsible ministry requires honesty about both promise and harm.

This first publication therefore refuses two easy extremes. It does not dismiss cannabis because of stigma, and it does not declare cannabis a cure-all because it is a plant. Instead, it asks what history can establish, what clinical research supports, what remains unknown, and how faith communities can pursue knowledge without exploiting vulnerable people.

Our commitments

- Truth before promotion. We distinguish evidence, inference, tradition, testimony, and unanswered questions.
- Compassion without exaggeration. Hope should never be marketed as certainty.
- Lawful stewardship. Religious or tax status does not create a cannabis-law exemption.
- Open knowledge. We welcome historians, clinicians, patients, ethicists, clergy, cultivators, regulators, and community members who can contribute responsibly.

How to read this publication

The evidence summarized here is educational and population-level. It cannot determine whether cannabis or a cannabinoid product is appropriate for any individual. Treatment decisions belong with a qualified health professional who can consider age, pregnancy, mental-health history, medications, cardiovascular risk, substance-use history, product quality, and local law.

Creation, Healing, and Human Responsibility

The earth can be a source of nourishment and medicine - but wisdom asks us to test, measure, and protect.

Genesis describes seed-bearing plants as part of a created world. Psalm 24:1 declares that the earth belongs to the Lord. Psalm 104:14 celebrates plants brought forth for human use. Ezekiel 47:12 and Revelation 22:2 use the image of leaves for healing. These passages can sustain a ministry of gratitude, inquiry, and care.

They do not provide a modern pharmacology manual. Scripture also values sobriety, self-control, justice, protection of children, and obedience to lawful authority. A mature theology of plants therefore asks not only, “What exists in creation?” but also, “What use is wise, loving, truthful, and just?”

A practical theology of stewardship

- Receive with gratitude: study creation without contempt or fear.
- Test with humility: welcome results that confirm, limit, or disprove a favored belief.
- Protect the vulnerable: do not target minors, pregnant people, or people in crisis with unproven claims.
- Share truthfully: make limitations as visible as hoped-for benefits.
- Repair harm: remember communities burdened by criminalization, unequal enforcement, addiction, and commercial exploitation.

“The question is not whether a plant came from the earth. The question is how human beings will understand it, use it, regulate it, and care for one another around it.”

Scriptural references are theological framing, not scientific evidence and not permission to violate law. This distinction protects both faith and the people a ministry serves.

An Ancient Plant, Many Human Uses

Cannabis history is not one story. It includes fiber, seed, food, medicine, ritual, intoxication, trade, law, race, agriculture, and commerce.

PERIOD	WHAT THE RECORD SUPPORTS
Ancient domestication	Genomic and archaeological studies place early domestication and diversification in Asia. Human selection produced lineages useful for fiber, seed, and drug-type traits.
At least 2,500 years ago	Chemical residues in wooden burners from Jirzankal Cemetery in the eastern Pamirs provide direct evidence of cannabis with elevated psychoactive compounds being burned in mortuary ritual.
Across centuries	Cannabis preparations appear in varied medical and cultural traditions across Asia, the Middle East, Africa, Europe, and later the Americas. Practices and meanings differed widely.
1800s	Cannabis extracts entered parts of Western medicine, though products lacked today's standards for consistent chemistry, dosing, trials, and manufacturing.
1900s	International controls, domestic prohibition, racialized narratives, changing medical practice, and political campaigns narrowed legal access and research.
1970 to present	The U.S. Controlled Substances Act placed marijuana under federal control. State medical and adult-use systems later expanded, producing continuing tension between state and federal rules.

What history cannot prove

Ancient use proves that humans encountered and valued cannabis; it does not prove that every ancient claim was medically correct. Likewise, prohibition does not prove that cannabis has no therapeutic value, and legalization does not prove that all commercial products are safe. History explains why questions arise. Modern evidence must answer modern health claims.

Cannabis Is a Chemical Community

“Cannabis” names a biologically and chemically variable plant, not a single uniform medicine.

Delta-9-tetrahydrocannabinol (THC) is the principal intoxicating cannabinoid. Cannabidiol (CBD) is not intoxicating in the same way, but it is pharmacologically active and can produce adverse effects and drug interactions. The plant also contains many minor cannabinoids, terpenes, flavonoids, and other compounds. Their quantities vary with genetics, cultivation, harvest, processing, storage, and product formulation.

Why form and dose matter

- Inhaled products act quickly, making effects easier to feel but exposing the lungs to smoke or aerosols and increasing impairment risks.
- Edible products begin more slowly and can last longer; delayed onset can lead to unintended overconsumption.
- Concentrates can deliver very high THC exposure.
- Prescription products have defined ingredients, manufacturing controls, labeling, and approved indications; they are not interchangeable with unapproved retail products.

The endocannabinoid system

The human body has cannabinoid receptors, endogenous signaling molecules, and enzymes that help regulate functions including pain processing, appetite, memory, stress response, and immune signaling. Discovering a biological pathway establishes plausibility; it does not establish that every product, condition, or dose is beneficial.

The popular “entourage effect” hypothesis proposes that multiple plant compounds may interact. Some laboratory and observational findings motivate study, but broad marketing claims often outrun clinical evidence. A responsible publication labels this as an active research question, not settled fact.

What Healing Evidence Actually Says

Cannabis may relieve certain symptoms for some patients. That careful sentence is stronger than hype because it can survive scrutiny.

EVIDENCE	AREA	CAREFUL READING
Stronger evidence	Adults with chronic pain	Cannabis or cannabinoids were associated with a greater likelihood of clinically significant pain reduction in the 2017 National Academies review. Products and trials varied.
Stronger evidence	Chemotherapy nausea and vomiting	Oral cannabinoids were effective antiemetics in adults in the reviewed evidence. Modern first-line care and individual risks still matter.
Stronger evidence	MS-related spasticity	Short-term oral cannabinoid use improved patient-reported spasticity symptoms in adults; evidence differs by outcome measure.
FDA-approved use	Certain severe seizure disorders	Purified prescription CBD (Epidiolex) is FDA-approved for seizures associated with Lennox-Gastaut syndrome, Dravet syndrome, and tuberous sclerosis complex in qualifying patients.
Still uncertain	Many other promoted uses	Evidence may be limited, mixed, indirect, product-specific, or insufficient. Testimonials do not establish efficacy.

A crucial regulatory distinction

The FDA states that it has not approved the cannabis plant itself to treat a disease or condition. It has approved one cannabis-derived drug containing purified CBD and synthetic cannabis-related prescription drugs for specific uses. Approval applies to the product, dose, indication, manufacturing controls, and evidence reviewed - not to every product sharing a plant ingredient.

**“Potential benefit” is not the same as “proven cure.”
Symptom relief is not the same as reversing disease. A
ministry should never erase those distinctions.**

Questions Worth Asking Out Loud

The most honest frontier is not a secret cure. It is the large territory where careful research has not yet produced dependable answers.

Cannabis research has faced regulatory barriers, inconsistent products, small samples, short follow-up, limited comparison groups, and difficulty blinding participants to intoxicating effects. Meanwhile, commercial products have changed faster than much of the evidence base. High-potency THC products and novel intoxicating cannabinoids create questions older studies may not answer.

Priority unknowns

- Dose and ratio: Which THC:CBD ratios, if any, optimize benefit while limiting adverse effects for particular conditions?
- Minor cannabinoids: What do CBG, CBC, THCV, and other compounds do in humans at realistic doses?
- Whole plant versus isolated compounds: Do combinations improve outcomes, and can effects be reproduced in controlled trials?
- Long-term outcomes: How do years of medical use affect cognition, cardiovascular health, mental health, tolerance, and dependence?
- Individual differences: How do age, sex, genetics, pregnancy, disability, trauma, and coexisting disease change benefit and risk?
- Drug interactions: Which cannabinoids meaningfully alter common medicines, and at what exposure?
- Routes and contaminants: How do inhalation, oral, topical, and sublingual products differ, and how should pesticides, metals, solvents, microbes, and inaccurate labels be controlled?
- Policy effects: Which regulatory models reduce youth exposure, impaired driving, poisonings, inequity, and unregulated-market harms?

Unknown does not mean unknowable. It means the next honest sentence is a research question, not a sales claim.

Known Risks Must Share the Page

Compassion includes warning people clearly, especially when a product can impair judgment or worsen vulnerability.

RISK AREA	RESPONSIBLE MESSAGE
Impairment	THC can affect attention, memory, coordination, reaction time, mood, and perception. Do not drive or operate machinery while impaired.
Mental health	Higher-frequency and higher-THC use are associated with greater risk of psychosis-related outcomes, especially in susceptible people. Acute anxiety, panic, or paranoia can occur.
Dependence	Some users develop cannabis use disorder, with difficulty reducing use despite harm. Risk rises with frequent use and earlier initiation.
Pregnancy and youth	Avoid presenting cannabis as safe in pregnancy, breastfeeding, or adolescence. Developing brains and fetuses require special protection.
Heart and lungs	Cannabis can increase heart rate; smoke contains harmful combustion products. People with cardiovascular or respiratory conditions should seek clinical guidance.
Interactions	CBD and THC can interact with prescription medicines. Sedation can increase when combined with alcohol or other depressants.
Product uncertainty	Unregulated or mislabeled products may contain unexpected potency, contaminants, or novel intoxicants.
Children and pets	Store all products locked, labeled, and out of reach. Edibles can be mistaken for ordinary food.

Urgent help

Call emergency services or poison control for severe confusion, loss of consciousness, chest pain, trouble breathing, a child exposure, or another emergency. In the United States, Poison Control is 1-800-222-1222. This publication is not a substitute for care.

Why the Story Became Contested

The public record shows a complicated interaction of health fears, racism, enforcement, politics, medicine, industry, and changing social values - not one simple hidden cause.

Cannabis policy has often been shaped by more than pharmacology. Historians have documented sensational media, racial and anti-immigrant narratives, bureaucratic expansion, international treaties, and changing attitudes toward intoxication. Enforcement burdens have not fallen equally across communities. At the same time, real risks - impaired driving, dependence, youth exposure, and acute psychiatric effects - should not be dismissed merely because past policies were unjust.

Commercial legalization introduces another source of pressure. Companies benefit when consumers believe products are natural, harmless, and useful for many conditions. Public agencies and advocates may have different incentives. Researchers may face funding, access, and standardization constraints. None of this proves that any particular result is false. It makes transparency, replication, preregistration, conflict disclosure, and public data more important.

A better public conversation

- Separate the harms of a substance from the harms of prohibition.
- Separate decriminalization arguments from medical-efficacy claims.
- Ask whether evidence applies to the exact product, dose, route, and population being discussed.
- Disclose financial, ideological, institutional, and ministry interests.
- Include people affected by illness, criminalization, addiction, disability, and unequal enforcement.

Courage is not saying what “no one dares to say.” Courage is allowing evidence to change the story we wanted to tell.

Faith Is Not a Cannabis License

Section 508(c)(1)(A) concerns federal tax-administration rules for qualifying churches. It does not create a general exemption from controlled-substance, licensing, health, zoning, or consumer-protection laws.

A church or ministry that meets the requirements of Internal Revenue Code section 501(c)(3) may fall within the category of organizations excepted by section 508(c)(1)(A) from the usual requirement to notify the IRS of exemption. That exception is commonly misunderstood. It does not automatically confirm that a group qualifies as a church, and it does not authorize cannabis cultivation, possession, distribution, sales, or medical claims.

Federal status as of August 2026

DEA is conducting formal proceedings on a proposal to move marijuana from Schedule I to Schedule III. A proposal and hearing do not themselves complete rescheduling. Organizations should verify the current federal status before acting and obtain advice from qualified counsel.

New Jersey

The New Jersey Cannabis Regulatory Commission governs licensing, cultivation, testing, sale, and purchase in the state. Cannabis businesses require the appropriate approvals and must comply with state and municipal rules. A ministry label, donation model, or religious purpose does not replace those requirements.

Operational guardrails for this ministry

- Education, historical study, ethics, and lawful knowledge exchange only unless separately licensed and advised.
- No diagnosis, prescriptions, individualized dosing, or claims to cure disease.
- No cannabis provided in exchange for “donations.”
- No cultivation, manufacture, testing on humans, distribution, or sales without every required approval.
- Independent legal and tax advice before fundraising or launching regulated activity.

Legal note: laws change and facts matter. This is general education, not legal advice.

How We Will Seek Knowledge

A God-centered research ministry should be recognized by the quality of its care, not the certainty of its slogans.

Before publishing a health claim, Eden's Healing Garden Ministries should be able to answer: What exactly was studied? Compared with what? In whom? For how long? How large was the effect? What harms occurred? Who funded the work? Has it been replicated? Does the claim exceed the study?

Publication standard

- Define terms. Identify the compound, cultivar when relevant, dose, route, frequency, and product standard.
- Grade evidence. Give systematic reviews and well-designed controlled trials more weight than laboratory work, anecdotes, or testimonials.
- Report absolute numbers. Avoid presenting relative percentages without baseline risk.
- Publish adverse findings. A harmful or null result is knowledge.
- Protect participants. Human research requires ethics review, informed consent, privacy safeguards, clinical oversight, and legal authorization.
- Respect communities. Do not extract stories or data without fair partnership and acknowledgment.
- Correct the record. Date publications, keep revisions, and visibly amend errors.

Proposed first-year research program

1. Historical archive: annotated chronology separating primary records from later interpretation.
2. Evidence map: condition-by-condition index of reviews, trials, risks, and gaps.
3. Listening project: ethically collected accounts from patients, families, clinicians, clergy, and people harmed by criminalization or dependency.
4. Legal watch: dated summaries of federal, New Jersey, and municipal changes reviewed by counsel.
5. Public seminars: balanced discussions that pair potential benefit with safety and uncertainty.

Knowledge Offered in Service

We invite careful contributors, honest disagreement, and research that serves people before institutions or products.

Eden's Healing Garden Ministries welcomes knowledge-sharing invitations from historians, archaeobotanists, pharmacologists, physicians, nurses, public-health researchers, ethicists, theologians, attorneys, patient advocates, recovery communities, and responsible cultivators working within law.

A contribution should identify its source, limits, conflicts of interest, and whether it represents peer-reviewed evidence, professional experience, personal testimony, theological reflection, or a research question. These forms of knowledge can all matter, but they are not interchangeable.

Our closing conviction

The earth is not a warehouse to exploit, nor is “natural” a magic word. Creation is a trust. If cannabis holds benefits, love requires that we measure them honestly and make reliable knowledge accessible. If it holds risks, love requires that we name them plainly. If history contains injustice, love requires repair. If questions remain, humility requires patience.

“Let our research be brave enough to ask, disciplined enough to test, and compassionate enough to tell the whole truth.”

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Publication: No. 001, August 2026

Publisher: Eden's Healing Garden Ministries

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Editorial note. This publication uses a 2017 National Academies evidence review as a major organizing source because it explicitly grades evidence across benefits and harms. Research and regulation continue to change; readers should consult newer systematic reviews and official updates for decisions. Archaeological findings are described narrowly and do not validate modern therapeutic claims.

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