K: So, lately I’ve been thinking a lot about cannabis.

C: Me too.

K: (laughs)

C: I have reefer madness.

K: So, for me, when I hear people in the United Sta- because it’s being widely legalized in the United States. It’s highly illegal in Japan. And something that’s been kind of bothering me is that everyone’s treating cannabis like it’s just one… plant. And – rather than a family of plants and a family of products and… like – so, the cannabis plant itself: they have the male and female plants. And… the female plants are flowering, and the male plants are not – or vice versa, I forget which.

C: That was the right way.

K: And, growing up, I… wo- had close associations with people that had a pot farm. And we used to call it pot. And…

C: Well, and hemp is part of the same family.

K: Yeah. And, so, I had a lot of hemp clothing and hemp shoes and stuff made out of he – dried hemp. I also, like – shake was used for a lot of stuff. Shake is the leaves from the plant. And some people call shake what’s left over from the buds but it’s not. It’s the leaves. Just… at least if you were talking about cannabis in the 60s. Shake was the leaves. Shake had – did not come from the flowers.

C: Okay. Yeah, no, I – I know you’re… drawing on your memory of the 60s.

K: I was raised in the 70s. I was born in the 60s.

C: Yes, you were.

K: And in the 70s was when I was listening to people talk about cannabis.

C: Yes.

K: So, for me… when I think about cannabis – if we were to ever live in the United States again, which I don’t think we will – but I would not use CBD. And I think that… there’s not enough distinction being made between the different strains of cannabis. The different enhance of cannabis. And…. What CBD oil is. And I kind of feel like a lot of the people doing CBD oil and advertising and talking about it are sort of becoming snake oil salesmen.

Because I have chronic pain, like severe chronic pain, and PTSD. And CBD oil would not work for either for me. Even if it was American CBD oil. What would work whi – whi – why edibles would work for me, and why I say that if we were ever in the United States, I would do edibles, is because I could pick the strain of cannabis that was in the edibles.

C: Mhm.

K: You can cook the plant down and then have all the benefits of smoking the planet by eating the plant, and… for me, I would prefer to eat it rather than smoke it because I don’t smoke cigarettes, so why would I smoke cannabis?

C: Right.

K: And I think CBD oil is absolutely a miracle drug for people with seizures.

C: Yeah, for many people. So… CBD is

K: But not all.

C: Yeah. CBD is cannabidiol, which is one of the… compounds present in the cannabis plant. In both hemp and in marijuana.

K: Yes.

C: So, marijuana typically has very, very low levels of THC, which is the one that everybody thinks of as the – the “weed” that gets you high.

K: Yeah.

C: But the CBD is in both. And, so, Japan before 2016, even with zero THC, it was illegal to have CBD. They treated that just like you were importing weed by the crate.

K: Yeah.

C: But in 2016, they were like, “okay, this actually doesn’t have any recreational benefit whatsoever and does not interact with alcohol, so as long as we can keep getting drunk and nobody can have fun with it, we will decriminalize it.” So, there are no regulations.

K: That could sound a little racist. So, I think if you don’t live in Japan, and you say, “as long as we can keep getting drunk” that that sounds a little racist unless you’ve had experience with medical professionals and with the things that they… legalize and don’t. The things that are legal and illegal.

C: Okay.

K: Like Tylenol is highly restricted.

C: Yes.

K: And that’s because anything that’s kidney-reactive – and every doctor that I’ve ever gone to insists that I’m an alcoholic.

C: Yes.

K: Because I’m jaundiced. And I must be jaundiced because I have hepatitis, and I must have contracted hepatitis while I was out prostituting myself while drunk.

C: Yes.

K: And, like

C: So, there is – I

K: Like, literally, I’ve been told that from a doctor.

C: Yes.

K: In Japan. And every doctor I’ve ever gone to, they’re like, “you know, you can’t drink if you do this. You know you can’t drink if you do that.” I’m like, “I have hereditary coproporphyria and lupus. I can’t drink.” There’s the whole thing. You don’t have to say anything else. And I did a big, long twitter thread about people thinking that I’m jaundice and I have hepatitis.

C: Yeah.

K: And people thinking I’m an alcoholic. And, so… I think you have a lot of anger and bitterness towards them being like, “I will only give you this medication if you promise to stop drinking.”

C: Well and not

K: A medication that will save my life, they will only give it to me unless I promise them, I will stop drinking.

C: Not just that, but the legal structure around… substances is that if it interacts badly with alcohol, it is massively expensive and highly regulated.

K: Yes.

C: No matter what it does. That’s why Tylenol is… highly regulated. How much you can buy in one package, where you can buy it, and how much it costs. So, for comparison, the bottle of like 200 Tylenol you might buy in the U.S. for… I think the last time we bought some, they were 15 dollars.

K: You can’t even import that into Japan. That’s too much.

C: Right, they’ll throw it out, and what you can buy – you can buy packs of eight Tylenol that there’s also caffeine – like massive amounts of caffeine – in each pill.

K: Yeah.

C: And it’s… eight dollars for eight tablets of Tylenol.

K: And it’s in the locked cabinet at the pharmacy.

C: Right.

K: And you have to go up and ask the pharmacist for it. And they’ll take it out, and they’ll give you a big, long lecture

C: About, “if you drink with this, it can damage your liver”

K: Yeah. That whole drag.

C: Yeah. So… I know plenty of people here in Japan who are not alcoholics. I don’t know that I know more than one or two alcoholics among the many people I know. But the laws… around substances are centered around alcohol.

K: So, interestingly enough, CBD was legalized in 2016.

C: Right.

K: But we did not find out until 2020. Because one of… my clients, who’s obsessed with trying to do drugs and get high, was con – they were like, “CBD is – I just found out CBD is legal in Japan” and they would come to me with all of these different ideas of how to get high. It was an obsession of theirs. I was like, “if you go to prison, I’m not going to visit you in prison. I won’t write you in prison. I won’t testify on your behalf. You’re just going to prison.” And I don’t know why that was a deterrent for them, but it was a hardcore deterrent. “Okay, I don’t want to go to prison because I won’t be able to talk to you.” And I was like, “right on.”

(laughter)

K: I’ll take – any reason will do at this point. And they were like, “CBD is legal now. I’m going to do CBD.” And… I was like, “okay. For what purpose?” And… they were like, “hello. Because it’s cannabis oil.” And I didn’t correct it.

C: Right.

K: And I was like… “okay.” And I was tempted to say, “what does the B and D stand for?” But, luckily, caught it. Didn’t say it. I do have high censor on. And then I looked it up, and I was like – I didn’t look it up to see what it stood for – I looked it up to see was it actually legal?

C: Yeah.

K: Because some cannabis – it depends on what the derivatives are: what’s in it? Some of it has caffeine in it, some of it doesn’t, and… it’s not

C: Yeah, it doesn’t naturally have caffeine in it. They add caffeine to it.

K: Yeah. The additives, and… so, I was looking at the different additives, and I came home, and I told you, “hey, you know, CBD’s legal in Japan now.” And you were like, “really?” and you looked it up and then ordered some. And started taking it.

C: Yes.

K: And, so, you’ve been taking it now – so, for those of you catching on – if you’re not a Music Note, you might not know that Chad is autistic. And he has… ahh, AS. I want to be able to say it, but I can’t.

C: Ankylosing spondylitis.

K: Yeah. And… eczema and

C: I do not have eczema. I have psoriasis.

K: Dammit. I’m a bad wife. If you’re not a Music Note, you don’t know that I am a really bad wife. I really am.

C: (laughs)

K: And Chad just endures it, so (laughs)

C: You’re dyslexic. You get the words mixed up.

(laughter)

K: No, I’m a bad wife. I don’t know anything about you. (laughs)

C: You know all kinds of things. Eczema is a symptom of psoriasis.

K: Yes, and… crap, what was the main one I was trying to get to?

C: You were trying to get to the epilepsy.

K: Yes. Did I list the autism?

C: You listed the autism.

K: Okay.

C: You were trying to get to – because none of those are the reason that I’m taking it.

(laughter)

K: No, they’re not, but I didn’t want to leave out the fact that you are severely disabled.

C: Okay. Yeah.

K: (laughs) I don’t know why that’s relevant. I don’t know why it’s relevant, but it’s super relevant to me. Now I know why: and you’re epileptic.

C: Yes.

K: The only thing that it works for – no, not that you’re epileptic, that’s not the why. I wanted to mention it because the only thing that it’s impacting is your epilepsy.

C: Yeah.

K: And, so, it does help some people with anxiety, but it does not help with – like, I’m not taking it because it wouldn’t help my chronic pain, and it wouldn’t help my PTSD. It wouldn’t help either of those things, and it also wouldn’t help my insomnia. So, I don’t take it.

C: Right.

K: Even though it’s legal.

C: But… it’s not legal. It’s decriminalized. So, there are no laws about CBD as long as it’s got zero percent THC.

K: Yeah, so we make sure to buy ours so that it’s manufactured here in Japan.

C: It’s actually not. I thought it was.

K: It’s not?

C: No. It’s manufactured in the U.S.

K: Okay.

C: But it’s certified by the Japanese laboratories as not having any THC.

K: Okay.

C: So, I – I don’t… import it myself. I buy it already imported to Japan.

K: Yeah.

C: So that I’m not handling any of the import because people have gotten in trouble importing it themselves where it says zero THC on the packaging, but it’s not actually. And the Japanese government is like, “this is not actually zero THC, so even though you were lied to, we’re going to punish you.”

K: Yeah.

C: Because they just really don’t like the THC, which is a whole thing that happened after World War 2 because there was a very strong cannabis culture in Japan.

K: Yeah, there was.

C: Historically for hundreds and hundreds of years.

K: Yeah.

C: The cultivation of hemp is culturally significant and all of that, so… it’s kind of frustrating that

K: The Americans came over here and ruined it after they tried to colonize Japan post-World War 2.

C: Right? When they were

K: (laughs) I’m just dropping it like it’s hot baby.

C: When both sides were getting their soldiers all hooked on meth because it could keep a soldier up.

K: Yeah.

C: Yeah, so there’s that.

K: Yeah.

C: But, so – as they’re… the distinction is that, because it’s decriminalized rather than legalized, it’s… cheap. It’s not super cheap. But it is

K: But it doesn’t even help with nausea, and it’s supposed to.

C: Yeah, so the websites – the thing that it’s been clinically tested for and it’s approved in the U.S. for, there’s a medication called Epidiol, which is CBD. And it’s approved for two types of epilepsy. Which I don’t have either type of those. I have temporal lobe epilepsy, and… I forget the name of them. They both affect children.

K: Mhm.

C: And… come with more profound… intellectual disability and such.

K: So, the main point of us saying this is that we can get it in Japan, but you can also get it in the United States. So, families that have children with epilepsy who think that they have to get

C: Well, you can get it in some states. So, it was a long battle

K: No, CBD oil without the THC in it is legalized in more states than marijuana.

C: That’s correct, but it is not legal in all states.

K: It’s not legal in all states, but these families that are picking up and moving, I think check it out and see if it’s legal in your state because, I’m telling you, it will change – if it works for your child, it will change – or the adult person in your life with seizures – it will change their life.

C: Yes.

K: It will change their life because just a week – I really, I swear, just… two days of you being on CBD, it was like night and day. It was like some – a switch had been hit in your brain because your seizures were so bad that Rasta couldn’t – Rasta would have to leave the room to not intervene. So, Rasta’s our adult son who had never seen his father have a seizure, and then… they’re most active when Chad’s asleep. And, so, you went to sleep, and he was sitting in the room, and he jumped like, “what is that?” He wanted to like jump on you, and I was like, “get out.”

C: (laughs)

K: “Get out. Don’t touch him. Leave him alone. Just make sure there’s nothing sharp around him.” He was like, “is this why you clear stuff around dad when he goes to sleep?” And I’m like, “yeah.” He’s like, “so, is this the slamming that I’ve been hearing at night?” And I’m like, “yes.” And I’m like, wow, so this whole time – because you – it had been a bad run of like three weeks of really bad seizures at night with you banging the doors. And our son was thinking we were getting it.

C: Wow.

K: He was like, “get it dad, get it.” No, he wasn’t like that.

(laughter)

K: He was just thinking, you know, we’re private adults. That’s what he said, “you know, your private life” and he had been really weird.

C: Uh-huh.

K: And I was like – he was just like, “hi, how are you today?” And like… he doesn’t – he was like – he – when our son gets uncomfortable, he uses extremely formal language, and he does like (laughs) like he’s a knight at the round table, and he would tell me, “good morning, madame.”

C: (laughs)

K: “How are you today mother? How is my mother today?” And I was like

C: “Who was getting banged all night.” (laughs)

K: And I was like, “fine? Stop being such a weirdo.” He was like, “me? Am I being a weirdo?”

C: “Am I a weirdo?” (laughs)

K: Yes, and I was like, “yeah, you’re being weird, dude.” And come to find out he was feeling uncomfortable because you – so, the way our beds are situated, our bedroom is so small that our bed takes up the entire bedroom.

C: As is typical of Japanese bedrooms.

K: And, so… if Chad rolls over, he slams the door – the closet door.

C: Yeah.

K: And, when you have a seizure, you slam into the door, the walls – you kick things, and sometimes you kick yourself all the way off your bed. And I just… tell you, “get up, move on top of your bed” like that because, again, crappy wife. And

C: No because that

K: (laughs)

C: Because I don’t have awareness.

K: Yeah. And, so, that tone of voice – we’ve mastered – because of the autism and – if you all are offended that we call it the autism, then you need to take that up with my husband who is autistic. Who is actually autistic.

C: Yes.

K: Yeah. So, I have this thing where I do hyper personification, and I like to personify everything. And, so, the autism is sort of my thing, and Chad’s cool with it. And he’s the only autistic person that I have to take into consideration when I say it because I am talking about him.

C: Yes, you are.

K: So, I feel salty today.

C: Okay.

K: (laughs) So… with the autism, what we do – because you are sensitive to tones

C: Yes.

K: Is that we have specific tones that reflect specific things are happening if it reaches the reasoning part of your brain.

C: Right.

K: So, if I say, “Chad.” Then you know, okay, you’re having seizures, move.

C: Yes.

K: And there’s a different voice for snoring. A different voice for – like, you – one of the things that you do when you’re having a lot of seizures is you become a sleep disturber, and you just like… pester me all night. You drag me around the bed, you pet me, you reposition me, you, like… poke at me. And I know that it’s a seizure behavior.

C: Mhm.

K: But it makes nights really hard.

C: Yeah.

K: And, so, we have different tones of voice to just get you to automatically stop those behaviors. And, so, that’s one where, like, I believe that the epilepsy is part of the comorbidity with the autism.

C: There’s a very, very high percentage of people – so I want to talk about it a little bit because I don’t think we’ve actually done an episode where we’ve talked about it extensively. So, I know – the first seizure that I know that I had was when I was seven or eight.

K: Mhm.

C: And I lost a whole day.

K: Mhm.

C: And my parents were really awful about that, but… starting in my twenties, it got more frequent for some reason.

K: Mhm.

C: And I got diagnosed as epileptic. So, when Kisstopher says I was having a bad run – in a bad run, I might have fifty seizures in a week.

K: Yeah.

C: So – and I’ve tried

K: And you’ll have seizures at night for three to four solid hours.

C: Right.

K: Three to four solid hours of seizures, and, so, we had got to a place in our relationship and our dynamic very early on that we thought that you would die suddenly.

C: Yeah.

K: And it’s been really scary, and, so, when those runs happen, I get – it’s really frightening because you could have sudden death.

C: Right. So, I’ve tried Depakote and Depakene and… Carbamazepine, Neurontin, Keppra…

K: And all of them were awful for you.

C: Yeah.

K: It was horrible watching you.

C: I think I’ve tried like eleven or twelve different seizure medications.

K: We had like two years of trying different medications, and then we tried some that were supposed to be just for nocturnal and some that were like – for every type of seizures, even types of seizures you do not have.

C: Right.

K: We tried medications on the off-chance, and then we tried some antidepressants. And we even did Valium for a while, which was… somewhat effective but not really effective.

C: Right. So, Valium is used as a… i- if you go into status epilepticus, where you’re just having a continuous seizure that’s life threatening, they inject you with Valium to stop that seizure.

K: Yeah.

C: But it’s not really good at doing anything except for shortening a seizure that you’re already having.

K: And, so, when you have those long seizures, what we were finding was that I could wake you up, give you Valium, have you lucid, have you talking, and you would still be having a seizure while you were lucid, talking, and taking medication.

C: Yeah.

K: Because, sometimes, in your seizures, you can be having a seizure and still work and do your workday and still function. And, so…

C: Yeah because of the type of seizures I have – I have automatisms, which means I’ll keep doing whatever I was doing.

K: Yes.

C: So – but, I have had fifteen car accidents from seizures. None of them involving other cars. And this was before I was diagnosed.

K: And you do not drive.

C: I do not drive.

K: You do not have a driver’s license.

C: I did not know that I was having seizures. I just thought I was a really bad driver who fell asleep.

K: You thought you were a nervous driver.

C: Yes. And that I just fell asleep sometimes. While I was driving.

K: You suspected that you had narcolepsy when we met.

C: Right.

K: And I was like… “you don’t have narcolepsy. I think you’re epileptic.”

C: And I met somebody who had narcolepsy, and they were like, “you don’t have narcolepsy. (snoring sound)”

K: But you still thought it.

C: I still did think it.

K: You thought no one had – just no one noticed.

C: Yeah.

K: Because you told me – like, you had this thing where you really believed that you could see through your eyelids.

C: I did not. You keep saying that. I have never believed that I could see through my eyelids.

K: (laughter)

C: Like normal

K: It comes from – it comes from – because you talk in your sleep.

C: Yes.

K: So, it’s a running joke because one day Chad fell asleep – he had a lay-Z boy chair that he loved. He fell asleep, and he was holding a book. And, when he fell asleep, he stayed in the same position of reading his book, and I said, “babe, come to bed. You fell asleep.” And he was like, “no, I’m not asleep.” I’m like, “babe, your eyes are closed.” “No, they’re not closed. I’m reading my book.” I’m like, “babe, your eyes are closed.” “Fine. I’m reading my book through my eyelids.” I was like (laughs) because you were just so not wanting to move. You were so comfortable.

C: And it’s funny because there are nights where you will put on your reading glasses to go to sleep.

K: Yes. Exactly. (laughs)

C: Like, “I’m so sleepy” and you’ll close your eyes. And you’ll, like, reach around just, you know… anybody who’s seen the movies would know this – just kind of slapping around without looking to find your glasses.

K: Yeah.

C: And you’ll put your reading glasses on, and that’s when you’ll be able to go to sleep.

K: Yes. Because sometimes I’m just more comfortable with my glasses on. In case of anything.

C: Yeah.

K: So, I don’t know why I do that – I’ve only had reading glasses for about a year now. Two years?

C: Yeah, that’s right. I think it’s two years.

K: So, it was just super funny when he was like, “I’m reading my book” and I’m like, “your eyes are closed.” And you’re like, “I’m reading it through my eyelids.” And I was like, “mnmn. That’s not working.”

C: (laughs)

K: I took your book, and you were like – and he’s like – to this day, he’s like, “why wouldn’t you just let me sleep in my chair?”

C: Yeah.

K: Because you sleep in bed with me. That’s why.

(laughter)

K: Because I’m a horrible wife. That’s why.

(laughter)

K: So, we’re not fighting or anything. I don’t know why I keep saying that. It’s a joke that we say. Like, whenever I don’t do something – or if I’m in bed, I have this habit that I do, like, as soon as Chad gets in bed. I say, “oh, man.” And he goes, “what?” “I need water.” (laughs)

C: Yeah, I’ve mastered the making you think I’m getting in bed so that you’ll

K: (laughs) You standing

C: So that you’ll get thirsty.

K: You stand in bed looking down at me, like, “do you want anything?” And I’m like, “no.” You’re like, “are you sure?”

C: Because if you say no after “are you sure” then you know I’m not getting up.

K: Yeah. And then I usually say, “wait a minute” and then I drink all the water I have.

C: Yeah.

K: So… I think that this episode’s going to be super… noisy because my cleavage is super itchy. I don’t know why. It’s just super – it’s just itching me.

C: So, you think there’s going to be a lot of boob noise on the episode?

K: Yeah. The noise of me itching my boobs.

C: Oh, okay.

K: You are – you’re our sound person, so

C: Yeah.

K: If you don’t like all the noises that you hear, go to Patreon and give us – or go to Ko-fi, and we’ll buy better mics.

C: Yeah, we’re looking at that.

K: (laughs) Kick in. (laughs) What is – what is it the kids are saying these days? Lean in? Is it lean in?

C: No kids are saying that.

K: No kids are saying that?

C: No. That’s a Sheryl Sandberg thing.

K: What are you talking about?

C: It’s a whole thing for very, very rich white women to say, “lean in” to mean “work harder.”

K: If you’re a very, very rich any kind of person, lean in. (laughs)

C: They mean lean in on making more money for yourself. They don’t mean helping other people.

K: Oh, okay. Lean out.

(laughter)

K: So, with the CBD oil – for us, it was super profound. And you do take the liquid form. How much of it – because you take a lot of it.

C: So

K: Because we had to play around with the dose because the first week, while you did not have any seizures, you did have massive stomach pain. So, I don’t know how you’ve adjusted your dose. It seems like it’s not giving you massive stomach pain anymore.

C: I still sometimes have a little bit of stomach pain, but I did up my dose more gradually than I thought that I was going to. I thought I was just going to immediately start taking 150 milligrams.

K: Okay.

C: So, because it’s not

K: Is that the recommended? 150? In liquid?

C: This is what I was about to explain: because it’s not actually

K: I think I have to sneeze. (sniffles)

C: Regulated as a medicine except for the Epidiol, which is mostly intended for kids

K: Yeah.

C: Who have… Lennox Gastaut Syndrome is one of them, and I forget the other one. They don’t have dosage recommendations, but you can go to the CBD websites, and they will give you dosage recommendations. I tend to take those with a little bit of skepticism because I went to one, and it was like, “okay, so, tell us about you: what are you taking it for, and how much do you weigh? And we’ll tell you the dosage.”

K: Mhm.

C: So, they have a drop-down list of what are you taking it for.

K: Mhm.

C: And they’ve got epilepsy.

K: Mhm.

C: But they’ve also got… well, actually, the first question was “is the CBD for a human, horse, a dog, or a cat?

K: What?

C: Yeah, even the place that I buy CBD from, you can buy it for animals as well.

K: Huh. I don’t look into

C: Yeah, so I don’t

K: I don't do any sort of animal emotional disorders.

C: Right.

K: Just like – people have asked me. Like, “do you think my cat’s anxious?” I was like, “I would have to get to know your cat, and I’m not a vet.”

C: Yeah.

K: Not a vet.

C: So, I picked human.

K: Okay. Off to a good start.

C: But then on the list of “what are you using it for?” Epilepsy was down near the bottom. It also had anxiety, which some people have reported it works for them for anxiety even though that hasn’t been proven.

K: Yeah.

C: But it had cancer. It had baldness. It had… chronic pain. It had, like, eighty different things that you could be taking it for. And that’s where I think it goes back to the snake oil salesman kind of thing.

K: Yeah. And… shocker of shockers, you’re still bald, dude.

C: Right?

K: Yeah, so

C: I think it’s because I’m not using the topical cream.

K: You think? Like, maybe you should put a couple drops on your head while you’re at it?

C: Yeah.

K: Yeah, no. I don’t want your hair back.

(laughter)

K: What a strange statement. Like, I don’t want – like it’s going to grow on me. I don’t want your hair back. But we have talked about doing different things about you being bald.

C: Yeah.

K: Because when we first got together, you weren’t bald.

C: Right.

K: And we had talked about doing different things that had been proven to… fix and cure baldness. And I was like… “I don’t think you should do any of those things” because all of those topical stuff, as soon as you stop, you start losing your hair again. And I didn’t know about putting all of those chemicals into your body.

C: Mhm.

K: And you’re dead sexy, baby, with, without. Like, every way you come.

C: Thank you.

K: And… we both have this thing of really enjoying each other’s natural form. Like, whatever our bodies are doing. And if our bodies do something… different, enjoying that and being like, “hey. I get to be the first person experiencing this difference.”

C: Yeah.

K: I have a thing about firsts, so it’s really exciting for me when your body changes because I’m like, “I saw this first.” Or “I get this first.”

C: So, research on CBD has been pretty limited because

K: (laughs) Thank goodness for Chad or we’d never stay on topic.

C: Exactly.

K: (laughs)

C: I’m very focused now that I’m not having so many seizures.

(laughter)

K: You truly are. Your memory’s like way better.

C: Yeah.

K: But it’s making you way more frustrated and less forgiving.

C: Because I can remember what you did – I can remember why I’m mad.

K: Yes. And before you’d be like, “I can’t remember why I’m mad, so I’m not going to be mad anymore.” I just thought you were super forgiving.

C: (laughs)

K: Come to find out you are not.

(laughter)

K: So, that’s a downside to the CBD.

C: For you.

K: Yeah.

C: For me, it’s like I can finally…

K: (laughs) “I can finally get justice”

C: Yep. Exactly.

(laughter)

K: So, it’s been a little rough for me because you’ve been a little angry.

C: Mhm.

K: And you’re like, “yeah, I’m still pissed off from the other day” and that’s so surprising to me now. So, now I have to be more aware of when your feelings are hurt. So, that’s kind of where the joke I’m a bad wife – it’s always been a running joke that, whenever I do something that makes you unhappy, I say I’m a bad wife. And… it has been kind of feeling like I’m a bad wife. Legit. Like, real talk. Because you have been a lot angrier this past month. Like, a lot angrier. And I think… because you’re super sensitive in terms of… what you view as disrespectful. And, as a therapist, I tell everybody there’s no such thing as being too sensitive – so I didn’t say he was too sensitive. I said he’s super sensitive.

And that has to do with the excitatory response in your brain. And the excitatory response is you really do the mentality of an elder of the Mormon church, and that you should be afforded that respect. And I know you work really hard to undo that, but you were raised in a cult, and… it just… it trips me out. Because I will never respect you that much.

C: Mhm.

K: Because… I don’t believe in god. Shocker, right? And, so… I don’t think you talk to god. So, I don’t think you’re a conduit of god. And I don’t think god is the one that’s guiding all your weird decisions. So, I don’t feel like disagreeing with you is disagreeing with god.

C: No, it’s not.

K: Unless we’re having a Twitter After Dark moment.

C: Yes.

K: (laughs) And then you are “oh god.” (laughs) And if you don’t get that joke, you’re not old enough to hear it. (laughs)

C: So, I take 150 milligrams.

K: (laughs) Like, no segue. You just want to get right back into it.

C: No segue. Yeah. Yeah.

K: Like they need to keep up. It is not your responsibility to make sure that

C: Well, according to the website

K: They’re out the mustard so they can ketchup.

C: According to the website, it would help you with focus.

(laughter)

K: But I don’t have ADD. So, I thought – I thought it was branded specifically as helping people with ADD focus.

C: It’s…

K: And it does not. At least, not any of the clients I’ve worked with.

C: There’s been very limited research on it because of all of the restrictions at the federal level because, at the federal level in the United States, marijuana is considered to have no medical benefits. And, therefore, you need all kinds of special…

K: That’s not true.

C: It is tougher to do marijuana research.

K: It is tougher, but it’s not true that, in the United States, marijuana is viewed as having no medical benefits. That’s not true.

C: It

K: At the federal level. That’s not true.

C: It is tougher to use federal funding to do research on marijuana

K: Absolutely.

C: Than it is to do research on cocaine because cocaine has listed medical benefits. So, there’s been very

K: And that’s because of the civil war and all the amputations.

C: Yeah. So, there’s been very limited research on it. The only thing it’s been proven to help with is seizures.

K: (laughs) Okay, I don’t know that it’s because of the civil war and all the amputations. I just made that up.

C: I know.

(laughter)

K: Next, I was going to say, or maybe it was because of dentistry. Because cocaine’s numbing powers are historically documented.

C: Yeah, and it’s legal to use cocaine in surgery as an anesthetic.

K: Yeah.

C: So, when you had nasal surgery – not a nose job – but nasal surgery for medical reasons that did not affect the beautiful outside of your nose.

K: Thank you.

C: They used cocaine as the numbing agent.

K: Yeah. Because I had extra – I had extra tissue on the inside of my nose. You couldn’t see it. I was super offended when the nurse was like, “did you get a nose job?”

C: Yeah. Like, no, I couldn’t breathe.

K: Yeah. “Oh, so you had a deviated septum nose job?” No, I ha – the shape of my nose is one of the things that I am the most vain about. Is what a gorgeous nose I have.

C: Yeah, your doctor was like, “do you want to be able to breathe?” And you were like, “is it going to change the shape of my nose?”

K: I did. (laughs) I did. I was like, “no. I’ll just keep breathing through my mouth. I’ll keep being a mouth breather.” I don’t care. I’m sexy, what?

(laughter)

C: So, anyway.

K: Yeah, so back to the website and the dosage.

C: Yeah, so the website said, “how much do you weigh?” And I put how much I weigh, and it said, “damn, you’re fat.”

(laughter)

C: And it

K: “You need a bottle a day.”

C: It did – it recommended 700 milligrams a day.

K: What?

C: Yes.

K: Okay, that’s ridiculous.

C: So, and – the bottles of gummies, for example – most of those bottles have sixty gummies in it, and each gummy has five milligrams. So, it would be

K: Really?

C: So, it would be more than two bottles a day that it recommended.

K: Why would they only have five – why – because you could put way more in a gummy. I guess because it would affect the taste?

C: It would not affect the

K: How does it taste? I have never – I haven’t even tasted it.

C: So, I use one that’s in coconut oil, which is the usual way that it is.

K: Yuck.

C: And it has a very slight flavoring on it. So, the brand that I use

K: It tastes greasy.

C: It does not taste greasy.

K: If it’s in coconut oil, it tastes greasy to my taste buds. Because I have tasted coconut oil because I do oil pooling.

C: So

K: And it tastes greasy to me.

C: I take one milliliter, which is way, way less than you use.

K: Okay.

C: And… it has a flavoring on it, so I have an orange flavoring, but they have other flavors available. And it’s very, very mild. It’s not like even as strong as if you took an orange soda and filled it three quarters full with water, that’s about as strong as the taste.

K: Okay.

C: So, it’s very mild. And it’s one milliliter twice a day.

K: I think I see you taking it three and four times a day.

C: No, you never see me taking it three or four times a day. I have – I still have a few of the capsules

K: Sometimes, do you take it twice at night?

C: I don’t take it twice at night. I have some of the capsules still, and the capsules, I take six of those – which is 75 milligrams

K: Listening to this, you would think I pay no attention to you at all.

C: I think

K: I think because if they go back and listen to last week’s, they’ll understand why. We’re working in separate places.

C: Yeah.

K: And I don’t – we don’t spend all day together.

C: Right.

K: But, when we do spend time together, we spend time together, so I do notice the things that you do.

C: Yes.

K: So, are you out of your capsules? Because I know when you first ordered it, you ordered capsules, and then you switched to a liquid one, and it seems like you’re kind of alternating between the two.

C: I have a few of the capsules, so I tend to take 75 milligrams of the capsules in the morning on workdays because they have caffeine in them.

K: Ah, okay.

C: I guess the theory is that if it makes you drowsy

K: Does it perk you up at all?

C: It does not perk me up.

K: Okay because you like – you drink a two liter of coke.

C: Yeah. So, the – the amount of caffeine in the capsules when I take 75 milligrams is… three liters of coke’s worth.

K: Well, coke zero to be clear.

C: I looked it up, and coke zero and coke have the same amount of caffeine.

K: Really?

C: It’s different by like one milligram or something. Yeah.

K: Didn’t know that.

C: Yeah.

K: You look up a lot of random stuff.

C: I do look up a lot of random stuff.

K: Good for you.

C: So, the reason they sell the gummies in five milligram things is because, for many people who are not taking it for epilepsy, they claim to receive – I’m not disputing their claim, I’m just saying medically the only one that’s been proven is the seizures. And it hasn’t even been proven for my kind of seizures, but it works for me.

K: Yeah, it’s really working for you. Like, two days. No lie. Your nighttime seizures stop.

C: People who say that it works for their anxiety need much lower doses people who are using it for seizure control.

K: Mm. So, now that Chad has finally been able to explain CBD oil through all of my distracted interruptions, you can follow us on over to – what is it called?

C: Patreon.

K: Patreon. And… get our take two. Because that’s all about CBD oil. So, the long and short the CBD oil is that, if you have epilepsy, give it a go. Or any other kind of seizure. Or if you have seizures due to traumatic brain injury, remember that I am not a medical doctor. And I am not taking any responsibility for any of your medical choices.

C: So, as somebody who’s epileptic, if your seizures are already under control, there is no reason to try it. Unless you are having terrible side effects from your medication, like I lost all of my teeth to one of the medications. If you’re losing your teeth because you’re taking Carbamazepine, and you’re going to try something different, consider CBD.

K: Yeah.

C: If you don’t have control because you’ve tried all the medications, try CBD.

K: Make sure it’s legal in your area.

C: Yes.

K: Discuss it with your medical professional before you stop taking any of your medication. We are not medical professionals. We are not trained, and we don’t know you.

C: Okay.

K: So (laughs)

C: We don’t know you.

(laughter)

K: If you’re one of our Twitter mutuals, we do know you, but we’re still not going to give you medical advice. Because we’re still not doctors.

C: Not that kind.

K: (laughs) So, follow us on over to Patreon, and we’re going to keep the conversation going. And… yeah. I hope everybody is – has the medication that works best for them in all of the world. Which, you all know about me already, I’m always wishing medication on people – effective medication.

C: Yes.

K: Because I’m always in so much pain, and I have effective pain medication, but I only take it at night.

C: Yeah.

K: So that I can sleep, and it doesn’t even always work then. So… hey. I have the medication I need for about 25% of the time. 25% of the time, I’m accurately medicated at night.

C: That’s better than zero, but that’s still not great.

K: Yeah. So… there’s that. But, anywho, thanks for listening this week. We think you guys are awesome. We love that you stick in with us every week, and we’ll talk to you again next week or we’ll see you over on Patreon.

C: Bye.

K: Bye.