Walter Zieglgänsberger, Professor (Emeritus), Ludwig Maximilian University, Munich, since 1983. Head of Clinical Neuropharmacology, Max Planck Institute of Psychiatry, Munich, since 1984.

1967: MD, University of Munich Medical School. Specializations: Clinical Pharmacology and Pharmacology and Toxicology.

1976: Associate Professor, Max Planck Institute of Psychiatry, Munich (Department of Neuropharmacology).

1977–1978: Visiting Scientist, AVD Center for Behavioral Neurobiology, Salk Institute, La Jolla, CA, USA.

1979–1983: Visiting Scientist at various European and US laboratories.

2014: Various awards related to his achievements in pain and addiction research, including the Sertürner Award and German Pain Society Award for Lifetime Achievement in the field of pain research.

Creator of the now influential terms “pain memory,” which reflects the dark side of neuronal plasticity, and “gating,” for the processing of nociceptive information by inhibitory interneurons.

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Medical cannabis has enormous potential in the treatment of pain and many other conditions. It has applications in the treatment of spasticity, depression, and anxiety (all of which result from stress), but also in other therapeutic areas such as dermatology. Cannabis is not simply another analgesic; rather, it helps relieve the anxiety triggered by the fear of pain, the hallmark of the memory of pain.

Chronic pain is not an extension of acute pain: it is the result of the memory of pain experienced over time and should be considered as a disease state of the nervous system. It is the set and setting of the experience of nociceptive stimuli, rather than their intensity, which makes them memorable. The influence of emotional and cognitive input and feedback from different brain areas makes nociception not only a perception but an experience. Human brain imaging studies indicate that cortical and subcortical fear conditioning pathways may be fundamental to chronic pain. Maladaptive experience-based adapta-

tion of expectancies contributes to contextual fear conditioning. The limbic system (the part of the brain that controls our response to aversive stimuli such as fear) stores memories – and it has no simple mechanism for erasing them. The memory of pain is best countered by overlaying it with positive new associations. Medical cannabis can help here by preventing chronic pain sufferers from staying in the “pain trap” caused by recollection.

I am in favor of the further development of medical cannabis because the science tells me I should be. At present, however, there is a lack of adequate clinical studies in this area, and this lack is used by both the proponents and the opponents of medical cannabis.

It is my hope that *Medical Cannabis and Cannabinoids* will offer a platform for both sides in this debate and promote scientific discourse that is free from dogma. The British Pharmacopoeia of 1848 characterized cannabis as “A remedy which deserves proper investigation.” This new journal should support that endeavor.