

# Evaluating the Therapeutic Potential of Rick Simpson Oil (RSO) in Cancer Treatment: A Scientific Approach

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## Date

January 2025

## Abstract

Rick Simpson Oil (RSO), a concentrated cannabis oil rich in tetrahydrocannabinol (THC), has gained attention for its anecdotal claims of curing cancer. While these claims have inspired public interest, rigorous scientific validation is essential to evaluate RSO's efficacy and safety. This paper outlines a series of ten experiments designed to investigate the anti-cancer properties of RSO, focusing on cellular, animal, and patient-based studies. The findings aim to clarify the potential mechanisms of RSO, its safety, and its effectiveness in cancer treatment.

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## Introduction

Cannabis-derived products have been explored for their therapeutic potential in various medical conditions, including cancer. Rick Simpson Oil (RSO) is a highly concentrated oil extracted from high-THC cannabis strains, claimed by its creator, Rick Simpson, to cure cancer. However, these claims are primarily anecdotal, and there is a lack of scientific evidence to support such assertions.

This paper proposes a systematic approach using the scientific method to evaluate the anti-cancer potential of RSO. The objectives include assessing its cytotoxicity, molecular mechanisms, tumor-reducing properties, safety, and effectiveness in preclinical and clinical settings.

The **Rick Simpson Oil (RSO) protocol** involves the use of a concentrated cannabis oil extracted from high-THC cannabis strains. Rick Simpson claims that RSO has potential anti-cancer properties and may help cure cancer when consumed or applied topically over a period of time. These claims are anecdotal, and rigorous scientific validation is required to evaluate their accuracy.

Here, I have designed **10 science experiments** to systematically test and evaluate the claims of RSO curing cancer, adhering to the scientific method. Each experiment focuses on different aspects of the protocol.

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## Experiment 1: Evaluating Cytotoxicity of RSO on Cancer Cells (In Vitro)

1. **Question:** Does RSO kill cancer cells in vitro?
2. **Hypothesis:** RSO will show cytotoxic effects on cancer cell lines in vitro.
3. **Design:**
  - **Independent variable:** Concentration of RSO.
  - **Dependent variable:** Cancer cell viability (measured using assays like MTT or Trypan Blue).
  - **Controls:** Untreated cancer cells and cells treated with a non-cannabis oil.
  - **Materials:** RSO, cultured cancer cell lines (e.g., breast, lung, and colon cancer), cell culture media, cytotoxicity assays, incubator.
  - **Steps:**
    1. Culture cancer cells in plates.
    2. Apply different concentrations of RSO.
    3. Incubate for 24-72 hours.
    4. Measure cell viability.
4. **Conduct the Experiment:** Follow sterile cell culture protocols and apply RSO systematically to avoid contamination.
5. **Analyze Data:** Plot concentration vs. percentage of viable cells using a dose-response curve.
6. **Draw Conclusions:** Determine whether RSO has selective cytotoxic effects and identify the effective concentration.

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## Experiment 2: Effects of RSO on Tumor Growth in Animal Models

1. **Question:** Does RSO inhibit tumor growth in vivo?
  2. **Hypothesis:** RSO will reduce tumor size in animal models.
  3. **Design:**
    - **Independent variable:** RSO dosage.
    - **Dependent variable:** Tumor volume over time.
    - **Controls:** Animals receiving placebo treatments.
    - **Materials:** RSO, mice/rats with induced tumors, calipers, anesthesia, and imaging equipment.
    - **Steps:**
      1. Induce tumors in animals.
      2. Administer RSO at varying doses.
      3. Monitor tumor growth weekly.
  4. **Conduct the Experiment:** Adhere to animal ethics and minimize suffering.
  5. **Analyze Data:** Plot tumor size vs. time and perform statistical analysis.
  6. **Draw Conclusions:** Assess if RSO significantly slows tumor growth.
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### Experiment 3: Comparing RSO with Chemotherapy

1. **Question:** Is RSO as effective as standard chemotherapy?
  2. **Hypothesis:** RSO is comparable to chemotherapy in reducing tumor size.
  3. **Design:**
    - **Independent variable:** Treatment type (RSO, chemotherapy, or combination).
    - **Dependent variable:** Tumor size and survival rate.
    - **Controls:** Tumor-bearing animals receiving no treatment.
    - **Materials:** RSO, chemotherapy drugs, tumor models, survival tracking.
    - **Steps:**
      1. Randomize animals into groups.
      2. Treat each group differently (RSO, chemo, combination).
      3. Measure tumor size and survival.
  4. **Conduct the Experiment:** Monitor closely for side effects and document thoroughly.
  5. **Analyze Data:** Compare tumor reduction and side effects across groups.
  6. **Draw Conclusions:** Determine the relative efficacy of RSO vs. chemotherapy.
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### Experiment 4: Mechanistic Study of RSO

1. **Question:** What molecular pathways does RSO affect in cancer cells?
2. **Hypothesis:** RSO activates apoptosis and inhibits proliferation pathways in cancer cells.

3. **Design:**
    - **Independent variable:** RSO exposure.
    - **Dependent variable:** Expression of apoptosis and proliferation markers.
    - **Controls:** Untreated cells and cells treated with a placebo.
    - **Materials:** Cancer cell lines, Western blot or PCR equipment, antibodies for molecular markers.
    - **Steps:**
      1. Treat cells with RSO.
      2. Harvest protein or RNA.
      3. Analyze pathway activation.
  4. **Conduct the Experiment:** Maintain sterile conditions and standardize RSO concentration.
  5. **Analyze Data:** Compare marker levels in treated vs. untreated cells.
  6. **Draw Conclusions:** Identify pathways influenced by RSO.
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### Experiment 5: Long-term Safety of RSO

1. **Question:** Is long-term RSO use safe?
  2. **Hypothesis:** Long-term RSO use causes minimal adverse effects.
  3. **Design:**
    - **Independent variable:** Duration of RSO treatment.
    - **Dependent variable:** Health markers (liver enzymes, kidney function, etc.).
    - **Controls:** Non-treated animals.
    - **Materials:** Animal models, RSO, blood analysis kits.
    - **Steps:**
      1. Administer RSO daily for 6 months.
      2. Monitor blood markers periodically.
  4. **Conduct the Experiment:** Follow ethical guidelines and monitor animal welfare.
  5. **Analyze Data:** Compare health markers in treated vs. control groups.
  6. **Draw Conclusions:** Assess safety of prolonged RSO use.
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### Experiment 6: Efficacy of Topical RSO on Skin Cancer

1. **Question:** Does RSO reduce skin cancer lesions when applied topically?
2. **Hypothesis:** Topical RSO will reduce the size of skin cancer lesions.
3. **Design:**
  - **Independent variable:** RSO application frequency.
  - **Dependent variable:** Lesion size reduction.

- **Controls:** Placebo-treated lesions.
  - **Materials:** Animal models with induced skin cancer, RSO, calipers.
  - **Steps:**
    1. Apply RSO daily to lesions.
    2. Measure lesion size weekly.
  - 4. **Conduct the Experiment:** Minimize variability in RSO application.
  - 5. **Analyze Data:** Compare lesion size across treatment groups.
  - 6. **Draw Conclusions:** Evaluate topical efficacy.
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## Experiment 7: Evaluating THC Content in RSO

1. **Question:** Is the THC concentration in RSO consistent and sufficient for therapeutic effects?
  2. **Hypothesis:** RSO contains consistent, high levels of THC.
  3. **Design:**
    - **Independent variable:** RSO batches.
    - **Dependent variable:** THC concentration.
    - **Materials:** RSO samples, chromatography equipment.
    - **Steps:**
      1. Extract THC from RSO samples.
      2. Analyze concentration using HPLC or GC-MS.
  4. **Conduct the Experiment:** Standardize extraction protocol.
  5. **Analyze Data:** Compare THC levels across batches.
  6. **Draw Conclusions:** Assess consistency and potency.
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## Experiment 8: Immune Modulation by RSO

1. **Question:** Does RSO enhance the immune response against cancer?
  2. **Hypothesis:** RSO increases immune cell activity.
  3. **Design:**
    - **Independent variable:** RSO dosage.
    - **Dependent variable:** Immune cell activity.
    - **Materials:** Animal models, immune assays, RSO.
    - **Steps:**
      1. Treat animals with RSO.
      2. Isolate immune cells and assess activity.
  4. **Conduct the Experiment:** Use proper immunological methods.
  5. **Analyze Data:** Compare immune activity between groups.
  6. **Draw Conclusions:** Determine immune-enhancing properties.
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## Experiment 9: Patient Case Studies

1. **Question:** What are the effects of RSO in human cancer patients?
  2. **Hypothesis:** RSO improves patient outcomes.
  3. **Design:**
    - **Independent variable:** RSO dosage and duration.
    - **Dependent variable:** Tumor size and quality of life.
    - **Materials:** Patients, RSO, medical imaging.
    - **Steps:**
      1. Enroll patients under ethical supervision.
      2. Administer RSO and monitor progress.
  4. **Conduct the Experiment:** Obtain ethical approval and informed consent.
  5. **Analyze Data:** Summarize patient outcomes.
  6. **Draw Conclusions:** Provide insights into real-world efficacy.
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## Experiment 10: Synergistic Effects of RSO and Diet

1. **Question:** Does combining RSO with a specific diet improve efficacy?
  2. **Hypothesis:** A synergistic diet enhances RSO's effects.
  3. **Design:**
    - **Independent variable:** Diet type.
    - **Dependent variable:** Tumor progression.
    - **Materials:** Animal models, RSO, tailored diets.
    - **Steps:**
      1. Randomize animals into diet groups.
      2. Administer RSO alongside diets.
  4. **Conduct the Experiment:** Ensure diets are nutritionally balanced.
  5. **Analyze Data:** Compare tumor outcomes across groups.
  6. **Draw Conclusions:** Evaluate dietary influence on RSO.
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These experiments collectively test the claims of RSO curing cancer through in vitro, in vivo, and patient-based approaches while emphasizing safety and ethics.

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## Results

(This section will summarize data from the proposed experiments once conducted, including dose-response curves, tumor growth comparisons, biochemical analyses, and patient outcomes. Graphical representations such as bar charts, line graphs, and tables will be included.)

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## Discussion

The results of these experiments will provide insights into the anti-cancer potential of RSO. Key areas of discussion include:

- **Efficacy:** Whether RSO demonstrates significant anti-cancer activity compared to controls.
- **Mechanisms:** The biological pathways through which RSO influences cancer cells.
- **Safety:** Long-term health effects of RSO use.
- **Clinical Translation:** Feasibility of RSO as an adjunct or alternative to conventional cancer therapies.

Potential limitations include variability in RSO composition and the generalizability of findings from preclinical to clinical settings. Ethical considerations and regulatory compliance will also be addressed.

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## Conclusion

This paper outlines a comprehensive research strategy to scientifically validate the claims surrounding RSO's anti-cancer properties. By conducting in vitro, in vivo, and clinical studies, the therapeutic potential and safety of RSO can be critically evaluated. The findings will inform future clinical applications and regulatory decisions.

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## References

1. Abrams, D. I., Guzman, M., & Glodé, L. M. (2020). Cannabinoids in cancer care: palliative or therapeutic? *Clinical Cancer Research*, 26(13), 2917-2923. <https://doi.org/10.1158/1078-0432.CCR-20-0360>
2. Blázquez, C., González-Feria, L., Álvarez, L., Haro, A., Casanova, M. L., & Guzmán, M. (2004). Cannabinoids inhibit the vascular endothelial growth factor pathway in gliomas. *Cancer Research*, 64(16), 5617-5623. <https://doi.org/10.1158/0008-5472.CAN-04-1341>
3. Carracedo, A., Lorente, M., Egia, A., et al. (2006). The stress-regulated protein p8 mediates cannabinoid-induced apoptosis of tumor cells. *Cancer Cell*, 9(4), 301-312. <https://doi.org/10.1016/j.ccr.2006.03.005>

4. Chabner, B. A., & Roberts, T. G. (2005). Timeline: Chemotherapy and the war on cancer. *Nature Reviews Cancer*, 5(1), 65-72. <https://doi.org/10.1038/nrc1529>
5. Devinsky, O., Cilio, M. R., Cross, H., et al. (2014). Cannabidiol: pharmacology and potential therapeutic role in epilepsy and other neuropsychiatric disorders. *Epilepsia*, 55(6), 791-802. <https://doi.org/10.1111/epi.12631>
6. Dumitru, C. A., Sandalcioglu, I. E., & Karsak, M. (2018). Cannabinoids in glioblastoma therapy: New applications for old drugs. *Frontiers in Molecular Neuroscience*, 11, 159. <https://doi.org/10.3389/fnmol.2018.00159>
7. Guzmán, M. (2003). Cannabinoids: potential anticancer agents. *Nature Reviews Cancer*, 3(10), 745-755. <https://doi.org/10.1038/nrc1188>
8. Hall, W., & Degenhardt, L. (2009). Adverse health effects of non-medical cannabis use. *The Lancet*, 374(9698), 1383-1391. [https://doi.org/10.1016/S0140-6736\(09\)61037-0](https://doi.org/10.1016/S0140-6736(09)61037-0)
9. Rocha, F. C., dos Santos Júnior, J. G., Stefano, S. C., & da Silveira, D. X. (2014). Systematic review of the literature on clinical and experimental trials on the antitumor effects of cannabinoids in gliomas. *Journal of Neuro-Oncology*, 116(1), 11-24. <https://doi.org/10.1007/s11060-013-1277-1>
10. Velasco, G., Sánchez, C., & Guzmán, M. (2012). Towards the use of cannabinoids as antitumour agents. *Nature Reviews Cancer*, 12(6), 436-444. <https://doi.org/10.1038/nrc3247>
11. Ware, M. A., Wang, T., Shapiro, S., & Collet, J. P. (2015). Cannabis for the management of pain: assessment of safety study (COMPASS). *The Journal of Pain*, 16(12), 1233-1242. <https://doi.org/10.1016/j.jpain.2015.07.014>
12. Zuardi, A. W. (2006). History of cannabis as a medicine: A review. *Revista Brasileira de Psiquiatria*, 28(2), 153-157. <https://doi.org/10.1590/S1516-44462006000200015>
13. **National Cancer Institute**. (2021). Cannabis and cannabinoids (PDQ®)—Health professional version. Retrieved from <https://www.cancer.gov/about-cancer/treatment/cam/hp/cannabis-pdq>
14. Pertwee, R. G. (2006). Cannabinoid pharmacology: the first 66 years. *British Journal of Pharmacology*, 147(S1), S163-S171. <https://doi.org/10.1038/sj.bjp.0706406>
15. Morales, P., Hurst, D. P., & Reggio, P. H. (2017). Molecular targets of the phytocannabinoids: A complex picture. *Progress in the Chemistry of Organic Natural Products*, 103, 103-131. [https://doi.org/10.1007/978-3-319-45541-9\\_4](https://doi.org/10.1007/978-3-319-45541-9_4)

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