# CROMITOL® Practitioner Information

**Medical Food**

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Patient to administer Cromitol® sublingually. Recommended to take after a meal or with food.

**Composition**

| | |
|---|---|
| Bioactive β-Caryophyllene (BCP) | 500mg/mL |

**Properties**

Cromitol® is a selective full agonist of the peripheral cannabinoid type-2 ($CB_2$) receptor and induces release of $[Ca_2^+]_i$.

$CB_2$ triggers dose-dependent endogenous opioid β-endorphin activity.

$CB_2$ further modulates inflammatory activity by attenuating kinase phosphorylation in monocytes and through inhibition of pro-inflammatory cytokines; such as TNF-α and IL-1β.

Cromitol® is readily and quickly absorbed with a 3.5 hour half-life.

**Indications And Dose**

For dietary support of the ECS begin at either 1mL BD, TID, or QID. Titration Q2 by an increase of 0.25mL per dose to either:

- 2mL QID; or
- 2.5mL TID; or
- 4mL BD

If dosing only at nighttime, a starting dose of 2mL is recommended. Dose may be titrated Q2 in 0.25mL increments up to 4mL.

Maximum recommended dose is 8mL.

**Contraindications**

Individuals with a history of allergy to cloves.

**Precautions And Warnings**

- Not suitable for children under 18.
- Do not consume if pregnant or breastfeeding.
- Not suitable as a sole source of nutrition.

**Interactions**

BCP is metabolised by CYP3A P450 isozymes, with the primary metabolite being CYP3A4. As such, caution should be adhered with co-administration of drugs metabolised by CYP3A4. Co-administration of some drugs may cause increased bioavailability.

Every drug should be individually checked for CYP3A4 interactions.

If patient is on CYP3A4 drugs, a three hour waiting period should be adhered to before or after Cromitol® administration.

**Side Effects**

May cause drowsiness in some individuals.