

# CBD USAGE — AND — APPLICATION GUIDANCE

+

OUTCOMES JOURNAL



Trust Your Pharmacist for CBD Guidance



ananda **PROFESSIONAL**

# 1 C B D B R A N D F O R P H A R M A C I E S

# DERMATOME MAP

## WHAT ARE THEY?

A dermatome is an area of sensory nerves near the skin that are supplied by a specific spinal nerve root. Dermatomes are useful for finding the site of damage to the spine.

## USING CBD FOR PAIN

- Using the two images under the Location of Pain section, locate the area of the body where you feel discomfort. Note the dermatome associated with that body part and match it to the spinal location in the Spinal Nerve section.
- Apply the Ananda body care product to the spinal location you identified in step one. Apply indirectly to the spine (off to the side, not directly in the middle).
- Next, apply the Ananda body care product directly to the area where you feel pain.

## SPINAL NERVES

### CERVICAL

- C2: lower jaw, back of the head
- C3: upper neck, back of the head
- C4: lower neck, upper shoulders
- C5: area of the collarbones, upper shoulders
- C6: shoulders, outside of arm, thumb
- C7: upper back, back of arm, pointer & middle finger
- C8: upper back, inside of arm, ring & little finger

### LUMBAR

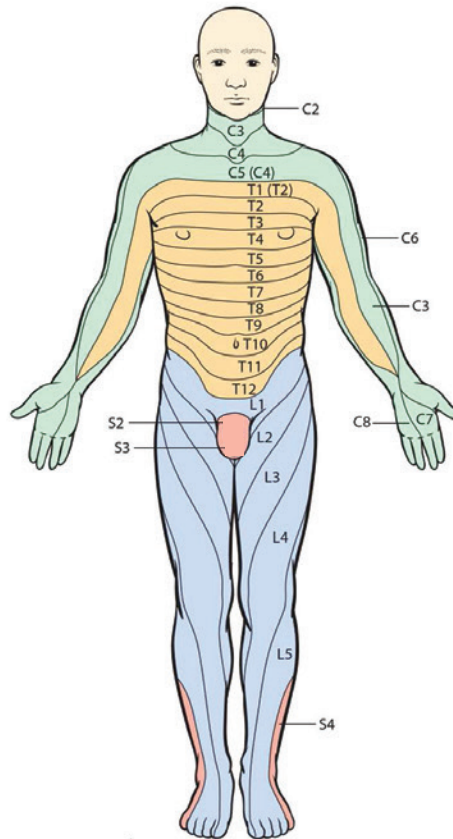
- L1: lower back, hips, groin
- L2: lower back, front and inside of thigh
- L3: lower back, front and inside of thigh
- L4: lower back, front of thigh and calf, area of knee, inside of ankle
- L5: lower back, front & outside of calf, top & bottom of foot, first four toes

### THORACIC

- T1: upper chest and back, armpit, front of arm
- T2: upper chest & back
- T3: upper chest & back
- T4: upper chest (area of nipples) & back
- T5: mid-chest & back
- T6: mid-chest & back
- T7: mid-chest & back
- T8: upper abdomen & mid-back
- T9: upper abdomen & mid-back
- T10: abdomen (area of belly button) & mid-back
- T11: abdomen & mid-back
- T12: lower abdomen & mid-back

### SACRAL

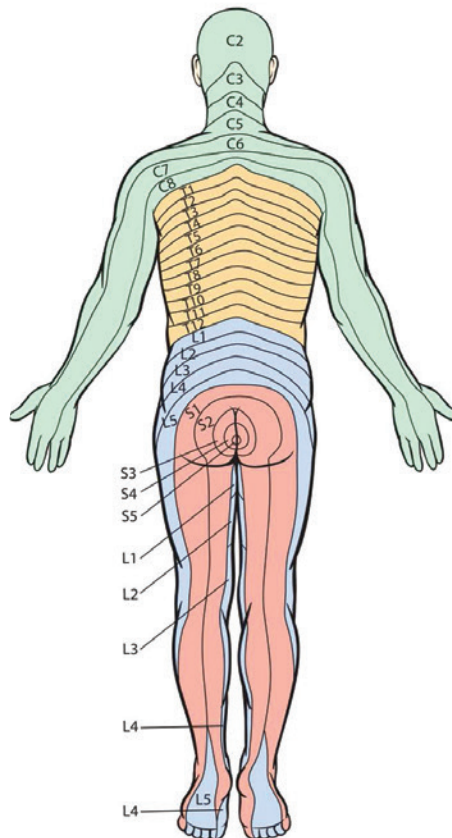
- S1: lower back, back of thigh, back & inside of calf, last toe
- S2: buttocks, genitals, back of thigh & calf
- S3: buttocks, genitals
- S4: buttocks
- S5: buttocks



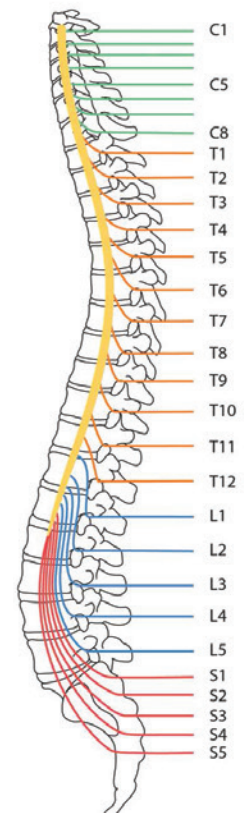
## LOCATION OF PAIN

### EXAMPLE:

If you feel pain in the top of your foot, the cause of that pain may be from your L5 spinal nerve. Note the location of the L5 nerve on the third image. Apply CBD to both the L5 area of your spine and to the top of your foot.



## SPINAL NERVES



# OUR PHARMACY'S PREFERRED CBD BRAND



ananda **PROFESSIONAL**



## THEY ARE PURE

What separates Ananda Professional CBD from the standard consumer CBD product is its purity. According to the FDA, 91% of all CBD products are adulterated.



## THEY ARE TESTED

Every product must pass 30+ quality and potency tests. Additionally, third-party, ISO-certified labs test all finished products for potency, residual solvents, pesticides, mycotoxins, and heavy metals. The batch-specific results are easily accessed by a QR code on the label so you can rest easy knowing exactly what's in the bottle.



## THEY ARE HONEST

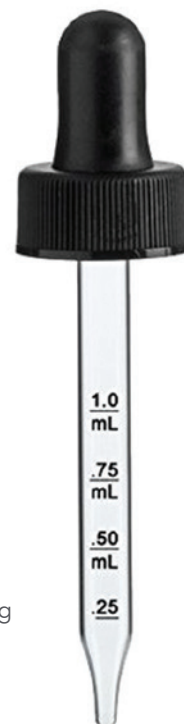
Ananda Professional products state the specific amount of active cannabinoids per serving. Other products give you the amount of hemp extract contained but this is NOT equivalent to CBD. Approximately 40-60% of hemp extract is actually CBD.

## SUGGESTED USE

Since CBD metabolism depends on a number of factors, usage is based on what works for the individual and finding your sweet spot. In most cases, the preferred delivery method for CBD is a liquid tincture under the tongue.

### USAGE INSTRUCTIONS

- Two hours before bed
  - Start with 10mg of CBD for three evenings
  - Ananda Professional: 300mg = 1.0mL, 600mg = 0.5mL, 2000mg = .25mL
  - Hold under your tongue for one minute and swallow
- If you haven't experienced the desired effect by the 3rd evening
  - Try 15mg of CBD for an additional two evenings
  - Ananda Professional: 300mg = 1.5mL, 600mg = 0.75mL, 2000mg = 0.375mL
- If you haven't experienced the desired effect by the 5th evening
  - Continue increasing your daily intake by 5mg every 48 hours to find your perfect amount
- Taking CBD twice a day
  - Use CBD before bed for at least three nights to assess your response before using it in the morning



Keep a journal to track your outcomes. Write down how you feel before and after taking CBD. Is your sleep quality better, less aches and pains, anxiety more manageable, etc. Rate your pain, anxiety, insomnia etc. on a scale from 1-10 and watch for measurable success.

# MY CBD JOURNAL

USE THIS JOURNAL SHEET TO TRACK YOUR CBD USAGE AND OUTCOMES. WATCH FOR MEASURABLE SUCCESS!

**Intake:** Please record the Product Name, Strength and the Amount Taken. (Ex: Ananda, 300mg, 10mg/1.0mL)

**Symptoms:** Please rate your symptoms on a scale from 0–10 (0= Non Existent & 10=Worst Possible)

Examples include but are not limited to: Addiction, Anxiety, Chronic Pain, Depression, Inflammation, Insomnia, Joint Pain, Migraines/Headaches, Muscle Pain, Nerve Pain, Seizures and Stress

**Notes:** Use this space to record any notes you have in regards to your CBD usage.

Date: / /

Intake:  
(Name/Strength/Amount Taken)

Notes: \_\_\_\_\_

Symptoms:

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date: / /

Intake:  
(Name/Strength/Amount Taken)

Notes: \_\_\_\_\_

Symptoms:

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date: / /

Intake:  
(Name/Strength/Amount Taken)

Notes: \_\_\_\_\_

Symptoms:

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date: / /

Intake:  
(Name/Strength/Amount Taken)

Notes: \_\_\_\_\_

Symptoms:

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date: / /

Intake:  
(Name/Strength/Amount Taken)

Notes: \_\_\_\_\_

Symptoms:

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date: / /

Intake:  
(Name/Strength/Amount Taken)

Notes: \_\_\_\_\_

Symptoms:

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date: / /

Intake:  
(Name/Strength/Amount Taken)

Notes: \_\_\_\_\_

Symptoms:

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date: / /

Intake:  
(Name/Strength/Amount Taken)

Notes: \_\_\_\_\_

Symptoms:

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date: / /

Intake:  
(Name/Strength/Amount Taken)

Notes: \_\_\_\_\_

Symptoms:

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date: / /

Intake:  
(Name/Strength/Amount Taken)

Notes: \_\_\_\_\_

Symptoms:

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>