

Cannabis Profiles by Effect (Terpenes) + Key Cannabinoids

CARTA • Evidence-informed overview for product architecture & menu design. Not medical advice.

Terpene Effect Profiles (evidence-informed — mostly preclinical/aromatherapy data)

Profile (consumer-facing label)	Dominant terpenes	Typical aroma notes	Evidence notes
Calm / Unwind / Sleep	Linalool • Myrcene	Lavender, floral • Herbal, musky	Linalool shows anxiolytic signals in clinical & meta-analytic reviews; myrcene often cited as sedative in preclinical work.
Mood Lift / Social / Day	Limonene • Terpinolene	Citrus • Tropical, hazy	Antidepressant/anxiolytic-like effects reported mainly in animal models; limited human data.
Focus / Clarity	α -Pinene • 1,8-Cineole	Pine, resin • Eucalyptus	α -Pinene may inhibit acetylcholinesterase; cognition/memory signals from preclinical & small human studies.
Body Comfort / Soothe	β -Caryophyllene (BCP) • Humulene	Pepper, spice • Hoppy, woody	BCP is a CB2 agonist with anti-inflammatory/immunomodulatory signals in preclinical literature.
Balanced / Gentle	Mixed low-intensity blends	Subtle/mixed	Used when no terpene dominates; milder experiential direction; heterogeneous evidence.

Key Cannabinoids (what has evidence)

Cannabinoid	Typical role on shelf	Most-supported effects	Evidence strength (illustrative)	Notes / regulatory
THC (Δ^9-THC)	Primary psychoactive; Type I	Adult chronic pain; antiemesis; MS-related spasticity (patient-reported)	Substantial—conclusive (NASEM 2017 synthesis)	Rx: Dronabinol/nabilone for CINV (non-flower). Impairment risk; dose-dependent adverse effects.

CBD	Non-intoxicating; Type II/III blends	Seizure reduction in LGS/Dravet/TSC (Epidiolex®)	High (multiple RCTs; FDA-approved for specific epilepsies)	Drug-drug interactions (CYP); hepatotoxicity warnings at high doses.
CBG	Minor cannabinoid; specialty SKUs	Antibacterial (incl. MRSA) in vitro; anti-inflammatory signals	Preclinical / in vitro	No FDA approvals; position as exploratory.
CBN	Aged/oxidation product; “night” SKUs	Sedation claims are mostly anecdotal; limited preclinical evidence	Low	Avoid hard sleep claims; pair with linalool/myrcene if positioning ‘wind-down’.
CBC	Minor cannabinoid; innovation SKUs	Anti-inflammatory/analgesic signals in vitro/animal	Preclinical	No human RCTs establishing efficacy.
THCV	Niche psychoactive; innovation SKUs	Appetite/weight and glycemic signals in early/limited human data; mixed results	Low–preliminary	Psychoactivity differs from THC; avoid therapeutic claims.
CBDV	Minor cannabinoid; neuro SKUs	Anticonvulsant signals (preclinical; early human data)	Preliminary	Investigational; no FDA approvals.

Compliance & disclaimer: Evidence for terpene “health effects” is mostly preclinical or aromatherapy-based; cannabinoids have varying evidence levels. Do not market products with disease claims. Customers should consult a qualified clinician, especially when using other medications or if pregnant/breastfeeding.