CASSIA – CINNAMOMUM AROMATICUM

This monograph is intended to serve as a guide to industry for the preparation of Product Licence Applications (PLAs) and labels for natural health product market authorization. It is not intended to be a comprehensive review of the medicinal ingredient.

Notes

- Text in parentheses is additional optional information which can be included on the PLA and product label at the applicant’s discretion.
- The solidus (/) indicates that the terms and/or the statements are synonymous. Either term or statement may be selected by the applicant.

Date

November 21, 2012

Proper name(s)

*Cinnamomum aromaticum* Nees (Lauraceae) (USDA 2009; McGuffin et al. 2000)

Synonyms:

- *Cinnamomum cassia* Nees ex Blume (ITIS 2011; USDA 2009)
- *Cinnamomum cassia* Presl (PPRC 2010; Bensky et al. 2004; Chen and Chen 2004)

Common name(s)

- Cassia (USDA 2009; Blumenthal et al. 2000; McGuffin et al. 2000)
- Cassia cinnamon (Brinker 2010; Blumenthal et al. 2000)
- Rou Gui (Chen and Chen 2004; McGuffin et al. 2000)

Source material(s)

- Branch bark (Crawford 2009; BHC 2006; Mang et al. 2006; Khan et al. 2003; Blumenthal et al. 2000, 1998)
- Stem bark (Crawford 2009; Mang et al. 2006; Khan et al. 2003; Blumenthal et al. 2000, 1998)
- Trunk bark (PPRC 2010; BHC 2006; Bensky et al. 2004; Chen and Chen 2004)
**Route(s) of administration**

oral

**Dosage form(s)**

- The acceptable pharmaceutical dosage forms include, but are not limited to capsules, chewables (e.g. gummies, tablets), liquids, powders, strips or tablets.
- This monograph is not intended to include foods or food-like dosage forms such as bars, chewing gums or beverages.

**Use(s) or Purpose(s)**

Statement(s) to the effect of:

Branch, stem or trunk bark:

- Helps to support/maintain healthy blood glucose levels (Davis and Yokoyama 2011; Crawford 2009; Mang et al. 2006).

- Provides antioxidants (Gruenwald et al. 2010; Roussel et al. 2009; Halvorsen et al. 2006; Shan et al. 2005).

- (Traditionally) used in Herbal Medicine for digestive disturbances/dyspeptic complaints/indigestion, such as mild spasms of the gastrointestinal tract, bloating and flatulence (BHC 2006; Blumenthal et al. 2000, 1998).

- (Traditionally) used in Herbal Medicine for loss of appetite (BHC 2006; Blumenthal et al. 2000, 1998).

Trunk bark only:

- Used in Traditional Chinese Medicine (TCM) to dispel cold, relieve pain, open channels and collaterals (PPRC 2010; Bensky et al. 2004; Chen and Chen 2004).

- Used in Traditional Chinese Medicine (TCM) to dispel cold, warm the spleen, relieve pain (PPRC 2010; Bensky et al. 2004; Chen and Chen 2004).

- Used in Traditional Chinese Medicine (TCM) to encourage production of Qi and blood (PPRC 2010; Bensky et al. 2004; Chen and Chen 2004).

- Used in Traditional Chinese Medicine (TCM) to tonify kidney yang, augment ming men (life gate) fire (PPRC 2010; Bensky et al. 2004; Chen and Chen 2004).
Note
A claim for a traditional use must include either the term “Herbal Medicine” or “Traditional Chinese Medicine”.

**Dose(s)**

Statement(s) to the effect of:

**Subpopulation(s)**

adults (≥ 19 years)

**Quantity(ies)**

Antioxidant:
Up to 0.99 g bark powder, per day (Gruenwald et al. 2010; Roussel et al. 2009; Halvorson et al. 2006; Shan et al. 2005).

Appetite loss:
1-6 g bark powder, per day, not to exceed 4 g per single dose (Gruenwald et al. 2010; Al Jamal et al. 2009; Crawford 2009; Mang et al. 2006; Safdar et al. 2004; Khan et al. 2003).

Digestive disturbances/ Dyspepsia:
1-6 g bark powder, per day, not to exceed 4 g per single dose (Gruenwald et al. 2010; Al Jamal et al. 2009; Crawford 2009; Mang et al. 2006; Khan et al. 2003; Safdar et al. 2004).

Healthy glucose:
3-6 g bark powder, per day, not to exceed 4 g per single dose (Davis and Yokoyama 2011; Gruenwald et al. 2010; Crawford 2009; Mang et al. 2006).

**TCMs:**

Decoction
2-5 g trunk bark, per day (PPRC 2010; Bensky et al. 2004; Chen and Chen 2004).

Powder
1-2 g trunk bark, per day (PPRC 2010; Bensky et al. 2004; Chen and Chen 2004).

**Directions for use**

Appetite loss:
Take a half hour before meals.

Digestive disturbances/ Dyspepsia:
Take with food/meal (Crawford 2009).
Duration of use

Statement(s) to the effect of:
Healthy glucose:
Products providing 4-6 g cassia bark, per day:
For use beyond 6 weeks, consult a health care practitioner (Safdar et al. 2004; Khan et al. 2003).

Risk information

Statement(s) to the effect of:

Caution(s) and warning(s)

Appetite loss or Digestive disturbances:
If symptoms persist or worsen, consult a health care practitioner.

Products containing ≥ 1 g per day of cassia bark:
- If you have diabetes, consult a health care practitioner prior to use (NS 2012; Brinker 2010)
- If breastfeeding, consult a health care practitioner prior to use (Blumenthal et al. 2000; WHO 1999).

Contraindication(s)

Products containing ≥ 1 g per day of cassia bark:
If pregnant, do not use (Brinker 2010; PPRC 2010; BHC 2006; Chen and Chen 2004; Blumenthal 2000, 1998).

TCMs:
If you have excess heat, yin-deficient fire, or bleeding caused by heat in the blood, do not use (PPRC 2010; Chen and Chen 2004).

Known adverse reaction(s)

Hypersensitivity/allergy may occur; in which case, discontinue use (WHO 1999; Blumenthal 2000, 1998; McGuffin et al. 1997).

Storage conditions

No statement required.

Non-medicinal ingredients

Must be chosen from the current NHPD Natural Health Products Ingredients Database (NHPID) and must meet the limitations outlined in the database.
Specifications

- The finished product must comply with the minimum specifications outlined in the current NHPD Compendium of Monographs.
- The medicinal ingredient must comply with the requirements outlined in the NHPD Natural Health Products Ingredients Database (NHPID).

References cited


Brinker 2010: Brinker F. Final updates and additions for Herb Contraindications and Drug Interactions, 3rd edition, including extensive Appendices addressing common problematic conditions, medications and nutritional supplements, and influences on Phase I, II & III metabolism with new appendix on botanicals as complementary adjuncts with drugs. [Internet]. Sandy (OR): Eclectic Medical Publications. [Updated July 13 2010; Accessed 2012 June 1]. Available from: http://www.eclecticherb.com/emp/updatesHCDI.html


Davis PA, Yokoyama W. Cinnamon intake lowers fasting blood glucose: meta-analysis. Journal of Medicinal Food 2011;14(9):884-889.


References reviewed


