PROFESSIONAL INFORMATION

Scheduling Status: **SO**



Sleep Support

2. Qualitative and Quantitative Composition

Each capsule contains the composition as per table 2.1 below.

2.1 Composition

Each white capsule contains	
Magnesium (as S. cerevisiae)	160 mg
Providing elemental Magnesium 32 mg	
Zinc (as Lynside [®] Forte ZN100K)	50 mg
Providing elemental Zinc 5 mg	
Valeriana officinalis (Valerian)	200 mg
[root, as 50 mg of a 4:1 extract providing 200 mg dried herb equivalent]	
Withania somnifera (Ashwagandha)	150 mg
[root, as 10 mg of a 15:1 extract providing 150 mg dried herb equivalent]	
Passiflora incarnata (Passionflower), leaf powder	100 mg
Ocimum sanctum (Holy basil)	100 mg
[herb, 10 mg of a 10:1 extract providing 100 mg dried herb equivalent]	
Melissa officinalis (Lemon balm), leaf powder	80 mg

2.2 Sugar Free.

2.3 For full list of excipients see section 7.1.

3. Pharmaceutical Form

60 white size 0 capsules containing light brown coloured, free-flowing powder.

4. Clinical Information 14 4.1 Indications for Use 15 Indicated where a deficiency in the active ingredients may exist. May aid temporary relaxation and assist with a 16 reduction of sleeplessness. 17 18 4.2 Method of Administration and Posology 19 4.2.1 Administration 20 Orally. 21 4.2.2 Posology 22 Adults and children over 18 only. 23 Take 2 capsules 20-30 minutes before bedtime. 24 Take capsules with a sufficient quantity of water. 25 Do not chew the capsules swallow whole. 26 Take capsules at approximately the same time every day. 27 28

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4.5 Contraindications	21
not recommended for individuals who are hypersensitive (allergic) to any of the ingredients contained in the	22
A A Special Warnings and Procautions	22
Not recommended for individuals who are under the age of 18. Not recommended for individuals who are pregnant	24
or breastfeeding. Do not exceed the recommended daily dose	34
4.5 Interactions	36
S. cerevisiae: Major risk of interactions with MAOIs. Moderate risk of interactions with antidiabetic drugs and	37
lithium.	38
Magnesium: Moderate risk of interactions with aminoglycoside antibiotics, antacids, bisphosphonates, calcium	39
channel blockers, digoxin, ketamine, quinolone antibiotics, skeletal muscle relaxants, sulfonylureas, and tetracycline	40
antibiotics. Major risk of interactions with levodopa/carbidopa.	41
Zinc: Moderate risk of interactions cephalexin, cisplatin, integrase inhibitors, penicillamine, quinolone antibiotics,	42
ritonavir, and tetracycline antibiotics.	43
Valerian: Moderate risk of interactions with alcohol, alprazolam, CNS depressants and glucuronidase drugs.	44
Ashwagandha: Moderate risk of interactions with antidiabetic drugs, antihypertensive drugs, benzodiazepines, CNS	45
depressants, immunosuppressants and thyroid normone.	46
Holy basil : Moderate risk of interactions with anticoagulant drugs, antidiabetic drugs and pentobarbital	47 78
Lemon halm : Moderate risk of interactions with CNS depressant drugs and thyroid hormone	40 49
4.6 Pregnancy and Lactation	50
Not recommended for individuals who are pregnant or breastfeeding.	51
4.7 Effects on ability to drive and use machinery.	52
May cause drowsiness.	53
4.8 Side Effects	54
Side effects may include mild gastrointestinal disturbances, such as nausea, diarrhoea, constipation, indigestion,	55
bloating, metallic taste in the mouth, and flatulence. High doses of valerian root extract may cause dizziness, or	56
drowsiness.	57
5 Pharmacological Classification	58
Category D: 33.7 Combination Product.	59
Complementary Medicine.	60
	64
6 Pharmacokinetic Properties	61
Magnesium:	62
Absorption: vitamin D and parathyroid normone is required for the absorption of magnesium. The absorption of magnesium takes place in the tract and one third of magnesium is absorbed. The percentage of absorption is linked	63 64
to the magnesium stores in the body. The average absorption of magnesium may vary from 11% in people with high	65
percentage magnesium stores to 65% in people with low magnesium stores. Fractional magnesium absorption	66
decreases with increasing intake. Magnesium chloride, magnesium lactate, and magnesium aspartate appear to have	67
the best bioavailability.	68
Distribution: Magnesium is divided equally between the skeletal frame and soft tissue, which equates to about 25 g.	69
A third of skeletal magnesium is at the surface of the bone, this maintains the concentration of extracellular	70
magnesium. The remaining two- thirds is bound to the bone and not available for use. Magnesium undergoes a	71
filter-reabsorption process in the proximal tube. The filtered magnesium is reabsorbed in the Loop of Henle. Both	72
magnesium and calcium are transported on the ascending limb at the basolateral surface and compete for the	/3
transportation. Calcium, plasma magnesium and parathyroid level alterations all contribute to the reapsorption of	/4 7⊑
Excretion: Magnesium is excreted primarily through the kidneys	76
Exerction, magnesian is exercice primarily through the Runeys.	70



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