

Kriya® Hops CBD for Anxiety and Sleep Disorders: A Retrospective Clinical Study in an Outpatient Psychiatric Population

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Background: Cannabidiol (CBD) from hops (*Humulus lupulus*)—known as *Kriya® Hops CBD*—is a non-cannabis-derived cannabidiol product with high bioactivity (96.3%). Many psychiatric patients seek natural, non-cannabis alternatives for anxiety and insomnia. This study evaluates the clinical effects of *Kriya® Hops CBD* as an adjunct to treatment as usual in a real-world psychiatric setting.

Methods: A retrospective chart review was conducted at a large integrative psychiatric clinic in Fort Collins, Colorado. Adult patients with clinician-diagnosed anxiety or sleep disorders who received *Kriya® Hops CBD* for ≥1 month were included. Outcomes were measured monthly using the Hamilton Anxiety Rating Scale (HAM-A) and the Pittsburgh Sleep Quality Index (PSQI). Descriptive statistics were performed.

Results: The final sample consisted of 143 adults (94 anxiety; 49 sleep). Most received 25 mg/day of *Kriya® Hops CBD*. At the first monthly follow-up, 79.2% showed improvement in anxiety and 66.7% showed improvement in sleep. Significant improvement occurred in 15.3% (anxiety) and 25.0% (sleep). Anxiety improvements were rapid and sustained over 3 months, while sleep improvements were present but less stable. Treatment was well tolerated with minimal side effects.

Conclusion: *Kriya® Hops CBD* demonstrated favorable tolerability and clinically meaningful improvements in anxiety and sleep within a naturalistic psychiatric setting. Compared to existing literature on cannabis-derived CBD, benefits were observed at substantially lower doses, suggesting higher clinical potency. Prospective controlled trials are warranted.

Introduction

Cannabidiol (CBD) has gained increasing scientific and public attention due to its reported anxiolytic, antiepileptic, and neuromodulatory properties.^{1–3} Although most clinical studies have examined cannabis-derived CBD, emerging evidence suggests that non-cannabis CBD sources—such as from *Humulus lupulus* (hops)—may offer therapeutic potential without the regulatory, ethical, or religious concerns often associated with cannabis.

Preclinical and clinical studies indicate that CBD may reduce anxiety, modulate stress responses, and improve sleep in certain populations.^{4–9} However, many published studies rely on high doses (300–600 mg/day), which may limit practical use due to cost and tolerability.

Kriya® Hops CBD (“Phytobidiol”) is a hops-derived cannabidiol preparation with a measured bioactivity of 96.3%, potentially allowing for therapeutic effects at lower doses. In clinical practice, patients often prefer non-cannabis sources of CBD, especially in psychiatric settings where concerns about cannabis exposure may influence consent.

The present study evaluates real-world outcomes of *Kriya® Hops CBD* as an adjunctive treatment for anxiety and sleep complaints in an integrative outpatient psychiatric clinic.

Methods

Study Design

A retrospective chart review was conducted for adult psychiatric patients treated with *Kriya® Hops CBD* for anxiety or sleep concerns. Patients received standard psychiatric care alongside *Kriya® Hops CBD*, and treatment decisions (including dosing and continuation) were made by individual clinicians. This study was approved by the Western Institutional Review Board (Puyallup, WA).

The *Kriya® Hops CBD* used in this study was analytically characterized prior to clinical use using a validated anti-cannabidiol monoclonal antibody-based bioactivity assay. This method enables direct quantification of biologically active cannabidiol rather than relying solely on nominal concentration. The assay has been described for both cannabis-derived and non-cannabis phytocannabinoid sources and allows comparative assessment of CBD bioactivity across sources.

The batch utilized in the present study (Batch #12028011) demonstrated a **bioactivity score of 98.7**, indicating a high proportion of receptor-active cannabidiol. This characterization was used to ensure batch consistency and to contextualize the clinical dosing employed relative to published studies using cannabis-derived CBD.

Setting

The study was conducted at the Wholeness Center, a large multidisciplinary psychiatric clinic in Fort Collins, Colorado, specializing in integrative medicine. *Kriya® Hops CBD* had been in common use for several years prior to data collection.

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Participants

A total of 168 adults consecutively treated with Kriya® Hops CBD were screened. Inclusion criteria:

- Age ≥18
- Clinician-diagnosed anxiety or sleep disorder
- At least one follow-up assessment
- Informed consent for treatment with Kriya® Hops CBD

Exclusion criteria included primary schizophrenia, PTSD, or agitated depression. Ten patients were removed for lack of follow-up data. The final sample comprised **143 adults** (94 anxiety; 49 sleep).

Intervention

Most patients received:

- **25 mg/day** of Kriya® Hops CBD
 - Morning dosing for anxiety
 - Evening dosing for sleep

Some patients received 50–75 mg/day. One patient with schizoaffective disorder received up to 175 mg/day.

Outcome Measures

- **Anxiety:** Hamilton Anxiety Rating Scale (HAM-A)
- **Sleep:** Pittsburgh Sleep Quality Index (PSQI)

Both are validated, non-proprietary clinical tools. Assessments were recorded monthly.

Data Analysis

Blinded patient data were processed using descriptive statistics and plotted for trend visualization.

Results

Sample Characteristics

- **Anxiety group:** mean age 34 years (range 18–70), 59.6% male
- **Sleep group:** mean age 36.5 years (range 18–72), 64.0% female

All 143 patients completed baseline and first-month assessments; attrition across 3 months reflected typical outpatient clinical practice.

Clinical Outcomes

Anxiety

First month:

- 79.2% (113/143) improved
- 15.3% significantly improved

Second month:

- 78.1% (64/82) improved further
- 19.5% significantly improved

Improvements were typically rapid and sustained through all available follow-ups.

Anxiety and Sleep Study with Re...

Sleep

First month:

- 66.7% (95/143) improved

- 25.0% significantly improved

Second month:

- 56.1% (46/82) further improved
- 26.8% significantly improved

Sleep improvements persisted but were less consistent than anxiety improvements.

Tolerability and Safety

Kriya® Hops CBD was well tolerated.

Reported adverse effects:

- Mild transient sedation (3 patients)
- Dry eyes (1 patient)
- One case of reversible behavioral disinhibition in a 21-year-old with developmental disorder

No withdrawals occurred due to medication intolerance. Clinicians noted high acceptance due to the non-cannabis source.

Discussion

This retrospective review demonstrates meaningful improvement in anxiety and sleep symptoms among adults treated with Kriya® Hops CBD in a real-world psychiatric setting.

Key Findings

1. **Rapid and sustained anxiety improvement** was observed in the majority of patients.
2. **Sleep improved** in most patients, though the effect was less stable over time than anxiety reduction.
3. **Low dosing (25–175 mg/day)** produced outcomes comparable or superior to existing studies using **300–600 mg/day of cannabis-derived CBD**, suggesting:
 - greater bioactivity of hops-derived CBD,
 - increased patient tolerability, and
 - improved cost feasibility.
4. **Side effects were infrequent and mild**, supporting safety in outpatient psychiatric use.

Comparison to Prior Literature

Previous CBD studies show anxiolytic effects in public speaking tests and social phobia,^{4–6} as well as favorable neurological safety profiles.^{7–9} The present findings extend this evidence to a broader naturalistic psychiatric population, demonstrating benefit at substantially lower doses.

Conclusions

In this outpatient psychiatric sample, Kriya® Hops CBD was well tolerated and associated with rapid, durable improvements in anxiety and clinically meaningful improvements in sleep. These results outperform published outcomes of cannabis-derived CBD while using markedly lower doses, likely due to higher bioactivity.

Future randomized, controlled trials are warranted to confirm efficacy and mechanisms of action.

Conflicts of interest

There are no conflicts to declare.

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