CBG ATLAS · OPEN DATA

The Gap-Map

What we know — and what we don't

This is the deliberate inverse of a marketing document. It lists what the registry does not contain, condition by condition, and what would have to be published before any grade could move.

Conditions tracked 10
With any human data 1
With human efficacy data 0
Snapshot generated 2026-08-09
Source file gap-map.json

This document is a rendering of a published, gated snapshot. It derives nothing and adds nothing: every study, grade, and figure below is reproduced from the export named above, which carries the registry hash shown on every page. The machine-readable JSON of the same snapshot is published alongside it — use that to diff or verify.

Educational, not medical advice. Nothing here diagnoses, treats, cures, or prevents any disease. CBG's evidence base is overwhelmingly preclinical; talk to a qualified clinician before making health decisions.
Cardiovascular note. CBG may influence blood pressure via alpha-2-adrenoceptor activity; the direction and magnitude of any human effect are uncharacterized. If you take blood-pressure medication or have a cardiovascular condition, consult a clinician first.
Funding & independence. Peregrine Biopharma funds the platform and holds no editorial authority. Grades and conclusions follow the evidence.

THE HEADLINE

Across 10 tracked conditions, CBG has 0 with established or demonstrated human efficacy, 1 with any human data at all, and 1 with no primary evidence. The rest are preclinical or mechanistic only. This is the honest state of the evidence.

READ THIS FIRST

“Not supported” is not “we don't know”.

'Not-supported' is a verdict ABOUT evidence: it says the evidence weighs against the claim. A condition with NO study at all is not 'Not-supported' — it carries status 'no-primary-evidence' / 'no-evidence' and NO grade at all. The two are opposite statements.

THE CEILING RULE

What each rung requires.

A row's grade may sit AT OR BELOW the ceiling its evidence justifies (extra caution is always allowed); it may never sit above it. These rungs are the ceiling rule, probed out of the engine at build time — if the engine changes and this list does not, the build fails rather than publish a rubric the gates do not enforce.

- **Established**
  two or more human RCTs from independent research groups
- **Demonstrated**
  one larger, controlled, non-acute human RCT · two independent human observational studies
- **Emerging**
  one human effect study of any size — a small, short (acute / single-dose) trial counts · two animal effect studies from independent research groups, agreeing in direction
- **Low**
  a single animal effect study · a single in-vitro / laboratory effect study
- **Hypothesized**
  mechanistic evidence only — a measured receptor interaction, with no study that measured an effect
- **Not-supported**
  no supporting study of any tier. This is the engine's floor — but this map does NOT publish that rung for a condition with no study at all (see the note below); the rung is reserved for a claim the evidence actively weighs against

CONDITION BY CONDITION

Where the evidence runs out.

Each row states the best grade the evidence currently supports, the ceiling it could not exceed, what evidence was counted, and what is missing.

BRAIN & NERVOUS SYSTEM

Anxiety & stress

● **Low**

The only CBG condition with ANY human EFFICACY data — a single small acute (one-dose) trial; graded Low. (Human CBG research outside this map also includes pharmacokinetic work, which measures exposure, not effect on a condition.) It is also the only condition our registry CONTRADICTS: two animal studies (zhou-2022 null; maboutagne-2026 anxiogenic) argue against it, so the map states both sides.

> WHAT IS MISSING
> 1 small, short (acute, single-dose) human trial (graded Low). Contradicting evidence in our registry: 2 preclinical animal studies. Animal studies do not consistently reproduce an anxiety-reducing effect — one found no effect and another reported an anxiety-increasing effect — so the preclinical picture is mixed and does not confirm a benefit. Reaching 'Demonstrated' would take, on top of what we already hold: two independent human observational studies. No amount of further animal or laboratory work can raise it — only human data can.

Ceiling Emerging · **Next rung** Demonstrated · **Supporting studies** 1 · **Contradicting** 2

`support: 1×Human-RCT(early/limited), 0×Human-obs, 0×animal, 0×in-vitro · independent groups=1 · contradictions=2 ⇒ ceiling Emerging — human evidence is early/limited-scale; contradiction present at lower tier — noted, not capping`

`Routes to the next rung: two independent human observational studies`

Neuroinflammation

● **Low**

One in-vitro (test-tube) cell-model study; no animal or human data.

> WHAT IS MISSING
> Evidence is 1 preclinical study (animal / lab) — no human data. Reaching 'Emerging' would take, on top of what we already hold: two animal (preclinical) effect studies from independent research groups, agreeing in direction — or one human trial of any size — including a small, short (acute / single-dose) one.

Ceiling Low · **Next rung** Emerging · **Supporting studies** 1

`support: 0×Human-RCT, 0×Human-obs, 0×animal, 1×in-vitro · independent groups=1 · contradictions=0 ⇒ ceiling Low — single preclinical/in-vitro effect study — not convergent`

`Routes to the next rung: two animal (preclinical) effect studies from independent research groups, agreeing in direction; one human trial of any size — including a small, short (acute / single-dose) one`

Neuroprotection (Huntington's disease)

● **Low**

Two mouse models in one study; preclinical only.

> WHAT IS MISSING
> Evidence is 1 preclinical study (animal / lab) — no human data. Reaching 'Emerging' would take, on top of what we already hold: one animal (preclinical) effect study from a research group not already counted here — or one human trial of any size — including a small, short (acute / single-dose) one.

Ceiling Low · **Next rung** Emerging · **Supporting studies** 1

`support: 0×Human-RCT, 0×Human-obs, 1×animal, 0×in-vitro · independent groups=1 · contradictions=0 ⇒ ceiling Low — single preclinical/in-vitro effect study — not convergent`

`Routes to the next rung: one animal (preclinical) effect study from a research group not already counted here; one human trial of any size — including a small, short (acute / single-dose) one`

IMMUNE & INFLAMMATORY

Antibacterial (MRSA)

● **Low**

In-vitro and mouse-infection-model activity against MRSA; not tested in people as an anti-infective.

> WHAT IS MISSING
> Evidence is 2 preclinical studies (animal / lab) — no human data. Reaching 'Emerging' would take, on top of what we already hold: one animal (preclinical) effect study from a research group not already counted here — or one human trial of any size — including a small, short (acute / single-dose) one.

Ceiling Low · **Next rung** Emerging · **Supporting studies** 2

support: 0×Human-RCT, 0×Human-obs, 1×animal, 1×in-vitro · independent groups=2 · contradictions=0 ⇒ ceiling Low — single preclinical/in-vitro effect study — not convergent

Routes to the next rung: one animal (preclinical) effect study from a research group not already counted here; one human trial of any size — including a small, short (acute / single-dose) one

DIGESTIVE

Appetite stimulation

● **Low**

A single pre-satiated-rat feeding study; preclinical only.

> WHAT IS MISSING
> Evidence is 1 preclinical study (animal / lab) — no human data. Reaching 'Emerging' would take, on top of what we already hold: one animal (preclinical) effect study from a research group not already counted here — or one human trial of any size — including a small, short (acute / single-dose) one.

Ceiling Low · **Next rung** Emerging · **Supporting studies** 1

support: 0×Human-RCT, 0×Human-obs, 1×animal, 0×in-vitro · independent groups=1 · contradictions=0 ⇒ ceiling Low — single preclinical/in-vitro effect study — not convergent

Routes to the next rung: one animal (preclinical) effect study from a research group not already counted here; one human trial of any size — including a small, short (acute / single-dose) one

Colorectal cancer (preclinical)

● **Low**

Cell + mouse carcinogenesis models; strictly preclinical, not a therapy. Distinct from IBD above.

> WHAT IS MISSING
> Evidence is 1 preclinical study (animal / lab) — no human data. Reaching 'Emerging' would take, on top of what we already hold: one animal (preclinical) effect study from a research group not already counted here — or one human trial of any size — including a small, short (acute / single-dose) one.

Ceiling Low · **Next rung** Emerging · **Supporting studies** 1

support: 0×Human-RCT, 0×Human-obs, 1×animal, 0×in-vitro · independent groups=1 · contradictions=0 ⇒ ceiling Low — single preclinical/in-vitro effect study — not convergent

Routes to the next rung: one animal (preclinical) effect study from a research group not already counted here; one human trial of any size — including a small, short (acute / single-dose) one

Inflammatory bowel disease (colitis)

● **Low**

A single mouse colitis (DNBS) study; preclinical only. Distinct from colorectal cancer below.

> WHAT IS MISSING
> Evidence is 1 preclinical study (animal / lab) — no human data. Reaching 'Emerging' would take, on top of what we already hold: one animal (preclinical) effect study from a research group not already counted here — or one human trial of any size — including a small, short (acute / single-dose) one.

Ceiling Low · **Next rung** Emerging · **Supporting studies** 1

`support: 0×Human-RCT, 0×Human-obs, 1×animal, 0×in-vitro · independent groups=1 · contradictions=0 ⇒ ceiling Low — single preclinical/in-vitro effect study — not convergent`

`Routes to the next rung: one animal (preclinical) effect study from a research group not already counted here; one human trial of any size — including a small, short (acute / single-dose) one`

CARDIOVASCULAR

Blood pressure / cardiovascular

● **Hypothesized**

Basis of the platform-wide α2 safety note. Mechanistic only — potent α2 agonism is measured, but no study has measured an actual blood-pressure effect. Safety-relevant, not a benefit claim.

> WHAT IS MISSING
> A receptor mechanism is measured, but no study has measured an actual effect here. Reaching 'Low' would take, on top of what we already hold: one in-vitro / laboratory effect study — or one animal (preclinical) effect study from a research group not already counted here.

Ceiling Hypothesized · **Next rung** Low · **Supporting studies** 1

`support: 0×Human-RCT, 0×Human-obs, 0×animal, 0×in-vitro, 1×mechanistic · independent groups=0 · contradictions=0 ⇒ ceiling Hypothesized — mechanistic plausibility only — no measured-effect study`

`Routes to the next rung: one in-vitro / laboratory effect study; one animal (preclinical) effect study from a research group not already counted here`

SKIN

Skin

● Mechanism only

No grade, deliberately. 0 supporting studies in the gated registry, so no rung of the evidence ladder is emitted for this row. 'Not-supported' is a verdict that the evidence weighs AGAINST the claim; we hold no primary study either way. The honest machine state is `status`, not a grade.

No effect study and no graded claim — only a proposed TRPV1 mechanism in the knowledge graph. Included as an honest mechanistic-only gap. Because it has no claim and no supporting study, this row carries NO grade on the evidence ladder: the knowledge graph's mechanism edge is a proposed receptor interaction, not a rung. Any surface that shows a grade for skin must trace it to that mechanism edge and label it as a mechanism, never as an evidence grade.

> WHAT IS MISSING
> Only a proposed receptor mechanism in the knowledge graph — our registry holds no graded claim and no study of any kind here, so no effect has been measured. Putting this on the evidence ladder at all (grade 'Low') would take: one in-vitro / laboratory effect study — or one animal (preclinical) effect study from a research group not already counted here.

Next rung Low · **Supporting studies** 0

`support: 0×Human-RCT, 0×Human-obs, 0×animal, 0×in-vitro · independent groups=0 · contradictions=0`

`Routes to the next rung: one in-vitro / laboratory effect study; one animal (preclinical) effect study from a research group not already counted here`

EYES

Intraocular pressure (glaucoma)

● No primary evidence

No grade, deliberately. 0 supporting studies in the gated registry, so no rung of the evidence ladder is emitted for this row. 'Not-supported' is a verdict that the evidence weighs AGAINST the claim; we hold no primary study either way. The honest machine state is `status`, not a grade.

Frequently attributed to CBG, but our registry holds NO primary study supporting it — and none arguing against it either. The clearest 'we don't know' on the map. It therefore carries NO grade: 'Not-supported' would assert that the evidence weighs AGAINST a CBG effect on intraocular pressure, and we hold no primary study either way. Unknown is not disproven, and the machine-readable exports must not conflate them.

> WHAT IS MISSING
> Often attributed to CBG, but our verified registry holds NO primary study supporting it — and none arguing against it either. We hold no primary study either way, so the honest state is UNKNOWN, not disproven. Putting this on the evidence ladder at all (grade 'Low') would take: one in-vitro / laboratory effect study — or one animal (preclinical) effect study from a research group not already counted here.

Next rung Low · **Supporting studies** 0

`support: 0×Human-RCT, 0×Human-obs, 0×animal, 0×in-vitro · independent groups=0 · contradictions=0`

`Routes to the next rung: one in-vitro / laboratory effect study; one animal (preclinical) effect study from a research group not already counted here`

PROVENANCE

Built by `library/gapmap_build.py` on 2026-08-09. Honest coverage. Grades come from the gated claims.json (never re-graded here); 'no evidence' and 'mechanistic-only' are shown, not hidden. A row with NO supporting study emits NO grade at all — bestGrade and gradeCeiling are null — because every rung of the ladder, including 'Not-supported', is a statement about evidence we do not hold. A projection — invents nothing.

This gap-map is a projection of the same gated registry that produces the Evidence Registry document; both carry the registry hash printed on every page.