ESULIX® | WITH CORDYCEPS PLUS CAPSULE

Doctor Q&A; Appendix

Anticipated questions from healthcare professionals, with direct evidence-based answers.

PURPOSE	This appendix is a companion to the ESULIX® Scientific & Clinical Evidence Brief (Doc P8 FINAL, 15 August 2026). It anticipates questions healthcare professionals are most likely to ask after reviewing the brief, and answers them directly in the same evidence-tiered, non-promotional register.

IMPORTANT	It does not introduce new data. Every answer traces back to a source already cited in the main brief. Read this appendix together with the ESULIX® Scientific & Clinical Evidence Brief; it is intended for healthcare professional reference.

AIFA HEALTH

Evidence must remain distinguishable from marketing.

1. About the Evidence Base

READ THIS FIRST	The evidence base is historical and preliminary. It is not registration-grade clinical proof, and it must not be represented as such.

Q1. Is this actual clinical trial evidence, or just marketing material dressed up as science?

It is historical research documentation. It is not presented as proof of efficacy or as a substitute for clinical evidence. The file cites a self-controlled clinical study (2006-2007), an acute toxicity study and GC-MS screening at the National Poison Centre, USM (2009 and 2015), and a USM Master's thesis (2016), with documentary details retained in the main brief.

That said, none of it is a randomised controlled trial (RCT), and this should be stated plainly to any doctor who asks: it is preliminary, observational, and historical evidence, not registration-grade clinical proof.

Ref: Brief p.2 (Research Journey), p.8 (References & Documentary Sources).

Q2. The human study only had 20 patients and no control group. Doesn't that make the results meaningless?

No - but the results can only be read as a preliminary signal, not proof of efficacy. A 20-patient, self-controlled (before/after) design with no placebo arm cannot separate a formulation-related effect from concurrent care, changes in adherence or lifestyle, regression to the mean, or other uncontrolled factors.

The brief already states this directly: the findings “should not be interpreted as establishing that ESULIX alone caused the observed changes.” The honest read is “promising enough to justify a properly controlled follow-up study,” not “proven effective.”

Ref: Brief p.4 (Preliminary Human Study - Interpretation box).

Q3. The p-values are given as a range (P < 0.01-0.05) for the whole table, not per parameter. Why?

Because that is how the original 2006-2007 source report presented its statistics - individual p-values per parameter were not recorded in the historical document, and the brief discloses this rather than fabricating precision that is not in the source.

If a doctor wants parameter-level significance, the honest answer is that it is not available from this historical record.

Ref: Brief p.4, footnote under results table.

Q4. Some changes look very large for 12 weeks on a supplement - e.g. BMI down ~3.9 kg/m², fasting insulin down ~36%. Is that plausible?

It is a fair challenge. These are large before/after changes for a 12-week period. Without a placebo arm or controlled comparator, the observed changes may reflect concurrent care, changes in adherence or lifestyle, regression to the mean, and other uncontrolled factors as well as any formulation-related effect.

The correct framing is that the study shows a favourable overall trend when ESULIX's predecessor was added to standard care - not that ESULIX produced these numbers by itself.

2. ESULIX, Esulin, and Yimin - Same Product?

CORE DISTINCTION	Brand continuity does not establish formulation equivalence. Historical Esulin and related Yimin evidence are context, not direct proof for the current ESULIX finished product.

Q5. The brief mixes three names - Esulin, Yimin, and ESULIX. Are these the same product?

No, and this is the single most important distinction in the whole evidence file. Esulin was the original product name from 2009, later rebranded as ESULIX - this is a naming/company history change, disclosed on p.8.

Yimin is a different, related historical formulation studied separately in the rat model on p.5. The brief explicitly flags this: “This study investigated the effects... of Yimin formulation (related to ESULIX historical formulation)” and states in the Important Note that “these findings are preclinical and not direct evidence for the current ESULIX finished product.”

So: Esulin → ESULIX describes branding continuity, not established formulation equivalence. Yimin is a related but distinct formulation used for mechanistic insight only, not as direct proof of the current product's effect.

Ref: Brief p.3 (footnote *), p.5 (Important Note), p.8 (Company Historical Record).

Q6. Is there any clinical or lab data generated on the exact ESULIX formulation being sold today?

Not yet, and that should be said plainly rather than implied away. The 2026 entry on the Research Journey timeline (p.2) is labelled “The ESULIX Chapter” precisely because it marks the point where formulation-specific work is intended to begin - everything before it is Esulin- or Yimin-era evidence used for historical and mechanistic context.

If a doctor asks this directly, the correct answer is: current evidence is inherited from the predecessor formulation and a related formulation; it supports plausibility and safety history, not proof of efficacy for today's exact product.

Q7. Does Universiti Sains Malaysia (USM) endorse ESULIX?

No. The cited USM-linked work is historical research and laboratory documentation only. It is not an endorsement of the current ESULIX product, brand, advertising, or therapeutic claims.

Ref: Brief p.3, p.6 and p.8.

Q8. Is the current ESULIX finished product the exact formulation studied in the historical records?

No formulation-equivalence claim is made. Historical Esulin and related Yimin evidence provide context only; formulation-specific evidence for the current ESULIX finished product remains to be generated.

Ref: Brief p.3, p.5 and p.8.

3. Safety, Side Effects & Precautions

SAFETY PRINCIPLE	Do not advise patients to reduce, discontinue or self-adjust prescribed medication because they are using ESULIX. Escalating dose should not be recommended without clinician or pharmacist review.

Q9. What did the corticosteroid screening actually rule out?

It ruled out eight specific corticosteroids (dexamethasone, betamethasone, cortisone, hydrocortisone, prednisone, prednisolone, methylprednisolone, triamcinolone) in one sample of Esulin aqueous extract, tested by GC-MS at USM's National Poison Centre on 19 May 2015, all reported as Not Detected at the stated limits of detection.

It does not rule out other classes of adulterants, and it applies to that one historical sample rather than certifying every production batch since. This is exactly what the brief's own qualifier says - worth repeating verbatim to a skeptical doctor rather than paraphrasing it more favourably.

Ref: Brief p.6 (Laboratory Screening Record).

Q10. What are the most commonly reported side effects?

Historically reported tolerability concerns include increased bowel frequency and other gastrointestinal symptoms. Dizziness, weakness, sweating, shaking or confusion require prompt assessment for possible hypoglycaemia or other causes.

Standard advice: step down from three-times-daily to twice-daily dosing if symptoms are troublesome; discontinue and seek medical advice if symptoms persist; watch for any sign of allergic reaction.

Ref: Brief p.7 (Safety & Tolerability).

Q11. Is it safe to use alongside prescribed diabetes medication?

It has historically been used alongside conventional glucose-lowering medication (as in the 2006-2007 study itself), but because the historical data shows glycaemic changes, more frequent blood glucose monitoring is advisable when the two are combined.

Two points to underline with prescribers: do not automatically reduce or discontinue prescribed medication because of ESULIX use, and any adjustment to prescribed therapy should be directed by the treating healthcare professional - not self-initiated by the patient.

Ref: Brief p.7 (Drug Interactions & Monitoring).

Q12. Who should not take it?

Pregnant women and breastfeeding mothers should not take it. It is for adults 18 and above only, not recommended for children.

Patients with chronic illnesses should use it with caution and seek medical advice first, and anyone scheduled for surgery should inform their surgical team about all supplements being taken, ESULIX included.

Ref: Brief p.7 (Precautions).

4. Practical Use

FINAL CLINICAL POSITION	ESULIX is a Malaysian registered traditional product. It is to be used alongside, never in place of, appropriate clinical care, prescribed treatment, lifestyle management and regular follow-up.

Q13. What is the recommended dosage?

The current approved product label should always govern use. Historical guidance documented 2 capsules twice daily, before breakfast and dinner. A higher historical regimen of 2 capsules three times daily is also documented, but should not be promoted as a default approach.

Do not recommend escalation or changes to prescribed medicines without appropriate clinician or pharmacist review. If tolerability concerns occur, advise the patient to stop self-escalation and seek advice.

Ref: Brief p.7 (Recommended Use).

Q14. What should I tell a patient who asks “will this treat my diabetes”?

That ESULIX is a Malaysian registered traditional product (MAL12085047TC). It must not be presented as a replacement for prescribed diabetes management, medical diagnosis, monitoring, or prescribed treatment.

It should be positioned as a supplement used alongside - never in place of - balanced diet, regular physical activity, prescribed medication, and regular medical follow-up.

Ref: Brief p.7 & p.8 (Professional Disclaimer).

DOCUMENT STATUS	For healthcare professional reference. Read together with the ESULIX® Scientific & Clinical Evidence Brief. It is not a consumer promotional leaflet and does not replace clinical judgement or prescribed treatment.