ESULIX®

with Cordyceps Plus Capsule

NATURE • SCIENCE • EVIDENCE

Scientific & Clinical Evidence Brief

FOR HEALTHCARE PROFESSIONALS

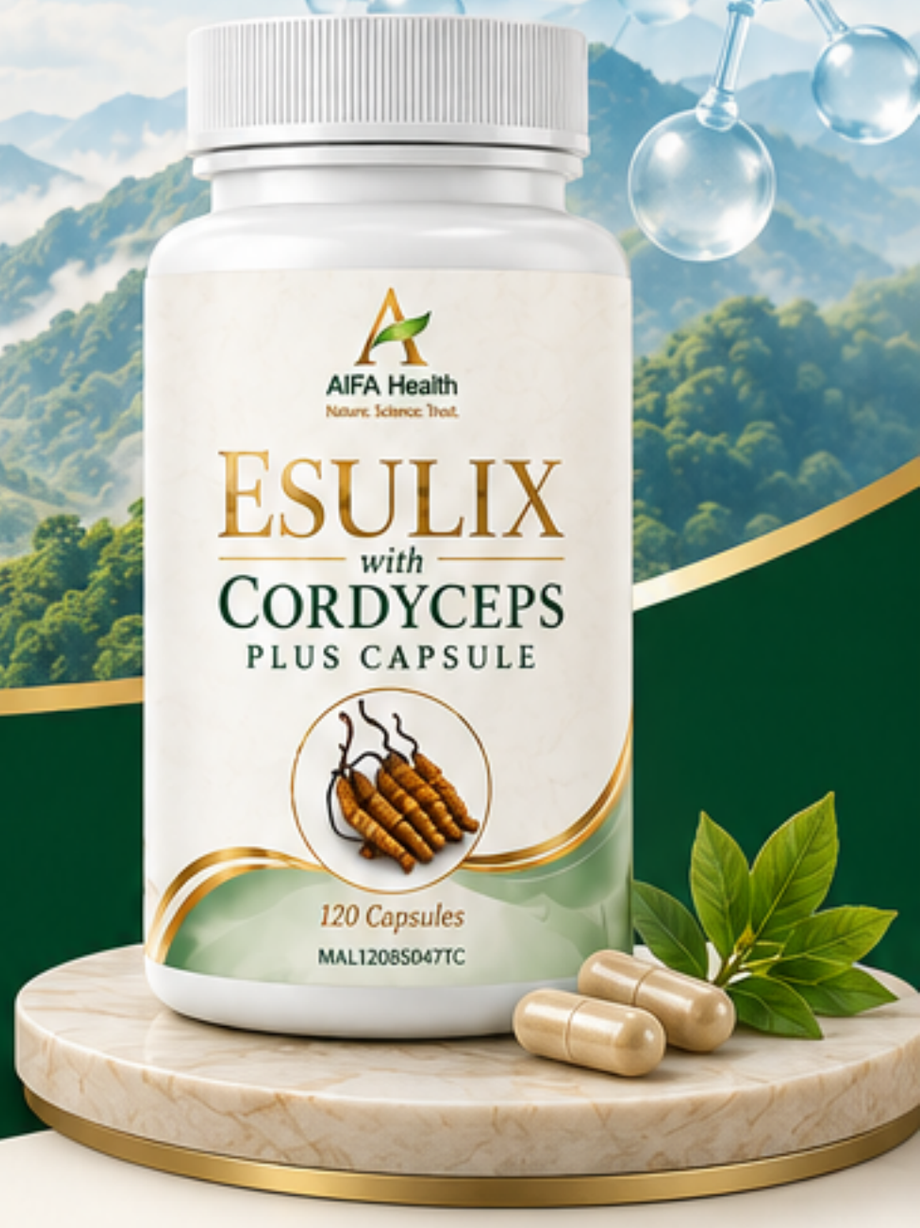
An evidence-informed botanical formulation developed through more than two decades of research and practical experience.

BOTANICAL
Wisdom from traditional herbal heritage

SCIENTIFIC
Research-driven formulation and evaluation

EVIDENCE
Preclinical and preliminary human investigations

RESPONSIBLE
Transparent information for professional decision-making



Prepared for **healthcare professionals** committed to evidence-based, patient-centred diabetes care and holistic metabolic health.

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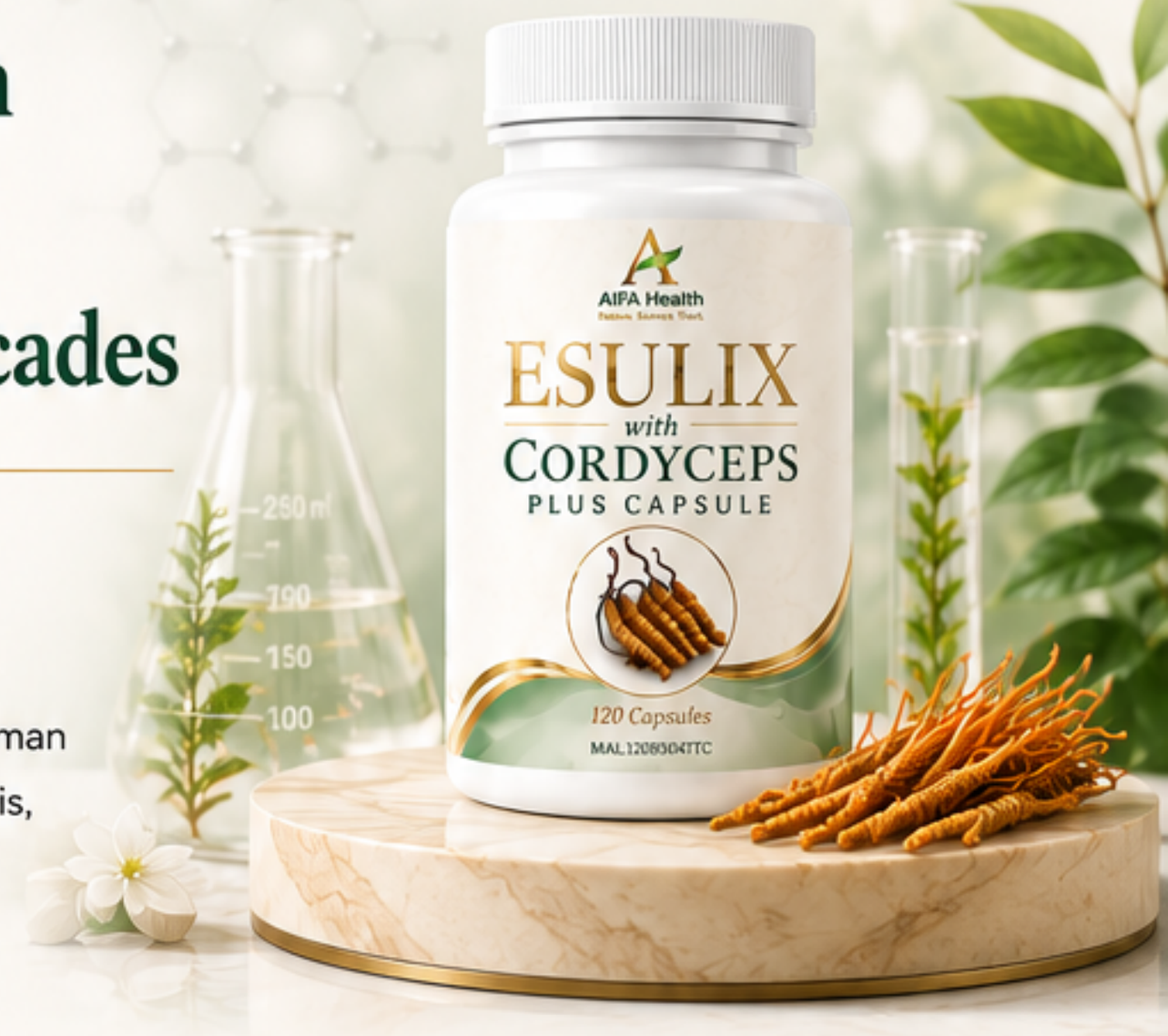
A Botanical Formulation with a Research History Spanning Nearly Two Decades



ESULIX® is a multi-botanical formulation developed from a combination of traditionally used botanical ingredients.

Its historical research journey has included preliminary human investigation, acute toxicity assessment, laboratory analysis, preclinical studies and later academic research.

RESEARCH JOURNEY

1
2006–2007
Early Clinical Study

2
2009–2010
Safety & Preclinical Research

3
2013–2014
Local University Research Programme

4
2015
International Journal Publication

5
2026 →
The Esulix Chapter

EVIDENCE CONTEXT

The ESULIX® research history includes different forms of scientific investigation, each providing a different level of evidence.

Human evidence
Preliminary observations in people

Preclinical evidence
Experimental investigation of biological effects

Laboratory evidence
Characterisation and biological activity

Safety evidence
Assessment under specific experimental conditions

These different levels of evidence are complementary, **but they are not interchangeable.**

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RESEARCH EVIDENCE MAP

FOUR COMPLEMENTARY PILLARS OF EVIDENCE

ESULIX® has been studied through various forms of scientific investigation. The research evidence can be understood across four complementary pillars, each providing different insights into the formulation.

01

PRELIMINARY HUMAN EVIDENCE

Preliminary observations in people to explore the potential impact on metabolic markers and overall well-being.

EXAMPLE

Early clinical study in 20 patients (2006–2007)

02

SAFETY EVIDENCE

Assessment of safety under specific experimental conditions.

EXAMPLE

Acute toxicity study in animals (2009–2010)

03

LABORATORY & ACADEMIC EVIDENCE

Laboratory analysis, preclinical studies and university research to evaluate biological activities and potential mechanisms.

EXAMPLE

Local University Research (2013–2014) & Journal publication (2015)

04

MECHANISTIC EVIDENCE

Investigation of biological mechanisms in vitro and in vivo to understand how the formulation may exert its effects.

EXAMPLE

In vitro & in vivo studies in animals (2013–2015)

EVIDENCE INTERPRETATION

The ESULIX® research history includes different forms of scientific investigation, each providing a different level of evidence.

These different levels of evidence are complementary, but they are **not interchangeable.**

IMPORTANT NOTE

ESULIX® is a health supplement. It is not intended to diagnose, treat, cure or prevent any disease. It should be used as part of a healthy lifestyle, including balanced diet, regular physical activity, and medical supervision when needed.

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PRELIMINARY HUMAN STUDY IN TYPE 2 DIABETES PATIENTS WITH INSULIN RESISTANCE

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An open-label, single-arm, pre–post design study.
Conducted between October 2006 and January 2007.

STUDY DESIGN

Participants
20 adults with Type 2 diabetes and insulin resistance

Duration
12 weeks (12±1 weeks)

Intervention
ESULIX® capsules
2 capsules three times daily

Design
Open-label, single-arm, pre–post

Assessments
Baseline vs. week 12

KEY METABOLIC FINDINGS

Parameter	Baseline (Mean ± SD)	Week 12 (Mean ± SD)	Change (Mean ± SD)	p value
Fasting Blood Glucose (mmol/L)	12.6 ± 2.7	7.4 ± 2.0	↓ −5.2 ± 2.8 (−41.3%)	0.000
Postprandial 2-h Blood Glucose (mmol/L)	18.7 ± 3.4	10.1 ± 2.7	↓ −8.6 ± 3.1 (−45.9%)	0.000
Glycated Hemoglobin – HbA1c (%)	10.1 ± 1.6	7.6 ± 1.5	↓ −2.5 ± 1.3 (−24.8%)	0.000
Fasting Insulin (mIU/L)	16.1 ± 5.9	10.6 ± 5.3	↓ −5.5 ± 5.6 (−34.2%)	0.002
HOMA-IR	8.0 ± 3.3	3.4 ± 1.7	↓ −4.6 ± 2.9 (−57.5%)	0.000
Body Mass Index – BMI (kg/m²)	28.5 ± 4.7	27.1 ± 4.8	↓ −1.4 ± 1.8 (−4.9%)	0.002
Total Cholesterol (mmol/L)	5.4 ± 1.0	4.7 ± 0.9	↓ −0.7 ± 0.7 (−13.0%)	0.001
Triglycerides (mmol/L)	1.6 ± 0.6	1.2 ± 0.5	↓ −0.4 ± 0.5 (−25.0%)	0.010
HDL Cholesterol (mmol/L)	1.2 ± 0.3	1.3 ± 0.3	↑ +0.1 ± 0.2 (+8.3%)	0.041
LDL Cholesterol (mmol/L)	3.5 ± 0.8	3.0 ± 0.7	↓ −0.5 ± 0.7 (−14.3%)	0.005

INSULIN-RESISTANCE–RELATED FINDINGS

Parameter	Baseline (Mean ± SD)	Week 12 (Mean ± SD)	Change (Mean ± SD)	p value
Insulin Receptors (IR)	0.99 ± 0.29	1.32 ± 0.37	↑ +0.33 ± 0.31 (+33.3%)	0.003
Glucose Transporter Type 4 (GLUT4)	0.80 ± 0.24	1.38 ± 0.39	↑ +0.58 ± 0.42 (+72.5%)	0.000
Pancreatic β-cell Function (HOMA-β)	70.3 ± 29.8	124.6 ± 62.9	↑ +54.3 ± 60.8 (+77.2%)	0.001

INTERPRETATION

After 12 weeks of ESULIX® supplementation, participants showed significant improvements in glycemic control, insulin resistance, β-cell function, body weight, and lipid profile, along with improvements in functional indicators related to insulin signaling and glucose uptake.

IMPORTANT LIMITATIONS

- Open-label, single-arm design without a control group.
- Small sample size (n = 20).
- Short duration (12 weeks).
- Findings are preliminary and require confirmation in larger, controlled studies.

Source: Wan Nazaimoon WM, Nik Abd. Rahman NM, Wan Ngah WZ, et al. Clinical Studies in the Intervention of ESULIN V2. J Med Plants Res. 2012;6(8):1375–1384.

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PRECLINICAL & MECHANISTIC EVIDENCE

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ESULIX® has been investigated in experimental diabetic models to explore its effects on insulin sensitivity, insulin receptors, glucose uptake mechanisms and pancreatic β-cell function.

> **Note:** These are preclinical (animal/laboratory) findings.
> They provide mechanistic insights and require confirmation in human clinical studies.

SUMMARY OF PRECLINICAL FINDINGS

- Improved glycemic control in diabetic models
- Enhanced insulin sensitivity
- Up-regulated insulin receptors and GLUT4
- Improved pancreatic β-cell indicators

1. EXPERIMENTAL DIABETIC MODELS

Studies were conducted using Streptozotocin (STZ) and high-fat high-sugar diet-induced diabetic rats.

Intervention:
Yimin / ESULIX®-like herbal formulation*
(orally administered)

*Contains *Paecilomyces hepiali mycelium (Cordyceps), Semen Prunus persica* and other botanical ingredients.

Model	Groups (n/Group)	Duration	Comparators	Outcome Measures
STZ-induced diabetic rats	• Normal control (NC) • Diabetic control (DC) • ESULIX® group • Metformin group (positive control)	4–8 weeks	Metformin	• Blood glucose • Insulin sensitivity (ISI) • Insulin receptors (IR) • GLUT4 expression • Pancreatic β-cell function markers
High-fat high-sugar diet + STZ rats	• Normal control (NC) • Diabetic control (DC) • ESULIX® group • Metformin group (positive control)	8–12 weeks	Metformin	• Blood glucose • Insulin sensitivity (ISI) • Insulin receptors (IR) • GLUT4 expression • Pancreatic β-cell function markers

2. EFFECT ON GLYCEMIC CONTROL (Representative Result)

Study Model	Treatment	Fasting Blood Glucose (mmol/L) Mean ± SD (vs Diabetic Control)	Postprandial Blood Glucose (mmol/L) Mean ± SD (vs Diabetic Control)	Significance
STZ-diabetic rats (4–8 weeks)	Diabetic Control (DC)	18.6 ± 2.4	28.7 ± 3.6	—
	ESULIX® group	12.3 ± 1.8 (↓ ~34%)	17.6 ± 2.2 (↓ ~39%)	p < 0.01
	Metformin group	11.8 ± 1.6 (↓ ~37%)	16.9 ± 2.0 (↓ ~41%)	p < 0.01
High-fat high-sugar diet + STZ rats (8–12 weeks)	Diabetic Control (DC)	20.4 ± 2.7	30.9 ± 3.8	—
	ESULIX® group	13.6 ± 2.0 (↓ ~33%)	19.8 ± 2.6 (↓ ~36%)	p < 0.01
	Metformin group	12.9 ± 1.7 (↓ ~37%)	18.7 ± 2.3 (↓ ~39%)	p < 0.01

3. MECHANISTIC EFFECTS

Paramenter	Diabetic Control (Mean ± SD)	ESULIX® Group (Mean ± SD)	Change vs Diabetic Control	Significance
Insulin Sensitivity Index (ISI)	0.42 ± 0.11	0.78 ± 0.17	↑ ~86%	p < 0.01
Insulin Receptors (IR) Expression (Relative units)	0.61 ± 0.15	1.23 ± 0.21	↑ ~102%	p < 0.01
GLUT4 Expression (Skeletal Muscle) (Relative units)	0.58 ± 0.13	1.21 ± 0.19	↑ ~109%	p < 0.01
Pancreatic β-cell Function (HOMA-β) (Relative units)	0.52 ± 0.12	1.15 ± 0.18	↑ ~121%	p < 0.01

INTERPRETATION

In experimental diabetic models, ESULIX® (Yimin-like formulation) demonstrated improvements in glycemic control, insulin sensitivity, insulin receptor & GLUT4 expression, and pancreatic β-cell function indicators. These findings suggest potential mechanisms that may contribute to better glucose metabolism.

IMPORTANT NOTE

- These are preclinical (animal) findings.
- Results may not be directly applicable to humans.
- Well-designed human clinical studies are required to confirm these effects.

Source: Wang ZG (Wang Zhi Gao). Studies on diabetic rats and insulin resistance. *Journal of Chinese Medicinal Materials*. 2009;32(6):862–866.

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LABORATORY SCREENING RECORD: CORTICOSTEROID ANALYSIS (GC–MS)

A laboratory screening analysis was performed to detect the presence of corticosteroids in ESULIX® capsules using Gas Chromatography–Mass Spectrometry (GC–MS).

Type of Analysis : Corticosteroid screening
Method : GC–MS
Laboratory : AIFA Health Laboratory
Date of Analysis : 12 December 2015

1. METHOD SUMMARY

Samples were prepared and analysed using GC–MS in selected ion monitoring (SIM) mode.
Identification was based on retention time and mass spectral matching with reference standards.

2. TARGETED CORTICOSTEROIDS

Corticosteroid Group	Examples of Compounds Screened
Glucocorticoids	Dexamethasone, Betamethasone, Prednisolone, Triamcinolone, Methylprednisolone, Hydrocortisone
Mineralocorticoids	Fludrocortisone
Others	Budesonide, Cortisone, Prednisone

3. RESULTS SUMMARY

Corticosteroid Group	Result	Interpretation
Glucocorticoids	Not detected	Below detection limit
Mineralocorticoids	Not detected	Below detection limit
Others	Not detected	Below detection limit

OVERALL RESULT

No corticosteroids were detected in ESULIX® capsules above the method detection limit.

4. ANALYTICAL DETAILS

Parameter	Description
Instrument	Gas Chromatography–Mass Spectrometer (GC–MS)
Mode	Selected Ion Monitoring (SIM)
Column	HP-5MS (30 m × 0.25 mm × 0.25 µm)
Carrier Gas	Helium
Detection	Electron Impact (EI) ionization
Method Detection Limit (MDL)	0.1 – 1.0 ng/g (varies by compound)
Sample Preparation	Extraction followed by clean-up prior to GC–MS analysis

KEY POINTS

- Sensitive and specific screening for a panel of corticosteroids.
- No target compound detected above the detection limit.
- Supports the non-steroidal nature of ESULIX® formulation.

5. INTERPRETATION

This laboratory screening indicates that ESULIX® capsules are free from detectable levels of the targeted corticosteroids tested. The analysis was performed under controlled laboratory conditions.

This screening does not replace regulatory testing or clinical evaluation. Ongoing quality control is maintained to ensure product consistency and safety.

IMPORTANT NOTE

ESULIX® is a health supplement. It is not intended to diagnose, treat, cure or prevent any disease. It should be used as part of a healthy lifestyle, including balanced diet, regular physical activity, and medical supervision when needed.

Reference
AIFA Health Laboratory. (12 December 2015). Laboratory screening record: Corticosteroid analysis of ESULIX® capsules by GC–MS. Internal laboratory report.

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SAFETY & RESPONSIBLE CLINICAL USE

GUIDANCE FOR PRACTITIONERS & USERS

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The following guidance is based on available human observations, practitioner experience and current evidence. It is intended to support safe and responsible use of ESULIX® in clinical practice.

1. USUAL ADULT INTAKE

2 capsules, three times daily
before meals

Consistent intake as above has been used in available human observational and preliminary intervention study settings.

2. TOLERABILITY-ADJUSTED INTAKE

2 capsules, twice daily
before meals

May be considered where gastrointestinal tolerability is a concern (e.g., sensitive individuals or older adults).

3. GASTROINTESTINAL TOLERABILITY

Some users have reported increased bowel frequency or loose stools, particularly with the three-times-daily regimen.

- Usually mild to moderate and often transient.
- Commonly observed during the early period of use (1–2 weeks).
- Often improves with continued use or by reducing to twice-daily dosing.

CLINICAL REVIEW IS ADVISED IF:

- Persistent diarrhoea lasting more than 3–5 days
- Urgency, abdominal pain, or dehydration
- Significant or worsening gastrointestinal symptoms
- Any other concerning adverse effects

Rule out other causes and manage appropriately.

4. USE WITH PRESCRIBED GLUCOSE-LOWERING MEDICATIONS

ESULIX® is often taken by individuals who are also on glucose-lowering medications.

Concomitant Therapy	Clinical Guidance
Metformin	Generally safe to use together. Monitor gastrointestinal tolerance (metformin may also cause GI symptoms).
Sulfonylureas (e.g., glimepiride, gliclazide)	Monitor blood glucose regularly. Although historical evidence does not establish hypoglycaemia as a characteristic adverse effect of ESULIX® monotherapy, additive glucose-lowering effect is possible.
Insulin	Monitor blood glucose regularly. Adjustments to insulin dose, if clinically indicated, should be determined by the treating physician.
Other glucose-lowering therapies	Monitor blood glucose and overall clinical status. Clinical adjustments, if needed, should be made by the treating physician.

DO NOT automatically reduce or discontinue prescribed medication or insulin when taking ESULIX®.
Any medication adjustment must be based on clinical assessment and regular monitoring.

5. HYPOGLYCAEMIA

Based on available historical observations and preliminary human study data:

Hypoglycaemia has not been established as a characteristic adverse effect of ESULIX® when used as monotherapy.

However, human clinical evidence remains limited. Regular monitoring is advised, especially when used with other glucose-lowering agents.

6. SPECIAL POPULATIONS

Pregnancy & Breastfeeding	Not recommended due to insufficient data. Use only if benefits outweigh risks and under medical supervision.
Children & Adolescents (<18 years)	Safety and efficacy not established.
Elderly (≥65 years)	May be used with caution. Consider lower dosing frequency initially and monitor tolerance.
Renal or Hepatic Impairment	Use with caution. No specific dose adjustment data available. Clinical monitoring recommended.

7. GENERAL RESPONSIBLE-USE GUIDANCE

- Use consistently for best outcomes.
- Maintain healthy lifestyle: balanced diet, regular physical activity, adequate sleep and stress management.
- Monitor blood glucose and relevant clinical parameters regularly.
- Report all medications, supplements and herbal products to your healthcare provider.
- Seek medical advice for any new or concerning symptoms.

IMPORTANT DISCLAIMER

ESULIX® is a health supplement and is not intended to diagnose, treat, cure or prevent any disease.
It should be used as part of a healthy lifestyle and under the guidance of a qualified healthcare professional.

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KEY TAKEAWAYS & PRODUCT INFORMATION

A SUMMARY OF THE EVIDENCE

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KEY TAKEAWAYS

The research and observations to date provide a comprehensive understanding of ESULIX® across multiple levels of evidence.

01 HUMAN OBSERVATION
Preliminary human study in 20 Type 2 diabetes patients with insulin resistance showed significant improvements in glycemic control, insulin resistance, body weight and lipid profile.

02 SAFETY
Acute toxicity study in animals (single oral dose up to 10 g/kg) showed no mortality or abnormal clinical signs. ESULIX® was concluded to be not poisonous.

03 PRECLINICAL EVIDENCE
Animal studies demonstrated improvements in blood glucose, insulin sensitivity, insulin receptors, GLUT4 expression and pancreatic β-cell function.

04 LABORATORY SCREENING
GC–MS analysis confirmed that ESULIX® capsules are free from detectable levels of corticosteroids.

05 TRADITIONAL EXPERIENCE
Practitioners and users have reported positive experiences in supporting metabolic health and overall well-being.

06 MULTI-LEVEL EVIDENCE
The combination of human observation, safety data, preclinical studies, laboratory analysis and traditional experience provides a well-rounded evidence base for ESULIX®.

ESULIX® is developed with a commitment to nature, backed by science, and trusted for your health.

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with Cordyceps Plus Capsule

OUR RESEARCH APPROACH

Evidence-Based
We integrate multiple levels of scientific evidence to understand the potential benefits and mechanisms of ESULIX®.

Continuous Learning
We continue to collaborate with universities and research institutions to expand our understanding of the formulation.

Quality & Safety
Quality control and safety assessments are performed to ensure consistency and reliability of every batch.

User-Centric
Real-world experiences and practitioner feedback are valued as part of our holistic research approach.

RESEARCH DISCLAIMER

ESULIX® is not intended to diagnose, treat, cure or prevent any disease. The information presented is for educational purposes only and should not be taken as medical advice. Please consult a qualified healthcare professional for personalized guidance.

PRODUCT INFORMATION

Product Name	ESULIX® with Cordyceps Plus Capsule
Traditional Use	Traditionally used to support general health and metabolic wellness.
Formulation	Natural botanical and fungal ingredients
Dosage Form	Capsule
Recommended Use	Adults: 2 capsules, three times daily before meals, or as directed by healthcare professional.
Storage	Store in a cool, dry place. Protect from light and moisture. Keep out of reach of children.
Pack Size	60 capsules per bottle
Shelf Life	36 months from manufacturing date

REGISTRATION & COMPLIANCE

ESULIX® is registered with the Ministry of Health, Malaysia as a traditional product.

MAL REGISTRATION NUMBER

MAL 12085047TC

Product Category : Traditional Product (Traditionally Used for General Health)
Registration Holder : AIFA HEALTH SDN. BHD.
Country of Registration : Malaysia

NPRA — Registered with NPRA
Halal Certified Facility
GMP — Good Manufacturing Practice
MeSTI — Food Safety Assurance

FORMULATED WITH 6 PREMIUM INGREDIENTS


Cordyceps sinensis (Mycelium)
100 mg


Semen Prunus persica
90 mg


Rheum palmatum
60 mg


Cinnamomum cassia
60 mg


Momordica charantia (Bitter Melon)
60 mg


Glycyrrhiza uralensis (Licorice)
30 mg

Each capsule contains a total of 400 mg of active herbal and fungal extracts.

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REFERENCES

1. Wan Nazaimoon WM, Nik Abd. Rahman NM, Wan Ngah WZ, et al. Clinical Studies in the Intervention of ESULIN V2. J Med Plants Res. 2012;6(8):1375–1384.
2. Wang ZG (Wang Zhi Gao). Studies on diabetic rats and insulin resistance. J Chinese Med Materials. 2009;32(6):862–866.
3. AIFA Health Laboratory. Laboratory screening record: Corticosteroid analysis of ESULIX® capsules by GC–MS. Internal laboratory report. 12 Dec 2015.
4. AIFA Health. Practitioner records and user feedback compilation. Internal documentation.