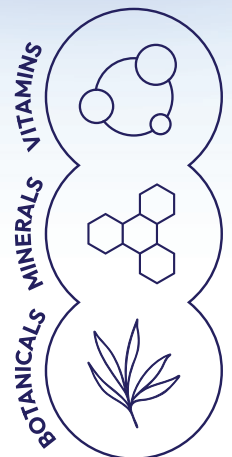


# Evera<sup>®</sup>

NUTRITION

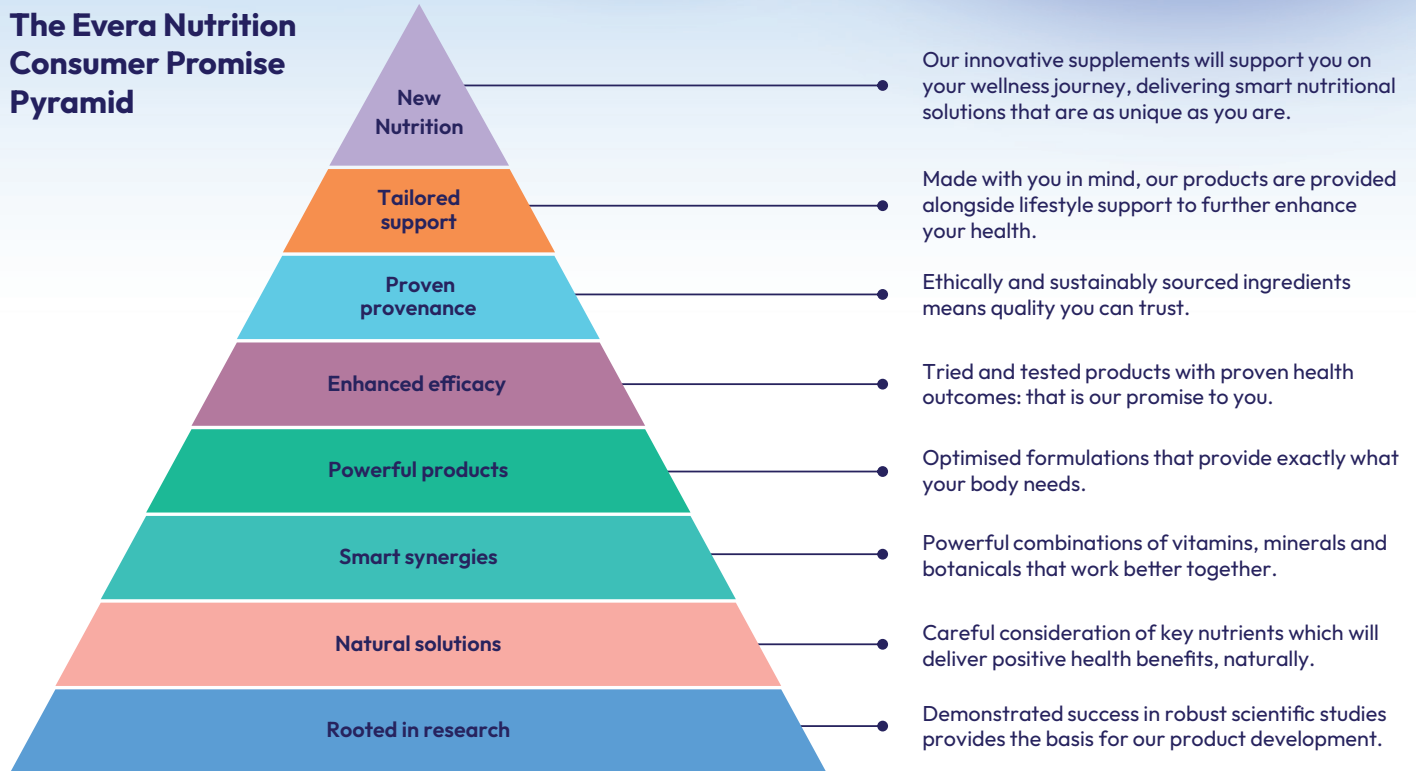
*Your Health Redefined*

**GO LEAN  
PLUS**



The global rise in obesity, exacerbated by industrialisation and urbanisation, has become a major public health crisis, impacting millions worldwide. This complex condition is influenced by a range of factors, including genetics, environmental influences, and unhealthy lifestyle habits such as poor diet and physical inactivity.

**The Evera Nutrition  
Consumer Promise  
Pyramid**



**Delivering innovation in supplementation**

Obesity is a leading risk factor for numerous chronic diseases, including dyslipidaemia, hypertension, and arteriosclerosis, significantly contributing to the global burden of non-communicable diseases. Additionally, the economic burden of obesity-related diseases is overwhelming, with substantial healthcare costs, and reduction in productivity contributing to socio-economic inequalities. Given these challenges, it is crucial to explore novel and sustainable approaches to both the prevention and management of obesity.

## Pathophysiology of Weight Gain

Weight gain and obesity were initially thought to occur with a long-term positive net-energy balance. However, further research has shown that the pathophysiology of obesity is more complex, involving multiple organ systems that encompass hunger, satiety, and energy balance.

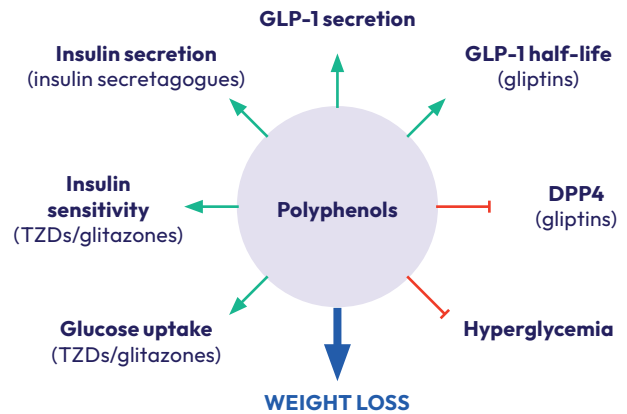
Research has shown strong evidence that gastrointestinal incretin hormones -glucose-dependent insulinotropic polypeptide A (GiP), and glucagon-like peptide-1 (GLP-1) which are released in the gut and help regulate blood glucose levels after eating - play an important role in the pathophysiology of obesity (1). In people with type 2 diabetes (T2DM) the incretin effect is diminished or not present at all, allowing medications such as GLP-1 receptor agonists and dual GLP-1/GIP receptor agonists to be effective tools for glycaemic management (2). Similarly, a diminished incretin effect was observed in euglycemic individuals with obesity, which provided the initial evidence connecting incretin hormones with the pathophysiology of obesity (3).

Further research has expanded our understanding that GLP-1 and GiP affect various body systems that are involved in weight gain and obesity (4).

GLP-1 and its pharmacological equivalents lead to weight loss via various mechanisms, which include the following actions on the hypothalamus and brainstem (5):

- Suppressing appetite and food intake
- Increasing satiety (the feeling of being full)
- Reducing gastric emptying of food
- Improving fat metabolism by reducing white adipose tissue thickness
- Enhancing browning of adipose tissue (which helps to increase energy expenditure / burning of calories)

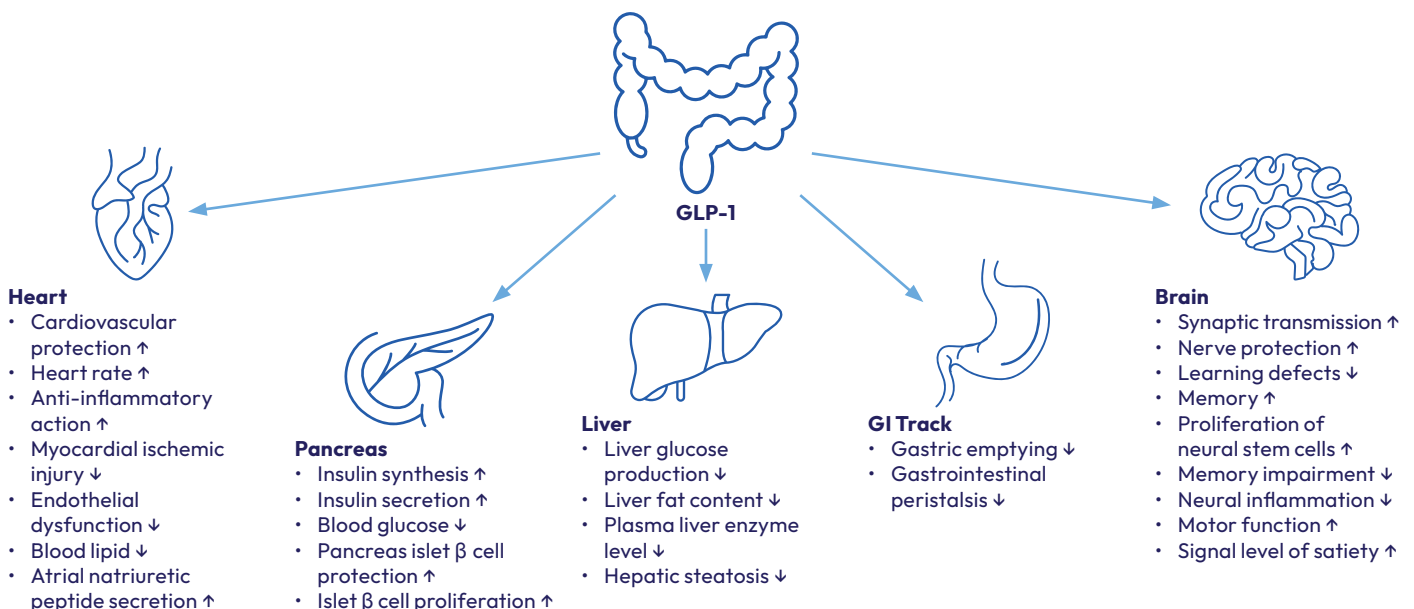
The current understanding of the function of GiP is not well established but has been shown to target some similar pathways to those of GLP-1 (6).



## Blood Sugar Balance

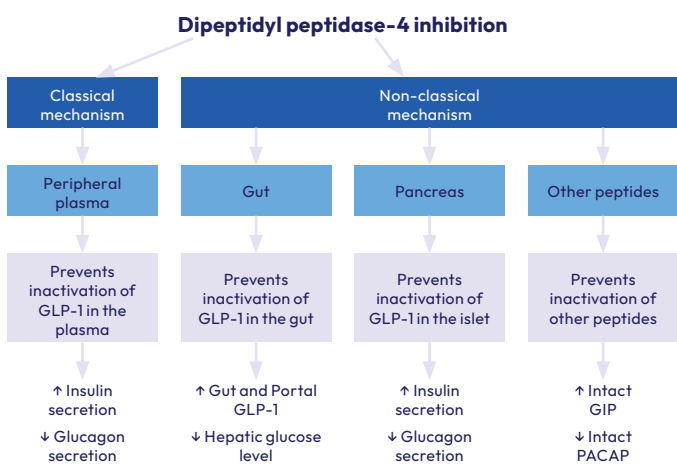
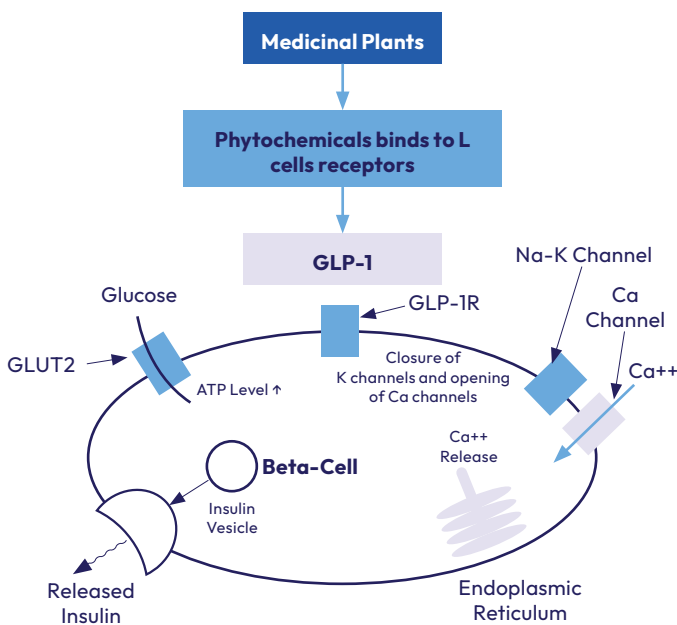
GLP-1 is released by intestinal endocrine L-cells, which are often found in the ileum and colon (7). GIP is secreted by intestinal K-cells in the small intestine (8). In response to nutrient consumption and/or enhanced blood glucose (BG) levels, both GLP-1 and GIP are released from the gastrointestinal tract (9). These two incretins enhance the action of insulin, inhibit the release of glucagon, and reduce liver glucose production, which in healthy individuals results in lower blood glucose levels (10).

Overview of effects of GLP-1 (Glucagon-like peptide-1) on various organ systems.



GLP-1 and GiP are the best-characterized Dipeptidyl Peptidase-4 (DPP-4) substrates in terms of metabolic effects (11). In type 2 diabetes Mellitus (T2DM), endogenous GLP-1 is quickly degraded by DPP-4, which impacts the ability of GLP-1 to stimulate the production of insulin (12). On the other hand, preventing this degradation results in higher GLP-1 levels and enhanced pancreatic islet response, leading to improved glucose homeostasis (13). DPP-4 also effectively cleaves GIP, and so inhibiting DPP-4 enhances GIP levels and its effects (14).

Evidence suggests there is a clear opportunity to replicate the effects of GLP-1/GiP agonist medications using natural compounds which can mimic the effects of such medications (15). This can be done by providing additional supplements that act as GLP-1/GiP agonists, and also inhibit DPP-4 which is responsible for degrading GLP-1 as described overleaf (16):



## The Role of Short-Chain Fatty Acids (Scfas)

A growing body of evidence suggests that the gut microbiota also exerts effects on energy metabolism through the production of metabolites like short-chain fatty acids (SCFAs), including butyrate and propionate, which influence various physiological processes, including appetite regulation and energy balance (17). SCFAs, in particular, have been shown to suppress eating behaviour by stimulating leptin secretion from adipocytes, a key regulator of appetite and energy expenditure (18). Given that dietary fibres, such as Konjac Glucomannan (KGM), are not digestible by human enzymes but are instead fermented by gut bacteria to produce SCFAs, they are thought to play a crucial role in regulating metabolism through prebiotic mechanisms (19).

## How Evera Nutrition Go Lean Plus Delivers its Beneficial Effects

At Evera Nutrition we realise that the issues which might impact upon weight management are complex and vary from individual to individual. Our team of scientists has reviewed the scientific literature to identify the most common causes and created a formulation that uses specific ingredients that work together synergistically to address the most likely causes and deliver efficacy in the most natural way.

## The Evera Nutrition Go Lean Plus Formulation

Each 6.3g Daily serving contains		
Ingredient	Amount per serving	% NRV*
Vitamin A	800mcg RE	100
Vitamin D	10mcg	200
Vitamin E	12mg α TEQ	100
Vitamin K	75mcg	100
Vitamin C	40mg	50
Vitamin B1 (Thiamine HCl)	1.1mg	100
Vitamin B2	1.4mg	100
Vitamin B3 (Nicotinamide)	16mg NE	100
Vitamin B5	6mg	100
Vitamin B6	1.4mg	100
Folic Acid	200mcg	100
Vitamin B12	2.5mcg	100
Biotin	50mcg	100
Zinc	10mg	100
Iron	7mg	50
Selenium	55mcg	100
Copper	1mg	100

Manganese	2mg	100
Chromium	40mcg	100
Iodine	150mcg	100
Betaine	20mg	**
Glucomannan	3g	**
Choline Bitartrate	50mg Choline	**
Lutein	6mg	**
Zeaxanthin	2mg	**
CoQ10	10mg	**
Resveratrol	20mg	**
<b>Evera GLP-1 Complex Botanical Fusion™:</b> Consisting of standardised extracts of Fenugreek; Quercetin; Berberine; Olive Leaf; Cinnamon; Hibiscus; White Mulberry Leaf; Blackcurrant; Curcumin; Maritime Pine Bark; Pomegranate; Green Tea	Equivalent to 3332 mg of natural botanicals	**

- **Satiety:** Glucomannan, Chromium, Green Tea, and Blackcurrant (36-39)
- **Micronutrient deficiencies:** 20 essential vitamins and minerals (40)

### Glucomannan

Glucomannan is a highly viscous fibre that delays gastric emptying and increases the viscosity of the chyme (partially digested food) in the small intestine (41). This prolonged retention time in the small intestine allows for greater stimulation of gut hormones, including GLP-1 (42). By increasing GLP-1 secretion, glucomannan may contribute to weight loss by reducing appetite and promoting a feeling of fullness after meals (43).

Glucomannan also influences the gut microbiota, potentially leading to the production of short-chain fatty acids (SCFAs) which have further metabolic benefits (44).

Besides its impact on GLP-1 and appetite, glucomannan has also been shown to have other health benefits, including cholesterol-lowering effects and potential benefits for blood sugar management (45).

### Berberine

Research suggests that berberine may influence fat storage by modulating genes involved in adipogenesis (the formation of fat cells) (46). Berberine supplementation has been linked to improvements in various metabolic markers, including C-reactive protein levels (47). Berberine's effects on anthropometric indices and C-reactive protein may play an indirect role in improving clinical symptoms associated with metabolic disorders (48).

### Green Tea

Studies generally suggest that green tea consumption may lead to a modest reduction in weight, body mass index (BMI), and waist circumference, particularly when combined with exercise (49).

### Maritime Pine Bark Extract (MPBE)

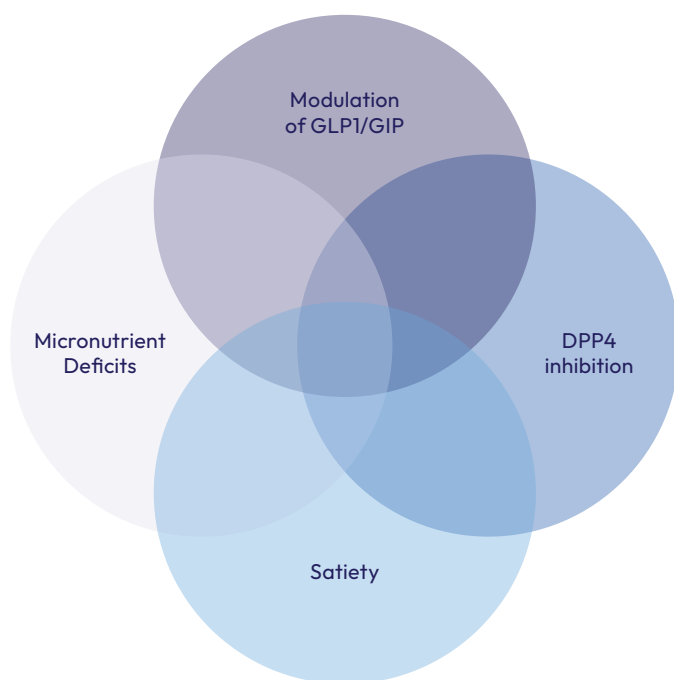
Consistent evidence supports MPBE's positive impact on various cardiometabolic risk factors (50). Both systolic and diastolic blood pressure can be reduced with supplementation. Fasting blood glucose and HbA1c (glycated haemoglobin) levels may be improved (51). Reductions in LDL cholesterol and sometimes improvements in HDL cholesterol have been observed (52).

Research suggests that the extract may promote weight loss and fat reduction by influencing several mechanisms (53), including:

- Increasing the breakdown of stored fat
- Promoting the conversion of white adipose tissue (WAT) to beige adipose tissue, which is more metabolically active
- Enhancing the body's response to insulin.

## Evera Nutrition Go Lean Plus Addresses the Most Common Issues Affecting Weight Management

Common Issues – Weight Management



## How The Ingredients In Evera Nutrition Go Lean Plus Work Together to Deliver their Benefits

- **Modulation of GLP/GIP:** Glucomannan, resveratrol, hibiscus, green tea, berberine, curcumin, cinnamon, and mulberry (20-27).
- **DPP4 Inhibition:** curcumin, resveratrol, cinnamon, maritime pine bark extract, blackcurrant, Mulberry, quercetin, and rosemary (28-35)

### White Mulberry Leaf Extract (WMLE)

A review article consolidating evidence from various studies shows that white mulberry extracts can contribute to weight management by influencing digestive enzymes, glucose and lipid metabolism, and reducing adiposity. Researchers also found that WMLE can influence fatty acid composition in adipose tissue and increase the expression of thermogenesis genes (54).

### Cinnamon Extract

Several studies indicate that cinnamon supplementation can lead to statistically significant, but modest, reductions in body weight and BMI. The effect of cinnamon may be more pronounced in individuals who are overweight or obese (55).

### Olive Leaf Extract (OLE)

Some studies have shown that OLE supplementation can lead to a reduction in triglycerides (TG), total cholesterol (TC), and LDL-cholesterol levels, which are important indicators of cardiovascular health. A few reviews have also indicated that OLE supplementation may help lower both systolic and diastolic blood pressure with more pronounced effects observed in individuals with hypertension and normal body weight (56).

### Fenugreek Extract

Several meta-analyses have indicated that fenugreek supplementation can positively influence blood lipid profiles, potentially reducing total cholesterol, LDL cholesterol, and triglycerides while increasing HDL cholesterol. Some research suggests that fenugreek may help improve blood sugar control by lowering fasting blood glucose and HbA1c levels (57).

Fenugreek's effects on weight loss may be attributed to several factors, which can promote satiety and reduce appetite, and its potential impact on glucose and lipid metabolism. Additionally, some research suggests fenugreek may influence gut microbiota composition, which could play a role in weight management (58).

### New Zealand Blackcurrant Extract

Several studies indicate that blackcurrant extract, particularly from New Zealand varieties, can enhance fat oxidation, both during rest and exercise (59). This means the body burns more fat for energy - a positive factor for weight management. Some studies suggest that blackcurrant consumption can lead to improvements in metabolic syndrome risk factors, potentially decreasing the risk of conditions like type 2 diabetes and coronary heart disease (60). Much of the research on blackcurrant focuses on its effects on athletic performance, including enhanced fat oxidation, reduced muscle fatigue, and improved exercise recovery (61).

### Pomegranate Extract

Some studies have specifically focused on the effects of pomegranate on obesity indices in adults, finding potential benefits for body weight and BMI but not consistently for other measures (62).

### Hibiscus Extract

Hibiscus is thought to affect weight loss through various mechanisms, including inhibiting fat digestion, boosting metabolism, and potentially regulating genes involved in fat metabolism. It may also influence appetite hormones and promote the "browning" of white adipose tissue, which can increase energy expenditure (63).

### Resveratrol

Resveratrol has shown potential as a weight loss aid through its effects on thermogenesis, fat cell activity, and by potentially mimicking calorie restriction (64).

### Quercetin

Quercetin's potential influence on weight loss is linked to its ability to modulate various pathways involved in fat metabolism, inflammation, and gut health (65).

### Curcumin Extract

Curcumin intake has been associated with a reduction in leptin levels (a hormone that regulates appetite and energy expenditure) and an increase in adiponectin levels (a hormone that improves insulin sensitivity and fat burning) (66). Combining curcumin supplementation with lifestyle modifications (e.g., diet and exercise) may further enhance its potential for weight loss.

Quercetin, resveratrol, and curcumin exert beneficial effects on adipose tissue by alleviating intracellular oxidative stress, reducing chronic low-grade inflammation, inhibiting lipogenesis, and suppressing the development of pre-adipocytes into adipocytes (67).

Although all of the ingredients in Go Lean Plus have been investigated in numerous high-quality clinical studies, the robustness of efficacy is further demonstrated by the outcomes of the systematic reviews and meta-analyses below:

Ingredient	Studies	Participants	Outcomes
Betaine	5	195	Significant reduction in % body fat (BF) and body mass (BM) (68)
Pomegranate extract	28	1624	May yield a beneficial effect on body weight (BW) and Body Mass Index (BMI) (69)
Curcumin extract	39	5666	Significant reduction in BMI, BW and waist circumference (WC) (70)
Resveratrol	28	1265	Significant effect on BMI, WC, BW. (71)
Quercetin	20	1164	Significant reduction in fasting blood glucose (FBG) (72)
Maritime Pine Bark Extract	27	1685	Significant reduction in FBG, BW and cardiometabolic risk factors (73)
Berberine	12	1040	Significant reduction in BMI, and WC (74)
Glucosamin	6	124	Significant reduction in FBG (75)

	7	617	Significant weight difference versus placebo (76)
Green Tea	25	1344	Green Tea combined with a healthy diet and regular physical exercise is beneficial in the management of obese patients (77)
Hibiscus extract	10	453	Administration can improve anthropometry measurement, fat accumulation, increased satiety sensation, while the appetite sensation mainly for fatty, sweet, and salty foods was decreased. (78)
Mulberry leaf extract	12	786	Consumption can provide favourable effects on HbA1c, some lipid profile parameters, and certain inflammatory markers compared to the control group. (79)
Fenugreek extract	19	1306	Supplementation demonstrated significant beneficial effects on HOMA-IR, FPG, HbA1c, LDL-C, TC, HDL-C, and BMI (80).

- Users of incretin drugs report hair loss and “Ozempic face” (86). These are not direct side effects of the incretin-modulating drugs, but rather consequences of rapid weight loss that can occur while taking the medication. Hair loss is more likely linked to telogen effluvium, a temporary condition triggered by the body’s stress response to significant weight loss (87). Rapid weight loss can disrupt the hair growth cycle, pushing many hair follicles into the resting (telogen) phase simultaneously, leading to increased shedding. “Ozempic Face” refers to rapid weight loss which can lead to a decrease in facial fat, resulting in a gaunt or sunken appearance. This is a consequence of fat loss, not a direct effect of the medication itself. The rapid weight loss resulting in the use of these medications can also lead to sarcopenia (loss of skeletal muscle mass and strength) (88).
- Evidence suggests the consumption of minimally processed foods rather than ultra processed options results in significantly greater weight loss, which Evera Nutrition encourages with its weight management diet programme (89).

(References available upon request)

## Why Recommend Go Lean Plus?

- Contains Natural GLP1/GiP agonists and DPP-4 antagonists as well as essential vitamins and minerals to correct any nutritional deficits experienced as a result of a reduced appetite.
- Can potentially be used alongside conventional GLP-1 medications to exert a dose sparing effect.
- Supports a healthy lifestyle approach to weight management elevating the likelihood of continued long term weight loss. Although typical weight loss with Incretin drugs is initially 15-25%, weight regain following cessation of treatment 6.9-14% (i.e. around 50%) (81).
- Does not have the same side-effect profile as conventional GLP-1/GiP medications. Side effects of incretin medications reported in 22 clinical studies of liraglutide, semaglutide and tirzepatide typically include nausea (26-91%), diarrhoea (14-36%), constipation (16-37%), and vomiting (12-34%) (82). Other side effect include pancreatitis, acute kidney injury, and gall bladder disease (83). There are also potential drug interactions of GLP/GiP medications with oral contraceptives, beta blockers, and warfarin (84). In addition, usage of liraglutide and semaglutide is associated with an increased incidence of anxiety and depression (85).

# Evera<sup>®</sup>

NUTRITION

*Your Health Redefined*



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