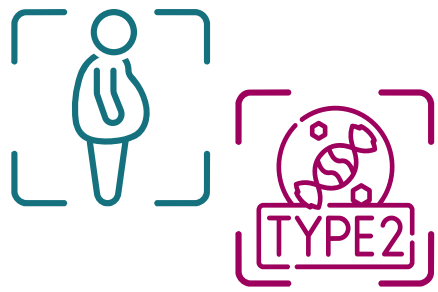


GLUCOERB

GLUCOSE METABOLISM • PREDIABETIC STAGE

tablets



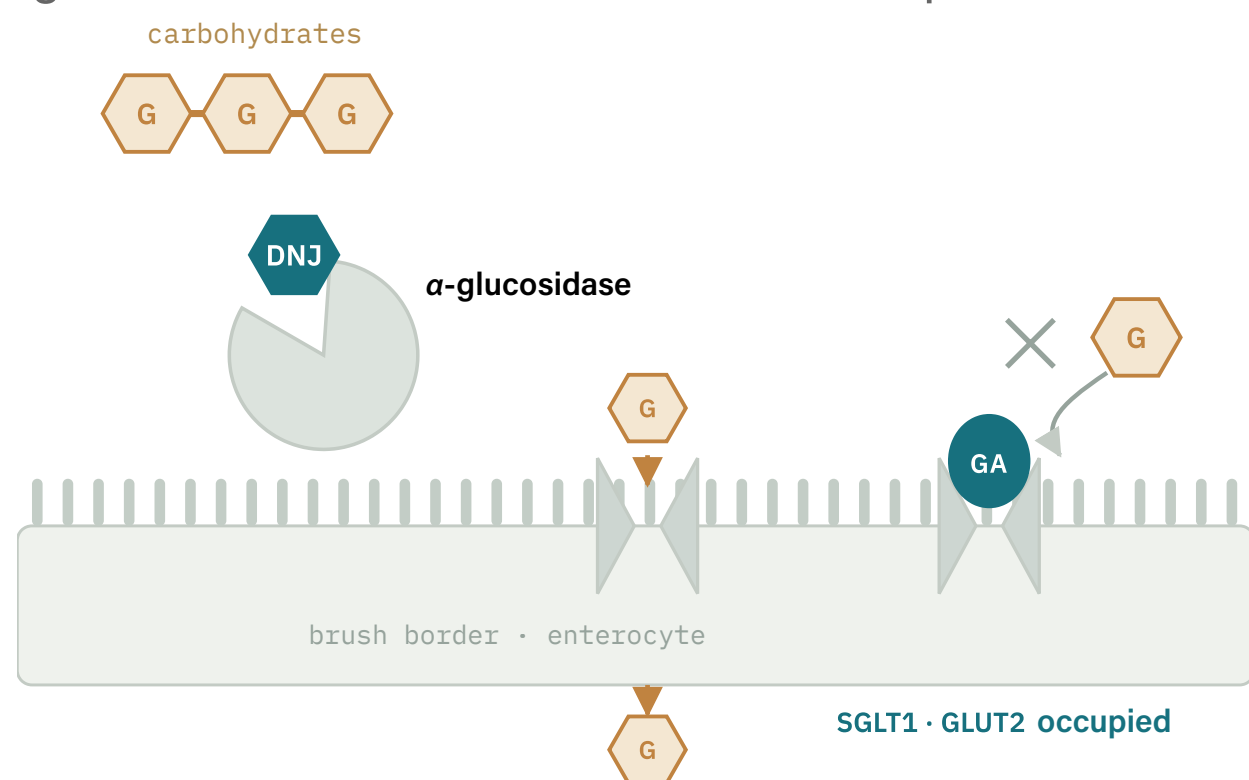
OVERWEIGHT OR VISCERAL OBESITY WITH A FAMILY HISTORY OF PREDIABETES
MARKED POSTPRANDIAL GLUCOSE SPIKES
METABOLIC SYNDROME AND A DIET HIGH IN REFINED CARBOHYDRATES
PREDIABETES

PREDIABETES		
GLUCOERB target range		
FASTING plasma glucose • mg/dL		
NORMAL 70 -99	IMPAIRED FASTING GLUCOSE (IFG) 100 - 125	DIABETES ≥ 126
2-h plasma glucose AFTER ORAL GLUCOSE LOAD • mg/dL		
NORMAL < 140	IMPAIRED GLUCOSE TOLERANCE (IGT) 140 - 199	DIABETES ≥ 200

COMBINED INTRALUMINAL AND SYSTEMIC MECHANISMS:

Level 1 - Intestinal lumen GLUCOSE ABSORPTION

α -glucosidases • SGLT1 and GLUT2 transporters

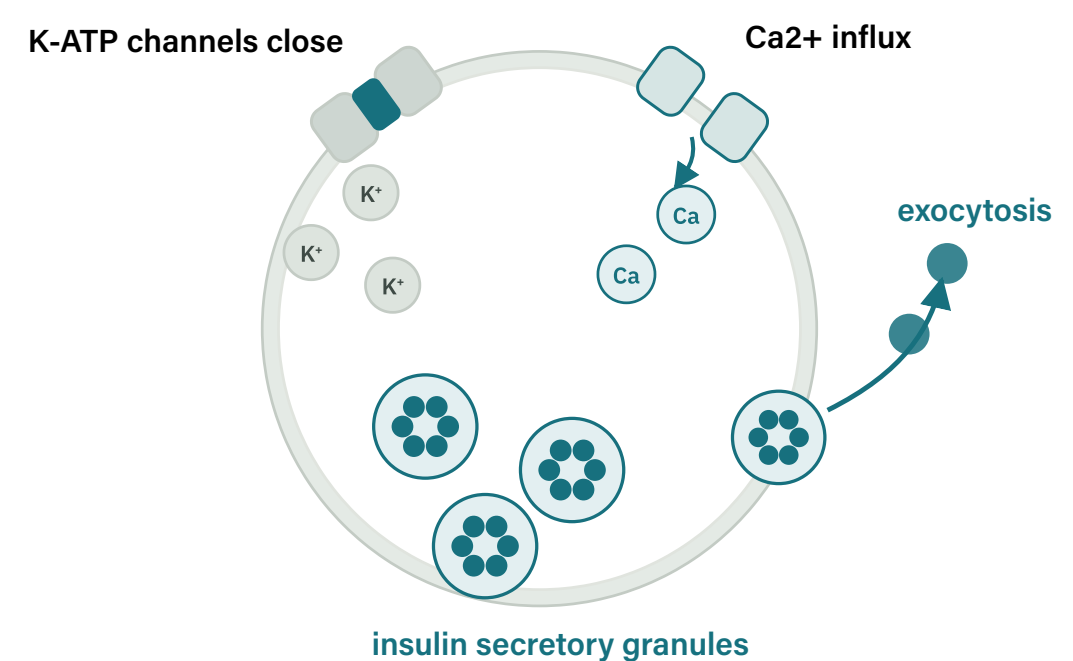


DNJ (1-deoxynojirimycin) occupies the active site of α -glucosidases, while gymnemic acids (GAs) compete for transport sites: less glucose reaches the bloodstream, and it does so more slowly.

GYMNEMA WHITE MULBERRY

Level 2 - Pancreatic β -cell INSULIN SECRETION

K-ATP channels • GLP-1 incretin pathway

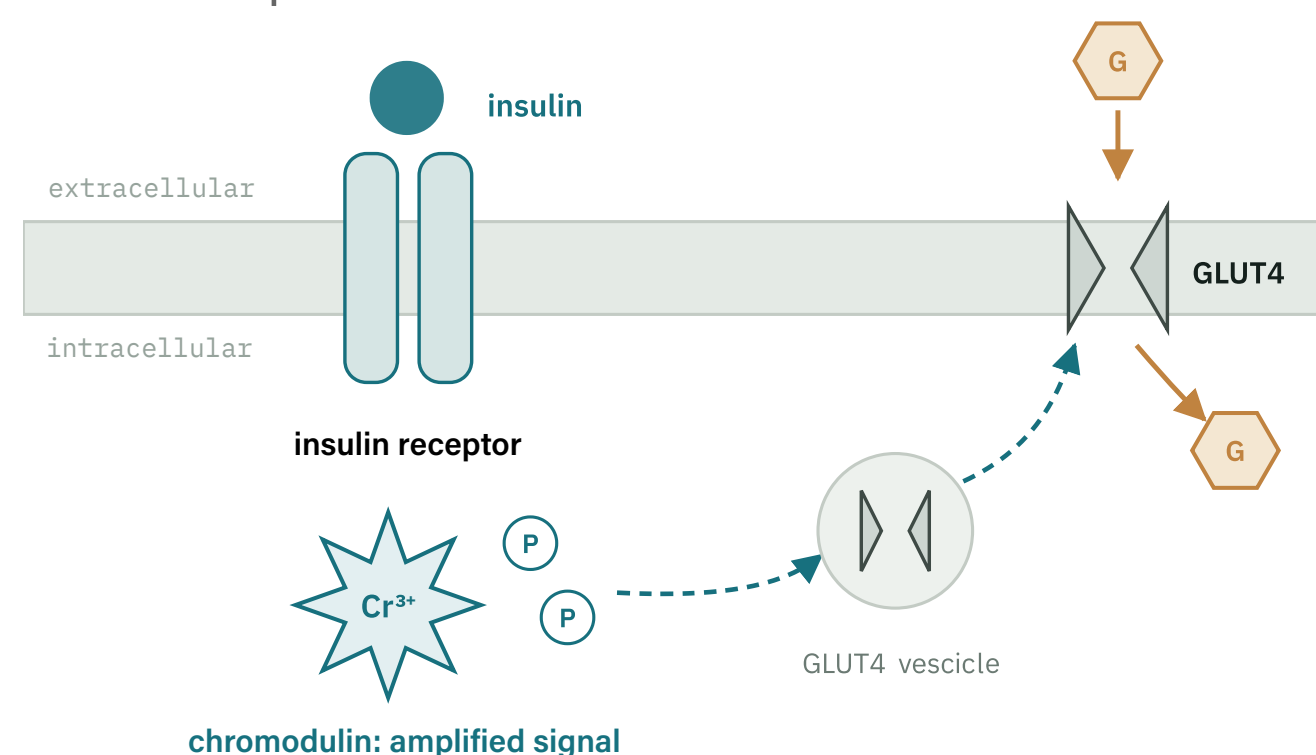


Closure of K-ATP channels depolarizes the membrane, voltage-gated calcium channels open, and Ca^{2+} influx triggers granule exocytosis. Gymnema is also thought to act through a GLP-1-mediated pathway.

GYMNEMA MOMORDICA

Level 3 - Muscle and adipose tissue PERIPHERAL INSULIN SENSITIVITY

insulin receptor • GLUT4 translocation

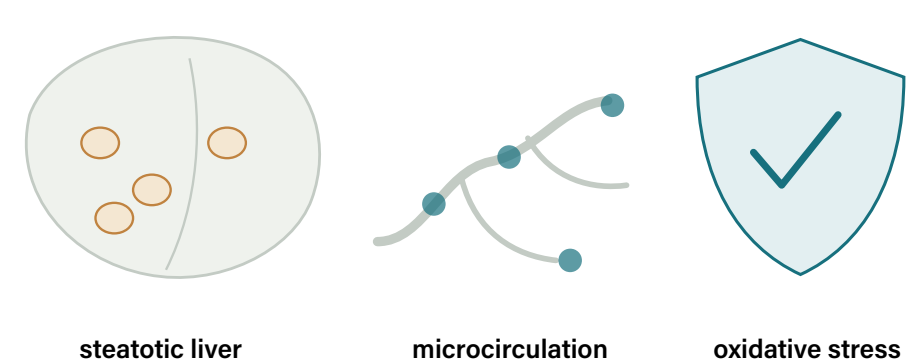


Chromium forms chromodulin, which amplifies insulin receptor tyrosine kinase activity, increasing GLUT4 translocation and glucose uptake. It enhances insulin action rather than lowering blood glucose directly, but makes circulating insulin more effective.

CHROMIUM

Level 4 - Metabolic comorbidities HEPATOPROTECTION - OXIDATIVE STRESS

liver • microcirculation • oxidative stress

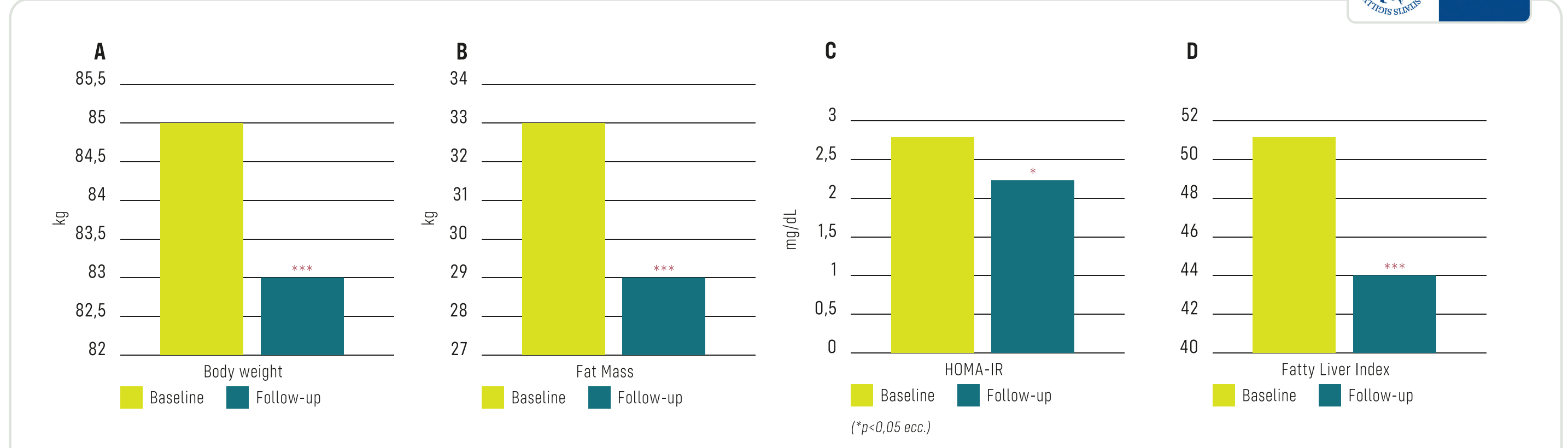
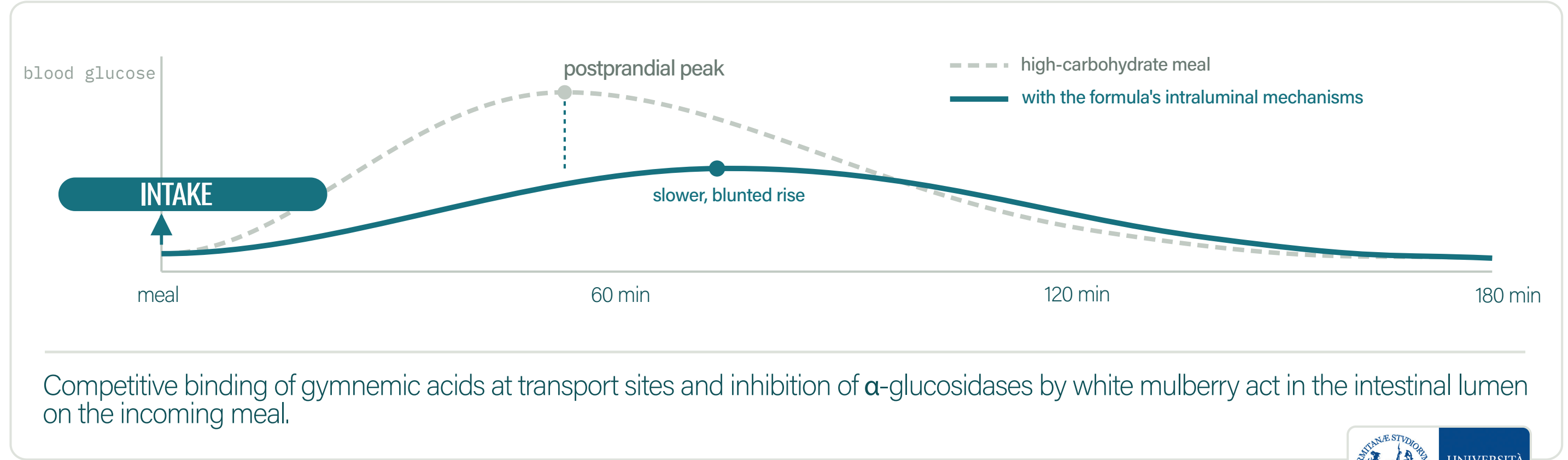


Hepatic steatosis and insulin resistance reinforce each other, and the microcirculation is the first target of chronic hyperglycemia.

MILK THISTLE BILBERRY NONI PORTULACA BANABA CINNAMON

SYNERGY OF ACTIVE INGREDIENTS

GLUCOERB EFFICACY SUPPORTED BY A CLINICAL STUDY



The EPAGLOBE 2026 study clinically demonstrates the efficacy of Glucoerb. At follow-up, a significant reduction in body weight and, most notably, in fat mass was observed, together with improvements in HOMA-IR and the Fatty Liver Index. Overall, the results indicate a concurrent improvement in body composition and metabolic profile.

HELPS MANAGE BODY WEIGHT
SUPPORTS HEALTHY BLOOD GLUCOSE LEVELS
SUPPORTS LIPID METABOLISM
CARDIOVASCULAR WELL-BEING
SUPPORTS HEALTHY LIVER FUNCTION

KEY BENEFITS

DIRECTIONS FOR USE:

Take 4 tablets daily, 2 before each main meal, with water.

Average active ingredient content

Per daily dose (4 tablets)	NRV%
Momordica fruit DE	320 mg
Banaba leaf DE	300 mg
Gymnema sylvestre leaf DE	260 mg
Cinnamon bark DE	200 mg
Milk thistle fruit DE	200 mg
Portulaca oleracea PWD	100 mg
White mulberry DE	100 mg
Noni leaf DE	100 mg
Bilberry fruit DE	100 mg
Zinc gluconate	12,5 mg · 125%
Chromium picolinate	100 mcg · 250%
Biotin	150 mcg · 300%
Vitamin D3 - Cholecalciferol	5 mcg · 100%

*NRV: Nutrient Reference Values for vitamins and minerals for an average adult - Regulation (EU) No 1169/2011



NOT for use
during pregnancy
NOT for use
while breastfeeding

Do **NOT** use concomitantly
with other oral
hypoglycemic drugs.

For medical and healthcare professional use only

