



ANKASCIN[®] 568

METABOLIC SUPPORT FOR THE POST-GLP-1 ERA

Missing Pieces of Long-term Metabolic Maintenance

GLP-1 medications are experiencing rapid global adoption as effective solutions for weight management and metabolic health, with millions of consumers worldwide embracing these therapies.

While GLP-1/GIP medications effectively support weight management, discontinuation often triggers rebound effects. A 2024 JAMA study found that **stopping treatment after 36 weeks led to 14% weight regain within 52 weeks**.

A 2026 meta-analysis further showed that body weight returned to baseline within 1.5–1.7 years, with **metabolic benefits—including glycemic control, lipid balance, and blood pressure—also reverting within 1.4 years**.

Rising concerns about “metabolic rebound” and “metabolic whiplash” after GLP-1 withdrawal highlight critical gaps in long-term metabolic maintenance.



WHY IT'S NEEDED

- Concerns about long-term GLP-1 dependency
- Risk of weight regain after GLP-1/GIP withdrawal
- Metabolic rebound after rapid weight loss



WHO IT'S FOR

- During & post GLP-1/GIP users
- During & post rapid weight loss users
- Long-term metabolic support seekers



WHAT IT GIVES

- Metabolic support beyond GLP-1/GIP
- Stay metabolically strong after weight loss
- Support long-term metabolic health during & after GLP-1/GIP therapy



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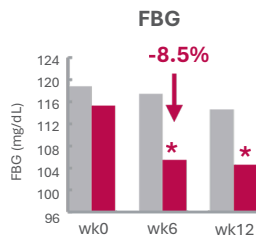
Benefits That Work Where It Matters Most

ANKASCIN® 568 is a **fermented botanical extract** containing **monascin** and **ankaflavin**, bioactive compounds that support glucose control and insulin sensitivity by modulating PPAR signaling, enhancing GLUT4 translocation, and supporting pancreatic β -cell function, while promoting lipid and blood pressure balance.

Blood Sugar

In a randomized, double-blind study ($n = 39$ subjects), supplementation with 220 mg ANKASCIN® 568 reduced fasting blood glucose by 8.5% after 6 weeks and 9.3% after 12 weeks.

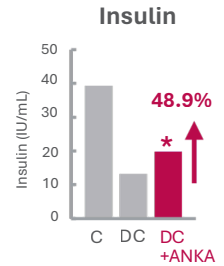
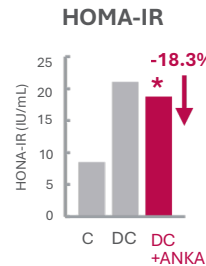
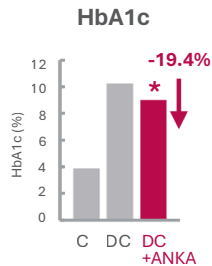
■ Placebo ■ ANKASCIN® 568



Glycemic Control

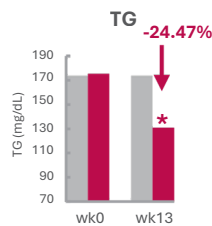
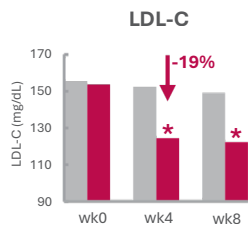
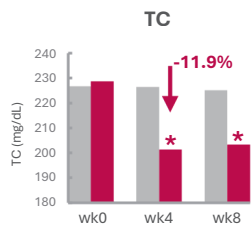
Studies show that compared to the diabetic-induced group, HbA1c, and HOMA-IR (insulin resistance) levels decreased by 19.4%, and 18.3% respectively. And serum insulin levels were significantly increased by 48.9%.

C: Control
DC: Diabetic induced group
DC+ANKA: Diabetic induced group administered with ANKASCIN® 568



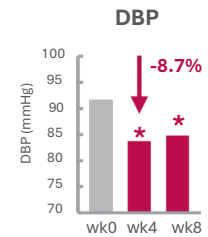
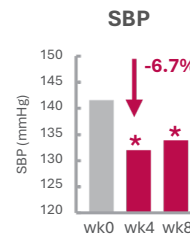
Blood Lipids

In a randomized, double-blind clinical study ($n = 40$ subjects) evaluating the effects of 110 mg ANKASCIN® 568 supplementation, serum cholesterol was reduced by 11.9% after four weeks, while LDL-C decreased by 19%. In a second human clinical trial on blood lipids ($n = 110$), 110 mg ANKASCIN® 568 reduced serum triglycerides (TG) by 24.47% after 13 weeks.



Blood Pressure

In a clinical trial ($n = 21$ subjects), supplementation with 220 mg ANKASCIN® 568 significantly reduced systolic (SBP) and diastolic blood pressure (DBP) after 4 weeks of administration, and the results were maintained until the end of the 8-week period.



SPECIFICATION

ANKASCIN® 568-R (extract, US-compliant)

Monascin ≥ 28 mg/g
Ankaflavin ≥ 9 mg/g
Dosage: 110-220 mg / day
Powder

ANKASCIN® 568-P (non-extract, EU-compliant)

Monascin ≥ 7 mg/g
Ankaflavin ≥ 2.3 mg/g
Dosage: 440-880 mg / day
Powder



Non GMO



Gluten Free



Vegan & Vegetarian



HALAL



FDA NDI



ISO 22000



HACCP



GMP

APPLICATIONS



Capsules



Sachets



Tablets



Chocolate



Popping Candy



Gummies



Oatmeal

* THESE STATEMENTS HAVE NOT BEEN EVALUATED BY THE FOOD AND DRUG ADMINISTRATION.
* THIS PRODUCT IS NOT INTENDED TO DIAGNOSE, TREAT, CURE, OR PREVENT ANY DISEASE.