Branded Ingredients

SATIEREAL®

(Crocus sativus L, Saffron)

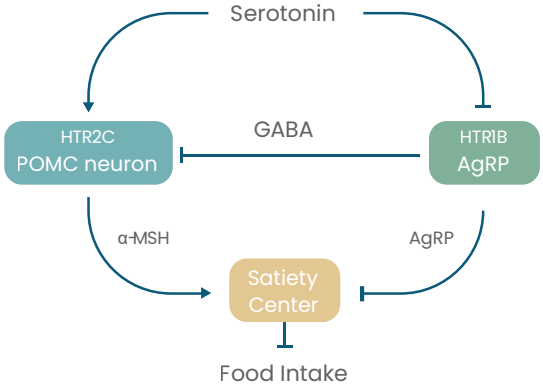
Patented and clinically supported extract.
Safranal ≥ 0.34% UV/VIS

Why SATIEREAL® ?

- Worldwide obesity has tripled since 1975[1]
- In 2022, 2.5 billion adults aged 18 years and older were overweight, including over 890 million adults who were living with obesity[1]
- Worldwide, 43% of adults are overweight and 16% live with obesity. Prevalence varies by region: 31% in South-East Asia and Africa, and up to 67% in the Americas. In Europe, excess weight affects 60% of the adult population[1]
- Stress and anxiety can lead to excessive food intake[2]
- Obesity due to emotional eating is preventable[2]

Mechanism Of Action[3]

Serotonin Reuptake Inhibitor (SRI)
Augmentation of brain serotonin inhibits food intake, while depletion of brain serotonin promotes hyperphagia and weight gain.



- Inhibits Serotonin Reuptake
- Generates satiety and less desire for carbs & craving

SATIEREAL® has its own capacity of a Serotonin Reuptake Inhibitor (SRI):

- Improves emotional behaviour
- Exerts a satiating effect
- Decreases compulsive snacking leading to weight loss

A natural source that has been consumed safely for centuries.

Snacking is mostly due to low Serotonin levels, a neurotransmitter that influences appetite.

Pilot Clinical Study[4]

Randomised – Double blinded – Placebo controlled

16 women aged 46-61 years old with a tendency of non-pathological reflex (stress-related) polyphagia

4 weeks

Selection: **Healthy slightly overweight** women (22<BMI<30)

Randomisation in two Parallel Groups + Dietetic Advices: Group 1 (N=8): placebo. Group 2 (N=8)

Half took 2 x 88.25 mg soft-gel capsules / day (breakfast & dinner), half took the placebo

Pilot Clinical Study Results

87.5% of women receiving SATIE**REAL®** **stated that they:**

- Decreased food intake
- Decreased hunger sensation

Compared to 0% of women receiving placebo

SATIE**REAL®** **induced:**

- Weight loss
- Fat mass loss
- Lean mass maintenance

SATIE**REAL®** consumption produced a significant reduction in hunger before lunch (*p < 0.05).

SATIE**REAL®** demonstrated its ability to positively affect the food intake (*p < 0.05).

Clinical Study[5]

Prospective, randomised, double-blind, placebo - controlled study:

60 volunteers

8 weeks

Half took 2 x 88.25 mg soft-gel capsules/day, and half took the placebo

Inclusion criteria: healthy, mildly overweight women (25<BMI<28)

Subjects assessed snacking frequency by daily self-recording episodes on a nutrition diary. Both groups were homogenous of age, body weight, and snacking frequency.

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Satiereal, a *Crocus sativus* L extract, reduces snacking and increases satiety in a randomized placebo-controlled study of mildly overweight, healthy women

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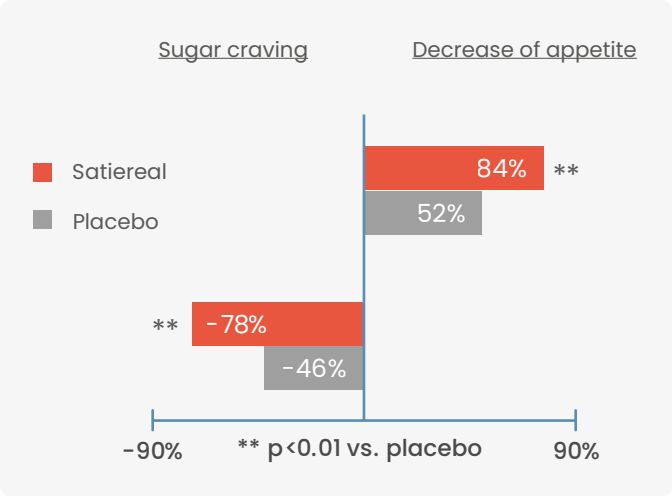
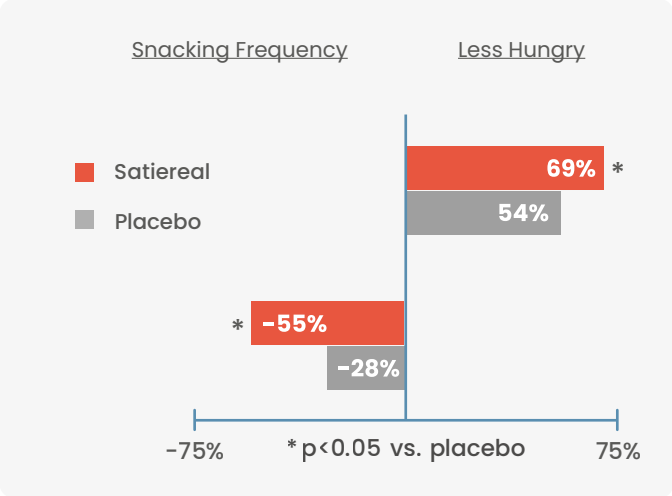
SATIEREAL®

Clinical Study Results





84% decrease in appetite*

78% reduced sugar cravings*

55% decrease in snacking events*

69% decreased hunger*

* p < 0.05 compared to placebo

- SATIEREAL® caused a significantly greater body weight reduction than placebo (**p < 0.01).
- The mean snacking frequency was significantly reduced in the SATIEREAL® group vs the placebo group (*p < 0.05).
- SATIEREAL® produces a reduction of snacking and creates a satiating effect that could contribute to body weight loss (up to 4.9 kgs).
- SATIEREAL® has demonstrated its ability to help reduce snacking frequency with consequent weight loss due to craving control.

SATIEREAL®

Applications

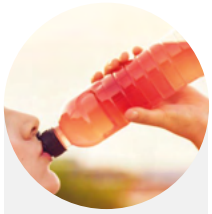
Supplements

Bars

Confectionary

Powders

Shakes


Beverages

Meal Replacements

Functional Foods

Snacks Diet Products

Key Points

- Obesity is an increasingly worldwide problem. The market is estimated to have a potential turnover of 100 billion annually by 2030. [6]
- Main benefits of SATIEREAL®: weight management by craving and compulsive snacking control.
- Patented and clinically supported extract (*Crocus Sativus*, Saffron).
- Standardised extract from a known and safe natural source.
- Soluble in water + multiple applications.

Patents

EP2010012 (B1); AU2007245501 (B2); CA2648985 (C); JP6093425 (B2); US9833489 (B2).

Sources:

[1] United World Health Organisation. Obesity and Overweight
[2] Dakanalis, A. *et al.* Nutrients, 2023, 15(5), 1173
[3] Namkung, J. *et al.* Mol. Cells, 2015, 38(12), 1023-1028
[4] Internal study
[5] Gout et al, Nutrition Research 2010, 30, 305-313
[6] Anti-Obesity Medication Market Size & Share Report, 2030

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