

OUR FIRST DATASET INCLUDES 150+ CLIENTS WHO COMPLETED AN AYUN CHECK-UP



Recap 2025

ONE-YEAR OUTCOMES OVERVIEW



Hidden Risk in “Healthy” People

Across our first 150+ clients who completed an AYUN check-up, one clear truth emerged: Many people who appear healthy carry **silent risks** that drive heart disease, diabetes, cognitive decline, chronic inflammation, and accelerated ageing.

THE BIG PICTURE: WHAT WE LEARNED IN 2025

AYUN makes these invisible risks measurable – and actionable.



Key baseline findings

93%

are genetically prone to chronic
low-grade inflammation

25%

with high visceral fat

61%

with elevated LDL

80%

with high homocysteine

16%

with insulin resistance

42%

with high perceived stress

18%

with lower bone density

Hidden Risk in “Healthy” People

Even in a health-conscious group, measurable cardiometabolic risk is common.

Cardiovascular & metabolic markers



- ~61% elevated LDL^{*1} (≥ 3.0 mmol/L)
- 32% elevated ApoB^{*2}
- 8% elevated triglycerides
- 29% HbA1c^{*3} in prediabetic range
- ~16% insulin resistance (HOMA^{*4} ≥ 2.5)
- ~80% elevated homocysteine

Inflammation & nutrients



- 31% hsCRP^{*5}
- Many below optimal vitamin D and omega-3 levels

Body composition



- 25% high visceral fat
- 18% low bone mineral density
- Tail of low ALMI^{*6} (early sarcopenia risk)

↳ Key insight

Around one-third of clients are “**skinny-fat**”: normal BMI, high visceral fat, low muscle — a high-risk pattern invisible to standard care.

¹ LDL: Measures the amount of cholesterol carried by LDL particles, reflecting one contributor to atherosclerosis risk.

² ApoB: Counts the number of atherogenic lipoprotein particles, making it a strong predictor of cardiovascular risk.

³ HbA1c: Reflects average blood glucose levels over the past ~2–3 months.

⁴ HOMA-IR: Estimates insulin resistance by combining fasting glucose and insulin levels.

⁵ hsCRP: A sensitive marker of low-grade systemic inflammation linked to cardiovascular risk.

⁶ ALMI: Assesses appendicular lean mass relative to height, indicating skeletal muscle mass and sarcopenia risk.

Baseline Physiology & Mental State

Recovery & nervous system

- VO_2max often average or below average for age
- Tail of low grip strength, especially in older clients

Sleep & nervous system

- HRV sleep score is below 50 for the majority of clients
- Recovery deficits and chronic stress load even before they “feel sick.”

Mental health

- ~42% report high perceived stress
- ~5% show clinically relevant depressive burden
- 89% maintain moderate to high optimism

↳ Takeaway

Clients are generally functional and resilient – but many are stressed, under-recovered and physiologically strained long before disease appears.

WHAT CHANGED AFTER AYUN INTERVENTIONS

Among clients with follow-up data, biology shifted measurably.



Key baseline findings

40%

Drop in insulin resistance

36%

hsCRP*¹ drop on average

61%

LDL*² drop on average

89%

improved vitamin D

83%

improved omega-3 index

up to 40%

Individual recovery and sleep improvements

~4.1 Years

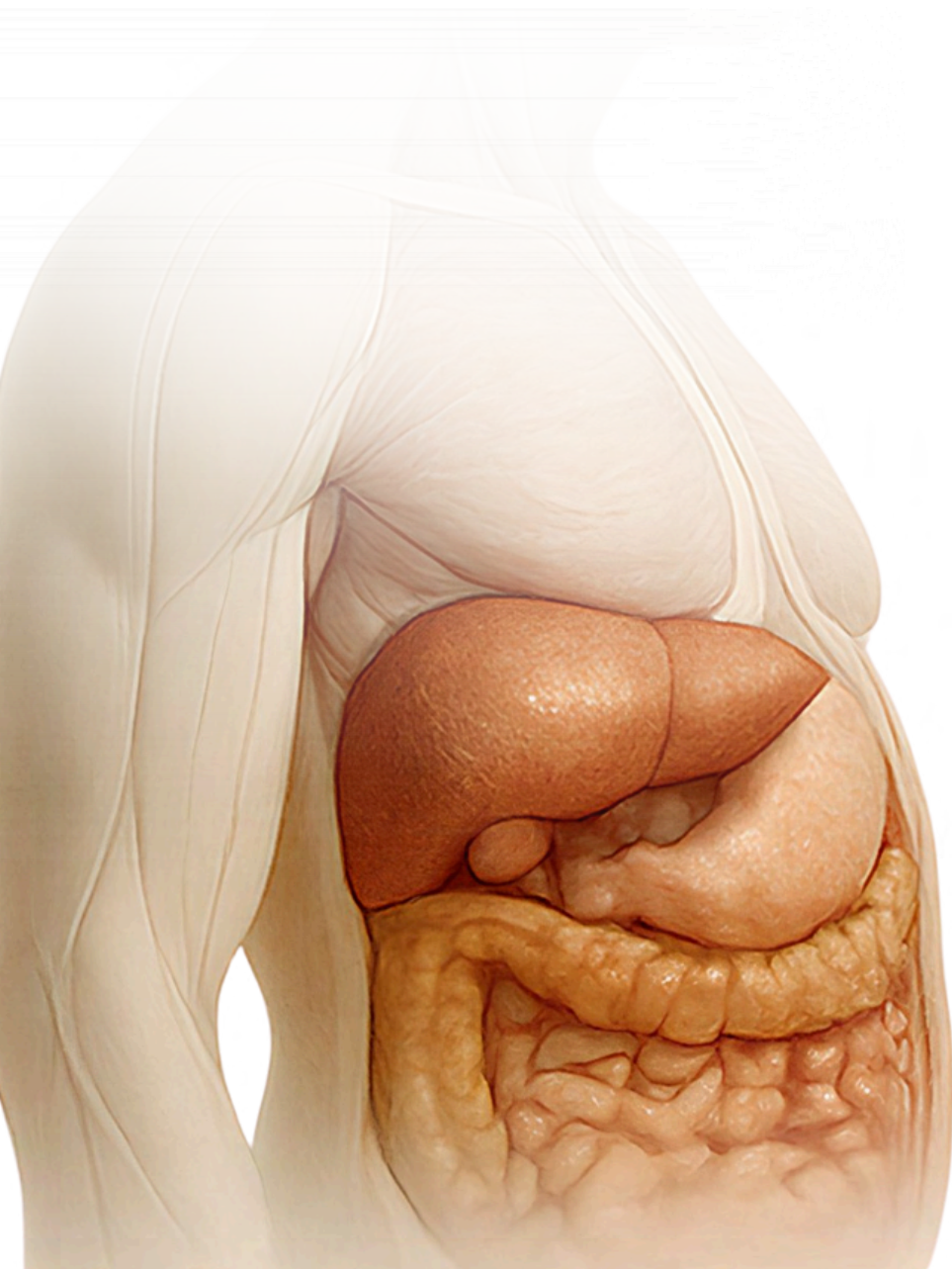
Telomere age improved by in retested clients

*hs-CRP: A sensitive marker of low-grade systemic inflammation linked to cardiovascular risk.

*LDL: Measures the amount of cholesterol carried by LDL particles, reflecting one contributor to atherosclerosis risk.

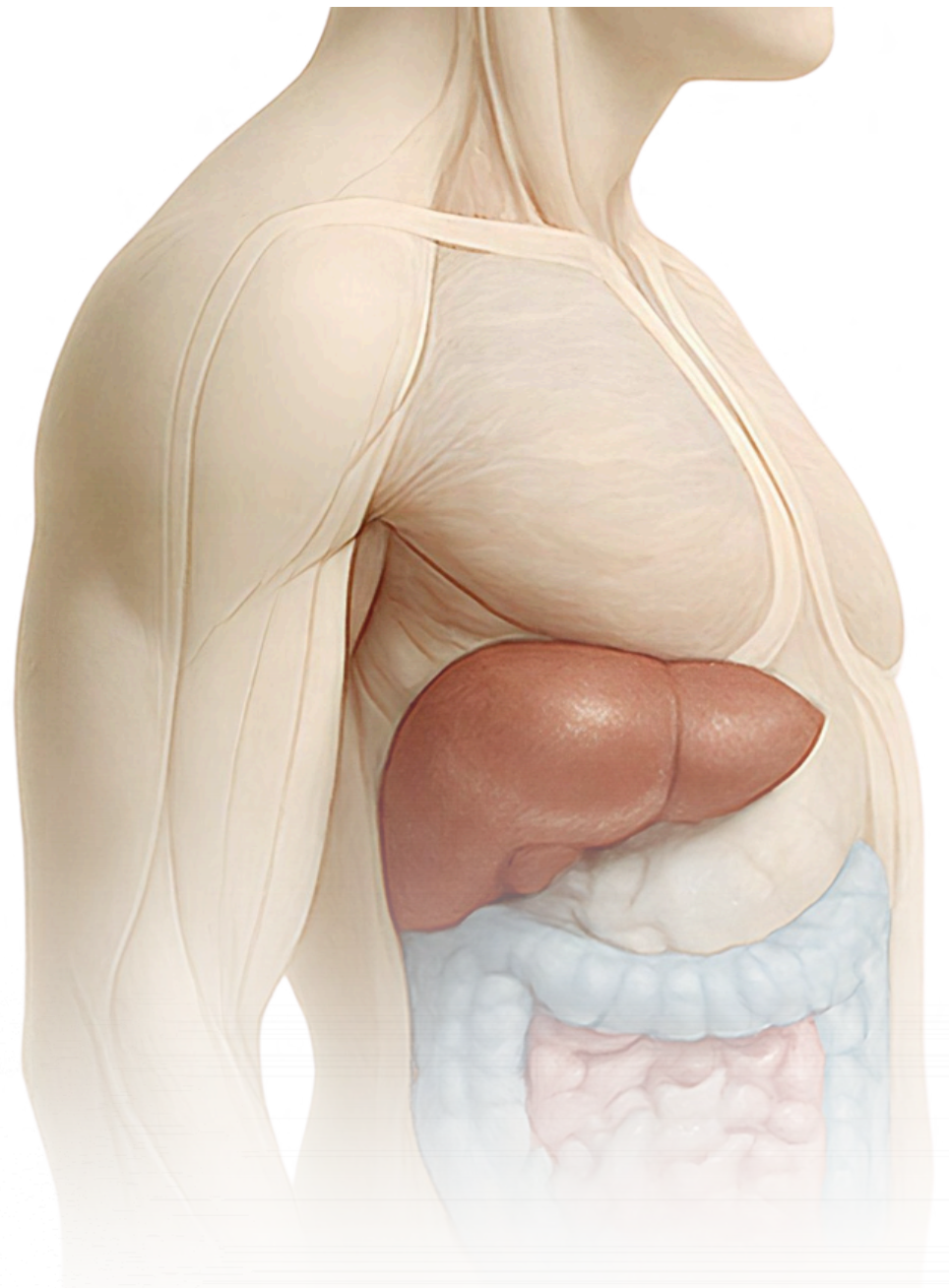
Metabolic health

We move them from clear insulin resistance towards normal sensitivity, which is a major lever for preventing diabetes and metabolic syndrome.



Individual improvements
up to 60–70%

Insulin resistance
↓ ~40% on average



Inflammation

We substantially reduce systemic inflammation, which is strongly linked to cardiovascular disease, neurodegeneration and biological ageing – especially important given the cohort's high genetic priority for inflammation.

hsCRP*
↓ ~36% on average

Individual reductions of
60–70%+

*hs-CRP: A sensitive marker of low-grade systemic inflammation linked to cardiovascular risk.

Cardiovascular markers

We help convert a clearly high LDL and ApoB into a much safer range, significantly lowering long-term cardiovascular risk.

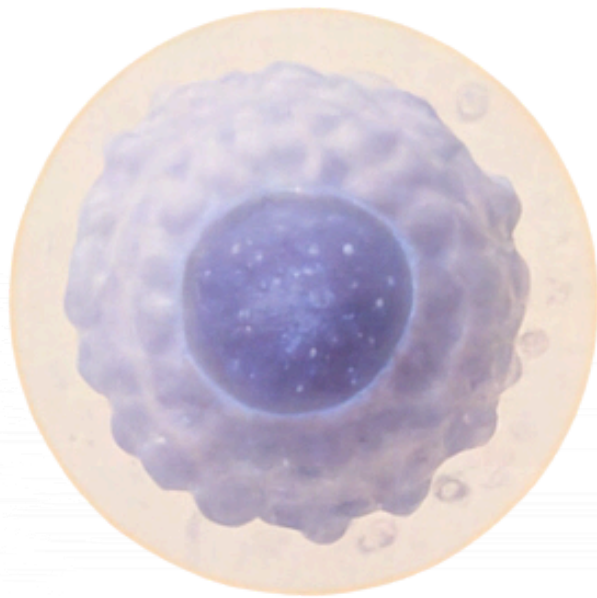
Individual LDL^{*} reductions
↓ 30-40% on average

ApoB decreased 20-30%

^{*}LDL: Measures the amount of cholesterol carried by LDL particles, reflecting one contributor to atherosclerosis risk.

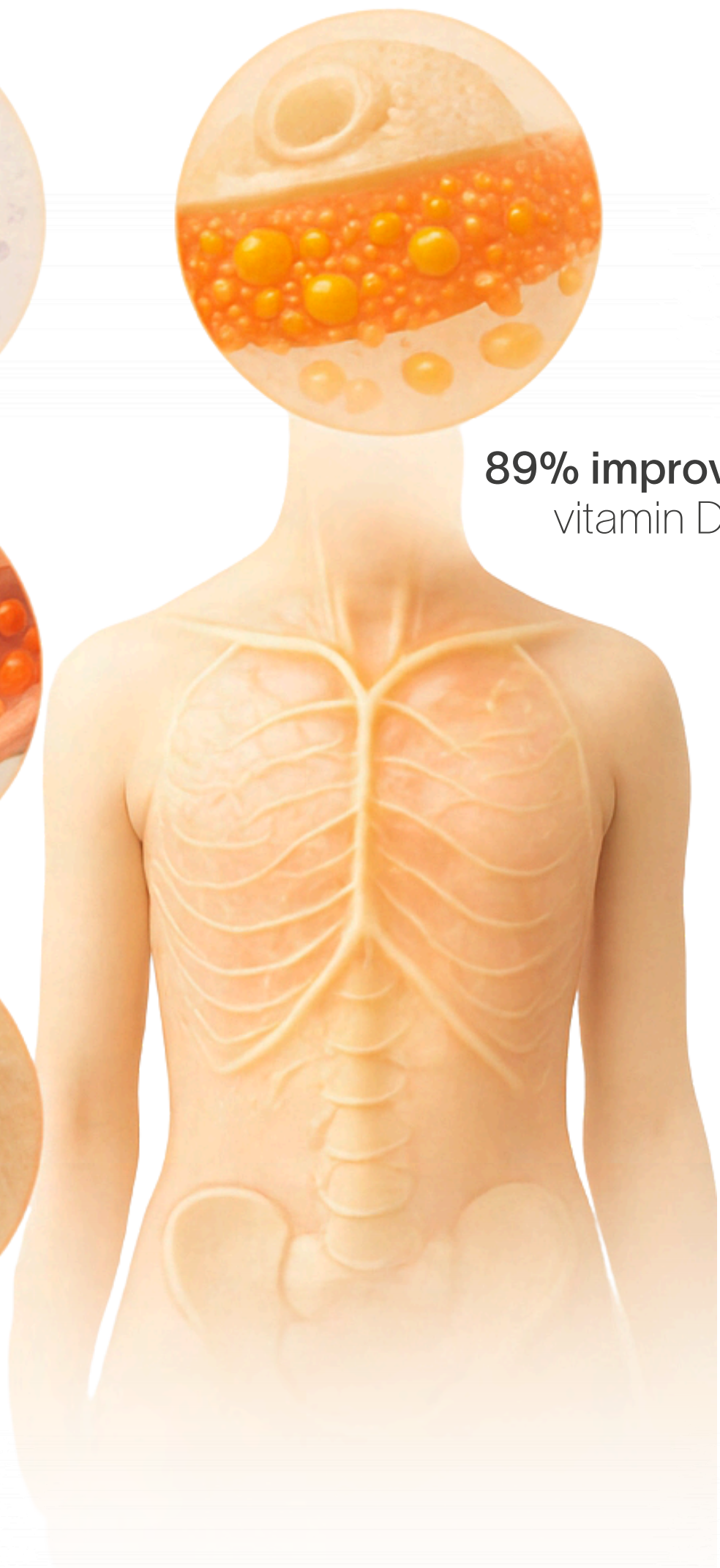
Nutrients

We identify genetic risk for deficiency and confirm with a blood test to adjust the right dose of supplementation.



89% improved
vitamin D

83% improved
omega-3 index



Structural Change: Slower but Powerful

Some changes take time and depend strongly on behaviour.

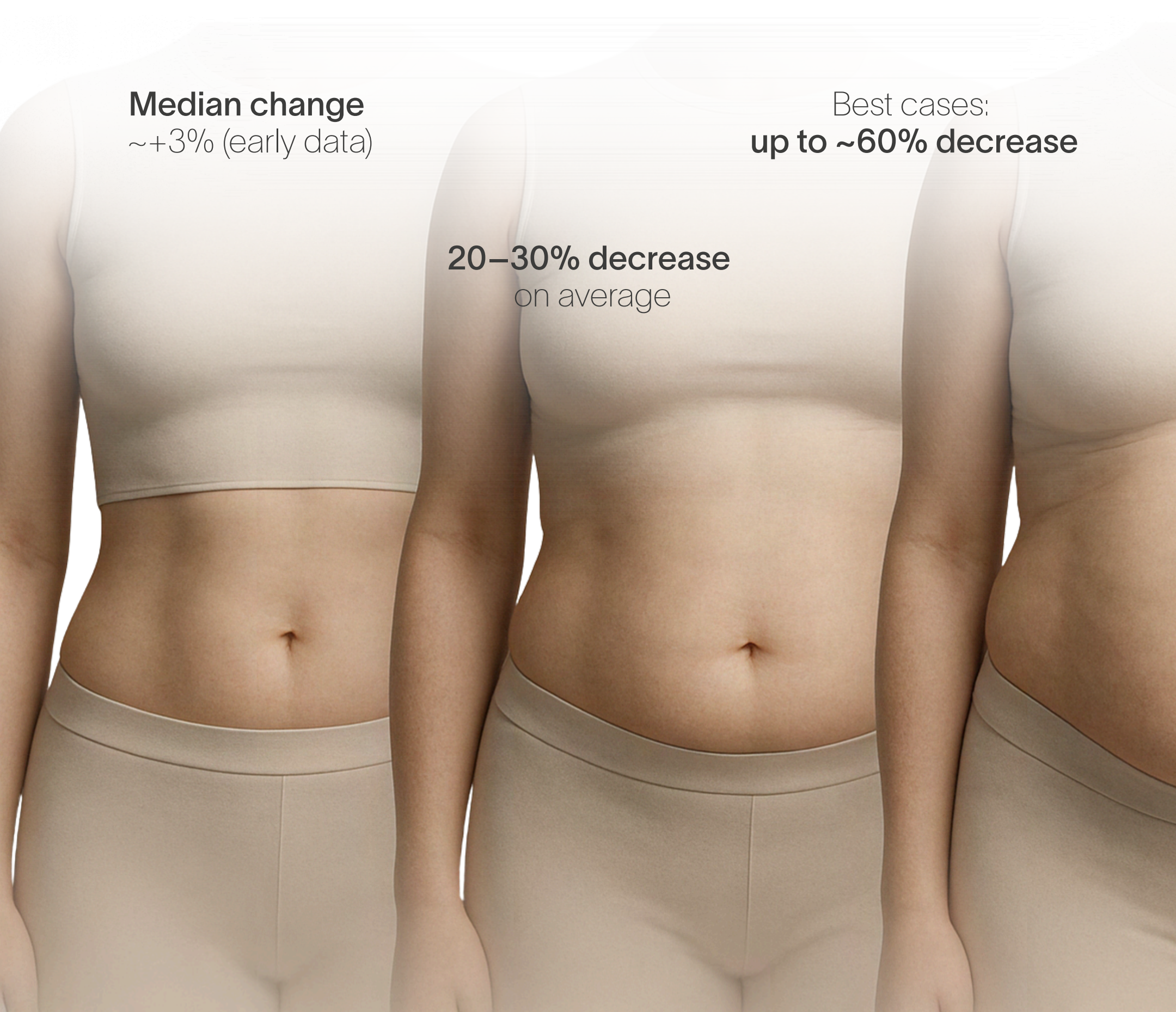
Visceral fat

Visceral fat is highly sensitive to behaviour over time. Where clients truly follow our nutrition, movement and metabolic recommendations, the reduction can be large.

Median change
~+3% (early data)

Best cases:
up to ~60% decrease

20–30% decrease
on average

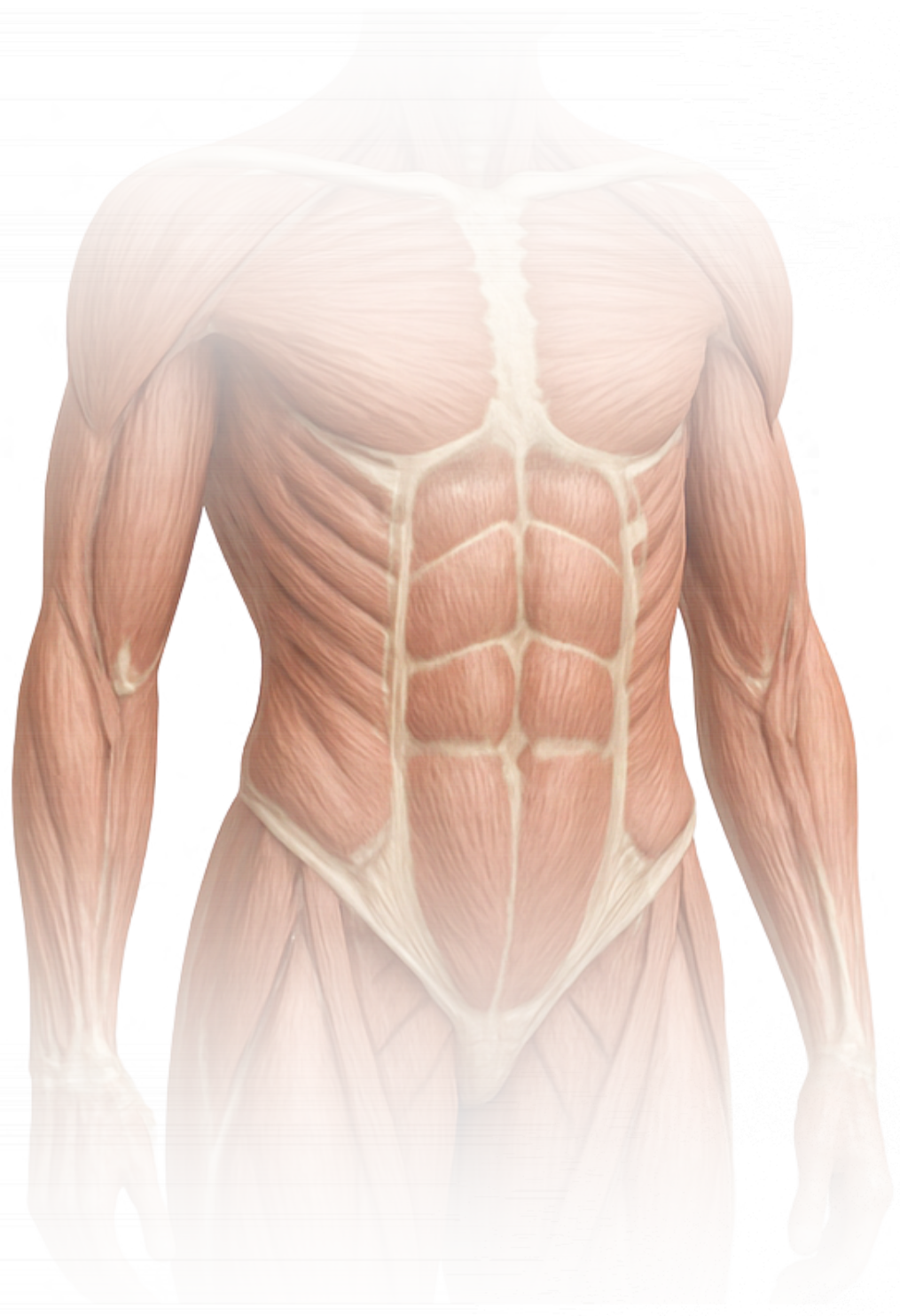


Muscle & bone

Too short a window for large cohort-level changes, but 44% had an increase in bone mineral density often through nutrition, vitamin D, and strength loading.

44% increased
bone mineral density

47% improved
lean mass index



↳ Takeaway

Clients are generally functional and resilient – but many are stressed, under-recovered and physiologically strained long before disease appears.

Fitness & strength

VO_2 max is an integrative marker - it reflects mitochondrial function, cardiac output, metabolic flexibility, and inflammation and it shapes the entire strategy.

VO_2 max improved
up to 10–20% in some cases

Clear strength gains
in engaged clients

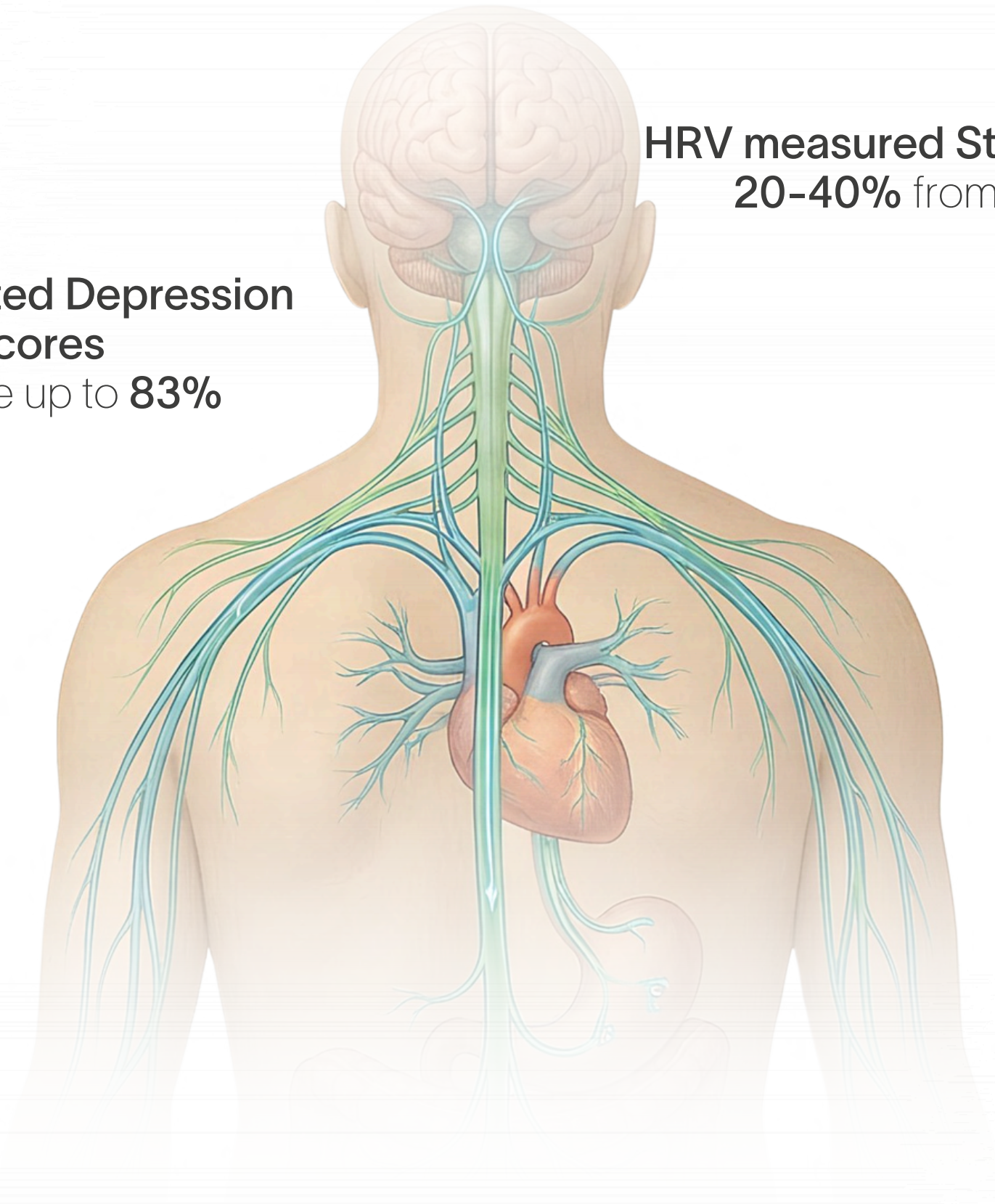


Mental health and stress

Mental health improved alongside biology, with clients reporting reduced stress and depressive symptoms as their physiological markers recovered.

Self-reported Depression scores
improve up to **83%**

HRV measured Stress improves
20-40% from baseline





AYUN vs Traditional Healthcare

Standard healthcare measures the surface; AYUN measures the system.

We uncover risks, high visceral fat, low muscle mass, early insulin resistance, elevated ApoB, micronutrient deficiencies, poor HRV, and accelerated ageing, in clients who appear "normal" on routine exams.

Traditional check-ups detect disease; AYUN detects the mechanisms that cause it.

We identify the metabolic, inflammatory, cardiovascular, and recovery patterns that push people toward diabetes, heart disease, cognitive decline, and frailty long before symptoms appear.

What looks healthy from the outside is often ageing rapidly on the inside.

AYUN finds clients who appear fit but have high visceral fat, low muscle mass, poor HRV, low VO_2 max, and biological ages older than their real age – patterns no routine exam ever captures.



AYUN closes the diagnostic gap that modern healthcare has ignored.

We measure the metrics that most strongly predict long-term healthspan, including visceral fat, HRV, VO₂max, muscle quality, methylation, and detox capacity, none of which are part of standard medical screening.

One number never tells the truth; only the pattern does.

AYUN integrates genetics, blood biomarkers, physiology, body composition, and biological age into a single map of how someone is ageing – a depth of analysis completely absent from traditional healthcare.

AYUN shows you your future and gives you time to change it.

By detecting risk at its origin, not at the point of disease, AYUN enables interventions that slow ageing, reverse metabolic decline, and rebuild long-term resilience.

Changing the Trajectory of Ageing, Not Just Measuring It

AYUN's multi-layered, genetics-informed approach is already shifting key disease drivers – LDL, insulin resistance, inflammation, and recovery in the right direction, and sometimes dramatically in individual clients. Structural changes like visceral fat, bone density and muscle are slower and more behaviour-dependent, but even here, the best-engaged clients show large improvements.