

THE nutrifytoday NUTRA ECONOMIST

In this Edition

CONTENTS

1	Ancient Roots to Precision Wellness: GreenSpace Herbs Is Redefining Ashwagandha and Curcumin Through Quantum Ayurveda
2	From Breakthrough Therapy to "Party Shot": The GLP-1 Boom, the Nutrition Backlash, and the Next White Space for Supplements
3	Why India's GLP-1 Moment Demands a Rethink of Mass Screening and Early Detection
4	Formulation to Finish: Why Integrated CDMO Models Are Winning the Nutraceutical Market
5	Philippines Supplements 2035: Demography, Modernization, and the Next Growth Curve
6	Lutein in Global Eye Health: Market Landscape, Scientific Depth, and the Co-crystal Opportunity
7	The Rhythmic Choreography of Food Sensorials: Insights from The R&D Grail Episode Two

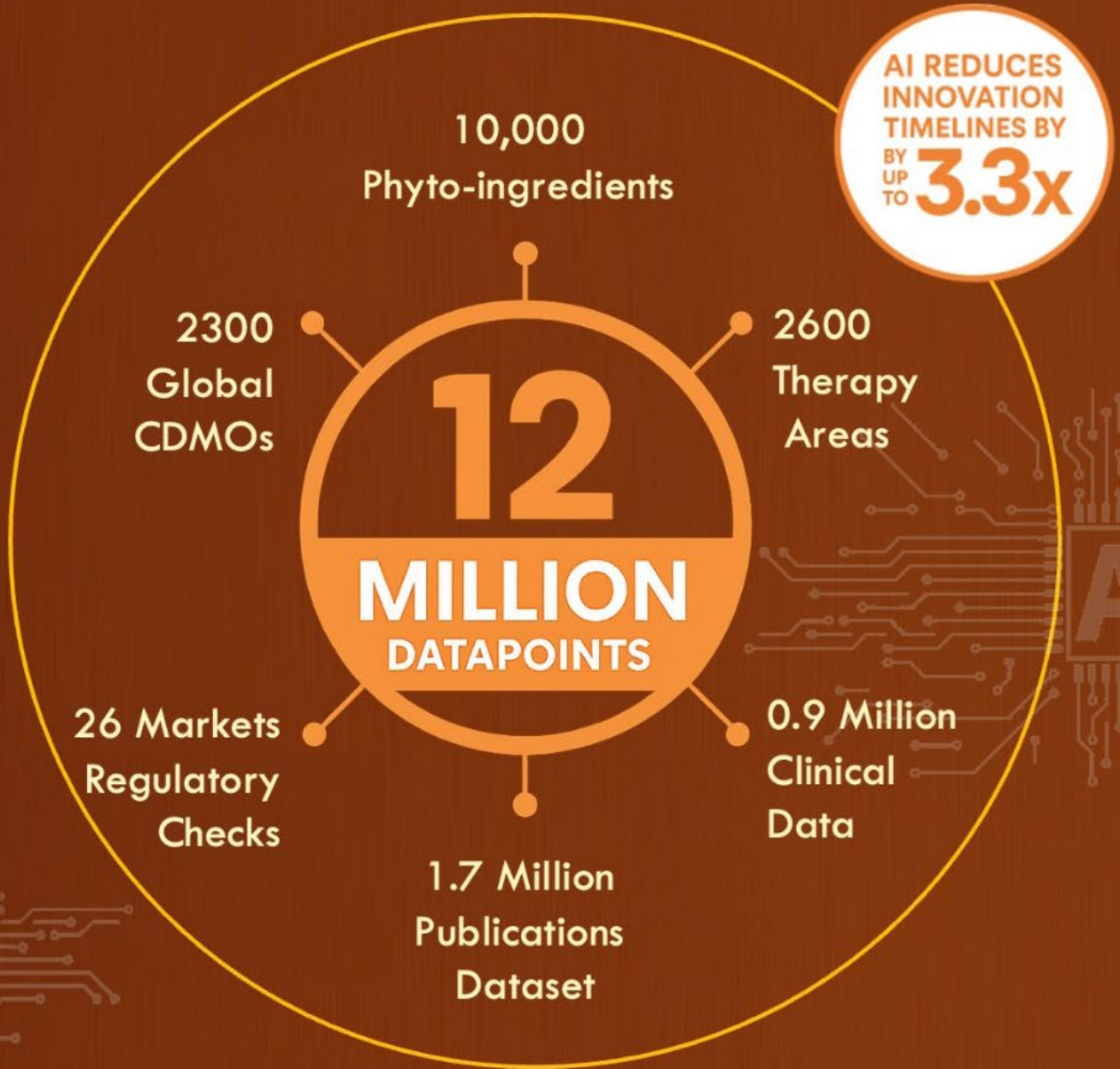
THE GLP-1 SUPPLEMENT BOOM



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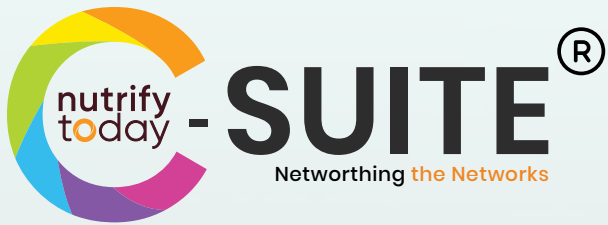
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Magazine Index

	Page No.
1. Editorial note	5
2. Ancient Roots to Precision Wellness: GreenSpace Herbs Is Redefining Ashwagandha and Curcumin Through Quantum Ayurveda	8
3. From Breakthrough Therapy to “Party Shot”: The GLP-1 Boom, the Nutrition Backlash, and the Next White Space for Supplements	9
4. Why India’s GLP-1 Moment Demands a Rethink of Mass Screening and Early Detection	12
5. Formulation to Finish: Why Integrated CDMO Models Are Winning the Nutraceutical Market	14
6. Philippines Supplements 2035: Demography, Modernization, and the Next Growth Curve	17
7. Lutein in Global Eye Health: Market Landscape, Scientific Depth, and the Co-crystal Opportunity	21
8. The Rhythmic Choreography of Food Sensorials: Insights from The R&D Grail Episode Two	24
9. Ingredients of the month	26
10. Business with Nutrify C-Suite Sumflex 2026	28
11. Nutrify C-Suite Sumflex 2026: SCALE UP NOW	29



FROM THE DESK OF CHAIRPERSON, NUTRIFYTODAY

PRIYANKA SRIVASTAVA

Chairperson, NutriflyToday

As the holiday season begins and paves the way for a new year in 2026, we wish you health, energy, and the vigour to continue building a responsible nutrition industry worldwide. This is a moment to pause, take stock, and recalibrate how we create value for consumers, for healthcare systems, and for investors in the nutraceutical space.

The world we operate in has changed. Capital is more selective, regulators are more exacting, and consumers are more sceptical of unsubstantiated promises. At the same time, the need for credible, preventive nutrition has never been greater. Between these two forces sits a simple question: will our industry rise to the standard of evidence, transparency, and strategic discipline that the world now demands?

Nutra Economist is our commitment to answer that question with substance.

We are scaling up Nutrifly Today's magazine content to make it a serious business and innovation journal for the global nutrition ecosystem. Our editorial ambition is closer to a Harvard Business Review-class publication than a conventional trade magazine: data-driven, analytically rigorous, and unapologetically focused on decision-makers.

Going forward, each edition will pick one focal country and examine it through a structured, multi-dimensional lens.

First, we will look at **demography**: ageing patterns, urbanisation, household structures, workforce participation, and income distributions that shape health needs and buying power.

Second, we will map the **economics**: GDP trends, healthcare spending, disposable income, and policy direction that influence both demand for nutraceuticals and the attractiveness of investment.

Third, we will explore **health trends**: the burden of chronic and lifestyle diseases, consumer attitudes to preventive health, the role of traditional systems, and the speed at which evidence-based supplementation is being adopted.



Finally, we will translate these insights into a clear **nutra opportunity map**: which categories are poised for growth, which segments are saturated, what price-value configurations make sense, and where there is room for disruptive formats or delivery systems.

This country-by-country analysis will be complemented, in subsequent editions, by supply chain and market access reports. Expect at least six key markets to be covered in depth. These are the very markets already served by the NutriflyGenie AI platform and are, by design, among the most consequential geographies for our sector. We will examine sourcing resilience, quality and compliance infrastructure, regulatory pathways, and the realities of channel strategy from e-commerce to clinics.

Another core pillar of Nutra Economist will be a sober, global view of hero ingredients. Our industry is familiar with ingredients that surge to prominence, attract capital and attention, and then either consolidate or fade. We intend to track:

- How these ingredients have performed across different markets and indications
- Where they have genuinely improved outcomes and built sustainable brands
- Where they have disappointed due to over claims, weak science, poor positioning, or supply instability
- What new pathways might still exist through better combinations, novel delivery systems, or more precise targeting

By doing so, we hope to help the industry distinguish durable opportunity from transient hype, and to redirect effort toward evidence-rich, clinically meaningful innovation.

In parallel, we are working quietly but intensely on scanning innovation for commercialization. Across universities, startups, contract research organisations, and technology platforms, we see a growing pipeline of promising science. However, many of these innovations remain stuck between proof-of-concept and scaled deployment. Our aim is to identify those with strong technical validation and real-world relevance, and then showcase them within Nutra Economist as candidates for outcome-driven business deals.

This is not about celebrating “innovation theatre.” It is about connecting the right ideas, data, partners, and capital to build products and platforms that can withstand regulatory scrutiny, deliver measurable health impact, and create robust economic returns.

For Nutra Economist to live up to its ambition, your participation is essential. We invite you to shape the editorial agenda:

- Tell us which countries you want us to analyse next, and what questions matter most to your strategy
- Suggest hero ingredients, categories, or health conditions that deserve a sharper analytical lens
- Flag innovations or business models that are promising but underexposed and could benefit from structured industry attention

If you find value in the way we dissect markets, map opportunities, and curate innovation, we are ready to work with our partners to create deeper, bespoke deep dives on specific countries or themes that align with your growth agenda.

As 2026 approaches, the responsibility on our industry is clear: to pair scientific integrity with commercial excellence and to ensure that “nutra” remains synonymous with trusted, outcome-oriented health solutions. Nutra Economist will do its part by providing the strategic clarity and critical thinking that serious leaders require.

We look forward to building this next chapter with you.



11



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From Nature to Wellness

 **OmniActive**

Ancient Roots to Precision Wellness: GreenSpace Herbs Is Redefining Ashwagandha and Curcumin Through Quantum Ayurveda

TAHIRA HS

Chief of Research & Development -
Herbal products & Nutraceuticals
Greenspace



As the global nutraceutical and wellness ecosystem evolves, stakeholders are demanding more than traditional narratives. They seek scientific validation, consistency, and measurable outcomes. GreenSpace Herbs stands at this intersection, advancing plant-based healthcare by translating Ayurveda into a modern, evidence-led system through its proprietary Quantum Ayurveda – Ayuquanta 7 (framework).

Two botanicals exemplify this transformation: Ashwagandha and Curcumin.

Revered for centuries in Ayurveda, Ashwagandha is supported by research on its bioactive compound - withanolides in stress modulation, hormonal balance, and cognitive resilience through the Hypothalamic-Pituitary Axis (HPA). At GreenSpace Herbs, Quantum Ayurveda™ applies molecular mapping and vibrational analysis to refine Ashwagandha's performance, ensuring improved bioavailability and predictable physiological response, key requirement for today's global nutraceutical and pharma markets.

Curcumin, the cornerstone of turmeric, is among the most researched natural anti-inflammatory compounds worldwide. Its influence on inflammatory mediators, oxidative stress, and immune pathways is well established, yet clinical translation has often been limited by poor absorption. Through Quantum Ayurveda, GreenSpace Herbs enhances curcumin's functional delivery by infusing relative energy frequency, without altering its natural essence, enabling consistent support for joint health, metabolic balance, and immune wellness.

By integrating Ayurvedic intelligence with AI-driven analytics, Raman spectroscopy, and quality-first manufacturing, GreenSpace Herbs is elevating Ashwagandha and Curcumin into next-generation, globally relevant nutraceutical actives. The result is not reinvention, but evolution where ancient healing meets precision science, and credibility becomes the true measure of wellness innovation.

From Breakthrough Therapy to “Party Shot”: The GLP-1 Boom, the Nutrition Backlash, and the Next White Space for Supplements

NutrifyToday Market Research Bureau

Executive read:

Obesity has quietly become one of the most powerful economic and healthcare forces of our time, with roughly 2.5 billion adults now overweight and nearly 900 million living with obesity worldwide. GLP-1-based weight-loss drugs have radically altered this landscape, transforming obesity from a lifestyle problem into a pharmaceutical category growing at historic speed. In 2024 alone, Novo Nordisk’s obesity care crossed roughly DKK 65 billion in sales, while Eli Lilly’s Zepbound generated about US\$9.3 billion in just the first nine months of 2025.

With forecasts pointing to a US\$150-billion global market by the mid-2030s—and patents beginning to expire from 2026—prices are set to fall, access to explode, and usage to spread far beyond tightly supervised medical settings. That expansion carries a hidden cost: rising nutritional deficiencies, measurable loss of lean muscle, gastrointestinal intolerance, and a high likelihood of weight regain once therapy stops. As GLP-1s shift from breakthrough therapy to mass-market “party shots” and shortcuts for instant gratification, the question is no longer whether these drugs work, but what they leave behind. This is where the supplement and nutrition industry faces its defining moment—either chasing hype with “GLP-1” branding or stepping into a far more strategic role: protecting muscle, micronutrients, gut health, and long-term metabolic resilience in a world where weight loss has become easy, but durable health has not.

Obesity is no longer a slow-moving public-health narrative. It is an accelerating macroeconomic force reshaping healthcare budgets, consumer behavior, and the modern wellness economy. The World Health Organization estimates that as of 2022, 2.5 billion adults were overweight and 890 million were living with obesity; roughly one in eight people globally. Into this widening gap between need and outcomes stepped GLP-1-based obesity medicines, reframing weight management from will-power into chronic-disease pharmacotherapy with unprecedented efficacy.

The commercial proof is now definitive. Novo Nordisk reported obesity care sales of approximately DKK 65 billion in 2024, driven primarily by Wegovy. Eli Lilly scaled Zepbound from a launch-year product into a multibillion-dollar franchise and reported roughly \$9.3 billion of Zepbound revenue in the first nine months of 2025. On Wall Street, long-range market models have moved from “large” to “category-defining,” with forecasts that the global weight-loss medication market could approach \$150 billion annually by the mid-2030s.

But the most consequential shift is not sales; it is behavior. In an era of social commerce and “biohacking,” GLP-1s are migrating from clinic-anchored, long-horizon care into a consumerized ecosystem of shortcuts. Informally, some users describe intermittent dosing or “microdosing” as “party shots”, a usage pattern designed for rapid cosmetic outcomes rather than medically supervised health improvement. In parallel, a grey market has formed around compounded, unapproved, or counterfeit GLP-1 products sold online as “research peptides,” “drops,” or “natural GLP-1” alternatives. Regulators have warned that dosing errors and unverified products can cause serious harm; adverse-event reports associated with compounded semaglutide and tirzepatide illustrate how quickly an innovation can be operationally and reputationally destabilized when access outpaces guardrails.

The Coming Price Collapse: Accessibility Rises as Oversight Weakens

The next inflection is economics. In multiple countries, semaglutide patents begin to expire starting in 2026, inviting generic entry and rapid price compression. Early signals suggest meaningful downward pressure on prices, particularly in price-sensitive markets. India is emblematic: policy plans have pointed toward enabling local manufacturing as patents lapse, and innovators have already shown willingness to recalibrate pricing ahead of exclusivity loss.

This matters because the cost-to-value gap in GLP-1s is large. Academic cost-based analyses indicate that, at scale, the manufacturing economics for injectable semaglutide could support prices far below current commercial levels while still allowing profit. When prices fall, demand will not merely expand it will change shape. The user base will broaden beyond highly supervised, high-risk clinical cohorts into wider consumer populations, including those motivated by short-cycle cosmetic goals. That expansion will amplify both the benefits and the externalities of the GLP-1 era.

The Hidden Nutrition Bill: Risks Behind the Weight Loss

GLP-1 obesity medicines work largely by reducing appetite and slowing gastric emptying. These mechanisms are powerful and legitimate, but they can also be nutritionally blunt. A large retrospective claims analysis found that diagnoses of nutritional deficiencies rose substantially after initiation of GLP-1 receptor agonists, with roughly one-fifth of patients receiving a deficiency diagnosis within a year; vitamin D deficiency was among the most frequently observed. The implication is not that GLP-1s inevitably cause malnutrition, but that at scale the healthcare system will shoulder a predictable monitoring and supplementation burden.

The second risk is muscle. Weight loss is not purely fat loss. Body-composition analyses from major obesity trials show that meaningful lean mass reduction can occur alongside large total weight loss. For the consumer chasing rapid results, that nuance is invisible—until it becomes functional. In business terms, the “unit economics” of weight loss can quietly degrade when lean mass loss contributes to fatigue, reduced strength, frailty risk, and increased fall risk in older or vulnerable users.

Third, tolerability is not a footnote; it is a gatekeeper. Product labeling for leading GLP-1 obesity medicines documents high rates of gastrointestinal adverse reactions, and severe GI events can occur. In the real world, nausea, constipation, vomiting, and dehydration risk are not merely side effects; they can drive poor food intake, poor hydration, and discontinuation.

Once a patient stops, biology often rebounds. Evidence from semaglutide withdrawal studies shows substantial weight regain within a year of stopping therapy. In other words, the GLP-1 revolution creates not only a treatment market, but also a “maintenance problem” with enormous downstream commercial and clinical consequences.

“GLP-1 Supplements” Are Mostly Branding; Yet the Supplement Opportunity Is Real

This is where the supplement industry stands at a crossroads. Many products marketed as “GLP-1 supplements” are branding exercises, not true receptor agonists, and no credible over-the-counter supplement replicates the potency, receptor specificity, or trial-validated weight-loss outcomes of semaglutide or tirzepatide. The category is at risk of repeating a familiar cycle: opportunistic claims, consumer disappointment, regulatory scrutiny, and reputational damage.

Yet the real opportunity is not to mimic the drug; it is to support the user. The most defensible supplement strategies are “companion” approaches that protect body composition, micronutrient sufficiency, gut tolerance, and metabolic stability during and after GLP-1 therapy. In practice, the value pools cluster into four adjacencies:

- 1. Muscle preservation:** protein sufficiency and resistance-training alignment, supported by high-quality protein formats that match low-appetite conditions.
- 2. Micronutrient sufficiency:** structured screening and replenishment protocols, especially for nutrients that commonly drift when intake drops.
- 3. GI and hydration support:** gentle fiber titration, hydration strategies, and formulations designed to reduce discontinuation-driving symptoms.
- 4. Transition and maintenance:** “post-GLP-1” bundles that reduce rebound hunger and mitigate weight regain during dose reductions or after discontinuation.

Critically, these are not “quick fixes.” They are components of care.

Where Research Is Headed: More Potent Drugs, Plus Support Stacks That Look Like Care

Pharmainnovation is accelerating toward next-generation combinations, higher efficacy, and oral modalities, which may further expand adoption by reducing injection friction. Meanwhile, the science is also converging on what GLP-1 therapy does to the broader metabolic system: muscle, microbiome, liver health, and cardiometabolic risk. Microbiome research is particularly relevant for supplements. GLP-1 therapies interact with gut ecology, and prebiotic/probiotic/synbiotic interventions have shown modest benefits on weight-related and metabolic parameters in overweight populations. This will not replace GLP-1 drugs but it can improve tolerability, support metabolic resilience, and potentially help stabilize outcomes during maintenance.

The Supplement Industry Playbook: Compete on Outcomes, Not Buzzwords

If costs spiral downward and access expands, the supplement industry should assume two things: the user base will broaden into less supervised settings, and regulators will intensify scrutiny of products implying pharmacologic GLP-1 effects. The winning strategies follow a clear blueprint:

- **Build companion products, not counterfeit narratives.** Position around muscle, micronutrients, GI tolerance, and maintenance—not “GLP-1 in a bottle.”
- **Invest in evidence.** Run pragmatic trials with clinics and digital programs using measurable endpoints: lean mass proxies, protein adequacy, micronutrient correction, constipation outcomes, and persistence.
- **Engineer compliance into the SKU.** Low-volume, high-density nutrition; clear dosing protocols for fiber; hydration guardrails; and user education designed for a low-appetite reality.
- **Own the transition moment.** The year after discontinuation may become the highest-value services layer in the category because rebound dynamics are well documented.
- **Raise the quality bar.** Third-party testing, transparent certificates of analysis, and disciplined claims language will distinguish serious brands from grey-market imitators.

The GLP-1 era is not a fad; it is an operating-system change for weight management. The question for supplements is whether the sector professionalizes around this shift—building credible nutrition and maintenance infrastructure—or fuels an instant-gratification culture that converts weight loss into a downstream health bill.



Why India's GLP-1 Moment Demands a Rethink of Mass Screening and Early Detection



India stands at the intersection of two converging health forces: a rapidly rising burden of obesity and diabetes, and the accelerating adoption of GLP-1-based therapies and metabolic interventions. While treatment innovation is advancing quickly, one foundational challenge remains largely unresolved—how to identify risk early, affordably, and at population scale.

Obesity and Type 2 diabetes are no longer confined to urban or high-income cohorts. They now cut across age groups, geographies, and socio-economic strata, often progressing silently for years before diagnosis. In this context, early detection is not merely a clinical preference; it is a determinant of long-term outcomes, healthcare costs, and system sustainability.

The Economics of Screening: Where the System Breaks

India's dominant screening model remains camp- or clinic-based. While clinically sound, this approach struggles when deployed at scale. A typical diabetes screening setup requires disposable gloves, needles, lancets, glucometers and strips, trained healthcare personnel, and on-ground infrastructure. Even conservatively, the per-person evaluation cost often exceeds ₹120, excluding logistics and administrative overheads. For insurers, employers, pharma companies, or public programs attempting to screen large populations, costs escalate rapidly—often rendering such initiatives episodic rather than continuous.

Beyond economics, participation itself becomes a bottleneck. Needle aversion and fear of blood draws are well-documented deterrents, particularly among first-time screeners, elderly populations, and women. The result is a paradox: those most in need of early detection are often the least likely to present themselves for invasive screening.

Why Early Signals Matter More Than Late Diagnosis

In metabolic disorders, time is not neutral. Long before diabetes becomes clinically apparent, early physiological signals begin to surface—rising HbA1c trends, elevated stress indices, early hypertension, and reduced cardio-respiratory efficiency. When diabetes co-exists with chronic stress or hypertension, prognosis worsens and downstream costs multiply. This is particularly relevant in the GLP-1 era, where pharmacological intervention may be effective, but outcomes are heavily influenced by baseline metabolic and cardiovascular context.

A Shift Toward Contactless, Scalable Screening

Against this backdrop, a new class of AI-enabled, contactless screening technologies has begun to emerge. These platforms aim to remove the two largest barriers to mass screening: consumable-heavy economics and invasive procedures. Using facial signal analysis and advanced algorithmic models, such solutions can estimate HbA1c alongside a broader set of physiological markers—including stress indices, blood pressure trends, and cardiac and pulmonary parameters—without needles, blood draws, or physical contact.

From Innovation to Credibility

In healthcare, scale without validation carries limited value. Regulatory oversight and clinical robustness remain critical, particularly for tools intended for widespread deployment. Among the emerging platforms, Mednutra Vitals Scan represents one such example of this new screening paradigm. Built on patented code and multiple AI algorithms, the platform estimates HbA1c along with 19 additional health biomarkers using a face-enabled selfie. Importantly, the platform is licensed as a medical device by both the USFDA and CDSCO, providing confidence for insurers, pharma companies, and institutional stakeholders.

The Way Forward

India's challenge is not a lack of therapeutic options; it is the latency between risk onset and detection. If obesity and diabetes are to be managed sustainably—especially in an era of powerful metabolic therapies—screening must become frictionless, affordable, and ubiquitous. Contactless, AI-driven screening is no longer a futuristic concept. It is a pragmatic response to the realities of scale, cost, and human behaviour.

Author: Dr Mukund Kamath, MD, is a consumer health expert working at the intersection of AI-enabled, population-scale screening across insurance, pharma, and institutional ecosystems, and enabling wellness brands to engage health-care professionals and consumers through data-informed health activation models.



Relevance in the GLP-1 and Supplement Landscape

As GLP-1 therapies expand beyond tightly supervised clinical cohorts, the ecosystem faces a new challenge: identifying the right individual, at the right time, with the right supporting intervention. Broad, non-invasive screening enables early identification of at-risk individuals, objective baseline creation, and longitudinal monitoring—shifting engagement from generalized outreach to data-led precision.



Formulation to Finish: Why Integrated CDMO Models Are Winning the Nutraceutical Market

The highly competitive nutraceutical industry requires speed, quality, and regulatory compliance. This makes the Integrated CDMO model the clear market leader. Instead of managing different developers and manufacturers, brands are choosing single, “Formulation to Finish” partners like Zeon Lifesciences. This integrated approach is essential for three main reasons:

Key Facts and Figures

Market Growth: The global Vitamins, Minerals, and Supplements (VMS) CDMO market, a key outsourcing segment, is expected to grow at a strong annual rate of over 8% through 2032. This highlights the increasing dependence on outside expertise.

Cost of Delay: A delay in launching a nutraceutical product can cost a brand between \$10,000 and \$50,000 each month in lost revenue. This emphasizes the importance of speed.

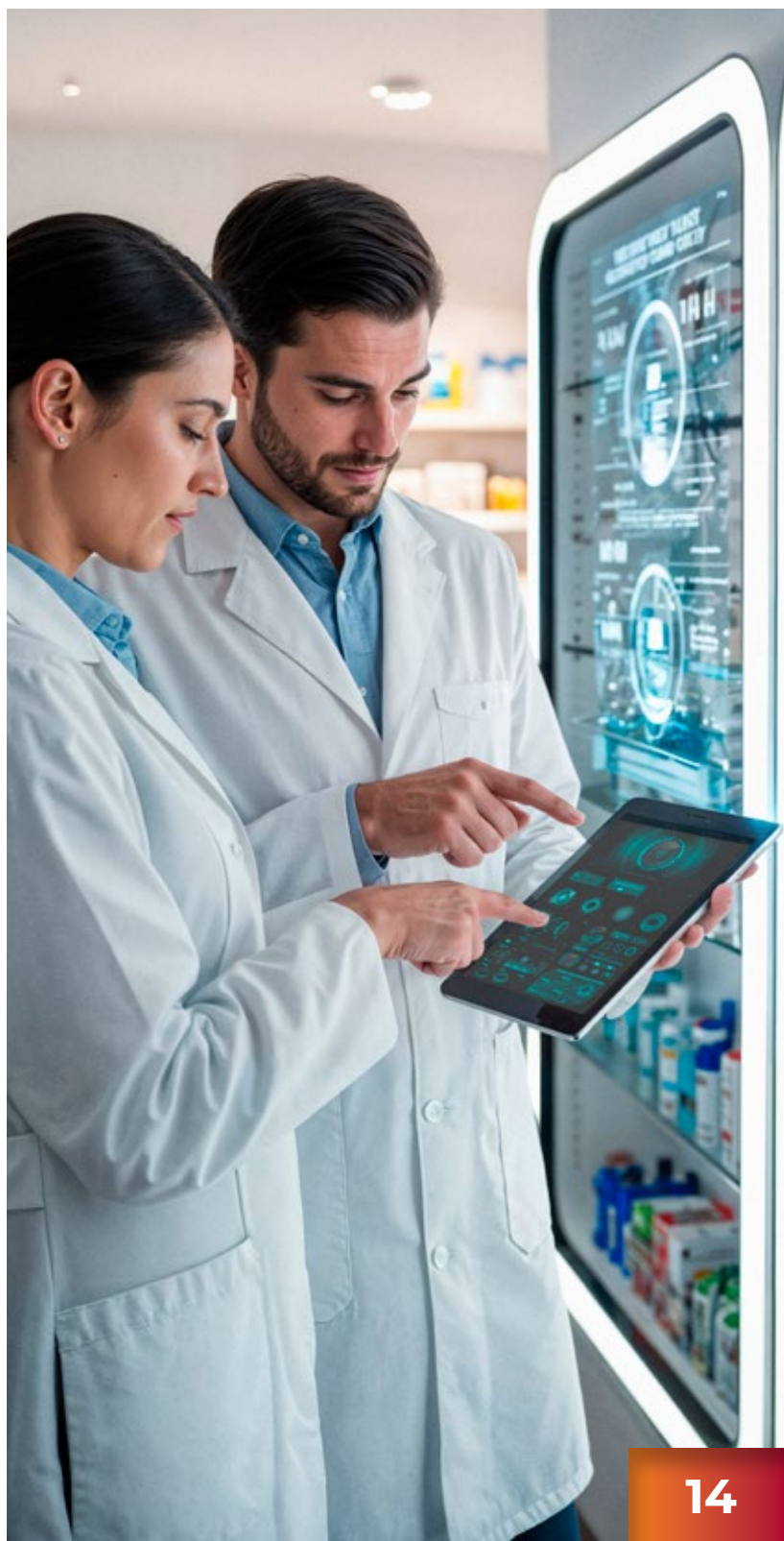
Compliance Risk: Manufacturing and quality control make up about 40% of the total revenue in the outsourced services market. This shows how much brands prioritize compliant, high-quality production to meet global standards, such as FSSAI and FDA.

Strategic Advantages

Innovation and Bioavailability: Many valuable nutraceutical ingredients, such as curcumin and probiotics and even certain protein forms, have natural challenges with absorption or stability. Integrated CDMOs address this by applying advanced R&D techniques like precision blending, wet-dry granulation, compressed diskette formats, targeted enteric coating systems, and spray-drying technology in the manufacturing process. This approach enhances ingredient performance and reduces rework.

Regulatory Certainty

The regulatory landscape for supplements can feel fragmented, with different standards applying at the sourcing, formulation, and packaging stages. A single integrated CDMO streamlines this process by maintaining robust quality systems—often modeled on pharmaceutical-grade GMP—to ensure consistency from raw materials to final packaging. This unified approach lowers the risk of non-compliance, rework, or market launch delays.



Speed to Market (Accelerated Launch): Removing the cumbersome “Tech Transfer” between different entities shortens the product development timeline by months. Integrated teams make sure that formulas are scalable and cost-effective from the start, letting brands quickly take advantage of new wellness trends.

By providing a quality-driven and scientifically supported journey from concept to consumer, the integrated CDMO model offers the strategic edge needed for success in the modern nutraceutical market.

References

Credence Research, Vitamins, Minerals, and Supplements CDMO Market, 2024–2032 (reporting a CAGR of 8.23%).

Industry Segmentation Analysis (Reflecting the high capital expenditure and specialized expertise required for manufacturing and QC services within the nutraceutical contract manufacturing market).

Internal Industry Analysis/Consultancy Estimates (figure used to quantify revenue loss in product development and time-to-market scenarios).

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Philippines Supplements 2035: Demography, Modernization, and the Next Growth Curve

NutrifyToday Market Research Bureau

The Philippines is entering a decade where demography and modernization structurally lock in demand for supplements. A population of roughly 116 million people, a median age of about 26, and a middle class approaching 40% of the population are colliding with sedentary urban lifestyles, calorie dense diets, and rising non communicable diseases (NCDs), which already account for around 7 in 10 deaths. At the same time, the vitamin & dietary supplement (VDS) market is around USD 0.8–0.9 billion today and tracking toward roughly USD 1.3 billion by 2028, implying high single digit growth, while the broader wellness economy sits near 10% of GDP.

This is not a one off COVID spike. It is a structural trend.

1. Demography, culture, and spending shifts

Three demographic facts matter most for supplements:

- The Philippines remains relatively young but is aging: the 65+ share is still only ~6%, yet will roughly double by 2050.
- The country is approaching 50% urbanisation, with Metro Manila, Calabarzon, and Central Luzon alone holding nearly 40% of the population.
- The share of households in the middle income band rose from ~29% in 1991 to ~40% in 2021, even after COVID pushed some families back down.

Modernization has also shifted values. National vision work shows roughly 80% of Filipinos aspire to a “simple and comfortable life”: a medium house, at least one car, college-educated children, a small business, savings, and occasional travel. Health and appearance are viewed as enablers of this life, not luxuries.

In spending terms, health & wellness (including supplements, beauty, fitness, and preventive care) has grown faster than GDP. Vitamins and supplements are typically 30–40% of consumer health value, with vitamins alone often exceeding 70% of VDS sales by value. Urban pharmacies and health & beauty chains capture about 95–96% of supplement purchases; e commerce is still single digit share but growing at double digit rates.



2. Economic strata and supplement behaviour

Different income bands participate in the market in distinct ways:

- **Emerging / lower middle** (roughly PHP 25k–60k per month per household)
Priorities: “not getting sick” and avoiding hospital bills.

Typical basket: single ingredient vitamin C, low priced multivitamins, generic liver and joint products, and herbal tonics. Pack sizes are small; sachets and low count blisters dominate. Decisions are often symptom driven rather than preventive.

- **Core middle** (PHP 60k–100k)
This is the volume engine. Roughly two thirds have regular salaries; many have HMOs.
Typical basket: daily multivitamins for adults and kids, vitamin C and zinc for immunity, beauty supplements (collagen, “whitening”), weight and detox products, and basic probiotics. A typical family may be using 3–5 different supplements across members.

• **Upper middle and mass affluent** (PHP 100k–250k+) These households over index in spend: they may represent 10–15% of households but 25–35% of VDS value.

Typical basket: collagen and advanced beauty formulas, eye health (lutein/zeaxanthin), liver and detox, brain and mood, specialised sports nutrition, and “healthy aging” stacks bundled around annual check ups.

• **Affluent and OFW lifted households**

Often invest 2–3× more per capita in health and wellness than the national average.

Typical basket: international brands, personalised regimens, high end anti ageing, and supplements integrated into executive check ups and wellness travel.

Across these strata, four demographic engines disproportionately drive trends: urban women 25–45, young professionals 18–35, parents of children and teens, and adults 45+ trying to delay or manage NCDs.

3. Emerging health challenges and ingredient platforms

Lifestyle and disease data point to clear platform needs:

- Around 36–37% of adults are overweight or obese; about 40% fail physical activity guidelines.
- Obesity prevalence is around 9–10%, diabetes around 8% of adults, with both rising.
- Adolescent overweight has climbed by several percentage points in 15 years, and over 80% of adolescents are insufficiently active.
- Between 7 and 12 million Filipinos have some mental disorder, with youth depression and anxiety particularly high.

Mapping that to life stages:

• **Kids & teens**

Focus: micronutrient sufficiency, immunity, cognition, early weight control.

Ingredients: multivitamins and minerals (A, D, iron, zinc), DHA and choline, probiotics/prebiotics, bone health nutrients.

• **Young adults 18–35**

Focus: stress and sleep, skin and body image, early exercise recovery.

Ingredients: B complex, magnesium, L theanine, low dose melatonin; collagen + vitamin C/E, glutathione, biotin; whey/protein, creatine, electrolytes; entry level probiotics.

• **30–44**

Focus: weight, fatty liver, early hypertension and pre diabetes.

Ingredients: protein plus fiber blends, green tea catechins, carnitine; milk thistle, choline, turmeric; omega 3, vitamin D, magnesium.

• **45–59 and 60+**

Focus: full NCD stack, joints, bones, cognition, sarcopenia.

Ingredients: omega 3, CoQ10, plant sterols; calcium, vitamin D and K2, glucosamine, collagen peptides; phosphatidylserine, standardized polyphenols; high protein senior nutrition.

Taken together, these 5–6 platforms can address well over 70% of the country’s emerging lifestyle driven health burden.

Ingredients: B complex, magnesium, L theanine, low dose melatonin; collagen + vitamin C/E, glutathione, biotin; whey/protein, creatine, electrolytes; entry level probiotics.



4. Dosage formats: likely winners to 2035

The next decade is unlikely to overturn the dominance of solid oral forms, but the mix will evolve:

• Tablets and capsules

Expect them to retain perhaps 70–80% of value in serious health platforms (cardio metabolic, liver, cognition, senior nutrition). They remain efficient, familiar to physicians and pharmacists, and cost effective.

• Gummies

Currently a small base but growing at 15–20%+ annually in many markets. In the Philippines, they will concentrate in children's health, beauty from within, and sleep/mood micro dosing.

• Liquids and nutrition drinks

Likely to capture an increasing share of weight management, liver health, and senior nutrition, especially if they replace a meal or snack. Penetration today is single digit but should move into the low teens.

• Sachets, sticks, effervescent and strips

Ideal for a commuting, mobile population. Expect double digit growth in vitamin C, electrolytes, immunity and “beauty on the go” applications.

Winning portfolios will use solids for trust and precision, and “fun/convenient” formats for adoption and adherence.



5. Strategic agenda for a supplement business

A pragmatic agenda over the next 3–5 years:

1. Concentrate on 4–5 platforms that can represent 80% of revenue: immunity & energy, metabolic/weight, beauty & skin, brain & mood, and kids & maternal; layer in liver and senior health as the sixth.

2. Architect “mass premium ladders”:

o Base: affordable tablets/sachets for emerging middle.

o Mid: differentiated actives and formats (gummies, effervescent sticks) for core and upper middle.

o Top: bundled programs and personalised stacks for affluent and OFW households.

3. Blend herbal and science: standardised botanicals with clear dosages, simple outcome metrics (e.g., “X% improvement in Y over 12 weeks”), and conservative claims. Commit a visible share of budget (for example 10–15% of development spend) to clinical and real world evidence.

4. Treat pharmacies as strategic, digital as the amplifier: align with pharmacists, doctors, and beauty advisors as primary recommenders, while using social and e commerce to educate, personalise, and drive store conversion.

5. Signal long term responsibility: stand for prevention, family care, responsible beauty and weight, and transparent labelling. Over a decade, trust and consistency will be worth more than chasing each short cycle trend.

The demographic and cultural tide is clearly favouring wellness. Supplement companies that build around quantified health needs, credible science, and tiered affordability will not just ride the wave; they will shape the Philippine wellness landscape through 2035.

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Lutein in Global Eye Health: Market Landscape, Scientific Depth, and the Co-crystal Opportunity

NutrifyToday Market Research Bureau

Lutein has moved from a niche carotenoid to a core driver of the global eye-health supplement economy. It is now the anchor ingredient in most macular-health and AMD formulations, typically paired with zeaxanthin, and is widely embedded in ophthalmologist-recommended regimens.

From a market standpoint, lutein is scaled and steadily growing: the ingredient market is expanding at mid-single-digit rates, while finished eye-health supplements are growing faster at high-single-digit rates. Lutein plus zeaxanthin represents the largest share of active-ingredient value within eye-health products globally.

Scientifically, lutein is one of the most evidence-backed nutraceuticals. Its role in macular pigment and blue-light/oxidative stress defense is well understood, and clinical data including AREDS2-style evidence supports benefits in macular pigment density, visual function, and AMD progression. Longer-term analyses also suggest potential value in slowing geographic atrophy progression toward the fovea.

The commercial constraint is not efficacy, but physics: low aqueous solubility, variable bioavailability, and sensitivity to heat, light, and oxygen create formulation and label-claim risks especially in real-world storage conditions. As a result, innovation is shifting from “new ingredients” to “new solid forms,” including microencapsulation, nano-crystals, and emerging co-crystal systems.

Early co-crystal work (notably lutein–adipic acid prototypes) indicates substantial gains in stability, dissolution, and systemic exposure in preclinical models. Commercial adoption is beginning, but the segment remains under-occupied relative to its potential.

Bottom line: Lutein is a mature category with meaningful headroom, and the next differentiation cycle will be driven by delivery and solid-state engineering particularly a clinically validated, IP-defensible co-crystal lutein platform with a global regulatory and commercialization plan.

For most of its commercial life, lutein was a color story; first in animal nutrition, then as a bright yellow “eye vitamin” that moved quickly from niche to mainstream. Today, it is something else entirely: a clinically anchored carotenoid, entrenched in macular-health regimens, and increasingly viewed as a platform ingredient with adjacent opportunities in cognition and pediatric development.

Yet the lutein business is facing a familiar maturity problem. When an ingredient becomes widely accepted, commoditization follows. Clinical legitimacy and consumer awareness lift the whole category; but they also flatten pricing power, reduce brand distinctiveness, and push innovation toward delivery systems rather than new claims. In lutein, that shift is now unmistakable. The next growth wave is not about “discovering” lutein; it is about engineering it.



From pigment to protocol: how lutein earned its clinical position

Lutein is a xanthophyll carotenoid concentrated in the macula, where it works alongside zeaxanthin and meso-zeaxanthin to form macular pigment. Functionally, it filters high-energy blue light and quenches reactive oxygen species; two mechanisms that place it at the center of the retina's defenses against photo-oxidative stress.

That biology translated into market destiny. Over the past two decades, lutein moved from poultry-feed pigmentation into human supplementation and, crucially, into the standard-of-care conversation for age-related macular degeneration (AMD). Formulations modeled after AREDS2-style combinations cemented lutein/zeaxanthin as “clinician-comfortable” ingredients; an unusually high bar for nutraceuticals.

In business terms, lutein did what very few dietary ingredients manage: it migrated from consumer pull to professional push. Once optometrists and ophthalmologists began recommending carotenoid supplementation as adjunct support especially for intermediate AMD; the category gained a structural demand engine that is less sensitive to advertising cycles and more resilient to short-term trend swings.

The market is large and crowded

At the ingredient level, lutein sits in the hundreds of millions of dollars globally, with steady projected growth in the mid-single digits over the coming decade. The application mix is led by dietary supplements (capsules, tablets, softgels), followed by fortified foods and beverages, infant and follow-up formulas, cosmeceuticals, and animal nutrition.

The supply chain tells its own story: industrial lutein is predominantly derived from marigold (*Tagetes erecta*). China dominates cultivation and extraction and supplies much of the world's natural lutein, positioning the country as both an upstream cost base and a fast-emerging downstream consumer market as domestic demand accelerates.

At the finished-product level, eye-health supplements are already a multibillion-dollar category globally and often grow faster than the broader supplement market. Aging demographics, rising AMD diagnosis, increased screen time, and a shift toward preventive eye care have turned vision into a dedicated wellness domain. The competitive pattern is consistent: lutein and zeaxanthin act as the “hero actives,” supported by antioxidant vitamins (C and E), minerals (zinc and copper), and optional add-ons like omega-3s or anthocyanins.

This is precisely where differentiation becomes difficult. The typical innovation toolkit new blends, new ratios, and marginally higher dosages—has been heavily mined. Brands can still win with trust and distribution, but ingredient novelty is running out of runway.

The bottleneck: lutein's physics, not its science

Lutein's biological case is strong and comparatively “mature.” Its commercial weaknesses are physical and chemical:

- Very low aqueous solubility and slow dissolution
- High sensitivity to heat, light, and oxygen
- Potency loss under real-world storage, especially in hot and humid climates and repeated “open-pack” use

These issues are not academic. They show up as batch-to-batch variability, larger dosage forms, shorter stability margins, and more aggressive overages each of which raises cost, complicates quality control, and increases label-claim risk. For manufacturers scaling into India, Southeast Asia, or any market with challenging storage conditions, stability is not a feature; it is a gatekeeper.

So while category messaging revolves around “blue light,” “screen fatigue,” and “aging eyes,” the business reality is more operational: stability and bioavailability are where profits leak.

Solid-state engineering enters the chat

This is where co-crystal lutein becomes commercially interesting.

The last few years of crystallographic research have shown that lutein can exist in multiple solid forms that behave differently in stability, dissolution, and degradation propensity. That recognition opened a familiar pharmaceutical playbook: solid-state engineering to optimize performance without changing the molecule's fundamental biological identity. Co-crystals take this idea further by pairing lutein with a safe co-former to create a new crystalline lattice. Early proof-of-concept work often using food-acceptable co-formers such as adipic acid suggests co-crystals can produce a dual improvement: materially better stability under heat/light stress and higher apparent solubility and dissolution in simulated gastrointestinal conditions. Pre-clinical pharmacokinetics in these early examples indicate meaningful uplift in exposure metrics at equivalent doses.

In boardroom terms, co-crystals offer what the lutein market now demands: a credible upgrade that can be translated into manufacturing advantages, smaller dose formats, and stronger product claims around consistency and performance.

Why co-crystals matter strategically, not just scientifically

Co-crystal lutein is not just a formulation trick; it is an IP and margin strategy.

First, co-crystals can be patentable around co-former choice, stoichiometry, process, and morphology creating defensible differentiation in a category where most formulations look interchangeable on shelf.

Second, if co-formers are already accepted as food additives or ingredients, safety pathways may be more straightforward than novel molecular entities though each co-crystal still requires careful regulatory positioning and dossier work.

Third, incumbents in carotenoids have historically leaned on beadlets, esters, and emulsions. The fact that the largest legacy suppliers have not visibly “owned” the co-crystal lane yet suggests a timing window: the concept is de-risked enough to be credible, but not yet fully dominated.

That window rarely stays open for long.

The opportunity map: where co-crystal lutein could win first

Co-crystal lutein’s initial commercial traction is likely to follow the highest pain-to-price ratio markets:

- **United States and Europe:** The clinical reference markets. The route to scale here runs through pharmacokinetic data and measurable endpoints such as macular pigment optical density (MPOD), contrast sensitivity, and glare recovery. The most pragmatic entry strategy may be B2B supply into established AREDS-type brands via line extensions.
- **Japan and South Korea:** Markets that reward functional evidence and premium formulation narratives. Trials aimed at digital eye strain endpoints and glare/photostress recovery could translate into stronger structure–function positioning.
- **India, China, Southeast Asia:** High-growth markets where stability is a frontline issue. Here, “open-pack stability” and retention of label claim under heat/humidity can be a decisive differentiator—particularly for pharma-nutraceutical hybrids and hospital-adjacent brands.

The business conclusion: a molecule renewed by engineering

Lutein’s future will not be decided by whether it works; the evidence base and safety profile are already among the strongest in nutraceuticals. The next chapter will be determined by whether companies can solve lutein’s physical constraints in ways that create measurable consumer benefit and measurable manufacturing reliability.

Co-crystal lutein sits at the intersection of those needs. If human pharmacokinetic data and targeted clinical outcomes catch up to the early performance story, co-crystals could become the next “standard upgrade” in macular carotenoids resetting pricing power and restoring differentiation in a crowded category.

For ingredient innovators and brand strategists, the implication is straightforward: the competitive battleground in eye health is shifting from claims to crystal lattices. The companies that treat solid-state engineering as a core capability ; not a packaging detail are the ones most likely to define the next cycle of value creation in vision nutrition.



The Rhythmic Choreography of Food Sensorials: Insights from The R&D Grail Episode Two

The second episode of “The R & D Grail,” titled “The Rhythmic Choreography of Food Sensorials” and held on 21 November 2025, brought together experts to examine how science, culture, and ethics converge in the sensory design of nutraceuticals. Framed as a conversation, the panel explored how multisensory experiences, emerging technologies, and regulatory frameworks shape products that are not only healthy but genuinely desired and trusted by consumers.

Setting the tone

Opening the discussion, Dr. Balkumar Marthi reflected on the evolving understanding of food as more than a simple mix of physics, chemistry, mathematics, and biology. He stressed that physiology and consumer behavior complete the picture, because even the most sophisticated formulation succeeds only if it meets what people want, how they respond, and how they behave over time. Returning to first principles, he reminded the audience that the industry’s ultimate purpose is to fulfill consumer needs, whether for taste, naturalness, or health benefits often dictated by lifestyle diseases.

Multisensorial nutraceuticals

The conversation then moved to the multisensorial nature of nutraceuticals and functional foods. Dr. Kantha Shelke underscored that precise control of time and temperature is as critical for a home recipe as it is for modern effervescent tablets, making sensory science the bridge that converts complex transformations into consistent consumer experiences. She emphasized that India’s rich repertoire of herbs and Ayurvedic materials can be translated into palatable, scalable products when traditional knowledge is harmonized with modern food technology.

Building on this, Dr. Pankaj Bhatt cautioned that even the most beneficial formulation will fail if it does not taste good, because acceptance is driven strongly by texture, aroma, and mouthfeel. He described taste as a “sensory symphony” that must stay in tune with both safety and nutritional integrity, especially when heat and processing alter structure through mechanisms such as Maillard reactions. Extending the scientific lens, Dr. Prithi pal Singh added that mathematics, timing, and controlled heating modes conduction, convection, and radiation are central to shaping flavor and texture, with examples ranging from fermentation in yogurt to enzymatic clarification of juices.

Integrating senses and culture

The panel then explored how the full spectrum of senses shapes eating behavior. Dr. Bhatt described food as a multi-sensory event in which smell, texture, sound, taste, and vision converge to influence desire and choice, from the sound of a crisp chip to the visual cues that signal freshness before the first bite. He noted that this orchestrated input activates neural pathways that ultimately steer consumer decisions and adherence to wellness diets. Dr. Singh linked these ideas to Ayurvedic traditions that deliberately engage all five senses, explaining how taste receptors and olfactory pathways work together, and how technologies such as gums and candies can be designed for dynamic flavor release.

Dr. Shelke added a socio-emotional dimension, illustrating how iconic products build trust and loyalty by making benefits feel tangible rather than abstract. She argued for transforming bitter Ayurvedic actives into creamy or otherwise enjoyable formats, where sensory pleasure and health converge instead of compete. In her view, education and cultural resonance are critical if therapeutic foods are to move from occasional trials to sustained daily habits.

Environment, demographics, and ethics

Environmental and demographic shifts emerged as major forces reshaping sensory design. Dr. Shelke pointed to aging populations and multicultural societies that demand foods which are easier to consume, nutritionally dense, and culturally meaningful, all while climate change threatens the taste and availability of familiar ingredients such as mango. Dr. Singh highlighted the dual influence of social media and sustainability, noting both misinformation around ingredients like sugar and the growing move toward vegan and alternative proteins, supported by advanced delivery systems such as microencapsulation and delayed release.

Dr. Bhatt emphasized the push toward personalization, with consumers expecting diets tuned to age, physiology, and preferences, from high-protein to vegan choices, while regional taste profiles still require local adaptation. In the realm of communication and ethics, he advocated using labels and packaging as the first line of truthful education, while warning that complex flavor systems and excessive additive use demand stricter regulation and careful validation of processing parameters. Closing the ethical loop, Dr. Balkumar called for manufacturers to exercise restraint and responsibility in health claims, arguing that long-term trust and loyalty depend on aligning indulgence, health, and honest communication.

Trends, regulation, and future opportunities

Looking ahead, the panelists saw strong momentum toward natural, heritage-inspired, and “clean label” products. Dr. Singh observed that consumers increasingly look for ingredients free from pesticides, preservatives, and contaminants, a trend reinforced by tighter safety regulations. Dr. Bhatt echoed the rising appeal of “minus nasties” and natural colors, pushing formulators toward transparency and minimalism in ingredient lists. Dr. Shelke framed India’s traditional foods and botanicals as a global commercial opportunity, positioning the country to lead in authentic, functional products rooted in culture yet refined through rigorous sensory and regulatory science.

MODERATOR



Dr. Balkumar Marthi

President, NutrifyToday Academy (ex-Unilever R&D; former Dean of Innovation, GITAM University)

PANELISTS



Dr. Kantha Shelke

Principal of Corvus Blue LLC and Senior Lecturer at Johns Hopkins University, Food scientist specializing in ingredient science and regulatory compliance



Dr. Pirthi Pal Singh

President & Group R&D Head, Tirupati Groups



Dr. Gourinandan Tonpe

Co-founder at Thinking Forks Consulting Pvt Ltd, X-Mars, X- Unilever. 32-years of experience as Food Scientist



Dr. Pankaj Bhatt

Senior Director – R&D, Packaging and Regulatory Affairs, Piramal Consumer Healthcare

INGREDIENTS OF THE MONTH

Tamarind (*Tamarindus indica* L.) is emerging as more than just a culinary delight, it's a functional fruit for cardiometabolic wellness. In a recent double-blind clinical trial involving people living with HIV, daily consumption of tamarind fruit juice (600 mL for 4 weeks) led to a 17% reduction in triglycerides with the higher (30%) pulp concentration, while the lower (10%) pulp dose significantly lowered systolic and arterial blood pressure.

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Regular consumption of Rooibos may offer subtle yet meaningful cardioprotective benefits, as shown in a 12-week randomized clinical trial using echocardiography to track structural changes in the heart. While major parameters remained stable, Rooibos, particularly the green and fermented extracts was associated with reductions in left atrial size, interventricular septum thickness, and left ventricular mass, changes linked to healthier cardiac remodeling. These effects are attributed to Rooibos' rich polyphenolic antioxidants, suggesting a potential supportive role in managing and reducing cardiovascular risk.

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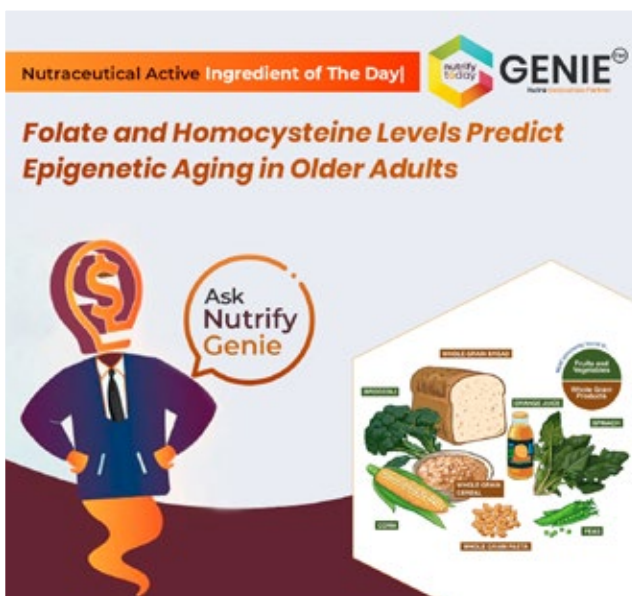
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INGREDIENTS OF THE MONTH

A comparative study of vitamin E isoforms demonstrates that γ -tocotrienol provides markedly stronger protection against muscle atrophy than α -tocopherol. In LPS-induced atrophy models, γ -tocotrienol preserved myotube size, suppressed major atrophy regulators such as MuRF-1 and Atrogin-1, and mitigated oxidative stress and mitochondrial dysfunction, as revealed by proteomic profiling. These effects translated in vivo, where γ -tocotrienol maintained muscle strength, reduced inflammatory signaling, and restored mitochondrial biogenesis in treated mice. Together, the findings position γ -tocotrienol as a promising therapeutic candidate for preventing or slowing muscle wasting driven by inflammation.



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Analysis of NHANES data from adults aged 50+ showed that higher folate levels were linked to slower epigenetic aging, while elevated homocysteine—a marker of one-carbon metabolism dysfunction—was associated with faster biological aging across multiple DNA methylation clocks. Lifestyle factors and kidney function influenced some associations, but overall the findings highlight the importance of one-carbon metabolism nutrients in shaping aging trajectories.

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