



ILLUSTRATIVE COMPOSITE · PORTFOLIO SAMPLE

A synthetic composite, not a real client audit. The page elements below are fabricated, deliberately generic examples of wording commonly seen on UK direct-to-consumer supplement pages. They reproduce no real business, quote no one and identify no one. What is real is the method: the named rule each element engages and the three-register safer rewrites.

DTC Supplement Brand Pages

Illustrative supplement-brand composite · not a real client

RED

Overall regulatory risk

HIGH

Evidence confidence

This composite models the public pages of a UK direct-to-consumer brain-and-longevity supplement brand, a multivitamin product page, a 'science' page and a supporting home page, reviewed against the CAP Code (Sections 3, 12 and 15), the GB Nutrition and Health Claims Register, retained Regulation (EC) 1924/2006, MHRA borderline-products guidance, and ASA/CAP food-supplement and testimonials guidance. The configuration is editorially non-compliant: range-wide 'clinically proven' positioning, quantified outcome statistics, free-form re-wording of authorised health claims, borderline medicinal language, an HCP and expert-board endorsement stack and chronic-fatigue testimonials drift the asset toward medicinal positioning for a food. The remediation is editorial and architectural, not a take-down.

ASSET TYPE

Public DTC product page, a 'science'/clinically-studied page and a home page (organic and paid-traffic destinations)

SECTOR

UK food supplements, brain and longevity category

AUDIENCE

General public; non-gated, no eligibility wall

FRAMEWORKS APPLIED

CAP Sections 3, 12, 15 · GB NHCR · retained Reg (EC) 1924/2006 · MHRA borderline guidance · ASA/CAP food-supplements & testimonials guidance · CMA online endorsements · DMCC Act 2024

PUBLISH-BLOCKERS IDENTIFIED

0 BLACK · 15 RED · 5 AMBER · 2 GREEN · 3 cross-cutting QA rows

RECOMMENDED ACTION

Edit, re-anchor to authorised NHCR wording and publish a substantiation pack; no take-down required

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Executive Verdict

Authorised health-claim drift across a clinically dressed range

The modelled surfaces, a brain-and-longevity multivitamin product page, a 'science' page and a supporting home page, are not structurally prohibited like a public-facing prescription-only medicine listing, but they fail as a system. Hero copy and section headers bind broad outcome language ('clinically proven', 'trial-backed', 'proven by science', 'mental health', 'regulates sleep', 'say goodbye to brain fog') to a food supplement, deviating from authorised GB NHCR wording for individual nutrients.

Quantified efficacy figures, expert-board signalling and testimonials referencing chronic fatigue compound the drift toward medicinal positioning under CAP Code 12.1. The remediation required is editorial and architectural, not a take-down.

Top five publish-blockers

1. Range-wide 'clinically proven' positioning: hero copy framing the entire range as 'clinically proven supplements' and the lead product as 'clinically proven to work', anchored to non-public trial detail.
2. Quantified outcome statistics presented as universal results: extra-sleep, sharper-memory, percentage-cognitive-improvement and B-vitamin-uplift figures rendered without effect sizes, study size, population, primary endpoint or limitations.
3. Free-form re-wording of authorised health claims: 'supports mental health', 'regulates sleep & fatigue' and 'supports mental performance, immune system, energy and more' substituted for exact NHCR phrasing.
4. Borderline medicinal language: 'say goodbye to brain fog, sluggishness and low motivation' and a 'Mental health' section header for a food supplement, edging into CAP 12.1 territory.
5. An endorsement stack: 'made by doctors and nutritionists', advisory-board credentials cited promotionally with publication-volume metrics, plus testimonials referencing chronic fatigue and a public-figure quote, engaging CAP 12.18 and 15.18.

Why the configuration matters commercially

The exposures below are illustrative regulatory and commercial risks that flow from the configuration described above. They are not predictions of enforcement against any party and do not constitute legal advice.

ASA complaint risk	Range-wide 'clinically proven' wording, percentage outcome statistics and testimonials referencing chronic fatigue match the patterns most frequently challenged in published ASA rulings on food supplements. Single complaints can trigger an adjudication, on-record amendments and durable trade-press indexing.
NHCR / CAP 15 enforcement	Health claims that deviate from authorised wording, or aggregate authorised claims into looser umbrella phrases, sit outside retained Regulation (EC) 1924/2006. CAP referrals can require copy removal across product, science and home pages.
MHRA borderline drift	Combined 'mental health', chronic-fatigue testimonials and strong cognitive/mood outcome claims can, if pushed further, prompt MHRA assessment under the borderline-products framework. The footer 'not intended to diagnose' line does not offset upstream messaging.
Reputational damage	Published adjudications, regulator notices and trade-press coverage are durable and indexable. Rulings can shape future search results, complicate paid-media approvals across networks, and erode the clinical-authority signal the expert-board strategy is built on.

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Asset Snapshot

What was reviewed

Asset type	Public DTC product page, 'science'/clinically-studied page and home page (organic and paid-traffic destinations)
Sector	UK food supplements; brain, longevity and adjacent nootropic positioning
Audience	UK general public; non-gated; no eligibility wall
Page architecture	A cross-linked funnel: home to 'science' to product to subscription checkout, with outcome statistics and 'clinically proven' framing carried across all three surfaces
Lead product positioning	A multivitamin marketed with B-vitamin, vitamin C/D, iron, iodine, zinc and omega-3 actives, sold as a single SKU and as a subscription
Promotional devices	Range-wide 'clinically proven' hero · quantified outcome tiles (sleep, memory, cognitive function, B-vitamin uplift) · expert-board names and metrics · testimonials referencing chronic fatigue · public-figure quote · large customer-count social proof · league-table claim · footer non-disease disclaimer
Key omissions	Trial methodology, primary endpoints, effect sizes, sample sizes, inclusion/exclusion criteria and limitations on the public surfaces; consistent NHCR-aligned wording for each named nutrient
Reviewed against	CAP Code Sections 3 (3.1, 3.7), 12 (12.1, 12.18, 2.1) and 15 (15.1, 15.6, 15.7, 15.18) · GB NHCR · retained Reg (EC) 1924/2006 · MHRA borderline guidance · ASA/CAP food-supplements and testimonials guidance · CMA online endorsements · DMCC Act 2024

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Claim-by-Claim Audit

Every modelled element with rule citation, risk grade and required action

Grades: BLACK = publish-blocker · BLACK in context = blocked by surrounding context · RED = serious rewrite · AMBER = caveats / verification · GREEN = acceptable. Evidence: A–D standard; X = blocked by CAP 12 / CAP 15 regardless of substantiation strength. All figures and quotes are illustrative.

ID	CLAIM / PAGE ELEMENT	GRADE	RULE(S)	WHY IT MATTERS	REQUIRED ACTION
BSP-001	'Clinically proven supplements that protect and power your brain and body to perform at their best, every day.'	RED	CAP 3.1 · 15.1 · 15.7 · Reg 1924/2006	A range-wide 'clinically proven' hero exceeds authorised NHCR wording for individual nutrients and implies whole-product efficacy.	Replace with named-nutrient authorised claims; remove the 'clinically proven supplements' framing.
BSP-002	'Most brands rely on ingredient claims. We rely on clinical evidence.'	AMBER	CAP 3.1 · 3.7 · 15.1	A comparative superiority claim against unnamed competitors that cannot be substantiated and risks denigration.	Substantiate rigorously or soften to non-comparative wording.

ID	CLAIM / PAGE ELEMENT	GRADE	RULE(S)	WHY IT MATTERS	REQUIRED ACTION
BSP-003	'A powerful multivitamin, clinically proven to work, one of the UK's most researched.'	RED	CAP 3.1 · 3.7 · 15.1 · 15.7	Combines an absolute 'clinically proven', a superiority claim and outcome assurance for a food supplement without public trial detail.	Re-frame to 'has been studied in clinical trials'; remove the superlatives.
BSP-004	Quantified outcome tiles: '+[X] hr extra sleep a night / +[X]% sharper memory / +[X]% felt more rested'	RED	CAP 3.7 · 3.9 · 15.1 · 15.7	Precise outcome figures imply guaranteed or typical results without effect sizes, study design or limitations on a public surface.	Withhold quantified outcomes unless robust trial summaries are publicly accessible; otherwise replace with authorised claims.
BSP-005	'The first clinically trialled multivitamin of its kind'	RED	CAP 3.1 · 3.7 · 15.1	A market-first claim is inherently comparative across the whole market and is hard to verify.	Verify rigorously or remove 'first'; retain only a factual statement that the product has been studied in a trial.
BSP-006	'Feel the difference, proven by science'	RED	CAP 3.1 · 15.1 · 15.7	Pairs subjective experience with 'proven by science', implying conclusive evidence of a perceptible effect.	Remove 'proven by science' or qualify to specific measured endpoints; flag inter-individual variation.
BSP-007	'B-vitamin levels up +[X]% · [X] hour extra sleep · [X]% improvement in cognitive function'	RED	CAP 3.7 · 3.9 · 15.1 · 15.7	Highly specific percentage outcomes risk being read as guaranteed or typical without sample size, primary endpoint or effect-size context.	Present each figure inside a clearly cited study summary; ensure no disease-treatment implication.
BSP-008	'Supports mental performance, immune system, energy and more' (hero benefit bullet)	AMBER	CAP 15.1 · 15.7 · NHCR	Aggregates multiple potentially authorised claims into a loose umbrella statement with 'and more'.	Tighten to specific NHCR-authorised claims per named nutrient; drop 'and more'.
BSP-009	'Say goodbye to brain fog, sluggishness and low motivation.'	RED	CAP 3.1 · 15.1 · 15.7 · 12.1	Promises resolution of clinically resonant non-specific symptoms; edges into implied medicinal effect for a food supplement.	Replace with NHCR-authorised 'reduction of tiredness and fatigue' wording for the relevant nutrients.
BSP-010	'Get everything you need to feel your best, every day.'	AMBER	CAP 3.1 · 15.1	An absolute sufficiency claim risks misleading consumers about overall nutritional adequacy.	Soften to 'support' language; do not imply the product replaces a balanced diet.

ID	CLAIM / PAGE ELEMENT	GRADE	RULE(S)	WHY IT MATTERS	REQUIRED ACTION
BSP-011	'We ran the studies... [X]% felt better overall · average increase in hours of sleep · improvement in mood · higher levels of focus.'	RED	CAP 3.7 · 3.9 · 15.1 · 15.7	Multi-domain mood, sleep and focus outcome claims require robust, publicly accessible substantiation; risks medicinal drift.	Publish only finalised, peer-reviewed-equivalent percentages; contextualise as study-specific results.
BSP-012	'Supports mental health, vitamin C and the full B complex support normal psychological function, keeping neurotransmitter production balanced.'	RED	CAP 15.1 · 15.7 · NHCR	'Supports mental health' and the neurotransmitter mechanistic claim go beyond authorised 'contributes to normal psychological function'.	Use exact NHCR wording per nutrient; remove the mechanistic embellishment and 'mental health' framing.
BSP-013	'Regulates sleep & fatigue, vitamin B12 and iron regulate tiredness so you can sleep longer and deeper.'	RED	CAP 15.1 · 15.7 · NHCR	'Regulates sleep' and 'longer and deeper' exceed authorised B12/iron claims, which are limited to reduction of tiredness and fatigue.	Restrict to authorised wording; remove the sleep-duration and sleep-quality promises.
BSP-014	'Cognitive function, biotin, vitamin D3, vitamin E, iron, iodine and zinc contribute to cognitive function.'	GREEN	CAP 15.1 · NHCR	Aligns with authorised NHCR phrasing for these nutrients, contingent on conditions of use being met.	Confirm doses meet NHCR conditions of use; pin to the exact authorised text ('normal cognitive function').
BSP-015	'Mental health' section header	RED	CAP 15.1 · 15.7 · NHCR	The header is broader than 'normal psychological function' and risks suggesting treatment or prevention of mental-health conditions.	Rename to 'Psychological function' or equivalent NHCR-consistent terminology.
BSP-016	Testimonial referencing a chronic condition: 'I've struggled with long-term fatigue for years; within days my energy improved, a game changer.'	RED	CAP 3.1 · 3.7 · 12.1 · 15.7	Implies the supplement materially improved a long-term health condition; reads as a quasi-medicinal benefit.	Remove from public surfaces; do not platform disease-label narratives in testimonials.
BSP-017	Testimonials referencing sleep, mood and a 'clearer mind'	AMBER	CAP 3.1 · 15.7	The cumulative effect of sleep, mood and cognitive testimonials may exceed authorised NHCR scope.	Curate to align with authorised claims; ensure representativeness.
BSP-018	A public-figure quote praising the brand for making them feel 'sharper and more energised'	AMBER	CAP 2.1 · 3.1 · 15.7 · CMA	A celebrity endorsement adjacent to cognitive/mood positioning; off-site reuse must be clearly identifiable as advertising.	Keep wording within general wellbeing; ensure paid or incentivised use is clearly disclosed off-site.

ID	CLAIM / PAGE ELEMENT	GRADE	RULE(S)	WHY IT MATTERS	REQUIRED ACTION
BSP-019	'Made by doctors and nutritionists' + advisory-board credentials cited with publication-volume metrics	RED	CAP 12.18 · 15.18	HCP framing used promotionally beside efficacy claims engages restrictions on health-professional endorsement of foods.	Re-position as governance and oversight, not endorsement of outcomes; remove the promotional metric framing.
BSP-020	'Clinically proven in controlled trials' (range-level home-page line)	RED	CAP 3.1 · 3.7 · 15.1 · 15.7	A range-level 'clinically proven' is non-specific as to product, endpoint or dose.	Narrow to specific products and endpoints, or rephrase to 'has been studied in controlled trials'.
BSP-021	'Voted the UK's number-one product in its category'	RED	CAP 3.1 · 3.7	A league-table claim must be verifiable: who voted, when and the methodology.	Add the publication, year and category, or soften the wording.
BSP-022	Footer: 'This product is not designed to replace a varied and balanced diet... not intended to diagnose, treat, cure or prevent any disease.'	GREEN	CAP 15.2 · MHRA borderline guidance	Helpful non-medicinal framing; it cannot offset non-compliant claims elsewhere.	Maintain across all product pages; do not rely on it to rescue upstream copy.

Final QA flags (cross-cutting controls)

ID	CLAIM / PAGE ELEMENT	GRADE	RULE(S)	WHY IT MATTERS	REQUIRED ACTION
QA-A	Information architecture: the home to 'science' to product to checkout funnel routes paid traffic from a 'clinically proven' hero into a purchase CTA without intervening NHCR-anchored framing.	RED	CAP 3.1 · 15.1	The funnel structure compounds individual claim risk by amplifying outcome language at every step.	Anchor every step to authorised nutrient claims before the purchase CTA.
QA-B	Substantiation visibility: trial summaries, effect sizes, primary endpoints and inclusion criteria are not surfaced on the public pages alongside the outcome figures.	RED	CAP 3.7	Without on-page detail, percentage outcomes are read as universal performance claims.	Publish a single substantiation panel per cited study with sample size, endpoint, effect size and limitations.
QA-C	Subscription / consumer-law framing: auto-ship, cancellation and pre-contract information were not fully inspected in this composite.	AMBER verify	CPRs · DMCC Act 2024 · CMA	The DMCC Act 2024 introduces tightened pre-contract and reminder duties for subscription contracts.	Run a separate DMCC/subscription review against the live checkout and account flows.

Risk grade key. BLACK = publish-blocker (must not go live). BLACK in context = publishable elsewhere but blocked by surrounding context. RED = serious risk requiring substantive rewrite. AMBER = needs caveats, restructuring or verification. GREEN = acceptable as written. Evidence grade. A–D = standard substantiation grading; X = publication blocked by CAP 12 / CAP 15 regardless of substantiation strength.

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Regulatory Narrative

Why the configuration fails as a system

The configuration is editorial and architectural rather than structurally prohibited. There are no named prescription-only medicines, no disease names, and a clear non-medicinal footer disclaimer. Yet across the home, 'science' and product surfaces the brand binds range-wide 'clinically proven' hero copy, percentage outcome figures and broad mental-performance language to a food supplement. Under CAP 15 and retained Regulation (EC) 1924/2006, health claims for foods must use authorised wording from the GB Nutrition and Health Claims Register; the modelled surfaces re-word, aggregate and amplify those authorised claims, which is the central failure mode.

Several individual statements sit close to authorised wording, for example the cognitive-function tile naming biotin, vitamin D3, vitamin E, iron, iodine and zinc tracks the GB NHCR text. But 'supports mental health', 'regulates sleep & fatigue', 'say goodbye to brain fog' and 'supports mental performance, immune system, energy and more' deviate from authorised phrasing or aggregate it into umbrella language the register does not authorise. ASA precedent on food-supplement advertising treats this kind of free-form re-wording as misleading, because authorised claims are licensed in their authorised form, not as concepts.

CAP 3.7 requires that objective claims are substantiated; absolute 'clinically proven', 'trial-backed', 'proven by science' and percentage outcome statistics for sleep, memory, cognitive function, mood and B-vitamin uplift demand a level of public substantiation the modelled surfaces do not provide. Pilot trials or pre-prints may exist, but on the page itself the outcome figures appear without sample size, primary endpoints, effect sizes or limitations. The combination of strong outcome language plus absent on-page methodology is the substantiation gap most frequently cited in CAP rulings on this category.

No disease is named. Yet 'mental health' as a section header, chronic-fatigue testimonials, and language promising resolution of 'brain fog, sluggishness and low motivation' sit at the border between food and medicine. CAP 12.1 prohibits medicinal claims for unlicensed products; the MHRA's borderline-products guide explains that medicinal classification can arise by presentation as well as by function. The copy is not a medicines advertisement, but it leans toward presentation-based medicinal positioning, especially where cognitive and mood outcomes are paired with HCP framing and quantified results.

'Made by doctors and nutritionists' and prominent advisory-board credentials cited with publication-volume metrics engage CAP 12.18 and 15.18, which restrict health-professional endorsement of foods and medicines in advertising. The public-figure quote raises CAP 2.1 and CMA online-endorsement disclosure concerns when reused in paid placements. A full DMCC 2024 and subscription review remains out of scope. Licensing or borderline-classification questions should be verified independently via the MHRA Products portal; this composite does not, and cannot, supply that verification.

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Safer Wording Bank

Three calibrated registers per element, conservative to commercial

Conservative is the lowest-risk option, suitable for paid-traffic landing surfaces and 'science' pages. Balanced is acceptable for an organic product page once authorised NHCR wording anchors the surrounding copy. Commercial is the most assertive copy that remains within scope; sense-check it before going live.

ORIGINAL FRAMING	CONSERVATIVE	BALANCED	COMMERCIAL
'Clinically proven supplements that protect and power your brain and body'	Vitamins and minerals that contribute to normal cognitive and immune function	A daily multivitamin formulated around authorised nutrient claims	A daily multivitamin built around the nutrients linked to cognitive and immune function
'A powerful multivitamin, clinically proven to work'	A multivitamin that has been studied in clinical research	A multivitamin developed alongside clinical research	A multivitamin developed with research-led nutrient selection
'The first clinically trialled multivitamin of its kind'	Studied in a randomised controlled trial	Subject to randomised controlled trial research	Developed with randomised controlled research
'Feel the difference, proven by science'	Formulated using nutrients with authorised health claims	Built around nutrients linked to everyday wellbeing	Designed to support everyday cognitive and physical wellbeing
Quantified outcome tiles ('+[X] hr sleep', '+[X]% memory')	Remove from the public hero	Trial results are summarised on our science page, with study size and limitations.	See our science page for trial summaries, sample sizes and limitations.
'B-vitamin levels up +[X]% · [X]% improvement in cognitive function'	Remove from hero copy	In a pilot study (n = ...), B-vitamin biomarker levels rose and cognitive scores improved on a defined endpoint. Limitations apply.	Pilot research suggests B-vitamin biomarker uplift; full study summary on the science page.
'Supports mental performance, immune system, energy and more'	Contains vitamins and minerals that contribute to normal psychological function, normal immune function and normal energy-yielding metabolism	Includes nutrients linked to normal psychological, immune and energy-yielding function	Daily nutrients linked to mental performance, immunity and energy
'Say goodbye to brain fog, sluggishness and low motivation.'	Contributes to the reduction of tiredness and fatigue	Includes vitamin B12, which contributes to the reduction of tiredness and fatigue	Designed to support everyday energy with vitamin B12 and iron
'Supports mental health'	Contributes to normal psychological function	Includes nutrients that contribute to normal psychological function	Daily psychological-function support
'Mental health' (section header)	Psychological function	Normal psychological function	Daily psychological function
'Regulates sleep & fatigue · sleep longer and deeper'	Contributes to the reduction of tiredness and fatigue	Includes B12 and iron, which contribute to the reduction of tiredness and fatigue	Iron and B12 to support everyday energy
'Voted the number-one product in its category'	Remove unless source, year and category are cited	Recognised in [publication, year] in the [category]	Award-recognised in [publication, year]

ORIGINAL FRAMING	CONSERVATIVE	BALANCED	COMMERCIAL
Chronic-fatigue testimonial	(Delete)	Customers describe feeling more energetic; results vary.	Many customers report better day-to-day energy.
'Made by doctors and nutritionists... cited in tens of thousands of publications'	Formulated under clinical and nutritional oversight	Developed with input from clinicians and registered nutritionists	Built with clinician and registered-nutritionist input
Footer non-disease disclaimer	Maintain verbatim across all product pages	Maintain verbatim across all product pages	Maintain verbatim across all product pages

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Action Plan

Six phases, sequenced for risk and pace

PHASE	WORKSTREAM	WINDOW	DETAIL
Phase 1	Stop-the-bleed copy edit	24–48 hours	Remove range-wide 'clinically proven', 'proven by science' and 'trial-backed' hero language across the home, science and product pages. Withdraw quantified outcome tiles ('+[X] hr sleep', '+[X]% memory', '+[X]% cognitive function', 'B-vitamin uplift') from any public surface that lacks an adjacent study summary with sample size, primary endpoint and limitations. Replace the 'Mental health' section header with 'Psychological function'. Remove the chronic-fatigue testimonial and the league-table 'number-one product' claim until source, year and category are cited.
Phase 2	NHCR re-anchoring	1–2 weeks	Map every nutrient and benefit claim on the modelled pages to its exact authorised entry in the GB Nutrition and Health Claims Register. Replace 'supports mental health' with 'contributes to normal psychological function' and similar; replace 'regulates sleep & fatigue' with 'contributes to the reduction of tiredness and fatigue'; tighten 'supports mental performance, immune system, energy and more' into named-nutrient bullets using register wording. Confirm conditions of use (dose thresholds) are met for every retained claim.
Phase 3	Substantiation pack publication	2–4 weeks	Publish a single substantiation panel per cited study on the science page: study population, design, sample size, primary and secondary endpoints, effect sizes (with confidence intervals where available), limitations and a CAP 3.7-grade summary. Reference each on-page outcome figure to its panel. Where evidence does not yet meet CAP 3.7 standard, withdraw the figure. Build an internal substantiation log with named reviewers and a recorded decision trail.
Phase 4	Endorsement and HCP-framing reset	Parallel · 2–4 weeks	Re-position 'made by doctors and nutritionists' and the advisory board as governance and formulation oversight, separated from outcome and efficacy claims. Remove publication-volume metrics from sales surfaces. Audit off-site celebrity, influencer and affiliate placements against CAP 2.1 and CMA online-endorsement guidance; ensure all paid or incentivised use is clearly disclosed as advertising. Remove HCP names from hero panels; retain credentials in a neutral 'about our science' area.

PHASE	WORKSTREAM	WINDOW	DETAIL
Phase 5	Subscription, consumer-law and architecture review	Parallel · 4–6 weeks	Run a focused DMCC Act 2024 review against the live subscription, auto-renewal and cancellation flows: pre-contract information, ongoing reminders, cooling-off rights, cancellation friction and refund framing. Audit internal linking so paid-traffic landing surfaces are not 'clinically proven' hero pages. Maintain the footer non-disease disclaimer on every product page. Verify any borderline classification questions via the MHRA Products portal before any external reference.
Phase 6	Pre-relaunch validation	Before traffic restoration	Re-audit the rebuilt pages end to end against CAP Sections 3, 12 and 15, the GB NHCR, retained Regulation (EC) 1924/2006, MHRA borderline guidance, ASA testimonials and HCP guidance, CMA online-endorsement guidance and the DMCC Act 2024. Confirm no range-wide 'clinically proven' framing, no unanchored quantified outcomes, no free-form re-wording of authorised claims and no chronic-fatigue testimonials have re-entered the surfaces or their inbound paid creative. File a recorded sign-off log before paid traffic is restored.

Disclaimer

This document is an illustrative composite prepared by Verattia for portfolio and demonstration use. It is not a real client audit. The page elements modelled here are fabricated, deliberately generic examples of wording commonly seen on UK direct-to-consumer supplement pages; they reproduce no real business, quote no one and identify no one. No commission, review or sharing with any audited entity is implied.

What is real is the method: a clinician-led claim-risk review of public-facing marketing wording against publicly available UK regulatory frameworks, including the CAP Code, the GB Nutrition and Health Claims Register, retained Regulation (EC) 1924/2006, MHRA borderline-products guidance, and ASA/CAP food-supplement and testimonials guidance. It is not legal advice, regulatory advice, medical advice, or a guarantee of compliance with the requirements of the ASA, CAP, MHRA, GPhC, NHCR, CMA or any other regulator or statutory body.

No part of this composite should be read as implying that any regulator endorses, approves or certifies Verattia or any party. Risk grades, evidence grades and rewrites reflect the reviewer's professional opinion and may not anticipate future guidance, enforcement or changes in product status; product licensing and classification should be verified independently via the MHRA Products portal. No patient-identifiable data has been used.

Prepared by Verattia · Dr Borna Farzaneh, MBBS · GMC 7835999 · Verattia Ltd, Companies House 16396655 · verattia.com