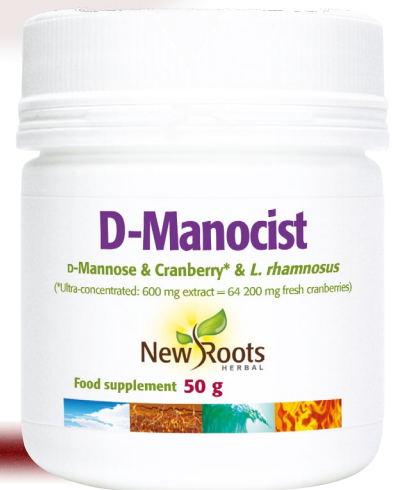


D-Manocist

D-Mannose & ultraconcentrated cranberry 107:1

TRIPLE ACTION for the
SIDE EFFECT-FREE
RELIEF FROM
URINARY TRACT INFECTIONS



1
2
3

- Exclusive information for health-care professionals-


New Roots
HERBAL

D-Manocist

D-Mannose & ultraconcentrated cranberry 107:1

Triple Action

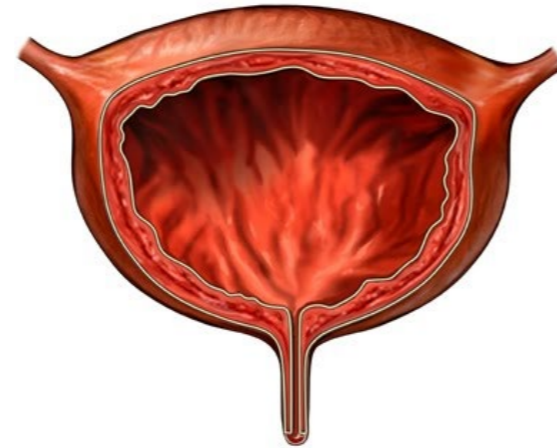
Considerations of urinary tract infection (UTI)

- » Cystitis, urinary bladder infection.
- » Almost 4 million women between 20-44 years of age suffer UTI during their lifetime.
- » 1 in 5 women suffer from a recurring cystitis.
- » *Escherichia coli* is the main bacteria responsible for 90-95% of the UTI cases. Its virulence is related to the presence of FIMBRIAE.

Fimbriae, bacterial virulence

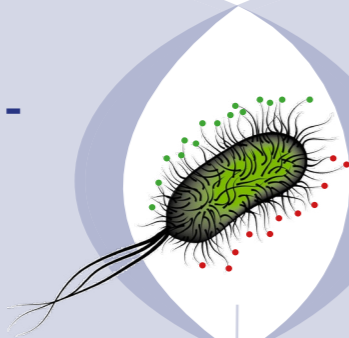
Fimbriae are a protein structure that adhere to the epithelium of the urinary bladder to initiate the infection.

There are 2 main types:



- Type-1 fimbriae -

SENSITIVE TO D-MANNOSE
RESISTANT TO TYPE A PAC'S



E.Coli

- Type P fimbriae -

SENSITIVE TO TYPE-A PAC'S
IN CRANBERRY
RESISTANT TO D-MANNOSE

D-Mannose and UTI^{1,2,3}

Naturally occurring sugar that reaches the origin of the infection directly, without metabolizing, and preventing type-1 fimbriated *E.Coli* from adhering to epithelial cells in the bladder, so that the bacteria are quickly excreted with the urine.

Cranberry and UTI^{3,4,5}

Type-A proanthocyanidins (PAC's A) are the main active compounds inhibiting the adherence of type P-fimbriated *E.Coli* to uroepithelial cells, thus avoiding its colonization.

Probiotics and UTI^{6,7,8,9}

Lactobacilli are predominant in the vaginal ecosystem and the rectum, which indirectly acts as a reservoir for the vaginal lactobacilli. Their protective role is focused on:

- » Interference in the adherence of the uropathogens to the vaginal epithelium.
- » Production of antimicrobial compounds (organic acids, hydrogen peroxide and bacteriocins) which also create a vaginal acidity environment (pH 4-4,5) that impedes the establishment of pathogens, which are sensitive to acidity.
- » Co-aggregation of pathogens to maximize the antimicrobial effect.
- » Enhancing immune response by *Lactobacillus* strains.

Fights infection

Complete formula with:

- » 4 800 mg of D-Mannose.
- » 600 mg of Cranberry 107:1.
- » 500 million of *Lactobacillus rhamnosus* UB5115.

*per service

1

Avoids relapses

- » **D-Mannose and cranberry**, a combination that acts effectively on the two fimbriae types associated to its virulence.
- » **D-Mannose** reduces biofilm formation which represent a reservoir of future infections.
- » **Lactobacillus rhamnosus** has been shown to reduce recurrent UTIs by 73% by creating some hostile conditions for the growth of the pathogens.

2

Reinforces the immune system

In addition to its benefit in recurrence prevention and restoring the vaginal environment, the *Lactobacillus rhamnosus* UB5115 increases the expression of factors which enhance immune response.

3

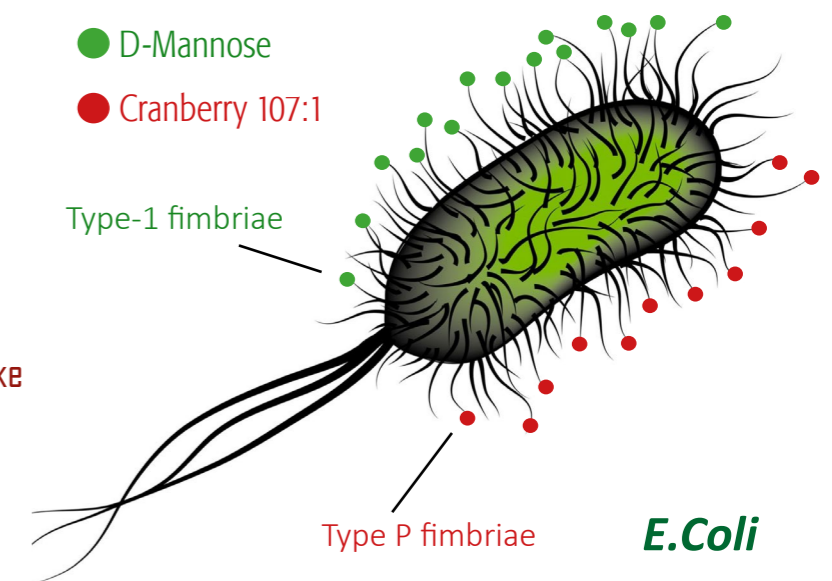
More benefits

FAST-ACTING

Symptoms improve within 24 hours of intake

WIDE SECURITY PROFILE

May be given to pregnant women, children, and diabetics

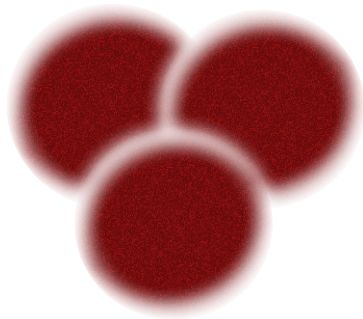


D-Manocist

D-Mannose and ultraconcentrated cranberry 107:1

Highlights:

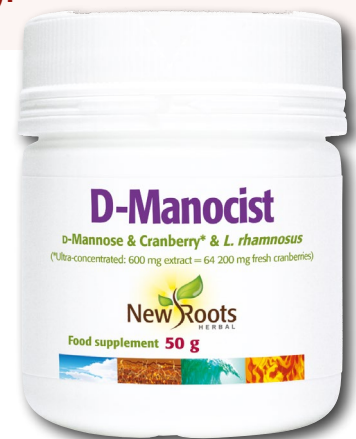
- » Unique combination with 4 800 mg of D-Mannose, 600 mg of the most powerful cranberry extract on the market (107:1) and 500 million of *Lactobacillus rhamnosus* UB5115 per service.
- » Triple anti-adherent effect to prevent adhesion of *E. Coli* to the urothelium.
- » Fast-acting within 24 h.
- » Contains probiotics to prevent new infections (resistant to stomach acids).



D-Manocist

Ingredients: D-Mannose, cranberry fruit extract (*Vaccinium macrocarpon*), *Lactobacillus rhamnosus* UB5115.

Nutritional information:	2 scoops (5,4 g)
D-Mannose	4 800 mg
Cranberry (107:1)	600 mg
<i>Lactobacillus rhamnosus</i>	500 million CFU



Indications and uses:

- Prevention and treatment of lower urinary tract infections and recurring cystitis.

Recommended daily dose:

Acute episodes: Mix 2 scoops (approx. 5,4 g) in water or juice twice daily for two days, then 2 scoops (approx. 5,4 g) in water or juice once daily.

Prevention: Stop intake for a week. Then mix 2 scoops (5,4 g aprox) in water or juice once daily until the container is empty.

References:

1. Wright J. D-Mannose for bladder and kidney infections. April 2012
2. Ofek et al. Mannose-Specific Adherence of *Escherichia coli* freshly excreted in the urine of patients with urinary tract infections, and of isolates subcultured from infected urine. *Infection and Immunity*. 1981;34(3):708-711
3. Kathleen A. Head. Natural approaches to prevention and treatment of infections of the lower urinary tract. *Alt Med Rev*. 2008;13(5):227-244
4. Nohales et al. Arándano Americano (*Vaccinium macrocarpon*): Conclusiones de la investigación y de la evidencia clínica. *Revista de fitoterapia* 2010;10(1)5-21
5. Wang et al. Cranberry-containing products for prevention of urinary tract infections in susceptible populations: a systematic review and meta-analysis of randomized controlled trials. *Arch Intern Med*.2012;172(15):988-96
6. Reig et al. Oral probiotics can resolver urogenital infections. *FEMS Immunology and Medical Microbiology*. 2001;30(1):49-52
7. Grin et al. *Lactobacillus* for preventing recurrent urinary tract infections in women:meta-analysis. *Can J Urol*.2013;20(1):6607-14
8. Reig et al. Oral use of *Lactobacillus rhamnosus* GR-1 and *L.fermentum* RC-14 significantly alters vaginal flora:randomized, placebo-controlled trial in 64 healthy women. *FEMS Immunology and Medical Microbiology*. 2003;35:131-135
9. Martín et al. La microbiota vaginal:composición, papel protector, patología asociada y perspectivas terapéuticas. *Enferm Infecc Microbiol Clin*. 2008;26(3):160-7

