SEIPELGROUP
FORMULATING INNOVATION

Urox®: Significant Children's Herbal Advancement

Reduction of Occasional Bedwetting and Improved Quality of Life

Seipel Group Pty Ltd is an Australian company committed to the research and development of specialized formulations to improve bladder control. Based in Brisbane, Australia, Seipel Group is led by the head formulator, Dr. Tracey Seipel, a naturopathic clinician, medical herbalist, clinical nutritionist with 30 years of formulation experience. Products include Urox®, Bedtime Buddy® (Urox® for children) and Prorox®, (Urox® plus other prostate support). For more information please visit: **www.seipelgroup.com**

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Executive Summary

Bedwetting or nocturnal enuresis is a form of involuntary wetting that has an unknown pathology. Bedwetting occurs in 5 to 7 million US children over the age of five. This is approximately 10% of all US children, a statistic similar to other Western countries. It takes time for the bladder and nervous system to fully coordinate and for a toddler or child to gain healthy bladder control. Nighttime bladder control is considered the last stage of potty training and can take some children a little more time to master.

Typical full bladder control and proper brain-bladder coordination is expected by 5 years of age. However, 10% of children over age 5 who have achieved daytime dryness with potty training continue to struggle with bedwetting, sometimes well into teen years. Absent an underlying physical reason, occasional bedwetting should not be considered a disease.

For children older than 5 years, bedwetting and its effects can be socially disruptive and psychologically stressful causing distress and embarrassment, loss of confidence and overall reduction in quality of life for both the child and parent. Parents use a variety of strategies to help manage bedwetting including limiting the child's water intake before going to bed and waking the child during the night to use the bathroom which disrupts sleep for both parent and child, while not contributing to long-term resolution of bedwetting.

Behavioral or educational therapies such as bladder re-education and retraining are common. Medications may be recommended in less than 10% (of bedwetting) children and compliance is generally low. There is no strong evidence for any one therapy or intervention to effectively manage bedwetting.

Herbal options have been traditionally recommended to support and reduce nighttime urination in children. The herbal ingredient blend Urox®, a proprietary herbal extract combination of Cratevox™ (Crateva nurvala), Equisetum arvense, and Lindera aggregata, has been shown in clinical research to improve occasional urinary incontinence, urgency, frequency and nighttime urination for adults.

A recent randomized, controlled, double-blind, placebo-controlled study indicates Urox® effectiveness in helping to improve bladder control in children over 5 years of age producing a reduction in occasional nighttime urination with significantly improved quality of life measurements for children and their parents.

The study also revealed ancillary benefits of significant reduction in occasional urinary urgency and occasional daytime wetting.

The recent (October 2020) double blind placebo-controlled clinical trial conducted on 48 children by one of Australia's leading universities showed the patented Urox® formula may be effective for occasional nighttime urination (nocturnal enuresis) in children with statistically significant results including:

- Clinically relevant improvement in occasional bedwetting
- 59% of participants showed improvement by 2 months
- Significant reduction in occasional urinary urgency
- Reduction of occasional daytime accidents
- Significantly improved quality of life for both parent and child
- Improvement in child confidence and happiness and less worrying

Dr. Tracey Seipel N.D.
CEO

Dr. Tracey Seipel, founder and CEO of Seipel Group, is a dynamic formulator and educator who provides expertise on natural urinary health for companies, medical/practitioner associations, academia and government in Australia and Asia. Dr Seipel authors whitepapers, contributes to academic texts, trade journals and industry publications and shares third party research, all of which highlights the bladder control issue and creates awareness of natural options. Seipel has won international awards for published research, for opening a new industry category of Bladder Control, and for the innovation of the Urox® formula.

Nocturnal Enuresis / Bedwetting

Wetting during sleep at night is called nocturnal enuresis or 'bedwetting'.

The International Children's Continence Society (ICSS) definition of nocturnal enuresis is night wetting without any lower urinary tract symptoms, or involuntary urine voiding during sleep at least twice a week in children over 5 years of age in the absence of congenital or acquired defects of the central nervous system or by the effect of substances such as a diuretics. Bedwetting is more common in boys.

There are many theories on the causes of bedwetting including genetics, small bladder capacity, detrusor (bladder muscle) overactivity, nocturnal polyuria (excess urination at night), and sleep arousal thresholds. [1]

Two Types of Bedwetting

1. Primary bedwetting

75%
cases

When the child has never had nighttime control. This is a normal part of the developmental process.

Most children will be able to achieve nighttime bladder control with time.

2. Secondary bedwetting

25%
cases

Child has achieved nighttime continence, but bedwetting reoccurs due to psychological stress or some underlying medical cause. This type of bedwetting may need further medical investigation.

Children's Bedwetting Statistics

The US National Sleep Foundation estimates **1 in 10 children will wet the bed tonight** with 5 to 7 million children (older than 5 years) in the United States wetting their beds on at least an occasional basis, or roughly 10% of US children.[2]

The National Sleep Foundation estimates that bedwetting affects:

13-20% of 5 year-old children,

10% of 7 year-olds and

5% of 10 year-old children.

Continence Foundation of Australia figures show:

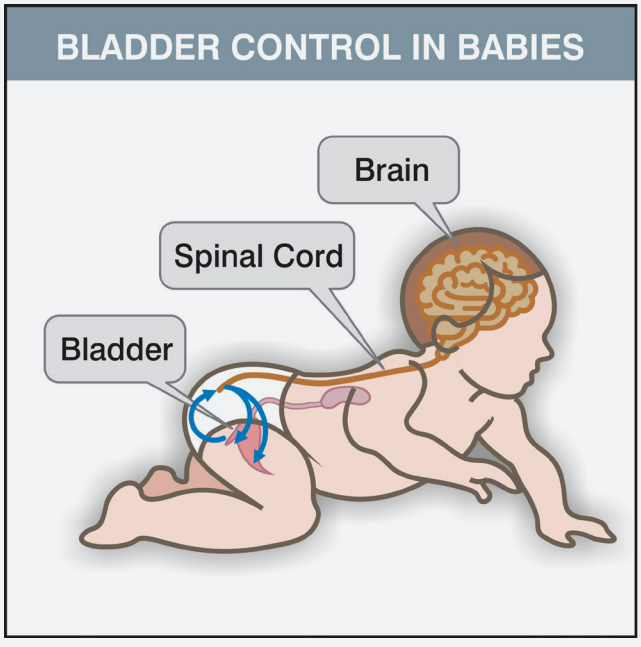
By age 12, 1in 3 bedwetters are still wetting the bed

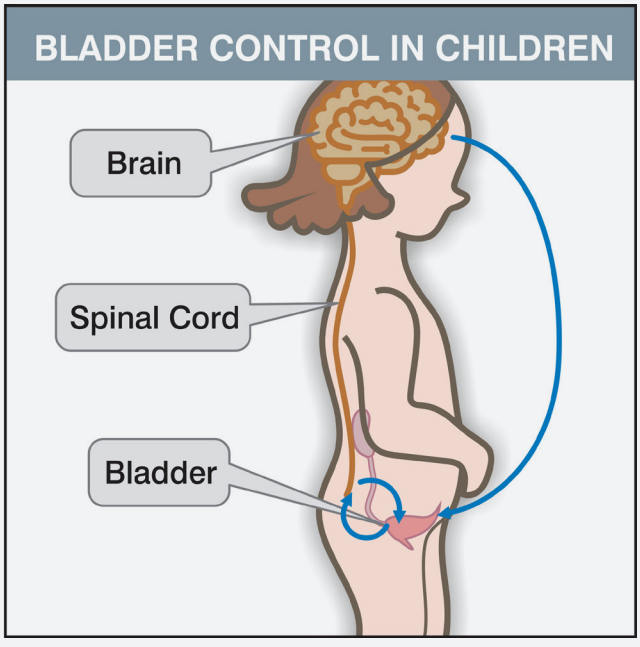
By age 16, 1 in 6 bedwetters are still wetting the bed

A Child's Bladder

Children's Urology/Physiology

We are not born with voluntary bladder control. Bedwetting in babies and toddlers is a normal stage of growth. A baby bladder will empty when the pressure increases sufficiently in the bladder via a simple reflex arc between the bladder and spinal cord. There is no brain involvement and no voluntary control. The neural pathway between the brain and bladder establishes during infancy and over time so by the time a child is 4-5 years old, the child should have sufficient brain-bladder communication to achieve day and nighttime bladder control. The young child needs to develop the ability to recognize a full bladder during sleep. For older bedwetting children, this communication and recognition may not be fully established within typical timelines and result in occasional bedwetting.





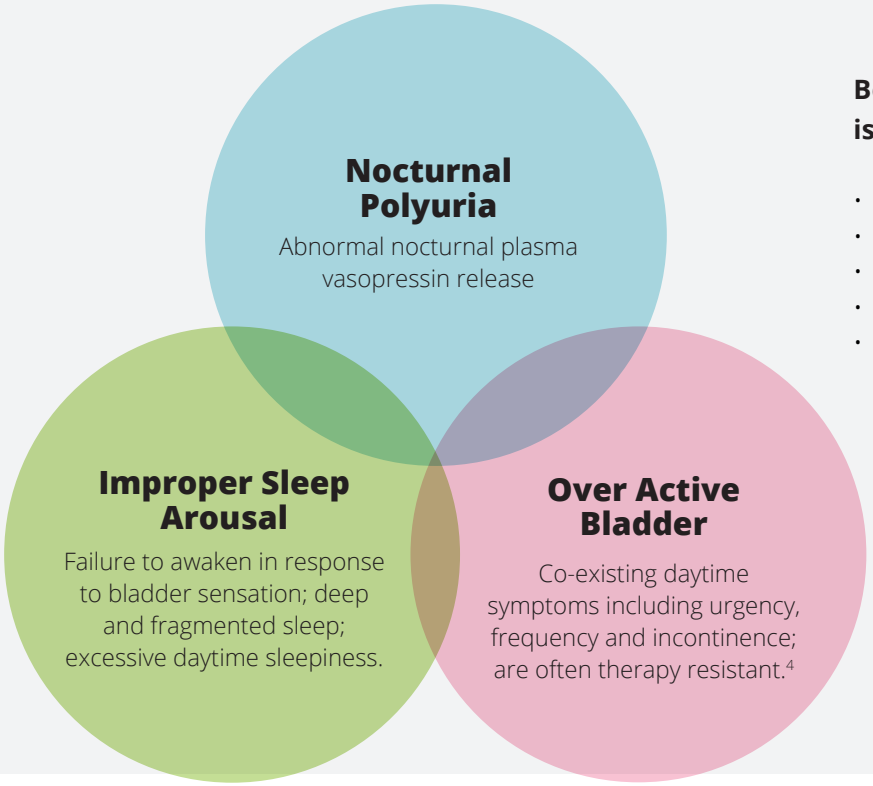
Causes of Children's Bedwetting

Psychology, Sleep or OAB

Diet, lifestyle and stress levels can affect bladder control. With age, bladder capacity naturally increases, the child achieves voluntary control over the bladder sphincter muscles and voluntary control of bladder emptying. Most children that wet the bed do not have an illness.

The exact reason for bedwetting is not clearly understood, but is thought to be due to a combination of three key factors:

- ☑ Circadian rhythm issues and difficulty waking to a full bladder (arousal difficulties);
- ☑ Producing too much urine at night so that the bladder has difficulty holding (nocturnal polyuria or excess urine production at night), linked with insufficient production of vasopressin or antidiuretic hormone/ADH, hormones that are naturally produced in higher levels during sleep); and
- ☑ The bladder becomes overactive at night and cannot store urine (Overactive Bladder/OAB).[3]



Bedwetting is NOT caused by:

- being young for your age
- laziness
- bad behaviour
- rebelliousness, or
- drinking liquid after dinner.

COVID-19 Effects

Behavioral changes due to anxiety and stress can increase bedwetting or cause it to reoccur in children who had previously overcome it.

The frontal lobe of the brain, also known as the executive functioning area, is the portion of the brain associated with both anxiety and control of urination.[5]

COVID-19 social isolation has changed the daily routine of many children causing interrupted sleep, less exercise and drinking more liquids while watching screens contributing to increased day and nighttime bedwetting.

Impact of Occasional Bedwetting on Children and Adults

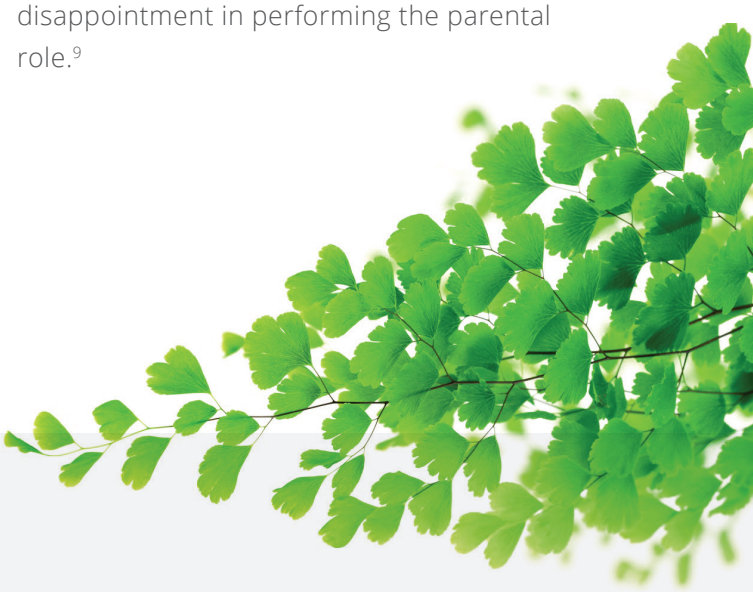
Even occasional bedwetting has a significant impact on children and their families. Studies show it is highly distressing and causes low self-esteem for the child and, much like incontinence and overactive bladder in adults, remains a hidden problem not openly discussed.

Multiple studies have identified that bedwetting increases parental stress, feelings of depression and places emotional, financial and physical burdens on the family. Washing bed sheets and nightclothes is time consuming; training pants, 'pullups' or diapers are expensive; and parent's ineffective intervention strategies add to this burden. Research repeatedly shows that improvements in bedwetting results in improved child behavior and personality scores, and promotes healthy and normal child development.

Emotional/Quality of Life (QOL)

Bedwetting can cause shame and embarrassment, lower self-esteem and affect every aspect of a child's life from social competence to school performance. There is an association between bedwetting and childhood behavioral problems, and the risk of emotional and physical abuse from parents increases as well.[6] Punishments for bedwetting have been associated with childhood depression and punishments have been inversely correlated with successful treatment of bedwetting.[7] Using positive (rewards) or negative reinforcements (showing displeasure) as strategies aimed at overcoming bedwetting may be problematic because rewarding outcomes that the child has no control over (ie, a dry night) could lead children to feel that they have failed if they continue to wet the bed.[8]

As a child gets older, parental expectations of the child's level of responsibility and self-control increases. It has been suggested that parents of bedwetting children complain of mental health problems that might be due to losing confidence in parenting skills and disappointment in performing the parental role.[9]



Psychological

Bedwetting has been associated with more childhood behavioral problems and increased levels of parenting stress. Chronic stress is thought to be a risk factor for psychosomatic psychiatric illnesses, such as anxiety and depression disorders. This might become a vicious cycle, suggesting that children with bedwetting might be a cause of stress and anxiety for their mothers.[10]

Financial

The cost of bedwetting is difficult to quantify and would form part of the $19.5 billion per year spent on bladder control for urinary incontinence diapers, padded underwear and medications. Bedwetting incurs additional costs in washing and drying bedlinen. One study estimated the total costs associated with one bedwetting child to be around $4,000 USD per year.[11]

Current Bedwetting Management

Alarm Therapy

Pad-and-bell alarm or personal alarm awakens the child immediately upon the start of each bedwetting episode.

Pull Ups

Supermarket shelves are increasingly stocking nighttime 'pull-up' protective pants/diapers for young children to teenagers up to the age of 15, when children can then move to adult diapers.

Medications

Desmopressin nasal spray is often used with children 6 years and older and is administered via nasal inhalation each night before bed.[12] Typical adult medications, anticholinergic/antimuscarinics, such as oxybutynin and tolterodine may be prescribed and are well documented for causing permanent memory loss and dementia in adults.[13]

Desmopressin (Hormonal) Nasal Spray

This prescribed medication is used in children.

Common Parental Strategies

Parents often employ a range of simple strategies. The most common being, restricting liquids before bed, lifting (removing the sleeping child from bed to empty the bladder in the toilet or potty), rewarding for being dry, regular daytime toilet trips, using protection pants and showing displeasure.

Between 30% and 80% of parents punish their children and adolescents for wet nights. Punishments have been inversely correlated with successful treatment of bedwetting.[14]

Grzeda MT, et al. BMJ examined a range of common strategies used by parents to overcome bedwetting and found that when these simple strategies were used with 7½-year-old children who wet the bed, they were not effective in reducing the risk of bedwetting at 9½ years. Parental strategies including waking and lifting the child to the toilet and restricting drinks before bedtime were associated with an ***increased risk*** of subsequent bedwetting. These are among the most common parental strategies used globally to overcome bedwetting.

The National Institute for Health and Care Excellence (NICE) guidelines state: '**Neither waking nor lifting children and young people with bedwetting, at regular times or randomly, will promote long-term dryness'.**

Uro-therapy and Bladder Retraining

Teaching children that they can have control over their bladder is an important step towards nighttime bladder control. Bladder retraining involves teaching the bladder to hold on for a little longer every few days or week. It involves conscious increased holding of the bladder, small controllable increments at a time. It is the reverse of 'going just in case" and over time can increase bladder capacity.

Children's Supplementation

About a third of children in the United States use dietary supplements. There are almost 30 million children aged between 5 and 11 in the US (2019)[15] which equates to 10 million children using dietary supplements.

Research shows the highest use in children aged 4 to 8 years old (48.5%), followed by teenagers (25.7%).[16] Supplements, including multivitamins with minerals, vitamin C, botanicals and calcium are commonly used either as a preventative health strategy or to improve immunity and overall health.[17] The use of alternative medicines (fatty acid supplements and melatonin) has increased.[18] The COVID-19 spike in supplement sales has seen a marked increase in sales of vitamin D and multivitamins for children.[19]

Size of Children's Supplement Market

Rising numbers of children are taking vitamins. The global vitamins market was valued at USD $5.18 billion in 2018, and vitamins, minerals, and supplements for children is an expanding segment of the market.[20] Probiotics for children is a new and growing market.[21] The increasing popularity of herb supplements is expected to be one of the major drivers in the child dietary supplement market 2018-2024.[22]

Urox® Children's Bedwetting Study

Executive Summary

Urox® (Bedtime Buddy®): Significant herbal advancement in the reduction of occasional bedwetting for children.

- Clinically relevant improvement in occasional bedwetting
- 59% of participants had improvement in bedwetting by 2 months
- Significant reduction in occasional urinary urgency
- Reduction of occasional daytime incontinence
- Significantly improved quality of life
- Improved quality of life for both parent and child
- Improvement in child confidence and happiness and less worrying.

Introduction

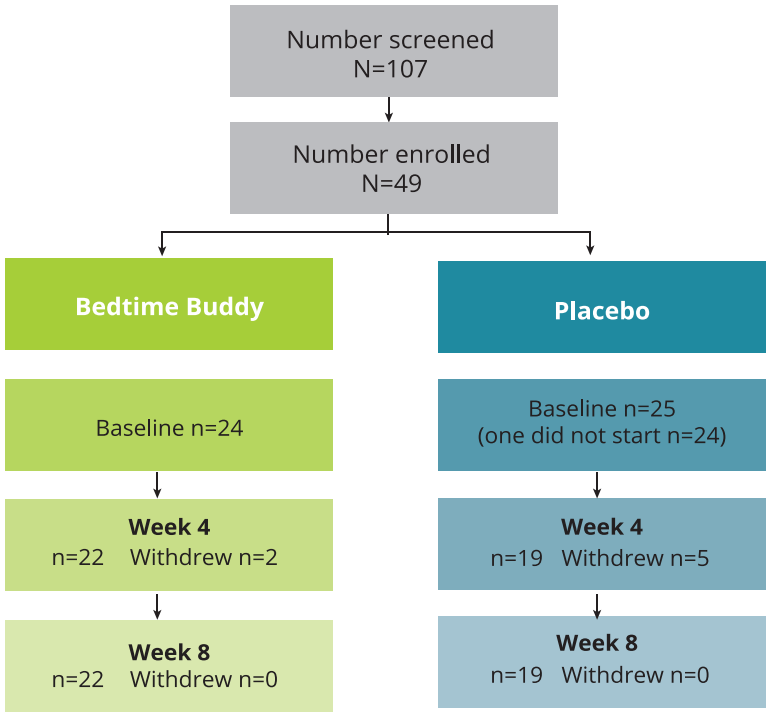
Nocturnal enuresis (NE), or 'bedwetting', is a form of nighttime urinary incontinence occurring in younger children. A diagnosis of bedwetting can be socially disruptive and psychologically stressful for a child. The most common strategies used by parents to manage bedwetting are waking the child during the night to use the bathroom and limiting the child's water intake before going to bed. Behavioral or educational therapies for bedwetting such as urotherapy or bladder retraining are widely accepted and considered as a mainstream treatment option for non-neurogenic lower urinary tract dysfunction in children. Pharmacotherapy also plays an ancillary role. However, there is no strong evidence for any one therapy or intervention to effectively manage bedwetting.

Study Methods and Aims

The aim of the study was to determine the efficacy of Urox® (Bedtime Buddy™), a proprietary blend of Cratevox™ (Crateva nurvala), Equisetum arvense and Lindera aggregata in the treatment of nocturnal enuresis in children, as assessed by frequency of nocturnal enuresis. The hypothesis was that Urox® will reduce the frequency of nocturnal enuresis in bedwetting children aged 6 to 14 years with the outcome of improved quality of life which has the potential to improve their physical, psychological and social wellbeing.

One hundred and seven (n=107) children were screened for this trial from two sites, Brisbane and Sydney, Australia. (Appendix 1, Figure 1) The last part of the trial was opened up to Australia wide online due to health pandemic (Covid-19). Forty-nine (n=49) children were enrolled with 48 recruited starting the trial. The main reasons for not participating was changing their mind due to the trial having a placebo (n=34) and people not replying to phone messages or emails (n=12). At week 4, two from the active group and five from the placebo group withdrew. By week 8, forty-one (n=41) completed the trial. Overall attrition rate was 16% with more children withdrawing from the placebo group (24%) compared to active (8%) mainly due to the placebo intervention not working for their child within the first 4 weeks.

Children were given either Urox® (at a dose of 420mg daily in children less than 90lbs to 840mg daily in chlidren more than 90lbs) or a color and size matched placebo capsule once daily for a period of 8 weeks. Diary and validated quality-of-life survey measures were taken at baseline, 4 weeks and 8 weeks.



Appendix 1: Consort diagram
Figure 1: Consort diagram for NE trial

Reasons:

34	Chaned mind. Decided not to participapte
12	No replay
3	Failed inclusion criteria
3	Stoppined wetting at night
2	Trying something else
2	Paediatrician said no
2	Wanted to wait and see

Appendix 2: Tables for Demographics and History
Table 1: Basic demographics

Demographic and anthropometricc Characteristic		Urox® (n=24)	Placebo (n=24)	Total NE (n=48)
		%	%	%
Gender	Male	62.5	66.6	64.6
	Female	37.5	33.3	35.4
Ethnicity	Caucasian	87.5	87.5	87.5
	Others	12.5	12.5	12.5
		Mean (SD)	***Mean (SD)***	***Mean (SD)***
Age		8.14 (2.21)	9.09 (2.27)	8.61 (2.27)
Weight (kg)		31.97 (28.6)	34.47 (12.9)	33.11 (27.9)
BMI		11.71 (4.8)	12.27 (3.4)	11.96 (4.3)

Clinical Outcomes

Of the forty-eight children enrolled, 64.6% were male and 35.4% female which is representative to the normal distribution for bedwetting. The mean age was 8.6 years (range, 6 to 14 years) and the groups were similar in distributions of males and females and were similar in age. (Appendix 2, Table 1) All children enrolled were healthy and had no concomitant diseases. The main medical history of the children were autism/attention deficient disorder and hyperactivity (active 25%, placebo 8.3%), asthma (active 20.8%, placebo 16.7%) and allergies (active 20.8%, placebo 16.7%). The main history of the children included parent history of nocturnal enuresis as a child (active 37.5%, placebo 33.3%). The primary therapies that parents had tried includes pads (85.4% in total), waking the child (87.5%) and fluid restriction (87.5%) and main past medication was desmopressin (16.75). (Figure 2 and Table 2)

In a paired t-test, Urox® was found to be significant for reduction in waking wet in the morning by week 4 (p=0.029) and week 8 (p=0.0.34) compared to placebo. (Appendix 3, Table 5) The clinical effect by week 4 was considered to be small (0.2) however by week 8, Urox® had a large effect (0.98) indicating a strong association with reduction in bedwetting and very high clinical relevance with Urox®. In addition an assessment using a longitudinal statistical method of Generalized Estimating Equations (GEE) compared Urox® to placebo and found that it reduced the number of times a child wakes wet in the morning (p=0.041). (Appendix 3, Table 4) Overall, 59% of children improved with Urox® indicating a good reduction in nocturnal enuresis. (Appendix 4, Figure3).

Randomized, placebo-controlled influence in children's studies This study used a placebo arm however the placebo response in children is typically greater than in adults due to children's natural inclination to suggestion whilst the active responses to a treatment in children are typically no greater than with adults. Often placebo-controlled studies in children are not used because of this influence.

Figure 2: Past therapies tried by the parents

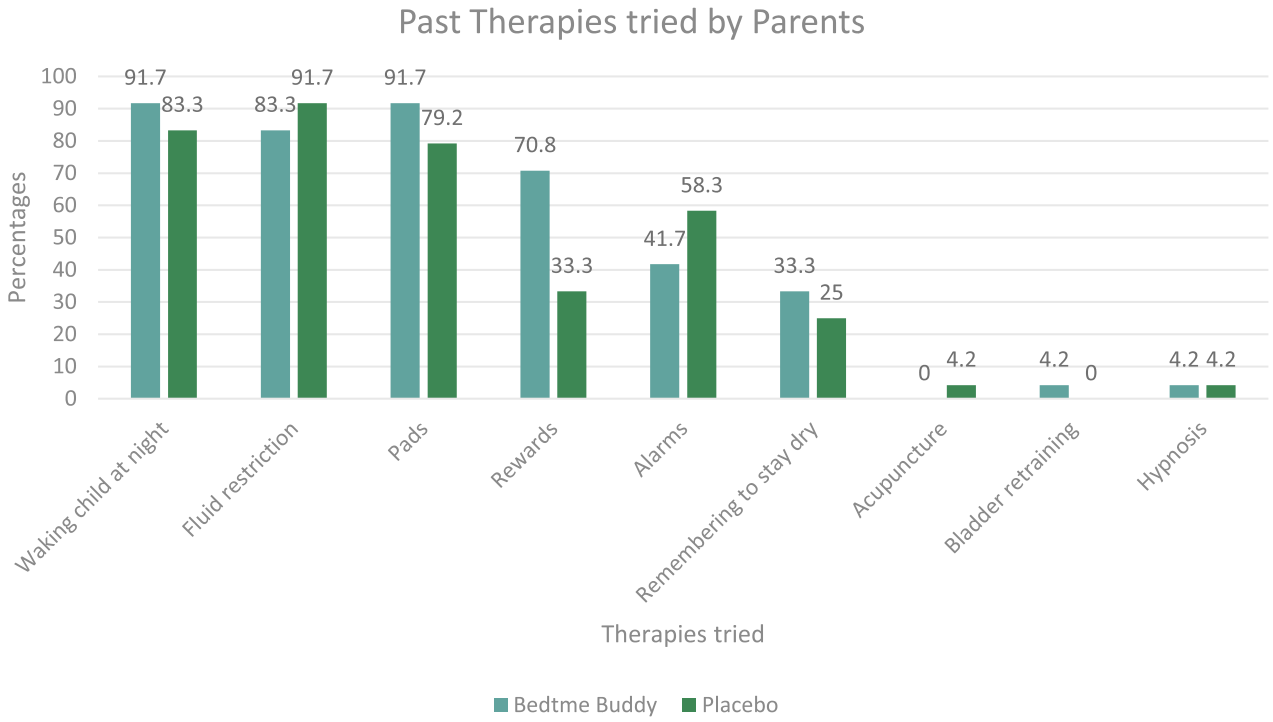


Table 3: Past medications used for NE

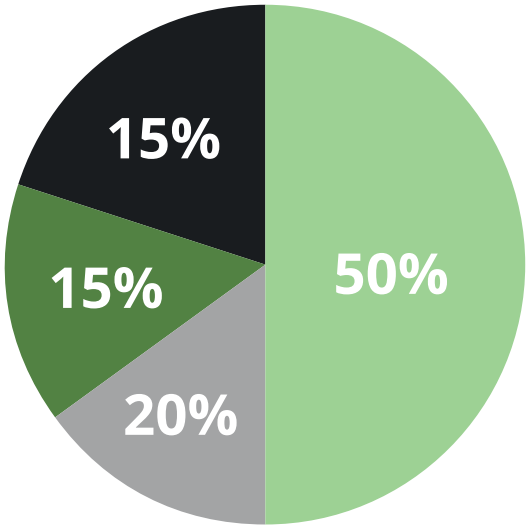
Past medications	Urox® (n=24)	Placebo (n=24)	Total NE (n=48)
	%	%	%
Desmopressin	12.5	20.8	16.7
Oxybutinin	0	4.2	4.2
Homeopathic	0	4.2	4.2
Herbal medicine	0	4.2	4.2
Flower essences	4.2	0	4.2
Mirinin wafers	0	4.2	4.2

Appendix 3: Main Results
Table 4: Longitudinal analysis using GEE

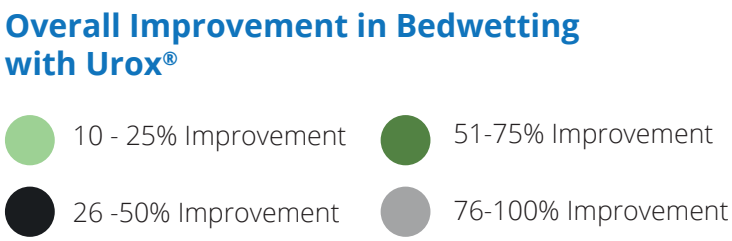
Outcome		Baseline Mean (SD)	Week 4 Mean (SD)	Week 8 Mean (SD)	P-value	Better For
Ave / Waking wet per week morning	Urox	5.75 (1.5)	4.85 (2.3)	4.63 (2.2)	0.041	Urox
	Placebo	4.37 (2.3)	3.72 (2.3)	3.76 (2.5)		
	Total	5.06 (2.0)	4.3 (2.3)	4.25 (2.4)		

Table 5: Results of a paired t-tests comparing Week 4 and Week 8 with the Baseline values within each group separately. Mean scores indicate mean change from Baseline to Week 4, SE=Standard error, CI=Confidence Interval

Difference	Mean	SE	SD	95% CI		p-value
Waking wet Urox 4 weeks	0.95	0.405	1.856	0.107	1.797	0.029
Waking wet for Placebo 4 weeks	0.50	0.728	3.091	-1.037	2.037	0.501
Waking wet for Urox 8 weeks	1.09	0.483	2.268	0.0862	2.095	0.034
Waking wet for Placebo 8 weeks	0.23	0.584	2.411	-1.004	1.475	0.692



Appendix 4: Overall NE Results
Figire 3: Overall Improvement in Bedwetting



Quality of Life Results

Urox® was found to be significant for the child decreasing being shy about their nocturnal incontinence (bedwetting). (p=0.01)

The parents of the children who took Urox® found that it was highly significant in improving their child's quality of life (p= 0.0001). In addition, they found that it significantly improved their shyness around their bedwetting (0.0003), how much their child worries about bedwetting (p=0.012), that they felt better (p=0.001) and didn't feel so unhappy about their bedwetting (p=0.002), they were not as sad (p=0.020) and that the child's bedwetting didn't make them feel so different to other people (p=0.0004). (Figure 4.)

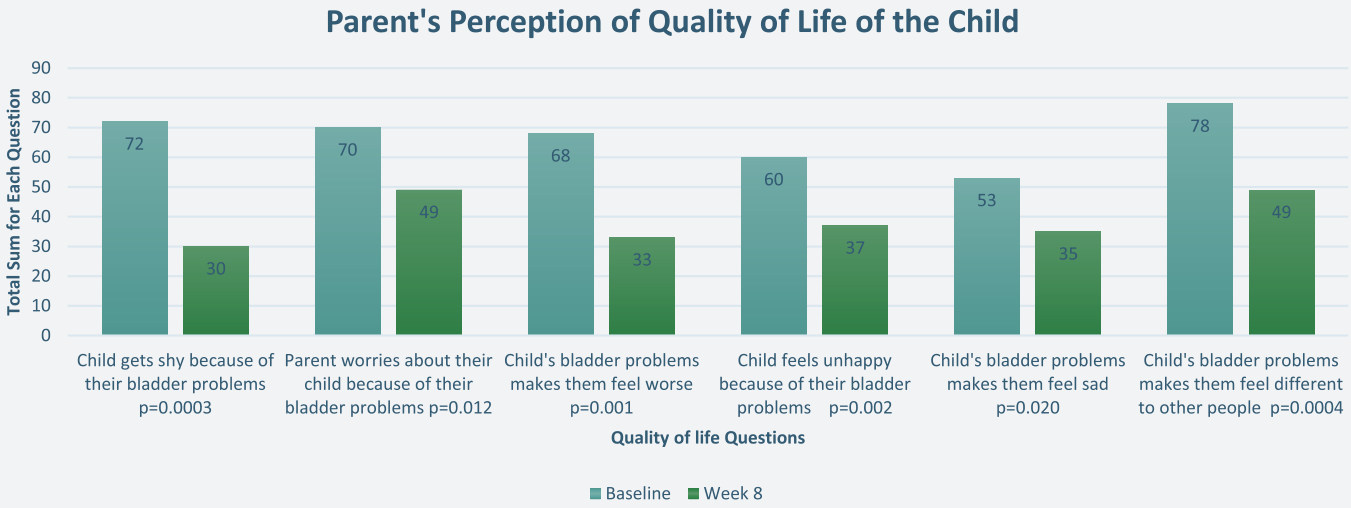


Figure 4. Parent perception of Quality of Life of the Child. (Total Quality of Life from baseline to week-8 (p= 0.0001)

Safety

There were two adverse events in the trial (one was an infection and the other occurred in the placebo arm) but neither were attributed to Urox® and there were no side effects in the Urox® arm. Toxicology testing shows Urox is very safe. Urox® is non-genotoxic, non-mutagenic, non-clastogenic, with a NOAEL (no observed adverse event level) at 200 times the recommended dose.

Study Conclusion

Urox® may assist children in reducing occasional nighttime urination compared to placebo and resulted in significant improvement in quality of life for both parents and children. In addition, Urox® may assist in reducing daily incontinence, urinary urgency, and soiled underwear.

Positive Indications

Occasional Nighttime Urination

Urox® significantly reduced occasional bedwetting in 59% participants. The clinical effect by week 8, Urox® was large (Cohen effect: 0.98) indicating a strong association with reduction in bedwetting and very high clinical relevance with Urox®.

Occasional Daytime Urinary Accidents

In addition, some participants in the Urox® group reduced occasional urinary incontinence or wetting throughout the day.

Occasional Urinary Urgency

The trial also showed improvement with occasional urinary urgency in the Urox® group, decreasing from 58% at baseline to 40% at week-8.

Benefit and Willingness to Continue

More placebo participants (24% compared to 8% of the Urox® group), withdrew from the trial mainly due to the placebo not working for their child within the first 4 weeks indicating the willingness to continue with Urox® was three-fold greater than the placebo group.

Quality of Life

Urox® was found to be significant for the child decreasing being shy about their nocturnal incontinence. In addition, it significantly improved the child's shyness around their bedwetting, how much the child worries about bedwetting, that they felt better and didn't feel so unhappy, were not as sad and didn't feel so different to other people. The parents of the children who took Urox® worried less about their child.

Past Therapies Tried by Parents

The top three parental bedwetting management strategies commonly identified in research studies were consistent with the Urox® trial: Waking Child at Night, Restricting Fluid Intake and using Pads. These interventions are accepted as not effective for children's mastering of occasional bedwetting and can increase the potential for future bedwetting incidents, indicating the importance of the advancement of effective herbal bladder support for children.

Urox® Research History

2002	Steels et al, ACJ 2002. Pilot, Crateva and horsetail to improve bladder control9.
2004	Formulation changes to improve effectiveness.
2006	Schauss et al, FASEB. RDBPCT, 120 participants, shows Crateva and horsetail combination, UroLogic improves symptoms of urinary frequency, incontinence, urgency and nocturia10.
2011	Seipel et al, unpublished pilot trial. Urox® reduces symptoms of overactive bladder and urinary incontinence.
2012	Seipel et al, unpublished trial. Urox® with added Lindera aggregata produces faster results and within a shorter timeframe than Crateva and horsetail alone.
2018	Vertesi, A. Bacterial Reverse Mutation Assay with Urox® Powder Blend; Urox® is non-mutagenic.
2018	Beres, E. Urox® Powder Blend Mouse Micronucleus Test; Urox(Powder Blend is non-genotoxic.
2018	Beres, E. Urox® Powder Blend in vitro Mammalian Chromosome Aberration Test; Urox® did not induce structural chromosome aberrations and is non-clastogenic.
2018	Szakonyine, IP. 14-day Repeated oral gavage Toxicity Study of Urox® Powder Blend in Rats; showed no adverse effects and a No Observed Adverse Effect Level (NOAEL) was determined to be 3000mg/kg bodyweight /day (200 times the recommended daily dose).
2018	Schoendorfer et al, Urox® RDBPCT, 150 participants. Urox® reduced day frequency, nocturia, urgency and urge and stress incontinence. Results occurred within 2 to 4 weeks.
2020	Schloss et al, unpublished trial. Urox® RDBPCT, 48 participants. Urox® reduced nocturnal enuresis (bedwetting) and improved quality of life in children 6 to 14 years. Southern Cross University, Australia, National Centre for Naturopathic Medicine.

Summary

Urox® (Bedtime Buddy™) showed statistically significant and clinically relevant improvement in children 6-14 years of age for occasional bedwetting.

Urox® showed statistically significant improvement in quality of life for the child and parent with improvement in the child's confidence, happiness and reduction in worrying.

The study results help to confirm the results of previous published and unpublished animal and human studies to demonstrate the effectiveness of Urox® in improving bladder control, reducing diaper usage and improving quality of life in humans (adults and children) without serious adverse effects.

About Us

At Seipel Group, we believe in establishing meaningful business relationships. We partner with quality companies for distribution the world over; companies that have the reputation, resources, and vision to see the difference they can create with our efficacious private labeled or custom ingredient formulas.

We're known for our science-based, award-winning, clinically researched, bladder control formulations targeted to underserved health conditions including male and female occasional urinary incontinence, overactive bladder, prostate issues and occasional children's bedwetting.

Our patented Urox® ingredient blend has been the subject of multiple clinical trials and a recently published clinical study with results that no other herbal has achieved to date.

Our aim every day is to improve the health, life quality, happiness and longevity of our customers. We care as much about the families using our life-changing formulas, as we do, the quality and efficacy of each ingredient encapsulated and distributed. Our satisfaction does not just depend on developing successful, innovative products. Our satisfaction relies on knowing and seeing, the life changing effects of confidence, mobility, pride, and dignity that healthy bladder control, and good health in general, can provide.

Our Focus:

- Research and Development
- Award-winning Urinary formulations
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