SEIPELGROUP

FORMULATING INNOVATION

Urox®: Significant Herbal Advancement in Reduction of Incontinence, Overactive Bladder and Urinary Control

Issues that Impact Millions Worldwide

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

Storage lower urinary tract symptoms including overactive bladder (OAB) and urinary incontinence (UI) affect millions of people worldwide, significantly impacting quality of life. The distressing symptoms include Involuntary urine loss, bladder accidents, urinary urgency, inability to reach the toilet in time, lack of control during urination, excessive day frequency and nocturia (overnight urination).

Sufferers often experience inconvenience, embarrassment, limited mobility and reduced confidence. Studies show that less than 50% of people with poor bladder control tell their doctor, or even their partner. However, bladder control issues eventually impact the majority of aging adults. Urinary Incontinence is considered one of the top three most adverse conditions for senior quality of life and is a leading cause for admittance to nursing care.

In 2014, the US CDC reported that US$19.5 billion was spent globally on UI alone. In the US, bladder conditions account for US$12 billion annually, of which over $3.0 billion is for products. These products include; ethical and OTC pharmaceuticals ($1.8 billion), adult diapers and pads ($1.3 billion); and herbal remedies and other dietary supplements (< $100 million).

Understanding the importance of discovering a natural treatment to support the bladder muscles, expert naturopath and medical herbalist, Dr. Tracey Seipel, pioneered a 20-year journey into research, development and testing of an efficacious formula that could alleviate bladder control symptoms. Urox® is the patented and award winning herbal formula developed by Dr. Seipel.

Dr. Tracey Seipel
CEO

Dr. Tracey Seipel is a naturopathic clinician, medical herbalist, clinical nutritionist and diabetes educator with 30 years of experience in clinical practice settings.

During the 1990's, Dr. Seipel was a leader in establishing standards of education for Australian naturopathic colleges as an advisor to government boards with her involvement in the Queensland Naturopathic Association and Federation of Natural and Traditional Therapists.

During her research as product formulator for nutraceutical companies, she uncovered the significant prevalence and underreporting of urinary incontinence in women, and, then overactive bladder and incontinence in both men and women, which led to her pioneering this natural health category. Dr. Seipel is currently CEO of Seipel Group.

A recently published (January 2018) randomized, double-blind, placebo-controlled trial[1] conducted on 150 adults at three of Australia's leading universities showed the patented Urox® formula to be remarkably effective for symptoms of overactive bladder, stress and urgency urinary incontinence, with statistically significant results including:

- ☑ 23% of participants fully continent by 2 months
- ☑ Total average day frequency returned to normal
- ☑ 60% reduction in urinary urgency
- ☑ Halving of nocturia
- ☑ 60% average reduction in urinary incontinence (both stress and urge)
- ☑ 75% of Urox® users reduced their pad usage to one or less per day
- ☑ 84% Urox® users felt the treatment had benefitted them
- ☑ Improvment quality of life
- ☑ Results seen in as little as 2 weeks.

The study considered the benefit of halving nocturia (getting up to go at night) in reducing the additional debility of interrupted sleep in these patients highly clinically relevant. Also, reduction of adult diaper or pad usage to "precautionary" which is considered a significant quality of life improvement.

The study concluded that Urox® has the potential to deliver a natural, life-changing solution for widespread bladder control issues. No other clinically studied herbal formula has shown a statistically significant reduction of incontinence in clinical study.

The Problem

Factors such as childbearing, obesity, chronic constipation, diet, lifestyle and age contribute to the bladder muscles becoming weak and less able to hold or control the flow of urine. In the case of OAB, the bladder muscles do not relax and contract properly signaling to empty early when only partially full, causing urgent and frequent visits to the bathroom day and night.

Incontinence, OAB and poor bladder control can cause significant lifestyle changes, such as adjusting to wearing adult diapers or padded underwear, wearing black on the lower half to hide evidence of accidents, taking the table in restaurants near the restrooms or sitting near the exit at movies for a quick escape.

Bladder weakness can be debilitating to mobility and socializing, key factors often attributed to longevity, by limiting travel for more than one hour at a time due to the need for a restroom; not staying overnight at family and friends so as not to disturb them with the overnight toilet visits; stopping exercise due to accidents; the list goes on. Sufferers may mistakenly reduce liquid intake, risking dehydration, which further irritates the bladder.

Diapers

Adult diapers are reportedly the fastest growing household products business at $8.9 billion globally with 48% growth projected 2015 – 2020.

By 2020, the US diaper market is expected to reach US $2.7 billion[6, 7]. Unfortunately, infant and adult diapers along with padded underwear are the third largest landfill waste product that take centuries to breakdown.

Consumers can spend an average of US$75 per month on these short-term ineffective, wasteful products.

The Opportunity

30 - 50 million Americans suffer UI or OAB disorders and it is estimated that only 33% of sufferers have been diagnosed(2). Although, more active Baby Boomers are demanding treatments for UI, social stigma still prevents treatment of a majority of sufferers.

According to The Simon Foundation and The National Association for Continence, 1/3 of mature adults and ½ of older adults (men and women equally) of all cultures, suffer incontinence [2,3]. 1 in 5 adults (20%) experience Overactive Bladder symptoms.

Bedwetting (nocturnal enuresis) affects 10% of children over the age of five and 5% children at age 10[4]. Prostate enlargement affects more than half of men over the age of 50, increasing further with age[5].

Whilst men typically focus on a prostate-only approach, this enlargement restricts urine outflow, making the bladder work harder, impacting bladder health and control.

Demand For Natural Solutions

Incontinence sufferers are generally familiar with and seeking natural remedies. A 2002 survey of US adults aged ≥ 18 years conducted by the Centers for Disease Control and Prevention magazine indicated that 75% of those with OAB had used some form of complementary and alternative medicine[8].

The market will continue to grow due to the steadily aging population and increasing numbers of seniors living active lifestyles.

Research has been the foundation of the 20-year evolution of Urox® and Seipel Group culminating with the latest randomized, placebo-controlled research published January 2018:

The Research

- 1999 First formulation launched Australia
- 2002 Steels et al, ACJ 2002. Pilot, Crateva and horsetail to improve bladder control[9].
- 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 nocturia[10].
- 2010 Formulation modified to produce faster effects (within 1 month versus 3) with lower dosage (reduced to 2 capsules daily, previously 4/day)
- 2011 Seipel et al, unpublished pilot trials. Urox® reduces symptoms of overactive bladder and urinary incontinence.
- 2012 Seipel et al, unpublished trials. Urox® with added Lindera aggregata produces faster results and within a shorter timeframe than Crateva and horsetail alone.
- 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 [1].

The Current Study

A summary of Schoendorfer et al (2018). Urox® containing concentrated extracts of Crataeva nurvala stem bark, Equisetum arvense stem and Lindera aggregata root, in the treatment of symptoms of overactive bladder and urinary incontinence: a phase 2, randomised, double-blind placebo controlled trial. BMC Complementary and Alternative Medicine (2018), 18:42.

Summary: The aim of the study was to assess the efficacy of Urox®, containing concentrated extracts of Cratevox™, (Crataeva nurvala), Equisetum arvense and Lindera aggregata, in reducing symptoms of overactive bladder, including urinary urgency, day frequency, nocturia and urge urinary incontinence, as well stress urinary incontinence. The study results help to confirm the results of previous published and unpublished animal[11] and human[10,11,12] studies and demonstrate the effectiveness of Urox® in improving bladder control, reducing diaper usage and improving quality of life in humans.

RESULTS SHOW STATISTICALLY SIGNIFICANT REDUCTION IN:

- Urinary frequency in the Urox® group compared to the placebo group.
- Urinary urgency, in the Urox® group compared to the placebo group.
- Stress urinary incontinence, in the Urox® group compared to the placebo group.
- Urge urinary incontinence, in the Urox® group compared to the placebo group.
- Diaper usage, in the Urox® group compared to the placebo group.
- Statistically significant improvement in nocturia in the Urox® group compared to the placebo group
- Statistically significant Quality of Life (QOL) improvements using validated questionnaires found with the Urox® group but not in the placebo group include:
  - Total QOL scores
  - Bothersome
  - Difficulty in coping
  - Concern/worry
  - Difficulty sleeping
  - Social interaction
- No significant side effects were observed resulting in withdrawal from the study

Introduction

Storage lower urinary tract (LUTS) include overactive bladder (OAB) symptoms of increased day frequency, nocturia (getting out of bed for the toilet), urinary urgency, or having to rush for the restroom and urgency urinary incontinence, as well as stress urinary incontinence[14]. Up to 50 million Americans, both men and women, are affected. Research in other countries cite a comparable prevalence[14,2].

To put this into perspective, there are roughly as many people with bladder control problems as there are with arthritis. And yet bladder control conditions are rarely discussed and there are but a few limited, natural/herbal options available for sufferers. Even for sufferers, less than half tell their doctor, or even their partner, about their problem.

OAB and urinary incontinence (UI) pose an enormous health cost burden. In 2000, these costs totalled US$19.5 billion for urinary incontinence alone in the United States[8].
These bladder conditions are embarrassing and distressing and negatively impact the physical and emotional status and quality of life in those affected[3].

Factors such as childbearing, obesity, chronic constipation, diet, lifestyle and age contribute to the bladder muscles becoming weak and less able to hold or control the flow of urine. In the case of OAB, the bladder muscles do not relax and contract properly signaling to empty early when only partially full, causing urgent and frequent visits to the bathroom day and night.

Both previous and emerging clinical research into the use of phytomedicines demonstrates an increasing benefit from these approaches, often without the side effects that are associated with prescription medications. However, few have been subjected to controlled clinical trials to evaluate their safety and efficacy. Earlier research with Crateva alone, Crateva and Equisteum combined and pilot research with Urox® (Crateva, Equisetum and Lindera) has consistently shown the benefit of these herbs and their combination. The efficacy of Urox® is considered to be due to an antispasmodic effect as a result of an improvement in the tone of the bladder muscles and underlying pelvic floor muscles [10,11].

This study assesses the effectiveness of Urox® in resolving UI and/or symptoms of OAB, such as urinary frequency, nocturia, urgency and incontinence within a two-month time frame.

Methods

Using a randomized double-blinded, placebo-controlled parallel design, 150 healthy subjects were included if they had two of the following symptoms of overactive bladder (including urinary day frequency, nocturia, urinary urgency and urge urinary incontinence) or stress urinary incontinence. Participants equally allocated to one of two trial arms: a placebo or daily dose of 840mg Urox®. Participants completed 3-day symptoms diaries before starting the intervention, then again at 2 weeks, 4 weeks and 8 weeks of intervention. Interviews were conducted at two outpatient centres.

Symptoms include:

- Urinary day frequency: ≥10/day,
- Nocturia: ≥2/night,
- Urinary urgency: ≥2/day,
- Urinary incontinence ≥1/day (includes, stress, urgency and other)

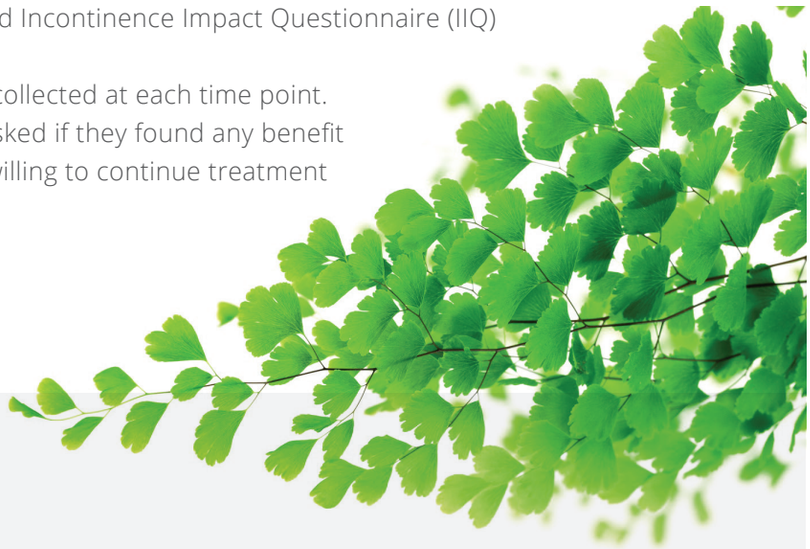
Primary Outcome Measure

The primary outcome measures were urinary frequency defined as the number of voluntary diurnal and/or nocturnal micturitions, self-reported via a validated urinary diary method.

Secondary Outcome Measure

Secondary outcome measures included number of urinary urgency episodes/day, and number of incontinence episodes, self-reported via the same diary technique.
Health-related quality of life (HR-QOL) was measured using condition specific, previously validated standardised questionnaires including short versions of the Overactive Bladder Questionnaire (OAB-SF); the Urinary Distress Inventory (UDI); and Incontinence Impact Questionnaire (IIQ)

Number and type of diaper usage per week was collected at each time point.
At the completion of the trial participants were asked if they found any benefit from the treatment and whether they would be willing to continue treatment with this medication.



Results

Variable	Placebo	Treatment
Participants	75	75
Sex (Female %)	48 (64%)	40 (53%)
Age (years; mean ± SD)	62.48 ± 13.70	64.55 ± 12.42
Weight (kg; mean ± SD)	79.23 ± 22.47	78.53 ± 18.94
Day frequency ≥10 x/day (n,%)	57 (76%)	50 (67%)
Nocturia ≥2 x/night (n,%)	60 (80%)	70 (93%)
Urgency ≥2 x/day (n,%)	62 (83%)	63 (84%)
Urgency incontinence≥1 x/day (n,%)	33 (44%)	32 (43%)
Stress incontinence ≥1 x/day (n,%)	9 (12%)	10 (13%)
Any incontinence ≥1 x/day (n,%)	42 (56%)	35 (47%)
Only two symptoms (n,%)	25 (30%)	26 (35%)
Only three symptoms (n,%)	29 (39%)	30 (30%)
All four symptoms (n,%)	21 (28%)	19 (25%)

Table 1. Demographic and symptom characteristics of study population at the start of the trial

Variable	Placebo (mean ± SD)	Urox® (mean ± SD)	OR (95% CI) Placebo vs treatment
Day frequency (n/day)			
week 0	11.57 ± 1.79	11.53 ± 1.54	0.95 (0.33 to 2.73)
week 2	10.80 ± 2.44	8.94 ± 2.28	0.07 (0.04 to 0.13)*
week 4	10.60 ± 2.42	8.42 ± 2.46	0.04 (0.02 to 0.08)*
week 8	10.95 ± 2.47	7.69 ± 2.15	0.01 (0.01 to 0.02)*
Nocturia (n/day)			
week 0	3.39 ± 1.52	4.02 ± 1.62	3.59 (1.39 to 9.21)*
week 2	2.94 ± 1.37	3.18 ± 1.72	0.40 (0.24 to 0.69)*
week 4	2.92 ± 1.30	2.70 ± 1.52	0.14 (0.08 to 0.24)*
week 8	3.14 ± 1.36	2.16 ± 1.49	0.03 (0.02 to 0.05)*
Urgency (n/day)			
week 0	4.34 ± 2.89	3.80 ± 1.82	0.67 (0.23 to 1.94)
week 2	3.65 ± 2.62	2.32 ± 2.09	0.16 (0.09 to 0.27)*
week 4	3.52 ± 2.68	1.88 ± 2.25	0.08 (0.04 to 0.13)*
week 8	3.93 ± 2.87	1.49 ± 2.31	0.02 (0.01 to 0.03)*
Urgency Incontinence (n/day)			
week 0	2.71 ± 2.68	2.79 ± 1.50	1.70 (0.53 to 5.40)
week 2	2.32 ± 1.54	1.85 ± 1.78	0.19 (0.09 to 0.40)*
week 4	1.82 ± 1.33	1.53 ± 2.41	0.19 (0.09 to 0.40)*
week 8	2.44 ± 2.38	1.24 ± 2.49	0.04 (0.02 to 0.09)*
Stress Incontinence (n/day)			
week 0	2.19 ± 1.50	2.13 ± 1.14	0.97 (0.11 to 8.65)
week 2	1.70 ± 1.49	1.27 ± 1.29	0.30 (0.07 to 1.29)
week 4	1.85 ± 1.29	0.77 ± 0.94	0.06 (0.01 to 0.25)*
week 8	2.04 ± 1.51	0.73 ± 0.87	0.03 (0.01 to 0.15)*
Total Incontinence (n/day)			
week 0	2.95 ± 2.65	3.31 ± 2.12	1.97 (0.65 to 5.98)
week 2	2.56 ± 1.62	2.20 ± 2.09	0.23 (0.11 to 0.45)*
week 4	2.13 ± 1.42	1.74 ± 2.68	0.14 (0.07 to 0.27)*
week 8	2.70 ± 2.25	1.38 ± 2.73	0.03 (0.01 to 0.06)*

Table 2. Over active bladder and urinary incontinence symptoms frequency as recorded from micturition diaries

OR (95% CI): odds ratio and 95% confidence interval for difference between the two treatments.
* Significantly different between the two treatments at the specific time

Significant differences were observed at 8-weeks over all variables, with symptoms reducing to within normal range occurring in greater frequency in Urox® group (Table 2) compared to placebo. Resolution of symptoms was indicated at ≤ 8/day for day frequency, ≤ 1/night for nocturia and 0 for both urgency and total incontinence (Figure 2-5), as outlined by the National Association for Continence[6].

Reductions in Total Average Frequency

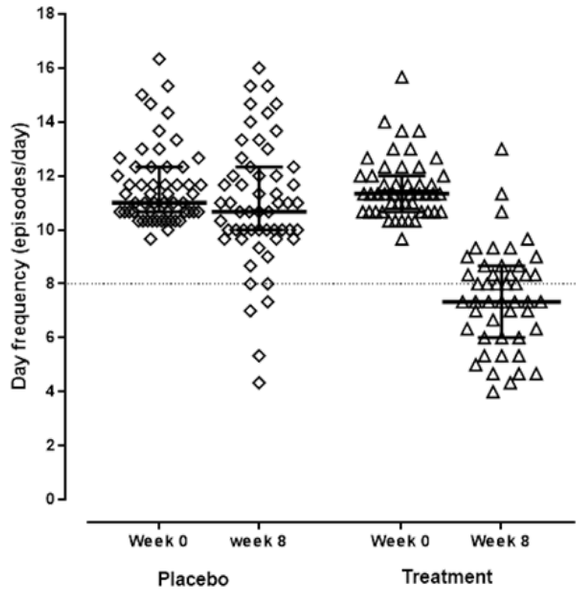


Figure 1. Average Frequency of Day frequency, baseline versus week-8

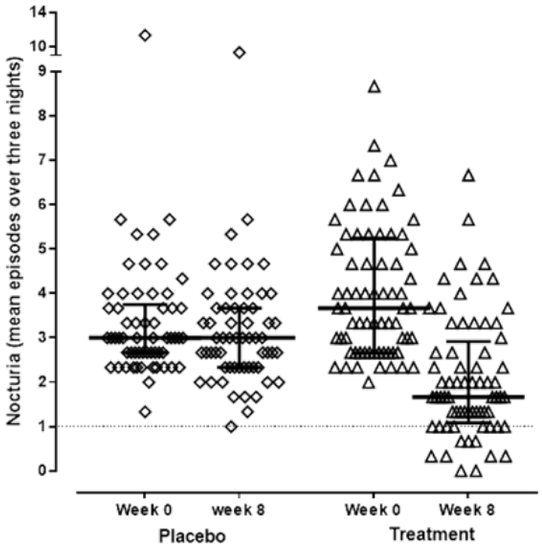


Figure 2. Average Frequency of Nocturia , baseline versus week-8

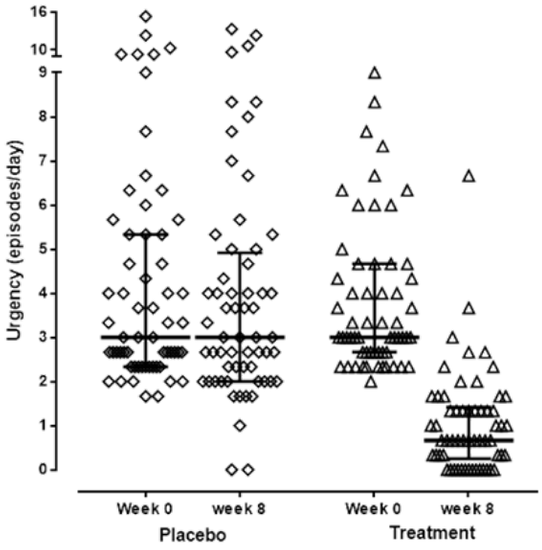


Figure 3. Average Frequency of Urinary urgency, baseline versus week-8

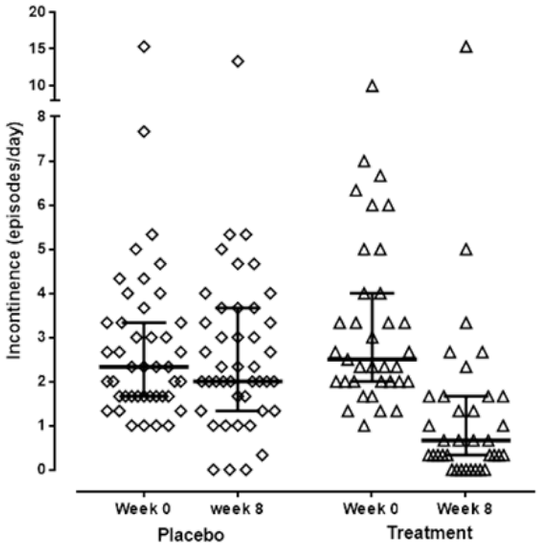


Figure 4. Average Frequency of Urinary incontinence , baseline versus week-8

Quality of Life

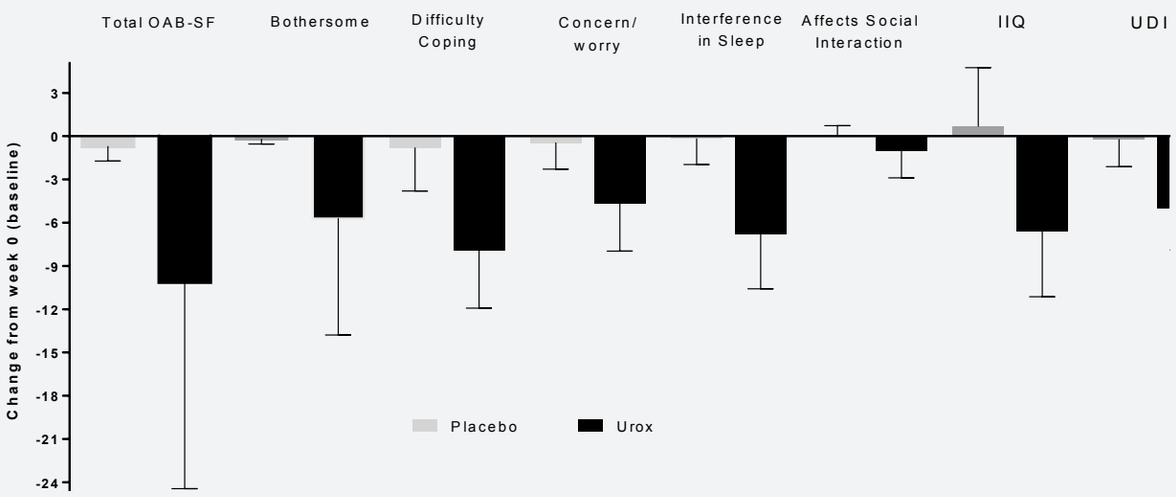


Figure 5. HR-QOL scores at week-8: Placebo vs Urox® ($p<0.01$)

Significant improvements were noted in participants' HR-QOL perceptions after 8-weeks of the treatment compared to placebo (Figure 5).

Differences in OAB-SF parameters (quality of life questions) between Urox® and placebo: bothersome (mean diff -11.53); difficulty in coping (-7.57), concern/worry (-4.41), difficulty sleeping (-6.51) and social interaction (-1.14) were all significantly lower ($p<0.01$) with Urox®. Total OAB-SF was significantly lower ($p<0.01$)) after Urox® than with placebo. For incontinence sufferers, total scores for IIQ and UDI were also significantly lower (-7.56 and -5.45) with Urox®, compared to placebo.

The Cohen's d effect of each measure at week-8 was calculated to determine clinical relevance size for each variable. Results showed a large (Cohen's $d \geq 0.6$) effect of Urox® on all urinary variables expect for urgency incontinence where the effect was moderate (Cohen's d 0.55). Similarly, for HR-QOL data, we observed Cohen's d value of above 0.6.

Pad/Diaper Usage

Approximately 40% of the participants in both groups reported using diapers at the start of the study. At this time (i.e., week-0) 28% of placebo and 23% of Urox® participants reported using diapers for more than just precautionary measures (i.e., more than 1 diaper per day). At the end of the study, 26% participants in the placebo group continued to use more than one pad/diaper a day compared to only 6% in the Urox® group.

In addition, the number of individuals using moderate/heavy pads throughout the study reduced in the placebo group from 20 at baseline to 19 at the end of the study period, whereas for the Urox® group, this number reduced from 18 at baseline to 6 participants at week-8.

Summary

Benefit and Willingness to Continue

Similarly, a significantly higher proportion of participants in the Urox® group (84%) reported they had benefited from the treatment compared to 18% of the placebo group, and 77% of participants in the Urox® group indicated their willingness to continue with Urox® compared to 29% in the placebo group

Frequency - Day and Night (nocturia)

Results show that 60% of participants in the Urox® group reported normalization (i.e., 8 or less micturitions/day) of their excessive day frequency after week-8 of the trial, compared with 11% of the placebo group. Similarly, for nocturia, 24% of the Urox® group became symptom free at the end of the trial (with improvements observed as early as 2 weeks), compared to less than 2% of the placebo group.

Urinary Urgency

For urinary urgency, 21% of Urox® participants reported no urgency at the end of the trial period, compared to only 5% in the placebo group.

Urinary Incontinence

23% percent of participants in the Urox® group reported they were incontinence free at the end of 8 weeks compared to 7% in the placebo group.

Urox® produced more extensive benefits for symptoms of OAB than has been shown with earlier herbal research, and within a shorter timeframe. As well these improvements were observed in both men and women. Urox® is the only herbal randomised, controlled research that has shown statistically significant improvement in symptoms of urinary incontinence.

A systematic literature review of pharmaceutical drugs for urgency and urinary incontinence between 1966 and 2011, concluded that overall the drugs selected for review produce small benefits, with up to 13% of participants achieving continence, while approximately 6% of participants discontinued treatment due to severity of adverse effects. Also, evidence of improved quality of life was limited.In contrast, the current study using Urox®, compared to placebo, was well tolerated and significantly improved quality of life for study participants.

Sleep

Halving nocturia within two months of treatment reduces the additional debility of interrupted sleep in these patients, and is considered highly clinically relevant.

Convenience

Reductions in day urinary frequency, urgency and incontinence are also very clinically relevant particularly to patients whose lives can be continuously interrupted on a daily basis by needing to use toilet facilities within a close proximity of their whereabouts.

Conclusion

The outcome of this randomised controlled trial demonstrates both statistical significance and clinical relevance in reducing urinary frequency, OAB and UI symptoms, over 8 weeks, without side effects commonly seen with anticholinergic and antimuscarinic medications, showing Urox® is an effective herbal option for bladder control.

Prostate or Bladder or Both

Lower urinary tract symptoms (LUTS) in men are very common affecting more than half of men over the age of 50. LUTS are categorized as largely storage or emptying symptoms or, less commonly, painful symptoms.

Storage symptoms (commonly due to OAB)

- Urgency
- Frequency
- Increased bladder sensation
- Urge incontinence
- Nocturia

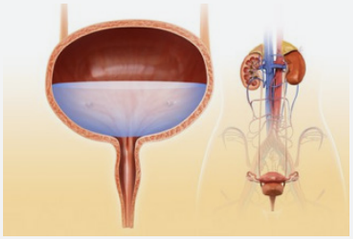
Emptying symptoms (commonly due to BPH)

- Hesitancy
- Dysuria
- Intermittency
- Weak stream
- Dribbling post-voiding

Painful symptoms (rare)

- Pelvic, perineal or urethral pain

LUTS increase with age and it is common to focus on the prostate in men. However, 50% of LUTS cases are considered due to storage problems[15], most commonly OAB. A prostate-only approach is inadequate for these men and a bladder focused approach, such as Urox®, or a bladder and prostate approach, for which Prorox was developed.



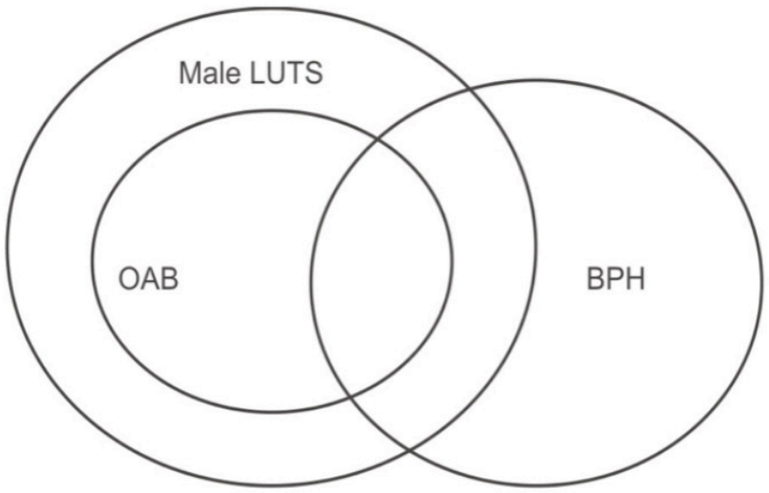


Figure 6. Association between male LUTS, OAB and BPH

Source: Chun-Hou Lia and Hann-Chorng Kuo. 2010. Incontinent Pelvic Floor Dysfunction

Prorox combines Urox® with clinically researched herbs and nutrients to support prostate health and reduce symptoms of benign prostatic hypertrophy (BPH). Prorox contains Urox® combined with CO2-extracted Saw palmetto, Lycopene, Vitamin D3, Selenium and Zinc to target the prostate and bladder.

Bed Wetting

Nocturnal enuresis or bedwetting affects many children (over age 5) who have achieved daytime dryness with potty-training. Night time bladder control is considered the last stage of potty-training and can take some children a little more time to master.

The National Sleep Foundation[4] estimates:

- 10% of children wet the bed
- 13 - 20% of 5-year-old children
- 10% of 7-year-olds
- 5% of 10-year-old children still wet the bed (who are more likely to have emotional problems)

The Seipel Group has formulated Urox® in a dosage for children named Bedtime Buddy that helps to:

- Strengthen bladder control
- Reduce urinary frequency
- Promote a dry night's sleep
- Control bedwetting

The Solution

Urox®

- 8+ years of safe usage
- Successful clinical trials
- More effective than alternatives
- Very well tolerated
- No side effects like anticholinergics/ antimuscarinics
- Cost effective when compared to pads or other medications

User Benefits

The remarkable results Urox® has shown for reducing incontinence, including the use of pads or diapers, in just eight weeks has significant clinical and practical value. Considering the demonstrated benefits, lack of serious adverse events or side-effects of drugs along with a high rate of patient compliance and participant satisfaction, the utility of Urox® by clinicians, supplement retailers and manufacturers is worthy of consideration.

About Us

At Seipel Group, we believe in establishing meaningful business relationships. We partner with quality companies the world over; companies that have the reputation and resources, but also the vision to see the difference they can create with our formulations. Companies including supplement entrepreneurs, established brands, private label retailers, bulk and contract manufacturers.

We're known for our innovative custom formulations for adults, children and pets.

The basis of Seipel Group is healing. Coming from a clinical background, our aim every day is to make a difference in the lives of our customers; to improve their health, life quality, happiness and longevity. We care as much about the people using our life-changing products, as we do, the quality and efficacy of each formula encapsulated and distributed. Our satisfaction is not just in building a great and successful company with innovative products. Our satisfaction relies on knowing and seeing first hand, the life changing effects of confidence, mobility, freedom and dignity that healthy bladder control and good health in general can provide.

Our Focus:

- Research and Development
- Specializing in Urinary formulations
- 20 years of product development and refinement
- Award winning formulations
- Partnering with successful and established marketing and distribution companies
- Multiple patent families in USA and globally
- Trademark protection in USA and globally

SUPPLY OPTIONS

Powdered blend
Bulk Capsules
Finished bottled product
Manufacture in USA, Australia, New Zealand

COMPLIANCE

Stability data
Further Product support material and research available on request
Vegetarian/vegan
GMO-free
Dairy-free
Soy-free

Please contact us to learn about our private label partnership, bulk purchase and worldwide distribution opportunities or for further information regarding the development of our award-winning formulations and clinical research.

SEIPELGROUP
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"Quality of life delivered by innovative, natural, clinically proven products."

References

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