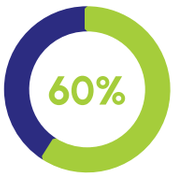
PROVEN

# CLINICAL RESULTS

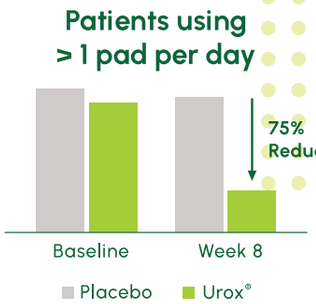
Urox® produced clinically significant results from 2 weeks (greatest results at 8 weeks) with **no anticholinergic, antimuscarinic or cardiac side effects.**

## MEN & WOMEN

90% of participants had improved symptoms*




Day frequency was normalised in 60% of participants*




33%
vs 11%

**URINARY FREQUENCY**

Reduced by 33% to within the normal ranges*

46%
vs 7%

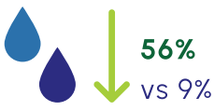
**NOCTURIA**

Reduced by 46%, compared to placebo (7%)*

61%
vs 9%

**URINARY URGENCY**

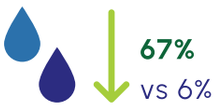
Reduced by 61%, compared to placebo (9%)*



56%
vs 9%

**URGE INCONTINENCE**

Reduced by 56%, compared to placebo (9%)*



67%
vs 6%

**STRESS INCONTINENCE**

Reduced by 67%, compared to placebo (6%)*

58%
vs 8%

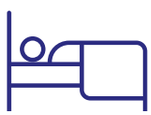
**TOTAL INCONTINENCE**

Reduced by 58%, compared to placebo (8%)*

## KIDS

**NOCTURNAL ENURESIS**

Statistically significant reductions in 62% of children**



**BED WETTING**

30-100% improvement in bedwetting**

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CLINICAL EDUCATION

(855) 950-4567 www.seipelgroup.com



*Schoendorfer N, et al. BMC Complement Altern Med. 2018;18:42. **Schloss J, et al. Phytomedicine. 2021;93:153783; Schloss J, et al. Phytomedicine. 2022;99:153992. Funding assistance received from the Queensland State Government & Australian Federal Government. ^BHP 1983. These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.

PRE-

# CLINICAL RESEARCH

Urox® phytomedicine extracts were found to be potent to reverse RA-induced changes in several parameters that are determinants of overactive bladder. All 13 cystometric and biochemical marker changes were normalized with 14 days administration of Urox®.

## METHODOLOGY

**Type:** **Mechanism of Action** *in vivo* study

**Aim:** To determine if Urox® would reverse retinyl acetate (RA) induced changes that model OAB

**60 rats were divided into four groups**

1. Control
2. RA Only
3. Urox® Only
4. RA & Urox®

**RA Groups**
**Duration:** Once
**Dose:** 0.75% solution

**Urox® Groups**
**Duration:** 14 days
**Dose:** 840mg daily

Cystometry and multiple biochemical parameter measurements were performed 2 days after the last dose of Urox®.

## OUTCOMES OF UROX® ADMINISTRATION

### Neuronal Voiding Center

Urox® lowers expression of marker (c-FOS) in the brain NVC. This enzyme is raised in OAB. Urox® supports a **proper brain-bladder nerve response.**

↓ Less Urgency
↓ Less Frequency

### Bladder Detrusor & Pelvic Floor Muscles

Urox® decreases the DOI (detrusor overactivity index) to promote bladder detrusor muscle stability and **improve bladder compliance**.

↓ Less Nocturia
↓ Less Accidents

### Bladder Lining Sensitivity

Urox® **desensitizes overstimulated afferent nerve fibers to the bladder**, limits sensitization of nerves under the bladder lining and makes it less permeable.

↓ Less Frequency
↑ More Comfort

### Voiding Volume

Urox® decreases VAChT (Vesicular acetylcholine transporter) levels in the detrusor muscle to **improve voiding volume and strength of stream**.

↑ Stronger Stream
↑ More Volume

**Urox® reversed changes characteristic of OAB**

The cystometric results indicated OAB symptoms induced by RA were normalized by Urox® with **no** diuretic or cardiovascular effects such as changes in blood pressure or heart rate.

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*Zapala L, et al. Front Mol Biosci. 2022;9:896624. These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.