

Key Features:

- Herbal Powdered Drink - A Good Way to **Hydrate**
- **Great Taste With NO Added Caloric Sugar**
- Each Scoop Contains:
 - » **Cranberry Juice Concentrate (7,200 mg fresh juice equiv.)**
 - » **Hibiscus Extract (6,000 mg dried herb equiv.)**
 - » **D-Mannose (1,500 mg)**
- **Excellent Adjunct** to Antibiotic Therapy

Description:

UTI-XP is a comprehensive, highly potent formula to help relieve and prevent recurrent urinary tract infections.

Hibiscus extract, cranberry extract, and d-mannose work synergistically to inhibit the adhesion of uropathogenic bacteria like *E. coli* to the urinary tract linings, disrupting biofilm formation, and exerting antimicrobial effects.

Cranberry Extract

Cranberry juice has been shown to inhibit the colonization of various uropathogenic *E. coli* strains, which cause 80-90 percent of all UTIs,^[1] via two major mechanisms:

- **Inhibiting the formation of biofilm** ^[2] synergistically **supporting antimicrobials** ^[3]
- **Disrupting the adherence of p-fimbriated* *E. coli*** to the uroepithelial cells ^{[4],[5]}
*Strains of uropathogenic *E. coli* have surface structures called P-fimbriae that support adhesins, by means of which they bind to the receptors of the uroepithelial cells.

A randomized control trial involving 150 sexually active women, subjects were assigned to receive either cranberry tablets, diluted cranberry juice, or placebo.^[6] Both cranberry tablets and juice significantly decreased the number of patients

Quantity: approx. 168 g (28 scoops)

Ingredients (per scoop):

Cranberry Juice Concentrate (12:1).....600 mg
(*Vaccinium macrocarpon*)
(equivalent to 7,200 mg of fresh juice)
D-Mannose.....1,500 mg
Hibiscus sabdariffa Extract.....500 mg
(12:1) (6,000 mg dried herb equivalent)

Non-medicinal Ingredients:

Erythritol (certified organic), rebaudioside M

Suggested Use:

Adults - Take 1-2 scoops a day, or as directed by a health care practitioner. Thoroughly mix 1 scoop with 150 mL of water. Use for at least 4 weeks to see beneficial effects.

experiencing at least 1 symptomatic UTI per year to 20% and 18%, respectively, compared with placebo (32%) ($p < 0.05$). Total antibiotic consumption was also less in both treatment groups compared with placebo.

Hibiscus Extract

Hibiscus sabdariffa (roselle) has been shown to exert multiple health benefits including anti-diabetic, hepato-protective, diuretic, and antibacterial effects.^[7]

The antimicrobial activity of Hibiscus attributes to its organic acid content. Protocatechuic acid, in particular, has been shown to exert antibacterial action on methicillin-resistant *Staphylococcus aureus* (MRSA), *Klebsiella pneumoniae*, *Pseudomonas aeruginosa*, and *Acinetobacter baumannii* ^[8], as well as anti-biofilm and antifungal activities against *Candida albicans* in recurrent candiduria.^[9]

In a clinical study evaluating the incidence of UTI in long-term care facilities, **the use of hibiscus drink was shown to reduce the overall incidence of UTI**



by **36%**. It was also shown to exert anti-inflammatory action on the LPS-induced renal inflammation.^[10]

D-Mannose

D-mannose is a naturally occurring simple sugar that is absorbed eight times slower than glucose. When ingested, it is not converted to glycogen or stored in the liver, but instead goes directly to the bloodstream from the upper GI-tract, filtered through the kidneys, and excreted intact in the urine.

D-Mannose works by preventing uropathogenic bacteria, such as E. coli, from binding to the walls of the bladder and urinary tract.

Our bladder walls are lined with various mannose proteins (i.e., glycosylated with mannose), which are major binding sites for the uropathogenic E. coli with their surface, finger-like projections called lectins.

Due to the fact that these lectins have a strong affinity to mannose molecules, free D-mannose in the urine can competitively bind to the E.coli surfaces, neutralizing their ability to anchor onto the uroepithelial surfaces. As a result, the bacteria are trapped in the urinary flow and consequently eliminated.^[11]

The effectiveness of D-mannose is highly dose-dependent as the concentration of D-mannose 'excreted' in the urine dictates how well the bacteria are neutralized.

In a randomized clinical trial, 308 women with history of recurrent UTI were assigned to three groups: 1) prophylaxis with **2 g D-mannose QD** (n=103), 2) prophylaxis with **50 mg nitrofurantoin QD** (n=103), and 3) no prophylaxis (n=102) for 6 months.^[12]

Both **D-mannose** and nitrofurantoin groups had a

significantly lower risk of recurrent UTIs compared to the no prophylaxis group (**Relative Risk 0.239** and 0.335, respectively; $p < 0.0001$). However, on top of its greater prophylactic efficacy, **D-mannose also resulted in a significantly lower risk of side effects than nitrofurantoin** (Relative Risk 0.276; $p < 0.0001$).

Reference:

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