WOMEN'S UROGENITAL HEALTH

UroRAIN

Triple Action Uro-Care

Daily urinary and urogenital-flora support for women, combining anti-adhesion actives with a 7-strain Lactobacillus complex.

15 billion CFU | 7 Lactobacillus strains | Sealed foil pouches | Made in Singapore



Three complementary mechanisms

Evidence overleaf

Flush · D-Mannose

Binds E. coli type 1 fimbriae so bacteria are cleared with urine.

Block · Cranberry PACs

A-type PACs inhibit adhesion of P-fimbriated E. coli to urothelium.

Restore · Probiotics + FOS

7 Lactobacillus strains incl. L. crispatus support protective flora and acidic pH.

PER DAILY SERVING (2 CAPSULES)

D-Mannose	**1000 mg**
Cranberry extract (24% PACs)	**50 mg**
FOS (prebiotic)	**52.5 mg**
7-strain Lactobacillus blend	**15 billion CFU**

L. crispatus, acidophilus, rhamnosus, salivarius, reuteri, paracasei, fermentum

PRODUCT AT A GLANCE

Use: 2 capsules daily with water, or as directed by a physician

Pack: 60 capsules in sealed foil pouches, protected from moisture and light

Shelf life: 3 years

Quality: Made in Singapore, GMP-certified facility, vegetarian, non-GMO

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The evidence behind the formula

The urogenital connection

Depletion of vaginal lactobacilli is associated with UTI risk.[3] After menopause, falling estrogen shifts the vaginal microbiota away from Lactobacillus dominance, a change linked to genitourinary symptoms.[4] UroRAIN pairs bladder-level anti-adhesion with flora support.

VAGINAL pH



3.0 4.0 5.0 6.0 7.0

3.8–4.5 lactobacillus-dominant, healthy

Above 4.5 common after menopause or flora disruption

Ingredient evidence

Cranberry PACs
Cochrane review, 2023[1]

50 RCTs, 8,857 participants. In women with recurrent UTI, cranberry products probably reduce symptomatic, culture-verified UTI (RR 0.74, 95% CI 0.55–0.99). No difference in UTI risk was shown between low, moderate and high PAC doses (very low certainty).

D-Mannose
RCT, World J Urol[2]

308 women with recurrent UTI. D-mannose 2 g/day for 6 months: recurrence 14.6% vs 60.8% with no prophylaxis, comparable to nitrofurantoin 50 mg (20.4%) with fewer side effects. UroRAIN provides 1 g/day.

L. crispatus
Phase 2 RCT, Clin Infect Dis[3]

100 premenopausal women with recurrent UTI. Intravaginal L. crispatus: recurrence 15% vs 27% placebo (RR 0.5, 95% CI 0.2–1.2); high vaginal colonisation was associated with a significant reduction. UroRAIN delivers L. crispatus orally.

MAY SUIT

Women prone to recurrent urinary discomfort

Peri- and post-menopausal women

Flora support after antibiotic courses

A NOTE ON THE EVIDENCE

Data above relate to individual ingredients at the doses and routes studied. UroRAIN as a combination has not yet been evaluated in a clinical trial.

REFERENCES

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3. Stapleton AE, et al. Randomized, placebo-controlled phase 2 trial of a Lactobacillus crispatus probiotic given intravaginally for prevention of recurrent UTI. Clin Infect Dis. 2011;52(10):1212-7. doi:10.1093/cid/cir183

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