FOR GYNAECOLOGY & WOMEN'S HEALTH

Supporting a Lactobacillus-dominant vaginal microbiome

UroRAIN's synbiotic complex: **7 Lactobacillus strains, 15 billion CFU**, with prebiotic FOS, taken orally once daily.

Includes L. crispatus | Prebiotic + probiotic | Non-antibiotic



Why lactobacilli matter

In about 70% of women the vaginal microbiota is dominated by Lactobacillus species, most often *L. crispatus*.[1] Their lactic acid keeps pH acidic and limits overgrowth of Gardnerella, coliforms and yeast.

This balance is easily disturbed by **antibiotics, menstruation, sexual activity and the fall in estrogen after menopause**.[1,6]

HOW AN ORAL SYNBIOTIC SUPPORTS FLORA

1. Lactobacilli survive gut transit and are thought to reach the vaginal tract from the rectum.[2]
2. They produce lactic acid and other antimicrobial compounds, helping keep pH at 3.8–4.5.
3. FOS feeds the lactobacilli, supporting their growth and activity.

The seven strains

L. crispatus Signature species of a healthy vaginal microbiome	***L. rhamnosus*** Among the most studied oral urogenital species	***L. reuteri*** Studied orally for vaginal flora restoration	***L. acidophilus*** Lactic acid producer
L. paracasei Oral intake studied for Gardnerella reduction	***L. fermentum*** Supports microbial balance	***L. salivarius*** Supports microbial balance	**+ FOS 52.5 mg** Prebiotic fibre

MAY SUIT WOMEN

- After a course of antibiotics
- Peri- and post-menopause
- With recurrent intimate discomfort, alongside prescribed treatment
- Seeking daily urogenital flora support

ALSO IN EACH DAILY SERVING

D-Mannose 1000 mg and Cranberry extract (24% PACs) 50 mg for urinary tract support, so one product covers both bladder and flora.

2 capsules daily · 60 capsules in sealed foil pouches · Made in Singapore, GMP-certified facility

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What the research shows on oral lactobacilli

Flora restoration RCT, 64 healthy women[2]	Oral *L. rhamnosus* GR-1 + *L. fermentum* RC-14 daily for 60 days restored a lactobacilli-dominant flora in **37% vs 13%** on placebo, with fewer yeast and coliforms and no adverse effects.
Bacterial vaginosis Double-blind RCT, 544 women[3]	Oral *L. rhamnosus* GR-1 + *L. reuteri* RC-14 for 6 weeks: balanced vaginal microbiota in **61.5% vs 26.9%** on placebo; still **51.1% vs 20.8%** at 12 weeks.
Vulvovaginal candidiasis Cochrane review, 10 RCTs[4]	As an **adjunct to antifungals**, probiotics increased short-term clinical cure (RR 1.14) and reduced relapse at one month (RR 0.34), without more adverse events. Long-term benefit was not shown; evidence quality low.
Gardnerella Crossover RCT, healthy women[5]	Daily oral *L. paracasei* (LPC-S01) for 4 weeks reduced the relative abundance of Gardnerella in the vaginal microbiota.

IN PRACTICE

Best positioned as **daily maintenance** and as **support alongside** standard treatment for BV or candidiasis, not as a replacement for it.

A NOTE ON THE EVIDENCE

Probiotic effects are strain-specific. The studies above used the named strains; UroRAIN contains the same species but has not itself been tested in a clinical trial. Results are mixed: one trial found no added benefit of oral probiotics with metronidazole for BV.[7]

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