

AZO®

AZO® D-Mannose Capsules

Contains 2000mg of D-Mannose –
the amount clinically studied to flush,
cleanse, and protect the urinary tract*

AZO® Clinical Strength
D-Mannose is a daily way
to flush, cleanse, and
protect the urinary tract.*



AZO® D-Mannose Capsules

Active Dietary Ingredient:
2000mg D-Mannose.

Other Ingredients: Hydroxypropyl Methylcellulose, Magnesium Stearate
Directions for Use: Take four (4) capsules, once daily.

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*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.

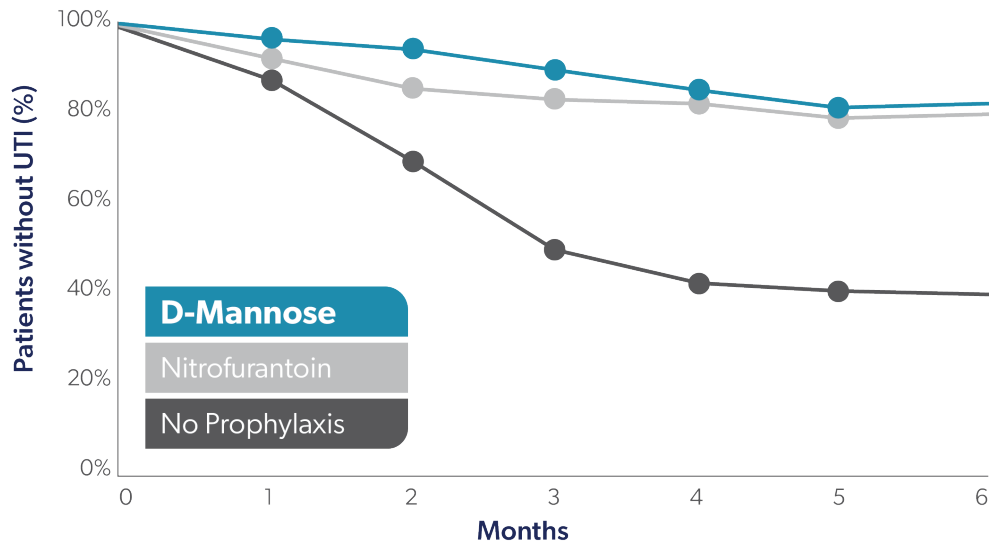
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D-Mannose: A Naturally-Sourced Solution for Recurrent Urinary Tract Infections (UTIs)

Over 80% of uncomplicated UTIs are caused by E.coli.¹

These pathogenic bacteria adhere to uroepithelial cells, leading to an infection of the urinary tract. D-Mannose is a natural sugar, absorbed but not metabolized by the body, that binds to E.coli and prevents them from adhering. This allows the bacteria to be flushed from the urinary tract during urination.² Three (3) clinical studies have demonstrated D-Mannose supplementation is an effective treatment for reducing risk of UTIs.³⁻⁵

D-Mannose Reduces Risk of rUTIs in a Randomized, Controlled Trial⁵

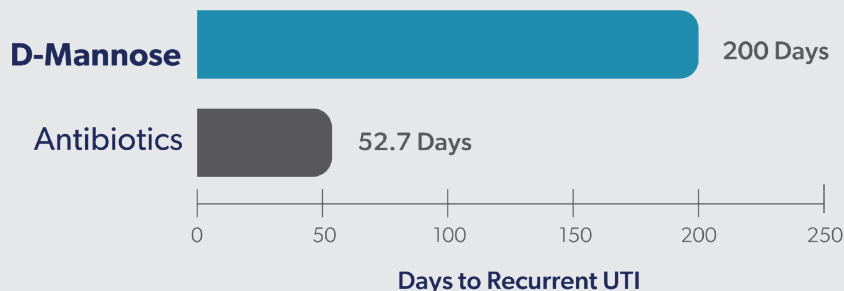


The group who did not receive treatment had significantly more rUTIs than the D-Mannose and Nitrofurantoin groups (P<0.001)⁵

N: 308 women being treated for current UTI & a history of rUTI.
Dose: 2000mg D-Mannose, or 50mg Nitrofurantoin, or no prophylaxis.
Duration: 6 months.

D-Mannose Extends Time to UTI Recurrence³

Days to recurrent UTI was significantly more in the D-Mannose group compared to antibiotic regimen. (p<0.001)



N: 60 women with acute symptomatic UTI and ≥3 UTIs in the last year.
Dose: Antibiotic regimen for 5 days, followed by a single dose for 1 week each month OR 3000mg D-Mannose a day for 2 weeks, then 2000mg a day
Duration: 23 weeks

References: 1. Shea AE, et al. mSystems. (2022) 2. Scaglione F, et al. Front Pharmacol. (2021) 3. Porru D, et al. Journal of Clinical Urology. (2014) 4. Domenici L, et al. Eur Rev Med Pharmacol Sci. (2016) 5. Kranjcec B, et al. World J Urol. (2014)