

Uria Cranberry



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Product Overview



Product name	Uria Cranberry
Care Line	Urinary Health Supplement
Ingredients	D-Mannose, Anthocran™ Cranberry Extract (France) [Lecithin, Vaccinium vitis-idaea (Lingonberry) Extract], Dextrin, Silicon Dioxide, Magnesium Stearate
Per Serving (2 Tablets)	Anthocran™ Phytosome 120 mg / D-Mannose 1,000 mg
Packing Unit	60 tablets / box (for 30days)
Country of manufacture	Korea

Product Description

'Uria Cranberry' is a premium urinary health solution developed to address recurring urinary discomfort at its root.

It is a research-backed formulation that combines Anthocran™ Phytosome, a patented cranberry extract from Indena S.p.A., with D-mannose as its core functional ingredients.



Anthocran™ - Anti-Adhesion Mechanism

A-type PACs in cranberries help prevent E. coli from adhering to the urinary tract, supporting overall urinary health.

A-type cranberry proanthocyanidins and uropathogenic bacterial anti-adhesion activity

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A-type linkages in cranberry proanthocyanidins may enhance anti-adhesion activity and support urinary tract health.

nary tract health. Cranberry proanthocyanidins contain A-type linkages and have been associated with preventing adhesion of P-fimbriated uropathogenic *Escherichia coli* to uroepithelial cells. It is not known if the presence of the A-type linkage is a prerequisite for anti-adhesion activity. Other commercial sources of proanthocyanidins with all B-type linkages have not previously been screened for this activity. The goals of this study were to compare the in vitro anti-adhesion activity of A-linked proanthocyanidins from cranberry juice cocktail with the anti-adhesion activities of B-linked proanthocyanidins from commercial grape and apple juices, green tea and dark chocolate, and determine if anti-adhesion activity is detectable in human urine following consumption of single servings of each commercial food product. Structural heterogeneity and presence of the A-type linkage in cranberry proanthocyanidins was confirmed utilizing MALDI-TOF/MS and DI/ESI MS, as was the presence of all B-type linkages in the proanthocyanidins from the other commercial products. The isolated A-type proanthocyanidins from cranberry juice cocktail elicited in vitro anti-adhesion activity at 60 µg/ml, the B-type proanthocyanidins from grape exhibited minor activity at 1200 µg/ml, while other B-type proanthocyanidins were not active. Anti-adhesion activity in human urine was detected following cranberry juice cocktail consumption, but not after consumption of the non-cranberry food products. **Results suggest that presence of the A-type linkage in cranberry proanthocyanidins may enhance both in vitro and urinary bacterial anti-adhesion activities and aid in maintaining urinary tract health.**
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*Source : Foo et al., Phytochemistry, 2005; 66(18): 2281–2291

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Cranberries contain PACs that inhibit the adherence of p-fimbriated E. coli to bladder urothelial cells.

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ABSTRACT

Background

Cranberries contain proanthocyanidins (PACs), which inhibit the adherence of p-fimbriated *Escherichia coli* to the urothelial cells lining the bladder. Cranberry products have been used widely for several decades to prevent urinary tract infections (UTIs). This is the fifth update of a review first published in 1998 and updated in 2003, 2004, 2008, and 2012.

*Source : Williams et al., Cochrane Database Syst Rev, 2023

Reasons for Choosing Indena's Anthocran™

1. Improved absorption by more than 4 times through patented Phytosome® technology

*Patent : European Patent EP3826656

2. A premium cranberry extract with proven efficacy through various clinical and preclinical studies

Anthocran™ Phytosome has demonstrated clinical effectiveness in significantly reducing the recurrence of urinary tract infections (UTIs) and related symptoms after urinary catheterization.

*Source : Cotellese et al., 2021

Anthocran™ Phytosome has also been shown to help alleviate the frequency, pain, and discomfort associated with UTIs.

*Source : Belcaro et al., 2020

Cranberry extract in the Phytosome® formulation has been shown to be stably metabolized by gut microbiota, enhancing the absorption of bioactive compounds.

*Source : Zanotti et al., 2021

Following the intake of Anthocran™, active cranberry metabolites were detected in human urine, confirming the potential for in vivo activity.

*Source : Ferruzzi et al., 2021

D-Mannose - Bacterial Flushing Mechanism

Binds to FimH protein → Naturally excreted with urine

PATIENTS AND METHODS: This is a pilot study, performed between April 2014 and July 2015 at Department of Gynaecological Obstetrics and Urologic Sciences of "Sapienza" University of Rome. A D-mannose compound was administered twice daily for 3 days and then once a day for 10 days. Changes in patients' symptoms, the

isolated cases of UTIs are generally well tolerated by patients but in several occasions recurrent UTIs (defined as 2 infections in 6 months or 3 or more infections in 1 year) have a detrimental impact on the quality of life of these women. Recurrent infections occur in 35-53% approximately of women that were treated within one year².

D-mannose is rapidly absorbed and in about 30 minutes reaches the peripheral organs, then is excreted by the urinary tract^{6,7}

($p = 0.0001$). As prophylactic agent administered for 6 months, it showed promising results (4.5% vs. 33.3% recurrences in treated and untreated patients respectively).

CONCLUSIONS: The results of this study suggest that D-mannose can be an effective aid in acute cystitis management and also a successful prophylactic agent in a selected population; however, more studies will certainly be needed to confirm the results of our pilot study.

Key Words:

D-mannose, Urinary tract infections, Cystitis.

relapse within 3 months^{4,6}.

Considering the possible side effects of a long-term anti-microbial therapy and the high recurrence rates when antibiotics are stopped, alternative prophylactic methods as probiotics, cranberry juices and D-mannose have been introduced and studied.

D-mannose is a simple sugar, a monosaccharide extracted from larch root, closely related to glucose. D-mannose is rapidly absorbed and in about 30 minutes reaches the peripheral organs, then is excreted by the urinary tract^{6,7}. It can't be

*Source : Domenici et al., 2016

The bladder wall is coated with various mannosylate proteins, such as Tamm-Horsfall protein (THP) that interfere directly with the adhesion of bacteria on the mucosa. THP may foster to *E. coli* and *S. aureus* adhesion.

women aged between 18 and 65 years with symptoms of acute cystitis (dysuria, frequency, urgency, supra-pubic pain, nicturia, and haematuria) or asymptomatic with diagnosis of UTI.

Free D-mannose in urine binds to bacteria, trapping them in the urinary flow and eliminating them from the body.

of bacteria to the urothelium, D-mannose mimics urothelial barrier function. Binding free D-mannose in the urine rather than proteins on the vesical cells surface, bacteria are trapped in the urinary flow and consequently eliminated by the urinary tract.

Studies *in vivo* and *in vitro* have demonstrated the ability of mannose-like molecules in reducing bacterial load of 2-times in the urinary tract and over 4-times intravesical¹²⁻¹⁴.

A strong scientific rationale seems to sustain the

tion and symptoms of systemic inflammatory UTI (fever over 38°C, white blood cell count over 12,000), if they were taking hormone therapy, interstitial cystitis or diabetes, use of catheter of intermittent self-catheterisation, or had previously received antibiotic prophylaxis, patients unable to fill the questionnaire.

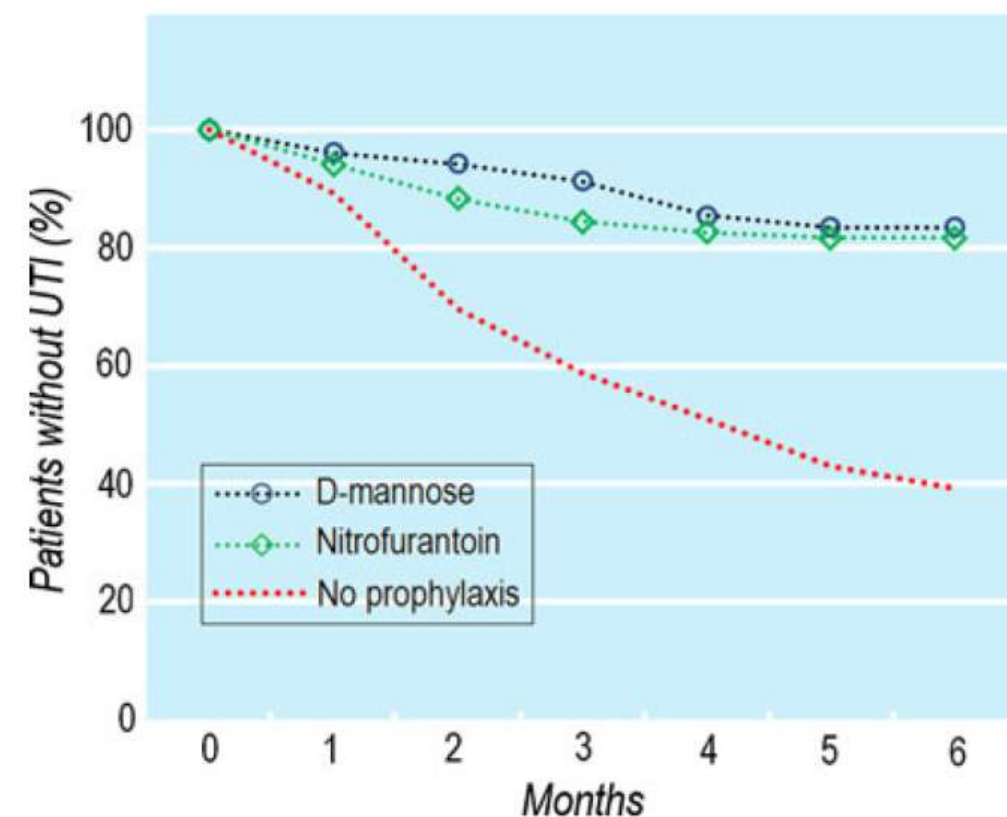
Mannocist® (Laboratori Farmaceutici Krymi, Rome, Italy) is a soluble drug composed of D-mannose (1.5 g), sodium bicarbonate, sorbitol and silicon dioxide.

*Source : Domenici et al., 2016

Preventive Effect of D-Mannose Proven in a Clinical Study with 308 Women

In a clinical trial involving 308 women, the group taking D-mannose showed a recurrence rate of 14.6%, demonstrating superior preventive efficacy compared to the antibiotic group (20.4%) and a significant improvement compared to the no-treatment control group (60.8%).

Notably, the incidence of side effects was significantly lower in the D-mannose group than in the antibiotic group, confirming its excellent tolerability and safety for long-term use.



- D-mannose group: 15 recurrences out of 103 participants → 14.6%
- Nitrofurantoin (antibiotic) group:
21 recurrences out of 103 participants → 20.4%
- No-treatment control group:
62 recurrences out of 102 participants → 60.8%
- D-mannose group: Adverse event rate 7.8% (8 participants)
- Nitrofurantoin group: Adverse event rate 27.2% (29 participants)

*Source : Kranjcec et al., World J Urol, 2013

Product Features

4

4x Higher Bioavailability

Formulated with European patented Phytosome™ technology, offering 4 times higher bioavailability compared to standard cranberry extracts. A premium-grade solution that goes far beyond conventional cranberry supplements with poor absorption and limited efficacy.

100

100 Years of Premium Quality

Made with premium cranberry extract from Indena, a European botanical pharmaceutical company founded in 1921 with over 100 years of tradition. Fully certified for HALAL, Non-GMO, and other strict global quality standards.

Complete Care in Just 2 Tablets a Day

Only 2 tablets a day provide targeted care for urinary tract health. The synergy of clinically proven Anthocran™ and D-mannose offers more than just support—it helps prevent recurring issues.

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Absolutely no trace ingredients or marketing gimmicks. Only clinically and scientifically validated actives are included—this is a true evidence-based formula, not a concept-based one.

Concept Ingredients 0%

0

THANK YOU

Company

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(Overseas Sales Team)
