

NEW!

Gynalac®

(Lactic Acid & Sodium Hyaluronate)



Vaginal Gel

Relieves & Prevents
Symptoms of Bacterial Vaginosis
& Non-specific Vaginitis

NATURALLY WORKS WITH WOMEN FOR WOMEN

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FOR THE TREATMENT & PREVENTION OF BV

Bacterial Vaginosis (BV) is more than just a minor patient inconvenience

FACTS:

- BV is the most common cause of vaginitis and is twice as common as candidiasis (yeast infections).
- BV is the most common vaginal complaint in women of child bearing age with approximately 29% of women affected.¹
- BV is found in about 25% of pregnant women.²
- BV is found in 60% of women who have an STD (sexually transmitted disease).³
- An unhealthy vaginal ecosystem places women at risk for HIV and other serious medical conditions including post-operative infections and pregnancy related complications.⁴
- BV recurrence rates after successful antibiotic treatment are in excess of 70% after 6 months.⁵

SOGC Clinical Practice Guidelines:⁶

“In symptomatic pregnant women, testing for and treatment of bacterial vaginosis is recommended for symptom resolution...Women at increased risk for preterm birth may benefit from routine screening for and treatment of bacterial vaginosis.”

References:

1. Sobel JD. Vaginitis. N Engl J Med;1997;337(26):1896-1903. 2. Riduan Joesoef M et al. Bacterial vaginosis. Clinicalevidence.bmj.com/ceweb/conditions/seh/1601. 3. Livengood CH. Bacterial vaginosis: an overview for 2009. Rev Obstet Gynecol 2009;2:28-37. 4. Ferris DG et al. Over-the-Counter Antifungal Drug Misuse Associated With Patient-Diagnosed Vulvovaginal Candidiasis. Obstet Gynecol 2002;99:419-25. 5. Sobel JD et al. J Infect. Dis. 1993;167:763-4. 6. SOGC Clinical Practice Guidelines, August JOGC 2008;702-8. 7. Decena DC et al. Metronidazole with actacyd vaginal gel in bacterial vaginosis. J Obstet Gynaecol Res. 2006;32:243-51. 8. Bjorn Andersch et al. Bacterial Vaginosis and the Effect of Intermittent Prophylactic Treatment with an Acid Lactate Gel, Gynecol Obstet Invest 1990;30:114-9.



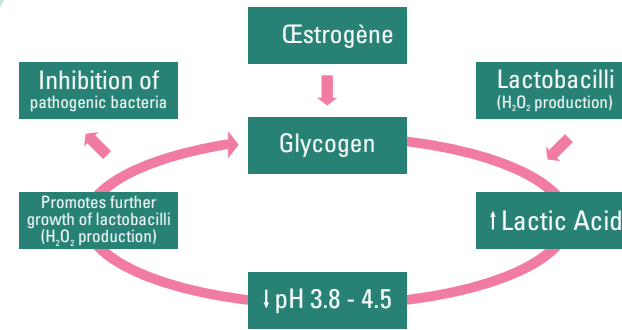
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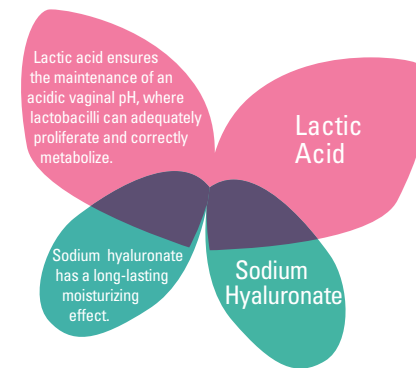
NATURALLY WORKS WITH WOMEN FOR WOMEN

Lactic acid plays an important role in vaginal health



A healthy vaginal ecosystem is maintained by lactobacilli that secrete lactic acid and hydrogen peroxide resulting in a vaginal pH <4.5 which protects against the overgrowth of anaerobes.

DOUBLE MODE OF ACTION: GYNALAC offers a natural, two-pronged approach to regulate vaginal pH and moisturize inflamed tissue.



GYNALAC combines two ingredients, normally produced by the vagina, to deliver a powerful, yet gentle and safe, one-two punch in the management of BV.

GYNALAC also contains Rubus Coreanus Fruit Extract and Vitamin E, which provide additional antimicrobial and moisturizing properties.

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For the treatment & prevention of bacterial vaginosis

Dosing Instructions

ACCUTE TREATMENT: Alternative to antibiotic treatment	MAINTAINING NORMAL pH Follow-up to antibiotic treatment	MAINTENANCE AND PREVENTION Frequent recurrences
Administer a single application (3 mL) for 7 consecutive days.	Administer a single application (3 mL) daily for 3 days after the end of antibiotic therapy.	Administer a single application (3 mL) per day for 3 days immediately after the menstrual cycle, for a minimum of 6 months.

GYNALAC:

- Reduces symptoms of bacterial vaginosis as determined by the Whiff Test.⁷
- Restores vaginal flora via vaginal acidification.⁷
- Clinically proven to be as effective at relieving abnormal vaginal discharge and odor as a course of antibiotics (metronidazole).⁷
- Offers synergistic efficacy when combined with antibiotics (metronidazole).⁷
- Clinically proven in prophylaxis to prevent recurrence of Bacterial Vaginosis.⁸

Available without a prescription at all major retail pharmacies across Canada. Please order your free patient samples of **GYNALAC** via Physicians Online:



www.physiciansonline.ca



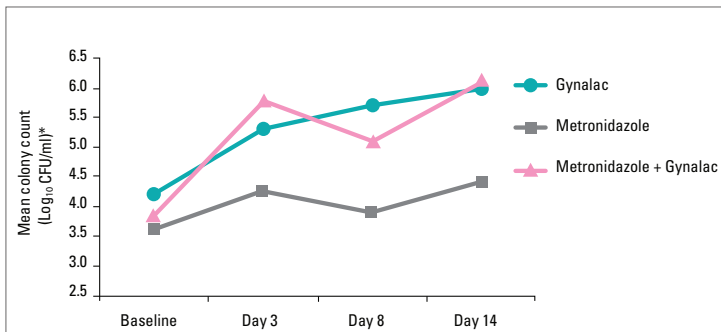
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Break the vicious BV cycle with GYNALAC

GYNALAC Significantly Restores Lactobacilli Colony Count*⁷



Change in Lactobacillus colony count.
 * Repeated measures, ANOVA: P < 0.001 across visits;
 P = 0.0045 at day 8 between lactic acid gel group and metronidazole group;
 P = 0.0002 at day 14 between combination arm and metronidazole arm and between lactic acid gel arm and metronidazole arm.

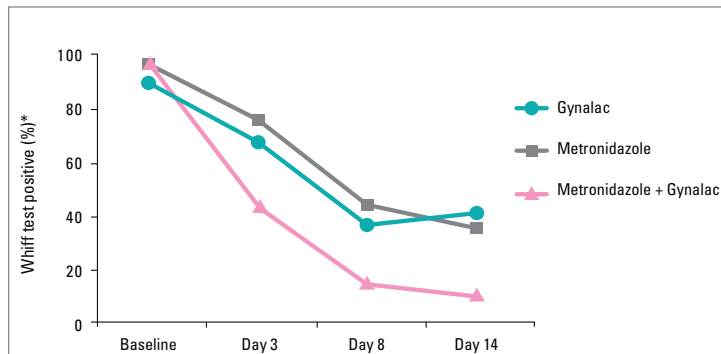
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FOR THE TREATMENT & PREVENTION OF BV

Break the vicious BV cycle with GYNALAC

GYNALAC Reduces Symptoms of Bacterial Vaginosis as determined by the Whiff Test*⁷



Frequency of patients with positive* whiff test.
 * Cochran's Q-test: P < 0.001 across visits; ²test: P-values < 0.05 between combination arm and metronidazole arm across follow-up visits.

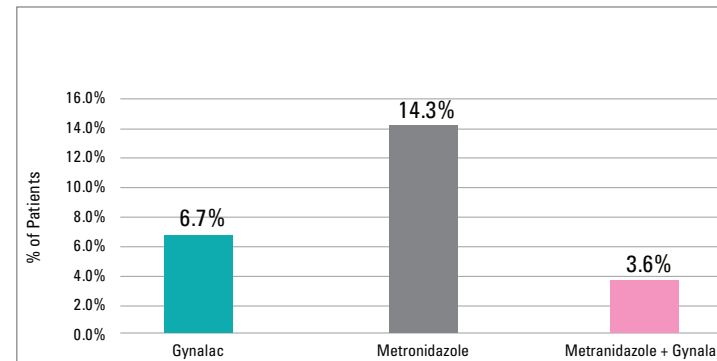
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Break the vicious recurrent BV cycle with GYNALAC

GYNALAC Reduces Recurrence of Foul-Smelling Vaginal Discharge*⁷



Frequency of recurrent* foul-smelling vaginal discharge at day 56.
 * Fisher's exact test: P = 0.4965 across treatment groups.

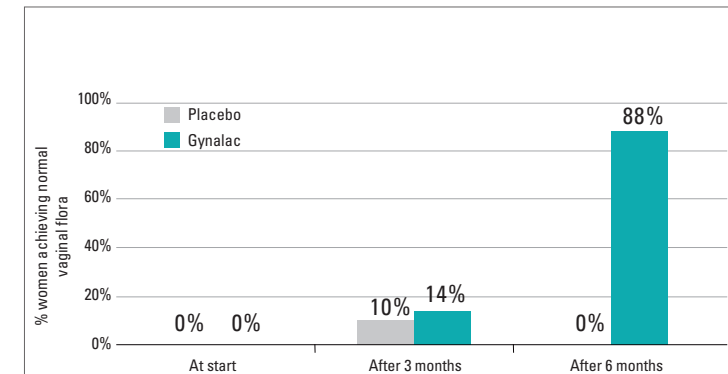
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RECURRENT BACTRIAL VAGINOSIS: Intermittent treatment with GYNALAC Restores Vaginal Flora*⁸



* P < 0.001 in all groups.

“Lactic acid gel alone or combined with metronidazole, is better than metronidazole alone in **promoting Lactobacilli colonization.**”

“Lactic acid gel is **safe and as efficacious as metronidazole** in the treatment of Bacterial Vaginosis ...**(the) proportion of whiff test positive patients were significantly lower** in the combination arm compared to those in the metronidazole arm (p at day 8 = 0.0212, p at day 14 = 0.0410).”

“Lactic acid alone was found to be **more effective than metronidazole** in reducing recurrence of foul-smelling vaginal discharge...There was **less recurrence of foul-smelling vaginal discharge** in the combination of lactic acid gel and metronidazole arm.”

“In a 6 month double-blind clinical trial, **significant beneficial clinical effects (p < 0.001) of lactic acid gel compared to placebo gel were found in women with recurrent BV...**(the) number of women who attained a **normal vaginal microflora and also were objectively improved was significantly higher** in the lactic acid gel group.”

* A multicenter, open-labeled, controlled, randomized, three-arm comparative study on 90 women, aged 18 years or over with clinically and microbiologically proven Bacterial Vaginosis. The primary endpoint was to assess the efficacy and tolerability of lactic acid when given as an adjunct to metronidazole in the treatment of Bacterial Vaginosis.

*42 women seriously affected by recurrent bacterial vaginosis (BV) were initially given lactic acid gel to be inserted into the vagina for 7 consecutive days. Thereafter they entered into a double blind clinical trial and were treated prophylactically 3 days monthly for 6 months with either lactic acid gel or placebo gel.