**INGREDIENTS**

Doctor’s Best Whole Cranberry is made with a proprietary blend of the whole cranberry fruit, providing potent, bioavailable, natural time release proanthocyanidins (PACs) and long-term, consistent anti-adhesion activity.

Doctor’s Best Whole Cranberry is standardized to >1.5% bioactive proanthocyanidins (PACs). A-Type PACs in cranberry are the phytochemicals responsible for anti-adhesive benefits. PACs are one of the most potent antioxidants in nature.

**BENEFITS**

- Helps prevent recurrent urinary tract infections
- Helps reduce the adhesion of certain *E. coli* bacteria to urinary tract walls that cause infections & discomfort
- Helps support urinary tract health
- Excellent source of antioxidants, including: Flavan-3-ol monomers and dimers, Proanthocyanidins, Anthocyanins, Hydroxybenzoic acids, Hydroxycinnamic acids, Terpenes and Flavonols
- Helps support cardiovascular health
- Helps reduce inflammation
- Safe to use on a daily basis

**EXTENDED BENEFITS**

The cranberry in Doctor’s Best Whole Cranberry is clinically shown to reduce *E. coli* and Urinary Tract Infections (UTI) and support urinary tract health.1-8, 10-12.

*V. macrocarpon* cranberries have a very distinct anthocyanin pigment profile, including proanthocyanidins (PACs). PACs are the key phytochemicals in cranberries. Doctor's Best Whole Cranberry contains unique A-type PACs. A-type PACs are responsible for cranberry's anti-adhesion properties.1, 2, 3, 4, 6, 12.

Urinary tract infections (UTI) are one of the most common extra intestinal infections. UTIs are caused by *Escherichia coli* (*E. coli*). Cranberry juice has been used for decades to alleviate symptoms and prevent recurrent UTI.

The putative compounds in cranberries are proanthocyanidins (PAC), specifically PAC with "A-type" bonds. Since PACs are not absorbed, their health benefits in UTI may occur through interactions at the mucosal surface in the gastrointestinal tract. Recent research showed that higher agglutination of *E. coli* and reduced bacterial invasion are correlated with higher number of "A-type" bonds and higher degree of polymerization of PAC.1, 2, 3, 4, 6, 12.

Doctor's Best Whole Cranberry, made with a proprietary blend of the whole fruit, providing potent, bioavailable, natural time release A-type PACs, may be even more effective than cranberry juice at preventing UTI and reducing infection and discomfort.1, 2, 3, 4, 6, 12.

Cranberry consumption helps support cardiovascular health and helps reduce inflammatory markers.9

**CLINICAL STUDIES**

One study utilized a double-blind, randomized, placebo-controlled trial of cranberry capsules daily (36-108mg PAC) for 30 days. The primary outcome was episodes of bacteriuria plus pyuria at 7, 14, 21, and 28 days of cranberry capsule treatment. Participants were stratified by presence or absence of baseline bacteriuria with 20 participants randomized by strata to each arm of the study. This study showed a dose-dependent trend toward decrease in bacteriuria plus pyuria, particularly with *E.coli*, among female nursing home residents ingesting cranberry capsules over one month.1

### Supplement Facts

<table>
<thead>
<tr>
<th>Serving Size</th>
<th>2 veggie softgels</th>
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</thead>
<tbody>
<tr>
<td>Servings per container</td>
<td>60 servings</td>
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<table>
<thead>
<tr>
<th>Supplement</th>
<th>Amount per serving</th>
<th>%Daily Value</th>
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<tbody>
<tr>
<td>Cranberry Concentrate</td>
<td>500 mg †</td>
<td>(Vaccinium macrocarpon) (Equivalent to 25,000 mg whole cranberry based on 50:1 concentrate)</td>
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† Daily Value not established.

**Other Ingredients:** Sunflower oil, vegetarian softgel (modified food starch, carrageenan, glycerin, sorbitol, purified water), yellow beeswax, sunflower lecithin.

**Suggested Adult Use:** Take 2 softgels daily, with or without food, or as recommended by a nutritionally-informed physician.

**Non-GMO / Gluten Free / Soy Free / Vegetarian**

Store in a cool dry place.

* 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.
In another study, one hundred sixty patients who had undergone surgery requiring catheter insertion after surgery were randomized and received 2 cranberry capsules 2 times a day for 6 weeks or matching placebo. UTI occurrence was cut in half in the cranberry treatment group compared with the placebo group (15 of 80 [19%] vs 30 of 80 [38%]) 2.

A third study recruited one hundred sixty patients who were randomized and received 2 cranberry juice capsules 2 times a day, for 6 weeks after surgery or matching placebo. The primary endpoint was the proportion of participants who experienced cystitis was lower in men taking cranberry capsules (65%) compared with those that took placebo capsules (90%). Also, the incidence of pain/burning was significantly lower in the cranberry cohort 3.

A study examined the ex vivo urinary anti-adhesion activity of low-calorie cranberry extract beverages in a randomized, double-blind, placebo controlled clinical trial (n = 59). The researchers utilized a standardized cranberry extract powder. Clean-catch urine samples collected at baseline and post intervention were tested for anti-adhesion activity utilizing a mannose-resistant human red blood cell hemagglutination assay specific for P-fimbriated E. coli. Results indicated that ex vivo anti-adhesion activity for cranberry treatments were higher (p < 0.05) than placebo. Therefore, consumption of cranberry extract provides ex vivo anti-adhesion activity, which may improve urinary tract health 7.

One study hypothesized that a single dose of cranberry beverage would improve indices of oxidative stress, inflammation, and urinary antibacterial adhesion activity in healthy humans. Six males and 6 females (18-35 years; body mass index, 19.25 kg/m(2)) consumed placebo, cranberry leaf extract beverage, or low-calorie cranberry juice cocktail (LCJC) once in a randomized, double-blind, placebo-controlled cross-over experimental design trial. The washout period between beverages was 1 week. Blood was collected 0, 2, 4, 8, and 24 hours after beverage consumption for measuring oxidative and inflammatory biomarkers. Urine was collected at 0, 0 to 3, 3 to 6, 6 to 9, 9 to 12, and 24 hours post intervention to assess antibacterial adhesion activity. Consumption of cranberry leaf extract beverage elevated (P < 0.05) blood glutathione peroxidase activity, whereas LCJC consumption increased (P < .05) glutathione concentrations and superoxide dismutase activity compared with placebo. Cranberry leaf extract beverage and LCJC consumption had no effect on the inflammatory biomarkers measured as compared with placebo. At 0 to 3 hours post consumption, urine from participants who consumed cranberry beverages had higher (P < .05) ex vivo antiadhesion activity against P-fimbriated Escherichia coli compared with placebo. An acute dose of cranberry beverages improved biomarkers of antioxidant status and inhibition of bacterial adhesion in urine 8.

Relevant to cardiovascular health, a double-blind, placebo-controlled, parallel-arm study was conducted with controlled diets. Thirty women and 26 men (mean baseline characteristics: 50 y; weight, 79 kg; body mass index, 28 kg/m(2)) completed an 8-wk intervention with low-calorie cranberry juice (LCCJ) or a flavor/color/energy-matched placebo beverage. Twice daily volunteers consumed 240 mL of LCCJ or the placebo beverage, containing 173 or 62 mg of phenolic compounds and 6.5 or 7.5 g of total sugar per 240-mL serving, respectively. Study results were that LCCJ improved several risk factors of cardiovascular disease in adults, including circulating triglycerides, C-reactive proteins and glucose, insulin resistance, and diastolic blood pressure 9.

A ninety-day randomized clinical trial of cranberry capsules, including an untreated control group, with a total of 60 female subjects between 18-40 years of age was conducted. At the end of the study, E. coli change in the untreated control group was not significant, whereas, there was significant reduction with subjects positive for E. coli in treatment groups. Symptomatic relief was also reported in treatment groups, while none was reported by subjects in the untreated control group 10.

**SCIENTIFIC REFERENCES**


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