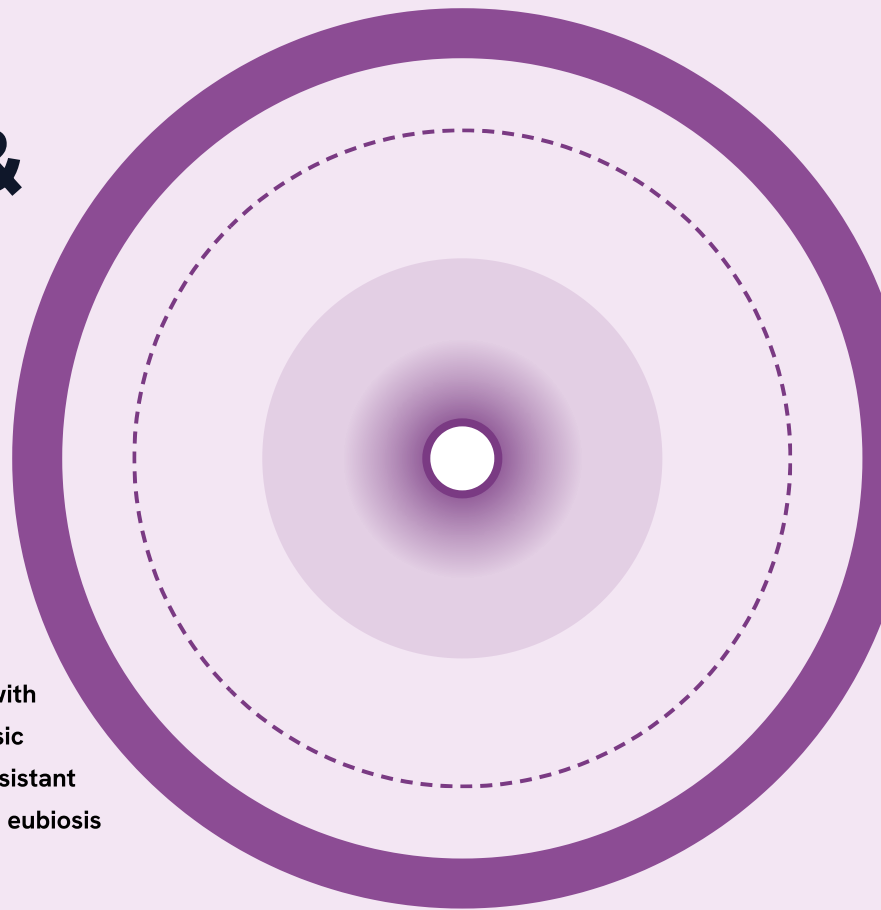


VGNOIR®

Vaginal Gradient Normalization & Overgrowth Inhibition Regimen

Clinical data confirms that standard azoles fail against structured pathogenic biofilms. Aligning with ACOG and NAMS mandates, VGNOIR is a Tri-Phasic Biologic engineered to mechanically obliterate resistant biofilms, halt acute exudate, and restore mucosal eubiosis without endocrine disruption.



TRI-PHASIC EUBIOSIS MATRIX
LUMEN • EPITHELIUM • LAMINA PROPRIA

RECURRENT BACTERIAL VAGINOSIS (BV) & VVC BIOFILMS

VAGINAL RELAXATION SYNDROME (VRS) & ATROPHY

INFLAMMATORY WEEPING EXUDATE & ERYTHEMA

ERADICATION PROTOCOL
ACOG & AJOG COMPLIANT

MUCOSAL SEALING
RCOG & FIGO ALIGNED

TISSUE RESTORATION
NAMS & ASRM VALIDATED

1. THE 5-INGREDIENT TRI-PHASIC BIOLOGIC SYNERGY

PHASE I: LUMEN ERADICATION

BORIC ACID (INORG. ANTIMICROBIAL) ^{1,2}
Acidifies the vaginal lumen to a physiological pH (3.8–4.5), mechanically disrupting pathogenic biofilms without inducing microbial resistance.

TEA TREE OIL (TERPENE) ³
Acts as a lipophilic agent to compromise cell membrane integrity in refractory *Candida* and *Gardnerella* species.

PHASE II: EPITHELIAL SEALING

QUERCUS (POLYPHENOLIC ASTRINGENT) ⁴
Instantly cross-links surface glycoproteins to seal the mucosa, halting weeping exudate and inducing rapid mucosal contraction (VRS relief).

TAMARIX (ANTI-INFLAMMATORY) ⁶
Suppresses the local cytokine cascade, neutralizing the erythema and burning sensation associated with severe dysbiosis.

PHASE III: DEEP RESTORATION

ACEMANNAN (MUCOPOLYSACCHARIDE) ⁵
Stimulates submucosal fibroblasts to upregulate collagen and push deep hydration (GAGs) into the Lamina Propria. Acts as a targeted prebiotic to selectively feed native *Lactobacillus*.

2. PEER-REVIEWED CLINICAL EFFICACY VS. STANDARD OF CARE



3. CLINICAL POSOLOGY & PROTOCOL

1 INTRAVAGINAL CAPSULE OD FOR 14 DAYS

While pH gradient normalization occurs rapidly, the full 14-day protocol is strictly required for complete glycoprotein cross-linking (mucosal sealing) and prebiotic fibroblast proliferation. Step down to 1 capsule bi-weekly for severe chronic VRS maintenance.

CONTRAINDICATED DURING PREGNANCY DUE TO CLINICAL-STRENGTH INORGANIC ANTIMICROBIAL.

SCIENTIFIC LITERATURE & GLOBAL GUIDELINES

[1] ACOG Practice Bulletin No. 211 & CDC STI Guidelines. Intravaginal boric acid protocol for azole-refractory vaginitis.

[3] *Cochrane Database of Systematic Reviews*. Terpene-based antimicrobials in the management of refractory biofilms.

[5] *Menopause* (The Journal of NAMS). Non-hormonal mucopolysaccharides as first-line therapy for GSM and atrophy.

[2] *American Journal of Obstetrics & Gynecology (AJOG)*. Mechanical disruption of pathogenic biofilms via inorganic antimicrobials.

[4] FIGO & RCOG. Conservative management of Vaginal Relaxation Syndrome (VRS) utilizing polyphenolic astringents.

[6] *Journal of Lower Genital Tract Disease*. Botanical suppression of local cytokine cascades in severe vaginal dysbiosis.