

EQUELLE®

Non-hormonal, drug-free support for *multi-symptom* menopause relief.*†



Powered by *S-equol*, a naturally derived ingredient.¹



S-equol is naturally produced by the human gut when daidzein, a soy isoflavone, is metabolized

30%+

Some women naturally produce S-equol through soy consumption

EQUELLE®

The only supplement that uses S-equol to provide symptom relief during menopause†

The symptoms of estrogen decline can be *easily* addressed.

EQUELLE is a simple, safe and effective solution that can be used at the first signs of menopausal symptoms.

- Hot flash frequency reduction: 5 fewer hot flashes per day^{2†}
- Provides mood support^{3†||}
- Improves sleep quality: 50 minutes more sleep per night^{3†||#}
Compared with 16 minutes more sleep with placebo (Placebo: P=NS vs baseline; Equelle: P=0.013 vs baseline; Equelle vs placebo P=0.27)
- Relieves muscle discomfort^{2†}
- Reduces vaginal irritation^{3†||}
At 12 weeks vs placebo in patients with >9 vasomotor symptoms per day (P<0.05)
- Helps support healthy bones^{4†}

92% USER SATISFACTION

*Free from human or animal hormones. Contains trace amounts of plant isoflavones.

|| In a multicenter, double-blind, placebo-controlled trial, 118 perimenopausal or menopausal women were randomized to receive EQUELLE or placebo for up to 12 weeks.

† Sleep quality was assessed using the Pittsburgh Sleep Quality Index (PSQI), which is a 19-item questionnaire designed to measure sleep disturbance. A higher score on the PSQI indicates greater sleep disturbances.

Sleep minutes were calculated using the Motionlogger Micro Watch (a wearable sleep tracker) that patients wore at home for a week at a time to measure changes in sleep.

†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.

References: 1. Setchell KD, Clerici C. Equol: history, chemistry, and formation, J Nutr. 2010;140(7):1355S-62S. 2. Jenks BH, Iwashita S, Nakagawa Y, et al. A pilot study on the effects of S-equol compared to soy isoflavones on menopausal hot flash frequency. 3. Data on File. 1811 Study Report; Pharmavite LLC. 4. Tousen Y, Ezaki J, Fujii Y, Ueno T, Nishimuta M, Ishimi Y. Natural S-equol decreases bone resorption in postmenopausal, non-equol-producing Japanese women: a pilot randomized, placebo-controlled trial. Menopause. 2011 May;18(5):563-74. doi: 10.1097/gme.0b013e3181f85aa7. PMID: 21252728.

Backed by decades of research, Equelle is a solution you and your patients can *trust*.¹⁻³

2 tablets
per day



EQUELLE is powered by S-equol, a safe & effective plant-based ingredient

- ✓ **No modification**
to breast density
- ✓ **No changes**
in sex or thyroid hormone concentrations
- ✓ **No negative effects**
to endometrial health identified

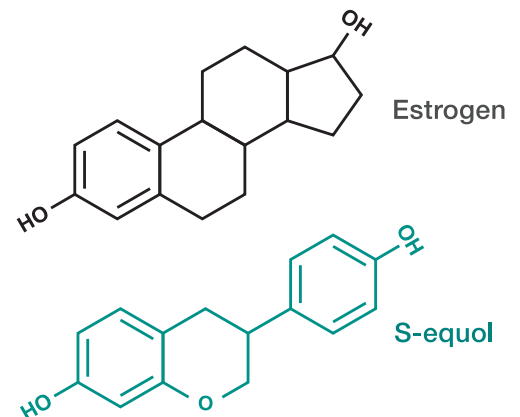
S-equol:
**13-FOLD
BINDING
AFFINITY FOR
ER-β**

Unlike ER-α, ER-β is rarely expressed in:

- Mammary gland
- Ovarian theca cells
- Uterus

S-equol has unique binding properties^{4†}

S-equol mimics some estrogenic effects for targeted relief^{4†}



Ready to *help* your patients reduce their disruptive menopause symptoms?

Exclusively available for your patients – no prescription needed – at equelle.com



Scan to claim
your samples

References: 1. Utian WH, Jones M, Setchell KDR. J Women's Health (Larchmt). 2015;24(3):200-208. <http://doi.org/1089/jwh.2014.5006>. 2. Tempfer CB, Froese G, Heinze G, Bentz EK, Helfer LA, Huber JC. Side effects of phytoestrogens: a meta-analysis of randomized trials. Am J Med. 2009;122(10):939-46.e9. J Nutr. 2009;139(5):981-986. 3. Touden Y, Ezaki J, Fujii Y, Ueno T, Nishimuta M, Ishimi Y. Natural S-equol decreases bone resorption in postmenopausal, non-equol-producing Japanese women: a pilot randomized placebo-controlled trial. Menopause. 2011;18(5):563-574. 4. Muthyala RS, Ju YH, Sheng S, et al. Equol, a natural estrogenic metabolite from soy isoflavones: convenient preparation and resolution of R- and S-equols and their differing binding and biological activity through estrogen receptors alpha and beta. Bioorg Med Chem. 2004;12(6):1559-1567.

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