samphire neuroscience

nettle

Data Pack for Healthcare Practitioners

Version 1.1

1. Background

1.1 Primary dysmenorrhea

Women disproportionately lose the majority of their healthy life years to chronic conditions (Temkin et al., 2023). Dysmenorrhea, defined as painful menstrual cramps, is the most common menstrual complaint, impacting more than 50% of women[1] over the course of their lifetime (Grandi et al., 2012; MacGregor et al., 2023; American College of Obstetricians and Gynecologists. 2013). It is classified into two types, primary dysmenorrhoea (PD) and secondary dysmenorrhea (De Sanctis et al., 2016). PD origins cannot be linked to an underlying reproductive, urogenital, or other condition. When dysmenorrhea occurs as a result of underlying conditions, such as endometriosis, uterine fibroids, PCOS or otherwise, it is known as secondary dysmenorrhea (De Sanctis et al., 2015; Itani et al., 2022).

The main clinical complaint of PD is crampy pain in the lower abdomen and/or lower back. However, this symptom can be accompanied by a wide range of additional manifestations such as nausea, vomiting, dizziness, headache, backache, fatigue and diarrhoea (Iacovides et al., 2015; Lefebvre et al., 2005; Hall et al., 2013). The onset of primary dysmenorrhoea usually occurs in adolescence, during or shortly after (6-24 months) menarche (Iacovides et al., 2015). More than 25 percent of women and up to 90 per cent of adolescents have PD and 15 to 20 percent describe severe and disturbing pain impacting everyday functioning and the ability to attend school or work (Iacovides et al., 2015).

While the aetiology of PD is not entirely understood, research suggests PD could be partially explained by the excessive production of prostaglandins (PG), in particular, PGF2α. This PG release, in turn, causes abnormal uterine contractions, uterine muscle ischemia, and heightened peripheral nerve sensitivity (Wu et al., 2016; Umland et al., 2011). Notably, however, recurrent episodes of menstrual pain experienced monthly induce alterations in systemic pain processing within both central and peripheral nervous systems (Vincent et al., 2011). Recurring menstrual pain is associated with central sensitisation, leading to structural and functional changes in the central nervous system (Lee et al., 2023). If not managed, this central sensitisation (Harte et al., 2018) predisposes women to other chronic pain conditions later in life and is believed to be partially responsible for

[1] When referring to women, Samphire Neuroscience includes all those who menstruate, usually all people assigned female at birth or living as women following a gender transition.

chronic pain conditions such as fibromyalgia disproportionately impacting women. It is important, therefore, to consider PD as a chronic pain disorder when it comes to its manifestation in - and impact on - the central nervous system, rather than an isolated process explained by the abnormal production of prostaglandins.

1.2 Premenstrual Syndrome (PMS)

Notably, PD is often accompanied by a condition referred to as premenstrual syndrome (PMS) (Yonkers et al., 2008). PMS refers to a collection of symptoms, ranging from low mood and anxiety to irritability, impulsivity, difficulty making decisions and others, the aetiology of which is poorly understood. It is, however, known that most PMS symptoms can be linked to aberrant brain activity in the prefrontal cortex in the luteal phase (Liao et al., 2017). PMS is estimated to affect up to 80% of women of reproductive age, and the symptoms can significantly disrupt daily activities in the week leading up to menstruation (Branecka-Wozniak et al., 2022).

When symptoms in the premenstrual period (luteal phase of the menstrual cycle) are extremely severe, 1.2-8% of women of reproductive age will reach the diagnostic criteria for premenstrual dysphoric disorder (PMDD) (Schoep et al., 2019). PMDD is recognised as a debilitating psychiatric condition in the DSM-V (Naik et al., 2023; Hantsoo et al., 2015), and is characterised by severe emotional disturbances that can escalate to suicidal tendencies (Prasad et al., 2021), with many sufferers also having a history of trauma or depression (Appleton 2018; Kulkarni, et al., 2022; Eisenlohr-Moul et al., 2022; American Psychiatric Association Fifth Edition, 2013). Recent work has validated that the symptoms seen in PMDD are closely linked with the dysregulation of the central executive network (Gingnell et al., 2013; Baller et al., 2013; Petersen et al., 2019; Reuveni et al., 2023).

Both PMS and its more severe form, PMDD, are believed to stem from a negative cognitive network reaction to hormonal fluctuations during the menstrual cycle, with symptoms often worsening around significant reproductive events (Le., 2020; Hantsoo et al., 2015). Importantly, PMDD is a strong predictor and likely trigger of post-partum depression (PPD) and major depressive disorder (MDD) risk (Yang et al., 2024).

In essence, for most women menstruation comes with physical and affective symptoms that impact their everyday lives, such as pain, anxiety, and low mood. When these symptoms are severe, many women will qualify for the diagnoses of PD and PMS, and - sometimes - PMDD. These symptoms profoundly impact women's quality of life, affecting

their emotional well-being, daily activities, and relationships, as well as their abilities to perform at work and avoid absenteeism (Schoep et al., 2019). Current treatments are limited, and there is a pressing need and demand for more targeted, effective, non-invasive solutions to address these challenges and improve the lives of those affected.

2. Nettle

2.1 Description

Nettle is a wearable, Bluetooth-controlled, non-invasive transcranial electrotherapy stimulation device worn on top of a user's head.

The device consists of a flexible headband made from hard and soft plastics with electronics integrated inside the mechanical shell. The bottom of the headband, which faces the surface of the head, has four conductive surface electrodes integrated into the bottom of the frame. These electrodes are made of medical-grade conductive silicone and covered by a saline-soaked sponge (electrode cover) prior to application. The sponges are single-use only, where each use is defined as a single session of stimulation. Prior to each session, the user is required to insert the sponges and hydrate them. After each session, the user is required to remove the sponges and dispose of them. An accompanying mobile application guides users through these process steps.

Two of the electrodes are designed to be placed bilaterally over the motor cortex, while the two other electrodes are designed to be placed bilaterally over the dorsolateral prefrontal cortex regions of the brain.

The Samphire device is powered by a rechargeable battery and is controlled by Samphire's mobile application via Bluetooth connection. Samphire's mobile application will be available on the Apple App Store and the Android Google Store.

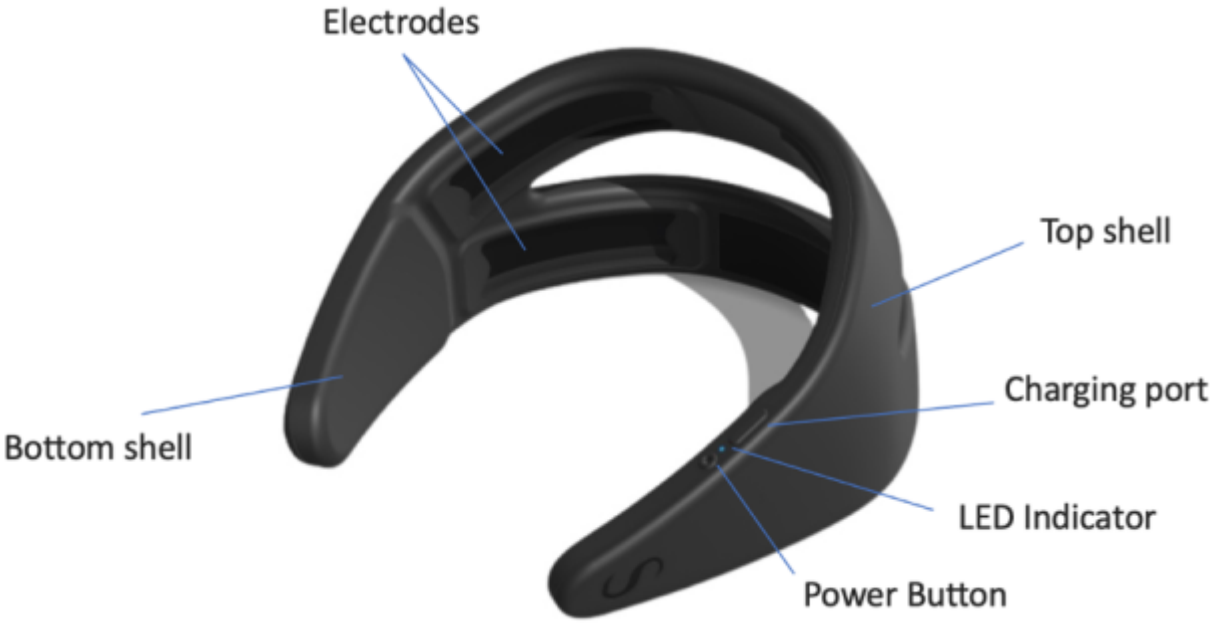

Figure 1. Illustration of Nettle Device.

2.2 Neuroscience

The motor cortex is targeted given its inputs to the posterior insula, which is known to be associated with perceiving and processing pain sensitivity (Lu et al., 2016), have impaired functional connectivity in pain syndromes (Kim et al., 2017), and given strong recent theoretical (Bergeron et al., 2021) and animal model (Pagano et al., 2023) evidence is being trialed for invasive deep brain stimulation targeting for chronic pain relief. It has been well documented in structural and functional neuroimaging studies that there are strong connections between the posterior insula and the primary motor area (M1) of the cortex (Uddin et al., 2017; Dionisio et al., 2019), which is critical given that the posterior insula is located too deep in the subcortical regions of the brain to be stimulated in a non-invasive manner directly. Indeed, non-invasively stimulating the M1 as a relay centre to the posterior insula has been shown to increase pain perception thresholds, therefore leading to reduced perception and experience of pain (Pegado et al., 2020; Meeker et al., 2019; Vaseghi et al., 2015; Gan et al., 2022). While evidence specific to managing menstrual pain is still emerging, there have been significant effects in reducing menstrual pain in real vs sham controlled studies using tDCS, such as in Pegado et al., 2020 (primary dysmenorrhea) and Mechsner et al., 2023 (secondary dysmenorrhea).

The dorsolateral prefrontal cortex (DLPFC) is targeted given extensive research for it being a node for processing interpretation of low mood and anxiety symptoms from the

limbic system (White et al., 2023; Nejati et al., 2021; Clarke et al., 2020) and there being lots of evidence about its efficacy in reducing depression and anxiety symptoms. Non-invasive stimulation of the DLPFC has consistently been shown to improve low mood and reduce anxiety, primarily in studies of FDA-cleared regular and accelerated (high dose) transcranial magnetic stimulation (TMS) treatments (Rossi et al., 2021; McClintock et al., 2019). Nettle uses transcranial direct current stimulation (tDCS) to non-invasively engage the same mechanisms of the DLPFC with a safe, at-home option (TMS can only be administered in hospital/clinic/in-person settings). The technology (tDCS) already has a wide evidence basis to support safe and effective stimulation of the DLPFC for relief of affective mood and anxiety symptoms. For example, a meta-review of clinical and scientific leaders concluded the evidence to be “definitely effective” for the treatment of depression (Fregni et al., 2021), while a systematic review showed tDCS to be significantly superior to sham in studies of depressive episodes (which suggests that its relief of low mood and anxiety symptoms is not limited to major depressive disorder) (Razza et al., 2020).

2.3 Verified claims

Nettle is intended to reliably deliver transcranial direct current stimulation (tDCS) to the motor cortex and dorsolateral prefrontal cortex to assist in the management of pain relating to menstruation and mood symptoms relating to premenstrual syndrome.

Appropriate use of Nettle will lead to the following clinical benefits:

- An improvement in pain related to menstruation, as measured by the pain score on the Visual Analogue Scale (VAS)
- An improvement in mood symptoms related to premenstrual syndrome, as measured by the negative PANAS score on the Positive and Negative Affect Scale
- The type of adverse events (qualitative) and the number of adverse events (quantitative) that are no more severe (qualitative) than those seen in relation to comparable alternatives in state of the art.

The manufacturer makes no additional claims outside of the intended use and intended clinical benefits.

2.4 Certification and Quality Control

Nettle is available across the European Union and United Kingdom as a CE-marked, class IIa medical device, approved for the above claims, registered nationally. Samphire Neuroscience Ltd is certified under ISO13485 as the legal manufacturer of Nettle. If you have any questions about whether Nettle is available in your country of practice, please contact support@samphireneuro.com.

3. Treatment protocol

3.1 Standard treatment plan for PD and PMS

To achieve the intended clinical outcome, the user must complete at least 5 therapy sessions (at least once daily and at most twice daily) in their premenstrual period (10 days before the first day of the menstrual cycle). This is the most evidence-based protocol effective for managing menstrual pain and PMS symptoms that was shown in Pegado et al., 2020 and Dutra et al., 2020; and for which we present additional evidence below.

One therapy session consists of a 20-minute active stimulation, and the required pre- and post-session patient inputs, for a total of 30 minutes per session. The user can engage in other activities during the 20-minute active stimulation session. If a session is paused, it should be resumed within 5 minutes to ensure the intended clinical effects. Users have the flexibility to pause or terminate the session either by using a clearly marked virtual button on the app or by simply taking off the Headband. After the session concludes, users are guided through a feedback process and are then instructed, both on the app and in the instructions for use (IFU), on how to properly clean the Headband.

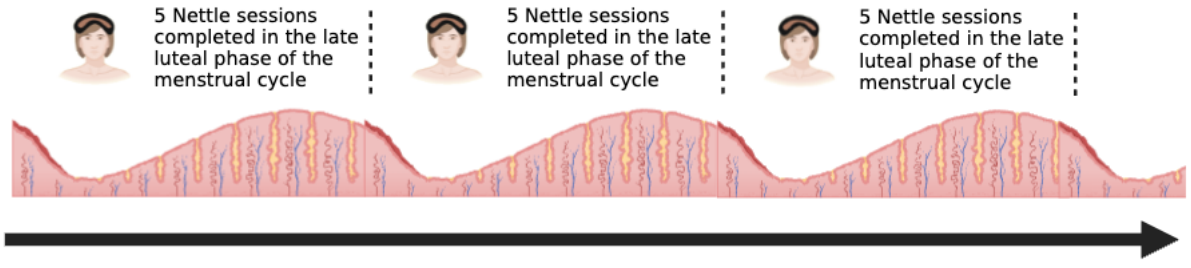

Figure 2. Illustration of the Nettle treatment protocol for PMS and dysmenorrhea.

The Samphire mobile application, as well as the instructions for use provided to each patient, will guide users through running the first session, as well as future sessions. The Samphire app software is used only to control Nettle and does not have any medical claims of its own.

3.2 Adjustments to the standard treatment plan with Nettle

Nettle is classified as a Class IIa medical device for the management of pain relating to menstruation and mood symptoms relating to premenstrual syndrome.

3.2.1 Endometriosis

People living with endometriosis, a chronic condition in which tissue similar to the lining of the uterus grows outside the uterus, often experience moderate to severe chronic pelvic and menstrual pain (dysmenorrhea). According to the Royal College of Obstetricians and Gynaecologists (RCOG), as of 2024, it takes over 9 years for people with endometriosis to receive an accurate diagnosis, which means that many people living with endometriosis spend a large proportion of their reproductive lives experiencing moderate to severe menstrual pain.

Samphire Neuroscience is actively investigating endometriosis-specific pain relief associated with the use of Nettle in its ongoing ENHANCE: Endometriosis-Focused Study Helping to Alleviate Chronic Pelvic Pain in Endometriosis Patients (double-blind, sham-controlled, in collaboration with the NHS) study running June 2024-Jan 2025.

However, there are no known risks or contraindications associated with the use of Nettle for the management of pain relating to menstruation and mood symptoms relating to premenstrual syndrome in women with endometriosis.

Previous research (Mechsner et al., 2023) has shown that an adjustment to a mildly more intensive (10 tDCS sessions) protocol may be beneficial for people experiencing endometriosis-related pain, and is within the approved appropriate range (up to 20 sessions) of monthly use of Nettle.

3.2.2 Premenstrual dysphoric disorder (PMDD)

PMDD is a severe form of PMS that causes severe irritability, depression, or anxiety in the week or two before menstruation, with symptoms usually going away two to three days after menstruation starts. It takes over 12 years to receive an accurate diagnosis of PMDD,

as it is often comorbid with other psychiatric disorders such as major depressive disorder (MDD), attention deficit-hyperactivity disorder (ADHD), and autism. This means that most women and AFAB individuals living with PMDD are likely unaware of their diagnosis, and believe to be experiencing moderate to severe mood symptoms associated with premenstrual syndrome.

Samphire Neuroscience is actively investigating PMDD-specific symptom relief associated with the use of Nettle in its ongoing TIARA: Targeting Inter-Hemispheric Alpha Coherence With Nettle To Treat PMDD in at-home settings study, running July 2023-September 2024.

However, there are no known risks or contraindications associated with the use of Nettle for the management of pain relating to menstruation and mood symptoms relating to premenstrual syndrome in women with (undiagnosed PMDD) who may not have access to alternative options (or may not be eligible to use them).

3.2.3 Other

Should a physician or clinic choose to use Nettle to treat any other condition, this would be classified as “off-label” use with the accompanying risks.

To date, there is level A (definitely effective) evidence for the use of tDCS targeting the DLPFC in the treatment of Major Depressive Disorder (MDD); and level B (probably effective) evidence for the use of tDCS targeting the motor cortex in the treatment of neuropathic pain, migraines, fibromyalgia and stroke rehabilitation. This remains an active area of neuroscientific and psychiatric research, and evidence around the use of tDCS in the management of obsessive-compulsive disorder (OCD) and attention deficit-hyperactivity disorders (ADHD) is rapidly emerging.

4. How effective is Nettle?

The popularity of brain stimulation is increasing every year, and it is clear that when considering the safety, affordability, efficacy and accessibility of at-home brain stimulation technologies, such as tDCS used in Nettle, no other currently available treatments for the symptoms of dysmenorrhea and premenstrual syndrome can replicate the effects seen with Nettle. Our clinical research always builds on years of peer-reviewed research and

clinical practice by leading neuroscientists, psychiatrists, pain specialists and clinicians, which you are welcome to review on our research page, at this link.

Previous research had carefully documented the long-term safety and efficacy of neuromodulation on improving low mood and reducing pain symptoms, and research by our collaborators, Prof Rodrigo Pegado (previously - Federal University of Rio Grande do Norte, now - Harvard University) and Prof Maria Micussi (previously - Federal University of Rio Grande do Norte, now - Harvard University) had shown that using menstrual neuromodulation therapy for five days before menstruation reduces pain symptoms in up to 89% of users, and improves PMS symptoms in up to 84% of users with continued and consistent use.

In our WIND (At-home Treatment of Primary Dysmenorrhea using a Wearable IoT Neuromodulation Device: A Triple-Blind, Randomised Sham-Controlled Trial) study, we focused on 3 core metrics:

- Reduction of perceived pain, measured using a visual analog scale (score from 0-100) on the most painful day of the menstrual cycle (day 1 or day 2);
- Improvement in low mood, measured using the PANAS negative scale, which assesses negative affect/emotion;
- Improvement in functionality, or the ability to perform everyday tasks, measured using the 6-minute walking test.

We chose these metrics because our users mentioned that it is the pain, mood and functionality symptoms that impact their wellbeing the most during PMS and menstruation.

We then recruited women with both menstrual pain and PMS symptoms, measured their symptoms for a baseline period, then measured their symptoms after using Nettle daily for 5 days prior to their next period, and then after a month, to see which effects persist due to neuroplasticity and which don't.

Our study was able to show that after a single month's use of Nettle:

1. **72% of users reported clinically significant pain relief and the average pain symptoms reduced by 53%.** It kept decreasing over time, meaning that the overall highest reduction could be predicted to happen after 3 months of consistent use

due to neuroplasticity effects. Over 44% of women reported negligible period pain (pain reported as under 2/10) after a single month's use.

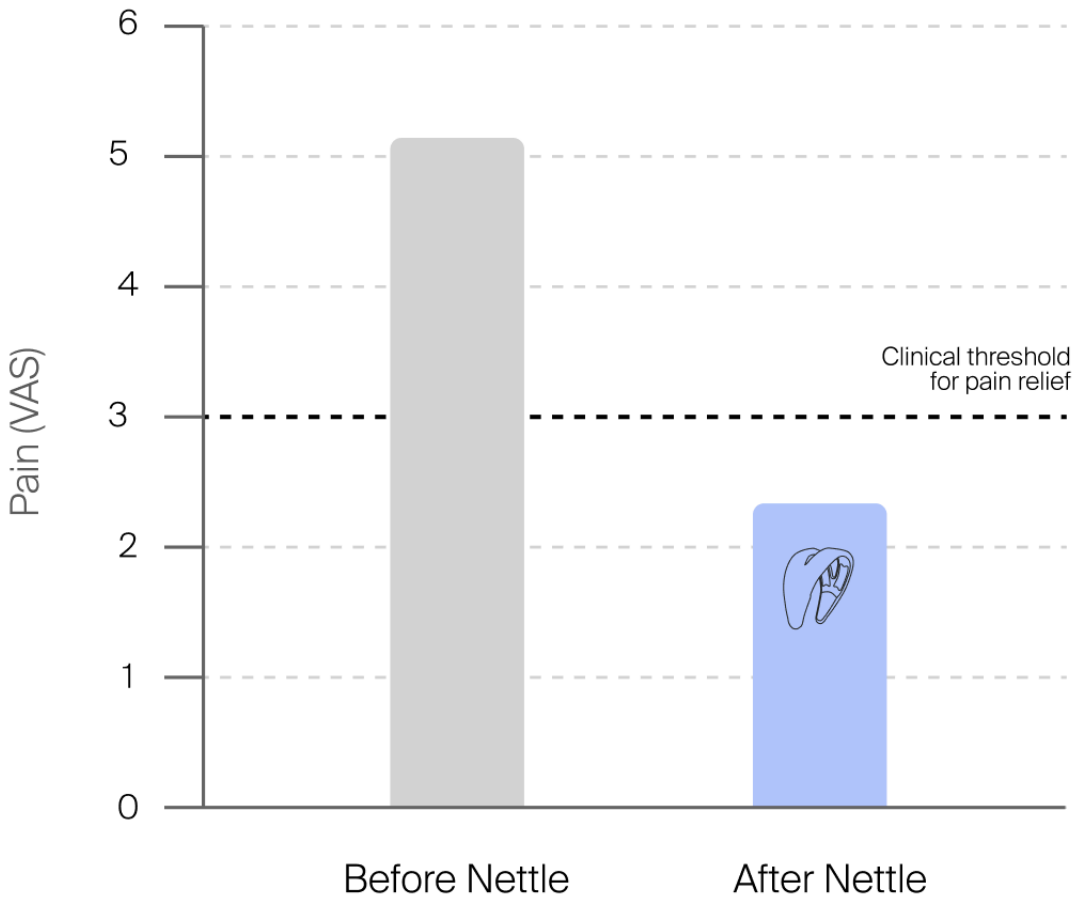

Figure 3. The average period pain decreased by 53% after a single month's use of Nettle.

2. **67% of users reported a clinically significant improvement in low mood and the average low mood symptoms in the PMS period improved by 34%.** 100% of users with extremely severe low mood symptoms (PANAS score above 25) improved to moderate or mild low mood symptoms after a single month's use of Nettle. Low mood symptoms also showed neuroplastic effects (symptom relief stayed for one more month after stopping the use of Nettle, and is likely to improve with

longer-term use.

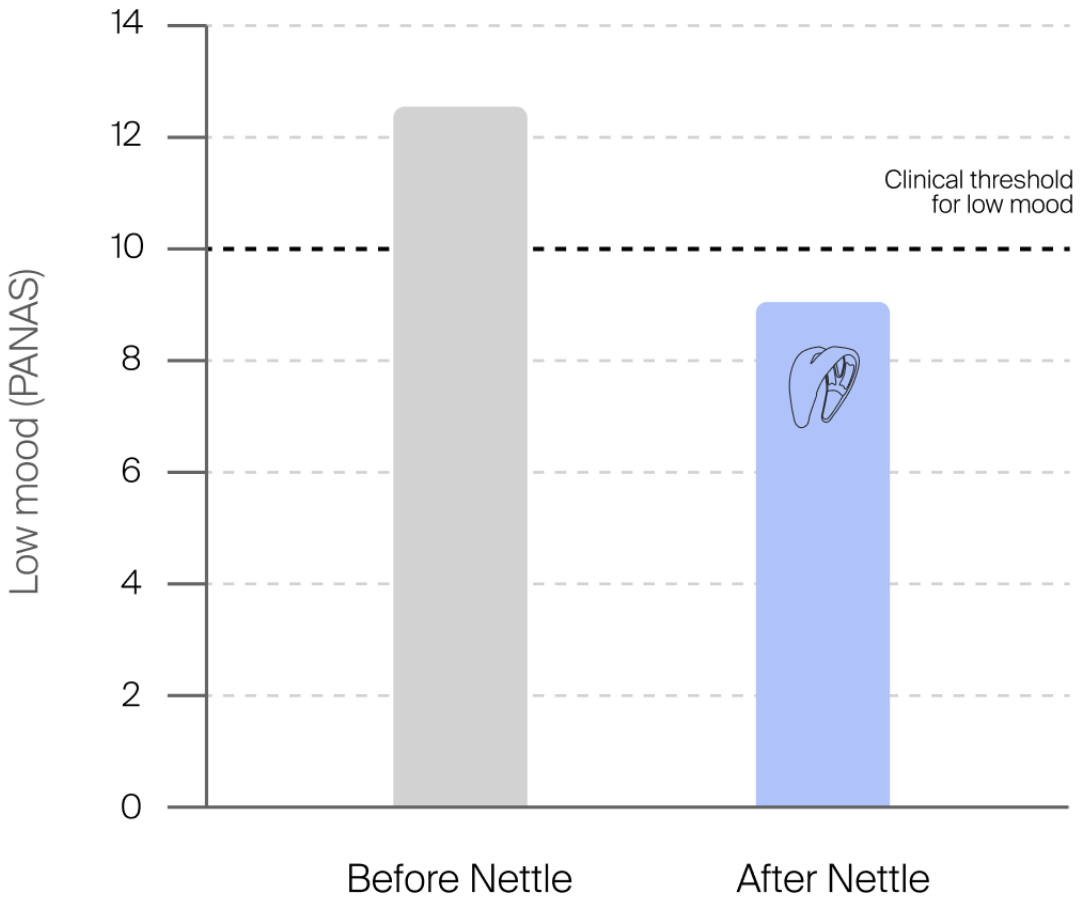

Figure 4. The average low mood symptoms in the PMS period improved by 34% after a single month's use of Nettle.

3. **67% of users reported a clinically significant improvement in their average functionality, or fitness status, which improved by 11%.** This is believed to be primarily linked to the reductions in pain and anxiety, as well as improvements in mood, which lead to the ability to be more active. These improvements were directly linked to the use of Nettle and disappear in the follow-up period, suggesting that it is not directly a brain-based effect (but rather a secondary effect of the improvements in the cycle-brain axis) which would be subject to

neuroplasticity

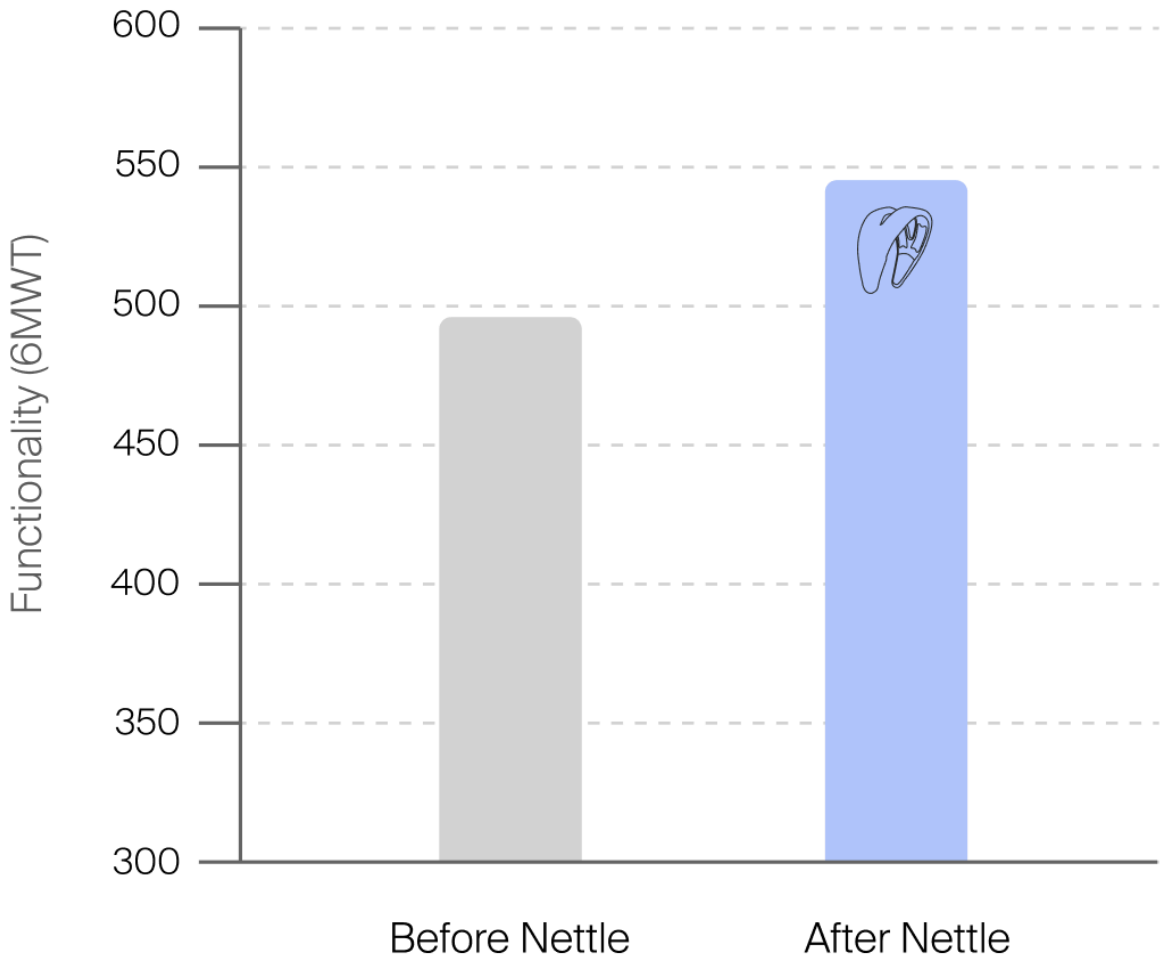

Figure 5. The average functionality, or fitness status, improved by 11% after a single month's use of Nettle.

5. Side effects

Nettle and its underlying technology, tDCS, are known for their incredible safety profile, the very low incidence of mild side effects and no reported serious adverse events in over 33,000 documented tDCS sessions.

5.1 Clinical Evidence

In 2016, an evidence-based update on the safety of tDCS was published by leading scientists and clinicians, who studied over 33,200 stimulation sessions and showed that, when tDCS is used via approved and certified devices, like Nettle, it does not carry any risks to cause damage to the brain (Bikson et al., 2016).

A more detailed analysis of 2,000+ tDCS sessions (Chhabra et al., 2020) reported the following rates of adverse effects:

- Burning sensations (16.2%)
- Skin redness (12.3%)
- Scalp pain (10.1%)
- Itching (6.7%)
- Tingling (6.3%)

No withdrawal or dependency effects have been reported with the use of tDCS.

5.2 Nettle Evidence

Nettle's clinical trials have confirmed that the type of adverse events (qualitative) and the number of adverse events reported with Nettle are no more severe than those seen in relation to comparable alternatives in state of the art.

5.3 Real World Reports

Publicly available information on the real-world safety of other at-home tDCS devices has reported the following frequency of side effects (from the device use by over 16,000 people):

- Headache (~1,5 %)
- Skin irritation (~1.2%)
- Tinnitus (~0.6%)
- Mild skin burn (~0.5%)
- Worsening of symptoms (~0.4%)
- Increased anxiety (~0.3%)
- Skin redness (~0.15%)
- Stinging (~0,07%)

6. Indications & contraindications

6.1 Indications

People aged 18 years and over with pain related to menstruation or mood symptoms relating to premenstrual syndrome.

6.2 Contraindications

If any of the below contraindications apply to the patient, they should not use Nettle:

- Persons who are under 18 years old.
- Persons with a history of seizures or epilepsy.
- Persons who are pregnant or may be pregnant.
- Persons experiencing active suicidal thoughts.
- Persons with a pre-existing neurological or neuropsychiatric condition.
- Persons with a lesion, tumour or other defect in your skull (cranium) or brain.
- Persons with an implant inside their skull, cochlear implant or implanted hearing aid.
- Persons with implanted medical devices, such as a cardiac pacemaker or neurostimulation
- Devices, such as spinal cord stimulators, vagal nerve stimulators, auricular stimulators, or deep-brain stimulating electrodes.

7. Long-term use

Clinical trials have found that tDCS sessions can be safely administered for at least 6 months without any noticeable increase in side effects. This suggests that the treatment is suitable for long-term use. While there's no evidence of side effects worsening beyond this timeframe, there's a lack of comprehensive long-term studies. In contrast, most studies on painkillers typically only follow participants for up to a month, while most studies on antidepressant medication typically only follow participants for up to 5 months.

Highlighted below are some studies indicating the safety and efficacy of long-term tDCS long-term use:

- Woodham et al., 2022: An open-label, single-arm feasibility study with long term (6-month) follow-up, showing 91.3% users maintaining clinical response outcomes and no increase in treatment side effects.
- Navarro-Lopez et al., 2021: A systematic review of randomised sham-controlled trials, showing no increase in the odds ratio of adverse events following longer-term tDCS use.
- Aparicio et al., 2019: A clinical trial with long-term (6-month) follow-up, showing no increase in side effects over time.

More research on the long-term safety of tDCS is expected to come out over the next few years as at-home brain stimulation becomes more established and available through traditional clinical practice.

8. How to get started working with Nettle

Step 1. Schedule a call with me to gain a deeper understanding of tDCS in the context of Menstrual Neuromodulation Therapy and determine if this care pathway aligns with you and your patients. During this call, we'll explore our partnership program and identify the best fit for you.

Step 2. After onboarding, participate in a private 1-hour training session designed to equip clinicians with the knowledge to educate patients about Nettle's use and benefits.

Step 3: Start recommending Nettle to patients.

Step 4: Observe real-life clinical results of your patients using Nettle.

9. Frequently Asked Questions (FAQs)

How is Nettle different from Flow Neuroscience?

From a technical and scientific standpoint, Nettle stimulates two regions of the brain - the DLPFC, associated with mood improvement, and the motor cortex, associated with pain

relief, - while Flow Neuroscience's device only stimulates the DLPFC, associated with mood improvement.

From an intended use perspective, Flow Neuroscience's device is approved for the treatment of Major Depressive Disorder (MDD) only. Nettle is approved to assist in the management of pain relating to menstruation and mood symptoms relating to premenstrual syndrome.

Therefore, if your patients are interested in managing mood and pain symptoms, associated with menstruation, Nettle is a better fit. If your patients are interested in managing MDD only, Flow Neuroscience's device is a better fit.

Can I recommend Nettle to my patients with PMDD?

Though Nettle has been verified to offer promising benefits in managing mood symptoms associated with premenstrual syndrome (PMS), its specific efficacy in treating premenstrual dysphoric disorder (PMDD) has not been clinically validated. It is worth noting, however, that PMDD is severely under-diagnosed and that in Samphire's clinical trials focused on PMS post-hoc analyses showed that 38% of women in the sample matched the clinical diagnostic criteria for PMDD, even though patients believed to be experiencing PMS symptoms.

Since Nettle's clinical validation pertains specifically to managing mood symptoms associated with PMS, it may not be appropriate to recommend it as a primary treatment for PMDD. PMDD often requires a comprehensive approach, including psychotherapy, medication, and lifestyle changes. Given that Nettle is not known to have any interactions with other treatments, it may be a suitable option to incorporate into a holistic PMDD treatment plan. Before recommending Nettle or any other treatment to patients with PMDD, it's essential to consider their individual symptoms, medical history, and preferences. Consulting with a healthcare professional who specialises in PMDD management would be prudent to ensure the most appropriate and effective treatment plan for your patients.

Can I recommend Nettle for chronic pain that is not of menstrual origin to patients?

Though Nettle has been verified to offer promising benefits in managing menstruation-related pain through its transcranial direct current stimulation (tDCS)

technology, its efficacy for chronic pain that is not of menstrual origin has not been clinically validated. Large-scale meta-reviews have determined that there is level B (probably effective) evidence for the use of tDCS targeting the motor cortex in the treatment of neuropathic pain, migraines, fibromyalgia and stroke rehabilitation, and more research continues to emerge. However, chronic pain can arise from various causes and might require different interventions targeting the specific mechanisms involved in each type of pain. At the moment, recommending Nettle for chronic pain unrelated to menstrual conditions is not yet supported by the current scope of clinical evidence.

Can I recommend Nettle for depression that is not of menstrual origin?

Though Nettle has been verified to offer promising benefits in managing mood symptoms associated with premenstrual syndrome (PMS), its efficacy for the treatment of major depressive disorder (MDD) specifically has not been tested. However, large-scale meta-reviews have determined that there is level A (definitely effective) evidence for the use of tDCS targeting the dorsolateral prefrontal cortex in the treatment of MDD, and more research continues to emerge. The use of Nettle for MDD treatment should be technically similar to the use of any other tDCS equipment targeting the DLPFC, but would be considered to be “off label” in the context of Nettle’s intended use.

Have you tested Nettle on women of colour?

Yes! 47.1% of participants in our clinical trials self-identified as women of colour, 67.6% of them had wavy, curly or coily hair, and trial participants had a BMI range from 19 to 29.

Have you tested Nettle on women with PMDD/PCOS?

We have not run trials specifically including only women with a diagnosis of PMDD and/or PCOS. However, 38% of women recruited for their PMS symptoms in our WIND clinical trial met the clinical diagnostic criteria for PMDD, as determined by post-hoc analyses. Our clinical trials did not collect data on existing PCOS diagnoses.

Can Nettle be used as an in-clinic treatment?

Yes. However, Nettle needs to be applied for 20 minute-sessions daily during the late luteal phase, which makes it a high-intensity in-clinic treatment, so we recommend using Nettle in at-home settings for convenience and flexibility.

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