





Financial Disclosure

· Consultant/ Speakers Bureau

Regeneron, Allergan, Novartis/Alcon, Promedior, Notal Vision, Ophthotech, Bausch and Lomb/Valeant, Bayer, Genentech/Roche, Autogenomics, Alimera, Thrombogenics, Allegro, Panoptica, Personal Dx, True Blue Vision, Essilor-Luxoticca, Macuhealth.

Research Grants

- Bayer, Ophthotech, Allergan, GlaxoSmithKline, Novartis/Alcon, Allegro, Tyrogenix, Genentech/Roche, Lpath, Pfizer, Regeneron, Thrombogenics, NEI, Notal Vision, Santen, Xoma, I-Cos, Alimera, Astellas, Opthea.

Stocks/Patents/Founder/Executive

- OPKO Health, Panther Pharmaceuticals, Aviceda Therapeutics, Vision Integrated Partners, Blue Ocean Clinical Research



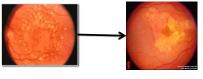
Objective

How to create a Macular Degeneration Center in an optometric

- Understand Macular Degeneration (Wet/Dry) the role of Blue light damage, oxidation and inflammation in the pathogenesis
- · Learn to detect macular degeneration early with dark adaptometery.
- Comprehend lens technology and why optimized biologic pigment impregnated lenses are the best for the AMD patient.
- Learn about macular pigment and how to effectively restore with triple carotenoid therapy.
- Learn to use high dose triple carotenoid therapy to prevent, enhance and eliminate the need for anti-VEGF therapy



MAGULA CENTER Dry Macular Degeneration = Rust

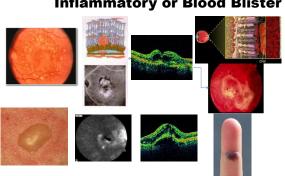








Macula Center Wet Mac Degeneration= Inflammatory or Blood Blister



MACULA CENTER AMD RISK Factors

AGE

Caucasian

NON-MODIFIABLE

Family History, Genetics · Inflammatory genes

Oxidation genes

*Low Macular Pigment Density

(MPOD)

• Light Exposure

• Smoking - 3x greater risk

MODIFIABLE Macular Pigment



Blue Light



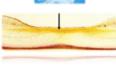
Blue Light in AMD

Modifiable risk factors for Age Related Macular Degeneration

Outdoor light exposure 6.5 RR >8 hrs 5.5 RR < 8 Hrs



Low Macular Pigment



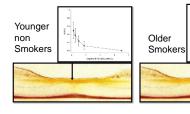
Smoking -2.4 RR





Decline in Macular Pigment near the fovea associated with increasing age and smoking history

Foveal Dip



Mark L. Kirby, Stephen Beatty, Edward Loane, Mukunda C. Akkali, Eithne E. Connolly, Jim Stack, and John M. Nolan , Invest Ophthalmol Vis Sci. 2010;51: 6722–6728



MAGULA CENTER Molecular Description of AMD

Photooxidation + Oxidation + Genetic Dysfunction+ Blue Light Optogenetic Induced Cell Death + AGE=

ANTIOXIDATION/INNATE IMMUNITY DYSFUNCTION

CHRONIC INFLAMMATION



DRUSEN **CELL DEATH PHAGOCYTOSIS GEOGRAPHIC ATROPHY**

VEGF RETINAL EDEMA CNV

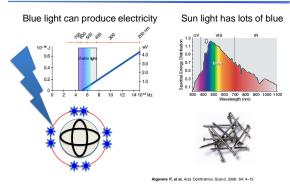


The Path to Blindness

- · Chronic Blue Light Over Exposure.
 - Blue Light Phototoxicity / Photo Oxidation
 - Production of Oxidative byproducts malondialdeyhde or carboxyethylpyrrole.
 - Blue Light/ All Trans Retinal Optogenetic PIP2 mediated RPE and photoreceptor cell death
- · Chronic Activation of the complement and Innate Immune System
- · Activation of Macrophages
 - M1 to M2d(VEGF producing macrophages)
 - M2 a,b (Phagocytic macrophges)

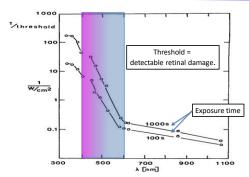


Blue light causes photoxidation

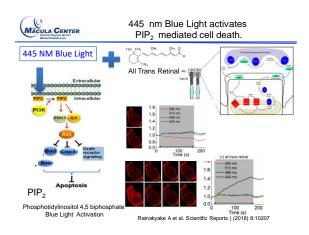


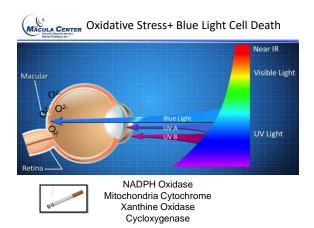


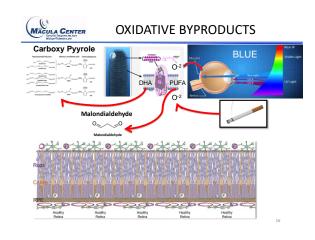
Blue /Violet is Most Retinal Toxic Wavelength of Light

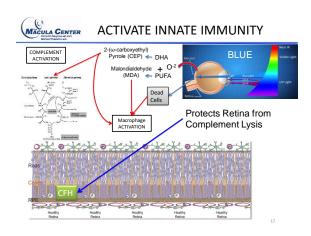


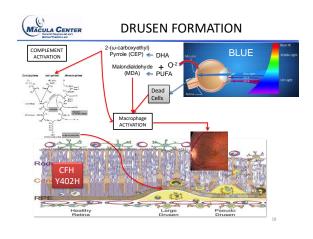


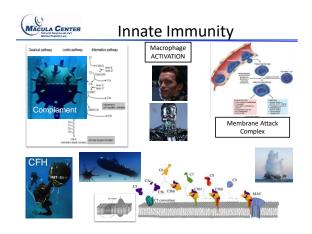


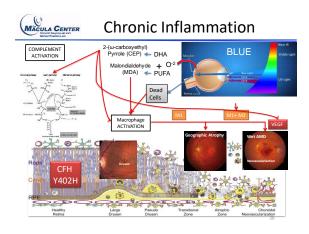


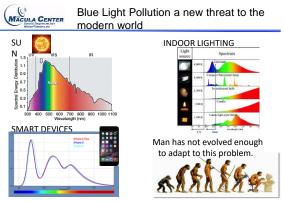


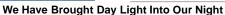




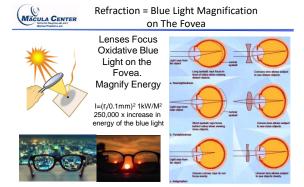












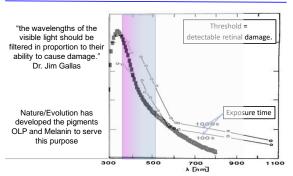


What is the best way to protect against Blue Light.

- Glasses Impregnated with Melanin and or Ocular Lens Pigment (External Protection)
- Enhancing Macular Pigment (Internal Protection)

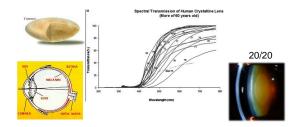
MÄGULA CENTER

Melanin Protects Proportionally



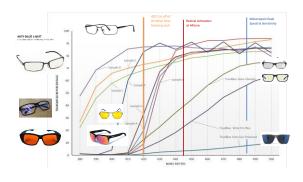
MACULA CENTER Melanin OLP= Natures Anti-Blue Light

Dr. Gallas Invented the method to Impregnate natures native protection into plastic.





True Blue Protection Technology





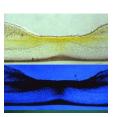
As Eye Doctors it is our duty to educate our patients on the potential harmful effects of blue light overexposure and recommend EXTERNAL PROTECTION in the form of melanin ocular lens pigment impregnated lenses the most effective way to protect against this threat

We also need to recommend Macular Pigment enhancement which represents INTERNAL PROTECTION against blue light and as we will see an effective way of preventing and enhancing therapies against exudative macular degeneration.



WHAT PROTECTS THE MACULA?

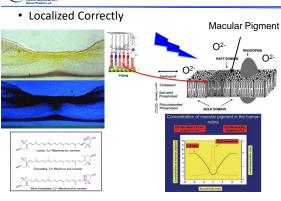
- LOCALIZED IN THE MACULA/FOVEA
- LOCALIZED BETWEEN **FATTY ACID MOLECULES**
- ANTI-OXIDANT
- ANTI-INFLAMMATORY
- BLUE LIGHT FILTER
- NON TOXIC



MACULAR PIGMENT

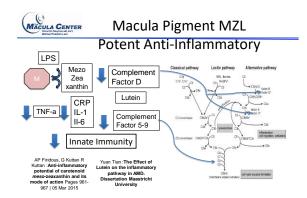
MÄGULA CENTER

Macular Pigment Main Macular Protectant

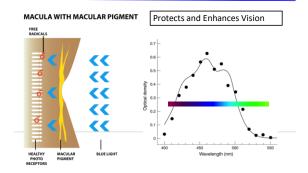


Meso/Lutein/Zeaxanthin Most Potent Anti-Oxidant in The Macula. Land Macula Monte Potent Anti-Oxidant in The Macula. Antioxidant Unpaired Electron Donation Free Radical M > Z > L

Li, Ahmed, and Bernstein: 2010
Department of Ophthalmology and Visual Sciences
Moran Eye Center, University of Utah School of Medicine



MAGUIA CENTER MP is a natural blue light filter

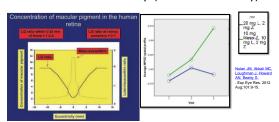


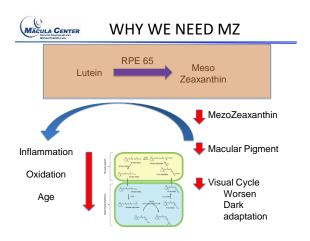
MZ is Safe We also discuss the control of the cont

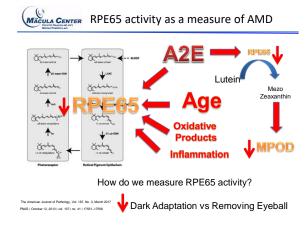
No Observed Adverse Effect Level (NOAEL) = 344 mg/kg/day 344mg x 70 kg = 24080 mg or 24.08 kg per day Dec Mutagenicity and carcinogenic potential of environmental carcinogens in animals. Reduced Liver Damage and Cancer

MAGULA CENTER Need MZL not just M, L or Z

 Macular pigment increases significantly more with MZL versus ZL only. (Best Bioavailability)







MÄGULA CENTER

Dark Adaptation is the Best Biomarker for Progression of Macular Degeneration





MP Enhancement Therapy

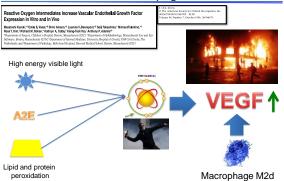
Nutrient	Safety	Anti- Oxidant	Anti- Inflammatory	Localize Macula	Efficacy
Mezozeaxanthin	Excellent	Yes	Yes	Yes	Excellent
Lutein	Excellent	Yes	Yes	Yes	Good
Zeaxanthin	Excellent	Yes	Yes	Yes	Good

With Triple carotenoid therapy (LMZ) Is what I recommend. It is the natural and safest way to protect the macula





Oxidative Stress and Macrophage Activation Upregulates VEGF





MACULA CENTER Clinical Cases Demonstrating MZL Efficacy in early wet AMD

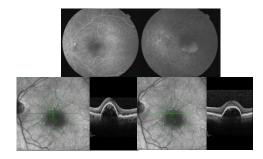
Case 1: Patient with Serous PED

Case 2: Resolve subretinal fluid quickly with high dose MZL



Case 1 AL- Serous PED

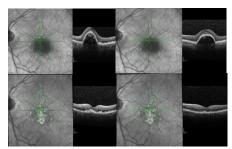
65 YO female complains of metamorphopsia. Hx of dry AMD. 20/30 Vision OS. Gave injection of Avastin and started Macuhealth. 2/14/14





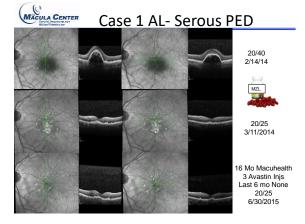
Case 1 AL- Serous PED

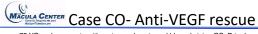
After 1 month of Macuhealth and 1 injection of avastin complete resolution of PED 20/25. 3/11/14



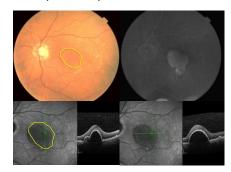
20/50 2/14/14

20/25 3/11/2014





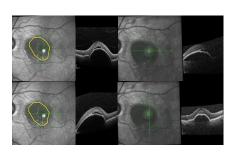
75 YO male presents with metamorphopsia and blurred vision OS. Prior hx of dry AMD and family Hx of Exudative AMD. Started on Avastin.



BaseLine 20/30 7/3/2012

MACULA CENTER Case CO- Anti-VEGF rescue

Continued on Avastin for 1 year 10 Avastin Injections. Because of subretinal fluid switched to Eyelea.7 Injections of Eyeleas Appeared stable.

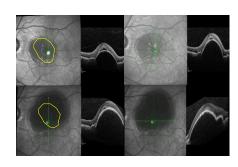


20/40 7/9/2013

20/50 8/15/2014

MACULA CENTER Case CO- Anti-VEGF rescue

Due to insurance switched back to Avastin.



20/50 9/23/2014

20/100 12/16/2014

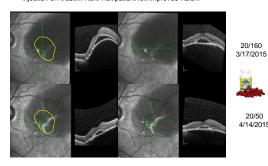
MACULA CENTER Case CO- Anti-VEGF rescue

Continued Avastin but worsened. Started MZL 2 x day on 3/17/15 after an injection of Avastin. Next visit patient felt improved vision.

20/160

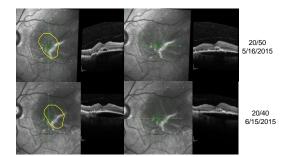
20/50

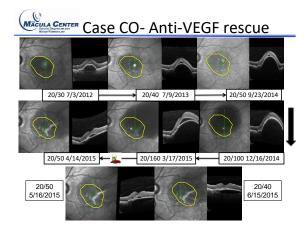
4/14/2015





Continued MZL and Avastin injections.







Conclusion

- Dark Adaptation can detect AMD 3 years before we see it.
- Biological Pigment Impregnated Lenses are the Only Technology that Effectively protects against 445 NM Blue Light.
- LMZ can slow down progression of macular degeneration
- · LMZ can serves as enhancer to anti-VEGF injections.
- · LMZ is safe as eating spinach and may have anti-cancer properties. (No downside)



