**Macular Degeneration Update**
**June 2005**
**Presented by Vision-Nutrition.Com**

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Our email subscribers get this newsletter 3-4 weeks before our postal customers. If you have an email address and want to find out the latest macular degeneration news as soon as it is available, sign up by visiting vision-nutrition.com and clicking JOIN OUR MAILING LIST.

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The June 2005 issue of the journal, Ophthalmology, contained new hope for patients with wet macular degeneration.

Until now, the standard of treatment for wet macular degeneration has been Photodynamic Therapy (PDT), which involves intravenous injection of material called Visudyne. A blue laser light is then aimed at the diseased retina. The blue light activates the Visudyne dye, which in turn causes shrinkage of the abnormal blood vessels beneath the retina that cause the bleeding and leakage associated with wet macular degeneration.

However, PDT is not indicated for all forms of wet macular degeneration, and so its use is limited. Additionally, while PDT has been found to halt the progression of wet macular degeneration in 30% of patients, it has not been shown to improve vision.

Recently, attention has been focused on vascular endothelial growth factor (VEGF), a natural compound which is hypothesized to increase the formation of new blood vessel growth in the choroidal tissue beneath the retina. Two drugs block the activity of VEGF. And one of them was shown in a study in the June 2005 issue of Ophthalmology to IMPROVE VISION.

The first of these new drugs that block VEGF is Macugen, recently approved by the FDA. Macugen must be injected every month into the patient's eyeball. Importantly, patients experience little or no discomfort when this is done. The study found that there was found to be a reduced risk of vision loss as early as six weeks after injection, with increased effect up until one year.

The second VEGF blocker is called, Lucentis, and was developed by Genentech. In the published study, only 9 patients were evaluated. Unlike Macugen, the patients were admistered Lucentis intravenously, every two weeks for three doses. And unlike the Macugen study, there were no patients receiving a placebo treatment, which is generally regarded as a critically important feature of a quality scientific study.

Excluding these study deficiencies, the findings were startling.

Visual acuity improved from 1-5 lines, and retinal swelling was noted to be less as early as one week after the first injection.

The results represent the first time that a drug for macular degeneration has been able to improve vision, not just preserve it.

In a larger study of 716 patients, Lucentis was injected into the eye in half the patients, with the other half receiving a placebo injection. Although the official results of this study won't be announced until July 2005, Genentech has already let news organizations know that patients receiving the Lucentis injections experienced improvement in vision.

What does this mean for you?

In the absence of significant drug complications, you can expect the FDA to rapidly approve this new treatment. Unfortunately, that won't likely occur before one year and may be as long as two years.

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No treatment for dry macular degeneration? Don't tell that to Occulogic, the inventors of The RHEO™ procedure.

This is a specific method of apheresis - a treatment in which a patient's blood is drawn outside the body and specific compounds are removed before being returned to the body. Apheresis, which is similar in principle to blood donation,

has been used for decades to treat a variety of illnesses, including excessively high cholesterol and rheumatoid arthritis.

Japanese scientists developed the basis for the RHEO™ procedure in the 1970s while looking for a way to treat high cholesterol. About 10 years later, researchers at the University of Cologne in Germany used a newly developed filter, today called the RHEO™ filter, in a treatment study for eye conditions characterized by impaired microcirculation of the retina. The treatment was especially successful in patients who had AMD. Based on those results, experts conducted years of clinical research in order to further develop the RHEO™ procedure into a treatment for dry AMD.

The RHEO™ procedure uses patented filtering technology to remove excess levels of macro-proteins and fatty components in the blood that have been associated with AMD. These substances, which are known to thicken the blood, decrease blood flow and cause damage to capillary vessels, include LDL cholesterol, fibrinogen and alpha-2-macroglobulin.

The National Eye Institute is now recruiting patients for the MIRA-1 study.

The RHEO™ procedure has been tested in several clinical trials over the past 10 years and evidence suggests that it is a low-risk, well-tolerated procedure. The low incidence of adverse side effects is similar to other commonly used therapeutic apheresis treatments.

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Despite no radio or television advertising, VisiVite® formulas are among the fastest growing vitamin supplements in America. Through word of mouth among both patients and physicians, Vitamin Science has garnered a reputation as a company that puts patients first. In addition to offering patients six different macular degeneration supplements customized for their individual needs, VisiVite formulas are the only macular degeneration supplements that offer the more expensive and safer Natural Vitamin E. All VisiVite formulas require only one capsule twice daily, and can be readily opened for patients who have difficulty swallowing.

Vitamin Science is pleased to announce that VisiVite is now the preferred macular degeneration supplement for several university ophthalmologic departments and retinal specialty practices.

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