VINIFERAMINE®

Silicone Barrier
Skin Protectant
Small Molecule Technology Without Scientific Equal™

Small Molecule Technology Without Scientific Equal™
Features and Benefits

- Certified organic extracts in a pH balanced, paraben-free, delivery system
- Cell-saving antioxidants including trans-resveratrol, oleuropein and EGCG
- Improves cellular defenses to protect cell failure and improve healing
- Unique emulsion sphere™ technology for diffusion of small molecules

Small Molecule Technology Without Scientific Equal

Delivery of small molecules across the stratum corneum is complex and requires a delivery vehicle that places the specific molecules in direct proximity to the skin. This is achieved using a formulation that produces emulsion spheres™ with well-defined outer lipid membranes. The chosen small molecules typically translocate the stratum corneum using the delivery spheres by either the partitioning or diffusion process.

Viniferamine’s emulsion spheres™ translocate small molecules into the epidermis for advanced wound healing. The first and most critical step in the process is the selection of small molecules with a molecular weight of less than 500 Daltons. Once these select molecules pass through the metabolically active stratum corneum they must have a pathway across the epidermal cell’s plasma membrane.

Decades of scientific research have gone into the Viniferamine formulas and the selection of the patented small molecules that are delivered across the plasma membrane. The Viniferamine products are without scientific equal. They offer new hope for the healing of chronic wounds and vascular fragility.
SELECT SMALL MOLECULES

Trans-resveratrol

Grapevine extract contains significant levels of stilbenes including trans-resveratrol, which is proven to have protective effects against a number of skin disorders. Resveratrol is also reported to have potent antioxidant activities, including activities against ultraviolet radiation-mediated oxidative stress. In addition, resveratrol has been discovered to inhibit UVB-mediated skin edema and inflammation, and in an in vitro study, resveratrol was able to block the activation of the NFκB inflammatory pathway in normal human epidermal keratinocytes. Research has also shown that resveratrol can suppress the proliferation of keloid fibroblasts in benign (non-cancerous) skin tumors that sometimes form during wound healing.

Oleuropein

It has been shown that oleuropein has a direct antioxidant effect on skin, due to its free radical scavenging action at the skin level. Treatment of human embryonic fibroblasts with oleuropein was found to decrease the intracellular levels of reactive oxygen species (ROS). These cells exhibited a delay in senescence and had a fifteen percent (15%) increased lifespan. Oleuropein has many pharmacological properties that aid in the protection of skin cells. It is antimicrobial, it slows the progress of cell aging, protects the skin from environmental stress including chronic UV B radiation-induced skin damage, and it is a potent anti-inflammatory agent.

Epigallocatechin-3-gallate (EGCG)

Green tea polyphenols include epicatechin-3-gallate (ECG) and epigallocatechin-3-gallate (EGCG). Tissue repair and wound healing are complex events that can be delayed by persistent inflammation or by inadequate angiogenic responses. Topical application of EGCG increases cellular activities including new DNA synthesis in aged keratinocytes, keratinocyte regeneration, and the differentiation of keratinocytes located in the basal layer of the epidermis. Further, topical treatment with EGCG on mouse skin resulted in the prevention of UVB-induced immunosuppression, and oxidative stress.
SKIN CARE

Renewal Moisturizer
The Renewal Moisturizer is the foundation of the product system, and it contains a potent dose of Viniferamine® and the other scientific ingredients. It has the broadest range of uses and will ensure the proper nourishment of the epidermis. Each ingredient in this scientifically advanced product has been perfectly balanced to achieve maximum skin restoration.

**Active Ingredient:** Dimethicone 1.5%

**Uses:** A skin protectant cream that leaves a temporary, protective barrier for chapped or cracked skin.

- **Order No. 56052** 4 g - 144/Ctn 12/cs
- **Order No. 56000** 4 oz 12/cs
- **Order No. 56044** 32 oz 12/cs
- **Order No. 56070** 1200 mL 8/cs

Silicone Barrier
Silicone Barrier is an advanced 34% silicone cream that glides over skin without streaking or clumping. It can be used over moist skin eliminating the problem associated with other high silicone creams. The cream is non-occlusive and provides a “second-skin” for patients that have a compromised epidermis. It contains a sophisticated silicone complex that helps normalize barrier function and improve healing outcomes. The Viniferamine® enriched formula provides the delivery for pyronutrients, amino acids and B vitamins that restore skin to a more healthy state.

**Active Ingredient:** Dimethicone 2.5%

**Uses:** A skin protectant cream that leaves a temporary, protective barrier for chapped or cracked skin.

- **Order No. 56068** 4 g - 144/Ctn 12/cs
- **Order No. 56021** 4 oz 12/cs
- **Order No. 56066** 32 oz 12/cs

SKINMINERAL™
SKINMINERAL™ is a blend of 3 French mineral-rich clays. Each of the rare clays delivers earth’s balance of vital nutrients to restore and detoxify the skin. The trace elements found in these clays provide several important skin nutrients including magnesium, calcium, potassium, copper and selenium. The unique combination of micronized zinc oxide (particle size <200 nm). The paste will nourish macerated, inflamed skin back to health while providing an unparalleled absorption of toxins. When combined with the proven healing nutrients found in Viniferamine®, no zinc oxide paste compares to the quality of SKINMINERAL™.

**Active Ingredient:** Zinc Oxide 12.5%

**Uses:** A skin protectant paste that temporarily relieves chapped or cracked skin that is damaged from wetness or incontinence.

- **Order No. 56073** 4 g - 144/Ctn 12/cs
- **Order No. 56001** 4oz 12/cs

SKINMINERAL-Z™
SKINMINERAL-Z™ is “skin toned” and blends with the patient’s skin color to provide a contemporary approach to wellness and patient satisfaction. SKINMINERAL-Z™ combines the healing power of 3 perfectly balanced mineral-rich clays with zinc oxide and carboxymethylcellulose. This unique combination of healing ingredients revitalizes, restores, detoxifies and remineralizes skin that has lost its vitality due to mineral depletion. The minerals found in SKINMINERAL-Z™ benefit skin health by participating in important cellular physiological and enzymatic processes.

**Active Ingredient:** Zinc Oxide 12.5%

**Uses:** A skin protectant paste that temporarily relieves chapped or cracked skin that is damaged from wetness or incontinence.

- **Order No. 56081** 4oz 12/cs

Hydrocortisone Cream 1%
Hydrocortisone Cream is the most commonly physician-recommended topical over-the-counter product. Hydrocortisone is a corticosteroid that is frequently prescribed to treat dermatitis, eczema, hives, psoriasis, itching, redness, swelling, rash, pain, inflammation and burning sensations. The prevailing thought is that many of the skin symptoms associated with the required use of a hydrocortisone cream are a result of poorly hydrated or malnourished skin.

**Active Ingredient:** Hydrocortisone 1.0%

**Uses:** For temporary relief of itching and inflammation associated with minor skin irritations and rash.

- **Order No. 56080** 2 oz 24/cs

Antifungal Cream
Antifungal Cream provides the proven effectiveness of two percent (2%) miconazole nitrate in a soothing petrolatum-free base. Viniferamine® and key scientific ingredients have been added to improve the skin’s nourishment and to aid in the recovery process. This product is indicated for chronic or acute epidermal fungal infections caused by Candida albicans, and the associated symptoms, including: inflammation, pain, itching, odor, vesicles and lesions. Patients prone to fungal infections include those that are on antibiotics, immunocompromised, obese, or incontinent.

**Active Ingredient:** Miconazole Nitrate 2.0%

**Uses:** For the topical treatment of fungal and yeast skin infections and associated itching, scaling, cracking, burning, redness, soreness, irritation, discomfort and chafing.

- **Order No. 56077** 4oz 12/cs

CLEANSING

Clean N Moist
The chemistry of the Clean N Moist corresponds with the chemistry of the skin. It is perfectly pH balanced to ensure the most fragile skin is gently cleansed without causing irritation. The use of phospholipids, organic pyronutrients, organic shea butter, and other vital nutrients provide nourishment and revitalize skin that has lost its healthy glow. For many patients this single product is all that is necessary to cleanse, moisturize, nourish and provide a protective barrier. Clean N Moist can be used to remove SKINMINERAL™.

**Active Ingredient:** Dimethicone 1.5%

**Uses:** A skin protectant lotion that gently cleanses skin that may be chapped or cracked, while leaving a temporary protective barrier.

- **Order No. 56003** 8 oz Trigger Spray 12/cs

Foaming Cleanser
Foaming Cleanser is optimally balanced to provide an ultra-mild cleanse with a luxurious foam that glides over the skin leaving it feeling fresh and clean. The rinse-free foam leaves skin and hair feeling silky and revitalized by utilizing a mild, biodegradable, foaming surfactant created from natural fruit sugar and the fatty acids of organic cold-pressed extra virgin olive oil and organic coconut oil.

**Uses:** The Foaming Cleanser is designed as a gentle no-rinse cleanser that can be used bedside. Gently apply the rich lather to dry or moistened skin and hair. If needed or indicated, use a soft moist cloth to gently wipe the skin clean, especially if it is visibly soiled.

- **Order No. 85000** 9 oz 12/cs

DIABETES FOOT CARE KIT

Clean N Moist & Silicone Barrier
The Diabetes Foot Care Kit is an added value product. In addition to the Clean N Moist and the Silicone Barrier, the kit contains a sixteen-page information booklet that guides the diabetic patient or caregiver through what is needed for overall care. The booklet was written by a physician and edited and approved by a certified diabetes educator.

**Clean N Moist Active Ingredient:** Dimethicone 1.5%

**Silicone Barrier Active Ingredient:** Dimethicone 2.5%

**Uses:** The Clean N Moist cleanses and moisturizes the skin and prepares it for the Silicone Barrier. The Silicone Barrier creates a “second skin” that protects from damage associated with dryness, cracking, tearing and irritation caused by environmental factors.

- **Order No. 56059** Kit 12/cs
- **Order No. 56065** Display 1/cs
Use of Viniferamine Small Molecule Technology to Improve Patient Outcomes in the Diabetic Wound Care Setting

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Case 1
Well developed and groomed 84 year old Caucasian female with personal medical history of Type II Diabetes-insulin treated, Peripheral Neuropathy, Hypertension, Hypothyroidism. History of Methicillin Resistant Staph Aureus, Arteriosclerotic Disease / Peripheral Arterial Disease and microvascular disease, and ulceration with gangrene 1st toe.

Social History: Patient has been exposed to secondhand tobacco smoke, and is a non-user of nicotine products or alcohol. She does not exercise and is fully intact in all forms of dimension and memory.

Allergies: Patient has no known food or drug allergies

Medications: Prednisone 5 mg daily, Lisinopril 10 mg daily, Novolog 100 units/ml daily, Clopidogrel 75 mg daily, Levothyroxine 0.075 mg daily, Caduet 5/20 mg daily, Hydrochlorothiazide 12.5 mg daily, Klor-Con 10 meq three times a day, Metformin 1000 mg daily, Januvia 100 mg daily. Antibiotic history includes Levafaxin, Vancomycin intravenous, Kelex, Doxycycline Hyclate, and Avelox.

Past Surgical History: Hysterectomy, Right Hip replacement, Bilateral Knee replacement, Percutaneous Transluminal Angioplasty Lower Extremity, Percutaneous Transluminal Angioplasty - Superficial Femoral artery, and Percutaneous Transluminal Angioplasty of Right Anterior Tibial artery, Selective Right Lower Extremity Angiography with runoff.

Details: Patient’s initial presentation was with an ulcerated great toe which developed gangrene. Patient maintained moderate control of fasting blood sugars over treatment course in the range of 102 to 150 Mg/dl. Standard offloading and local advanced wound care principles were used to treat ulceration. Endovascular intervention to increase perfusion to lower extremities preceded distal hallux amputation. Percutaneous Transluminal Angioplasty of Lower Extremity resulted in a minimal residual stenosis (10-20% compared to 100% stenosis prior to procedure) to popliteal and anterior tibial arteries with brisk retrograde flow to the foot. Short term, full closure was disrupted after traumatizing the healed surgical digit by normal unprotected walking. Skin condition of the foot had continued to decline over the course of treatment with increased dryness, cracking and erythematous excoriated skin. The patient’s prior skin care regimen included cleansing with an over the counter, high pH, antimicrobial soap and use of a low concentration urea based moisturizing cream after bathing once a day. Overall, the skin of the foot was benignly neglected due to constant covering with external cotton based gauze bandages and wraps. Skin hygiene and hydration was only rendered every few days to these areas. Despite sustained adequate perfusion to the lower extremity following cardiovascular intervention treatments, the skin sustained a dehydrated, cracking and erythematous/red, excoriated state. A twice a day regimen of cleansing with Viniferamine Clean N Moist, and treating the affected areas with Viniferamine Renewal Moisturizer and the chlorhexidine-containing Viniferamine Silicone Barrier applied to areas of redness or acute breakdown was introduced. This was followed for a period of 8 weeks.

Case 2
Well developed and groomed 42 year old with personal medical history of Type II Diabetes-insulin treated, Peripheral Neuropathy, Hypertension, Coronary Artery Disease, Hypercholesterolemia, Peripheral Arterial Disease, and micro-vascular disease. Venous disease of lower extremities, and foot ulcerations with cellulitis and amputations.

Social History: Patient has a prior history of tobacco use, with mild consumption of alcohol. He does not exercise and is fully intact in all forms of dimension and memory.

Allergies: Patient is allergic to Heparin, Lovenox, Tenus, Norvasc, Vancomycin, Enoxaparin and Tazobactam.

Medications: Ambien 5 mg at bedtime, Cardura XL 8 mg ER daily, Losartan 100 mg daily, Tramadol 50 mg every 4 to 6 hours for pain, Lantus 30 units/ml twice daily, Effient 10 mg daily, Aspirin 81 mg daily, Victoza 1 mg/ml daily, Lisinopril 20 mg daily, Clonidine 0.1 mg twice daily. Antibiotic usage history includes Kelex, Ciprofloxacin, Levafaxin, Augmentin.

Past Surgical History: Knee Arthroscopy, Oorichectomy Left, Amputation 1st toe Left followed by 2nd toe Left, followed by trans-metatarsal amputation Left, Amputation Partial 1st Ray Right followed by Revision 1st ray resection. Cardiac Catherization, Stent- Descending Coronary Artery, Percutaneous Transluminal Angioplasty Lower Extremity, Atherectomy and Percutaneous Transluminal Angioplasty of Right Peroneal Artery, Selective Right Lower Extremity Angiography with runoff.

Details: Patient had chronic ulceration to plantar right foot, complicated by diabetes, vascular and neuropathic compromise, as well as, mechanical deforming forces increasing the risk of a sustained ulceration. Prior partial amputation of the first ray and a subsequent revisionary surgery, due to secondary osseous changes to area, had been performed. This condition was further complicated by a series of surgeries to the contra-lateral foot, resulting in a final trans-metatarsal amputation. This trans-metatarsal amputated foot had remained stable, closed and healed. Patient maintained moderate control of fasting blood sugars over treatment course in the range of 94 to 190 Mg/dl. Standard offloading and local advanced wound care principles were used to care for ulcer. Complications of cardiac disease also resulted in catherization and stent placement. Endovascular intervention was rendered to increase perfusion to the lower extremities. Percutaneous Transluminal Angioplasty of Lower Extremity resulted in no significant residual stenosis in Right Peroneal artery with adequate flow into distal collateral; which demonstrated 100% stenosis prior to procedure. The Dorsalis Pedis artery was patent after removing 99% stenosis at mid vessel. There was an overall improvement to perfusion of the foot. The ulcer condition improved after application of amniotic allograft, however, the skin condition of the foot and peri-wound had continued to decline over the course of treatment. Patient suffered with increased dryness, cracking and excoriated peeling skin. The patient’s skin care regimen included cleansing with an over the counter, high pH, antimicrobial soap and use of a petrolatum based ointment. This was done inconsistently by patient. Additionally, the skin of the foot suffered from benign neglect due to constant covering with external cotton containing gauze bandages and elastic containing wraps. Skin hygiene and hydration was only rendered every few days to these areas. Despite sustained adequate perfusion to the lower extremity following cardiovascular intervention treatments, the skin sustained a dehydrated, cracking and excoriated state. A twice a day regimen of cleansing with Viniferamine Clean N Moist, and treating the affected areas with Viniferamine Renewal Moisturizer, and the chlorhexidine-containing Viniferamine Silicone Barrier to wounded and reddened or areas of new breakdown was introduced. This was followed for a period of 5 weeks.
WOUND CARE

Antiseptic Cleanser
Benzalkonium chloride is a broad-spectrum antimicrobial that is very gentle and used in more than 50% of eye drops sold in the United States. This gentleness is critical as the skin of many at-risk patients is very fragile. The purpose of the product is to reduce over-population of microorganisms while maintaining the balance of the skin’s normal chemistry and flora. The no-rinse formula may be used for routine care to help control odor and reduce the risk of skin infections.

**Active Ingredient:** Benzalkonium Chloride 0.12%

**Uses:** A topical antiseptic skin cleanser that protects against microbial contaminations.

**Order No. 56004** 8 oz Trigger Spray 12/cs

Antiseptic Cleanser-CS
Benzalkonium chloride is a broad-spectrum antimicrobial that is very gentle and used in Antiseptic Cleanser-CS is an environmentally friendly non-aerosol system that provides a continuous spray of cleanser from any angle. The cleanser has a 360-degree capability with the simple depression of the activator. Release the activator and the spray immediately stops with no running or leaking. The purpose of the product is to reduce over-population of microorganisms while maintaining the balance of the skin’s normal chemistry and flora. The gentle no-rinse formula may be used for routine care to help control odor and reduce the risk of skin infections.

**Active Ingredient:** Benzalkonium Chloride 0.12%

**Uses:** A topical antiseptic skin cleanser that protects against microbial contaminations.

**Order No. 56082** 5 oz Continuous Spray 12/cs

Wound Hydrogel Ag
The silver used in Wound Hydrogel Ag is an advanced and innovative form of highly pure (99.97%) metallic silver with constant antimicrobial effectiveness. This form of silver is non-cytotoxic according to ISO 10993-5 standards, non-allergenic, free of additives, and specifically designed for use on skin. It is medical grade silver and has no degradation products.

**Uses:** An amorphous gel with silver that protects the wound bed and provides a moist wound environment while addressing excess bioburden. Appropriate for use on partial and full thickness wounds with signs of infection and little to no exudate.

**Order No. 56024** 3 oz 12/cs

Wound Hydrogel
The Wound Hydrogel is a transparent high viscosity: long lasting gel that provides the wound bed with the moisture necessary to facilitate cell migration. The product stabilizes the wound’s pH, temperature and hydration. The addition of 20% pure glycerin ensures that the proper moisture content of the gel is maintained for extended periods of time.

**Uses:** An amorphous gel protects the wound bed and provides a moist wound environment. Appropriate for use on partial and full thickness wounds with little to no exudate.

**Order No. 56023** 3 oz 12/cs
Viniferamine® Skin Care System

Moisturizer
For Dry, Cracked, Flaky Skin Needing Moisture

Barrier
For Thin, Fragile Skin at Risk of Tears or Bruising

Barrier
For Fragile, Denuded Skin with Rash or Odor

Treatment
For Fungal Infections Associated with Excess Body Moisture

Treatment
For Itchy, Inflamed Skin from Dermatitis, Eczema, Insect Bites

Treatment
For Skin Ulcers Associated with Pressure and Venous Insufficiency

Treatment
For Infected Skin Ulcers Associated with Pressure and Venous Insufficiency

Cleanse
For Reducing Infection Risks for Denuded, Macerated, Wounded Skin

Cleanse
For Cleaning Fragile, Cracked Skin or Removing Zinc Paste

Cleanse
For Optimally Balanced Rinse-free Cleansing

Diabetes
Cleanses and Treats Diabetic Skin

Diabetes
Diabetes Healthcare