Allertoin® Cream Calms Skin Without Corticosteroids

Allertoin® cream series is specially designed to provide an alternative management for atopic dermatitis and psoriasis without the use of cortisone. These creams contain Ectoin®, which was discovered in extremophilic microorganisms. Ectoin® has cosmotropic properties that contribute to stability and structures the interactions between water molecules. In the biological system, Ectoin® surrounds itself and also neighboring proteins or cell membranes with a water layer. This helps to support the fluidity, hydrate and protect the cells from allergens or other harmful substances.

Mode of Action – Positive Impact on Human Epithelia

Explaination of the symbols:

- Water Molecule
- Ectoin®
- Protein
- Lipid Bilayer
- Stress Factor
- Stress Mediator

Preferential exclusion by Ectoin® helps to stabilize water which leads to the stabilisation of surrounding biomolecules like cell membranes and proteins.

Ectoin® surrounds itself and neighbouring cell membranes or proteins with a protective water layer, this increases the fluidity and stability of cell membranes.

Membrane stabilisation protects cells against external stress factors, reducing the amount of inflammation mediators generated and allowing cells to regenerate better.

Continued Page 2
**Allertoin® Cream** uses a combination of well documented ingredients such as Ectoin®, urea and allantoin that have excellent anti-inflammatory, emollient and keratolytic properties, making it an ideal treatment and preventative cream for psoriasis and dermatitis symptoms.

- Supports the natural elimination of dead cells from the skin surface
- Helps to normalise the skin cell production and maturation time of the skin
- Reduces scaling, itching, redness, roughness and hardening of the skin
- Stabilises the skin barrier
- Moisturises the skin and prevents further dehydration.

**Study Overview**
Vestweber, 2009
Symptoms of dryness, scaliness, and pruritus decreased in a study of 94 patients using Ectoin® cream formulation.

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**Allertoin® Cream for Kids** focuses on delivering a safe treatment for infants and children older than one month old by ensuring that no topical allergens that may possibly have an occlusive effect are used as part of its ingredients. Allertoin® Cream for Kids can be used on dry, irritated and sensitive skin associated with various types of dermatoses.

- Can be used between exacerbations to stabilise the skin barrier and protect the skin against external stress factors.
- Supports the regeneration process.
- Soothes dry, rough and sensitive skin.
- Provides moisture and protects against dehydration.

**Study Overview**
Marini et.al., 2013; Heinrich et.al., 2007; Bünger and Driller, 2004
More than 15 studies with diverse Ectoin®-containing creams including >900 patients proved outstanding efficacy and safety of Ectoin®-containing creams.
About Allergic Conjunctivitis

Conjunctivitis, commonly referred to as "red eye" or "pink eye", is an inflammation of the conjunctiva. It can be classified clinically according to the underlying causes, including viral, bacterial, fungal, parasitic, toxic, chlamydial, chemical, and allergic agents. Allergic conjunctivitis occurs very frequently and is seen commonly in areas with high seasonal allergen and pollen count. It is characterised by acute or sub-acute onset, no pain, and no exposure history, caused by the body's reaction to certain substances to which it is allergic. The symptoms of allergic conjunctivitis include redness, itchiness, watery, puffy eyes and burning eyes.

Allergic Conjunctivitis Classification

Allergic conjunctivitis may be further divided into 5 major subcategories.

- Seasonal allergic conjunctivitis (SAC)
- Perennial allergic conjunctivitis (PAC)
- Vernal keratoconjunctivitis (VKC)
- Atopic keratoconjunctivitis (AKC)
- Giant papillary conjunctivitis (GPC)

Treatment for Allergic Conjunctivitis

Avoidance of the offending antigen is the primary behavioural modification for all types of allergic conjunctivitis. In other respects, pharmacologic intervention may be necessary to help alleviate the symptoms of acute allergic conjunctivitis according to the specific subtype allergic conjunctivitis. It can be treated with a variety of medications, including topical antihistamines, mast cell stabilizers, nonsteroidal anti-inflammatory drugs (NSAIDs) and corticosteroids. Antazoline, as the 1st generation antihistamines competitively and selectively block H1 receptor. It antagonizes histamine H1 receptor and prevents the typical allergic symptoms caused by histamine activities on capillaries, skin, mucous membranes, gastrointestinal smooth muscles and bronchial smooth muscles. Tetrahydrozoline, a decongestant with alpha adrenergic activity helps constrict conjunctival blood vessels which subsequently reduces redness and oedema in allergic conjunctivitis.

SHINALLERG EYE DROP
A Combination of Tetrahydrozoline and Antazoline

Antihistamines, which act by blocking the H1 histamine receptor are highly effective in providing relief of itch but less effective in relieving redness. Thus, the use of products combining an anti-histamine and a decongestant is well established in the symptomatic relief of allergic eye disease.

Product Description:

Ingredient(s):
Each ml contains:
Tetrahydrozoline HCl ............ 0.4mg
Antazoline HCl ......................... 0.5mg

Indication(s):
Temporary relief of the signs and symptoms of allergic conjunctivitis including conjunctival hyperaemia, chemosis and itching.

Dosage and Administration(s):
Adults and adolescents: 1 drop 2 to 3 times per day.
Children (older than 2 years of age): The dosage should not exceed 1 to 2 drops per day.

This product should not be used for longer periods than 14 days as this may cause rebound hyperaemia and toxic follicular conjunctivitis.

If more than one medication need to be instilled in the eye, an interval of at least 5 minutes should be allowed between applications of different products.

References:
Chlorhexidine is a broad-spectrum antiseptic that is highly effective against dental plaque microorganisms and often used as part of the treatment for periodontal disease.

**High substantivity in the oral cavity**

![Graph 1: Chlorhexidine concentrations in saliva after oral applications in different pharmaceutical forms](image)

**RESULTS:**
Peak concentrations of chlorhexidine were obtained after 5 minutes and remained detectable in saliva 48 hours after administration. The areas below the curve for each product were:
- **Mouthwash:** 3,153 µg/ml
- **Bioadhesive gel:** 3,633 µg/ml

**CONCLUSION:**
For best results, apply PerioLacer™ Bioadhesive Gel after rinsing with PerioLacer™ Mouthwash.

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**XeroLacer™** is a range of products developed for the care and hygiene of people who suffer from xerostomia. Its comprehensive formulation alleviates the sensation of dry mouth, refreshes the mouth, remineralizes the dental enamel and reinforces the gums, preventing the onset of oral disorders caused by reduced saliva.

![Graph 2: Antimicrobial assessment of treatment for xerostomia using XeroLacer™](image)

**RESULTS:**
Greater antimicrobial activity shown with XeroLacer™ Mouthwash than with an enzymatic mouthwash. Symptoms such as dry mouth, speech difficulties, swallowing difficulties and taste alterations are improved as well.

**CONCLUSION:**
XeroLacer™ Mouthwash improves oral symptoms in xerostomia and helps fight against oral disease-causing pathogens involved in xerostomia.
OrtoLacer™ is a series of orthodontic care for the daily hygiene of orthodontic appliance patients. Triclosan and zinc chloride provide long-term antimicrobial activity, whereas vitamin E helps strengthen gum and prevents the aggression of dental plaque. It prevents plaque formation and demineralisation of the enamel, particularly designed for people wearing orthodontic apparatuses.

**Effective in preventing plaque formation and gingivitis in orthodontic appliance wearers**

Graph 3: Clinical trial to evaluate the effectiveness of OrtoLacer™ in the control of plaque and gingivitis in orthodontic appliance wearers.

**RESULTS:**
OrtoLacer™ is effective in preventing plaque formation and gingivitis in orthodontic appliance wearers.

**CONCLUSION:**
OrtoLacer™ fights against the development of dental plaque and helps strengthen gums. For complete care, rinse with OrtoLacer™ Mouthwash after brushing with OrtoLacer™ Toothgel.

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**Lacer**

**Feeling The Recovery**

**PERIOLACER™: PERIODONTAL CARE**

**PerioLacer™ Mouthwash 200ml**

<table>
<thead>
<tr>
<th>Ingredient(s)</th>
<th>Quantity</th>
</tr>
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<tbody>
<tr>
<td>Chlorhexidine digluconate</td>
<td>0.12g</td>
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<tr>
<td>Xylitol</td>
<td>1.0g</td>
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<tr>
<td>Excipient</td>
<td>q.s. 100mL</td>
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</table>

**PerioLacer™ Bioadhesive Gel 50ml**

<table>
<thead>
<tr>
<th>Ingredient(s)</th>
<th>Quantity</th>
</tr>
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<tr>
<td>Chlorhexidine digluconate</td>
<td>0.2g</td>
</tr>
<tr>
<td>Excipient</td>
<td>q.s. 100g</td>
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**ORTOLACER™: ORTHODONTIC CARE**

**OrtoLacer™ Mouthwash 200ml**

<table>
<thead>
<tr>
<th>Ingredient(s)</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>Triclosan</td>
<td>0.15g</td>
</tr>
<tr>
<td>Panthenol</td>
<td>0.10g</td>
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<tr>
<td>Zinc chloride</td>
<td>0.05g</td>
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<tr>
<td>Excipient</td>
<td>q.s. 100mL</td>
</tr>
<tr>
<td>Sodium fluoride</td>
<td>0.05g</td>
</tr>
<tr>
<td>Xylitol</td>
<td>1.0g</td>
</tr>
<tr>
<td>Vitamin E acetate</td>
<td>0.04g</td>
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</table>

**OrtoLacer™ Toothpaste 75ml**

<table>
<thead>
<tr>
<th>Ingredient(s)</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triclosan</td>
<td>0.3g</td>
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<tr>
<td>Panthenol</td>
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<tr>
<td>Zinc chloride</td>
<td>0.05g</td>
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<td>Excipient</td>
<td>q.s. 100mL</td>
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<tr>
<td>Sodium fluoride</td>
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<tr>
<td>Fluoride ion</td>
<td>1.500 ppm</td>
</tr>
<tr>
<td>Xylitol</td>
<td>1.0g</td>
</tr>
<tr>
<td>Vitamin E acetate</td>
<td>0.2g</td>
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</tbody>
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**XEROLACER™: XEROSTOMIA**

**XeroLacer™ Mouthwash 75ml**

<table>
<thead>
<tr>
<th>Ingredient(s)</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triclosan</td>
<td>0.15g</td>
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<tr>
<td>Sodium monofluorophosphate</td>
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<tr>
<td>Sodium fluoride</td>
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<td>Vitamin E acetate</td>
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<tr>
<td>Dipotassium glycyrrhizinate</td>
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<tr>
<td>Excipient</td>
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<tr>
<td>Fluoride ion</td>
<td>1.500 ppm</td>
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**SENSILACER™: SENSITIVE TEETH**

**SensiLacer™ Toothgel 75ml**

<table>
<thead>
<tr>
<th>Ingredient(s)</th>
<th>Quantity</th>
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</thead>
<tbody>
<tr>
<td>Potassium nitrate</td>
<td>5.0g</td>
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<tr>
<td>Sodium monofluorophosphate</td>
<td>1.89g</td>
</tr>
<tr>
<td>Silicon dioxide (microfine)</td>
<td>0.02g</td>
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<tr>
<td>Excipient</td>
<td>q.s. 100g</td>
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<tr>
<td>Fluoride ion</td>
<td>1.360 ppm</td>
</tr>
</tbody>
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**GINGILACER™: GUM CARE**

**GingiLacer™ Toothpaste 75ml**

<table>
<thead>
<tr>
<th>Ingredient(s)</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triclosan</td>
<td>0.3g</td>
</tr>
<tr>
<td>Zinc citrate</td>
<td>0.5g</td>
</tr>
<tr>
<td>Excipient</td>
<td>q.s. 100g</td>
</tr>
<tr>
<td>Fluoride ion</td>
<td>1.500 ppm</td>
</tr>
</tbody>
</table>

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**References**
Effectively LOWER LDL-C LEVEL with SIMVACOR®

Ischaemic heart diseases is the principal cause of death in Malaysia (13.2%),¹ and hypercholesterolemia is recognized as an independent risk factor of cardiovascular disease. A study has shown that there is a positive correlation between the increase in low-density lipoprotein cholesterol (LDL-C) level and the risk of cardiovascular events.² Hence, LDL-C remains the primary treatment target for reduction of ischemic events.

Graph 1: Positive and increasing trend of hypercholesterolemic cases in Malaysia.³

Graph 2: Distribution of hypercholesteremic cases across the age group.³

“A randomized, double-blind, dose-titration study comparing the effects of simvastatin and atorvastatin showed that simvastatin has led to:

Ꮸ Greater increase in HDL cholesterol and apo A-I levels⁴

璥 Two-fold fewer drug-related clinical adverse experiences⁴

Ꮸ Clinically significant lesser elevation in aminotransferase⁴

Continued Page 7
Mechanism of Action
Simvastatin competitively inhibits 3-hydroxy-3-methylglutaryl coenzyme A (HMG-CoA) reductase, a rate-limiting enzyme in cholesterol synthesis. Simvastatin increases hepatic cholesterol uptake from blood, reduces concentrations of total cholesterol, LDL and triglycerides, and produces a small increase in HDL concentrations.

Dosage and Administration:
The dosage range for simvastatin is 5–80 mg/day, given as a single dose in the evening. Adjustments of dosage, if required, should be made at intervals of not less than 4 weeks, to a maximum of 80 mg/day given as a single dose in the evening. The 80 mg dose is only recommended in patients at high risk for cardiovascular complications who have not achieved treatment goals on lower doses and when the benefits are expected to outweigh the potential risks. The recommended usual starting dose is 20–40 mg once a day in the evening.

PATIENTS AT HIGH RISK OF CHD OR WITH EXISTING CHD:
The usual starting dose is 40 mg/day given as a single dose in the evening in patients at high risk of CHD (with or without hyperlipidemia), i.e., patients with diabetes, history of stroke or other cerebrovascular disease, peripheral vessel disease, or with existing CHD. Drug therapy can be initiated simultaneously with a standard cholesterol-lowering diet and exercise.

PATIENTS WITH HYPERLIPIDEMIA (WHO ARE NOT IN THE RISK CATEGORIES ABOVE):
The patient should be placed on a standard cholesterol-lowering diet before receiving simvastatin and should continue on this diet during treatment with simvastatin. The usual starting dose is 20 mg/day given as a single dose a day in the evening. Patients who require a large reduction in LDL-C (more than 45%) may be started at 40 mg/day given as single dose in the evening. Patients with mild to moderate hypercholesterolemia can be treated with a starting dose of 10 mg of simvastatin. Adjustments of dosage, if required, should be made as specified above.

References: