



Ordering DerMax[®] Wound Dressings

Package Sizes Order no.

10 dressings 5 x 6 cm DM0506

5 dressings 8 x 10 cm DM0810

DerMax® is scientifically engineered to balance the micro-environment of the wound

- Normalizes the micro-environment of a wound
- Regulates MMPs (matrix metalloproteinases)
- Facilitates re-epithelialization
- Supports faster healing of chronic wounds

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References

- A novel formulation of metal ions and citric acid reduces reactive oxygen species in vitro. A.J.J. van den Berg, S.B.A. Halkes, H.C. Quarles van Ufford, M.J. Hoekstra, C.J. Beukelman. JWC 2003 Nov.
- A prospective randomized study in recalcitrant pressure sores with Poly Hydrated Ionogens is feasible.
 M.W.F. van Leen, abstract booklet WUWHS, Paris 2004 Jul.
- Efficacy of Poly Hydrated Ionogens in achieving stable wound closure in recalcitrant diabetic foot ulcers. A. Pirayesh, abstract booklet WUWHS, Paris 2004 Jul.

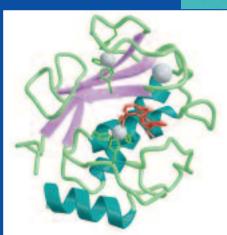
More references are available by request.

Acknowledgements

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Dermax®



Regulates MMPs in chronic wounds



FACILITATES COMPLETE
CLOSURE OF NON-RESPONDING
CHRONIC WOUNDS



Fast healing time with DerMax®



DerMax® is sciento balance the mathematical the wound

Non-responding wounds

Wounds will heal slowly – or not at all – if there is an imbalance in the body's own healing processes. One characteristic of a non-responding wound is its abnormally high level of matrix metalloproteinase (MMP) production.

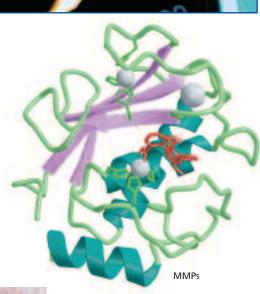
MMPs

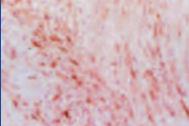
Matrix metalloproteinases are a family of zinc-dependent microproteins that appear in the extra cellular matrix (ECM) after tissue has been damaged. MMPs play a beneficial role in both removing damaged tissues from a wound and preparing new tissue to be used in closing the wound, but an imbalance of MMPs in the wound bed is directly associated with a chronic wound state. Maintaining a proper MMP balance is pivotal in attaining normal wound healing.

Dermagenics' research, building upon what the medical and scientific community already knows, is elucidating the importance of MMPs in tissue repair, tissue degradation and inflammation.

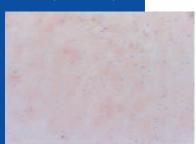
Normalizing the wound micro-environment with DerMax[®]

The micro-environment of a chronic wound can be disrupted by a variety of conditions: diabetes mellitus, rheumatoid arthritis, cortisone use and other factors can retard or unbalance the normal healing process.





WOUND WITH HIGH LEVELS OF MMP2 (STAINED RED)



AFTER 6 WEEKS OF TREAT-MENT WITH DERMAX® MMP2 LEVELS IN THE WOUND ARE DRAMATICALLY REDUCED





tifically engineered nicro-environment of

To heal a chronic wound, it is crucial that MMP production is properly regulated. By properly regulating the level of MMPs in the wound bed, faster and better re-epithelialization occurs.

Most non-responding chronic wounds will begin healing as soon as MMP levels are brought back into balance. With DerMax® treatments, this typically occurs within 2-6 weeks. The end result: you get fast healing and wound closure when you use DerMax®.

What is DerMax®?

DerMax® is a revolutionary, scientifically engineered wound dressing for healing severe acute and chronic wounds.

DerMax® consists of a sterile acetate mesh gauze impregnated with Poly Hydrated Ionogens (PHI-5) ointment. PHI-5 contains a synthetic blend of trace elements (metal ions) that normally occur in wound exudates and in serum.

When should I use DerMax^o?

DerMax® is intended for use with severe chronic wounds (diabetic ulcers, leg ulcers, decubitus ulcers), particularly wounds that refuse to heal and are not responding to other wound care products.

DerMax® can also be used on acute wounds that are slow to heal or require fast re-epithelialization.

When and how do I change DerMax°?

DerMax® is engineered to be almost as easy to apply or change as a regular dressing. DerMax® is designed so that it will not inhibit normal wound drainage. For particularly moist or wet wounds, a secondary dressing should be applied on top of the DerMax® dressing to provide absorption.

DerMax® wound dressing should be changed once per day. However, if the secondary dressing becomes soiled or leakage occurs, it may be changed more frequently.

Continue using DerMax® until the wound fully heals.



PATIENT A (FEMALE, 59 YEARS), DIABETIC ULCER WOUND SIZE: 4,38 X 2,19 CM



COMPLETE HEALING AFTER 9 WEEKS DERMAX® TREATMENT



PATIENT B (MALE, 61 YEARS), DIABETIC ULCER WOUND SIZE: 1,93 X 1,52 CM



COMPLETE HEALING AFTER 12 WEEKS DERMAX® TREATMENT