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Age-relate macular degeneration successfully treated with QIAPI 1™. Case Report

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ABSTRACT

Age-related macular degeneration (AMD) is a disease leading to severe visual loss and legal blindness in the elderly population overall in cold countries. Its pathogenesis, likely multifactorial, involving a complex and dynamic interaction of metabolic, functional, genetic, and environmental factors, remains poorly understood. For these reasons currently used therapeutic approaches are way beyond to be effective.

Two types of AMD are distinguished: the dry and the wet form. Main risk factors include advanced age, genetic predispositions, environmental determinants, history of exposure to intensive light and smoking. Till now, there is no approved therapy for dry AMD, although several agents/treatments are currently in clinical trials.

Since upregulated vascular endothelial growth factor (VEGF) is a predominant proangiogenic factor in CNV. the wet AMD can be treated with intra-vitreous application of “anti-VEGF” agents; however, their clinical results are disappointing.

In this article, we report clinical results of a novel approach, based in our discovery of the unsuspected intrinsic capacity of human being to transform the power of the sunlight into chemical energy, throughout the dissociation of the water molecule, like plants do it.

Keywords: Macula, degeneration, water, neovascularization, edema, retina.

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Introduction

Even with the recent advent of several treatment options, treatment of exudative AMD, characterized by choroidal neovascularization (CNV), remains difficult [1]. Although major abnormalities are seen in four functionally interrelated tissues, i.e., photoreceptors, retinal pigment epithelium (RPE), Bruch's membrane and choriocapillaris, the impairment of RPE cell functions is an early and crucial event in the molecular pathways leading to clinically relevant AMD changes. RPE progressively degenerate, which results in a progressive irreversible degeneration of photoreceptors [2].

Four processes: lipofuscin-genesis, druse-genesis, inflammation, and neovascularization,

specifically contribute to the development of the disease. Treatment of these processes separately has been quite difficult and clinical results frustrating.

AMD can be interpreted as a dynamic process with early proliferation and subsequent atrophy of capillaries of the choriocapillaris. Calcification and fragmentation of Bruch's membrane; soft, diffuse, and large drusen; and basal laminar deposit, a rarely hard drusen, strongly correlate with the histologic presence of AMD. The degree of calcification and fragmentation of Bruch's membrane is prominent in eyes with exudative AMD. The formation of choroidal neovascular membranes represents a stereotypic, nonspecific wound repair response independent of the underlying disease [3].

Although neovascular AMD is less prevalent than atrophic AMD, it accounts for most cases with severe visual loss from AMD. Up-regulated VEGF seems to be a key contributary factor in the pathophysiology underlying neovascular AMD [4]. Treatment options for neovascular AMD were limited. With the recent development of anti-VEGF therapies that have demonstrated relative efficacy in studies with broad eligibility criteria, the repertoire of treatments for neovascular AMD has been significantly expanded to now include the various recognized angiographic lesion subtypes. However, the assessment of recent anti-VEGF agents in the management of AMD is complex and expensive. Although therapy with anti-VEGF agents is considered the gold standard, many intravitreal injections are often required, and they do not cure or at least improve significantly all cases of wet AMD [5].

The use of supplemental antioxidants on the treatment of visual function impairment due to age-related macular degeneration is useless [6]. So far, available therapeutic approaches are insufficiently effective [7].

The good news is that our discovery of the unsuspected intrinsic property of a handful of molecules normally present in human body, that have the unexpected capacity to transform sunlight into chemical energy, through the dissociation the water molecule, like plants do it, open a new way to the study and development of different treatments of AMD [8].

In general terms, the dissociation of the water molecule happens as follows:

$$\mathbf{2H_2O_{(liquid)} \rightarrow 2H_{2(gas)}) + O_{2(gas)}}$$

Energy es released when the water molecules is breaking down, thereafter, this energy is caught and consequently transported by the molecular hydrogen (H_2). Therefore, the product of the splitting reaction with main value is Hydrogen, and not Oxygen. The reason is that Molecular Hydrogen (H_2) is the energy carrier per excellence in the Universe [9].

Thereby, our body takes the sunshine energy directly, like plants, this is: dissociating water molecule. The body mass is implemented from the carbon chains that meals contain.

In any system, when the failure involves several components, or pathways; we must think first in energy. In the case of ARMD, the failure (of several tissues) is generalized. Therefore, lipofuscin-genesis, druse-generation, inflame-mation, and neovascularization, involve retina, photoreceptors layer, pigment epithelium, and choroid layer. There are many tissue failures at the same time, so, energy first.

QIAPI 1™, in form of sublingual drops, restores the accuracy of water dissociation, that is impaired by polluted air, contaminated water, pesticides, herbicides, fertilizers, metals, plastic, solvents, industrial waste, extreme weather, alcohol, phosphates widely used as additives in flavor drinks and industrialized foods, etc.

Once that the very first reaction of life -water dissociation- is restored, the sequence of the biochemical processes that mold life, is also improved and anatomical and functional characteristics of affected tissues are rescued.

Case Report:

Male patient, with date of birth: 1963; with progressive vision distortion in right eye of 6 months of evolution. No diabetes, no hypertension.

The clinical photograph taken during first examination was as follows: (Figure 1, 2, and 3).

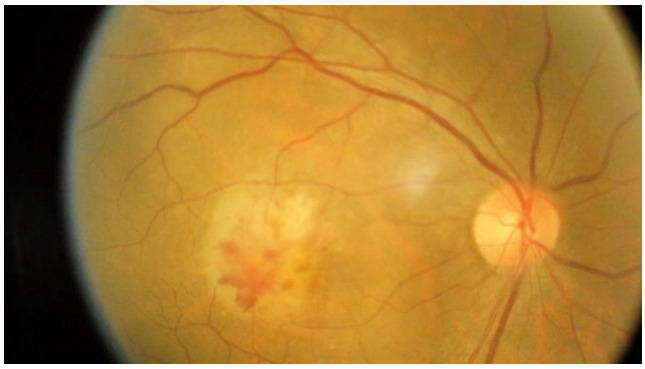

Figure 1) Right eye. There is edema in retinal and choroidal tissues, that are deforming partially macular area.

Figure 2) Right eye. The digital enhancement shows choroidal vasodilation, compatible with choroidal neovascularization.

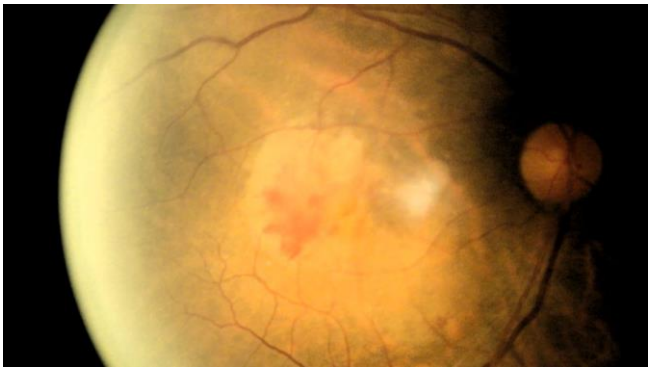

Figure 3) Right eye: Choroidal edema is extensive

After the explanation of the ocular problem, the patient accepted our therapeutic modality based in the pharmacologic modulation of the water dissociation, and after informed consent was signed; QIAPI 1™ was initiated at dose of three drops, sublingual, every hour, all the time the patient is awake.

The patient return to control after 4 weeks, and the clinical photography is shown in figure 4, 5.

The patient continued its treatment and a new evaluation was appointed 4 weeks later (Figure 6, 7).

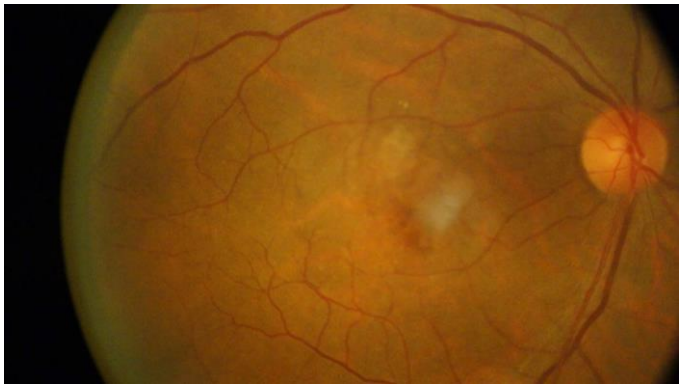

Figure 4) Right eye. The retinal and choroidal tissues shown a remarkably improvement both edema, hemorrhages. The visión improves to 20/40.

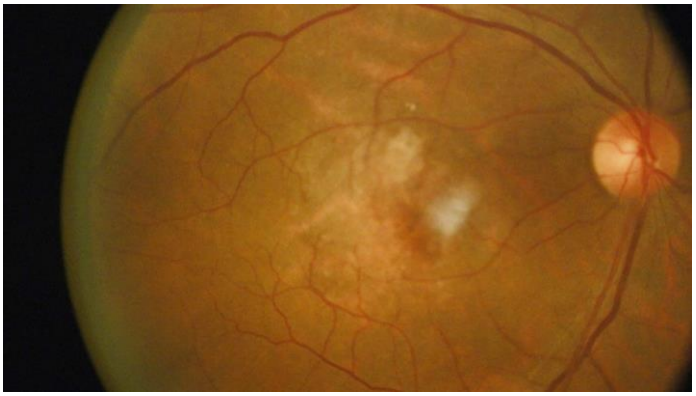

Figure 5) Right eye. Edema of tissues diminished substantially, choroidal vasodilation better, and hemorrhages disappear.

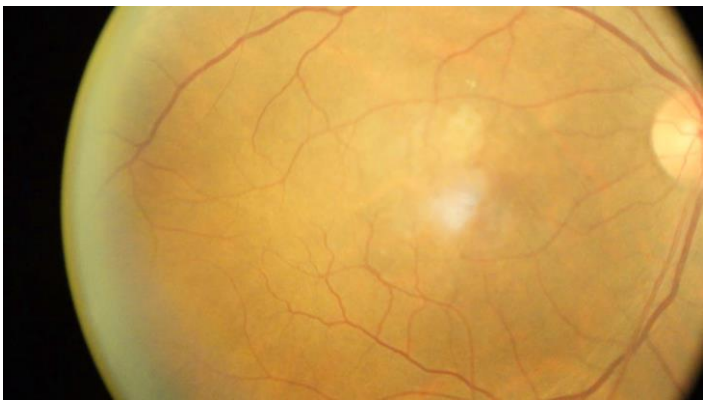

Figure 6) Right eye. The is no signs of neovascular activity at all. The tissue distortion now is absent. Vision is 20/25.

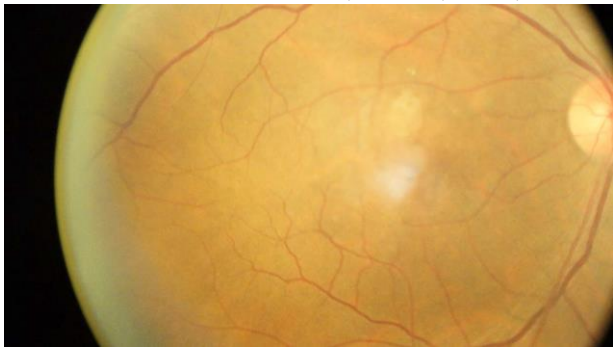

Figure 7) Right eye. Recovery of retinal and choroidal tissues is remarkably.

The patient returns to normal activities, and he is examined every six months. The treatment is maintained to avoid re-growth of choroidal neovascularization.

Comment

The discovery of the intrinsic capacity of human body to transform the power of light into chemical energy, like plants, with water dissociation, marks a before and after in the study and treatment of Age-related Macular Degeneration.

The need of expensive and risky procedures should be fade gradually as this new therapeutic approach is known by researchers, ophthalmologists, and public.

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