

HAIR PROJECT CYTOKINE-8 POWDER SOLUTION

We study to present you beauty shining brightly every morning

First home aesthetic you chose

ALWAYSWITHYOU



Hair project CYTOKINE-8 powder solution

- Home Aesthetic Scalp Care with 8types Cytokines
- Therapy presented at the World Congress for Hair Research
 - The treatment that was proven to be effective in the world-leading dermatology journal 'Journal of Dermatology'
 - Mesotherapy solution is the the only clinical trials of product for hair loss treatment introduced effectiveness and stability by SCI Journal except for medicines



8 types Cytokines growth factor

KGF, FGF9, IGF-1, VEGF, Bfgf, Noggin, SOD, ATP

Hair loss treatment of 8 weeks

5ml*4bottle, 1/2 bottle once a week, total 8 times

- 1) "Cytokine" hair growth factor of powder type
- 2) Maximization of active ingredients through own technology of Genetic recombination
- 3) Systematic scalp management, 1set for a week
- 4) Clinical Studies

1) Growth Factor "Cytokine"

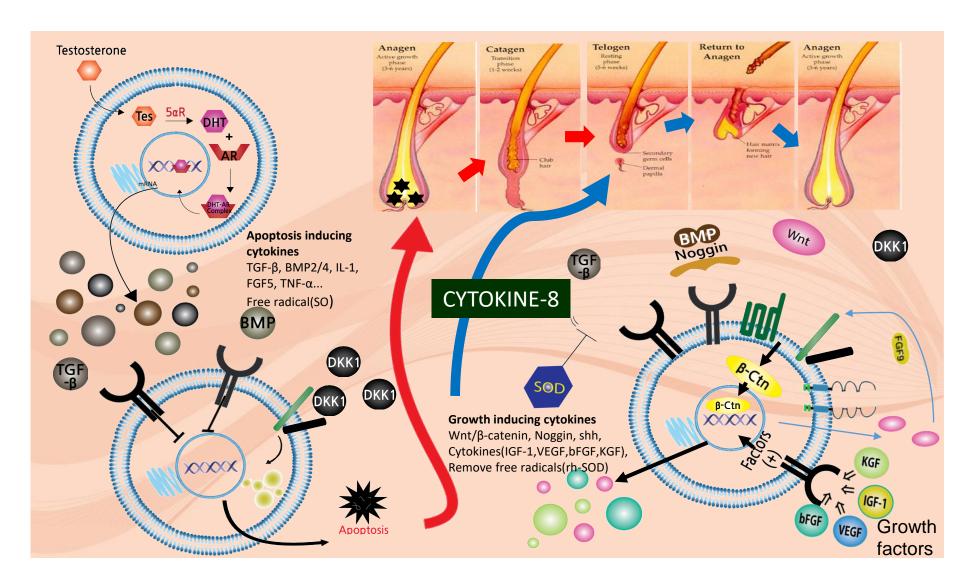
As peptide chain(protein) growth factor, it stimulates hair growth, normalizes growth cycle and suppress hair loss inducer

Cytokine?

- Cytokine is a cell factor(cell hormone) that controls cell cycle such as cell generation, cell growth, cell proliferation and death.
- Hair loss goes along by the collapse of balance between factors that generate cells and death factors that kill cells in hair follicles for many reasons.
- Cytokine therapy restores balance of cytokines in cells.



1) Growth Factor "Cytokine"



1) Growth Factor "Cytokine"

- Hundreds of cytokines exist and about 250 cytokines was discovered in stem cell-conditioned medium
- Registered in about 100 kinds of list of reagents
- About 20 types of cytokines are registered in INCI(International Nomenclature Cosmetic Ingredient) directory

Туре	Function	Туре	Function
KGF (Keratinocyte Growth Factor)	KGF involves in growth and differentiation of keratinocyte, generates endothelial cell and new hair. It also protect cells and prevent cell damage by protecting keratinocyte from chemotherapy and UV.	bFGF (basic Fibroblast Growth Factor)	bFGF increases synthesis of collagen, elastin and ECM to promote growth of hair and skin cell, activatation of dermal papilla cell and neovascularization.
FGF9 Fibroblast Growth Factor 9)	There's a research that FGF9 released in $\gamma\delta$ T cells contributes to regenerate hair cell of damaged area.	Noggin	Noggin prevents hair loss restraining BMP that generates cell apoptosis factor, differentiates stem cells and hair follicles and stimulates hair growth by activating Wnt/ β -catenin.
IGF-1 (Insulin-like Growth Factor)	IGF-1 acts as growth hormone affecting histogenesis such as bones, muscles and nerves, improves cell regeneration and maintains growth period by promoting keratinocyte proliferation and regulating hair follicle growth.	SOD (Superoxide Dismutase)	Superoxide generated by the immune cell stimulation of excessive DHT destroys hair follicle and causes an inflammatory response. SOD protects hair follicles and promotes hair growth as the most effective excision enzyme of superoxide.
VEGF (Vascular Endothelial Growth Factor)	VEGF increases plasma protein permeability of capilary vessels to promote cell division and migration, promotes neovascularization, interfere in vascular maintenance, increase hair thickness and distribution and promote hair growth.	ATP (Adenosine Triphosphate)	Adenosine triphosphate (ATP) is the main energy source in life, increasing the ANAGEN duration and promoting hair follicle cell division. And there is research that ATP reduces DHT levels of pores.

2) Technology of Genetic Recombination

Commercialization of Cytokine

It is important to keep the activity of cytokines close to 100% by recombinant production methods

Protein weak in heat-> Freeze-dried powder (In case of liquid or cream, the activation of component is reduced)

Storage at room temperature, freezing after opening

Unlike other substance it only binds to the cell's receptor even when it reaches to cell membrane



AutoMTS can maximize the effect of cytokine because cytokine has generally 5000dt which is larger than 900dt that can permeate into the skin

3) Systematic Scalp Management



Composition

Cytokine 8 (100mg) * 4vial(10.5ppm)
Trico Colin tonic (30ml)(Hair loss functional cosmetic) * 1ea

Recommended usage-

Just before use, inject a 'Trico Colin tonic' till 7ml guidelines and mix it thoroughly (keep it refrigerated after unsealing, diluting)

Recommended program - use twice per 1 vial, within 2weeks(1SET=8 times, 8 week management)

2st months 1st month 2nd 3rd weeks 4th weeks 5th weeks 6th weeks 7th weeks 8th weeks 1st week weeks Vial1 Vial1 Vial2 Vial2 Vial3 Vial3 Vial4 vial4 *Follow up progress and condition and control the use with 2~4 weeks interval total 4 times total 4 times

Product Features 4) Clinical Studies

1 The effect proved in World-leading dermatology journal 'Journal of Dermatology'



DERMATOLOGY

doi: 10.1111/j.1346-8138.2012.01680.x

The Journal of Dermatology 2012; 39: 1-2

LETTER TO THE EDITOR

Effects of topical application of growth factors followed by microneedle therapy in women with female pattern hair loss: A pilot study

Dear Editor

The impact of female pattern hair loss (FPHL) can be more severe with greater psychological distress and impaired social function for women as compared with men. Women place a greater emphasis than men on their physical appearances.1 The growth and development of hair follicles is influenced by a number of growth factors and cytokines. In the present study, the effects of growth factors were evaluated by a scalp-split, single-blinded and placebo-controlled trial.

Eleven Korean women (mean age, 41.36 ± 2.43 years) with FPHL were enrolled in the study. The severity of FPHL was classified into the Ludwig grade I in all patients. Patients who had undergone treatments with any medication that can affect the hair cycle within 6 months were excluded. Differential diagnoses, such as telogen effluvium and alopecia areata, were evaluated by a dermatologist. All patients were healthy without any medical problems. The study was reviewed and the study protocol was approved by the local ethics committee of the Yeouido St Mary's Hospital Institutional Review Board. The treated side of the scalp was randomly selected in all patients. Growth factor solution (SGF57; Mediway, Seoul, Korea) was topically applied on the treated half of the scalp and followed by microneedle therapy (Dr Back 10 story FNS FN-1; Dongbang Medi-care, Bundang, Korea), The other half of the scalp control side) was treated with normal saline followed by microneedle therapy. The major components of the topical solution used for treatment were basic fibroblast growth factor (2.5 μg/ mL), insulin-like growth factor-1 (1 μg/mL), vascular endothelial growth factor (2.5 µg/mL), stem cell factor (2.5 µg/mL), keratinocyte growth factor-2 (2.5 µg/mL), superoxide dismutase-1 (5 μg/mL) and Noggin (2.5 μg/mL). The target proteins were produced using the KGMP facility for pharmaceuticals at the Daejeon Bio Venture Town (Daejeon, Korea). The Escherichia

depth of 0.5 mm and a constant rotational speed of 1500 rpm (3.8 g). Photographs of 11 patients were taken at baseline and first, second, third, fourth and fifth treatments. The photos were taken by the same operator using the same conditions at the same point of the scalp; the intersection points between the vertical line extending from the lateral margin of the evebrow and the horizontal line extending from the external auditory canal. A digital microscope (AM313T, Dino-Lite; AnMo Electronics, Taiwan) was used to take phototrichogram images. An investigator blinded to the study counted the number of hair shafts using phototrichogram images taken with the digital

The mean hair shaft densities on both the treated and control halves of the scalp were not significantly different at baseline. However, the differences in hair shaft density were significant at the second, fourth and fifth weeks (Table 1). The mean change in hair shaft count at each week compared with baseline was calculated. An increase of more than 10% compared with baseline was observed on the treated side. The mean changes were significantly different between the treated side and control side at the weeks 2-5 (Fig. 1a). All patients answered the questionnaires regarding patient satisfaction for each side of the scalp. The mean satisfaction score on the treated side was 6.78 ± 0.51 (0 = dissatisfied, 5 = neutral, 10 = very satisfied). Satisfaction tended to increase with respect to the treated side, but not to the control side (mean satisfaction score of 4.96 ± 0.95) (Fig. 1b). There were no

Table 1. Mean hair densities on the growth factor-treated half and the control half of the scalp

Mean hair shafts count (±SD)

[Effects of topical application of growth factors followed by microneedle therapy in women with female pattern hair loss: A pilot studyl

J. Dermatology, 2012, 39

Professor Lee Young Bok, Park Hyun Jung, Yeouido St. Mary's Hospital, The Catolic University of Korea

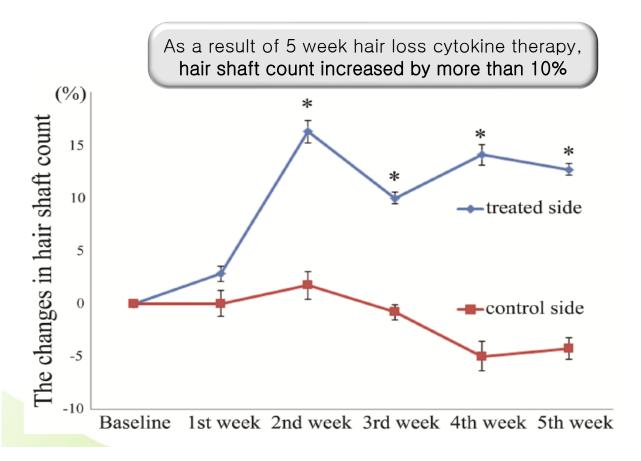
11 Korean Women (41±2 years) into Ludwig I grade, Random, double-blind test

Growth factor solution (SGF-57) was topically applied on the treated half of the scalp and followed by microneedle therapy. The other half of the scalp (control) was treated with normal saline followed by microneedle therapy.

<Result>

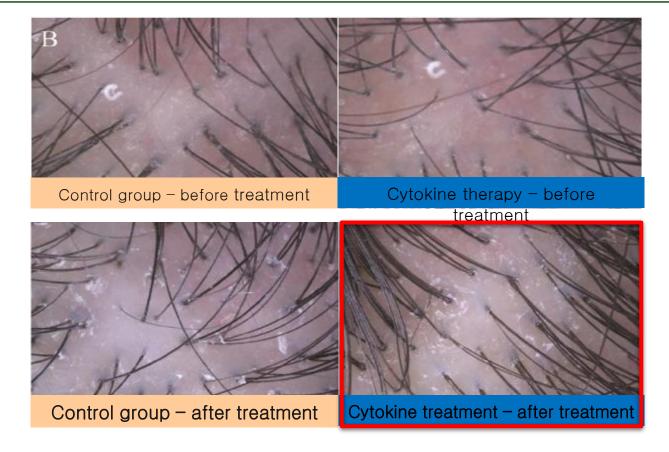
- The differences in hair shaft density were significant at the 2nd, 4th and 5th weeks.
- An increase of more than 10% compared with baseline was observed on the treated side.
- The mean changes were significantly different between the treated side and control side at the weeks 2-5

1) The effect proved in World-leading dermatology journal 'Journal of Dermatology'



[Effects of topical application of growth factors followed by microneedle therapy in women with female pattern hair loss] J. Dermatology, 2012, 39

1 The effect proved in World-leading dermatology journal 'Journal of Dermatology'



4) Clinical Studies

2 Publication of World Congress for Hair Research 2013

JOURNAL OF INVESTIGATIVE DERMATOLOGY

7th World Congress for Hair Research P056

Systemic growth factor treatment on the patients with androgenetic alopecia <u>BI Ro</u> Department of Dermatology, Myongji Hospital/Kwandong University College of Medicine, Koyang-si, Republic of Korea

Background: Among the various stimulants of treatment in androgenetic alopecia (AGA), growth factor is known as an effective agent in hair regeneration. Systemic growth factor (SGF) is mainly composed of β -fibroblast growth factor (β -FGF), vascular endothelial growth factor (VEGF), insulin-like growth factor-1 (IGF-1), and others.

Purpose: The aim of this study is to evaluate the efficacy of systemic growth factor treatment in patients with AGA.

Methods: GGFs were topically applied using medical devices containing a microneedle and by electroporation in a 2–4-week interval. The efficacy was evaluated by phototrichogram and digital photograph analysis after 10 times of treatment within 6 months. In total 116 patients, aged between 19 and 60 years, were enrolled (MPHL II–V: 54 patients, FPHL I and II: 62 patients) through 12 months, from October 2011 to September 2012.

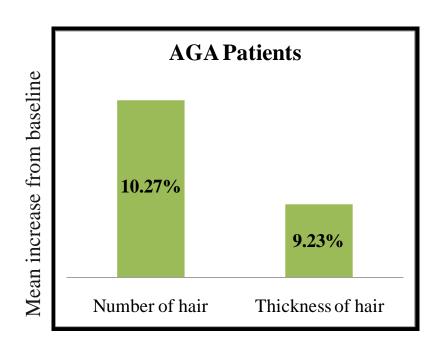
Results: Phototrichogram showed 9.85% increase in hair density and 9.11% increase in hair thickness. In hair density, 30.1% showed 5–10% increase, and 25% of the patients showed more than 15% increase. In hair thickness, 35.3% presented 0–5% increase, and 21.5% patients presented more than 15% increase. MPHL cases were more effective than FPHL. Adverse effect was not observed except for a mild tingling sensation.

Conclusion: Systemic growth factor therapy is effective and safe for the treatment of AGA and this will be one of the treatment options for AGA.

[Systemic growth factor treatment on the patients with androgenetic alopecia]

World Congress for Hair Research Journal of Investigative Dermatology Professor Ro, Byung In Myong ji Hospital, Dermatology

2 Publication of World Congress for Hair Research 2013



Result of treatment with Cytokine therapy

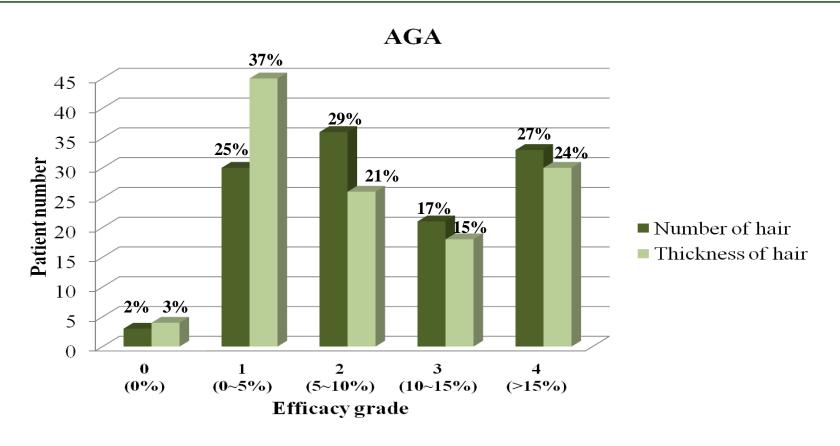
- Numbers of hair: increased maximum 29.41%, averagely 10.27%
- Thickness of hair: increased maximum 27.87%, averagely 9.23%

Condition of research:

123 male, female patients with hair loss / 6 month 10 time treatment

- 4 times every 2 weeks
- 3 times every 3 weeks
- 3 times every 4 weeks

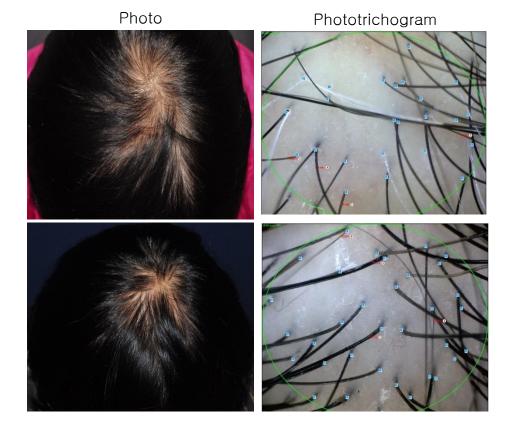
2 Publication of World Congress for Hair Research 2013



[Systemic growth factor treatment on the patients with androgenetic alopecia], World Congress for Hair research 2013, Journal of Investigative Dermatology,

2 Publication of World Congress for Hair Research 2013

[Clinical patient]
Woman in her early 60s



Before treatment: Number of hair - 82 Thickness of hair - 64µm

After cytokine therapy Number of hair – 108 Thickness of hair – 75µm

4) Clinical Studies

3 Articles published in other academic societies

Presentation in World Congress for Hair Research for 2 years in a row(2013, 2014) [2014 Jeju society presentation]



Systemic Growth Factor Treatment on the Patients with Androgenetic Alopecia



Byung In Ro, Shin Han Kim, Sang Yoon Lee, Hyun Ok Son

Department of Dermatology, Myongji Hospital, Kwandong University College of Medicine

M/47, MPHL IV

Photo

| Density | Growth Rate | Caliber | Volume Interval | | Density | Growth Rate | Caliber | Volume Interval | | Time I view | Time

Baseline

102, 51µm

(2011.11.24)

Phototrichogram

[Systemic growth factor treatment on the patients with androgenetic alopecia]

World Congress for Hair Research Journal of Investigative Dermatology Professor Ro, Byung In Myong ji Hospital, Dermatology nototrichogram

After Treatment 123, 65μm (2012.06.09)

Background

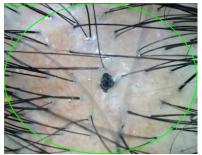
- · New emerging treatment
 - · PRP(platelet-rich plasma) injection : roller and stamp
 - · Mesotherapy: roller and stamp
 - Cytokine therapy: microneedle
- VB Lee et al. Effects of topical application of growth factors followed by microneedle therapy in women with female pattern hair loss: a pilot study J Dermatol 39, 2012
 - · 5 weeks treatment with microneedle therapy
 - · Half-split study / 11 patients
 - Hair increased 10% compared with baseline
- · Herein, we investigated the injection of systemic growth factor for alopecia

Materials and Methods

- · 144 Androgenetic alopecia Patients
 - From October 2011 to September 2012
 - 28patients excluded
 - · MPHL: 54patients / FPHL: 62patients
- Treatment
 - Topical application of growth factor solution to scalp by microneedle therapy and electroporation
 - · Growth factor (SGF57; Aesmed Co. Ltd., Seoul, Korea)
 - FGF, IGF-1, VEGE, stem cell factor, KGF-2, superoxide dismutase-1, and Noggin
 - · Microneedle (Dr Back 10 story FNS FN-1; Dongbang Medicare, Bundang, Korea)
 - Floring and the Dark To story 11.511.-1, Bong only Medicare, Bunda
 - Electroporation (Derma-S; Robomax, Sungnam, Korea)
- · Total 10 times (6 months) by 2~4 weeks interval
- · Clinical photographs and phototrichogram images
- · Efficacy: 5 grade number and thickness of hair
 - 0(no increase) / 1(0~5% increase) / 2(5~10% increase) / 3(10~15% increase) / 4(>15% increase)

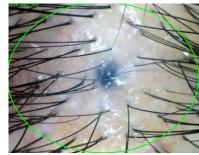
3 Articles published in other academic societies





Baseline
Hair density: 199/cm²





After Treatment Hair density: 238/cm²

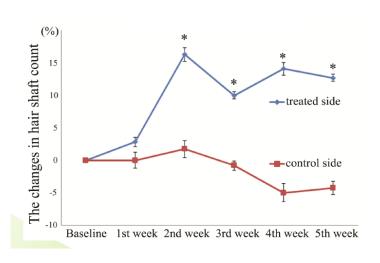
Treatment result of hair loss cytokine therapy by depth of treatment

- 0.5mm treatment : Hair density increased averagely 13.8%
- 0.3mm treatment: Hair density increased averagely 8.9%

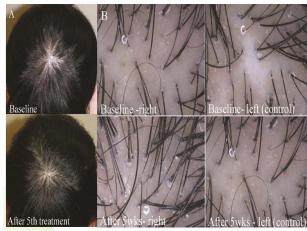
3 Articles published in other academic societies

<The changes in hair shaft count>

The rate of change on the treated side was significantly different from that on the control side.







<Clinical photos of patient 1>

<Clinical photos of patient 2>

Ref.) The journal of Dermatology 2012: 39: 1-2 http://onlinelibrary.wiley.com/doi/10.1111/j.1346-8138.2012.01680.x/abstract

(World Congress for Hair Research, 2013, 2014)

3 Articles published in other academic societies

Presentation at Asian association of hair restoration surgeons

- Asian Association of Hair Restoration Surgeons 2nd Annual Scientific Meeting 2012. 5. 11~13
- Topic: [Advantages in Utilizing growth factors in hair transplantation]
- Contents: Recommend using AGF39 to increase the rate of hair transplantation and satisfaction of patients before and after hair transplantation

AAHRS

Asian Association of Hair Restoration Surgeons 2nd Annual Scientific Meeting

(In Conjunction with the Korean Society of Hair Restoration Surgery)

May 11 – 13, 2012 COEX Convention Center, Seoul, Korea

ARSTRACT

FP-11

Advantages in Utilizing Growth Factors in Hair Transplantation

In-Joon Lee, M.D., Ph.D. 1

Nova Skin & Hair Clinic, Seoul, Korea

It is well known that using minoxidil post hair transplantation does help in inducing better results of hair growth, so it is well within the context of idea that various methods that help in elongating anagen phase will be helpful also. So there are merits in utilizing various methods such as PRP and introduction of growth factors which complement wound healing and accelerates the growth phase of hair post hair transplantation.

There are several reports of utilizing PRP to improve hair growth, transplanted follicle revascularization, and to speed the healing of donor and recipient incision sites. However, PRP also contains several factors other than growth factors that act against the activation of growth such as II-1, II-8, TGF-b which activates inflammation cascade and there is report that high concentration of PRP may actually cause apoptotic cell death. It is the 'growth factors' that play the key role in wound healing process and revascularization of the hair graft. So if we selectively utilize growth factors we can selectively influence activation effects that we aim for.

It is ideal to utilize PRP in the initial healing phase of post transplantation to aid the healing phase. But, for the period of growth phase around second to fourth month post transplantation, selective 'growth factor's would be better option. The concerned growth factors are: SCF(stem cell factor), bFGF(beta-fibroblast growth factor), IGF-1(insulin like growth factor-1), KGF(keratinocyte growth factor), VEGF(vascular endothelial growth factor). It may be good idea to add Noggin also to inhibit BMP signaling.

The timing of introduction of growth factors to the patient may vary from case to case. The patients who undergo hair transplantation show different shedding time schedules. I think the ideal time to start introduction is one month after start of shedding and for about 3 months thereon.

Keywords: Hair Transplantation, Growth Factors

4) Clinical Studies

4 User (hospital, etc.) Clinical data

<4 times management (4.11~5.12)>





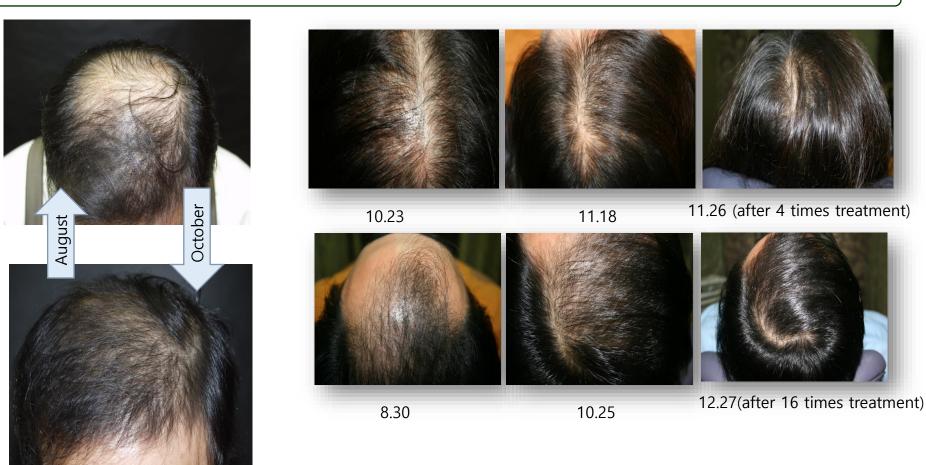
Frontal Core: 143 hairs/cm2 188 hairs /cm2

Terminal hair 81%, Vellus hair 19% Terminal hair 90%, Vellus hair 10%

<5 times management (3.14-5.16)>



4 User (hospital, etc.) Clinical data



Product Features 4) Clinical Studies

4 User (hospital, etc.) Clinical data

Case 1 8/30



12/7

Case 2 10/13



12/15

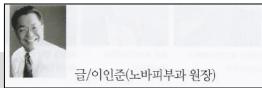
4) Clinical Studies

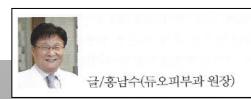
4 Review of hospital users

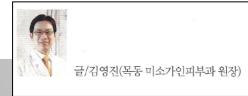


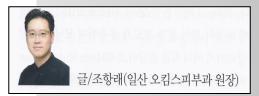


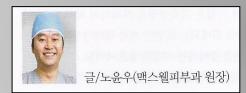




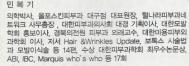


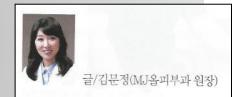












4) Clinical datas demonstrating efficacy

4 Review of hospital users



Maxwell Hair Clinic

http://videofarm.daum.net/controller/video/viewer
//video.html?vid=ve13egilWpq66NDeNQWpiPP&play
loc=undefined



http://videofarm.daum.net/controller/video/vie wer/Video.html?vid=vf60beAJ4CyJjC3PeKejyKC&p lay_loc=undefined

S&U Clinic



Nova Clinic
http://youtu.be/Rz20ii09AIY



http://videofarm.daum.net/controller/video/vie wer/Video.html?vid=v49a6ToiTTUzzTgRrbrgrUU &play loc=undefined



Kye Skin Clinic

http://youtu.be/uVQT4_ZoXs4



Dami Clinic

http://videofarm.daum.net/controller/video/viewer/Video.html?vid=vc3aclov9o9eUehKh9jZXVz&play_loc=undefined

Main ingredients of CYTOKINE-8 powder solution

1. Suppression of hair loss-inducer

- Noggin (BMP antagonist): Suppress BMP 2/4형 to maintain follicular cell's activity
- FGF9(Fibroblast Growth Factor 9):
 FGF9, secreted from yδ T cells
 induces generatrion of WNT in hair
 follicle there by suppressing activity of
 DKK-1 and promoting generation of
 hair protein
- SOD(Superoxide Dismutase): Inhibits activity of TGF-β2, β1, protects hair follicles and promotes hair growth

2. Promoting hair growth& normalizing hair growth cycle

- KGF(FGF7: Keratinocyte Growth Factor): Promotes growth and differentiation of keratinocytes to creat new hair
- IGF (insulin-like Growth Factor): As Insulin-like growth factor, Growth hormone is involved in tissue formation, improves cell generation helping vascularization, promotes keratinocyte proliferation and growth of hair follicles to maintain growth.
- VEGF (Vascular endothelial Growth Factor):
 promotes neovascularization, protects vascular,
 increase hair diameter and distribution of hair by
 Increasing plasma protein permeability of capillary
 vessels
- bFGF (basic Fibroblast Growth Factor): Promotes hair growth by increasing fibroblast growth factor, collagen, and elastin synthesis

3. Promoting energy metabolism of cells

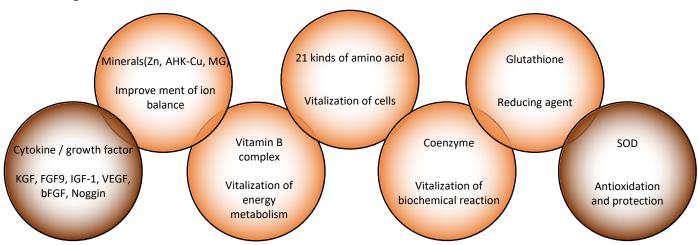
• ATP: ATP is composed of Vitamins, Vitamin B Complex, Amino acids, Minerals, Coenzymes, AHK-Cu, Zinc and Glutathione and promotes energy metabolism and hair growth of cells.

CYTOKINE-8 is the treatment of which action mechanism is scientifically proved

Main Ingredients of CYTOKINE-8 Powder Solution

Improvement of ion balance with for cell metabolism zinc, copper and various minerals for cell metabolism proven to be effective against hair loss

21 kinds of amino acids which are raw materials of hair protein



Vitamin B Complex for Cell Energy Metabolism

Activation of biochemical reaction with coenzyme

KGF. FGF9. IGF-1. bFGF. VEGF & Nogain. SOD

+

Multi-nutrients (37 nutrients required for energy metabolism of hair follicular cells)

Product Specifications

Full Ingredient List

[Cytokine8 Powder solution (8type Cytokine growth Factor sterilized powder)]

Mannitol, sh-Polypeptide-13(Noggin), sh-oligopeptide-2(igf-1), Sh-polypeptide-3 (KGF), Sh-polypeptide-1 (BFGF), Sh-polypeptide-9 (VEGF), Sh-polypeptide-60 (SOD), Sh-polypeptide-4(SCF), Coppertripeptide-1, Coenzyme A, Retinol, Thiamin HCL, Riboflavin, Niacinamide, calcium pantothenate, Pyridoxine, Biotin, Paraaminobenzoic Acid, Cyanocobalamin, Folic Acid, Inositol, Magnesium Sulfate, Zinc Oxide, Glutathione, Alanine, Arginine(Lysine Polypeptide), Cysteine, Glutamine, Glycine, Histidine, Isoleucine, Leucine, Lysine, Methionine, Ornithine, Phenylalanine, Proline, Serine, Threonine, Tryptophan, Tyrosine, Valine, Adenosine Phosphate

[Trico Clin Tonic (Hair loss functional cosmetic)]

Water, Sophora extract, Mulberry root extract, Algae extract, Chrysanthemum flower extract, Coppertripeptide-1, Polysorbate 80, Lauramin oxide, Magnesium ascorbyl phosphate, Butylene glycol, menthol, Salicylic acid, Panthenol, Citric acid, piroctonol amine, 1,2- Hexanediol,

ethanol, spices

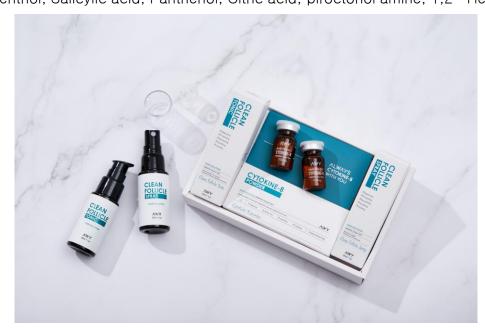
Composition

Powder Solution: 100mg X 4ea

- Functional Tonic: 30ml - Functional Spray: 30ml

Product Features

- Containing hair growth factor
- Hair loss functional cosmetics





HAIR PROJECT CYTOKINE-8
POWDER SOLUTION

