

An FDA Regulated Medical Food Meeting the FDA's Strict Neuronal Inborn Errors of Metabolism Requirements for Neurodegenerative Disease Claims Leading to Severe Cognitive Impairment, Intellectual Disability and even Death



Mild Cognitive Impairment

Does not significantly affect normal living

1. Mild memory loss & word recall
2. Poor concentration & attention
3. Loss of train of thought
4. Brain fog
5. Executive function loss/overwhelmed
6. Anxiety/irritability/aggression
7. Depression/apathy
8. Spatial judgement

Severe Cognitive Impairment:

Significantly impairs normal living

1. Significant memory loss-short and long term
2. Loss of motor skills
3. Substance-induced cognitive impairment
4. Confusion
5. Common dementias - mild to moderate
6. MDD/GAD
7. Impaired judgement

An evidence-based natural treatment plan with in vitro and in vivo clinical proof to:

PREVENT

Poor Brain Aging

ARREST

Brain Disease Progression

MANAGE

Symptoms of Memory & Attention Loss & Poor Mood

RESTORE

Brain Tissue & Connectivity

Luma TC | Once-a-day Tablet

INGREDIENTS

Dye Free | Gluten Free | Bovine Free | Soy Free | Casein Free
Yeast Free | Glucose Free | Lactose Free

Theracurmin (TC) Sub-micron particle curcumin	180mg
Lithium Orotate	5mg
N-Acetyl Cysteine	300mg
L-Methylfolate Calcium	500mcg
Methylcobalamin (B12)	50mcg
Pyridoxal-5-Phosphate (B6)	5mg

“What drugs are available may temporarily diminish Alzheimers’ symptoms, but none address the underlying mechanisms of the disease. Luma TC safely addresses the root causes of the disease process.”

James Greenblatt, MD
Pioneer in the field of integrative medicine

Clinically Proven to Synergistically Address the Multi-Factorial Cellular Pathology of the Alzheimer’s Disease Process

BENEFIT: Prevent, Arrest, & Remove Brain Plaques & Tangles

BENEFIT: Prevent Microglial Inflammatory Activation

BENEFIT: Prevent & Reduce Brain Inflammation

BENEFIT: Prevent & Reduce Brain Oxidative Stress

BENEFIT: Restore Lost Gray & White Brain Matter. Increase Axonal Sprouting and Dendrite Connectivity

INDICATIONS AND USAGE: LUMA TC Tablets are indicated for patients with distinct nutritional requirements for the dietary management of certain negative neuronal metabolic processes (Inborn Errors of Metabolism) of a genetic or environmental nature identified with CNS hyperhomocysteinemia, oxidative stress, inflammation, heavy metal toxicity, beta amyloid protein plaque production apoptosis, tau protein tangle production apoptosis, and to promote the positive production of the Neurotrophins, Brain Derived Neurotrophic Factor, Nerve Growth Factor, Vascular Endothelial Growth Factor, and Fibroblast Growth Factor, resulting in neurogenesis, restoration of neurons (White and Gray Brain Matter) and connectivity for the prevention, to arrest(restoration of normal aging) and/or management of Memory Loss, Attention Dysfunction, Mild Cognitive Impairment, Major Depressive Disorder and Early Dementia associated with Alzheimer’s Disease, Parkinson’s Disease, and Traumatic Brain Injury. 1-29

Luma TC's Showcase

Ingredient: Theracurmin Sub-Micron Particle Curcumin

Many studies reveal that curcumin has a broad-spectrum of biological and pharmacological activities such as:

Anti-Inflammatory | Antioxidant | Anti-plaque & Tau

However, curcumin cannot achieve its optimum therapeutic effectiveness in vivo due to its low solubility and poor gastrointestinal absorption and systemic bioavailability.¹

Problem Solved with Luma TC

Theracurmin, Found in Luma TC, Demonstrates Over 200 Times Higher Absorption Efficiency Than Other Curcumin Drug Delivery Systems and Curcumin Powder.

Theracurmin Ensures Higher Blood Levels Sustained for 24 Hours for a True Once-a-Day Dosing Regimen.

Double-Blind 3-Way Crossover Human PK Trial

Colloidal Submicron - Particle Curcumin Exhibits High Absorption Efficiency
J Nutr Sci Vitaminol, 61, 37-44, 2015 - Sunagawa et al

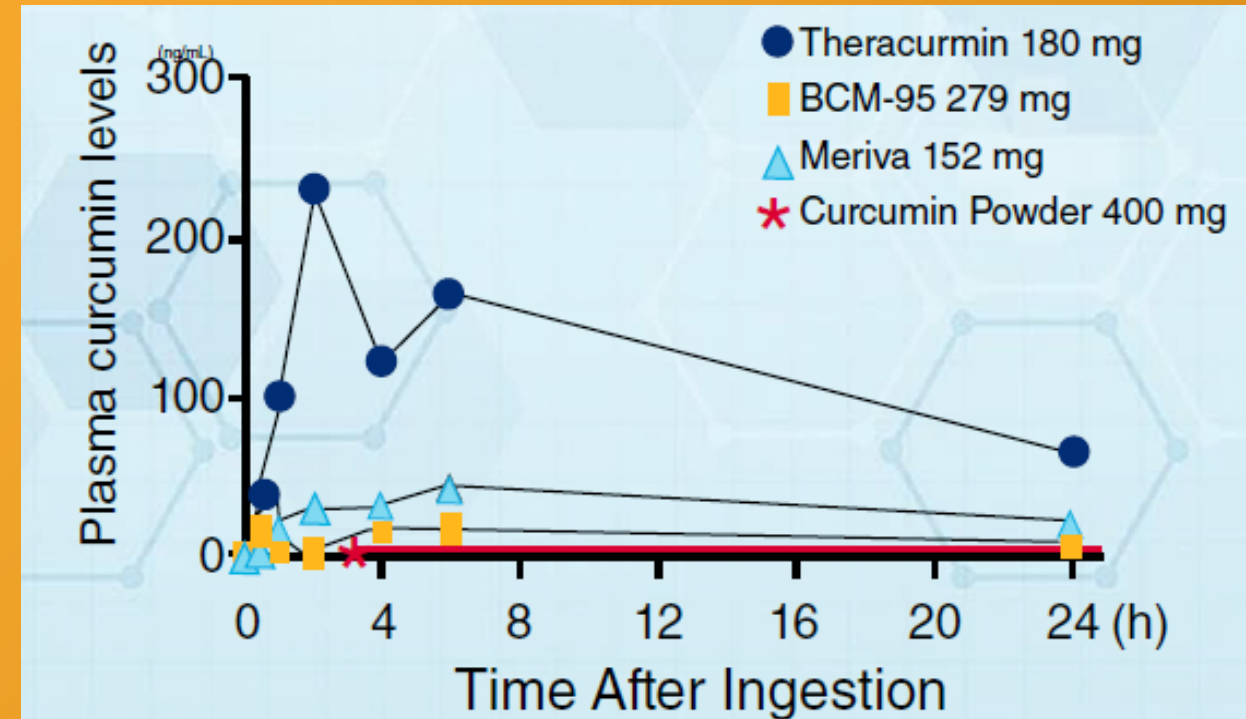


Fig. 1. Change in plasma concentration of curcumin in healthy volunteers. Each point and bar represents the mean \pm SD (n=9). *p<0.05 versus BCM-95. #p<0.05 versus Meriva.

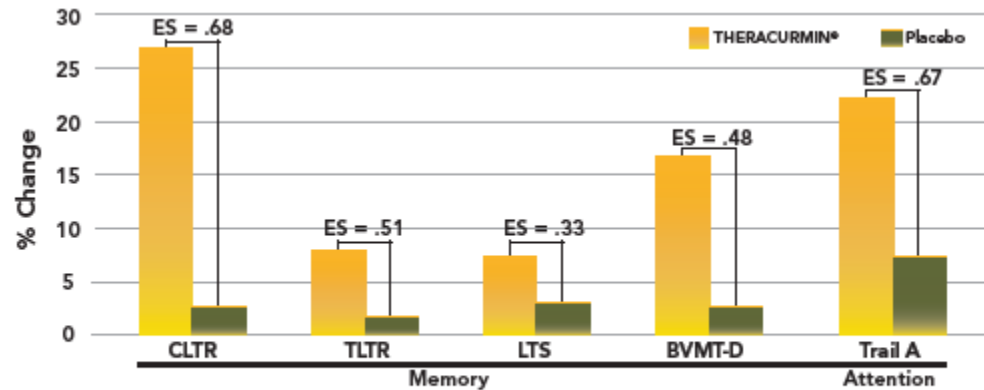
Memory and Brain Amyloid and Tau Effects of a Bioavailable Form of Curcumin in Non-Demented Adults: A Double-Blind Placebo-Controlled 18 Month Trial

Gary Small MD, Chief of Geriatric Psychiatry, UCLA, Am J Geriatric Psychiatry, March 2018

Change in cognitive testing results from Baseline (18M)

These results suggest that daily oral Theracurmin® leads to improved memory and attention in non-demented middle-aged and older adults. Design: Randomized, double-blind, placebo-controlled clinical trial Participants: Forty subjects (age 51 to 84 years)

Cognitive Changes at 18 Months

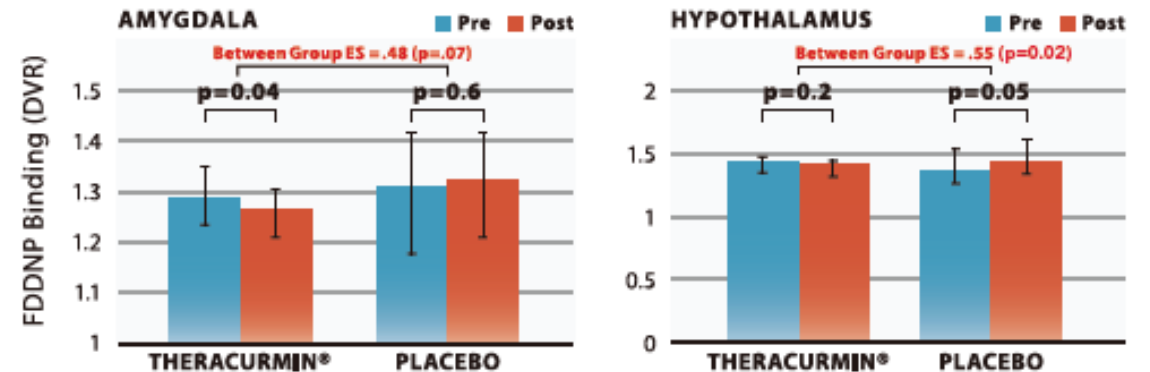


CLTR: Buschke Consistent Long Term Retrieval; TLTR: Buschke Total Long Term Retrieval; LTS: Buschke Long Term Storage; BVMT-D: Brief Visual Memory Test-Revised - Delay Recall; Trail A: Trail Making Test, Part A
ES = Between group effect size Between group significance respectively: p=0.05, p=0.002, p=0.006, p=0.01, p=0.04

Neuro Imaging (FDDNP-PET) Data

The FDDNP-PET findings raise the possibility that decreases in plaque and tangle accumulation in brain regions modulating mood and memory are associated with curcumin supplementation.

FDDNP Binding Levels in Amygdala and Hypothalamus Pre- & Post-Treatment (18 Months)



ES = Effect size - Histograms indicate means, vertical lines indicate standard deviations
- FDDNP binding levels are based on relative distribution volume (DVR) parametric images generated using a multilinear formulation of Logan analysis (motor cortex as reference region) - Logan J, et al. J Cereb Blood Flow Metab. 1996; 16:834-840

“Our positive findings that daily use of TC (Theracurmin) improves memory and decreases amyloid and tau binding in the amygdala and hypothalamus are encouraging that this relatively inexpensive and nontoxic treatment may have potential for not only improving age-related memory decline but also preventing or arresting progression of neuro degeneration and eventually future symptoms of Alzheimer’s disease.” Gary Small, MD

Additional Theracurmin Research

Alzheimer's & Dementia

The Journal of Alzheimer's Association

Theracurmin may be a therapeutic option for elderly patients with MCI or AD: A 6-month 93 patient, retrospective follow-up study.

Fatma Dost et al, 2021

Conclusion:

Theracurmin seems to be a therapeutic option for elderly patients with MCI and AD because of providing stabilization of the disease course by preventing progressive loss in cognitive functions and Activities of Daily Living

Clinical Interventions in Aging

The Effect of Theracurmin on Cognitive Function in an Older Patient with Chemobrain.

Erken et al, 2020

Conclusion:

1. Improved cognitive symptoms
2. Improved executive and language cognitive domains

The Use of Luma TC in Post-Covid 19 Related Brain Fog and Mood Disorders

“CNS barrier cells of the choroid-plexus sense and relay peripheral inflammation into the brain. Luma TC blocks the mechanisms in those cells that create CNS inflammation”

Towny Robinson, Inventor of Luma TC

Nutritional Micro-Dose Lithium Orotate 5mg

A Highly Bioavailable Orotate Form of Lithium with a 3-fold Affinity for CNS Absorption and Good Availability in the Brain. Demonstrated Clinically by Magnetic Spectroscopy

Forlenza BJP, 2019

- Normalizes Hyperactive GSK-3 Beta Phosphorylating Enzyme to Prevent Neurofibrillary Tau Tangles. In the Human Clinical Trial Forlenza BJP, 2019, Micro dose Lithium Demonstrated a 50% Inhibition of GSK-3 Beta Activity in Platelets Drawn From Peripheral Blood.
- Normalizes BACE1 (Beta Secretase) the B-APP Cleaving Enzyme to Prevent and Disaggregate Beta-Amyloid Plaque Formation.
- Inhibits Microglial Inflammatory Activation.
- Produces Extra Brain Derived Neurotropic Factor (BDNF) to Restore Hippocampal Neurogenesis, Memory, and Mood.
- Upregulates Autophagy
- Nutritional Lithium Orotate is SAFE! (See Safety Data in the PI Sheet).

Clinical and biological effects of long-term lithium treatment in older adults with amnestic mild cognitive impairment: randomized clinical trial

Forlenza, BJP, 2019,#61, 4-year study.

Conclusion: Long-term micro dose lithium attenuates cognitive and functional decline in amnestic, MCI, and modifies Alzheimer's disease-related CSF biomarkers. This data reinforces the disease-modifying properties of lithium in the MCI-Alzheimer's disease continuum.

James Greenblatt, M.D. Nutritional Lithium Expert

“In addition to slowing beta-amyloid and tau protein production, lithium promotes their removal from cells by repairing damaged “cleaning systems” in the neurons”.

“Lithium has remarkable potential to stop the accelerated and unchecked tissue loss that accompanies Alzheimer's disease and other neurodegenerative illnesses”.

Metabolized Vitamins B9/B12/B6

B9 Refined CNS Metabolite- L-Methylfolate 500 mcg
B12 Refined CNS Metabolite- Methylcobalamin 50 mcg
B6 Refined CNS Metabolite- Pyridoxal-5-Phosphate mg

Equivalent Amounts Reduced Homocysteine Levels 30% in 4
Meta-Analysis of over 110,000 Patients Internationally.

Homocysteine and Dementia: Consensus Statement

David Smith et al, Journal of Alzheimer's Disease, 2018

Elevated Homocysteine is associated with cognitive decline, brain atrophy, neurofibrillary tangles, microglial activation, & dementia.

The rate of brain atrophy and cognitive impairment can be slowed by use of homocysteine-lowering B9, B12 and B6 vitamins.

ELEVATED PLASMA HOMOCYSTEINE IS A MODIFIABLE RISK FACTOR FOR THE DEVELOPMENT OF COGNITIVE DECLINE, DEMENTIA, AND ALZHEIMER'S DISEASE IN THE ELDERLY

N-Acetyl cysteine 300mg

The Journal of Alzheimer's Association

Studies have shown that levels of the endogenous antioxidant glutathione decline at an early stage of Alzheimer's Disease with decreased levels correlating with worse cognitive function.

N-Acetylcysteine along with P-5-P can normalize endogenous stores of glutathione - reducing age-related oxidative stress while providing synergistic neuroprotection.

Are you at Risk?

Alzheimer's Risk Factors

Suggesting Preventative use with Luma TC

Silently in our 40's, nerve cell deterioration can begin to occur in our brain. This "pre-clinical stage" is the time for prevention.

Demographics

Age 65 or older - Age is the biggest risk factor for Alzheimer's, doubling over 65.

Gender – There are twice as many women as men over 65 with Alzheimer's disease.

Family History

Family History – Cognitive Impairment, Memory Loss, Dementia, Alzheimer's, Parkinson's, Huntington's, or ALS Disease

Genetics – APOE-4 is the strongest genetic risk factor for Alzheimer's disease. MTHFR Polymorphism is a risk factor for AD. To find out your risk call DVD 985-629-5742 for these genetic tests.

Medical Conditions

Cardiovascular Issues -Hypertension, Stroke, High Cholesterol or Obesity.

Homocysteine Levels Over 11mm/L - One of the factors that has been implicated in affecting the rate of brain atrophy, is high levels of an amino acid called homocysteine. Studies show that raised levels increase the risk of Alzheimer's Disease by 50%. Call your doctor for a test

Diabetes -Diabetes can cause several complications, such as damage to your blood vessels. Many people with diabetes have brain changes that are hallmarks of both Alzheimer's Disease and Vascular Dementia.

Mental State- History of Depression, Bi-Polar Depression, Loneliness, Seclusion or Fear of Aging.

Previous Head Trauma - Over the past 30 years, research has linked moderate and severe Traumatic Brain Injury to a greater risk of developing Alzheimer's Disease or another type of Dementia years after the original head injury.

Lifestyle

Moderate to Heavy Alcohol/Tobacco Use - People who smoke a pack of cigarettes or more a day develop Alzheimer's Disease years earlier than those who do not, & heavy drinking of alcohol increases the risk even more.

Lack of exercise -Physical activity benefits the brain. Studies show people who are physically active are less likely to experience a decline in their mental function

Pollution

Toxic and Chemical Exposure-Heavy metals such as lead, mercury, arsenic, cadmium, pesticides or insecticides.

"The neuro pathological processes of Alzheimer's disease occur up to TWENTY years before clinical symptoms of the disease. Analysis of brain amyloid imaging and cerebrospinal fluid biomarkers demonstrate early deposition of amyloid in individuals with known risk factors. These findings raise the possibility of preventing clinical symptoms"



An Evidence-based, Natural Treatment Plan Providing Hope.

For Best Results, combine Luma TC with a healthy lifestyle to slow poor brain aging & dementia formation of any kind.

Recommended Dose:

Take one (1) Luma TC tablet, once per day

Live a Healthy Life

- 1. Sleep (Goal 8 hours)** – Removes “brain trash” daily
- 2. Mediterranean Diet** – Ocean fish (omegas), colored fruits, vegetables, olive oil, and nuts
- 3. Exercise** – Brisk 40-minute walk, 4 times a week
- 4. Reduce Stress** –Reducing stress lowers daily cortisol, which is damaging to the brain
- 5. Learn “new” things** – Creates new synapses, connectivity type pathways

HOW TO RECOMMEND

Option #1

USE OUR ONLINE PRESCRIBER FORM

Fill in prescriber and patient information and hit “submit”. Someone from our staff will contact your patient to get them started.

CLICK HERE

Electronic form also found on our Website:
www.lumatc.com

985-629-5742

Option #2

Send your patient to our Website
where they can order online:

www.LumaTC.com

