• Comfortable, non-invasive MGD treatment
• Endogenous heating of the meibomian glands
• Demonstrated effectiveness on MGD and other conditions
• Able to be used as a standalone or supplemental treatment
• Safe for patients on all levels of the Fitzpatrick Scale
• Low cost per patient
“I used to dread hearing from patients that they had dry eyes. Now I have a way to treat their dry eyes and it has made an amazing difference. We are treating up to 12 patients a day and getting amazing results. We have been treating patients with MGD, rosacea, blepharitis, styes, and chalazia. We have also used lower level light therapy for some of our patients with facial acne and wrinkles. Our staff love using it because it is easy to use and the patients tell them how great they feel.”

– Dr. Bruce Butts, O.D.

**Benefits of Low Level Light Therapy (LLLT)**

- LLLT therapy is easy. The automated treatment software calculates the energy and duration of the process.

- The painless, 15-minute procedure provides a comfortable patient experience with no gel required.

- A unique, patented LED mask treats the upper and lower eyelids simultaneously for greater MGD pathology coverage.

- LLLT is capable of producing results for the patient from the first treatment. In many cases, 1 or 2 treatments are enough.  
  - “Low level light therapy for the treatment of recalcitrant chalazia: a sample case summary,” – Stonecipher, Potvin  
  - “Eye Surgery and Dry Eye” – L. Buratto, V. Sala

- Several different treatment possibilities, including MGD, Chalazion, Demodex, Post - Blepharoplasty and Blepharitis

- The instrument and software are upgradeable so you will always have the latest generation of equipment with new opportunities for innovative treatments.

- Minimal economic commitment and low per patient costs make LLLT a great option for those launching dry eye services or adding to an existing dry eye practice.

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**Easy, user-friendly interface with demonstrated efficacy**

**Safe and comfortable for all patients**

**Increased revenue potential for your practice**
**EXPANDED TREATMENT OPTIONS WITH EQUINOX**

**BLUE LIGHT**
Purification action: Thanks to its properties, the blue light is recognized to be the ideal wavelength to solicit porphyrins to obtain a bacteriostatic effect with a consequent elimination of bacteria that contributes to acne formation.

**RED LIGHT**
Stimulates production of collagen and elastin: Through the Equinox technology, the red light is absorbed by mitochondria and stimulates ATP increasing cellular action, enhancing its activity.

**YELLOW LIGHT**
Specific action on the lymphatic system: The Equinox yellow light stimulates cells’ metabolism promoting a detoxifying action to relieve swelling conditions.

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**CHALAZIA**
Surgical intervention can be avoided in most cases of recalcitrant chalazia. A US study showed that 92% of eyes with recalcitrant chalazia resolved after 2 LLLT treatments.¹

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**BLEPHARITIS**
Chronic Blepharitis - At one month of therapy the patient reports a significant subjective improvement. Under slit-lamp examination, there is still a reduced lacrimal meniscus, while no blepharitis and conjunctival hyperemia are detected with dry spots; the number of obstructed Meibomian glands has also been reduced.²

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**DEMODEX**
Combination therapy of the Blue and the Red LLLT masks can be effective against DEMODEX. The blue light stimulates porphyrins and creates an anti-bacterial action. The red light stimulates ATP by increasing and improving cellular activity, it reduces inflammation and edema and works on Meibomian glands.

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² Verbelli M, Bottoni A, Buratto, L Dry eye in patient with clinical history of chronic blepharitis and chalaziosis: Observation and anamnesis. Eye Doctor 2018; 2: 4-6

“This LLLT technology is extremely impressive. It’s the best kept secret in dry eye disease! We are doing about 8-12 procedures a day with multiple masks. It works exceptionally well on conditions such as Chalazia or demodex blepharitis/rosacea etc. Also very promising for MGD/DED as we’re seeing exceptional results in patients with DED/MGD.”

– Dr. Paul Karpecki, O.D., FAAO