LUX ESTHETIC

CLINICAL INNOVATION IN REGENERATIVE AESTHETIC MEDICINE

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LUX ESTHETIC

EXECUTIVE SUMMARY

Lux Esthetic is a Malta-based medical aesthetic clinic dedicated to regenerative and personalized aesthetic medicine. The clinic operates as a clinical innovation platform rather than a conventional aesthetic practice, integrating structured diagnosis, progressive treatment design, and patient education systems.

Since 2021, Lux Esthetic has conducted population-specific clinical observation focused on Maltese patients to identify recurrent skin concerns and biological response patterns in the local context particularly pigmentation instability, chronic low-grade inflammation, vascular fragility, and accelerated photoaging. These insights shaped the clinic's signature methodology and treatment pathways, which prioritize bioestimulation and tissue optimization as the foundation for safe, conservative, and durable injectable outcomes.

Lux Esthetic's philosophy is defined by a medical principle: restoring biological function precedes aesthetic modification. Aesthetic improvements are approached as outcomes of regenerative correction supported by objective planning, multi-session full-face strategies, cosmeceutical–injectable synergy, and long-term follow-up.

This dossier presents Lux Esthetic's institutional identity, the Maltese clinical problems addressed, and the clinic's early innovations and reproducible methodologies

INSTITUTIONAL IDENTITY & MEDICAL PHILOSOPHY

REGENERATION OVER BEAUTIFICATION

Lux Esthetic was established on the belief that aesthetic medicine must be rooted in tissue biology rather than trends. The clinic does not pursue beautification as an isolated objective, but focuses on restoring physiological processes altered by aging, inflammation, oxidative stress, and environmental exposure.

This philosophy translates into a clinical model defined by objective diagnosis, progressive intervention, conservative injectable use, and structured patient education.

MALTA AS A REAL-WORLD CLINICAL ENVIRONMENT

Malta presents a distinct clinical context characterized by high ultraviolet exposure, marine salinity, wind, humidity, and Mediterranean phototypes with increased susceptibility to dyschromia and post-inflammatory hyperpigmentation.

Standardised protocols developed in other regions often yield inconsistent results when applied locally without adaptation. Lux Esthetic addresses this by observing, defining, and responding to Malta-specific clinical patterns through a reproducible medical framework.

A SYSTEMS-BASED CLINICAL MODEL

Clinical practice at Lux Esthetic integrates regenerative injectables, bioestimulation, medical peelings, cosmeceutical support, and digital patient guidance into a unified system. This approach ensures consistency while preserving personalization at the individual patient level.

CLINICAL PROBLEMS ADDRESSED IN THE MALTESE CONTEXT

Origin of the Clinical Investigation

Clinical innovation at Lux Esthetic began with the observation that conventional aesthetic protocols frequently produced short-lived or inconsistent outcomes in Maltese patients, particularly regarding pigmentation, skin quality, and early aging.

A structured observational pathway was initiated to analyze recurrent presentations, treatment resistance, relapse triggers, and biological response patterns.

Predominant Skin Concerns

Commonly observed patterns included chronic low-grade inflammation, post-inflammatory hyperpigmentation, early dermal laxity, superficial vascular fragility, accelerated photoaging, and dehydration resistant to topical therapy alone.

These findings indicated multi-factorial biological dysfunction rather than isolated cosmetic concerns

EPIGENETIC AND ENVIRONMENTAL DRIVERS

Skin behavior in the Maltese population is influenced by UV-driven oxidative stress, inflammatory pathway activation, melanocyte dysregulation, and vascular reactivity. Protocols were therefore designed to address upstream biological drivers rather than surface manifestations alone.

DEVELOPMENT OF TARGETED BIOESTIMULATION PROGRAMS

Progressive bioestimulation programs were developed to address pigmentation, hydration, laxity, and aging pathways (Levels 1–4), using customized mesotherapy cocktails and structured treatment cycles with continuous reassessment.

INTEGRATION OF INJECTABLES

Clinical outcomes demonstrated that tissue optimisation prior to injectables resulted in lower volume requirements, improved integration, increased durability, and reduced inflammatory complications. Bioestimulation became foundational, with injectables applied as precision tools.

THE PATH METHODOLOGY (2021)

These developments were formalised into the PATH framework:

Patient Assessment

Analysis & Objective Diagnosis

Therapeutic Progression

Holistic Review & Long-Term Planning

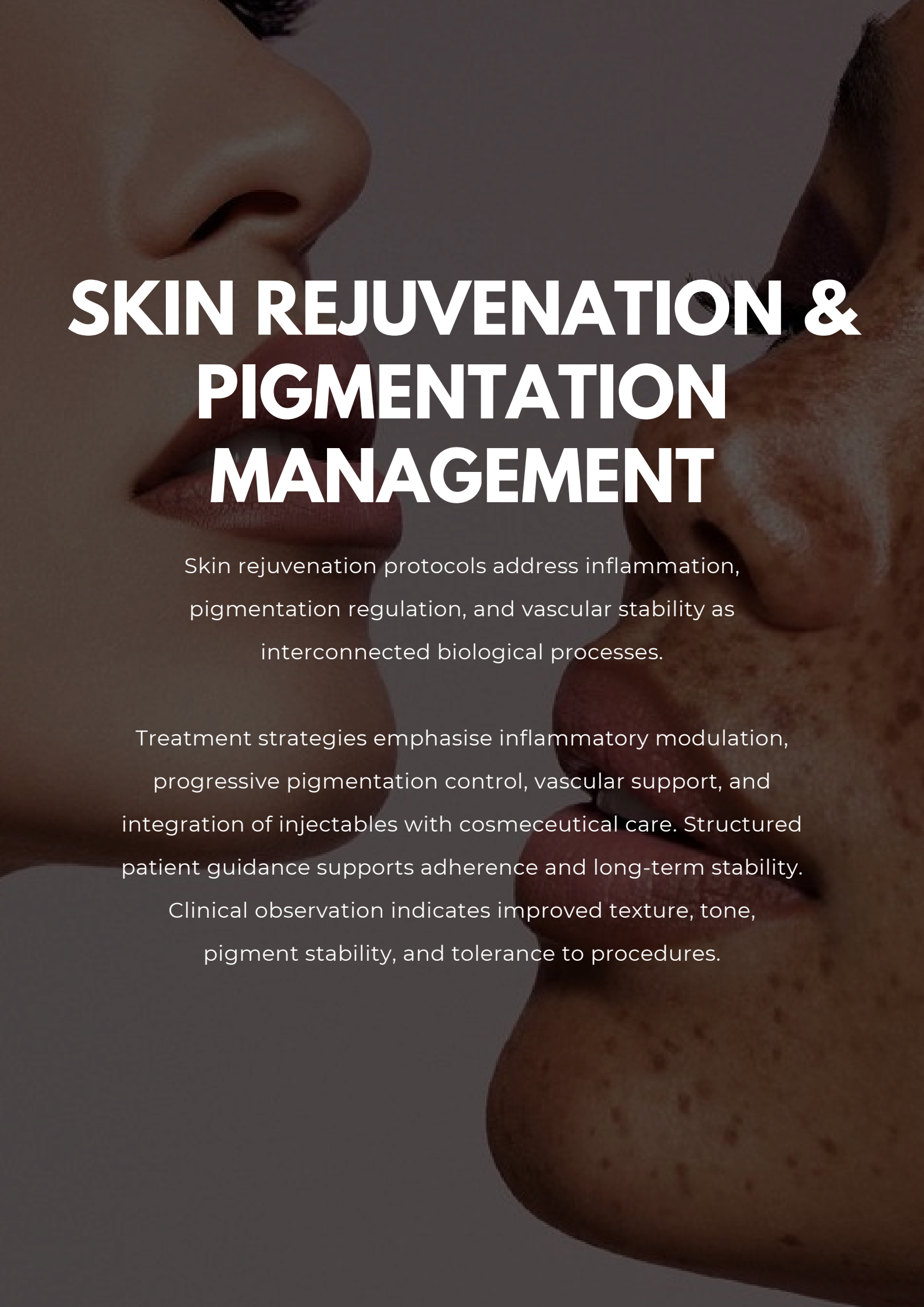
Regenerative and bioestimulatory protocols were implemented prior to later commercial standardisation, with clinical observation in Maltese patients informing subsequent industry directions.

EARLY CLINICAL INNOVATION (2021–2023)

Objective diagnostic tools, predictive planning systems, and 3D visualisation technologies were integrated early to reduce subjectivity and enhance patient understanding.

Multi-session full-face regenerative protocols replaced isolated procedures, allowing gradual correction, improved safety, and natural outcomes. Bioestimulation was prioritized as a first-line strategy, with injectables incorporated within biologically optimised tissue environments.

Clinical progression was documented longitudinally, supporting reproducibility and refinement.



SKIN REJUVENATION & PIGMENTATION MANAGEMENT

Skin rejuvenation protocols address inflammation, pigmentation regulation, and vascular stability as interconnected biological processes.

Treatment strategies emphasise inflammatory modulation, progressive pigmentation control, vascular support, and integration of injectables with cosmeceutical care. Structured patient guidance supports adherence and long-term stability. Clinical observation indicates improved texture, tone, pigment stability, and tolerance to procedures.

BEFORE & AFTER

Solar Lentigo Treatment

Patient profile:

Female, 48 years old, presenting with solar lentigo and uneven skin pigmentation secondary to chronic sun exposure.

Clinical intervention:

The patient underwent a targeted depigmenting peeling protocol using the mesoestetic depigmenting line, selected according to her individual skin characteristics. Treatment was complemented with oral glutathione supplementation as systemic antioxidant support, alongside a fully customised skincare regimen adapted to her skin needs.

Innovative approach:

This case demonstrates our personalized, multi-level treatment strategy, combining in-clinic medical procedures with systemic support and tailored home care. By addressing pigmentation both locally and systemically, we achieved visible improvement in skin tone uniformity while supporting long-term skin health and result durability.

Image and consent disclosure:

Before & after photographs were taken with the patient's informed consent. Images are not photoshopped or digitally altered and accurately represent the clinical outcome achieved.

BEFORE & AFTER

Depigmenting Peel (Phototype III–IV)

Clinical intervention:

The patient was treated using the depigmenting mesopeel® protocol from the mesoestetic depigmenting line, specifically designed to be safe and effective for higher phototypes. The treatment was selected to target epidermal pigmentation while preserving skin integrity and minimizing post-inflammatory risks.

Patient profile:

Male, 32 years old, Fitzpatrick skin phototype III–IV, presenting with uneven pigmentation and dyschromia.

Depigmenting line characteristics:

The mesoestetic depigmenting peeling line is formulated to regulate melanocyte activity, inhibit tyrosinase, and promote controlled epidermal renewal. Its composition allows

progressive pigment reduction, improves skin tone uniformity, and is suitable for phototypes III–IV due to its balanced exfoliating action and high tolerability. This makes it an effective option for treating pigmentation while reducing the risk of post- inflammatory hyperpigmentation.

Image and consent disclosure:

Before & after photographs were taken with the patient's informed consent.

Innovative approach:

This case highlights a tailored depigmenting strategy based on phototype and individual skin behavior. By selecting a peel specifically formulated for higher phototypes, we ensured both efficacy and safety. The protocol reflects our commitment to

personalised aesthetic medicine, where treatment selection is driven by skin biology rather than a one-size-fits-all approach.

Image and consent disclosure:

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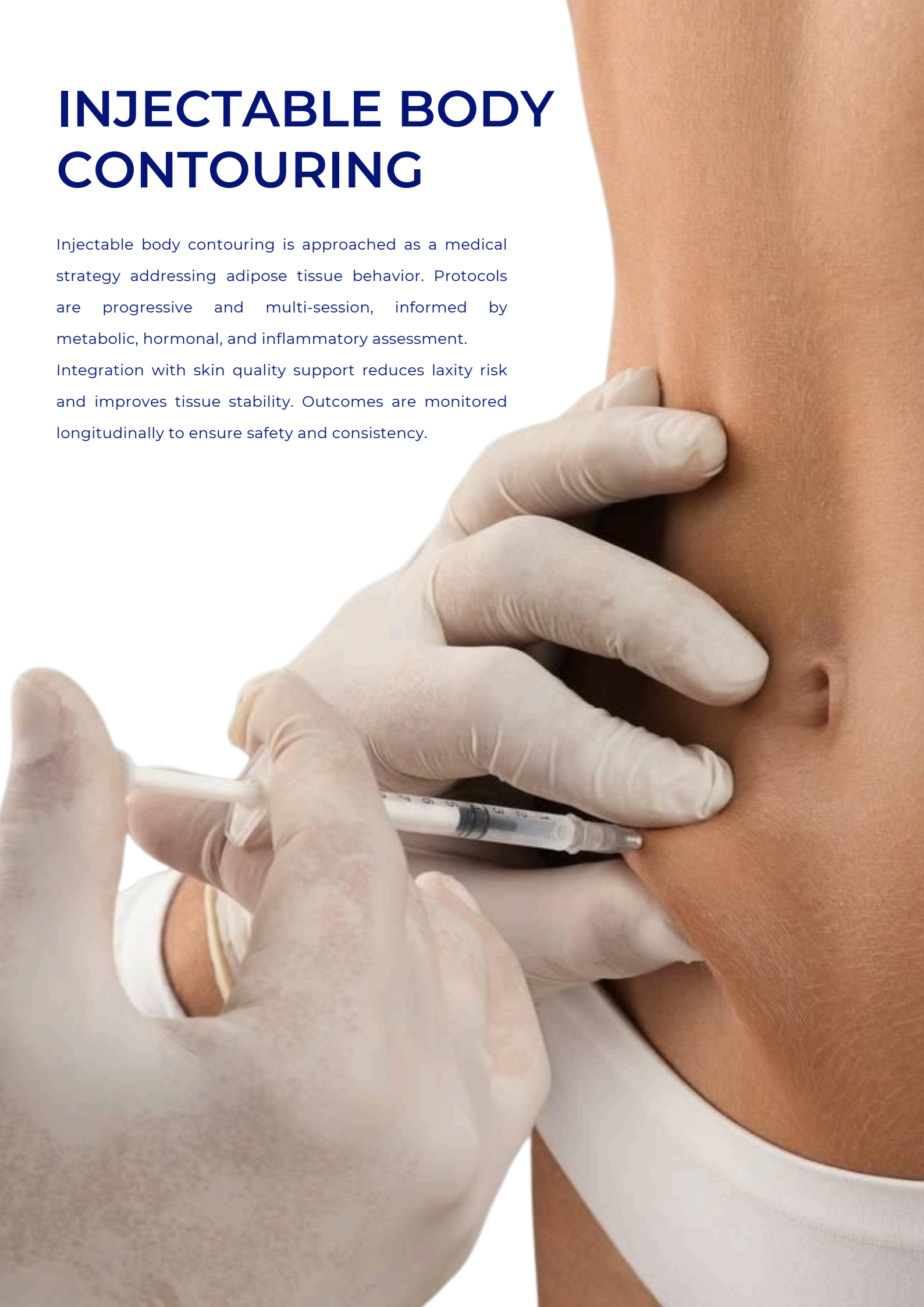
INJECTABLE BODY CONTOURING

Injectable body contouring is approached as a medical strategy addressing adipose tissue behavior. Protocols are progressive and multi-session, informed by metabolic, hormonal, and inflammatory assessment.

Integration with skin quality support reduces laxity risk and improves tissue stability. Outcomes are monitored longitudinally to ensure safety and consistency.



BEFORE & AFTER

LipoContourTM Injection Protocol – Case 1

Patient profile:

Male, approximately 45 years old, physically active, with a history of regular walking and multiple dietary attempts. Despite consistent lifestyle efforts, he presented with persistent localised adiposity resistant to conventional diet and exercise.

Powered by Mesoestetic

Bioestimulation

LIPOCONTOUR

injection protocol

Clinical intervention:

The patient underwent the LipoContourTM Injection Protocol, consisting of 10 sessions using Mesostabyl® from mesoestetic. No restrictive diet was imposed during the treatment period. Instead, physical activity was increased by approximately 15%, and the patient received continuous guidance focused on metabolic efficiency, nutritional timing, and lifestyle optimisation inspired by biohacking principles.

Innovative approach:

This case illustrates a shift from restrictive caloric models toward metabolic modulation and patient empowerment. By combining injectable lipolytic therapy with structured lifestyle coaching rather than rigid dieting, we achieved improved body contour while promoting long-term behavioral change. The protocol demonstrates how medical aesthetic treatments can act as catalysts for sustainable metabolic optimisation rather than isolated cosmetic interventions.

Image and consent disclosure:

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BEFORE & AFTER

LipoContourTM Injection Protocol – Case 2

Powered by Mesoestetic

Bioestimulation

LIPOCONTOUR

injection protocol

Patient profile:

Female, approximately 45 years old, in the perimenopausal transition, presenting with hormonally influenced fat redistribution and reduced metabolic responsiveness despite lifestyle efforts.

Clinical intervention:

The patient was treated with the LipoContourTM Injection Protocol, completing 10 sessions with Mesostabyl® from mesoestetic. The protocol was adapted to her perimenopausal status, focusing on localized adiposity while supporting metabolic balance. Lifestyle guidance was provided throughout the process, emphasising nutritional

strategies, movement optimisation, and metabolic support without implementing restrictive dieting.

Innovative approach:

This case highlights the importance of individualized treatment in hormonally sensitive stages such as perimenopause. By integrating injectable lipolytic therapy with education and metabolic support, we addressed fat accumulation linked to hormonal shifts rather than relying solely on caloric restriction. The result reflects a personalized, physiology-driven approach to body contouring that aligns aesthetic outcomes with long-term metabolic health.

Image and consent disclosure:

Before & after photographs were taken with the patient's informed consent.

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PERSONALISED AESTHETIC MEDICINE

Selection of advanced aesthetic medical cases, reflecting a comprehensive and patient-centered approach to facial harmonisation and skin regeneration. The cases showcased include full-face filler treatments, combined bio-stimulation protocols, and the strategic use of botulinum toxin, always guided by detailed anatomical assessment, functional balance, and long-term aesthetic planning.

Each case illustrates not only technical execution, but also clinical judgment, personalisation of treatment, and outcome sustainability key elements that define excellence in modern aesthetic medicine and align with the evaluation standards of healthcare innovation and clinical impact.

BEFORE & AFTER

Clinical Case – Anti-Aging Biostimulation with Intradermal Vitamins & Dermapen

Initial Assessment (Before Treatment)

Initial Assessment:

At baseline evaluation, the patient presented with signs of intrinsic and extrinsic skin aging, mainly expressed as decline in skin quality rather than volume loss.

Clinical findings included:

- Diminished skin luminosity and uneven light reflection
- Mild to moderate reduction in dermal firmness and elasticity
- Fine static lines, particularly in the periorbital region
- Early skin laxity in the mid and lower face
- Signs of reduced hydration and collagen density
- Facial proportions were preserved, indicating that a regenerative, non-volumising approach was the most appropriate initial strategy.

Treatment Protocol:

A global facial bio-stimulation protocol was performed using a combination of intradermal vitamin injections delivered in micro-papules and Dermapen-assisted delivery.

The protocol was designed to:

- Stimulate collagen synthesis and dermal regeneration
- Improve skin texture, hydration, and overall density
- Enhance skin quality in delicate areas, including the periorbital region, where traditional injectable techniques are limited
- Achieve homogeneous facial rejuvenation with high treatment precision and safety
- The use of Dermapen provided enhanced product penetration and exceptional maneuverability, allowing controlled treatment of sensitive anatomical zones while maintaining uniform stimulation across the entire face.

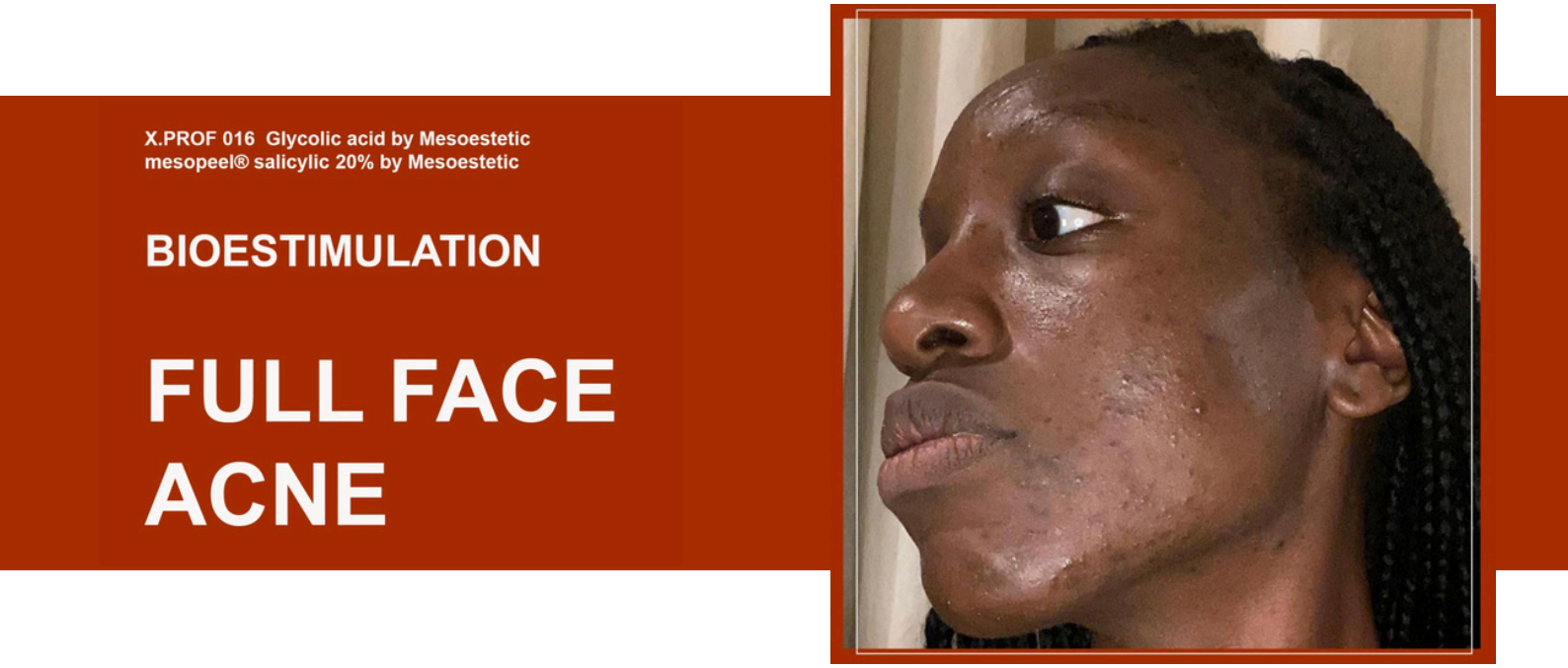
Post-Treatment Evaluation (After Treatment)

Comparative post-treatment images demonstrate:

- Visible improvement in skin luminosity and radiance
- More uniform skin texture and smoother surface appearance
- Improved firmness and dermal support, especially in the periocular area
- Reduction in the appearance of fine lines
- A globally refreshed and healthier facial aspect
- Importantly, results were achieved without altering facial volume or expression, confirming the regenerative nature of the protocol.

BEFORE & AFTER

Clinical Case – Acne Management & Skin Quality Restoration



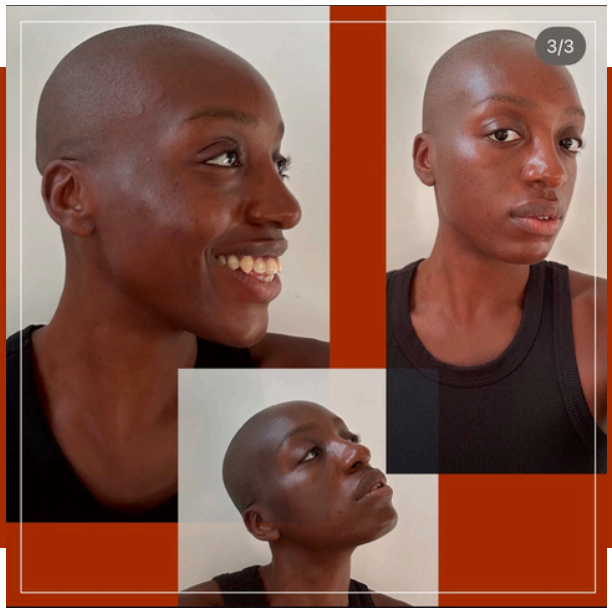
On initial evaluation, the patient presented with active inflammatory acne lesions, predominantly affecting the lower face and mandibular area, associated with post-inflammatory hyperpigmentation (PIH) and early textural irregularities.

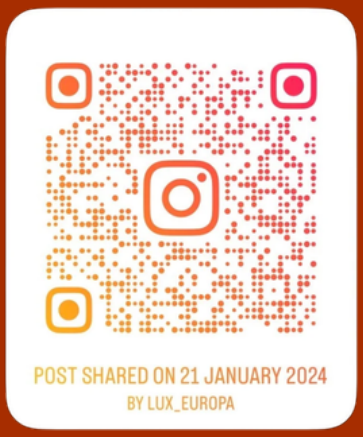
The skin showed:

- Visible inflammatory papules and residual acne activity
- Uneven skin texture with localized roughness
- Altered light reflection secondary to inflammation and epidermal disruption
- Post-inflammatory pigmentary changes, more evident on lateral facial areas
- Signs of impaired skin barrier function, with irregular hydration and tone
- The overall appearance suggested an ongoing inflammatory process, combined with early sequelae of acne that could compromise long-term skin quality if not managed in a structured and progressive manner.

Medical–Aesthetic Approach

Given the inflammatory nature of the condition, a stepwise and conservative strategy was adopted, prioritizing skin recovery and inflammation control before considering any volumetric or contour interventions.





The treatment plan focused on:

- Reduction of active inflammation and stabilization of acne activity
- Improvement of skin quality, targeting texture, hydration, and dermal support
- Prevention of further pigmentary sequelae and scarring
- Gradual restoration of skin luminosity and homogeneity
- Non-aggressive protocols were selected to respect the compromised skin barrier, avoiding excessive stimulation during the active phase.

Clinical Evolution & Outcome

Post-treatment images demonstrate a marked improvement in skin condition, with:

- Significant reduction of inflammatory acne lesions
- More uniform skin texture and smoother surface
- Improved skin luminosity and light reflection
- Visible reduction in post-inflammatory hyperpigmentation

- Overall healthier skin appearance, suggesting restored barrier function and dermal balance
- The patient's skin shows a transition from an inflammatory state to a more stable, resilient, and balanced cutaneous environment, creating a solid foundation for future aesthetic or regenerative treatments if indicated.

Clinical Relevance

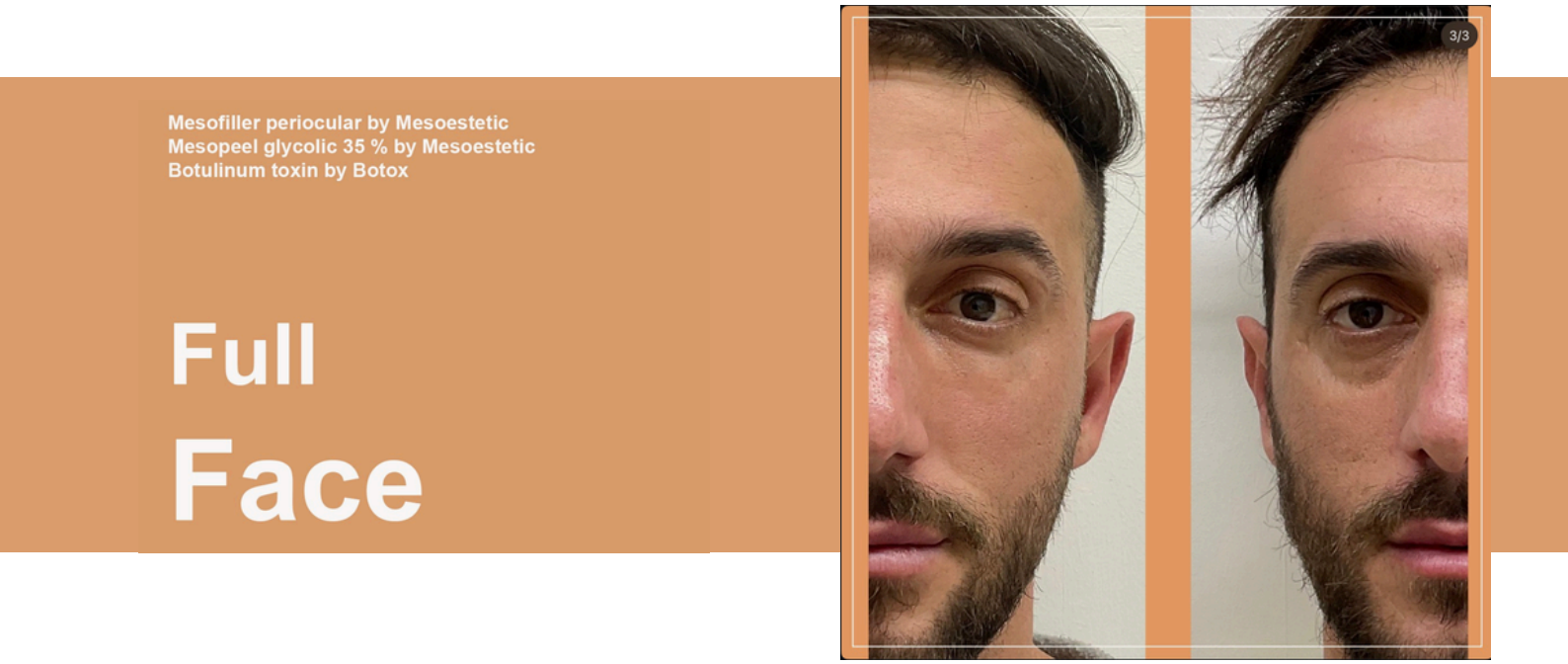
This case highlights the importance of medical prioritization in aesthetic practice, demonstrating that successful outcomes in aesthetic medicine begin with correct diagnosis, inflammation control, and skin health restoration before any advanced aesthetic intervention.

Images are not photoshopped or digitally altered and accurately represent the clinical outcome achieved.

acne

INTEGRATED CLINICAL CASES

Integrated Full-Face Rejuvenation – Pre-PATH Multimodal Clinical Case (2021)



Patient profile:

Male, 39 years old, presenting with early signs of facial aging, periocular dynamic wrinkles, reduced skin luminosity, and mild loss of structural support.

Clinical context and timing:

This clinical case was performed in 2021, at a time when an integrated, structured methodology such as PATH had not yet been formally published or widely disseminated by mesoestetic.

Despite the absence of an established framework at that time, our clinical approach already followed a comprehensive, full-face philosophy, addressing skin quality, structure, and facial dynamics in a single, cohesive treatment plan.

Clinical intervention:

A personalised, multimodal protocol was designed based on facial analysis and skin condition:

• **Chemical peeling:**

A Jessner peel was performed to stimulate epidermal renewal, improve texture, and enhance skin brightness, creating an optimal foundation for regenerative and injectable treatments.

• **Bioestimulation:**

Injectable bioestimulation with X-DNA was used to activate dermal regeneration, improve collagen synthesis, and enhance overall skind ensity and quality.

• **Dermal fillers:**

Global facial correction was performed using mesoestetic® fillers, focusing on subtle volume restoration, structural support, and facial harmony while preserving natural proportions and expression.

• **Botulinum toxin:**

Botulinum toxin was applied with a precise and conservative technique in the periocular area, aiming to soften dynamic wrinkles while maintaining natural eye expression.

Innovative approach:

This case exemplifies an early application of what would later be recognised as an integrated aesthetic treatment model. By combining resurfacing, bioestimulation, structural correction, and neuromodulation, facial aging was addressed as a multifactorial process rather than through isolated procedures.

The protocol implemented in 2021 anticipates the principles later systematised in structured methodologies such as PATH, demonstrating forward-thinking clinical reasoning and an early commitment to personalised, full-face aesthetic medicine.

Image and consent disclosure:

Before & after photographs were taken with the patient's informed consent.

Images are not photoshopped or digitally altered and accurately represent the clinical outcome achieved.

PERSONALISED AESTHETIC MEDICINE: INTEGRATED CLINICAL CASES

Integrated Full-Face Rejuvenation – Pre-PATH Multimodal Clinical Case (2021)

by Mesoestetic

Methodology

PATH

a comprehensive, multi-level therapeutic strategy
designed for advanced facial rejuvenation

Patient profile:

Female, approximately 45 years old, presenting with visible facial transition related to age-associated volume redistribution, contour changes, and loss of structural definition.

Clinical context:

This case was treated in 2024 using the PATH full-face approach developed by mesoestetic. The objective was to address facial aging through a structured, anatomy- based strategy focused on balance, proportions, and natural facial dynamics.

Notably, this full-face rejuvenation was achieved exclusively with dermal fillers, without the use of botulinum toxin, peelings, or additional bioestimulatory treatments.

Clinical intervention:

A comprehensive full-face analysis was performed following PATH principles, identifying key structural points and vectors of support. Treatment was carried out using mesoestetic® fillers, strategically placed to restore facial architecture, improve contour definition, and reestablish harmonious transitions between facial units.

The approach focused on:

- Structural support and facial framework restoration
- Redistribution rather than over-volumization
- Preservation of natural expression and facial identity

Innovative approach:

This case demonstrates the versatility and precision of the PATH methodology when applied as a filler-only protocol. By working on structural foundations rather than superficial correction, significant aesthetic improvement was achieved while maintaining
a natural, undetectable result.

The visible transition captured in the images reflects a controlled and intentional transformation, emphasizing how a well-planned injectable strategy can restore facial harmony without reliance on multiple treatment modalities.

Image and consent disclosure:

Before & after photographs were taken with the patient's informed consent.

Images are not photoshopped or digitally altered and accurately represent the clinical outcome achieved.

PERSONALISED AESTHETIC MEDICINE: INTEGRATED CLINICAL CASES

Full-Face Rejuvenation – Four-Point Structural Filler Technique

Patient profile:

Patient over 50 years of age, presenting with advanced signs of facial aging, including volume loss, contour descent, and reduced definition across multiple facial compartments.

Clinical context:

In patients over 50, facial aging is driven by a combination of bone resorption, deep and superficial fat compartment changes, and loss of dermal support. For this case, a full-face rejuvenation strategy was selected, prioritising structural restoration and global balance rather than isolated corrections.

Second time treatment

Second time treatment

Clinical intervention:

A full-face treatment was performed using a four-point structural injection technique, strategically targeting key anatomical support areas. Different types of dermal fillers were selected and applied according to the functional requirements of each region, taking into account rheology, depth of injection, and tissue characteristics.

The treatment focused on:

- Restoration of structural support at key anchoring points
- Harmonisation of facial proportions across upper, mid, and lower face
- Gradual correction to avoid overfilling and preserve natural expression

Innovative approach:

This case highlights the importance of technique selection and product differentiation in advanced facial aging. By combining a four-point structural strategy with tailored filler choice per anatomical area, we achieved comprehensive facial rejuvenation while maintaining facial identity. The protocol reflects an advanced understanding of facial biomechanics and demonstrates how precision-based injectable techniques can deliver natural and balanced results in mature patients.

Image and consent disclosure:

Before & after photographs were taken with the patient's informed consent. Images are not photoshopped or digitally altered and accurately represent the clinical outcome achieved.

Si quieres, el siguiente paso puede ser:

- *Integrar este caso dentro de una sección "Advanced Aging / 50+",*
- *Reforzar el lenguaje anatómico para un jurado altamente clínico,*
- *O ajustar la extensión para que todos los casos del dossier tengan exactamente el mismo peso editorial.*

PERSONALISED AESTHETIC MEDICINE: INTEGRATED CLINICAL CASES

Integrated Full-Face Rejuvenation – Pre-PATH Multimodal Clinical Case (2021)

Patient profile:

Male patient presenting with maxillary retrusion, associated with an altered sagittal relationship between the midface and the mandible, resulting in reduced midface projection, imbalance of facial proportions, and compromised profile harmony.

Clinical context:

Maxillary retrusion is a skeletal pattern that significantly influences facial aesthetics, affecting not only occlusion but also soft tissue support, midface volume perception, and overall facial balance. In aesthetic medicine, these cases require a strategic, anatomy- driven approach rather than isolated volumisation.

Clinical intervention:

A full-face injectable treatment was designed to restore facial balance and improve sagittal projection using advanced dermal filler techniques. Different injection strategies and filler types were selected according to anatomical region, tissue depth, and functional objective.

The treatment focused on:

- Midface projection and support, enhancing maxillary-related soft tissue structures
- Structural harmonisation between the midface, lower face, and mandible
- Optimisation of facial proportions without altering the patient's identity

Fillers were placed at different depths and vectors to recreate support where skeletal retrusion was present, allowing for a more balanced transition between facial thirds and a natural improvement of the facial profile.

Innovative approach:

This case highlights how injectable treatments can be used as a structural rebalancing tool in patients with skeletal discrepancies such as maxillary retrusion. Rather than compensating with excessive volume in isolated areas, a comprehensive full-face strategy was applied to redistribute support and enhance facial harmony.

The result demonstrates that, when guided by facial analysis and anatomy, fillers can achieve refined, natural-looking outcomes even in complex structural patterns.

Image and consent disclosure:

Before & after photographs were taken with the patient's informed consent.

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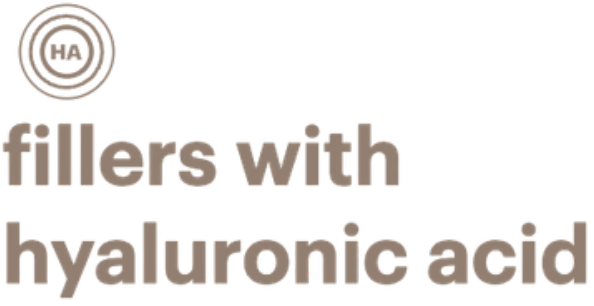
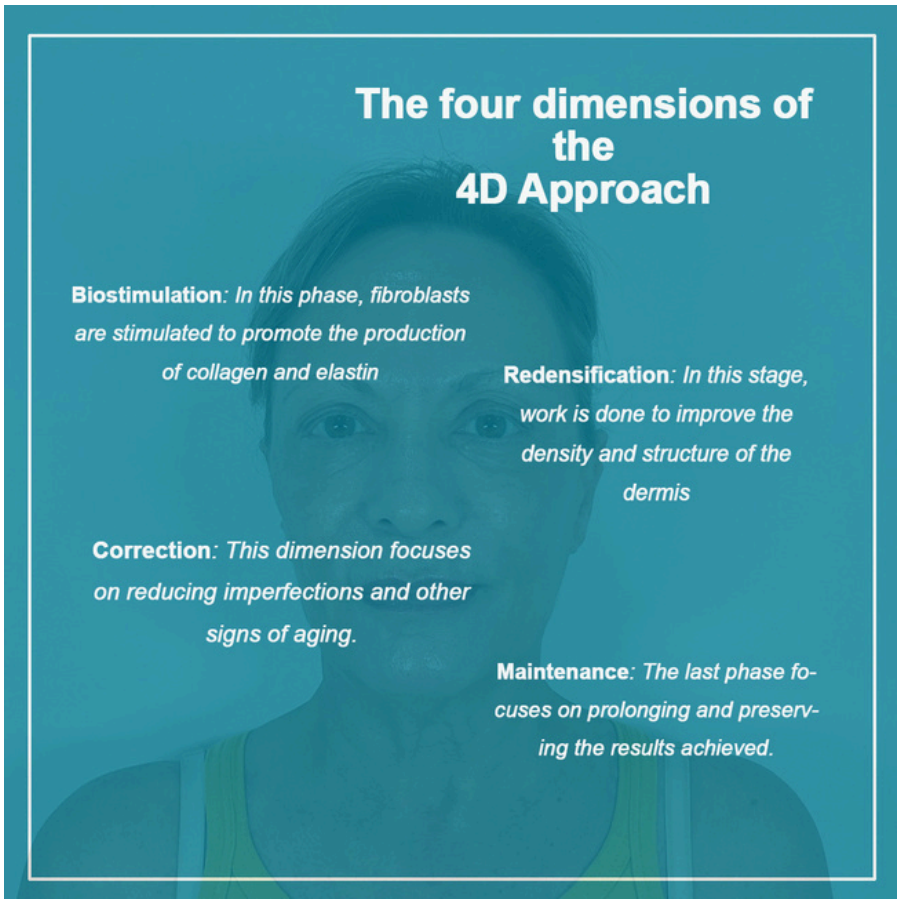


PERSONALISED AESTHETIC MEDICINE: INTEGRATED CLINICAL CASES

4D Full-Face Approach – Bioestimulation Followed by Structural Fillers

Patient profile:

Female patient presenting with early to moderate signs of facial aging, including loss of skin turgor, reduced dermal quality, and early volume redistribution.



Clinical context:

The 4D approach in aesthetic medicine is based on addressing facial aging across multiple dimensions: skin quality, structure, dynamics, and global balance. In this case, the treatment sequence was intentionally staged to optimise tissue response and long-

term outcomes.

Clinical intervention:

Phase 1 – Bioestimulation:

Initial treatment focused on injectable bioestimulation to improve skin quality, restore turgor, and enhance dermal density. This phase aimed to reactivate collagen synthesis, improve elasticity, and prepare the tissue for subsequent volumetric correction.

Phase 2 – Full-face dermal fillers:

Following skin recovery and improved tissue quality, a full-face filler treatment was performed. Structural fillers were strategically placed to restore support, harmonise facial proportions, and enhance contours while preserving natural expression

.The combined approach allowed:

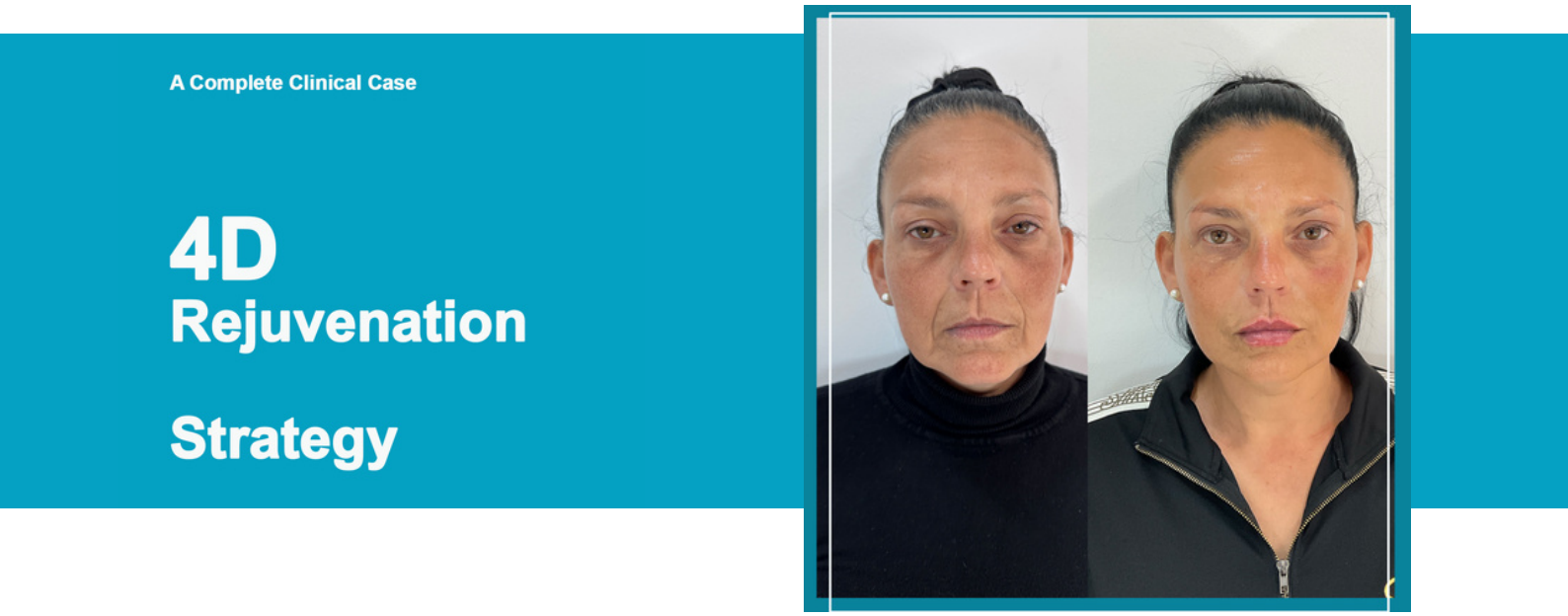
- Improved tissue receptivity to fillers
- Reduced need for excessive volumisation
- More natural and stable long-term results

PERSONALISED AESTHETIC MEDICINE: INTEGRATED CLINICAL CASES

Integrated Full-Face Rejuvenation – Pre-PATH Multimodal Clinical Case (2021)

Patient profile:

Female, 47 years old, presenting with age-related facial volume redistribution, loss of contour definition, and early structural descent affecting overall facial harmony.



Clinical context:

In this age group, facial aging is primarily driven by changes in deep fat compartments, ligament laxity, and progressive loss of structural support. A full-face strategy was selected to restore balance and proportions rather than treating isolated areas.

Clinical intervention:

A full-face injectable treatment was performed using dermal fillers, strategically placed according to anatomical analysis and facial vectors. Different injection techniques and filler rheologies were selected

depending on the functional requirements of each area, allowing precise correction at multiple depths.

The treatment focused on:

- Restoration of structural support
- Rebalancing facial proportions across all thirds
- Enhancement of contour definition while preserving natural expression

Care was taken to avoid overcorrection, prioritising integration and long-term aesthetic stability.

Innovative approach:

This case illustrates the effectiveness of a structured, anatomy-based full-face filler approach in achieving natural rejuvenation. By addressing facial aging as a global process rather than a collection of isolated concerns, the outcome reflects improved facial harmony, softness, and balance while maintaining the patient's identity.

Image and consent disclosure:

Before & after photographs were taken with the patient's informed consent.

Images are not photoshopped or digitally altered and accurately represent the clinical outcome achieved.

ETHICS, PATIENT EDUCATION & PERSONALISED CARE PATHWAYS

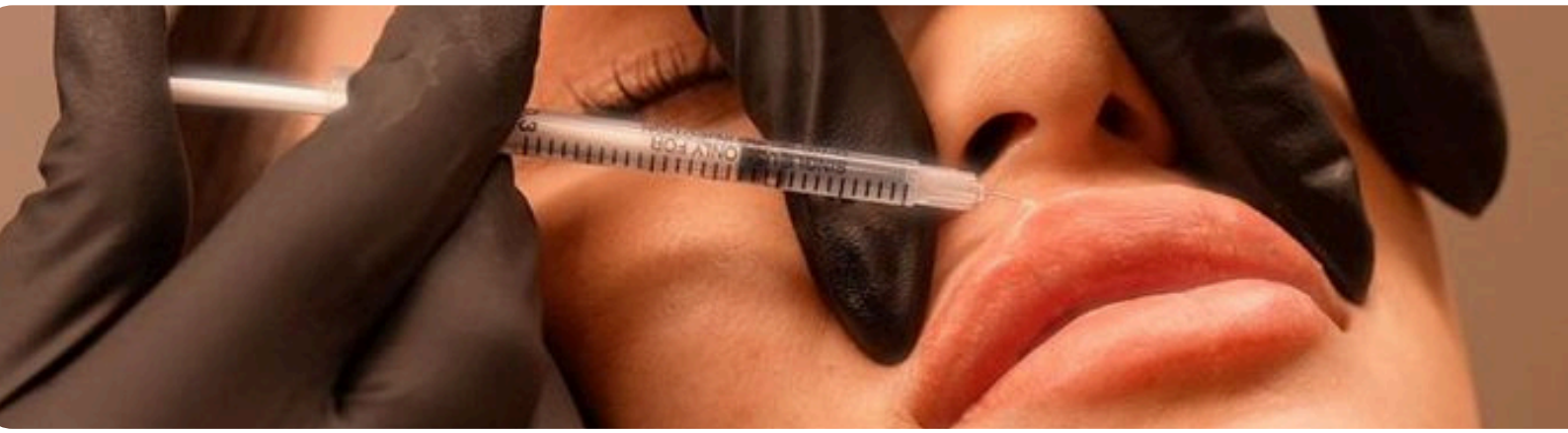
All treatments are delivered within a defined ethical framework prioritising informed consent, proportional intervention, and long-term wellbeing. Patient education is continuous before, during, and after treatment supported by personalised digital care pathways. Advanced technologies are used to enhance understanding and transparency without replacing clinical judgment.

PROFESSIONAL STATEMENT

Medical Practice and Clinical Vision

My medical practice integrates regenerative medicine, aesthetic medicine, anatomy, and structured clinical planning. Aesthetic interventions are approached as medical processes aimed at restoring physiological functions altered by aging, inflammation, environmental exposure, and metabolic stress. Aesthetic outcomes are understood as consequences of biological restoration rather than isolated objectives.

CLINICAL FORMATION AND APPLIED METHODOLOGY



My professional development has been shaped by continuous clinical observation, applied practice, and adaptation to real-world patient needs. This approach has informed the development of structured methodologies and progressive treatment models implemented at Lux Esthetic, where clinical concepts are translated into reproducible medical practice.

FROM CLINICAL OBSERVATION TO REGENERATIVE MODELS

The clinical frameworks presented in this dossier were developed in response to recurring patient patterns rather than commercial trends. Observed limitations in standardized aesthetic approaches led to the early adoption of regenerative and bioestimulatory strategies, later aligned with emerging technological solutions while preserving medical independence and accountability.

CLINICAL COLLABORATION AND TECHNOLOGICAL INTEGRATION

Clinical collaboration has supported the refinement and implementation of treatment methodologies applied at Lux Esthetic.

In Malta, collaboration with local healthcare and medical technology companies—including EJ Busutil, PharmaChic, and Coora has contributed to the integration of advanced products, devices, and clinical infrastructure within routine patient care.

coora

pharmachic

In Spain, professional collaboration with Mesoestetic has supported the application and optimization of regenerative and bioestimulatory concepts within structured clinical protocols.

These collaborations function as clinical and technological partnerships. They do not replace medical judgment nor define clinical decision-making, which remains under direct medic al responsibility.

ETHICAL AND EDUCATIONAL COMMITMENT

Ethical practice, informed consent, and patient education form the foundation of clinical responsibility. Clear communication, expectation management, and continuity of care are integral to sustainable and accountable medical practice.

PROFESSIONAL VISION

The future of aesthetic medicine lies in personalized, regenerative, and accountable medical models. Lux Esthetic was developed as a clinical framework that integrates innovation with structure, supporting the evolution of aesthetic medicine as a legitimate component of modern healthcare.

Francisco Abela Aros Sepúlveda, MD
Medical Director — Lux Esthetic

Appendix — Award Categories Referenced

- Injectable Treatments (Fillers)
- Botulinum Toxin
- Medical Peelings
- Bioestimulation
- Regenerative Aesthetic Medicine
- Clinical Innovation
- Digital Integration in Healthcare
- Patient-Centered Care

LUX ESTHETIC