



Roger Grossenbacher

Plastic Surgeon
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June 1, 2015

To whom it may concern,

During my years as Senior Plastic Surgeon and Professor at the University of Montreal Hospital (Hotel-Dieu campus) and head of the Burn Unit, I have been constantly facing the difficult issues of wound and skincare. As anyone who has had to deal with burn patients readily will acknowledge, no one in this world has higher and more profound skin care needs. We are not talking about cosmetic creams and balms, of well-scented applications and seducing or stimulating fragrances aimed at pleasing and enjoying, but of frequently life-threatening and deadly situations. Because the skin is the biggest organ of the body, if only a small percentage of its protective and physiological function is compromised, the short and long-term consequences are immeasurable.

The same applies to chronic wounds. In an, alas, increasingly diabetic setting, mostly of the acquired type II group, adequate management of the skin and wounds is of paramount importance. And with an ever-aging population, with longer bedridden periods that lead to pressure sores and similar issues where, again, to keep the patient alive and well and not an open door to the most opportunistic invaders with their proverbial predilection for badly vascularized tissues or exposed bones, focusing on these problems becomes a crucial aspect of the therapeutic approach.

For a certain time, there was some hope that modern therapies would bring about major changes in these fields, but unfortunately the enemies our patients with skin and wound afflictions have to face still largely dominate the scene and any significant improvement or innovation is most certainly welcome. And it is precisely in these most desperate cases, like an open Achilles tendon secondary to venous ulcerations, exposed metatarsals in a diabetic foot and repeated skin breakdowns in burn patients that very often the clinician is essentially powerless despite the best efforts, utmost care and cleanest methods.

It is in this context of difficult to treat skin problems and wounds that I had the pleasure some years ago to discover the products Mr. Graeme J. Robertson, at that time President/CTO of Dermatol Inc. in Montreal was developing and trying to bring on the market. Let's face it: this is a highly competitive environment where most of the time hyperbole and fancy marketing play a more important role than basic considerations, research and the concerted effort to bring forward something really new. After a few brief discussions with Mr. Robertson, it was evident to me that he might have something of interest in his bag and that is why I asked him to provide me with some material so I could, on my side, experiment with it at will.

I was fully open to anything and appreciated the fact that he would not even ask me to be part of my explorations. So, entirely free from any “indoctrination” or interference, I had ample opportunity to make my experiments and observations. Granted, the number of patients I could treat remains relatively low since, not much later, I then moved to New York City for some other medical activities. Because of this, I was not, and in retrospect I really regret it, able to make a longitudinal double-blinded study of the benefits and efficacy of the products Mr. Robertson’s company was working on.

But I still treated a sufficient number of patients with these products to allow me to conclude that we were on the right path. Unfortunately, in my several moves since I left Montreal, a few boxes mysteriously disappeared and the big collection of clinical pictures taken during my entire medical career in Canada has vanished. But what can I do against the ever-present move towards entropy? *Tempora mutantur nos et mutamus in illis*, the Romans used to say. In any case, I vividly remember several patients that were put on this kind of therapy and I was happy to note that the long-term effects were very satisfactory and appealing. What had looked like hopeless gaping breaks in the skin’s continuity slowly but surely ended up showing promising signs of recuperation that could finally be treated by different methods, including epidermal grafts. One might object that this could as well have been the result of waiting just long enough. Whoever actively and in big numbers treated such cases knows, that this is in fact only most rarely the case. In addition, I had some other patients on whom I did not use the products, precisely because I wanted to observe if there was a difference or if I was simply taken over by a juvenile enthusiasm. No, very honestly, I was under the definite impression, and indeed still am, that these products brought something I hardly could get anywhere else and, as I said above, had I stayed longer in my previous functions, I certainly would have done a full-fledged research.

In the treatment of both surgical and traumatic wounds, it is very important to provide protection against dehydration, abrasion and infection in order to enable the lesion to benefit immediately and without interruption from the normal healing processes until new and healthy skin tissues capable of fulfilling their normal physiological function are formed. Thus, any factor or substance promoting and favouring these natural mechanisms can only have positive effects on the overall healing.

In this context, what I found particularly favourable was that the Dermatol products, despite their oily composition, are very resistant to erosion from the skin either by water, sweat, body fluids or soapy water, as well as the usual day to day wear factors. In addition, I very much appreciated that, unlike most other products commonly in use, the ones under consideration here can easily be applied evenly and durably even over wet skin or raw wounds. This helps to establish a lasting barrier between surrounding air or cover material and exposed nerve endings, thus greatly reducing the patient’s discomfort and the need for, most often, narcotic analgesic drugs which carry important consequences and side effects that may interfere with the therapeutic plan. I was impressed to note again and again that the patients experienced immediate relief and no stinging effects after application of these products. This alone was, for me, a major advantage compared to other products available on the market.

Based on what I just outlined, I must say that, as a physician who constantly strives to alleviate suffering and pain of my patients, I often thought how fantastic it would be if for instance first responders or ambulance personnel would have at their disposal something like Mr. Robertson's products to apply liberally over wounds, burns and the like to reduce the pre-hospitalization pain or severe and excruciating discomfort. What I also very much liked was the way these substances act, fully in the background so to say, without the need of complicated or extensive manoeuvres. I was equally favourably impressed that the patient's acceptance, tolerance and compliance were very high. I don't remember a single incident of discomfort, intolerance or allergic reaction.

So overall, my experiences and recollection of Mr. Robertson's product is very positive and I am encouraged to hear that he has assiduously continued to work in this field and that, apparently, some new breakthroughs are in the making. I would encourage anyone interested in these topics to have a close look at his products, which certainly deserve serious evaluation and thorough methodological investigation.

In the last years I have been deeply involved as a representative of a non-governmental organization in the United Nations discussions here in New York about sustainable development 2015-2050. Among the plethora of subjects analysed figure of course the tremendous increase of the world population within the next thirty or so years by about two billion, predominantly in the developing world, as well as the expected migration during this relatively short period of about one million people per week from the countryside to urban areas, mainly in Africa and Asia. Sanitation as well as providing clean water, food and sustainable employment will become major issues. Affordable healthcare too will become a focal point. The number of patients and accidents will evidently skyrocket accordingly and in such a context I would assume that efficient and comparatively economical products as the ones I have been referring to in this document might play an important role and could thus be beneficial to large parts of our globe.

Before concluding I would like to state that I have never gotten any advantages personal or other nor compensation of any kind from Mr. Robertson, his company or Associates. The comments made above, which are entirely mine and not written by anybody else, are the result of clinical application and observation and are not biased in any way whatsoever.



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To whom it may concern

As Senior Plastic Surgeon and Professor at the University of Montreal Hospital (Hotel-Dieu campus) and head of the Burn Unit, I have been constantly facing the difficult issues of wound and skin *care*. So when I was introduced to Graeme Robertson, then CEO of Dermatol, some years ago in Montreal I was happy to trial his products.

My findings were as follows:-

In treating a number of patients I vividly remember that the effects were very satisfactory and appealing. It became clear to me that the product promotes and favors the natural healing mechanisms of the skin as well as protecting against dehydration, abrasion and infection. What I found particularly favorable was that the Dermatol products are very resistant to erosion from the skin either by water, sweat, body fluids or soapy water. In addition, I very much appreciated that the product could easily be applied over wet skin or raw wounds thus protecting exposed nerve endings and greatly reducing the patient's discomfort and the need for narcotic analgesic drugs. The *relief* my patients experienced was immediate with no stinging or irritation on application.

I did have photographic evidence of before and after treatment, but shortly after seeing Mr. Robertson I moved to New York to attend to other medical activities and my library of photographic evidence is sadly no longer available. Also, in retrospect, I really regret not being able to make a longitudinal double-blinded study of the benefits and efficacy of the products Mr. Robertson's company was worldng on, this especially as the enemies our patients with sloan and wound afflictions have to face still largely dominate the scene and it is precisely in the most desperate cases, like an open Achilles tendon secondary to venous ulcerations, exposed metatarsals in a diabetic foot and repeated skin breakdowns in bum patients that very often the clinician is essentially powerless despite their best efforts, utmost *care and* cleanest methods.

Mr. Robertson, now resident in his home country of New Zealand, is wanting to do pre-clinical trials of his product and attain the endorsement it merits. To date, these products brought something I hardly could get anywhere else in the world and, as I said above, had I stayed longer in my previous functions, I certainly would have done a full-fledged research study. In my opinion, these products deserve serious evaluation and thorough methodological investigation and would highly recommend and encourage interested parties to do so.



Steven C. Bernstein

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March 18, 2004

Dear Mr Robertson,

It was a pleasure meeting with you and having the opportunity to hear about your innovative new products. Thank you for requesting my involvement in the development of your company.

As a clinical dermatologist with ten years of practice as well as experience in clinical research, I feel that I will be able to fulfil many roles. At this stage, it will be very important to prove the unique nature of the products, and moreover, their efficacy. Consequently, I would like to be involved in scientific testing and clinical research trials. Additionally, as a university and community dermatologist, I am well-placed to be a liaison between the company and the dermatologic community. It is extremely important to have the contact directly with the physicians who will be recommending or prescribing the products. As such, I can be the direct link to all dermatologists.

Publicity will become important once the products are well-developed. I have a heavy involvement with many organizations that are responsible for scientific meetings within Canada and the United States. The best publicity, however, will come through publications in the literature, another avenue that I would like to work on.

Once again, I would like to thank you for spending your time and sharing your vision. I hope that together we can work toward the advancement of your products.

Sincerely,

Steven C Bernstein
Dermatologist



Hing-Sang HUM

MDCM, FRCSC, CSPQ
Assistant Professor
Department of Obstetrics and Gynecology
McGill University

November 2, 2004

Dear Graeme,

It was very nice to have met you and the opportunity to learn of the exciting skin product. I did have a chance to review all the supporting evidence.

Various testimonials from numerous individuals who has had the chance of using the products, demonstrate good results and high satisfaction rate. This will be sufficient as over-the-counter products. But, I believe that a well designed study with control on all confounding factors will further add credibility. I shall look forwards to collaboration with you for any future studies and help advance this promising product.

Hing-Sang HUM



Jo Van Betsbrugge, Ph.D.

President / CEO
BioQuadrant Inc

May 11, 2004

Dear Mr Robertson,

Thank you for giving BioQuadrant the opportunity to evaluate your skincare technology, and to help develop a Research and Development program in collaboration between our companies.

Our findings indicate that you have a very different and unique technology that excites us since we can clearly see that not only do your existing products have a very functional niche in the marketplace, but from scientific point of view, we can see an immense prospect for in-depth full scientific R&D that has the potential to put your company's commercial end products way out on their own within the market place.

Specifically we are talking about development of new molecules for both the therapeutic and drug markets, and the subsequent incorporation of these novel chemical entities into your newly developed creams.

This is without a doubt, cutting edge technology.

Our company BioQuadrant, is eagerly looking forward to working closely with Dermatol and embarking on these new frontiers of science, then seeing this R&D work being commercialized.

We keenly look forward to working with you.

Kind regards

Jo Van Betsbrugge, Ph.D.



Carl Jensen.

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October 23, 2020

To whom it may concern,

RE: Futec Sunscreen

I have been using **Futec Sunscreen** products since their inception over 30yrs ago. I have yet to find a better product as it provides a once a day application that prevents sunburn while promoting skin health and healing like no other.

While cruising with the family, my children would spend all day in the sea and sun. The **SPF 50+ Futec Sunscreen** is insoluble in water lasting all day after just one application. It can be rubbed off with continued towelling many times a day, but also absorbs into the skin providing ongoing protection. After frequent swims and towel downs a second application is recommended. It eliminates sunburn and chapped lips.

I have found the **Futec Sunscreen** to be the most effective antiseptic for skin abrasions and cuts. It eliminates itching from rashes and bites and soothes burns while promoting scar free healing. Infected, sore hands from oyster shells, cray spines, rope burns and the like, are relieved overnight with one application and cured in short time, with continued use, by the healing properties of this amazing product. A few applications will cure Athletes Foot and some dark, skin, sunspots. It eliminates infection and supports skin growth for faster healing to a remarkable extent.

One problem is that my now middle age daughters steal all my stocks. They say it prevents wrinkles and is the best skin care product they have used. Not surprisingly, in our house it is the go-to medication for sunblock and all skin disorders. We call it "Magic Mush".

Yours faithfully,

Carl Jensen.

PS: I have no vested interest in this product except a personal interest to ensure its continued availability. I am happy to confirm this recommendation by personal contact at any time, if required, and have never before endorsed a commercial product.



Andree Grignon, M.D.

Radiologist at Scribe-Justine Hospital in Montreal

January 15, 1999

Subject: **Burn soother**

On the evening of January 6, 1999, I, the undersigned, Andrée Grignon, M.D., burned my hand on the internal door frame of my fireplace and the skin area was white from the burn, the white is a sign that a blister will form and I considered it a second degree burn.

A few seconds after the incident, I then applied the *cream* of FABINSA and felt immediate and full relief with pain fully subsiding within a few seconds. The next morning (January 7, 1999), I looked at the site where my skin had been burned and saw no complication, no blister had formed, and 9 days later there is no scar. In fact, I could barely see where I had burned myself the prior evening.

I was most impressed with the performance and relief. To my knowledge, there is no product available today that performs like this nor' provides a similar relief this quickly and effectively.

One of my personal friends was diagnosed with breast cancer and has recently had chemotherapy, surgery and radiation treatments. When well advanced in her radiation treatment, the burning sensation became very painful and she then used the cream and the bum sensation quickly subsided. After the end of the treatment, the burning continued as expected and a further application of the cream quickly relieved the burning sensation again increasing her comfort level. Had she had the cream earlier, she might have anticipated her radiation sessions with less fear and stress.

To my knowledge, this type of quick and sustained relief is not normally experienced by patients with the products they use.



Micheline Dubreuil.

Montreal

Commentaires de la technicienne en radiothérapie

A mon arrivée pour ma 22ème session de radiothérapie, alors que j'avais utilisé la *crème* après ma 21ème session, la technicienne a remarqué que ma peau était en bon état en en bonne condition. Elle m'a dit que plusieurs patients présentaient une peau *craquée* et sèche et que cela dépendait de la peau des patients.

Néanmoins, la condition asséchée de ma peau résultant de la chaleur du traitement a été réduite de manière marquée.

Ce qui importait principalement pour moi lors de l'application de cette crème était que la sensation de brûlure ait été apaisée et que ma qualité de vie ait été améliorée de manière significative.

Si j'avais en cette crème auparavant, j'aurais été plus à l'aise au long de mes traitements de radiothérapie car j'aurais en une crème apaisante à utiliser chaque jour après les sessions de radiothérapie.

Il me ferait plaisir de répondre à toute question que pourraient avoir un institut, une société, un médecin, un(e) infirmier (ère), ou un(e) technicien(ne) concernant mon expérience.



Marie Josee Hudon.

Montreal
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November 9, 2003

I used to have my own catering business. As a cooking chef I was burning myself all the time. When I was introduced to the "magical cream" I was a little bit sceptical at first. I said to myself, it is probably just another product.

But I was wrong! The "magical cream" (as I now call it) was doing a miracle! I had the opportunity to try it many many times and it always saved me from being badly burnt. As soon as I applied it, it stopped the burning and I had no scar at all!!! It really was for me a miracle!

Sometimes, it would be only a little burn but I also put the "magical cream" to the test when I grabbed a handle of a pan which had been in an oven for 2 hours at 350 F. I immediately applied the "magical cream" to the inside of my hand and it stopped burning right away!! I had no sign of burning at all!!! I couldn't believe it!!!

When I decided to close my business after 13 years to pursue new challenges, one of the things I made sure to bring home with me was the "magical cream". After 4 years, I still have the little sample (which I feel very privileged to own) and I am still using it when needed and it did not lose any of its magical power. I really do believe that everyone should have that "magical cream" in their household. For myself, it is definitely a MUST!!

As I said before, I feel very lucky to be able to test it and I hope that this product will be on the market very soon!!!