

Reviewer's report

Title: TOZAL Study: An open case control study of an oral antioxidant and omega-3 supplement for dry AMD

Version: 3 **Date:** 23 January 2007

Reviewer: Stuart Richer

Reviewer's report:

General
much improved

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

.....clarifications

ABSTRACT

- Background: "the primary objective of this prospective study was to measure the change from baseline in visual function –best corrected visual acuity (BCVA), contrast sensitivity, central 10 degree visual fields and retinal imaging (angiograms and photographs) at 6 months....."
- Methods: 37 mixed gender patients with a mean age of 76.3 +/- 7.8 years
- Conclusionsare predictive for positive visual acuity outcomes in the AREDS II trial. However, patients will likely require supplementation for longer than 6 months to effect changes in additional visual parameters.

CONCLUSIONS

- Add 2nd sentence, That we did not find improvements in other visual function parameters such as the contrast sensitivity function, is likely related to the short duration of this study.
- In 3rd sentence, follow a qualitatively similar supplement (i.e The AREDS II formula has lower zinc, higher omega III, lutein and zeaxanthin in some of its treatment arms)
- In 3rd sentence, support the potential for positive visual outcomes in the AREDS II trial
- We can not completely dismiss microcurrent stimulation (with or without supplementation) as we did not evaluate the more refined FSM (Frequency Specific Microcurrent) stimulation. REF: E Kondrot, Townsend Letters for Doctors and Patients, Oct 2002, 65-7.....see below

INFORMATION FOR AUTHORS:

So why the big difference with FSM?

*Microcurrent has been used over the past 8 years to help improve the vision of people suffering from macular degeneration. The mechanism is felt to be threefold; increasing the circulation to the eye, stimulating the function of the retinal cells and possibly in the regeneration of cells. The effects of 10 to 500 micro-amps on the cellular level have been documented by Dr. Cheng to increase ATP production by 500%, increase protein synthesis by 70% and increase cell transport by 40%.

In 2002 I published my results using a single channel MCS with only 4 frequencies of microcurrent in the treatment of ARMD. This study produced a result in 60% of patients experiencing an average of .5 lines of improvement. Since implementing FSM (2 channel tissue and pathology specific MCS) 94% of patients experienced an improvement of vision with an average of 1.5 lines.

The roots of Frequency Specific Microcurrent (FSM) date back to the early 1900's from Dr. Albert Abrams, who was the first physician to use calibrated instruments capable of detecting the radiations of living tissue. Dr. Abrams concluded that all matter radiates electromagnetic energy and the characteristics of the radiation depend upon the unique molecular structure.

Modern FSM utilizes hundreds of frequencies within the range of .01 to 999 Hz with varying intensities of 20 to 600 micro amps. Each tissue in the body has an individualized frequencies for example the retina has a frequency of 95 Hz and macula 137 Hz. Each type of pathology also has a frequency. Hemorrhage has a frequency of 18 and edema is 14.

FSM is "frequency specific" because the frequencies of the tissue and that of the pathology are "matched" with two frequencies. For example hemorrhage in the macula the FSM treatment would use 18 Hz and 137 Hz. This coupled frequencies then matches the exact abnormalities that are present in the damaged tissue. The desired effect is to neutralize those frequencies that are in disharmony.

I look forward to seeing you in Phoenix either March 10 and 11 or Sept 8-9, 2007!

Sincerely,

Ed
drkondrot@healingtheeye.com
1-800-430-9328

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

LIST THE LOCATION OF ALL 5 Study Centers, and acknowledge any additional researchers involved.....

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

...no changes from 1st review