energime

GreenTech
No Borders... Just Horizons

ACT RX Preface

EGG has gotten pre-approved licensing and pre-approval for export and distribution to over 175 contries for this proven and medically tested 100% effective treatment for Dengue, Malaria, Chickgunya, measles, H1N1, Yellowfever, and Ebola, through the ministry of AYUSH in India. EGG has contracted for manufacturing by www.lazerhead.net with both pharmaceutical and Ayurvedic holistic export license. Minor retesting in Indian Medical schools has been arranged through EGG's medical director Dr Shivanand MD. With the minimal budget of $3.5 million for testing, licensing, and manuacturing necessary to commence, and having an anticipated two month turn-around and completion date, before full export license by the National Ayurvedic Institute will be granted.

Meanwhile, the vaccines being developed by Sanofi and other billion dollar pharmaceutical companies have been proven non-effective, which is the case for almost every vaccine ever develped, with the exception of smallpox, according the the CDC's own website.

ACTRX OPERATIONAL GROUP, LTD.

EGG Dengue Treatment versus Vaccine

A ***TREATMENT*** is defined as, "Administration or application of remedies to a patient or for a disease or an injury; medicinal or surgical management; therapy."* Further, a treatment indicates, the care and management of a patient to combat, ameliorate, or prevent a disease, disorder or injury."** A treatment or cure is applied after a medical problem has already begun. Treatment, in the medical field, is synonymous with the word Therapy, which literally means "curing, healing" and is the attempted remediation of a health

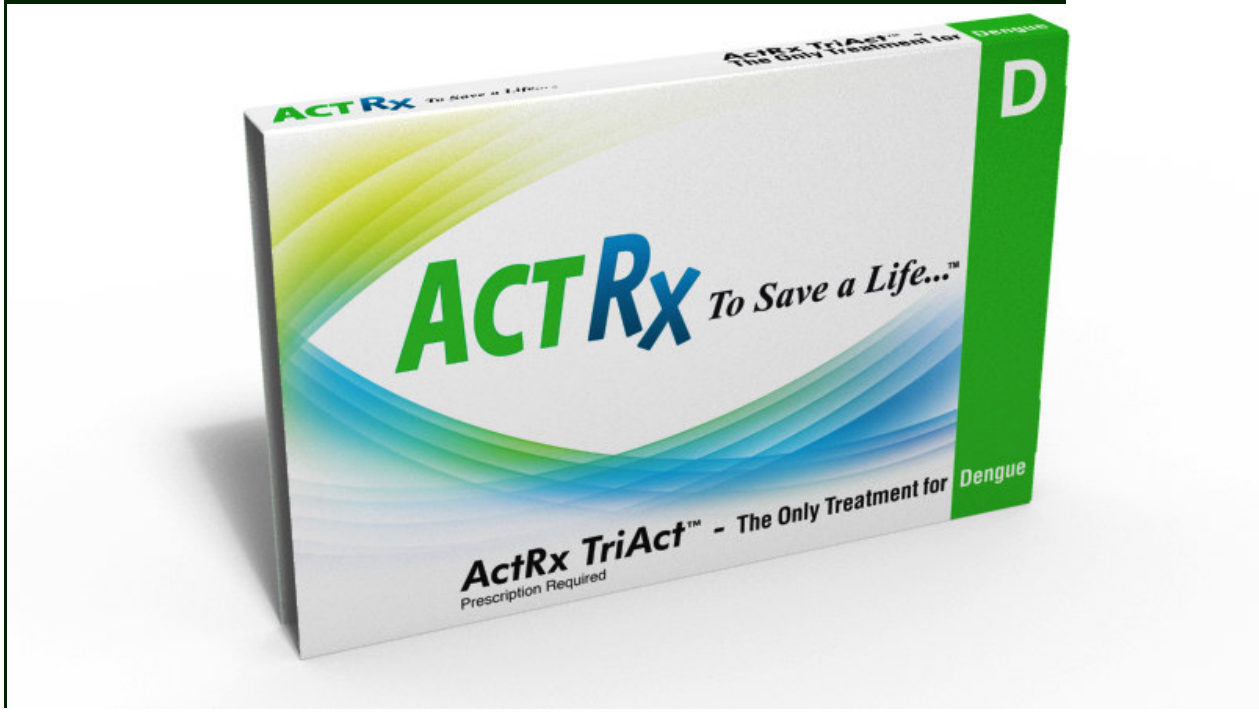
problem, usually following a diagnosis.
Malaria is a parasitic infection, spread to humans through the bite of an infected female**Anopheles mosquito**.

Malaria is a serious vector-borne illness, that can often be life-threatening. The parasitic protozoans consist of 5 species of the genus *Plasmodium* and are organisms introduced to the blood from the saliva during the bite. Once in the blood, the parasites move to the liver to mature and reproduce.

Symptoms typically include fever and headache, and in severe cases, such as Cerebral Malaria, can lead to coma or death.

DENGUE Treatment Today:

ActRx TriAct® is a new treatment for Dengue, based on decades of study, years of research and advanced medical innovation. This "first-of-its-kind" combination treatment for Dengue has recently proven to be safe and effective in Clinical Trials.



A ***VACCINE*** is defined as, “A suspension of attenuated or killed microorganisms (viruses, bacteria, or rickettsiae), or of antigenic proteins derived from them, administered for prevention, amelioration, or treatment of infectious diseases.”*** Further, a vaccine is, “A preparation of a weakened or killed pathogen, such as a bacterium or virus, or a portion of the pathogen’s structure that upon administration stibulates antibody production against the pathogen but is incapable of causing severe infection."* A vaccine is viewed as a preventative measure to avoid the complications of a more serious disease or infection.

DENGUE Vaccines Today:

Today's most recent development toward a potential Dengue vaccine only offers modest results. In 2012, efficacy was shown at 33%, with a failure to protect against one of the four known types of Dengue, which is still the case. The three-dose injectable vaccine (1 shot taken every 6 months over an 18 months period) has an increased **efficacy of 56%** as of this time, but note that most common vaccines, like those for measles and polio are more than 95% effective. In the recent studies, the vaccine provided only 35% protection against Dengue serotype 2.

People infected with one type of Dengue develop antibodies that may protect them from further infections of that type. However, if they are infected by another Dengue type, those same antibodies appear to make them far more susceptible to more severe forms of Dengue that could include hemorrhaging. Scientists worry that the antibodies from a Dengue vaccine might have the same effect and say that vaccinated children should be monitored for several years.

"*We don't understand the antibody response in dengue well enough to know if this (problem) would also occur with a vaccine*," said Martin Hibberd, a professor of emerging infectious diseases at the London School of Hygiene and Tropical Medicine, who wasn't part of the study. The vaccine injection appears to work by boosting pre-existing antibodies in people previously infected with Dengue, since younger children didn't appear to get much protection from the shot. "It's a bit scary that it looks like the vaccine only works in people who have already had Dengue, which would make the vaccine useless for Western tourists traveling to dengue-endemic countries", he said.

The results suggest that he new vaccine acts best as an immune booster for patients with some previous exposure, and therefore may be most useful in tropical regions where Dengue is common, rather than as a vaccination for travellers.

The vaccine offers poor to no protection to young children – who are most at risk from Dengue. Most patients survive dengue but it kills more than tens of thousands of people each year. Most of the deaths are children, which this latest vaccine does not appear to work very well on.

Dengue causes one hospitalization every minute around the globe. Nearly half the world's population is at risk of contracting Dengue - also known as "*breakbone fever*" because of the severe pain it can cause. The disease infects some 100 million people each year, according to the World Health Organization (WHO), and some experts aggregate the actual number infected at over $392 million worldwide.

Questions remain as to what the threshold of Dengue incidence might be for countries to decide that it is worth launching costly vaccination programs. Whether the vaccine's efficacy is enough for countries to invest in is a question for economists. Nonetheless, the logistics for such national programs are highly complex.

For the moment, this latest vaccine "is the best we have," Annelies Wilder-Smith, a professor of infectious diseases at Nanyang Technological University in Singapore, wrote in a commentary accompanying the study. "However, with a 56% efficacy, this vaccine will never be a single solution." The vaccine was more effective in people who had been exposed to dengue previously than those who had never been exposed, suggesting it may be "of limited use in countries with low Dengue endemicity, or in international travelers from non- dengue-endemic countries," Wilder-Smith said.

"It's still not an optimal vaccine,"said Scott Halstead, a senior adviser to the Dengue Vaccine Initiative, a group of four organizations that encourages the development of vaccines. "We're all accustomed to efficacy rates of 95 percent, which is what you get when you have the measles, mumps and rubella vaccine."

Potential Dengue vaccines are being developed by a number of international pharmaceutical companies, as well as the U.S. National Institutes of Health. To date,

no vaccine has stood out as a viable total solution to the growing Dengue epidemic or as a proven preventative for Dengue. *(07-2014)*

In a Setback, Sanofi's Dengue Fever Vaccine Falls Short of Its Goal

Dengue is one of the most widespread infectious diseases globally; transmission now occurs in 128 countries. Although dengue virus (DENV) control strategies have targeted vector control and disease surveillance, the development of an effective vaccine is the holy grail of prevention. A recent clinical trial of a live-attenuated tetravalent chimeric yellow fever-dengue vaccine afforded no protection against disease caused by dengue 2 (DENV-2). This outcome was unexpected as two or more doses of this vaccine had raised broad neutralizing antibody responses. Data from pre-clinical subhuman primate studies revealed that vaccination with the monotypic DENV-2 component failed to meet established criteria for solid protection to homotypic live virus challenge.

Dengue vaccine development has spanned many decades. A candidate vaccine (Sanofi Pasteur, Swiftwater, PA, USA) containing all 4 DENV serotypes is in advanced clinical testing. However, when given to school children in Thailand, this live-attenuated, tetravalent, dengue–yellow fever 17D chimeric virus vaccine showed major but incomplete efficacy against 3 of the 4 DENV serotypes (DENV 1 [61.2%], DENV-3 [81.3%], and DENV-4 [89.9%]) in the intention-to-treat group but no protection against DENV 2, the most pathogenic of the DENV serotypes (*1*).

Two observations from the efficacy trial in Thailand provide insights into protective immunity that could greatly improve second-generation vaccines. The first observation was that a single dose of 4 live-attenuated chimeric DENVs given subcutaneously at a single site failed to raise type-specific protective immunity against the 4 DENV serotypes, and 2) doses 2 and 3 of the Sanofi Pasteur vaccine given to children over a 1-year period failed to improve efficacy outcomes. These results were obtained even though 91% of the children had circulating dengue or Japanese encephalitis antibodies before vaccination, neutralizing antibodies developed to all 4 DENVs, and neutralizing antibody titers increased 2–3 fold after 3 doses of vaccine in 80%–90% of vaccinated children.

A health official sprayed pesticides near Kolkata on Saturday. An outbreak was feared.

The leading candidate to become the world's first vaccine againstdengue fever was only 30 percent effective in its first large clinical trial, dealing at least a temporary setback to efforts to control a disease that threatens half the world's population.Still, the study marked a milestone in the 70-year quest to develop such a vaccine, demonstrating that a safe and effective inoculation against dengue is feasible, researchersreported in a paper published online Monday in The Lancet, a medical journal.The results are "the first ever demonstration that dengue vaccine is possible, and that's huge," said Dr. Nadia G. Tornieporth, an author of the paper and head of global clinical research and development at Sanofi Pasteur, the company that is developing the vaccine and sponsored the trial.

But in a commentary also published by The Lancet, Dr. Scott B. Halstead, a senior scientific adviser to the Dengue Vaccine Initiative, called the results "a complete surprise."

"We're all disappointed," Dr. Halstead said in an interview. "We built up an enormous expectation."

A child with dengue fever last month in a Manila hospital. Children are particularly at risk.

A vaccine is considered crucial because there is no specific treatment for dengue, and no way to prevent the disease other than controlling the mosquitoes that transmit it. Infection by dengue virus can cause high fever and intense joint and muscle pain. Severe cases can involve bleeding and shock and can be fatal, particularly for children.

The World Health Organization estimates that 50 million to 100 million infections occur each year, mainly in tropical and subtropical countries. The incidence has increased sharply in the last few decades and the disease now affects more than 100 countries. In 2009, the Florida Keys had its first cases in decades.

Other efforts to develop a vaccine are under way but Sanofi Pasteur, the vaccine division of the French drug company Sanofi, is several years ahead. While previous trials were meant to see if a dengue vaccine was safe or could spur an immune response, the Sanofi trial was the first to test whether a vaccine could actually prevent the disease.

The trial, conducted by Sanofi and Thailand's Mahidol University, involved 4,000 schoolchildren, ages 4 to 11, in Thailand's Ratchaburi Province. Two-thirds of the children received three injections of the vaccine over the course of a year, while the other third received three injections either of a rabies vaccine or a placebo.

Among children who got all three doses of either the vaccine or the control, there were 45 cases in the vaccinated group, representing 1.8 percent of that

group, and 32 cases, or 2.6 percent, in the control group. The difference was not statistically significant. Using a different calculation the vaccine reduced the risk of getting dengue by 30 percent, well below the study's goal of 70 percent.

The main problem was that there are four types of dengue virus and the vaccine failed to protect against one of them, known as serotype 2. It turned out that serotype 2 was the prevalent type in that region at the time of the study, accounting for more than half of the infections in the trial. That dragged down the overall results.It is unclear why the vaccine did not protect against serotype 2, especially since the vaccine did spur an immune response to that serotype. But the trial showed that the vaccine was safe and could help dispel a theoretical concern that a vaccine could actually make the disease worse.

Dr. Tornieporth said the vaccine might be more effective in other regions where serotype 2 is not so prevalent. Sanofi is already testing the vaccine in large Phase 3 trials involving more than 30,000 people in 10 countries, with results expected in 2014.

Duane J. Gubler, a dengue expert at the Duke-NUS Graduate Medical School in Singapore, said a vaccine that protects against only three types of the virus could be sufficient to protect against severe disease. "The fact that it only protects against three of the four viruses doesn't bother me at all," he said.

The results also raise questions about Sanofi's communications with investors. The company issued a news release on July 25 proclaiming that the vaccine had "demonstrated proof of efficacy" in the trial, with details to be published in a medical journal. (Big deal, another pharmaceutical company lying its ass off!)

While the release did mention that the vaccine had not provided protection against one viral type, it did not say that the vaccine had not provided statistically significant protection over all.

"This is certainly not the way I would have described this trial," Dr. Halstead.

Dr. Tornieporth of Sanofi defended the release, saying that the results were "a huge breakthrough." (Head of disinformation for the company)

The dengue vaccine, which is made of live, attenuated viruses, is one of the most important products in Sanofi's pipeline, with some analysts expecting sales to exceed $1 billion a year. Sanofi has spent 350 million euros, or about $450 million, to build a new factory in France to make the product

Background... The original case for Malaria

The international medical community already knows that Artemisinin-derivative products such as Artesunate and Artemether will treat Malaria in most cases, and have in fact for decades if not centuries. However, growing human resistance from continued use has forced the W.H.O. (World Health Organization) to mandate that only an Artemisinin Combination Therapy (Artemisinin products used with "something else") be used to help slow down the growing global resistance. For years that choice has typically been an Artemisinin Combination with, for example, some form of Quinine product… which is generally known to be dangerous for humans. ActRx medical team has spent years of research, development and study to find a practical, readily available combination formula that provides a safe and effective solution, that can easily be distributed to the millions in need around the world. The choice of Berberine, from the Barberry Root, as part of the formula was a major step...

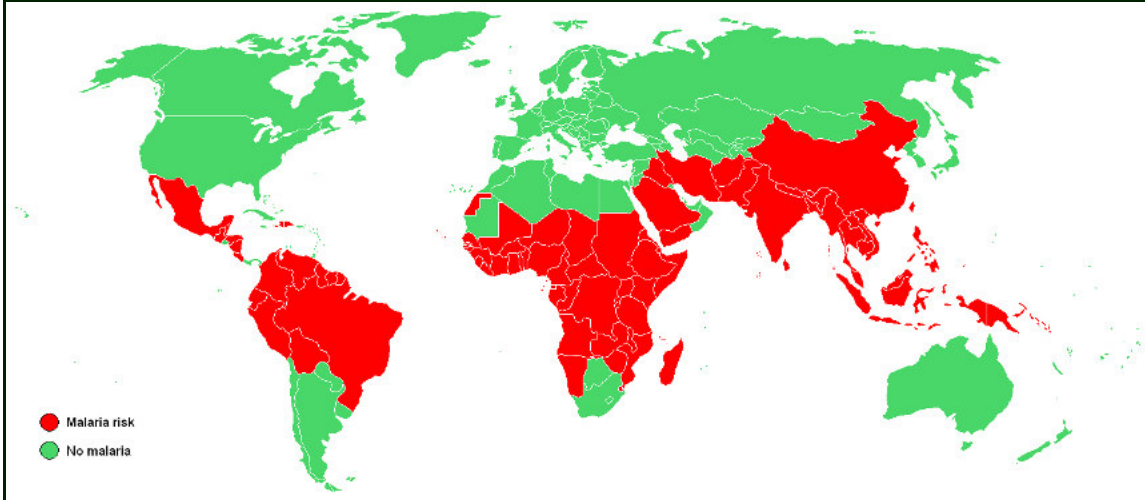
Why Berberine?

In an attempt to further clarify the question which keeps coming up…"Why Berberine?", we offer the following cursory, plain language discussion describing the incredible medicinal value of the herb Berberine as it applies to the ActRx TriAct® and ActRx TriAct Plus® Treatment combination formulas.

Berberine-containing plants are used medicinally in virtually all traditional medical systems, and have a history of usage in Chinese medicine dating back at least 3,000 years. Berberine has demonstrated significant anti-microbial activity against bacteria, fungi, protozoans, viruses, helminthes and chlamydia.

Berberine is generally considered to be non-toxic at doses used in clinical situations. In medical terms, Berberine shows no genotoxic activity; is unable to induce significant cytotoxic, mutagenic or recombinogenic effects; and it is not a potent mutagenic agent in dividing cells. The therapeutic dose of Berberine for conditions responsive to oral supplementation is typically 200mg, two to four times daily.

Berberine-containing plants and roots have been used in traditional and folk medicine around the world for centuries. Many of these uses have centered around conditions caused by various micro-organisms, including bacteria and parasites. Current scientific research has not only validated these historic applications, but also provided valuable insight into the mechanisms by which this alkaloid acts on organisms and tissues. Because of the wide variety of pharmacologic actions of Berberine, it is likely that future research will identify other clinical conditions which are responsive to supplementation of Berberine-containing plants or with the alkaloid Berberine itself.



Further to the point of "Why Berberine?"… In view of extensive case studies and trials of hundreds of doses of Berberine and Artesunate in the Philippines alone, the results have spoken for themselves with great success as a well performing A.C.T. (Artemisinin Combination Therapy). It can also be noted that Artemisinin-derivative products used alone, in fact do work well to fight Malaria. However, global resistance to such mono-therapy is highly counter-productive in long-term usage, and it has also been found that all of the parasites or remnants of the infection in the body may *not* have been eradicated from such mono-therapy alone...Otherwise, how could Malaria recur in patients that were not later re-infected by a carrier mosquito?

Stopping Recurrence?

The most logical, reasonable conclusion to be drawn, is that Artemisinin-based products may kill parasites in the blood-stream, but in the "gut" (digestive tract, etc.), the parasites, eggs or other components of the infection may lodge and lay dormant for years (i.e. in the liver), only to re-ignite Malaria at a later, random time. On this basis, our research has found that Berberine's highly anti-microbial, anti-viral and anti-parasitic properties appear to help destroy any remaining Malaria infection in the "gut". Therefore, using the 2 products in combination (Artesunate and Berberine) has shown extensive results as a winning combination to destroy the parasitic infection. In addition, some forms of Malaria cause the liver to retain the potential to re-ignite Malaria at a later date, potentially even years later. As a result, proven research has shown that adding a third known component to the Malaria Treatment, in certain cases, eliminates the opportunity that any remaining gametocytes in the liver can later reactivate the Malaria infection. This triple combination ActRx TriAct Plus® treatment for Malaria has shown solid results that prevent recurrence.

Preventing Mortality...

There is, however, yet another serious issue regarding Malaria infection… that of the more deadly *Cerebral Malaria*. Clear, conclusive evidence has shown worldwide that the most viable, critical care treatment to stop Cerebral Malaria is Artemether, another Artemisinin-based derivative. Typically, Artemether is administered as an intra-muscular injectable, and can be given to children, coma patients and anyone with such critical Malaria symptoms. The injectable is also useful in patients that cannot swallow pills as well. However, injection-type drugs are highly impractical for widespread use for countless reasons. Needles used for global distribution to millions in the developing world is highly risky and just not a practical solution...

Considering that this type of Malaria infection moves so swiftly, and is typically deadly in most cases without quick, aggressive treatment (in days not weeks), it gives one pause to think that upon showing any signs of Malaria at all, one would want to take urgent action for care, regardless. The greatest concern is, that due to the notable lack of access to medical care in the most infected regions, by the time a formal diagnosis of Malaria “type” could be made, irreversible and/or mortal damage could occur to an infected patient.

The issue of "which Malaria type does a patient have?" is one of timing and diagnosis. Death can come within days of infection, if it happens to be Cerebral Malaria, yet it's difficult to specifically determine (without a hospital and professional care at-hand) whether a patient has Cerebral Malaria or a less severe form of uncomplicated Malaria. It would therefore be prudent to quickly seek medical attention and treatment with regard to artemisin-based combination therapy, once the symptoms of Malaria occur.

According to the World Health Organization: "Since April 2001, *WHO* has recommended the use of artemisinin-based combination therapies (ACT's) in countries where *Plasmodium falciparum* Malaria is resistant to currently available drugs such as chloroquine,

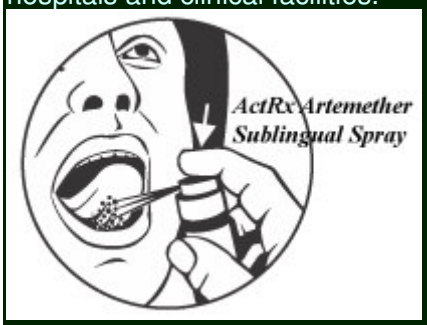
sulfadoxine-pyrimethamine and amodiaquine. ACT's ensure the highest cure rates and have the potential to reduce the spread of drug resistance." (Click here for more info. from *WHO*)

Therefore, a few key questions remain...

- *"What do I add to Artemisinin-derivatives that will kill the Malaria parasites not only in the blood-stream, but in the "gut" as well? And, what about the issue of potential Recurrence?*
- *"Since, for practical reasons mainly, you cannot typically diagnose Cerebral Malaria in a timely fashion, at least not before severe damage is done to a patient… How would you administer Artemether to all Malaria patients, when injection is not a practical or safe solution for world distribution?"*
- *"What Combination Therapy complies with WHO mandates, halts Malaria progression and disease, yet does not utilize widely used, Quinine-based ACT products that are known and proven to have negative affects in humans?"*

A Practical Answer, The Next Step... No Needles!

The answer is to use the new ActRx TriAct® for Dengue or ActRx TriAct Plus® for Malaria, A.C.T. (Artemisinin Combination Therapy) formulations that treat the diseases and eliminate the injection requirement altogether. These ActRx treatments are truly beakthrough innovations, since they rely on tried and true, proven results, as well as advanced medical technology to create a *Totally Oral Delivery System*that addresses both the simplicity of medical treatment and delivery logistics issues. The elimination of any requirement for needles to administer the ActRx combination treatments makes for a highly effective solution for safe, rapid delivery and easy administration around the globe, especailly where there may be limited access to highly skilled medical practitioners, hospitals and clinical facilities.



Using ActRx Artemether Sublingual Spray as a loading dose addresses the potential issue of Cerebral Malaria (and handles patients that cannot swallow tablets at all, e.g. Coma), and enters the body to quickly help combat a parasitic or viral infection. Following up the loading dose with the prescribed course of tablets (wherever possible, with the exception of a coma patient) ensures that infection is cleared from the blood-stream and the digestive system ("the gut"). Taking the Treatment for the recommended course also helps to ensure that no infection remains, with regard to potential recurrence as in the case of Malaria. In the case of Dengue treatment, the results of the ActRx TriAct® Clinical Trials clearly demonstrates safety and efficacy, as the virus is quickly stopped in its tracks, so that recovery can begin.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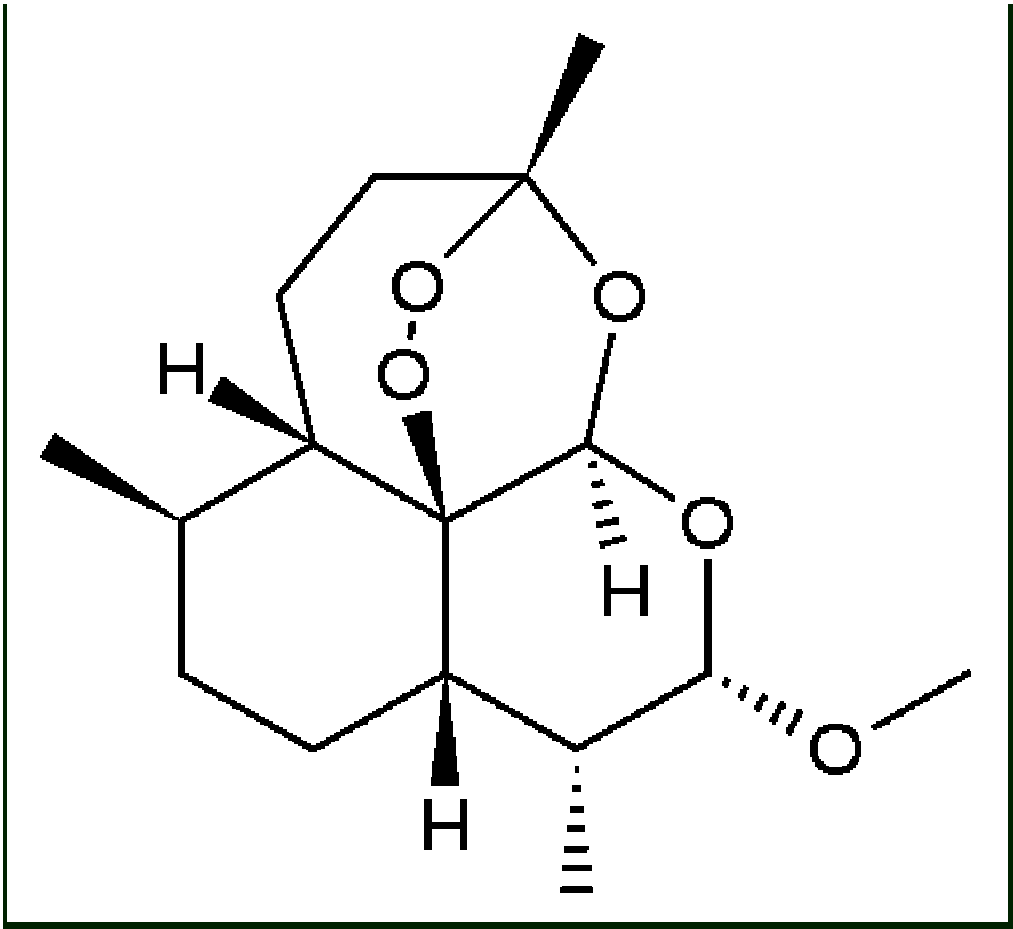
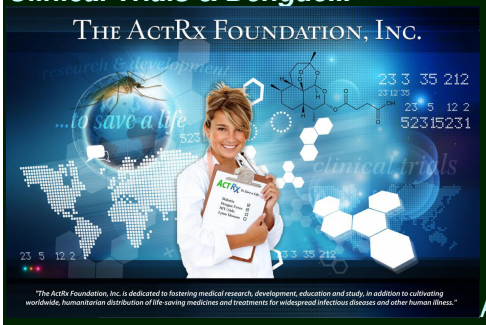


ActRx TriAct® for Dengue, as a combination of Artemether + Artesunate + Berberine, plus a long-proven fourth component to eliminate potential recurrence in the case of ActRx TriAct Plus® for Malaria, address the broadest range of issues as safe solutions to eliminate the diseases, while the ingredients, used as directed, have shown no signs of previously unknown or undocumented adverse reaction, in combination or otherwise. Therefore, ActRx treatments are by far the most advanced and aggressive ACT "combination therapy" solution to treat the entire range of Dengue types, and potentially all known forms of Malaria in accordance with WHO guidelines surrounding ACTs.

Clinical Trials & Dengue...



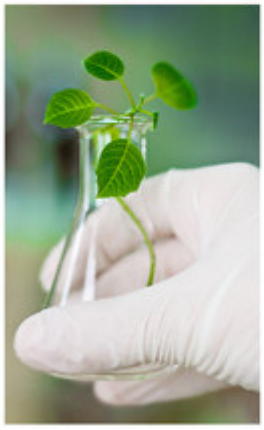
Advanced medical studies and Clinical Trials, through our affiliation with the ActRx Foundation, Inc., a US-based, charitable nonprofit organization, and its international strategic partners, directors, advisors and medical collaborators, continue to yield valuable research and further provide clear evidence

that ActRx TriAct®, ActRx TriAct Plus® and future combination treatments, administered in varying therapeutic dosages, can save millions of lives.

Ongoing research and recent Clinical Trials using the ActRx TriAct® and ActRx TriAct Plus® treatments continue to demonstrate not only strong anti-parasitic capabilities, but powerful anti-viral action by this patent pending combination. The latest results have presented ActRx TriAct® as a safe and effective treatment in the rapid healing from the affects of Dengue, and may further prove to provide a safe and effective treatment for Malaria as well as many other infectious diseases borne of parasites or viruses.

Clinical Trials

ActRx Operational Group, Ltd., in collaboration with ActRx Foundation, Inc., a US nonprofit 501(c)(3) charitable organization as Sponsor, has successfully completed Clinical Trials relating to Degnue and continues with further research, study and Clinical Trials concerning Dengue and Malaria.



The Clinical Trials study and document ActRx TriAct® Treatments using protocols developed and approved by an institutional Ethics Board consisting of world reknown, Infectious Disease physician-specialists and researchers, under the regulation of the Government of the Philippines, Department of Health in a Public-Private partnership with ActRx Foundation, Inc. This treatment is undergoing clinical trials and expanded studies to further establish credible, standards-based data in a wide range of Dengue case types and demographics with respect to safety and efficacy.

Investigations include, but are not limited to:

(a) The Impact of the Use of Artemether +Artesunate in Combination with Berberine (ActRx TriAct®) in Addition to the Standards of Care in the Management of Dengue: A Randomized Open-Labelled Clinical Trial

> **View SUMMARY REPORT - Clinical Trials of ActRx TriAct ® on Dengue**

(b) A Clinical Trial Demonstrating the Efficacy and Safety of Artemether+Artesunate+Berberine in combination with Primaquine (ActRx TriAct Plus®) in Malaria Patients Treated in Several Facilities in the Philippines

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(c) **E**xpansive **N**ational **A**pplication **P**rogram **U**tilizing **ActRx** TriAct® (***ENAPUActRx***) - The Efficacy and Safety of Artemether plus Artesunate in Combination with Berberine in the Treatment of Dengue Patients - A Multi-Center, Prospective Cohort Study 2014

> **View *ENAPUActRx* Department Order No. 2014-0161 - Republic of the Philippines, Dept. of Health, Office of the Secretary** (*PDF*)

> **View *ENAPUActRx* Endorsement Letter - Republic of the Philippines, Dept. of Health, Office of the Secretary** (*PDF*)

The World Health Organization (WHO), US Centers for Disease Control (CDC), US National Institutes of Health (NIH), multiple Ministries of Health worldwide, the Mayo Clinic, and other prominent health leaders consistently cite that there is no specific medicine available for the treatment of Dengue. Introducing ActRx TriAct® through standards-based Clinical Trials, performed with the collaboration and cooperation of several well recognized healthcare leaders that have history and background with the WHO in developing Dengue treatment Standards, offers a formidable answer for the life-saving medical care of hundreds of millions of patients suffering with Dengue around the globe.

The Dengue Story

EFREN M. DIMAANO, MD, FPSMID
Chief of Clinical Division San Lazaro Hospital
Chairman, San Lazaro Hospital Research and Ethics Committee

"Despite extensive efforts of the Government Public and Private Agencies to control Dengue, outbreaks of the disease with mortality of +1% are occurring in our country. Clinicians are currently using the WHO-DOH Dengue Case Management Guideline which is basically only supportive. When we received a Protocol entitled ' A Multi-center Prospective cohort in the Efficacy and Safety of Artemether and Artesunate in Combination with Berberine in the Treatment of Dengue Patients in San Lazaro Hospital, ' we did a thorough Full Board Review and found that the Study was well worth doing in hopes of finding a curative solution for Dengue. In terms of Safety and Efficacy, these drugs Artemether and Artesunate are currently being used in the treatment of Malaria, and Berberine is marketed globally as a supplement. With the success of this combination on Dengue, this drug will now be tried on other diseases with like indications."


THE ACTRX FOUNDATION
malaria
disease
mosquito
epidemic
medical
dengue
fever
health
PEDIATRIC WARD
PPT
Saving Lives...

ActRx Philippines

EDNA A. MIRANDA, MD, DPPS, FPSMID, FPAMS, RPH
Chairman, San Lazaro Hospital Pediatric Infectious Disease and Tropical Medicine Department
Principle Author and Principal Investigator

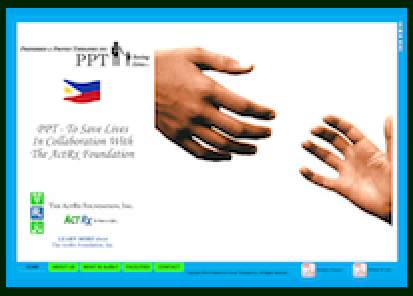
"When we began the Study entitled ' A Multi-center Prospective cohort in the Efficacy and Safety of Artemether and Artesunate in Combination with Berberine in the Treatment of Dengue Patients in San Lazaro Hospital, ' we learned very quickly that the patients were easily relieved of abdominal pain and that they hardly ever began bleeding. With these

initial findings, we knew for a fact, that we had finally found the therapeutic treatment for Dengue".

Distribution

As part of the $3.5 million start-up budget, EGG will buy the exclusive ACT RX world-wide distribution and manufacturing license, and has a preliminary agreement & understanding from the ACT RX lawyer.

Located in the Clark Freeport Zone, Pampanga, Philippines, *PPT* is lead by a dedicated and passionate group of highly skilled professionals that work in concert with ActRx Operational Group, Ltd. management and its medical teams to ensure that all aspects of research, government relations, product development, production and distribution adhere to the highest quality and standards that medical science and technology can offer.



Following the protocols and regulations of the highly respected Philippine Department of Health, and in accordance with the guidelines and standards set forth by the World Health Organization (WHO), *PPT*'slong-term focus is on the approval and further distribution of ActRx TriAct® and future ActRx treatments to its high-demand, licensed markets. As ActRx Operational Group, Ltd. commences and scales up production of their life-saving medicines, *PPT* will play an integral role in the expanded distribution from its Philippine headquarters.

ActRx TriAct® is a new breakthrough treatment for **Dengue**, developed by ActRx Operational Group, Ltd., using a unique patent pending combination of Artemether, Artesunate and Berberine.

ActRx TriAct® is an herbal-based combination therapy, which treats the Dengue infection in a 2-day treatment by stopping the viral replication, eliminating symptoms, addressing the disease before it becomes more severe and preventing death.

The treatment consists of a one-time use bottle of Artemether Sublingual Spray (a patent pending ActRx medical delivery technology), in combination with specific dosages of tablets of Artesunate and Berberine in blister packs. The ActRx TriAct® treatment provides patients with a complete dosing package, where each set of blister packs of tablets and an individual sublingual spray bottle is solely for one course of treatment, by one patient, which can then be discarded and is not functional for reuse.

The new treatment greatly reduces risk and makes for a highly accessible, unrivaled solution that does NOT require an injection to administer. The ActRx TriAct® Sublingual Spray (used under the tongue), unique to ActRx TriAct® offers a practical option for safe, easy-to-administer, rapid drug delivery to anyone, anywhere without the need for medical resources that are typically required for safe use of injectable medicines.
The ActRx TriAct® Sublingual Spray (oral) delivery system therefore helps to prevent the potential spread of other infectious diseases such as HIV/Aids through potential use and re-use of needles. This is especially relevant in developing countries where risk of infection and/or contagion may be very high, in that there is a lack of readily available medical professionals, health facilities, water and sanitation.

Clinical Trials, sponsored by with ActRx Foundation, Inc., on safety and efficacy have demonstrated the ActRx TriAct® impact on Dengue as offering to substantially advance the current Standard of Care, without adverse reactions, and without the need for injections for administration. 144 dengue patients out of 144 given ACT RX were cured in 6 hospitals in the Philippines.
*Findings from a recent Report concerning the Clinical Trials on Dengue show the following key results with ActRx TriAct® as compared to the current Standard of Care, in addition to numerous other very positive benefits:

1. Faster elimination of viral antigen in the serum which is the culprit in the further progression of the disease into a severe form like plasma leakage and severe bleeding
2. Rapid resolution of the clinical signs and symptoms of Dengue
3. Faster normalization of the laboratory parameters such as white blood cells (WBC) and absolute platelet count

"…ActRx TriAct® treatment shortened the disease process, decreased viral antigen (NS1), risk reduction of bleeding, faster normalization of the hematological picture, early resolution of the clinical symptoms and enhancement of the immune system allowing early production of neutralizing antibodies."

Conclusions

Dr Shiva is our medical director, and he is from Karnataka. He is both an MD from Syracuse Medical School (NY) and Ayurvedic doctor, and went to school first in India with many of the directors of the local medical schools there; and; several of these directors have agreed to do the ACT RX medical testing and human trials for final AYUSH licensing. The testing required is very minor, in that all the individual ingredients of ACT RX are already approved in India, and only the combination needs to be tested for efficacy and safety. This will only take 2 months and is already guaranteed to pass!

LINKS to Additional Information

Dengue Reference Links:

Dengue Fever - *Wikipedia*
Dengue Fever - *US CDC*
Dengue and Severe Dengue - *World Health Organization (WHO)*
Dengue Prevalence Map - *Healthmap.org*

Dengue News Links:

Mapping the Dengue Virus - United Nations University: December 22, 2014
Breakthrough seen in dengue treatment (PH) - Philippine Daily Inquirer: October 20, 2014
Surge in Dengue Cases Alarming (PH) - Sun Star: July 31, 2014
Florida facing threat from two mosquito-borne diseases - Reuters: June 4, 2014
Dengue cases quintupled in one decade in Latin America - AFP: May 30, 2014
Brazil 2014: World Cup dengue fever risk predicted - BBC News: May 16, 2014
11 Reasons Why Mosquitos Are The Worst - Business Insider: April 7, 2014

Dengue 'Under-recognized' as Source of Febrile Illness in US - Morb Mortal Wkly Rep.: January 24, 2014
Fifth Dengue Serotype Discovered - HealthMap: October 23, 2013
Bedeviled by Dengue - The Scientist Magazine, Article by Beth Marie Mole (March 1, 2013)
First locally-acquired Dengue infection in Palm Beach, Florida - Healthmap: October 11, 2011

Malaria Reference Links:

World Malaria Report
Global Malaria Maps
Life Cycle of the Malaria Parasite
Malaria Journal
Roll Back Malaria
New York Times Article - Malaria Cure Works
ACT.Australia
Coartem Brazil 2006
Kenya+WHO+stats
Malaria by Country 2005
Malaria. Incidence_Estimations2
SMRU_Malaria_Handout_English_version_15_Edition
WHO Malaria Treatment Guidelines 2006
Population Research Institute...What the Experts Say about Malaria (Video)
Malaria in Tanzania (Video)

Additional Reference Documents:

Antiviral Activities of Artemisinin and Artesunate
Artemisinin, Artesunate, Malaria and AntiViral Studies
Anti-Cancer Effects of Artemisinin - Abstracts
Berberine - Cancer, Malaria, Diarrhea, Parasites, Diabetes and Lipid Studies
Philippines Malaria Country Profile 2008
6 Pages of Studies Pacific Rim DHA+PQP
ACT in Columbia