CREPPAT Laboratories Sarl

Conception, Mise au point & Manufacture de produits pharmaceutiques

Constantin Bashengezi Mihigo
Chief scientist / CREPPAT Laboratories Sarl,
Democratic Republic of Congo

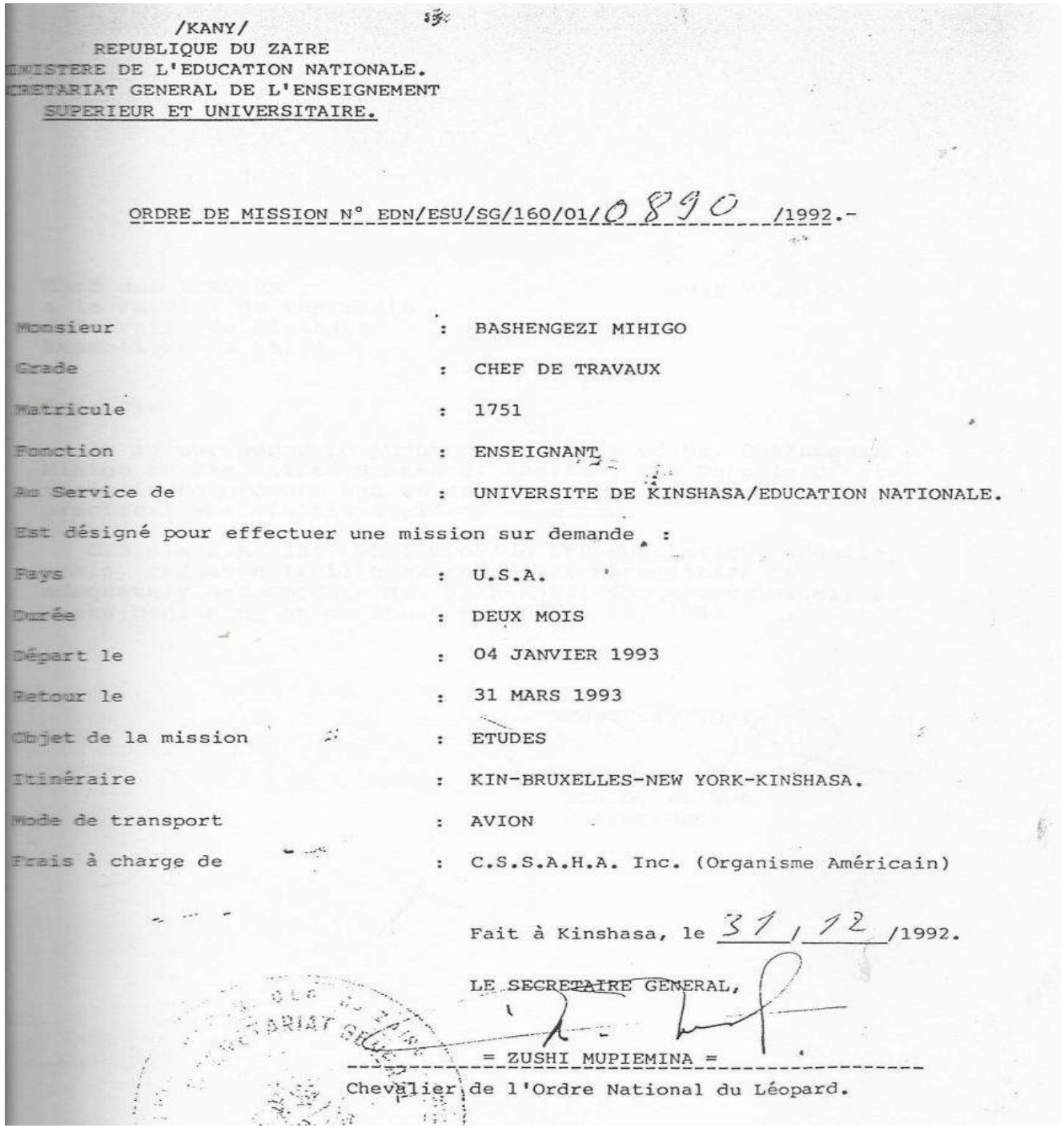
OUTLINES

- **Introduction**
- **Methods**
  - Chemistry
  - Pharmacological Trials
    - Efficacy trials
    - Toxicology trials
  - Prospective Open Clinical Trials
    - Selection criteria
    - Dosage
    - Classification of patients
  - Randomized, controlled Clinical Trail
- **Results**
  - Chemistry

OUTLINES (continued)

- **Results (continued)**
  - Toxicity trials
    - In vitro trials
    - In vivo trials
  - Prospective Open Clinical trials
    - Cohort Evolution
    - Safety and compliance
    - Quality of life
  - Randomized, controlled clinical trials
- **Discussion**
- **Challenges**
- **Recommendations**

INTRODUCTION



/KANY/
REPUBLIQUE DU ZAIRE
MINISTERE DE L'EDUCATION NATIONALE.
SECRETARIAT GENERAL DE L'ENSEIGNEMENT
SUPERIEUR ET UNIVERSITAIRE.

ORDRE DE MISSION N° EDN/ESU/SG/160/01/0890 /1992.-

Monsieur	:	BASHENGEZI MIHIGO
Grade	:	CHEF DE TRAVAUX
Matricule	:	1751
Fonction	:	ENSEIGNANT
Au Service de	:	UNIVERSITE DE KINSHASA/EDUCATION NATIONALE.

Est désigné pour effectuer une mission sur demande :

Pays	:	U.S.A.
Durée	:	DEUX MOIS
Départ le	:	04 JANVIER 1993
Retour le	:	31 MARS 1993
Objet de la mission	:	ETUDES
Itinéraire	:	KIN-BRUXELLES-NEW YORK-KINSHASA.
Mode de transport	:	AVION
Frais à charge de	:	C.S.S.A.H.A. Inc. (Organisme Américain)

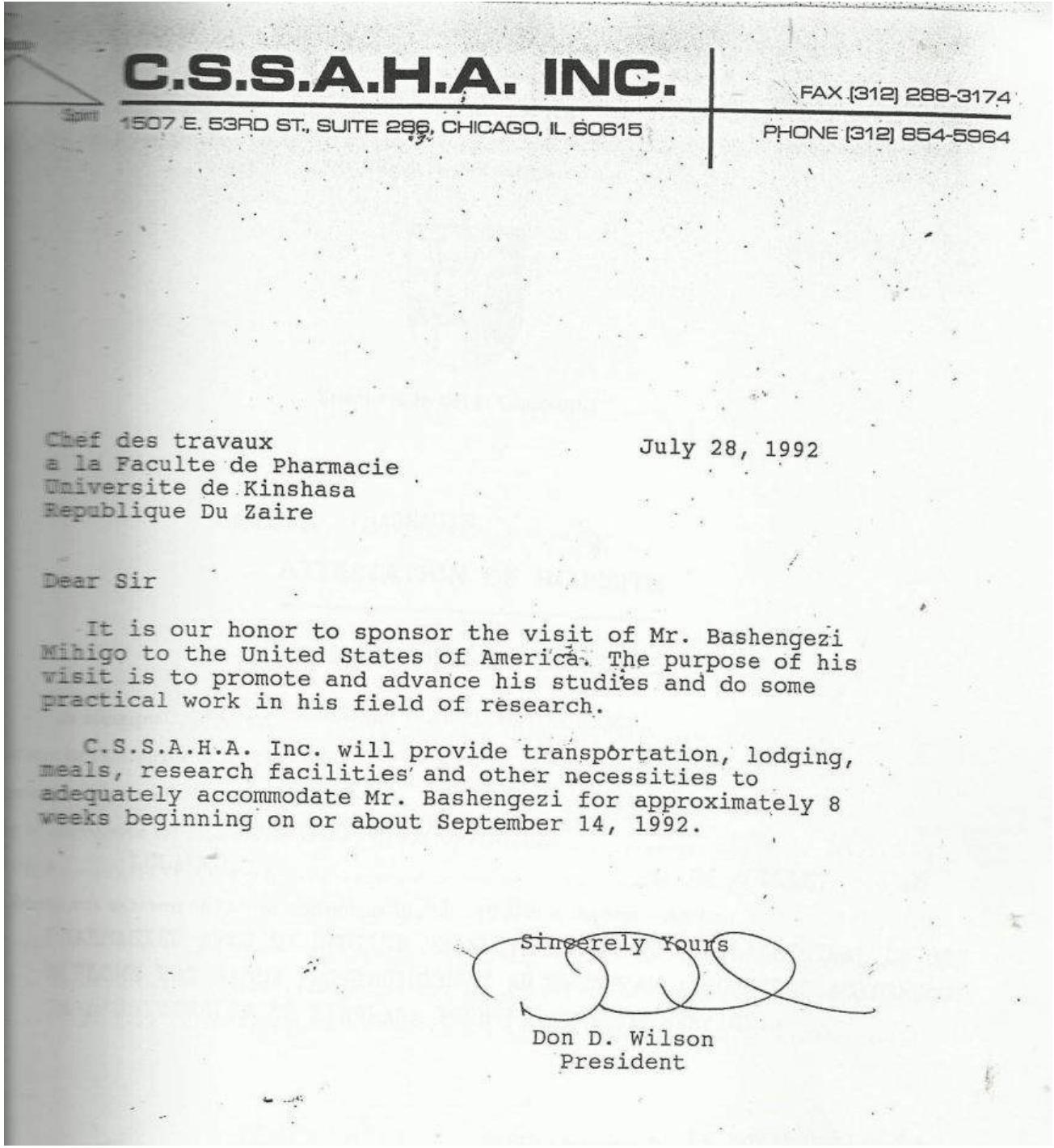
Fait à Kinshasa, le 31/12/1992.

LE SECRETAIRE GENERAL,

= ZUSHI MUPIEMINA =

Chevalier de l'Ordre National du Léopard.

INTRODUCTION



C.S.S.A.H.A. INC.

1507 E. 53RD ST., SUITE 288, CHICAGO, IL 60615

FAX (312) 288-3174

PHONE (312) 854-5964

Chef des travaux
a la Faculte de Pharmacie
Universite de Kinshasa
Republique Du Zaire

July 28, 1992

Dear Sir

It is our honor to sponsor the visit of Mr. Bashengezi Mihigo to the United States of America. The purpose of his visit is to promote and advance his studies and do some practical work in his field of research.

C.S.S.A.H.A. Inc. will provide transportation, lodging, meals, research facilities and other necessities to adequately accommodate Mr. Bashengezi for approximately 8 weeks beginning on or about September 14, 1992.

Sincerely Yours

Don D. Wilson
President

INTRODUCTION

Don Wilson
9055 S. Lucille
Chicago IL 606

Mr. Paul Ruhamya
Direction Afrique & M.O
Ministère des Affaires Etrangères
B.P. 7100
Kinshasa / Gombe
Democratic Republic Of Congo

September 12, 1997

Dear Paul

I received your letter yesterday and was very pleased to hear from you. I waited anxiously to learn of the welfare of you and your family. The news media carried extensive coverage of Mr. Kabila as he captured the former Zaire.

Mr. Bashengezi contacted me via the Red Cross several months ago. He and his family escaped to Kisengani through equatorial rain forest on foot. Lt. Kany was with them.

I am saddened to learn that Mr. Birindwa will not be in Kinshasa when I return. Please get me his address in Italy so I can write to him. It is important for him to keep up with our progress. We will need his air plane to ship equipment and medicine in the near future.

There is good news and great news. First, the good news. On March 4, 1997, Mr Bashengezi was awarded his United States Patent. However, there are several typographical errors which have been submitted for correction. The great news is on August 8, compound analysis have revealed several active compounds in the pure extract. These compounds are non-toxic, therefore they can be administered at high dosages which could facilitate the total elimination of the illness. We are in the process of negotiating an agreement for the structure elucidation of these compounds. Hopefully, we will have their identification before the end of the year. Please keep this information **TOP SECRET** until we can patent the structures of the active compounds. If possible, forward this information on to Mr. Bashengezi.

METHODS

Chemistry trials

Pharmacology Trials

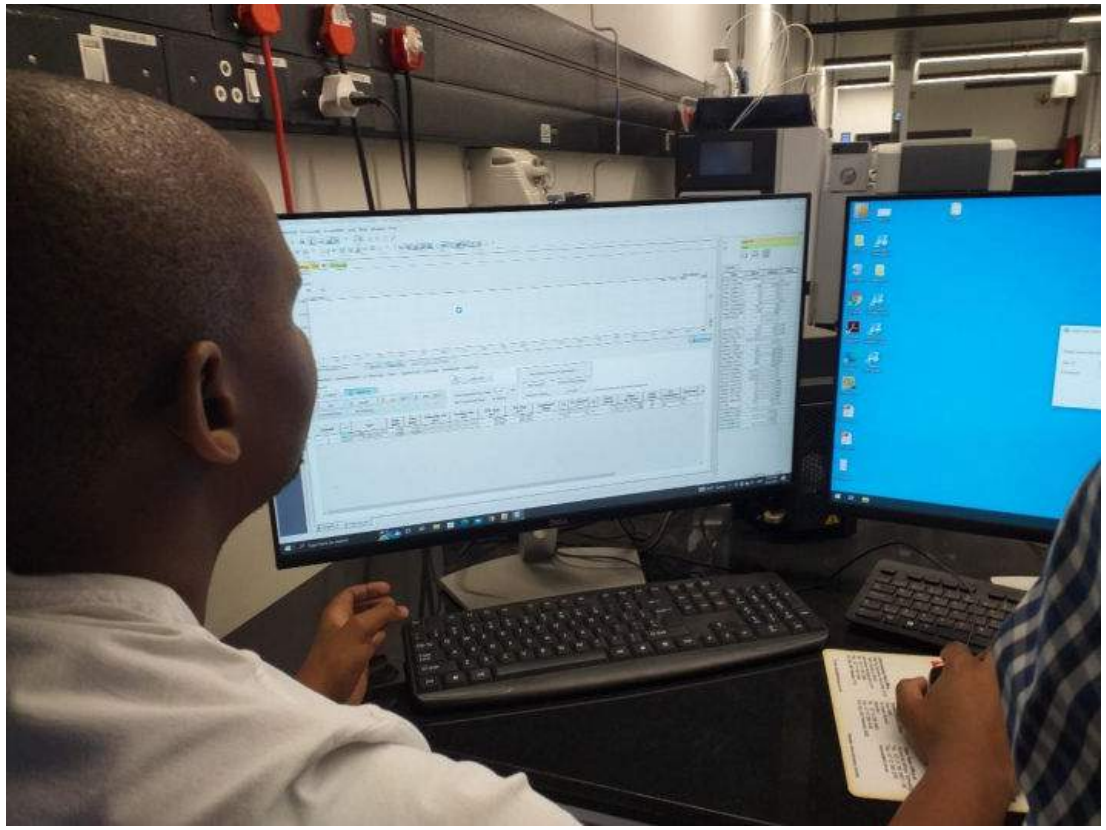
- Chemistry studies on 5 active principles found in ROUB extract.
- In vitro/vivo trials with combination of 2 plant extracts, ROUB and LEHM:
  - ROUB extract deemed to stop HIV replication as well as the cytopathic effects;
  - LEHM extract deemed to interfere with virions maturation and assemblage;
  - In vitro toxicity trials;
  - In vivo Acute toxicity trials
  - In vitro trials on anti-carcinogenic properties: activity over 13 malignancies from diverse cell lines;

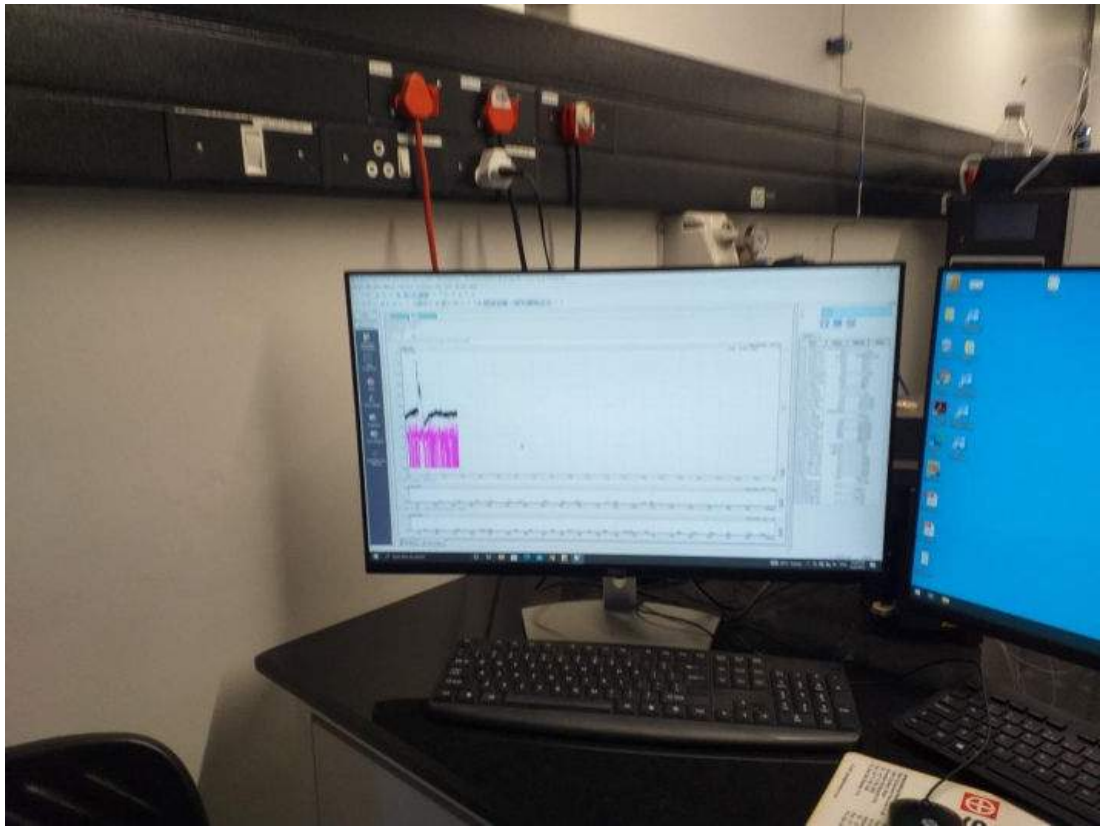
Harvesting Crude Raw materials


WSU
Walter Sisulu University
WSU WSU WSU WSU

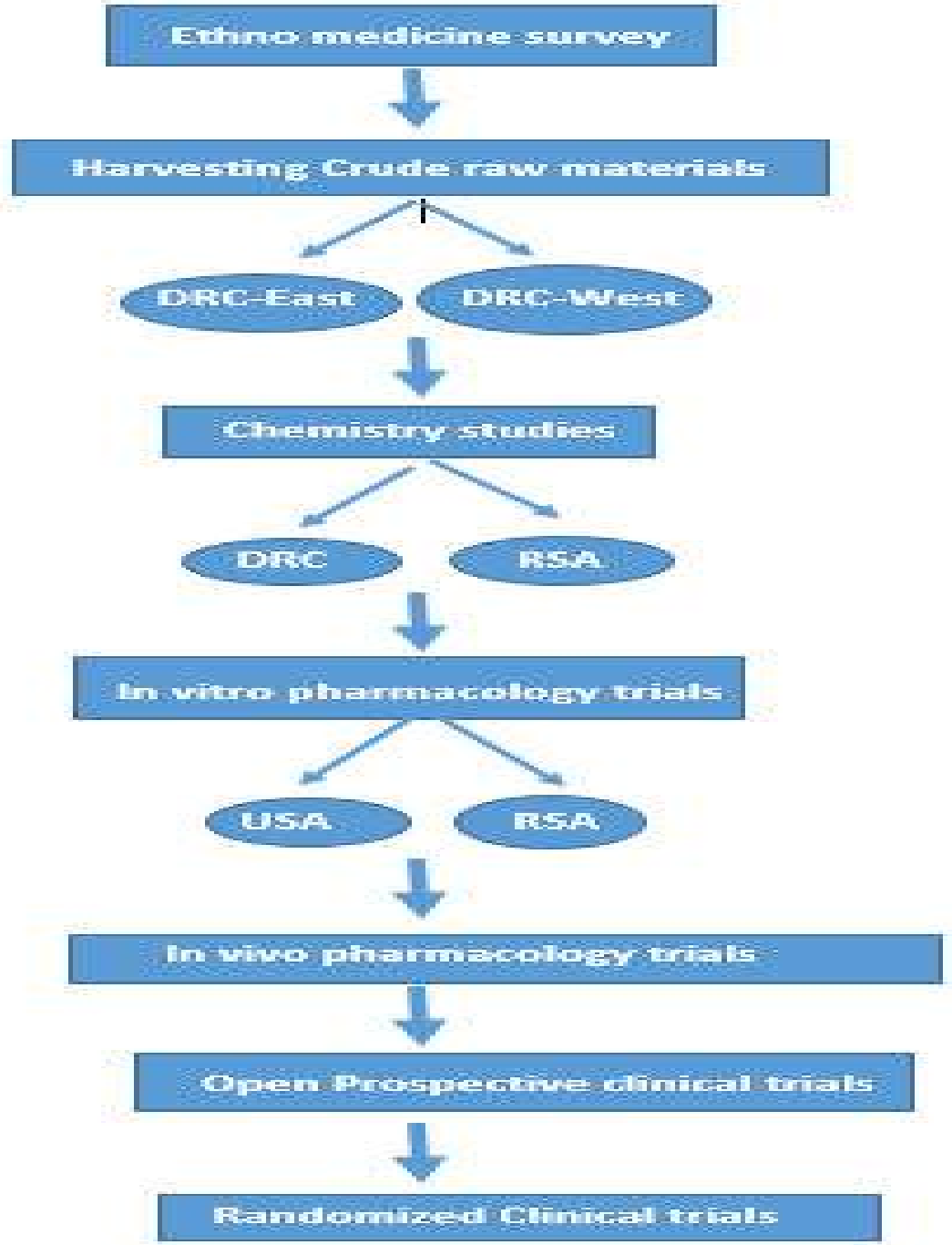

SHIMADZU
SHIMADZU
Nexis GC-2030


SHIMADZU
LCMS-8030

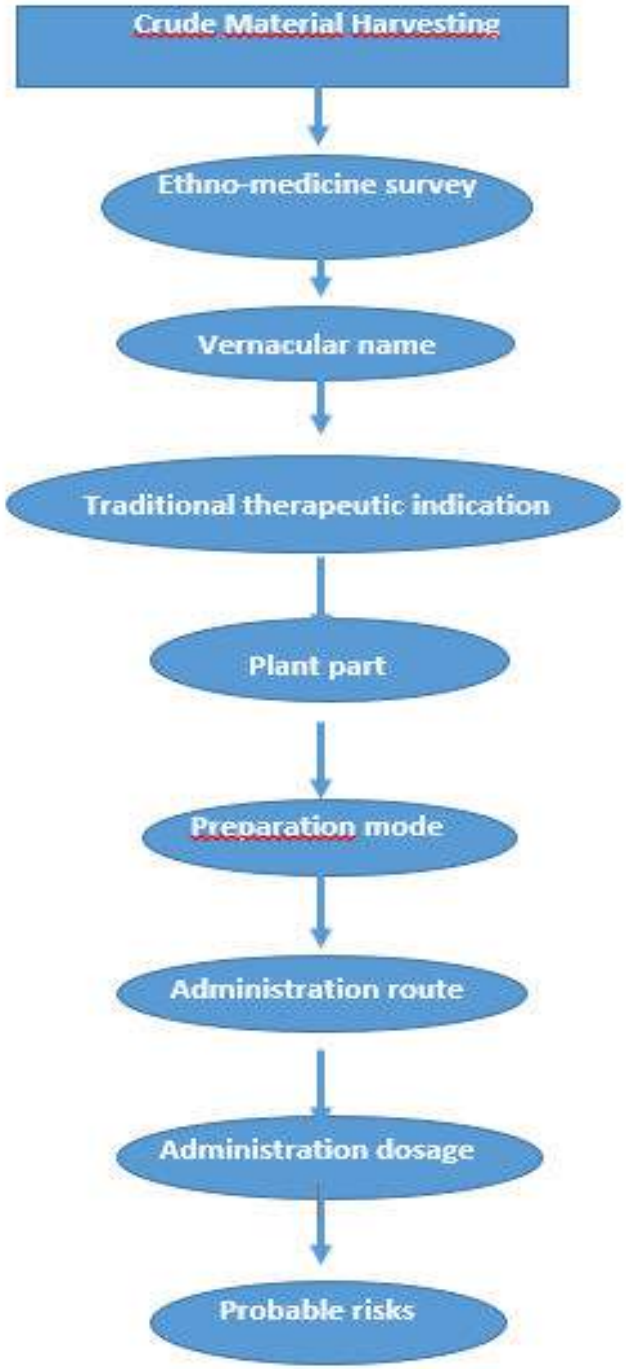




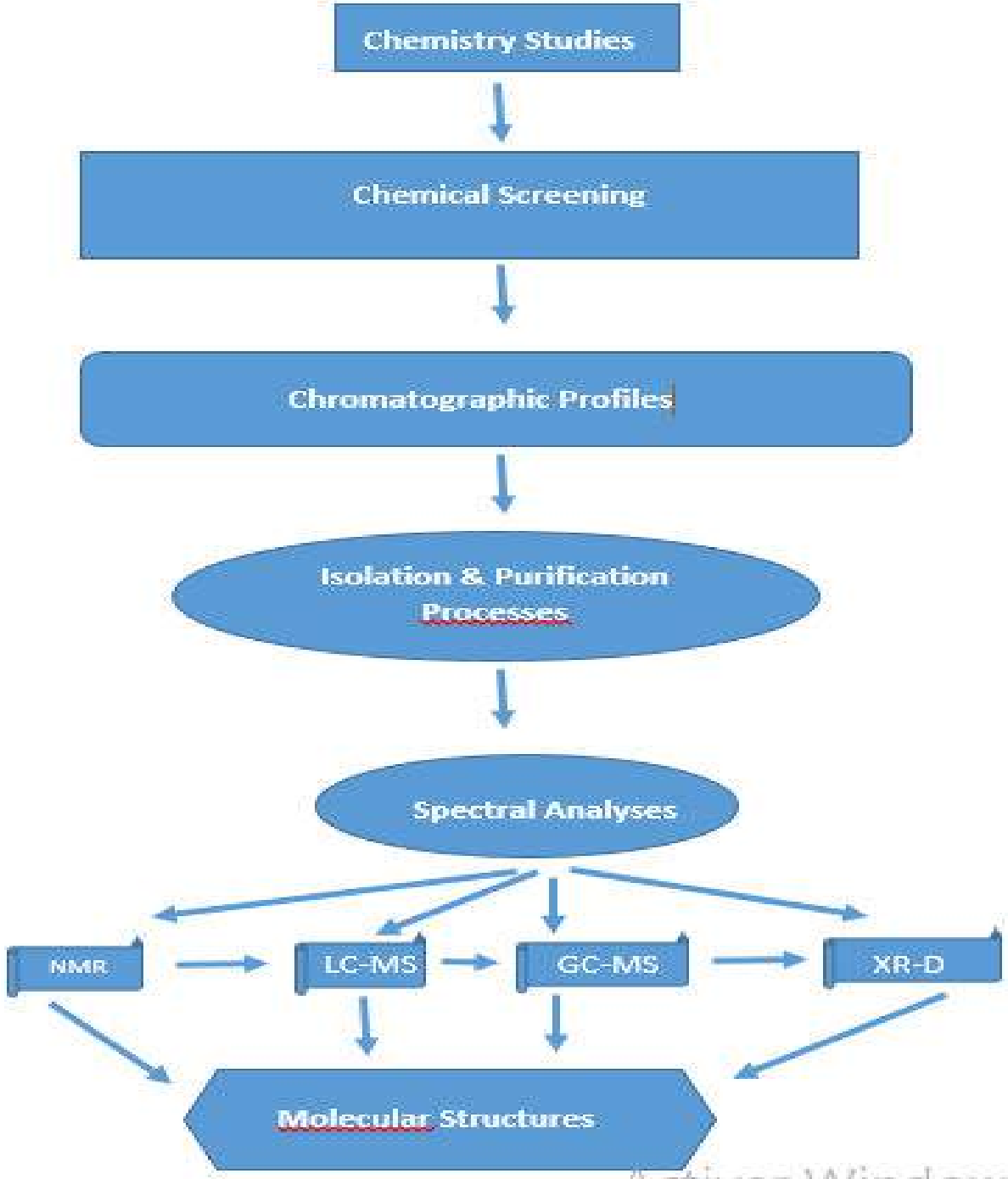
Methodology (1/5)



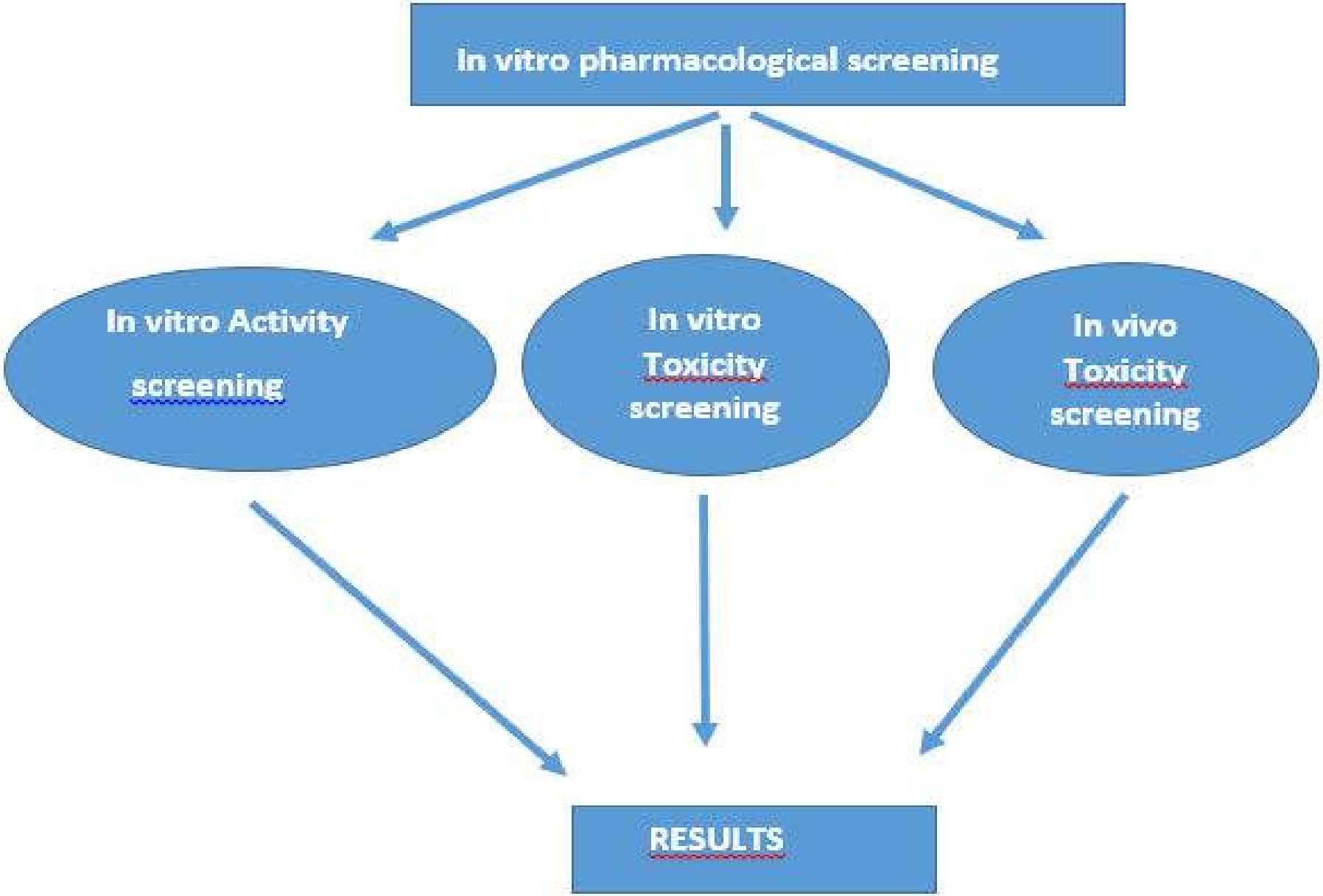
Methodology (2/5)



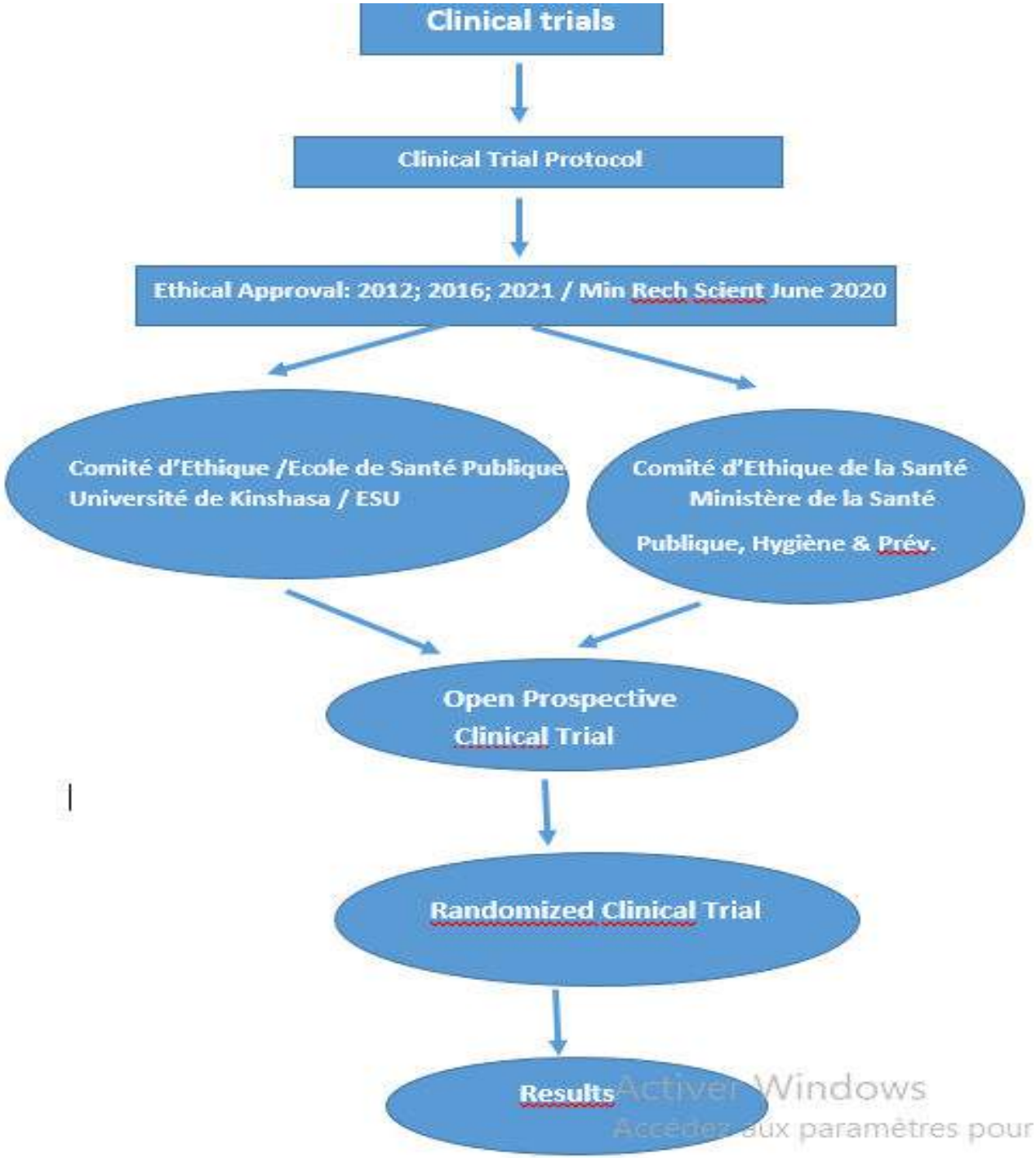
Methodology (3/5)



Methodology (4/5)



Methodology (5/5)



METHODS
(continued)

Clinical Trials

- A prospective open clinical study of Doubase C™ **for the treatment of HIV/AIDS;**

- A prospective open clinical study of Doubase C™ **for the treatment of hepatitis B virus and hepatitis C virus infections;**

- A prospective open clinical study in order to demonstrate the value of Doubase C™ **for the treatment of SARS-COV-2 infection and the medical management of COVID-19 pandemic**;
- An Open-label, Randomized, Controlled Adaptative Study to Evaluate the Efficacy and Safety of Doubase C™ **for the treatment of SARS-COV-2 infection and the medical management of COVID-19 pandemic**;;

METHODS (continued)

Open Prospective Clinical Trials

(COVID-19 trials)

- **Dosage :**
  - Patients ≤ 70 kg poids corporel: 3 x2 comprimés à mâcher par jour de Doubase C™ 30mg/6 mg pendant 7-10 days;
  - Patients > 70 kg poids corporel: 3 x 3 à 3X4 comprimés à mâcher par jour de Doubase C™ 30mg/6 mg for 7-10 days;
  - Durée du traitement: 5 à 10 jours, avec/sans association aux traitements spécifiques adjuvants chez les patients avec comorbidités au cas par cas.

- **Patients classification :**
- **Selection criteria for COVID-19 patients:**

  - Confirmed SARS-COV-2 positive patients, but asymptomatic;

  –

  - Confirmed SARS-COV-2 positive, but symptomatic mild or moderate stage patients: with throat irritation, dry cough, dyspnea at rest, feeling of suffocation, heart palpitations, generalized arthralgia, muscle cramps, etc.;

  - Confirmed SARS-COV-2 positive, but symptomatic patients with either risk factors or comorbidities, such as obesity, diabetes, high blood pressure, heart failure, kidney failure, etc.

  - Laboratory checks were conducted according to INRB (Institut National de Recherches Bio-Médicales) standards.

METHODS
(continued)

Randomized, Controlled clinical trial (COVID-19 Trial)

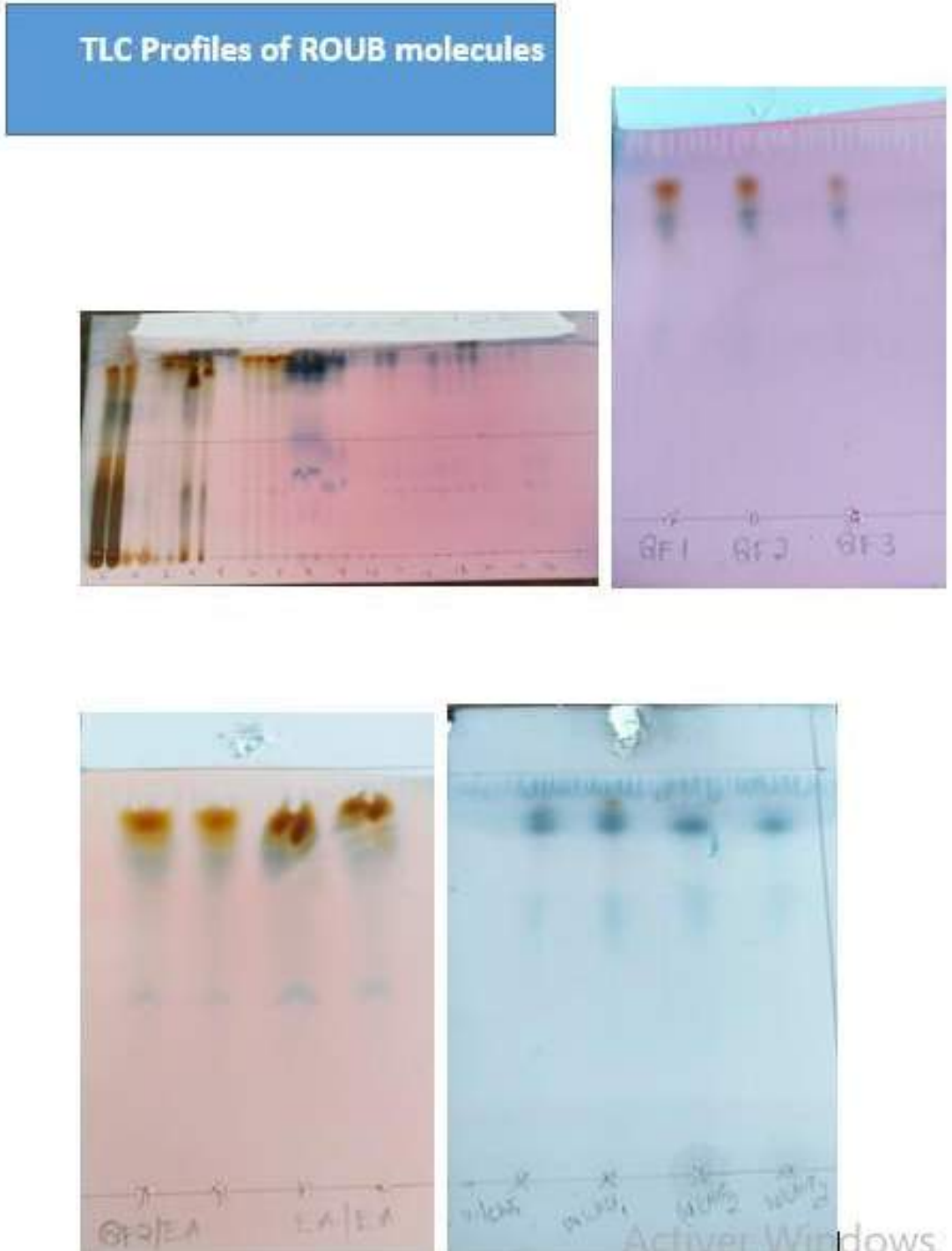
- **An Open-label, Multicentre, Randomized, Controlled Adaptative Study to Evaluate the Efficacy and Safety of Investigational Therapeutics for the Treatment of Hospitalized Patients with Mild to Moderate Novel Coronavirus Disease (COVID-19) in Kinshasa, DRC**

- Principal Investigator: Professor Jean Robert MAKULO
- Co-principal Investigator: Professor Madone MANDINA
- Other co-investigators: Dr Longokolo, Dr Bepuoka, Dr Odio, Dr Mangala
- Protocol Developmet Team: Professor Mesia Kahunu, Dr Nzolo, Pr Makulo, Pr Mandina, Dr Longokolo, Dr Bepouka, Dr Odio, Dr Nsengi, Dr Kashongwe, Dr Mangala, Dr Mukenge, Dr Kabangu
- Trial Sponsor: CREPPAT Laboratories Sarl
- Statistical Lead: Ecole de Santé Publique, Université de Kinshasa
- Medical Monitors: Dr Nsengi, Dr Nzolo
- Starting date: May 2021

RESULTATS

Chemistry

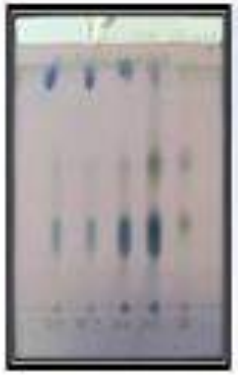
5+3 Active principles



RESULTATS

Chemistry

5+3 Active principles

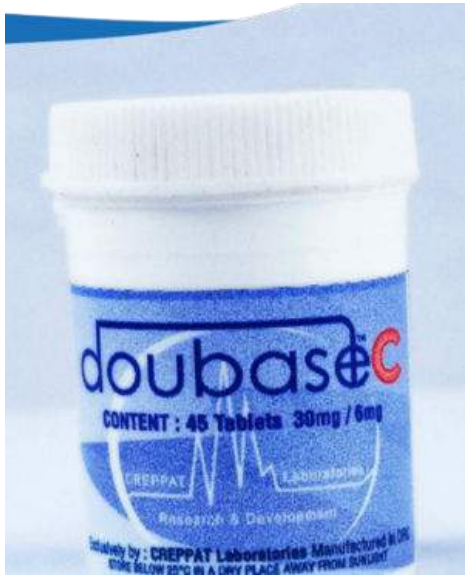


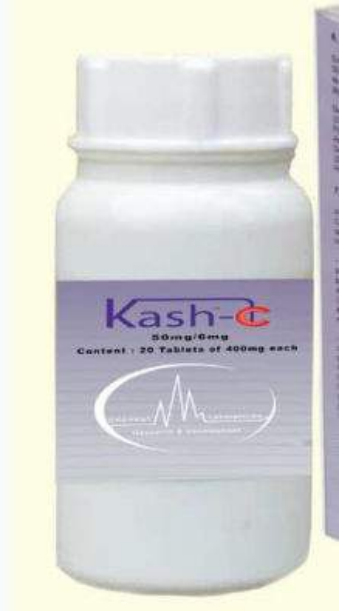
TLC

Column chromatography

NMR

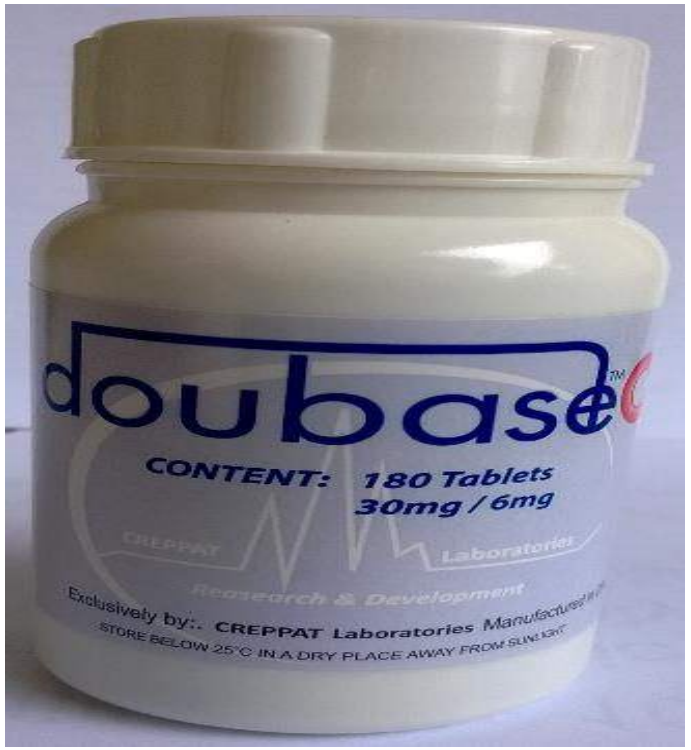
Gamme de production CREPPAT Lab





1.
Doubase C™
30mg comprimes

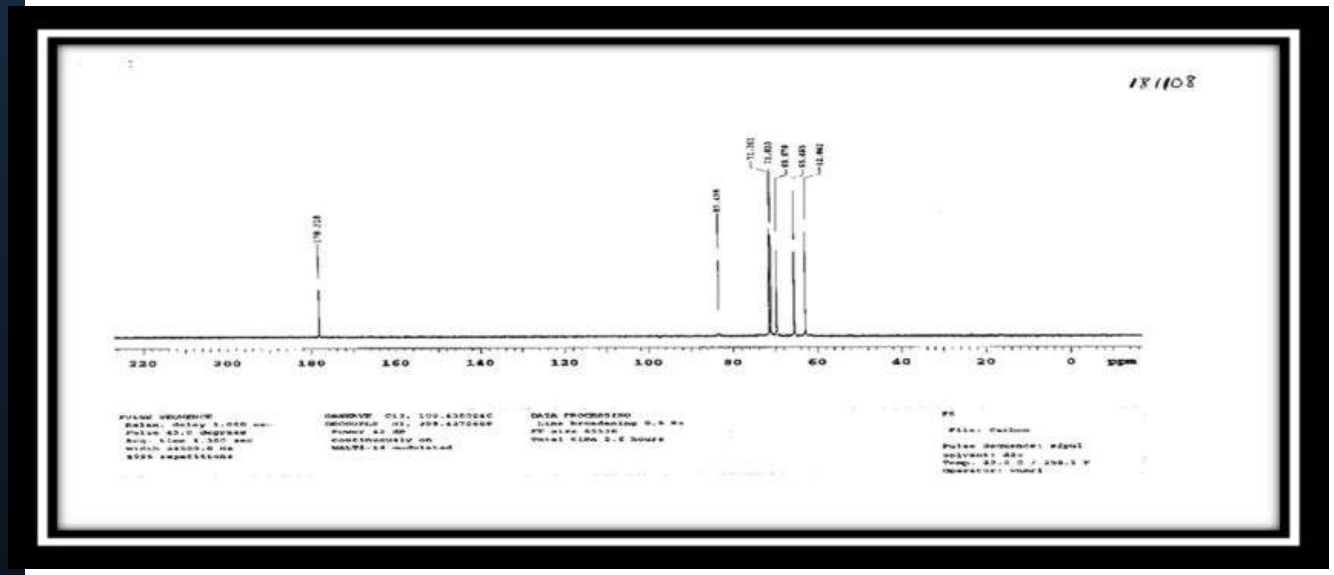
5+3 Active principles

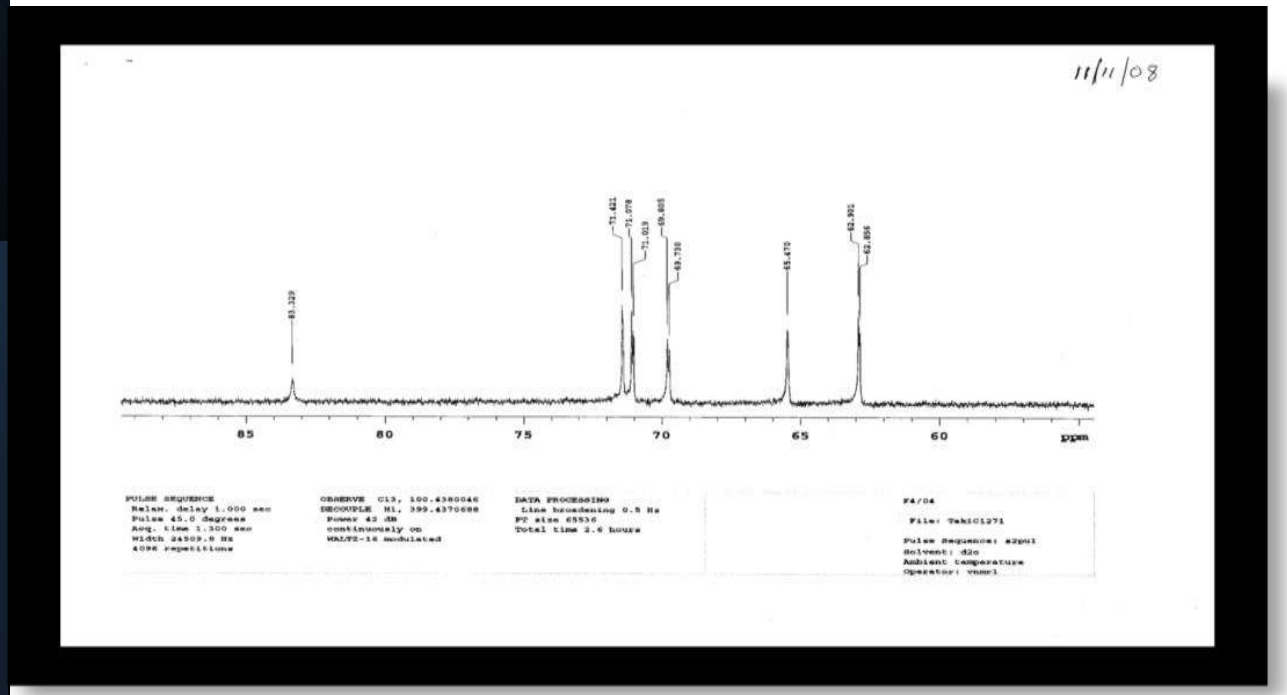


RESULTATS

Chemistry

5+3 Active principles





RESULTATS

In-vitro Activity Trials (1/3)

Inhibition of the HIV replication

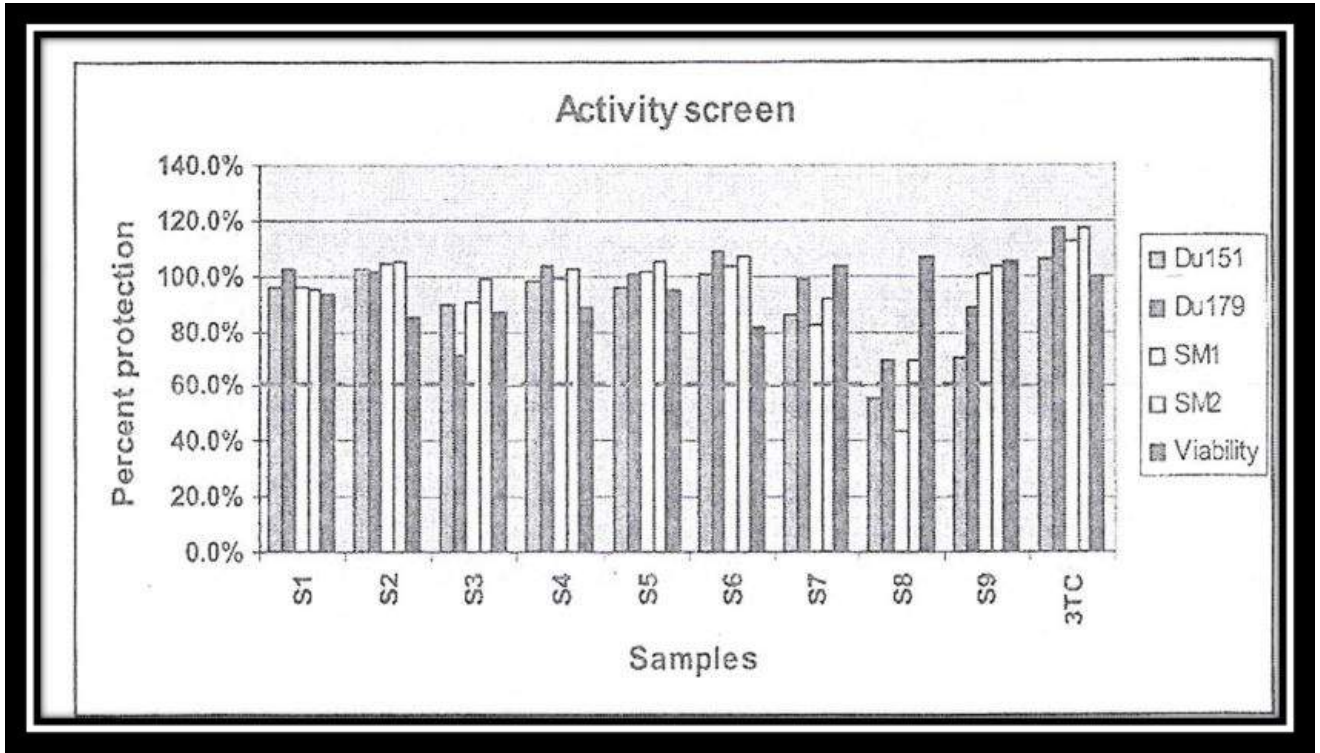
To: Dr. N. R. Farnsworth
From: Thitima Pengsuparp
Date: 06/21/93

Table:Results for HIV-1 RT(p66/p51) Assay

sample	tannin*	% inhibition at 200µg/ml	activity
zaire 1	-	95.1	moderately active IC_{50} = 64.0µg/ml (r^2 = 0.898)
zaire 2	-	96.7	moderately active IC_{50} = 68.9µg/ml (r^2 = 0.898)

Note:* Tannin was removed by using insoluble PVP only when sample showed positive result (+) with $FeCl_3$ test.

cc: Dr. J. M. Pezzuto



RESULTATS

In-vitro Activity Trials (2/3)

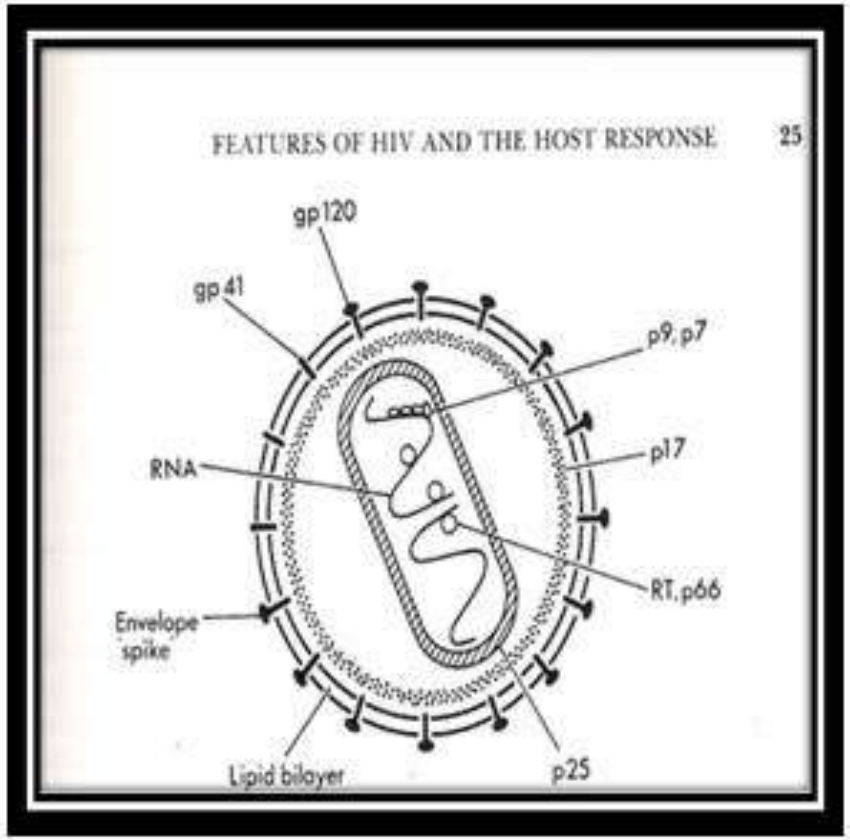
Inhibition of Cytopathic Effects

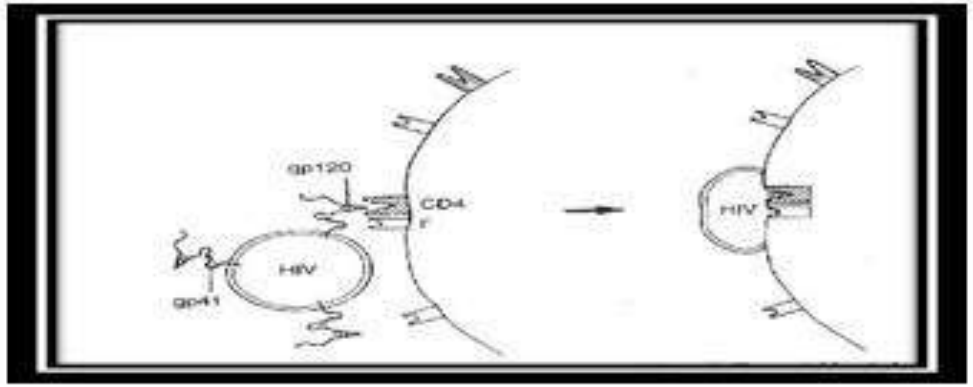
Product	Concentration (ug/ml)	Observation	P24 antigen	Effect
WB118+50TCID50 /ml HIV-1	0.35	CPE	Positive	No antiviral effect
WB118+50TCID50 /ml HIV-1	0.70	NO CPE	Positive	Partial AVE
WB118+50TCID50 /ml HIV-1	1.40	NO CPE	Positive	Partial AVE
WB118+50TCID50 /ml HIV-1	2.00	NO CPE	Positive	Partial AVE
WB118+50TCID50 /ml HIV-1	3.00	NO CPE	Positive	Partial AVE
WB118+50TCID50 /ml HIV-1	4.00	LD	Negative	Toxic

RESULTATS

In-vitro Activity Trials (3/3)

Lysis of HIV Glycoproteins

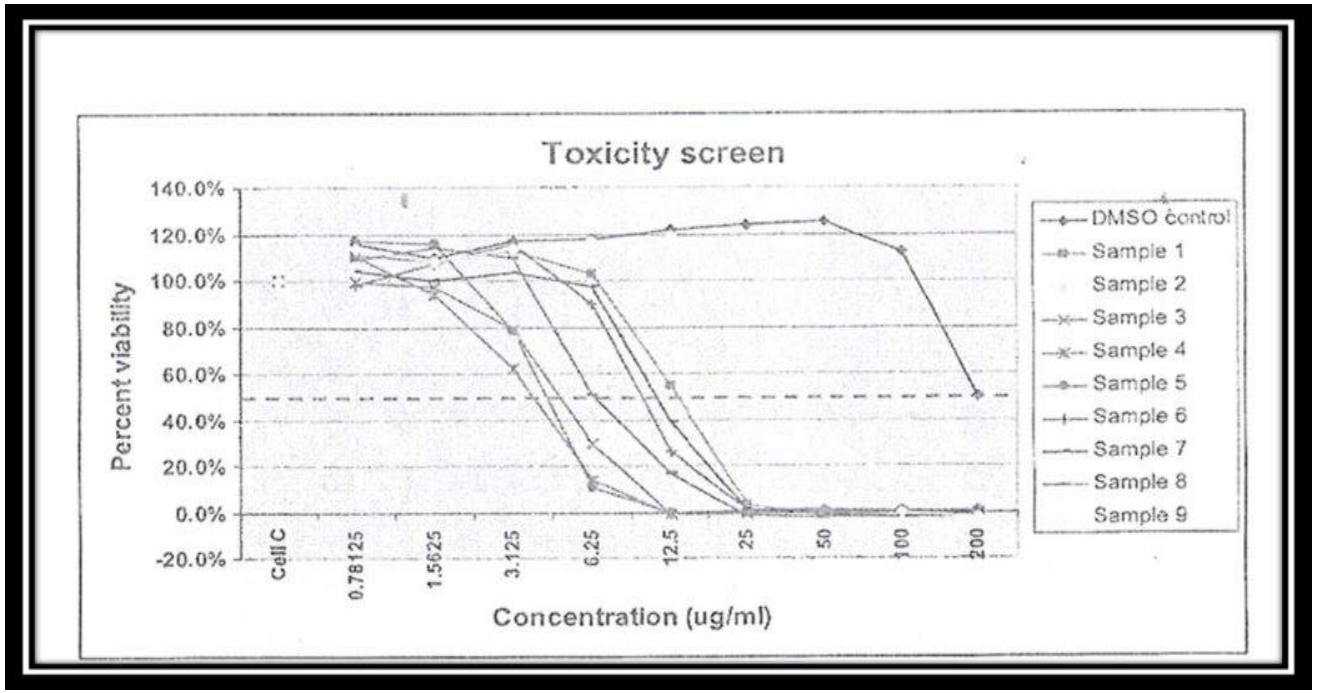




RESULTATS

In-vitro Toxicity Trials

In vitro Toxicity Trials



% de Viabilité des cellules vs concentration des extraits

Sample	Concentration µg/ml	% Viability
1	6	93.3
2	2	85.4
3	2	86.6
4	2	88.4
5	2	95.4
6	6	81.1
7	6	103.5
8	2	107.1
9	25	105.1

RESULTATS

In-vivo Toxicity Trials

Sub-acuite Toxicity

REPUBLIQUE DEMOCRATIQUE DU CONGO
Ministère de la Santé
Institut National de Recherche Biomédicale

BULLETIN D'ANALYSE TOXICOLOGIQUE

I .- Référence de l'échantillon

1. **Nature** : Un récipient en verre contenant un extrait liquide d'une plante codifiée **ROUB** (A) de couleur noir brunâtre
   Etiquette : Concentration indiquée : 15, 77 mg/ml
2. **Origine de l'échantillon** : Laboratoire GREPPAT de Kinshasa/Kingabwa
3. **Objectif** : Déterminer la toxicité de l'échantillon

II.- Essais effectués :

Un groupe de trois souris d'âge et poids approximatifs ont été soumises au gavage de cet échantillon (A) de l'extrait de la plante ROUB à raison de 0,5 ml par jour, soit 7,88 mg par jour et durant sept jours successifs : soit au total 55,16 gr/17 gr de poids corporel d'extrait A ou 3,244 g/Kg d'extrait/Kg de poids corporel par semaine. Le poids moyen du groupe étant de 17 gr.

Le relevé journalier du poids a montré une augmentation régulière sous leur régime alimentaire habituel sans mortalité ni constatation de comportement anormal.

Conclusion : Il n'y a point de toxicité dans cet échantillon ROUB du récipient A

Fait à Kinshasa, le 15 AOUT 2011

POUR LE LABORATOIRE DE TOXICOLOGIE

MUNGITSHI TSHILEMBI
Pharmacien d'Industrie
CNOP N° 571/74

RESULTATS

In-vivo Toxicity Trials

Sub-acuite Toxicity

REPUBLIQUE DEMOCRATIQUE DU CONGO
Ministère de la Santé
Institut National de Recherche Biomédicale

BULLETIN D'ANALYSE TOXICOLOGIQUE

I .- Référence de l'échantillon

1. **Nature** : Un extrait liquide de couleur noir brunâtre d'une plante codifiée **ROUB/LEHM** (B) contenu dans un récipient en verre
   Etiquette : mentionne une concentration de 5 mg/ml pour un ratio respectif p/p de 5/1
2. **Origine de l'échantillon** : Laboratoire GREPPAT de Kinshasa/Kingabwa
3. **Objectif** : Déterminer la toxicité de l'échantillon

II.- Essais effectués :

Un groupe de trois souris d'âge et poids approximatifs, pesant en moyenne 17 gr ont été soumises au gavage journalier de l'extrait durant 7 jours. Soit 5,0 mg d'extrait par jour ; soit 5 mg x 7 = 35 mg/17 gr de poids corporel par semaine. Précisément 2,058 gr d'extrait par kg de poids corporel.

Conclusion : En absence d'aucun comportement anormal durant les sept jours, vu que le poids de chaque souris n'a fait qu'augmenter très régulièrement, il y a lieu de conclure que l'extrait **ROUB/LEHM** fait montre de nulle toxicité.

Fait à Kinshasa, le 15 AOUT 201?

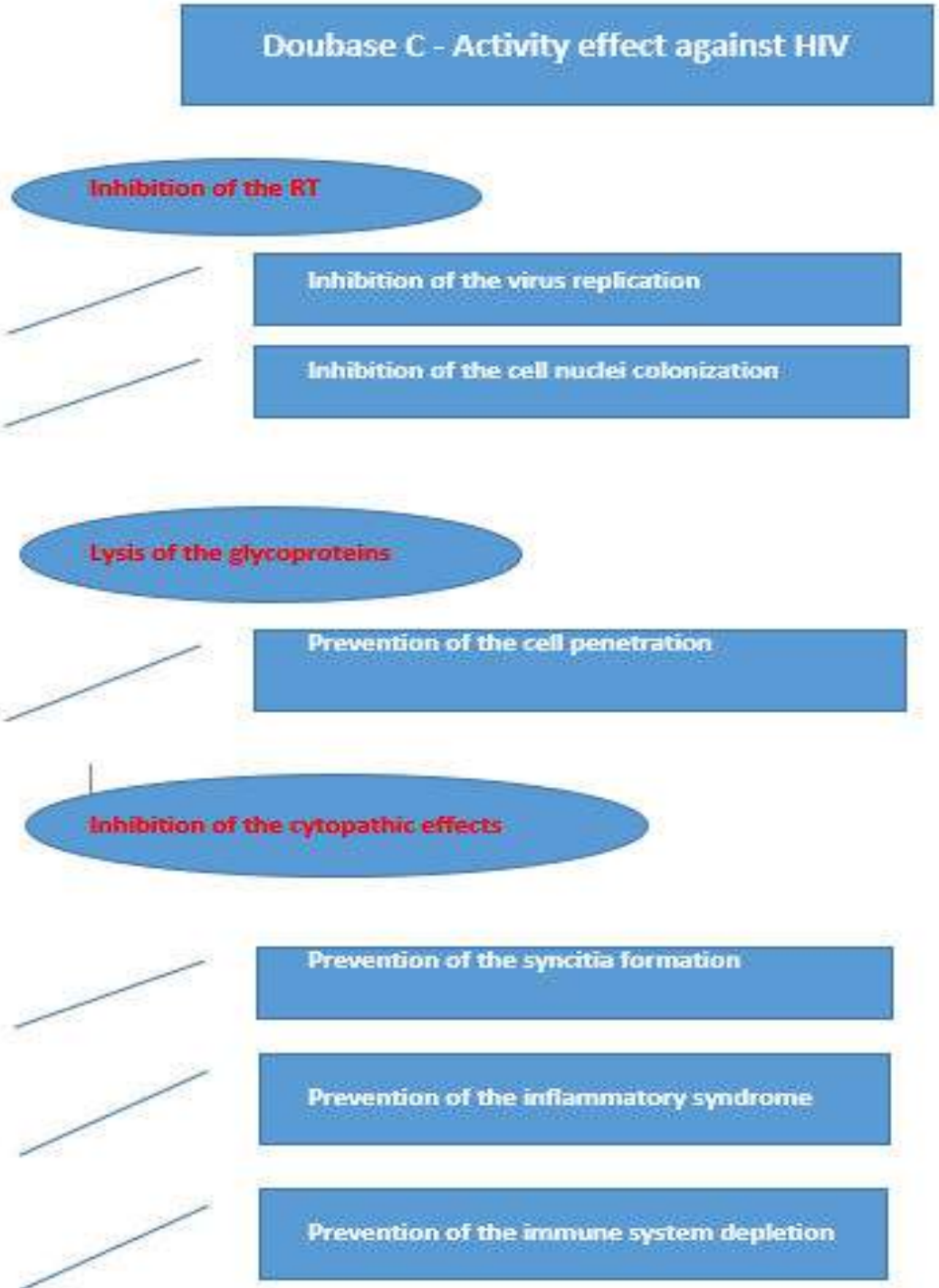
POUR LE LABORATOIRE DE TOXICOLOGIE

MUNGITSHI TSHILEMBI
Pharmacien d'Industrie
CNOP N° 571/74

SUMMARY

Doubase C™

Activity screening vs HIV



Doubase C™

Essais cliniques

reçu de : 003238281866
TUE. NOV-13-01 10:20AM

07/11/01 15:23 Pg: 1

AML

Apr.Bioloog M. STAELAERT
Dr.Med.Bioloog L. VERSTRAETE
Apr.Bioloog K. DECLERCK
Apr.Bioloog K. HENS

Patiënt : [redacted]
Echtgenoot:
Adres : SINT BERNARDSESTEENWEG 639
2660 HOBOKEN
Geb.Datum : [redacted] 25 J Sex: M

Dokter Van Offel Dirk

Wetstraat 83
2060 ANTWERPEN

Staal ontvangen : 16.10.01 13h18 Ambulant
Patiëntnummer : [redacted]

	Referentie-waarden			Datum : 16.10.01 9.11.00 Aanvraagnr.: [redacted]
Klinische gegevens				b1 Na kuur Doubase C' (produkt uit Congo)
HEMATOLOGIE				
Hemoglobine	[redacted]	g/dl		[redacted]
Hematocriet	35,0 - 50,0	%		40,8 45,4
Rode bloedcellen telling	4,10 - 5,70	milj/cmm		4,76 5,29
MCV	80,0 - 100,0	fl		85,8 85,8
MCH	26,0 - 34,0	pg		30,2 30,3
MCHC	31,0 - 37,0	g/dl		35,0 35,3
RDW	11,0 - 15,0	%		12,3 12,4
Witte bloedcellen telling	3,7 - 10,0	x 1000/cmm		4,2 5,2
Formule				
segmentkernigen	40,0 - 75,0	%		45,4 49,2
lymfocyten	16,0 - 45,0	%		35,1 36,7
monocyten	1,0 - 10,0	%		10,0 6,8
basofielen	0 - 2	%		0,6 0,7
eosinofielen	0 - 5	%	+	9,0 6,6
Sedimentatie na 1 uur	0 - 15	mm		12 9
T en B lymfocyten				
Totaal WBC	4000 - 10000	/µl		3110 3750
Granulocyten	38,0 - 50,0	%	+	58,5 42,9
Lymfocyten	1300 - 4000	/µl		1819 1609
B-lymfocyten (CD19)	< 15	%		10 9
PAN T-lymfocyten (CD3)	> 70	%		80 90
CD4 helper/inducer lymf	35 - 60	%		37 38
CD4 helper/inducer	436 - 1394	/µl		673 [redacted]
CD8 suppressor lymfo	20 - 40	%	+	[redacted] [redacted]
CD8 suppressor lymfo	166 - 832	/µl		746 644
CD4/CD8 verhouding	1,00 - 3,60			0,90 0,95
Beoordeling:				okla okla
CHEMIE				
IJzer	- - 158	µg/dl		94 145
Transferrine	200 - 360	mg/dl		295
% saturatie	20 - 50	%		25
[redacted]	0,00 1,30	[redacted]		[redacted] [redacted]
[redacted]	- 0,8	[redacted]		[redacted] [redacted]

Desguinlei 88 - 2018 Antwerpen Tel.:(03)248.56.50 Fax :(03)216.06.08

Instituut voor Tropische Geneeskunde
Institut de Médecine Tropicale
Stichting van Openbaar Nut | 0410.057.701

AIDS Referentie Laboratorium (ARL)
Nationalestraat 155
B-2000 ANTWERPEN
Nr 147-MED

8 11704 89 163 30.12.08 Ref: 8121975/86707

Dokter APERS LUDWIG
ITG
ITG, KRONENBURGSTRAAT 43/
2000 ANTWERPEN

Datum voorschrift: 22.05.08
Datum ontvangst : 23.12.08 12h12

Patient : DE BLICK, TONY
ST BERNARDSESTNWG 637
2660 HOBOKEN
Geslacht : Man
Geboortedatum : 14.12.1964 44 J
Referentie :
Druk : DRUK/VOLLEDIG

Voorschrijver : Dokter APERS LUDWIG

ANALYSE	RESULTAAT	
MOLECULAIRE BIOLOGIE:		
HIV Virale lading	264	copies/ml plasm
	2,42	logs
	Gebruikte test:	

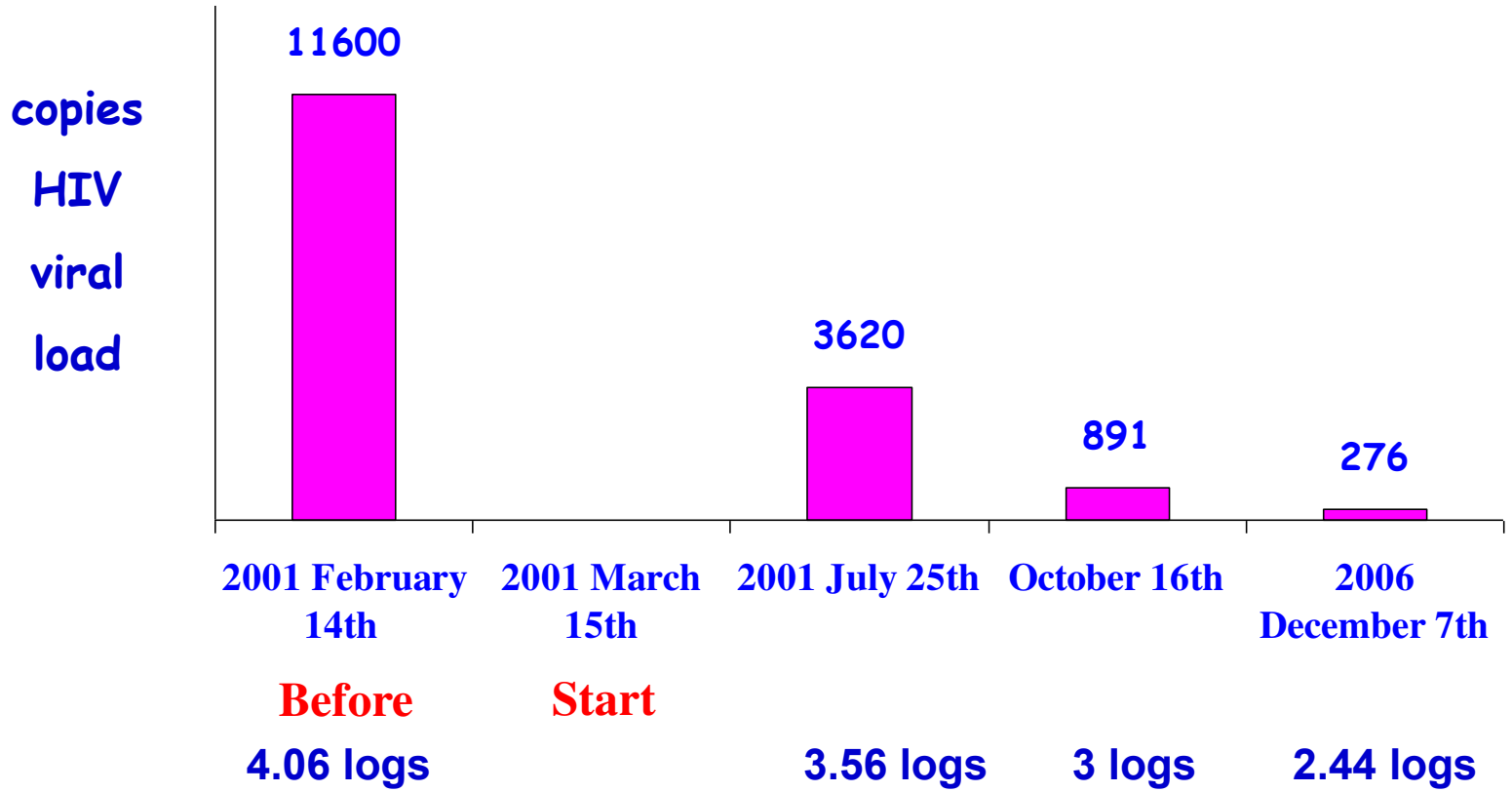
Cobas AmpliPrep/Cobas Amplicor HIV-1 Monitor
TM Test van ROCHE. (S.D.: 0.2 log)
(ultra-gevoelig)
(Versie 1.5)

Met beleefde groeten,

Gevalideerd door T. Crucitti - Klinische biologie
M. Van Esbroeck - Klinische biologie

K. Fransen - Directeur ARL

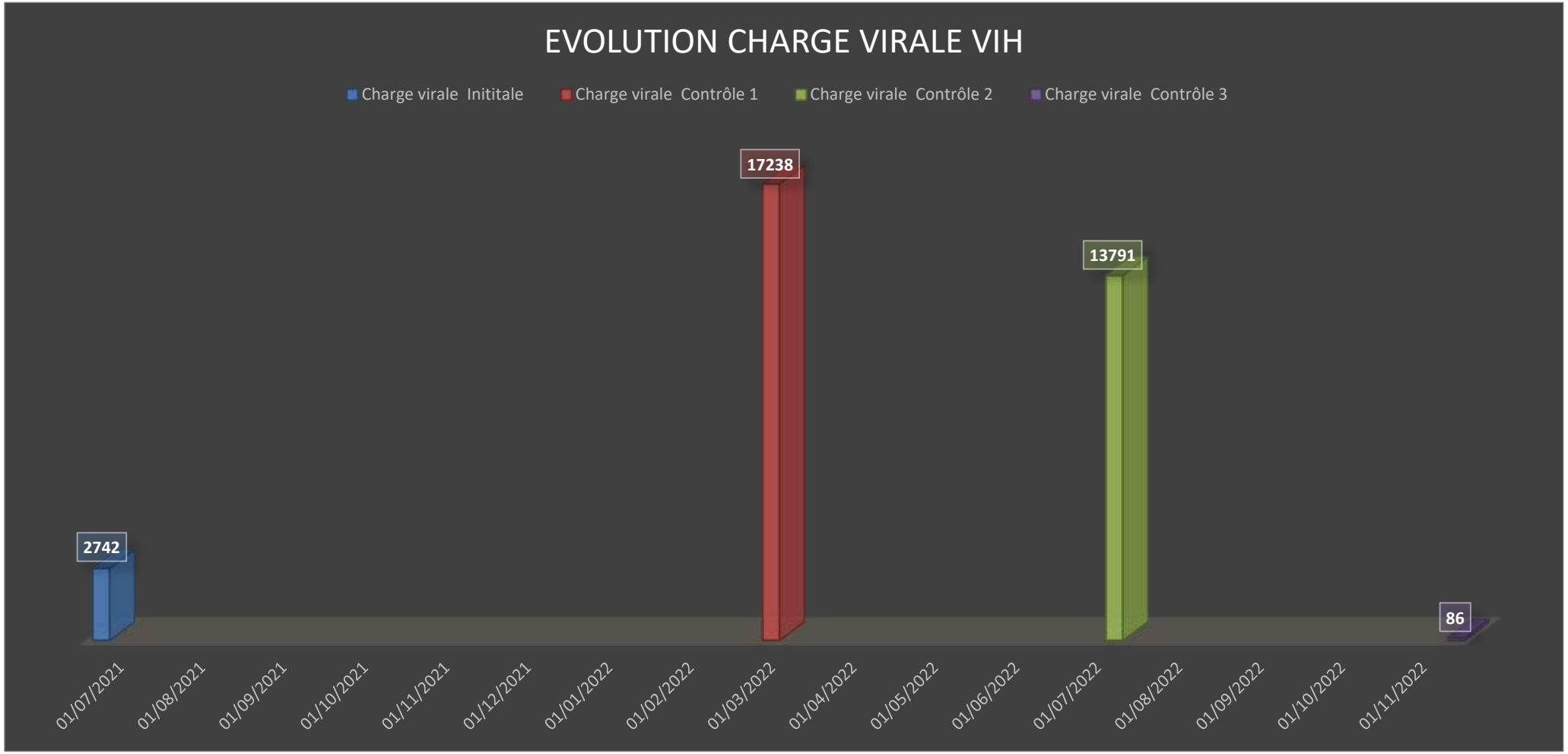
Patient TDB (37 Y, M)
Evolution of Viral load profile



Patient BAFDFAB (37 Y, M)
Evolution of Viral load profile

Date	Code	Tests				
		Elisa (Behr)	Test rapide (Determine)	Elisa (Behr)	Test rapide (Determine)	Xpert HIV Viral
21/09/2022	BAFDFAB	Positif	Positif			
08/01/2022						Non détecté
05/02/2022				Négatif	Négatif	

Patient MUKMAR (VIH/SIDA)



Conclusion

- Augmentation considerable des taux de LT et de CD_4 jusqu'aux taux normaux;
- Une regression de la charge virale:
  - on observe un pic au début du traitement du fait de la lyse des enzymes et des glucoprotéines virales, mais sans consequences cliniques car les virions deviennent immatures, malassemblés et non infectieux;
  - Suivie d'une chute drastique de cette charge virale du fait de l'elimination progressive des virions immatures/mal formes par l'organisme;
  - On atteint ensuite des taux non détectables;
  - La poursuite du traitement sur un long cours permet l'eradication totale de la maladie jusqu'a la seroconversion.

Conclusion

Don Wilson
9055 S. Lucille
Chicago IL 606

Mr. Paul Ruhamya
Direction Afrique & M.O
Ministère des Affaires Etrangères
B.P. 7100
Kinshasa / Gombe
Democratic Republic Of Congo

September 12, 1997

Dear Paul

I received your letter yesterday and was very pleased to hear from you. I waited anxiously to learn of the welfare of you and your family. The news media carried extensive coverage of Mr. Kabila as he captured the former Zaire.

Mr. Bashengezi contacted me via the Red Cross several months ago. He and his family escaped to Kisengani through equatorial rain forest on foot. Lt. Kany was with them.

I am saddened to learn that Mr. Birindwa will not be in Kinshasa when I return. Please get me his address in Italy so I can write to him. It is important for him to keep up with our progress. We will need his air plane to ship equipment and medicine in the near future.

There is good news and great news. First, the good news. On March 4, 1997, Mr Bashengezi was awarded his United States Patent. However, there are several typographical errors which have been submitted for correction. The great news is on August 8, compound analysis have revealed several active compounds in the pure extract. These compounds are non-toxic, therefore they can be administered at high dosages which could facilitate the total elimination of the illness. We are in the process of negotiating an agreement for the structure elucidation of these compounds. Hopefully, we will have their identification before the end of the year. Please keep this information **TOP SECRET** until we can patent the structures of the active compounds. If possible, forward this information on to Mr. Bashengezi.

Doubase C

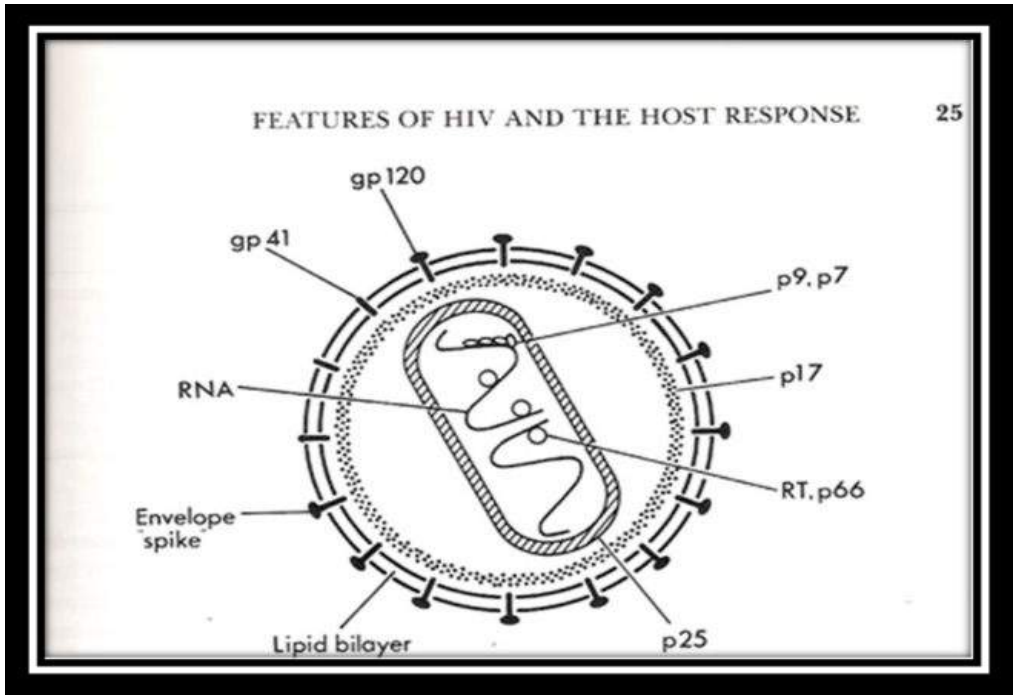
Anti-Coronavirus, Anti-COVID-19

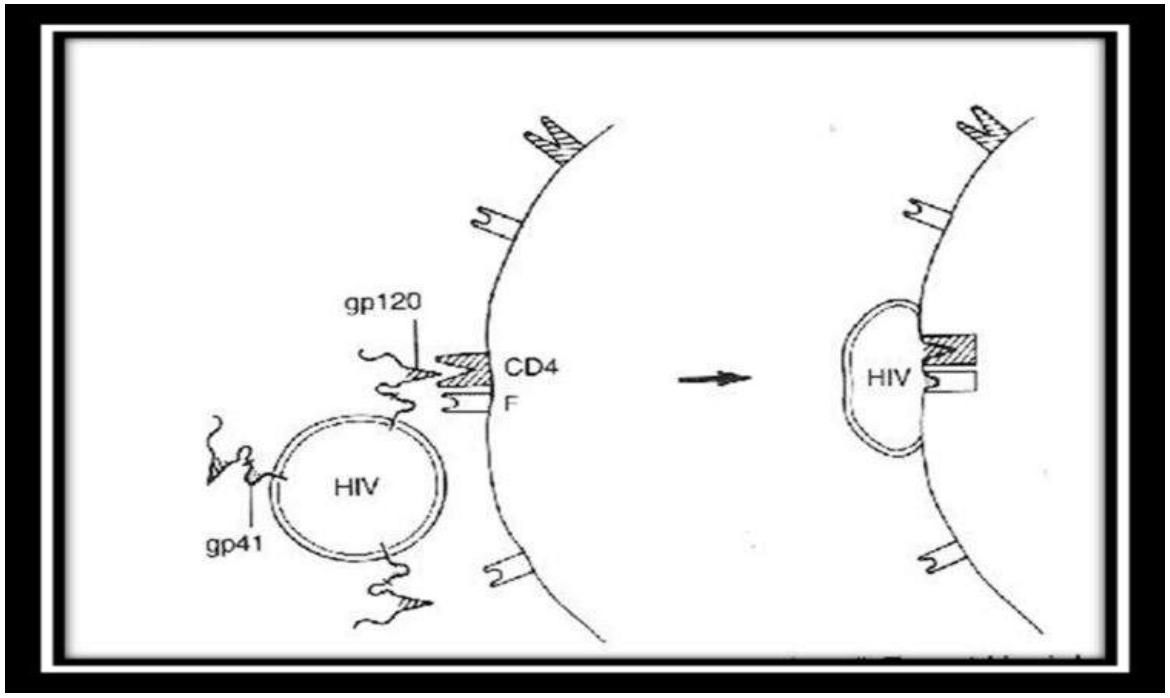
Doubase C™: Anti-Coronavirus, Anti-COVID-19

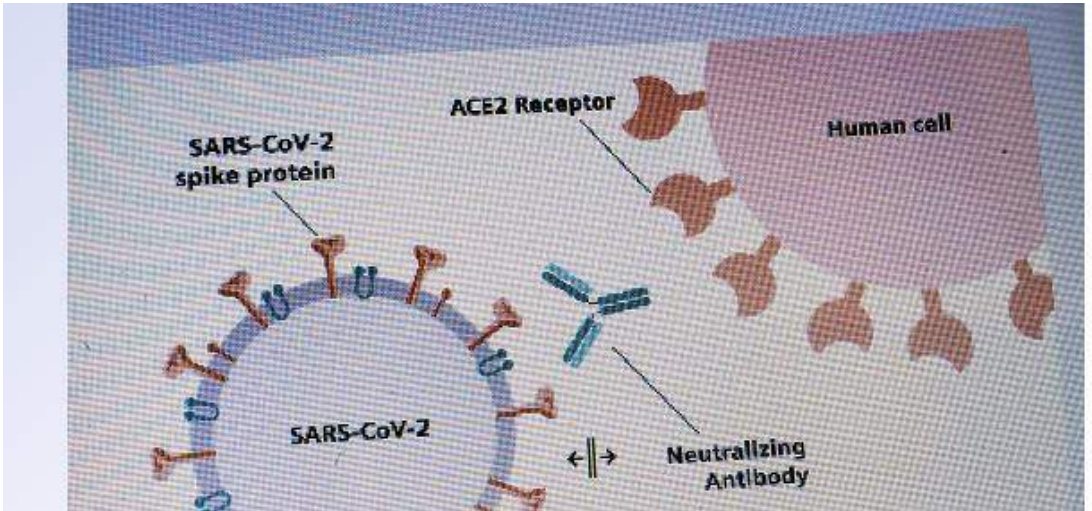
- Doubase C™, in addition to its activity against HIV, Herpes virus, Hepatitis Viruses B and C and against Influenzaviruses, has demonstrated an incisive action against SARS-COV-2 infection that enables a prompt and efficient management of the COVID-19 pandemic. That corroborates its reputation for a broad antiviral activity spectrum.

- As for the HIV, similarities related to the mechanism of replication and mechanism of infection seem to be the key-factors that justify the antiviral effect onto the SARS-COV-2: Inhibition of the Transcriptases (polymerases), breaking down the polymerase-dependant replication, lysis of core and envelope viral glycoproteins that interact with the host cell receptors.

VIH et SARS-COV-2:
Similarité de structures et de mécanismes d'infection

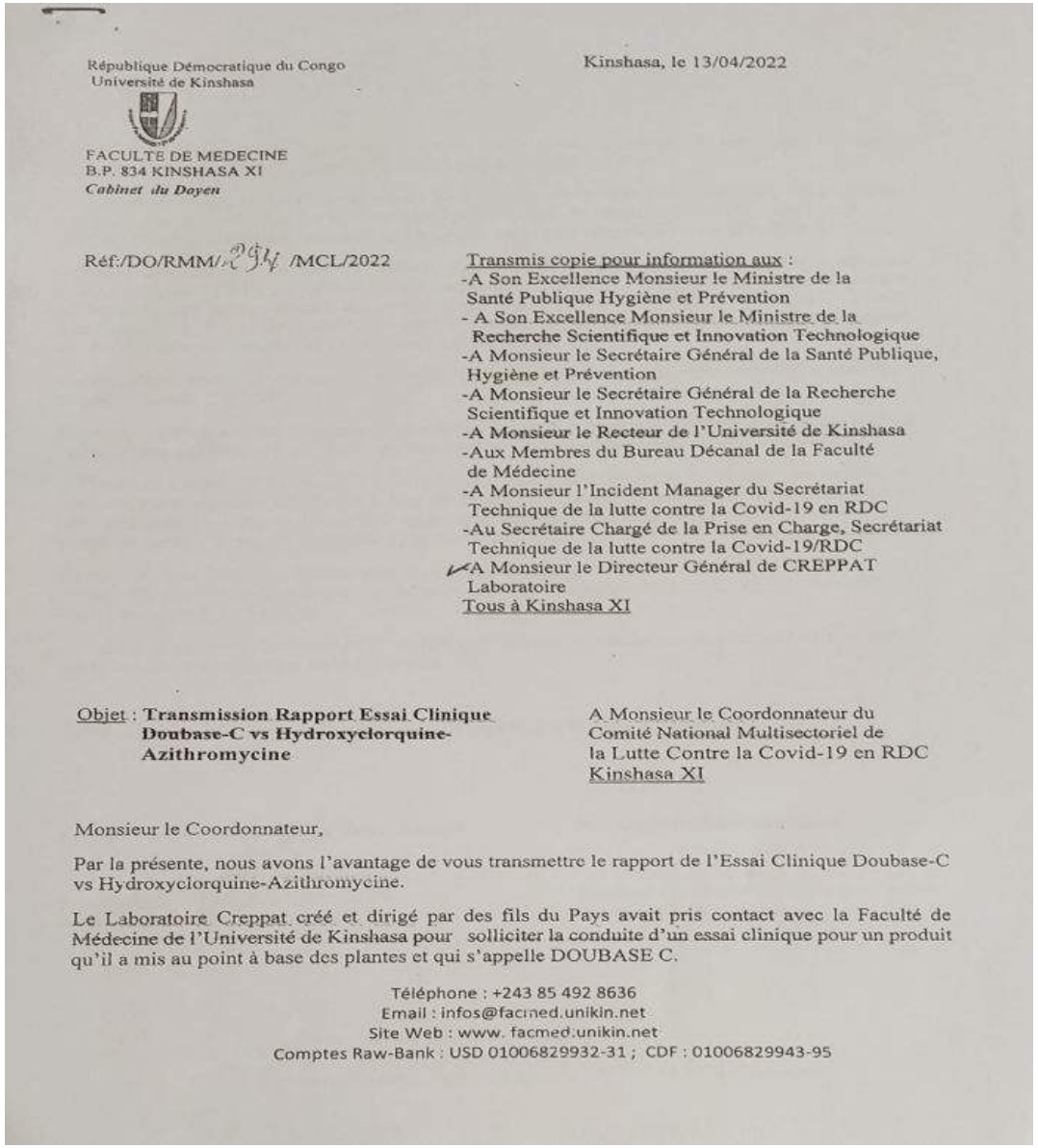






VIH et SARS-COV-2:

Essai clinique randomisé, contrôlé de Doubase C – UNIKIN, May 2021- Jan 2022



République Démocratique du Congo
Université de Kinshasa

FACULTE DE MEDECINE
B.P. 834 KINSHASA XI
Cabinet du Doyen

Kinshasa, le 13/04/2022

Réf:/DO/RMM/294/MCL/2022

Transmis copie pour information aux :
-A Son Excellence Monsieur le Ministre de la Santé Publique Hygiène et Prévention
- A Son Excellence Monsieur le Ministre de la Recherche Scientifique et Innovation Technologique
-A Monsieur le Secrétaire Général de la Santé Publique, Hygiène et Prévention
-A Monsieur le Secrétaire Général de la Recherche Scientifique et Innovation Technologique
-A Monsieur le Recteur de l'Université de Kinshasa
-Aux Membres du Bureau Décanal de la Faculté de Médecine
-A Monsieur l'Incident Manager du Secrétariat Technique de la lutte contre la Covid-19 en RDC
-Au Secrétaire Chargé de la Prise en Charge, Secrétariat Technique de la lutte contre la Covid-19/RDC
-A Monsieur le Directeur Général de CREPPAT Laboratoire
Tous à Kinshasa XI

Objet : **Transmission Rapport Essai Clinique Doubase-C vs Hydroxyclorquine-Azithromycine**

A Monsieur le Coordonnateur du Comité National Multisectoriel de la Lutte Contre la Covid-19 en RDC
Kinshasa XI

Monsieur le Coordonnateur,

Par la présente, nous avons l'avantage de vous transmettre le rapport de l'Essai Clinique Doubase-C vs Hydroxyclorquine-Azithromycine.

Le Laboratoire Creppat créé et dirigé par des fils du Pays avait pris contact avec la Faculté de Médecine de l'Université de Kinshasa pour solliciter la conduite d'un essai clinique pour un produit qu'il a mis au point à base des plantes et qui s'appelle DOUBASE C.

Téléphone : +243 85 492 8636
Email : infos@facmed.unikin.net
Site Web : www. facmed.unikin.net
Comptes Raw-Bank : USD 01006829932-31 ; CDF : 01006829943-95

VIH et SARS-COV-2:

Essai clinique randomisé, contrôlé de Doubase C – UNIKIN May 2021-Jan 2022

Les données obtenues ont été analysées par une équipe indépendante des spécialistes en bio statistique et épidémiologie de l'ESP.

Cet essai clinique a inclus des patients présentant les formes légères et modérées de Covid 19 dans les deux bras de l'étude : Doubase C et l'association Hydroxychloroquine avec Azithromycine.

A l'issue de l'étude, le Doubase C s'est montré efficace en empêchant le passage des malades de forme légère et modérée à la forme grave, une bonne tolérance et un manque de toxicité sur tous les organes vitaux. De ce point de vue le Doubase C se présente donc comme une bonne alternative pour traiter les formes légères et modérées de la Covid 19.

Le rapport en annexe, a été discuté avec les experts de l'OMS le jeudi et vendredi 24 et 25 mars 2022 qui ont fait des recommandations sur la poursuite des essais multicentriques afin de consolider la force des résultats déjà trouvés.

L'équipe de recherche sollicite des autorités compétentes le positionnement officiel de Doubase C dans l'arsenal thérapeutique contre la Covid 19.

Veuillez agréer, Monsieur le Coordonnateur, l'expression de notre considération.

Prof Dr MAKULO RISSASY Jean -Robert

Investigateur Principal et Médecin Directeur
Des Cliniques Universitaires de Kinshasa

Prof Dr MBUNGU MWIMBA

Président du Comité de Pilotage &Doyen
de la Faculté de Médecine

VIH et SARS-COV-2:
Essai clinique randomisé, contrôlé de Doubase C – OMS-UA-CDC Afrique

L'équipe conjointe d'experts (OMS, UA, CDC Afrique) salue les efforts de la République Démocratique du Congo en matière de recherche sur les traitements traditionnels de COVID19

Kinshasa, 31 mars 2022.

La mission conjointe du comité consultatif régional d'experts (OMS/CDC Afrique/Commission de l'UA) sur les médicaments issus de la pharmacopée traditionnelle proposés pour le coronavirus, COVID-19 en République démocratique du Congo a salué les efforts du pays en matière de recherche sur les traitements traditionnels du SARS-CoV-2, au terme d'une visite de 11 jours à Kinshasa – du 21 au 31 mars 2022.

Les experts ont fait la restitution des résultats de la

Doubase C™

Contre les Hépatites virales B et C

Contre les Hépatites virales virales B et C

What is Hepatitis?

Hepatitis means “inflammation of the liver”.

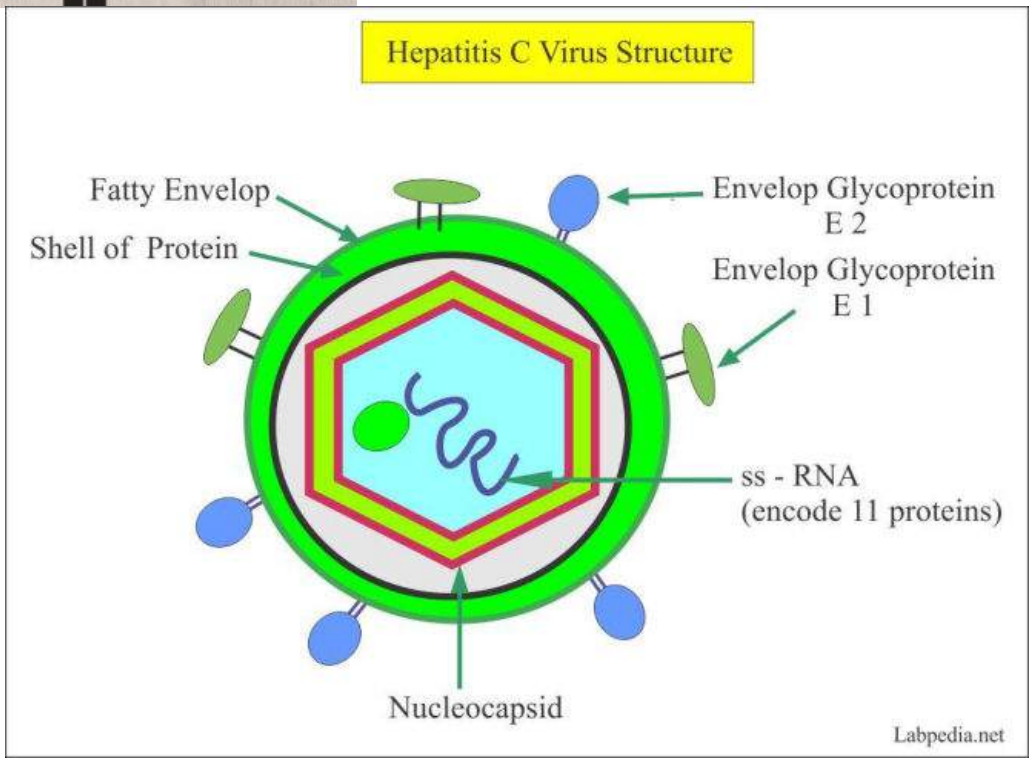
A liver can become inflamed for many reasons, such as too much alcohol, physical injury, autoimmune response, or a reaction to bacteria or a virus.

The five most common hepatitis viruses are A, B, C, D, and E.

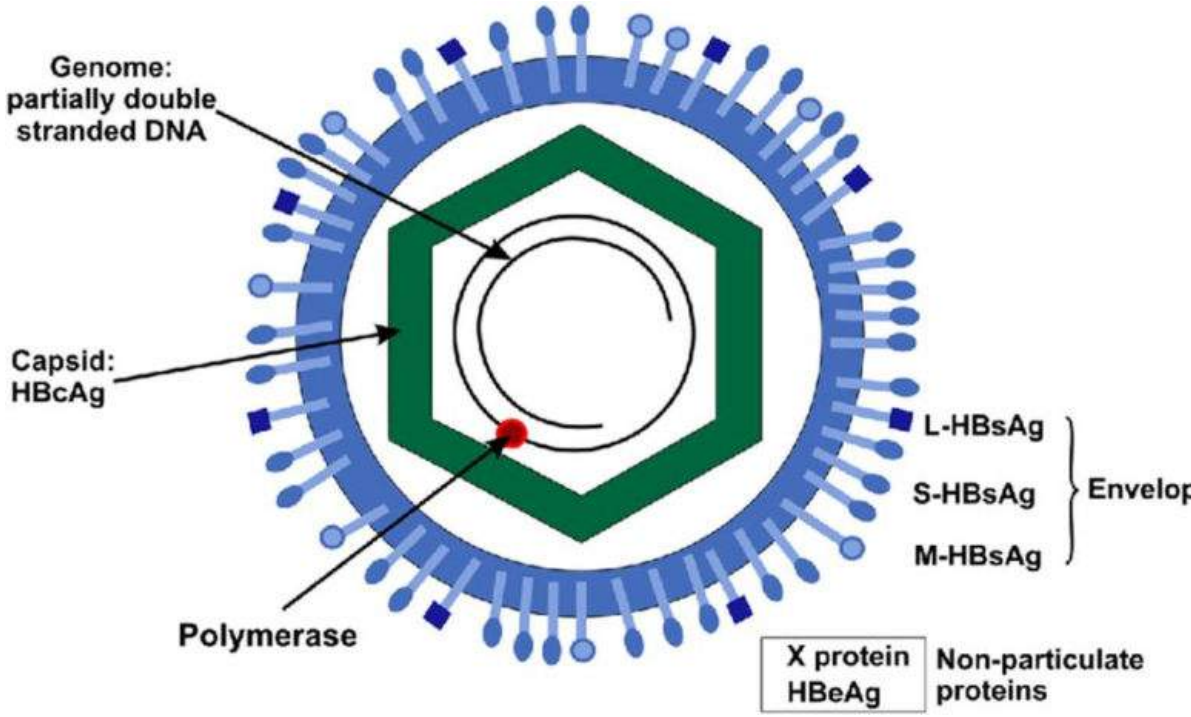
Some hepatitis viruses can lead to fibrosis, cirrhosis, liver failure, or even liver cancer.

Damage to the liver reduces its ability to function and makes it harder for your body to filter out toxins.

Contre les Hépatites virales virales B et C



Hepatitis B Virus structure



Contre les Hépatites virales virales B et C

Both hepatitis B and C are blood-borne pathogens, which means that their primary mode of transmission is through direct blood-to-blood contact with an infected person.

Also, both hepatitis B and C can cause chronic, lifelong infections that can lead to serious liver disease.

Hepatitis B is most commonly spread from mother-to-child during birth while hepatitis C is more commonly spread through the use of unclean needles used to inject drugs.

Contre les Hépatites virales virales B et C

Hepatitis B vs Hepatitis C

Despite having an effective vaccine, **hepatitis B is the world's most common liver infection**; over 292 million people around the world are estimated to be living with chronic hepatitis B.

While hepatitis C tends to get more attention and research funding, **hepatitis B is considerably more common and causes more liver-related cancer and death worldwide** than hepatitis C.

Combined, **chronic hepatitis B and C account for approximately 80% of the world's liver cancer cases**.

However, studies show that **those with chronic hepatitis B are more likely to die from liver-related complications** than those who are infected with hepatitis C.

With hepatitis C, **most people develop cirrhosis, or scarring of the liver, before liver cancer**.

In certain cases of hepatitis B, liver cancer can develop *without* any signs of cirrhosis, which makes it extremely difficult to predict the virus' impacts on the body, and makes screening for liver cancer more complicated.

Contre les Hépatites virales virales B et C

The hepatitis B virus is also approximately 5-10 times more infectious than hepatitis C, and far **more stable**. It can survive – and **remain highly contagious – on surfaces outside of the body for up to 7 days** if it is not properly cleaned with a disinfectant or a simple bleach solution.

A new study suggests that the hepatitis B virus has the ability to survive in extreme temperatures, whereas the hepatitis C virus has been known to survive outside of the body for **a short period** of time on room-temperature surfaces.

Another major difference between the two forms of hepatitis is how the virus attacks a cell.
The hepatitis C virus operates like other viruses;.
it enters a healthy cell and produces copies of itself that go on to infect other healthy cells
The hepatitis B virus reproduces in a **similar fashion**, but with one large difference – **covalently closed circular DNA**.

Contre les Hépatites virales virales B et C

Covalently closed circular DNA (cccDNA) is a structure that is unique to only a few viruses.

Unlike a typical virus, **hepatitis B's cccDNA permanently integrates itself into a healthy cell's DNA – a component of the cell that allows it to function properly and produce more healthy cells**.

The cccDNA resides within an essential area of the cell called the **nucleus** and **can remain there** **even if an infected person's hepatitis B surface antigen (HBsAg) levels are undetectable**.

Its presence means that a **person with chronic hepatitis B may have a risk of reactivation even if the HBsAg levels have been undetectable for a long period of time.**

The cccDNA's location inside of the nucleus is especially troublesome because it makes it difficult to isolate and destroy the cccDNA without harming the rest of the cell.

Contre les Hépatites virales virales B et C

People living with chronic hepatitis B are susceptible to hepatitis Delta.

Only people with hepatitis B can contract hepatitis D as well.

Hepatitis Delta is considered to be the most severe form of hepatitis because of its potential to quickly lead to more serious liver disease than hepatitis B alone.

Of the 292 million people living with chronic hepatitis B, approximately 15-20 million are also living with hepatitis D.

Unlike HIV and hepatitis C coinfections, **there are currently no FDA approved treatments for hepatitis Delta**.

Contre les Hépatites virales virales B et C

Hepatitis B/C Coinfection

It is possible to have both hepatitis B and C at the same time. The hepatitis C virus may appear more dominant and reduce hepatitis B to low or undetectable levels in the bloodstream.

Prior to curative treatment for hepatitis C, it is important for people to get tested for hepatitis B using the **three-part blood test (HBsAg, anti-HBc total and anti-HBs).**

People currently infected with hepatitis B (HBsAg positive) **or those who have recovered from past infection** (HBsAg negative and anti-HBc positive) **should be carefully managed** according to the American Association for the Study of Liver Diseases (AASLD) treatment guidelines **in order to avoid dangerous elevation of liver enzymes resulting in liver damage.**

Contr DOUBACE C les B et C

Patient Code	Diagnosti	Date Entrée				Date contrôle			
		Test qualitatif	Test quantita	SGOT	SGPT	Test qualitatif	Test quantitatif ARN-RT-PCR	SGOT	SGPT
		Feb 2019				January 2022			
MeM76F	HB sAg	P				N			
	HVC	P				N			
MBOM66M		June 2020				July 2020			
	HVB	P				N			
LUMAT34M									
	HVB	P				N			
KUK44F		June 2019				January 2020			
	HVB	P				N			
	HVC	P				N			
TSDE21F		June 2019				July 2019			
	HVC	P				N			
FKTO		Aug 2017				Dec 2017			
	HVB	P				N			
GISJOS7M		Feb 2017				Apr 2017			
	HVB	P	43	17.7	14.3	N	0	13.5	17.5
MMML64F	HCV	21 Aug 2021				19-Nov-21			
		P	306	47.8	19.8	N	0	18,9	19,1
						19 Feb 2022			
						N	0	16.9	19.1
KGBD78M		Aug 2021				Dec 2021			
	HVB	P				N			
BKHqoj	HVC	15 Septembre 2022				12-Feb-23			
		P	00000			P	52		
LEOKA		15 Mars 2023				Juillet 2023			
	HVB	P	4 450 000			P	2 020 000		
CTABMUG		15 Mars 2023				08 Juillet 2023			
	HVB	P	450 000 000			N	0		
Barfel		16-Dec-22							
	HB sAg	P	52.4						
KABEM		13 Avril 2023				27 juillet 2023			
	HVC	P	312 000			P	67 100		
LINGA		23-Nov-22				14 juillet 2023			
	HVC	P	1 230 000			P	745 000		

2.
Cancure 30mg comprimé

Activity screening

Cancer: C’est quoi?

Cancer : C’est quoi ?

Activation continue des cellules conduisant soit :

- La multiplication anarchique des cellules;
- Croissance anarchique des cellules.

Facteurs déclencheurs et/ou favorisants

- ❖ Hérédité
- ❖ Mutations génétiques
  - Alimentation :
    - Nourriture : Produits surgelés importés ?
    - Boissons

Facteurs déclencheurs et/ou favorisants

- Environnement
  - Alimentation contaminée, déficiente
  - Eau des rivières contaminées
  - Aliments irrigués par des eaux contaminées
  - Aliments contaminés par les produits polluants
- Mode et moyen de conservation
  - Poissons fumés
  - Chaine de froid défectueuse
  - Toitures des maisons en amiante
  - Eau de consommation en sachets plastiques

Facteurs déclencheurs et/ou favorisants

- ❖ Ondes électromagnétiques :
  - Aliments chauffés aux micro-ondes
  - Antennes de communication
  - Téléphones cellulaires
  - Services de phonie Talky-Walky
- ❖ Minerais radioactifs
  - Carrés miniers : Uranium, Radium, Norbium, etc. : Kivu, Katanga vs Enfants et Femmes dans l'exploitation artisanale ;
  - Entrepôts des exploitants miniers ;
- ❖ Hydrocarbures
  - Pétrole
  - Mazout
  - Essence
  - Sachets plastiques
- ❖ Solvants organiques

Facteurs déclencheurs et/ou favorisants

- Transports routiers
  - Cargaisons de minerais radioactifs longs courrier routier;
- Médicaments
  - Hormones ou Produits à base d'hormones
  - Métaux lourds : Plomb, Mercure, etc.
  - Autres produits cancérigènes
- Cosmétiques
  - Produits démaquillants
    - A base de métaux lourds : Mercure
    - A base d'hormones : Corticoïdes

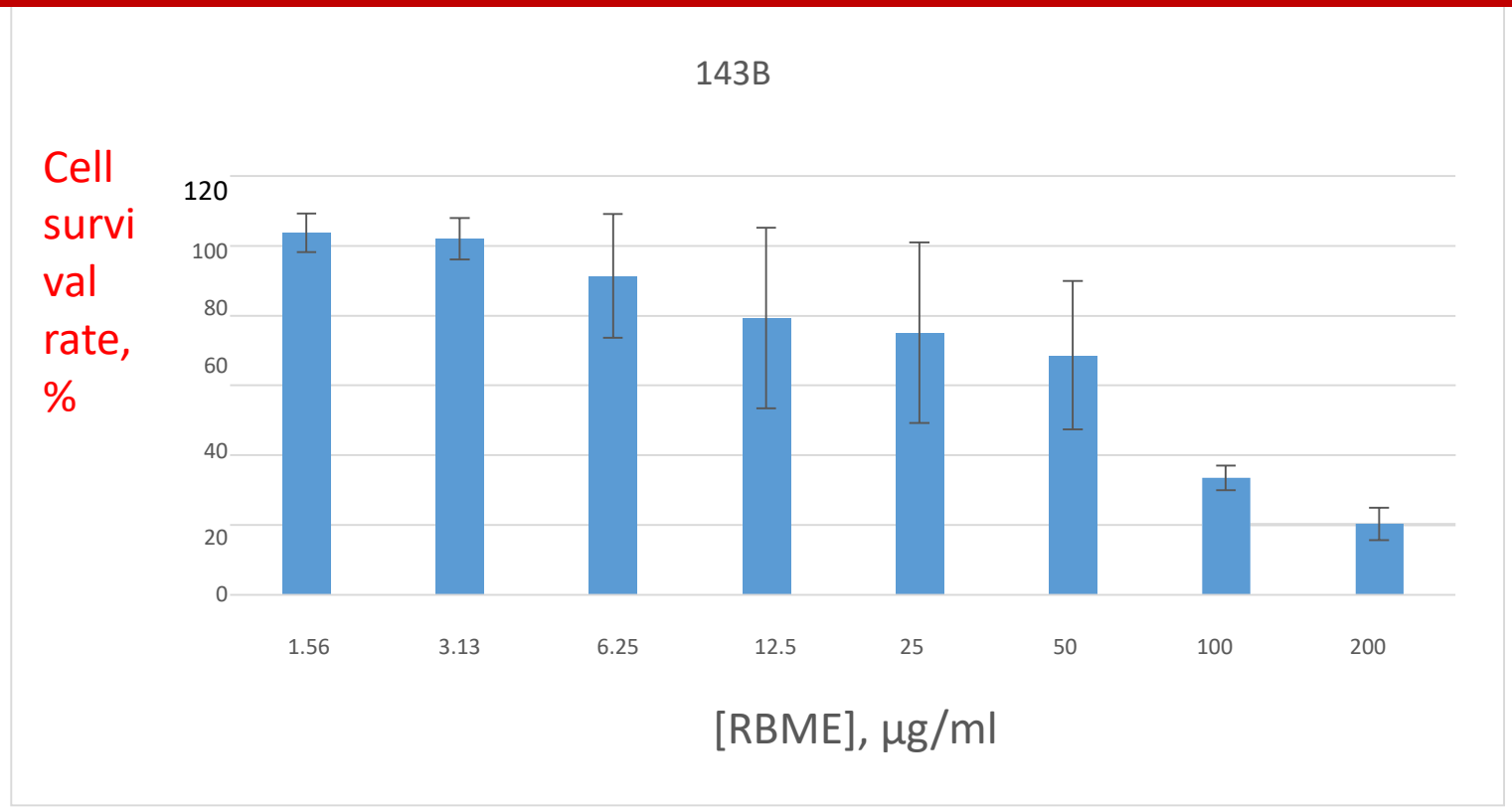
Assessment of cell survival and proliferation and Assessment of product toxicity

No.	Cell line	Cell line description	Passageno.	Seeding density (cells/ well x 10^3)
1	H69V	Human small cell lung carcinoma	10-17	8
2	143B	Human bone osteosarcoma	11-25	4
3	C3A	Human hepatocellular carcinoma	11-17	8
4	A375	Human skin melanoma	23-30	4
5	HT29	Human colon adenocarcinoma	147-149	10
6	MCF7	Human breast adenocarcinoma	8-13	10
7	Vero	African green monkey, kidney, non-cancer	10-20	4
8a	84BR	Human skin fibroblast, non-cancer	5	10
8b	BJ-5ta	Human skin fibroblasts hTERTimmortalized, non-cancer	12-14	3
9	AGS	Human stomach adenocarcinoma	7-8	10
10	Clone 15 HL-60	Human acute promyelocytic leukemia	14	25
11	DU145	Human prostate carcinoma	63-66	5
12	A-704	Kidney adenocarcinoma	73-77	6
~~13~~	~~HeLa~~	~~Cervix adenocarcinoma~~		
13	A549	Human non-small cell lung carcinoma	8-11	3
14	K-562	Chronic myelogenous Leukemia (CML)	4-8	20
15	U-87 MG	Human Likely glioblastoma	134-138	8
~~16~~	~~U937~~	~~Histiocytic lymphoma~~		
16	BT-20	Triple negative invasive ductal humancarcinoma breast cancer	27-29	6
17	Panc 02.03	Pancreas adenocarcinoma	26-28	8

No.	ID	DSMO solubility	Media solubility
1	RBME	Complete	Soluble
2	RBAC	Complete	Soluble
3	RBET	Complete	Soluble
4	LUENT	Complete	Soluble
5	RBMW	Complete	Soluble
6	YS2	Complete	Soluble
7	F6A-F5ZS	Complete	Soluble
8	G4/MUC	Complete	Soluble
9	G3W	Complete	Soluble
10	MESC-INO	Complete	Precipitate, 80%
11	YS4	Complete	Soluble
12	G5/MUC	Complete	Soluble
13	G1/W	Complete	Soluble
14	IN1	Complete	Soluble
15	YS5	Complete	Precipitate, 80%
16	F7NN	Complete	Precipitate, 80%

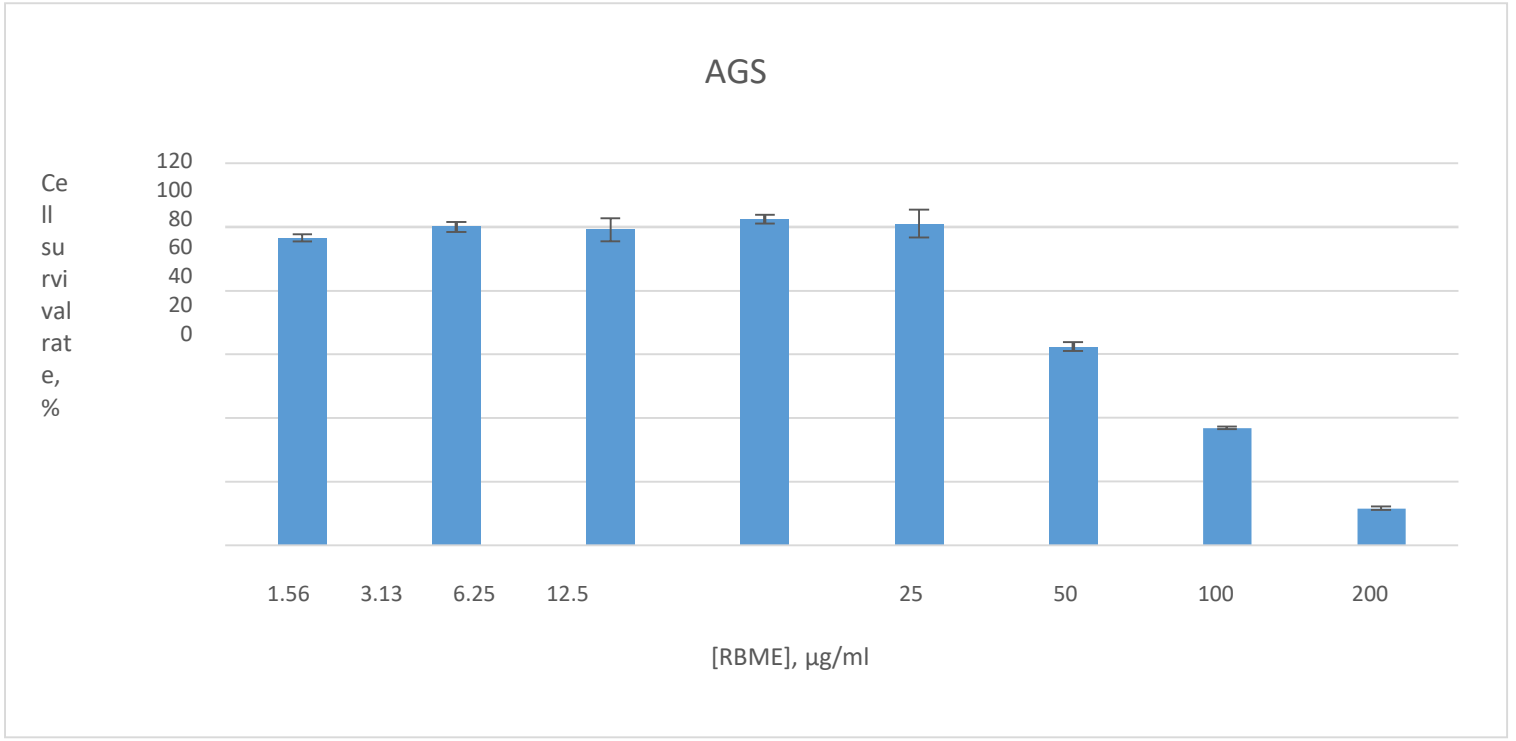
1.143B (Human osteosarcoma)

Figure 1.4: Cell survival following treatment 143B cells for 72 h with RBME, as determined with the MTT assay (error bars = standard deviation, *n* = 6).



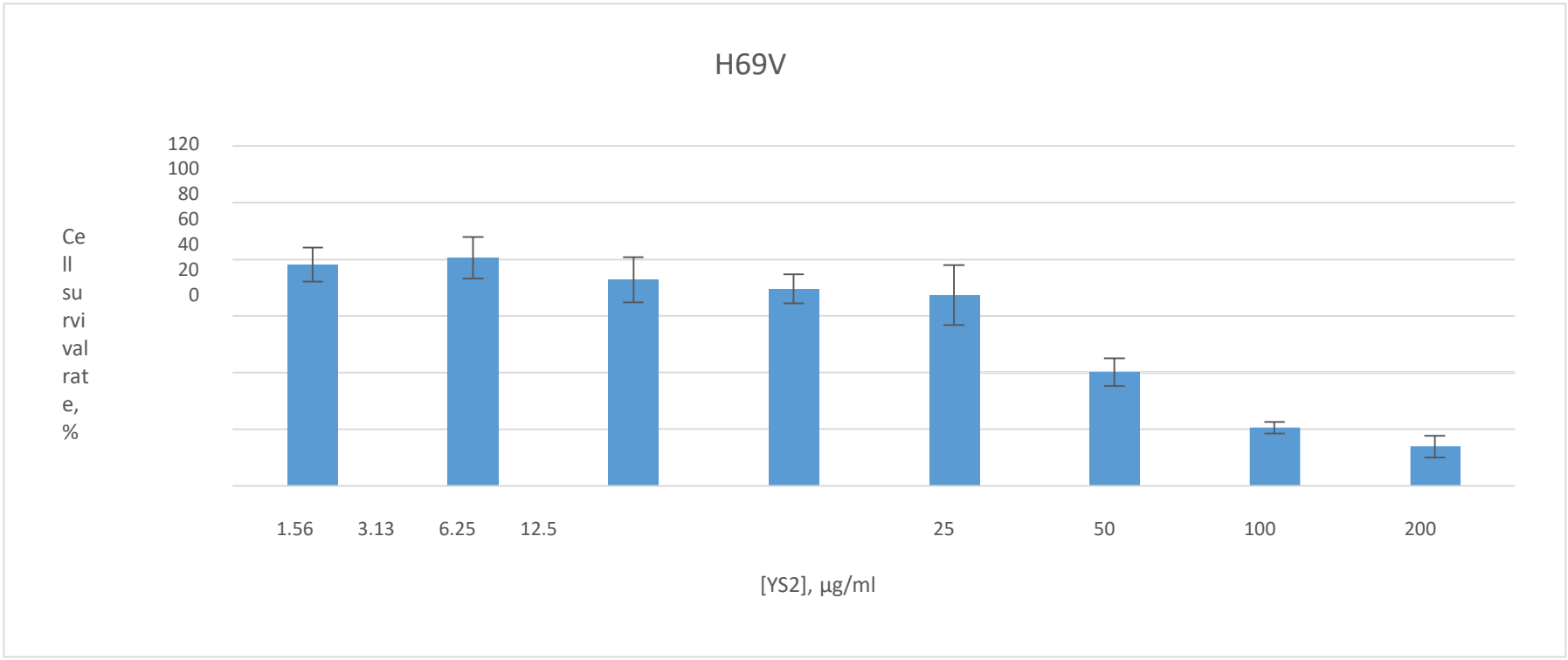
5.1.9 AGS (Human stomach adenocarcinoma)

Figure 1.9: Cell survival following treatment of AGS cells for 72 h with RBME, as determined with the MTT assay (error bars = standard deviation, *n* = 6).



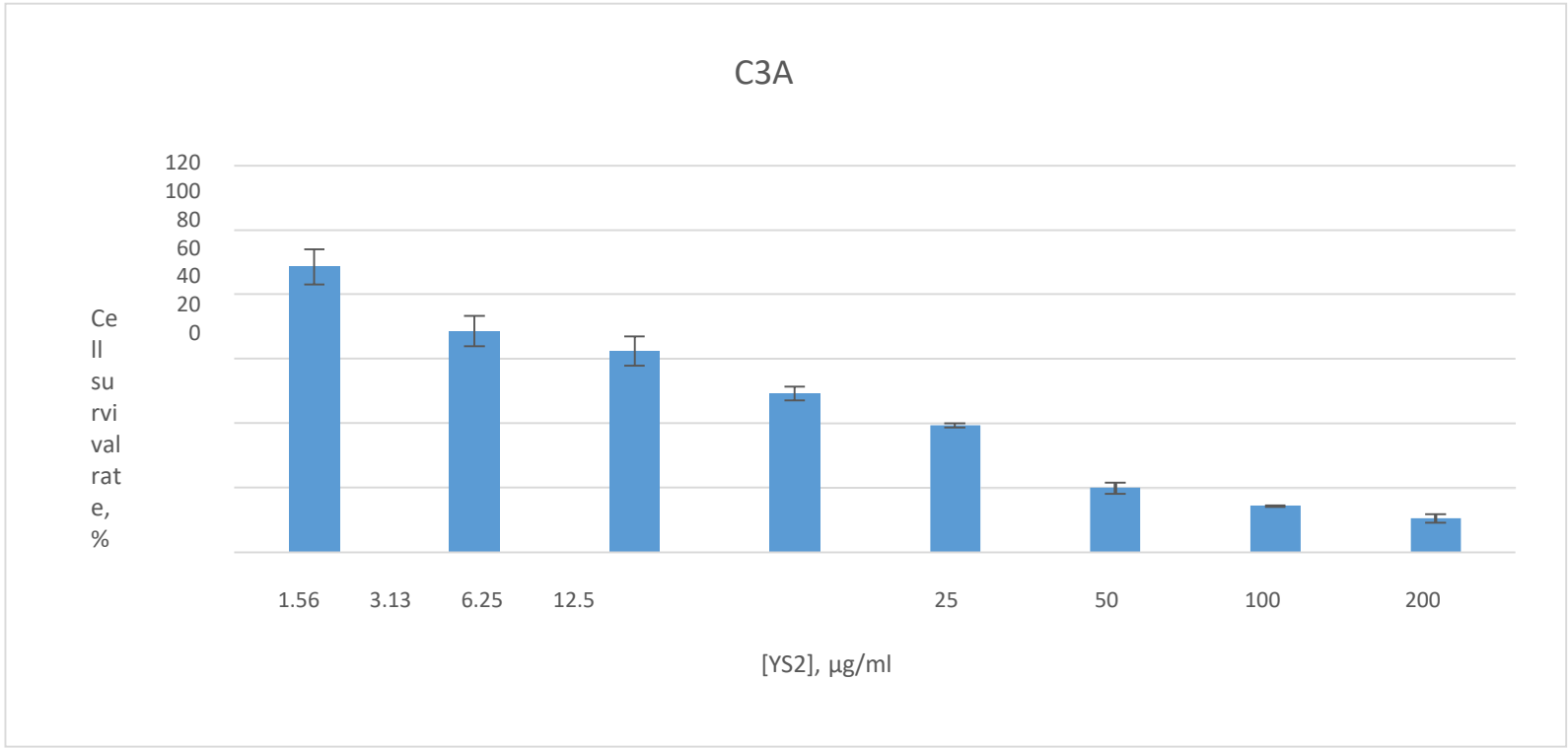
1.H69V (Human small cell lung carcinoma)

Figure 6.3: Cell survival following treatment of H69V cells for 72 h with YS2, as determined with the MTT assay (error bars = standard deviation, *n* = 6).



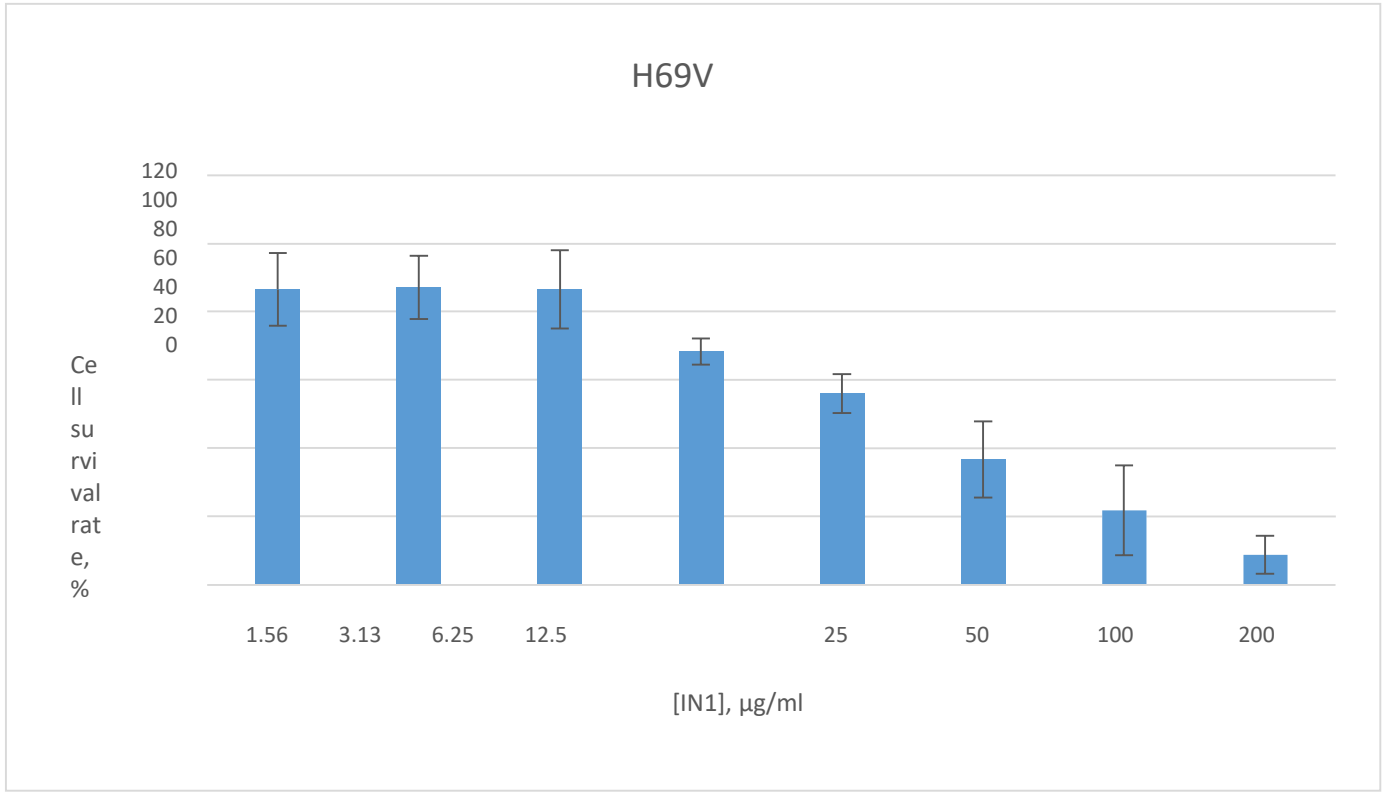
1.HepG2/C3A (Human hepatocellular carcinoma)

Figure 6.5: Cell survival following treatment of HepG2/C3A cells for 72 h with YS2, as determined with the MTT assay (error bars = standard deviation, *n* = 6).



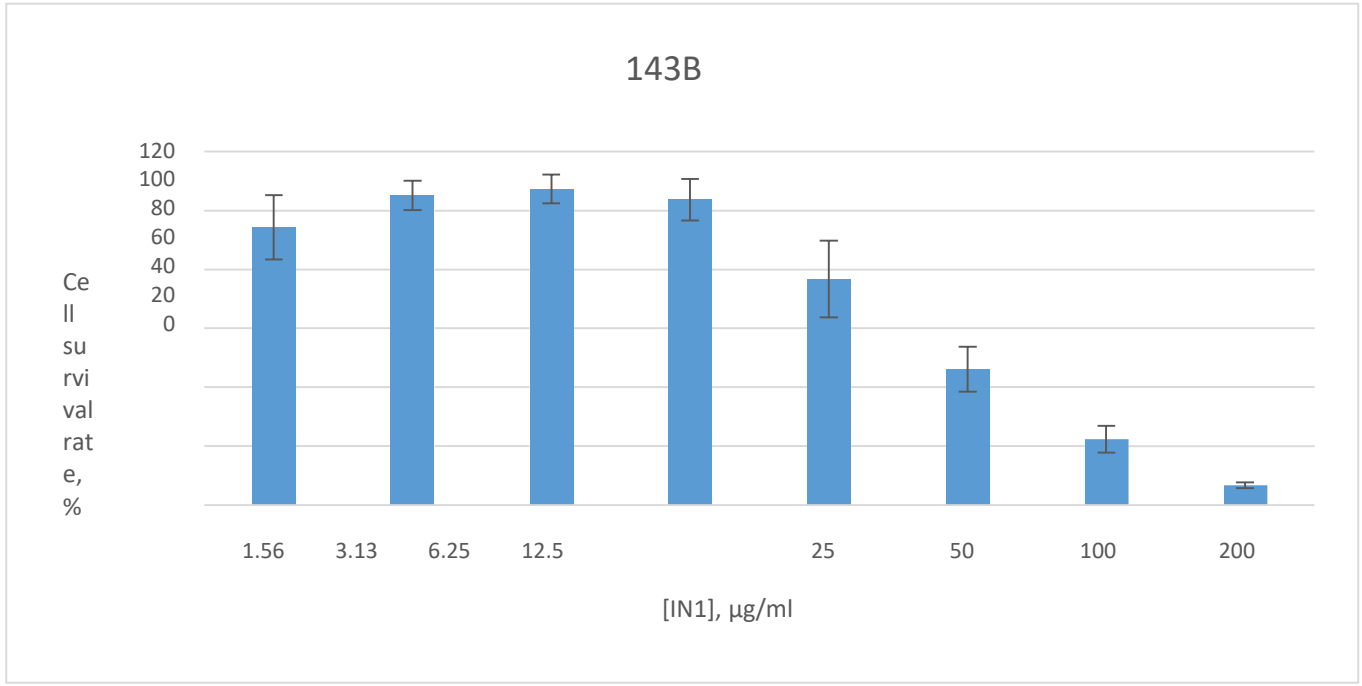
1.H69V (Human small cell lung carcinoma)

Figure 14.3: Cell survival following treatment of H69V cells for 72 h with IN1, as determined with the MTT assay (error bars = standard deviation, *n* = 6).



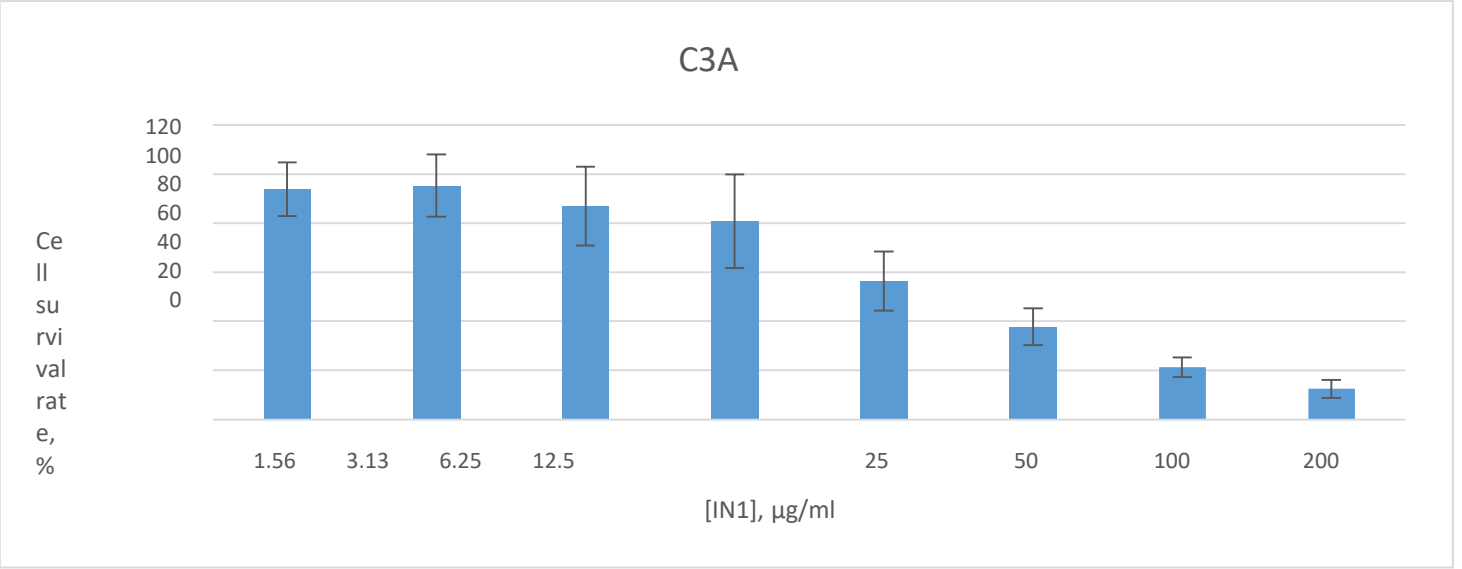
1.143B (Human osteosarcoma)

Figure 14.4: Cell survival following treatment of 143B cells for 72 h with IN1, as determined with the MTT assay (error bars = standard deviation, *n* = 6).



1.HepG2/C3A (Human hepatocellular carcinoma)

Figure 14.5: Cell survival following treatment of HepG2/C3A cells for 72 h with IN1, as determined with the MTT assay (error bars = standard deviation, *n* = 6).



Cancure™ 30mg comprimé

Essais cliniques

Medical management of patients with Cancure™ for the treatment of tumours at Kinshasa Military Regional Hospital

May,2013

Dr Alpha BOKOLOMBE
Dr Francisca SAMATO ZUINA
Dr Francis EBOLA IYAWA
Dr Christian TSHIAMBU MUSHIPULA
Dr Henri NZUKA ENGALE
Dr Jérémie BODIKA MPUNGA
Dr Gilbert KABANDA KURHENGA

NEOPLASTIC SPLENOMEGALY TREATED WITH DOUBASE C™, ANTI-HIV AND ANTI-TUMORAL MEDICINE BASED ON AFRICAN TRADITIONAL PHARMACOPOEIA HERB EXTRACTS

INTRODUCTION

In Sub-Saharan Africa, splenomegaly is fairly common and easily related to sickle cell diseases and infections, such as malaria schistosomiasis and tropical splenomegaly. However, causes of splenomegaly are multiple. Medical doctors have to think of other infections such as infective endocarditis, portal hypertension, leukaemia, lymphoma, haemolytic anaemia, rheumatoid arthritis, myelofibrosis, kala-azar, chronic myeloid leukaemia, and systemic lupus erythematosus.

Since the advent of the HIV/AIDS pandemic, in general, massive splenomegaly in Africa is encountered more than in the past. Because of poverty, Africans are unable to afford the cost of evaluation and treatment of massive splenomegaly. Even for affluent Africans, complete clinical investigations are not feasible locally.

We describe a 38-year old black Congolese woman, a dental surgeon native Congolese referred to South Africa without obvious cause of massive splenomegaly. She was treated with Doubase C™, an anti-HIV, anti-tumoral Medicine Based on African Traditional Pharmacopoeia Herb Extracts (1).

Difficulties in defining the histological nature of this neoplastic splenomegaly and the improvement of hematological disturbances when giving Doubase C and performing splenectomy are discussed.

CASE REPORT

A 38-year old black female with massive splenomegaly presented on January 9th2002 with following symptoms: weight loss, night sweating, asthenia and exertional dyspnoea.

Family and personal medical histories were virgin. She was noted to be anemic with a hematocrit of 26 %, weighing 58 kg for a height of 1.63m (BMI=21.8 kg/m2).

Physical examination showed that the patient had hepatomegaly and massive splenomegaly. Her cardiovascular system was normal.

Clinical investigations revealed the following features:
- Cutireaction (PPD intradermoreaction) of 10 mm diameter;
- Chest X-ray showing an interstitial pneumopathy;
- Analysis of peripheral blood revealing 3950 white cells / mm³ 12 % of neutrophils, 88% of lymphocytes, and 20 mm / hour of ESR;
- Elisa serology anti-HIV after counseling being negative;
- Abdominal ultrasound study showing splenomegaly which reached the hypogastric region.

Thus, a probabilistic diagnosis of spleen tuberculosis was treated with Rifampicin, Ethambutol, Isoniazid and Pyrazinamide during a 6-month period with a worsening general state. A lymphoproliferative process of spleen was suspected in July 2002, and treated with Doubase C.™

This medicine is a mixture of total aqueous extracts of roots and leaves from two plants currently used in the Congolese traditional Pharmacopocia. The raw materials, one harvested, dried, grinded and then submitted to water extraction, according to pharmaceutical art rules, had been mixed according to a galenic formulation previously described (2).

Thanks to the anti-HIV properties and lack of cytotoxicity demonstrated in vitro and in vivo both by Congolese and US teams, US Patent nÉ 5,607 673 and Global Patent nÉ PCT/US96/12769 were granted to this pharmacological product (1). General state was stabilized with Doubase C™.

The patient was referred from the DRC to the Department of Surgery of Prof E.L. Mazwai, Umtata, South Africa (SA), for total splenectomy and pathologic study of spleen biopsies. Laboratory results of peripheral blood performed on November 27th 2002 in Eastern Cape, SA, concluded as follows:

White Cell Differential count:
White cell count: 19.2 .10³L, neutrophils : 6 %, Lymphocytes: 90%Platelet count: 39.10³L;
Splenic marginal zone B-cell lymphoma, target cells and rouleaux formation noted, no tear drop poikilocytes noted, lymphocytosis present, atypical Lymphocytes noted,thrombocytopaenia without platelet clumping on slides.
A bone marrow evaluation was then suggested to exclude bone marrow infiltration.
Bone marrow biopsy was not performed, as patient refused to have that investigation.

MACROSCOPY

On November 30th 2002, splenectomy and excision of spleniculus were performed. The nature of the first specimen (I) consisted of brownish tissue sized 2.5x2x0.7 cm. The second specimen (II) consisted of a spleen measuring 24x18x11 cm with total weight of 293 2 grams - see macro photograph Figure 1. Fibre fatty tissue was attached to the serosal surface of the spleen in one area measuring 12x8x0.3 cm. Circumscribed hemorrhagic areas were noted in the substance of the spleen, the largest 5.5 cm in diameter.

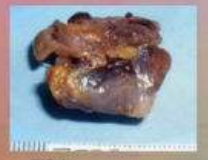


FIG 1.

FIG 2

FIG 3

Table 1. IMMUNOHISTOCHEMICAL DA

VARIABLES	14/01/03	27/01/03	25/04/03	09/06/03
White cell count x10³/L	12.4	19.3		9.1
Neutrophils %	12	18		14
Lymphocytes %	83	58	91.9	54
Monocytes %	0.12	4.63		0.18
Platelet count x 10³/L	170	162	188	162
Anisocytosis	-	++		++
Alk Phosphatase U/L 37°		181	181	
Gamma GT U/L 37°			133	
ALT (SGPT) U/L 37°			37	
AST (SGOT) U/L 37°			39	
LD U/L			126	

Table 2. EVOLUTION OF BLOOD ANALYSIS

CHARACTERISTIC	%
Viability	99
CD45	94
CD4	10
CD19	4
CD22	57
FMC-7	61
CD5	40
CD52	72
CD11C	73
CD10	66
CD3	15
CD8	6
HLA-DR	58
CD20	65
CD23	26
CD38	2
CD103	70
CD25	60
CD5 and CD19 co-expression	27
Kappa	8
Lambda	60

WHITE CELL DIFFERENTIAL COUNT

COLLECTED 28/10/02

White cell count	*L	2.0	4.0-10.0 10³/L
Neutrophils %		18.0	%
Neutrophils abs	*L	0.36	1.90-7.4010³/L
Lymphocytes %		80.0	%
Lymphocytes abs		1.60	1.00-4.5010³/L
Monocytes %		2.0	%
Monocytes abs	L	0.04	0.20-1.0010³/L
Nucleated red cells	H*	28.0	0-1/100WBC
Platelet count	*L	24	140-450 10³/L

FBC Comment: *Causes of a pancytopenia include aplastic anemia, bone marrow infiltration (eg. Carcinoma lymphoma, leukaemia) hypersplenism, myelofibrosis and megaloblastic anemia. Bone marrow examination is usually indicated. If clinically indicated, a serum B12 level may be considered.*

COLLECTED 27/02/03

White cell count	H	19.3	4.0-10.0 10³/L
Neutrophils %		18.0	%
Neutrophils abs	L	3.47	1.90-7.4010³/L
Lymphocytes %		58.0	%
Lymphocytes abs	H	11.19	1.00-4.5010³/L
Monocytes %		24.0	%
Monocytes abs	*H	4.63	0.20-1.0010³/L
Platelet count		162	140-450 10³/L

FBC Comment: *Slide submitted for further comment. Lymphocytes resemble those of a "Hairy Cell Leukaemia". As patient refuses to have a Bone Marrow biopsy, flow cytometry is suggested to confirm Hairy Cell . Please submit 2 x Heparin blood samples for flow cytometry.*

COLLECTED 09/06/03

White cell count		9.1	4.0-10.0 10³/L
Neutrophils %		14.0	%
Neutrophils abs	L	1.27	1.90-7.4010³/L
Lymphocytes %		84.0	%
Lymphocytes abs	H	7.64	1.00-4.5010³/L
Monocytes %		2.0	%
Monocytes abs	L	0.18	0.20-1.0010³/L
Platelet count		162	140-450 10³/L

FBC Comment: *Reactive lymphocytes present.*

HISTOLOGY

Microscopic study of both II and I was performed on October 30th 2002. Sections of both the spleniculus (I) and the spleen (II) showed expansion of the marginal zone. Medium sized cells with irregular hyper chromatic nuclei populated this zone. A more diffuse infiltrate of atypical lymphoid cells was noted in the spleen. Marked congestion of the spleen was noted.

These changes (Figure 2) suggested a possible neoplastic expansion of the marginal zone of the spleen (splenic marginal zone lymphoma?). A small piece of pancreatic tissue had been observed in the splenic hilus. Immunohistochemical stains were necessary then to investigate a possible neoplastic lesion. Immunophenotypic analysis of the selected population was performed on March 11th2003, using Flow cytometry. Table I summarizes the results of this Immunohistochemical study.

OUTCOME

Table 2 presents the post-operatively and Doubase CJ treatment evolution of selected blood investigations. As general state and quality of life were fine, chemotherapy had not been administrated.

DISCUSSION

Several interesting observations are evident in this patient referred to South Africa with modern and sophisticated facilities in clinical investigations. Clinical history of this patient was faced with idiopathic splenomegaly with hypersplenism. But the microscopic changes suggested a possible neoplastic expansion of the marginal zone
of the spleen in terms of a splenic marginal zone lymphoma.

With HIV/AIDS pandemic spreading, lymphomas are actually increasing in Sub-Saharan Africa. As the patient was not infected by HIV, the diagnosis of lymphoma had not been retained. Lymphocytes of peripheral blood resembled those of Hairy Cell Leukaemia.

As patient refused to have a Bone Marrow biopsy, flow cytometry was suggested to confirm Hairy Cell. Immunophenotypic analysis of this peripheral blood sample revealed 66 % monoclonal (malignant) B-cells showing partial dim CD5 and C19 co-expression, expressing HLA-DR, CD22, FMC-7, partial dim CD23, bright CD20, bright CD52, CD25, CD103 and bright CD 1 IC with moderate Lambda light chain restriction. These findings were in keeping with B-cell lymphoproliferative disease, best fitting a Hairy Cell Leukaemia.

This is a neoplastic and monoclonal proliferation of well-differentiated lymphocytes. In this chronic lymphocytic leukaemia, they are almost always 99 % B cells in male patients over 40 (3). This patient was a 38-old year woman. The present high count of lymphocytes might be interpreted as a reactive lymphocytes process ofmononucleosic syndrome with transient alteration ofAlk. Phosphatase, ALT, AST, and monocytes. Possible causes are malaria, toxoplasma, cytomegalovirus, Hepatitis virus B, syphilis, blood transfusions. Herpes virus, post-operatively process, autoimmune diseases, HIV virus (4).

Natural history of this Hairy Cell Leukaemia is characterized by a young woman who remains in status quo for years without enlarged nodes and complications such as autoimmune haemolysis, bacterial infection of the respiratory tract, and Bone marrow failure (2).

We are thinking to start with chemotherapy in order to reduce lymphocyte count. As prognosis is good for this young patient with excellent quality of life, Doubase C™ is being given till now in place of chemotherapy. Indeed, chemotherapy is not always needed, but may postpone marrow failure (2). Radiotherapy was not used in absence oflymphadenopathy and spleen. Supportive care (transfusions, prophylactic antibiotics, IV human immunoglobulin) was not necessary.

In conclusion, it appears that Hairy Cell Leukaemia had been confused with splenic marginal zone lymphoma. It is timely for Sub-Saharan Medical Centers to implement laboratories with Immunophenotypic analysis facilities: the best tool of diagnosis of Hairy Cell Leukaemia. When chemotherapy is not needed, Doubase C™, extracted from African herbs, without toxicity, could be used.

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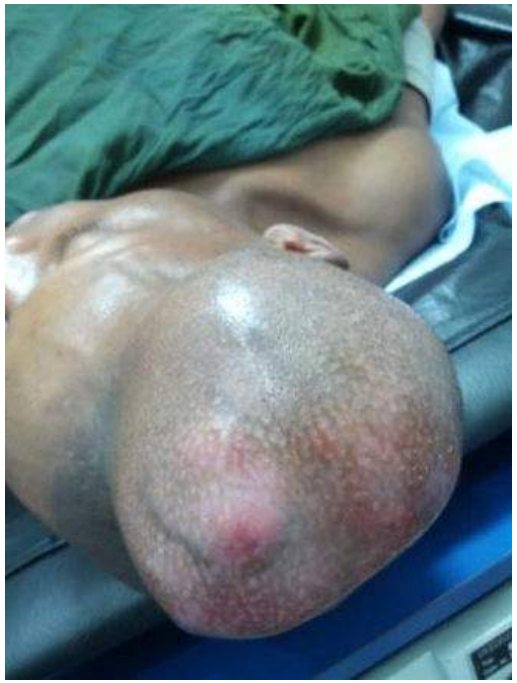
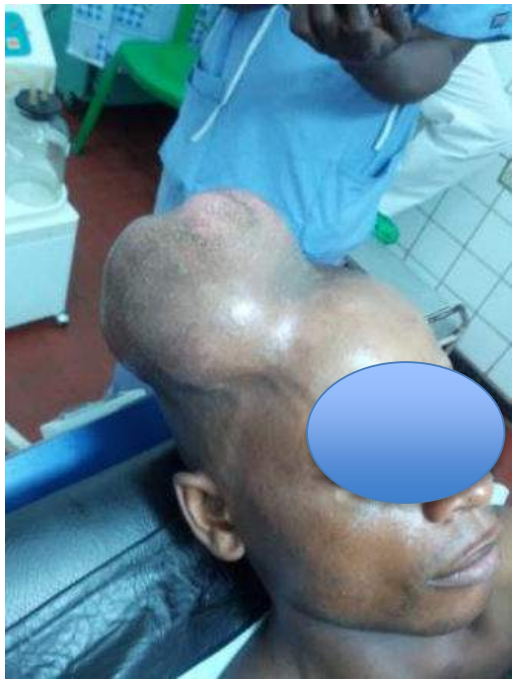
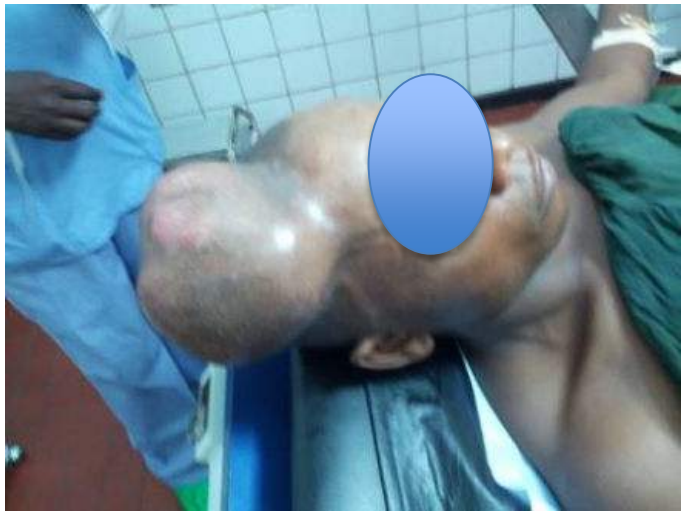
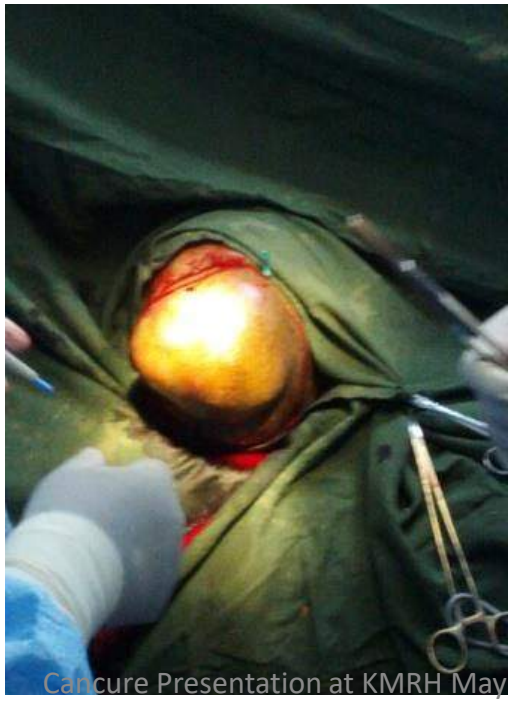
7. Patient KAK, 33 years, male

- **Diagnosis**: Rhabdomyosarcoma at the parietal region.

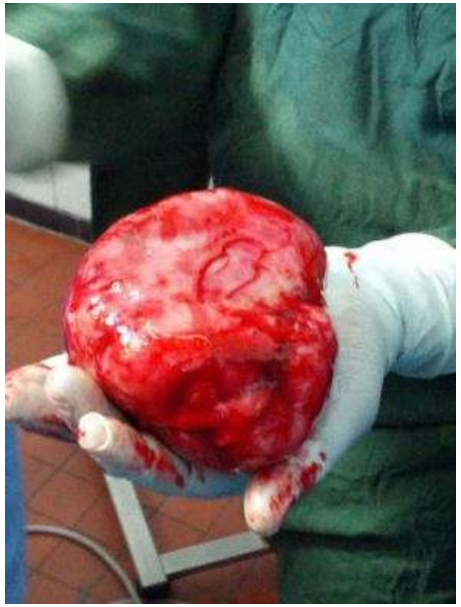
- **Symptoms:**
  - Large painful tumefaction at the parietal region of 20cm of large diameter and 18cm of small diameter, circonscribed, of irregular surface and firm consistency, sensible to palpation.
  - Migraine and headaches

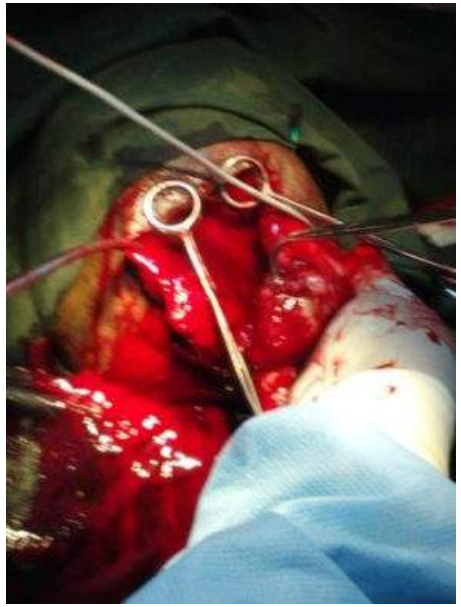
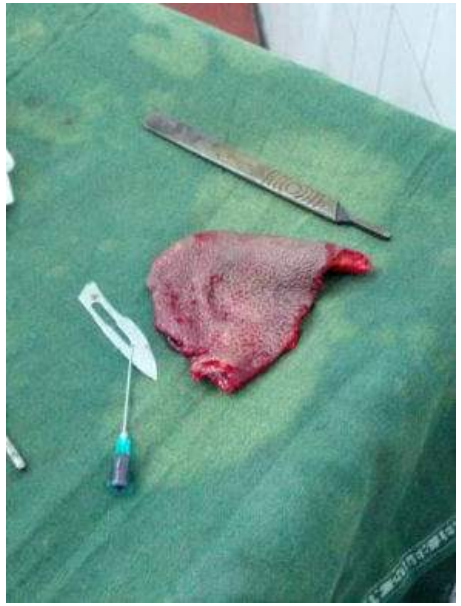
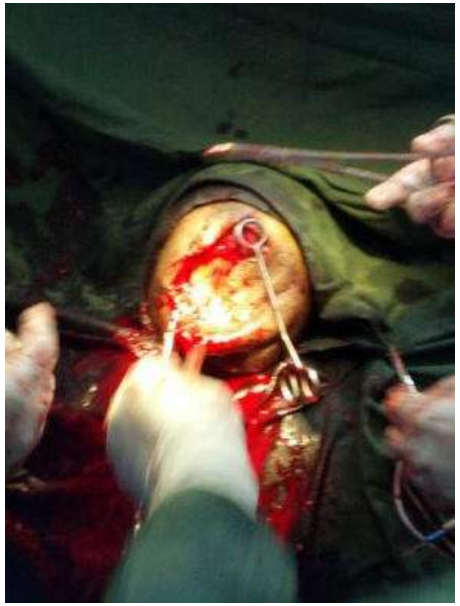
- **Evaluation:** The ultra sound scan performed in March 2013 showed a Rhabdomyosarcoma.

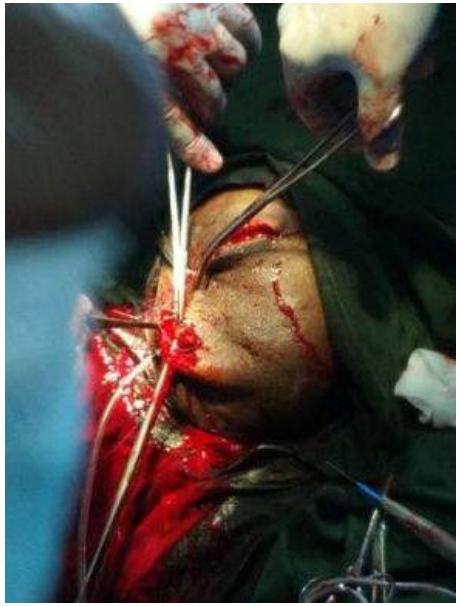




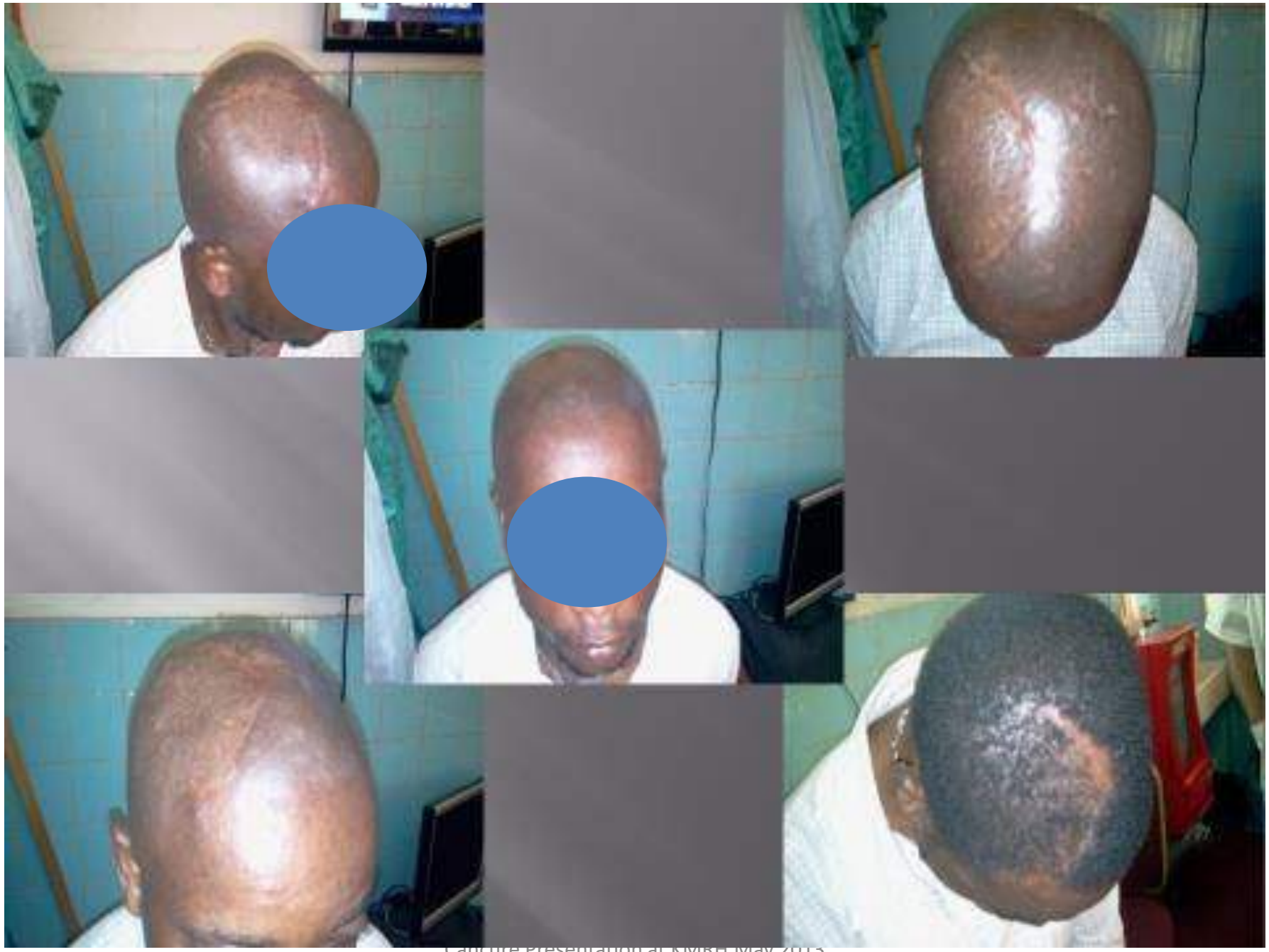










13. Patient MBB,33ans, male

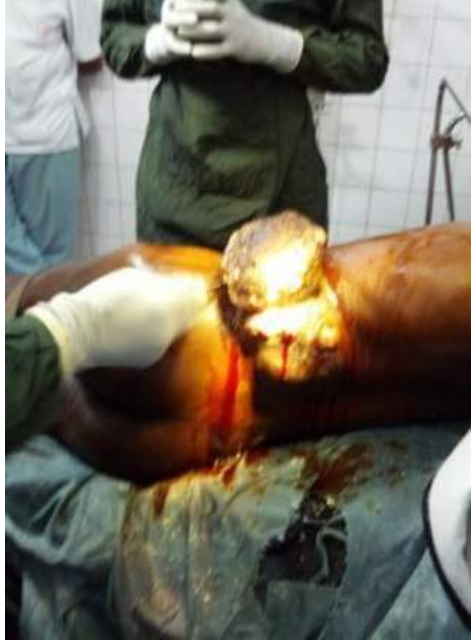
❖ Diagnostic:

- Burgeoning mass of malignant tendency, located on the left side; pending precision.
- Operated previously 8 times for the same tumour mass.

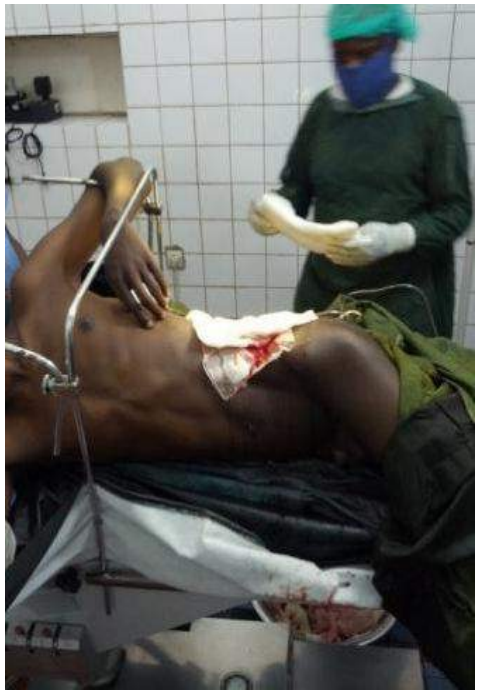
❖ Symptoms:

- Burgeoning mass, very bloody upon contact, located on the left side and at the lumbar pit, stinking, with some necrotic crusts.
- The mass is hot, firm, fibrous, sensitive around the healthy skin and adhering to the deep layer.
- Moreover, an inguinal and axial polyadenopathy is noted.





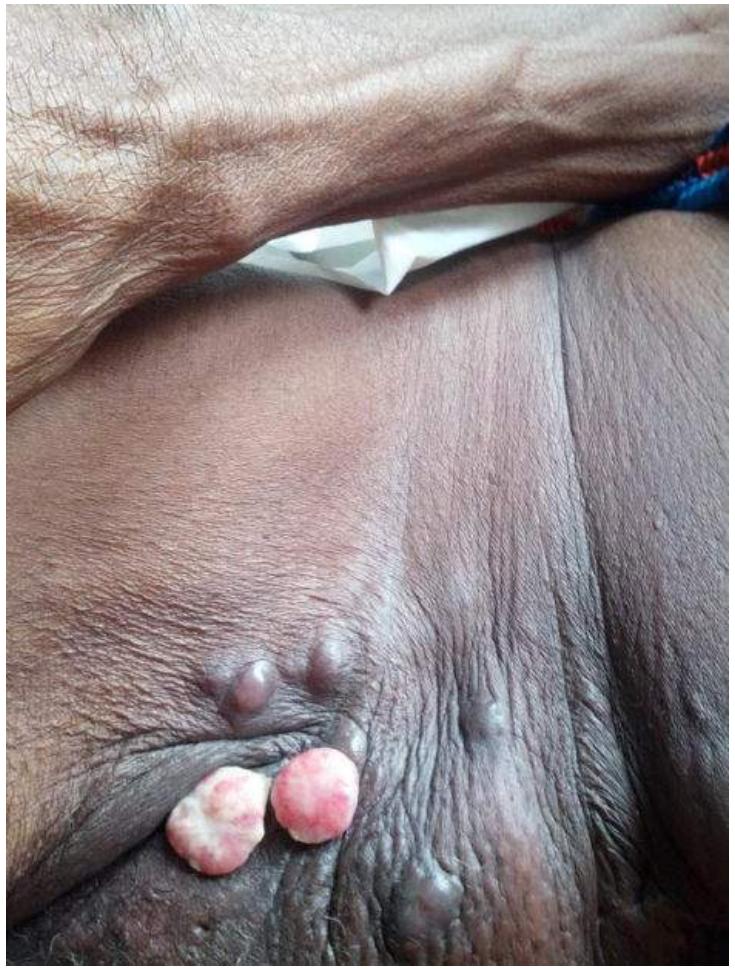


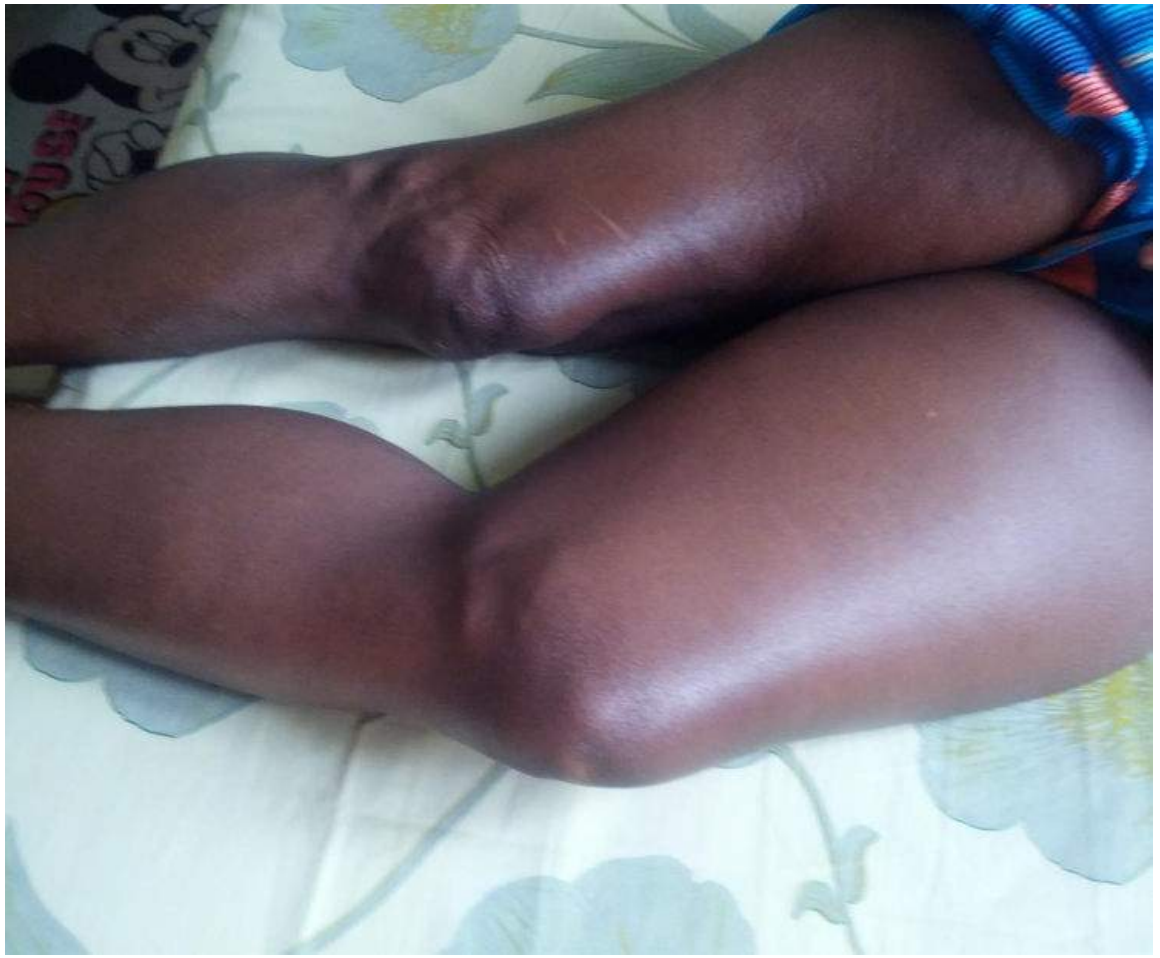



15. Patient Anm, 75 years, female

- Diagnosis:
  - Cervix neoplasia, stage 4a;
  - Arterial hypertension, Grade 2;
  - Non tolerated anaemia;
- Symptoms:
  - Genital haemorrhage upon contact;
  - Lumbar-sacrum pain;
  - Myctalgia
- Evaluation:
  - Speculum: burgeoning cervix with active haemorrhage;
  - Vaginal touch: infiltration of the 1/3 proximal vagina, cataclysmic haemorrhage.

On admission January 2012	Follow up March 2012	Follow up March 2012	Follow up March 2012
▪ Genital haemorrhage & Myctalgia; ▪ Speculum: burgeoning cervix, blooding upon little contact; ▪ Vaginal Touch: Hardening of the 2/3 upper vaginal wall, haemorrhage with fresh blood; ▪Ultra sound scan: swollen cervix 67x66x46mm; haematometra of about 15ml. ❑Conclusion: **Cervix neoplasy, stage 4a.**	▪Cessation of the genital haemorrhage; ▪ Presence of hydrorrhea; ▪ Follow up radiotherapy ongoing.	▪Cessation of the hydrorrhea; ▪ Speculum: presence of some hyperaemia zones; ▪ Vaginal Touch: Smooth vaginal walls; No more haemorrhage upon contact. ❑ conclusion: **Cervix neoplasy, stage 2b.**	▪ Speculum: healthy cervix with some hyperaemia zones inside the channel bottom; ▪ Mont Venus tumefaction; ▪ Vaginal Touch: sensation of a renitent mass at the FID; ▪ No suspicious looses; ▪ Ultra sound scan: Col of 42x33x35mm in diameter, with regular outlines, with heterogeneous echostructure, with 2.5 ml haematometra. ❑ Conclusion: **Cervic neoplasy, stage 2a.**



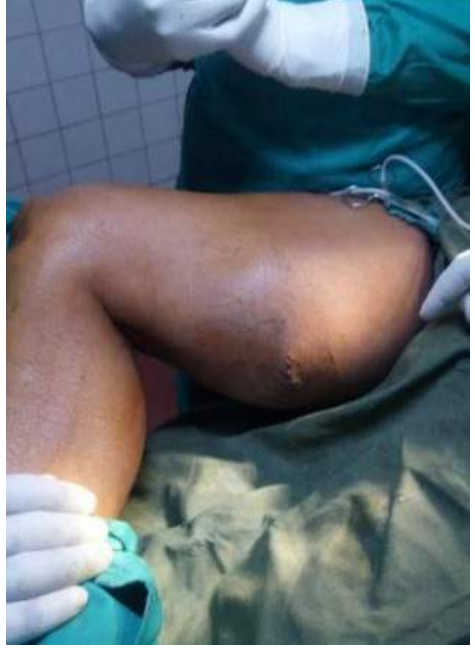
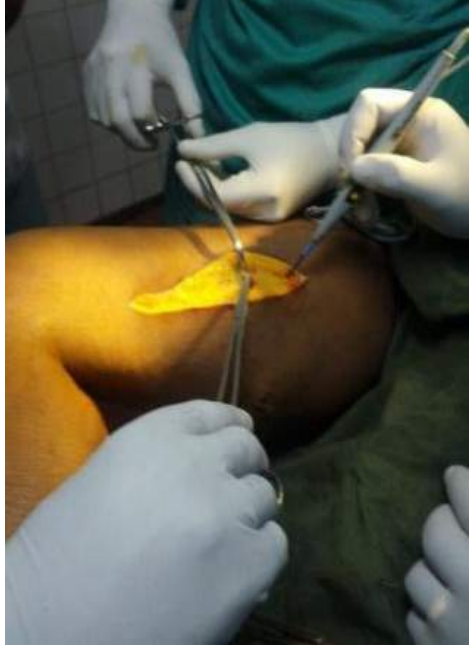


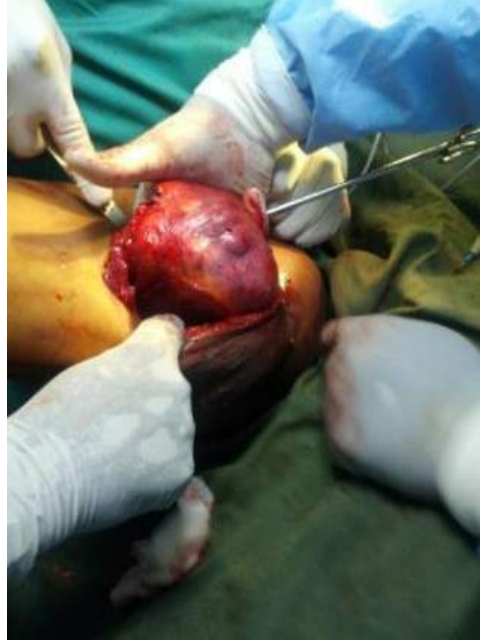
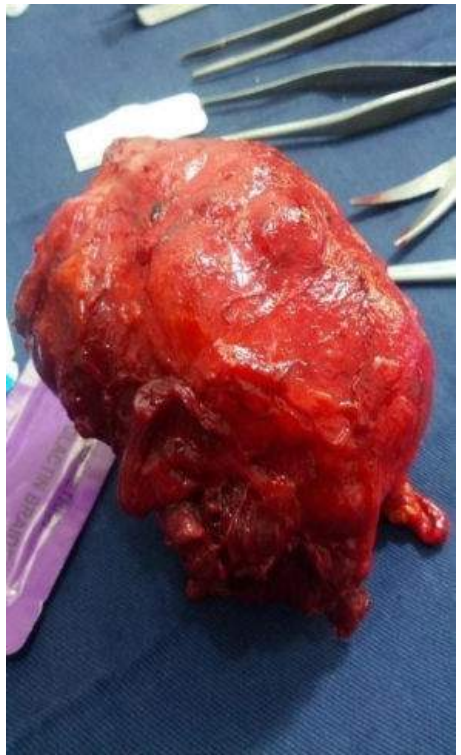
12. Patient NDM, 40 years, male

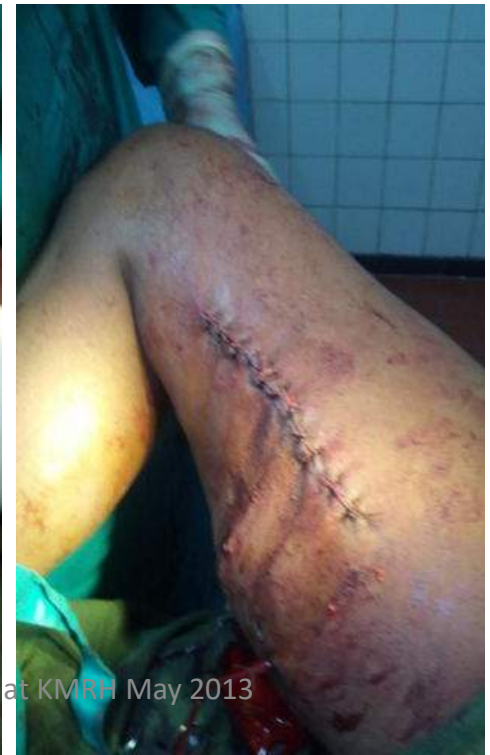
- Diagnosis: Rhabdomyosarcoma of the long right thigh abductor.

- Symptoms: a painless tumefaction of firm consistency and subject to mobility superficially, and deep by nearly 15cm from the grand diameter and 12cm from the small diameter, with a collateral circulation and turgescence of vessels around the lump.

- Evaluation: Echo-doppler of the lump: big neoplasic intramuscular lump of the long right thigh abductor, recalling the Rhabdomyosarcoma diagnosis with deep and superficial varicose veins of traumatic origin.




Patient Karan, 92 ans, F

- Treatment
- Cancure 30 mg 3x4 cés/jour since October 2017 till Mai 2018.
- Tumor exeresis 3 months after installing Cancure therapy;
- Evolution
- Significative and progressive resorption of the tumoral mass 2 months on under Cancure therapy;
- Amendment of growls (grumbles), amendment of the dyspnea 3 months on after Cancure therapy;
- Exeresis of the tumoral mass 4 months on after Cancure therapy;
- Scarification in first intention;
- Body weight gain;
- Amendment of axial adenopathies;
- Good clinical evolution under Cancure therapy; no complainst, no recidive, good quality of life 11 months on hitherto.

Patient DNJ-CT 44 Female

- **(B) RIGHT OVARY CYSTECTOMY AND SALPINGECTOMY:**
- - Cortical inclusion cysts with follicle cyst and cyst follicles
- - Corpus luteum: haemorrhagic corpus luteum cyst present
- - Small areas of endometriosis and endosalpingiosis
- - Stromal hyperplasia and hyperthecosis
- ** Areas reminiscent of early serous adenofibroma
- Fallopian tube: No intraepithelial atypia

Patient DNJ-CT 44 F

Ovarian carcinoma 22x14x18 cm

Breast cancer and arm tumour under Cancure treatment

11. Patient Ygj, 50 years, male

- Diagnosis: Invasive tubular carcinoma of right breast in man.
- Symptoms:
  - right breast pain, recurring round lump of about 6cm in diameter, smooth in surface, firm in consistency, adhering to the deep layer.
  - antecedent of a mastectomy of the same breast 2 years previously, in 2011, for the same diagnosis.

Patient Karan, 92 ans, F

- Treatment
- Cancure 30 mg 3x4 cés/jour since October 2017 till Mai 2018.
- Tumor exeresis 3 months after installing Cancure therapy;
- Evolution
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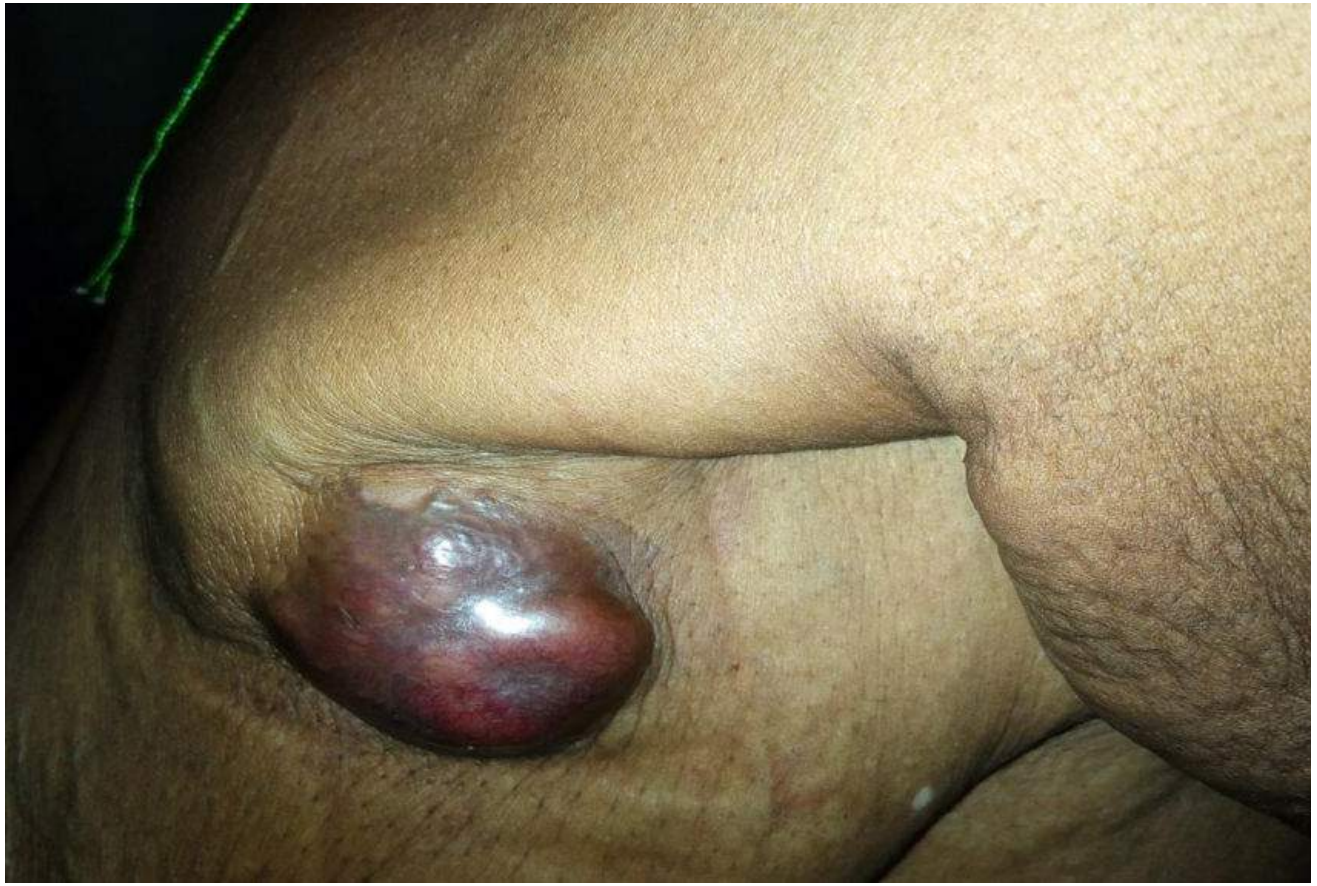
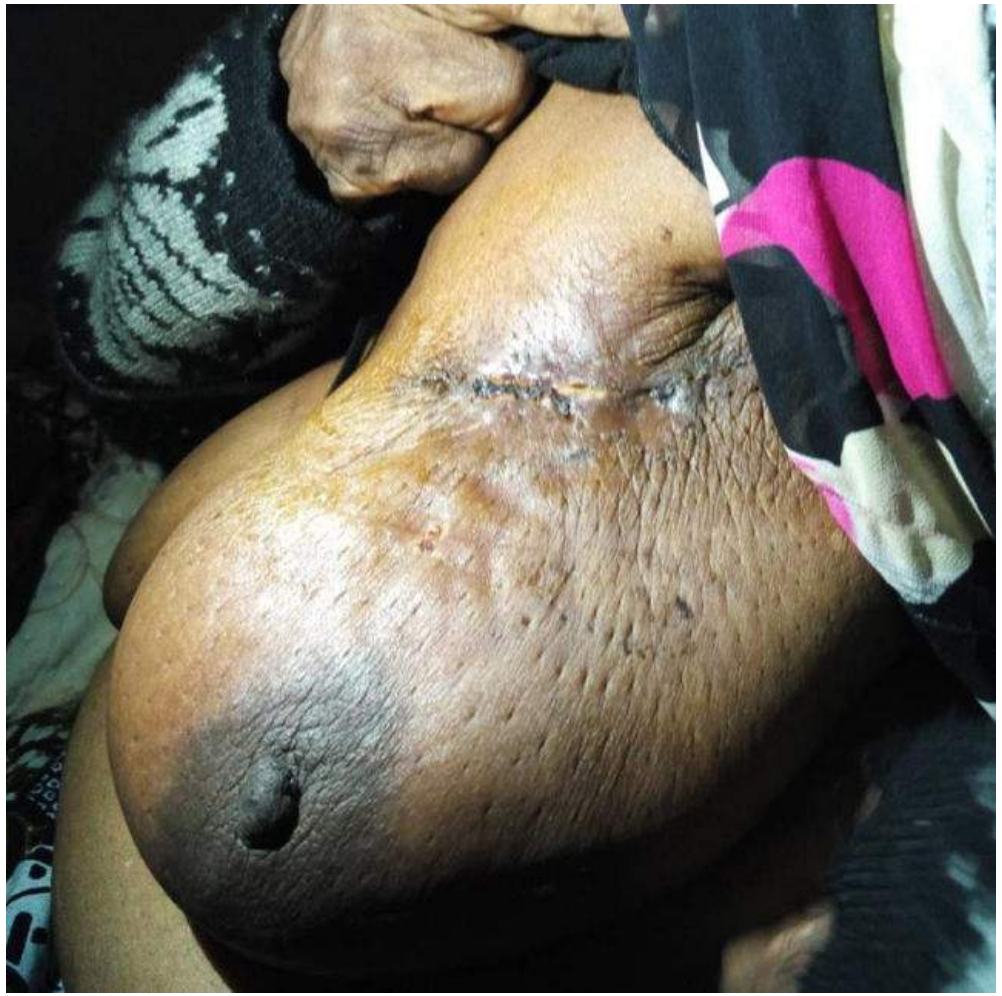
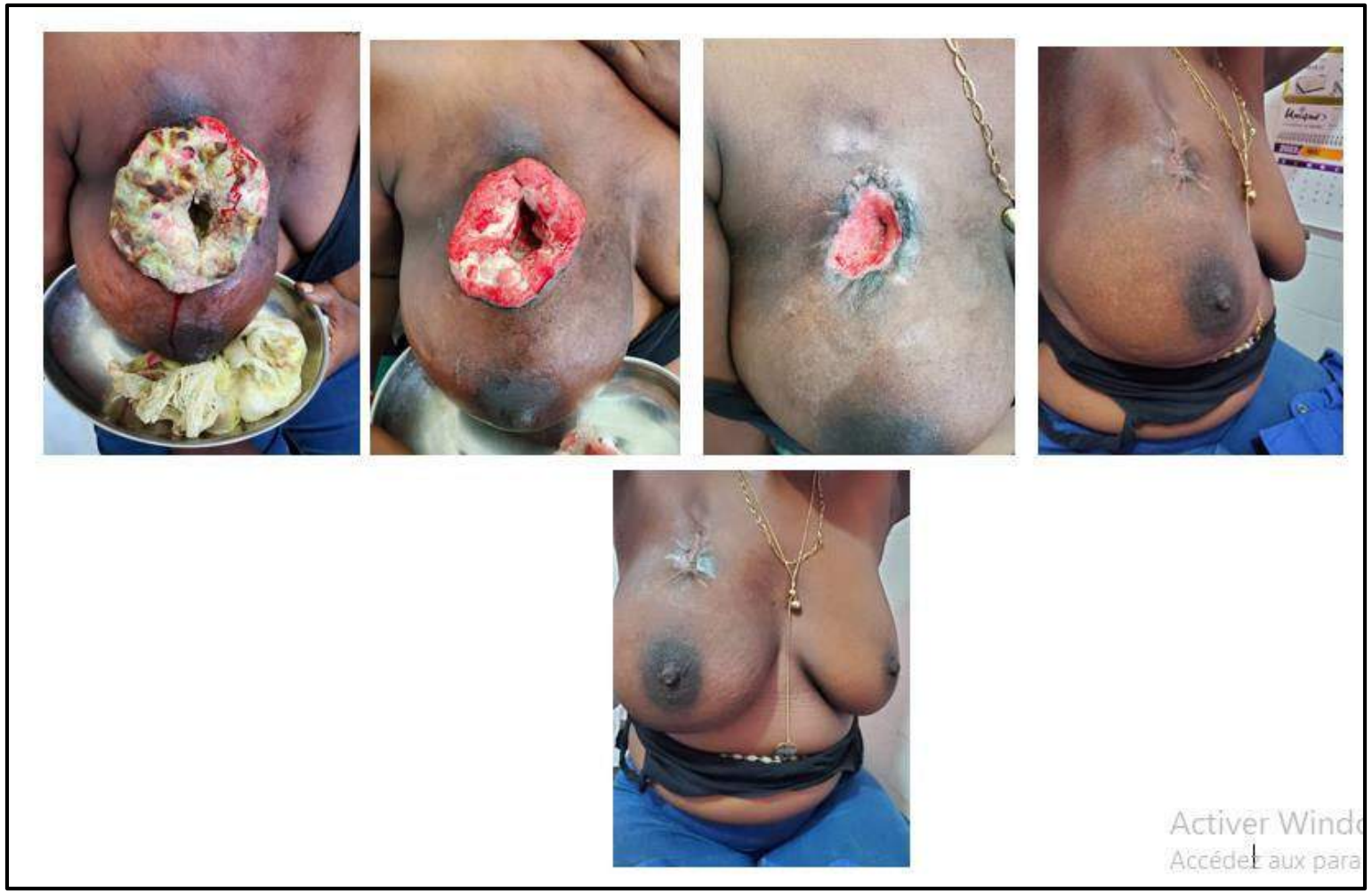
Breast carcinoma under Cancure treatment
Patient Karan, 92 ans, F

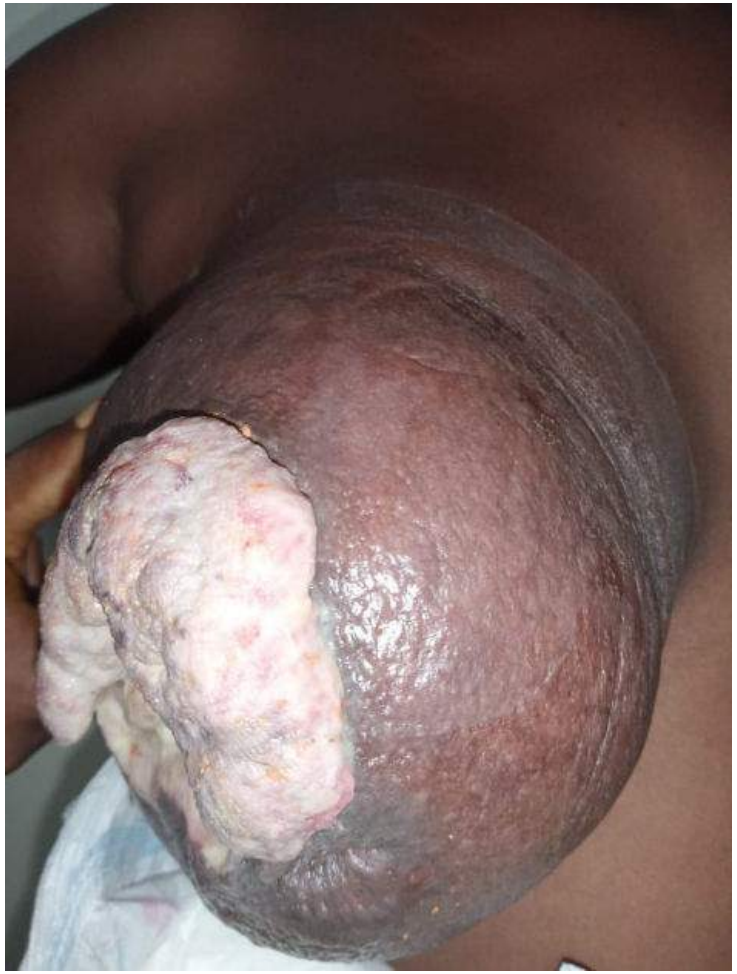


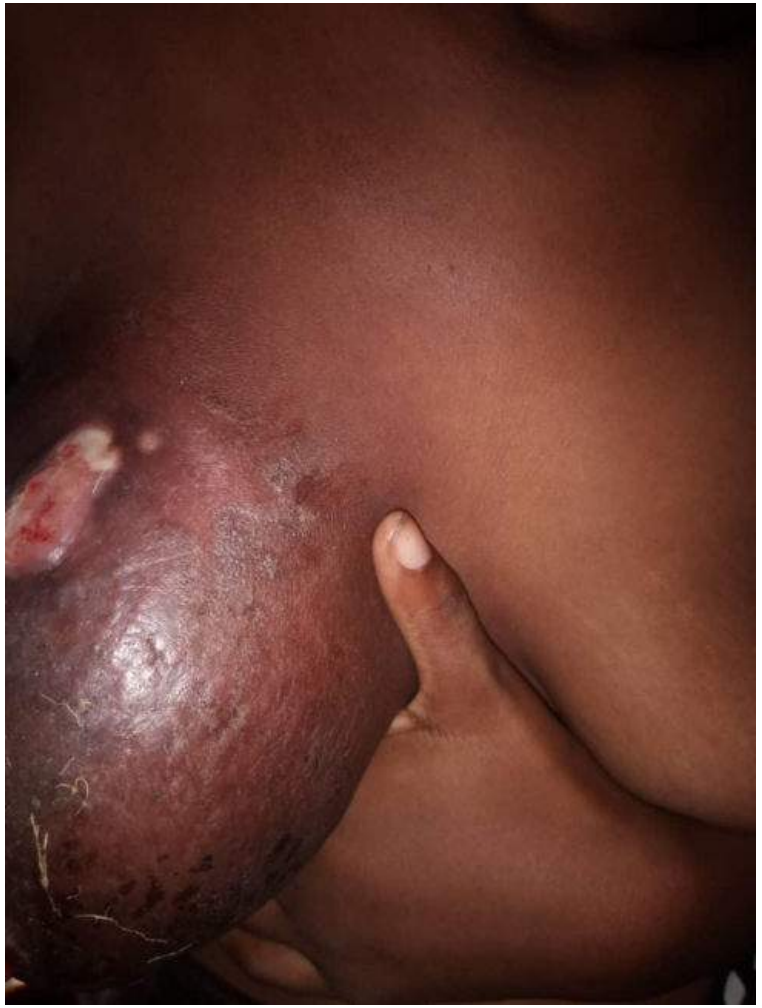


Breast carcinoma under Cancure treatment
Patiente NatKam



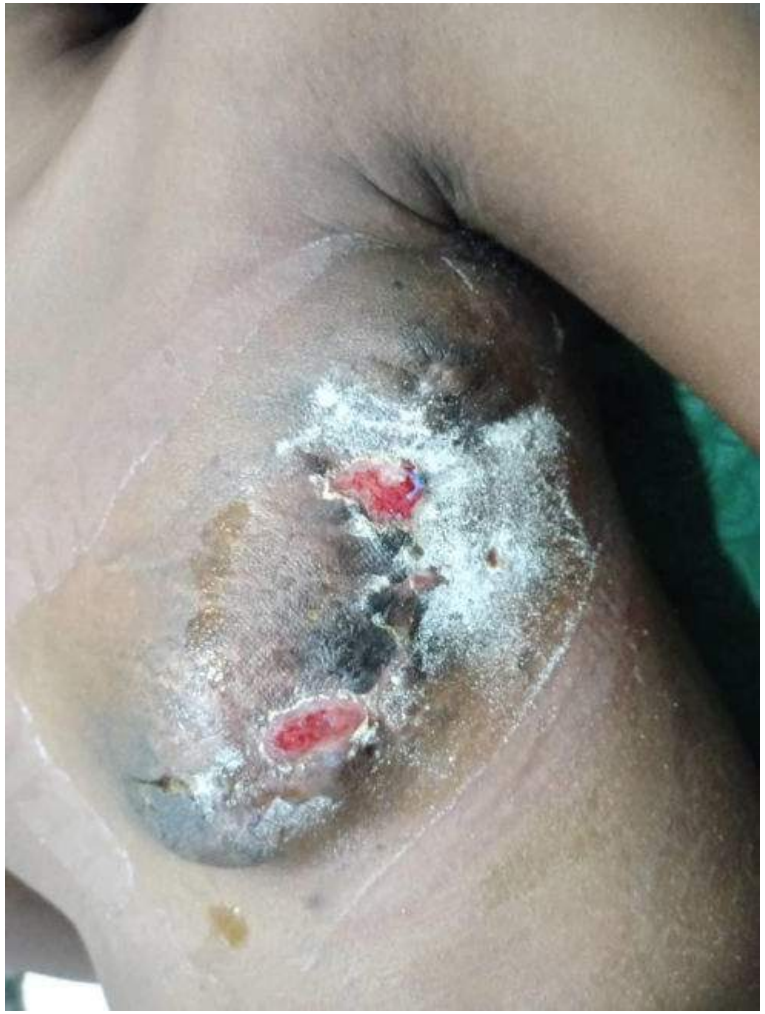
Breast carcinoma under Cancure treatment
Patiente OrEk

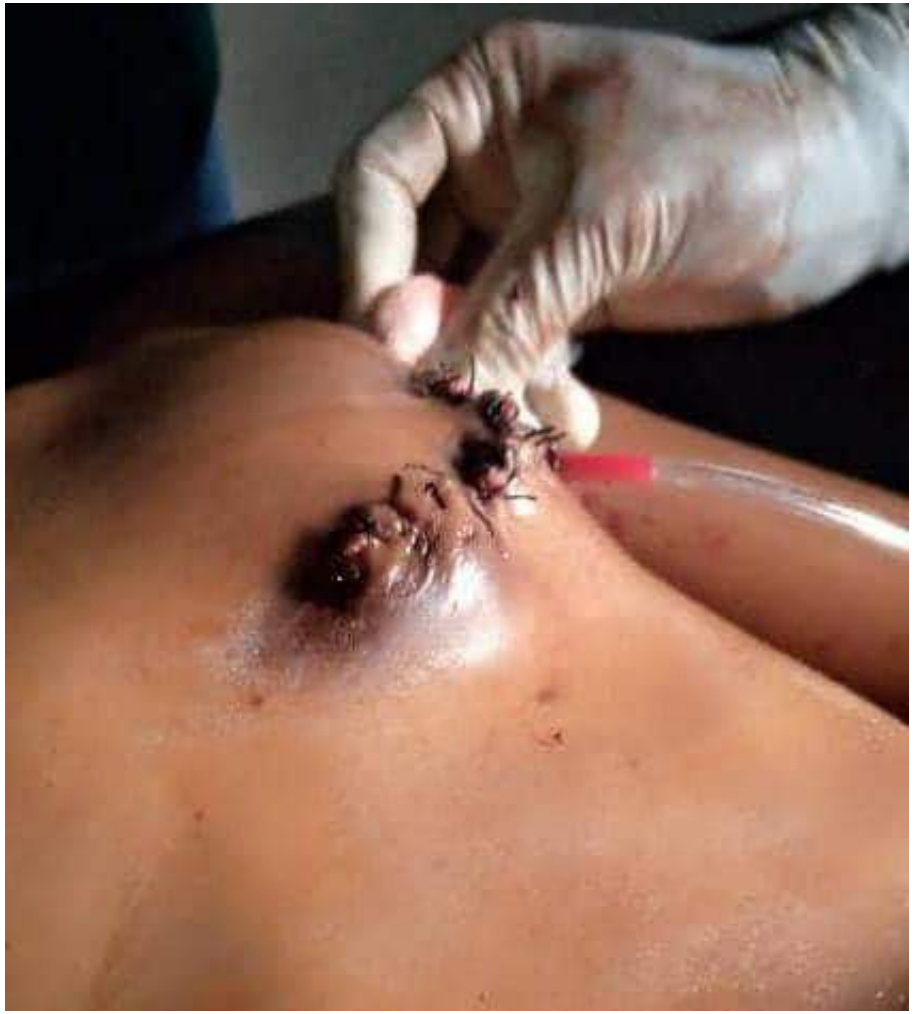




Breast carcinoma under Cancure treatment Patiente KaTsh

Breast carcinoma under Cancure treatment Patiente KaTsh

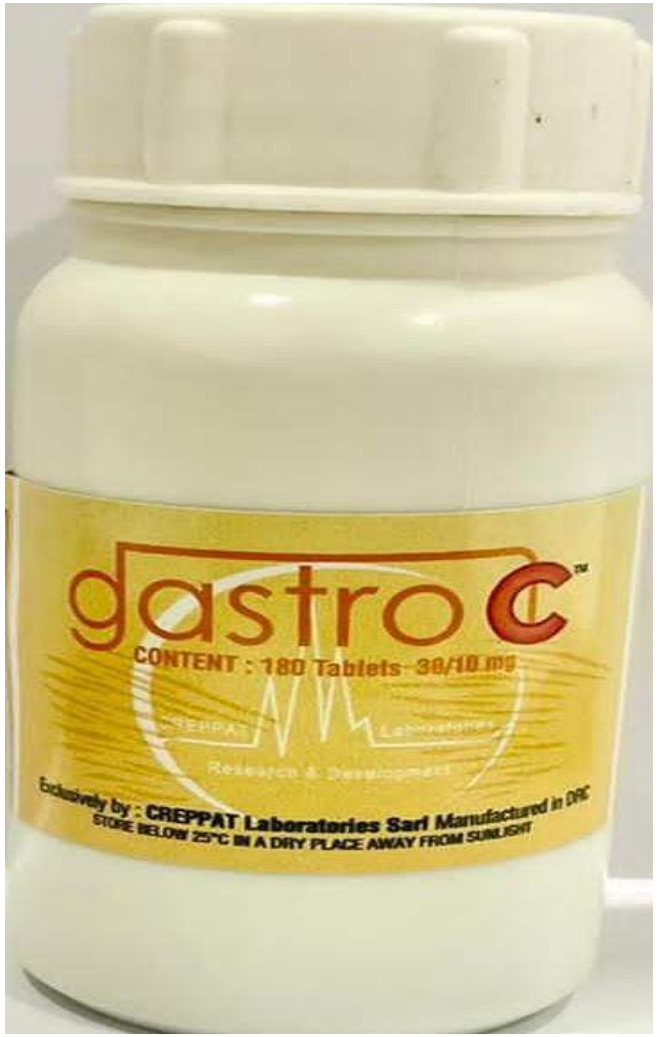




3.

Gastro-C™ 30/6mg comprimé

Gastro-C™ : Anti-gastrite, Anti-ulcère gastroduodénal, Anti-ulcère cutanéomuqueux



3.

Gastro-C™ 30/6mg comprimé

Gastro-C™ : Anti-gastrite, Anti-ulcère gastroduodénal, Anti-ulcère cutanéomuqueux

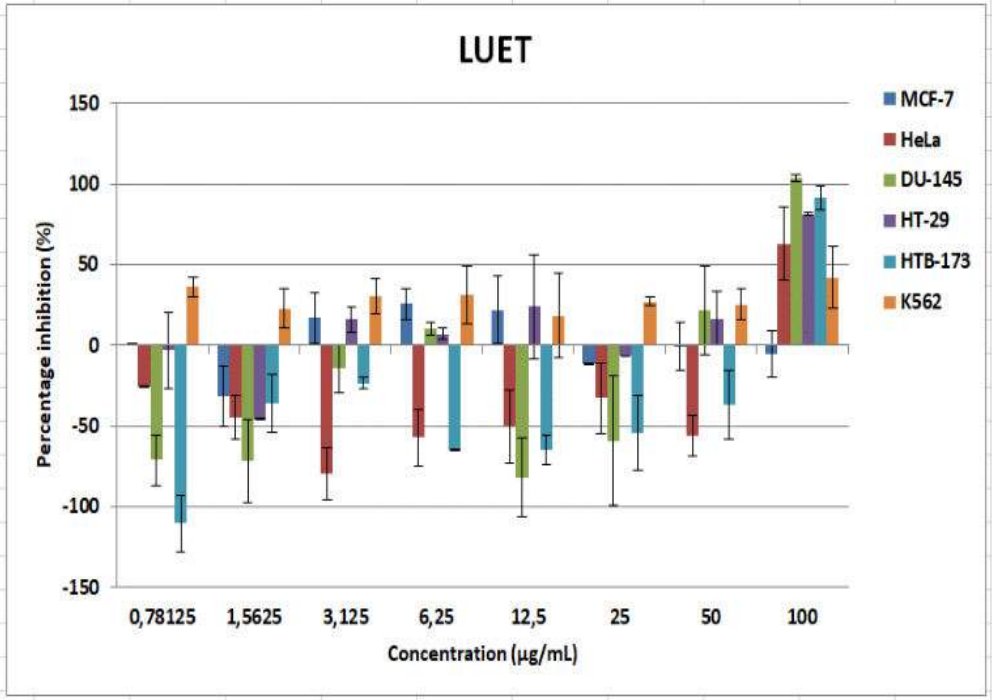
Some fractions from this sample rather seem to increase the cell proliferation rate of these cells, as compared to the vehicle control.

These samples can be considered for wound-healing properties or hepatoprotective activity.

Gastro-C™ : Anti-gastrite, Anti-ulcère gastroduodénal, Anti-ulcère cutanéomuqueux

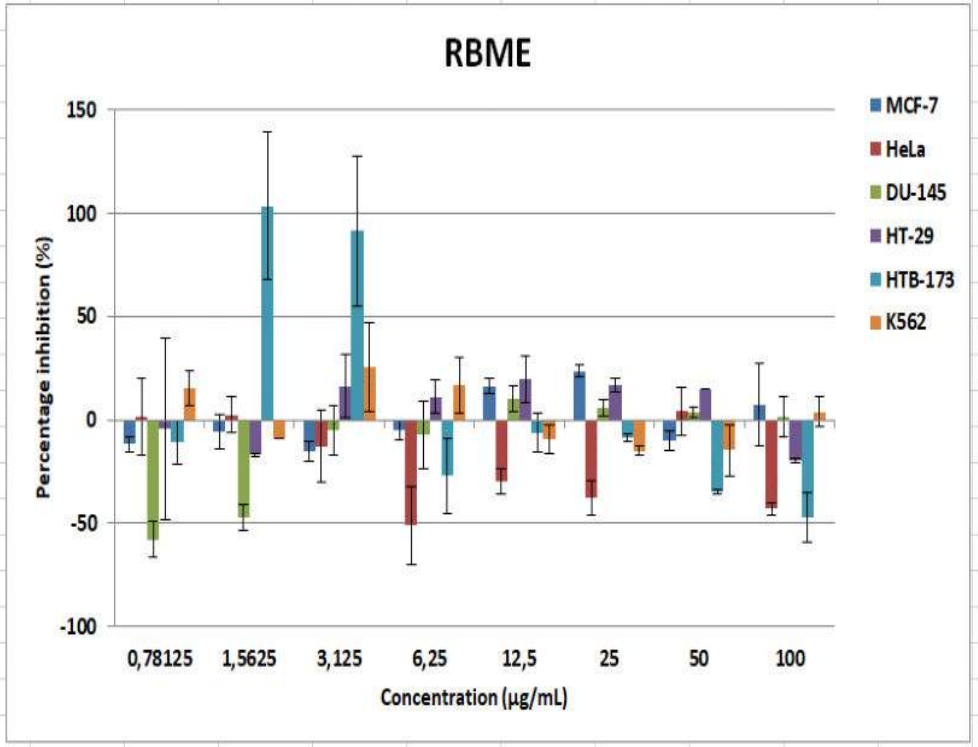
LUET — Growth inhibition

	MCF-7	HeLa	DU-145	HT-29	HTB-173	K562
0,78125	0,434754398	-25,5983324	-70,94453638	-3,088886213	-110,4708095	36,0634282
1,5625	-31,55206157	-44,7106681	-71,49628611	-45,57846231	-35,87255174	22,904066
3,125	17,01847782	-79,3441676	-14,31509337	16,05896873	-23,46330757	30,4922127
6,25	25,87331629	-57,2883094	10,26383666	7,155220069	-64,89364471	31,3799928
12,5	21,99416125	-50,3544148	-81,85187671	23,90861651	-64,92344392	18,5491782
25	-11,88993858	-32,6951276	-59,25990419	-6,603793168	-54,45819536	26,9874723
50	-0,603497538	-56,1633359	21,83054436	16,80860942	-37,12619359	25,402689
100	-5,317358668	62,83928966	103,4099046	81,10143515	91,77267392	42,0916388
	SD	SD	SD	SD	SD	SD
0,78125	0,303722109	0,490856309	15,67379288	23,38437599	17,50691457	6,05177476
1,5625	18,72181479	13,1718526	25,74938744	0,445622308	18,16450194	12,5113525
3,125	15,8765004	16,27544719	14,81195271	8,170012885	3,461809463	11,1037047
6,25	9,535556868	17,77110845	3,54660059	3,346032293	0,295491167	18,127144
12,5	20,93266622	22,8127951	24,31607119	32,02026961	9,325129986	25,8275949
25	0,525732749	21,99291542	40,17766919	0,283878664	23,08100203	2,71470875
50	14,8239385	12,7172378	27,36294487	16,47812996	21,29453125	9,8905592
100	14,52859469	22,59537238	2,218427705	0,954410151	7,473251426	19,1693518
IC_{50} Value ± SD (µg/mL)	N/A	69.16 ± 6.3	75.49 ± 0.0	56.81 ± 9.3	64.71 ± 4.4	N/A



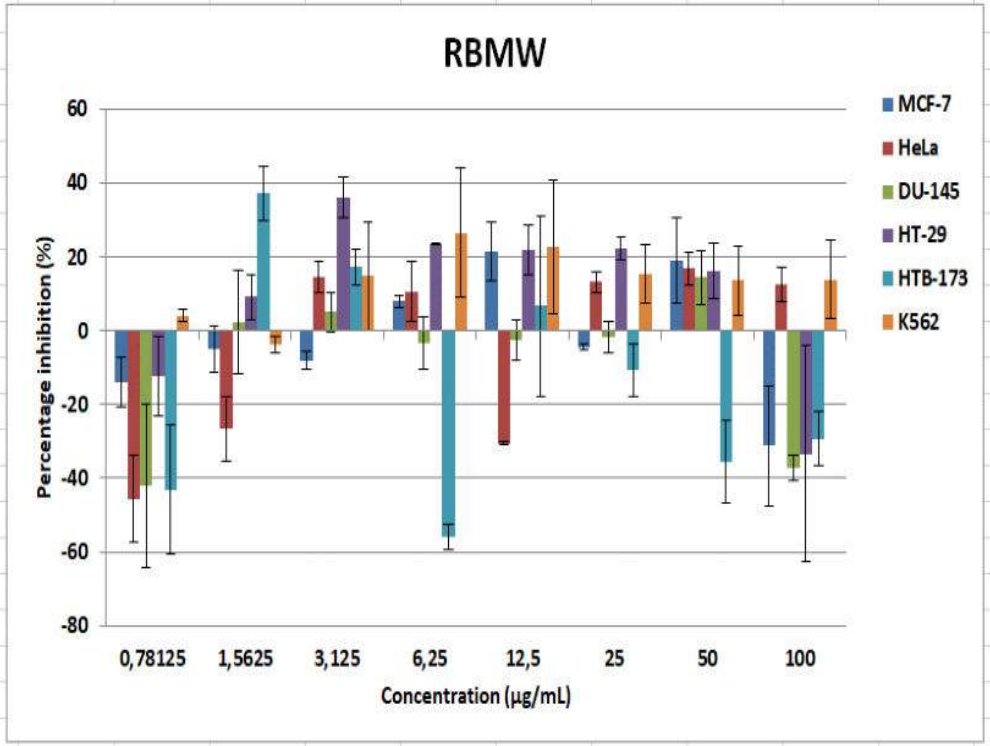
Gastro-C™ : Anti-gastrite, Anti-ulcère gastroduodénal, Anti-ulcère cutanéomuqueux

RBME	Growth inhibition					
	MCF-7	HeLa	DU-145	HT-29	HTB-173	K562
0,78125	-11,6645835	1,772158877	-57,76351782	-4,302097321	-10,91109951	15,4280851
1,5625	-5,843344508	2,640814106	-47,07954518	-16,96108484	103,6382869	-9,3154905
3,125	-15,03388762	-12,7514897	-5,091146165	16,15094085	91,52864732	25,7632673
6,25	-4,909836332	-50,9207601	-7,120581451	11,23212646	-27,0761215	16,7040452
12,5	16,19918979	-29,6855108	10,34500409	19,61392411	-6,203637688	-9,2434397
25	23,53315236	-37,5258316	6,006902349	16,64460214	-8,711681151	-14,951746
50	-10,05526281	4,205939745	3,95855081	14,92871984	-34,57270495	-14,742535
100	7,37608007	-43,0112599	1,369443345	-19,30141756	-46,95523008	4,02394763
	SD	SD	SD	SD	SD	SD
0,78125	3,679106006	18,58288798	8,555757626	43,90733639	10,62319024	8,30502286
1,5625	8,328426438	8,629687454	6,004645145	0,573063062	35,6613151	0,00555657
3,125	4,881916547	17,26739566	12,16890972	15,29877151	36,29532337	21,602408
6,25	4,881351038	18,96060497	16,58281913	7,863386631	18,01104815	13,3799516
12,5	3,549056615	5,843832173	6,046720232	11,50877046	9,336456364	6,78507656
25	2,994684518	8,318609039	4,112591653	3,350381145	2,084851359	2,02041267
50	4,633817482	11,66838417	2,576032526	0,198417775	1,031090334	12,1937199
100	20,21113636	2,82344615	9,768504654	0,984056975	11,94691068	7,26883219
IC_{50} Value ± SD (µg/mL)	N/A	N/A	N/A	N/A	0.7804 ± 7.5	N/A



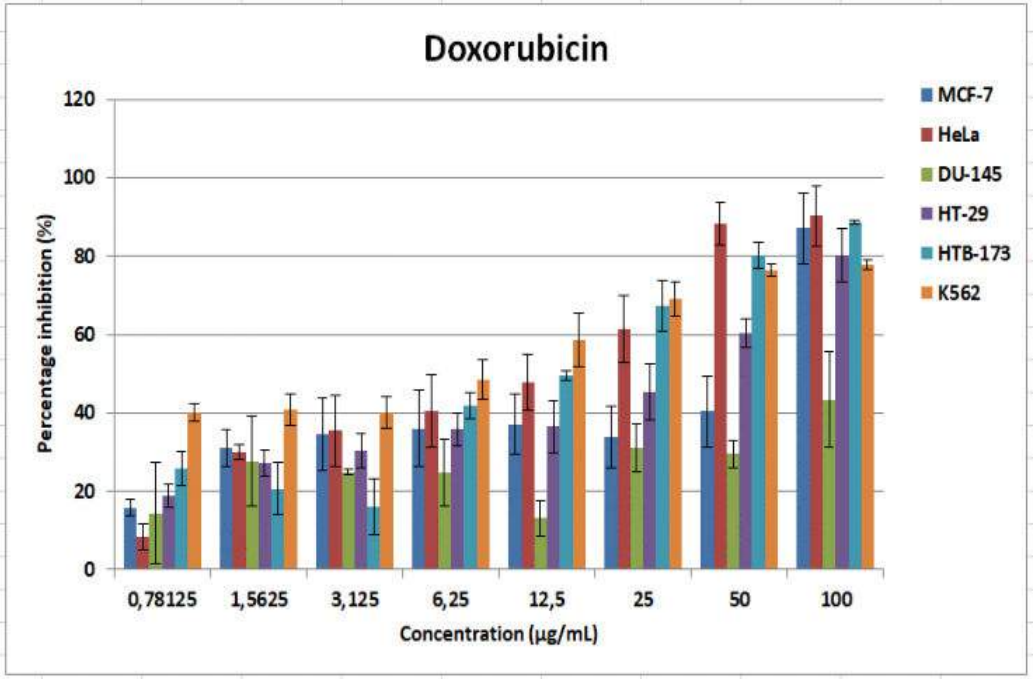
Gastro-C™ : Anti-gastrite, Anti-ulcère gastroduodénal, Anti-ulcère cutanéomuqueux

RBMW	Growth inhibition					
	MCF-7	HeLa	DU-145	HT-29	HTB-173	K562
0,78125	-13,97073319	-45,5930012	-41,93890911	-12,31048743	-43,18124102	4,09631086
1,5625	-5,066182902	-26,6043179	2,33176726	9,065821158	37,1482141	-3,8082564
3,125	-8,155193636	14,47206907	5,008666751	36,28639565	17,28068404	14,7706483
6,25	7,861018189	10,55441994	-3,474637372	23,66229163	-55,9280345	26,4570621
12,5	21,58775385	-30,5288522	-2,59878717	21,88887207	6,634086697	22,714658
25	-4,469304651	13,14559047	-1,680431345	22,30911636	-10,7492238	15,379047
50	19,16308572	16,8094575	14,35635049	16,30094578	-35,60547141	13,6564662
100	-31,18922216	12,4947988	-37,12076755	-33,42172219	-29,28760112	13,8643429
	SD	SD	SD	SD	SD	SD
0,78125	6,758468513	11,76583513	22,22321946	10,93275918	17,57772347	1,57097738
1,5625	6,234440484	8,84475102	13,97467569	6,26237828	7,38253773	2,13861562
3,125	2,484242447	4,406101353	5,131576878	5,475003742	4,773729081	14,4848448
6,25	1,516753153	8,218823288	7,111244131	0,237490037	3,351613105	17,48649
12,5	7,953678634	0,478481937	5,498968111	6,732112652	24,56841496	18,0926068
25	0,869302418	2,999451239	4,269419361	2,951206581	7,24360947	7,8714602
50	11,6261829	4,37618086	7,46119414	7,563022819	11,25751691	9,37863407
100	16,22524101	4,528499573	3,570937616	29,26232103	7,419519528	10,5532019
IC50 Value ± SD (µg/mL)	N/A	N/A	N/A	N/A	N/A	N/A

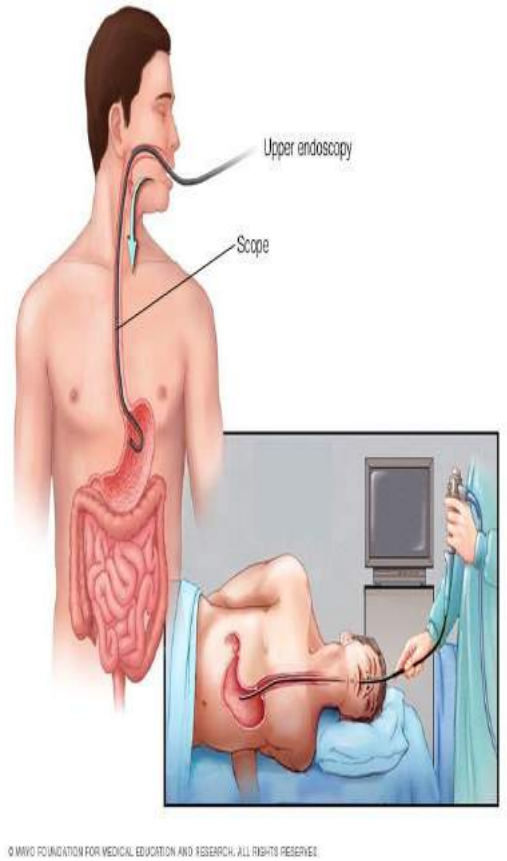


Gastro-C™ : Anti-gastrite, Anti-ulcère gastroduodénal, Anti-ulcère cutanéomuqueux

Doxorubicin	Growth inhibition					
	MCF-7	HeLa	DU-145	HT-29	HTB-173	K562
0,78125	15,77796169	8,332856338	14,44612268	18,7620576	25,90451125	40,1328154
1,5625	31,11878813	29,9865298	27,68656254	27,18079262	20,58747509	40,7290721
3,125	34,42742225	35,4475422	24,9013387	30,35967127	16,14137873	40,269767
6,25	35,96152071	40,55250421	24,75262936	35,77702602	41,78125753	48,6434083
12,5	37,01635085	47,80093147	13,13568357	36,5928526	49,54598878	58,5580687
25	33,95376685	61,25930399	30,92706367	45,47905016	67,30348186	69,2107214
50	40,38998646	88,31452334	29,56076758	60,3336346	80,23820263	76,3262041
100	87,13458451	90,22631165	43,4176071	80,24708202	88,6712814	77,7488498
	SD	SD	SD	SD	SD	SD
0,78125	2,165540185	3,272781301	12,75413262	2,990999387	4,368010039	2,150791
1,5625	4,671776364	1,761026861	11,63758409	3,310083904	6,635028953	4,00292335
3,125	9,315029043	9,036564143	0,758505564	4,423480292	7,131557334	4,00424495
6,25	9,738538938	9,297871315	8,602796515	4,244648001	3,218005727	5,07545861
12,5	7,650559197	7,121027778	4,594714108	6,640987147	1,07810263	6,88557252
25	7,888497508	8,573227169	6,072273599	7,142256373	6,438575336	4,36310867
50	9,021294948	5,451672298	3,461296122	3,749004617	3,44831463	1,48471732
100	8,98000046	7,788322501	12,05137617	6,801865596	0,571421649	1,13923172
IC50 Value ± SD (µg/mL)	63.31 ± 2.0	24.81 ± 3.7	N/A	28.83 ± 0.0	18.47 ± 5.5	11.1 ± 0.6



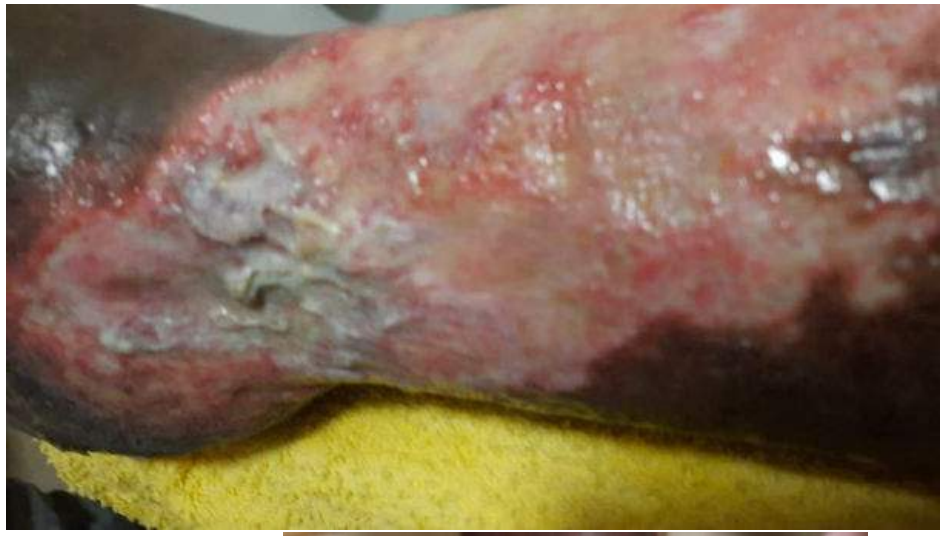
Gastro-C™ : Anti-gastrite, Anti-ulcère gastroduodénal, Anti-ulcère cutanéomuqueux

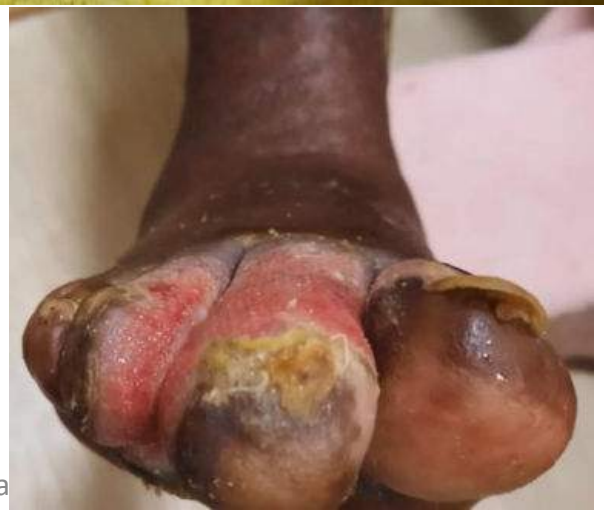


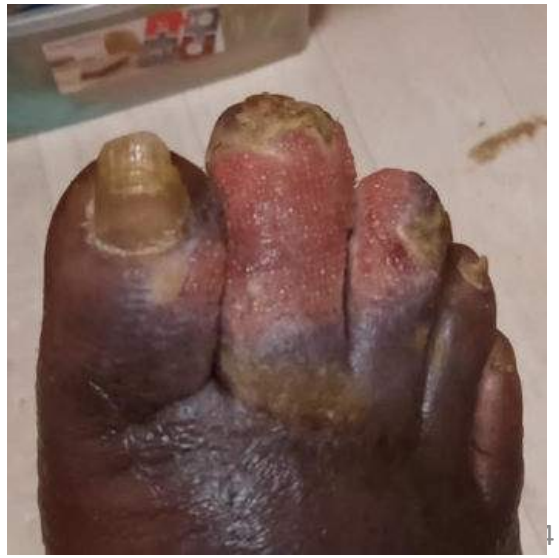
[12:38, 11/05/2023] Prof MG: Pour Gastro-C, c'est impeccable
[12:38, 11/05/2023] Prof MG: Je n'ai que des bons résultats
[12:38, 11/05/2023] Prof MG: Éradication Helicobacter pylori en fin de traitement
[12:39, 11/05/2023] Prof MG: C'est juste le suivi de lesions gastriques par gastroscopie que je n'arrive pas encore à faire.
[12:39, 11/05/2023] Prof MG: Sinon c'est un succès total jusque
[12:39, 11/05/2023] Prof MG: Comme je vous avez dit, j'avais eu une chèvre de la part d'un notable de la ville qui a longtemps souffert de gastrite.

[13:43, 29/05/2023] Dr MSel: Nous avons deux patients sous Gastro-C avec une très bonne évolution.

Gastro-C™ : Anti-gastrite, Anti-ulcère gastroduodénal, Anti-ulcère cutanéomuqueux







Ulcère cutanéomuqueux sous thérapie Gastro-C™ (Belgique)

4.

Kash-C™ 50/6mg comprimé

Antidiabétique

Kash-C™ : Antidiabétique

Obésité

Surpoids

Boulimie

Anorexie mentale

Causes de l'obésité

Communes:

- **Génétique**
- **Influence physiologique**
- **Perturbation dans la distribution alimentaire**
- **Surpoids corporel : Indice Masse/Taille**

Autres facteurs :

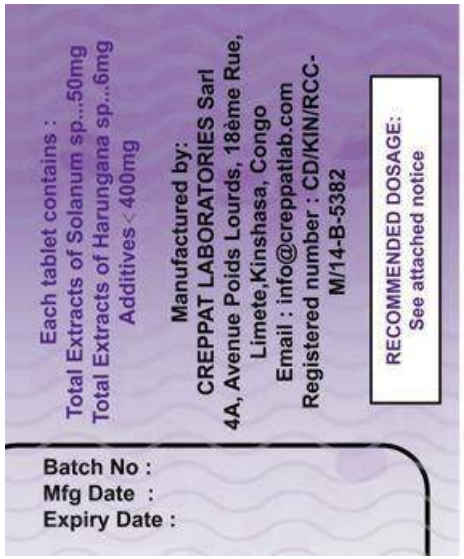
- **Héréditaires**
- **Diète malsaine**
- **Style de vie sédentaire**
- **Médicaments : Hormones**
- **Gravidité**
- **Tabac**
- **Manque de soins**

Kash-C™ : Antidiabétique

L'obésité survient lorsque:

- **On consommé plus de calories qu'on en dépense;**
- **C'est donc le résultat d'un déséquilibre entre:**
  - **Quantité de nourriture ingérée vs**
  - **Activité physique quotidienne**
- **Chez les femmes: c'est le 3ème prédicateur le plus puissant des maladies cardiovasculaires, après l'âge et l'hypertension artérielle.**

Kash-C™ : Antidiabétique



Obésité

Surpoids: BMI > 25

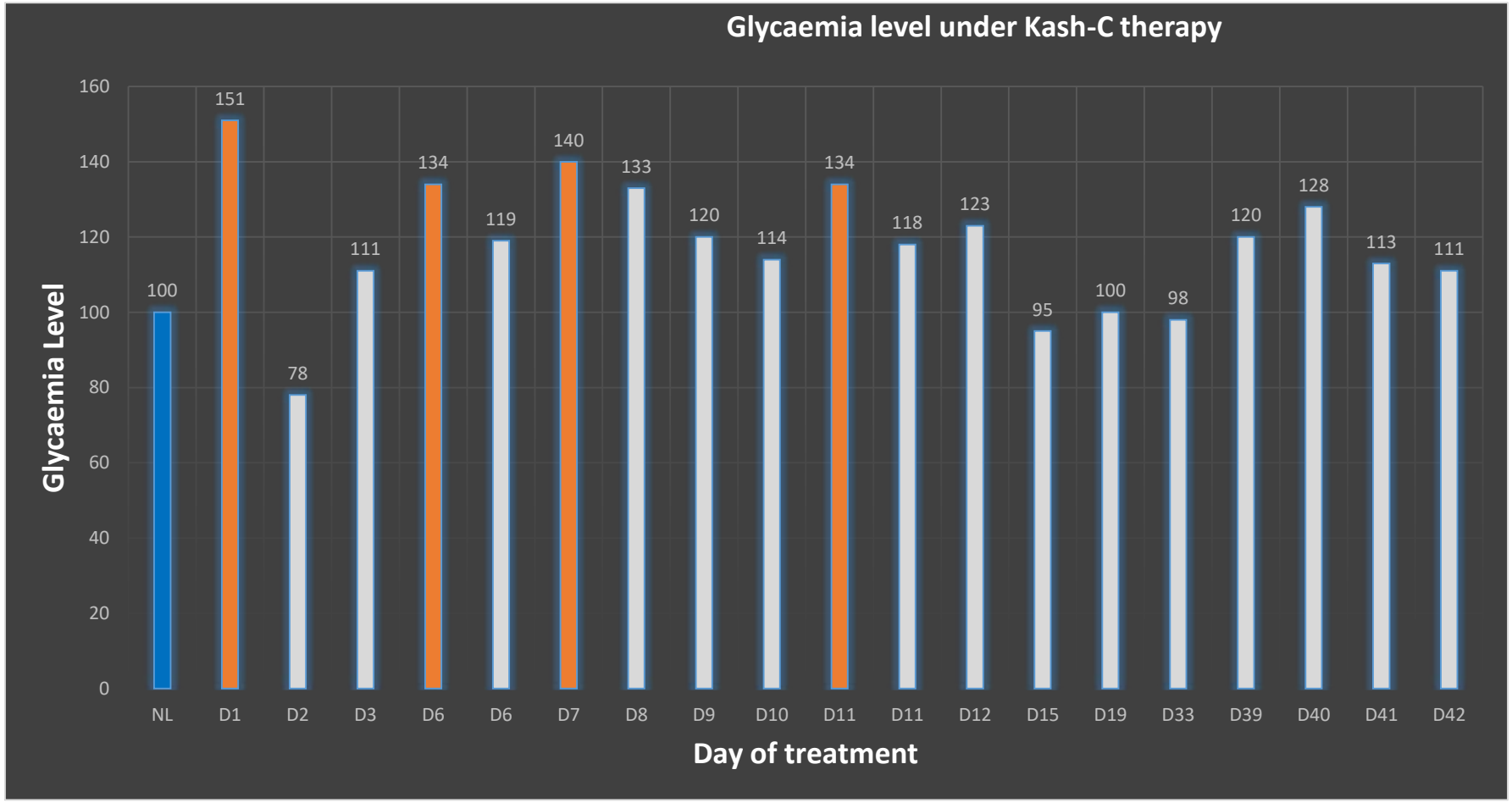
Boulimie

Anorexie mentale

Kash-C™ : Antidiabétique

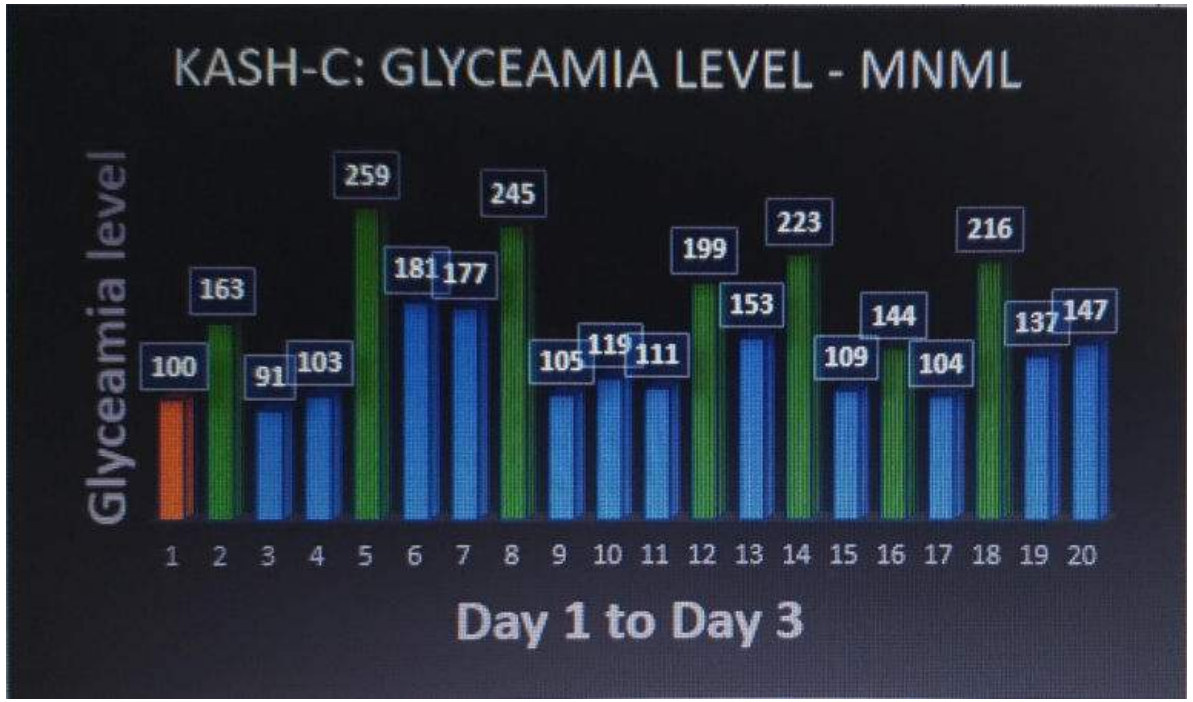
- Re-equilibre la glycemie chez les personnes en hyperglycemie pathologique.
- Est sans impact sur la glycemie des personnes non diabetiques.
- Il est probable qu'il agisse en stimulant la fonction exocrine du pancreas, stimulant ainsi la production de l'insuline endocrine par les cellules B de Langerens (etude en cours).
- Exerce un effet de longue duree chez les diabetiques.
- Chez les sujets en surpoids et les obeses, l'effet est mitige : Kash-C s'accumulerait dans les tissus adipeux ; rendant ainsi la dose plasmatique infra-therapeutique. Des mecanismes visant une meilleure distribution tissulaire du medicament dans cette sous-population sont encore en etude.
- Aucun effet secondaire n'a été reporte a ce jour.

Kash-C™ : Antidiabétique
Patient JNgM

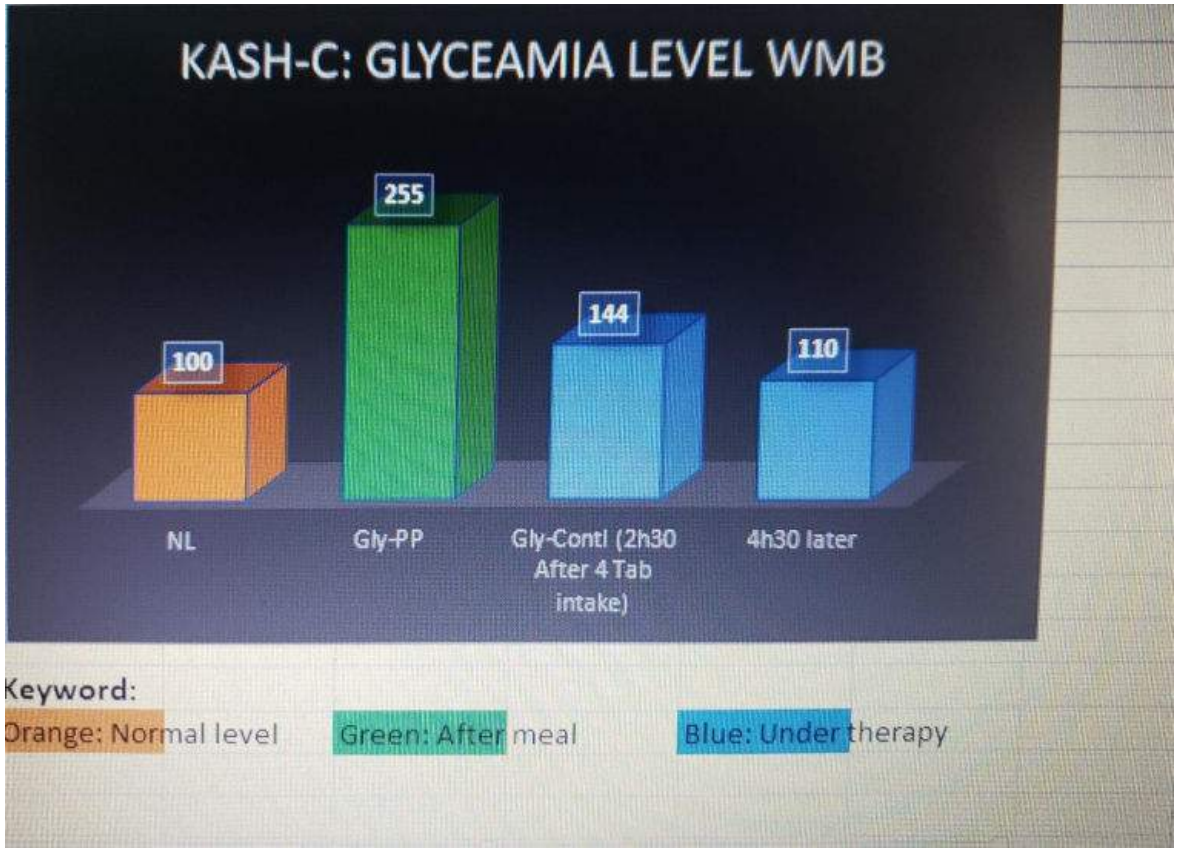


Kash-C™ : Antidiabétique

Patiente MMLo



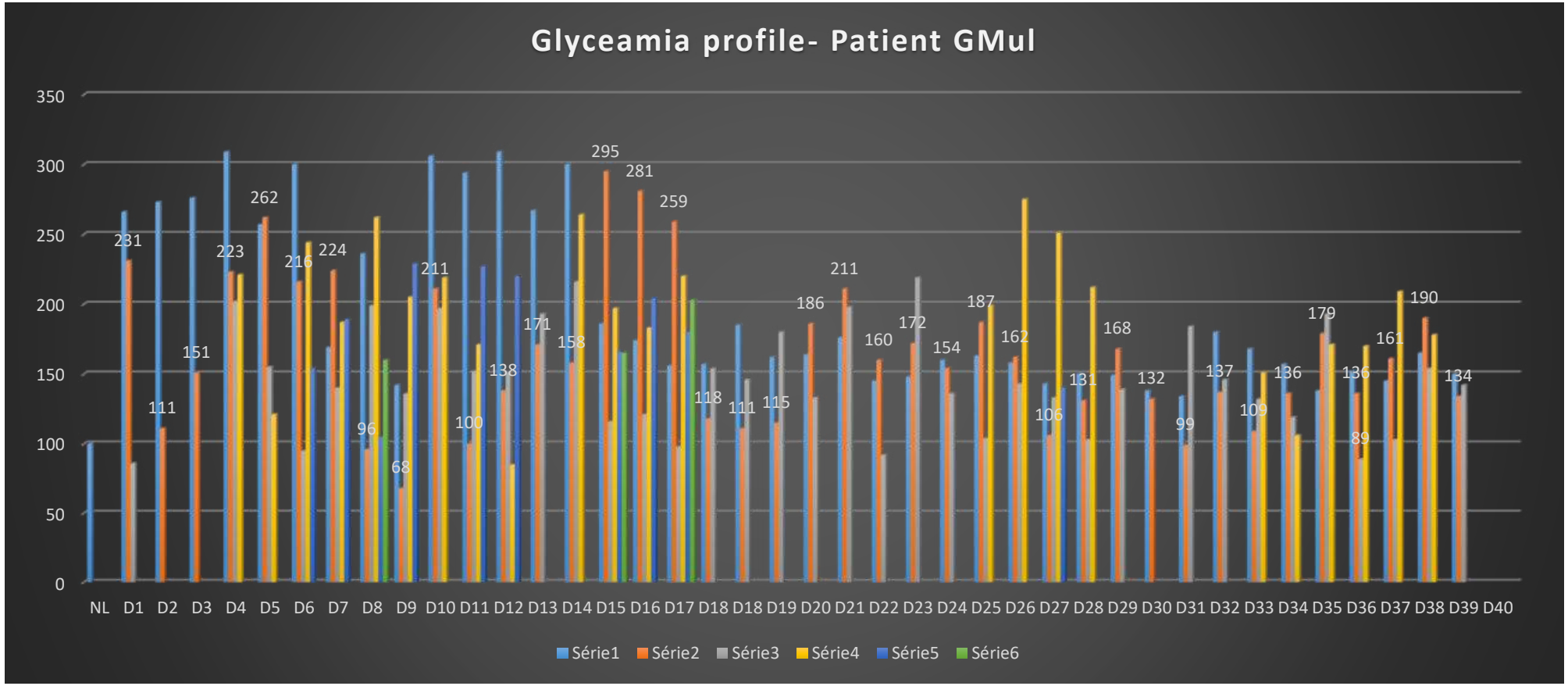
Patient WMai



Kash-C™ : Antidiabétique

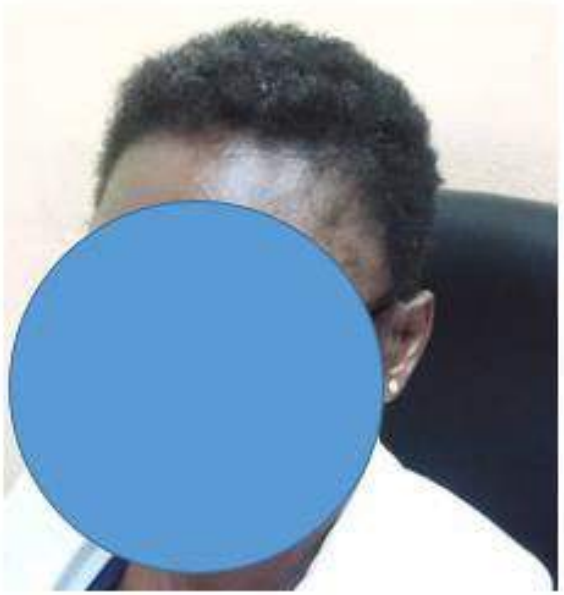
Patiente MMLo

Patient WMai



5.
Capy-C™:

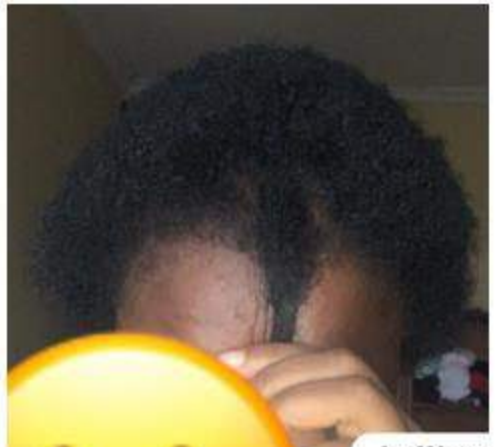
Anti-chute des cheveux
Anti-calvitie




Je n'avais plus de cheveux, surtout sur la partie frontale et temporale. Tout était tombé par les tresses, et surtout par les mèches dont on se charge la tête. Mais, depuis que j'utilise Capy C™, les cheveux repoussent, et sur toute l'étendue de la tête. Ils sont devenus bien souples, luisants, plus longs et faciles à démêler. DDM

Janvier 2023 avant capy C

Février avec Capy C

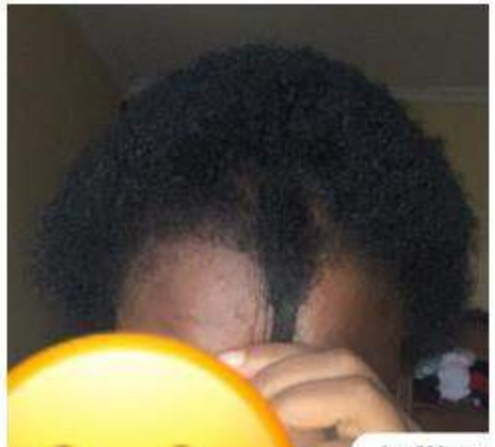


Juillet

Ma chevelure présentait comme un vide, un cratère au niveau occipital du crâne. Depuis 6 mois que j'utilise Capy-C™, le cratère s'est refermé de lui-même. Les cheveux poussent maintenant de manière uniforme sur la tête. Ils sont devenus luisants, souples, plus longs et faciles à démêler et difficiles à tresser car ils glissent d'entre les mains des tresseuses. MTM.

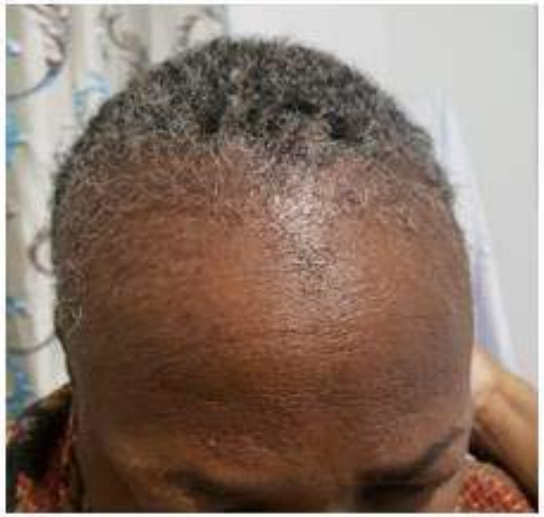
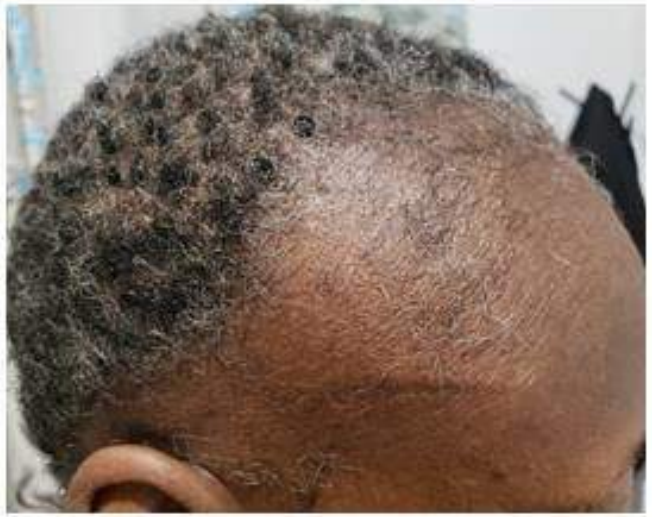
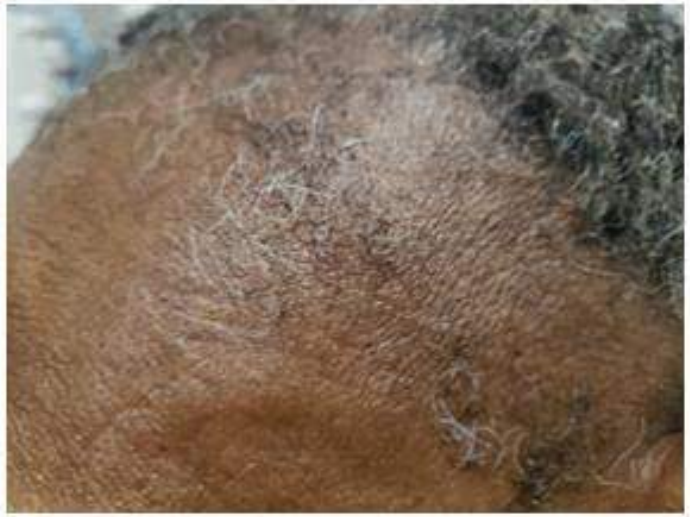
Janvier 2023 avant capy C

Février avec Capy C



Juillet

Ma chevelure présentait comme un vide, un cratère au niveau occipital du crâne. Depuis 6 mois que j'utilise Capy-C™, le cratère s'est refermé de lui-même. Les cheveux poussent maintenant de manière uniforme sur la tête. Ils sont devenus luisants, souples, plus longs et faciles à démêler et difficiles à tresser car ils glissent d'entre les mains des tresseuses. MTM.

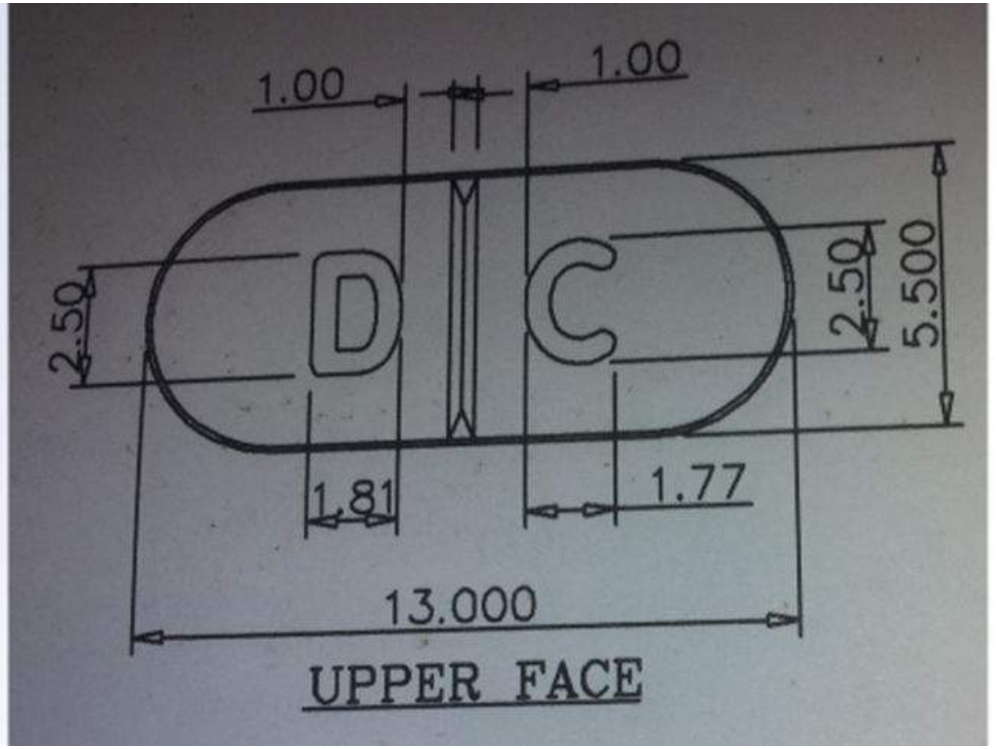




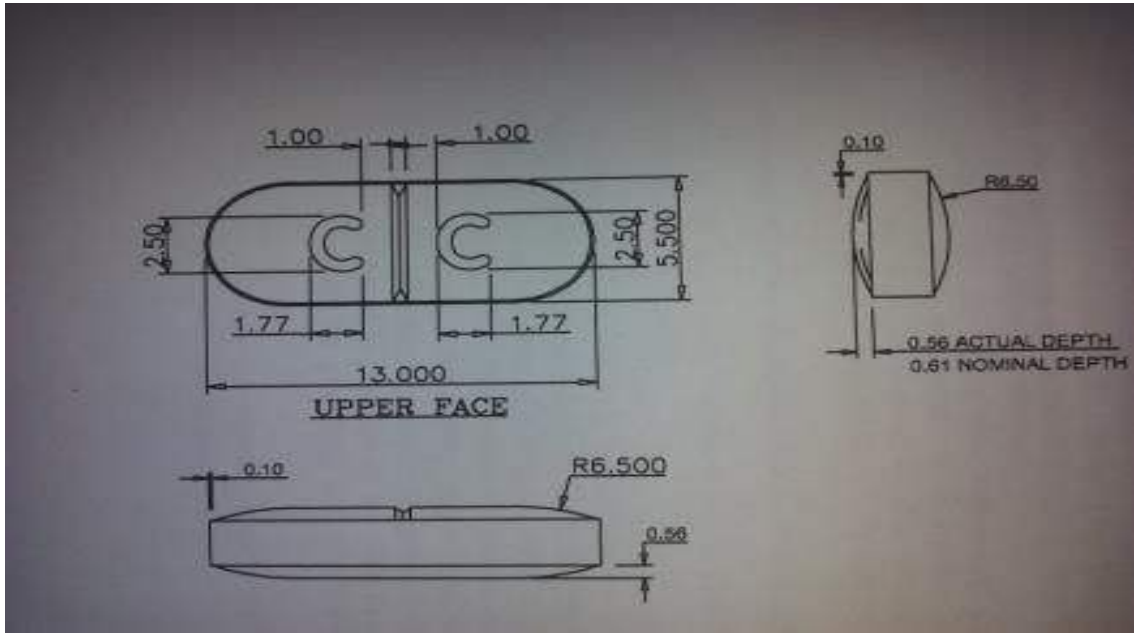
J’avais des chutes de cheveux, sur les régions frontale et temporale. Tout était tombé du fait du port régulier des perruques. Mais, depuis que j’utilise Capy C™, les cheveux repoussent, et sur toute l’étendue de la tête. Ils sont devenus bien souples, luisants, et ne s’effilochent plus et ne sont plus cassants. PSh

Stabilisation et Standardisation

Mise en formes pharmaceutiques

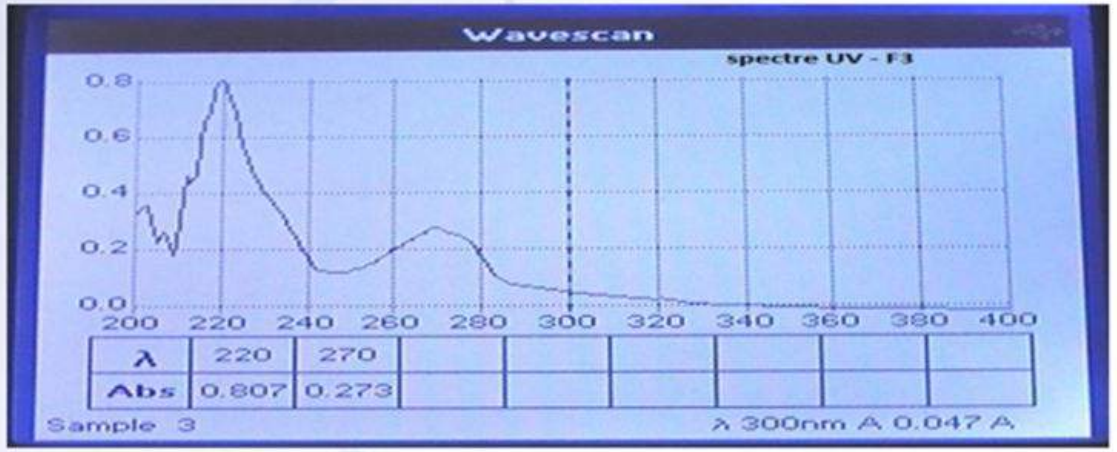
Product Stabilisation & Standardization

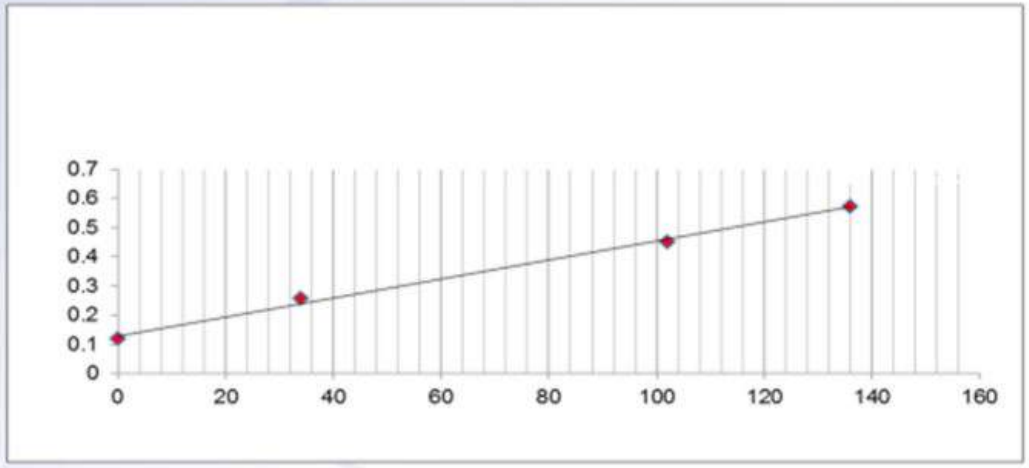




Product Standardization

Spectrophotometric analysis of the principles





Temoignages et Protection des IPs

C.S.S.A.H.A., Inc.

9101 S. Stony Island Ave. CHICAGO, IL. 60617 E-MAIL: WWW.CSSAHA@AOL.COM

phone # 773-768-7647 Voice/Fax # 773-721-0898

February 11, 1999

United States Embassy

Consular Section

Kinshasa, Democratic Republic of Congo

Fax: 011243-88022

To whom it may concern

Constantin Bashengezi of the Democratic Republic of Congo (former Zaire), is a renowned pharmacologist/pharmacist throughout the region. He has been on the cutting edge of plant medicine research for more than 10 years. Mr. Bashengezi has combined traditional pharmacology with Western technology. This is a combination Western scientists only dream about. Unfortunately, because of prior government instability and a lack of state-of-the-art laboratory equipment, he has been unable to perform the critical analysis necessary to bring these medicines to the global marketplace.

UNITED STATES PATENT

In 1997, Mr. Bashengezi was granted a United States patent (#5,607,673) as well as a global patent (#PCT/US96/12769) for his formula to purify a rare plant extract containing powerful antiviral activities and convert it into dried capsule form. This enhanced the dosage reliability as well as increased its potential for safe distribution. The anti-HIV components of the extract provides a safe and natural treatment and could some day lead to a cure for this deadly disease.

US005607673A

United States Patent [19]

Bashengezi

[11] Patent Number: 5,607,673

[45] Date of Patent: Mar. 4, 1997

[54] **PURIFIED EXTRACT OF UVARIA BREVISTIPITATA AND A PROCESS FOR OBTAINING THE PURIFIED EXTRACT THEREFOR**

[75] Inventor: Constantin M. Bashengezi, Bukavih, Zaire

[73] Assignee: C.S.S.A.H.A., Inc., Chicago, Ill.

[21] Appl. No.: 425,747

[22] Filed: Apr. 20, 1995

[51] Int. Cl.[6] A61K 35/78

[52] U.S. Cl. 424/195.1; 514/885; 514/894; 514/934

[58] Field of Search 424/195.1; 514/885, 514/894, 934

[56] References Cited

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Cole, et al., J. Org. Chem. 41:1852-1855, 1976.

Padmaja, et al., J. Ethropharmacol. 40: 181-186, 1993.

Lumonadio, et al., J. Ethropharmacol. 31:59-65, 1991.

Primary Examiner—John W. Rollins

[57] ABSTRACT

In HIV infected individuals, certain clinical and biological markers are used to assess the progression or regression of the disease. From the plant, *Uvaria bevistipitata* of the Annonaceae family, a substantially pure extract was derived. This extract was administered to 268 HIV infected patients in a clinical trail in Zaire Africa and dramatic results were obtained. The extract was also submitted to a laboratory for in vitro analysis. when tested against the HIV reverse transcriptase enzyme, the extract tested 96.7% active. In further laboratory analysis, against HIV-$_{IIB}$, it demonstrated efficacy at doses that showed no cytotoxic effects.

14 Claims, 1 Drawing Sheet

universitaires en Belgique, pour leur expertise professionnelle et la qualité de leurs recherches
C'est mon vif espoir que la coopération entre les chercheurs congolais et les centres universitaires et scientifiques belges puisse continuer dans les meilleurs des circonstances.

La Belgique a fait de la lutte contre le VIH/SIDA une des priorités de sa politique de développement. Nous ne pouvons accepter que la propagation rapide de cette épidémie annih les progrès effectués en matière de qualité de vie, de soins de santé et de scolarisation.

Or, le désespoir n'est pas justifié. Notamment, l'intensification de la recherche scientifique constitue un des objectifs-clés d'une Stratégie Globale contre le SIDA. Votre rapport sur les premiers résultats des recherches de l'antirétroviral « DOUBASE Ctm » semble justifier ce sentiment plutôt optimiste.

Je vous sais gré de vous être adressé à moi sur cette importante question.

Veuillez agréer, Monsieur, l'assurance de ma considération distinguée.


REPUBLIC OF SOUTH AFRICA
PATENT APPLICATION

Police

FORM P.3

ADAMS & ADAMS
PRETORIA

REPUBLIC OF SOUTH AFRICA
PATENTS ACT, 1978

DECLARATION AND POWER OF ATTORNEY
(Section 30 - Regulation 8, 22(i)(c) and 33)

PATENT APPLICATION NO	
21	01

A&A Ref:
P71171ZP05 LVDW/SDW

LODGING DATE	
22	

FULL NAME(S) OF APPLICANT(S)	
71	**CREPPAT LABORATORIES PROPRIETARY LIMITED**

FULL NAME(S) OF INVENTOR(S)	
72	**BASHENGEZI, Constantin Mihigo Ighanz Kulimushi**

EARLIEST PRIORITY CLAIMED	COUNTRY		NUMBER		DATE	
	33	**XXX**	31	**XXX**	32	**XXX**

NOTE: The country must be indicated by its International Abbreviation - see schedule 4 of the Regulations

TITLE OF INVENTION	
54	**EXTRACTS OF SACCHARIDES FROM UVARIA BREVISTIPITATA DE WILD**

* I / We

Homologation et AMMs

Ministère de la Santé
Sécrétariat Général
Direction de la Pharmacie
et du Médicament
Division Gestion du Médicament

AUTORISATION DE MISE SUR LE MARCHE DES MEDICAMENTS
(5 ans)

N° MS. 1253/10/.05/047./.0192./2022

Le Ministère de la Santé représenté par la Direction de la Pharmacie et du Médicament, autorise en République Démocratique du Congo la mise sur le marché du médicament dont détails ci-dessous :

A) Dénomination, forme et conditionnement du produit :

Cancure ™ 30mg ; comprimés ; boîte 180

Ministère de la Santé
Sécrétariat Général
Direction de la Pharmacie
et du Médicament
Division Gestion du Médicament

AUTORISATION DE MISE SUR LE MARCHE DES MEDICAMENTS
(5 ans)

N° MS. 1253/10/05.10.GM./.019.22./2022.

Le Ministère de la Santé représenté par la Direction de la Pharmacie et du Médicament, autorise en République Démocratique du Congo la mise sur le marché du médicament dont détails ci-dessous :

A) Dénomination, forme et conditionnement du produit :

Doubase C™ 30mg/6mg ; comprimés ; boîte 45


Objectifs
secondaires

Institutions & Structures de santé en collaboration

- Faculté de Médecine, Université de Kinshasa
- Cliniques Universitaires de Kinshasa;
- LOMO Médical / Prof Longo-Mbenza;
- Dr Gén Nzuka Henri / CEBCO-Bandalungwa;
- Corps de Santé Militaire / Hôpital Militaire du Camp Kokolo
- Dr Kabala / CH Ngaliema Center;
- Dr Michael Selemani
- CM Fondation Bomoko
- CM DGDA
- CM DGRAD
- Hôpital Général Prov. de Réf. De Bukavu / Prof Mulinganya
- Prof Masoda / CH Heal Africa – Goma
- Dr Francis Muamba / CM Rehoboth – Lubumbashi
- Dr Anselme Lututomisa – Matadi
- Dr Rose Longo – Hôpital de Lukula, Kongo Central

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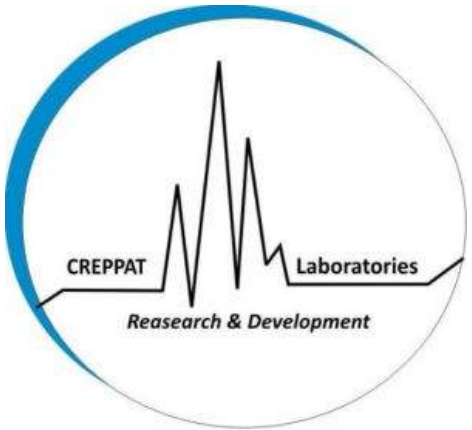
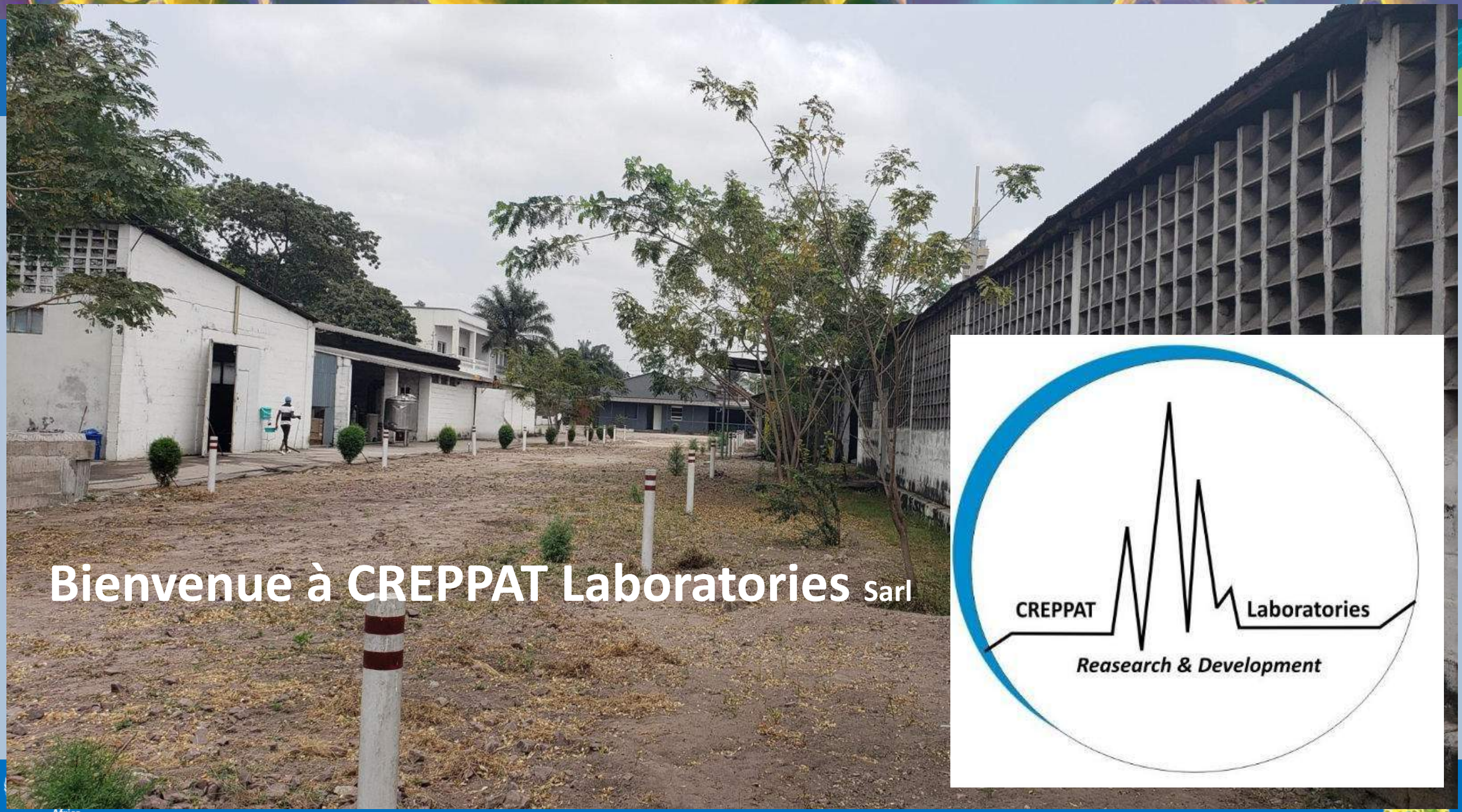
- *CREPPAT LAB (Pty) Ltd (RSA)*
- *CSSAHA, Inc (USA)*
- *Protechnik Laboratories / ARMSCOR/SAMHS/SANDF (RSA)*
- *University of Pretoria (RSA)*
- *Walter Sisulu University (RSA)*
- *University of Kwa-Zulu Natal (RSA)*
- *North West University (RSA)*
- *Agence Nationale pour la Promotion des Investissements (ANAPI)*
- *Fonds de Promotion de l'Industrie (FPI)*
- *Gouvernement de la RDC*

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Reasearch & Development