



### Cannabinoid Chewing Gum Offering Hope in the Treatment of Multiple Sclerosis, Parkinson's Disease, Irritable Bowel Syndrome, and Crohn's Disease



**Dr. George E. Anastassov**  
CEO

**Axim Biotechnologies Inc.**  
(OTC\_DLY: AXIM)  
<http://aximbiotech.com/>

**Contact:**  
**Andrew Hard**  
917-660-5418  
[Andrew.hard@cmwmedia.com](mailto:Andrew.hard@cmwmedia.com)

**Interview conducted by:**  
**Bud Wayne**  
Editorial Executive  
CEOCFO Magazine

“Our company was not built on the hoopla of medical marijuana. We started way before all of this conversation occurred, about 40 years ago and we were strictly focused on pharmaceutical preparations primarily for the alleviation of pain without the side effects of opioids”  
- Dr. George E. Anastassov

**CEOCFO: Dr. Anastassov, would you tell us about Axim Biotech and your focus?**

**Dr. Anastassov:** I am the CEO for Axim Biotechnologies, which is a publicly traded biotechnology company. Axim is focused on the development of solutions for certain conditions for which currently there is no treatment, or the treatment is not adequate. The company is focused currently on neurodegenerative diseases such as multiple sclerosis. Our lead product MedChewRX is intended to treat pain for patients with multiple sclerosis. We hope to complete Phase III clinical trials in the second quarter of 2017 and hopefully have an NDA (new drug application) completed by the end of 2017. We are working on a different product for the treatment of IBS (Irritable Bowel Syndrome). We will initiate these studies next week and we are expecting regulatory approval in the U.S. and in Europe. This is for the treatment of IBS. If this study proves the effectiveness, we will go to IBD (Inflammatory Bowel Disease) and then to Crohn's Disease.

**CEOCFO: Is that the same product as MedChew?**

**Dr. Anastassov:** It is a different product. MedChew is a product which contains THC and CBD. There will be two tracks actually in this particular product. One will be naturally contracted cannabinoids and the second will be synthetic from a major pharma company from the United States, which has the patent for synthetic THC called Dronabinol and they would like us to develop a drug based on our delivery platform which is a functional, controlled-release chewing gum transmucosal system, but to develop a product with synthetic cannabinoids with synthetic THC and CBD. MedChewRX has equal doses of THC and CBD, five and five milligrams in one serving. The product for IBS will contain only CBG and no THC. We will investigate 50 and 100 milligram doses in the same functional delivery system.

**CEOCFO: Do you have a name for this?**

**Dr. Anastassov:** It is called CanChew Plus. It is a very different product because CanChew gum is not a microencapsulated version. The CanChew Plus has a totally different delivery system. The current CanChew does not have as good a relief profile as our new system because with the current CanChew there are only 10 milligrams of CBD extracted from industrial hemp, which is legal everywhere in



the US market because it has no THC in it. However, the relief profile is not that good because after chewing the current CanChew for over an hour, a large percentage of the CBD remains fixed to the gum base. To avoid this problem, we have updated the technology, in which the CBD is microencapsulated in particles between 20 and 40 nanometers. It is a rather sophisticated version of Axim's first CanChew. It has much higher doses of CBD, which comes in the crystalline form, which is also our IP, because we have a vertically integrated approach based on our proprietary and intellectual property. We have our own extraction method and our own conversion where we convert lipid soluble to water-soluble cannabinoids. We have our own method for microencapsulation. We have our own IP for delivery based on cannabinoids in chewing gum. The third study which was just completed in The Netherlands Maurits Clinic on patients with psoriasis and eczema, so we will have the calculated results within the next week or two. This is based on crème and chewing gum. There will be very interesting results, which I do not want to rush right now but they will be available within the next couple of weeks. This is interesting because there we are utilizing not only CBD but also CBG (cannabigerol), which is the first product on the market of its kind. It is a dermatological formulation for eczema and psoriasis with a cream which contains the type of CBD that is widely known. These are the three main initiatives which we are currently focusing on. We are waiting for an approval from Health Canada for a joint study with the University of British Columbia on patients with drug-related psychosis; a very difficult group of patients. This will be done with CanChew Plus so it will have high doses of CBG in the functional matrix in the chewing gum form. We are working on a pharmacological preparation for glaucoma and dry eye syndrome, which also contains different cannabinoids.

**CEOFCO: *What is the delivery method for your glaucoma and dry eye syndrome product?***

**Dr. Anatssov:** It is eye drops. We are working on suppositories for gastrointestinal disturbances, which contains CBD and CBG. This study will go on at the University of Wageningen, in The Netherlands. We are waiting for institutional board approval and for word from the Medical Ethical Committee.

**CEOFCO: *You mentioned your cosmetic product RENEKANN, would you tell us about that?***

**Dr. Anatssov:** One is cosmetic and one is dermatological for different indications. We have formulated 22 different products as of today, the majority of which are pharmacological.

**CEOFCO: *Are you focusing on cannabis as a source of alternative energy?***

**Dr. Anatssov:** This will happen once we build our manufacturing plant in the city of Almere, in The Netherlands. This plant is for everything to be done under one roof from extraction to publication of final product and without any waste, because all of the materials which will be used for extraction, which is cannabis, will be used for high efficiency, and high-caloric output compressed pellets for alternative energy. Therefore, nothing will be wasted. It is box-in-the-box technology for the manufacturing plant which will be quite unique in this space. The idea there is to produce all of our formulation and perhaps the white label for other companies and perhaps control the production of cannabinoid preparation in the future for ourselves and external clients.

**CEOFCO: *Most pharmaceutical companies have to synthesize whatever molecule they found in order to make it proprietary. It seems you are doing extraction. Is this correct and how is it proprietary?***

**Dr. Anatssov:** It is proprietary because it is our IP. It is our patent, because there are many different types of extraction. There is cold-pressing and there is a chemical extraction with all different types of solvents. We have our very own extraction method which we have applied for a patent, which I hope it will get soon. It is different from other extraction methods and it provides for high yields and 99.99% purity of the final product. That is how it is proprietary. It is a different technology than what is available on the market today.

**CEOFCO: *Does the fact that you are using a natural cannabis product help you with fewer side effects or is that not important?***

**Dr. Anatssov:** It is important. For us it is important to have both lines. This is because in Europe, for example the European legislation looks kinder on natural products, but the FDA looks on natural ingredients rather negatively. For example there is only one cannabinoid product approved in the United States, called Marinol. A GW Pharmaceuticals product Sativex, which was approved in 2010 in Great Britain and then in other EU countries, but they are having a hard time getting it through the FDA. That is why we think it is important to have both a synthetic and natural product. What works better is hard to say without having any clinical trials with the effects of one or the other. That is why when we carry on the bioavailability profiles of both natural and synthetic THC and CBD, then we will see which one has better bioavailability and which one has a more beneficial effect. For us it is purely a practical question because we think that putting something through the FDA, which is a mono-molecular entity, which is synthetic, it will be much easier. That is why we are entertaining both a synthetic and natural form.

**CEOCFO: Do you look at your products as having the ability to cure disease or is it more in dealing with the symptoms?**

**Dr. Anassov:** If we are talking about multiple sclerosis, there is no cure for multiple sclerosis. However, if we can alleviate at least some of the symptoms, as in the more substantial symptoms, such as pain and muscle spasticity, it will make the suffering of this unfortunate patient much less. Dementia is another project that we are entertaining with the Free University of Amsterdam. We do not anticipate to cure dementia or Alzheimer's disease, but if we can alleviate the symptoms and delay the onset, that is what we are looking for. If we are talking about IBS, a large percentage of the adult population suffers from IBS, anywhere between 30% and 45%. If we can alleviate these very unpleasant symptoms, we will be very happy. The same goes for IBD and for Crohn's disease. Can we cure Crohn's? No, but if we can alleviate the symptoms and give the patient an opportunity for the course of a normal life and if they can save themselves from a colectomy or any other surgical intervention by using our product, then they will be very happy. We are not looking to cure these diseases, but if we are talking about glaucoma and we can consistently decrease the intraocular pressure, then it would be a good thing. Does it cure glaucoma? Probably not, but if we can consistently lower the intraocular pressure to normal levels, I think that we have reached our goal.

**CEOCFO: Is your glaucoma product natural, synthetic or both?**

**Dr. Anassov:** It will be both.

**CEOCFO: Glaucoma is quite prevalent!**

**Dr. Anassov:** About 200,000 patients a year in the United States will get glaucoma.

**CEOCFO: What is the difference between your product which is pharmacological and nutraceutical, as opposed to smoking marijuana?**

**Dr. Anassov:** There is a huge difference. Anything that we smoke, is bad, whether tobacco, crack or marijuana. Why? Because it irritates the respiratory track, leads to increased secretions and it basically kills the patient. It does not matter what we smoke, it is all bad. However, we also know that smoking marijuana works and it has been smoked for thousands of years. Our goal is to deliver the same relief as somebody who smokes cannabis, but in a safe manner so we do not have all of the side effects of smoking. In addition, smoking in general is now a punitive habit. Here I can understand why the FDA does not want to deal with natural compounds because there is no consistency. They would much rather deal with molecular entities for which they can know the side effects and the desirable effects, which is not the case with something that you can smoke, or eat. There is so much that is unknown about these cannabinoids. I think that it is very important to have a predictable profile of the product that is being sold out there. That is what makes the difference between our products and what is being smoked or eaten or swallowed in whichever form. There is no product that will pass FDA scrutiny if there is more than .2% of inconsistency, which is practically impossible to do with a natural compound.

**CEOCFO: Do you have the funding needed to continue research and development and are you looking for investors and partners?**

**Dr. Anassov:** Currently we are funded to carry on through the Phase II of the MedChew project. We are funded to complete our other projects and have one completed already. As far as the Phase III, there will be a raise and I think we will have the same investors who invested so far. We will also be open for outside investment as well. We are not looking for outside investors at this point because our capitalization is very low. Once we have clinical data which we will present, I think it will be a much more preferential spot for raising capital. We have about five lines of products in the clinical scenarios for the next ten years. We will need funding going forward.

**CEOCFO: Why should our readers in the investment community consider Axim Biotechnologies?**

**Dr. Anassov:** I think that we are a unique company. Our company was not built on the hoopla of medical marijuana. We started way before all of this conversation occurred, about 40 years ago and we were strictly focused on pharmaceutical preparations primarily for the alleviation of pain without the side effects of opioids, which we know today 122 people a day die from a drug overdose in the US. I think we have a diversified portfolio and we are not working in only one direction. I think we are an interesting company and I would suggest your readership follow us into the future and see what comes out of the company. I believe we will not disappoint our investors and the people that put their trust in our hands.

