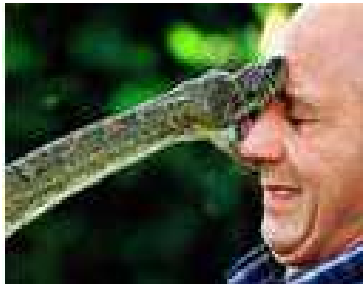


Venom-X Field Test for Snake Bite Effectiveness

This document prepared for
public and government review



These photographs show snakebite results. These photographs are available from the world wide web as public domain information **These photographs show what frequently happens if the venom is NOT neutralized before it can do major harm.**

by
Phillips & Co.
www.phillipscompany.4t.com

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Product Packaging



BENEFITS: This product is formulated to chemically neutralize snake venom rapidly, rendering it less harmful.

DIRECTIONS FOR USE: Carry this cleanser with you when in places where snakebite is a possibility. To achieve best results, apply this product within one minute following the snake bite. Wet finger tip with water (or saliva, if in the field) and dip tip of finger in powder. Vigorously rub the paste into the bite wound. If the puncture wound is deep, consider using a clean plastic toothpick to massage the cleanser into the wound. To be effective, this cleanser **MUST** reach the venom. Seek medical attention.

CAUTION: For external use only on skin. Keep powder out of reach of children. Eye irritant. Do not swallow or inhale.

NET WEIGHT: Approximately 1 gm.; *Enough anti-venom cleanser for use on two snake bites.*

See inside panel of this card for \$80 user rebate value and additional important information.

Effectiveness: This product has been shown to be highly effective for snakebite first aid.

Human test results: Available for public review. Please contact manufacturer for results.

Government compliance: See the manufacturer's web site for government regulatory compliance information.

Ingredients: calcium carbonate, hypochlorite oxidizing agents, sodium carbonate, anti-venom surface reactive anion agents, and natural plant products. Does not contain blood products or other animal biological products.

100% money-back guarantee.

Our best snake bite anti-venom product

FDA Registered



AntiVenom-X™
skin Cleanser and
First-aid Antibiotic



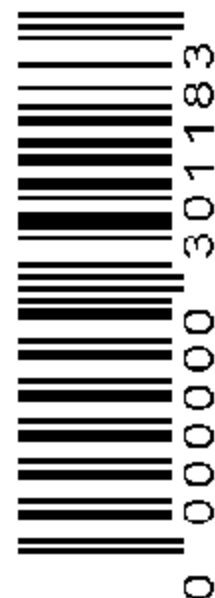
For Snake Bite

Rattlesnake Cobra Copperhead Water Moccasin

Online test results: www.PhillipsCompany.4t.com/VXft.pdf

FDA Registered

Drug Facts	
Active Ingredients	Purpose
Zinc acetate (2 % by volume; Bottle A)	Skin cleanser/protectant
Tetracycline (3% by volume; Bottle B)	First-aid antibiotic
Uses	
<ul style="list-style-type: none"> ■ First aid to help prevent skin infection. ■ Cleanses skin and helps reduce the risk of bacterial contamination. 	
Warnings	
<ul style="list-style-type: none"> ■ For external use only; do not swallow. ■ Keep away from children. ■ Do not use in the eyes or apply over large areas of the body. ■ In case of deep or puncture wounds, animal bites or serious burns, consult a physician. ■ May be harmful if swallowed. ■ Stop use and consult a physician if the condition persists or gets worse. ■ Do not use longer than 1 week unless directed by a physician. ■ Do not use if allergic to any ingredient listed on this label. 	
Directions	
Shake well to mix. Use liquid from Bottle A to clean and irrigate the affected area immediately after the bite. Massage affected area for 15 minutes. AntiVenom-X cleanser from Bottle A must reach the venom for best results. Apply a small amount of liquid from Bottle B (an amount equal to the surface area of the tip of a finger) on the area 1 to 3 times daily and rub gently using a Q-tip.	
Other information	
AntiVenom-X is an OTC anti-bacteria antibiotic drug product for human use, manufactured in accordance with FDA 21 CFR part 347 and FDA 21 CFR part 333 subpart A. Store at 40 to 120 degrees F. Net contents: 3 mL (dropper bottle). This product contains no alcohol; no animal products; no biological products.	
Inactive ingredients	
Water, sorbic acid, sodium dodecyl benzene sulfonate, ascorbic acid, magnesium stearate, silica and stearic acid.	
Questions and Side effects	
AntiVenom-X use results in no known serious side effects when used according to directions. Report any side effects to Phillips Company, POB 52, Millerton, OK USA 74750; Email: PhillipsCompany@cox.net	



Venom-X is effective when used as a first aid skin cleanser following poison snake bites

Of the 300,000 species of snakes, around 3,000 are venomous. In the U.S., between 8 and 15 people die of snakebite every year. (<http://ask.yahoo.com/ask/20000803.html>)

Because of the promise of using our skin cleanser to attack, neutralize and remove toxins from insect bites and stings, we believed the same benefit could result from the use of this cleanser immediately following a snakebite incident.

In June 2005, we initiated a study with a zookeeper and amateur herpetologist who has been bitten by poison snakes approximately a dozen times over his thirty year career. He is the zookeeper at Queen Wilhemena State Park, near Mena, Arkansas.

A full-scale national field test was conducted during the summer of 2006. Results of this field test were dazzling, in that 100% of all the feedback from human snakebite victims was overwhelmingly positive. Results of this field test are given later in this document.

One possibility for the future is that an effective skin cleanser could be used IN CONJUNCTION with existing established medical treatment using antivenom to treat snakebite victims.

Our field trials and investigations turned out to show strong benefits to snakebite victims. Accordingly, this cleanser could revolutionize the “anti-venom” approaches currently being used. Using a cleanser would be much less expensive, and the skin cleanser would be easy to store in powder form, having a shelf life of years when stored at any convenient temperature.

To realize the potential benefit and improvement over current practice in treating snakebite, it is helpful to consider how snake antivenom is currently made.

How is Crofab snake antivenom made?

Crofab is not the same as Venom-x antivenom.

First, the venom is “milked” from the snake. Then, it’s diluted and injected into a horse or goat. As the animal builds up immunity to the venom, the dosage is

increased, and the animal creates blood rich in *antibodies*. (<http://ask.yahoo.com/ask/20000803.html>)

Antibodies are blood proteins created to fight antigens. These antibodies collect in the serum, which is eventually separated from the dark red cells. After the serum has been purified, it's ready to be injected. (<http://ask.yahoo.com/ask/20000803.html>)

Problems have been noted because of the use of biological products in the serum. Horse blood products have given rise to serious side effects. To address this problem, a similar process was developed using sheep blood. This product, called Crofab, is expensive (about \$1000 per vial). And there are other constraints: It must be refrigerated until use, must be injected by medically qualified personnel, and is not available to the end user without a prescription. Therefore it cannot be used in the field where first aid is needed the most, which is immediately following the snakebite incident.

Field tests of Venom-X and Documented Results

Venom-X is an anti-venom cleanser formulated to chemically attack and dissolve the snake venom rapidly, rendering it less harmful. National field tests were conducted during 2006. Free samples were provided to snake handlers and organizers of snake hunts and rattlesnake roundups in New Mexico, Kansas, Texas, Oklahoma, Pennsylvania and other locations throughout the U.S. Experience gained from these field tests is summarized here.

Cobra venom neutralized with Venom-X

Monocled Cobras are known to be highly dangerous, and their bite is usually fatal.



Snake-handling events held for public entertainment usually go smoothly. But, such was not the case during a snake-handling show in Beeville, Texas, on October 21, 2006. One of the snakes on display at the show was a Monocle Cobra, approximately 3.5 feet long.

During the show, the cobra struck the hand of the handler. The fang broke the skin and a vein on the back of the hand. The puncture wound measured ½ inch in length. Bleeding resulted from the puncture wound because of skin trauma and because the vein was involved.

Within 2 minutes, the handler felt the effects of the venom. He became light-headed, his motor skills began to degrade, his eyes began to hurt and his vision began to be affected. The effects became more prominent and were very strong within 10 minutes. Venom-X was applied and rubbed in approximately 10 to 15 minutes following the envenomation.

An Ace bandage, called a ‘Southerland wrap,’ was applied to the hand following the Venom-X treatment. After half an hour, the bandage was removed, and the fang wound was observed. No additional swelling was observed, and there was no discoloration indicating tissue damage. By this time the handler had regained his motor skills and other symptoms had subsided. Based on the indications that the venom had been neutralized, the handler declined medical treatment.

No additional effects of the venom were experienced, and the puncture wound healed in a normal manner.

Experience of a man who knows

“Venom-X works,” says Gary Moore, Meno, Oklahoma. He has used it on two rattlesnake bites with good results on both occasions. Gary has been a snake handler for 29 years and he has a lot of experience with snake bites. He has been bitten more than a dozen times over the course of 29 years.

After using anti-venom cleanser as part of his first-aid treatment, Gary said “When I used Venom-X, I didn’t have the swelling that typically follows a snakebite; I didn’t go to the hospital. After using the Venom-X, the burning sensation eased up within a few minutes.”

Gary Moore is one of the few people who have been bitten by two rattlesnakes on the same day. It happened on April 22, 2006 when he was handling snakes at the annual rattlesnake hunt in Waynoka, Oklahoma. The first rattlesnake was 40 inches long and had 6 rattles and a button. The second rattlesnake was 50 inches long and had 8 rattles and a button.

The first snake bite

He recalls “the first snake bit me on the shin, about two inches above the top of my boot. Because the bone is near the surface of the skin at that location on the leg, the bite was perhaps no deeper than about 1/4 inch.”



Gary Moore knows the difference between a 'dry bite' and a venomous bite. He knows the first symptoms of a venomous rattlesnake bite are often (1) a metallic taste in the mouth; (2) lips sometimes begin to feel numb; (3) hair feels like it is standing on end; and most of all (4) the area surrounding the puncture wound develops an intense burning and stinging feeling.

“After the bite, I immediately used an extractor kit and applied suction to the wound. I noticed that the first blood was black in color, and I knew I had been envenomated with that bite,” he recalled.

He used the extractor for about a half minute or so, and then applied the anti-venom cleanser to the bite wound.

First aid treatment and results

“I began applying the Venom-X within a couple of minutes. I mixed the powder with a few drops of water and applied it to the wound. I used a toothpick to massage the anti-venom into the puncture hole made by the fang.” He remembers that he noticed two things: First, the wound stopped bleeding almost immediately after the application of the anti-venom. Second, he noticed that the burning feeling began to fade away within a few minutes after the anti-venom was massaged into the skin.

“The symptoms began to go away within minutes after the treatment. Based on my past knowledge of how previous snakebites had affected me, I felt like I didn't need to go to the hospital, so I returned to the pit where the other snakehandlers were working,” he said.

The second snake bite

Gary recalls that he had been back in the pit less than an hour, when he was bitten again. “He got me on the hand, between the thumb and the pointer finger,” he said. “This bite was about a quarter of an inch deep, and it produced a burning sensation almost immediately. I could see that the bite was very close to a vein.”

He applied first aid in much the same way that he had treated himself earlier. As he recalls the first-aid process, he said “I applied suction, and noticed that bubbles were in the blood that came out. Then, I used the Venom-X in the same way as before.” I applied the Venom-X within about 90 seconds after the bite, and the first

thing I noticed was that the burning feeling began to go away within about a minute or two.”

Benefit of using Venom-X

“I know it works,” Gary said. “I didn’t have a lot of swelling, and I didn’t have to go to the hospital. I never left the pit area and I returned to work right after treating the bites.”

A few days after the snakebite events, Gary was working in his shop and living life in a normal way. “Using this stuff is a lot better than having to spend time in the hospital. I’ve been in ICU and I had about \$6,000 in medical bills from previous bites. I’m glad I had Venom-X available.”

Newspaper reports of Venom-X success

“Snake handler Gary Moore was bitten twice during this hunt. However, he was able to continue working the snake pit due to a new powder form of anti-venom. The venom was suctioned from each of Moore’s wounds with the powder immediately applied. Howard Phillips of Phillips & Company, Orange County, California generously donated 50 doses of the anti-venom powder for this year’s hunt.” The Woods County Enterprise, Thursday, April 27, 2006, Front page article.



A report from an experienced snake handler

Mr. Bibby (photo below) has given his approval for this account to be used on the WWW and in other ways that would be helpful to people interested in eye-witness accounts of snakebite incidents. After reviewing a draft of this written account, he wrote “That sounds very accurate to me. Thanx. Jackie”



Jackie Bibby, Fort Worth, Texas has been a professional snake handler for more than 30 years. He regularly performs at Rattlesnake Round-ups in Texas and other states and has traveled to Europe for the past few years to perform there (www.texsnakeman.com/). Snake handlers usually work in teams. One of Mr. Bibby's handlers was bitten during a snake-handling event on April 23, 2006 in New Mexico.

"I couldn't leave the pit area because I was working the PA system for the event," Mr. Bibby said. "One of the other fellows who had been helping him reported back to me in the pit that 'I think we are going to have to take him to the hospital.'"

"They took him out of the pit immediately after he was bitten. They used an extractor and Venom-X. I was surprised when he showed up again in the pit with apparently little effects from the bite which had happened less than an hour before that," he said.

"The snake handlers who witnessed the bite discussed this extensively. Both the extractor and the Venom-X were used, so we can't say for sure what the effects of each were. But I do think the Venom-X was a contributing factor, since he was able to return to the pit within an hour after the bite," he said.

Landon Schulze's snakebite experience

Landon Schulze, Brownwood, Texas has been a snake handler for more than 3 years. He participated in the Alamogordo Rattlesnake Roundup (Alamogordo, NM) where he was working with rattlesnakes for a live audience. He was struck by a rattlesnake during the last show of the day on Sunday, April 23, 2006.

“He hit me on the right index finger, and it immediately started bleeding,” he said. “My buddy grabbed my hand and began squeezing it, so the first feeling I had was a burning sensation and some numbness, possibly because my hand was being squeezed so hard. I immediately left the pit area and used an extractor to apply suction for 15 to 20 minutes, followed by the use of Venom-X. After using the extractor, I noticed there was still some burning and stinging.”

The sensation of burning is the first and most-often reported symptom that distinguishes a snakebite as venomous. Some pain WITHOUT the burning feeling usually indicates the probability of a dry bite. The report of this incident indicates that the bite was venomous.

Landon's explanation was that “We rubbed in the Venom-X and watched for any change. Within a few minutes, the stinging began to go away. Because the bite was shallow, on the index finger, the Venom-X was rubbed in, using a finger, with no use of anything else to force the Venom-X paste into the bite wound.”

“After the use of the extractor and the Venom-X, my symptoms began to stabilize and then began to be less, with time. I didn't need to go to the hospital, so I returned to the pit about 45 minutes to an hour after the snakebite.” I had no nausea, I was not dizzy and I did not feel any disorientation.

“By the next day, I had no tingling feeling and the swelling had gone down,” Landon said. “I had full function of my fingers and hand. After two weeks has passed, there was nothing to show that I had been bitten.”

As a professional snake handler, Landon has many friends who have had snakebite experiences. “This bite was nothing like those that my buddies tell me about,” he said. “I have a buddy in Big Spring that was bitten by a rattlesnake. He spent more than 30 hours in the hospital and was given 12 vials of antivenom injections. His hospital bill was \$52,000.”

“I feel like Venom-X was very helpful. I need to have it on hand; in my backpack and anywhere else I might come in contact with snakes. Venom-X has proven itself functional, and I want to have it in my first aid kit,” Landon said.

On 5/12/2006, Mr. Schulze gave permission to post this story on the www and provide this information without restrictions to people having an interest in his personal experience with snakebite.

Human trials to evaluate effectiveness of Venom-X

Steve Raines, Hamilton, Texas, is a snake handler who has experience documenting snakebite events and working with researchers. To investigate the possible benefits of Venom-X, he and three additional volunteers dosed themselves with non-lethal amounts of rattlesnake venom in a set of controlled experiments which began on May 8, 2006. Fourteen witnesses participated in the planned evaluation.

Why rattlesnake venom?

“Because of their widespread distribution and relatively potent venom, rattlesnakes are responsible for the majority of fatalities from snakebites; eastern and western varieties of diamondback rattlesnakes account for almost 95 percent of these deaths,” according to Gregory Juckett, M.D., M.P.H., and John G. Hancox, M.D.; West Virginia University School of Medicine, in an article entitled Venomous Snakebites in the United States: Management Review and Update, published April 2002 in the American Family Physician, a peer-reviewed journal of the American Academy of Family Physicians.

What is Venom-X?

According to the manufacturer, the intended major application of Venom-X first aid is to decrease pain and suffering; and not so much to prevent death. The pain and suffering can be severe following a rattlesnake bite, but death from snake bites are rare. According to published sources, each year approximately 8,000 venomous snakebites occur in the United States. Between 1960 and 1990, no more than 12 fatalities from snake venom poisoning were reported annually.

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Why now?

Mr. Raines had the leadership responsibility for organizing the Freer Rattlesnake Roundup, an annual event sponsored by the Chamber of Commerce in Freer, Texas. Snake handlers are at increased risk of being bitten at events such as this. Each individual shows different toxic responses over time. This is true for most toxins. For example, even poison ivy allergy intensity can vary widely in individuals over time. To minimize unknown risks from rattlesnake bites, Mr. Raines has occasionally conducted venom scratch tests for his handlers prior to Rattlesnake Roundup events. He made the decision to include Venom-X evaluation in the scratch tests conducted a week before the Rattlesnake Roundup in Freer, Texas, in May 2006.

The experiments

Because venom chemistry can vary from snake to snake, the human trials described here used venom from four Western Diamondback rattlesnakes. The four snakes were from different geographical regions, so that any “local effects” would not affect the validity of the conclusions from the tests. The snakes were from (1) San Angelo, TX; (2) Grandbury, TX; (3) Hamilton County, TX, and (4) Cross Plains, TX.

Fresh venom was used for the experiments, because Venom-X is designed to be used immediately following a snake bite, with the goal of chemically neutralizing the venom.

The experiments were a series of scratch tests, during which controlled and measured amounts of identical venom were applied to a scratch on the skin. A procedure was followed to ensure that the source and amount of venom was the same for each scratch test.

The first of the four test subjects began the experiment by placing a small drop of venom in a fresh scratch on the left thumb. As expected, the characteristic burning and stinging feeling was felt almost immediately, which verified that the venom was active in the scratch wound. After a period of about three minutes, a small, controlled amount of Venom-X was mixed with water (in accordance with directions on the package) and rubbed into the scratch wound.

The test subject reported that the burning sensation began to fade almost immediately, within seconds.

Next, the right thumb was prepared with a scratch and envenomated in a manner identical to the way the left thumb had received venom. The difference was that the right thumb did NOT receive any Venom-X treatment.

The same procedure was repeated on the thumbs of three additional human test subjects.

All the test subjects reported that the burning on the left thumb faded away quickly after the Venom-X treatment, but the burning on the right thumb (no Venom-X) continued to be felt.

The results after 24 hours

Twenty four hours after the scratch tests, all four test subjects reported similar results. Major differences in the two thumbs were observed and reported:

The left thumb:

- was slightly tender to the touch.
- showed no signs of swelling.
- showed no signs of inflammation (redness and weeping).
- showed no signs of trauma beyond what would be expected from a minor scratch wound.

The right thumb:

- was much more tender to the touch.
- showed definite signs of swelling.
- showed unquestioned signs of inflammation (redness observed in conjunction with the swelling).
- showed definite signs of trauma beyond what would be expected from a minor scratch wound.

Twenty four hours after the scratch tests, all four of the test subjects felt “not up to par.” The presumed (but not proven) reason for this was the effects of envenomation of the right thumb. This would be consistent with effects and symptoms that snakebite victims usually feel following envenomation.

The conclusion shared by all participants in this set of controlled experiments was that the use of Venom-X was definitely beneficial. Mr. Raines, who organized and

managed the experiments, reported that “I think all four of the test subjects, myself included, will swear by it.”

Why the volunteers were willing to be test subjects

Why would humans volunteer as test subjects for experiments that subjected them to live venom from rattlesnakes? The experiments reported above were carried out by snake handlers because many of them feel a need for a first-aid treatment that can be used at the time of the snake bite before valuable time is spent rushing to a hospital. “Snake handlers are often reluctant to have antivenin therapy,” according to Mr. Raines.

Hospitals often carry antivenin which can be administered by injection, but the use of antivenin derived from animal products “is not recommended for the formularies of standard emergency medical services because of the potential for life-threatening allergic reactions from the antivenin,” according to Gregory Juckett, M.D., M.P.H., et. al. (reference cited above).

Most snake handlers seem to feel that a first-aid product is needed that contains no biological products, does not need to be refrigerated, does not need to be injected, can be obtained by anyone, is applicable to snake bites from a wide range of poisonous snakes (copperheads, moccasins and rattlesnakes) and is much less costly than antivenin injections.

Venom-X is such a product, according to the manufacturer, who developed the first product of its kind and sponsored the 2006 field test nationally. During the field test, Venom-X was supplied, at no charge, to anyone who wanted it.

Mr. Raines has given permission for this account to be shared publicly with anyone interested in snakebite first aid.

How a scratch test is performed

Fresh venom is used for each scratch test.

The photo below shows a Western Diamondback rattlesnake being held and milked. As the snake is held with fangs extended, pressure is applied to the venom glands on both sides of the head. The venom is a golden yellow in color.



A large snake can produce a CC of venom when milked. The amount of venom depends on how large the snake is and how long it has been since the last bite or milking.

The human subject then opens a small incision, usually on the hand. The incision is deep enough to cause some bleeding to ensure that the venom to be applied will come in contact with the vascular system. Within a minute or two, the venom causes extreme burning.

Next, the Venom-X powder is applied as shown in the photo below.



Only a small amount of Venom-X powder is needed, as shown in the photo below.



Venom-X is an anti-venom which is formulated to chemically neutralize the venom. This chemical action occurs within a minute following physical contact with the venom.

To ensure that the anti-venom reaches the venom, the Venom-X is rubbed into the scratch as shown in the photo below.



After an envenomation, the human can easily sense when the anti-venom has been successful. This is because the intense burning and stinging fades away quickly, usually within five minutes.



In this scratch test, the scratch continued to bleed for a time, as shown in the photo above. This is not unusual because the venom contains hemotoxins that thin the blood.

Scratch test results

This scratch test resulted in no swelling and no discoloration that typically results from rattlesnake bites. This is because the venom is no longer harmful to the body after it has been chemically neutralized by the anti-venom.

Venom-X can stop the progression of the effects of the venom, but it can not “erase” the damage done by the venom prior to application of the anti-venom. For this reason, Venom-X should be applied immediately after receiving a snake bite.

The scratch test described by these photos was carried out in Little Rock, Arkansas, in October 2006. At the time of this scratch test, approximately 60 scratch tests had previously been carried out with more than a dozen human subjects.

Dangerous snake bite, May 8, 2006

Steve Raines, Hamilton, Texas was working with his snakehandlers and milking Western Diamondback rattlesnakes on a typical Monday afternoon. They had already milked almost 300 snakes when the bite occurred.

The milking process involves putting the fangs over the edge of a small container, and applying pressure to the side of the head where the glands and venom sacks are located. This causes the snake to express venom which is then collected in the container.

Rattlesnakes have multiple sets of fangs. During the milking operation, one snake had the front set of fangs over the edge of the container, but a second set of fangs was outside the container. During the application of pressure, Mr. Raines impaled his thumb tip on the fang not protected by the container.

The snake, a female Western Diamondback, was 3' 8" long, weighed 2.9 pounds, and had long fangs consistent with its size and length. The fang wound was deeper than most bites; approximately 7/16" deep. The volume of injected venom was maximized by the pressure being applied to milk the snake. The result was the worst kind of snake bite — deep, with maximum volume of injected venom. Mr. Raines felt that he probably received a lethal dose of venom.

A venom blister forms under the skin when a large amount of venom is injected. Following the bite, he immediately broke the venom blister and removed as much of the venom as possible, with 3 successive pumps using an extractor. A mix of blood and venom were removed using this process.

Venom-X was then mixed and applied, and then reapplied. The immediate sting of the Venom-X application was soon followed by a reduction of the burning sensation

caused by virtually all venomous snakebites. This typical feeling that the “burning from the venom begins to go away” is the best indication that the Venom-X has indeed reached the venom and started to chemically neutralize the venom.

His thumb swelled and the swelling expanded to the wrist. His hand felt “real stiff,” and he began to sense the onset of flu-like symptoms which are commonly felt following a venomous snakebite. He was seen by a physician and received a steroid injection to aid his immune system in dealing with the effects of the snakebite.

He quickly recovered and was able to continue with his work after a couple of days.

In retrospect, four first aid actions were taken: (1) breaking the venom blister to release some of the venom, (2) use of extractor, (3) Venom-X anti-venom application, and (4) steroid injection.

A mix of first-aid measures raises the question of how much benefit resulted from each of the actions. His experience as a snakehandler, with previous snakebite experience, makes his opinion valuable regarding the effect of Venom-X. When asked about that, his conclusion was “I personally consider this snakebite a lethal dose of venom. Venom-X was positively a benefit.”

Mr. Raines has given permission for this account to be shared publicly.

Western diamondback snake bite (Colorado City, Texas)

A snake handler with experience milking thousands of snakes was bitten on the hand during the last week of April, 2006. He was milking rattlesnakes, and had just finished milking a four-foot Western Diamondback rattlesnake when the snake struck him. “I knew this snake had venom on his fangs, because I had just milked it,” he said.

The puncture wound from the bite was on the knuckle on the top of his hand. “It began stinging almost immediately, so I knew I’d gotten some venom,” he said.

He recalled that “I used suction on the bite. I couldn’t see that I’d removed any venom. Mostly the bite seemed to bleed more than I would have expected.” After applying suction, he used the Venom-X on the bite. “I had it on the bite within a

couple of minutes. After I used it, the stinging went away in a few minutes,” he said.

“I didn’t have much trouble with that bite. It was a little stiff and there was some swelling for about 2 days, and then the swelling was gone.” A week after being bitten, he said “I can still see where it bit me. There is a small red spot and a scab, but nothing else.”

Sometimes it is difficult to say whether an anti-venom cleanser like Venom-X actually does any good, because if it is effective, the symptoms are much less than they would have been, leading an observer to think that maybe the bite was a non-venomous dry bite. Because of this, the experience of seasoned snake handlers is very important when determining the effectiveness of Venom-X. With this in mind, he was asked if he thought, based on his experience, that the Venom-X had been effective. His answer was “I’d use it again, I can tell you that!”

His experience is worth noting. He has been a snake handler for more than 10 years and he runs a snake farm to provide snakes and venom for researchers. He, too, has carried out research aimed at the future development of an anti-venom based on the snake’s natural immunity to its own venom.

He spends a lot of time with snakes. After reporting the snakebite experience described above, he said “I’ve got to get back to work; I have about 2000 snakes to milk.”

This snakebite victim gave his permission for this account to be documented and distributed to the public, with the provision that his contact information not be used.

Green fang envenomation, May 15, 2006

Rattlesnakes have commercial value. The skins are used for belts and hat bands. The rattles are used for jewelry. The meat is cooked and served as a rare delicacy. The venom is harvested and used for medical and other purposes.

Mike Ivy has a lot of experience with snakes from a commercial point of view. He began buying and processing rattlesnakes in 1976. Abilene, TX is the processing location for his rattlesnake harvesting business for snakes obtained throughout southwest and central Texas.

While processing snakes on the assembly line, one of his snake skimmers recently

was envenomated by a green fang. A fang is called a green fang if it has recently been broken. This happens when snakes strike at the cage, other snakes or anything that attracts their attention when they are active. Because of the trauma to the snake, a green fang almost always has a copious amount of venom both on the fang and in the fang. Following a green fang puncture wound, the swelling usually sustains for several days.

Mike Ivy knows about green fang envenomation. He recalled that when his foot was stuck with a green fang on a previous occasion, he had a lot of swelling and pain. He was on crutches for a week because of the swelling and discomfort.

The worker that sustained the fang puncture wound is held in high regard by Mike. “Jyme is about 18 years old, and he is very skilled,” said Mike. “Skinning snakes requires precision work along a very straight line,” he said, and “Jyme works alongside 40-year old men with much more experience.”

“Even though a young man, he has been a processing worker for about a year,” said Mike. “He has good experience and is normally very careful when handling snakes.”

Jyme reported that the fang sank deep into the tissue of his right hand. The fang was from a Western Diamondback measuring five to six feet in length.

“It was a huge fang and it went in deep; about as bad as you can get,” said Mike after assessing the situation. Jyme reported swelling and throbbing within a minute or two.

The burning and throbbing are very common immediately following any envenomation; either from an accidental self-inflicted fang puncture wound, or from a snake bite.

Some time elapsed between the fang-puncture event and the time when Mike became aware of the incident. By this time, Jyme was complaining of intense pain and the rate of swelling appeared to be increasing. After approximately five minutes, Mike was told of the accident and he immediately began first aid treatment using Venom-X.

“I followed the directions for mixing, then Jyme rubbed it into the skin with his thumb,” he said. After that, he used a toothpick to make sure the white paste was getting to the right place. I was immediately surprised because Jyme said the injury

totally quit hurting within several minutes,” said Mike. “You can feel the pulse beat in an injury like that, and that’s what throbs. I was amazed that the throbbing was completely knocked out in about 4 or 5 minutes after using the Venom-X.”

Those present seemed to be astonished because the swelling and the discoloration began to go away rapidly. “It was hot that day, and I made him sit still in front of a fan for a while, but he said the pain was gone and he wanted to go back to work about 15 minutes after the first-aid treatment,” said Mike. “I knew that accident was worse than most; I know that green fang accidents are usually not as bad as this one was.

Because this was a serious accident, I made Jyme sit in front of the fan for a while longer, but he returned to work about 30 or 45 minutes after being treated with the Venom-X.”

Jyme did not seek medical attention and he did not lose any time from work after he returned to work. His hand functioned normally during the days following the accident.

Amos Osborn’s Rattlesnake Bite

Amos Osborn, Morris, Pennsylvania, was bitten by a rattlesnake on June 10, 2006 at about 4:15 p.m. The snake was a 45-inch timber rattler, with fangs that were estimated to be approximately 3/4 inch long. Mr. Osborn, an experienced snake handler, was holding the head of the snake on the hook of his pinner. [A pinner is a rod-like tool used by snake handlers.] He then grasped the snake’s tail. When being held by the tail, the snake doubled back to bite Mr. Osborn on the hand.

“The bite was between the thumb and the index finger, and it was a deep bite,” said Mr. Osborn. “I felt the pain instantly. It was a two-fang bite. No extractor was used, but Venom-X was available. It was mixed with water and applied to the bite wound within a couple of minutes after the bite occurred.”

“I had difficulty trying to get the anti-venom paste into the puncture wound,” he said. “I tried to use a toothpick but I had trouble doing that.” Mr. Osborn suspects that the Venom-X probably never reached the venom at the bottom of the deep hole left by the fang.

After trying for a couple of minutes to massage the anti-venom paste into the bite wound, his friends decided to abandon the first aid treatment and get medical attention. After walking about 75 yards to the ambulance, his feet and face began to feel numb.

The venom began to have serious effects and he sought emergency medical attention. He was given 6 vials of Crofab before being transferred to a second medical facility where he was given an additional 14 more vials of Crofab.

Even though he received 20 vials of Crofab anti-venom injections, he still had a difficult experience. After 5 days, his arm was still swollen and “black and blue” from his shoulder, down his arm, and throughout his hand. For more than a week following the snake bite, Mr. Osborn used pillows for armrests because of the soreness of the swollen arm. When interviewed on July 12, more than a month after the snake bite, he still had some stiffness in his thumb and finger.

When asked for his opinion about why Venom-X first aid had not neutralized the venom, Mr. Osborn described the difficulty in getting the anti-venom down into the puncture wound and in contact with the venom. “I think it would be better if the Venom-X could be packaged with a syringe for use with deep bites,” he said.

LESSONS LEARNED — In discussions between Mr. Amos and the manufacturer, concurrence was reached on the following points: In this particular snake bite occurrence, Venom-X was not effective; probably because it was not brought into direct contact with the venom. In this case, applying the anti-venom to the venom was difficult because of the deep injection of the venom by the long fangs. Mutual agreement was reached on one important point: For deep bites, we concluded that a more-effective method may be needed to transport the topically-applied anti-venom to the venom deposit below the surface of the skin. This led to the development of a more-effective product.

Following Amos Osborn’s experience, we discussed this need with professional snake handlers. During the summer of 2006, we developed a more effective first aid for deep fang wounds.



Human trials of Venom-X conducted with a group of 12 subjects

Reptile handlers are a group of professionals and hunters who get together and exchange information – sometimes at rattlesnake roundups, and sometimes more informally. An informal meeting of 19 rattlesnake handlers met at the ranch and home of Steve Raines in Hamilton, Texas on August 27, 2006.

At this meeting, Venom-X was a major topic of discussion. The effectiveness of this anti-venom was the topic of interest and some debate. Different snakebite scenarios were discussed, including deep bites and the different effects from venom injection into muscle tissue, veins and arteries.

Each snake bite is different, and this group of snake handlers discussed the probable risks and benefits of various scenarios. There is good reason for considering the various scenarios, because there have been occasions in the past, prior to the availability of Venom-X, when snake handlers received “worst case” bites and died instantly in the snake pit during snake-handling demonstrations.

The benefits of Venom-X were discussed and evaluated by the group of 19 snake handlers at this meeting. There was concensus on one thing – The availability of a new anti-venom first aid treatment (Venom-X) should not result in humans becoming less cautious when dealing with venomous snakes.

There was general agreement that having Venom-X would reduce pain and suffering and probably save lives, but there could be a “worst case” bite that would not lend itself to the benefits of an anti-venom. For example, a deep bite, directly into a vein, with a large injection of highly-potent venom could create a situation making it impossible to actually get the anti-venom to the venom in time for effective neutralization of the effects of the venom. Venom-X is a “contact anti-venom” which means that it can provide benefit ONLY if it is brought in direct contact with the venom.

Many of the 19 people present at that meeting were curious because they had never seen a contact anti-venom. A scratch test was conducted to demonstrate the effect of Venom-X. The “scratch” was done with a razor knife which was used to open an incision on the hand that was approximately 2.5 inches long and ¼ inch deep. “This is definitely a deep wound, since it was into tissue below the skin,” said Steve.

A western diamondback rattlesnake was milked and the fresh venom was applied to the open wound. The people present were amazed that the application of Venom-X resulted in stopping the effects of the venom. Many of the snake handlers present for that envenomation demonstraton had suffered from rattlesnake bites in the past, and they were familiar with the swelling and discoloration which usually results from the effects of rattlesnake venom.

When the demonstration showed the immediate benefits of the anti-venom, the interest in this new product was running very high among the people who were present. Eleven (11) of the people present requested to be included in a second round of scratch tests to experience the effects of the anti-venom first aid. The scratch tests were performed with much less trauma – a much lighter and more shallow scratch.

In addition to Steve Raines' scratch test and demonstration, eleven other people participated in the scratch tests. Records of these participants are maintained in Hamilton, Texas where the scratch tests were performed.

All (12) of the scratch test subjects reported similar results. Upon application of venom to the open scratch areas, the characteristic burning began. Venom-X was applied after the burning started, and within five minutes all subjects (12 including Raines) reported that the burning had stopped. There was no immediate swelling and no sign of discoloration which is usually associated with the envenomation resulting from rattlesnake bites. The scratch wounds healed at a normal rate in the days that followed the tests, with no reports of swelling or discoloration.

SUMMARY AND CONCLUSIONS: A total of 12 snake handlers participated in voluntary scratch tests with controlled amounts of rattlesnake venom being applied to an open scratch wound. Envenomation resulted, as indicated by the characteristic intense burning within seconds following the application of venom to the scratch. Venom-X was applied and within five minutes all eleven subjects reported that the burning had stopped. There was no swelling and no discoloration which is usually associated with the envenomation resulting from rattlesnake bites.

Lessons learned from the loss of a dog

Bob Popplewell owns the Brazos Snake Ranch in Sano, Texas. His pet dog, Jasmine, died on September 3, 2006, less than 24 hours after being struck by a rattlesnake.

Bob and Jasmine were in the yard when the snake bit the 25-pound Yorkshire Terrier mix. Bob immediately looked the dog over to locate the site of the bite, but couldn't locate any fang wounds. He put the dog on a white sheet hoping to locate a trace of blood, but could find nothing at first. The search was made difficult because of the thick hair and the tight skin on the dog's head.

He returned to the yard, and caught the snake. It was a Western Diamondback rattlesnake.

He returned to the dog, and after another close inspection, located the fang marks on the dog's forehead, just above the eyes. Approximately 5 to 7 minutes had elapsed between the bite and the time Bob located the bite wound. He immediately applied Venom-X in accordance with directions, using a toothpick to work the contact anti-venom cleanser into the puncture wound.

The dog was subdued, but was able to drink water and eat some food. She was given Benedryl and buffered aspirin. Some swelling had begun by this time, but the dog's hair made it less noticeable than if the bite had happened to a human.

Jasmine's condition worsened during the night and she died the following morning. After Jasmine died, Bob said he "checked her and found a second bite on the side of her head just above the dog's lip line. Both bites were sealed from any clue because of bleeding. The hair and tightness of skin just locked them shut until pressure built up enough to force oozing that could be seen."

Jasmine's fate was probably sealed by the second (undetected) bite, since it was impossible to apply first aid to that bite. A second factor was probably that she was bitten twice.

Jasmine's loss underlines an important lesson: Having a contact anti-venom is good, but it can ONLY be helpful if it is brought into direct physical and chemical contact with the venom. Use of a contact anti-venom cleanser is a LOCAL, not a SYSTEMIC first aid treatment. That means, of course, that if there are two or more bites, ALL puncture wounds must be treated.

[[Comment: The manufacturer of Venom-X recommends this anti-venom skin cleanser for first aid treatment of animals who have been bitten by venomous snakes, with the recommendation that the cleanser be use quickly following the bite, and that ALL fang injuries be located and treated. Time is even more important for a small animal, such as a dog, because the ratio of venom to body weight means that a dog is expected to be affected more than a human, for the same kind of bite. This factor becomes very important if there is a time lapse between the bite and the first aid treatment. However, if the first aid is applied quickly (within one minute, if possible), and the venom is chemically neutralized, the venom-to-body-weight factor becomes a less-important consideration.]]

Venom-X works like a miracle, says a snakebite victim

Mike Ivy lives in Kingsville, TX, where there are a lot of Western Diamondback rattlesnakes. Because of his extensive experience working with venomous snakes, his experience reported here has special significance.

He has a business which involves transporting and harvesting rattlesnakes. Summer is the busy season for his business, and he often works long days and some nights. He was harvesting rattlesnakes on the evening of Thursday, July 19, and the work continued past midnight. At about 1 a.m. (Friday, July 20, 2007), he was bitten by a Western Diamondback rattlesnake, approximately 3 1/2 feet long and weighed an estimated 1 1/2 pounds. The fang punctured the calf of his left leg, about half way between the knee and the ankle.

“I only had one fang puncture,” he said, “because that snake may have had only one large fang.” Snakes often have only one large fang because of a previous bite that might have resulted in a broken fang. Rattlesnakes have the ability to rapidly grow new fangs to replace broken or lost fangs.

“After the bite, my leg instantly felt like it was on fire, so I knew I had a large amount of venom from that bite,” he said. The area of the puncture wound began turning dark, indicating that the fang had probably ruptured a blood vessel, causing a hematoma. “The area started turning black and blue within 2 to 3 minutes,” he said.

“I started using the Venom-X Wash Kit within 3 or 4 minutes after the bite. We used the irrigation liquid and then used the powder, exactly according to the directions on the package. A drop of water was mixed with the powder and the thin paste rubbed into the puncture wound. We massaged the bite area to mix the Venom-X with the venom. The Venom-X knocked the fire out within 1 or 2 minutes after we used it,” Mike said.

[The “fire” refers to the intense burning sensation which is almost always felt by victims of venomous snake bites.]

“When the burning stopped, I went back to work and finished working with the snakes about 2 a.m. in the morning. I didn’t feel much discomfort and the swelling was very minor compared to what I had seen with other rattlesnake bites. The next morning, I went to see my doctor. He looked it over and said it looked OK, and I should return if the area became more black and blue.”

Mike did not return to the doctor and he resumed his normal work schedule. July is

a busy time for his business, so except for time-off-the-job to visit his doctor, he continued his normal work schedule.

“The black and blue look continued to fade, and it was gone in 2 days. After that, it looked pretty normal,” he said. He slept with his leg elevated following the snake bite. The next day, he had a knot the size of a golf ball which continued to decrease in size. He limped a bit for a couple of days, and then returned to walking with a normal gait. One week after the snake bite, the knot had decreased in size to an area about the size of the end of his thumb.

When interviewed to document his experience, he simply said, “Venom-X worked like a miracle.”

On July 25, 2007, Mr. Ivy gave his permission for this documented account to be included in the field test report for Venom-X.

Venom-X effectiveness confirmed by experiments with mice

Leroy Higginbottom operates a business in Abilene, TX. His business, Reptiles Unlimited, has kept him in touch with snake handlers throughout the United States for more than 30 years. He purchased some Venom-X Wash Kits and he wondered how well they actually would work if they were ever needed to cleanse an actual snake bite. During the first week in July, Leroy designed and conducted an experiment to test the anti-venom cleansing capability of Venom-X.

He selected one Western Diamondback rattlesnake and four mice for the experiment. The mice were alike except for their color. To keep track of which mice were given which venom injections, he selected two black mice and two white mice.

Leroy is an experienced snake handler. He has extracted venom (called milking) from hundreds of rattlesnakes, so he knew how to handle the snake. He milked the snake and acquired fresh venom for his experiment. “The use of fresh venom was important,” he said, “because venom will lose effectiveness if exposed to air for a long period of time.”

He used a diabetic syringe (1 cc volume) and injected a small amount (approximately 0.1 mL) of fresh venom into the hip muscle of the first black mouse. He gave the second black mouse the same amount of injected venom in the same manner.

“The venom worked rapidly,” he said. “After being injected with the venom, the mice were initially active for a few minutes, and behaved in a normal manner. Then,

after 3 to 4 minutes, the mice became inactive and showed signs of respiratory arrest, with noticeable gasping. The two black mice were dead within 5 minutes.

The remaining venom was mixed with Venom-X wash liquid. The mixing ratio was approximately 50% venom and 50% Venom-X. This liquid was used to inject the two white mice. Each mouse was given approximately 0.1 mL of the venom mix as an IM injection in the hip, in exactly the same way that the black mice were previously injected.

The two white mice behaved normally, and showed no signs of respiratory difficulty or other observable symptoms. The mice were observed over the next 24 hours and were seen to behave normally, with normal movements and with normal activity. He ended the experiment by giving the mice to his cat. The cat consumed the two white mice and the cat showed no unusual symptoms. Two weeks later, when this report was documented, the cat continued to show no symptoms and appeared to be healthy and normal in all respects.

“I know very well that Venom-X works!,” he said.

On July 22, 2007, Mr. Higginbottom gave his permission for this documented account to be included in the field test report for Venom-X.

FOLLOW-UP: Mr. Higginbottom is convinced that Venom-X can provide a useful benefit to anyone who might be at risk of being a snakebite victim. After his experiments with the mice and Venom-X, he decided to expand his business, Reptiles Unlimited, to become a distributor of Venom-X products. On July 25, 2007, his business became listed as a Venom-X distributor on the following web page: <http://phillipscompany.4t.com/photo.html>

Our conclusion is that Venom-X is effective when used as a first aid skin cleanser following posion snake bites

Our field trials and investigations turned out to show strong benefits to snakebite victims. Accordingly, this cleanser could revolutionize the “anti-venom” approaches currently being used. Using Venom-X is much less expensive than the anti-venom products that must be injected into the body, and the skin cleanser is easy to store, having a shelf life of years when stored at any convenient temperature (40 degrees to 120 degrees F.

The information above is complemented by the field test report which has much

more actual human snakebite data. The complete field test results, including recent updates, are available online at <http://www.phillipscompany.4t.com/VXfieldtest.pdf>

Patent Pending

Venom-X is covered in one or more patent applications having patent pending status with the U.S. Patent and Trademark Office.

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